bloom

ISSUE 37 DECEMBER 2023

REACH TO RECOVERY INTERNATIONAL

Reach to Recovery International (RRI)
RRI is committed to improving the quality of life of individuals affected by breast cancer and their families.

REACH TO RECOVERY INTERNATIONAL

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

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Our mission

Reach to Recovery International's mission is to:

- Unite organisations throughout the world which support individuals affected by breast cancer, including their families, in order to share ideas and best practices;
- Disseminate valuable information to support individuals affected by breast cancer throughout the world via bi-annual conferences, our website, our e-newsletter, and other forms of worldwide communications; and
- Assist our Member Organisations in achieving their goals of:
  - Improving the quality of life of individuals affected by breast cancer,
  - Providing psychosocial support to individuals affected by breast cancer, either through group meetings or activities or one-on-one peer support provided by carefully trained survivor volunteers,
  - Advocating on behalf of individuals affected by breast cancer,
  - Providing patient navigation to individuals affected by breast cancer.

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

Email your theme suggestions to info@reachtorecoveryinternational.org. A theme will be chosen by February 2024. Regardless of whether your suggested theme is chosen this time, it will remain under consideration for future editions.

SUBMIT YOUR ARTICLE

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Bloom is published by Reach to Recovery International, Inc. The views expressed in Bloom's articles are those of the authors and do not necessarily reflect the views of RRI. For more information about RRI, go to *www.reachtorecoveryinternational.org*.

Celebrate the work being done by your organisation's volunteers!

Do your organisation's volunteers do outstanding work to support those touched by breast cancer in your community? Bloom wants to hear all about it! Send us articles about the projects your volunteers are working on, and be sure to include high resolution photos. Articles should be 200 - 400 words long and should be sent in Word format to info@reachtorecoveryinternational.org. It's a great way to thank your volunteers for a job well done, and to raise awareness about your organisation!

Upcoming events:

WATCH THIS SPACE! More Reach to Recovery International webinars are being planned for 2024. RRI webinars add opportunities to learn and collaborate in order to make a difference for those affected by breast cancer around the world.

14th European Breast Cancer Conference

20-20 March 2024
Milan, Italy
https://event.eortc.org/ebcc14/landing-page

ESMO Breast Cancer 2024

15-17 May 2024
Berlin, Germany
(on site and online through a dedicated virtual platform)
https://www.esmo.org/meeting-calendar/esmo-breast-cancer-2024

World Cancer Congress

17-19 September 2023
Geneva, Switzerland
https://www.worldcancercongress.org

CLICK HERE
to watch the video

The other victims of Advanced Breast Cancer

The ABC Global Alliance has launched a new campaign inspired by numerous real-life stories. The goal is to draw attention to the often-overlooked victims of advanced breast cancer: partners, children, parents, and other loved ones of ABC/mBC patients. When people don't receive adequate treatment, the impact is significant. Discover how you can contribute to ensuring that everyone receives the treatment they rightfully deserve. Join us in being the catalyst for change. #actABC.

Reach to Recovery International is calling for applications to qualify to bid to host the next RRI Breast Cancer Support Conference!

Learn! Share! Collaborate! Interested in hosting a **Reach to Recovery International Breast Cancer Support Conference**? Now that travel is becoming safer, we are optimistic that we can safely gather together again soon.

Face-to-face RRI Conferences bring a vast global community together – women and men personally affected by breast cancer, including patients, caregivers, doctors, nurses, allied health professionals, advocates, volunteers, and many more.

The benefits for organisations and communities are many! RRI Conferences promote networking, awareness and advocacy, volunteerism, capacity building, and even tourism, and they foster international friendships that last a lifetime.

If your breast cancer support organisation is interested in hosting a Conference, please click here for more information.

Email: info@reachtorecoveryinternational.org

Message from Leonie Young

– President of RRI

The theme of this edition of Bloom is *Well-being and breast cancer: Strong bones, strong lives*, and we focus on bone health, particularly in relation to breast cancer and its treatments. We ecourage you to share this edition with your friends, family, and colleagues, regardless of whether they have ever had breast cancer, because we want everyone to benefit from this important information about bone health. The mixture of articles ranges from personal stories to clinical articles with information about cancer treatments to best practices for all individuals to live well and maintain healthy and strong bones.

You may have noticed we have slightly changed the theme from what we asked for in our Call for Submissions, which was *Well-being and breast cancer: Strong bones, strong women.* It is not only strong women we are reaching out to because anyone can be faced with a breast cancer diagnosis and we want to make sure everyone feels included and respected.

In early November I travelled to Lisbon, Portugal to attend the 7th conference of the Advanced Breast Cancer Global Alliance (ABC7). It was the first time I have attended an ABC Global Alliance conference and I hope it won't be the last. The opportunity to network with others, to learn more about other breast cancer networks, and to share with them about RRI was invaluable for our RRI community. Our poster abstract was accepted for presentation and while there I caught up with Past President and RRI Board Member, Ranjit Kaur, who is also a Board Member of the ABC Global Alliance – see the photo proudly showing our poster. Posters are a great way to let people learn about what we do and with over 1,000 delegates we hope many took advantage of this opportunity!

Ranjit and Leonie in Lisbon at the ABC Global Alliance conference.

Global Alliance, is well known to us as one of our webinar and conference presenters, a passionate advocate for people diagnosed with advanced breast cancer, and a strong supporter of RRI. In this edition of Bloom, we feature a powerful new resource of the ABC Global Alliance - *The other victims of Advanced Breast Cancer.* Please click on the link on page 3 to watch the video, and feel free to share the link with your breast cancer network.

As October was Breast Cancer Awareness month, we have some fabulous stories and photos from our members around the world for you to enjoy.

In our efforts to connect with our membership, I have been slowly learning about the breast cancer organisations around the world. I am sure like me, you are involved with other cancer organisations, committees, and networks. Networking is the key to making sure people know about our work and we would love to learn more about your networks, too, so please share with us and help enrich our RRI community.

Unfortunately, we have discovered that some Member Organisations were deleted from our database many years ago when they did not re-apply for membership, as was required by a policy that is no longer in place. We have been made aware that some of these organisations may not be aware of this or are unsure of their membership status. We are asking our members to check membership status because we would hate to lose contact with our valued community. If you know of any organisations that are uncertain, please ask them to contact us or let us know their contact details and we will contact them. Please don't hesitate to contact us if you need more clarification or details about this request.

Finally, it's that time when we reflect on the past year and look to the New Year with both its challenges and inspiration. We look forward to another year of hope and connection through our RRI community in 2024. Aristotle said "*Hope is a waking dream,*" and we wish you the best of dreams.

“
NETWORKING IS THE KEY TO MAKING SURE PEOPLE KNOW ABOUT OUR WORK AND WE WOULD LOVE TO LEARN MORE ABOUT YOUR NETWORKS, TOO, SO PLEASE SHARE WITH US AND HELP ENRICH OUR RRI COMMUNITY.
”

News from ABC7

A patient advocate perspective from the ABC7 International Consensus Conference

Isabelle Aloi-Timeus, *Salvati Foundation and Secretary of the ABC Global Alliance General Assembly*
Mexico

Isabelle Aloi-Timeus

Healing, saving lives and offering a good quality of life to patients is the major task of the multidisciplinary breast team.

For this reason, at Advanced Breast Cancer International Consensus Conferences we work together in a large multidisciplinary team, which not only includes health professionals but also patients. During the 7th Advanced Breast Cancer International Consensus Conference (ABC7), which took place in Lisbon from 9 to 11 November 2023, the topics discussed in the patient advocacy sessions were of great importance.

Integrative medicine is becoming more present every day, as patients are always looking for solutions to feel better. Having an expert in integrative medicine is very important to understand complementary treatments and their interaction with all other medications, especially anti-cancer therapies.

