

bloom

ISSUE 23 MARCH 2015



Reach to Recovery International (RRI)

RRI is committed to improving the quality of life for women with breast cancer and their families.

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Our mission

Reach to Recovery International is built on a simple yet universal principle: a woman who has lived through breast cancer and gives of her time and experience to help another woman confronting the same experience is a valuable source of support.

Upcoming Events

Beijing CHINA
18th Reach to Recovery Breast Cancer Support Conference
6 – 9 September 2015
www.reachtorecoveryinternational.org

Washington, DC USA
IPOS-APOS World Congress of Psycho-Oncology
28 July - 1 August 2015
www.ipos-apos2015.org

Lisbon, PORTUGAL
Advanced Breast Cancer Third International Consensus Conference
5 - 7 November 2015
www.abc-lisbon.org

Texas, UNITED STATES
2015 San Antonio Breast Cancer Symposium
8 - 12 December 2015
www.sabcs.org

Paris, FRANCE
UICC World Cancer Congress
31 Oct - 3 Nov 2016
www.uicc.org

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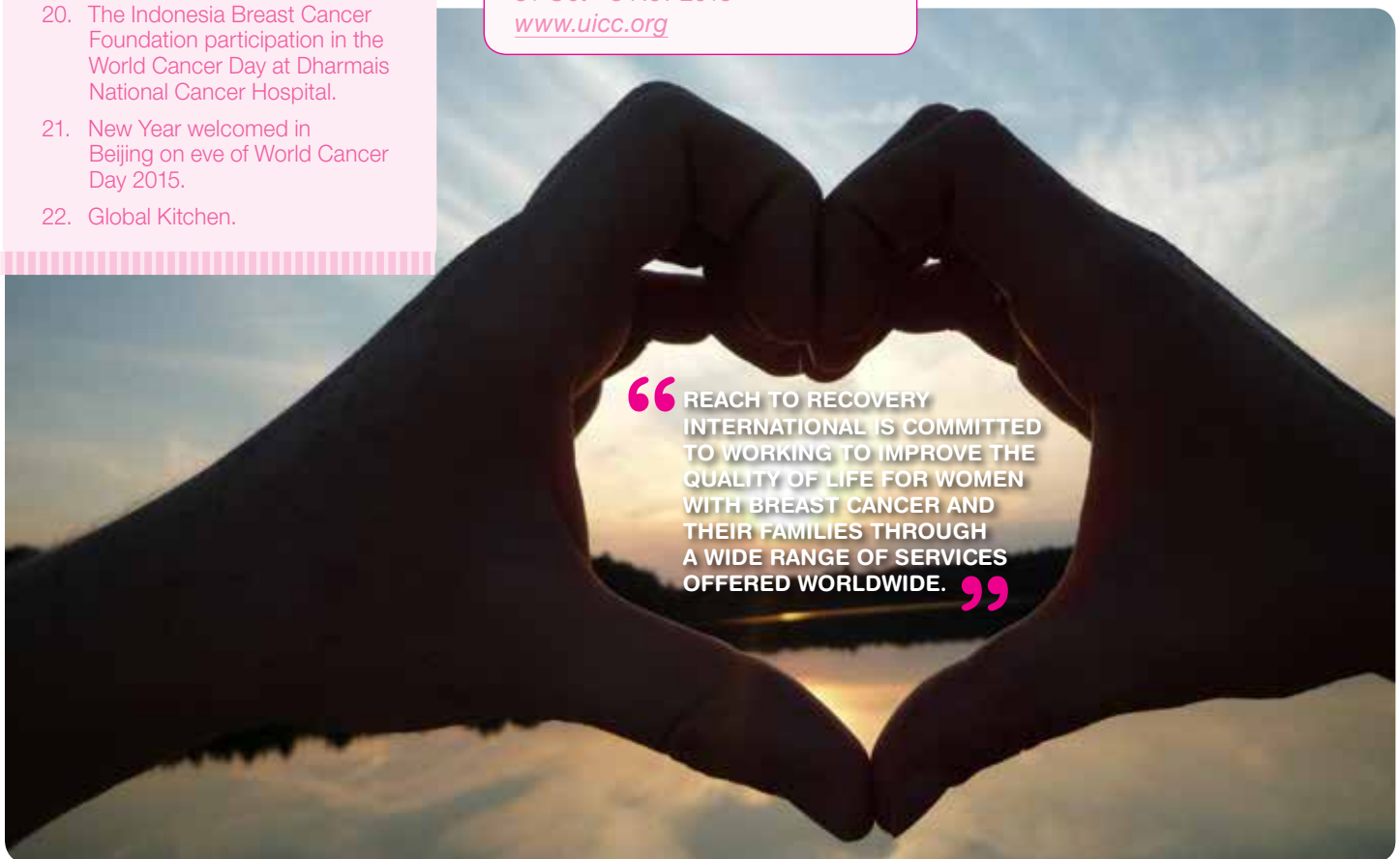
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“ REACH TO RECOVERY INTERNATIONAL IS COMMITTED TO WORKING TO IMPROVE THE QUALITY OF LIFE FOR WOMEN WITH BREAST CANCER AND THEIR FAMILIES THROUGH A WIDE RANGE OF SERVICES OFFERED WORLDWIDE. ”

Message from Cathy Hirsch - President of RRI

Those of us who have been involved with the Reach to Recovery movement for many years are well aware that the face of peer-to-peer breast cancer support is changing. Some of us remember the early days, when most one-on-one visits between patients and volunteers took place in hospital rooms, just before or after breast surgery. Over time in many places, visits moved out of hospitals and into coffee shops, the offices of cancer support organizations, or even to patients' living rooms. As more time passed, some patients and volunteers found telephone visits to be more convenient, in that they eliminated the need to dress up and travel to another location but still allowed for privacy and one-on-one interaction. Cell phone plans did away with long-distance calling fees and allowed for visits to occur at no extra cost between patients and volunteers in different areas and even different time zones. Now, with the growth and increasing popularity of the internet and social media, more and more peer support is provided online, especially among younger patients and volunteers. In this issue of Bloom, we reflect on the evolution of peer support and examine the pros and cons of the changes we have seen and will continue to see in the future.

The theme for this issue is *The changing face of peer-to-peer breast cancer support.*

Professor Karima Elshamy, DNSc, who is Vice President of the African Organization of Research and Training in Cancer (AORTIC) North Africa, provides us with a comprehensive overview of the many forms that peer support can take. She discusses the key goals for providing effective peer support and sets forth strategies for achieving

those goals. In a separate article, Dr. Elshamy examines the effect that the internet has had on peer support and analyzes the strengths and weaknesses of online support.

Breast Cancer Network Australia (BCNA) launched an online support network in 2010, and over the past five years the network has experienced tremendous growth. BCNA describes the strategies it uses to ensure that its online tool consistently provides accurate information and a safe, non-threatening environment for the many patients, survivors, and caregivers who rely on it.

Bernadine Pinto, PhD, of the University of South Carolina, the American Cancer Society's Kevin Stein, PhD, and Shira Dunsiger, PhD of Brown University have been looking into whether incorporating an exercise component into traditional Reach to Recovery visits could speed the physical and emotional recoveries of breast cancer patients. The results so far have been promising, and the authors are hopeful that exercise will eventually play a greater role in the delivery of Reach to Recovery support.

Patients who have been diagnosed with metastatic, or secondary, breast cancer have unique peer support needs. Leonie Young and Janine Porter-Steele introduce us to a program of the Wesley Choices Support and Wellness Centre (Choices) in Brisbane, Australia, which specifically addresses the needs of secondary breast cancer patients and their families. In addition to offering peer support through group meetings, Choices offers private and individual complementary therapies. It is exploring opportunities to provide additional connections for these patients and their families.

