

# bloom

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

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Reach to Recovery International, Inc.  
is a global non-profit organisation  
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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](mailto:info@reachtorecoveryinternational.org). A theme will be chosen by February 2025. Regardless of whether your suggested theme is chosen this time, it will remain under consideration for future editions.



## SUBMIT YOUR ARTICLE

### bloom

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## 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](mailto: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:



**Q & A EVENTS:** Join free, online Q & A events to hear the latest in breast cancer research and related topics. You can register for upcoming events or view past Q & A events via this link: <https://www.breastcancertrials.org/qa-events/>.

Many topics have already been addressed, and specifically in relation to this edition of Bloom, you will find events addressing breast cancer and fertility and breast cancer and sex.

The next event is on Wednesday 12 June from 5-6:30pm (AEST) and will discuss the topic: "Is Less More: Rethinking breast cancer treatment". Visit <https://www.timeanddate.com/worldclock/converter.html> to determine the date and time the event will be held in your time zone.

## Message from the ABC Global Alliance

In 2015, the ABC Global Alliance published the Global Decade Report, which led to the development of the ABC Global Charter. The ABC Global Charter outlined 10 actions to drive change in the care of people with advanced breast cancer over the current decade. In 2025 the ABC Global Charter will be updated for the decade 2025-2035.

To measure progress against each of the charter goals we have launched two surveys to understand the experiences of patients living with advanced breast cancer and the healthcare professionals that care for them worldwide.

If you are a patient living with advanced breast cancer or a healthcare professional who cares for people with advanced breast cancer, we want to hear from you. Your experiences matter, so please help us by completing one of our 15-minute surveys today, so we can take steps to improve care for people with advanced breast cancer in the future.

The surveys take just 15 minutes to complete, and the patient survey is available in 8 languages. Click the [link](#) or scan the QR code to take part. The surveys will be open until 31st July. event will be held in your time zone.





## 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](mailto:info@reachtorecoveryinternational.org)



# Message from Leonie Young

– President of RRI

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**OUR COMMUNITY TIES ARE STRONG, AS IS OUR DEDICATION TO ENSURING PEOPLE AFFECTED BY BREAST CANCER ARE WELL SUPPORTED AND CONNECTED.**

”

Shying away from difficult conversations is not something RRI chooses to do if it makes a difference for people impacted by a breast cancer diagnosis. In this edition of Bloom, we are carrying on the theme of our recent on-line event titled *It's not about the cancer: let's talk about sexual wellbeing, intimacy, body image, and menopause*.

The webinar presented on 20 April addressed these topics although it had a particular focus on women's issues, mainly because of their sensitive and very private and personal nature. These topics are so important and, sadly, often are not given the prominence they deserve. The presentation by Heidi Flaherty from Amoena Australia not only provided information about breast forms, but also shared very useful, everyday information about bra fitting. Don't forget, you can find a link to a recording of the webinar on the home page of RRI's website, [www.reachtotherecoveryinternational.org](http://www.reachtotherecoveryinternational.org).

We know there is much more to talk about regarding all aspects of breast cancer and I'm very pleased to say that, in addition to the many other articles we have on this edition's theme, we have an article submitted by the Male Breast Cancer Global Alliance shining a light on the even much less discussed issues for men. We are also very pleased to highlight a new group in South Africa for men diagnosed with breast cancer and we welcome them to our RRI family.

Our community ties are strong, as is our dedication to ensuring people affected by breast cancer are well supported and connected. You will be able to read about peer support training recently undertaken in South Africa when, for the first time, men joined in to learn with all the other new volunteers about how to better support others diagnosed with breast cancer. At the same time, women from neighbouring countries were invited to join, demonstrating the wonderful community of sharing that peer connection brings. Over the past four years, volunteers from Eswatini, Zimbabwe, Tanzania, Uganda, Zambia, Kenya, and Lesotho have connected in through training sessions conducted by Reach for Recovery South Africa. We also know of similar opportunities occurring around the world in Malaysia and Timor Leste, and we hope to share more about them another time. If you know of others, please let us know and we will share your news too!

We continue to search out ways to broaden our reach and strengthen our RRI community. Your feedback is essential to strengthening these ties, so please do not hesitate to let us know what you are achieving in your own communities and how we may be able to support your efforts.



A follow-up interview about RRI's most recent on-line event:

## It's more than the cancer: let's talk about sexual wellbeing, intimacy, body image, and managing menopause

**Janine Porter-Steele, RN, PhD, Breast Care and Cancer Care Nurse Specialist Nurse, The Wesley Hospital Choices Cancer Support Centre**

**Leonie Young, RRI President, Brisbane, Australia**



Leonie Young (left) and Janine Porter-Steele, RN, PhD

“

THE CAUSES OF SEXUAL DIFFICULTIES AFTER CANCER CAN BE BOTH PHYSICAL AND PSYCHOLOGICAL.

”

Here are some helpful websites that can provide more in-depth, evidence-based information about the range of menopausal symptoms:

- [Managing menopausal symptoms after breast cancer – a guide for women](#)
- [Menopause management options](#)
- [Chilly Towel](#)

**LEONIE:** A few weeks ago, Reach to Recovery International (RRI) conducted a webinar about managing some of the less discussed side effects of cancer, especially menopause symptoms, sexual health concerns, and body image issues. We like to refer to this as “Secret Women’s Business” because of its sensitive and personal nature. We were joined by Dr Janine Porter-Steele from the Wesley Hospital Choices Cancer Support Centre in Brisbane, Australia and Heidi Flaherty, Marketing and Education Manager from Amoena, Australia.

As we discussed in the webinar, we are following up on the webinar with an interview with Janine about management of some of the more common and annoying issues.

Thanks, Janine, for joining our RRI webinar and for agreeing to chat again today about the menopausal and sexual wellbeing concerns women experience during treatment and after cancer. Janine, can you tell us a bit more about the menopausal symptoms women may experience, especially hot flushes?

**JANINE:** Well first of all, thank you so much for inviting me to be part of the webinar and for talking to me again today.

So, in brief, menopause is usually a natural phase in a woman’s life when she stops having periods. It usually happens in a woman’s late 40s or early 50s. During menopause, the ovaries produce fewer hormones, especially oestrogen and progesterone, which can lead to symptoms like hot flushes or flashes, mood swings, trouble sleeping, vaginal dryness, and joint pain amongst others. Menopause usually marks the end of a woman’s reproductive years but, I hasten to add, is not the end of a woman’s vitality or health. It’s important to see menopause as a new phase of life.

Menopause due to cancer treatment can happen when therapies like chemotherapy, immunotherapy or oestrogen blockers – like

aromatase inhibitors or tamoxifen — prevent the ovaries from working. This leads to a sudden stop of the menstrual cycle and a decrease in hormone production resulting in symptoms similar to the natural menopause. Unlike natural menopause which happens gradually, menopause induced by cancer treatment can occur abruptly and at a younger age. It is important to note, though, that managing the symptoms and adjusting to this change is possible with the support and guidance of health care providers.

