

bloom

Issue

08

May
2011

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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Breast Health Global Initiative

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The Army of Women

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16th RRI Conference in
Taiwan November 2011

Message from Ann Steyn

President of Reach to Recovery

Greetings to you all!

It is encouraging to know that much research is taking place in the development of breast cancer control strategies. Strategies that will lead to an improvement in the care of women with breast cancer.

This issue presents several examples.

Professor Joanne Aitken (page three) details how a new five year research study ,that follows up on the release of the first Atlas of Cancer in Queensland (reported in our last issue) will have amongst other outcomes recommendations to develop strategies to improve the supportive care for women with breast cancer.

Research in both Gaza (page four) and Nigeria (page nine) consider the barriers to appropriate breast health care and treatment in different groups of women. All of us interested in improving the quality of life for women with breast cancer can only be pleased that these barriers - whether patient barriers or health system barriers- are being studied.

The article by Livestrong (page seven) on their research on Electronic Health

Information Exchange(EHIE) is also an interesting read

On page five there is an opportunity for all who would like to assist in research to sign up to “ The Army of Women” This gives everyone a chance to use their own experience to partner with breast cancer researchers in the goal to eradicate breast cancer. An opportunity not to be missed!

Throughout this issue there are links to various sites. I encourage you to access these sites for further information on our articles. Knowledge empowers us and enables us to play a role in the many aspects of breast cancer care and treatment.

Those of you who have already registered for the Taiwan RRI Conference in November will know what a wonderful team of sisters we have there! Each one of us will be assigned a sister “angel” who will assist us where needed. To this end these “ angels” have been taking English and Computer lessons so that they can make contact with us.

Email annsteyn@reachtorecoveryinternational.org



Ann Steyn

Please don't forget that Early Bird Registrations closes at the end of this month June 30th.

Don't miss it!

As always we welcome your contributions to Bloom. Please email our editorial team.

Warm Reach to Recovery greetings to you all!

Ann Steyn



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bloom

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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.

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





Professor Joanne Aitken

Investigating the breast cancer journey: Research into urban and rural differences

A major new research project in Queensland may help to explain why country women are more likely than city women to die within five years of a breast cancer diagnosis in Australia, so that survival rates can be improved.

In the last edition of Bloom, we reported on the publication of the first Atlas of Cancer in Queensland, published by Cancer Council Queensland. This edition, we follow up with a report on CCQ's new five-year research study, the first of its kind in Australia, involving more than 3,200 women diagnosed with breast cancer.

Director of Cancer Registries for CCQ, Professor Joanne Aitken, said the findings would be used to help improve breast cancer survival rates in Queensland.

"The study will be the first large-scale study of its kind to investigate the range of factors that influence survival outcomes for Queensland women affected by breast cancer.

"Our ultimate aim is to use the study findings to develop cancer control strategies that will reduce the burden of breast cancer in women."

Prof Aitken said the project would produce three important outcomes.

"Firstly, it will enable us to determine whether a woman's place of residence has an impact on the treatment and supportive care she receives, while also examining the influence of each woman's individual characteristics.

"Secondly, it will help us to provide health

care providers, policy makers and support organisations with targeted information to improve the future care of women with breast cancer.

"And thirdly, it will inform the development of recommendations for strategies to improve supportive care for women with breast cancer."

The study follows the release of the first Atlas of Cancer in Queensland, which found differences in breast cancer incidence and survival between rural and urban women.

"While there is some variation within areas, our research shows that women diagnosed with breast cancer while living in outer regional areas of Queensland are about 33 per cent more likely to die from their cancer within five years than those in the major metropolitan area of South East Queensland," Prof Aitken said.

"The survival gap between women living in remote areas of the state and women in South East Queensland is even greater, at nearly 66 per cent.

"These variations may be caused by a range of factors, such as access to screening and diagnostic services, stage at diagnosis, access to effective treatment and care, individual risk factors, or even chance.

"Our goal is to close this gap, so that all Queensland women are provided with the

best possible prospects for preventing, detecting, effectively treating and surviving breast cancer.

"Importantly, the findings from the research project will provide a rationale for greater allocation of funding and resources to improve detection and survival outcomes for women affected by breast cancer across the whole of Queensland."

Participants will be asked to complete telephone and self-administered surveys to assess how individual and non-individual factors influence breast cancer outcomes.

"Findings from the research project will help to identify strategies for addressing any disparities in treatment and support, in order to improve survival rates.

"The project may also help to pioneer new models for addressing and managing breast cancer, so that the women of Queensland are better supported through their diagnosis of breast cancer," Prof Aitken said.

Breast cancer is the most common cancer diagnosed in Queensland women, and a third of all women diagnosed will experience high levels of psychological distress.

All women between 20 and 79 years of age diagnosed with breast cancer in Queensland between September 2010 and December 2012 will be invited to participate in the study.

