

bloom

Issue

14

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2012

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.



Message from Ann Steyn

President of Reach to Recovery

The theme for this issue is **Managing distress and Mindfulness.**

We reported several issues back on the acceptance of Distress as the 6th vital sign in care of cancer patients, and in this issue we have an article (page 5) on the use of distress screening tools. We know that screening for distress assists with treatment compliance and is a great help in improving the communication between the patient and their health provider. Dr R V Kumar points out the drawbacks that many screening tools have and that screening for distress requires specialized psychosocial treatment to be available. This may require a change in the structure of cancer care. For those of us who work in low and middle resourced regions this would certainly be required.

Professor Linda Carlson has written a fascinating article on an Introduction to Mindfulness Meditation. If you want to know what Mindfulness is turn to page 3. She uses a programme called Mindfulness-Based Cancer Recovery which consistently shows a decrease in the stress levels of cancer patients.

The 14th IPOS World Congress has just ended and we have 2 articles on presentations that were delivered at this important conference. Both deal with new research. The one is a new Danish study into sleep deprivation (page 12) that shows that 51.9% of the women surveyed suffered significant sleep difficulty for 7/9 years post treatment. Targeting psycho-social well

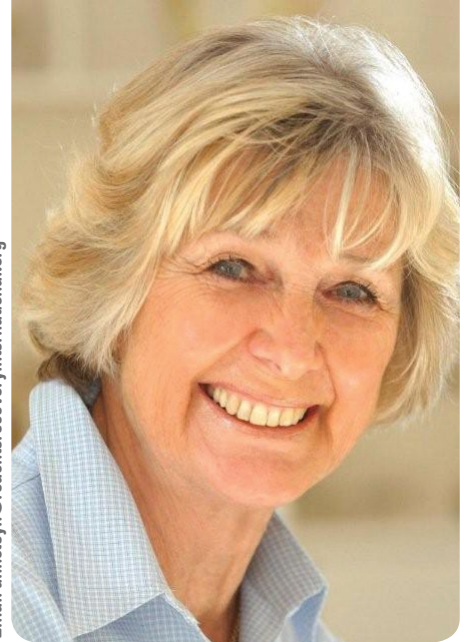
being, in particular anxiety could assist in reducing long term sleep difficulty.

The other study, Place Predicts Survival, on page 9 shows that where a woman lives has a significant impact on her chance of surviving breast cancer. Although the study was carried out in Queensland Australia it is applicable to all women in more remote and more disadvantaged areas. Reading this challenge us to find ways to ensure survival does not depend on where we live.

We also have a report from Dr Rama Sivaram on a wonderful 2 day breast cancer survivors conference held in Pune, India; a report from Vencer E Viver, Portugal on their 30th anniversary ;and a lovely photograph from the Breast Cancer Foundation of Egypt on their October Row for the Cure. It is always so encouraging to learn about the work that is being carried out globally to support women with breast cancer, to educate communities about breast cancer and to advocate for suitable breast health policies.

The 17th RRI Breast Cancer Support Conference is just around the corner! March 20th -22nd 2013, and those topics feature strongly in the programme:- support, education and advocacy. Please come and share the work you do in your country, renew friendships and make new ones!. There are pre and post conference tours that can be arranged for you so that you can make this a once-in-a lifetime trip to Africa.

Email annsteyn@reachtorecoveryinternational.org



Ann Steyn

New RRI Membership

RRI's new membership guidelines have just been released! Existing and new members must reapply now using our easy online form.

[Click here to apply!](#)

Early Bird registration closes DECEMBER 15th 2012 so register TODAY!
www.reachtorecovery2013.org

I look forward to seeing you in Cape Town.

Warm Reach to Recovery greeting to you all!



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Learn practical tips to experience the ancient art of everyday mindfulness.

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Breast cancer can be an distressing experience for many women, but often distress goes unrecognised and untreated.

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New Australian research has found that where a woman lives can impact on her chances of surviving breast cancer.

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The 2012 IPOS 14th World Congress was held jointly with the COSA 39th Annual Scientific Meeting in Brisbane recently - Bloom brings you all the best photos!

Email your submissions!

