

bloom

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A preview from Prague of the 19th RRI Breast Cancer Support Conference!

Reach to Recovery International (RRI)

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



**REACH
TO RECOVERY**
INTERNATIONAL

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Our mission

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

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Upcoming events

Kuching, Sarawak, MALAYSIA
3rd Annual South East Asia Breast Cancer Symposium
3-5 August 2018
www.seabcs2018.org

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.reachto_recovery2019.org/

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

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



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



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

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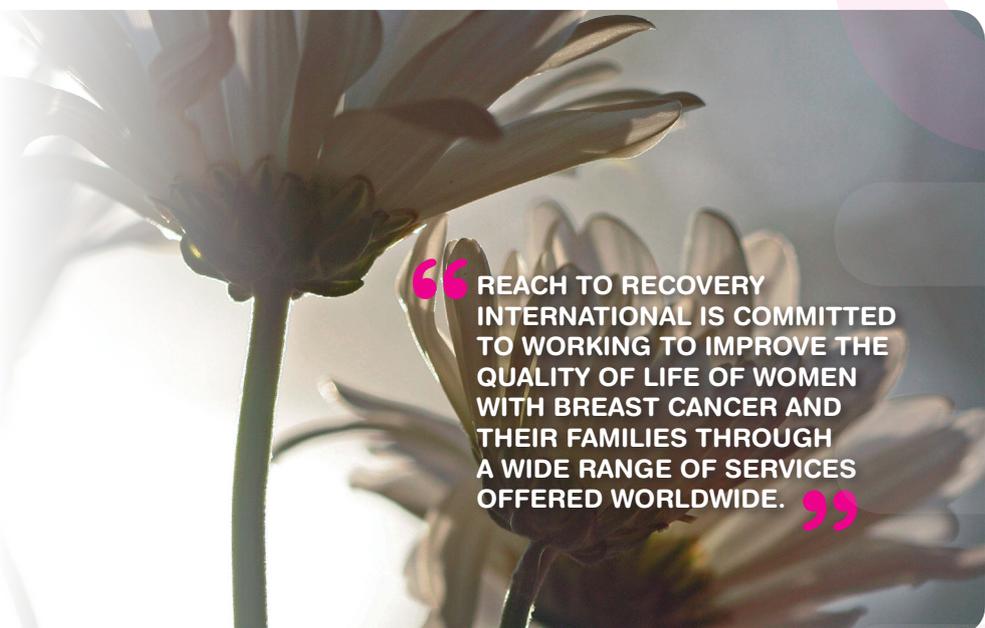
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“ REACH TO RECOVERY INTERNATIONAL IS COMMITTED TO WORKING TO IMPROVE THE QUALITY OF LIFE OF WOMEN WITH BREAST CANCER AND THEIR FAMILIES THROUGH A WIDE RANGE OF SERVICES OFFERED WORLDWIDE. ”

Message from Cathy Hirsch - President of RRI



Cathy Hirsch

There can be no dispute that a breast cancer diagnosis is overwhelming. To make matters worse, just when the patient is reeling from the frightening news she is called upon to make some of the most important decisions she will ever make. Which specialists should she see? What type of surgery and treatment will she have? Where will she be treated? These are only a few of the major issues she will face.

Comprehensive cancer care centers can ease some of the burden for newly diagnosed patients. While the definition of what constitutes a comprehensive cancer care center may vary, from a patient's perspective it generally means a health care facility with medical specialists that can provide every aspect of the care she will need – both physical and mental – from diagnosis into survivorship. These specialists work in tandem to provide consistent and seamless care.

The theme for this edition of Bloom is *The rise of comprehensive oncology centers: examining the pros and cons of one-stop cancer care*. We hear from constituents about what comprehensive cancer care means to them and how it helps focus the care on the needs of the patient. From

Brisbane, Australia, Leonie Young reports on the holistic approach that Choices Cancer Support Centre incorporates into cancer treatment at the Wesley Hospital. The U.S. National Cancer Institute identifies the health care professionals that should be part of any comprehensive cancer care team. Rama Sivaram makes the case for incorporating lymphedema care into comprehensive breast cancer care. She also provides an overview of comprehensive cancer care in India. Laleh Busheri describes how the Orchid Breast Health Center works with Prashanti Cancer Care Mission to provide comprehensive breast cancer care in Pune, India. Dr. Abena Ofosuah Addia describes the progress being made in Ghana toward achieving one-stop breast cancer care and, from Geneva, Switzerland, Natasha Scott reports on an organization that provides emotional support to English-speaking breast cancer patients, thus ensuring that the care those patients receive is comprehensive. Dr. Cheng Har Yip previews the South East Asia Breast Cancer Symposium which will take place in Malaysia in early August and will focus on the related issue of patient-centered care. To help set the mood for the symposium and for the UICC's World

Cancer Congress which will take place in Kuala Lumpur in October, this edition's Global Kitchen section features healthy recipes from Malaysia.

We have the latest news from constituent organizations in Malaysia, South Africa, Portugal, and the United Arab Emirates. We also have an update from our hosts in Prague about the upcoming 19th Reach to Recovery International Breast Cancer Support Conference. If you have not yet visited the conference website, www.reachtotherecovery2019.org, please check it out! The conference program is coming together nicely, and the organizers are set to begin accepting early-bird registrations and abstracts.

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COMPREHENSIVE
CANCER CARE CENTERS
CAN EASE SOME OF THE
BURDEN FOR NEWLY
DIAGNOSED PATIENTS.

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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.reachtotherecoveryinternational.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!



Peer support as a key component of comprehensive cancer care

By Cathy Hirsch, USA

We introduce the articles on *The rise of comprehensive oncology centers: examining the pros and cons of one-stop cancer care* with a personal story—my own—which explains the reason for my dedication to the Reach to Recovery movement. I am confident that many of you share similar stories that inspire you in the work you do to ease the burdens of other breast cancer patients, survivors and care givers.



Dreamstime

When I was diagnosed with breast cancer 15 years ago, I had good health insurance and excellent medical care. I had a strong network of supportive family members and friends. I was as lucky as anyone diagnosed with a potentially deadly disease could be, but I didn't feel lucky. I believed I was heading toward premature death. I made mental lists of people who could help my husband raise our two little girls, and I mourned all the important events in their lives that I thought I was going to miss: first dates, graduations, weddings, babies.

The day before my first chemo session, that changed. I received a phone call from an American Cancer Society Reach to Recovery volunteer. I had forgotten that my surgeon had offered to connect me with someone who had been through a similar experience and, fortunately, I had accepted. That call lifted my spirits like nothing else could. Allison had been diagnosed at the same age as me. Her cancer was diagnosed at the same stage, and she had undergone the same surgery and chemotherapy. She had two kids at home, and after her treatments ended she and her husband adopted another one! She told me that while she was going through chemo her life went on pretty much as usual, although she was often tired and there were some bad days. She continued to work, to parent her children, to shop for groceries, and even work out at a gym. Best of all, she told me she'd been a breast cancer survivor for seven years!

Talking with Allison helped me realize that I

was not living under a death sentence. She had been in the same situation and survived! If she could do it, I could, too. After that, I faced my battle with new optimism. Fighting cancer is an emotional roller coaster, so of course there were ups and downs. But knowing that Allison was out there, thriving, was a beacon of hope to me.