Breast Health Global Initiative

Latest E-Bulletin out now!

The Breast Health Global Initiative (BHGI) strives to develop, implement and study evidence-based, economically feasible, and culturally appropriate Guidelines for International Breast Health and Cancer Control for low- and middle-income countries (LMCs) to improve breast health outcomes and access to breast cancer screening, detection and treatment.

The latest edition of the BHGI e-bulletin features:

NEW RESOURCES FOR LOW- AND MIDDLE-RESOURCE COUNTRIES

Global Breast Health Care: Optimizing Delivery in Low- And Middle-Resource Countries. A Supplement of Consensus Statements and Special Reports to The Breast.

EDUCATION UPDATE

Capacity-building through education & training: Ghana Breast Cancer Specialty Training Course

BHGI GLOBAL PORTFOLIO

See the BHGI global portfolio of implementation science projects

BHGI ALLIANCE

See the organizations worldwide that make the BHGI's work possible

[Click here to read the eBulletin on-line or download the PDF.](#) The following article on 'Research breaks down barriers' has been sourced from the e-bulletin for readers of Bloom.

Research breaks down barriers

Exposure to New Environments Improves Breast Cancer Understanding: Research from Gaza

A study from Gaza from R. Shaheen and colleagues presents an important global perspective, comparing expatriates from a war-torn politically unstable region to their in-country cohorts.

It challenges researchers and policy makers to consider the influence of place of residency, and consider what role exposure to a new environment and access to an alternative health care system may play in shaping women's beliefs, attitudes or health care seeking behavior.

The two groups, 100 women living in Gaza, and 60 women residing outside Gaza, were similar in age, religion (over 90% Muslim), marital status (over 90% married), employment and breast cancer risk factors. Expatriates were more likely to have a university education (73% versus 50%).

Because both groups were equally interested in lowering their risk of breast cancer and learning about breast cancer, the study results suggests that educational interventions could be effective. Religious beliefs were not considered a barrier to mammography for 99% of both groups of women, of whom the vast majority were Muslim, and 94% agreed it was not against culture or tradition. However, access to

mammography, including concern for safety traveling to a health care facility, was a barrier to women residing within Gaza. Women residing in Gaza had more misconceptions about mammography and breast cancer than expatriates.

Almost half of women residing in Gaza Strip thought mammography may cause cancer and 9% thought it can treat breast cancer.

Women residing in Gaza were more likely to think breast cancer is contagious (67% versus 16%), not treatable (48% versus 11%), and not common (63% versus 24%).

Breast care seeking behavior was different between the two groups, with 47% of expatriates reporting previous mammograms versus only 17% of women residing in Gaza. Expatriates also were more likely to have had a clinical breast exam (71% versus 25%).

The authors conclude: "Educational interventions should provide knowledge about the treatability of breast cancer, the benefits of early detection, and dispelling misconceptions that breast cancer is contagious or that breast cancer is an uncommon disease, as well as consider that women may be embarrassed to have a mammogram."

Structural barriers in Gaza may be more difficult to overcome than knowledge, beliefs and attitudes. According to Dr. Rola Shaheen, the political conflict and structural barriers to breast health care

in Gaza require national and international collaborations to overcome. We hope this study brings to light some of the critical factors that need to be addressed.

While other studies have looked at differences between migrant populations and country of origin, this is the first study to look at expatriate women.

Dr. Shaheen reflects on the Global Summit and publication process: "Attending the Global Summit was a wonderful experience and great learning opportunity. It is a great platform for international projects on breast cancer."

Global Message

Safety concerns can be a barrier to breast cancer screening. Two studies in the Supplement, one from Gaza Strip and one from Kashmir Valley introduced safety as a barrier to breast cancer early detection.

In regions where violent conflict is a daily reality, travelling to medical facilities may not be considered safe. In cultures where breast privacy is the social norm, women may not feel safe seeking breast care from unfamiliar health care providers.

Breast cancer early detection and treatment initiatives should consider a woman's need to feel that she is in a "safe and culturally acceptable environment" one of the elements identified by the Kashmir Valley researchers as a facilitator to 95% participation rate for their outreach efforts.

The Army of Women: Join Now



[Join the Army](#) [Volunteer Sign-in](#) [Researcher Sign-in](#)

[Contact Us](#) | [Site Map](#) [GO](#)



ONE MILLION WOMEN.
RESEARCH GOAL.
REVOLUTIONARY OPPORTUNITY.
Together we can prevent breast cancer.

OUR GOAL OF RECRUITING
ONE MILLION WOMEN STARTS
WITH ONE — YOU.

