

bloom

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The importance of weight management in breast cancer survivors

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Conference report from Prague

Reach to Recovery International (RRI)

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



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Our mission

Reach to Recovery International is built on one 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.

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16–17 November 2019

<https://www.abcgloballiance.org/events-initiatives/future-events>

World Cancer Day

4 February 2020

<https://www.uicc.org/what-we-do/convening/world-cancer-day>

World Cancer Congress

20–22 October 2020

Muscat, Oman

<https://www.worldcancercongress.org>

What would you like to read about in the next edition of *bloom*?

Email your theme suggestions to information@reachtorecoveryinternational.org. A theme will be chosen by August 2019. Regardless of whether your suggested theme is chosen this time, it will remain under consideration for future editions.



SUBMIT YOUR ARTICLE

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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.

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

Message from Cathy Hirsch - President of RRI



Cathy Hirsch

Evidence suggests that what we eat – and how much of it – can affect our risk of developing breast cancer. Moreover, it may also affect the risk of recurrence in patients who have survived breast cancer. In both situations, obesity is an established risk factor. To add insult to injury, many breast cancer treatments can lead to weight gain even in patients who were not previously overweight, requiring those patients to tweak their diets and exercise regimes in order to maintain a healthy weight.

What should we be eating to reduce the risk of an initial diagnosis or a recurrence? In this edition of *Bloom* we examine the effects of diet and nutrition on breast cancer.

Our new medical editor, Dr. Jenni Sheng, a Medical Oncologist at the Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins Hospital in Baltimore, Maryland, emphasizes the importance of maintaining a healthy weight. Swati Saumber, a Public Health Nutritionist with the Indian Cancer Society, focuses on the type of diet we should be eating, and Health Educator and Counselor Rama Sivaram details how to choose the best diet for you based on where you live. We also have tips from the USA's National Cancer Institute and breastcancer.org. Laurelle Williams of South Africa's Buddies for Life describes how a yoga instructor and dietician—a role model for healthy living—coped with her own breast cancer diagnosis.

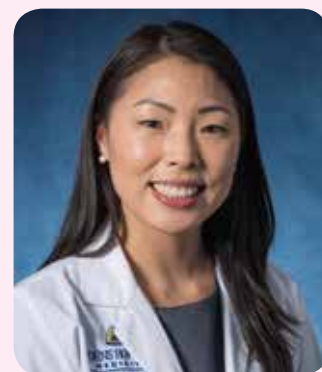
We also report on the highlights from the 19th Reach to Recovery International Breast Cancer Support Conference, which took place in Prague from 12 – 15 June. More than 200 delegates from 29 different countries gathered there to learn, share, and make lasting friendships and memories.

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AND MEMORIES.
”



The importance of weight management in breast cancer survivors

Jennifer Y. Sheng, MD, Medical Oncologist at Sidney Kimmel Comprehensive Cancer Center, Johns Hopkins University School of Medicine, Baltimore, Maryland



Jennifer Y. Sheng, MD



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Obesity influences breast cancer

Obesity is highly prevalent in breast cancer survivors both prior to diagnosis and following completion of therapy. Excess body weight is a risk factor for breast cancer¹ and impacts quality of life. Weight management is a critical and under addressed issue.

Chemotherapy can lead to weight gain

Chemotherapy-associated weight gain is experienced by most patients during their first year of diagnosis². Women treated with chemotherapy were 65% more likely to gain weight compared to those not receiving chemotherapy¹. Chemotherapy may also decrease resting rates of metabolism³. Additionally, women have decreased levels of physical activity after diagnosis, which may contribute to weight gain. Lastly, hormonal changes during menopause can affect metabolism and lead to weight gain.^{2,3}

Endocrine therapy does not significantly affect weight and is effective in obese patients

There is insufficient evidence to suggest endocrine agents cause a significant weight gain, and efforts at weight management should be directed at lifestyle changes rather than therapy discontinuation.^{4,5} An additional question that often comes up is if Aromatase Inhibitors are as effective in obese patients. While data varies, there is no conclusive data that suggest they are clinically inferior to other endocrine regimens,

and they still remain the therapy of choice for postmenopausal women irrespective of BMI.

Obesity is related to poor quality of life and weight loss is beneficial

Obesity at and following breast cancer diagnosis is associated with poor functional health including body image, sexual, and genitourinary function. Additionally, adverse treatment effects, such as neuropathy, fatigue, lymphedema, and cardiotoxicity are more common in patients who are obese. Meeting five dietary recommendation (being physically active as part of everyday life, limiting consumption of energy dense food and avoiding sugary drinks, eating mostly foods of plant origin, limiting intake of red meat and avoiding processed meat, and limiting alcohol) versus meeting none or only one is associated with a 57% lower prevalence of metabolic syndrome.⁶

Weight loss in survivors of breast cancer is feasible and beneficial

Weight loss through behavioral modification of diet and exercise is feasible and improves outcomes of women with early stage breast cancer.^{7,8} Both in-person programs and affordable remote interventions have similar efficacy. Some evidence also supports the effectiveness of mobile technology interventions that incorporate self-monitoring, feedback, and social support. While definitive data are pending, initial data suggest that weight management improves cancer-related outcomes.