The World Cancer Congress 2014 and World Cancer Day 2015 are now behind us. We revisit these events and report on some of the highlights and success stories, including the appointment of RRI's own Chair, Jeff Dunn, to the Board of the Union for International Cancer Control! The appointment positions Jeff to play an even more important role in international efforts to put cancer on the global health and development agenda.

We also look forward to the upcoming International Psycho-oncology Society (IPOS)/American Psychosocial Oncology Society (APOS) congress, which will be held in Washington, DC from 28 July, 2015 to 1 August, 2015. At that congress, Reach to Recovery International will present a symposium on the role of peer support in cancer care.



Cathy Hirsch

We welcome Mauritius to the Reach to Recovery fold! This past October, RRI immediate Past President Ann Steyn traveled to the island nation to train its first group of 20 Reach volunteers. We also congratulate Portugal's Movimento Vencer a Vivir, which mobilized 1,300 drivers for the Lisbon Public Transportation system to wear pink on 30 October, 2014 to mark the country's breast cancer awareness day. And we congratulate the Jakarta Breast Health Foundation on its restructuring and growth. JBHF has been renamed and is now the Indonesia Breast Cancer Foundation. Among its new accomplishments is a partnership with a Jakarta hospital to operate a mobile mammography unit.

Several of our readers share their own inspiring, personal stories. Patti Rogers of Austin, Texas describes how the power of her community helped her navigate her breast cancer journey and inspired her to build a platform to help other people come together to support cancer patients. Katelyn Carey of Ashland, Oregon relates the difficulties she encountered when she decided, due to a frightening family history of breast cancer, to undergo a prophylactic bilateral mastectomy at the age of 29. She and a group of 32 breast cancer survivors teamed together to create a book filled with photos and information regarding breast cancer, reconstructive surgeries, and tips on feeling whole again after breast surgery.

We have the good fortune of being able to share with you, in this issue's Global Kitchen, recipes for two delectable yet healthy dishes created by chefs in Beijing, China.

The next Reach to Recovery International Breast Cancer Support Conference will be held in just a few months in Beijing. We have included an update on the conference preparations, and we encourage you to explore the conference website. Visit www.rribeijing2015.org to learn more, to register to attend, or to submit an abstract!

bloom

Bloom is published by Reach to Recovery International. Contributions to Bloom are welcome, please email info@reachtorecoveryinternational.org. For more information about RRI, go to www.reachtorecoveryinternational.org.



We respectfully acknowledge the Indigenous women of our global community, the traditional custodians of our environment.

Reach to Recovery International is a program of the Union for International Cancer Control and is administered by Cancer Council Queensland.



RRI Chair appointed to UICC board



Cancer Council Queensland CEO and Chair of Reach to Recovery International, Professor Jeff Dunn AO, has been appointed to the Board of the Union for International Cancer Control (UICC).

Professor Dunn was elected a Director by international colleagues at the UICC General Assembly and World Cancer Congress in December.

CEO of the UICC, Mr Cary Adams, congratulated Jeff on the appointment.

“UICC unites the cancer community to reduce the global cancer burden and its growing membership of over 800 organisations in 155 countries features the world’s major cancer societies, research and treatment institutes, ministries of health and patient groups and includes influential policy makers, researchers and experts in cancer prevention and control,” Mr Adams said.

“Jeff brings considerable skills, knowledge and experience to the Board.

“His contribution to international cancer control includes service as President of the Asian Pacific Organization for Cancer Prevention, Secretary of the International Psycho-Oncology Society, and Chair of Reach to Recovery International.

“As a Board Member, Jeff will play a key role in our global advocacy efforts to put cancer on the global health and development agenda and contribute to achieving the 2025 targets of the World Cancer Declaration.”

Chairman of Cancer Council Queensland, Mr Graham Gibson QC, welcomed the news.

“The appointment is a testimony to Jeff’s very considerable and distinguished service to cancer control, and to research, and reflects the high esteem in which he is held by his international peers,” Mr Gibson said.

“Professor Dunn has dedicated more than 25 years of service to cancer control research and support for patients, establishing Queensland’s first specialised cancer counselling service and a population-based research centre at Cancer Council Queensland.

“His academic achievements and career have been devoted to improving

supportive care for cancer patients and improving patients’ survival outcomes and quality of life.”

Professor Dunn will be one of only three Australians ever to have represented Australian cancer control organisations as a Board Member of the UICC.

“Professor Dunn’s international contributions have played a very significant role in advancing cancer care in Queensland, Australia, and, indeed, globally through extensive collaborations and partnerships with organisations such as the UICC and IPOS,” Mr Gibson said.

“Building on evidence that at least one in three cancer patients experience clinically significant distress, he has been a leading global proponent of initiatives to address the mental health burden of cancer, to enhance patient-centred care.”

In June this year Professor Dunn was appointed an Officer in the Order of Australia, in recognition of his international leadership and service on matters of cancer control.

“These outcomes help to strengthen Cancer Council Queensland’s profile and international impact, for the greater benefit of all Queenslanders,” Prof Dunn said.

“Over the past 25 years working for Cancer Council Queensland, I have seen tremendous progress towards eliminating cancer as a life-threatening disease for future generations.

“Many more people are surviving a cancer diagnosis today, an achievement that has been accelerated by community action and engagement in cancer control initiatives.

“It is with deep appreciation that I recognise the contribution of Cancer Council Queensland’s volunteers, fundraisers, donors, employees, and the countless number of Queenslanders who so generously give their time and energy to help us deliver on our mission.

“I am honoured to be appointed a Board Director of the UICC and gratefully

acknowledge the work of all those who serve as champions for a cancer free future.

“I look forward to serving the UICC to further underpin our collaborative work towards a cancer free future and attainment of the targets in the World Cancer Declaration.”



Email your bloom submissions!

Email your *bloom* submissions! The theme of the next edition will be *Patient-* (or *person-*) centred care. Submissions close 31 August 2015. Please send submissions in Microsoft Word format with any photos to info@reachtorecoveryinternational.org

SUBMIT YOUR ARTICLE



Together We Are Stronger

18th Reach To Recovery International BREAST Cancer Support Conference

6-9 September 2015



18th Reach to Recovery International Breast Cancer Support Conference

It is the great pleasure of the Organizing Committee to welcome all of you to the 18th Reach to Recovery International Breast Cancer Support Conference!

The theme of the conference is Together we are stronger, and our hosts, The Chinese Cancer Rehabilitation Society, have designed a comprehensive program to show that by sharing our knowledge about breast cancer, connecting with others involved in breast cancer care and support, and promoting our cause in our home countries, we can make a difference in the global fight against breast cancer!

The venue for the conference is the world class China National Convention Center located in the heart of the Beijing Olympic Village. Close to public transport, hotels, shopping malls and tourist attractions, conference delegates will have many options for activities before and after the conference.

The conference program will include workshops on improving communications between doctors and patients, navigating breast cancer patients through health care systems, establishing and maintaining peer support programs, and living well after breast cancer. Plenary and concurrent sessions will address a variety of topics such as the psychological issues faced by patients and survivors, improving quality of life through medical intervention as well as lifestyle changes and complementary therapies, working with the media to raise awareness and garner support, and the important role played by peer support organizations. Delegates are also encouraged to submit presentations for a poster or oral communication. We are confident that the conference program will educate and inspire all those who are involved in breast cancer prevention, treatment, support, and advocacy!

A hallmark of all Reach to Recovery International Breast Cancer Support

Conferences is the professional and personal relationships the conferences foster and the camaraderie they inspire. Our hosts have created many opportunities for delegates and presenters to connect and exchange ideas. We are confident that the welcome dinner, conference lunches, gala dinner, and cultural tours will provide opportunities for creating the close relationships that transcend borders for which our conferences are known.

Registration and abstract submissions are now open!