One side effect, hot flushes or flashes, is particularly frustrating for women, but there are several approaches that can help alleviate the discomfort. Lifestyle changes such as wearing light weight clothing and dressing in layers can be really helpful, using cotton or bamboo natural fibres for clothing, bed sheets, and mattress underlays can make a difference. Special cooling pillows are now available in some countries from homeware stores and can be effective in reducing sleep interruptions, as can avoiding spicy foods, caffeine and alcohol.

Simple things, like using a Chilly Towel or similar item, placing a water bottle in the freezer and wrapping a towel around it (to prevent leakage and condensation) to carry around and use when a hot flush makes its presence felt. That’s a very simple, inexpensive tip to try.

The big tip of the day is “EXERCISE.” Recent research has shown exercise can have a beneficial effect on reducing just about every menopausal symptom, whilst reducing the risk of recurrence and other chronic illnesses such as heart disease and type 2 diabetes! There is evidence to support the use of acupuncture in managing hot flushes. The draw back is that once the acupuncture therapy stops, the hot flushes may return. This is a specialised procedure and so will have a cost attached to it. It’s very important to make

sure acupuncture is performed by a qualified practitioner.

Some women may find the hot flushes so frequent and uncomfortable that medication may be necessary to alleviate them. Medications like Venlafaxine, Gabapentin, or Clonidine actually used for other medical conditions, can make a significant difference in reducing the intensity and frequency of hot flushes. They must be prescribed by a medical practitioner to ensure there are no inter-reactions with other medications a person may be taking or other medical conditions where these drugs may be contra-indicated.

**LEONIE:** Janine, you mentioned vaginal dryness as being a menopausal symptom and from the feedback we received following the webinar, it is a common and distressing one. Can you talk us through strategies to manage vaginal dryness and other sexual wellbeing concerns?

**JANINE:** Certainly. I always refer to this topic as the “elephant in the room!” It’s often avoided by both patients and health professionals alike because of embarrassment or lack of training or understanding of the significance of sexual wellbeing to the patient and their partner if they are in a relationship.

Everyone has a sexual identity and sexual needs. Their importance may vary from person to person according to what is happening in their lives. Those needs and feelings are normal and exist regardless of age or whether you have a partner. It is difficult to predict how breast cancer and subsequent treatment will affect a woman, but sometimes people may need to adapt to changes and find new ways of giving and receiving pleasure. The causes of sexual difficulties after cancer can be both physical and psychological. They are often temporary, but many women experience anxiety and distress, experiencing problems in how they see themselves sexually, and how they relate to their partner.

Low Libido or loss of desire is a common and distressing symptom. It can be challenging and may be a result of disturbed body image following a lumpectomy, mastectomy or reconstruction, or hair loss and other physical changes resulting from chemotherapy. Strategies to manage this might be seeking help from a health care provider, trying individual or couples counselling and therapy for support in navigating changes in sexual desire or intimacy. Focusing on your good points can be helpful in changing a person’s mindset

of how they see themselves. Dressing up or dressing down may help a woman feel sexier and give her confidence. Heidi from Amoena, who spoke at the webinar gave some great ideas for a woman to feel more attractive and confident (See Heidi’s article on page 13 of this edition). A couple of other suggestions are to try going out on a “date,” which can be a fun way to inject some excitement into the relationship, and practising relaxation and mindfulness techniques to help overcome anxiety. Incorporating these techniques and pelvic floor exercises can help reduce vaginal tightness and strengthen pelvic floor muscles which can help improve sexual function and satisfaction.

Additionally, good communication with your partner and exploring other forms of intimacy and connection, such as touch and massage and emotional bonding can help restore intimate bonds in relationships during this time of adjustment.

For some, low libido is triggered by pain or discomfort from vaginal dryness. Similar strategies already discussed around relaxation techniques and pelvic floor exercises apply here too. Managing vaginal dryness involves various approaches to alleviate discomfort and improve vaginal health.

There are various types of lubricants such as water and plant oil based ones, which can be used during sexual activity and can help reduce friction and discomfort. Olive oil and coconut oil can also be used as a lubricant if you are unable to access commercial products. The regular use of a vaginal moisturiser can help rehydrate vaginal tissue and over time reduce the dryness. Using a vaginal moisturiser immediately prior to intercourse alongside lubrication can be effective and reduce pain.

People often ask about the use of hormone replacement therapy and vaginal oestrogen creams to alleviate both menopausal symptoms and sexual side effects. The use of these therapies may not be appropriate depending on the type of breast cancer a woman has and its hormonal status. For example, if a breast cancer is oestrogen and/or progesterone receptor positive, treatment involves preventing the body from producing oestrogen to stop the cancer recurring so using current hormonal treatments is therefore counter intuitive. However, sometimes the doctor will prescribe vaginal oestrogen cream for a short time to overcome severe dryness, but it is still important to use a non-hormonal

vaginal moisturiser to prevent the dryness recurring. Additionally, practising gentle genital hygiene, avoiding harsh soaps and perfumed products, and wearing breathable cotton or natural products underwear can support vaginal health.

Most importantly, open communication with your health care provider is essential to explore the most suitable treatment options based on individual needs and breast cancer history.

**LEONIE:** Thank you, Janine. This is such a broad topic and there are many different aspects we could talk about but this overview of your presentation has been so helpful. Janine has agreed to continue to answer questions so you are welcome to send your questions by email to [info@reachtorecoveryinternational.org](mailto:info@reachtorecoveryinternational.org)

To view the virtual session in its entirety, visit <https://cattendee.abstractsonline.com/meeting/20852/meeting-info> and click on “20 April 2024” in the menu bar.

For more information about what was discussed here, visit:

- [Cancer Council-Changes to body image and sexuality](#)
- [BCNA- Sexual wellbeing](#)
- [Loss of Libido During and After Breast Cancer-](#)
- [Sexuality and Intimacy for LGBTIQ+ people with breast cancer](#)

# Bringing the subject up

**Janine Porter-Steele, RN, PhD**  
*Brisbane, Australia*



Janine Porter-Steele, RN, PhD

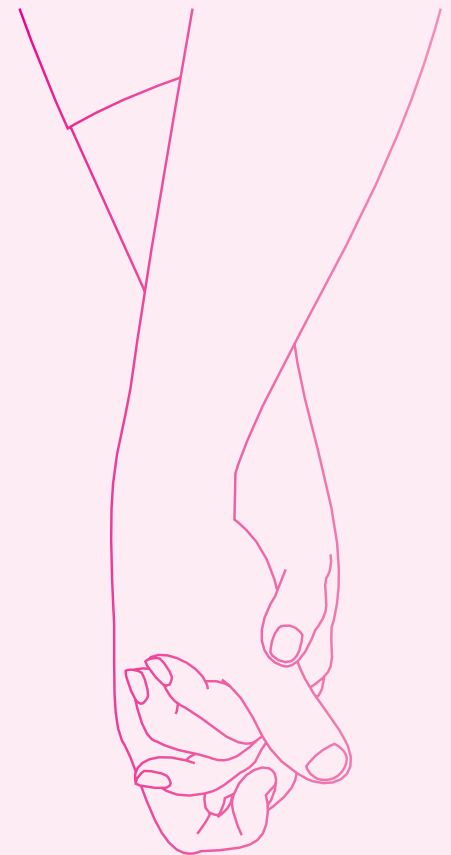
**It's difficult for both health professionals and women to feel confident and know how to bring this very sensitive topic up, so here are some suggestions to help you get started:**

