

bloom

ISSUE 25 DECEMBER 2017



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**RRI welcomes back
Professor Jeff Dunn, AO**

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**Insights from a
caregiver turned
care receiver**

Reach to Recovery International (RRI)

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



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24. Global Kitchen

Our mission

Reach to Recovery International is built on one simple yet universal principle: a woman who has lived through breast cancer and gives of her time and experience to help another woman confronting the same experience is a valuable source of support.

Upcoming events

Kathmandu, NEPAL
International Cancer Conference on the Challenges for Cancer Control in Developing Countries
 18-19 January 2018
<http://ncrs.org.np/icc/>

Kuala Lumpur, MALAYSIA
UICC World Cancer Congress
 1-4 October 2018
www.worldcancercongress.org

Prague, CZECH REPUBLIC
19th RRI Breast Cancer Support Conference
 12 – 15 June 2019
<http://www.reachtotherecovery2019.org/>

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

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

Email your theme suggestions to information@reachtorecoveryinternational.org. A theme will be chosen by February 2018. Regardless of whether your suggested theme is chosen this time, it will remain under consideration for future editions.



SUBMIT YOUR ARTICLE

bloom

Bloom is published by Reach to Recovery International, Inc. For more information about RRI, go to www.reachtorecoveryinternational.org.

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



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

REACH TO RECOVERY

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2019

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Now accepting bids for the 20th Reach to Recovery International Breast Cancer Support Conference!



RRI is now accepting bids from breast cancer support organizations interested in hosting the 20th RRI Breast Cancer Support Conference in 2021. Please find a link to complete instructions and requirements for submitting a formal bid on our website, at <http://www.reachtorecoveryinternational.org/conferences/>. Bids will be accepted until 31 December 2018. A decision will be made shortly thereafter, and the host and location of the 20th RRI conference will be announced in June of 2019 during the 19th RRI conference in Prague!



Message from Cathy Hirsch - President of RRI

As breast cancer survivors, we know firsthand what it's like to need the help of a caregiver. It's not a comfortable position to be in, as most of us identify as caregivers ourselves, whether of children, partners, aging parents, or someone else. Some of us have even been caregivers for loved ones with cancer.

We know that cancer patients need to focus on their own physical and emotional needs. But we also know that being a caregiver can be exhausting and frustrating, and that caregivers run the risk of losing sight of their own needs and focusing exclusively on the needs of the patients.

The theme for this edition of *Bloom* is **Caring for the caregiver**. We examine what it means to be a caregiver for a cancer patient and focus on the importance of self-care. We hear a variety of perspectives from around the world. The American Cancer Society's Rachel Cannady offers practical tips and introduces us to some online resources that the Society offers to help ease the burdens of caregivers. Breast Cancer Network Australia offers online resources as well and emphasizes the importance of caregivers educating themselves about caregiving as well as the needs of breast cancer patients. Leonie Young of The Wesley Hospital Choices Cancer Support Centre in Brisbane, Australia discusses the unique needs of male caregivers, while Gary Berg, the Editor-in-Chief of *Today's Caregiver* magazine, lists what he has found to be the top ten ways that caregivers can care

for themselves. Livia Kislev, the Head Nurse of Israel Cancer Association, describes the care that organization takes to ensure that oncology nurses throughout Israel do not get overwhelmed by their stressful work. We hear from the U.S. National Institute of Health that caregiving continues even after treatment ends, but the needs of both the patient and the caregiver tend to change. Jennifer Heunis of South Africa offers advice to care givers from the perspective of a care recipient, and Cancer Council New South Wales introduces us to a telephone support group in which the participants have assumed the roles of caregivers for each other although all are metastatic breast cancer patients. Shirley Stitt, founder of The Living Hope Cancer Counseling Center, shares her tips on caregivers caring for themselves and stresses the importance of finding creative outlets. Finally, we hear from Martina Clark of Melbourne, Australia who used her own caregiving experience to launch an online platform that connects caregivers.

Also in this issue, several contributors share their personal stories. Lauren Segal of South Africa, the author of *Cancer: a love story*, discusses the silver linings she discovered after breast cancer. From Zambia, Chiluba Paula Daka describes her breast cancer journey and explains how it led her to rewarding volunteer work.

We shine a spotlight on projects underway by affiliates around the world, in India, South Africa, the UK, Greece, Pakistan, and China.

For those of you preparing to celebrate



Cathy Hirsch

Christmas, our Global Kitchen offers up a healthy side dish to balance your holiday table.

In Prague, the Alliance of Women with Breast Cancer and its team is working diligently on the 19th Reach to Recovery International Breast Cancer Support Conference. The conference website is now live at <http://www.reachtorecovery2019.org>. Please check the website regularly as the conference program and other arrangements are put into place!

Next, we hear from our long-time friend and mentor, Professor Jeff Dunn, OA. The former CEO of Cancer Council Queensland, Jeff now leads the senior research staff of both CCQ and the University of Southern Queensland in developing more effective models of delivering cancer care. As you know, RRI became an independent public charity last year and the former Board of Management, of which Jeff was Chair, was replaced with a Board of Directors. Jeff has graciously agreed to accept an ongoing role with RRI as our Special Adviser. We are grateful for his commitment to RRI and for his gift of continued guidance as we move forward as an organization.

RRI warmly welcomes back a trusted friend

RRI has been part of my life since I joined the organising committee for the 1996 Conference in Stockholm, Sweden. At that time, I was new to cancer control and, as a young behavioural scientist, I was eager to learn about how to improve the quality of life of people diagnosed with and treated for cancer.

The Reach to Recovery concept fascinated me then and it still does now. Beginning as a pioneering peer support programme built on the premise that one person who has coped with a life threatening disease herself can be a source of support to others about to undergo a similar experience, concept has grown into a global movement. In the most powerful of terms, RRI has confirmed to all the unique and valuable contribution that peer support, in the form of caring and trained volunteers, can make to the quality of life of women around the world dealing with breast cancer.

Ever since that first meeting in Stockholm, I have been involved with RRI in one way or another. I have served on committees,

organised conferences, and for many years was Chair of RRI, which for me was a great honour. My life is the richer for my association with RRI, very much so, and I have benefitted greatly from the friendship, energy, and support of the many women I have met and worked with over the years. I remain profoundly grateful to RRI for allowing me the privilege to serve, but more importantly, for the magnificent contribution the movement and each individual woman therein has made to the health and welfare of breast cancer patients worldwide.

Recent developments have seen RRI change from being a program of the UICC administered by Cancer Council Queensland to an independent public charity. Governance of RRI has been transferred from CCQ to a newly formed Board of Directors. I have stepped down as Chair of RRI, and I offer my heartfelt congratulations and appreciation to the new Board of Directors. RRI is in good hands with Cathy Hirsch, the best of hands, and with the support of Ann Steyn and Ranjit Kaur on the executive team the organisation will go from strength to strength.

My friendships with Cathy, Ann, and Ranjit stretch back many years and are highlights of my RRI experience. Three more committed, talented women you will not find, and each is determined to make the world a better place. It is my privilege to count them among my friends.

I have taken up a new post as Professor and Chair of Social and Behavioural Science at the University of Southern Queensland. In this capacity, I continue my research work in cancer control and I still sit on the Board of the UICC. Cathy has invited me to continue my involvement with RRI as Special Adviser, an invitation I happily accept. I thank Cathy, Ann, and Ranjit for their ongoing support and encouragement.

RRI remains vibrant and engaging, a movement of like-minded people compelled to make good their experience of breast cancer to improve the quality of life of others. Outstanding!

