

bloom

Issue

06

November
2010

Reach to Recovery International - RRI

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

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EXPRESS AN INTEREST!

Does your organisation have what it takes to host the 17th Reach to Recovery International Breast Cancer Support Conference in 2013?

The conference aims to provide an international platform for breast cancer survivors, volunteers and health care professionals to gain access to information and network with women affected by breast cancer.

If your organisation has the necessary resources and infrastructure to host this unique event, we invite you to email your Expression of Interest by January 31 2011 to info@reachtorecoveryinternational.org.

For more information or to express interest in hosting the 2013 conference email: info@reachtorecoveryinternational.org.



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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.

Get involved in Bloom

Do you have a contribution?

If you have a story, a poem, an event, a news item, or any type of creative piece, please email our editorial team:

info@reachtorecoveryinternational.org

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Reach to Recovery International is supported by the UICC and Cancer Council Queensland



Message from Ann Steyn

President of Reach to Recovery

Greetings to you all!

I find it hard to believe that 2010 is drawing to a close. This year has seen Reach to Recovery International strengthen its position as a global player in the breast cancer field.

Improving the quality of life of women with breast cancer encompasses more than just emotional and practical support. Today our programme includes education and advocacy, and our volunteers can be found wherever their presence is needed.

This issue of Bloom has a particular emphasis on breast cancer in younger women and how it can affect families and children. I hope you find it an interesting read.

Dr Jane Turner an expert in the emotional effects of cancer on families shares some strategies with us that may help children of women with breast cancer. Then we have an article by Tracey a young mother on her experience with her young children.

To complete the circle we have a moving piece from Gershwon Adonis

and how he came to terms with his mother's breast cancer.

Bev Rycroft was a young mother with 3 small children when she was diagnosed with breast cancer. Being a writer and a journalist she has been able to put into words the thoughts of many of us. Her book of poems "missing" had been published to great acclaim. We have one in this issue and a selection can be sampled on

<http://peonymoon.wordpress.com/2010/07/12beverley-rycroft-missing/>

As always we have articles of the activities of RRI groups around the world.

Please remember to send us your news. We can be reached on info@reachtorecoveryinternational.org.

I hope that many of you will be able to enjoy a few days of well deserved rest with family and friends. We all need to take time to smell the roses and recharge our batteries for the coming year!

Warm Reach to Recovery greetings to you all!

Email annsteyn@reachtorecoveryinternational.org



Ann Steyn

16th Reach to Recovery International Breast Cancer Support Conference

Taiwan
November
10-12, 2011



With just under one year before the 16th Reach to Recovery International Breast Cancer Support Conference, planning is well under way for a very warm welcome in Taiwan. The international organising committee met in Taipei in early November, and excitement is building around this special event. Please visit the conference website at www.reachtorecovery2011.org for more information and to register for the conference. The website has recently been updated to include registration, accommodation and lost of information about Taiwan, the conference hosts and planned activities. We look forward to seeing you all in Taipei, Taiwan, next November!



Breast cancer relationships and **sexuality**

By Safia Aftab

As many readers of Bloom will know, a diagnosis of breast cancer can have serious impacts on a woman's sexuality. Despite this, the sexual needs of women with breast cancer are not routinely addressed in the clinical setting.

In Pakistan and possibly in many other countries, health professionals say they are uncertain about 'knowing where to begin' or they mistakenly assume post-menopausal women are no longer sexually active. Just as becoming accustomed to change takes time for the woman experiencing breast cancer, change within clinical practice and support may take time, but it can be accomplished more easily if we can increase awareness of this issue.

One of the challenges is the complexity of sexuality and the misperception that sexuality narrowly refers to sexual intercourse. But if we each consider our individual sexuality, we quickly understand that human sexuality is more than just the sexual function itself. It is an ever changing, lived experience that influences the manner in which we view ourselves and our bodies. For women affected by breast cancer, the consequences of diagnosis and treatment on self-image and sexuality are rarely addressed, and require strategies for communication at all stages of disease, regarding changes to sexual functioning. Breast cancer can affect the way a woman views herself, her sexuality and intimacy throughout her entire life.

Some patients may present with all or some of the following symptoms that contribute to sexual dysfunction:

- Lack of desire
- Lack of interest in intimacy and sexual activity
- Fear of pain with coitus, and/or orgasmic dysfunction is seen in patients
- Problems sleeping and anxiety
- Patients may simply present in a depressive mood
- Moreover, in relation to hot or cold flushes, patients may describe sudden heat intolerance; peruse sweating, and rapid heartbeat

Sexuality is a complex process harmonized by the body through its vascular, endocrine and neurological systems. It also incorporates a wide range of external factors, such as familial, societal and religious beliefs, health status and aging. In addition to this, each partner brings to the bond a unique set of attitudes, needs and responses that together make up an individual sexual understanding.

