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bloom

Reach to Recovery International (RRI)

REACH TO RECOVERY INTERNATIONAL

Reach to Recovery International (RRI) is a global non-profit headquartered in Baltimore, Maryland, USA. RRI is committed to improving the quality of life of individuals affected by breast cancer and their families.

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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.

Cover art: Tree of Life: Acrylic painting by Christine Donaldson.
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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 November 2026. 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:

The 2026 INCPC Festival

24 – 30 August 2026
Lac du Bourget, France
(France's largest natural glacial lake)
https://ibcpcfrance2026.com/event

AIX LES BAINS RIVIERA DES ALPES 2026
IBCPC Participatory Dragon Boat Festival

World Cancer Congress

24—26 September 2026
Hong Kong Sar China
Organised by the UICC and the Hong Kong Anti-Cancer Society
https://www.uicc.org/news-and-updates/events/world-cancer-congress-2026

Message from Leonie Young

– President of RRI

> WE WERE INSPIRED BY THE ENTHUSIASM AND SHARED COMMITMENT TO IMPROVING OUTCOMES FOR PEOPLE AFFECTED BY BREAST CANCER. THE CONNECTIONS AND IDEAS SPARKED DURING THE CONFERENCE WILL CONTINUE TO SHAPE OUR WORK, AND WE ARE ALREADY LOOKING AT WAYS TO SHARE MORE.

We did it! After such a long wait, it was wonderful to bring our community together again. At the same time, we were very aware that many were unable to join us, with current global challenges making travel difficult. You were very much in our thoughts.

We worked closely with the National Cancer Society Malaysia (NCSM) to support as many people as possible and, in keeping with the conference theme, the theme of this edition of Bloom is *Harnessing the power of communication*. The edition is dedicated to sharing the conference experience more widely. Inside, in addition to the many articles on theme, you will find photos, highlights, and reflections from the program and events. We have also included the outstanding abstracts submitted by authors who ultimately could not attend to present them. We hope this will give you a true sense of the knowledge and spirit of the meeting.

We are deeply grateful to the NCSM and their dedicated team for helping bring this conference to life and for supporting the opportunity to shine RRI's light. We also extend our sincere thanks to Amoena Global Head Office and Amoena Australia for enabling Heidi Flaherty to attend and share valuable insights on body image, as well as the complexities of successful bra and breast form fitting. Our appreciation also goes to the ABC Global Alliance for their generous sponsorship, including travel support for a number of delegates.

Just before the Closing Ceremony, RRI's leadership took a few minutes to ask the audience for feedback about what worked well during the conference and what could be done to make RRI membership and future conferences even more beneficial. One very clear message was: most members would like more opportunities to connect more meaningfully with others around the world who are facing similar challenges and are working toward shared goals. This could include creating forums that foster interactions between peers across organisations, whether they be peers in leadership positions, peer-support volunteers, or caregivers. We are currently brainstorming ways we can achieve this, both in future conferences and in other platforms, and we will report back to you once we have a concrete plan. In the meantime, we welcome your ideas. If you have any thoughts you would like to share regarding this goal, please contact us at info@reachtorecoveryinternational.org.

As always, we are proud to include your personal stories and updates from across our global community.

We were inspired by the enthusiasm and shared commitment to improving outcomes for people affected by breast cancer. The connections and ideas sparked during the conference will continue to shape our work, and we are already looking at ways to share more.

Let's keep the momentum going, stay connected, and continue making a difference together.

Conference report from Kuala Lumpur

Credit ID 273960525 | Petronas Twin Towers © Yulia Belousova | Dreamstime.com

RRI extends a sincere thank you to all who travelled from near and far to attend the conference.

Nearly 150 delegates and speakers gathered in Kuala Lumpur in late June for the 20th Reach to Recovery International Breast Cancer Support Conference. The conference theme, Harnessing the power of communication, emphasized the important role that clear, concise communication plays in advocating and supporting breast cancer patients, survivors, and caregivers.

In addition to more than 100 delegates and speakers from Malaysia, the following countries were represented: Australia, China (Hong Kong), Ghana, Greece, India, Indonesia, Jamaica, Japan, Kenya, Nigeria, South Africa, Timor Leste, and the USA.

The program

The conference was held in a new, state-of-the-art suite of rooms on the Sunway University campus in downtown Kuala Lumpur. The suite included a large-capacity plenary hall as well as multiple smaller rooms for workshops and breakout sessions.

A broad range of speakers from Malaysia and around the world presented on topics of interest to patients, survivors, and caregivers. Among the many notable plenary-session speakers were:

Dr. Fatima Cardoso, President and Senior Consultant for Medical Oncology of the ABC Global Alliance, who virtually presented her organisation's *Global Decade Report* on advanced breast cancer.

Heidi Flaherty, the Marketing and Education Manager of Amoena Australia who presented on *Body confidence and femininity*.

Professor Sandi Hayes, PhD, an exercise scientist and Senior Group Lead of the ICAN (Improving Cancer Life Course Outcomes) Group in Brisbane, Australia, addressed the topics *Preventing and managing post-surgical lymphedema in breast cancer survivors and Moving well with advanced breast cancer: benefits, safety, and support.*

Maheswari Jaganathan, a nationally recognized oncology nurse leader in Malaysia who pioneered Malaysia's Patient Navigation Program, explained what's involved in *Palliative care in the advanced breast cancer setting*.

Swee Lee Liew, a breast cancer survivor, patient support volunteer, insurance advisor, and Secretary of the Breast Cancer Welfare Association (BCWA) Malaysia, draws from her personal cancer journey and her professional career to advocate for financial preparedness by cancer patients. Ms. Liew spoke on *Financial literacy across the cancer journey: empowering survivors and families*.

Jo Lovelock, a breast care nurse and midwife from Australia, spoke about the importance of *Elevating breast cancer awareness among younger women*, with a focus on pregnancy and post-partum cancers. She also presented in two workshops: the first on *Supporting patients in diverse and hard to reach communities* and the second on *Integrating patient navigation and peer navigation*.

Loi Chow Ming, the Clinical Director of Marketing and Strategic Planning at Abex Global Healthcare in Malaysia, shed light on the efficacy and availability of a little-known breast cancer treatment: *Hyperthemia*

Gloria Chinyere Okwu of Nigeria, Founder and President of Gloria's Cancer Foundation, discussed *What matters most to those with a lived experience* in living well with advanced breast cancer.

