

bloom

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Through portrait photography, one RRI member explores changes in outlook, priorities, empathy, and desire to help others.

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

Berlin, GERMANY
IPOS World Congress of Psycho-Oncology
1-4 August 2017
www.ipos2017.com

Lisbon, PORTUGAL
Advanced Breast Cancer Fourth International Consensus Conference
2-4 November 2017
www.abc-lisbon.org

San Antonio, Texas, USA
San Antonio Breast Cancer Symposium
5-9 December 2017
www.sabcs.org

Kuala Lumpur, MALAYSIA
UICC World Cancer Congress
1-4 October 2018

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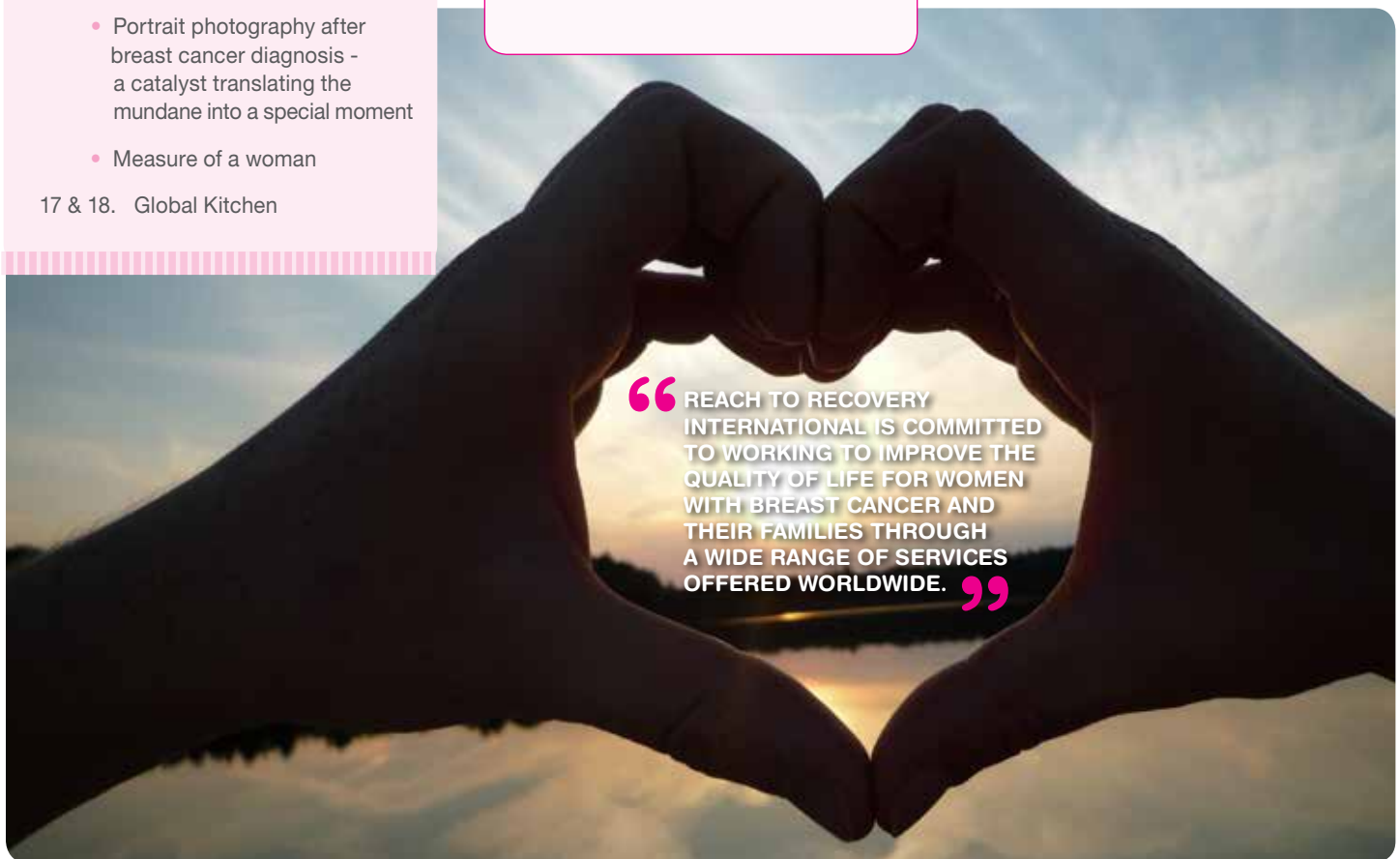
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“ REACH TO RECOVERY INTERNATIONAL IS COMMITTED TO WORKING TO IMPROVE THE QUALITY OF LIFE FOR WOMEN WITH BREAST CANCER AND THEIR FAMILIES THROUGH A WIDE RANGE OF SERVICES OFFERED WORLDWIDE. ”

Email your *bloom* submissions!

Email your *bloom* submissions! The theme of the next edition will be *Innovations in research, surgery, and treatment*. Submissions will close on 12 May 2017. Please send submissions in Microsoft Word format with any photos to info@reachtorecoveryinternational.org.



SUBMIT YOUR ARTICLE

bloom

Bloom is published by Reach to Recovery International, Inc. 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, Inc. is a global non-profit organization based in Baltimore, Maryland, USA.

Applications now being accepted for 2017 and 2019 conferences



Reach to Recovery International is currently accepting applications to host the 19th and 20th RRI Breast Cancer Support Conferences.

In light of our decision to resume conducting our conferences on odd-numbered years, separately from the UICC's World Cancer Congresses, we find that time is running short for planning the 2017 conference. We are welcoming conference bids from organizations interested in hosting a small-scale, regional conference suitable to delegates of all nationalities. Organizations interested in hosting a large-scale conference are urged to submit applications for the 2019 conference. Please note that the official language of all RRI Breast Cancer Support Conferences is English.