Please visit www.rribeijing2015.org for all conference information, including registration information and fees, conference venue, preliminary programme, abstract submissions, travel grants and information on travelling to China.

Program at a glance

SUNDAY 6 SEPTEMBER 2015 PRE-CONFERENCE WORKSHOPS		MONDAY 7 SEPTEMBER 2015 DAY1 SHARING		TUESDAY 8 SEPTEMBER 2015 DAY2 CONNECTING		WEDNESDAY 9 SEPTEMBER 2015 DAYS PROMOTING	
		MORNING EXERCISE 8:00-8:30		MORNING EXERCISE 8:00-8:30		MORNING EXERCISE 8:00-8:30	
		OPENING CEREMONY 08:30-09:30		PLENARY 3 08:30-10:00		PLENARY 5 08:30-10:00	
		PLENARY 1 09:30-11:00		TEA BREAK 10:00-10:30		TEA BREAK 10:00-10:30	
		TEA BREAK 11:00-11:30		PLENARY 4 10:30-12:00		CONFERENCE CONCLUSION 10:30-11:30	
		PLENARY 2 11:30-13:00		LUNCH 12:00-13:00		LUNCH 11:30-12:30	
		LUNCH 13:00-14:00		CONCURRENT 3 13:00-14:30		CULTURAL TOUR	
PRE- CONFERENCE WORKSHOP 1, 2 14:00-17:00		CONCURRENT 1 14:00-15:30		TEA BREAK 14:30-15:00			
PRE- CONFERENCE WORKSHOP 3, 4 14:00-17:00		TEA BREAK 15:30-16:00		CONCURRENT 4 15:00-16:30			
WELCOME RECEPTION 18:00-20:00				GALA DINNER 18:30-21:30			

The changing face of peer-to-peer breast cancer support

Online communities provide valuable support for survivors, family and friends

Breast Cancer Network Australia (BCNA)

A diagnosis of breast cancer can be a scary time, not only for the person who has been diagnosed, but for those around them. Information is crucial in helping women and their families understand what their diagnosis means, and how it may impact their lives.

Information includes not only medical information from doctors and health professionals, but insights from those who have already travelled the breast cancer journey.

Information from those who have already 'walked in their shoes' on issues such as talking with family members, tips and tricks for managing treatment, and how to get the best out of health professional consultations can often save women time, heartache and money.

The process of sharing this information often fosters a unique sense of belonging and support that many women describe as being invaluable.

Breast Cancer Network Australia's (BCNA) online network is an extension of our face-to-face support network and provides an alternate way for Australians affected by breast cancer to connect, and to receive and offer emotional and practical support. In particular, the online environment works well for those who are geographically isolated, who value their privacy or who are unable to find someone local with a similar diagnosis and experiences.

With more than 70 percent of members having a diagnosis of breast cancer, the online network offers a place where users can connect with others who have an intimate understanding of the challenges they face.

Daina Jones, BCNA's Online Network Coordinator, says the online network is a vital source of support for many Australians.

"Our members tell us that connecting with others affected by breast cancer provides significant support and reduces the isolation that often results from a diagnosis or the diagnosis of a loved one."

While the online network is largely self-moderated, BCNA's volunteer Online

Network Champions play a critical role in assisting to manage the tone and content of the online network. Inaccurate information, or recommendations for untested or alternative treatments, is moderated and removed if necessary.

"The online network provides a safe environment for those who have been diagnosed, as well as their family and friends to share their experience of breast cancer."

Since its launch in 2010, BCNA's online network has seen enormous growth. The online network recently celebrated a significant milestone – passing 13,000 members – a statistic that proves just how valuable online peer support is.

The growth of BCNA's online network is a clear indication that peer support doesn't only happen in traditional face-to-face settings. Thousands of Australians are turning to online communities to help them cope with the challenges associated with a breast cancer diagnosis.

BCNA's online network allows you to search for others with similar experiences, join groups focussed on specific topics, or post questions and begin a new discussion with other members.

From valuable insights on treatment and care, to emotional support through personal stories, tips and advice, members have access to a wealth of knowledge and information.

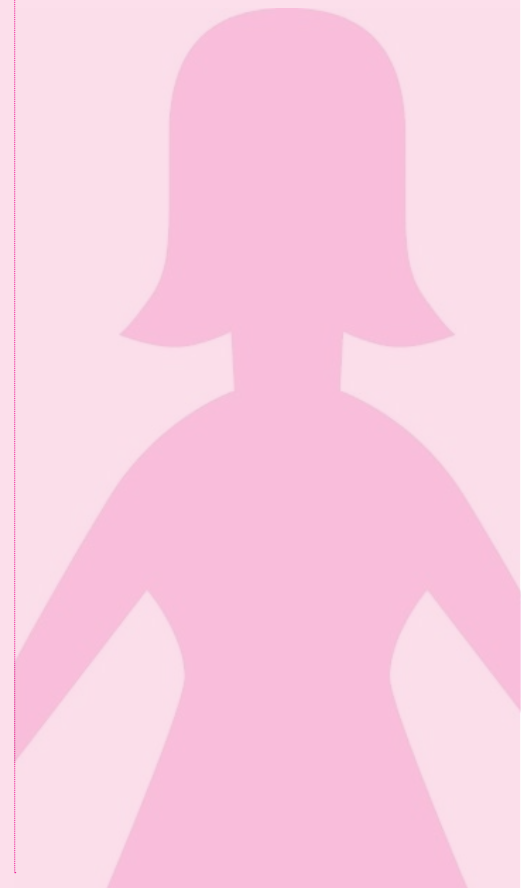
Daina believes the scope and depth of information and support available through the online network is what makes it so unique.

"The connections and information sharing through the online network spans all stages of the breast cancer journey – from the shock and fear following a diagnosis and sharing the news with loved ones and friends, to the

wait on test results and emotional impact of treatment," Daina explains.

"It's also a great way to find support not only during your active treatment but also long-term, through the ups and downs of side effects, going back to work, dealing with anxiety and depression, fear of recurrence, reconstruction, and living well after breast cancer."

To find out more about BCNA's programs and services, including the online network visit www.bcna.org.au



Continued on from page 6

BCNA's online network allows members to:

- Set up a profile
- Share their story and maintain a blog
- Search for and find others with similar experiences
- Create and join online interest and support groups
- Join in discussion groups and send private messages to others
- Keep friends and family up-to-date through your own personal online diary
- Control privacy settings and determine how much information is shared.

BCNA's online network has over 100 topic and interest-based groups, including:

- Living with secondary breast cancer
- Men diagnosed with breast cancer
- Breast reconstructionw
- Support for partners and carers
- Keeping active and staying well
- Depression and anxiety
- Supporting a parent
- Recipes you can taste

The changing face of peer-to-peer breast cancer support



About Breast Cancer Network Australia (BCNA)

Breast Cancer Network Australia (BCNA) is the peak national organisation for Australians personally affected by breast cancer, and consists of a network of more than 100,000 individual members and 300 Member Groups.

BCNA supports, informs, represents and connects Australians affected by breast cancer. BCNA works to ensure that Australians affected by breast cancer receive the very best support, information, treatment and care appropriate to their individual needs.

Towards Successful peer-to-peer breast cancer supportive care

Prof. Dr. Karima Elshamy, DNSc,
Head of Gerontological Nursing Department
Faculty of Nursing, Mansoura University, Egypt
AORTIC Vice President of North Africa
Founder and executive director of the Egyptian Society
For Promotion of Women's Health (ESPWH)



Introduction

One out of every 8 women will be diagnosed with breast cancer at some point in their lives. Many of us know someone who has been affected by breast cancer, yet few of us know how to provide the support that cancer patients and survivors need. Supportive care is considered to be an essential service for cancer patients, but these needs are consistently unmet. On top of medical needs, women with breast cancer need informational, practical, psychosocial, and spiritual support at all stages of the disease. For a woman who has just been diagnosed, there is no substitute for the kind of guidance that she can receive from someone who has been through it before. For patients, peer support is a source of hope, motivation, and empowerment, inspiring them to take charge of their own recoveries. For survivors, the community helps them celebrate, cope with the threat of recurrence, and strive to regain normalcy.