Dr. Janine Porter-Steele, a clinical nurse with a PhD in nursing, is currently the Senior Research Fellow at Flinders University in Australia and is the former Manager of Choices Cancer Support Centre at the Wesley Hospital in Brisbane. Dr. Porter-Steele spoke on several topics, starting with the role of the nurse in *Listening to, supporting, and connecting with patients*. She also spoke about *Supporting people beyond treatment: side effects, recovery, wellness, and dealing with uncertainty*, and about *Practical, evidence-based approaches to menopause and intimate health*.

Dr. Tan Kok Siang, who is the Director of Dr KS Training and Hypnotherapy Centre in Malaysia, invited audience participation in demonstrating *The role of hypnotherapy in breast cancer support*.

Dr. Suwarna Ramanathan, the conference lead for NCSM as well as its Guided Patient Support Coordinator, delivered the most recent *Breast Cancer Care Quality Index Report*, breaking down the findings by country and examining variation across settings, systemic conditions that shape them, and the resulting effects on recurrence risk management.

Dr. Janice Tsang, a medical oncologist at the Hong Kong Integrated Oncology Centre whose credits include being an Honorary Clinical Associate Professor at Hong Kong University's Li Ka Shing Faculty of Medicine as well as a Founding Convenor of both the Hong Kong Breast Oncology Group and the Hong Kong Society of Geriatric Oncology.
Dr. Tsang spoke about optimizing communications between doctors and patients under the title *Two voices, one goal, better care*. In a separate session, Dr. Tsang addressed *How breast cancer recurrence is managed* and focused on how to interpret symptoms and what tests are helpful.

Yoon Sook Yee, the Head of Genetic Counseling at the independent, non-profit organization Cancer Research Malaysia, explained *When genetic testing is relevant after an early breast cancer diagnosis.*

Dr. Janice Tsang, Ng Mei Theng, and Dr. Janine Porter-Steele

Stephné Jacobs, Professor Sandi Hayes, Heidi Flaherty, and Swee Lee Liew

Jo Lovelock and Pascoela (Qhella) Baretto

Fardiana Djamal

Concurrent session participants

Concurrent session participants

We also heard presentations on a broad range of topics in our concurrent, workshop, and abstract sessions from survivors, caregivers, and health care providers from around the world. These include:

Ruby Ahluwalia, India

Chiedozie Akwarandu, Nigeria

Isabella Assante, Ghana

Pascoela (Qhella) Barreto, Timor Leste

Valerie Clulow, Australia

Fardiana Djamal, Indonesia

Mary Easaw, Malaysia

Sharyn Howard, Australia

Oluseun Antinuke Sanusi, Nigeria

Prisca Githuka, Kenya

Joanna Grecos, Greece

Cathy Brice Hirsch, USA

Stephné Jacobs, South Africa

Dr. Melissa Lim, Malaysia

Prof. Dr. Mohd Nahar Azmi Mohamed, Malaysia

Caz O'Brien, Australia

Sandra Samuels, Jamaica

Radhika Santhanakrishna, India

Awards

Sandra Samuels and Leonie

The Terese Lasser Award is named in honor of the woman who founded the Reach to Recovery movement in New York in 1953. She became the first ever Reach to Recovery volunteer and saw her program grow nationwide and then worldwide. The Terese Lasser Award is given to a volunteer who has introduced, initiated, or contributed in an exceptional way to a peer-support program built on Reach to Recovery principles. The recipient of this year's award is **Sandra Samuels** of Jamaica.

Diagnosed with breast cancer in 1999 when she was just 35 years old, Sandra chose to view her diagnosis as one of the purposes of her existence. She realized that too many women in Jamaica die from breast cancer because of lack of screening and early detection, and it became her passion to change that. Sandra began volunteering with Jamaica Reach to Recovery and eventually became President of the organization. Thanks to her dedication and leadership, Jamaica Reach to Recovery has grown exponentially and now raises significant funds, most notably through its annual Pink Run, which are used to advocate for screening and to assist patients directly with paying for their treatment. Sandra is an inspiration to many, and RRI is proud that she is a part of its global community and serves as RRI's Regional Representative for the Caribbean region.

Jo Lovelock and Leonie

The Health Professional Medal is conferred on an outstanding health professional who has facilitated voluntary breast cancer support programs, encouraged and supported volunteers, aided in the recognition of volunteers by their communities, and supported volunteers' endeavors to spread their activities to new communities. The recipient of this year's Health Professional Medal is **Jo Lovelock** of Australia.

Not only is Jo a dedicated breast care nurse and midwife; she is also a breast cancer survivor herself. Jo's has been a strong and respected voice within the RRI community for many years. She is a powerful advocate for underserved communities throughout her region. In recent years, her efforts have focused on Timor Leste, an Island nation in Southeast Asia where breast cancer is a particular challenge due lack of awareness, screening, and access to care. RRI considers it a privilege to recognize Jo's years of work with this award.

Social events

The social events that allow delegates and speakers to network, make new friends, re-connect with old ones, and share ideas are highlights of each Reach to Recovery International Breast Cancer Support Conference, and the 20th RRI Conference did not disappoint! In addition to the sumptuous breakfasts and lunches provided each conference day, National Cancer Society Malaysia, graciously arranged an official Welcome Ceremony the evening of 27 June at Prince Court Medical Center. Datin Seri Azlin binti Hezri, wife of the Honorable Minister of Health, Malaysia, and patron of PUSPANITA, Ministry of Health Malaysia, delivered the keynote address. She had written an original poem for the occasion to honor cancer patients and caregivers, and she read the poem to a captivated audience.

Datin Seri Azlin binto Hezri, wife of the Honorable Minister of Health, Malaysia, patron of PUSPANITA, Ministry of Health Malaysia

For the Ones Who Fight, and the Ones Who Hold Them

To the Patient:

You are not your scan.
You are not the number on the chart,
or the hair on the pillow,
or the weight that keeps falling.

You are the breath you take this morning.
Stubborn. Defiant. Yours.

Some days the needle wins.
Some days the fear is a flood.
Some days "strong" feels like a cruel joke.
That's okay.
Strength isn't never breaking—
It's breaking, and still choosing to mend.

You don't have to smile for us.
You don't have to be brave every hour.
Cry. Swear. Sleep.
Then wake up and try again.