Volunteers in the Army as of 5/23/11

0 3 5 5 0 6 8

[→ SIGN UP TODAY!](#)

ANNOUNCING THE LOVE/AVON ARMY OF WOMEN PUBLIC SERVICE ANNOUNCEMENT WINNER [→ READ MORE](#)



Click on thumbnails to watch videos

The Dr. Susan Love Research Foundation and the Avon Foundation for Women, a global leader in breast cancer research, have joined forces to launch the Love/Avon Army of Women.

The revolutionary initiative has two key goals:

To recruit one million healthy women of every age and ethnicity, including breast cancer survivors and women at high-risk for the disease, to partner with breast cancer researchers and directly participate in the research that will eradicate breast cancer once and for all.

To challenge the scientific community to expand its current focus to include breast cancer prevention research conducted on healthy women.

What is involved?

Register TODAY and provide very basic information such as your name, email, age, city, and state of residence.

You will receive email updates announcing new research studies looking for volunteers with or without breast cancer, just like you. There are many different types of studies. Some might require you to complete a questionnaire, while others might need a

sample of blood, urine, saliva, breast fluid, or breast tissue.

Some studies might be clinical trials testing a new detection marker or drug. You decide which studies you want to take part in. The email will detail the research project and who and what the researchers need.

If you fit the criteria and you'd like to participate, all you need to do is "RSVP" and let us know you've accepted the "Call to Action". You will be asked to go through an online screening process to confirm you fit the criteria for the study.

Once your eligibility for the specific study is confirmed, your information will be given to the researcher conducting the study and you will be contacted by the researcher for a secondary screening to make sure you meet the study criteria and answer any questions you might have about study participation.

You are in complete control and you self select what you want to do! You will never be pressured to take part in any study. The decision to take part is yours—and yours alone.

Sign up for your sister, mother, daughter, granddaughter, best friend, and the woman you met last week. **Go to www.armyofwomen.org/ to find out more!**

Sign up to support research @ Register4

Australia has launched its first online community for volunteer breast cancer research participants.

Known as Register4, it's free, confidential, and anyone over 18 years can take part.

The first thing you'll be invited to do as a Register4 member is answer some initial health and lifestyle questions, to help determine which projects are right for you.

If you meet the criteria for an accredited project, you'll be invited to participate. If you agree to participate, your details will be sent to the researcher.

The types and frequency of projects you could be invited to participate in will vary.

If you do take part in a Register4 project, you'll be advised of the results when the research team releases the information.

Join Register4 online today or check out these Frequently Asked Questions if you'd like to find out more.

Like the Army of Women, the goal of Register4 is to recruit 1 million women!



UICC welcomes United Nations Summit on Non-communicable Diseases

For the first time ever, the United Nations General Assembly will hold a Non-communicable Disease (NCD) Summit involving Heads of State, in September 2011, to address the threat posed by NCDs to low- and middle-income countries (LMICs).

The UN General Assembly's unanimous decision was congratulated by the World Heart Federation, International Diabetes Federation (IDF), Union for International Cancer Control (UICC) and the International Union Against Tuberculosis and Lung Disease (The Union).

This alliance of nongovernmental organizations (NGOs) represents the four diseases – cardiovascular disease, diabetes, cancer and chronic respiratory diseases – that are responsible for 35 million annual deaths globally, 80% of which occur in LMICs. The alliance has been at the forefront of advocacy efforts to ensure the rising burden of NCDs was addressed in the global health and development agendas.

The World Heart Federation, IDF, UICC and The Union together represent 882 member associations in more than 170 countries. By mobilizing their member networks and working with the World Health Organization's (WHO) NCDnet as well as other key organizations such as the Global Alliance on Respiratory Diseases and the Framework Convention Alliance they are one step closer to ensuring NCDs get the urgent attention they deserve, including a greater national focus, an integrated health-systems approach and allocation of essential funding. This will result in millions of lives being saved and a reversal in damaging social

and economic effects.

The UN NCD Summit involving Heads of State [to be held in September 2011], will bring together government representatives from both overseas aid donor countries and LMICs with public health experts from around the world. They will discuss solutions to the growing danger posed by NCDs, and agree what action needs to be taken. The NCD alliance will support WHO in catalysing this process. There have only been 28 such summits in UN history which highlights the significance of the decision and the magnitude of the problem. The NCD alliance requests that member states invest the necessary resources to guarantee successful implementation.

"We know how to save lives, and tackle the damaging social and economic impact of noncommunicable diseases. This NCD Summit is urgently needed to agree on concrete global actions to address these diseases and their repercussions," said Professor Pekka Puska, President of the World Heart Federation.

The WHO estimates that global deaths from NCDs will continue to rise over the next 10 years, with the African region expected to see the highest relative increase (27%). An increasing body of evidence shows that the impact of NCDs on individuals, communities, and countries is undermining the achievement of the Millennium Development Goals (MDGs). The omission of NCD indicators from the MDGs has been a critical barrier to securing donor funding for NCDs, which cause 14 million premature deaths every year in LMICs.