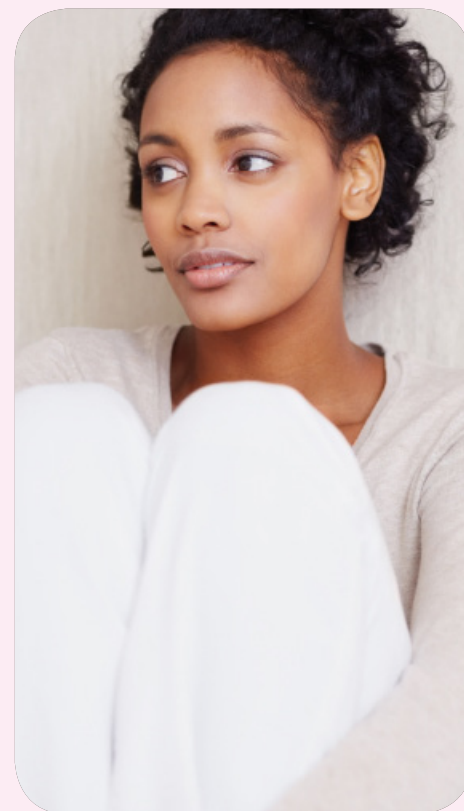
Cancer and cancer therapy may lead to dyspareunia and sexual dysfunction. Many researches indicate that with these negative effects on sexuality, self-concept can be a challenge: the normal process of desire, arousal, enjoyment and the orgasmic experience is lessened and sometimes lost.

When health professionals provide support to women with breast cancer, we suggest they ask directly whether the treatment has affected the woman sexually, if appropriate. Many women appreciate being asked and are more likely to feel empowered to seek out greater support in relation to sexuality.

Cultural issues can sometimes influence the involvement of a woman's spouse or partner in breast cancer treatment and recovery. In Pakistan, we advocate for the involvement of a supportive partner who can offer support and provide emotional and practical assistance. Some husbands go to every medical appointment and take notes. Many take on new roles, helping with tasks that are traditionally managed by women. We encourage women to involve their husbands in their experience of breast cancer and help them to find ways of coping if their husbands are less willing to be a direct support.

One issue to be aware of is that women who don't have a strong relationship with their spouse before diagnosis may experience particular distress associated with this. For other couples, a breast cancer diagnosis and treatment can strengthen a relationship.

On the matter of relationships, it is sometimes assumed that women diagnosed with terminal breast cancer may be susceptible to higher divorce rates. As the American Society of Clinical Oncology stated, "Terminally ill cancer patients have a higher-than-average divorce rate, and it's almost always the husband leaving his sick wife." However, a



study by the Norwegian Cancer Registry suggests that, while divorce is more likely for those who develop cervical or testicular cancer, breast cancer survivors were less likely to experience divorce.

In Pakistan, our observations suggest that most men do stay in a marriage when their wife is diagnosed with breast cancer. One breast cancer patient in her late 60s who went back to her Doctor after treatment confided that her husband had done everything he could to maintain their normal life, an effort she described as "heroic". In relation to the longevity of relationships, one study found that marriages of 15 years or more, coped better with a breast cancer diagnosis than shorter-term marriages. Oddly, the researchers in this study also found that as the age of the woman increased, so too did the likelihood that her husband would leave the marriage. It is not known whether this finding was influenced by older women in second marriages, which are statistically more unlikely to last, because the study did not examine the number of times patients were married or the status of the marriage before the diagnosis of breast cancer.

Sexuality and ensuring women have the support they need from loved ones, or support with coping otherwise, is an important focus of Pink Ribbon Pakistan. We know that by engaging on these issues we can improve outcomes for Pakistani women with breast cancer.

Pink Ribbon Pakistan

www.pinkribbon.org.pk

Breast cancer and the family

Dr Jane Turner is an Associate Professor at the University of Queensland School of Medicine, and an expert in the emotional impact of cancer and how it affects families. Here, Jane shares some strategies that may be useful for helping children of women with breast cancer.



A diagnosis of breast cancer is a challenge for any woman, but when the woman has young children there is often guilt about the possible impact of her diagnosis on her children, and uncertainty about how to discuss the diagnosis with them. Such a stressful time, yet all of the decisions about treatment are being made whilst trying to coordinate school drop-offs, check homework, or respond to adolescent angst and maintain some sort of routine!