What is peer support?

- Peer support is assistance provided by a person who shares commonalities with the target population, for example, direct experience in a particular situation or event, familiarity with a particular stressor, or other shared characteristics. Currently, peer support is widely used in formal and informal programs and has been found to have a positive impact on individuals with shared diseases, conditions or situations.
- Peer support links people living with a chronic condition such as breast cancer. People with a common illness are able to share knowledge and experiences – including some that many health workers do not have.
- Peer support is frequent, ongoing, accessible and flexible.
- Peer support can take many forms –

phone calls, text messaging, group meetings, home visits, going for walks together and even grocery shopping. It complements and enhances other health care services by creating the emotional, social and practical assistance necessary for managing the disease and staying healthy.

Peer support has four core functions:

1. Assistance in daily management: Peer supporters use their own experiences in helping people figure out how to manage breast cancer in their daily lives. They can also help in identifying key resources.
2. Social and emotional support: Through empathetic listening and encouragement, peer supporters are an integral part of helping patients cope with social or emotional barriers and stay motivated to reach their goals.
3. Linkages to clinical care and community resources: Peer supporters can help bridge the gap between the patients and health professionals and encourage individuals to seek out clinical and community resources when it is appropriate.
4. Ongoing support, extended over time: Peer supporters successfully keep patients engaged by providing proactive, flexible, and continual long-term follow-up.

Who is a peer supporter?

Peer support refers to support from a person who has knowledge from his or her own experiences with a condition. Within the context of breast cancer management, peer support is support that typically comes from a person with breast cancer

or a person affected by breast cancer (e.g. immediate family member or caregiver).

What is the role of a peer supporter?

Peer support functions to complement, supplement and extend formal primary care services. The role of peer supporters is distinct and does not replace the role of professional health care providers in breast cancer care.

The role of a peer supporter is usually a voluntary role that is formally recognized but generally not compensated. In certain instances, as informed by cultural or regional context, an honorarium or other acknowledgement of peer-supporter involvement may be appropriate (e.g. reimbursement for transportation).

Peer Support Can:

- Improve quality of life
- Promote wellness
- Improve coping skills
- Support acceptance of illness/situation
- Foster social networking
- Improve compliance (e.g., medication adherence)
- Reduce concerns
- Increase satisfaction with health status

Why is peer support important?

Social support results in psychological and physical health benefits for both the receiver and provider. Peer support relies on non-hierarchical, reciprocal relationships, which provide a flexible supplement to formal

health system services for people with breast cancer. In addition, peer support fosters understanding and trust of health care staff among groups who otherwise may be alienated from or have poor access to health care.

What models exist for using peer support in breast cancer management?

1. Professional-led group visits with peer exchange: In this model, patients who share the same condition are brought together with a health care provider or team of providers to address their self-management challenges.
2. Peer-led face-to-face self-management programs: In this approach, a person who shares the same condition as the participants leads an interactive format to enhance participants' sharing and mutual encouragement regarding self management.
3. Peer coaches: Also known as peer mentors, peer coaches are individuals who have coped with the same condition and meet one-on-one with patients to listen, discuss concerns and provide support.
4. Community health workers: Also known as promoters, community health workers are community members who work to bridge the gap between their respective communities and health care providers. They do not necessarily have a breast cancer, but they often share language, culture and community with the patients. Oftentimes, the roles of Community Health Worker and Peer Coach are merged.

5. Support groups: Support groups are gatherings of people who share common experiences, situations, problems or conditions. In these gatherings, people are able to mutually offer emotional and practical support.
6. Telephone-based peer support: This type of peer support is provided through regular phone calls that are either the sole form of an intervention or used to complement other modes of intervention.
7. Web- and e-mail-based programs: These programs use the Internet to mobilize peer support, including Internet-based support groups and e-mail reminders. In addition to increasing reach and convenience, they may overcome problems some patients have with face-to-face contact.


What is a Peer-to-peer program?

They are those that use peer support as a primary intervention for healthy to recently distressed individuals. In a formalized peer-to-peer program, the peer providing the support has received some level of training and has access to more intensive support resources. Although peer support discussions can facilitate the strengthening of an individual, a peer supporter is not a professional counselor, and some individuals may have needs that fall beyond the scope of a peer-to-peer program, requiring professional support. Providing peer support training to service members, many of whom are already providing informal social support, could increase the effectiveness of the individual providing support as well as increase his or her ability to identify a potential high-risk situation before a crisis event occurs.

What are key points to successful peer support?

There's no single ingredient that is required or that guarantees success, but frequent components of successful peer support programs include:

- Maintain frequent contact (long-term and ongoing support).
- Be able to develop and maintain linkages with health systems and primary care providers.
- Be able to encourage regular care, healthy eating, physical activity and medicine adherence; share experiences and advice for those activities; and assist in completing those activities.
- Enable daily living with breast cancer by engaging in healthy eating and physical activity together, giving reminders for medicine adherence or health care appointments, and providing support in coping with day-to-day stressors.
- Assist in developing problem-solving, decision-making, and coping skills.
- Be sensitive to individual, social and cultural characteristics of the patient.
- Be considerate of individual rights, privacy, and the limits on the role of the peer supporter.
- Peer supporters are not primary care providers and should not give medical advice or diagnoses. Instead, if people have questions that require clinical expertise to answer, the peer supporter should encourage them to contact their regular source of care and, if necessary, help them do so.



**AORTIC
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2015
Marrakech

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www.aorticconference.org

ROADMAP TO CANCER CONTROL IN AFRICA

*In collaboration with the Lalla Salma Foundation
for Cancer Prevention & Treatment*

Moving forward together: peer support can help breast cancer survivors become physically active

Background

Physical activity (PA) can bring many benefits to cancer patients as they recover from surgery and other treatments. These benefits include increased energy, reduced fatigue, improved mood and quality of life (Schmitz et al., 2010). Researchers have tested the effects of various types of exercise: aerobic, resistance training and combined training for cancer patients in a clinic-based setting and/or home-based approaches (via print, telephone, web-based etc.). The majority of these programs have been delivered by research staff with various backgrounds including exercise science, public health, psychology, and social work. These programs were also provided in a research setting and tend to have a limited reach into community settings. Previously, we developed and tested a home-based PA program delivered by telephone over 3-months to breast cancer survivors (Moving Forward; Pinto, Rabin, Frierson et al., 2005). This program that had been shown to increase survivors' PA at 3, 6 and 9 months (Pinto, Frierson, Rabin et al., 2008). The program consisted of weekly telephone calls during which research staff helped women to identify barriers to becoming active and ways to overcome these barriers, set exercise goals and monitor their PA. During the 12-week program, women were provided a pedometer and asked to log their steps during exercise and record the type of exercise, duration and intensity. They were also provided 4 feedback reports on their PA and the progress they had made in becoming physically active.

In an effort to bring this program to the community and increase the reach of our PA program, we partnered with the American Cancer Society's Reach to Recovery (RTR) program. Our first goal was to determine whether it was feasible to recruit and train these volunteers to deliver the program and secondly, to explore the effects on the breast cancer survivors who would receive the intervention. We selected RTR as a potential partner because their volunteers are survivors of breast cancer and they are trained to provide emotional support and resources for other breast cancer survivors. Since they had experienced a breast cancer diagnosis and treatment, the RTR volunteers can provide understanding and support

for others going through cancer diagnosis and treatment. RTR is a national program offered through American Cancer Society in the U.S. for many decades and if our PA program was effective, we believed that there was potential to extend the reach of the program through our partnership. We expected that peer volunteers would be able to help other survivors identify barriers to PA, help them problem solve these barriers, and provide feedback for their efforts in becoming physically active.