Exercise is also recommend for patients receiving chemotherapy

While most studies included patients after completion of chemotherapy, lifestyle interventions at the time of diagnosis or during adjuvant treatment may provide an opportunity to prevent treatment-associated weight gain. We recommend patients stay active during administration of chemotherapy, and that they discuss any limitations on types of physical exercise and activity level with their providers.

Recommendations:

Major cancer agency guidelines recommend that breast cancer survivors who are overweight or obese lose weight and that those within a normal body mass index (BMI) maintain a stable weight. The cornerstone of strategies to treat or prevent obesity includes modifications with diet and exercise.

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Diet and nutrition and breast cancer

Swati Saumber, *Public Health Nutritionist, Research Assistant with the Indian Cancer Society Delhi, India*



Swati Saumber



According to Globocan data, nearly 1.6 lakhs (160,000) new cases of breast cancer amongst women were diagnosed in 2018 in India with a total of 0.87 lakhs (87,000) deaths from the disease. As the most common cancer amongst women in India, breast cancer is significantly influenced by dietary and lifestyle factors. The factors associated with increased risk of breast cancer are: obesity in postmenopausal women, early menarche, late menopause, higher amounts of dietary fat, tobacco/alcohol intake, not having a child, and genetics. The most common and recommended screening methods/diagnostic testing is mammography.

Many nutritional supplements have been associated with reduced cancer occurrence and progression. Omega-3 Fatty Acids and Green Tea Extracts are associated with lower cancer risk in animal studies. There is conflicting data on the influence of vitamin D on cancer risk in humans. There is ongoing research on curcumin and cancer prevention.

Most dietary action plans emphasize eating bright colored fresh fruits and green leafy vegetables. Additionally, healthy eating patterns consist of choosing whole grains, a diet low in sugar (also called a low glycemic diet), and healthy fat in the form of olive oil, canola oil, nuts, and seeds. Choose lean meat over red meat and aim to view meat as a condiment rather than a staple food. One should avoid processed food

“MANY NUTRITION SUPPLEMENTS HAVE BEEN ASSOCIATED WITH REDUCED CANCER OCCURRENCE AND PROGRESSION.”

products, red meat, foods high in fat, sugar, salt (HFSS), and sugar-sweetened beverages and food.

Lifestyle intervention should also be addressed. It is important to maintain a healthy weight and ensure physical activity for 35-40 minutes every day. Lastly, mindfulness-based practices such as breathing techniques, yoga, and meditation can reduce stress.



Nutrition: diet, gut health, and habits

Rama Sivaram, *India*



Rama Sivaram

“What diet can I follow to decrease risk of recurrence and to prevent cancer?”

“Can I take supplements?”

“Can I eat broccoli? Can I eat soybeans? And red meat or white meat or poultry or dairy?”

Regardless of whether we eat to survive, for the pleasures of bonding, or for comfort and compensation, what we eat and how much we eat are key to good health. A balanced diet made up of the right proportions of macronutrients (protein, carbohydrates, and fats) and micronutrients (vitamins and minerals) contributes to our well-being. Nutrition accounts for how the body assimilates and absorbs food as well as how it impacts bodily functions like the replacement of tissues.

While there are diets tailored for people with medical conditions or those who want a certain physique (like DASH, BRAT, Paleo, Blood type, Keto, Atkins, vegan, anti-inflammatory, etc.), we recommend a diet similar to the Mediterranean. The Mediterranean diet gets its name because of the local vegetables, fruits, and marine life that are available in the region due to the climate.

In planning your diet, you need to consider where you live and the impact of geography, flora and fauna, and climate. Balanced diets come from within our own environments, based on local and seasonal availability.

Today, many experts on diet and nutrition research gut health and microbiomes, which consists of trillions of bacterial organisms that live inside our bodies. Maximum bacteria gut floras colonize our

gut or digestive track and play a role in the gut absorption of nutrients. Many nutritionists and gastroenterologists recommend that we eat what is culturally permitted and locally available since we harbor those gut friendly microbiota that help maintain optimal gut health.

Key points to remember:

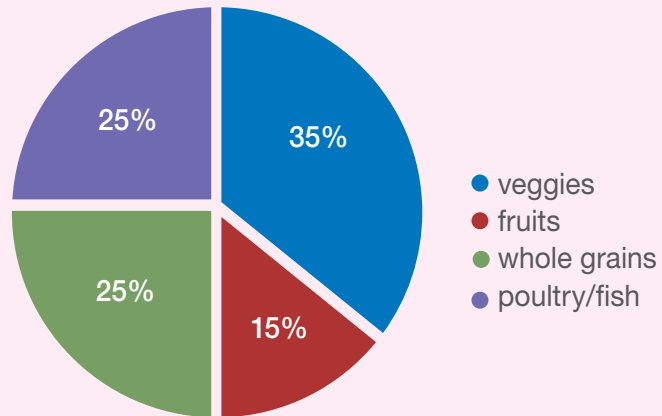
- A key to optimal health is a culturally friendly, balanced diet that enriches our gut health, which plays a major role in nutrient absorption.
- A balanced diet consists of 50% of vegetables and fruits, 25-30% of proteins, 20-25% of complex carbohydrates, and a few (3-4) teaspoons of fat per day.
- Follow your respective country's food and nutrition recommendations, e.g. WHO for general guidelines, NIH, Malaysian Food pyramid, Food and Agriculture Organizations, UN for African Regions, and The Nutrition Society of South Africa (NSSA).
- Examine the food habits of your family and adopt only the best practices.
- The quantity of food you require is measured in kcal (calories). This will depend on your age, height, weight, and sex.
- Distribute your kcals through the day as

portions. A good breakfast, moderate lunch and light dinner is ideal.