Whilst it is natural to feel concerned about children, the instinctive tendency of many women to avoid talking about it in order to “protect” their children is in fact generally not helpful. Research has demonstrated that the impact of having a mother with breast cancer is much less about the

diagnosis and more about how it is handled. So in order to handle it well and help your child to cope it is worthwhile to reflect on how children understand and process things.

Up to about the age of 8 years, children are very ego-centric, that is they believe they are the centre of the universe, and they cannot really appreciate anyone else’s point of view. This is important to recognise because it means that they don’t understand that making a noise when you feel sick is distressing – they just don’t grasp the impact of their behaviour on someone else. Young children also have magical thinking. By this is meant that young children believe that they can make things happen just by wishing for them, or thinking about them. This is normal. Adults accept and encourage magical thinking – a good example is a child’s birthday party when we tell the child to blow out the candles and make a wish. Children grow up believing that if they wish for something hard enough they can make it happen – by magic. Many of the fairy stories across cultures instil in children the notion of magic, good and evil and of course the notion of “happy ever after” which always seems to happen to people who are beautiful and good (but often treated badly by others). But children also believe that bad things can happen by magic. They believe that bad things can happen because of things they themselves have thought and done. This is a critical point. Children inevitably have angry and resentful thoughts, commonly wish their parents and their siblings ill, and often evoke the frustration of their parents. If the parent becomes ill, the young child wonders if they have caused this, and will feel guilty and distressed, and very afraid of what other disasters could befall them. Young children need reassurance that the cancer is not their fault. They need reassurance that they are safe and will be looked after.

Of course very young children don’t have the ability to express these very powerful and often distressing emotions in words.

Instead they express distress through their behaviours and actions. So the child who is anxious because his mother is ill, absent in hospital or who looks different (for example having lost her hair) may behave badly. It is the only way the child can express their anxiety. But of course if you are tired, nauseated and unwell this can be extremely difficult to handle. If you don’t realise the reason for the behaviour, there is the real risk of escalating frustration, family tension or provoking angry comments. You need to consider whether changes in behaviour mean that the child is anxious.

Sometimes children (especially girls) respond to anxiety by being “extra good”, as though this will magically undo all of the bad things that are happening. This “extra good” child is likely to be praised by parents and others for their efforts, and their distress is not acknowledged, nor is the child’s need for emotional support acknowledged.

From about 8 to 12 years, children start to appreciate how other people might be feeling, so they can work out that making a mess when you feel dreadful is not a great idea! Unfortunately they still tend to be fairly concrete in their thinking – that is, it is hard for them to think beyond the “here and now” and work out the possible consequences of their actions and behaviour into the future. Although their ability to talk about their feelings has increased, it is still important for children in this age group to have opportunities to play and exercise.

One of the things which begin to really matter is being accepted by others. A young child aged 4 or 5 years can have a major disability and be fairly indifferent to other people’s reactions. But by about 8 years of age onwards that is no longer the case. A child whose family is different for any reason will often be acutely aware of this. At this age, children may feel that it is very uncool to have a mother with no hair, or marked lymphoedema. Unfortunately children in this age group may be subjected to unkind and untrue

Breast cancer and the family

Continued..

comments from other children about your cancer. For this reason it is generally helpful for the school to know about your situation so that they can discretely see how things are going with other children.

Children in this age group often try to be brave, and can feel overwhelmed by their feelings as they struggle to be grown up. This difficulty can be made worse if family and friends urge the child to be “brave and grown-up”, further undermining opportunities for the child to express their concerns.

Once children reach adolescence their body is maturing and so is their brain. But it is often a really tough time for them. They are starting to try to be independent, but at the same time they want other people to solve their problems and do things to help them. They are starting to work out what they are going to do in terms of work, they are figuring out their values and goals in life. Often establishing romantic relationships is highly traumatic. Again the notion of “fitting in” matters a good deal, and girls especially make comparisons with their friends. This is the age at which girls in particular become very concerned about their body. If their mother has been diagnosed with breast cancer there may be anxiety about whether it could happen to her.

It is quite tempting to think of a physically mature child as a small adult when in fact emotionally they are still far from mature. Their brain maturity often seems to lag behind their physical growth, and the other problem is that it tends to fluctuate. It is a real trap to expect that young people will demonstrate a level of maturity which is beyond their ability. For example, parents commonly think that it is obvious that adolescent children should be helping with domestic tasks if you are unwell. Unfortunately you are seeing the situation with very adult eyes and they are not. Expecting adolescents to do things without at least some negotiation is often a source of real tension.