A copy of the Selection Criteria for bid proposals can be downloaded [here](#).



World Cancer Congress Wrap-up

CATHY HIRSCH, USA

**PRESIDENT,
REACH TO RECOVERY INTERNATIONAL**

Forty-six Reach to Recovery International delegates took part in the 2016 World Cancer Congress, which took place in Paris from October 31st through November 3rd. They joined more than 3,200 cancer experts from around the world for educational sessions based on five themes: innovations in prevention and screening; quality cancer treatment and diagnosis for all; improving patient and family experiences; optimizing outcomes of health systems; and building capacity for change.

A special Patient Group Pavilion was set up for groups, including Reach to Recovery International and its member groups, that work to ensure access to appropriate treatment and quality of life for patients and survivors. RRI conducted two sessions at the pavilion, each featuring presentations on Program Successes and Milestones.

RRI also took part in the social events planned just for them. Just before the opening of the Congress, at which President Francois Hollande of France and Queen Letizia of Spain, among others, spoke, a special Welcome Reception was held so that RRI delegates could connect and catch up for the first time since the 18th Reach to Recovery International Breast Cancer Support Conference in Beijing. They gathered again the night before the Congress closed for a farewell dinner.

The 2016 World Cancer Congress was staged by the Union of International Cancer Control and its host organizations, the French League Against Cancer and the Alliance of African & Mediterranean French Speaking Leagues Against Cancer (ALIAM).



Message from Cathy Hirsch - President of RRI



Cathy Hirsch

– The way forward.

At long last, another edition of Bloom!

You may have wondered why we have been on hiatus for such a long time. As you know, Reach to Recovery International has been a program of the Union for International Cancer Control (UICC), which is based in Geneva, Switzerland. In 2009, Cancer Council Queensland (CCQ) graciously took over the administrative functions of RRI on the UICC's behalf, which included the production and publication of Bloom, our e-magazine. CCQ's agreement to administer RRI expired last year and, in light of the pending retirement of CCQ's CEO, Professor Jeff Dunn CO, who is also the long-time Chair of RRI's Board of Management, it has not been renewed. Although CCQ kindly volunteered to continue assisting RRI with many administrative functions, a continued commitment to Bloom was simply not possible under the circumstances.

During the past months, we have been mapping out a plan for RRI's future, which I am pleased to be able to share with you now. After much thought and discussion among the current and two immediate past presidents of RRI and officials of both the UICC and CCQ, we have determined that the time is right for RRI to become an independent organization. We are currently

taking steps to establish RRI as its own legal entity, responsible for its own administration. We will no longer be a program of any other organization.

What does this mean for RRI's members and friends? A return to business as usual! We will resume publishing regular issues of Bloom, which you can expect to be delivered to your inbox twice yearly. Our website and Facebook page will remain active, and we hope soon to also reach out to you via Twitter and Instagram. We will continue our Reach to Recovery International Breast Cancer Support Conferences every other year, with the 19th conference to be scheduled for some time in 2017. We are currently accepting proposals for organizations interested in hosting the conference.

As we transition to a more independent future for RRI, we welcome your comments and suggestions and encourage you to submit them to info@reachtorecoveryinternational.org. Thank you for your continued support!

— What's in this edition?

We are devoting the majority of this edition of Bloom to an issue that all of us have faced: body image after breast cancer. Regardless

of the type of surgery and treatment a patient undergoes, when it is all over she is left with a body that has changed and that she no longer trusts. Many struggle to accept their new appearance, seeing their scars as a loss of femininity rather than a symbol of survivorship.

We hear from experts on how to accept our new bodies and regain confidence. In addition, RRI delegates share their own personal stories on what worked best to help them feel whole again.

We also hear from several RRI member organizations on new programs and innovations they are introducing. In Global Kitchen, our friends at *Vivre Comme Avant* in Paris, France share some healthy recipes that you'll want to make at home!

We are excited to share this first edition of Bloom issued by RRI as an independent organization. We have come a long way since 1953 when our founder, breast cancer survivor Terese Lasser, recognized the value of peer support and started visiting patients in hospital, thus launching the Reach to Recovery movement! We are grateful for your continued participation and support as we enter this new chapter in RRI's history.



Message from Professor Jeff Dunn AO

CEO, Cancer Council Queensland Director, Union for International Cancer Control Secretary, International Psycho-Oncology Society

There can be no doubt that connectivity is key to creating a healthier global community.

Over the past 25 years as a CEO, behavioural scientist and researcher, my work has brought me into contact with cancer survivors and societies around the world, each with different perspectives and insights on the strategies we need to deploy to eliminate cancer as a life-threatening disease for future generations.

All are agreed that investments in collaborations and partnerships, such as Reach to Recovery International, are among the most cost-effective options to reduce the burden of cancer on current generations. And the cancer community is not alone. On the world stage, an international movement has formed to address the global crisis of non-communicable diseases (NCDs),

uniting forces to facilitate action.

Internationally we have seen the formation of advocacy networks such as the NCD Alliance, founded by the Union for International Cancer Control, the International Diabetes Federation, the World Heart Foundation, and the International Union Against Tuberculosis and Lung Disease.

At the local level, cancer societies are following a similar path, forging new collaborations with diverse organisations active in NCD prevention and health promotion.

When Terese Lasser began Reach to Recovery in the United States in 1953, she persuaded the medical community that patients could benefit from someone who had been through a similar experience. Reach to Recovery grew to be widely

accepted and highly regarded by patients and doctors around the world. In 1974, Francine Timothy and the American Cancer Society introduced Reach to Recovery to Europe. By the time she retired as Chair of RRI in 1994, Timothy had seen the program spread to many countries throughout the world.