Because every pill swallowed,
every step to the bathroom,
every "I'm tired" you whisper —
That's you fighting.

And it courts.
God, it counts.

You want to live.
Say it. Even when your voice shakes.
I want to live.
That's not weakness.
That's war.

To the Caregiver:

You didn't choose this battle,
but you showed up anyway.
With ice chips at 3 AM.
With jokes when the room is too heavy.
With hands that hold,
even when yours are trembling.

You are tired in your bones.
You've learned words you never wanted to know.
You've Googled things at midnight
And cried in the car so they wouldn't see.

Listen:
You don't have to be a hero.
You just have to be here.
Your presence is medicine no doctor can prescribe.
Your "I'm not going anywere"
Is louder than cancer.

Take the five minutes.
Drink the cold coffee.
Let someone else sit vigil for one night.
Guilt doesn't heal them, and it will hollow you.
You can't pour from an empty cup.

To Both of You:

This road is ugly. Unfair. Long.
But look — you're still on it.
Together.

Some days you'll hate the word "journey."
Some days hope will feel like a lie.
Hold on anyway.
Not to the outcome,
but to this moment.
The hand in yours.
The sunset through the hospital window.
The laugh that snuck up on you both.

You are not alone.
You are not forgotten.
You are two kinds of brave:
the one who fights,
and the one who refuses to let them fight alone.

So breathe. Just this one.
Then the next.
Keep going.
You've already come so far.

More social events

Immediately following the ceremony, a portion of the hospital transformed into a fashion runway and delegates were treated to a fashion show. The event was organised by Prince Court Medical Center, NCSM, the cervical cancer support movement Teal Asia, and luxury fashion label Romyda, KL. Both professional models and survivor volunteers took to the runway to show off the latest fashions.

The evening culminated with a catered Malaysian dinner. Afterward, guests were invited to take a bus tour of downtown Kuala Lumpur, which featured a stop at the beautifully lit Petronas twin towers

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National
Cancer
Society
Malaysia


National
Cancer
Society
Malaysia
Breast Cancer
Support Conference
GET CARE
GET SUPPORT


PINK UNITY

Three days in Kuala Lumpur – Perspectives from our delegates

Following the closing ceremony of the conference, a flurry of posts appeared on social media. Here are some examples from LinkedIn that reflect the experiences of the conference participants.

Prisca (Wanjiru) Githuka

1. Prisca (Wanjiru) Githuka

Cancer Survivor & Patient Advocate | Executive Director, Pink Hearts Cancer Support Foundation | Vice Chair, Kenyan Network of Cancer Organizations | National & Global Cancer/NCD Advocacy Leader | Development Practitioner

For three days in Kuala Lumpur, breast cancer survivors were not the audience, they were the reason the conference existed.

Fresh from my peer learning visit with the Philippine Cancer Society, I travelled directly to Kuala Lumpur, Malaysia to participate in the 20th Reach to Recovery International Breast Cancer Conference, held from 26–28 June at Sunway University.

I was honored to present my oral abstract on "Long-Term Consequences of Breast Cancer," based on my lived experience as a breast cancer survivor. It was a privilege to contribute to global conversations on #survivorship.

The conference theme, "Harnessing the Power of Communication: Listen, Support, Connect," was evident in every session & every interaction. This was unlike any conference I have attended before. It was intentionally designed around survivors, using clear, accessible language that allowed everyone to participate fully. It was a powerful reminder that communication is most effective when it is inclusive.

The programme explored topics including communication, shared care, survivorship, recurrence risk, living well after breast cancer & peer support. Every discussion reinforced that life after treatment deserves as much attention as treatment itself.

One of the greatest highlights was connecting with an incredible global community of survivors and advocates. It was a pleasure meeting the #ReachtoRecoveryInternational leadership led by President Leonie Young, connecting with Dato' Dr Saunthari Somasundaram' President of @National Cancer Society Malaysia and President-Elect of the NCD Alliance alongside many inspiring survivors & advocates from around the world.

The conference dinner was one of the most memorable experiences. The Guest of Honour, wife of Malaysia's Minister of Health, recited a beautiful poem she had composed especially for #breastcancersurvivors. Her words were heartfelt and deeply moving, a reminder that every survivor's journey deserves to be acknowledged.

The evening culminated in a stunning fashion show featuring #breastcancer survivors. As they walked the runway with confidence, elegance and joy, it was hard to imagine the challenges they had endured. In that moment, the runway became more than a stage, but a celebration of resilience, hope and life beyond a breast cancer diagnosis.

I returned home with new friendships, fresh perspectives, and renewed inspiration. I returned with an even stronger conviction that when survivors are given the space to share their experiences, they help shape better care, stronger support systems and more compassionate #healthpolicies.

Thank you #RRI and #NationalCancerSocietyMalaysia for creating a platform where survivors were not just participants but educators, leaders and the heart of the conversation.

Union for International Cancer Control (UICC) Kenyan Network of Cancer Organizations Pink Hearts Cancer Support Foundation Gloria Chinyere Okwu Mei-Theng Ng May Yen Chong Atinuke Cancer Foundation

2.

Sandi Hayes
Senior Group Lead, The ICAN (Improving CANcer Life Course Outcomes) Group | QIMR Berghofer | Professor, Exercise Oncology Scientist and Cancer Survivorship Epidemiologist

Sandi Hayes

What an extraordinary few days at the 20th Reach to Recovery International Conference in Kuala Lumpur (26–28 June)! This conference brings together women with lived experience of breast cancer from every corner of the globe. Being in a room with that much courage, wisdom and determination is humbling.

While attending, I had the privilege of delivering three talks on: Breast cancer-related lymphoedema — what is it and how can it be prevented and managed; The evidence for exercise therapy in breast cancer care; and The role of exercise for women living with metastatic breast cancer, and hearing brilliant talks from friend and colleague, Dr Janine Porter-Steele OAM, among many others. However, what stood out across the 3 days of talks and workshops were the initiatives of women across the world to reduce the impact of breast cancer in their own countries, particularly around improving access to screening and early detection for communities disadvantaged by geography or circumstance. The other common thread, was the power of peer connection and support, with this focus championed by current and past-presidents of Reach to Recovery, Leonie Young and Cathy Hirsch.

A huge thank you to the National Cancer Society of Malaysia and their President Dato' Dr Saunthari Somasundaram, for the warmth and care they brought to hosting this event.