So far, there are no guidelines regarding the interaction of supplements and other complementary therapies with anti-cancer treatments. It is crucial that physicians and nurses are open to discuss with patients about complementary treatments and it is also fundamental that patients disclose to their healthcare team everything they are taking, confirming if no interactions exist. We must look for personalized medicine complemented with a holistic vision.

Oncological physiotherapy is highly recommended although there are not yet many studies dedicated to patients with metastatic breast cancer.

Within this multidisciplinary team, physiotherapy, **nutrition** and **emotional support**, always specialized in cancer, are important factors that can help improve the patients' quality of life, reducing the side effects and consequences of the disease.

Patients should be guided to specialists on these matters before the side effects or disability already exists.

The physical therapist specialized in oncology can apply exercises in all stages of cancer. Exercise programs should be personalized to tolerance, aiming for improved well-being, and more studies are needed specifically for patients with ABC.

Another issue of great importance is assertive doctor-patient communication. Explaining life expectancy and prognosis goes beyond clinical parameters and is a difficult cultural issue.

It is important that healthcare professionals have special training on how to inform about diagnosis and prognosis, as well as end-of-life discussions. Shared decision making can only occur if the patient and the family receive appropriate information and have a good understanding regarding the prognosis and therapeutic options.

Communication with the family is also often complicated, which is why the patient is the one who must decide how the doctor should carry out this communication and with which members of the family. However, this issue is also very different from culture to culture.

Oncology nurses have a crucial and indispensable role since they are often the first point of contact for the patient and family and they spend a lot more time with patients than physicians do. Unfortunately, in many countries there is a lack of training and specialization for nurses in the area of oncology and even more so in what concerns the needs of patients with advanced/metastatic cancers. There are good examples of advanced education programs for nurses in some countries that could be replicated or adapted in other countries.

Finally, empowering patients to learn more about their treatments and participate in an advocacy program is a great help. Well-informed patients will have better treatments and therefore better results.

Advanced Breast Cancer International Consensus Conference (ABC7)

> **"HEALING, SAVING LIVES AND OFFERING A GOOD QUALITY OF LIFE TO PATIENTS IS THE MAJOR TASK OF THE MULTIDISCIPLINARY BREAST TEAM."**

Aromatase inhibitors and bone loss

Amanda Mamholtz, APRN, C.N.P., D.N.P.
Mayo Clinic, USA

Amanda Mamholtz, APRN, C.N.P., D.N.P

It is estimated that approximately 80% of breast cancers are hormone-receptor positive. In these patients with estrogen receptor positive disease, therapies that reduce estrogen levels in the body are standardly recommended and are a key component of their cancer treatment.

Because hormone-receptor positive breast cancers rely on estrogen to grow, post-menopausal patients are often prescribed an aromatase inhibitor (AI) as an adjuvant treatment to block estrogen production further, often lowering the amount of estrogen in the body by over 90%. Aromatase is an enzyme that aids in the synthesis of estrogen. Once a woman is post-menopausal, aromatase levels drop significantly thus drastically reducing the amount of estrogen in the body. Aromatase can also be found in various other areas within the post-menopausal human body including the skin, bone, blood vessels, adipose tissue, and brain.

While the exact mechanism by which estrogen impacts bone health is unknown, it is understood that it plays a vital role in bone remodeling. Therefore, AI therapy and the subsequent low estrogen levels are associated with loss of bone mass and increased risk of bone fracture. Hence, early assessment of bone mineral density and fracture risk are important to consider in patients starting treatment with an AI.

It is recommended by both the American Society of Clinical Oncology and the Belgian Bone Club that women starting AIs undergo a fracture risk assessment comprised of a history and physical examination along with a bone mineral density scan. Clinicians should assess for clinical risk factors for bone fracture independent of bone mineral density including advancing age, history of prior fracture, glucocorticoid therapy, parental history of hip fracture, low body weight, current cigarette smoking, excessive alcohol consumption, rheumatoid arthritis, and secondary osteoporosis. Clinical risk factors and bone mineral density readings can then be used to estimate a patient's 10-year risk of hip and major osteoporotic fracture using the Fracture Risk Assessment Tool (FRAX). Additionally, in women who are found to have low bone mass (T-score of -2.5 or less), it is important to consider laboratory evaluation to aid in identifying secondary causes of osteoporosis or potential deficiencies in calcium, vitamin D, or phosphorus. Once a thorough baseline bone health evaluation is completed, it is vital to discuss and implement a plan for preventing and treating AI-induced bone loss.

> **“WHILE THE EXACT MECHANISM BY WHICH ESTROGEN IMPACTS BONE HEALTH IS UNKNOWN, IT IS UNDERSTOOD THAT IT PLAYS A VITAL ROLE IN BONE REMODELING.”**

Strategies for preventing and treating AI-induced bone loss consist of both pharmacologic and nonpharmacologic recommendations including lifestyle and nutritional modifications. The International Osteoporosis Foundation recommends that individuals exercise for 30 to 40 minutes three to four times each week. These sessions should include some weight-bearing and resistance exercises to promote healthy bones. Simple yet beneficial weight-bearing exercises include walking, jogging, yoga, pilates, and climbing stairs. Moreover, patients who smoke cigarettes or consume alcohol regularly should be encouraged to drastically reduce or quit altogether. Last, it is recommended that women on AIs supplement both calcium and vitamin D. Specifically, adequate calcium supplementation includes 1200 mg of elemental calcium (upper level of 2000 mg) and 800 to 1000 iu of vitamin D3.

For those post-menopausal women on an AI and identified as being at high risk for a fracture, pharmacologic therapies aimed at preserving bone mineral density should be considered. These patients would include those with osteoporosis (T-score ≤ -2.5) and those with T-scores between 1.0 and -2.5 who have risks other than being on an AI. While data is limited regarding their effect on fracture rates in this patient population, several studies have supported the use of bisphosphonates and denosumab to maintain bone density.

Because bisphosphonates are effective, affordable for most, and have demonstrated long-term safety data, they are often considered first-line over denosumab. Bisphosphonates can be administered both orally and intravenously (IV). Oral bisphosphonates, such as risedronate or alendronate, should be taken first thing in the morning on an empty stomach with at least 240 mL of water to maximize absorption; after taking, the patient should not have food, drink, medications, or supplements for at least one half-hour. It is also recommended that patients remain upright for at least 30 minutes after taking the medication to lessen the risk of reflux. For those patients who cannot tolerate

or who have difficulty with oral dosing, IV bisphosphonates are an alternative option. Zoledronic acid 5 mg can be infused yearly while ibandronate is administered every 3 months. It is important to mention that patients must have adequate renal function prior to receiving IV bisphosphonates as there have been isolated reports of renal impairment and acute renal failure after zoledronic acid administration. Other uncommon side effects include hypocalcemia, osteonecrosis of the jaw, atypical femoral fractures, and atrial fibrillation.

In women who do not tolerate or do not respond to bisphosphonates, Denosumab should be considered. Denosumab has been shown to increase bone mineral density and reduce the risk of bone fractures in post-menopausal women on adjuvant AI therapy. Typical dosing of denosumab is 60 mg administered subcutaneously in the upper arm, thigh, or abdomen once every six months. Importantly, once denosumab is discontinued in a patient taking AI therapy, they are at an increased risk of multiple vertebral fractures. Thus, it is highly recommended that they begin treatment with a bisphosphonate immediately after denosumab is discontinued. Side effects of denosumab include fatigue, eczema, cellulitis, and flatulence.

To best evaluate response to pharmacologic therapies, bone mineral density should be evaluated at baseline and every two years thereafter. In those women who are not candidates for therapy, bone mineral density should be measured every one to two years.

In summary, AIs are often a significant element of adjuvant endocrine therapy in post-menopausal women with estrogen-receptor positive breast cancer. It is crucial to understand that estrogen deficiency results in increased bone resorption, rapid bone loss, and increased risk for fracture. Therefore, it is important to evaluate the risk of fracture and make appropriate recommendations to maintain bone integrity and health.