The theme of the next edition will be 'Survivorship care planning'. Submissions close January 20, 2013. Please send submissions should in Microsoft Word format with any photos.

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Issue 14 November 2012

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



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

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



Introduction to Mindfulness Meditation



[Click here to download free guided mindfulness exercises](#)

The practice of mindfulness has existed for thousands of years, and everyone can do it! Dr Linda Carlson explains how.

“Mindfulness” seems to be the newest cultural buzzword of the decade. On TV, the internet and books, it seems mindfulness is becoming as trendy as yoga became over the last two decades.

In fact, the practice of mindfulness and mindfulness meditation has been around for over 2,500 years, but it's only really been popularized in the west for the last 30 or so years.

This process began in the late 1970s when Jon Kabat-Zinn developed an accessible 8-week program at the Massachusetts Medical Centre near Boston, called “Mindfulness-based Stress Reduction”, or MBSR.

He combined intensive training in mindfulness meditation with gentle yoga postures and stress reduction techniques to create a powerful vehicle for experiencing the benefits of this practice.

If you look up this term on the internet you'll find thousands of links to books, articles and training programs. In Canada, we modified this program specifically for the needs of cancer patients, calling it Mindfulness-Based Cancer Recovery, and Michael Speca and I wrote a book of the same name describing the program.

But what is Mindfulness? Essentially, understanding mindfulness begins by asking yourself the question “where is my mind right now?” and beginning to see how easy it is to metaphorically “lose your mind”. Try it.

Monitor your thoughts for a while and you'll likely find yourself planning your day, worrying about all the things you have to do, writing lists, reviewing the fight you had with your spouse last night, thinking of e-mails you have to send, being angry at someone for something they did, criticizing someone's behavior, or wishing you'd said or done something different yesterday, last week or last year.

All these thoughts of the past and future can easily result in feeling angry, depressed, frustrated, worried and stressed out!

But is there any alternative way to be? Absolutely, yes. Consider the possibility of being awake, aware and present in your life as it unfolds moment-to-moment in the here and now.

What if you could be paying attention to the drive to work, perhaps observing the scenery or listening to the radio, rather than planning and ruminating the whole time?

What if you could actually listen to the conversations you have throughout

the day, looking at and concentrating on the person in front of you, rather than planning what you want to say next, watching TV or thinking of something else entirely?

How might that feel different or better?

The truth of the matter is that being “mindful” – that is, paying attention, on purpose, in the present moment, with a sense of ease, acceptance and openness – is accessible to us all. It's a pretty simple concept, but by no means easy to implement.

Our habits of thinking, judging and planning are ingrained through years of practice. Becoming mindful in our lives requires commitment to mindfulness meditation practice, which is simply setting aside some time each day to be quiet and focus on training your mind to stay where you'd like it to be.

It's a skill that you can learn, just like playing tennis or learning the piano. It may feel difficult or awkward at first, but over time if you practice each day with patience, mindfulness will become more and more a part of your everyday way of being.

What are the benefits of such a practice?

How would someone living “in the moment” ever get anything done? Images of hippies or gurus living on mountain-tops may enter your mind.

Interestingly, though, the opposite seems to be the case. People who meditate regularly are better able to focus their minds on the task at hand, work more efficiently without being distracted, and are happier while doing it.

The cancer patients we work with have consistently demonstrated decreases in their stress levels, less anger and anxiety, better sleep and overall improved quality of life.

So how do you do it? Mindfulness is simply the practice of paying attention to whatever is happening in the present moment, with an attitude of open acceptance, nonjudging and kindness. It is simple but by no means easy.

Dr Linda Carlson and Dr Michael Speca are the co-authors of the book Mindfulness-Based Cancer Recovery. Find out more here!

Myth #1: To meditate your mind has to be completely blank.

Actually, for mindfulness meditation, it doesn't matter what's on your mind – your worries, plans, fears, aches and pains can all be the focus of your mindfulness practice. Your mind can be calm and placid or full of metaphorical storm clouds. To meditate you simply have to be where you are and focus your awareness on your direct experience in each moment.