Research Journey Begins

We first began with a single group study (Moving Forward Together) where we partnered with the RTR program in Rhode Island, as the Principal Investigator (Dr. Pinto) was based at The Miriam Hospital and the W. Alpert Medical School of Brown University. The study was funded by the Lance Armstrong Foundation. We recruited and trained 7 volunteers to deliver our PA program (Pinto, Rabin, Abdow & Papandonatos, 2008). We trained the volunteers using print materials, audio-tapes of PA counseling and role plays of counseling sedentary women to become active. All coaches also completed a short written test of their knowledge of PA and counseling women to become active. We recruited 25 breast cancer survivors in Rhode Island and Connecticut to receive the 3-month PA program. The survivors reported on their PA, mood, fatigue and quality of life before the program, at 3 months and 6 months. They reported significantly greater PA, better quality of life and reduced fatigue at the end of the program and at 6 months. They were also very satisfied with the program. The coaches had high success in delivering the 12 weekly calls. They were very satisfied with their roles and reported that they too benefitted from study participation (e.g., "The most positive part is that because we, the coaches, are also breast cancer survivors and we've all 'been there,' our encouragement is very helpful. My patients tell me our weekly phone call is like keeping a doctor's appointment and it's what keeps them going on their walking program").

Although these results were promising, we could not be sure the benefits to the survivors were due to their increased PA or because the coaches called and provided them support. We needed to do another

study where a comparison group would be contacted by the coaches with the same frequency (one call/week over 3 months) but not focus on PA.

Journey Continues

This led to our second partnership study with RTR (Moving Forward Together 2) where we extended the study to 6 New England States. The study was funded by the National Cancer Institute. This was a randomized trial in that survivors were randomly assigned to either receiving the PA program plus RTR support or RTR support only. We recruited RTR coaches from New England and trained 18 volunteers in-person or by video-conference. These 18 coaches then delivered either the 3-month PA program plus RTR (12 weekly calls) or 3-months of RTR contact (12 weekly calls) to 76 breast cancer survivors. The RTR contact group was asked questions about their general health and received the support and guidance that is typical of RTR. As before, all study participants reported on their PA, mood, fatigue and quality of life before they started the study, at 3 and at 6 months. They also wore an accelerometer (a small unit attached to the waist that records PA) at the same time points. The results showed that the group that received the PA program plus RTR became more active and stayed more active (self-report and accelerometer recordings) than the RTR contact group at 3 and 6 months (Pinto, Stein & Dunsiger, in press). This study provided the evidence that peers can effectively help cancer survivors' to become physically active. However, we did find that the differences in PA between groups were less at 6 months than at 3 months suggesting that the group receiving the peer-led PA program increased their PA at 3 months but did not maintain PA at that level at 6 months.

Looking Forward

We are now developing a study that will focus on a peer-led intervention to help breast cancer survivors to adopt and maintain PA over a year. We plan to help maintain the PA gains over extended periods by using e-health technology (e.g., text messages) in communicating with study participants. This study will be conducted in the south-east U.S. We will be recruiting RTR volunteers to serve as coaches and cancer survivors

Continues on next page

(diagnosed with Stage 0-3 breast cancer in the past five years) as study participants. If this study is successful, we hope to work with the American Cancer Society to scale up the intervention for wider dissemination through nationwide, and perhaps global channels of distribution. So, stay tuned-Moving Forward Together may be coming your way soon!

Acknowledgements

We are very appreciative of our partners at the American Cancer Society, the volunteers who served as coaches and donated their time and effort, and the survivors who have participated in these studies.



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The changing face of peer-to-peer breast cancer support – supporting women with secondary breast cancer

*The Wesley Choices Cancer Support and Wellness Centre, Brisbane, Australia
Leonie Young and Janine Porter-Steele*

The Wesley Hospital Kim Walters Choices Program, now the Wesley Choices Cancer Support and Wellness Centre (Choices) in Brisbane Australia has supported women, men and their families who experience breast cancer since 1998, with the needs of people experiencing secondary breast cancer always having been a priority and integrated into the services provided.

For the majority of women, as far as it relates to the actual disease, breast cancer is something they will eventually get over and there are a wide variety of programs and initiatives to support them through their treatments and into wellness. However, meaningful survival needs to be included in discussions concerning women diagnosed with metastatic or secondary breast cancer. People often describe their experience with such a diagnosis as one of silence and isolation, like standing on the outside enviously looking in. They often tend to keep to themselves and sadly, lose meaningful contacts through others being unsure what to say or how to help. Some choose not to access vital support for this very reason.

It is often assumed that, having been through breast cancer treatment previously, women with metastatic or secondary breast cancer know the ropes, including who to contact and where to find support. These women also often look well and so their challenges are frequently underestimated. For some women, primary treatment could have been a decade or more previously and many say the experience of treatment of secondary cancer was vastly different from their primary diagnosis.

One of the obstacles to people finding ways to live well with secondary cancer are the words used when communicating about it. When care isn't taken, negativity works its way through and influences how people think about themselves, what others think about them, and how they are then treated by others. For example, people dealing with cancer don't lose or quit but we hear those words used so often. Including the phrase "Living with..." into conversations concerning people with secondary cancer may be an acceptable start to changing society's view and therefore encouraging them to feel more confident and able to seek vital support and information.

At the European Breast Cancer Conference in 2012 a report was produced regarding

metastatic or secondary breast cancer. Central to this report was the fact that women diagnosed with secondary breast cancer weren't receiving the same attention and care as others. Following publication of the report in 2012, Choices utilised the findings to make some adjustments to how our support was provided and from what the women say, they feel supported and very much included.

The first step we took was to change from monthly support group meetings to blocks of 4 weekly meetings scheduled throughout the year. The women said this change helped them fit other activities into their lives and still enabled them to meet with their support group. Committing to 4 weeks at one time seemed easier than once every month and it also helped them establish their friendships. It seemed easier to make arrangements around other appointments for a short time than having to do so every month. In between group sessions they communicate by telephone, email, Skype, or blog. They may catch up over lunch or coffee, and some have even gone on holidays together. These friendships have only come about through their connection with Choices, and even though some initially found it difficult to attend they now say they wouldn't do without it.

Invited special guest speakers discuss issues informally but the women always stay on much longer after the speaker has left simply to talk and enjoy each other's company. It's been so encouraging for them and for us working at Choices to witness the value of peer-to-peer support and their growing feelings of acceptance.

Choices also offers private and individual complementary therapies and priority is always given to those who have a secondary diagnosis. Not only do they benefit from the therapies; they also benefit from the continual contact with clinical staff who they can talk to at any time about concerns and, importantly, from the

connections with other women also visiting Choices. Because of this, they say they feel part of the "family" and don't feel isolated, and they value the opportunity to simply talk to others who have similar experiences. This same principal applies with other programs offered.

The philosophy of Choices has always been one of support and wellness whatever the circumstances. Women and their families who experience secondary cancer are always welcomed into any group where experienced facilitators are in attendance.

This year, Choices is expanding its support and will be able to offer other means of connections for these women, men and their families. Importantly, support for partners will be offered and connections for those who live in rural and remote areas such as video-conferencing into the group sessions and peer-to-peer support through these modern technologies.

We hope through reading this article, some of the information we have shared will assist in your endeavours to support women with secondary breast cancer or in finding support yourself. You are welcome to contact us for more information and we are happy to help wherever in the world you live and to share our experience and knowledge.

“

PEOPLE OFTEN DESCRIBE THEIR EXPERIENCE WITH SUCH A DIAGNOSIS AS ONE OF SILENCE AND ISOLATION.