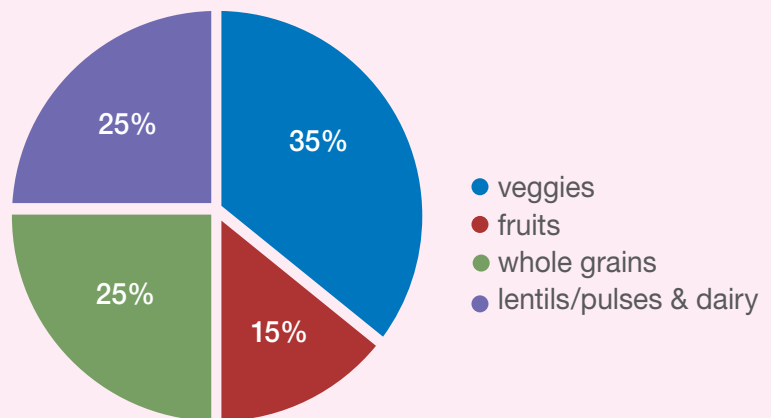
- Use the standard plate and measured cups or bowls. On your plate, half should be vegetables and fruits, a quarter should be carbs, and the remaining quarter should be proteins.
- Keep the colors on your plate: greens, yellows, reds, purple, and oranges.
- For Indians and those from countries who don't have Swiss chard or kale, substitute beet leaves. Likewise, substitute rajgira (amaranth) for quinoa and jamuns, gooseberry (amla) or simple berries for blueberries.
- Follow the season and go local: While the broccolis, avocados, and exotic mushrooms are nice to have once in a while, look for your own equivalents among the local produce in the market.
- Eat both raw and cooked vegetables.
- Include Prebiotics and Probiotics. The former are natural, non-digestible, good gut bacteria producing food like flax, oats, and barley. The latter are good living micro-organisms (bacteria and yeast, similar to the ones in our guts) found in curds, yogurt, and fermented foods and low salt pickles that are added to keep the gut healthy.

- Al dente-cooking breaks down the tough outer layers and cellular structure of vegetables for better absorption of nutrients.
- Sit down, chew thoroughly, and eat slowly. Relish your meal. It takes the brain about 20 minutes to register chemicals released by the food we eat to signal satiation (feeling full) and continues to rise for another 10-30 minutes post meal. It stays elevated for three to five hours following the meal, keeping us full or sated. As the chemical levels fall, the feeling of hunger returns.
- Satiation is a regulation and communication between the brain and body, signaling gut microbes (Vagal and hormonal gut-brain communication). Satiation and satisfaction are proportional. Eat at least 2 meals a day with all your senses, as opposed to grabbing a bite.
- Monitor your calories. If you want to lose weight, seek advice on how many calories you need to cut in order to achieve the desired result over an extended period.
- Do not cut down too many calories. A dip in calories will put you in a starvation mode, where the brain signals that there won't be food, so fat is stored. At the same time, another signal tells the body to burn the fat slowly to conserve stored energy. Your metabolism slows down and you may reach a plateau in weight loss. This can be frustrating and lead to binge eating and depression.
- Don't forget to exercise at least 150 minutes a week. Drink enough water throughout the day. Switch off the TV an hour before bedtime and sleep 7 to 8 hours each night.

Non-Veg food plate



Veg food plate



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TODAY, MANY EXPERTS ON DIET AND NUTRITION RESEARCH GUT HEALTH AND MICROBIOMES, WHICH CONSISTS OF TRILLIONS OF BACTERIAL ORGANISMS THAT LIVE INSIDE OUR BODIES. MAXIMUM BACTERIA GUT FLORAS COLONIZE OUR GUT OR DIGESTIVE TRACK AND PLAY A ROLE IN THE GUT ABSORPTION OF NUTRIENTS.

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Achieving equilibrium

Laurelle Williams, *Buddie for Life*
South Africa

Dietitian and yogi and yoga teacher Ashleigh Caradas shares her story of being diagnosed with HER2 ER/PR positive breast cancer and achieving equilibrium through her journey.

Valentine's Day 2017

A day that is supposed to be filled with love and romantic gestures turned out to be a day that broke Ashleigh's heart. She was diagnosed with Stage 1 HER2 ER/PR positive breast cancer.

Being a dietitian, naturalist, and a yogi and yoga teacher, she lived out what she taught and believed in – healthy eating, regular exercise and holistic well-being. How could this happen to her? How could she carry on giving clients health advice if she was sick? This thought discomfited her but, after wise counsel and inner reflection, she realised cancer happens to healthy people too.