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Breast cancer and osteoporosis

Breast Cancer Now, *UK*

Learn about osteoporosis and breast cancer, including what it is, what causes it and how breast cancer treatments can affect bone health.

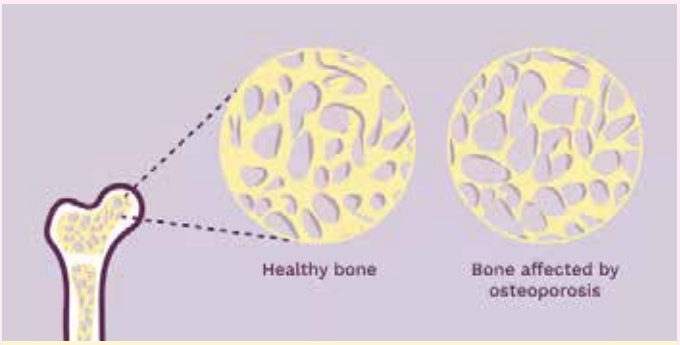
1. What is osteoporosis?

Osteoporosis is a condition where your bones lose their strength and thickness (density).

This leads to bones becoming weaker and more likely to break (fracture).

Bones have a thick outer shell and a strong inner mesh filled with collagen {protein), calcium salts and other minerals. The inside looks Like a honeycomb, with blood vessels and bone marrow in the spaces between.

Osteoporosis means some of the outside and inside of the bone become thin. Sometimes the structure starts to break down causing wider spaces, and bones can fracture easily with Little or no force.



An illustration showing the inside of a healthy bone compared to a bone affected by osteoporosis.

Generally, osteoporosis causes no pain or symptoms, so often a person will not realise they have the condition until a fracture happens. The most common sites for a fracture are the wrist, hip and back (spine).

Although osteoporosis cannot be cured, treatments are available to try to keep the bones strong and less likely to fracture.

2. What causes osteoporosis?

Your risk of getting osteoporosis is increased by:.

- Getting older
- Lower oestrogen levels
- Other factors such as your family and medical history

Age

Our bones increase in density and strength until we reach our late 20s. Around the age of 35 we start to lose bone density as part of the natural ageing process. This happens gradually over time, but is much more significant for women after the menopause.

Low oestrogen levels

The hormone oestrogen protects against bone loss and helps to keep bones strong. Women who have gone through the menopause are at increased risk of osteoporosis and fractures because their ovaries no longer produce oestrogen, although small amounts of oestrogen are still produced by fat cells.

Women may also have low levels of oestrogen because of

- An early natural menopause (before the age of 45)
- An oophorectomy (surgical removal of the ovaries)
- Treatment for cancer (such as chemotherapy hormone therapy or ovarian suppression)
- Eating disorders such as anorexia nervosa or bulimia

Other risk factors for osteoporosis and fractures include:

- A family history of osteoporosis or hip fractures
- Previous wrist, back (spine) or hip fracture that was not caused by injury
- Previous fracture after a fall from standing height or less (this may be a sign that the bones are weaker)
- Medical conditions such as Crohn's disease, coeliac disease, ulcerative colitis, overactive thyroid (hyperthyroidism) and diabetes
- Medication (usually long-term use) including corticosteroid tablets (for conditions such as arthritis and asthma) and anticonvulsants (for conditions such as epilepsy)
- Some antidepressants
- Conditions that leave you immobile for a long time
- Low body weight

Certain lifestyle factors can make you more likely to have low bone density.

These include regularly drinking more than the recommended amount of alcohol, smoking, or a diet that is low in calcium and vitamin D.

Click here to learn more.

3. Breast cancer treatments and bone health

Some breast cancer treatments can lower bone density and increase the risk of osteoporosis and fractures in both premenopausal women (women who have not gone through the

menopause) and postmenopausal women (women who have gone through the menopause).

The likelihood of developing osteoporosis and having fractures will also depend on how healthy your bones were before your breast cancer treatment.

Treatments include:

- Chemotherapy
- Ovarian suppression
- Aromatase inhibitors
- Tamoxifen

Chemotherapy

Chemotherapy can affect the ovaries, causing an early menopause in some women. This means less oestrogen is produced, which can reduce bone density.

Women aged 45 or under whose periods have stopped for at least a year as a result of treatment may also be at risk of osteoporosis, even if their periods restart.

Some research has shown that postmenopausal women who have chemotherapy may have greater loss of bone density than they would have had without chemotherapy.

Ovarian suppression

Ovarian suppression is when the ovaries are stopped from working (suppressed), either temporarily or permanently. This means there is less oestrogen in the body to help the cancer to grow. However. having less oestrogen in the body can also reduce bone density.

Tamoxifen

Tamoxifen blocks the effects of oestrogen on cancer cells.

Tamoxifen may slightly increase the risk of osteoporosis for premenopausal women. This is unlikely to lead to osteoporosis unless ovarian suppression is given as well. However, your risk may be higher if you're 45 or under and your periods have stopped for at leasts a year.

In postmenopausal women, taking tamoxifen slows down bone loss and can reduce the risk of osteoporosis.

Aromatase inhibitors

Aromatase inhibitors (such as anastrozole, exemestane and letrozole) reduce the amount of oestrogen made in the body, which can reduce bone density and cause fractures.

They are usually used to treat breast cancer in postmenopausal women, but some premenopausal women take aromatase inhibitors at the same time as having ovarian suppression. Having these two treatments together can reduce bone density.

4. What is a DEXA scan and do I need one?

If your treatment team is concerned about your risk of developing osteoporosis and fractures, they may suggest a DEXA (dual energy x-ray absorptiometry) scan or DXA scan to check your bone strength before you start treatment.

The DEXA scan measures bone mineral density (BMD). BMD is the amount of calcium and other minerals in an area of bone and is a measurement of bone strength. The lower your BMD, the more likely osteoporosis will be diagnosed.

A DEXA scan uses a very small amount of radiation and is quick and painless. While you are lying down, an open x-ray scanner will pass over your body taking pictures of your hips and sometimes lower spine. Your results will include a T score. The T score measures how your BMD compares to a range of young healthy adults with average BMD.

The BMD score ranges:

- T score above -1 is normal
- T score between -1 and -2.5 is classified as osteopenia (see below)
- T score at or below -2.5 is defined as osteoporosis

Find out more about DEXA scans on the Royal Osteoporosis Society website.

If you are found to have osteoporosis, you will be advised about any appropriate drug treatment. You will also be given guidance on any changes to your diet or lifestyle that may be helpful.

Follow-up DEXA scans may be repeated after 2 to 5 years for some people. However, if you are taking an osteoporosis drug treatment and having no side effects and you have not had any fractures while taking it, then it is likely that the drug is working, and you will not need regular DEXA scans.

Your treatment team may follow guidance produced by NICE (National Institute for Health and Care Excellence) when deciding if you need a DEXA scan. However, this only applies to England. Assessment and treatment may be different in Wales, Scotland or Northern Ireland, your treatment team can tell you more about this.

5. What is osteopenia?

Some people's results from the DEXA scan may show they have decreased bone density, but not enough to be classed as osteoporosis. This is called osteopenia.

If you have osteopenia, you may have a higher risk of fractures and some people will go on to develop osteoporosis. However, osteopenia does not always lead to osteoporosis. Osteopenia does not usually have any symptoms.

If you have osteopenia with no other risk factors you will be given advice about changes you can make to your lifestyle, such as diet and exercise. You may also be advised to stop or cut down smoking and limit your alcohol intake. You won't usually need treatment.

If you have osteopenia and you are also taking an aromatase inhibitor you may be given treatment to reduce your risk of fracture. Your doctor will discuss this with you.

6. What is my fracture risk?

Research has shown that your risk of breaking a bone (fracture risk) can be assessed by including other risk factors. For example:

- Your age
- Family history of hip fractures
- Whether you have had a fracture in the past

When assessing your fracture risk, your doctor will take these factors into account as well as your BMD score. They may use an online fracture risk assessment took such as FRAX or Ofracture to predict your risk of fracture over a period of time and help decide if you need treatment. These tools are designed for the general population and do not take into account breast cancer treatment.