Looking back on my diagnosis now, I can appreciate how lucky a cancer patient I really was. I was very lucky to have the gold standard in breast cancer care. But, importantly, I was also lucky that my surgeon recognized how helpful peer support can be and made that referral to Reach to Recovery.

More and more multi-disciplinary comprehensive cancer care centers are emerging where teams of medical and mental health professionals collaborate to ensure that they treat the whole patient and not just the disease. Peer support is not always offered as part of comprehensive cancer care. I believe it should be. Peer support is the logical first step to head off psychological distress in cancer patients. What better way to reassure a patient that she can deal with a cancer diagnosis than introducing her to someone who has already done exactly that?

The key is to convince the medical professionals who lead comprehensive cancer care centers of the value of well-run peer-support programs so that they regularly refer to those programs. The obstacle is the difficulty in pin-pointing just how effective peer support can be. Several studies have concluded that peer support is beneficial

to patients' self-efficacy in many ways, but these studies relied on descriptive and qualitative evidence rather than quantitative facts. By training, medical professionals value concrete data over subjective reports.

More studies on the value of peer support in cancer care can and will be conducted, and hopefully they will lead to quantitative proof, but what can be done in the meantime to convince medical professionals to include peer support in comprehensive cancer care? Perhaps a back-door approach is needed. That is, if we can persuade cancer specialists that there is no down side to incorporating peer support into their care plans, they may be willing to try it. Once the program is in place, the qualitative evidence of success will speak for itself.

A peer-support program can be incorporated into comprehensive cancer care at little or no cost to the cancer center. Volunteers don't expect to be paid, and most cancer organizations that provide peer-support programs don't charge administration fees. A cancer diagnosis is a major stressor. Given the opportunity to offer something to a patient that might help relieve that stress, at no cost to the patient or the health care provider, why would a health care provider say no?

A peer-support volunteer cannot cure cancer and cannot address a true mental health crisis. But she has stood in the same shoes as the patient. She is living proof that cancer can be beaten and, therefore, she is the embodiment of hope. Cancer peer support is a gift that can and should be given.

Choices Cancer Support Centre: a model for sustainable holistic care

By Leonie Young, Peer Support Coordinator

Brisbane, Australia



Choices Volunteers 2018



Comprehensive oncology centres and survivorship and well-being centres have been emerging in the cancer domain over the past few years. There can, however, be quite significant variations in services provided and in the understanding of what a comprehensive oncology centre is. The Wesley Hospital Choices Cancer Support Centre (Choices) is an example of how holistic care can be sustainable. This year, Choices achieves a noteworthy milestone: it is celebrating its 20th anniversary of providing a unique blend of emotional, social, and intellectual support to people affected by breast and gynaecological cancers.

Choices has been innovative in the implementation of services both in the Australian and global contexts, with its development based on and reflecting the philosophy of providing a therapeutic environment with a holistic focus whilst respecting the needs of patients and supporters. This understanding now extends to people affected by all cancers.

Whilst clinical support and appropriate information are essential, so is the benefit of sharing the lived experience when provided in an empathetic and competent manner. One of the strengths of Choices which distinguishes it from other programs is its strong commitment to the value of expert peer support as part of the clinical team. There are few examples of these roles melding in an equal partnership, and deliberate strategies have been implemented acknowledging this.

Choices' unique blend of support to people affected by cancer includes a specialist cancer nurse as manager alongside a team including registered nurses, complementary therapists, experts on peer support, and peer-support volunteers. It is backed by surgical, oncological, and allied health services provided by the Wesley Hospital in Brisbane, which has enabled patient navigation and survivorship concerns to be more easily managed with support accessible from diagnosis and beyond.

Choices' volunteers, who are all women with a personal history of cancer, are highly valued and integral to the team. All volunteers

are initially interviewed to assess their suitability and undergo training to assist them in undertaking specific roles. They are often the first faces visitors see when they walk in the door and their training ensures visitors feel safe and welcome. They also assist with daily administrative activities, help organise appointments for programs, manage the wig and turban service, help with community awareness and fundraising events, and, importantly, provide one-on-one peer support when required.

When people connect with Choices they are able to access a variety of support services such as: assistance making important decisions about surgery and treatment; connection with nurses specialising in cancer and women's health and well-being; support groups to bring together those who share similar personal experiences; one-on-one peer support; complementary therapies to promote well-being and improve quality of life; rehabilitation exercise classes to help improve mobility and strength; assistance to manage treatment and side effects; and advice about broader life-related topics including stress management, sexuality and fertility issues, survivorship, menopause, exercise, and nutrition.

Undertaking research and ensuring that evidence-based practice is fundamental to Choices' programs is also a key focus. The Women's Wellness After Cancer Program is one such example, initiated utilising focus groups and research leader-

ship through Choices. It has been tested across the country and is now being introduced into many other support centres and translated to encompass other cultures.

A relatively recent addition is the inclusion of a breast form and bra-fitting service staffed by an accredited and trained fitter. Sometimes just being able to see the range of lingerie and possibilities available can bring hope and optimism to those recently diagnosed.

Choices also recognises that people in rural and regional Australia face many extra difficulties as a result of their relative isolation from city centres and major medical facilities. Having to travel to city centres with the resulting considerable financial burden and the absence of local family support are added stresses borne by these families. To help ease some of this distress, Choices travels to these areas to provide workshops which bring together the communities and local health professionals whilst introducing them to important connections for support and information through Choices.

All services offered by Choices are free and available to all people affected by cancer, not only Wesley Hospital patients. Consequently, one of the difficulties for a centre such as this is to continue to be innovative and sustainable in a setting where there are not only other centres emerging but where social media and online facilities pose challenges.

People in health care: who makes up your comprehensive cancer care team?

National Cancer Institute, USA



Istock

Most cancer patients have a team of health care providers who work together to help them. This team may include doctors, nurses, social workers, pharmacists, dietitians, and other people in health care. Chances are that you will never see all of these people at the same time. In fact, there may be health care providers on your team who you never meet.

Doctors

While most people have two or more doctors, chances are you will see one doctor most often. This doctor is the leader of your treatment team, who will meet and work closely with all of your health care providers. It's important to let your doctor know how you're feeling so your team can figure out whether you're getting better or worse, decide if other drugs or treatments are needed, and ensure that you get the extra support you need.

Nurses

Most likely, you will see nurses more often than other people on your treatment team. Besides giving medical care, nurses can answer questions, and offer hope and support. They may also suggest ways to talk with family and friends about your feelings. Nurses work with all other health care providers on your treatment team.

Pharmacists

Pharmacists not only fill your prescriptions but also teach you about the drugs you're taking (proper usage, side effects, foods to avoid, and warnings about sun exposure and the dangers of mixing drugs).

Dietitians

People with cancer often have trouble eating or digesting food. These problems can be a side effect of cancer drugs or treatments. Dietitians can help by teaching you about foods that are healthy, taste good, and are easy to eat.

Oncology Social Workers

These professionals are trained to counsel you about ways to cope with the emotional and physical issues related to your cancer. They can also tell you about other resources that can help you deal with your cancer, such as community programs and support

materials. In addition, they can connect you with financial, legal, and insurance services in your area.