With hundreds of groups and many thousands of supporters, today the challenges of cancer control all the more surmountable because of the connections RRI has established. Reach to Recovery International is built on the simple yet universal principle: a woman who has lived through breast cancer and gives freely of her time to help another woman facing the same experience is a valuable source of support.

It has been an honour to serve Reach to Recovery International over many years, building our capacity to improve quality of life for women with breast cancer and their families through a wide range of services offered worldwide.

I offer my very best wishes to RRI's President, Cathy Hirsch, in transitioning RRI into a new era of engagement and peer support.

Congratulations on a well deserved honor!

Congratulations to Reach to Recovery International's Immediate Past President, **Ann Steyn**, on her election to the Board of Directors of the Union for International Cancer Control!

World Cancer Leaders attending the 2016 World Cancer Congress in Paris elected 14 directors, including Ann, from a field of 20 nominees. The UICC has a membership base of over 950 organizations in more than 150 countries, including major cancer societies, ministries of health, and patient groups such as RRI. As stated on uicc.org/about-uicc, it "is dedicated to taking the lead in convening, capacity building, and advocacy initiatives that unite the cancer community to reduce the global cancer burden, promote greater equity, and integrate cancer control into the world health and development agenda."

Ann worked tirelessly as President of RRI from 2007 to 2013, and she continues to serve a vital role as Immediate Past President. She is also known for her work in South Africa, where she has served as a Reach for Recovery (RFR) volunteer since 1992. Ann has been a member of RFR's Executive Board since 1996 and Chaired the Board from 2001 until 2007. She was the principle organizer of the 17th Reach to Recovery International Breast Cancer Support Conference, which was hosted by RFR in Cape Town in 2013. Ann is a spokesperson for the South African Cancer Alliance, a network of cancer organizations, which nominated her for the seat on the UICC's Board of Directors.



Ann Steyn



“ WE ARE DELIGHTED TO KNOW THAT, IN LIGHT OF HER NEW POSITION, ANN'S OUTSTANDING WORK WILL HAVE AN EVEN BROADER REACH. ”



Body Image: A Focus in Breast Cancer Care

By Hope Cristol

Long after a diagnosis of breast cancer, many women face a range of emotional struggles – especially body-image issues. A small but important section in the new [Breast Cancer Survivorship Care Guideline](#) from the American Cancer Society and the American Society of Clinical Oncology (ASCO) advises primary care doctors and other clinicians on ways to help restore their patients' self-esteem.

The guideline details options for physical enhancements, including breast forms/prosthesis and specialty bras that may require a prescription. It also notes that many breast cancer care centers can help women find wigs, scarves, and other products. When such implements aren't enough to correct self-image concerns, psychosocial interventions are recommended. Examples include support groups, psychotherapy, cognitive behavioral therapy, and couple-based interventions.

Concerns about body image affect from 31% to 67% of the estimated [3.1 million survivors](#), according to the guideline. Hair loss, mastectomy (with or without reconstruction), and poorer mental health are some of the most common self-image concerns. The studies behind the new guideline underscore the importance of addressing the invisible scars of breast cancer.

"We provide prevalence figures so health care providers understand that body image is a major concern, and evidence-based recommendations for how to better manage these issues," said Corinne Leach, MPH, PHD, strategic director

of cancer and aging research at the American Cancer Society. She was on the multidisciplinary team that helped develop the recommendations. "We go beyond telling health care providers what the problem is. We also tell them how they can help in ways that are backed by scientific evidence."

The [full survivorship guideline](#), which was published in December in the American Cancer Society's *CA: A Cancer Journal for Clinicians* and ASCO's *Journal of Clinical Oncology*, also includes recommendations on surveillance for breast cancer recurrence, health promotion and more. More than 230 studies were included in the evidence base.

“

WE HOPE THESE GUIDELINES IMPROVE THE QUALITY OF CARE FOR WOMEN WITH A HISTORY OF BREAST CANCER IN NUMEROUS WAYS, SAID LEACH.

”

For Researchers: Learn how to apply for a research grant from the American Cancer Society.

Read more about American Cancer Society researchers.

The American Cancer Society is the nationwide community-based voluntary health organization dedicated to eliminating cancer as a major health problem by preventing cancer, saving lives, and diminishing suffering from cancer, through research, education, advocacy, and service.

Spotlight on
Rwanda!

The Purpose-Driven Knitting

Philippa Kibugu-Decuir
Founder of Breast Cancer Initiative East Africa (BCIEA), Rwanda



Breast Cancer Initiative East Africa (BCIEA) has discovered a creative and inexpensive way to help breast cancer survivors feel whole again after surgery. This past fall, BCIEA invited a delegation from Knitted Knockers Support Foundation to Rwanda to teach 30 volunteers how to knit breast prostheses.

Knitted Knockers is a non-profit organization based in Bellingham, Washington. Founded by breast cancer survivor Barbara Demorest, the organization creates knitted prostheses that are beautiful, light, soft, user-friendly, inexpensive and huggable – a welcome alternative to traditional silicone prostheses. Barbara's goal was to make knitted prostheses available to anyone in the US who needed one. She now finds herself mailing them to breast cancer survivors throughout the world! In addition to providing prostheses, Knitted Knockers also provides instruction to groups and individuals who want to knit breast prostheses themselves.