"Building on the foundation laid by the 2006 UN resolution on diabetes, we welcome the UN decision to hold a

NCD Summit and support a wide consultation of the NCD community to ensure that the meeting produces concrete outcomes. We also need further research so that we can estimate the costs and cost-effectiveness of national interventions that are required to address NCDs," said Professor Jean Claude Mbanya, President of the IDF. "It is critical to ensure that NCD interventions are integrated into national health systems."

"Now that the UN has decided to focus on the actions that need to be taken at country level, it is time for all those involved in tackling noncommunicable diseases to act," said Professor David Hill, President of the UICC. "Together, we know what needs to be done. With the right resources and political support, we will soon see rapid progress."

"By working together, our organizations have shown how effective integrated action, rather than a silo approach, can be to achieving common goals," said Dr S. Bertel Squire, President of The Union. "We are now one step closer to dealing with a global health emergency that disproportionately affects the poor and to preventing millions of unnecessary deaths each year."

How is UICC preparing for the UN Summit?

In March 2011, UICC launched a Proposed Cancer Outcomes Statement that will support the long-term delivery of the 11 targets in World Cancer Declaration by 2020. UICC is distributing this document widely and hopes that it will act as a catalyst for discussion among Ministers of Health and government representatives in the lead up to the UN Summit and in turn feed into the official UN

Outcomes Document.

Whilst UICC is committed to seeing change in cancer control, it is also committed to the wider issue of NCDs, and works closely with the NCD Alliance (www.ncdalliance.org). UICC's Cancer Outcomes Statement has also been used to develop the NCD Alliance Outcomes Document that contains national and global targets to greatly improve outcomes for NCDs.

UICC is sending representatives to key meetings in the lead up to the UN Summit to advocate for, and shape the content of the final NCDs Outcomes Document.

Take action today

Contact your Government: use the two Outcomes Documents to get access to your Minister of Health, or Head of State requesting their support and attendance at the NCD Summit in New York. Please share feedback on your government's response and positioning to advocacy@uicc.org.

Join: the NCD Alliance Common Interest Group (CIG) now includes a network of 300 partner organisations. If you have not already done so, please join this important group and encourage your network to do so – click here to join today.

UN Summit Civil Society Hearing - 16 June

An important step towards strong civil society involvement at the Summit was recently announced with a UN Summit and Civil Society Hearing to be held on June 16 in New York. The deadline for registration for this event and the UN Summit is by April 15th. UICC encourages all members to register and spread the word to ensure strong civil society representation at the summit.

Electronic Health Information Exchange:

LIVESTRONG

Enhancing quality of care and improving outcomes

At LIVESTRONG, we believe that the safe and effective adoption of electronic health information exchange (EHIE) has tremendous potential to enhance the quality of health care, engage patients in clinical decisions, and facilitate research for improved health outcomes.

In particular, individuals affected by cancer could benefit greatly from EHIE because of its capacity to improve care coordination and increase quality of cancer care.

An estimated 2.5 million women alive today have a history of breast cancer and 250,000 new cases are diagnosed each year according to a 2009 report by the American Cancer Society. Due to the large number of breast cancer survivors living in the U.S., it is particularly important to investigate how this population of cancer survivors views EHIE.

To better understand what people affected by cancer think about EHIE, LIVESTRONG, in partnership with the Dr. Susan Love Research Foundation's Love/Avon Army of Women initiative fielded an online survey from April until August 2010. The Army of Women initiative is recruiting one million women of all ages and ethnicities, with or without breast cancer, to sign up and participate in breast cancer research studies. Currently, the Army of Women has more than 354,000 voluntary participants.

The survey asked questions about personal experiences with EHIE and individuals' expectations and preferences for specific EHIE tools (electronic health records (EHRs) and personal health records (PHRs)). More than 2,000 women responded to the survey using a link provided by the Army of Women, and in this article, we summarize their perspectives on EHIE among women who have a connection to breast cancer.



Survey Respondents Place a High Value on EHIE

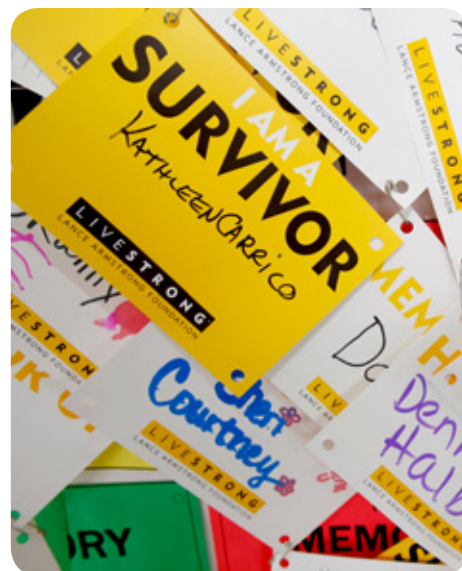
Almost 70 percent of survey respondents said it was "very important" that their health care providers could share their medical information electronically, and 67 percent said it was "very important" that they could retrieve their own medical information electronically.