Myth #2: To meditate you need to sit on the floor twisted up like a pretzel and never move a muscle

Again, not necessary at all! You can sit in a comfortable chair, on a cushion or even lie down flat. The important thing about the posture is simply that you can breathe freely and remain relatively still and comfortable.

Myth #3: People who meditate are hippies, Buddhists or gurus

You don't have to belong to any specific religious, philosophical or social group to practice mindfulness meditation. Most every spiritual tradition or religion has its own form of mind training or meditation – the practice can easily be integrated into whatever religious or spiritual practices you already follow.

Basic instructions for achieving mindfulness

Begin by setting aside a short period of time when you will not be interrupted – this can just be a few minutes at first, and gradually build up to 20 or 30 minute stretches.

1. Take a comfortable seat, either in a straight-backed chair, on the floor with crossed legs with your buttocks elevated by a cushion, or even lying down if you cannot sit upright comfortably. Allow your shoulders to drop away from your ears and your chest to expand as you breathe.
2. Begin paying attention to your breath, without trying to change it.
3. Note silently to yourself “in” with each in-breath, and “out” with each out-breath
4. At the same time as you are noting “in” and “out”, notice the feeling of rising and falling in the belly, or alternatively, the feeling of your breath flowing in and out through your nostrils.
5. Continue with this noting until your attention wanders (this may only take a few breaths!).
6. As soon as you notice your wandering mind, mentally congratulate yourself for becoming aware of the wandering and simply return to noting “in” and “out” with each breath. Be kind and non-judging to yourself.
7. Notice if you begin to feel impatient, restless, bored or sleepy. Accept these and any other feelings or thoughts as just passing mind-moments, let them go and return to the breath.
7. Keep at it for 5 minutes, then 10, and eventually 15 or 20.

This type of breath awareness meditation is excellent for training the mind to stay focussed where you'd like it to be. It requires practice and patience, but will pay off over time by improving your attentional capacities and eventually help you gain insight into the causes and remedies for your suffering. Good luck!

Distress and breast cancer



Associate Professor Vinay Kumar says distress is a common psychological impact of breast cancer and is an under-recognised and under-treated condition that can exacerbate physical symptoms, diminish functional capacity and treatment compliance. It can also impact on survival, and needs to be better addressed by the health community.

Distress in a breast cancer diagnosis can affect not just the woman, but also her loved ones.

Published literature points out that the children of depressed breast cancer patients also report increased incidence of behavioral and emotional problems.

Up to 50 per cent of patients with breast cancer have been found to be suffering from distress.

Diagnoses of cancer, physical symptoms, fear of recurrence and financial problems are some of causes of anxiety and depression.

Underlying mental health disorders, previous psychological treatment, lack of intimate confiding relationships, younger age and severely stressful non-cancer life experience are the predictors of significant distress around the period of breast cancer diagnosis.

Effects of disease and treatment, type of surgery and demographic variables are found to have no impact on the

prevalence of distress.

Screening for distress has been considered as the sixth vital sign in care of patients with cancer.

Nearly ten different scales are used to screen for and to assess the severity of depression and anxiety in cancer patients.

Community-based programs for routine screening and treatment of distress have been shown to be feasible.

However, constraint on resources has led to non-implementation of such programs in routine clinical care settings.

Screening for distress has shown to improve communication between patients and their healthcare providers.

Contemporary screening tools have many drawbacks such as variable sensitivity and validity.

They also lack head to head

comparisons with one another, thus resulting in limited utility and difficulty in interpretation of the results.

Screening for distress is not an end in itself.

Distress screening should be followed by the appropriate treatment of patients in specialised psychosocial clinics.

Major changes in the detection and treatment of psychosocial distress cannot be expected without the systematic change in structure of cancer care.

Further efforts should focus on integrating psychosocial specialty services with clinical breast cancer services and the screening the patients with a validated distress screening tool in the cost-effective clinical breast cancer program.

This article was submitted by Vinay Kumar, Assistant Professor of radiotherapy, Kidwai Memorial Institute of Oncology, Bangalore, India.

Connect, Celebrate, Conquer!