”

Strategies for improving online breast cancer peer supportive care

*Prof. Dr. Karima Elshamy, DNSc,
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Introduction

The Internet is changing the way people seek and engage with health information. Although health professionals, family and friends remain the preferred sources of health information, an increasing number of people are turning to peers in unmoderated, self-help communities on the Internet to address their health-related concerns. The latest estimates indicate that about half of American Internet users between the ages of 18 and 49 and one-third of users 50 and older have read someone else's description about a health or medical issue in an online community.

Face-to-face and telephone-based peer-support programs are already reaching many women in need. In recent years, however, more and more women are seeking and finding support through online communities. Bender et al. 2013 reported that 31.5% of breast cancer survivors had used an online breast cancer community. These communities help members learn more about breast cancer and treatment options, as well as exchange emotional support. For women with breast cancer, emotional support has proven to be especially valuable. Cancer patients identify emotional support as the most helpful form of support, which has been shown to improve mental well-being, health-related quality of life, self-efficacy, coping with breast cancer, and survival rates of breast cancer.

Breast cancer patients experience the greatest and most varied need for support during the treatment period, during which they use online forums the most frequently. Among online forum users, 91% visited daily or weekly during the treatment period. In this study, the most common reasons for using online peer communities were desire for informational and symptom management support from peers.

Most individuals turned to online peer communities in times of increased stress, after the diagnosis of an uncommon condition, when they felt they had insufficient local support or when the information given by health care providers

was insufficient. In most cases, online communities served as supplements to face-to-face support and not as a primary source of support.

Given that many breast cancer patients and survivors are already taking part in online communities, greater efforts are needed to ensure consistent, high-quality, supportive interactions. Raising awareness of what online support can and cannot do will help programs reach the people who need them. Furthermore, greater understanding about how people integrate online and offline support will lead to more effective peer support programs.

Online communities help patients find informational and emotional support quickly and conveniently. The information and support provided online tends to be richer, more explicit, and provided in greater quantities. A persistent concern of online forums is the risk of spreading incorrect and misleading information, but research has found that such information is quickly corrected by the communal mind.

Anonymity can be a double-edged sword. Anonymous disclosure allows patients to share sensitive concerns and questions more easily, but being able to put a name and a face to a person is important for building trust and rapport. Anonymity and low commitment are important factors behind frequent community turnover, which may be mitigated by providing the option to link community profiles to personal accounts.

For those working in offline peer support programs, questions remain about the quality of peer support delivered through online platforms. Online communities have often been created and managed by community members, which can leave providers and health professionals out of the loop. Some healthcare providers have taken the initiative to offer online peer support to their patients through integrated systems that have the potential to improve care coordination and service quality.

Online peer support can be most beneficial for women with breast cancer who are socially isolated or have unmet social needs. Despite the amount of research conducted on online breast cancer support and the prominent health disparities in this field, few studies have reported on the impact of online support for minority populations, which could really benefit from this form of support delivery.

Strengths of Online Peer Support

- Richer informational support in greater quantities. Informational support from peers can provide greater detail about practical matters and experience than that provided by health care providers. Larger and more diverse group composition provides access to wider variety of information and support.
- Expression through writing. Members have time to construct supportive messages with carefully chosen words and content. Text-based messages clearly convey supportive intention. Writing personal stories and expressing feelings can be therapeutic.
- Finding similar people. Online communities make it easier to find other people with similar conditions, especially others with rare conditions.
- Availability. Members benefit from accessing online peer support whenever they need it, instead of having to wait for a scheduled face-to-face support group or a visit with a provider. People with limited mobility do not have to worry about transportation barriers.
- Anonymity. For some, it is easier to discuss sensitive topics with peers online than with providers or in face-to-face support groups because of the anonymity and confidentiality afforded by the online platform. Fewer visible

- social status cues, such as age, gender, and ethnicity, allow for more equitable interactions.
- Low commitment. This is a less demanding tool that allows people to provide or receive support as much or as little as they want, depending on their immediate needs. There is a lower expectation to provide support because many users exchange support.

Limitations of Online Peer Support

- Incorrect or misleading information. Members do not undergo any education or training, and many lack the qualifications to provide health information. Many online communities have strict rules that limit interactions to sharing stories and providing support. Good community moderators are needed to manage the information provided through online forums, but they cannot control personal correspondences.
- Not all communication is supportive. Not all information or support is positive for the recipient. Negative comments by some participants can discourage the participation of others. Reading personal "horror stories" can be particularly damaging. This appears especially

to be a problem for people with advanced disease in unmoderated groups. Such groups should have moderators who are able to step in to keep exchanges supportive and not threatening.

- Takes time to find the right fit. People need to try out several online communities before they find the right fit, with peers who can offer the right type of informational and emotional support. This can be a time-consuming process that postpones the receipt of needed support.
- Frequent turnover. Members participate when they need support and many are not closely attached to their online communities. Relationships formed online may be short-lived.
- Disengagement with offline social connections. Increasing reliance on online peer support may weaken existing support networks.
- Not reaching vulnerable populations. Online forums and other web-based programs appeal the most to highly educated, better-adjusted, healthier, non-minority populations who may already have access to more peer support resources.

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“ BREAST CANCER PATIENTS EXPERIENCE THE GREATEST AND MOST VARIED NEED FOR SUPPORT DURING THE TREATMENT PERIOD, DURING WHICH THEY USE ONLINE FORUMS THE MOST FREQUENTLY. ”

Braving together

Patti Rogers, CEO and Founder of Rallyhood, Austin, TX

It was Halloween 2008 and I was Batgirl. We love Halloween at our house and this particular year we were hosting the neighborhood party. At 3:00, the details seemed to be coming together so I hopped in the car to pick up my kids from school. I couldn't wait to see their faces when they saw me in my super hero black wig and fake leather gloves. When my cell phone rang, I answered without hesitation. But as soon as I heard the woman on the other end introduce herself as the nurse from my Ob/Gyn office, my delight shut down. She stumbled over her words until finally saying, "You have breast cancer." My villain had emerged.

I call this the "pen in fan" moment, when life is rudely interrupted by cancer. You can be young or old. Fit or fat. Man or woman. Black or white. No one, not one survivor I have ever met, sees it coming.

For me, this news and its timing were annoying to say the least. How does one tell her family that she has cancer while wearing a superhero costume? I decided I wouldn't. At least until the party was over.

It wasn't until almost midnight that I kicked out the last neighbor, unplugged the margarita machine and woke my high school sweetheart, now my husband, who was also my sleeping Batman. What I remember most about this moment was how he met me immediately above fear and doubt. He met me in a place of faith and knowing and divine love. He said only three words. "We got this."

Ironically, my superhero costume became a metaphor for me. I thought I could superhero my way through it alone and not tell anyone. I think this is common for so many of us. To be in need, to be human, feels like failure.

I learned quickly that cancer isn't a solo act. We need our people to help us make it through. So many people showed up. But I had six very special friends I called my "prayer warriors" because they wrapped their wrists in pink ribbon and went to church every Friday to pray for me. They didn't see cancer

as happening to just me. They saw it as happening to all of us. And together, we were stronger.

So when you talk about the changing face of breast cancer. I believe that the biggest change is how we face it together. If we take off our capes and let love in, we can fly.

Through my journey, I was so moved by the power of my community, but I also witnessed

the frustration that came from organizing people with fragmented tools. It added unnecessary stress and burden for all of us. So when I got well, I got inspired to build a platform that made it easier to empower people to come together with purpose around a person, event, or any common cause. That platform is called rallyhood.com. It's alive today, and built with the knowing that love does heal and together, we got this!