However, smaller percentages of women reported that they were currently able to take advantage of EHIE: only 55 percent reported that their health care providers currently stored their medical information in a portable, electronic format, and just 31 percent said they had used the Internet in the past 12 months to keep track of or retrieve their own medical information.

Survey Respondents Want Secure Access to their Medical Information

When asked about their preferences for EHRs and PHRs, nearly all survey respondents "strongly agreed" that these tools had to ensure the privacy and safety of medical information. Interestingly, more women agreed that medical information stored electronically is safe (71 percent) compared to medical information stored on paper (60 percent).

The other most common preferences, however, stressed access to medical information. Most respondents (80 percent) "strongly agreed" that EHRs should allow for multiple health care providers to access a patient's medical information for the purposes of care coordination; should make sharing information with health care providers more convenient for patients (72 percent); and 68 percent "strongly agreed" that electronic sharing of a patient's medical information should not occur unless permission was granted by the patient.



Regarding PHRs, most (64 percent) "strongly agreed" that the tool should allow patients to track important medical information (e.g., medical appointments and test results); should store all of an individual's medical information in one place (62 percent); and 60 percent "strongly agreed" that PHRs should allow a patient to see their medical information the same way that providers do.

Survey Respondents Have High Hopes for Electronic Health Information Exchange

Finally, 86 percent of respondents said they thought health care would improve as a result of increased use of EHIE. Additionally, in recognition of the ways that greater access to electronic medical information would benefit scientists doing medical research, 58 percent "strongly agreed" that scientists should have access to electronic medical information, if the information cannot be linked to identifying information about the patient.

The presence of EHIE in health and cancer care increases every day.

LIVESTRONG and the Dr. Susan Love Research Foundation will use the results of this survey to ensure that the voices of people affected by cancer are heard as the implementation of tools and policies related to EHIE continue to evolve.

Jere Carpentier, a LIVESTRONG Leader in California, has shared the story of her three cancer diagnoses with the California State Assembly in an effort to have the pill form of chemotherapy covered by insurance companies. Her story has been featured in numerous news outlets, leading to an invitation to travel to Washington D.C. and speak with lawmakers about cancer program and research funding.

For every action there is an equal and opposite reaction.

As more people are diagnosed with cancer, it is crucial to counterbalance these statistics with positive action to fight the disease.

When **LIVESTRONG** leaders and

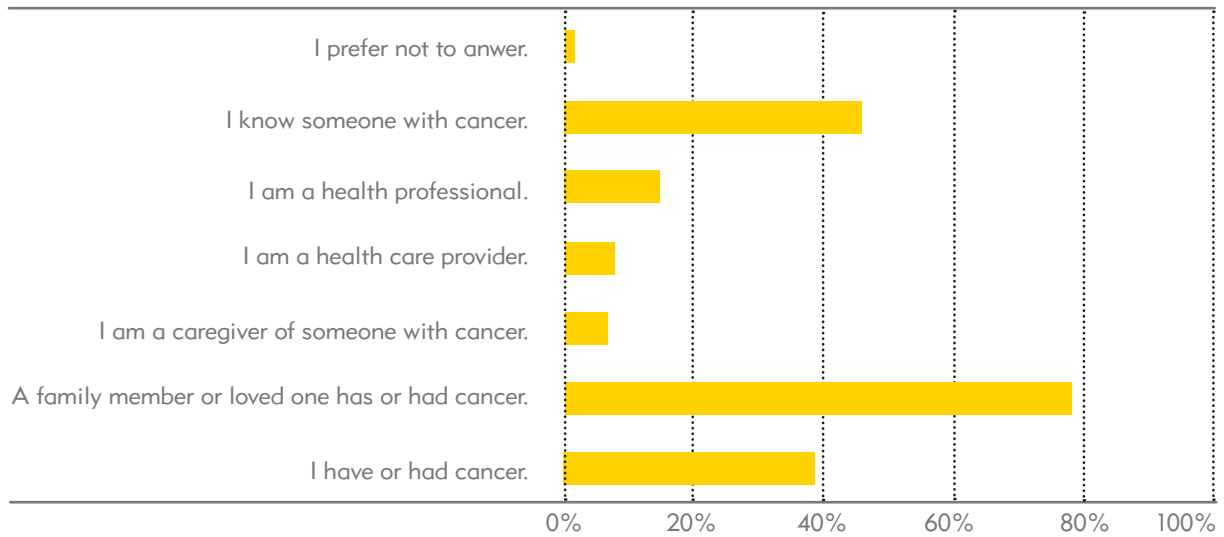
advocates tell their stories, they represent the 28 million survivors worldwide and their voices amplify a message that must be heard: Now is the time to push for attitude and policy changes that will shine a spotlight on this disease that knows no cultural, national or socioeconomic boundaries.