You can read more about having a DEXA scan, the FRAX and Ofracture online assessment tools on the Royal Osteoporosis Society website and the NHS.

Some people are more at risk of fractures than others. The lifestyle changes mentioned below can reduce your risk.

Many fractures are the result of having a fall. If you are over 65 there is a self-assessment test to check if you are at risk of falling on the NHS website. You can discuss the result of this test and how best to manage your risk with your GP.

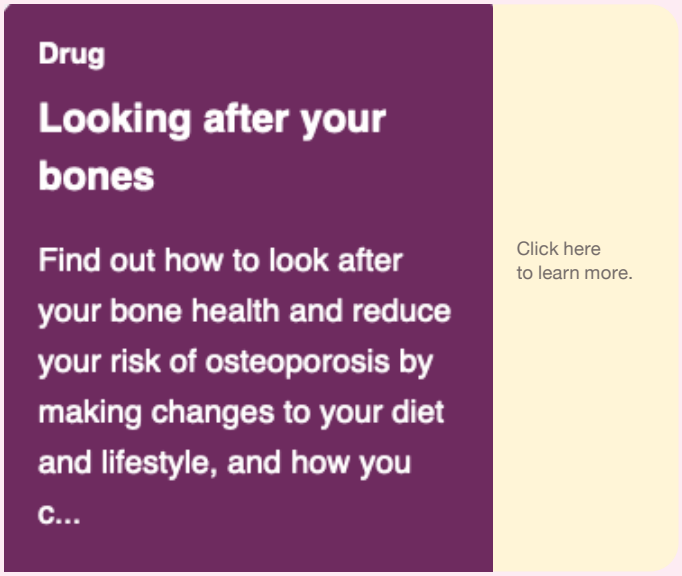
You can read their guide Get up and go – a guide to staying steady.

A cancer centre based in the US has also produced an online educational tool to promote bone health in people who have bee treated for breast cancer.

7. Can osteoporosis be prevented or treated?

There are a range of ways to present and reduce further bone loss:

1. Lifestyle changes to look after your bones
2. Supplements
3. Biophosphates
4. Denosumab
5. Raloxifene
6. Teriparatide



Although osteoporosis cannot be cured, treatments are available to try to stop the bones losing more bone density and to make them less likely to fracture. You will be advised about any appropriate drug treatment and its possible side effects. The Royal Osteoporosis Society has more information on drugs to prevent and treat osteoporosis.

Supplements

Your GP may recommend a calcium and vitamin D supplement. You may be prescribed a tablet that contains both, such as Adcal D3.

Bisphosphonates

Bisphosphonates are usually given to people who have had breast cancer to treat osteoporosis. This includes alendronate, zoledronic acid, risedronate and ibandronate.

Bisphosphonates help strengthen your bones and reduce your risk of fractures. They can be given as a tablet or as an injection into the vein. They may also be prescribed to protect your bones if you're taking an aromatase inhibitor (such as exemestane, letrozole or anatrozolw. Bisphosphonates may be used as a treatment to reduce the risk of primary breast cancer spreading. They are also given as a treatment for secondary breast cancer in the bone. This is not the same as having osteoporosis.

Denosumab

Denosumab is a drug that may be recommended to reduce the risk of fractures. It is given as an injection twice a year and slows down bone loss in osteoporosis. It's a treatment for postmenopausal women who are unable to take certain bisphosphonates.

Raloxifene

Raloxifene is given for the prevention and treatment of osteoporosis in postmenopausal women. Raloxifene is only prescribed for women who have had breast cancer after they have completed their breast cancer treatment.

Teriparatide

Teriparatide is also prescribed for osteoporosis but is usually only recommended if you are unable have bisphosphonates or denosumab. It may be suggested if you have a very high risk of fracture, particularly of the spine.

8. Further support

You can visit our online forum for emotional and practical support.

Women and bone health: A broad perspective

Rama Sivaram, *Consultant, KEM Hospital Research Centre;*
Faculty, Sanjeevani -- Life Beyond Cancer
Pune, India

Rama Sivaram

Just as we have learnt that simply being a woman puts us all at a greater risk for breast cancer, the same is true for osteoporosis. Women tend to have smaller and thinner bones than men and, because of hormone changes brought on by menopause, they are at greater risk of developing osteoporosis than men. To have strong bones and be strong women, we need to understand bone health in the individual context and over the span of a lifetime. It is very important to understand optimal bone health in a holistic and whole-person approach.

Bone health describes the condition and strength of bones and is linked to and maintained by an adequate nutritional supply of calcium, phosphorus, and vitamin D, which can prevent bone diseases and fractures by helping our skeletal bones maintain peak bone mass, structure, and function. The supply of these minerals and vitamins must come from nutritional sources and sunlight.

Factors not in our control: There are factors not within our control which affect our bone health. Some of these are: the natural aging and degenerative process, genetics and family history of osteoporosis or hip fractures, menopause (especially early menopause), primary thyroid issues including hyper-parathyroid, diabetes (DM1), gestational diabetes, and medical conditions like irritable bowel syndrome, and some autoimmune diseases. These are major risk factors for loss of bone density and strength that can lead to different types of bone diseases and conditions. The treatment and management of these conditions can usually be achieved with lifestyle changes and, if necessary, medications.

Management of bone loss and bone diseases in factors not in our control: Rest assured there are many types of drug therapies for bone disorders like osteopenia and osteoporosis which your oncologist or specialist will carefully evaluate and prescribe for you. There are medications called antiresorptive agents (bisphosphonates, estrogen, raloxifene, bisphosphonates selective estrogen receptor modulators (SERMs), and calcitonin) which prevent bones from breaking down, thereby reducing bone loss. There are also drugs called anabolic agents (teriparatide) which stimulate and build new bone. Patients with hypothryrodism may be prescribed levothyroxine to regulate thyroid function. It is important for these patients to have their thyroid function monitored regularly, at least every 6 – 12 months, to make sure their thyroxine levels are not excessive which could contribute to bone loss. Along with prescribed medications, lifestyle changes like over-the-counter supplements, a healthy diet and nutrition, exercising, and moderate activity are recommended.

Factors within our control: Some factors that affect bone health are – or need to be – in our control. These include: low calcium intake; vitamin D deficiency; sedentary lifestyles, alcohol consumption, smoking and tobacco consumption, and the overuse of medications such as antacids, anticonvulsants, anti-depressants, and steroids. Also, unfortunately, in some cultures female children are still deprived of foods such as milk that help build healthy bones and set them up to be healthy adults.

Some of the more common lifestyle ailments are malnutrition (which is both undernutrition and overnutrition, causing an imbalance of what our body needs and what we feed it) and diabetes (DM2), where the body has higher than normal blood sugar and therefore cannot make or effectively use its own insulin. Research shows that lifestyle factors like being inactive, consuming more calories than needed, improper carb/protein/fat ratio, and obesity are the major contributors to DM2.

Breast cancer and bone health: Unfortunately, many breast cancers are fuelled by estrogen. Despite the protective effect estrogen has on bone health, it may be necessary to block its effect on the whole body. The very treatments used to fight estrogen-receptive positive breast cancer therefore can lead to bone loss. These treatments include oophorectomy (surgical removal of the ovaries), chemotherapy, and hormone therapy. Hormone therapies such as aromatase inhibitors, which include letrozole (Femara), anastrozole (Arimidex) and exemestane (Aromasin) are used routinely in the management of hormone-receptor positive breast cancer to prevent the cancer from coming back. However, they come with some side effects including joint pain, bone loss, and osteoporosis. These are unavoidable because the primary goal of oncologists is to stop the cancer and prevent recurrence. Occasionally, doctors make the decision to stop prescribing these medications for some women because the side-effects are unmanageable for them. It is not recommended, however, that people make the decision to stop these medications without their doctor's knowledge and supervision.