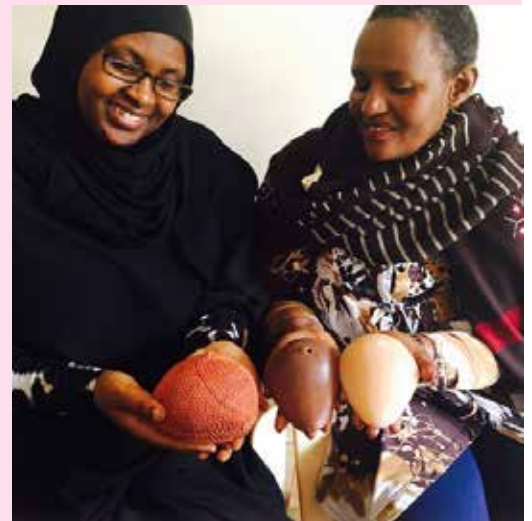
In October, Barbara and two colleagues traveled to Rwanda to kick off BCIEA's newest project: The Purpose-Driven Knitting. BCIEA hopes the project will benefit not only breast cancer survivors but also those

in East Africa and beyond. It has adopted Barbara's global vision: to ensure that every breast cancer patient can get a Knitted Knocker if she needs one.

BCIEA is currently raising funds to rent a house where production of Knitted Knockers can take place. The house will be a focal point where women and men can access life-saving information about breast cancer as well as support. It will also be a space for meeting, training, and storage.

To find out more about Knitted Knockers Support Foundation, visit www.knittedknockers.org.

If you'd like to support BCIEA's project, The Purpose-Driven Knitting, please click here. <https://www.gofundme.com/purposedriven-knitting-project>.



Spotlight on South Africa!

The Ditto Project

Stephanie van Deventer,
Reach for Recovery, South Africa

The Ditto Project is an initiative run by Reach for Recovery South Africa to provide indigent women access to silicone prostheses to assist in restoring self-image and confidence after the trauma of a breast cancer diagnosis and surgery.

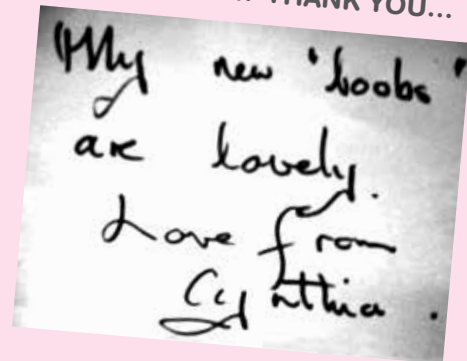
Surgery after a breast cancer diagnosis may involve the removal of part or all of a breast. Having a mastectomy leads to a tier of decision making regarding whether to have surgical reconstruction, wear an external breast prosthesis, or not wear anything at all to replace the amputated breast. An external breast prosthesis may be the best option a woman has, especially if she cannot afford to undergo reconstructive surgery. However, not all patients can afford the cost of a permanent prosthesis. Although as much support as possible is given to the paying customer in terms of selection, affordability, and even fitting a silicone prosthesis, Reach for Recovery believes that all women who have had breast cancer surgery should have access to appropriate breast prostheses, regardless of whether they can pay for it or not. The reality is that many breast cancer patients in South Africa cannot even afford a bra, let alone a breast prosthesis. Reach for Recovery wants to help these women who come from low income groups feel confident again after diagnoses and surgery. We believe that a breast prosthesis is an important step in her recovery, especially to those women from communities where there is still a stigma attached to a cancer diagnoses. More natural appearance with a breast prosthesis, together with the emotional support that she can continue to receive from Reach for Recovery volunteers

and through support groups, will help her to return to her place of employment and continue to provide for her family.

Reach for Recovery started the Ditto Project in 2011. Since then, a total of 4,162 silicone prostheses costing more than 2.5 million Rand (\$183,250.25 US dollars) were given to women who could not afford one. Many women donated a small amount as a token of their gratitude, but we also supported women who could not afford any donation at all. We have also seen a steady increase in the number of women needing silicone prostheses since 2011: from 475 in 2011 to 930 in 2015. There is without doubt a growing need for this service. Unfortunately a silicone prosthesis is guaranteed to last for only 2 years; therefore, we are also experiencing women returning to Reach for Recovery to have their prostheses replaced. The need for silicone prostheses for newly referred breast cancer patients plus the need for replacements impacts heavily on the funds that we use to subsidise these products. A needs analysis has shown that we would subsidise at least 1,000 women with a new silicon breast prosthesis in the new financial year. This includes women who would need a replacement.

We are extremely thankful to our donors who help us to ensure the sustainability of this project!

A NOTE TO SAY THANK YOU...



“

HAVING A MASTECTOMY LEADS TO A TIER OF DECISION MAKING REGARDING WHETHER TO HAVE SURGICAL RECONSTRUCTION, WEAR AN EXTERNAL BREAST PROsthESIS, OR NOT WEAR ANYTHING AT ALL ”

”

ditto project


reach for
recovery
breast cancer support

Spotlight on
the People's
Republic
of China!

My Story

Anli Shi
Chinese Cancer Rehabilitation Society, Beijing, China
Introduction by Cathy Hirsch

Professor Anli Shi is known to the Reach to Recovery International community as the driving force behind the 18th RRI Breast Cancer Support Conference in Beijing last year. Many may not know that Professor Shi, a renowned public health expert in China, was herself diagnosed with breast cancer at a young age and subsequently faced down two additional cancer diagnoses. Professor Shi shared a brief video presentation that chronicles her inspiring journey with those RRI delegates who attended the Beijing conference. We are pleased now to be able to share it with all our readers.

“

PROFESSOR SHI SHARED A BRIEF VIDEO PRESENTATION THAT CHRONICLES HER INSPIRING JOURNEY WITH THOSE RRI DELEGATES WHO ATTENDED THE BEIJING CONFERENCE.