The first Indian breast cancer survivor conference

Breast cancer survivor and independent advocate, Rama Sivaram, writes of a rain drenched city of Pune in India waking up to a golden sunrise on the morning of October 6, 2012, and the first day of India's first breast cancer survivor conference.

Soon the landscape on the eastern side of Pune began turning into rainbow of colours with the reigning pink, survivors who began arriving in groups to connect, celebrate and conquer.

Over 200 survivors from across India came together for the first time for a collective empowerment to learn from professional caregivers, share their stories, their learning and laying bare their sum total experiences from clinical to financial to social and emotional rollercoaster rides.

This was the exact purpose of this conference: to empower women who have been treated for breast cancer with knowledge on current progress in the diagnosis and treatment in breast cancer; to educate them on life after breast cancer and address survivorship issues like long-term side effects such as fatigue,

chemo brain, bone health, premature menopause, sexuality, lifestyle, diet and exercise, lymphedema, and coping and adjustment.

The other important aim of the conference was to make every survivor an emissary in her own society and spread correct information about breast cancer among the public, demystify the disease, myths and misconceptions associated with it.

Breast Friends, Pune and Women's Cancer Initiative (WCI Tata Memorial Hospital, Mumbai) organized the conference and HEAL Consultancy was part of the organizing committee.

The Pre Conference Launch Flash Mob (pictured below) at Pune's biggest mall set the mood for the conference.

Freestyle dance by survivors and caregivers had hundreds of onlookers and a cheering crowd.

Day 1 - October 6, 2012

Day one opened with registration of participants and budding camaraderie.

The pre conference session had ice breakers where women began by playing

icebreaking games having a makeover, dental and oral health advice, prosthesis shopping etc.

After a sumptuous but healthy lunch the conference was inaugurated with the lamp lighting ceremony by the founders of Breast Friends Dr Shona Nag and Dr Anupama Mane and WCI founder Ms Devieka Bhojwani and representative survivors.

Dr RA Badwe Director of Tata Memorial sent his recorded message for women with breast cancer in India and the benefits of support groups.

The opening address was given by Ms Bhojwani who emphasized the opportunity such a conference offers, of interactions and sisterhood and the tenacity of women to overcome such strife that breast cancer is only a pause and not a stop.

Two of our survivors shared their stories and testimony, evoking laughter and tears, a little darkness and lots of sunshine.

The scientific session of the conference opened with Dr. Shona Nag, a very upcoming and much in demand medical





oncologist making her presentation on the current scenario of breast cancer in the country and comparisons with the West.

The update gave an overview of newer therapies and protocols and about younger women presenting with triple negative cancers. She recounted the questions and doubts related to long term effects of hormone therapies and survivorship issues to the new normal.

Dr. Anupama Mane, another upcoming young oncoplastic surgeon spoke on the recent advances in the treatment of breast cancer – surgery and reconstruction and radiation.

She spoke about before and after surgery, reconstructions, internal prosthesis and breast augmentation demystifying the procedures and telling the women reasons besides aesthetics and minimizing their fears and doubts.

This was followed by a panel discussion with oncologists and patients. Issues ranging from side effects like fatigue, bone health, insurance, sick leave, costs,

stigma and fear of women with daughters were discussed.

The evening settled with a talk on spirituality to cope better with cancer.

This was followed by screening a video of support group activities, fashion show by survivors and dance into freedom followed by a banquet.

Day 2 - October 7, 2012

The morning of day two of the conference was a cool Sunday morning at 7am we had a walkathon with celebrities the Inner Wheel Club of Poona Downtown and the Rotary Club of Poona Downtown showing their support for the cause and walking with local traditional dancers and bands. I

It was spectacular with over 200 participants and passersby cheering us.

A sumptuous breakfast was followed by learning sessions for participants on diet and nutrition, yoga by Ms Nishu Goel who is a consultant working with the Tata Memorial, Mumbai on Yoga therapy

for breast cancer and exercises by Ms Bharti, a Reebok fitness expert trained in exercises for breast cancer, homeopathy as complementary therapy and most importantly my passionately serious subject prevention and management of lymphedema.

We had Rama (Me) a survivor giving an overview of lymphedema, Dr Vagal from Tata who showed us bandaging and manual lymphatic drainage and Dr. Aarti who took the Q and A sessions.