QIMR Berghofer

#ReachToRecovery #BreastCancer #ExerciseOncology #CancerSurvivorship #PeerSupport

> **“The other common thread, was the power of peer connection and support, with this focus championed by current and past-presidents of Reach to Recovery, Leonie Young and Cathy Hirsch.”**

3.

Oluseun Atinuke Sanusi

RRI Regional Representative, Nigeria

Oluseun Atinuke Sanusi

Malaysia...,
You gave me more than a conference. You gave me memories that will last a lifetime.

As I reflect on my journey to Malaysia for the 20th Reach to Recovery International Breast Cancer Support Conference after the last one in June 2019, my heart is filled with gratitude. What began as a trip to present an abstract became a reminder that cancer may bring us together through pain, but it also connects us through hope, resilience, love, and lifelong friendships.

From my encounter at the Kuala Lumpur International Airport KLIA to Hilton, Petaling Jaya to exploring the vibrant city of Kuala Lumpur, I experienced the warmth of a nation whose people welcomed me with open arms. The beautiful sisters of #pinkribbonfoundation and National Cancer Society Malaysia I met, embraced me like old friend. Despite our different skin colour, cultures and languages, we spoke the same language of compassion (cancer survivorship).

One of the proudest moments of my journey was presenting my abstract: From 'Why me? to Global Advocate' (From Survivor to Global Advocate) The reception it received was humbling, and knowing that my story resonated with people from around the world reaffirmed why I continue to advocate for better cancer care and for patient voices, especially in low- and middle-income countries.

It was equally special to present a few copies of my autobiography, *ATINÚKÉ, cancer messed with the wrong chic* to women. I wanted them to understand what it means to survive breast cancer in a setting where access to care is limited, and how one survivor's journey can become a movement that gives hope to thousands.

The conference, from the inspiring scientific sessions, breakout sessions, conversations, to the beautiful survivorship fashion show, the endless photographs, and the thoughtful little gifts exchanged as tokens of friendship. Every smile told a story of courage.

Day 2 of the conference later took us to the renowned Prince Court Medical Centre in Kuala Lumpur, home to a state-of-the-art oncology centre where clinical excellence is seamlessly combined with world-class compassionate care.

We were treated to a beautiful cancer survivorship runway fashion show hosted in collaboration with the National Cancer Society Malaysia (NCSM) and Teal Asia, the Cervical Cancer Support Movement founded by Selina Yeop Junior and dinner.

Watching survivors confidently walk the runway was far more than a fashion show, it was a celebration of life beyond cancer. Every smile, every step, and every applause echoed the remarkable strength of those who have faced one of life's greatest battles and emerged with renewed purpose. As I looked around, I couldn't help but reflect on the future I continue to dream of for cancer care in Nigeria and across Africa, a future where every patient has access to world-class treatment, compassionate support, dignified survivorship, and the hope they deserve. Dreams become reality when vision is matched with commitment. I left Prince Court Medical Centre inspired, encouraged, and even more determined to continue advocating until quality cancer care is no longer a privilege, but a right for Nigerians and Africa at large.

Outside the conference, Miss Lim Fung Ching generously became my guide, showing me some of Malaysia's beautiful attractions. Together with Marie Cho along with Prisca Githuka, we visited the magnificent KLCC Twin Towers, explored the colourful streets of Chinatown, and enjoyed the lively atmosphere of Sunway Pyramid Mall. Every stop became another treasured memory. And then there was #durian, Malaysia's famous "Fruit of Life"! Despite Miss Lim's passionate attempts to convince me, I simply couldn't gather enough courage to taste it. Maybe... next time!

One thing that never changes wherever I travel is my search for Nando's. No matter how wonderful the local cuisine is, I somehow always find time to enjoy my favourite meal, provided there's a Nando's nearby!

My appreciation for the gifts goes to Miss Lim Fung Ching, Marie Cho, Phang Seng Lan, Maheswari Jaganathan, Samuel Sandra, Dr. Endah Adnan, Hafizah, Lillian Phua the amazing Pink Sisters of the Pink Ribbon Wellness (L) Foundation Breast Cancer Foundation, the National Cancer Society of Malaysia team, Firdaus, Nuhul Atiqah, Dr. Suwana Maharathan, and every single person whose kindness made this journey unforgettable. Thank you for your friendship, your generosity, and your warmth. You have left footprints on my heart.

One exciting insight I gained during my time in Malaysia was learning about Prof. Dr. Tan Kok Siang's work in clinical hypnotherapy. A renowned Malaysian hypnotherapist, trainer, and researcher, he is the founder of Dr KS Training & Hypnotherapy Sdn. Bhd., where he integrates clinical hypnotherapy with complementary approaches to emotional wellness and stress management.

As I return home to Nigeria, I do so carrying more than photographs and souvenirs. I carry renewed inspiration, stronger global ideas for advocacy, and the comforting reminder that no matter where we come from, we are united by one purpose, to ensure that no one faces breast cancer alone.

Thank you, Malaysia, for your beauty, your hospitality, your culture, and your people. Until we meet again... Terima Kasih!

#Malaysia #BreastCancerConference #CancerSurvivor #PatientAdvocacy #GlobalHealth #CancerAdvocacy #durian #AtinukeCancerFoundation #ATINÚKÉ #Hope #Resilience #NigeriaToMalaysia #TogetherWeCan CreateACancerFreeFuture

Ten Principles for Living Gracefully After Cancer

FROM A TREASURE BOX OF LOVE AND COURAGE FOR CANCER PATIENTS

BY TAKAKO WATT

1. **Live with acceptance:** Even if you regret having developed cancer, nothing will change. People do not die from cancer; they die when their lifespan comes to an end. Live with that kind of acceptance.
2. **Live for today:** Treasure each day as if you are holding it gently in your arms. Live each day to the fullest.
3. **Live so that you leave no debts to life:** Do what you want to do — and what you must do — without delay. Don't leave behind regrets like "I really wanted to do that" or "I wish I had gone there." Just go ahead and do them.
4. **Live with purpose:** Rather than setting distant goals, always keep a purpose in the near future. Live toward that purpose, and once you achieve it, set the next one.
5. **Do things that help others:** Having been born into this world, we owe it to others to be of some use. Especially after experiencing an illness like cancer, you will feel this even more strongly.
6. **Live with your head held high:** You have done nothing wrong, so walk proudly and with confidence. The way you carry yourself as you walk is the very posture with which you live.
7. **Don't forget your sense of humor:** Don't decide that you are the most unfortunate person in the world and wear a gloomy face. That helps no one. A sense of humor is what saves your own heart and brings happiness to those around you.
8. **Live with order and simplicity:** Throw away what you don't need — decisively. It's enough to keep only what is necessary. When we die, we cannot take anything with us.
9. **Live calmly, without straining yourself:** To truly overcome cancer does not mean accomplishing great feats. It simply means living your own life, steadily and in your own way.
10. **Keep control of your own life:** Do not allow cancer to take command of your entire life. Your life belongs to you. Hold the reins firmly in your own hands, no matter what happens.