Management to improve and optimize bone health: Oncologists and other

specialists always keep in mind the potential side effects of both drugs and disease. They have a list of diagnostic tests, medications, and counsellors to instruct women on how to maintain bone strength, density and integrity overall. The physician/oncologist may prescribe a combination of drugs for both breast cancer treatment related bone conditions and other co-morbid conditions. Sadly, not all countries and cultures have the good fortune to be able to provide this optimal care.

Screen for bone mineral density (BMD): Screening can be done to evaluate your bone strength both before treatment begins and beyond. A DEXA (dual energy x-ray absorptiometry) scan or DXA scan measures the amount of calcium and other minerals in the bones. The lower the BMD, the greater the risk of osteoporosis. The test score will help guide your doctor in recommending appropriate treatments and strategies to manage and maintain bone health.

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Taking care of your bones after breast cancer


Sandi Hayes

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Bone health influences general health. Bones are strong but flexible. They support movement and protect vital organs. During adulthood bones are constantly rebuilding, replacing and repairing, with some cells (osteoclasts) breaking down bone, while other cells (osteoblasts) build new bone. In the absence of disease, from about 25 to 50 years of age, bones break down and rebuild at a similar rate. However, after about 50 years of age, bones start to break down at a faster rate than they can rebuild, leading to bone loss. For women, the onset of menopause typically marks the start of a period of rapid bone loss. This is because at menopause, circulating oestrogen drops and oestrogen acts by inhibiting osteoclast activity and supporting osteoblast activity.

While not all breast cancer treatments reduce bone density, treatments that reduce oestrogen or stop it from working can adversely influence bone health. For example, aromatase inhibitors (a type of hormone therapy) directly suppress circulating oestrogen, while chemotherapy, hormone therapy or surgery can trigger early onset menopause. When this happens bone density can reduce and risk of bone fracture, osteopenia and osteoporosis increases.

Bone loss through breast cancer treatment can be further exacerbated by low levels and/or declines in participation in physical activity. This is because when bones are loaded through physical activity, bone resorbing activity reduces, while bone building activity increases. Unfortunately, the majority of people post-breast cancer experience declines in their physical activity levels. Breast cancer deposits in the bone (that is, for those who have stage IV breast cancer in the bone), also weaken bone integrity and increase risk of fracture. Finally, advances in breast cancer treatment mean that people are living longer following a breast cancer diagnosis, and with aging comes bone loss.

Importantly, there are several ways that you can help keep your bones healthy following breast cancer. A balanced diet including dairy products, oily fish and leafy green vegetables, particularly alongside adequate Vitamin D and magnesium support bone health. Alcohol consumption and smoking has been shown to lower bone density, so avoiding these behaviours is recommended for optimising bone health. And then there is participating in regular physical activity…. Weight-bearing activity (that is, any activity that requires you to carry your own body weight; e.g., walking, but particularly weight-bearing impact loading exercise such as jogging, tennis, skipping, jumping from a height) loads the bones while you move and in doing so, stimulates the bone forming osteoblasts. Resistance training exercise (that is, exercise that targets specific muscles or muscle groups; e.g., using free weight, machine weights, therabands) improves your muscular strength and endurance, which in turn supports bones. Also, exercise that works on your balance and coordination is relevant as these exercise types have been shown to reduce your risk of falls.

The potential for exercise to reduce fracture risk and rates of falls following breast cancer contributes to international physical activity guidelines which recommend participating in 150 minutes of physical activity each week plus at least two sessions including resistance exercise. Of note, these recommendations remain relevant even for those who are taking medication to reduce their breast cancer associated bone loss (e.g., bisphosphonates and denosumab). If you are not doing that already, then work your way up to these guidelines over time by starting where you are and progressing from there. Of most importance is that you participate in any type of physical activity consistently and regularly.

“THE POTENTIAL FOR EXERCISE TO REDUCE FRACTURE RISK AND RATES OF FALLS FOLLOWING BREAST CANCER CONTRIBUTES TO INTERNATIONAL PHYSICAL ACTIVITY GUIDELINES WHICH RECOMMEND PARTICIPATING IN 150 MINUTES OF PHYSICAL ACTIVITY EACH WEEK PLUS AT LEAST TWO SESSIONS INCLUDING RESISTANCE EXERCISE.”

Moving forward together: Powering the support of peer mentors to increase physical activity

Dr. Bernardine Pinto

Dr. Madison Kindred

Miss Samantha Onkka

Madison Kindred, PhD / Bernardine M. Pinto, PhD / Samantha Onkka,
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Background

Physical activity is associated with a myriad of physical and mental health benefits for cancer survivors, such as reduced fatigue and improved mood, quality of life, and bone health (Campbell, Winters-Stone et al. 2019). Recognizing the critical role of physical activity, researchers have tested ways to increase the adoption of physical activity among survivors through on-site and home-based approaches. While these programs are successful with increasing physical activity in a research setting, implementing these programs in the community environment remains a challenge.

Dr. Pinto and her research team have focused on the impact of a peer mentor on behavior change, such as moving from a sedentary lifestyle into an active one using a home-based program known as Moving Forward Together. Moving Forward Together is a theoretically based peer mentoring program that encourages physical activity among breast cancer survivors. During the 12-week program, a peer mentor – or "coach" – who has been through a similar cancer experience works with a participant to address barriers to activity, problem-solve ways to be active, and set weekly activity goals. Each coach has been trained by the research staff to implement the program and receives print material to assist with intervention delivery. The overall goal is to help survivors achieve national exercise recommendations for cancer survivors (Campbell et al., 2019) over the 12 weeks.

Moving Forward Together is based on Moving Forward, a study which developed and tested a home-based program aimed to increase physical activity among breast cancer survivors. The survivors received a weekly phone call from a member of the research staff to help them adopt physical activity over 12 weeks (Pinto, Frierson et al. 2005). This study was successful with increasing activity at 3, 6, and 9-months (Pinto, Rabin et al. 2008). The team then aimed at addressing the practicality of the Moving Forward program in the community setting. Dr. Pinto partnered with the American Cancer Society's Reach to Recovery program. Reach to Recovery volunteers, who are all breast cancer survivors trained to provide support to new patients, were trained to deliver the Moving Forward program which was now called Moving Forward Together. Dr. Pinto and the team found success with training the peer mentors/coaches to deliver weekly phone calls to their participants. At the end of the 3-month intervention, participants reported higher levels of physical activity in addition to improved mood, fatigue, and quality of life at 3 and 6 months (Pinto, Rabin et al., 2008). Building on the success of the peer mentoring program in helping survivors adopt physical activity, the team then addressed the challenge of maintaining activity beyond 6 months (Pinto, Dunsiger, et. al., 2022). In this study, all participants underwent the 3-month program in which they spoke with their coach every week for 12-weeks. However, after 12 weeks, the participants either (1) received a monthly phone call from the coach (in addition to self-monitoring their physical activity and providing feedback), (2) received a weekly text/email message from the coach (in addition to self-monitoring their physical activity and providing feedback), or (3) self-monitored their physical activity and provided feedback. These three programs were offered for 6 months. Results showed that those who received weekly text / email messages and those who received a

“MANY OF THE COACHES IN OUR CURRENT TRIAL HAVE STATED THAT THEY APPRECIATE GIVING BACK TO OTHER BREAST CANCER SURVIVORS AND THAT THEIR ROLE AS A COACH HAS ENCOURAGED THEM TO INCREASE THEIR OWN CURRENT PHYSICAL ACTIVITY LEVELS.”

monthly call with their coach did better than the third group in physical activity at 6, 9, and 12-months. This work highlighted how physical activity can be maintained with “light touch” tools such as text/email messages.