## **Bringing the subject up with health professionals:**

- I have heard this treatment may affect my relationship with my partner. Can you tell me what might happen?
- My partner is worried he may hurt me if we have intercourse. Is this something I should be worried about?
- Is it safe to have sex and continue with our normal intimate relationship?
- Should we use protection when we have sex/intercourse? If so, then for how long and what are we able to use?
- What are some options to prevent or prepare for sexual health concerns during treatment?
- What do I need to know about birth control?
- Can I still get pregnant while I am having chemotherapy?
- I wanted to have a baby, then got diagnosed with cancer. Is there someone who can talk to me about this?
- I don't feel attractive because of my scars, and I'm worried my partner may not find me desirable anymore. Can you recommend someone I can talk with about this?
- I have developed vaginal dryness and it's very painful and uncomfortable especially during intercourse. What can you suggest?
- Will my treatment cause me to go medically into menopause? Can you give me some information about what to expect with this?
- Who would you recommend I speak with about this topic? Is there a counsellor or therapist who specialises in this topic?

## **Some specific phrases for health professionals to help open the discussion**

- Some people who have been going through an illness like yours have been concerned about their sexuality, would you like to chat through some ways you can manage this?
- You might be wondering how this will affect you sexually or intimately. Let's talk about that.
- Other women who have been given this treatment complain about a dry vagina . . . .
- Some women are anxious about their partners reaction to the surgery. Is this something of concern to you?
- In amongst the side effects related to cancer treatment are the ones that may affect you sexually. Would you like me to explain some of these and how to manage them?



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**YOU MIGHT BE WONDERING HOW THIS WILL AFFECT YOU SEXUALLY OR INTIMATELY. LET'S TALK ABOUT THAT.**

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# Common sexuality changes after breast and gynaecological cancers

**Sorrel Pitcher**, *Qualitative Social Scientist, UCT/SAMRC  
Gynaecological Research Centre  
Cape Town, South Africa*



Sorrel Pitcher

**Changes in sexual functioning following breast or gynaecological cancers are incredibly common, yet they remain largely overlooked in conversations about cancer survivorship which leads many women to feel isolated and hopeless. As a result, women may struggle to find support or resources to address their sexual health concerns. Women who have undergone treatment for breast or gynaecological cancers face several shared challenges regarding their sexuality after treatment, encompassing physical changes in sexual functioning, psychological and emotional impacts, relationship dynamics, societal and cultural factors, and the need for psychosexual support. Understanding these overlapping experiences is crucial for providing comprehensive care and support.**

## Physical Changes in Sexual Functioning

Post-treatment, women can experience a diverse array of feelings and changes in their sexual functioning, often influenced by an individual's pre-diagnosis sexual well-being as well as their partner's health. Surgeries like mastectomy, lumpectomy, hysterectomy, and oophorectomy can cause significant physical changes which can lead to fluctuations in body image and self-esteem. The loss of breasts or reproductive organs can affect the way a woman feels about her gender expression and sexual identity, with many women questioning their femininity and attractiveness post treatment. Chemotherapy and radiation frequently cause fatigue, pain, vaginal dryness, and decreased libido, making sexual activity uncomfortable or undesirable. Hormonal therapies used in both cancer types can induce menopausal symptoms like hot flashes, vaginal atrophy, and mood swings, further impacting sexual desire and functioning. However, it is important to highlight the coexistence of pleasure and discomfort within recovery journeys, as many women also report an improvement in their sexual functioning after treatment due to symptom alleviation.

## Psychological and Emotional Impacts

Changes in physical appearance due to surgery and treatment can lead to insecurity and difficulty accepting a body that looks and feels very different. Women may fear that their partners will find them less desirable, which can diminish their sexual confidence. The emotional toll of a cancer diagnosis and treatment often results in anxiety, low mood, and a diminished sense of well-being. Fear of cancer recurrence and concerns about the future can also add stress and anxiety, reducing sexual desire and enjoyment. Societal expectations about femininity and sexual roles can pressure women to maintain a certain sexual identity post-treatment. Women may struggle with the societal expectations of femininity, feeling inadequate if they can't fulfil traditional roles.

## Relationship Dynamics

The response of a partner to the physical and emotional changes experienced by the woman significantly influences her sexual recovery. Supportive partners help maintain intimacy, while a lack of support can exacerbate feelings of isolation and inadequacy. Changes in

sexual relationship dynamics, such as fear of initiating sex, can create tension and reduce intimacy. Difficulty in discussing sexual needs and concerns with a partner can lead to misunderstandings and decreased sexual satisfaction. Partners may also struggle with their own emotional responses to the changes, impacting the couple's sexual relationship.

## Avenues of Support

Changes in sexual functioning after treatment can be challenging, but there are many proactive steps one can take to access support and resources. Firstly, initiate conversations with your healthcare providers about your concerns. You can advocate for your right to comprehensive information and guidance regarding sexual health post-treatment. You can also seek out support groups or online communities specifically tailored to cancer survivors. These can provide a valuable space for sharing experiences and finding solidarity with others facing similar challenges. Additionally, you can explore therapy or counselling services, particularly those specialising in sexual health or oncology, that offer personalised support and coping strategies. Engaging in open communication with partners about your needs and concerns can create understanding and intimacy within relationships. Remember, you are not alone in this journey!

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# Sexuality and the impact of breast cancer treatment

**Dr. Marlena du Toit**, Gynecologist and Sexual Medicine Specialist,  
Lois Leipoldt Hospital, Bellville, South Africa



Dr. Marlena du Toit

Receiving the diagnosis of breast cancer is devastating but soon one learns that due to incredible advances in the treatment of breast cancer, survival for the majority of people has become achievable. After a few (tough) months, it is possible to start to think about moving beyond the initial devastation of the diagnosis to finding wellbeing. Unfortunately, the one side-effect of breast cancer treatments that nobody talks about easily is the impact it has on a person's sex life. For many women, their breasts are the number one erogenous zone in the body. While lifesaving, treatment can profoundly affect various domains of the human sexual response cycle, especially desire, arousal, and orgasm. This leads to unhappy relationships, and not understanding what has happened to cause this. Unable to communicate, not knowing where to get help from, they fall silent. This article will be looking at the impact of different treatment modalities and how it impacts human sexual responses. Treatments such as surgery, chemotherapy, radiation therapy, and anti-hormonal treatments (tamoxifen and aromatase inhibitors reduce oestrogen levels or block oestrogen receptors) bring about significant physical and psychological changes that can disrupt sexual functioning. It is not just "in your head," it is real. Let us delve into this.

## Desire

### • Surgery

-*Body Image*: The loss of one or both breasts can significantly impact self-esteem and femininity.