Takako Watt *founded Breast Cancer Network Japan (Akebonokai) in 1978 after her own experience with breast cancer.*

Unfortunately, several RRI members submitted outstanding abstracts but found themselves unable to attend the conference. We are pleased to share the abstracts, which highlight the work the authors do in their communities, in this edition of Bloom.

Unpresented abstracts

Training teachers as community advocates for breast cancer awareness in Lagos, Nigeria

Angela E. Immanuel, Founder, Immangel Cancer Foundation; Nurse Practitioner
Nigeria

Angela E. Immanuel

Background. Late presentation of breast cancer remains a major challenge in many communities due to low awareness and poor health-seeking behavior. As a practicing nurse, frequent encounters with advanced-stage cancer patients highlighted the urgent need for early detection education. This led to the development of a community-based initiative focused on empowering teachers as channels for cancer awareness.

Objective. To improve breast cancer awareness and promote early detection by training teachers as community advocates in Lagos, Nigeria.

Method. The initiative began in 2023 during a World Cancer Day activity and evolved into a structured outreach program led by a registered NGO. School-based awareness sessions were conducted across 12 schools, educating teachers and students on breast cancer awareness, breast self-examination, early warning signs, and timely screening.

Teacher-focused training included over 200 teachers at Chrisland College, Ikeja, and over 300 teachers through a teacher-based empowerment programme organized by the National Association of Proprietors of Private Schools (NAPPS), Lagos, during International Women's Day.

Community engagement included weekly cancer education sessions integrated into an aerobic support group, outreach in five communities, and annual open-air campaigns since 2021, distributing over 1,000 educational flyers per event.

Results

The program directly reached 1,801 students and 235 teachers across 12 schools, with additional engagement of over 500 teachers through targeted training. Community outreach activities reached thousands of individuals. Schools demonstrated sustained engagement through repeat invitations and participation in awareness campaigns.

Conclusion

Training teachers as community advocates is a scalable strategy for improving cancer awareness and early detection in low-resource settings. This model promotes sustained knowledge transfer, encourages early health-seeking behavior, and may reduce late-stage cancer presentation.

> "AS A PRACTICING NURSE, FREQUENT ENCOUNTERS WITH ADVANCED-STAGE CANCER PATIENTS HIGHLIGHTED THE URGENT NEED FOR EARLY DETECTION EDUCATION."

Unpresented abstracts

Bridging cancer care inequities in marginalized Nigerian communities through advocacy

Ethel Olomu, Founder, Engraced Life Foundation
Nigeria

Ethel Olomu

Cancer care in marginalized and diverse communities in Nigeria reveals profound inequities that extend far beyond biology. For many women, a diagnosis of breast cancer marks the beginning of financial devastation, cultural stigma, geographic displacement, gender-based vulnerability, and systemic failure. Drawing from lived experiences across underserved regions including Rivers State, Lagos State, and Kaduna State, this presentation explores how poverty, weak health infrastructure, limited radiotherapy access, counterfeit oncology drugs, and overburdened health workers contribute to preventable mortality.

In many rural and peri-urban communities, women must travel hundreds of kilometres for chemotherapy and radiotherapy, often leaving children and dependents without support. Out-of-pocket payments force families to sell assets or discontinue treatment prematurely. Cultural norms and stigma discourage disclosure, delay presentation, and undermine adherence. In some contexts, faith-based misconceptions position prayer in opposition to evidence-based medicine, while domestic instability and lack of social protection compound vulnerability.

But, there are a few examples of resilience. Where families, community leaders, faith institutions, and healthcare providers collaborate, outcomes improve. Survivorship becomes possible when treatment is subsidized, psychosocial support is integrated, and community education addresses stigma directly.

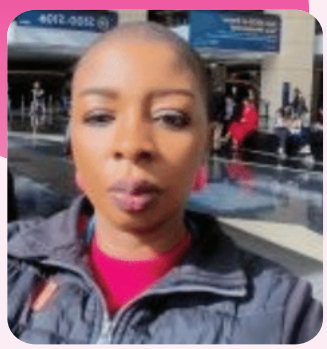
This oral presentation calls for decentralised cancer services, stronger drug regulation, inclusion of patient advocates in policy design, and culturally sensitive community engagement strategies. Addressing cancer inequities in marginalized Nigerian communities demands multisectoral action because survival should not depend on geography, income, or silence.

“SURVIVORSHIP BECOMES POSSIBLE WHEN TREATMENT IS SUBSIDIZED, PSYCHOSOCIAL SUPPORT IS INTEGRATED, AND COMMUNITY EDUCATION ADDRESSES STIGMA DIRECTLY.”

Unpresented abstracts

Access to psycho-oncology care and its impact on psychosocial outcomes among cancer survivors in Nigeria

Nkechi Blessing Ugboaja, MPH, CEO of Kosi-Health Advocates Foundation Nigeria



Nkechi Blessing Ugboaja

Background. Psycho-oncology is a critical yet underdeveloped component of comprehensive cancer care in Nigeria. Psychological distress has been shown to increase morbidity and negatively influence survivorship outcomes; however, access to structured psychosocial support remains limited and uneven. This study quantitatively assessed access to psycho-oncology services among Nigerian cancer survivors and examined its association with psychosocial outcomes.

Methods. A descriptive cross-sectional survey was conducted among 500 cancer survivors in Nigeria. The cohort included survivors of breast cancer (n=300; 60%), cervical cancer (n=75; 15%), ovarian cancer (n=25; 5%), colorectal cancer (n=50; 10%), and other cancers (n=50; 10%). The sample was predominantly female (90%). Data were analyzed using frequency distributions and comparative proportions to evaluate access to psycho-oncology services and associated psychosocial burden.