Next Steps

Dr. Pinto’s current trial is focused on implementing the Moving Forward Together program in partnership with cancer care organizations using a validated web-based platform. Coaches from 3 cancer care organizations across the United States were recruited. They completed online and virtual training to learn about the theories supporting Moving Forward Together. The coaches were then paired with a participant and delivered the calls through the web-based platform on a weekly basis for 12 weeks. Participants were provided with an activity tracker (Fitbit Inspire 3) to track their activity. The Fitbit data was visible to the coaches on the web-platform and was reviewed with participants during the weekly calls. At the end of the program, coaches and participants were interviewed for feedback on the study. Currently, these data are being analyzed for publication.

Preliminary Feedback from Coaches and Participants

Many of the coaches in our current trial have stated that they appreciate giving back to other breast cancer survivors and that their role as a coach has encouraged them to increase their own current physical activity levels.

“It’s a very positive experience for me. It was also an inspiration for me to continue my own physical health quest and inspired me some days to get up myself and get myself moving”.

“It was a good way for me to meet people and women who, like myself, struggle with health issues and all that other kind of thing. It made me feel better and made me feel good.”

Participants have discussed the value of talking to their coach on a weekly basis. Of note, participants reported accountability, shared experience as cancer survivors, and setting goals were influential in adopting physical activity. Additionally, participants have addressed how the study not only increased their overall physical activity, but it also served to improve their mental health.

“All around the program, just flipped me and said OK, time to change and get fit again. It also changed my attitude; I need to do this for myself and for my husband. My sleep and stamina have improved tremendously.”

“I just love that feeling and there’s not a care in the world. That’s one reason I love walking. I just love it, it’s so peaceful… my mental state has improved so much”

“My coach was a great inspiration to me and the accountability piece was important and she was so understanding. She was so kind, you know, she’d been through breast cancer. I hit the jackpot.”

Moving Forward

Our team continues to identify ways to encourage the adoption and maintenance of physical activity among cancer survivors in the community setting. We are currently reviewing the data of our recently completed study and plan to publish the results soon. Be on the lookout for more information about how Moving Forward Together improves survivors’ recovery!

Acknowledgment

Funding for this work was provided by the National Cancer Institute (Grant No. CA 75452, Moving Forward) (Grant No. CA 183849, MFT3) (Grant No. CA 242745, MFT4), and the Lance Armstrong Foundation (Moving Forward Together). We also wish to thank the American Cancer Society’s Reach to Recovery program for its help with coach recruitment.

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Bone health and breast cancer: Initiatives in an Indian Context

Laleh Busheri

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

One of the prominent side effects of breast cancer treatment is the heightened risk of bone-related problems. Hormone receptor-positive breast cancer treatment, specifically with aromatase inhibitors (a form of hormone/endocrine therapy), can accelerate bone loss and increase the risk of fractures, and prolonged medication can even lead to osteoporosis. Moreover, chemotherapy, particularly in premenopausal women, can induce early menopause, further exacerbating bone density loss. Arthralgias and myalgias, discomforts that often arise from chemotherapy or adjuvant endocrine therapy, can also affect bone health. Protecting bone health and relieving these effects are crucial aspects of managing breast cancer to ensure the bone health of patients, especially postmenopausal women undergoing cancer treatment. Comprehensive breast care centers such as Prashanti Cancer Care Mission in Pune, India, conduct regular bone density scans and assess calcium, phosphate, and Vitamin D levels at timely intervals. Patients with any irregular findings should be referred to a nutrition specialist who can recommend appropriate supplements and dietary changes. Along with exercise, a well-balanced diet is a basis of bone health, and practitioners will recommend a healthy diet rich in calcium, Vitamin D and other essential nutrients, taking into account the diverse dietary and lifestyle practices prevalent in certain regions in this country.

Indigenous dietary traditions are profoundly important in the healing journey. For example, there is an array of traditional Indian recipes and ingredients important to bone strength. From creamy paneer dishes (cottage cheese) to the nourishing goodness of many lentils and beans, these time-tested treasures enrich the patient's diet with calcium. Spinach and fenugreek and other vibrant greens add a healthy dose of vitality to these dietary plans, reinforcing bone health. Not to be overlooked are the bounties of nature present in the Indian diet, like finger millet, sesame and other seeds (poppy, pumpkin and chia seeds), and nuts like almonds and walnuts. Vitamin D-enriched foods, such as egg curry and fortified dairy products bolstered by the sun's life-giving rays, are also important for nurturing resilient bones.

The combination of nutrition and exercise are important to maintain optimal bone health. Yoga is an exercise quite common in India and its gentle yet powerful practices not only bolster bone density but also enhance flexibility and overall well-being. This comprehensive approach, tailored to the Indian context, fosters a better understanding of the essential role that bone health plays in the lives of breast cancer patients, promising a brighter and healthier future.

Figure: Prashanti Cancer Care Mission's Holistic and Comprehensive Approach towards Bone Health and Breast Cancer

Personal Story

My Story as a Breast Cancer Survivor and Bone Patient

Kaydia Levein McKoy
Kingston, Jamaica

Kaydia Levein McKoy

In March 2020, at age 30, I was taking a bath whilst doing my self breast exam and felt a lump the size of a marble. I thought it was pre-menstrual syndrome so I did not seek medical attention immediately. In May, after my 31st birthday, the lump was visible. It projected from the side of my breast, which appeared swollen and shiny.

Realizing that the lump was growing, I made the best decision of my life to visit my general practitioner (GP). My GP examined the lump and her initial thought was it is was nothing serious or just a benign cyst that could be aspirated. I was referred to have a mammogram and ultrasound, I quickly made the appointments. After both tests, the doctor was confident that it was indeed breast cancer. I followed up with a surgical biopsy which confirmed that it was stage 2 estrogen receptor positive breast cancer.

My world as I knew it changed forever. I was devastated! It was a whirlwind. Everyone's case is different and because of my personal pathology and circumstances, I was strongly advised to remove my ovaries. Before I could catch my breath, I was required to undergo multiple surgeries including a bilateral oophorectomy, hysterectomy, nipple sparing mastectomy, and reconstructive surgeries.

Removing my ovaries sent me into instant menopause, and I found out that it would affect my bone health because the hormone estrogen regulates bone metabolism. Estrogen is essential to bone health because it promotes the activity of osteoblasts, which are the cells that make new bone. As my gynecologist explained, when estrogen levels drop, as they do during menopause, a person may lose bone density.

Chemotherapy and radiation followed my surgeries. I was also put on Anastrazole, an aromatase inhibitor which further reduces the estrogen levels in the body, for 10 years. Aromatase inhibitors are prescribed for women who have been through menopause and have a type of cancer called hormone-dependent breast cancer. As a result of all the treatments I received and the 10 years of hormone therapy, I will be at a high risk for developing Osteopenia (mild bone degeneration) or Osteoporosis (severe bone loss). A bone density scan has already shown some weakness in my lower spine. As a result, my oncologist prescribed a bone-strengthening treatment called Zoldranic Acid, which I am now receiving. Zoldranic Acid is a bisphosphonate that is administered intravenously once every six months for three years. It is used to treat many forms of metabolic bone disease. My oncologist explained that the side effects and benefits will help me maintain strong, healthy bones. While undergoing the treatment, I must increase my vitamins – especially calcium and D3 – which are beneficial for bone strength. I've researched and learnt how to care for my bones by doing weight-bearing exercises such as walking and climbing stairs which, along with a balanced, healthy diet that includes the recommended amounts of protein, calcium, and Vitamin D, are also good for bone strength.

With all this happening concurrently, it is imperative that I get lots of rest, keep a very positive attitude, and focus on becoming well. This can be difficult, however, given the stress that the diagnosis and treatment cause. I stay centered and maintain a positive mindset, knowing that the treatment I am currently receiving is temporary and the doctors are doing what's best for my survival. I arise each day feeling positive, thankful, and extremely grateful.