-*Psychological Effects*: Anxiety, depression, and stress related to cancer diagnosis and treatment can further diminish sexual desire.

### • Chemotherapy

-*Fatigue and Nausea*: Chemotherapy often causes severe fatigue and nausea, leading to a decreased interest in sexual activity.

-*Hormonal Changes*: Chemotherapy can induce menopause or exacerbate menopausal symptoms (decreased oestrogen and testosterone), significantly reducing sexual desire.

### • Radiotherapy

-*Skin Irritation*: Radiation therapy often causes skin irritation and burns in the treatment area, leading to discomfort and reduced sexual desire.

-*Exhaustion*: Radiation therapy can cause fatigue, often not anticipated by the woman. This can impact overall sexual interest.

### • Antihormonal treatments

-*Hormonal Changes*: Anti-hormonal treatments can cause significant hormonal changes, leading to decreased desire. Menopausal symptoms such as hot flashes and mood swings are common side effects.

## Arousal

### • Surgery

-*Nerve Damage*: Surgical procedures can lead to nerve damage around the chest area, reducing sensitivity and affecting arousal.

-*Scarring and Sensation Loss*: Post-surgical scarring and loss of sensation in the breast area can interfere with sexual arousal, as the breasts play a significant role in sexual stimulation.

### • Chemotherapy

-*Vaginal Dryness*: Chemotherapy can lead to vaginal dryness, making arousal more difficult and intercourse painful.

-*Emotional Stress*: The emotional and psychological toll of chemotherapy can hinder the ability to become sexually aroused.

### • Radiotherapy

-*Sensitivity Loss*: Radiation can damage the skin and nerves, resulting in reduced sensitivity and challenges in being aroused.

### • Antihormonal treatments

-*Vaginal Dryness and Atrophy*: These treatments often result in vaginal dryness and atrophy, making arousal more difficult and intercourse uncomfortable.

## Orgasm

### • Chemotherapy

-*Physical Weakness*: The result of vaginal dryness can lead to pain during penetrative sexual intercourse. An involuntary reflex reaction of the pelvic floor muscles may lead to the development of vaginismus.

### • Antihormonal treatments

-*Reduced Sexual Sensation*: Hormonal treatments can lead to reduced genital sensation and lubrication, complicating the achievement of orgasm.

-*Emotional Impact*: The psychological impact of long-term anti-hormonal therapy can also diminish sexual satisfaction and orgasmic potential.

The various treatment combinations for breast cancer—surgery, chemotherapy,

radiation therapy, and anti-hormonal treatments—each have profound and multifaceted effects on the human sexual response cycle. Addressing these issues requires a comprehensive approach that may include medication, psychological support, and open communication with partners. Healthcare providers should prioritize discussions about sexual health with breast cancer patients to help mitigate these impacts and improve quality of life during and after treatment. Rewiring the brain to discover one of the wonders of a woman's body, the clitoris, can bring relief and newfound pleasure!

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# Intimacy beyond sex

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



Rama Sivaram

A 39-year old breast cancer survivor in Pune, India describes the beginning and end of her fertility as follows:

*My coming of age was celebrated with such pomp and grandeur, I was just 13. I suddenly transitioned from being a girl child to a woman, physically, sexually, and spiritually. On one hand, I was embarrassed and scared and on the other, excited, because the rite of passage is a milestone – a social message of celebration, announcing fertility, the readiness to enter marital life and child-bearing. So many years of the menstrual cycle then, suddenly the woe of the monthly cycle was lifted out of my womb when I had my cancer, leaving me bereft. The treatment, while destroying the cancer, left me with a triple loss of breast, womb, and my fertility. Now, I am beginning to feel disconnected sexually with myself and my partner. Will I fail if I become asexual after breast cancer?*

**Not every woman can express her feelings and fears about menopause so openly; many suffer alone.** Whether natural or treatment-induced, menopause leads to bodily changes that can make us question our identities and roles. While a natural menopause is a gradual transition that gives a woman time to adjust, induced menopause is an abrupt ending which the body and mind struggle to accommodate and accept. A partial or complete removal of a breast or removal of ovaries or cessation of their function is not a normal transition but can be an overnight catastrophe for any pre-menopausal woman. Indian perspectives differ depending on cultural mindsets, select mindsets, and learned mindsets. The collateral damages of cancer need to be addressed with sensitivity, encouraging every woman to adapt to a new normal and navigate her own body image and her relationships with satisfaction and poise.

**The most striking need that goes unmet in connection with treatment-related menopause and sexuality is that of maintaining intimacy.** Women often feel safe broaching the subjects of body image and reduced libido with their health care professionals, but may shy away from mentioning the deeper underlying issues,

such as their own sexuality, sexual needs, and existing sexual lives. While treating physical symptoms and restoring well-being is vitally important, it is also essential that the more subtle aspect of maintaining intimate relationship with spouses or partners be addressed.

**What is this intimacy and why is it so sacred?** It is an interpersonal emotional closeness where two people can cross and enter the other's personal space without causing discomfort or disharmony. This closeness, familiarity, and deep understanding of one another allows for bonding and loving personal relationship with each other on many different levels, without judgement. Such a relationship satisfies our physical and cognitive need for emotional interactions with significant others, which includes the need for emotional support, exchanging warm attention, and giving nurture. Experiencing intimacy does not always require the physicality of sex.

**Our lives and our relationships rest on a foundation made up of more than one value.** What constitutes healthy lives and healthy relationships are shared values, trust, respect, open communication. These components are affected by our emotional, social/cultural, sexual, adversity, cognitive, and mutual support quotients. All are closely connected, and more and more women are beginning to recognize that out-of-context and out-of-time beliefs passed down through generations are detrimental to personal fulfilment. For those of us who are fortunate enough to have our cups half full, the chances of overcoming the unexpected and unseen harm of our disease and menopausal status become easier. Those whose cups are half empty need greater support to overcome their losses because cancer and its treatments may become too overwhelming causing them to withdraw and become disconnected. Should we not therefore talk of building and nurturing deep relationships with the self and significant other, apart from the context of sex, sexuality, and/or asexuality in physical acts and physical forms? I have met men and women with active, intimate sex lives, but pull them out of bed and the

intimacy evaporates. I have also met men and women for whom sex and body are less important than the mutual trust, warmth, and respect that emanates from their small gestures, like a glance which tells its own story to the people exchanging it.

**Intimacy with and without sex can be nurtured.** In this context, it must be accepted that men and women are equal, with equal power dynamics. Remember, when we were romantic we pleased each other and did not worry about who has more power. We were equal. Intimacy becomes easier to cultivate and nurture if we are on the same level. We must also accept that what we were 10 years ago cannot be the same as what we are now: our needs and desires change with age, time, and our various life roles.

## Tips for maintaining intimacy:

Intimacy requires you to be stress free. Be with yourself first, then be with your partner.

Resolve anger or resentment and ego issues within the relationship. If this is not possible and there are no other constraints, end the relationship amicably.

Let go of the past, look to the present, and enjoy and live in the moment.

Talk about the whole relationship, not bits and pieces. Are you satisfied overall? There are always some chinks in the armour. Afterall, we are different people.