Results. Access to psycho-oncology care was critically low across all cancer types. Approximately 90% of respondents reported no access to psychological support throughout diagnosis, treatment, or survivorship. Survivors without access demonstrated markedly higher levels of emotional distress, with over 80% reporting persistent anxiety, depressive symptoms, and fear of recurrence. Women were three times more likely than men to report severe emotional strain. Survivors of breast and cervical cancers, representing 75% of the sample, exhibited the highest distress prevalence, frequently described as overwhelming and functionally impairing. Lack of psychosocial support was strongly associated with social isolation (>65%), reduced coping capacity (>70%), and long-term decline in quality of life (>60%).

Conclusion. This study reveals a profound psycho-oncology care gap in Nigeria, with significant negative implications for survivorship outcomes.

“LACK OF PSYCHOSOCIAL SUPPORT WAS STRONGLY ASSOCIATED WITH SOCIAL ISOLATION (>65%), REDUCED COPING CAPACITY (>70%), AND LONG-TERM DECLINE IN QUALITY OF LIFE (>60%).”

Unpresented abstracts

Long-term side effects of breast cancer

Catherine Ngaracu, Reach For Recovery Kenya; Kenya Cancer Association; RRI Regional Representative for Eastern Africa
Kenya

Catherine Ngaracu

Cancer changed my body, but not my identity!

As a survivor, I live with long-term side effects many do not talk about, such as:

- Loss of a breast
- Changed feelings about beauty standards and sexuality
- Thinning hair
- Eye brows that never fully grew back
- Using deodorant on one under arm as the other was affected by radiotherapy and lymph node removal
- A weakend arm that I am warned not to overuse
- Declining bone health. (Chemotherapy as well as hormone therapies, like aromatase inhibitors and tamoxifen, can lead to osteoporosis or bone thinning, increasing fracture risk.
- Hot flashes, vaginal dryness, and loss of fertility.
- A prickly body during hot weather, with itching or pain in the area where a breast was removed
- Anxiety, depression, and a persistent fear of cancer recurrence

The physiological side effects are serious, but the psychological side effects are more insidious.

I have learned to cope with these side effects. I wear my thin hair short with pride. I embrace my natural look. I only remember I am lopsided when I am getting dressed and, even then, it does not define me.

> “I HAVE LEARNED TO COPE WITH THESE SIDE EFFECTS. I WEAR MY THIN HAIR SHORT WITH PRIDE. I EMBRACE MY NATURAL LOOK.”

Unpresented abstracts

How advocacy, research and peer support are harnessing communication to combat cancer in Kenya

Rosa Ongeso, Co-founder, Partnership for the Eradication of Cancer in Africa (PECA-Kenya)
Kenya

Rosa Ongeso

Cancer control in Kenya increasingly relies on the strategic use of communication to link advocacy, research, and peer support in combating the disease. National frameworks such as the National Cancer Control Strategy (2023–2027) emphasize evidence-informed action, positioning research as a foundation for policy and public messaging. Findings from local studies—such as those supporting single-dose HPV vaccination and HPV DNA–based cervical screening—have been translated into clear public health campaigns that promote prevention and early detection. By converting scientific evidence into accessible messages, policymakers and health professionals strengthen public trust and improve uptake of services.

Advocacy organizations, professional associations, and civil society groups further amplify these messages through community forums, media engagement, and survivor-led awareness initiatives. Communication campaigns addressing stigma, myths, and late presentation have encouraged more women to seek cervical and breast cancer screening. At the same time, structured advocacy has influenced political commitment, resulting in expanded vaccination programs, screening guidelines, and investments in oncology services.

Peer support networks—particularly among survivors—play a complementary role by providing psychosocial support and reinforcing treatment adherence. Through support groups, digital platforms, and community outreach, survivors share lived experiences that humanize cancer care, reduce fear, and motivate timely help-seeking. These interpersonal communication channels bridge gaps between health systems and communities, especially in rural and underserved areas.

Together, advocacy, research translation, and peer engagement demonstrate how coordinated communication strategies can improve awareness, shape policy implementation, and strengthen health-seeking behaviours. Although national survival gains are still emerging, integrated communication efforts are contributing to earlier detection, improved service uptake, and a more supportive environment for cancer prevention and care in Kenya.

“THROUGH SUPPORT GROUPS, DIGITAL PLATFORMS, AND COMMUNITY OUTREACH, SURVIVORS SHARE LIVED EXPERIENCES THAT HUMANIZE CANCER CARE, REDUCE FEAR, AND MOTIVATE TIMELY HELP-SEEKING.”

Unpresented abstracts

Cultural Beliefs and Breast Cancer Health-Seeking Behavior among Maasai Women in Kenya

Stella Mwari Rithara, Nurse, Founder and Co-director, Ongata Ngong Palliative care community (CBO)
Gloria Gakii Kimani, Social Worked and Community Advocate
Kenya


Stella Mwari Rithara


Gloria Gakii Kimani

Background
Breast cancer is a leading cause of cancer-related mortality among women in Kenya, with poorer outcomes observed in marginalized pastoralist communities such as the Maasai. Cultural beliefs, gender norms, and structural barriers may contribute to delayed diagnosis and limited uptake of screening services.

Methods
A community-based cross-sectional survey was conducted in selected rural areas of Kajiado County. Using structured interviewer-administered questionnaires, data were collected from 40 Maasai women aged 20–65 years selected through systematic sampling during community outreach activities. The survey assessed knowledge of breast cancer symptoms, perceived causes, cultural beliefs, screening practices, and health-seeking intentions. Descriptive statistics were used to summarize frequencies and percentages. Ethical approval and informed consent were obtained prior to participation.

Results
Among the 40 respondents, 25 (63%) demonstrated low knowledge of early breast cancer symptoms, and 19 (48%) believed breast cancer could result from curses or spiritual factors. Only 11 women (28%) reported ever undergoing a clinical breast examination, while 7 (18%) practiced regular breast self-examination. Women who endorsed spiritual or traditional causation beliefs were less likely to indicate intention to seek immediate biomedical care. Financial constraints, distance to health facilities, modesty concerns, and the need for spousal approval were commonly reported barriers.

Conclusions
Cultural beliefs significantly influence breast cancer awareness and screening behaviors among Maasai women. Community-based, culturally sensitive education programs and outreach screening initiatives are essential to promote early detection and improve equitable access to cancer care in pastoralist settings.