Discovering the lump

Breast cancer was not a fear of Ashleigh's; she has no family history of breast cancer. The only time Ashleigh had her breasts checked was at her annual gynae appointments. Then one day Ashleigh was lying on her bed and put her hand on her breast and felt the tumour. "I don't know what made me put my hand there, but I just did. I wasn't checking for anything," she says. "My breasts have always been lumpy as I have fibrocystic breasts but this felt different."

She monitored it for a week then went to a pharmacy clinic and asked a nurse to feel her breasts. "I didn't tell her where it was but she felt something hard at the same place but explained she wasn't an expert. I scheduled a mammography appointment and had a sonar at the same time. A biopsy was done and two days later the diagnosis was confirmed."

Treatment

Ashleigh underwent six cycles of chemotherapy (two different chemotherapies and Herceptin), then continued with Herceptin for a year. Her cancer had a complete response and a lumpectomy was done, followed by six weeks of radiation for precaution. She is currently on tamoxifen.

It seems the heavens were looking down on Ashleigh as when she was diagnosed, she was only on a hospital plan. After explaining her predicament to the medical aid scheme,

she was upgraded to the highest plan and started to pay the new premiums. There were still exorbitant co-payments to be made on Herceptin.

Carrying on with work

Obesity at and following breast cancer "I wasn't sure if I would be able to work. I had yoga teacher training sessions booked for March but asked other dietitians and yoga teachers to be on stand-by if I wasn't feeling well. Though, I never closed my practice and managed to work straight through, with a few off days here and there," Ashleigh explains.

"I made the decision to only tell family and friends. Because I didn't want my clients to know, saving my hair and looking 'okay' was a priority. I chose to use a cold cap, it was painful and I lost about 80% of my hair but I wasn't bald.

It was just very thin. I always wore a hat or a beanie with pieces of hair sticking out and I used serums on my eyelashes and eyebrows and they only fell out at the end. I didn't look great but if I put some blush on, I looked pretty normal."

Using complementary therapy to the fullest

Ashleigh continued to exercise throughout treatment though she stopped going to gyms and yoga studios to avoid germs. She exercised at home with weights to keep her muscle mass up, and did yoga.

She also incorporated other complementary therapies: visualisation – visualising energy around the area of cancer as well as cleansing the area with her mind, and she consulted a trance personal psychologist, who did spiritual healing, and a homeopath and psychic.

Interesting enough, when Ashleigh was hesitant to accept conventional treatment, the psychologist, homeopath, and psychic advised her to do it. "I still don't understand why I had to have chemo if I was Stage 1. I don't think I will ever understand," Ashleigh adds.

Supplements also played a big role in Ashleigh's treatment plan. These were to prevent side effects and to boost her immune



Ashleigh Caradas (42) lives in Norwood, Gauteng, South Africa.
© Chantal Drummond Photography

system, and for gut health. Ashleigh believes they helped as she didn't have side effects, other than continuous low-grade nausea, and gastro-intestinal discomfort.

Diet during treatment

Being a dietitian, Ashleigh always ate healthily but cleaned her diet up during treatment. She avoided gluten, drank green juices and smoothies, ate more cruciferous vegetables, and still does today.

During chemotherapy she listened to her body and if it craved meat she ate it, although now she has reduced her intake and eats more vegetarian and vegan meals. When she felt sick, she ate cold fruit or potato chips. She used cannabis oil every night which helped keep her appetite up.

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Finding love during chemotherapy

Chemotherapy proved to be a 'good time' in that a friend who liked Ashleigh before her diagnosis became her partner during treatment. "He was invaluable during my chemo. I don't know what I would have done without him, to be honest," Ashleigh says. "We got together when my hair was falling out and when I was a crying, revolting mess...not my sexiest time," she adds laughing.

Healthy living

Self-care was imperative for Ashleigh during treatment. "I tried to do things that made me feel good and that I enjoyed. I knew if I lost my sense of humour and my appetite I was in big trouble," she explains.

To this petite dietitian and yoga teacher, healthy living is a good attitude and sense of humour, mostly plant-based eating (clean eating), lots of movement, good relationships, self-awareness, self-respect and stress management.

Through Ashleigh's breast cancer, she has gained more knowledge of diet and lifestyle during cancer care. This has now opened a new path in her practice, where she advises breast cancer patients during their treatment.

Nutrition Trends in Cancer

By National Cancer Institute, USA



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Some cancer patients try special diets to improve their prognosis.

Cancer patients may try special diets to make their treatment work better, prevent side effects from treatment, or to treat the cancer itself. However, for most of these special diets, there is no evidence that shows they work.

Vegetarian or vegan diet

It is not known if following a vegetarian or vegan diet can help side effects from cancer treatment or the patient's prognosis. If the patient already follows a vegetarian or vegan diet, there is no evidence that shows they should switch to a different diet.

Macrobiotic diet

A macrobiotic diet is a high-carbohydrate, low-fat, plant-based diet. No studies have shown that this diet will help cancer patients.

Ketogenic diet

A ketogenic diet limits carbohydrates and increases fat intake. The purpose of the diet is to decrease the amount of glucose (sugar) the tumor cells can use to grow and reproduce. It is a hard diet to follow because exact amounts of fats, carbohydrates and proteins are needed. However, the diet is safe.