Your desire for and expectation of intimacy in your relationships is personal to you. Ignore learned myths and cultural beliefs.

Be articulate. Talk with your partner about your needs, desires, sexuality, and relationship.

Develop your own intimacy vocabulary and non-verbal cues.



# Breast cancer: intimacy continues

**Ranjit Kaur**, *Breast Cancer Welfare Association*  
*Kuala Lumpur, Malaysia*



Ranjit Kaur

A woman who was diagnosed three years earlier was waiting to see the doctor for her annual check-up. A Reach to Recovery (RTR) volunteer seated next to her introduced herself, saying that she, too, had breast cancer some years ago and that she supported women who were newly diagnosed with breast cancer.

The woman then chatted with the RTR volunteer and eventually said to her, “My mother-in-law does not allow my husband to sleep in the same bed as me since I was diagnosed with breast cancer. It is believed in my culture that breast cancer is contagious. I am very unhappy that my husband and I are suffering in silence because we have not had intimacy and sexual intercourse since that past three years. Is every woman diagnosed with breast cancer having the same difficulty?”

The RTR volunteer explained to the woman in very simple terms that breast cancer is not contagious. It is a non-communicable disease. Other women continue to be intimate with their partners.

The woman was immediately given the opportunity to speak on the phone to another RTR volunteer who was from the same culture as the woman. They spoke for a good 20 minutes. Finally, the woman turned to the RTR volunteer seated next to her and said with a smile, “Today will be the day!”



# Finding your new secret weapon: tips for choosing a confidence-boosting bra after breast surgery

Heidi Flaherty, *Amoena Australia*  
Melbourne, Australia



Heidi Flaherty

I like to think of lingerie that we feel good in as our secret weapon. Sometimes bra shopping can be overwhelming. I thought I'd put together some tips and tricks that I hope will help you when you next buy a bra.

## **BRA FIT CHECKLIST:** **Is the bra the best fit for you?**

Do book in for a bra fitting as too many women are wearing the wrong size bra. If you've had breast surgery, it's even more important to make sure that your bra fits well. Remember bra sizes can change between brands, so don't get hung up on being a certain bra size but focus on finding a bra that does great things for your body.

## **Are your breasts/breast forms supported?**

Remember that the under bust band is designed to support and hold the weight of breast tissue or breast forms: the straps offer secondary support.

## **Do you like the silhouette that the bra creates?**

I always suggest bringing a favourite top with you for a fitting so you can see how you look clothed. Take note of your breast shape. Do you like the effect?

## **Is it comfortable?**

Let's be honest. If it isn't comfortable, you'll avoid wearing it.

All these areas contribute to how you feel and have the potential to build up your body confidence.

**Need more inspiration? Try experimenting with these:** Colour, Contrast, Texture, Feel, and Shape

**Colour** is often what grabs our eye first when shopping, and it's a powerful visual tool. When you're choosing a bra, think about colour. Remember, you don't just have to stick to neutral or skin tones. Fun fact: red bras disappear when worn under white! What colours appeal to you? What compliments your skin tone? What highlights your personality? What makes you feel good? Colour is such a simple but effective way to lift your mood and confidence.

**Contrast** is effective when highlighting details in our body and in our lingerie. If you have a bra with extra detail & want it to stand out, then look for contrast. Whether you choose contrasting colours in your lingerie, or a contrast colour against your skin tone, it's another way to give your look more impact. Playing with contrast can also be fun when it comes to textures.

**Texture** is great for activating our senses. We often think of lingerie from a visual perspective, but we can also activate touch and feel. Fabrics provide a great variety of textures. Typically, with lingerie you'll have a mix of smooth, lacy, silky, velvety and more. When you're trying on lingerie, take note of how it feels on your body. If there are areas where you have reduced sensation, make sure you look for

softer textures and avoid bulky seams. Also keep an eye out for red marks in these areas that may indicate irritation or pain points.

How we **feel** internally and externally is also important. What feels good on the body and to your hands? What improves your posture? What helps you feel relaxed? How does it make you feel about yourself? Does the lingerie feel good to wear?

Your **shape** can be modified and influenced with lingerie. A well-fitting bra can lift and support breast tissue, influencing the shape of the body and the breast. Think about your proportions. What do you want to enhance? Also, think about the shape of your breast tissue. This can be influenced by the type of bra, *i.e.*, whether it's a soft cup, padded, and/or an underwire.

The shape of the bra cup is also important, as different bra styles will give different shape. If you prefer a soft cup, I encourage you to try some different style soft bras to see how they influence your shape. Soft cup bras can be constructed in different ways for different effects. The fabric used will also influence the cup shape. Stretch fabrics will act differently to woven fabrics. Types of soft cup bras include a moulded cup (where the fabric has been moulded to the designed cup shape), two-part cup, three-part cup, and more.

Underwires are great to support larger cup sizes. They may be added to a soft cup or a padded cup design.

Padded bras will look to smooth the cup or add extra volume. They may also help to smooth any unevenness in breasts. The padding is usually a moulded foam or a padded construction with filler added between layers of fabric.

The next time you're choosing lingerie, I hope you'll take the time to find a new secret weapon—something that you feel great in!

*Amoena is committed to supporting women after breast cancer surgery through a holistic portfolio including breast forms and shapers, recovery care, pocketed lingerie, swimwear, lymph care and more. Visit [Amoena.com/au](https://www.amoena.com/au) for more information.*





# Wellness beyond treatment: holistic support for patients with breast cancer

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



Laleh Busheri

Madhavi, a 48-year-old engineer, was juggling a demanding job, a household, and the care of her two teenage kids when she received the unsettling news of her diagnosis: HER2+ breast cancer. The news hit her especially hard, as she had just entered menopause and the cancer diagnosis added another layer of complexity to her health concerns. Fortunately, the company for which Madhavi works has a health program and had asked me to conduct breast cancer awareness talks for its employees on behalf of Prashanti Cancer Care Mission's Orchids Breast Cancer Center. As a result of attending these talks, Madhavi was familiar with breast self-examination. This led to diagnosis of her cancer at an early stage.