”



Click here to view
Anli Shi's video.



Spotlight on Pakistan!

Pink Ribbon Pakistan presents: The Pink Bra

Omer Aftab
CEO, Pink Ribbon Campaign, Pakistan



The Pink Bra is an educational tool inspired by the observation of women engaging in the everyday action of slipping money into their bras for safe-keeping. It is especially made for women from the lower socio-economic background.

Pakistan has the highest incidence of breast cancer in Asia. Almost 9.8 Pakistani women are at a risk of developing breast cancer. Nearly 90,000 women are known to be suffering from breast cancer, with many more cases unreported. Each year, about 40,000 Pakistani women die from the disease.

A majority of breast cancer patients in Pakistan reach the hospital at stage 3, when survival chances are lower. Most women from lower socio-economic groups lack even basic awareness about breast cancer. These women believe it's immoral and inappropriate even to speak about breast cancer. Such cultural taboos hinder breast cancer awareness in Pakistan and further create more hurdles in finding linear solutions that don't exist for many other diseases.

Pink Ribbon Pakistan has been actively working in Pakistan since 2004. The main objective of the campaign is to transform breast cancer from a topic that is spoken of in hushed tones, if at all, a subject of main stream conversation. It's an uphill battle, as research has shown that it takes almost 30 years to bring significant change to behavioral attributes of any society.

Hence, Pink Ribbon Pakistan had to think "outside the box" to find a solution that was acceptable to the norms and culture of the society but could also directly and privately reach the intended beneficiary.

How does a Pink Bra work?

The Pink Bra comes with strategically placed pockets that contain raised, tactile

guides. When a woman slips her hand into a pocket, as if to slip money into her bra, the guides direct her where to press to self-examine. The bra also comes with easy to understand illustrations that explain in detail each step of self-examination. If a woman detects something unusual, she can call the Pink Ribbon hotline to receive free, expert advice.

Breast cancer is easier to treat and survival chances are greater if the cancer is detected early. The Pink Bra helps do just that. With it, Pink Ribbon Pakistan is reaching and educating women in the privacy of their own homes, thus enabling them to find the symptoms themselves and potentially save their lives.

How is the Pink Bra promoted?

Initially, medical experts and leading public figures of Pakistan promoted the project on social media. They talked about the taboo subject, endorsed the pink bra, and urged women to buy bras for themselves and to buy extra bras to donate to women of lower socio-economic status. Pink Ribbon was delighted to find that the plan worked beautifully, with many women doing exactly what was asked. The Pink Bra has proven to be an excellent tool for teaching women the importance of self-examination and how to do it, as for reminding them to self-examine every month.

Pink Ribbon Pakistan is a non-funded, self-sustained campaign, mostly supported by donations and driven by a large number

of volunteers throughout the country. It is currently in the process of establishing Pakistan's first dedicated Breast Cancer Hospital to reduce the breast cancer mortality rate. For more information about the Pink Bra and the Pink Ribbon campaign, please visit www.giveapinkbra.com and www.pinkribbon.org.pk.



PINKRIBBON[®]

I am beautiful: a personal story

Shirley Stitt, LCPC
USA

A woman's beauty is often compared to the women who appear on the cover of fashion magazines, in movies, on television and in other forms of media. Looking in the mirror can be disappointing to some women, especially when we are naked. We tell ourselves "too fat, too short, too tall, flat chested, too busty, nose too broad, lips too thin," and the list goes on.

When making the best decisions about breast cancer surgery to promote survivorship, the choices women must make concerning their breasts — lumpectomy, mastectomy, bilateral mastectomy, breast reconstruction — may seem like “no brainers.” Survivorship, however, is not the only issue. Since there is a tendency for women to be critical of their own bodies, a diagnosis of breast cancer can create additional anxiety about body image.

The decline of my 34DD breast began at the age of 30, when I elected to have a lumpectomy and my right breast became slightly smaller than my left. Twenty years later, another lumpectomy was followed by a bilateral mastectomy. Despite the changing shape of my breast due to surgeries, radiation and age, letting go of my 34DD image of myself wasn't as easy as some might think. Plastic surgeons show us “before” and “after” pictures, offering a sense of hope and normalcy. The nagging issue of body image remains, however, and many of us find ourselves wondering if other people notice any changes. Married women wonder if their spouse still finds them attractive. Those of us who are not married wonder how to tell a perspective romantic partner. More importantly, we wrestle with how to feel and think about our own bodies after surgery. Do I embrace the scars? Love the new breasts? Do I believe I'm no longer sexually attractive? Does the absence of a breast or breasts make me less than a woman?

These were a few questions I asked myself, after sleepless nights, tears and conversations with those who loved me. I began to notice many healthy women wearing wigs, hair weaves and extensions, false eyelashes, breast and buttock enlargements. No one seemed to ask

any questions. The women embraced these enhancements without shame. They strutted proudly. It was then that I came to the realization that I was still me. My natural breasts were a part of me, but they were not a representation of who I was as a woman. Truly “letting go” of both breasts occurred on a Valentine's Day a few years ago. What better day to demonstrate “I love me”! Self-love conquered fear. Today, I lovingly

embrace my scars. When life presents challenges, my scars are a reminder that I can and will survive anything that might come my way.

If you are still preoccupied with body image and experiencing persistent negative thoughts about your body, you should discuss this with your doctor and perhaps seek other professional care.



Personal stories

Improving body image after breast cancer: a personal story

Tracy Wei Chuam Chen
Director, Taiwan Breast Cancer Alliance
Member, Taiwan Reconstruction Society



After my first breast cancer diagnosis 25 years ago, it took ten years for it to dawn on me to have my breast reconstructed.