Several clinical trials are recruiting glioblastoma patients to study whether a ketogenic diet affects glioblastoma tumor activity. Patients with glioblastoma who want to start a ketogenic diet should talk to their doctor and work with a registered dietitian. However, it is not yet known how the diet will affect the tumor or its symptoms.

Some cancer patients may take dietary supplements.

A dietary supplement is a product that is

added to the diet. It is usually taken by mouth, and usually has one or more dietary ingredients. Cancer patients may take dietary supplements to improve their symptoms or treat their cancer.

Vitamin C

Vitamin C is a nutrient that the body needs in small amounts to function and stay healthy. It helps fight infection, heal wounds, and keep tissues healthy. Vitamin C is found in fruits and vegetables. It can also be taken as a dietary supplement.

See the PDQ summary on High-Dose Vitamin C for more information about the use of intravenous high-dose vitamin C as treatment for people with cancer.

Probiotics

Probiotics are live microorganisms used as dietary supplements to help with digestion and normal bowel function. They may also help keep the gastrointestinal tract healthy.

Studies have shown that taking probiotics during radiation therapy and chemotherapy can help prevent diarrhea caused by those treatments. This is especially true for patients receiving radiation therapy to the abdomen. Cancer patients who are receiving radiation therapy to the abdomen or chemotherapy that is known to cause diarrhea may be helped by probiotics.

Melatonin

Melatonin is a hormone made by the pineal gland (tiny organ near the center of the brain). Melatonin helps control the body's sleep cycle. It can also be made in a laboratory and taken as a dietary supplement.

Several small studies have shown that taking

a melatonin supplement with chemotherapy and/or radiation therapy for treatment of solid tumors may be helpful. It may help reduce side effects of treatment. Melatonin does not appear to have side effects.

Oral glutamine

Oral glutamine is an amino acid that is being studied for the treatment of diarrhea and mucositis (inflammation of the lining of the digestive system, often seen as mouth sores) caused by chemotherapy or radiation therapy. Oral glutamine may help prevent mucositis or make it less severe.

Weight Gain

The following may help cancer patients prevent weight gain:

- Eat a lot of fruits and vegetables.
- Eat foods that are high in fiber, such as whole-grain breads, cereals, and pasta.
- Choose lean meats, such as lean beef, pork trimmed of fat, and poultry (such as chicken or turkey) without skin.
- Choose low-fat milk products.
- Eat less fat (eat only small amounts of butter, mayonnaise, desserts, and fried foods).
- Cook with low-fat methods, such as broiling, steaming, grilling, or roasting.
- Eat less salt.
- Eat foods that you enjoy so you feel satisfied.
- Eat only when hungry.
Consider counseling or medicine if you eat because of stress, fear, or depression. If you eat because you are bored, find activities you enjoy.
- Eat smaller amounts of food at meals.
- Exercise daily.
- Talk with your doctor before going on a diet to lose weight.

Nutrition

breastcancer.org



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Nutrition — giving your body the nutrients it needs — is important for everyone. When combined with exercising and maintaining a healthy weight, eating well is an excellent way to help your body stay strong and healthy.

If you're currently undergoing treatment for breast cancer or have been treated for breast cancer in the past, eating well is particularly important for you. In this section, you can read about healthy eating and what and how to eat during and after treatment.

What Does Healthy Eating Mean?

Healthy eating means eating a variety of foods that give you the nutrients you need to maintain your health. Find out how to balance your diet and manage your portion sizes.

Healthy Eating During Treatment

If you're recovering from surgery, or receiving chemotherapy, radiation, or other breast cancer treatment, your focus is on getting rid of the cancer. Eating well will help you stay strong for this fight by giving your body the nutrients it needs. Read about how you can eat to manage your weight, reduce fatigue, build your energy, and get enough fluids.

Healthy Eating After Treatment

Healthy eating and physical activity after treatment are important as you recover from treatment and begin your life beyond breast cancer. Learn about eating to manage your weight and how to create a healthy eating plan that includes exercise.

Nutrition and Breast Cancer Risk Reduction

In this section you can find out what we know today about the impact of food on breast cancer risk. Read about foods that contain healthy nutritional compounds, understand what "organic" and "genetically modified" really mean, and learn how to choose and prepare foods in ways that lower the risk of food-borne illnesses.

Dietary Supplements

Many women with breast cancer take dietary supplements such as vitamins, minerals, and herbs hoping it helps them to stay strong. Learn about suggestions for using supplements.