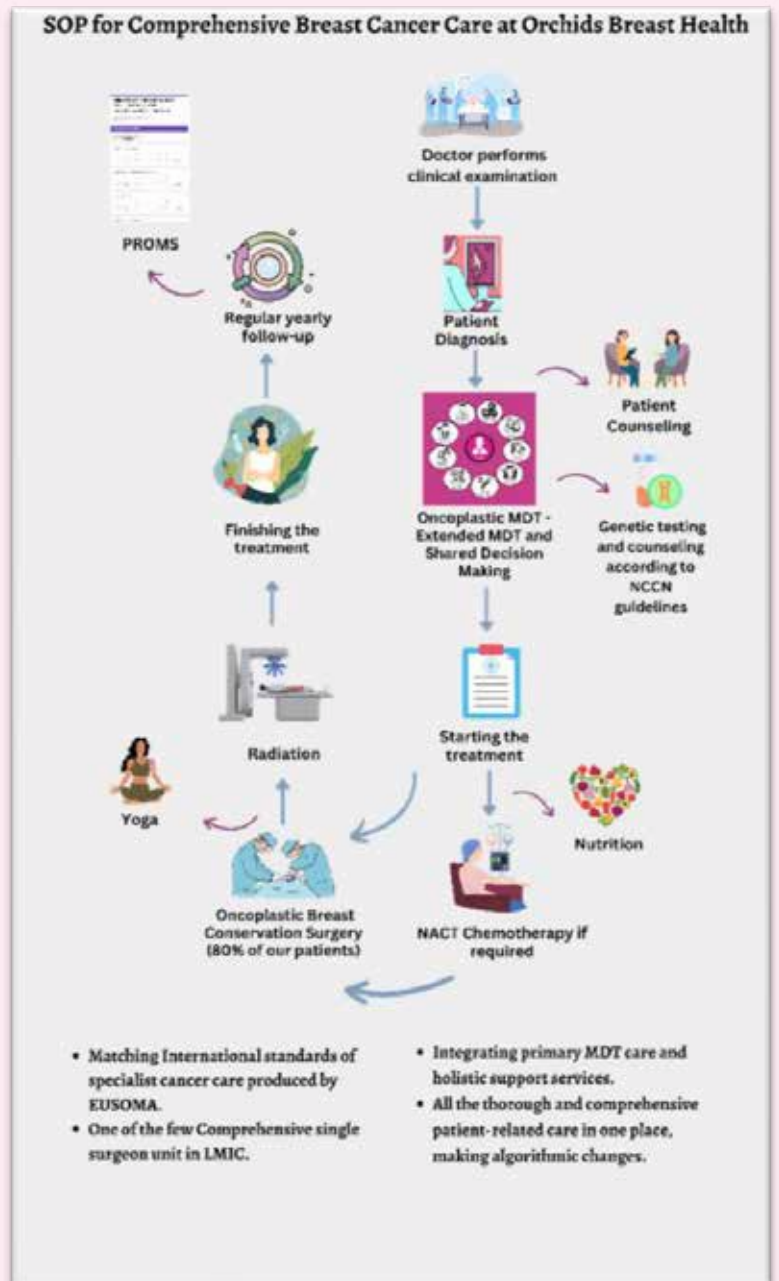
In India, where breast cancer rates are alarmingly high, dedicated breast units are scarce. Madhavi sought treatment at Orchids Breast Cancer Center, which was established in 2009 to address the specific needs of patients like her. At Orchids, a specialized multidisciplinary team provides cutting-edge care, emphasizing oncoplastic surgery to preserve both health and aesthetic outcomes.

Comprehensive breast cancer centers can improve patient outcomes by recognizing the multi-faceted challenges faced by patients and offering a holistic approach to breast cancer treatment. To that end, Orchard Breast Care Center has developed patient-reported outcome measures (PROMs), which are facilitated by skilled practitioners and onco-psychologists to measure patient satisfaction with breast appearance, psychosocial well-being, and overall outcome. This allows us to assess how our multi-disciplinary team and oncoplastic techniques affect quality of life and adapt to meet the needs of specific patients.

Madhavi underwent an oncoplastic procedure called perforator flap surgery, a form of oncoplastic surgery that is less invasive and optimizes aesthetic results. She received comprehensive support for managing menopausal symptoms, including personalized yoga and nutrition counseling. These services were adapted to her age and chemotherapy regimen, ensuring that her overall well-being was prioritized alongside her medical treatment. Beyond physical health, the center addressed Madhavi's emotional well-being with the support of an onco-psychologist. This dedicated professional helped her navigate the anxieties and fears associated with her diagnosis, providing a safe space for her to express her concerns about her career, surgery, and the future.

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# Treatment side effects: menopause and body image challenges in the Middle East

Dr. Rania Azmi, *Fadia Survive & Thrive*  
Kuwait



Dr. Rania Azmi

**Fadia Survive & Thrive is an international cancer patient advocacy organization which focuses on patient empowerment, cancer prevention, alleviating cancer treatment side effects, and improving quality of life. In particular, the organisation acknowledges and advocates for the unique needs of patients with breast cancer, especially metastatic breast cancer. Founded in 2016, Fadia Survive & Thrive is named after its Honorary President, Fadia, who sadly passed away from her cancer in 2020. Its main focuses are elderly patients with cancer, critically ill cancer patients, prevention of complications, and public awareness and prevention campaigns.**

Through its work, Fadia Survive & Thrive has identified several issues and challenges that stand out for most breast cancer patients in the Middle East and around the world. We have found that, in elderly patients with cancer, comorbidities – other medical conditions – can be more significant than the cancer itself, especially in terms of quality-of-life aspects. Similarly, the physical, emotional, and mental challenges of menopause are multiplied and more complex when a woman is being treated for breast cancer. In the Middle East, the menopausal phase of life, even when it occurs naturally, is called the age of depression because of the emotional and physical symptoms associated with it. Menopause brought on by breast cancer treatment is considered to be an acceptable causality of the treatment but is nevertheless a significant and distressing side effect.

Body image is another burden that is often left unaddressed. Whether young or old and with early or late stage breast cancer, patients often lose confidence and feel socially distant from

friends and family. They may refrain from hugging their loved ones as they would have done before their diagnosis, especially if their treatment included mastectomy without reconstruction. Even with reconstruction, some patients report a loss of confidence. Moreover, a diagnosis of breast cancer can signal the ending of marriage in the Middle East, or at least a crack in the foundation of the marriage.

Fadia Survivor & Thrive works hard to proactively address the complex impacts of cancer and cancer treatment in order to make the life easier for patients at any phase of the cancer journey.

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**THROUGH ITS WORK, FADIA SURVIVE & THRIVE HAS IDENTIFIED SEVERAL ISSUES AND CHALLENGES THAT STAND OUT FOR MOST BREAST CANCER PATIENTS IN THE MIDDLE EAST AND AROUND THE WORLD.**

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# Breast cancer: a genderless disease

Rod Ritchie, President, Board of Directors, [Male Breast Cancer Global Alliance](#)  
Cooroy, Queensland, Australia



Rod Ritchie

Around one percent of all new breast cancer cases diagnosed are males. I'm always happy to talk about my diagnosis and treatment, and am always quick to point out that the care I received was first class and was equal to that of the many women I was treated alongside. I had a late diagnosis of an aggressive Stage III B, Grade 2, inflammatory breast cancer. I received six doses of chemo before undergoing a mastectomy and auxiliary clearance, without reconstruction, followed by 33 doses of radiation. I've just completed 10 years on Tamoxifen.

## It's Not All Pink

But, I'm also an avid advocate for men because a 2012 study that assessed more than 13,000 male breast cancers from the US National Cancer Data Base found men with breast cancer were less likely to survive the disease than women. What's more, men were also more likely to be diagnosed with an advanced breast cancer and therefore to have a poorer prognosis. Of course, men are often loathe to present for medical conditions generally, but there's an unfortunate stigma attached to guys coming out with this disease. One such friend told me the first reaction to his diagnosis from a workmate was laughter.