I remain your proud servant.

Prof. Jeff Dunn, AO



Innovative resources for cancer caregivers in the U.S.

By Rachel S. Cannady

Strategic Director, Cancer Caregiver Support,
 American Cancer Society



Rachel Cannady

With approximately 15.5 million cancer survivors alive in the U.S. (American Cancer Society, 2016), it is likely there are just as many caregivers. Cancer impacts not only the person diagnosed but also their family and friends. Juggling multiple roles of being a caregiver in addition to being a parent to growing children and a full-time employee can be overwhelming and one of the most difficult things to manage.

Caregiving can have many ups and downs, and I'm sharing with you a few tips about how to survive the journey along with your loved one:

• **Don't let your health take a backseat.**

With so many other responsibilities taking precedence over your own needs, you might forget that it's important to take care of yourself by eating healthy meals and taking time for intentional exercise. You will be surprised by how much this impacts not only your physical health but also your mood and stress level. Remember that as a caregiver you must take care of yourself in order to give good care.

• **Feeling guilty is common.**

Sometimes caregivers have unrealistic expectations of themselves, which can cause you to feel like you should be doing more than is actually possible, creating a sense of guilt. Being overwhelmed goes hand-in-hand with feelings of guilt. Taking time away, perhaps once a week, to do something for yourself is highly encouraged.

• **Better perspective on life.**

Cancer has a way of showing us the true meaning of life and the importance of our family and friends. You might notice that your relationships become stronger and more aligned with your values. It is common to experience a newfound appreciation for the small things in life.

The American Cancer Society offers multiple

forms of support for family caregivers. Our newest product, the [Caregiver Resource Guide](#), is a comprehensive tool to help you learn how to care for yourself as a caregiver, better understand what your loved one is going through, develop skills for coping and caring, and take steps to help protect your health and well-being.

The [Caregiver Forum on the Cancer Survivors Network](#) provides a safe online connection where caregivers can find others with similar experiences and interests. There are also conversations about treatment side effects, coping with multiple responsibilities, seeking respite care, and relationship issues.

In collaboration with the National Cancer Institute, [Springboard Beyond Cancer: Caregivers](#) is an online tool to help caregivers through self-management, which includes identifying goals, creating a plan for better overall health, identifying potential challenges, monitoring progress, and re-assessing the plan. This platform allows for caregivers to create action decks to enable the tracking of these self-management principals.

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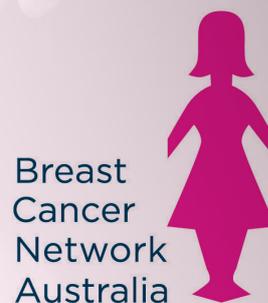


American Cancer Society.
Cancer Treatment & Survivorship Facts and Figures 2016-2017. Atlanta: American Cancer Society; 2016.

Caring for someone with early breast cancer: what to expect and how to look after yourself, too

By Breast Cancer Network Australia

Many people diagnosed with breast cancer will have carers in their lives – people who provide regular support, personal care or assistance to them both during and after treatment. Breast Cancer Network Australia (BCNA) is the peak national organisation for Australians affected by breast cancer. We support all those affected by breast cancer, including carers. It is important that people in a caring role recognise the unique and valuable role they play, and have access to information and support to help them.



What is the role of carers?

Generally, people being treated for breast cancer (and often their wider family) need help and support from a range of different people. Their need for help can change over time and doesn't necessarily end when treatment is finished. Practical help in managing day-to-day things is often where carers can be most helpful. Another important aspect of caring for someone with breast cancer is the emotional support carers offer.

Experiences of providing care are different for everyone. For example, carers may provide support to someone for a short time or over a number of years. They may share the care with others, such as family members or friends. Some carers may be mostly focused on providing practical support, while for others the focus and priority may be emotional support. People who are the sole carers may be providing both types of care and taking on a whole range of responsibilities.

What can carers do to look after themselves too?

Caring for someone with breast cancer can significantly affect carers, and carers can experience feelings similar to those of the person who has been diagnosed. While carers are often focused on meeting the needs of the person they are caring for, it is also important that carers take steps to look after themselves, too, and seek out practical and emotional support if they need it.

It is difficult to care for someone else if carers are unwell or neglecting their own wellbeing.

The following are some practical strategies carers may like to explore to help look after themselves:

- Exercise: a great way to switch off is through exercise – go for a walk or run, or try yoga or Pilates.
- Eat a healthy, balanced diet
- Ask for help from friends, other family members, or speak to a counsellor
- Make time for yourself: find yourself time each day to do something for you. Think about this as beneficial, not as an indulgence.

New BCNA resources for carers

Recognising that carers have unique information and support needs, Breast Cancer Network Australia (BCNA) has developed a set of new resources for people caring for someone with early breast cancer. These resources consist of two videos and two downloadable fact sheets. By empowering carers to become informed about breast cancer, navigate their role, and take steps to look after themselves, these resources recognise the important role that carers play in the lives of people diagnosed with breast cancer.

These resources are available for free and can be viewed and downloaded from bcna.org.au

Man To Man: A program helping male carers care for themselves

By Leonie Young, Peer Support Coordinator

The Wesley Hospital Choices Cancer
Support Centre

Brisbane, Australia



Dreamstime



Leonie Young

It's not easy supporting someone who has been diagnosed with cancer. Paradoxically, most people who find themselves in this situation don't think of themselves as "carers." In fact, most people think of carers as those who care for the elderly or people with physical or mental disabilities, and the majority of information available for carers seems to focus on these aspects of care giving. As a result, people caring for cancer patients often don't seek out valuable information and services that might be available to them.

Everyone is different. We all seek support in different ways. Women, by nature, generally support each other by connecting, networking, and forming friendships. You just have to attend a Reach to Recovery International (RRI) Breast Cancer Support Conference to realise how true this is. There are many things about RRI we love, but one of the most important is the friendships we have with other survivors all over the world.

Men, on the other hand, generally seek support in different ways than women. This is particularly obvious when we meet men supporting their wives, partners, daughters, mothers, or sisters who have a cancer diagnosis. They are thrust into an unfamiliar and uncomfortable environment but often stoically deny their own feelings. Rightly or wrongly, this illustrates that, in general, men approach support differently than women. One need only think of the book by author John Gray, *Men are from Mars, Women are from Venus*, to be reminded that this is not a new discovery.

In contrast, it is not uncommon for women to attend prostate cancer support group sessions with their partners. If the truth be

told, the men may have attended the initial sessions only because their wives insisted. It is interesting to note that, if a support group is well facilitated, then usually the men are very happy to access the support and grow to appreciate how important it is. The dilemma is getting them there in the first place!

In Brisbane, Australia, The Wesley Hospital Choices Cancer Support Centre (Choices) offers a session for men who are supporting others with cancer – the Man to Man Program. The sessions are informal and are co-facilitated by a psychologist and the Choices Peer Support Coordinator, both of whom are breast cancer survivors. It is not uncommon to hear a man say as he walks in the door, "I don't know why I'm here but my wife said I had to come!" As in the case of prostate cancer support groups, however, once the men attend they appreciate how valuable the support can be. When asked to provide feedback about whether the information presented was useful and practical, the responses are consistently positive and along the lines that:

- The people there were open and welcoming,

- The opportunity to share freely and learn was great, and
- It was helpful just to be able to talk with others in similar situations.