It was a happy closing ceremony post lunch. Never had the women expected two days of sharing and learning and connecting.

It was like a fairytale, but the response has been so overwhelming that there are demands to take this conference across the country to different cities, with this core team offering their support.

This article was submitted by breast cancer survivor and independent advocate, Rama Sivaram.

Breast Cancer Foundation of Egypt sets sail for a future free of breast cancer!



Breast cancer awareness on the Nile: Breast Cancer Foundation of Egypt and partnering organisations held a festival of rowing on the Nile during the month of October to raise breast cancer awareness. This boat sailed along the Nile banks during the festival, drawing attention to the campaign and support for the cause!

“Vencer e Viver” Northern Regional Centre celebrates 30th Anniversary in Portugal!

2012 is the 30th anniversary of Portugal’s “Vencer e Viver” movement, and several events were held to celebrate the milestone, including a lunch for volunteers in February and a Commemorative Session in March that coincided with International Women’s Day. The Commemorative Session was presided over by Doctor Vito Veloso, President of the Portuguese League Against Cancer – Northern Region and moderated by Mrs Ercilia Cardoso, co-ordinator of the “Vencer e Viver” Movement – Northern Region. One of the highlights was a retrospective presentation by the oldest “Vencer e Viver” volunteer, Mrs Carolina Negreiros.

Over the past 30 years, the movement has grown its services and programs for women affected by breast cancer, offering prevention and support, advice and referrals, practical assistance and education. On behalf of Bloom readers, congratulations “Vencer e Viver” on this important achievement and best wishes for the future!



New research: Place predicts survival



New research has looked for the first time at the stage of diagnosis and survival rates across rural and metropolitan areas and areas of differing socio-economic advantage in Australia, finding that where a woman lives has a significant impact on her chance of surviving breast cancer.

New research presented at the 2012 IPOS 14th World Congress has found that where you live has a significant impact on your chance of surviving breast cancer.

Two studies in Queensland (Australia) have looked for the first time at the stage of diagnosis and survival rates across rural and metropolitan areas and areas of differing socio-economic advantage, after adjusting for the characteristics of the individuals who lived within those areas.

Dr Peter Baade, from Cancer Council Queensland, presented the data at the IPOS World Congress showing that women in the more remote and more disadvantaged areas were up to 16% more likely to be diagnosed with advanced breast cancer than those in metropolitan and advantaged areas, and up to 37% more likely to die of the disease.

He said the research was crucial for developing targeted policies to achieve equitable cancer care.

“We discovered it was late diagnosis, not factors such as age, Indigenous status, occupation or marital status, that account for the geographical inequalities in breast cancer survival.

“So now we know we need to identify and selectively target barriers preventing the early detection of breast cancer among women in rural and disadvantaged areas.”

‘It is imperative the clinical, cultural and environmental factors behind poorer cancer survival rates in rural areas are identified through ongoing research.’

By contrast, the same researchers discovered that colorectal (bowel) cancer patients who live in more remote areas were up to 32% more likely to die of their cancer than people in metropolitan areas for reasons over and above being diagnosed at a later stage.

Other factors such as a poorer health infrastructure, geographical barriers and environmental and lifestyle factors are

likely to contribute to the geographical inequalities in survival.

IPOS Board Member, Professor Jeff Dunn, said the findings paved the way for more research.

“It is imperative the clinical, cultural and environmental factors behind poorer cancer survival rates in rural areas are identified through ongoing research.

“These studies provide important information about the role of these and other factors for two of our most common cancers.

“Having a better understanding of their impact on survival rates, and using that information to promote equitable cancer care through strategic planning must continue to be a priority for cancer control agencies.”

The researchers analysed over 18,500 cases of the two cancer types from the Queensland Cancer Registry between 1997 and 2006, across 478 local areas.

Article submitted by Cancer Council Queensland reporting on the work of Dr Peter Baade.

peterbaade@cancerqld.org.au

World Cancer Day 2013

‘Cancer – Did you Know?’

4 February 2013 marks the next World Cancer Day - the one initiative under which the entire world can unite in the fight against the global cancer epidemic.