It's unfortunate that breast cancer has been trivialized and sexualized by well-meaning groups looking to fundraise for a disease that takes away much of the essence of feminine sexuality. Obviously, male breasts are not perceived in this way, and charities often find us guys to be an inconvenient truth when it comes to discussing a disease which is essentially female. After all, only 1 in 100 cases are males. Many fellow patients I know find October can be a bad time for male breast cancer survivors. Popping our heads up at this time of year is fraught. I once asked the organisers of a pink charity walk if I could briefly tell the gathered crowd that men need to be aware of their risk factors for breast cancer and I received only the shortest of moments to do this.

With public awareness that breast cancer is genderless running at around just 35%, breast cancer charities must shift from

awareness-raising to evidence-based information that does more to help Stage IV people, and does not trivialize the disease or reinforce it as female. And when it comes to raising funds for research, men must be included in trials and studies where appropriate. Because the male cohort is so small, and the men so geographically widespread, we are rarely studied.

## Family History

Two years post mastectomy I had a prostatectomy as the sole treatment for an aggressive prostate cancer. By then I was well aware of the genetic risks, and a BRCA gene test found a variation of unknown significance for BRCA 1. My mother died at age 40 from breast cancer, and while I didn't want to worry family members unnecessarily, I also didn't want to underplay the threat to my daughter and son, my siblings, and other family members. My daughter was admitted to a high-risk public screening program, but my son, with the same genetic history, gets no special screening.

My friend, the late Rob Fincher, and I produced a manifesto that lays out a list of ways things could be improved for men diagnosed with breast cancer.

You can read the manifestor here.

Rod Ritchie is a 73-year old Australian writer, editor and web publisher.

“

IT'S UNFORTUNATE THAT BREAST CANCER HAS BEEN TRIVIALIZED AND SEXUALIZED BY WELL-MEANING GROUPS LOOKING TO FUNDRAISE FOR A DISEASE THAT TAKES AWAY MUCH OF THE ESSENCE OF FEMININE SEXUALITY.

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Spotlight on our members:

# Male breast cancer support: a new dedicated initiative and beacon of hope

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



Stephné Jacobs

Male breast cancer is a rare disease that is often overlooked in the greater discussion of breast cancer. Unfortunately, this can leave men feeling alone and under-represented, struggling to find resources and support tailored to their unique experiences. However, a new Male Breast Cancer Support Group launched on April 11, 2024, under the auspices of Reach for Recovery, SA, is offering a beacon of hope for men who have been diagnosed with or have had breast cancer. The Male Breast Cancer Support Group provides men with a dedicated space to find help and understanding from their peers. The launch of this new group is a significant milestone in Reach for Recovery's mission towards empowerment. Despite breast cancer being commonly associated with women, it also impacts men in about 1% of all breast cancer cases. Although the number of men affected by breast cancer is not insignificant, they often lack resources and support.

The three founding members attended Reach for Recovery's online virtual Peer Support Training, which was held from May 11 to 18. They were brave enough to share some insights to help improve awareness of breast cancer in men. Colin Paine, an Anglican priest diagnosed with breast cancer at the age of 41, found male breast cancer to be a lonely and unknown journey. He believes that having support and encouragement can make a big difference in giving hope. Pieter Jooste, a sales representative, was diagnosed at age 45. It was the first time he had heard that a man could get breast cancer. He loves the passion and goals of Reach for Recovery, and his motto is to live life to the fullest. If he can make it easier for someone else, then he will. Bobby Were, a former businessman, was diagnosed with breast cancer 10 years ago. Despite the challenges, he views his journey as a blessing and remains optimistic. He kept his mind busy and relied on his faith.

The Reach for Recovery Male Breast Cancer Support Group provides a platform for male breast cancer survivors to connect virtually through meetups and telephonic calls. In addition, survivors can also meet in person in Cape Town, Johannesburg, and Polokwane. By joining this support group, male survivors can share their experiences and find strength in knowing that they are not alone in their journey. The group offers practical guidance, validation, awareness, and support to help members balance cancer treatment with other life responsibilities.

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**THE GROUP OFFERS PRACTICAL GUIDANCE, VALIDATION, AWARENESS, AND SUPPORT TO HELP MEMBERS BALANCE CANCER TREATMENT WITH OTHER LIFE RESPONSIBILITIES.**

”



Colin Paine



Pieter Jooste



Bobby Were



Spotlight on our members:

# Beyond boundaries: equipping African volunteers with skills to enhance their work

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



Stephné Jacobs

Volunteering holds a distinct significance as it revolves around fostering community development. Reach for Recovery, South Africa (RFRSA) is dedicated to spreading empathy, compassion, and Africanacity (the very African ability to always finding a way to get things done), while supporting the progress of communities. To address the increasing demand for volunteer services, the organisation is committed to providing breast cancer patients in Africa with the training they need to become peer support volunteers. To this end, the organisation facilitates virtual learning sessions.

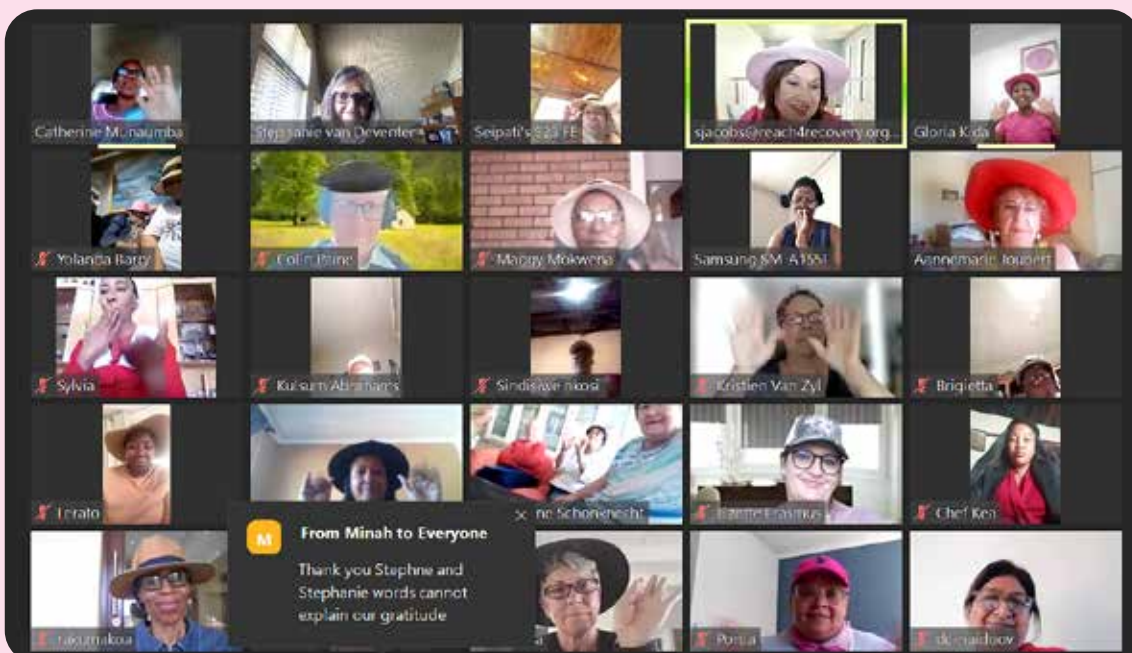
RFRSA adheres to the Reach to Recovery International (RRI) guidelines for peer support training, encompassing medical knowledge, emotional impact, communication proficiency, and more. Beyond merely learning, participants engage in virtual breakout room discussions and enjoy

partaking in themed activities. Over the past four years, 140 South African women have undergone training. RFRSA has also helped launch new Reach for Recovery programmes in 7 other African countries – Eswatini, Zimbabwe, Tanzania, Uganda, Zambia, Kenya, and Lesotho – by including a total of 34 women from these countries in training sessions. While each nation encounters distinct challenges, they all share a common objective of empowering one another and effecting positive change.