These responses show that, when they let themselves be open to it, men do, value support just as much as women do. Why are they so resistant to begin with? The most common answer we hear from men is that they feel they should have been able to "fix it" themselves, and seeking support may be a threat to how they portray themselves. A couple of well-known Australian sayings are "She'll be right mate" and "No worries mate." Without being too general, this seems to sum up what a lot of men feel. Men, too, have emotional needs and need to know supports are available for them to express freely in the way they feel most comfortable.

Top Ten Ways To Care For Yourself



By Gary Barg,
Editor-in-Chief, *Today's Caregiver*, USA

Keep a journal

Start today. Describe your fears as well as your hopes, the reality of what each day is like. Don't be afraid to write about the losses, big or small.

Stick with your journal

Let yourself record the little victories, go back and review the earlier months and years. Notice the personal, physical, emotional goals and successes you and your loved one have achieved.

Create a simple communication network

Think of this as a designated communicator. Choose a friend or relative who will make all the calls and tell all the news when there are calls to make and news to tell, you might want to save the "big successes and wonderful news" sharing for yourself, but you will be worn out if you are constantly on the phone retelling the details of the last days or weeks over and over.

Let your friends help you

When someone asks "Can I do anything for you?" give him or her something to do. Let your friend run an errand or stay with your loved one while you take a break and get out on your own.

Visit with people you love

You may often have to ask your friends or family to come to your house or keep you company while waiting for your loved one's treatment to be over. You need to be a whole person who has friends and interests and can think about something besides the responsibilities of caregiving. You shouldn't have to reinvent your life when your caregiving responsibilities subside.

Stay involved in your loved one's personal life

Be careful that your loved one does not slip from the role of loved one, family member, friend into the role of patient. Don't let yourselves lose the relationship you had prior to the need for caregiving.

Talk about it!

There are innumerable fears and anxieties associated with any illness or disease, which can and will tear a person apart. Talk to your friends and your loved one about your feelings. The worst thing you can do is build a wall around yourself to protect others.

Keep the romance alive

Couples facing caregiving situations are apt to forget to nurture the relationship that brought them together up till this point. These relationships need just as much, if not more attention, now that one of you is ill, than they did before.

Include your loved one in your changes

As time passes we all change in small and big ways. If you find a new friend, discover an interest in a new genre of books or music, find a new recipe or a great place to eat, share these as much as possible with your loved one. Introduce your new friends, have them visit, if your loved one cannot easily leave the house. Spend time reading the new books aloud, listen to the new music together.

Keep setting goals

Before you were a caregiver, you set personal goals. Your life did not end because you became a caregiver. When the caregiver duties subside, you should not "Return" to your life, you should continue with your life.

A noted speaker, writer, and publisher on caregiving issues, Gary Barg is the founder and Editor-in-Chief of *Today's Caregiver*, the first national magazine for caregivers, and caregiver.com, the original online caregiving community. *Today's Caregiver* and caregiver.com have been providing advice support and education for family and professional caregivers since 1995.

Who nurses the nurse? The Israel Cancer Association's support of Breast Care Nurses

By Livia Kislev,

Head Nurse, Israel Cancer Association



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AS PART OF THE SUPPORT TO THE “BREAST CARE NURSES” PROFESSIONAL GROUP, REGULAR MEETINGS TAKE PLACE EVERY TWO TO THREE MONTHS AT THE ICA’S HEADQUARTERS, LED BY ICA’S HEAD NURSE.

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Back in 1996, over twenty years ago, the Israel Cancer Association (ICA) established the “Breast Care Nurse” position in the various medical centers and in the community health services as well. Today it is a well-established network of patient navigators coordinated by the ICA.

It is worth mentioning that the Israel Cancer Association took upon itself not only to initiate, establish, and fund these patient navigators’ positions but also created a “home” for these nurses.

As part of the support to the “Breast Care Nurses” professional group, regular meetings take place every two to three months at the ICA’s headquarters, led by ICA’s head nurse.

The purpose of these meetings, first and foremost, is to share the clinical expertise, knowledge, and experiences of each of the members, as well as to provide an opportunity to discuss and share common matters and establish good working relationships amongst its members. Additionally, the meetings are intended to provide updated knowledge and participation in psycho-social workshops emphasizing the nurse’s experiences and

coping skills in their everyday work.

Here are some of the formal and informal activities that have taken place in the last years, under the auspices of the ICA, which focused mainly on providing support and creating a sense of partnership and common ground for effective and creative work in this challenging area:

- **Invited speakers** on various topics such as innovations in treatments for breast cancer, neuropathy, breast reconstruction, and fertility.
- **Workshops** on various topics such as couples coping with cancer, deciding who handles the therapist, decision making, coping with advanced breast cancer patients, and self-empowerment.
- **Attending courses** on various topics within the Israel Cancer Association such as aspects of psych-oncology and sexuality.

• **Journal clubs**

• **Study days and Seminars** within the activities of the Israel Cancer Association on topics such as mindfulness, fertility, and palliative care.

• **Conducting research** funded by the Israel Cancer Association

• **Lectures in the community to healthy population** by the Breast Care Nurses, related to prevention and early detection of breast cancer

In conclusion, the Israel Cancer Association constitutes a caring and supportive “home” for breast care nurses nationwide, working in hospitals and in the community health services since its creation and up to this day. It is a “home” which provides its members with tools for development and support.

Caregiving after Treatment Ends

By The National Cancer Institute, USA

It's important for cancer caregivers to understand that even though treatment has ended, cancer survivors are still coping with a lot. Often they're dealing with side effects from treatment and learning how to adjust to the many other changes they have gone through. They may not be returning back to normal life as soon as they had hoped.



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Now What Do I Do?

Once treatment ends, most people want to put the cancer experience behind them. Still, one of the most common reactions by caregivers is to ask themselves, "Now what do I do?" They were used to having many roles, such as helping with medical care, managing household tasks, and coordinating visits and calls from friends. Many have to think about how to adjust to this "new normal."

Until now, your focus has been on getting the patient through treatment. So it can be a time of mixed emotions - you may be happy treatment is over. But at the same time, the full impact of what you've gone through with your loved one may start to hit you.

Be Aware of Your Feelings

It's normal to have many different feelings after treatment ends. Some caregivers say that their feelings are even more intense after treatment, since they have more time to process it all.

You may be glad and relieved that your loved one is through with treatment. But you could also feel anxious because you're no longer doing something directed at fighting the cancer. You may feel a sense of sadness and loss at still seeing your friend or family member in a weakened state. This can also be a time when you feel more lonely and isolated than before.

Common feelings that you may have include:

- Missing the support you had from the patient's health care team.
- Feeling pressure to return to your old self.
- Missing being needed or being busy.
- Feeling lonely. Friends and family may go back to their daily lives, leaving you with more to do. They may not be checking in with you as they did when your loved one was getting treatment.

- Avoiding going out with others for fear of something happening to your loved one while you are gone.
- Finding it hard to relate to people who haven't been through what you have.
- Having mixed feelings as you see your loved one struggle with moodiness, depression, or loss of self-esteem.
- Worrying that any physical problem is a sign of the cancer returning. Yet at the same time, feeling thankful that this person is here and part of your life.
- Looking forward to putting more energy into the things that mean the most to you.

These feelings are all normal. You can manage them by giving yourself time to reflect on your experience with cancer. People need different amounts of time to work through the challenges that they're facing.

Make Time for Yourself

If you've been putting your own needs aside, this may be a good time to think about how you can best care for yourself. Having some down time to recharge your mind and spirit can help you cope. You may want to think about:

- Getting back to activities that you enjoy
- Finding ways others can help you
- Finding new ways to connect with friends

For example, some caregivers feel the need to give back to others who are facing cancer. They turn their energy to helping people in their community, joining support groups, or volunteering with cancer organizations. For many, making a difference in the lives of others helps them to help themselves.