Psychologists

Psychologists can talk to you and your family about your worries and teach you ways to cope with these feelings and concerns. Let your doctor or nurse know if you want to talk with a psychologist who is trained to help people with cancer. Many social workers can also fill this role.

Psychiatrists

Psychiatrists are medical doctors who diagnose and prescribe drugs for mental and emotional disorders. They can also talk with you about your feelings and help you find the mental health services you need.

Licensed Counselors and Other Mental Health Professionals

Licensed counselors, pastoral care professionals, spiritual leaders, and other mental health professionals also help people deal with their feelings, worries, and concerns. Talk with your doctor or contact your local cancer center to find mental health professionals near you.

Patient Educators

Patient or health educators help you and your family learn more about your cancer by finding information that fits your needs. Patient educators typically run the resource centers in hospitals and treatment centers. They can offer you tools to help you and your family understand your type of cancer, your treatment choices, and side effects. They can also give you tips for living with and beyond your cancer. Ask your doctor or nurse about talking to a patient educator.

Occupational Therapists

Occupational therapists can help you regain,

develop, and build skills that are important for day-to-day living. They can help you relearn how to do daily activities, such as bathing, dressing, or feeding yourself, after cancer treatment.

Physical Therapists

Physical therapists are trained to understand how different parts of your body work together. They can teach you about proper exercises and body motions that can help you gain strength and move better after treatment. They can also advise you about proper postures that help prevent injuries.

Speech Therapists

Speech therapists can evaluate and treat any speech, language, or swallowing problems you may have after treatment.

<https://www.cancer.gov/about-cancer/managing-care/services/providers>

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**MOST CANCER PATIENTS
HAVE A TEAM OF HEALTH
CARE PROVIDERS WHO
WORK TOGETHER TO
HELP THEM.**

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The elephant in my arm: warring with lymphedema – the breast cancer secret

By Rama Sivaram, Advisor, Health Educator and Lymphedema Therapist, Nag Foundation and Deccan Clinic

AND

Ashwini Tripathi, Volunteer Rehabilitation Therapist, Nag Foundation and Deccan Clinic
Pune, India



Ashwini Tripathi working with a patient.

Lymphedema is a collection of lymphatic fluid that causes painful swelling in the arms or legs. It can be caused when lymph nodes are removed in connection with cancer treatment. Lymphedema in one or both arms is a common side effect in breast cancer patients who undergo the removal of lymph nodes or are treated with radiation therapy.

In India, lymphedema is the most underserved condition in the continuum of cancer care, with minimal or no dedicated services. The poor state of affairs reflects lack of awareness and apathy. Patients need to be informed that lymphedema is connected to circulation and daily passage of lymphatic fluid, which they will now need to move through their own conscious effort. It cannot be cured but can be managed on a day-to-day basis. Although this sounds disheartening, it nevertheless must be made clear. There is a need to emphasize that patients can manage and maintain quality of life with lymphedema. The key to controlling and managing the condition is to “listen” to the arm’s signals, insist on early intervention, and adopt and adapt to necessary lifestyle changes.

As someone who ritually manages my own lymphedema, I cannot remain silent with respect to this breast cancer secret. I currently work with Nag Foundation’s counselling and rehabilitation program for cancer patients with my young colleague, Ashwini Tripathi, also a survivor, to educate women in Pune, India about the risk of developing lymphedema and the steps they must take to manage it. Over the years, we have identified the following issues and

factors that may be major deterrents to lymphedema management:

- **Lack of preparedness and lack of protocols.** Institutional protocols are limited to diagnostics and treatment of the cancer, with insufficient attention paid to lingering side effects such as lymphedema. They lack pre- and post-operative counselling, awareness campaigns, and arm-care guidelines. Rehabilitation services do not always cover occupational therapy to address lymphedema.
- **Overcrowded outpatient departments and busy doctors.** Outpatient departments are typically large, crowded, rushed, and far from comforting. The focus is on immediate concerns such as routine post-operative follow ups, tumor markers, images, blood work, and hormone therapies. Lymphedema is in the periphery of breast cancer management until a woman shows up with an over-sized or painful arm or range of motion issues.
- **Communication gaps and overload.** Even when lymphedema is addressed by health care professionals, the advice given is often insufficient or not clear enough to educate the patient as to exactly which exercises are beneficial for



lymphatic draining and which exercise are contraindicated. In addition, patients may seek out unqualified massage therapists who do more harm than good, or may use compression sleeves that are not appropriate to their needs.

- **Compliance and adherence issues.** Management of lymphedema is time-consuming and never ending, and women often have to travel far for treatment. All too often they are unwilling or unable to commit the time and expense required for proper management.
- **Sparse services, high costs, and other barriers.** There are many physiotherapists in India but very few lymphedema therapists. Physiotherapy facilities are restricted to therapy for orthopedic, cardiopulmonary, neurological, sports, and any mechanical injuries affecting daily functions. They are not the mainstay of lymphedema management. With respect to compression garments, it is difficult to find good quality ones and they are often overpriced. The restrictive nature, functional compression, and elasticity of the garment’s material, combined with India’s climate, make them uncomfortable to wear.



Rama Sivaram working with a patient.

• **Attitudes and perception.** The patient often believes that her oncologist is responsible for all aspects of her on-going cancer care, including lymphedema, and when the oncologist is not proactive in addressing the condition she assumes no action is required. In truth, it is up to the patient to assume responsibility for her arm care and quality of life. Failure to assume this responsibility may stem from ingrained gender-specific attitudes about ignoring one's own self-care.

How can we address such issues? Many factors affect management of lymphedema with an optimal outcome. Those involved with the Nag Foundation's program believe that all breast care centers should have rehab protocols and guidelines in place to address managing lymphedema, along with the other counselling services they offer. We have found that the following steps lead to improved lymphedema management by patients:

• **Education.** Breast cancer patients should receive a non-threatening education on breast and arm care along with counselling and an opportunity for Q and A.

• **Protocol inclusion.** Breast cancer centers should begin educating patients about lymphedema starting at the first visit.

• **Patient profile.** Medical histories gathered from patients and tests conducted should be expanded to gather information on the patient's possible predisposition to develop lymphedema.

• **Rehabilitation.** This should consist of a combination of exercises, such as breathing, range of motion, flexibility, and stretching exercises, as well as yoga and strength training. It should incorporate supportive interventions like decongestive and simple manual lymphatic drainage, pneumatic compression, and compression garments. Diet and nutrition and lifestyle counselling should be incorporated for some women.

• **Identifying types.** Special attention should be paid to women in the following situations, as they may require individually tailored management:

• *Women with advanced disease and/ or other medical conditions that cause lymphedema, as opposed to women who are dealing only with lymphedema.*

Women with advanced disease and certain other medical conditions are not candidates for manual lymphatic drainage, so other medical interventions must be used.

• *Women from outlying areas, as opposed to women who live in the city.* Women who live far from where rehabilitation is offered should be taught to use compression sleeves or bandages, which can be done by video conferencing over mobile phones. They should also be provided with exercise leaflets, a list of do's and don'ts, flare-up instructions, and follow-up guidelines.

• *Women who do physical work, as opposed to sedentary women.* Women who do physical work should be given compression sleeves or night-time bandages and exercise leaflets as a matter of course. If necessary, do-able lifestyle changes should be recommended.