LIVESTRONG advocates every day for all survivors, rooted in the knowledge that strength is unity.

Each and every advocate that signs up to fight can help change the current course of cancer.

Click here to read the full survey report!

FIGURE 1: Connection to Cancer



Please note individuals were able to select more than one way that they were connected to cancer.

FIGURE 2: Electronic Health Information Exchange Among Health Care Providers

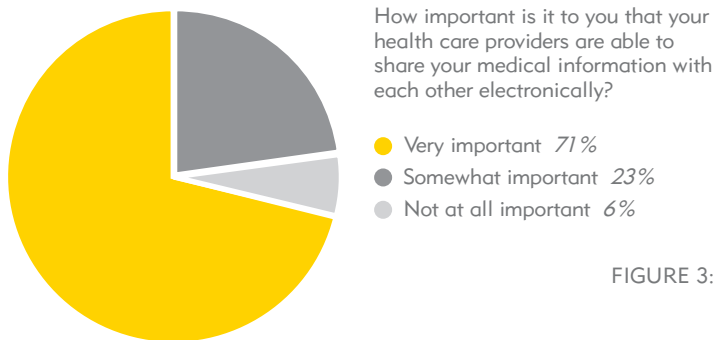


FIGURE 3: Personal Access to Electronic Medical Information

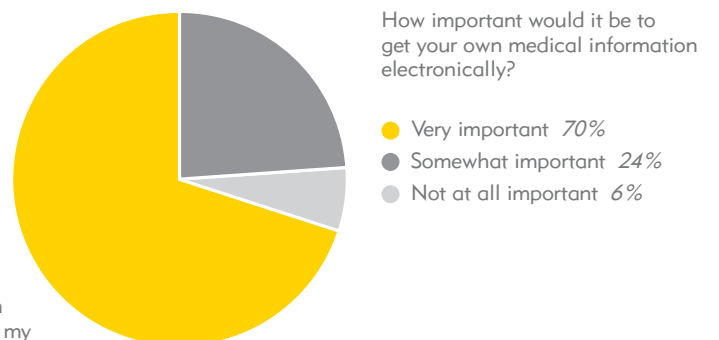
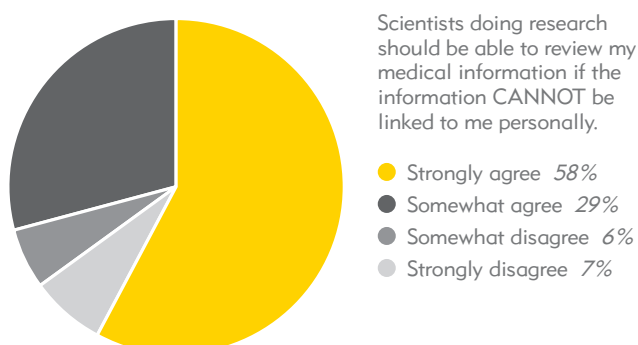


FIGURE 4: Researchers' Access to Medical Information



Research from Nigeria leads the way: Exploring how recommended treatments are accepted by patients

A study from Nigeria by Stanley Anyanwu and colleagues addresses patient acceptance and adherence to diagnosis and treatment recommendations, a critical area of research that has been little studied. Often patients who do not complete recommended treatments are excluded from final published study results.

This study looks at all patients presenting during a five-year study period at the specialty Breast Clinic of Nnamdi Azikiwe University Teaching Hospital, Nnewi, Nigeria, a fee-for-service facility. Of the 275 study patients seen for suspicion of breast cancer, over 28% refused a breast cancer biopsy and almost half (47.9%) refused surgical treatment. In addition, only about 38% of patients completed the recommended drug therapy.

The low patient adherence to recommendations may be explained by a lack of health system support that required patients to perform what would be considered standard health system functions in other settings. For example, patients had to deliver their own biopsy to an offsite pathology laboratory (and prepay for processing), patients had to return to pick up their pathology report and deliver the report to the treating physician, and patients had to procure (and pay for) their own anti-cancer drugs and deliver the drugs to the treatment center.

Lack of health care coverage is a major problem in Nigeria where 70% of the population lives below the poverty line.

The most common reasons study patients gave for discontinuing treatment



was lack of money to pay for treatment, lack of an available hospital bed and/or a relative to help care for the patient.

This study also provides important information of breast cancer statistics, confirming that in low- resource countries such as Nigeria, breast cancer continues to be a premenopausal disease. The two most common age groups were 29-39 years old (26.9%) and 39-49 years old (28.0%) and these younger women continue to present with late stage cancers. The average time from self identification of breast complaint to definitive diagnosis was over 6 months.