Let Others Help You

You may feel tempted to tell people that you and your loved one are doing fine and don't need help. It may be that you don't want to

trouble people any longer. Chances are that both of you are tired and are still getting used to life after treatment. It may help to tell others that you're still adjusting and let them know ways they can help. Family, friends, neighbors, and coworkers who stayed away during treatment may now be willing or able to support you. Think about what types of support would be helpful. The clearer you can be about your needs, the easier it will be to get the help you need.

However, be aware that others may not be there to help. They may feel awkward about helping or assume that you're getting back to your routine and don't need help any more. Or they may have personal reasons, such as lack of time or things going on in their own lives.

Talking with Family

Try to remember that this time after treatment is new for all. Your family members may also need time to adjust to this new chapter of life for your loved one. Some points you can make:

- Let them know that recovery may take more time than expected. Your loved one may lack energy for a while and need time to adjust to this new normal.
- Ask them to continue doing your loved one's regular duties and tasks until he can get back to a normal routine.
- Let them know what the follow-up care will be and how your loved one will be monitored.
- Be honest about what types of support are needed from them now that treatment is over.
- Thank them for all they did during treatment.

Good communication is just as important now as it was during cancer treatment. Listening to each other, patience, and support can make a big difference.

Insights about caregiving from a care recipient

By Jennifer Heunis,
South Africa



Jennifer Heunis (right) with her mom and caregiver, Frances Heunis

What is a caregiver? It can mean so many different things. Caring for someone who has a debilitating disease could mean helping with daily actions such as preparing food, helping around the house, taking someone to the doctor, and offering emotional support. A caregiver could also provide emotional support, as often all an ill person wants is someone to listen. It is essential that caregivers take care of themselves during this time – all focus is usually on the patient, so the stresses placed on the caregiver can be overlooked.

I watched my mom care for my dad when he was diagnosed with pancreatic cancer in 1986. I was 20 years old and I remember her always showing a positive face. My mom was 50 years old – the same age I am now. I remember her comforting me and my sister, getting books for us to read about death, and keeping the family together. I saw her care and concern for my dad. I know that she had sleep deprivation; she never exercised and her eating habits were bad – she was more concerned about getting my dad to eat and ensuring that my sister and I carried on as normal. My dad passed away within 3 months of being diagnosed. I watched my mother age overnight.

I was on the receiving end of this care when I was diagnosed in 2000, at the age of 33, with advanced breast cancer and then again 2 years later. I felt guilty that I was placing this extra ‘burden’ on my mom; she had nursed my dad and now she was nursing me. It just wasn’t fair.

Every time you travel on an airplane you are told that, in the case of an emergency, you must put your own oxygen mask on first, before helping anyone else. This is also true for a caregiver. You cannot provide the best care for someone else if you are sleep deprived and unhealthy due to bad eating habits, lack of exercise, and neglecting your own symptoms. There is also the risk of depression, excessive use of alcohol, and possibly becoming addicted to drugs in order to cope.

Being an ex-competitive swimmer and biathlete, I generally had a very positive attitude. We were always told by our

swimming coach that the “mind tends to believe what you tell it.” I was determined to beat my cancer, and having my mom by my side made this so much easier. She was brilliant when it came to encouraging me, and her positive attitude was contagious.

The coping abilities of the caregiver are important. The caregiver must reflect on how they coped with stressful situations in the past, as this will determine how they cope with caregiving. I think humans are incredibly resilient, and most caregivers step up to the plate and cope because they have no other choice.

Some of the challenges faced by caregivers, and strategies for coping with them, are:

- *The care giver can feel isolated and alone.* It is important for caregivers to accept help, but also to put boundaries in place and not to feel bad about doing this. I remember my father having loads of visitors at home and my mom being appreciative of this, but putting her foot down with certain visitors who stayed too long.
- *The care recipient is often unaware of the stressors with which the caregiver is faced.* Communication between caregiver and care recipient is thus of utmost importance. I know I became quite self-absorbed – I felt ill and nauseous after chemo and my mom rushed around, for example, looking for paw paw for me when it was all I craved. If I couldn’t get out of bed, my mom was there to bring me juice. Perhaps our relationship was so strong that we did communicate quite clearly. My mom was a brilliant listener.

- *Some caregivers feel that they need be strong; to do everything and look like they are coping at all times.* They need to accept help when it is offered. My mom was good at this – she had many good friends who she used to call to tell how worried she was about me, how she wished she could switch places, or just to chat. I think this was a great stress reliever. My mom’s mother (my granny) came to live with us, which was a great help to my mom. There are so many ways to help a caregiver: cooking, cleaning, shopping, housework, childcare, transport to doctor’s offices, or just listening to them and letting them express their feelings and worries.

- *There are too few support groups designed just for caregivers.* The availability of more groups would allow caregivers to talk about their experiences and feelings and to hear from other caregivers. They could then know that what they are experiencing is normal and they are not alone. Ideas of coping could be obtained from these groups.

- *The caregiver can experience a huge amount of strain when trying to hide their emotions and worry from the care recipient.* This is where a caregivers’ support group is really useful. Being able to talk to others in the same boat can be cathartic. Hearing that what they are experiencing is normal can lessen the feeling of being so alone, and valuable coping strategies can be shared. The caregiver can also see a counsellor or get advice from a pastor. I know my mom gained immense support from going to church.

Cancer Council NSW's Telephone Support Group: A peer-support program where participants are both caregivers and care receivers

By **Gabrielle Asprey**, *Cancer Support Consultant*
New South Wales, Australia



Cancer Support Consultants and Telephone Support Group facilitators: Gabrielle Asprey, Sally Carveth, Kim Pearce.

“
SOMETIMES ALL
THE CARE YOU CAN
GIVE (OR IS IT THE
BEST CARE YOU CAN
GIVE?) IS PROVIDING A
LISTENING EAR.”

Imagine trying to live your life whilst also knowing that your life will be cut short because of a metastatic breast cancer diagnosis. Imagine trying to manage the emotions of people close to you whilst also not quite understanding what's going on with your own emotions. Are you straddling both life and death? Are you straddling the need to be cared for and the need to care for others?

Would it be lonely? Would you feel angry, helpless, or perhaps hopeless? The women who are members of Cancer Council's metastatic breast cancer Telephone Support Group discuss these questions and plenty more.

The key to the success of the Telephone Support Group is that it offers a place that's supportive and the women in the group get to care for each other from a peer-to-peer perspective. The group is a space where women who are living with metastatic breast cancer can come together to care for each other from a place of deep understanding.

Sometimes all the care you can give (or is it the best care you can give?) is providing a listening ear. An ear that really hears what's being said and can cradle the awful truth of it.

In essence, the purpose of the Telephone Support Group is to strengthen group members' capacity to help themselves and each other by reducing feelings of isolation and sharing coping strategies and problem-solving skills. By speaking with others who face similar challenges, the women are also able to enhance communication with their family members and friends.

The groups are facilitated by two trained health professionals who place a great deal of importance on confidentiality of discussion. This means the women can openly talk of the trials and tribulations, along with the positive aspects, of living as well as they can. Being able to say things to others who really "get" your situation is incredibly beneficial and empowering. Facilitators transform the stories through group discussion. They enable group conversations through inviting sharing of feelings and exploration of meaning.