• *Women with pain, as opposed to women with no pain.* Women with pain and any active symptoms such as redness or infection should be referred to the oncologist for anti-biotic and anti-inflammatory medication and assessment for deep vein thrombosis. No intervention should be attempted until the patient is medically ready.

• *Women who cannot afford to pay, as opposed to those who can.* Often the women who cannot afford to pay are the same women who cannot travel from outlying areas for treatment because of lack of money. These women should be taught exercises, given the take-home leaflets, and taught simple manual drainage. Unfortunately, these cases usually fall through the cracks.

India is an example of a low/middle income country. Health care service delivery depends on institutional objectives and services and, except in major comprehensive cancer care centers, lymphedema management is not a priority. Until this changes, the solution lies with non-profit cancer groups and organizations working with or intimately connected to cancer. In Pune, the Nag Foundation has been instrumental in facilitating rehabilitation and lymphedema management in the Oncology Department and Breast Care Center at the

Jahangir Hospital. The Deccan Clinic, run by a group of 7 leading onco-surgeons, also offers lymphedema management delivered by survivors and advocates. It is important that every aspect of cancer in the continuum of care be addressed. We have learned that collaboration with others with differing expertise is necessary. In the case of breast cancer survivorship, particularly in those dealing with lymphedema, we have found that incorporating the shared experience and fellowship of survivors and volunteers improves quality of life. It adds a personal connection that facilitates listening and understanding.

Acknowledgements:



Dr. Shona Nag
Chairperson of the Nag Foundation and Maharashtra Oncology Group and Medical Oncologist, Jahangir Hospital, Pune



Dr Anupama Mane
Breast Surgeon, Director of Nag Foundation and Head of Breast Care Center, Jahangir Hospital and Deccan Clinic, Pune

An overview of comprehensive cancer care in India

By Rama Sivaram, Advisor, Health Educator and Lymphedema Therapist,
Nag Foundation and Deccan Clinic

I run pillar to post for everything; I am tired. By the time treatment is over I shall have no money, no support, no tears, and no emotions. My personal journey is full of fears, upheavals, and moments of hope, but my hospital experience fills me with anger and futility because of poor logistics, accessibility, availability, and affordability. I cannot afford a scan; I run to a charitable diagnostic service. I need radiation; I am referred to another center. I need answers to my questions and fears; there are few to answer me and alleviate my fears. Overall, it is a roller coaster and I die a little death inside of myself.



Rama Sivaram

This soliloquy reflects a patient's microcosmic needs: access to care, respect for her whole person, and assurance of optimal treatment and quality of life. These needs are the *raison d'être* for the rise of comprehensive oncology centers, or one-stop cancer care. Research highlights the need for better healthcare delivery systems, state-of-the-art technologies, basic and translational research, clinical trials, twinning collaborations and guidelines for minimal and maximal care, and investment in public health. This is a macrocosmic world view.

Defining comprehensive oncology centers is relative in different parts of the world. India falls within in the ambit of low/middle income countries. Like all countries with emerging national economies (including Brazil, Russia, India, China, and South Africa), there are glaring disparities in health care. Public expenditure on health is about 1.2% of the gross domestic product, which is amongst the lowest in the world. Private institutions operate from minimal to maximal and enhanced levels of care, and approximately 85% of health care spending is out-of-pocket. Cancer is not only the most expensive disease but also a nexus that drives treatment. Added burdens are trade-related intellectual property rights, which make drugs that are still *in patent* simply unaffordable. Patients go without treatment or get compromised treatment.

Today, India has 27 regional cancer centers and 140 cancer institutions registered under the National Cancer Grid. There is a National Cancer Registry Program under the Indian Council of Medical Research which continuously updates the Cancer Atlas of India with hospital-based cancer registries and population-based cancer registries.

Our comprehensive regional cancer centers use the "under one umbrella" approach, meaning one-stop cancer care with clinical management, clinical services, and core services. The advantages of this approach include: governmental support; good training, education and research; employment opportunities; and infrastructure management. At a macro level, the national registry, diagnostic technology, tumour boards, and multidisciplinary care ensures that continuity of care is preserved. The available sample population contributes to a vast repository of cancer epidemiology and research and provides a training ground for oncologists and other health professionals. The esteemed stature in which these centers are held provides motivation for commitment, dedication, and service. The standard operating procedures are streamlined and evidence based clinical protocols are in use. Changes in regulatory environment, though a challenge, provide opportunity to continue with and use of generic drug formulations and basic translational research. Opportunities exist for public/private partnership between the government, educational institutions, and pharmaceutical industry that can drive research and development and enable drug discovery, clinical trials, patents, and intellectual property rights. Patients within reach of the centers receive all required services under one roof, since diagnosis and treatment are the main goals. Overall, comprehensive cancer centers with long term objectives become centers of excellence. In order best to serve the people, systems, costs, discipline, and domain expertise must all be in place. Comprehensive cancer centers promise hope for patients and can make a difference.

The disadvantages are that these centers are in major cities. It is difficult for patients from rural areas to access them, and the centers often cannot cope with influxes of rural patients. Another reality is that, while there is no intended indifference, large systems are impersonal and scary to already frightened patients and caregivers. While the goals of cancer management are the same, the expansive scope and spaces of these Centers, other than those designated for diagnostics and treatment, are not of immediate concern to the general population because they lack awareness of the larger organizational goals and vision.

This is where the patient voice comes in. A redefinition of one-stop cancer care from the patient/caregiver perspective is also very important. The soliloquy at the start of this article exemplifies the many dimensions in the cancer journey. It is about whole-person and patient-centered care – a place where the patient feels safe and sure that all her psycho-social, counselling, clinical, health and nutrition, educational, financial, and supportive care needs can be satisfactorily addressed from the moment of diagnosis into survivorship. She simply wants accessible, affordable, and available care, with a humane touch. This is possible in smaller cancer institutions registered under the National Cancer Grid, which could, with twinning collaboration with the regional centers, become the point of care. In low/middle income countries, one-stop cancer care for the patient is that one familiar place where her needs are addressed at her microcosmic level. If the point of care is there with her in every aspect of her journey, half the battle is won.

Orchids Breast Health Center: a model for comprehensive breast cancer care

By **Laleh Busheri**, CEO, Prashanti Cancer Care Mission
Pune, India



Need caption

Ranking the second most populous country in the world with a population of approximately 1.32 billion, India has over 3 million people living with cancer. It has the third highest number of cancer cases among women, following China and the US. With more than a million new cases of cancer being diagnosed here each year, it is alarming that India has only 250 comprehensive care centers, with a majority of them located in urban areas.

Such comprehensive oncology centers are dedicated to and focused on all aspects of cancer ranging from cancer diagnosis, treatment, research, prevention and control, and outreach programs, thus ensuring that the activities are patient-centric.