Nutrition Resources

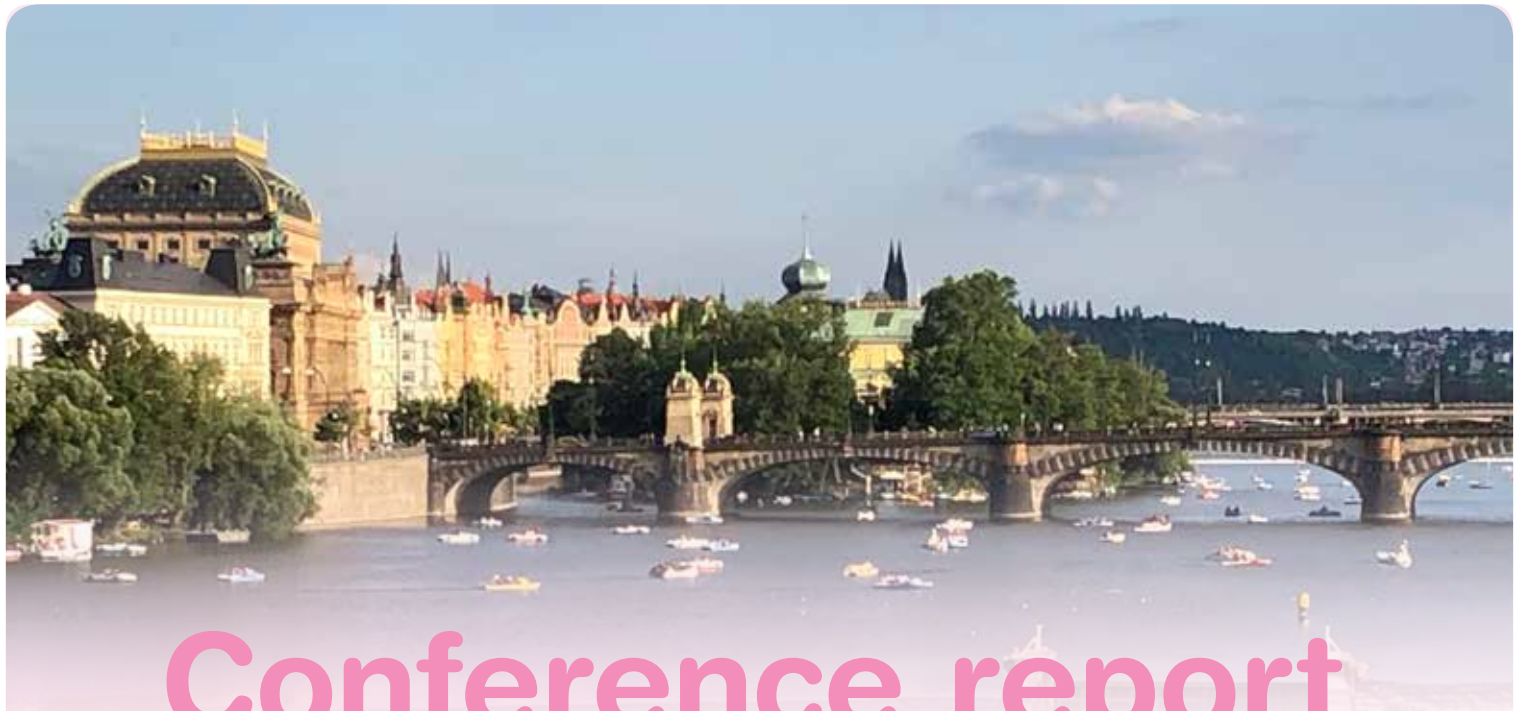
In this section, you can browse a comprehensive list of links to nutrition web sites offering information on dietary guidelines, dietary supplements, research, nutrition labels, food safety, and more.

The medical experts for Nutrition are:

Cyndi Thomson, Ph.D., RD, assistant professor in Nutritional Sciences at the University of Arizona, with joint appointments in medicine and public health. She is a registered dietitian with more than 15 years of experience in clinical nutrition. Dr. Thomson is also principal investigator at the University of Arizona College of Public Health on several diet-cancer grants.

Diana Dyer, M.S., RD, a registered dietitian with 20 years of experience, specializing in nutritional care for critically ill patients. She is the author of *A Dietitian's Cancer Story: Information & Inspiration for Recovery & Healing from a 3-time Cancer Survivor* (Swan Press, 2002) and is especially interested in how nutrition can influence cancer risk reduction and recovery.


Both Cyndi Thomson and Diana Dyer are members of the Breastcancer.org Professional Advisory Board, which includes more than 70 medical experts in breast cancer-related fields.



Conference report from Prague

More than 200 delegates and speakers gathered in Prague earlier this month for the 19th Reach to Recovery International Breast Cancer Support Conference. The conference theme, *Building bridges toward recovery*, emphasized the importance of working together to support and advocate for breast cancer patients, survivors, and caregivers. At the same time, it paid homage to the scenic bridges which span the Vltava river that runs through the Prague.

In addition to dozens of delegates and speakers from the Czech Republic, the following countries were represented:



ALBANIA (1 IN ATTENDANCE)	INDIA (6)	NORWAY (1)
AUSTRALIA (5)	KENYA (1)	POLAND (2)
BELGIUM (1)	KYRGYSTAN (1)	PORTUGAL (7)
BRAZIL (1)	LEBANON (1)	SOUTH AFRICA (6)
CANADA (1)	LUXENBOURG (1)	SWEDEN (9)
GERMANY (1)	MALAYSIA (2)	SWITZERLAND (4)
GREECE (16)	MEXICO (2)	UNITED STATES MINOR OUTLYING ISLANDS (1)
HONG KONG (1)	NETHERLANDS (2)	USA (1)
CHINA (22)	NEW ZEALAND (2)	ZIMBABWE (1)
	NIGERIA (1)	

Program:

The stage was set for the conference on the afternoon of Wednesday, 12 June, when three pre-conference workshops were presented, all of which earned rave reviews from participants.