Dr. Stanley Anyanwu added that additional perceived problems include poor public health education measures,

excessive reliance on complementary or alternative medicine, and poor health system infrastructure with minimal radiotherapy facilities.

Dr. Stanley Anyanwu reflects on the publication development: "It is important for researchers to share experiences in implementing cancer control programs in different settings by publishing research that is accessible to everyone. International alliances are also important as they allow for an open exchange of ideas and implementing collaborative projects."

*Source: The Breast Health Global Initiative Bulletin. Image courtesy of the Breast Cancer Association of Nigeria.

GLOBAL MESSAGE

What is a patient barrier versus health system barrier? Understanding women's attitudes and beliefs is important in designing interventions but is it the key to optimizing breast cancer control? Research in the past has focused on women's attitudes and beliefs as a primary barrier to women seeking breast cancer early detection and treatment. The consensus reports and individual articles in the GBHI Supplement provide a closer look at health system barriers and challenge global leaders to consider the role of patient barriers within the frame of health system barriers.



邁向新境界

REACH TOWARDS A NEW HORIZON

台灣
Taiwan



Reach Towards a New Horizon

16th Reach to Recovery International
Breast Cancer Support Conference

We are pleased to invite you to attend the **16th Reach to Recovery International Breast Cancer Support Conference** in Taipei, Taiwan from **November 10 to 12, 2011**, hosted by the **Formosa Cancer Foundation**, the **Taiwan Breast Cancer Foundation** and the **Taiwan Breast Cancer Alliance**.

Angels make contact!

Have you registered yet to take the trip of a lifetime to Taiwan for the 16th Reach to Recovery International Breast Cancer Support Conference?

If you have, you will soon be contacted by a breast cancer survivor sister from the Taiwan Breast Cancer Alliance, who will be assigned to you as your angel.

Taiwan's conference angels will welcome delegates to the event, enriching your experience of all that Taiwan has to offer.

As you can see from these images, the angels are currently training to learn more about the cultures of delegates, to ensure you enjoy the conference!



Reach Towards a New Horizon

16th Reach to Recovery International Breast Cancer Support Conference



Making 'Fu' - bags to wish a happy and peaceful life.



The finished products, made with love!



Sewing persimmons, to bring more good luck!



Learning English.

Exciting news, the conference programme is now online @ <http://www.reachtotherecovery2011.org/Programdetails.asp>

For more information, email register@reachtotherecovery2011.org

Take advantage of our early bird registration before 30 June by visiting us at www.reachtotherecovery2011.org

Reach Towards a New Horizon

16th Reach to Recovery International
Breast Cancer Support Conference

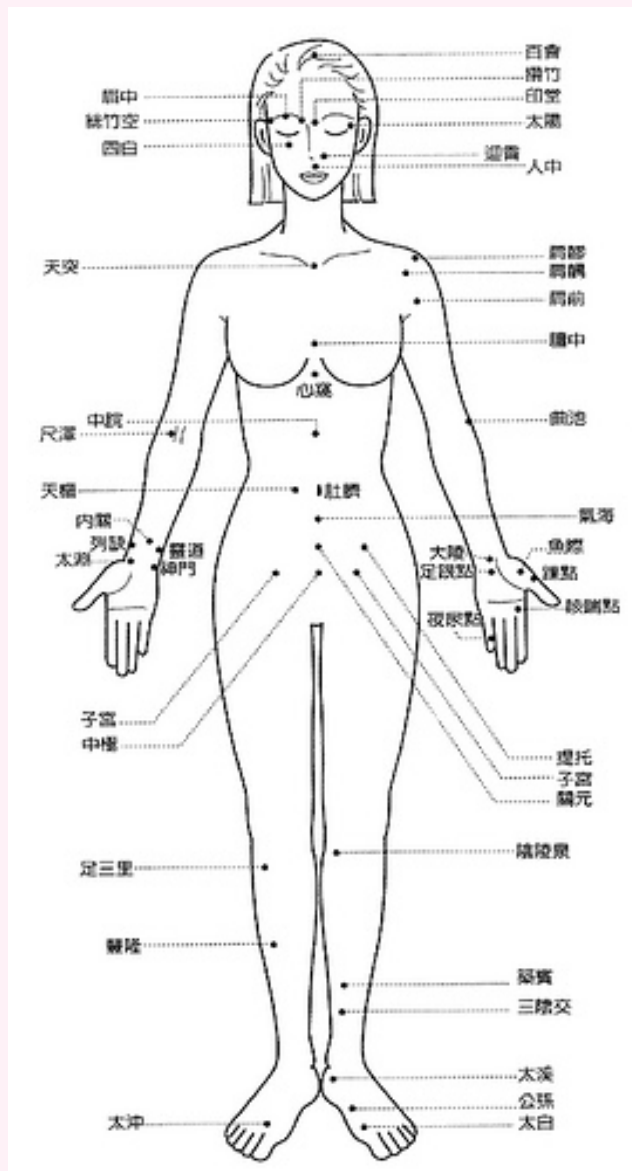


Experience the **healing power** of Oriental culture!