Breast cancer is the most common cancer in Indian women, accounting for 27% of all cancers in women according to data compiled in 2012 by the National Cancer Registry Program of India. About 150,000 new cases are diagnosed every year, and half of those patients succumb to the disease within five years. India has the dubious distinction of having the highest incident-to-mortality conversion in the world, attributed to lack of awareness about symptoms, late stage at diagnosis, and poor treatment outcomes. The average age at diagnosis is about 45, compared to an average age of 65 in western countries. Approximately 1 in 22 Indian women will develop breast cancer at some point. Interestingly, breast cancer is twice as prevalent in urban women than their rural counterparts. This is generally attributed to an urban lifestyle characterized by delayed marriages, use of oral contraceptives and hormone replacement therapies, delayed pregnancies, bottle feeding rather than breast feeding, sedentary and stress-filled work habits, adoption of a western diet, and obesity. Given the growing breast cancer burden in urban India, there is a prescient need to establish comprehensive breast cancer care centers.

Until recent years, the city of Pune had no comprehensive breast center of excellence. It was not uncommon for patients to undergo unnecessary surgery, even mastectomy, and surgical biopsies were frequently used when less invasive

procedures could have been utilized. That changed in 2009 with the establishment of Orchid Breast Health Center (OBHC). OBHC is an initiative of Prashanti Cancer Care Mission, a non-profit, non-governmental organization working in Pune which provides free or affordable diagnostic procedures, medical treatment (including surgery, chemotherapy, and radiation therapy), patient support, and rehabilitation to cancer patients and their families from various social and financial strata.

Over the years, OBHC has established an advanced diagnostic department with a variety of sophisticated technological methodologies for diagnosing breast cancer. These include full-field digital mammography 3D tomosynthesis, which is quick and painless and, because the breast can be viewed three-dimensionally, improves the quality of the image to the extent that breast cancers can often be detected at stage 0. OBHC is also equipped with an automated breast volume scanner which is useful in detecting cancers in women with dense breasts, a common characteristic among Indian women. Breast ultrasonography is used to identify very small breast lesions, especially those that cannot be detected by physical examination. Furthermore, OBHC utilizes cutting-edge non-invasive biopsy techniques such as vacuum-assisted biopsy, mammotome biopsy, and stereotactic biopsy.

OBHC is renowned for its oncoplastic breast reconstruction surgical technique. Dr. Chaitanyanand B. Koppiker, an internationally-renowned breast oncoplastic surgeon and the Medical Director of OBHC, has pioneered several oncoplastic surgery techniques with a focus on better cosmetic results after removal of the tumor. In association with the University of East Anglia, UK, Dr. Koppiker is

spearheading a three-year training program for Asian breast surgeons.

OBHC is also equipped with a fully-functional chemotherapy day care center, where patients can arrive in the morning and go home after 5 hours or so, thus not needing hospitalization. Because the ambience is warm and home-like, patients feel more comfortable and relaxed than they might in a hospital setting. The on-site pharmacy provides drugs either free of cost or at a reduced price to patients who could not otherwise afford them. This has benefitted thousands of patients by allowing them to obtain life-saving treatment and medication.

OBHC understands the need for proper counseling and nutrition in order for patients to recover quickly and fully. Diet and nutrition experts are available to counsel patients who undergo various treatments at the clinic. OBHC has also established Pink Ribbon Club, a breast cancer support group, in Pune. In addition to group meetings, Pink Ribbon Club organizes breast cancer marathons, educational symposiums that raise awareness, and free clinical breast examinations. OBHC's genetic clinic offers a multi-disciplinary program designed to identify, counsel, and manage women at high risk for hereditary breast and ovarian cancer. OBHC's research team is currently focusing on triple negative breast cancer, an aggressive form of the disease that is significantly more prevalent in Indian women than western women.

OBHC's has made tremendous progress in bringing much-needed clinical expertise and state-of-the-art facilities to breast cancer patients in Pune. It is hoped that the center will serve as a model for the creation of similar comprehensive breast cancer care centers throughout India.

Comprehensive breast cancer care in Ghana

By Abena Ofosuah Addai, M.D.

Ghana



The author, Dr. Abena Ofosuah Addai (right), and her mother, Dr. Beatrice Wiafe Addai.

Introduction:

I am a young Ghanaian resident doctor. My name is Abena and I want to be a surgeon even though some of my professors and supervisors, both men and women, have told me bluntly that surgery isn't for women. I never listen to them because my mother is an amazing surgeon, and I tell them that. When caring women go out of their way tell me that I can't have a family and children and also be a surgeon, I tell them that my surgeon mother is married and has five children, including four with medical doctorate degrees!

My mum almost didn't go into surgery because so many people warned her not to. She was brave enough to ignore their advice and now she is the first female general surgeon in Ghana and an exceptional breast surgeon. It is because of her that I want to be a surgeon! The obstacles I face in school are not nearly as great as those she faced. That is why I printed out her medical school transcript and wrote my grades next to hers, to make sure I did just as well or better.

Working toward one-stop breast cancer care

Dr. Beatrice Wiafe Addai is my mother and founder of the Peace and Love Hospitals in Ghana. I am writing to highlight that comprehensive cancer care is different depending on where it is based. The concept of a one-stop cancer care center must be modified to suit the community of people it serves in order to be most effective. The Peace and Love Hospitals provide specialized cancer care for breast cancer patients. Even though we do not have our own radiotherapy unit, our patients are referred for radiotherapy to complement their treatment. Our breast cancer survivorship association is strong and pretty cool, too! One activity popular with the association is the Dress Campaign project, in which fabrics with African prints are purchased and made into traditional clothing. Survivors don the garments and participate in make-up and photo sessions.

The first Dress Campaign project was held last year and it is expected to become an annual event.

We are still working on a complete one-stop cancer care center, and our special ingredient is Breast Care International (BCI). The not-for-profit twin of the Peace and Love Hospitals since 2002 has been going to villages, communities, churches, mosques, durbars, and more on weekends to give breast cancer health talks with Q&A and do free clinical breast examinations. On some weekdays, it does the same at workplaces, universities, and senior and junior high schools. There is always at least one survivor on our trips who shares their story after the health talk. BCI has been organizing the BCI Ghana Walk for the Cure annually since 2011, and last year we had 40,000 women walking with us including the Honorable First Lady of Ghana. This was the first time a First Lady joined the walk. We recently launched our *1Ghc to save a breast and a life* project to provide free transportation, diagnostic costs, treatment, and rehabilitation to our breast cancer patients.

The Peace and Love Hospitals work more effectively with the help of BCI because there are a lot of myths and misconceptions about breast cancer and treatment in Ghana, especially regarding chemotherapy and mastectomy, and a hospital is not a woman's first point of call for ANY changes in her breasts, even when she notices the

change! Because BCI and our survivors are willing to come out and share their stories, the Peace and Love Survivors' Association now has over 800 women and men with a strong survivors' babies association!



Survivorship association members Reheema Quaije, Joyce Aidoo, Alhjai, Vivian Gyasi Sarfo, and Olubunmi.



The 2017 BCI Ghana Walk for the Cure. This year's walk will take place on October 27 in Tamale, capital of Ghana's Northern Region.

Cancer support in the land of chocolate and cheese

By **Natasha Scott**, *Communications Coordinator,*
English Speaking Cancer Association (ESCA) Cancer Support
Geneva, Switzerland



Need Caption



In Switzerland, the number of new breast cancer cases each year exceeds 5000. In Geneva, a French-speaking part of Switzerland, women diagnosed with breast cancer receive care in breast cancer centres where a liaison nurse, an *infirmière référente*, works closely with them during treatment. In many cases, particularly true for hospitals like the *Hôpital Universitaire de Genève*, a case manager oversees a coherent program that involves nurses, surgeons, oncologist, radiologists, physical therapists, and social workers to facilitate the flow of information and provide a reassuring and compassionate environment for the patient. For practical purposes, this collaboration can improve the efficiency and reduce the inconvenience that might otherwise occur in a system where multiple and disconnected departments try to meet the holistic needs of one person. But cancer affects everyone differently. A one-stop cancer care centre cannot provide for the needs of all patients, as in the case of the English-speaking community in Geneva.