The ABC (Advanced Breast Cancer) Global Alliance's workshop on patient/doctor communications provided insight into what health professionals may be thinking and how they struggle to talk about difficult subjects with patients. It included excellent tips on how best to communicate with members of a medical team. A Reach to Recovery International Workshop on starting up a peer support program gave helpful advice on what's needed to create and run a successful program, and it generated some very lively discussion. In a third workshop for Czech medical professionals, Jo Lovelock, a breast cancer nurse and midwife from Australia, described the role of the breast care nurse. The Czech Republic does not currently utilize breast cancer nurses but medical professionals there are hoping to introduce that speciality.

Plenary and concurrent session speakers tackled a broad range of topics that affect those touched by breast cancer. They focused on the special needs of younger

women with breast cancer and also women with metastatic disease. A strong emphasis was placed on the importance of screening and early detection in order to give patients the best chance possible for survival. The importance of having well-trained survivor volunteers to provide much needed emotional support and information to patients, volunteers, and caregivers was also stressed.

The conference featured a broad range of speakers from the Czech Republic and around the world. Among the many notable speakers were:

- Dr. Fatima Cardoso, a medical oncologist who, among her many accomplishments, is Director of the Breast Unit of the Champalimaud Clinical Center in Lisbon, Portugal, and Chair of the ABC Global Alliance, which shines a spotlight on the many needs of women with advanced breast cancer,
- Dr. Maira Caleffi, a breast surgeon who is Head of the Mastology Service of Moinhos

de Vento Hospital in Porto Alegre, Brazil and founder and head of the breast cancer support organizations IMAMA and FEMAMA,

- Prof. Jan Zaloudik, M.D., Ph.D, a surgeon and oncologist who is the Director of the Brno Masaryk Memorial Cancer Institute in Prague,
- Angela Harris, Head of Breast Cancer Care Scotland,
- Musa Mayer, MFA, of the US, a leading advocate for women with advanced breast cancer and author of several books, including *Advanced Breast Cancer: A Guide to Living with Metastatic Disease*.

Additionally, survivors from around the world presented personal stories, tips for living well during and after breast cancer, and reports from their local breast cancer support organizations and programs.

Awards:

At each Reach to Recovery International Breast Cancer Support Conference two awards are presented.



Cathy Hirsch and Ann Steyn with RRI Terese Lasser Award recipient Leonie Young (right).

The Terese Lasser Award is named in honor of the woman who founded the Reach to Recovery movement in New York in 1953. She became the first-ever Reach to Recovery volunteer and saw her program grow nationwide and then worldwide. The Terese Lasser Award is given to a volunteer who has introduced, initiated, or contributed in an exceptional way to a peer-support program built on Reach to Recovery principles. The recipient of this year's award is Leonie Young of Brisbane, Australia.

Ever since her diagnosis in 1987, when she was a young mother, Leonie has been a tireless volunteer for Cancer Council Queensland as well as the National Breast Cancer Foundation, providing peer support and serving on countless advisory committees. For many years she served as Chair of the Breast Cancer Trials Consumer Advocacy Group, which is made up entirely of women who are survivors and provides a consumer perspective to the Breast Cancer Trial's research program of Australia and New Zealand. All this is in addition to her regular job as peer-support coordinator for the Wesley Hospital's Choices Cancer Support Centre.

The Health Professional Medal is conferred on an outstanding health professional who has facilitated voluntary breast cancer support programs, encouraged and supported volunteers, aided recognition of volunteers by their communities, and supported volunteers' endeavors to spread their activities to new communities.



Cathy Hirsch and Ranjit Kaur with RRI Health Professional Medal recipient Dr. Fatima Cardoso (right).

Reach to Recovery International was honored to present the Health Professional Medal to Dr. Fatima Cardoso of Lisbon, Portugal. Dr. Cardoso is a medical oncologist who goes far beyond treating the disease and healing the body. She also works tirelessly to help breast cancer patients heal the mind, focusing heavily on patients with advanced breast cancer. In addition to being Director of the Breast Unit of the Champalimaud Clinical Center, she is, among other things:

- The Chair of the ABC Global Alliance,
- The Coordinating Chair of the ABC ESO-ESMO International Consensus Conference,
- The ESO Breast Cancer Programme Coordinator, and
- A member of ESMO's Board of Directors.

Social events:

The social events that allow delegates and speakers to network, make new friends, re-connect with old ones, and share ideas are highlights of each Reach to Recovery International Breast Cancer Support Conference, and the 19th RRI Conference did not disappoint! The Conference host, the Alliance of Women with Breast Cancer of Prague, arranged a Welcome Cocktail the evening of 12 June that allowed attendees to connect in advance of the Opening Ceremony that was held the following morning.



The hosts also arranged a Conference Dinner on the evening of Friday, 14 June. The dinner featured traditional Czech cuisine along with dancing to music played by an organ grinder, accordionist, and bassist.



Following the final plenary session and Closing Ceremony on Saturday, 15 June, all were invited to participate in the Avon Walk for breast cancer in the city center of Prague. Participants walked 3 kilometers through the city, then relaxed in a welcome tent with refreshments arranged by the local host.