The impact of these training initiatives is undeniably inspiring. Following the recent African-inclusive virtual peer support training in May 2024, three participants, on behalf of all the others, conveyed their appreciation for the invaluable knowledge and the opportunity to connect with individuals from various African countries. Faresi Takawira from Reach for Recovery, Zimbabwe, remarked, “I believe our

environment is quite similar, making your program suitable for us as well. We have gained significant insights from your organization.” Catherine Ngaracu from Reach for Recovery, Kenya, expressed, “The information provided was truly enlightening. We are grateful for the opportunity to partake in the Reach for Recovery training from other African countries.” Similarly, Gloria Kida from Shujaa Cancer Foundation, Tanzania, stated, “Participating in the Reach for Recovery training has been an enriching experience for me. The presentation was exceptional.”

By generously offering professional expertise in volunteer work and breast health education to our sisters in Africa, Reach for Recovery, South Africa is creating a positive and helpful influence across parts of the continent. Witnessing the efficacy of collaborative efforts in action is truly remarkable!



“ THE IMPACT OF THESE TRAINING INITIATIVES IS UNDENIABLY INSPIRING ”

Spotlight on our members:

# Resilience of women with cancer in times of war in the occupied Palestinian territories: stories of inspiration and passions

Suhiela Hijazi and Carol El Jabari, *Patient's Friends Society, Jerusalem*

The Sunrise Group's two centers – one in Hebron (Baytna) and the other in Jerusalem – provide psychosocial support, education and more for cancer patients in the West Bank and Jerusalem. This group serves as a refuge for women living with cancer, where they share support and encouragement in their cancer journeys.

During the difficult circumstances in Gaza and the Palestinian territories in general, women with cancer face multiple challenges. However, despite the war, the oppression, and the general suffering, they remain strong and determined to confront the disease with courage.

The patients and survivors tell inspiring stories of their resilience and passion for learning and participation, attending lectures and training sessions. Patient's Friends Society, Jerusalem (PFS) has been providing them with counselling sessions, an intensive first aid course, and other therapies to help them in coping.

PFS organized several exhibitions entitled "Patients' Resilience," which included pictures and stories of women's journeys with cancer. Their strong will and determination to live reflect the strength of the human spirit and the ability to adapt to the toughest conditions. "A cancer diagnosis is undoubtedly a massive challenge in itself, but when compounded by the pain, obstacles, and the blockades to access for treatment, follow up, medications, etc., and the increased economic burdens due to the oppressive military occupation and policies, it adds an extra layer of hardships.

Here is how some of the participants describe the situation:

*"Despite these difficulties, our hearts remain filled with faith, hope, and resilience. Deep within us, we carry an unwavering will and a meaning of life that transcends everything surrounding us."* —Hanan Sharabati

*"Despite the pain and wounds, we remain strong, fighting illness together, embracing each other and holding tight. Together, we strive to make our lives full of happiness."* —Fathiya

*"There is hope for life, challenge, and resilience in fighting illness and sustaining life. Together, united under our center Baytna, we stand strong."* —Najwa

Despite the sadness and tragedy that may surround their lives, they stand with courage and strength in the face of challenges. Their stories show that life goes on, and hope and strong determination always prevail. We stand inspired by these women, encouraging them to continue their resilience and to embrace hope and faith. Let us support them in their journey as they are role models of courage and resilience in the face of adversity.

During war and suffering, Palestinian determination remains strong, and women with cancer prove day after day that life goes on and hope never fades.



@PFS psychological release session through therapeutic drama



@PFS Psychological immunity session in light of the current circumstances and how to deal with the crisis

# Mujadara

*Patient's Friends Society, Jerusalem*



**PREP TIME: 15 MINUTES / COOK TIME: 20-25 MINUTES / SERVINGS: 2-4**

## Ingredients:

- 1 cup of brown lentils (dried)
- 1 cup of rice (long grain or basmati)
- 2 medium onions, 1 chopped and 1 sliced (optional)
- 3 cups of water
- 2 tablespoons of olive oil or butter
- Salt and black pepper to taste
- 2 teaspoons of cumin
- Parsley for garnish (optional)

## Instructions:

1. Wash the lentils and rice thoroughly under cold water.
2. Heat the oil in a pot over medium heat then, if desired, add the chopped onion and sauté until it becomes translucent.
3. Add the lentils to the onion and continue stirring for two minutes. Add the water and bring to a boil, then simmer about 20 minutes, covered.
4. Then, add the washed rice and continue stirring for another minute.
5. Add the cumin, salt, and black pepper. Allow the mixture to come to a boil.
6. Once it boils, reduce the heat to low and cover the pot. Let the Mujadara cook for about 20 to 25 minutes until the rice and lentils are tender and cooked.
7. While the rice mixture is cooking, if desired, caramelize the sliced onion by sautéing in oil with the pinch of salt over low heat.
8. Serve the Mujadara hot, optionally garnished with some chopped parsley or the caramelized onion. Tasty with salad and plain yoghurt on the side.



# Semolina Halva

*Patient's Friends Society,  
Jerusalem*

Global  
Kitchen



**PREP TIME: 5 MINUTES / COOK TIME: 25 MINUTES / SERVINGS: 6**

## Ingredients:

- 4 cups of water
- 1 cup of semolina
- 1 cup of sugar
- 186 grams (3/4 cup) of shredded white cheese (halloumi works best) (cheese is optional ingredient)
- 4 tablespoons of butter
- 1 tablespoon of ghee (clarified butter)
- Almonds and walnuts for garnish

## Instructions:

1. Heat a large, deep skillet and add the butter
2. Place it over medium heat.
3. Add the semolina and toast it until golden brown.
4. In a separate bowl, mix the sugar and water together.
5. Add the sugar water mixture to the skillet then, if desired, add cheese while continuously stirring until the ingredients come to a boil.
6. Reduce the heat.
7. Let the mixture simmer for 5 minutes on the stove, then remove from heat.
8. Pour the Semolina Halva into 6 suitable dishes.

### *Optional:*

Melt ghee in a small skillet, add almonds and walnuts and toast them until golden brown.

Garnish with almonds and walnuts mixture.

Let it stand for 10 minutes. Serve warm.