For adolescents being accepted and feeling part of a group remains important, and if there are differences it can undermine self-esteem, especially for girls. Sometimes parents feel that it is hard to strike the



Children often try to be brave, and can feel overwhelmed by their feelings as they struggle to act grown up

If you let them see you upset you help them learn that they too can handle being upset, and that expressing feelings is OK. It is far better to talk than keep things inside, and keeping secrets, even with the best of intentions will inevitably make the situation worse.

right balance between being interested and asking about adolescent's feelings, and being seen as intrusive. But emotions often fluctuate widely and in this age group there is still limited ability to deal with very painful and strong emotions which are often expressed through angry outbursts – at of course almost inevitably these will be directed at parents!

Trying to cope with anger by listening and helping the adolescent talk can help calm things down.

The reality is that children are resilient and can cope with your diagnosis of cancer. The critical messages are that children need recognition of the impact of the diagnosis, and information which is tailored to their age and understanding.

They need to know that the cancer is not their fault and that being upset or angry about the diagnosis is OK. Don't feel that you can't show your feelings in front of your children. It is often a sad and difficult time.

Helpful websites

The National Breast and Ovarian Cancer Centre: www.myparentscancer.com.au.

This site features young people talking about their experience when someone they love has breast cancer

Cancer Council NSW: Talking to kids about cancer: www.cancercouncil.com.au/html/patientsfamiliesfriends/livingwithcancer/talkingtokids/downloads/talking_to_kids.pdf. This resource outlines developmental stages and practical suggestions.

RRI endorses new cancer care standard

You may have read the story in the August edition of Bloom about the International Psycho-Oncology Society's (IPOS) recommendation that distress be declared the 6th vital sign in cancer care.

In early November, the President of IPOS, Professor Maggie Watson, formally requested Reach to Recovery International's endorsement of the recommendation, recognising our unique standing in the global breast cancer community. The RRI Board of Management unanimously approved the endorsement in its most recent meeting.



Professor Watson says RRI's endorsement will help to promote ratification of the standard by cancer agencies and health service providers around the world.

"Over the past several years, the health care organisations in a number of countries, including Australia, Canada, the European Union and the United States, have recognised the importance of incorporating psychosocial care into national cancer treatment plans," she says.

"In 2007, the United States' Institute of Medicine (IOM), National Academies of Science, a respected national public health policy body, issued a landmark report outlined the strong evidence base for efficacy of psychosocial intervention in cancer care and stated that the psychosocial domain must be integrated into routine cancer treatment."

The International Psycho-Oncology Society reviewed the report and others published internationally and determined that there is sufficient evidence and experience available to propose a new international quality standard.

"The new standard will have a synergistic effect upon international and national efforts to improve psychosocial care for those coping with cancer," Prof Watson says.

"In pursuit of this goal, IPOS developed a Statement on Standards and Clinical Practice Guidelines in Cancer Care.

"The statement has been endorsed by the Union of International Cancer Control (UICC) and the International Society for Paediatric Oncology (SIOP), and with RRI's support has the potential to influence the standard of care in this area internationally."

IPOS is the multi-disciplinary international body responsible for the psychological, social and behavioural issues in cancer care.

Founded in 1984 by Dr Jimmie Holland, the Mission of IPOS is to be the international multi-disciplinary organization dedicated to fostering the science of psychosocial and behavioural oncology and improving the care of cancer patients and their families throughout the world.

"The IPOS Board of Directors greatly appreciates RRI's endorsement of the standard and we look forward to recognising RRI in our global promotions of the revised standard," she says.

[Click here to read the Taiwanese translation of the IPOS article from the previous edition of Bloom.](#)

My greatest fear

By Gershwon Adonis

Parents play a very important part in our lives. Many times we take them for granted but the experience I have gone through made me realize how important they really are.

Just two years ago I faced my greatest fear. As a family we had to deal with the devastating news that my mom was diagnosed with breast cancer. We were shocked. It was like being punched between the eyes. For the first time I realized that life is not a right but a privilege.

Fear started to take hold of my emotions. I had so many questions but not enough answers. What if I had to go through life without a mom? Being the eldest of three children I was very worried about my younger brother and sister. They didn't realize the seriousness of the situation but to me it was clear.

In the days prior to the operation I was so gripped with fear, mainly because I didn't

know what to expect. As a family we sat down and discussed this very difficult situation.

Thankfully the Lord has brought her through this operation and I thought that was the end and she would recover completely.

To my dismay the recovery was far from over. Months of chemo and radiation awaited her. Being the woman I knew she was, always positive, I knew she would get through it, but was never prepared for the reality of what awaited me.

Never in my wildest dreams would I imagine having a bald mom! What am I going to tell my friends when the questions started rolling in? My mom assured me that what she was going



through was a good sign. It was hard to believe, but true.