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On the horizon:

While in Prague, members of Reach to Recovery International's Board of Directors met separately with representatives of two organizations that have submitted bids to host the 20th Reach to Recovery International Breast Cancer Support Conference in 2021. A decision is expected in August or September and will be announced via email with details to follow in the December 2019 edition of Bloom.





Shear the belief, irradiate the myths: Healing holistically, then and now

Rama Sivaram, 23 June, 2019
India

Then

My breast is gone: I cannot
heave and agitate
for fear of death, I don't know why.
My hair floating in hapless clumps,
reminding me of more to come
looking at myself in parts of
pity and pain.
Cancer, the disease, treatment
the costs
and everything else, *but me*.
Little by little they castrate me
from myself
until I whisper, "Hush!"
Your voices are pronouncements
and mine choked silent
of death, defense, defiance
and doubt
crowding my thoughts to believe
something that I never was.
Suddenly, I feel I belong to none,
not even myself
for there is a crack – from where
bad omens and guilt *engulf* my being
more than the claws of cancer
suggesting, *I am not enough*.

Now

I am easy over my life again.
Sunny side up,
aura of golden yellow
slightly trembling
skirted by translucent white.
Anew, I am born once more
a dash of new salt and spice
flavored with love potion.
A polished mirror for my plate
the mirror broken and mended
is a mirror still
into which my reflection dips
till the valley between the mounts
fills an empty space. I call
my canvas incomplete, stark,
still partly white
mine to paint.
I fill my colors
in forgiving mediums
strong enough to make
mistakes, brave enough to
face my new self.
Rich, like the colors I paint
None to take that color from me
and I am only aware.
Aware of falling in love
with all of my self
running my fingers gently
over me

Building Bridges towards Recovery, Prague: A perfect place to build bridges. History says the Charles Bridge over the river Vltava has *suffered several disasters and witnessed many historic events*. Yet, it stands today in a happy mix of grandeur and flamboyance, with elements of the Bohemian and millions of wanderlust tourists.

And we built many bridges during the 2019 Reach to Recovery International Breast Cancer Support Conference. There were

learning bridges, socialization bridges, and networking bridges. The bridges that were most enduring are the bridges of hope, love, compassionate care, camaraderie, friendship, and fellowship.

Can anyone say they did not live fully, that week?

What stopped us? Nothing!

Let's live, love and learn, and give.

Thank you RRI!

Mixed Vegetable and Lentil Pesarattu Dosai (pancakes)

For optimal nutrition, serve both these dishes together along with a fruit plate and a small bowl of yogurt.

Ingredients:

- | | |
|--|---|
| 1 cup mung beans | 2 garlic flakes |
| ½ cup split chickpeas | Freshly chopped corriander, parsley, or any herb of choice to taste |
| ½ cup of oats | Salt to taste |
| 1 cup chopped spinach | ½ cup natural yogurt |
| ½ cup finely chopped onion | ½ cup water |
| ½ cup finely chopped tomato | Turmeric to taste (optional) |
| ½ cup finely chopped or grated cabbage, cauliflower, carrot, zucchini, squash, or pumpkin (either one) | |

Directions:

1. Wash and soak mung beans and split chickpeas for 3 hours
2. Drain water and, using a mixer, grind mung beans and chickpeas with the 2 garlic flakes and ½ cup water to a fine paste.
3. Mix in the oats, spinach, onions, tomato, and your choice of vegetable. Add salt and yogurt. The batter should be pourable but thicker than pancake batter. Let it rest for an hour.
4. Coat a flat, non-stick pan with cooking oil and heat (low for gas stove, medium for electric). As soon as the pan is hot, pour 4–5 separate dosai onto it. Use 2 heaping spoonfuls of batter for each dosai and spread to 4–5 inches in diameter. Cover and cook for a minute or 2, checking to make sure it doesn't burn. Remove cover, flip, and cook for another minute or 2.
5. If desired, add freshly chopped corriander, parsley, or any herb to taste. Portion: You can eat 1 to get your protein, veg and fibre for 1 meal.

Global Kitchen

Two healthy dishes from Health Educator & Counselor Rama Sivaram's South Indian kitchen

MAKES 4 - 5 DOSAI
SERVING SIZE - 1 DOSAI



South Indian-Style Carrots, Peas, and Beans Poriyal



MAKES 6 SERVINGS
SERVING SIZE - 1/2 CUP

Ingredients:

- 1 cup carrots, cut into cubes
- 1 cup French beans, cut into cubes
- ½ cup fresh peas
- ½ to 1 tsp cumin seeds
- ⅛ tsp (a pinch) of turmeric
- ½ tsp sugar
- Salt to taste
- 2 tsp cooking oil (South Indians prefer coconut oil)
- 3 Tbsps freshly grated coconut.
- ¼ cup water

Directions:

1. Wash and cut carrots, peas, and beans. Then combine with salt, sugar, and water and microwave to soften for 5 minutes. They should be a little softer than al dente.
2. Heat 2 tps of coconut oil (or any cooking oil prefer) in a deep pan. Add cumin and turmeric, and within a few seconds add the microwaved vegetables and stir well. Keep on low flame for 5 minutes.
3. Remove from stove and add chopped corriander and the grated coconut. Serve hot.