Home to a large international community, Geneva has several non-profit associations that offer exceptional services to people facing cancer. Unfortunately, these services fall short of providing support for the many residents who are more comfortable speaking English. Patients living abroad and diagnosed with cancer can feel isolated, finding it difficult to ask questions and navigate medical terminology. For women with breast cancer, it can be particularly challenging to receive emotional support, unable to adequately express in a foreign language what they are feeling.

To meet the needs of this community, an association now known as ESCA CancerSupport was initiated in 2000 by an American expatriate. Run mainly by volunteers and depending entirely on

donations, ESCA CancerSupport started as a small group that met in a local bookstore and evolved into a multiservice organization that now provides counselling, peer support, and informational seminars to patients and caregivers. For women with breast cancer, there is a Bosom Pals group with specialized fitness classes, workshops, and an organized monthly coffee session. It's a place where women who know what it is like to have breast cancer can gather and be understood.

Finding services in English for people facing a cancer diagnosis is challenging. ESCA CancerSupport is there to ensure supportive, non-judgemental, and confidential services exist for those in need. You can find out more at www.cancersupport.ch.

Patient-centred care to be the focus of the 3rd South East Asia Breast Cancer Symposium

By Cheng Har Yip, MD
Malaysia

The Health and Medicine Division (previously known as the Institute of Medicine) of the National Academies of Sciences, Engineering, and Medicine, a U.S. based non-profit organization, defines patient-centred care as: “Providing care that is respectful of, and responsive to, individual patient preferences, needs and values, and ensuring that patient values guide all clinical decisions.” The success of patient-centred care depends on the physician’s ability to: elicit the patients’ concerns; consider the patients’ psychosocial needs; and involve the patient in the decision-making process. Patient satisfaction is improved when physicians incorporate patient-centred behaviours into their care. To do this, good communication between healthcare professionals and patients is essential. Patient-reported outcome measures have thus become the focus of research, and the main outcomes most patients desire are improvement in survival followed by quality of life.

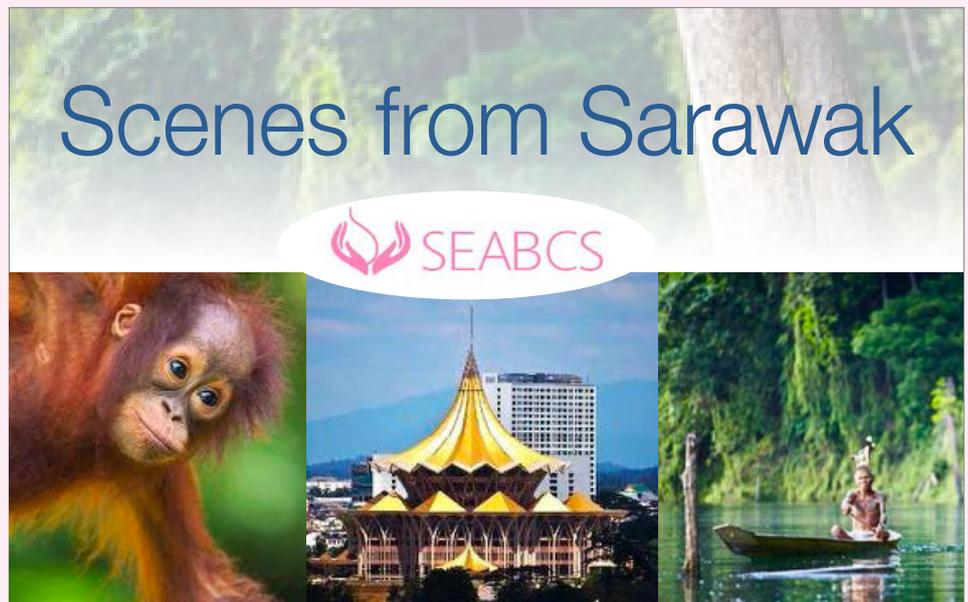
While breast cancer patients are generally happy with the information they receive related to treatment, they are less satisfied with information provided about long-term physical, psychological, and social consequences of the disease and its treatments. Patients are also concerned about the financial impact of breast cancer on their families, especially in countries where universal health care is not available. The Association of Southeast Asian Nations’ Costs in Oncology Study (ACTION study), which began in 2011, showed that by the end of one year, 48% of cancer patients experienced financial catastrophe, defined as spending 30% of the household income on out-of-pocket payments for cancer care. In order to examine this situation further, the theme of the upcoming 3rd South East Asia Breast Cancer Symposium, which will be held in Kuching, Sarawak, Malaysia on 3-5 August 2018, will be Patient-Centred Care.

The symposium is being organised under the auspices of Breast Cancer Welfare Association, Malaysia, Global Focus on Cancer in the USA, and Shwe Young Hnin Si Cancer Foundation, Myanmar, with co-chairs Ranjit Kaur, Carolyn Taylor, and Rose Htun. It will focus on issues related to breast cancer care in the region and will cater to an audience of breast cancer survivors, advocates, and health care professionals, as well as policy-makers. There will be preconference workshops

on Patient Communication and Disparities in Breast Cancer Outcomes on the 3rd of August, while the main conference on the 4th of August will feature lectures and symposia on the financial impact of breast cancer, issues with survivorship (including returning to work), and sociocultural issues in South East Asia, where barriers to early detection seem to occur at the individual level, possibly due to belief in traditional medicine and cancer fatalism. On the 5th of August, there will be a workshop on a

toolkit for advanced breast cancer, which is a common presentation in South East Asia, as well as a workshop on breast care nursing. A workshop on breast surgery for general surgeons will also be held on the 5th of August since, due to the lack of breast surgeons in South East Asia, most breast surgeries are performed by general surgeons.

For more information or to register for the conference, visit www.seabcs2018.org.



A conference preview from Prague

By Alliance of Women with Breast Cancer

Prague, Czech Republic



On behalf of the Alliance of Women with Breast Cancer, it is an honour for us to invite you to participate in the 19th Reach to Recovery International Breast Cancer Support Conference in Prague. The conference will take place from 12-15 June 2019.

It is a great responsibility for our patient community to have the opportunity to organize this conference. The event will bring together patients and medical professionals from around the world to address the needs of women with breast cancer. Delegates will be invited to discuss important themes such as breast cancer in young women, body image after breast cancer, metastatic breast cancer, and psychological aspects of dealing with breast cancer. In addition, we're planning a number of opportunities to network, socialize, and share best practices.

We have prepared a very special event for the end of the conference. Prague will be hosting its 19th Avon Walk on 15 June 2019. We hope you will register to participate with us in one of the largest breast cancer awareness walks in the world and feel the power of the support of thousands of participants. To register for the walk, just stop by the Avon booth in the conference exhibition area and purchase a pink Avon Walk T-shirt!