> "I STAY CENTERED AND MAINTAIN A POSITIVE MINDSET, KNOWING THAT THE TREATMENT I AM CURRENTLY RECEIVING IS TEMPORARY AND THE DOCTORS ARE DOING WHAT'S BEST FOR MY SURVIVAL. I ARISE EACH DAY FEELING POSITIVE, THANKFUL, AND EXTREMELY GRATEFUL."

Spotlight on: South Africa!

South Africa had an action-packed October

Stephné Jacobs, *Chairperson, Reach for Recovery SA*
South Africa


Stephné Jacobs

In South Africa, we consider the designation of October's as "Breast Cancer Awareness Month" to be a time to reflect on the nationwide effort, coordinated by 224 volunteers and 20 Reach for Recovery groups, to promote awareness of this devastating illness and encourage early identification in all areas.

We spent the month disseminating crucial information to increase people's awareness of breast cancer and outlining preventative and early detection measures. We held educational sessions every day in October at educational institutions, health facilities, community centres, shopping malls, rallies, walks, art exhibitions, and even car and fashion shows. We participated in 220 events, which enhanced our impact zone significantly. Some highlights were:

The Power of Pink Campaign

Pick n Pay customers significantly impacted our Ditto Project simply by purchasing a punnet of mushrooms in October. The funding went toward purchasing silicone prostheses which the Ditto Project distributes annually to breast cancer patients to help them regain their confidence.

The Think Pink Campaign

Bright pink sticky notes were used by Euphoria Telecom to support and magnify our proactive message, which encouraged women to "make the smart call" and arrange their yearly breast cancer screening.

The Punch for Pink Campaign

The Punch for Pink Campaign kicked off with a fashion show featuring 36 breast cancer survivors walking the runway under the oak trees at Blaauwklippen Vineyards. This event was unquestionably marked by joy, fabulosity, creativity, and self-assurance.

African Fashion International Show

The Design for Life Show during Johannesburg Fashion Week was a huge success, with the primary purpose of raising awareness and funds to support our mission of enabling women from disadvantaged backgrounds to look and feel beautiful again.

Cherry blossoms for new beginnings

To commemorate the 56th anniversary of Reach for Recovery in South Africa, we are pleased to introduce a Limited-Edition satin care bag and pillow, beautifully embroidered with a cherry blossom design, to be used as special gifts for breast cancer surgery patients.

The meaning of cherry blossoms is to remind us of the value of life and to inspire us to appreciate each moment. They also represent new beginnings and a fresh start. We hope that this will resonate with breast cancer survivors, allowing them to embark on a new chapter full of hope and energy.

These lovely care sets will be given to 56 breast cancer patients at the Chris Hani Baragwanath Academic Hospital. This facility was chosen because it was there that Terese Lasser, the founder of Reach for Recovery in New York City in 1953, addressed a crowded meeting in 1967 while visiting Johannesburg. Soon afterwards, Reach for Recovery was established in South Africa.

The design and production of the new-look care set took a long time. It was made possible by a generous donation from "The Calendar Girls," a group of 12 beautiful, glamorous, and generous women who put together a fun fashion shoot. This resulted in the production and distribution of 200 2023 calendars. Reach for Recovery South Africa received the funds raised, which will be used for breast cancer care and support. Thank you, "Calendar Girls," we are honoured that you chose us as recipients.

We hope that these limited-edition care sets will make patients' post-surgery recovery more comfortable, as well as provide emotional support by demonstrating that we cared enough to visit and bring a pretty cherry blossom bag and pillow to represent recovery.

Spotlight on: Portugal!

The Win and Live Movement spends Pink October 2023 promoting a healthier and more sustainable future for all

Carolina Negreiros, *Win and Live Coordinator (Northern Regional Branch) Portugal*

This year, during the month of October, the Win and Live Movement of the Portuguese League Against Cancer (Northern Regional Branch), focused not only on breast cancer prevention in terms of caring for our bodies but also on caring for our "Common Home", which is the planet we inhabit and which has an impact on the lives of all of us. Our first activity was one that brought these two aspects together: physical activity and caring for the environment. We planned a walk accompanied by a garbage collection at Azurara Beach, Vila do Conde – Oporto. In just a short period of time, we collected more than 17 kg of garbage and saw the enormous amount of waste that is left on our beaches without thought as to consequences.

Visual artist and environmentalist Bruno Costa used the garbage to create a piece of art that represents the logo of the Win and Live Movement. Costa then presented the artwork to the Win and Live Movement at our VIII Pink Lunch, which took place on October 21 and was attended by more than 120 people who joined us to "Celebrate Life". Among the participants were the Secretary General of the Portuguese League Against Cancer, Dr. Fernando Ribas, and the Porto Women, a network of women committed to mutual aid and solidarity.

Win and Live logo made from garbage

Garbage collection

Garbage collected

Dr. Fernando Ribas, Secretary General of the Protuguese League against Cancer, with Carolina Negreiros

Spotlight on: Malaysia!

National Cancer Society of Malaysia commemorates Pink October

Public Relations & Communications Dept., National Cancer Society of Malaysia

The iconic Petronas Twin Towers glowed a radiant pink in a dazzling display to kick off Breast Cancer Awareness Month. Estee Lauder Companies Malaysia proudly launched its 2023 Breast Cancer Campaign: Beautifully United to Help End Breast Cancer. For more than 30 years, The Estée Lauder Companies' Breast Cancer Campaign has been dedicated to advancing the possibility of a breast cancer-free world for all. This year, it stands with the global breast cancer community once more to light the path towards the eradication of breast cancer.

During the event, Sime Darby Motors presented the National Cancer Society of Malaysia with the key to a BYD Dolphin. This eco-friendly vehicle will be on loan to the Society for two weeks to facilitate the transportation of cancer patients from the Society's Home of Hope to nearby hospitals for treatment.

The National Cancer Society Malaysia is deeply honoured to have been chosen as a beneficiary for this impactful campaign. Together, we light the path towards a world free from breast cancer!

Petronas Twin Towers

Award of BYD Dolphin key

> THE NATIONAL CANCER SOCIETY MALAYSIA IS DEEPLY HONOURED TO HAVE BEEN CHOSEN AS A BENEFICIARY FOR THIS IMPACTFUL CAMPAIGN. TOGETHER, WE LIGHT THE PATH TOWARDS A WORLD FREE FROM BREAST CANCER!

Spotlight on: Jamaica!

Providing support for Breast Cancer Survivors in Jamaica, W.I., Caribbean

Sandra Samuels

Sandra A. Samuels *JP, MBA, President, Jamaica Reach to Recovery*
Kingston, Jamaica

Jamaica Reach to Recovery is a registered charity organization with a membership of approximately 130 volunteers who are all survivors. We are funded entirely by public donations and our own fundraising efforts. The Organization was founded in 1977 by Dr. Denise Thwaites, who was a breast cancer survivor and identified the need for support. Dr. Thwaites and her friends formed the group and set out to fill the need for support for themselves and other survivors. Jamaica Reach for Recovery is a member of Reach to Recovery International and an affiliate of the Jamaica Cancer Society.

Our main function as a group is to offer counselling and emotional support, peer support, and financial assistance, as well as to advocate for the breast cancer community. We exist to improve quality of life for women and men diagnosed with breast cancer and also to support their families and caregivers. We aim to inform all women of the incidence of breast cancer through shared experiences and medical data to positively affect the lives of newly diagnosed persons. Our responsibility to Jamaica is to build awareness that early detection saves lives. We also advocate with the Jamaican Government through the Ministry of Health and Wellness to try to improve access to mammography, affordable treatment and medication, and the overall health care system. We find awareness of screening and of breast self-examination to be one of the greatest challenges we face. in Jamaica, patients often present with late-stage breast cancer (stages III and IV) due to lack of awareness, poor or no education, poverty, fear, and denial.