“COMMUNITY-BASED, CULTURALLY SENSITIVE EDUCATION PROGRAMS AND OUTREACH SCREENING INITIATIVES ARE ESSENTIAL TO PROMOTE EARLY DETECTION AND IMPROVE EQUITABLE ACCESS TO CANCER CARE IN PASTORALIST SETTINGS.”

Unpresented abstracts

Addressing the silent crisis: integrated rehabilitation for long-term breast cancer survivorship

Dr. Rama Sivaram, KEM Hospital Research Centre, Sanjeevani Life Beyond Cancer, NAG Foundation
India

Dr. Rama Sivaram

While global five-year survival rates for breast cancer have improved significantly, survivors in low- and middle-Income countries (LMICs) face a burgeoning public health crisis: the chronic, debilitating side effects of "the cure." In South Asia, aggressive treatment protocols, high BMI, and systemic barriers—including specialist shortages and urban-centric care—leave a significant gap in integrated rehabilitative support.

This ongoing intervention focuses on four persistent long-term side effects: Breast Cancer-Related Lymphedema (BCRL), Chemotherapy-Induced Peripheral Neuropathy (CIPN), Cancer-Related Cognitive Impairment (CI), and Coronary Artery Disease (CAD). Prevalence remains high: BCRL affects 21–27% of survivors in LMICs, while late-onset CAD impacts up to 25% of the South Asian population due to cardiotoxic "chemo-cocktails" and radiation. Furthermore, 33% of survivors sustain cognitive deficits for over a decade, and persistent CIPN (30–45% globally) significantly increases fall risks, distress, and tingling and numbness.

Utilizing a participatory methodology, the intervention employs support group meetings, focus groups, and one-on-one counselling delivered through physical, hybrid, and digital (Zoom/WhatsApp) platforms. The objective is to make integrated rehabilitation "inclusive" by combining proactive self-care with structured clinical follow-up protocols.

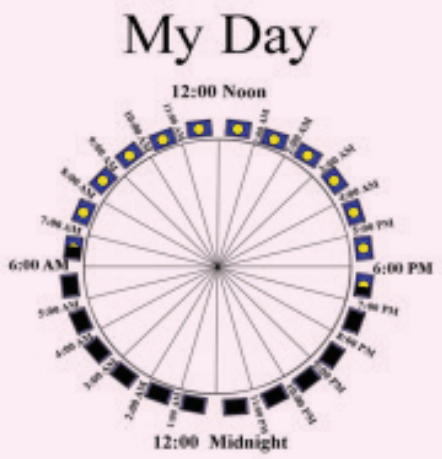
Results indicate that empowered survivors are successfully transitioning into long-term survivorship as a distinct, manageable phase. By recognizing "silent" triggers and adhering to the dual approach of self-care and timely follow-up with clinical interventions as critical to healing, women are proactively minimizing the physical and psychological scars of treatment, thus shifting the paradigm from mere survival to optimal wellness.

“IN SOUTH ASIA, AGGRESSIVE TREATMENT PROTOCOLS, HIGH BMI, AND SYSTEMIC BARRIERS—INCLUDING SPECIALIST SHORTAGES AND URBAN-CENTRIC CARE—LEAVE A SIGNIFICANT GAP IN INTEGRATED REHABILITATIVE SUPPORT.”

Unpresented abstracts

The Daily Activity Clock: a circadian-based framework for integrated breast cancer survivorship

Dr. Rama Sivaram, KEM Hospital Research Centre, Sanjeevani Life Beyond Cancer, NAG Foundation



The transition from acute treatment to long-term recovery is a "silent" crisis of disrupted biological rhythms that many breast cancer survivors face. Treatment-induced life-style changes, emotional and environmental stressors, and the metabolic demands of survivorship often decouple and disrupt the internal body clock from its natural 24-hour cycle. This misalignment is a critical, overlooked driver of persistent side effects including breast cancer-related lymphedema (BCRL), chemotherapy-Induced peripheral neuropathy (CIPN), cognitive impairment (chemo brain), coronary artery disease (CAD), sleep deficit, and poor gut health.

The Daily Activity Clock is used as a part of survivorship education in order to help survivors self-regulate their circadian rhythm in order to promote wellness. By identifying individual chronotypes — the natural inclination people have for timing — it is expected that survivors will optimize and speed their recovery through the three pillars: Light Anchoring (managing the sleep-wake cycle), Metabolic Timing (regulating the internal 24-hour co-ordination of metabolic processes), and Digital Sunsets (minimizing blue light to trigger cellular repair, energy conservation and restoration).

Delivered through hybrid support groups, digital platforms (WhatsApp/ Zoom), and one-to-one consultation and counselling, the sessions guide each survivor to recognize their own body's 24-hour clock and lifestyle and how disruption of the circadian rhythm and body clock exacerbates any bodily symptoms and dysbiosis.

The Daily Activity Clock is an info-graph of a conscious, 24-hour cycle — an indicator for needed changes, improved sleep, gut health, weight management, stress and pain. Resetting the Internal Clock is a personal responsibility, beyond passive endurance toward active self-care, fostering optimal holistic health and enhanced quality of life.

> “THE DAILY ACTIVITY CLOCK IS USED AS A PART OF SURVIVORSHIP EDUCATION IN ORDER TO HELP SURVIVORS SELF-REGULATE THEIR CIRCADIAN RHYTHM IN ORDER TO PROMOTE WELLNESS”

Unpresented abstracts

Melbourne Pink Phoenix and Dragons Abreast Australia: dragon boating after breast cancer

Niki Calastas, Dragons Abreast, Melbourne Pink Phoenix Australia

Niki Calastas

Each year in Australia, nearly 20,000 people are diagnosed with breast cancer, with more than 160,000 Australians currently living after a breast cancer diagnosis within the past 10 years. As survival rates continue to improve, greater emphasis is being placed on survivorship, rehabilitation, and quality of life following treatment. Exercise after breast cancer diagnosis and treatment has been shown to be beneficial, with improvements in physical function, fatigue, mental health, and social wellbeing. Rehabilitation and exercise programs are often available at various levels through hospitals, community organisations, and sport-based programs.