In the months following her treatment she made a remarkable recovery and my fear and pain was lessened. This experience has taught me a valuable lesson. Fears can be overcome. I have also learned to live from day to day and not to look further than tomorrow.

The Bible says there's a time for being born, a time to die, a time to gather and a time to let go. We live between these extremes.

I have realized that this is the road I have to walk and this brings peace instead of fear.

Life is precious. Live it to the fullest!!

One in nine – my year as a statistic

By Tracey Derrick

A photographic exploration of breast cancer, its treatment and survival

One in nine women contract breast cancer in South Africa. This statistic takes into account the high prevalence of HIV and TB.

I was diagnosed with breast cancer in May 2008 and this project was undertaken in response to my illness, its treatment and my survival. I am 'one in nine' and as the active subject of my own investigation, it helped me understand my own condition and integrate it into my life.

Susan Sontag wrote when diagnosed with breast cancer, "the disease itself arouses thoroughly old-fashioned kinds of dread. Any disease that is treated as a mystery and acutely enough feared will be felt to be morally, if not literally, contagious".

As a documentary photographer, I position myself relating to and interacting with my subjects. I document small communities, the marginal people. Suddenly, through my illness I've become a member of a marginal group. My way of coping has been to analyse my own story through images, which helped me reach out and connect with others who, like me had at some point during their illness, felt outside the experience of everybody else.

Through self-portraits taken during my illness and portraits of eight other breast cancer survivors, I have used photography as a tool to explore our new reality - it has become our visual diary. Together, our portraits symbolically represent "one in nine". The story is about medical body transformations, changes in thoughts and feelings around our identity, new ways of living with death (instead of fearing it) and most of all, stories of survival and moving forward.

By exhibiting this work, I hope to deepen the knowledge about breast cancer and show that the value of trauma is a chance to find oneself.

Tracey Derrick

Sontag, S. 1978. "Illness as Metaphor and AIDS and Its Metaphors". U.S.A.: Farrar, Straus and Giroux, p6.

"Illness is the night-side of life, a more onerous citizenship. Everyone who is born holds a dual citizenship, in the kingdom of the well and in the kingdom of the sick. Although we all prefer to use only the good passport, sooner or later each of us is obliged, at least for a spell, to identify ourselves as citizens of that other place."

— Susan Sontag, "Illness as a Metaphor", 1978.



Breast cancer awareness month

Pink cookies create awareness in Cape Town, South Africa

Pink cookies have been building awareness and empowering women in South Africa, thanks to a creative campaign promoting the pink ribbon symbol.

President of RRI, Ann Steyn, says the unique cookies had helped to make the community more aware of breast cancer and the importance of early detection in effectively treating the disease.

"If these cookies send just one per cent of their buyers to the RRI website, that's 500 more women who will have the information they need to beat breast cancer," Ann says.

"We run a very positive outreach programme, a free and voluntary support group which, among other things, teaches women how to identify breast cancer early."

The cookies were produced by Cape Town's Khayelitsha Cookies, a small but growing business with an ethos focussed on the empowerment of women.

"It is wonderful to see businesses such as Khayelitsha Cookies supporting such an important awareness programme," Ann says.



Ann visited the Khayelitsha Cookies bakery to deliver the RRI education programme to its exclusively female work force.

"The most important work Reach for Recovery does is preventative, taking its self-examination awareness programme into all communities.

"We try to make women more aware of the importance of detecting breast cancer early," Ann says.

The idea for the breast cancer ribbon cookie was developed by Gary Hopkins, owner of Wasabi Marketing, a South African marketing agency.

"I was following 567 Cape Talk's Small Business Awards and I was impressed when I heard Khayelitsha Cookies tell their story.

"At the same time I wanted to help my clients get involved in Breast Cancer Awareness month.

"Putting the two together gave me a fresh idea and the breast cancer ribbon cookie was born."



RRI World News

Reach to Recovery International supporters world-wide organised activities to promote Breast Cancer Awareness Month and Pink Ribbon Day in October.



The wife of Jamaica's Governor General, Lady Allen, proudly wears the pink pin given to her by members of the RRI Jamaica Executive Committee and breast cancer survivor Pamela.

Jamaica

With over 100 active members, Jamaica Reach to Recovery began their month's activities with a church service at the Church of the Open Bible, Kingston.

This was followed in late October by the Annual Denise Thwaites 5K Walk/Run.

Hundreds of Jamaicans support the event in solidarity with women affected by breast cancer, helping to raise funds for Jamaica Reach to Recovery's counselling and financial assistance programmes for Jamaican women who cannot afford their medication.