Cancer Council NSW is a member of Cancer Council Australia, the country's leading cancer charity, uniting the community, providing support, investing in research, and saving lives. It manages the Telephone Support Group program which also offers groups such as: advanced cancer, pancreatic cancer, metastatic melanoma, brain tumour, multiple myeloma, carers, and bereavement groups.

If you are in Australia and would like to find out more about the program, please call 1300 755 632.

Self-care for cancer's unsung heroes

By Shirley Stitt, M.S., LCPC
Founder - The Living Hope Cancer Counseling Center, USA



The moment a patient is given a diagnosis of cancer, resources and sources of support become available to the patient and remain in place before, during, and after treatment. In addition, unsung heroes emerge who accompany the patient throughout the cancer journey. These unsung heroes are caregivers. Throughout a patient's treatment process, the caregiver may continue to work while managing the responsibilities normally handled by their loved one, advocating for patient care, assuming the role of nurse and chauffeur, and providing comfort and care to others in addition to managing their own emotions and feelings.

Caregivers give care to their loved ones, yet caregivers are too often reluctant to care for themselves. The expectations these caregivers have for themselves may be high during normal conditions, but these expectations are suddenly elevated even more. Any act of self-care may be accompanied by guilt, frustration, feeling overwhelmed, and sadness.

How can caregivers take care of themselves during this time? It is crucial that they pay attention to their own physical health by visiting their own primary care doctors for routine care and sick visits, maintaining a healthy diet, engaging in physical activities such as yoga, walking, stretching, and other forms of exercise, and routinely getting a good night's rest.

The emotional wellbeing of caregivers is as important as their physical health. The emotions caregivers may experience could feel like a continuous roller coaster ride. Nevertheless, caregivers often bottle those feelings, never disclosing them to the patient or others. Caregivers need to have friends or family members they can confide in. If none are available, they should consider attending a caregiver support group or getting professional help.

During this time, a caregiver may be reluctant to participate in social activities they normally enjoy because they do not want to leave their loved one alone or are concerned about the way others might perceive their behavior. Surrounding one's self with others who share common interests such as reading, playing games, or engaging in conversations that don't involve the patient's medical situation can help to relieve stress, refocus thoughts, and renew energy.

One new trend, coloring books for adults, has become very popular. It's a great way to express one's self in a creative way, especially for those caregivers who may feel as though they are all thumbs! Gardening, knitting, sewing, and playing a musical instrument are just a few examples of ways to care for one's self from a creative perspective.

Self-care for the caregiver also includes setting aside time for spiritual practices such as prayer, meditation, guided imagery, walking in nature, or taking several deep breaths.

One of the golden rules of life is to love your neighbor, family, friend, or stranger as you

love yourself. Remember, the love you give to your loved one and others is the love you should also give to yourself.

“

THE EMOTIONAL WELLBEING OF CAREGIVERS IS AS IMPORTANT AS THEIR PHYSICAL HEALTH. THE EMOTIONS CAREGIVERS MAY EXPERIENCE COULD FEEL LIKE A CONTINUOUS ROLLER COASTER RIDE.

”

My story about care

By Martina Clark, Founder of Carers Couch™
Melbourne, Australia



Martina Clark (right) with Anoula

One day, I got that phone call.

“Anoula has lung cancer,” her husband, Alex, said simply.

Anoula was my best friend. She was 32 years old and five months pregnant at the time. My mind couldn't bring itself to process any of it.

The next 2 years were a mix of trauma, pain, love, grief, connection, deep understanding, and hope. Not one of us applied for the role of her carer. For me, the word 'carer' never came into my mind once. I was her friend - she was like a sister. I loved her very much. Caring was simply an extension of my love.

I stopped thinking of the future. I felt my own mortality through hers. Do I have cancer as well? If her, why not me? I learned a lot from this experience with my dear friend, who essentially became my teacher. Sadly, Anoula passed away in September 2015.

I felt empty for a long time and was seeking connections and validation of what just happened. I looked for a community to normalise my experience. And I found them - experts, patients, carers, health care providers - mostly operating in isolation.

I decided to capture the expertise of the people I met along the way. I bought myself a camera to document stories, experiences, and expertise. My belief was that, when one shares their story with a wider audience and someone in the same situation hears what they need to hear from a HUMAN (not a brochure), they can take action in seeking help, in reaching out and practising self-care.

A year on, here I am today. For being there for Anoula, I finally forgave myself for the countless times I haven't fully been there for others I loved. Through this, I healed. I created Carers Couch™, which is an innovative online platform providing information, resources and support for carers of people diagnosed with cancer. Developed with a co-design approach and strong industry collaboration, Carers Couch™ aims to connect all parties to the cancer journey in a supportive network.

I would love to get to know more about YOU and YOUR story. I believe that each one of us, whether carer, patient, or supportive advocate, has a support role to play. Together we can harmoniously work to build support platforms and mechanisms to sustain and aid one another and our loved ones when needed most.

“

I FELT EMPTY FOR A LONG TIME AND WAS SEEKING CONNECTIONS AND VALIDATION OF WHAT JUST HAPPENED. I LOOKED FOR A COMMUNITY TO NORMALISE MY EXPERIENCE.

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**Come and join us
on the couch –
www.carerscouch.com**



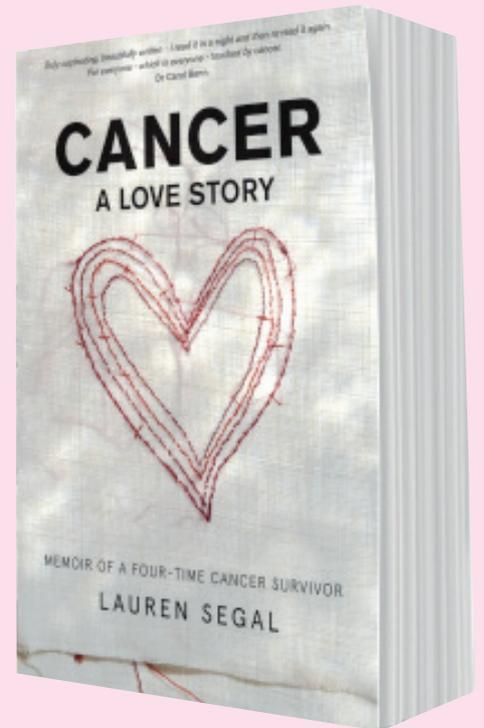
Personal stories

Cancer, a love story

By Lauren Segal, South Africa



Lauren Segal



Cancer's greatest paradox is that it is the loneliest of diseases, despite inviting so much support. No one could have had the chemo or the radiation or the operations on my behalf. No one could have taken away the physical and spiritual pain. No one could ultimately reassure me that I would live.

With hindsight, I see how easy it would have been to shut out the suffering. I am glad I found the strength to resist this deadly gravitational force, and to awaken myself to new discoveries in the face of the trauma. I am proud of what I have been able to gain along this lonely journey. I have learnt to observe the self-diminishing and destructive thoughts that cancer induces but not to cling to these as the only option before me. I have learnt to decide how to respond to trauma with a new awareness.

Choosing this as a path has made me confront the nature of my relationships, both intimate and more peripheral. It gave me my brother back. It helped me to discover new versions of myself. It brought me inner peace, something I had not experienced before in my life. It led me to find sources of internal nourishment.

It allowed me to suspend judgments of others and myself. It acclimatised me to facing life's inevitable stresses. It is hard to say whether or not I am a better person. I know, at least, that I am better at identifying my own inhumanities and being wise about the realities facing me.