Acupuncture and acupressure are the applications of physical pressure on points of the body, called **acu-points**, to affect the flow of energy in the body (called 'Chi' in Chinese) in order to benefit your health.

Acupuncture and acupressure work on same principles. The only difference between them is the tools applied to the pressure on the acu-points of the body. Acupuncture uses sterile needles and acupressure mainly uses the fingers, thumb or knuckles.

At the conference, you will be shown how to work on some acu-points which would help you ease some side effects during treatment or strengthen your immune system after treatment.



The conference programme will include a range of opportunities to experience ancient Eastern traditions!



Reach Towards a New Horizon

16th Reach to Recovery International
Breast Cancer Support Conference



...the **healing power** of **Oriental culture!**



Tai-chi is an ancient form of Chinese martial art.

It combines slow and flowing body movements with meditation and breathing techniques. It emphasizes concentration, relaxation, and the conscious circulation of 'Chi' which is the same efficacy as acupuncture and acupressure.

Tai-Chi stimulates the flow of 'Chi' by body movement and breath, and acupuncture and acupressure achieve it by applications of physical pressure.

At the conference, you'll enjoy the experience of Tai-chi and gain some practical experience with foundational exercises!

Visit Taiwan's famous **Night Markets!**

Delegates will be able to enjoy five half-day travel tours to explore Taiwan and Taipei culture, including Taiwan's famous Night Markets!

Many people know that Taiwan is renowned for its beautiful landscape, but did you know that it's also popular for its delicious snacks, which are called 'xiaochi'.

Taiwan's Night Markets are the best place to taste-test xiaochi and explore local culture.

No matter which route you take, you will have an opportunity to experience authentic Taiwanese culture and enjoy shopping, eating, drinking, and lively games and entertainment.

For visitors to Taiwan, the night markets are a must see!



Please visit the conference website
http://www.reachto_recovery2011.org/SpecialEvents.asp
to view details of each half-day travel tour - and register today!

Global Kitchen

This edition, Global Kitchen brings you a dish from Sweden.



Welcome to Global Kitchen, where we feature exotic recipes and home cooking from cultures around the world.

CARPACCIO OF ROAST BEETROOT ON LAMB'S LETTUCE WITH SOFT FRESH GOAT'S CHEESE AND BALSAMIC DRESSING

Ingredients

- 4-6 beetroot, preferably raw
- 1 Tbsp olive oil
- Coarse salt and coarsely ground black pepper
- 3 Tbsp olive oil
- 1 Tbsp Balsamic vinegar
- 200g lamb's lettuce (Nüsslissalat/mâche)
- 150g soft fresh goat's cheese, sliced or cubed

Method

1. Remove greenery from fresh beetroot, scrub them well but do not peel or trim.
2. Place them on a large sheet of foil, sprinkle with oil, salt and pepper.
3. Close up the foil to make a snug package.
4. Bake in a 180C oven for 1½-2 hours or until the beets feel slightly soft when pressed, and the skin will rub off easily – large ones will take longer than small ones.
5. Remove foil package from the oven and let beetroot cool in the foil. When cool, rub off the skins or pull them away with a small sharp knife.
6. Pull the leaves off some of the lamb's lettuce and arrange them around the edge of the plates, like little green tongues. Slice the beetroot very thinly and arrange the slices in concentric circles inside the ring of lamb's lettuce.
7. Mix together the olive oil and Balsamic vinegar and drizzle over beets. Arrange lamb's lettuce florets in the centre of the beets and scatter with cubes of goat's cheese.



Image: Nikos Kapelis

From Sue Style's book *Cheese: Slices of Swiss Culture*

For this vibrant ruby red, white and green salad, the beets are roasted, peeled, thinly sliced and arranged on a bed of lamb's lettuce 'tongues'. The salad is drizzled with a Balsamic dressing and garnished with soft fresh goat's cheese. The same salad garnished with shaved Sbrinz also works well. Serves 4-6 people.

If you have a recipe to share, please email info@reachtorecoveryinternational.org

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EVENTS

HAMILTON ONTARIO, CANADA June 2011:

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

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

TAIPEI, TAIWAN November 2011:

**16th Reach to Recovery International Breast Cancer Support Conference
November 10 - 12, 2011**

For more information visit www.reachtotherecovery2011.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@reachtotherecoveryinternational.org or visit our website at www.reachtotherecoveryinternational.org