Did I not care about the loss of a breast? Or, was I overlooking my own needs due to more important things, like taking care of our young children then three years, two years, and six months old.

Breast-feeding is a primary role of the breast, but the breast is also a symbol of femininity often essential to enhance marital intimacy.

When I had my mastectomy I thought it wasn't important, but as time went on, knowing that I had an imbalanced chest impacted me not only physically, but also mentally.

What's more, it affected my quality of life. I couldn't wear my favorite dresses, which had reflected my confidence as a woman. I was forced to dress neutrally, and although I could look smart in my loose, comfy clothes, I did wish I could present myself as a beautiful, feminine woman. Finally, I made the wise decision to have my breast reconstructed.

I have many friends who have had breast cancer and are not bothered by losing their breasts. I take my hat off to them, but I knew, once losing my life was no longer a concern, that my life would be better with my breast reconstructed.

My reconstructive surgery not only restored my quality of life but also uplifted my spirit, which helped my family as well. It is a fact that a happy mother creates a happy family.

I have treasured my rebirth. In 2011, when I was diagnosed with cancer in my other breast, I didn't hesitate to have a mastectomy with immediate reconstruction.

I could not have done any of this without my husband. When he learned of my need to feel whole again, he gave his total support to me, because he knew that reconstruction would help me and that he would also benefit as a result!

It is as if I've been given a second chance at life. I've become proactive in realizing my dreams, and I can share love with my family and friends. I've become a volunteer so that I can use my own experience to help breast cancer patients.

To prove to myself that I've completely recovered, I've climbed Yu Shan, the highest mountain of northeast Asia, and in 1996, I returned to college to study fine art. I gained my masters degree in 2011, at the age of 52.

I enjoy being a woman, and I now know better how to love myself. What a wonderful thing, to be a woman!

Personal stories

Portrait photography after breast cancer diagnosis – a catalyst translating the mundane into a special moment

Teresa Mazzaferro Cuda
Australia

Photography is the core experience of the 21st Century. We see, consume, make and share photographic images from phones to SLR cameras. Photography challenges and confronts the viewer. My question is: how potentially empowering — or not — is the role of today's media and, in particular, photography after a breast cancer diagnosis? Consider how concepts of body image teamed with age, beauty, and survival are key aspects in the portraits presented.

We can use photography to explore our interests, to record images of things that are greater than the moment it represents. We can use photography to explore things never considered, like pain or happiness. Photography and especially portrait photography is a type of media that has gripped my attention. I like to see how the everyday mundane moment, once captured, acquires a new meaning, and how it allows us to explore images and get in touch with our emotions. For example: the gaze of the groom, the mother looking into the eyes of her newborn, the child that has received his first pet.

Two events motivated me to create and present a collection of portraits taken of women after a breast cancer diagnosis. The first involves a friend who fits free prostheses and bras to women in Fiji. I saw a snap shot depicting the embrace of one of those women and my friend. It is a beautiful portrait that shows empathy, love, and deep gratefulness. Second, fashion photographer David Jay brought "The SCAR Project" to Sydney. It is a series of large scale portraits of breast cancer survivors. The scars and the human fragility of each woman is the thread that unites each picture. Laughter, tears, doubt, and pain transcend the effect of the scars and bring to viewer the human nature of the subject.

After reflecting upon both experiences I started to think what would happen if women in regional Australia were

photographed in their environments, with the things that are familiar and that move their souls or raise concerns about life, future, or health. What would happen if the subjects, instead of showing their physical scars, showed their "internal" scars? With this idea, I started to collect photographs of breast cancer survivors in their everyday environments. I also handed each subject a questionnaire to answer after the photo session. I took some photos, some were done by my daughter, and others were contributions sent to me when the idea of my project got around.

With these photographs I tried to explore if, after the diagnosis of breast cancer, there were changes in life outlook, priorities, empathy or desire to help others. The portraits and the questionnaire handed to the participants became a springboard to talk about and reflect upon the breast cancer experience.

To a woman, the breast is the representative of her femininity. We are all familiar with the traditional hourglass shape: a body with a waistline significantly smaller than the bust and hips ideally teamed up with a flat belly. The diagnosis of breast cancer, as a consequence, has a devastating effect. Such a life changing event brings along not only physical changes but also mental and emotional challenges.

Historically, before the 1990's real portrait photography of breast cancer was reserved



“LET YOUR SMILE CHANGE THE WORLD, DON'T LET THE WORLD CHANGE YOUR SMILE.”



for women with breast cancer and health professionals. It was an image of only the torso, or otherwise with the face covered with a black block. Photos of women with breast cancer that were shown to the general public typically depicted a stereotypical white, middle aged, fully clothed woman, maybe with a scarf, perfectly made up, with a symmetrical bust line and smiling to the camera.

Towards the 1990's portrait photography of breast cancer left the medicine books and became activism material.

Two pioneers in the field were:

Matushka in her self portrait "Beauty out of damage." She was a fashion model and photographer. Her headscarf covers the head; the body is covered by bandages (set in an urban art studio).

Deena Metzger, a poet and novelist photographed by Hella Hammid, "The warrior" features the nude torso of Metzger, her white skin, naturally curly hair framed against a backdrop of a sky full of clouds. Her arms are reaching out in a gesture of triumphant openness (set outdoors).

Today, with the advance of digital photography, we live in an image obsessed culture. In reality only 5% of the body types are positively represented in the media. So we should question whether low body confidence is undermining our quality of life.

I asked the participants:

Was this a life changing event? How the physical changes challenged the idea you had about your body or the "ideal body" you had in mind?

Most of the responses were along these lines:

I am more than my body.

I try to keep on top of everything and not

dwell on what might happen next.

Looking at my body made me proud of my strength and courage.