I am better at releasing grudges. Having cancer this many times is like starting life anew. I choose not to live with half a heart or a blighted soul. I have learnt that I am not my cancer. What started out as my own journey of potential destruction and self-hate has brought me more productive and intense ways to live with and love myself. I have only been able to grasp the countervailing forces of love and cancer that have been enacted inside of me.

Despite – or because of – the story I have told, I am a happier and calmer person who looks forward to the next five decades of my life.

This is, for me, the ultimate love story.

Excerpted from *Cancer: a love story* by Lauren Segal, published by MFBooks Joburg, an imprint of Jacana Media. [available on amazon.com](https://www.amazon.com)

“ I AM BETTER AT RELEASING GRUDGES. HAVING CANCER THIS MANY TIMES IS LIKE STARTING LIFE ANEW. ”

Personal stories

A proud breast cancer survivor

By Chiluba Paula Daka, Zambia



Chiluba Daka and other members of Breakthrough Cancer Trust. The author is second from the right.

“ DO NOT FEAR HAVING THE ROUTINE CHECKS BECAUSE THEY MAY SAVE YOUR LIFE. ”

My name is Chiluba Daka, and I am 45-years old. I am single with no children and I live in Lusaka, Zambia. I am a recent breast cancer survivor. Here is my story.

Since 2013, I have marked breast cancer awareness month by going for my yearly mammogram at the Cancer Diseases Hospital (CDH) in Lusaka. I always went with my mother, who was diagnosed with breast cancer in 2015, had a total mastectomy, and underwent chemotherapy and radiotherapy treatment.

In October of 2016, my mammogram showed I had a lump in my left breast. I never felt a lump and had no pain whatsoever. The mammogram was followed by an ultrasound, then an immediate biopsy to determine if my lump, like my mother's, was cancerous.

On hearing the news that I might have cancer, I went numb for a moment. The doctor counselled me for close to two hours. He reminded me that I had cared for my mother throughout her cancer journey and she was now cancer free.

I left the hospital that day but didn't tell anyone what had happened. Two weeks later, I went back to the hospital to learn

the results of the biopsy. My doctor told me I had invasive ductal carcinoma, stage II but treatable. I would need surgery first — a total mastectomy of my left breast — followed by six sessions of chemotherapy then, later, 24 daily sessions of radiotherapy. The surgery was scheduled to be performed in 18 days. Here I was, looking healthy but about to lose one breast. I couldn't believe this could happen so soon after my mother had finished her treatment.

When I got home, I did not tell my mother my news because I was not sure how she would react. For two days, I secretly made arrangements for my surgery and treatment. Finally, after talking with my priest and praying about my situation, I sat down with my mother and my aunt, who is the sister of my late father. I told them I had breast cancer and would be undergoing surgery and subsequent cancer treatment. I was shocked when both of them just stood up and hugged me. My mother told me she was grateful that I had cared for her during her illness, and she promised to do the same for me. After that, we just sat and laughed about anything and everything.

Surgery day came, and my mother drove me to the hospital. Two months after surgery,

I began chemotherapy. The side effects were severe, and I felt broken. Each day, my mother made me soup and other foods and persuaded me to eat so I would keep up my strength. My mother was and still is my pillar of strength. She was with me every step of the way. Taking care of a breast cancer patient, especially after surgery and chemotherapy, is not easy. It's an emotional journey.

Two months after chemotherapy ended, I began radiotherapy. The treatment was not too bad, and by then I was strong enough to drive myself to my daily sessions. I completed my radiation treatment three months ago. I am now on hormonal therapy —Tamoxifen—which will continue for five years.

I am stronger now. I wear a wig and a prosthetic breast, and I move confidently. Having one breast has not made me any less of a woman. When people look at me, they cannot even tell.

The prosthetic breasts are given through Breakthrough Cancer Trust. I have since joined them in spreading breast cancer awareness in the communities through radio and television media. My message is: Do not fear having the routine checks because they may save your life.

Spotlight
on: India!

Prashanti Cancer Care Mission cares for patients and caregivers alike

Laleh Busheri,
Pune, india



Laleh Busheri



The Pink Ribbon Club picnic



2016 breast cancer awareness marathon, Pune



Yoga Day celebrations for the patients

Prashanti Cancer Care Mission, established in Pune, India in the year 2000, is a non-profit organization that was born out of the unfulfilled needs of departed cancer patients and of caregivers, survivors, volunteers, and doctors whose lives have been touched by cancer. It is dedicated to supporting and advancing compassionate health care delivery through surgery, radiation, chemotherapy, and supporting the caregivers.

In 2009, Prashanti Cancer Care Mission also established Orchids Breast Health Clinic in Pune with an objective of providing world class breast care under one roof. This center has now gained reputation as a center of affordable excellence for breast care in India. The center has acquired cutting edge diagnostic tools such as digital mammography, 3D tomosynthesis screening, vacuum-assisted biopsy, and automated breast volume scanning. Further, Orchids has created a niche by pioneering in breast oncoplastic surgery in India with the help of a multi-disciplinary team of breast oncoplastic surgeons, radiologists, and clinical scientists. It also houses a chemotherapy daycare, counselors, and nutritionists.

The Pink Ribbon Club, our support group for patients and caregivers, helps patients and caregivers through the bewildering maze of challenges the disease brings, preparing them for normal life after treatment. The Pink Ribbon Club volunteers — often unsung heroes — provide hours of assistance to patients by volunteering their time at our in-house chemotherapy daycare and even during ongoing surgeries and radiation regimes. They also support the caregivers by sending meals, taking their children to and from school, and occasionally treating them to manicures or movies.

Monthly activities are organized involving movies, picnics, breast awareness symposiums, and holistic activities such as yoga for the caregivers. In addition, an annual breast cancer awareness marathon is organized in Pune to bring patients and caregivers together. Through these activities, survivors and newly-diagnosed patients are provided a platform and encouraged to share their experiences with each other. The caregivers are encouraged to appreciate the importance of looking after their own mental and physical well-being in addition to those of the patients.

Our onco-psychology course, which is held at regular intervals for those who wish to acquire skills in counseling and rehabilitation, is another source of empowerment for caregivers. In addition, Orchids has also started nutrition counseling activities to educate patients and caregivers about the importance of correct nutrition and looking after themselves in order to ensure a healthy lifestyle, thereby improving their quality of life.

This year, out of 10,800 patients seen, about 2,400 have received free treatments. Roughly 5,000 survivors have voluntarily created a strong network of caregivers. Prashanti Cancer Care Mission remains committed to continuously strengthening caregivers by providing them unstinting psychological and financial support. It is only timely and appropriate that in addition to the contributions of clinical and para-clinical teams in cancer management, the selfless efforts of such caregivers be given its due recognition and respect.

Reach for Recovery South Africa celebrates 50 years of service

Reach for Recovery volunteers from all over South Africa, all of them breast cancer survivors, gathered from 28 – 30 July 2017 in Mossel Bay, South Africa to celebrate 50 years of unique service to patients faced with the trauma of breast cancer diagnosis and treatment. Our 50th Celebration Mini Conference was a great opportunity to bring together all our volunteers from across the country to learn from one another, build skills, and share their volunteering experiences. It also provided the Reach for Recovery Board of Management with an opportunity to thank all our volunteers for everything that they do for Reach for Recovery. They all give so much of their time to the organisation in different ways and really form the backbone of our organisation.

From start to finish, spoiling the volunteers and showing appreciation for their loyalty and dedication to the Reach for Recovery cause was the name of the game. As they arrived at the registration tables, each volunteer was given a bright pink goodie bag emblazoned with the Reach for Recovery brand. Treats inside included pampering beauty products donated by Clarins. They were also invited to sample scrumptious “50th birthday” cupcakes, typical of the attention to detail in evidence throughout the proceedings.