Taking place every year on 4 February, World Cancer Day aims to save millions of preventable deaths each year by raising awareness and education about cancer, and pressing governments and individuals across the world to take action against the disease.

This year’s campaign will focus on dispelling damaging myths and misconceptions about cancer.

Under the tagline “Cancer - Did you know?”, World Cancer Day is a chance to raise our collective voices in the name of improving general knowledge around cancer and dismissing misconceptions about the disease.

World Cancer Day is an initiative of the Union for International Cancer Control (UICC). For more information, please visit: worldcancerday.org



Reach to Recovery 2013 in South Africa

Excitement builds as countdown commences!



Significant planning has progressed since Professor Jeff Dunn announced South Africa would host the 2013 RRI Conference in 2011.



These jubilant women used a local fundraising walk to raise funds for local delegates to attend the conference. Well done to all!

Fundraising is in full swing across South Africa as breast cancer support groups prepare for the 17th RRI Breast Cancer Support Conference in South Africa. **Register now!**

RRI 2013 African Adventure

Pre and post-conference tours, as well as day tour options, are already available on the conference website and specialist tour operators have been engaged in order to assist delegates with planning an African adventure. The selected tours highlight the best of Cape Town and South Africa and will allow participants to truly connect with South African people, customs and life. We encourage you to bring your family along, make the most of what could be a once-in-a-lifetime trip to Africa, and take the time to see and experience Africa!



**17th REACH TO RECOVERY INTERNATIONAL
BREAST CANCER SUPPORT CONFERENCE
20 – 22 MARCH 2013
CAPE TOWN
SOUTH AFRICA**

Together We Reach for South Africa in 2013!

Mark your diary to be in Cape Town, South Africa, for The 17th Reach to Recovery International Conference from March 20 to 22 in 2013.

Together We Reach

The 17th Reach to Recovery International Breast Cancer Support Conference will be held in Cape Town, Africa, for the first time from 20-22 March 2013. Enjoy stimulating conference sessions, with pre-conference workshops on March 19, a great social programme and the chance to visit Cape Town, South Africa.

The theme of the conference is 'Together We Reach' and we'll be looking at breast cancer from the perspectives of the patient (both the newly diagnosed and those with metastatic spread), the survivor, the partner, the family, the community, the breast cancer activist and the health professional.

Key Dates

Early registration closes
15 December 2012

Pre-conference workshops
18 & 19 March 2013

17th RRI Conference
20-22 March 2013

REGISTER NOW

JOIN OUR MAILING LIST

Find us on FACEBOOK

Follow us on TWITTER

Visit the RRI website to find out more!

Greening Initiatives

In keeping with the South Africa's commitment to the environment, Conference organisers will institute the following measures to reduce the environmental footprint of the conference:

- Invited speakers' airport transfers will be provided by The Green Cab, a leading green transport solution.
- The delegate bags will be produced locally with an emphasis on local job creation and sustainable materials.
- Unwanted delegate bags and stationery will be redistributed to schoolchildren in disadvantaged areas.
- Paper, glass and plastic recycling points will be placed throughout the venue.
- Invited speakers' travel-generated carbon emissions will be offset by the purchase of indigenous trees.
- Conference menus comprise seasonal food that comes from within a 150 km radius in order to reduce food miles. 90% of all products sourced are organic.
- In order to promote skills development, over 80% of the workforce is sourced from cookery schools in disadvantaged communities like Khayelitsha, Nyanga and Mitchells Plain.
- Water will be served in jugs, eliminating plastic waste from water bottles.

Breast cancer survivors and sleep: New study into sleep deprivation



Most breast cancer survivors will suffer sleep deprivation for nearly a decade following their treatment, according to new research presented at the 2012 IPOS 14th World Congress.

A Danish study has looked at the prevalence of, and long-term risk factors for clinically significant sleep difficulty amongst breast cancer patients.

The study found that 51.9 per cent of women surveyed had clinically significant sleep difficulty seven to nine years post treatment, with identified risk factors including a lower personal income, anxiety, higher body mass index, being pre-menopausal, having no children and having at least one parent born in Denmark.