My cancer journey went better than expected as I had lots of support.

I have now courage, calmness and strength I didn't know I had.

The scar is a reminder of the cancer journey.

Perhaps we should address how we can contribute to that shift in the public perception of the breast cancer survivor. In accepting, looking after, and appreciating how our bodies have changed, we lay the foundations for respecting ourselves and others.

I also asked the participants:

What were your main concerns at the time of diagnosis? Have they changed now?

At the time of diagnosis there were no concerns about looks but rather about survival for the sake of the loved ones, especially for those patients with young families. Many of the subjects expressed a belief that cancer doesn't happen just to you, it happens to the whole family. Their main concerns at the time of diagnosis were the side effects of the treatment, how far it had spread and the chance of recurrence.

What are your main concerns in life now?

The participants spoke mostly about survival, enjoying life to the fullest and finding mechanisms to cope. They all agreed on living a life stress free. To do this, one subject advised: "Don't sweat for the small things."

Has something been lost? Has something been gained? What has changed? What has remained the same?

This is where I had the most ample variety of answers. The responses ranged between the following themes:

Gaining gratitude for every day lived, for the support and love of family and friends.

Learning to live in the present, the now, and to appreciate the transcendent simple things in life.

Gaining a sense of freedom

Developing and interest in devoting their lives to help others in small or grand ways.

Finding new personal inner strength.

Making wonderful friends who have gone through a cancer journey, too.

Setting new physical, social or intellectual challenges.

Acquiring the motto "Let your smile change the world, don't let the world change your smile"

Their responses, in general, transcended body image and focused more on achievements and how we support and lift each other up. Was this perhaps because the way we look, our body image, is only one of the many facets of our identities? All the participants were more engaged in what they made out of their lives and how they helped to improve their family lives and society or inspired others with their contributions as a lifetime legacy.

By combining the portraits of my collection with the questionnaire I tried to transcend the disease and merge the powerful combined narratives of each of the participants. This small project can potentially help to put the cancer experience into a singular perspective. These images can tell you, the viewer, more about the subjects' lifetime experiences and changes.

It would seem that it is about loving ourselves, changed in so many ways.

We, as survivors, are the ones who have the platform now, so we are the ones who have the opportunity to tell our whole stories and change the world with the examples of our lives.

Measure of a woman: a personal story



Leonie Young
Australia

For most women, especially those who have not experienced breast cancer, it is hard to imagine anything more devastating than losing their breasts. For those women who have to face this diagnosis, they are often torn between feeling this loss and choosing life. It's a heart-breaking dilemma and has lifelong consequences, some good and some not so good.

Cancer takes away many things. It may depend on the individual, but nearly always it takes away a person's confidence, especially confidence in their bodies' ability to be strong enough to sustain them into a long, healthy life. Breast cancer seems to have a broader impact because, apart from the practical uses of nourishing babies, women's breasts are also seen as a symbol of femininity and a measure of who they are as women.

Perhaps you might relate to this short story – ONCE upon a time a young woman, fit and trim with not a care in the world except to look after her young children, discovered a large lump in her breast. She immediately thought something wasn't quite right but as she had only just finished breastfeeding her baby she kept telling herself it was probably something to do with this. How wrong she was because before she knew it, she was undergoing tests and scans in preparation for breast surgery – a mastectomy.

After her surgery, she had chemotherapy. She was already feeling unattractive with one breast but now the loss of her hair was almost more than she could bear. She felt a little embarrassed about this because surely dealing with a life-threatening illness was a more important concern than hair. It would grow back she kept being told. The trouble is her hair was her best asset, not her breasts although she was feeling a new appreciation for them now. Her treatment pushed her into early menopause; the

books she read told her about hot flushes and a few other symptoms, but they referred to older women going through their menopause naturally. This wasn't natural, and she just had to find her own ways to cope. She knew thousands of women worldwide had been through this and knew she wasn't alone, but it felt very lonely. Eventually, she met other young women with similar experiences. Not all had had a mastectomy but, interestingly, they also felt the same. It was especially comforting to learn that they, too, felt like they didn't fit in any longer and that they weren't as attractive as all the other young women out there who seemingly had not a care in the world.

She also learned they were having the same issues around sex. It was embarrassing to admit that more often than not, sex was the last thing on her mind, especially when she and her partner used to enjoy a very fulfilling intimacy. Life went on regardless, she was busy with her family and her career, and she found one of the good things that came with her cancer diagnosis was her new "cancer" friends – they could laugh and cry together like she couldn't with her other friends.

Fast forward 30 years – Well I'm still here, she thought! She certainly didn't think she would be. Now she had another dilemma because when she was newly diagnosed in her 30s she desperately wanted to be older but, now that she is, she struggles with sagging skin, age spots, wrinkles, and

extra weight around her waist and hips. She realises that she now has a lot more reason to hide under her oversized shirt than she did when she was young! She now meets newly diagnosed women of all ages and after all these years she finally understands that age is no barrier for any woman diagnosed with breast cancer in feeling insecure, afraid of what the future holds, afraid of not being able to see her family grow, and of not feeling comfortable in her own body.

So – the moral to this short story is that young women, middle-aged women, and old women all feel the same on the inside. Women of all ages need to be supported equally and we should not assume age makes a difference. Good clinical advice and support, supportive family and friends, and connection with others with a similar experience are the best foundation to make sure every woman finds wellness after cancer and ways to appreciate who they are and enjoy each precious day - and finds their true measure as a woman.