After some introductions and fun on Friday evening, we got down to some serious business with presentations on Saturday morning to increase knowledge and skills, followed by a brainstorming session, Café Conversations, during the afternoon. This session provided an opportunity for all attendees to air their views and give ideas on a whole range of topics related to the services we deliver which would feed into our strategic plan for the next 5 years.

On Saturday evening, 29 July 2017, our volunteers were welcomed into the beautifully decorated main room for the much anticipated Celebration and Awards Ceremony. As requested, our guests dressed beautifully according to the

theme “Sparkle for Hope and Joy”. Gold - signifying the celebration of RFR’s 50th anniversary - was the colour choice for the gala dinner on the Saturday evening. As they took their seats, volunteers found gold packages containing pretty pink pashminas embroidered with our logo.

The highlight of the evening was our first ever Volunteer Awards Ceremony – very appropriately dubbed the “VOSCARS” (Volunteer Oscars). Every volunteer received a special Certificate of Appreciation for their years of service to Reach for Recovery.

Then came the “Voscar Awards” ceremony, where “Oscars” for Volunteers were presented to winning groups in a number of different categories. Stunning crystal trophies with a glint of pink, inscribed with “Sparkle for Hope and Joy” were donated by Innovative Glass.

An interdenominational thanksgiving service, conducted by Colin Payne, Rector of the St George’s Anglican church Knysna (himself a male breast cancer survivor), ended the conference on a joyous and inspiring note on Sunday morning, enabling volunteers to join together in faith and gratitude before saying farewell to friends - old and new.

Spotlight on: South Africa!



Ann Steyn receiving her Presenters Award from Stephné Jacobs, Chairperson of the RFR Board of Management



Volunteers loved their special gift: a pink branded Pashmina scarf



The beautiful crystal Awards were donated by Innovative Glass, Johannesburg

Another
spotlight on:
South Africa!

Cancervive Cancer Awareness Ride



Cancervive is a survivor-driven initiative that raises awareness and educates South Africans about cancer – disease can be conquered! Cancervive achieves this through a multitude of creative awareness campaigns, educational activities and events, clinic and hospital visits, and the annual Cancervive Awareness Ride, which is a 10-day motorcycle ride that sees over 60 survivors, supporters and crew travel staggering distances across South Africa to engage, educate, and inspire communities.

Cancervive's main focus is the importance of detecting early signs of cancer and openly addressing the 'shy' cancers, thus abolishing many of the myths and social stigmas surrounding these cancers. It also develops support structures to leave the visited communities better equipped to care for cancer patients, and offers free support services to caregivers via its umbrella organisation People Living with Cancer.

Since its inception in 2011, Cancervive has reached over 200,180 people and travelled a distance of 18,400 kilometres across all nine provinces of South Africa! The powerful message has been delivered in seven languages, generated more than R265 million in publicity, and achieved international acclaim as one of the most dynamic cancer awareness campaigns in the world.



Follow our story here:

Facebook:
<https://www.facebook.com/cancervive/>

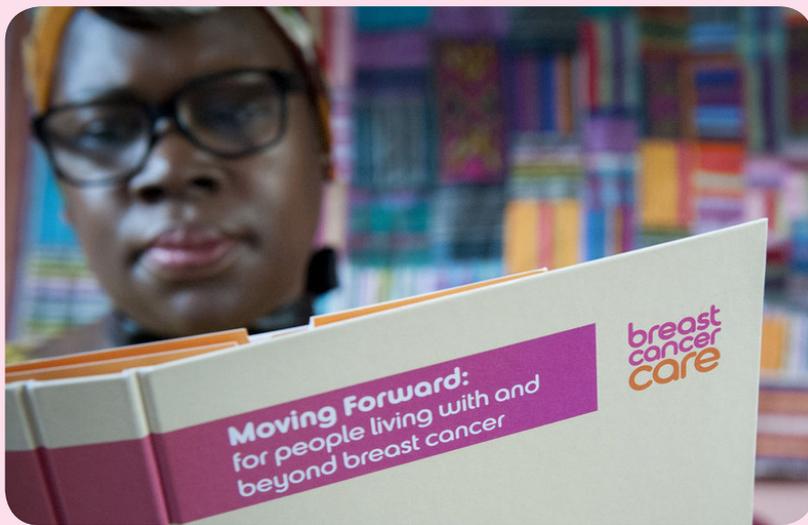
Instagram:
www.instagram.com/cancervive_ride

Website:
www.cancervive.co.za

Spotlight
on: the UK!

New initiative emphasizes need to provide support into survivorship

Julie Bell,
Breast Cancer Care, UK



Course attendee Cynthia Debs

“

WE HOPE THAT AS A RESULT OF THIS INITIATIVE WE WILL SEE AN INCREASE IN THE NUMBERS OF PATIENTS REFERRED BY GPs TO COURSES. WE HAVE ALREADY NOTED AN UPLIFT IN ORDERS COMING FROM GP SURGERIES FOR RESOURCE PACKS.

”

Breast Cancer Care is the UK's leading breast cancer support charity. Our vision is that everyone affected by breast cancer has the best treatment, information, and support.

During 2016, we launched an initiative to help spread the word to primary care practitioners about the need for support in the survivorship phase following treatment for breast cancer. We delivered to general practitioner surgeries throughout the UK nearly 10,000 of our free [comprehensive resource packs](#) for people living with and beyond breast cancer.

We then conducted follow-up evaluation with self-selected GP surgeries to find out whether they had passed the pack on to patients and, if so, with what result. If not, to discover what the barriers were.

The information that was sent with the packs included details of our [free courses to help people self-manage](#) the many symptoms and issues that can follow hospital treatment for breast cancer.

These courses are run in partnership with UK National Health Service hospitals and delivered by a range of expert speakers. They provide information, support, and professional guidance on topics including: healthy eating, exercise, managing menopausal symptoms, lymphoedema, cancer fatigue, coping with anxiety, signs and symptoms of recurrence, and intimacy and relationships.

We hope that as a result of this initiative we will see an increase in the numbers of patients referred by GPs to courses. We have already noted an uplift in orders coming from GP surgeries for resource packs.

The evaluation response to the packs was very positive, with the main barrier to usage being forgetting that the resource exists or

how to refer patients. As a result, we are hoping to keep more GPs engaged with the help of community liaison volunteers.

For more information, please visit breastcancercare.org.uk.

Evaluation of peer support in women with breast cancer in Greece: A pilot study

On behalf of the Hellenic Association of Women with Breast Cancer ALMA ZOIS

Margarita Chrysanthou,
Volunteer, breast cancer survivor

Eleni Leka, Social worker,
ALMA ZOIS

Eleni Faliakou, Second
Breast Surgery Unit, Mitera
Hospital of Athens

Konstantinos Genatas, Department
of Oncology, Aretaieion University
Hospital

Annivas Tsikkinis, First Department of
Surgery, Elena Venizelou Hospital

Grigoris Xepapadakis, Breast Clinic,
REA Hospital, Athens, Greece

Spotlight
on: Greece!



Founded in 1988, ALMA ZOIS provides psychosocial support to patients as well as their families, following the principles of Reach to Recovery.