Data from the study¹, co-authored by Ben Colagiuri, was presented to 1200 delegates at the International Psycho-Oncology Society (IPOS) 14th World Congress.

Hosted by Cancer Council Queensland, the congress brought together the world's cancer experts

to talk about all aspects of cancer, from prevention and awareness to treatment and recovery.

Cancer Council Queensland CEO and IPOS Board Member Professor Jeff Dunn said the study was important in identifying quality treatment outcomes for cancer patients.

‘There is strong evidence suggesting that a more holistic approach could be beneficial for patients.’

“Through research we can better understand how cancer affects our patients on a long-term basis and as a result, how to treat them more effectively,” he said.

“There’s strong evidence suggesting that a more holistic approach could be beneficial for patients.

“This would involve not only treating cancer patients on a physical level,

but a psycho-social level too.”

A total of 2085 Danish breast cancer survivors were surveyed for the study - three months after surgery and seven to nine years post-surgery.

At both stages, the women completed the Pittsburgh Sleep Quality Index (PSQI), together with questionnaires assessing depressive symptoms, trait anxiety, physical activity and health behaviours.

“The study concluded that early interventions targeting psychological wellbeing, particularly anxiety and the effects of social inequality could be relevant for preventing or reducing long-term sleep difficulty in the women surveyed,” Prof Dunn said.

The IPOS 14th World Congress was held jointly with the COSA 39th Annual Scientific Meeting in Brisbane during November.

1. Prevalence and risk factors for sleep difficulty in a national cohort of Danish women treated for primary breast cancer 7-9 years following surgery. Research by Ben Colagiuri, Søren Christensen, Anders B Jensen, Susanne Møller, and Robert Zachariae.



More than 1200 global cancer experts representing 42 countries converged on Brisbane, Australia in November to discuss the elimination of cancer as a life-threatening disease for future generations as well as the improvement of the quality of life for those affected by cancer.

The Joint Meeting of the International Psycho-Oncology Society (IPOS) 14th World Congress and the Clinical Oncological Society of Australia's (COSA) 39th Annual Scientific Meeting was co-hosted by Cancer Council Queensland, with the theme Impact Through Translation: Cancer Research Informing Practice.

It was the first time in history that IPOS and COSA convened a joint meeting, bringing together multiple disciplines across the cancer spectrum, including clinicians, researchers and psycho-oncologists. Several Consumer Forums were also held across the state of Queensland in conjunction with the meeting.

Presented by:



For more information visit: www.ipos-cosa.org

Global Kitchen



This edition, Global Kitchen brings you a recipe from Australia, the location of the IPOS 2012 14th World Congress!

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

Banana Smoothie

The Banana Smoothie is a refreshing drink often enjoyed during warmer months.

Ingredients

- 2 ripe bananas, peeled, chopped
- 375 mls (1 1/2 cups) skim milk
- 70 g (1/4 cup) low-fat yoghurt
- 2 tbs crunchy peanut butter
- 1 tbs honey
- 1 tbs wheat germ
- 6 ice cubes
- Extra honey, to serve



Directions

1. Place the banana, milk, yoghurt, peanut butter, honey, wheat germ and ice in the jug of a blender.
2. Blend until well combined.
3. Pour among glasses.
4. Drizzle with extra honey to serve.

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

Reach to Recovery International Governance Structure

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EVENTS

SEATTLE, UNITED STATES February 2013:

C4YW Annual Conference for Young Women Affected by Breast Cancer

February 22 - 24, 2013

Go to www.c4yw.org/

CAPE TOWN, SOUTH AFRICA March 2013:

The 17th RRI Breast Cancer Support Conference

March 20 - 22, 2013

Go to <http://www.reachtorecovery2013.org>

GLASGOW, SCOTLAND March 2014:

9th European Breast Cancer Conference (EBCC-9)

March 19 - 21, 2014

Go to www.ecco-org.eu/Conferences/Conferences/EBCC9.aspx

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.

To contact RRI please email info@reachtorecoveryinternational.org or visit the website. The material published in Bloom does not necessarily express the views of RRI but is provided for the information of readers.