Beauty after breast cancer

Katelyn Carey

Thirty two breast cancer survivors and I are creating the resource book I wish I'd had during my mastectomy: *Beauty After Breast Cancer*

I graduated from nursing school at the age of 29 and shortly thereafter I had the opportunity to talk to a Genetic Counselor at my hospital about my family's history of breast cancer. It didn't take long to come to the realization that a preventative mastectomy made sense for me. Every woman on one side of my family going back three generations had died by the age of 50 from aggressive, metastatic breast cancer.

Even though I had plenty of time to make my decision and prepare, I was astonished by the difficulty I encountered while trying to find out what I would look like after surgery. More importantly, I was choosing to remove that part of my body that helped define me as feminine and desirable. Would I still feel like a whole and beautiful woman afterwards? Was I saving my life at the cost of giving up myself? I couldn't find good answers to these questions.

At the doctor's office, I viewed small images of faceless torsos: pictures of previous patients who had completed reconstructive surgeries, shown only from waist to neck. This felt clinical and overwhelming -- all I could see were the scars, the disfiguration. Next, the surgeon put me in touch with another woman who had undergone a mastectomy and reconstruction. I met her in a coffee shop and we talked for a few minutes before going into the bathroom and watching her raise her shirt to show me how my own body would likely soon look. Quite frankly, it felt a little shameful. These awkward Katelyn Carey resource was desperately needed for women facing surgical decisions related to breast cancer.

My wish for a better resource was strengthened during my battle to feel like myself again after surgery; to feel beautiful despite removing a part of my body that, (like many women) defined a large part of my femininity, beauty and desirability.

Some of my biggest challenges involved determining how I would deal with my own underlying uncertainty about my new body, and how I would explain my history and body changes to new boyfriends. I wondered how I would cope. It took years for me to stop calling my new breasts "them." They just didn't feel like a part of me, and I wasn't sure how to change that feeling. It took time and the loving support of the man who is now my husband for me to begin to feel truly whole

again. Again, I thought, there has to be a way to make this path easier.

And so we are creating a resource that does exactly that. *Beauty After Breast Cancer* is a coffee table style book that shows portraits of 33 courageous, beautiful women of all ages and body types. Together with a team of devoted professionals in the Ashland, Oregon area, we are sharing our smiles, our personalities, and bare-chested photos of our mastectomies, lumpectomies, and reconstruction (or not). Each portrait is paired with a story explaining how the subject hung onto herself and her sense of beauty throughout her experiences. The book provides information on the surgical choices that women have to make. Simultaneously, it gently reminds them that there is life and beauty beyond breast cancer.

According to the Breast Reconstruction Awareness project (Bra day), over 230,000 women across the US and 1.7 million women worldwide will receive a diagnosis of breast cancer this year. In statistics collected by the American Plastic Surgery Association, 89% of women state it is very important to them to know how they will look after pursuing a particular surgery option. Yet only 30% of breast cancer patients are made aware of their reconstruction options. When visuals are available, they are clinical and anonymous pictures of women's torsos in the doctor's office. Or worse, they may be frightening pictures on the internet of surgeries gone wrong. Getting a diagnosis of Breast Cancer is frightening enough. Information about reconstruction must be presented to women in a way that provides hope and reassurance, not more confusion and fear. The *Beauty After Breast Cancer* team is doing exactly that.

Beauty After Breast Cancer is currently in production, and will be published October of 2015. It is intended to land in Breast Centers, Surgery Centers, and Cancer Centers throughout the world. More information on the background and production of this book is available at www.beautyafterbreastcancer.com. People interested in donating to the project or ordering a book for a family member, friend, or Cancer Center in their community can get additional information through the website as well.

ABOUT BEAUTY AFTER BREAST CANCER:

Katelyn Carey is the creator of a new resource book for breast cancer patients. "*Beauty After Breast Cancer*" gives information and hope to newly diagnosed patients in an easy-to-read format that pairs survivors' stories with the inspiring portraits of their different surgical outcomes. These "life beyond cancer" portraits are done by photographer Joseph Linaschke, and can be previewed at www.beautyafterbreastcancer.com



“GETTING A DIAGNOSIS OF BREAST CANCER IS FRIGHTENING ENOUGH. INFORMATION ABOUT RECONSTRUCTION MUST BE PRESENTED TO WOMEN IN A WAY THAT PROVIDES HOPE AND REASSURANCE, NOT MORE CONFUSION AND FEAR. THE BEAUTY AFTER BREAST CANCER TEAM IS DOING EXACTLY THAT.”

BEAUTY AFTER BREAST CANCER



Spotlight on Portugal!

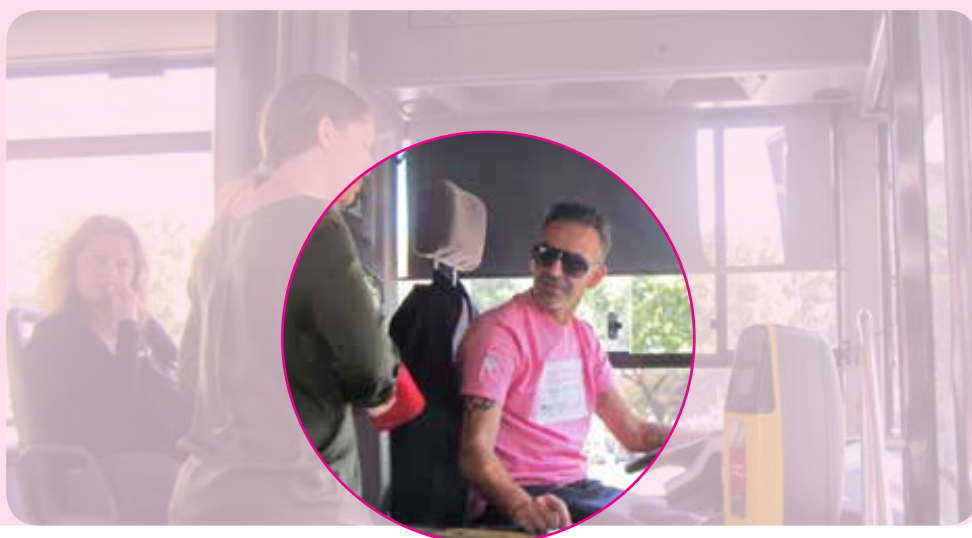
1300 pink drivers

Sofia Abreu, Coordinator of Movimento Vencer e Viver South

Within the context of the national day of breast cancer prevention, the Portuguese League Against Cancer's Reach to Recovery peer support group, Movimento Vencer e Viver, challenged Lisbon Public Transportation drivers to wear pink t-shirts to mark the occasion.. More than 1,300 drivers accepted the challenge and, on October 30th, they donned pink for the day in order to raise public awareness about the importance of early detection.

That same day, at a Lisbon Mall, a workshop called "Women and breast cancer" took place. Organized by the Movimento Vencer e Viver, the workshop featured the testimonials of Movimento volunteers and was attended by Dr. João Mouta, Oncologist of IPOLFG (Lisbon Oncologic Hospital). At the same time, a photo exhibition of 11 survivors was held in the mall's central atrium. At the end of the day, to close the month of breast cancer prevention, the transport company's orchestra played in the mall..

In Portugal 5500 new cases of breast cancer are diagnosed annually. Early detection can make all the difference. For more information please visit www.ligacontracancro.pt



The 2nd national meeting of Movimento Vencer e Viver

Sofia Abreu, Coordinator of Movimento Vencer e Viver South

The second national meeting of Movimento Vencer e Viver was held in Lisbon on 23 January in the Auditorium of the IPOFG (Lisbon Oncologic Hospital). The theme was "What's New in Breast Cancer," and the meeting was designed to benefit not only Movimento volunteers but also members of the community in general. The organizers aimed to create a space for dialogue and sharing new knowledge between the volunteers and other community members in attendance and health care professionals of different specialties.