In Jamaica, breast cancer is the leading cancer in women. It far surpasses the incidence of cervical, colon, and uterine cancers combined. The age standardized incidence rate is 43.1 per 100,000 women and the age standardized mortality rate is 18.3 per 100,000. Approximately 300 women die annually from breast cancer. As a small country, Jamaica is 235km (146 miles) long and its width varies between 34 and 84km (21 and 52 miles). Jamaica has a small area of 10,992 km squared (4,244 sq miles) and has a population of 2.8 million.

Since many of our women are either on or under the poverty line as a group, we found in 2000 that we had to shift the way we were operating, which was only offering counselling support. The decision was taken to start raising funds to assist these women with the basic needs of mammograms, prosthesis, prosthesis bras, biopsies, scans, tests, medication, and treatments. That year, we approached Corporate Jamaica to help sponsor our proposed inaugural 5k run/ walk which attracted over 700 persons and raised more than a million Jamaican (J) dollars. This annual event has grown and this year it raised over J $10.5m (US $68,000) and attracted over 9000

participants. COVID put a stop to our event for 2 years; however, we were self-sufficient in those years as this is now our 21st staging of the run/walk raising between J $5m (US $32,000) to J $9m (US $58,000) yearly over the past 9 years, less the 2 COVID years, attracting between 4000 to 8000 participants, and increasing awareness more and more each year. With the backing of our title sponsor, the Insurance Company of the West Indies (ICWI), we have been able to stage successful events each year.

At present, we cap our assistance at J $100,000.00 (US $870) per patient, which does not go as far as we would like. The need is so great that we are only able to provide partial assistance for those women and men who would have to use the public hospital and are usually uninsured. Some women literally choose between feeding their families or starting treatment and buying medication.

Breast Cancer impacts how you feel about yourself, your image, self esteem and your happiness overall. Emotional support and achieving a balanced look are two important issues that women say are critical to their recovery. We operate a secretariat at the Jamaica Cancer Society Offices in Kingston where we provide prostheses and bras at almost cost in order to ensure that women can start to achieve this. We also host in-person meetings every second Tuesday of each month. During these meetings, which last for 2 hours, we welcome new members and catch up with existing members. It is a great sisterhood and we have excellent guest speakers monthly who impart knowledge of the areas of our greatest need, such as physiotherapy, oncology, nutrition, and mental wellness. We reach our potential members through our social media pages, www.pinkrunjm.com or www.jareachtorecovery.com FB-Jamaica Reach to Recovery Instagram reach2recoveryja Secretariat: 1-8763299665, 1-876-978-0375

“IN JAMAICA, BREAST CANCER IS THE LEADING CANCER IN WOMEN. IT FAR SURPASSES THE INCIDENCE OF CERVICAL, COLON, AND UTERINE CANCERS COMBINED.”

Photo:47401973 | Food © Beataaldridge | Dreamstime.com

Global Kitchen

Orange and Thyme Roasted Chicken with Gravy

Jamaica Reach to Recovery

PREP TIME: 30 MINUTES / COOK TIME: 45-60 MINUTES / SERVINGS: 3-4

Ingredients:

For the Chicken:

1 average sized chicken roaster
1 or 2 leafy sticks of celery
½ medium-sized onion, chopped in half
2 garlic cloves, peeled and squashed with flat side of knife
½ orange, gently squeezed
bunch of thyme
olive oil
salt
pepper

For the Gravy:

1/2 medium-sized onion & 1 large onion (or 3 medium-sized onions), peeled & chopped
some thyme leaves
salt
pepper
juice of half orange
1 teaspoon wholegrain mustard
2 - 3 teaspoons of boiling hot water

Instructions:

- Preheat oven to 400 F (205 C).
- Rub olive oil over the chicken and sprinkle with salt and pepper. Place the onion that has been chopped in half, the celery, orange peel, garlic and some of the thyme into the cavity. Place the chicken in an oiled roasting dish and place in the oven on a middle rack for about 30 minutes.
- Remove chicken from oven. Collect any juices that have been released and baste the chicken with them. Sprinkle the remaining chopped onions with a little salt, pepper and thyme leaves and arrange them around the chicken. Turn the oven down to 375 F (190 C) and put the dish back in the oven. Periodically, remove the chicken from the overn briefly and baste with any juices that have been released. Move the onions around as you do this so they roast evenly.
- When the chicken is fully cooked (internal temperature reading of 165 F (74 C), remove it from the over and let it rest in the pan for 15 minutes. Then transfer it to a serving dish. Scrape all the onions and juices left in the pan into a large microwaveable bowl. Add in the orange juice, mustard, and a sprinkle of salt. With a hand blender, blend to a smooth consistency. Add more salt to taste. Add hot water if the gravy is too thick. If necessary, heat the gravy in the microwave for 30 – 60 seconds before serving.

Photo: gnohz/Shutterstock.com

Jamaican Steamed Fish with Okra

Jamaica Reach to Recovery

Global Kitchen

PREP TIME: 10 MINUTES
COOK TIME: 30 MINUTES
SERVINGS: 3-4

Ingredients:

3 - 4 medium whole red or yellowtail snapper fish or sliced kingfish
3-4 tsp salt, to taste (approx. 1 tsp per whole fish)
1½ tsp black pepper
2 tsp cooking oil
1 tsp curry powder
2-3 tbsp butter
½ small Irish potato, julienned (optional)
diced pumpkin (optional)
½ small carrot, julienned
½ med. scotch bonnet pepper or to taste (de-seeded)
5 garlic cloves, crushed & finely chopped
½ small onion, chopped
1 - 2 stalks scallion, crushed
½ green bell pepper
2 sprigs thyme
6 - 8 pimento seeds
½ - 1 cup coconut milk
1-2 cup water, room temperature
8 - 12 okras, chopped
6 - 8 Jamaican water crackers, optional

Ingredients for seasoning mix:

½ tsp salt
¼ tsp allspice powder
1 tsp garlic powder
1 tsp onion powder
½ tsp dried oregano dried
½ tsp corriander leaves
½ tsp dried basil

Instructions:

1. Prepare the fish by scaling, gutting, and washing thoroughly in lime or vinegar water.
2. Drain all the liquid from the fish and pat dry with paper towel.
3. Season fish with salt and black pepper.
4. Wash and prep the fresh seasoning and vegetables, then set aside.
5. Wash and prep the okra, then set aside in a separate bowl.
6. In a large, wide skillet, heat the cooking oil on medium heat for 1 minute.
7. Add the curry powder and stir with a large wooden spoon for 1 minute.
8. Add the diced pumpkin (if using), chopped onions, garlic, thyme, pimento, scotch bonnet, bell peppers, carrots and irish potato (if using), then cover the skillet and let them cook on medium-high heat for 2 minutes.
9. Don not add the okras at this point. They are added later on.
10. Use a large spoon to spread the sautéed vegetables and seasonings evenly in the skillet to form a bed for the fish. Add the butter to the center of the skillet and let it melt.
11. Lay the fish side by side on the bed of seasoning and vegetables, then add ½ cup coconut milk. Cover the skillet to let the fish steam on medium heat for 2-3 minutes.
12. In a small bowl, combine the dried and powdered ingredients listed for the seasoning mix.
13. Sprinkle the seasoning mix evenly over all the fish.
14. Add a ¼ - ½ cup of water to the skillet, cover it and let the fish steam for 5 minutes while closely monitoring it to ensure the liquid does not dry out.
15. After 5 minutes, spoon the hot liquid in the skillet over the top of the fish, to help cook the fish evenly. Cover the skillet and let the fish steam for 10 minutes more. Continue to monitor the skillet to make sure the liquid hasn't dried out.
16. When the liquid runs low, add another ¼ cup of water and lower the heat.
17. After about 10 more minutes, add the okra and crackers (if using) to the skillet and spoon some of the liquid in the skillet over them. Cover and steam for 5 more minutes.
18. Total cooking time is approximately 30 minutes depending on the size of the fish. If you use sliced Kingfish, the fish will cook faster.
19. The fish is fully cooked when the flesh is white all the way through, which you can check with a fork or toothpick.
20. Serve with rice or other of starch.