Please visit our website, www.reachtotherecovery2019.org, for specific details about the conference program and activities. We are now accepting early-bird registrations, and you can review the registration guidelines here. (www.reachtotherecovery2019.org/registration-guidelines.htm). The Call for Abstracts has just been issued, and you can learn how to submit an abstract to deliver an

oral or poster presentation here. (www.reachtotherecovery2019.org/abstract-submission-guidelines.htm). To create an account and complete your registration and/or submit an abstract, click here. (www.czech-in.org/cmPortalV15/Account/Login?ReturnUrl=%2FcmPortalV15%2FPortal%2FRRI19%2Fnormal).

The capital city of the Czech Republic is poetically considered to be the heart of the European continent. Its history is deeply rooted in every building and you can feel the city's cultural spirit in every step. Different architectural styles have been preserved throughout wars and the years of the communist era, providing visitors with valuable insight into past images of Prague. As visitors travel along the Vltava River, they are taken on an historical rollercoaster ranging from the Prague Castle, which is the city's largest historical complex, to the Dancing House, on the other side of the river, which represents the city's modern contemporary architecture. However, Prague is not only a city of historical monuments but also a city for living, where culture is an integral part of all things. It is not surprising to find that it has been a source of inspiration for many famous Prague residents and personalities, such as Einstein, Kafka, Mozart, and van Beethoven.

Today, many years on from the Velvet Revolution, Prague has established itself as the meeting point of the East and West.

The city is now host to multiple scientific conferences and cultural events and is well recognised as one of the top 10 event destinations worldwide.

For more information, visit www.praguewelcome.cz

“ THE CAPITAL CITY OF THE CZECH REPUBLIC IS POETICALLY CONSIDERED TO BE THE HEART OF THE EUROPEAN CONTINENT. ”

5 things not to miss in Prague



Be Enchanted by Old Town Square

It's like stepping inside a fairy-tale picture book. The square seems especially huge because of the contrast with the narrow streets leading into it. But size alone is not what makes the square so impressive. This task is accomplished by the remarkable architecture enclosing the space. Highlights are the Old Town Hall, with the world's oldest working Astronomical Clock on its tower, and the Týn and St. Nicholas Churches.



Hike up to Prague Castle

From its hilltop perch the Prague Castle looms over the city. It has been home to Kings of Bohemia, Holy Roman Emperors, and presidents of both Czechoslovakia and the Czech Republic since the first fortress was constructed here in the year 870. Prague Castle remains the seat of the head of the state and there is a noticeable military and security presence.



Cross the Charles Bridge

More than just a bridge, it's a history lesson, a performance venue, a shopping centre, and a place of supernatural phenomenon. From the earliest days of Prague, this bridge across the Vltava River has been the focal point of the city. King Vladislaus II built the first bridge in 1170. In 1342, when the original structure was washed away in a flood, King Charles IV replaced it with the version that stands today.

Eat Lots of Delicious Dumplings. If you would like to try typical Czech cuisine you should order some dumplings – Sví ková na smetan (beef sirloin in cream sauce with vegetables and herbs) served with dumplings, Vep o-knedlo-zelo (roast pork with dumplings and sauerkraut), or sweet dessert dumplings with fruits and whipped cream.

Have one of the Best Beers in Europe. Prague is the best city in Europe for beer lovers. This may sound outlandish at first, as other European capitals certainly might offer a greater variety. However, in Prague good beer — and often amazingly good beer — is on just about every corner. It's a culture that needs to be experienced to be understood.

We hope that you will enjoy the 19th Reach to Recovery International Breast Cancer Support Conference in Prague and that your interaction with your colleagues from many different countries will stimulate a creative exchange of ideas and will be personally rewarding.

We look forward to welcoming you in Prague!

Spotlight on:
Malaysia!

Reach to Recovery training session, 16-18 April 2018

Breast Cancer Welfare Association Malaysia (BCWA)

They were 3 days of intense training for a group of breast cancer survivors who were keen to gain knowledge and skills in providing psychosocial support to breast cancer patients using the Reach to Recovery guidelines. Conducted by trainer and BCWA President Ranjit Kaur, the training session included a combination of presentations, group discussions, and role play. The session kicked off with a talk by Oncoplastic Breast Surgeon, Dr See Mee Hoong, from University Malaya Medical Centre who gave an overview of the breast cancer situation globally as well as in Malaysia and briefed attendees on a number of topics including the risks faced by different groups of individuals, screening techniques, treatment options, and side effects.

Throughout the training, participants were encouraged to be interactive while gaining new knowledge and guidelines on how to give support to patients. The attendees practised how to communicate with patients using appropriate listening skills and giving tips on managing life after breast cancer. They also learned the meaning of non-verbal skills and body language when supporting the patient.

The training session is based on the guidelines of Reach to Recovery International of which BCWA is a member. RRI aims to improve the quality of life for women with breast cancer and their families by nurturing volunteer peer support and promoting other services to meet their needs.

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TO PATIENTS.
”



Fully focussed during role play



Role play practice session in progress



Participants posing with Dr See and Ranjit (standing, 6th & 7th from the right)

Facing cancer one step at a time!

Martina Nicholson, Breast Health Foundation, Public Relations South Africa

Spotlight on: South Africa!



Need caption



On 4 February 2018, around 5000 people commemorated World Cancer Day at the first annual *One Step At A Time Cancer Warrior Walk* that took place at the Johannesburg Zoo. The Breast Health Foundation (BHF), which organized the event, encouraged all of those who wished to pledge their support for World Cancer Day to participate in the event.

The BHF aims to educate the public on breast cancer and breast health, increase awareness of the disease, and empower women. The aim of the *One Step at a Time Cancer Warrior Walk* was to pay homage to, and express solidarity with, 'Cancer Warriors,' who are people who are fighting or have fought cancer. As Louise Turner, Chief Operations Officer of the BHF, explains: "World Cancer Day is the ideal opportunity to raise awareness around this disease. It is for this reason that we partner with the [Cancer Alliance](#) — a group of cancer control and advocate non-profit organisations which Breast Health Foundation is a member of — in the hosting of this walk."

According to Turner, "The One Step at a Time" initiative came out of an undertaking in which five breast cancer survivors

trekked to Everest Base Camp in 2016. The five women showed a warrior spirit during the trek and demonstrated the triumph of the human spirit." She adds that the BHF advocates wellness and the event highlights the important role that exercise can play in supporting long-term health. Walking is an ideal form of exercise that can be enjoyed by the survivors, their families and supporters, she observed.

Turner credits the generosity of long-standing supporters of the BHF, such as Netcare, Universal Healthcare, CompCare Wellness Medical Scheme, Lancet Laboratories, and Medipost Pharmacy for making the event possible. She also thanks Netcare 911 for providing emergency medical services support for the event. After the walk, attendees were able to enjoy the Wellness Village, which included

an array of exhibitors such as Cancer Alliance members and product and service providers that prioritise cancer as a disease and healthy living.

The BHF intends to make the *One Step At A Time Cancer Warrior Walk* an annual World Cancer Day event. [Save the date 3 Feb 2019](#) for the 2nd annual *One Step At A Time Cancer Warrior Walk* and Wellness Village. For more information on BHF events, you can follow it on social media.

facebook.com/BreastHealthFoundation

twitter.com/BreastBhf

instagram.com/breasthealthfoundationsa

linkedin.com/company/breast-health-foundation

mybreast.org.za

Spotlight on:
Portugal!