Of the more than 180 people in attendance, most were volunteers from all over the country, including Azores and Madeira. Attendees also includes doctors, nurses, psychologists, health care students, and survivors of breast cancer.

The presentations were followed with great interest, as reflected by the questions asked at the end of each presentation. Professor Passos Coelho presented on the topic of "New Treatments," while Dr. Fatima Vaz discussed "Genetic Breast Cancer – how to identify and treat." Professor Ivone Patrão

moderated a discussion titled "Tertulia - To Talk with Survivors of Breast Cancer," and the theme "Pain and Post-traumatic Development" was addressed by Prof. Maria Cristina Canavarro. Other presentations included an examination of "Fertility in Survival" by Professor Ana Teresa Almeida Santos, and a discussion of "Sex, Affection and Intimacy After Breast Cancer" by Dr. Graca Santos.

The intention of the organizers was to create an educational experience that would enrich the volunteers of Movimento Vencer e Viver

and help them better support women with breast cancer. Those in attendance agreed that this goal was met.



Mauritius is proud to form part of Reach For Recovery

Cindy Miguel, Program Assistant

Link to Life, a non-profit foundation in Mauritius that provides cancer support, has established a Reach to Recovery program. The decision to bring Reach to Recovery to Mauritius was made in 2013, after four members of Link to Life attended the 17th Reach to Recovery International Breast Cancer Support conference in Cape Town, South Africa.

This past October, former Reach to Recovery International President Ann Steyn travelled to Mauritius to train 20 breast cancer survivors to be Reach to Recovery volunteers. Mrs. Steyn, who is the National Coordinator of South Africa's Reach For Recovery programme, spent 3 days in Mauritius teaching volunteers about the roles, rights and responsibilities

of Reach volunteers. She stressed the importance of building relationships and practicing good listening and communication skills. Participants engaged in role-playing exercises to prepare for visiting with actual patients.



Message from Mrs. Mow Taher

"The Reach For Recovery Training was an amazing experience for me. It was the very first time, I was in the presence of solely (well almost!) breast cancer survivors - this very fact in itself made the three-day training unique and enriching. Participants felt at ease with one another and could freely share their own personal experiences. Though some testimonials brought back vivid memories of my not so long ago battle with breast cancer, the message of hope could not be missed. We were so blessed to have Ann Steyn as our trainer - only one word to describe her: 'charismatic.' In these few days, she could convey so much to us about our future duties as Reach For Recovery volunteers; a task which would be challenging to many of us at the beginning but no doubt will be emotionally rewarding. I am so proud to be part of the Program and looking forward to its establishment in Mauritius. I hope through it to make a difference, however small, in the life of a few breast cancer patient."

The Indonesia Breast Cancer Foundation participates in the World Cancer Day at Dharmais National Cancer Hospital

Budiastuti A Tusin (Ning Anhar)
Vice Chairperson
Indonesia Breast Cancer Foundation



In late December 2014, the Advisory Board and the Committee Members of the Jakarta Breast Health Foundation (JBHF), a full member of Reach to Recovery International, decided to reorganize the structure of the foundation and changed its name to the "Indonesia Breast Cancer Foundation" (IBCF).

The new chairperson of the foundation, Mrs. Linda Amalia Sari Gumelar, is a former Minister for the Empowerment of Women and Child Welfare of the Republic of Indonesia. She has chaired many Indonesian organizations for women, and she is the founder of the JBHF/ICBF and the Indonesian Children's Oncology Foundation. The IBCF will carry forward the same vision and missions established by the Jakarta Breast Health Foundation.

Prior to the re-organization, JBHF had scheduled activities to take place throughout 2015. Those activities will remain on the calendar for IBCF, and IBCF will add even more activities. Activities planned so far include training programs for breast cancer peer support volunteers, training programs for non-survivors (ambassadors) to help raise breast cancer awareness, and campaigning, via our website (www.pitapink.or.id) and social media, to raise awareness about breast cancer and early detection.

ICBF participated in World Cancer Day 2015 on February 4th at the Dharmais National Cancer Hospital in Jakarta. On that day, ICBF signed a Joint Cooperation Agreement with the Dharmais National Cancer Hospital to operating a Mobile

Mammography Unit (MMU). The MMU had been donated to ICBF by Pertamina, a National Oil Company. Pursuant to the agreement, the hospital will provide the medical professionals necessary to operate the MMU, and ICBF will be responsible for maintaining the unit.

On February 4th alone, the MMU was used to provide free mammography screening to 50 women. ICBF expects to screen approximately 4500 women from 88 Community Health Centers in Jakarta, free of charge, by the end of this year. It is hoped that use of the MMU will reduce the incidence of late-stage diagnoses.

New year welcomed in Beijing on eve of World Cancer Day 2015

The Beijing Cancer Rehabilitation Society (BCRS) welcomed the new year - the year of the SHEEP - on the eve of World Cancer Day 2015 with a gala celebration

About a thousand BCRS members gathered on February 3 for a celebration hosted by Mr. Yongchun Lang, a well-known presenter from China Central Television who, along with his wife, published a book about breast cancer survivorship titled "Pure Love Forever." Copies of the book were given to BCRS, and Mr. Lang was awarded the "Health Charity Ambassador" certificate of Honor.

The celebration featured the announcement of the theme of World Cancer Day 2015: "Not Beyond Us." Speakers promoted "cancer rehabilitation knowledge" in order to bolster cancer patients' confidence that their physical and psychological health can be restored. They stressed the importance of early detection and treatment, effective treatment, and a healthy lifestyle.

BCRS's energetic and enthusiastic members were the driving force behind this memorable event. They "directed" and "starred" in

the program, touching everyone in the audience with their own very personal stories about their difficult cancer journeys and their ultimate triumphs over the disease. The warmth and camaraderie evident at the celebration reflected the support and encouragement that the members receive from each other and from BCRS. It inspired the audience to embrace the theme of World Cancer Day 2015 that surviving and living well after cancer truly is "Not Beyond Us."



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Chinese recipe

Tender Ginger Chicken

Mr Pengtao Qi (Executive chef)

Ingredients:

- Chicken 200g
- Tender ginger 50g
- Sugar 150g
- White vinegar 20g
- Balsamic vinegar 20g
- Light soy sauce 80g
- Dark soy sauce 5g
- 1 piece of star anis
- 1 small piece of cinnamon
- 2 cloves
- 2 pieces of liquorice
- Water 100ml
- Salt 5g
- Starch 10g

Directions:

1. Cut chicken breast into strips, then sprinkle with salt and starch and let stand.
2. Cut tender ginger into slices, then place slices in sugar and let stand. Then, rinse ginger slices in water.
3. Place remaining ingredients in pot of water and bring to boil. Set pot of boiled ingredients aside.
4. In a separate pot, fry chicken in a small amount of the boiled ingredients. After frying, place chicken on serving plate and coat with more of the boiled ingredients.
5. Fry tender ginger slices (step 2) until golden in color and place them on the top of the chicken (step 4).



“ Characteristic of Tender Ginger Chicken:

this refreshing chicken is complemented by the tender, crisp ginger slices. It has a sweet and sour taste and a rich spicy aroma.

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Grilled Tofu with double mushrooms

Mr Jinli Ma



Ingredients:

- Tofu 100g
- Crab flavor mushrooms 20g
- White mushrooms 20g
- Three guangdong vegetables
- Oyster sauce
- Salt
- Sugar
- Pepper
- Dark soy sauce
- Starch

Directions:

1. Cut tofu into the square with thick slices, and cut off the roots of the crab flavor mushrooms and white mushroom.
2. Fry tofu slices on low heat they are golden, then add mushrooms to pot and saute with tofu.
3. Arrange tofu and mushrooms in dish. Place guangdong vegetables on top.