Pakistan

Pink Ribbon Pakistan is a national breast cancer awareness campaign with the aim of making breast cancer the foremost health concern for Pakistan.

Pink Ribbon Pakistan has been working since 2003 to eradicate the taboos associated with breast cancer in Pakistan.

One of the great challenges faced by Pink Ribbon Pakistan is getting people to talk about the disease and be more open about it.

In Pakistan many women avoid

discussing the issue even when they feel they need to.

This stigma may be one reason for late diagnosis and poor survival.

Sadly, for many Pakistani women when the cancer is finally detected, it may be too late to successfully treat.

Pink Ribbon Pakistan believes that awareness is the key to educating women about this deadly disease. They need to know how important early detection is.

With the help of electronic and print media Pink Ribbon has been able to reach out to the general public and since 2003 we have experienced a 30 per cent increase in patients presenting to different hospitals.

This goes to show how the work that has been done has been beneficial, and how much more needs to be done.

Tracey's story

One of our Australian readers shares her story of being diagnosed with breast cancer, and how it impacted her children.

Hi, my name is Tracey.

One day, out of the blue, my nine year old son actually came up to me one day when I was gardening, he was crying and hugged me, he said "Mummy, I don't want you to die, if you die then who is going to look after me and Michael (his big brother)? And who is going to cook our spaghetti?"

At the time, I had no idea that within a few weeks I would be diagnosed with breast cancer, at just 48 years old. I remember asking him "What is wrong with you, why are you so upset?" My little boy answered "There is something wrong with you Mummy and it is bad, please don't die..."

One week later, my eldest 12 year old was sick and I took him to see our GP. While we were there I suddenly said "My left breast is a bit sore, could you please refer me for a scan?" I had the scan, then a mammogram, then a needle biopsy, and was diagnosed with cancer.

The hardest thing for me was to acknowledge the fact that I had cancer and then how to tell my two boys. For the first week I could not tell them, I needed time to absorb what was happening to me first. I soon realised that no matter how much you love your children and don't want to worry them, they need to know the truth – children are not stupid and they pick up on their parents' vibes. I felt so relieved after I told them and they were fine with my shock and handled the situation really well, in fact they were so supportive and comforted me as much as they could. Their strength gave me hope.

My biggest fear was 'what about my children?'

Prior to my surgery I joined Bosom Buddies, a local volunteer organisation that actively supports women with breast cancer and assists their families and friends. Joining Bosom Buddies was the best thing I did. They just so happened to have a workshop on the weekend prior to my surgery, which graced me with so much knowledge and allayed some of my fears. I wanted to know what a breast looks like once it has been removed, and how women handle this. The workshop was an amazing source of information and support. It was also an opportunity to connect with other women who had experienced breast cancer, making me feel like I was not alone. Other women are such a wonderful source of support, it really helped a lot even though I was still trying to come to terms with the diagnosis.

I had urgent surgery about two weeks later, a mastectomy on my left breast. The tumour was 5.5 centimetres (a whopper!). I had 21 lymph nodes removed, 11 were full of cancer. It was very difficult managing two boys, both with Attention Deficit



Hyperactivity Disorder, when I came home a day later from hospital with two drains and trying to recover over a six week period. We have no family in the local area or close friends who were available during school hours to help us, so it was a very trying time, but we got there.

Anyway, whatever is served up to you, somehow Mums always manage to cope, and cope we did (only just).

The biggest fear for me as a Mum diagnosed with cancer was, "what about my children?" As it turned out, telling them the truth and showing them my wounds and explaining it all to them stage by stage helped them to give me the best support I could ever dream of. My boys were brilliant and nursed me right through my journey. They showered me, emptied my drains and did all sorts of things, they were so brave, giving me the strength to soldier on. And I will never forget my son sensing that I was sick, before anyone knew. If not for them, I would not be here, my children saved my life.

Being a mother of young children makes a breast cancer diagnosis extra challenging. For all of us it's hard to know what to tell your family, especially the kids.

It has been 13 months since surgery and I am still here, happy and enjoying life with my children. Today I am optimistic that I can use my experience to help other women and mothers diagnosed with breast cancer – and am glad to be connected with women around the world through Bloom.

David's Visit

David arrives at my hospital room with flowers in a sea-green pot.

He tells me: in his Aunt's day breast prosthetics were bolstered with bird seed.

After a sweaty game of tennis one afternoon she found her bosom had begun to sprout.

I wonder what bounty the bald pink grave of my breast will offer up for harvest?

petunias? an armoured-plated rose beetle? bumbling bees foolishly searching for pollen?

Or a ravine for a rought-stricken river that up until now had given up all hope of ever flowing through.