Defence is the best attack!

Portuguese Cancer League, Vencer e Viver
Portugal



VENCER
e VIVER



Movimento Vencer e Viver (Win and Live Movement) of the Portuguese Cancer League partnered with the Portuguese Professional Football League to launch the “Defence is the Best Attack” campaign during the last week of October. In keeping with the tradition of “Pink October” awareness and prevention activities, the main goal of this campaign was to raise awareness about breast cancer among the general public. The organisers believe that the collaboration between cancer advocates and the male-dominated league added emphasis to the importance of the cause.

During the week of the campaign, each of the league’s games began with the players, the referees, and two women breast cancer survivors entering the football field wearing pink T-shirts printed with the campaign contents and logos. The volunteers were also invited to watch those matches thanks to free admission tickets provided by the football clubs involved.

Carolina Negreiros, the Movimento Vencer e Viver National Coordinator, said that these kinds of campaigns expand the reach of breast cancer prevention and early detection initiatives.

Spotlight on:
UAE!



أصدقاء مرضى السرطان
Friends Of Cancer Patients
United Arab Emirates - الإمارات العربية المتحدة



القافلة الوردية
Pink Caravan



Pink Caravan was recently awarded with “Sharjah Government Communication Award” under the “Best Practices in Social Responsibility in the UAE” category, we would like to extend our appreciation to all of our ambassadors and strategic partners as well as everyone that supported our great efforts which contributed to this great accomplishment

Reem Binkaram
Chairperson
Higher Steering Committee
Pink Caravan

Traditional dishes from Malaysia brought to you by Dato' Chef Ismail & Breast Cancer Welfare Association Malaysia (BCWA)

Dato' Chef Ismail Ahmad, popularly known as Chef Ismail, is one of Malaysia's top 10 chefs. A very sociable and passionate man, he believes in the old fashioned way of cooking and preserving the Malay heritage cuisine. The following dishes will give you a taste of Malaysia!

Global Kitchen



Chef Ismail posing at his restaurant "Rebung" in Kuala Lumpur

Acar Jelatah (Cucumber & Pineapple Salad)

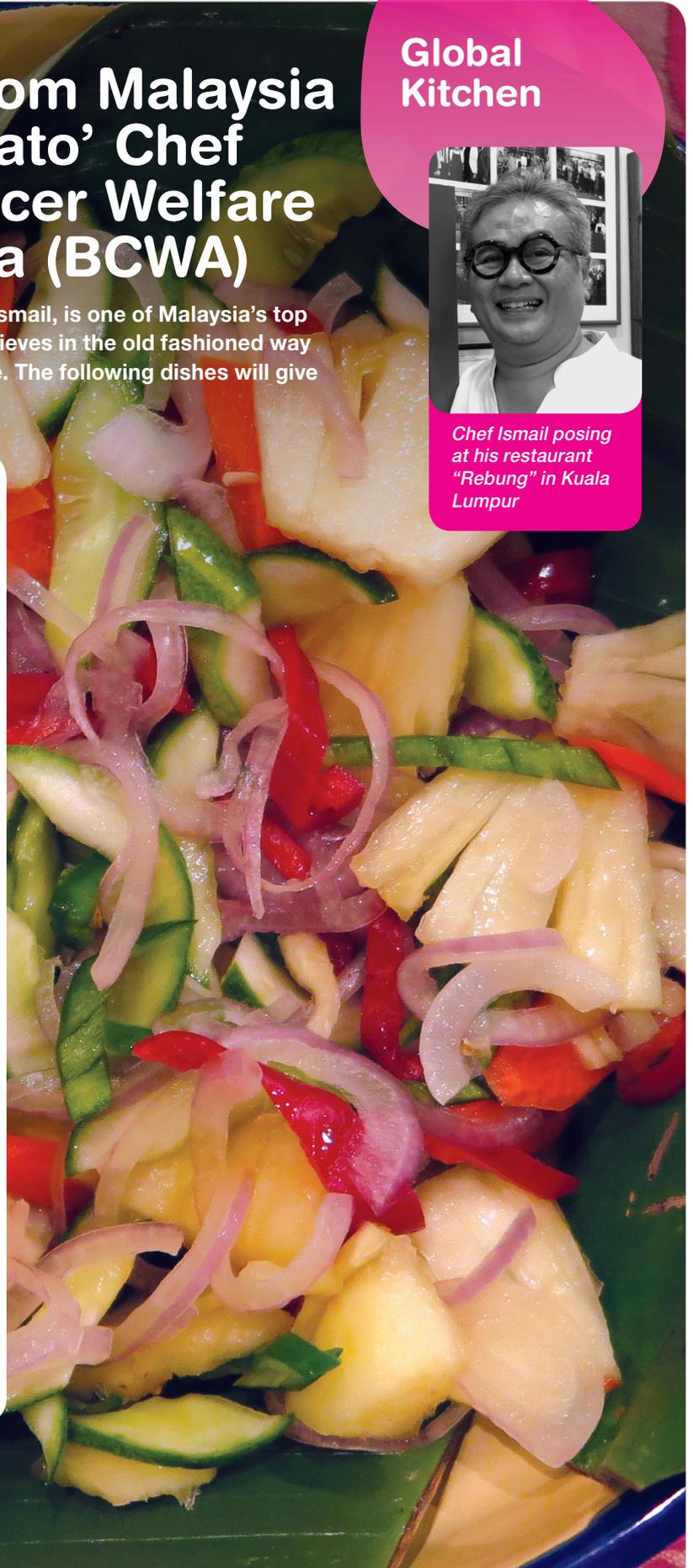
A refreshing sweet and sour tangy salad, a perfect side to a main dish.

Ingredients:

1 green cucumber	50 gm peanuts - fried and pounded finely (optional)
½ pineapple	
2 red chillies	½ tsp salt
1 onion	3 tbsp sugar (or according to taste)
2 tbsp vinegar	

Directions:

1. Cut peeled cucumber lengthwise into two and slice thinly.
2. Skin the pineapple and remove its eyes. Cut lengthwise into six pieces and remove the pith from each piece. Slice thinly.
3. Slice onion and red chillies thinly.
4. Mix ingredients thoroughly.
5. Add vinegar, sugar, salt, and pounded peanuts. Mix well.
6. Serve at room temperature or chilled.



Cucur Bawang

(Onion Fritters)

A traditional snack in Malaysia.

Ingredients:

500 gm plain flour	3 onions - cut into small cubes
2 eggs	
2 tsp baking powder	1 tbsp sugar
50 gm cabbage - finely sliced	½ tsp salt
50 gm chives - cut into 0.5 cm in length	Water
	Cooking oil

Directions:

1. Add flour with eggs, baking powder, cabbage, chives and onions in a bowl. Mix well.
2. Pour water and stir. Make sure the batter is neither too thick nor runny.
3. Season with salt and sugar.
4. Heat oil in a wok and spoon some batter into the hot oil.
5. Deep fry until golden brown. Repeat the frying process until the batter is used up.
6. Serve with chilli sauce and tomato sauce.

Note: For different flavours, add small shrimp which have been chopped or anchovies.