Guinea Fowl with apples

Vivre Comme Avant

TIME PREPARATION: 30 MINUTES

COOKING TIME: 1 HOUR

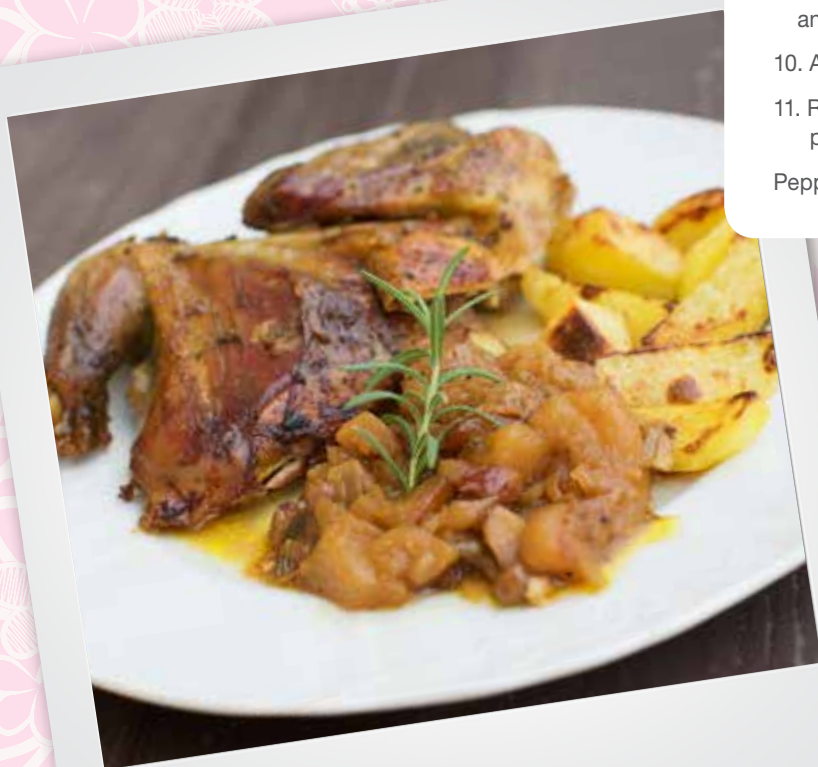
SERVINGS: 4

Ingredients:

- 1 guinea fowl, cut into pieces
- 50 g (2 oz) butter
- 3 tbsp of calvados (or Cognac)
- 25 cl (8½ fl oz) fresh cream
- 3 shallots
- salt and pepper
- 4 apples
- 1 glass of hard cider

Directions:

1. Cut apples in half without taking out the seeds.
 2. Melt 25 g (1 oz) butter in a sauté pan and brown the apples 2 or 3 minutes per side.
 3. Remove the apples and place them in an oven dish, the round side facing downwards.
 4. Bake the apples at 180°C (350° F) for 20 to 30 minutes.
 5. Meanwhile, chop the shallots extra fine and fry them in the pan used for apples cooking).
 6. Add remaining butter and fry the guinea fowl thighs for 7 to 8 minutes, then fry remaining pieces.
 7. Add salt and pepper to taste, then flame with Calvados.
 8. Pour cider into pan without covering the poultry.
 9. Simmer, covered, for 20 minutes, then add fresh cream and simmer for 15 minutes more.
 10. Arrange the apples and the guinea fowl pieces in a dish.
 11. Reduce sauce by half, uncovered. When it's creamy pour over the poultry.
- Pepper and serve!



**BON
APPETIT!**

Lemon Meringue Pie

Vivre Comme Avant

Global
Kitchen

TIME PREPARATION: 30 MINUTES
COOKING TIME: 25 MINUTES
SERVINGS: 6

Ingredients:

Short pastry:

250 g (9oz.) flour
125 g (4½ oz) butter
70 g (2½ oz) caster (superfine) sugar (If you do not have access to caster sugar, simply run the required amount of granulated sugar through a coffee grinder, mini food processor, or blended to make it finer).
2 egg yolks
5 cl (1⅓ fl oz) water
pinch of salt

Lemon cream:

4 lemons
150 g (5½ oz) caster (superfine) sugar
3 eggs
1 table spoon of Maizena (cornstarch)

Meringue:

2 egg whites
100 g (3½ oz) icing (powdered) sugar
½ teaspoon yeast

Directions:

Short pastry:

1. Beat the egg yolks with the caster sugar and add a little water.
2. Cut small pieces of butter and mix them with the flour with your fingertips to get a grainy texture.
3. Pour the eggs, sugar, and water mixture in the middle of the flour and butter mixture. Using your hands, combine and form a ball of the mixture.
4. Roll out the dough and fit it into a buttered 25 cm (9 to 10 inch) tart pan, then cover it with baking paper and dried beans.
5. Bake for 20 to 25 minutes at 180°C (350° F).
6. After baking the crust, reduce the oven temperature to 120°C/150°C (250°/300° F) for the meringue.

Lemon cream:

1. Wash the lemons and grate 2 of them to get the zest.
2. Put the zest in a saucepan.
3. Squeeze the lemons and pour the juice in the saucepan with the zest.
4. Add sugar and Maizena (cornstarch).
5. Stir and begin heating over low heat.
6. Beat eggs in a salad bowl.
7. Add eggs to the lemon juice, sugar, maizena and lemon zest mixture, continuously stirring mixture with a whisk as you do so to avoid burning.
8. Increase the heat to high heat and keep stirring. The mixture will begin to thicken.
9. Remove from heat and pour the lemon cream on the heated pie crust.

Cool to room temperature.

Meringue:

1. Using an electric mixer, beat the egg whites with the salt until stiff, then slowly add the icing (powdered) sugar and the ½ teaspoon yeast.
2. Cover the lemon cream with the meringue and bake at 120°C/150°C (250°/300° F) until meringue is golden (about 10 minutes).