Beverly Rycroft

from the anthology 'missing' by Beverly Rycroft

Australia's 2nd National Conference for Young Women Affected by Breast Cancer

In early September more than 200 young breast cancer survivors, carers and health professionals travelled from across Australia to attend the 2nd National Conference for Young Women Affected by Breast Cancer on Queensland's Gold Coast.

Breast cancer is the most common cancer among Australian women and each year, more than 700 women under the age of 40 are diagnosed with breast cancer.

The conference is the only one of its kind in Australia. Conference organiser Megan Dwyer says the conference helped young women affected by breast cancer to form new support networks and reduce the sense of isolation often experienced.

"A diagnosis of breast cancer can be particularly distressing for young women, who face the confronting reality of cancer at a time in their life when they least expected it. The conference provided a way of creating much greater support so that young women affected by breast cancer feel empowered to cope at every stage, from diagnosis to life after breast cancer," she says.

"This conference was an important opportunity for young women to learn, network, share, raise awareness and further advance the needs and issues of young women diagnosed with breast cancer in Australia."

Conference speakers included leading international breast cancer specialists, researchers and health professionals, such as Stacy Lewis, Vice President of Programming, Young Survival Coalition (USA), Lyn Swinburne, CEO, Breast Cancer Network Australia, and fertility and pregnancy expert Associate Professor Angela Ives, University of Western Australia.

"Our aim was to ensure young women affected by breast cancer have access to all the latest information on breast cancer research and clinical care, so they can empower themselves to make informed



choices about their treatment and well-being," Megan says.

"Delegates also had the opportunity to gather resources to help navigate their breast cancer journey and network with peers who can relate to their experience."

This conference gave cancer societies, support organisations, care providers and medical professionals the opportunity to learn from each other and share ideas and best practice in the field of breast cancer support.

"The Conference has provided the platform for establishing, reinforcing and maintaining long lasting relationships for both those affected and the organisations that provide support," Megan says.

"The 203 delegates and speakers have now returned to their communities across Australia and the world, taking with them the knowledge, skills, resources, networks and enthusiasm gained through their participation in the Conference. This will have a far reaching and long lasting impact on those communities.

"Feedback from delegates was overwhelmingly positive, with many commenting on the amazing atmosphere and incredible support, together with interesting and relevant presentations," she says.

www.ywcaustralia.org.au



International Psycho-Oncology Society's (IPOS)

Statement on Standards and Clinical Practice Guidelines in Cancer Care

July 2010

The International Psycho-Oncology Society (IPOS) proposes endorsement of the following statement on standards and clinical practice guidelines in cancer care:

IPOS International Standard of Quality Cancer Care:

- 1. Quality cancer care must integrate the psychosocial domain into routine care;**
- 2. Distress should be measured as the 6th Vital Sign after temperature, blood pressure, pulse, respiratory rate and pain.**

Background

Over the past several years, the health care organisations in a number of countries, including Australia, Canada, the European Union and the United States of America, have recognized the importance of incorporating psychosocial care into national cancer treatment plans. Core recommendations state that there should be assessment of need and provision of appropriate psychosocial support as part of quality cancer care.

In 2007 in the US, the Institute of Medicine (IOM), National Academies of Science, a respected national public health policy body, reported that the strong evidence base for efficacy of psychosocial intervention in cancer care now mandates the establishment of a new quality standard of cancer care. In the UK, the National Institute of Health and Clinical Excellence (NICE) (2004) provided a guideline to be incorporated into the National Cancer Plan requiring the assessment of, and provision of care for, psychosocial needs in all cancer patients.

The landmark IOM Report stated that the psychosocial domain must be integrated into routine cancer treatment. An Alliance to Implement Quality Psychosocial Cancer Care has formed with over 30 professional and advocacy organisations endorsing efforts to assure the new standard is implemented in oncology practice. The Alliance seeks to educate both patients and families and professionals about the new mandate. A novel way to implement the psychosocial care standard was proposed by the Canadian Strategy for Cancer Control (2004) and Accreditation Canada (2009) by recommending that, when taking routine vital signs, Pain should be the 5th Vital Sign and Distress should be the 6th Vital Sign assessed using a standardised pragmatic method [e.g. patient reported on a 0 – 10 scale].

At the June 2009 IPOS Board meeting, members unanimously endorsed the concept that Distress be named the 6th Vital Sign in oncology. Vital signs are an essential part of routine

patient care and are essential to the patient's case presentation and support of their wellbeing. In 1999, due to significant impact on patients, Pain was endorsed as the 5th Vital Sign.