This study sought to evaluate, for the first time in Greece, the impact of the Reach to Recovery programme on the psychosocial reactions of patients. The evaluation was based on the principles of “Social Support” (Schaefer, Coyne, and Lazarus, 1981) and “Social Comparison” (Wood, Taylor, and Lichtman, 1985) theories. The main purpose was to assess whether patients in Greece have benefited psychosocially by sharing experiences and emotions and receiving practical advice and information from a trained breast cancer survivor.

We applied the methodology of semi-random sampling and the “Between Groups” pre-test / post-test research design. The intervention group of 40 patients (mean age 52.4±11.9 years) and control group 27 patients (mean age 53.8±11.0 years) were taken from surgical and oncology departments in four hospitals in the Athens area. Each of the participants had a non-metastatic breast cancer diagnosis, and each was within 24 months after surgery, at different stages of treatment. The intervention was implemented through a binary, “face to face” meeting of the intervention group participants with peer breast cancer survivors, while the control group received no intervention. Levels of the perceived threat of cancer (Fife, Constructed Meaning Scale, 1995), the

psychological affect (Zigmond & Smith, Hospital Anxiety and Depression Scale, 1983; Mystakidou et al., 2004), the positive upward comparison (Van der Zee et al., 2000; Legg et al., 2010), and the usefulness of the intervention at the social support (helpful/unhelpful) and social comparison levels (Dunn et al., 1999) were assessed as dependent variables.

Our results showed that after this intervention, patients’ anxiety was reduced ($p<0.05$), their positive upward comparison to the breast cancer survivor was encouraged (81%), and concepts of useful social support and social comparison were adopted (80.7% and 68.5% respectively). Specifically, patients had reduced feelings of isolation and an increased sense of optimism for the future. Through the unique perspective of trained breast cancer survivors, patients were better able to cope with treatments and better comprehend their personal reactions to their situations.

Peer support plays an important role in supporting patients with breast cancer in Greece. Given the small number of patients, as well as the practical and methodological limitations of the study, the need for this type of research, which examines how this intervention affects psychosocial adjustment for breast cancer patients, is considered

mandatory so that a greater number of patients can benefit from this programme.

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**Spotlight
on: Pakistan!**

Government buildings in Islamabad turn pink in October to commemorate Breast Cancer Awareness Month and honor Pink Ribbon Pakistan!

Photos courtesy of Pink Ribbon Pakistan



Pakistan's Parliament House



Faisal Mosque, the National Mosque of Pakistan and third largest mosque in the world

Spotlight
on: China!

Breast cancer support organizations in Beijing mark breast cancer awareness month with a Run for Her

Photos courtesy of China Cancer Rehabilitation Society



Xishan Ha, Director of the Chinese Anti-Cancer Association, and Anli Shi, Chairman of the Chinese Cancer Rehabilitation Society, kick off breast cancer awareness month activities



Race participants gather at the Great Wall of China



起 始 点
悦享健康 家满幸福
RUN FOR HER FAMILY
“感动生命”全国抗癌优秀故事征集和评选暨2017同一天一起行启动仪式

Successful race participants celebrate at the 2008 Olympic Village

Cauliflower Mashers

If you're preparing to celebrate Christmas, you might be looking for some low-calorie yet delicious recipes to balance out your holiday dinner table. A new trend among cooks in the U.S. is to serve mashed cauliflower in place of more carb-laden mashed potatoes. Try substituting these "Cauliflower Mashers" for the traditional candied yams. Your guests – and your waistline – will thank you!

COMBINED PREP AND
COOKING TIME: 45-60 MINUTES

SERVINGS: 4

Ingredients:

- 1 large cauliflower, cut into small pieces (about one pound)
- 3 garlic cloves, chopped
- 28 oz. low sodium chicken broth
- 2 tbsp chopped fresh chives or green onions
- 2 tbsp chopped fresh parsley
- 3 tbsp unsalted butter
- 1 tbsp cream cheese
- 1/8 tsp ground pepper
- salt to taste

Directions:

1. Combine the cauliflower, garlic, and broth in a large saucepan. If the broth does not cover the cauliflower, add more (or water) to cover.
2. Bring to a boil, reduce heat to medium-low, and simmer until cauliflower is very tender, about 25 minutes.
3. Drain the cauliflower and garlic. With paper towels or a dish towel, squeeze as much liquid as possible out of the cauliflower.
4. Transfer to a mixer or food processor along and add the butter and cheese. (Using a food processor with the grater then beater attachments works best.) Mix or process until smooth, adding broth if necessary to moisten mixture. Stir in the chives (or green onions), parsley, and pepper. Salt to taste.



Challenges: Cancer Control in Developing Countries

**International
Cancer
Conference**

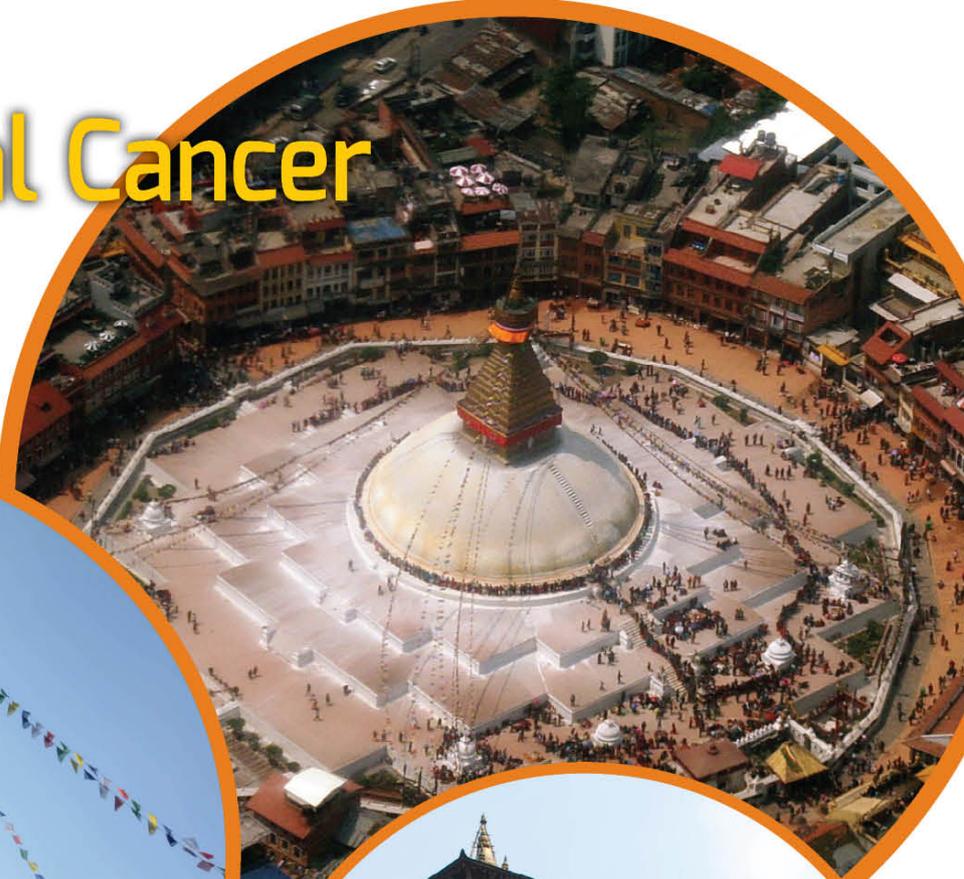
18-20th January, 2018
Kathmandu, Nepal

*Welcome
to Nepal*



International Cancer Conference

18-20th January, 2018
Hotel Yak & Yati, Kathmandu, Nepal



Conference Secretariat
International Cancer Conference 2018
Nepal Cancer Relief Society
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