Prevalence rates of distress in cancer patient populations have been well documented in the literature. The negative impact of distress on cancer patients, families and the community is a primary concern for clinicians, scientists, educators and numerous cancer support organisations.

The International Psycho-Oncology Society believes that endorsing Distress as the 6th Vital Sign will raise awareness of distress as an essential component of the patient experience and will act as a call to action for care providers and the health system as a whole to assure psychosocial care for patients.

The International Psycho-Oncology Society is the multidisciplinary international body responsible for the psychological, social and behavioural issues in cancer care. IPOS has determined that there is sufficient evidence and experience available to propose a new international quality standard, which could have a synergistic effect upon international and national efforts to improve psychosocial cancer care.

"Feedback from delegates was overwhelmingly positive, with many commenting on the amazing atmosphere and incredible support, together with interesting and relevant presentations," she says.

Global Kitchen

Thanksgiving recipes from the U.S.A.

Thanksgiving Day is a harvest festival celebrated primarily in the United States and Canada. Traditionally, it has been a time to give thanks for a bountiful harvest. While there was an underlying religious element in the original celebration, Thanksgiving today is primarily identified as a non-religious holiday.

In Canada, Thanksgiving Day is celebrated on the second Monday in October. In the United States, it falls on the fourth Thursday of November.

Corn pudding

Ingredients:

- 1 (14.75 ounce) can cream style corn
- 2 (15.25 ounce) cans whole kernel corn
- 5 eggs, beaten
- 2 cups half-and-half
- 1 cup heavy whipping cream
- 2 tablespoons all-purpose flour
- 2 tablespoons cornmeal
- 2 tablespoons white sugar
- 1/4 cup butter, melted salt to taste
- ground black pepper to taste

Directions:

1. Combine cream-style corn, regular corn, eggs, half-and-half, cream, flour, cornmeal, sugar, melted butter, salt, and pepper in a 2-1/2 to 3-quart casserole.
2. Bake at 325 to 350 degrees F (165 to 175 degrees C) for 1 hour, or until set.



Green bean casserole

Ingredients:

- 1 (10 3/4 ounce) can condensed cream of mushroom soup
- 1/4 cup milk
- 1/8 teaspoon black pepper
- 2 (14 1/2 ounce) cans cut green beans, drained
- 1 1/3 cups French-fried onions (French's)

Directions:

1. Combine soup, milk and pepper in a 1 1/2 qt baking dish; stir until blended
2. Stir in beans and 2/3 cup fried onions.
3. Bake at 350°F for 30 minutes or until hot.
4. Stir.
5. Sprinkle with remaining 2/3 cup fried onions.
6. Bake 5 more minutes or until onions are golden.



Pumpkin pie

Ingredients:

- 1 egg
- 1 tablespoon all-purpose flour
- 3/4 cup white sugar
- 1/2 teaspoon salt
- 1 1/2 cups pumpkin puree
- 1 1/2 cups evaporated milk
- 1/2 teaspoon ground cinnamon
- 1/2 teaspoon ground ginger
- 1/4 teaspoon ground nutmeg
- 2 tablespoons light corn syrup
- 1 recipe pastry for a 9 inch single crust pie

Directions:

1. Preheat oven to 450 degrees F (230 degrees C).
2. Add the sugar gradually to the pumpkin puree. Beat well and stir in the flour, salt and spices. Stir in the corn syrup and beat well. Stir in the slightly beaten egg, then slowly add the evaporated milk, mixing until well blended. Pour the batter into the unbaked pie shell.
3. Bake at 450 degrees F (230 degrees C) for 10 minutes then reduce the oven temperature to 325 degrees F (165 degrees F) and continue baking pie for an additional 30 minutes or until a knife inserted into the mixture comes out clean.

Reach to Recovery International Governance Structure

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EVENTS

ORLANDO FLORIDA, USA February 2011:

**11th Annual Conference for Young Women Affected by Breast Cancer
February 23 - 27, 2011**

For more information visit www.youngsurvivorsconference.org/

HAMILTON ONTARIO, CANADA June 2011:

**World Conference on Breast Cancer
June 7 - 11, 2011**

For more information visit www.wbcf.ca/conference/home/

TAIPEI, TAIWAN November 2011:

**16th Reach to Recovery International Breast Cancer Support Conference
November 9 - 12, 2011**

For more information visit www.reachtorecovery2011.org/

VIENNA, AUSTRIA March 2012:

**8th European Breast Cancer Conference
March 21 - 24, 2012**

Go to www.ecco-org.eu/Conferences-and-Events/EBCC-8/page.aspx/2163

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. 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.

For more information about RRI and bloom, please email info@reachtorecoveryinternational.org or visit our website at www.reachtorecoveryinternational.org