One of the most influential exercise movements for breast cancer survivors began in 1995, when Dr. Don McKenzie worked with breast cancer survivors and helped establish the first dragon boating team, “Abreast in a Boat,” to investigate the role of upper-body exercise in lymphatic function. At the time, there were concerns that strength training and repetitive upper-body activity might worsen lymphedema, a common side effect of breast cancer treatment affecting the trunk and arms. The research demonstrated that appropriately prescribed exercise was safe and beneficial, and the initiative grew into a global movement. Today, there are over 390 International Breast Cancer Paddlers’ Commission teams across 41 countries, including approximately 50 teams in Australia.

This presentation will focus on Dragons Abreast Australia as a nationwide network of breast cancer paddlers, highlighting the role of dragon boating in rehabilitation, community connection, and long-term wellbeing. It will also provide an overview of Melbourne Pink Phoenix, the club where the presenter paddles and coaches, and explore future opportunities for dragon boating to further support breast cancer rehabilitation, survivorship programs, and community health initiatives.

“EXERCISE AFTER BREAST CANCER DIAGNOSIS AND TREATMENT HAS BEEN SHOWN TO BE BENEFICIAL, WITH IMPROVEMENTS IN PHYSICAL FUNCTION, FATIGUE, MENTAL HEALTH, AND SOCIAL WELLBEING.”

How timely effective communication, information, and peer support services helped me arise from my breast cancer diagnosis and keep moving forward

Rosa Ongeso

Rosa Ongeso
Kenya

Cancer took over my life in 2010. In this pivotal year, in the midst of a high-paced career progression, cancer struck me down. It stormed in unexpectedly, like a giant tornado, sweeping aside my dreams and aspirations and leaving behind scattered. mutiliated chest scars, mental confusion, lost confidence and a silenced voice. It was indeed an ugly monster that came to stay; that sought to disrupt, distort, and destroy my path of prosperity as an international development specialist. All at once, my life was a shattered ruin. It was a silent stealth invasion, I recall well: there I was in a plush hotel in Sandton, Johanesburg on a field assignment, running a warm bath to relax and unwind following an intensive day of project supervison and meetings. I was so looking forward to that bath and to a good dinner thereafter. However, as I slipped out of my clothes, I noticied dried blood on the left side of the white bra I had worn. I also noticed dried blood around the nipple area. I recalled I had experienced some itching and rubbed my left breast several times in the course of the day, but I assumed it was the usual sensation of an upcoming monthly period. Nevertherless, the blood seemed unusual and, with concern, I called the hotel's reception to enquire about doctor services, I was given contact information for a nearby medical centre in Rosebank locality. I recall lingering worry during my dinner and well into the night. Early the next morning, I called the clinic and obtained an appointment with an available doctor. A taxi took me from the hotel to the clinic. This appointment was the start of a milestone journey — my life changed direction permanently. At the medical centre in Rosebank, I was diagnosed with breast cancer: HER2 positive. Shortly thereafter, I underwent a Patey mastectomy. This is how I came face to face with a disease I knew little about and which seemed so out of place in my cozy, professional, high-paced lifestyle.

When the doctor gave me the diagnosis, I was perplexed, unable even to comprehend the treatment he offered: removing my left breast to save the rest of me! I had only minimal understanding of cancer and its life threatening aspects. I had heard of it, mostly from western movies such as the 1970 American blockbuster movie, Love Story. To me, cancer seemed far removed, existing only in far away, western lands. I listened in stupefied shock and bewilderment as the doctor explained that the CT scan and mammography indicated a localised breast cancer around my nipple and that it was HER2 positive, as confirmed by the biopsy results that he had also requested. He added that HER2 positive is a type that spreads quickly and requires quick intervention. He had consulted with a team of doctors who had agreed that a mastectomy was the best overall solution given the fast spread of HER2 positive cancers. The medical terminologies the doctor was using made absolutely no sense to me. I numbly agreed to his proposed course of actiuon, not understanding much, but thinking that he would know best. My next steps involved planning around dates and admission for surgery and treatments, costs, and absences from work. All had to be undertaken with minimal delay.

From the look on my face, I suppose, the doctor then paused and asked me if I had any questions and how I was feeling. Tears were welling in my eyes and I could not speak. In an emphatic tone, he explained that all would be well and assured me that my chances were good, as the cancer had not spread and could be managed well. He spent time explaining cancer as a disease that attacks cells and assured me that great strides had been made in combating it. As he spoke, I could feel calm returning and my fear of a death sentence lifting. He took time to explain the type of cancer and why it needed quick action, saying it was like a spider web in attacking cells. He reiterated that my best option would be a mastectomy to ensure the cancer was removed before any spider web-like spread could form. An entire team of doctors would be involved to ensure all best options were applied. The doctor assured me that I would have the option in a year's time to pursue reconstruction with a breasts implant that could last me seven to ten years, and I could live a normal, high-quality life. In the meantime, I could have a removable prosthesis that would give me balance and comfort. This initial exchange went a long way toward raising my downcast spirits.

I left the doctor's office with a frame of mind to do all that was necessary to fight for my life. My fear and anxiety had been greatly allayed and I was no longer feeling overwhelmed. The exchange with the doctor had given me clarity and a better understanding of what was happening in my body. It also gave me a clearer understanding of cancer; that it is a disease that is real and can happen to anyone and in any place. It also left me with a good understanding of the treatment I was to undergo as well as the way forward past the surgical treatment. The doctor had communicated effectively with me. He had taken time to listen, to empathise, to explain in simple terms, with real life imagery, the medical terms I was encountering for the first time. He gave me a full picture of the cancer trajectory that I had just begun. I spent that day calling my family members, scattered globally, to inform them. Their words of comfort assured me I was not alone in facing the shocking news.

I continued to gain understaning of cancer and its scope by devoring online, digital information. I gained insights and understanding that helped clear my initial fear of an impending doomsday and reinforced my resolve to fight on. I was fortunate to have internet accessibility as well as the necessary hardware to browse endlessly on the web, thus increasing my knowledge about cancers beyond just breast cancer. They say you can only fight your enemy best when you have all the insights and knowledge about them, and that is how I perceived cancer: an enemy to be fought hard from all dimensions required.

The communicative style and approach of my health insurance company also helped me navigate the surgery. Importantly, the insurance company connected me to the local representative who assumed a personalised approach in my case. She got in touch with me directly and gave me her telephone number. This facilitated a to-and-fro exchange that enabled a smooth, step-by-step hospital admission and payment process for doctors' fees. She even visiited me on the day of my admission to check that all was in order. This personalised support, both via telephone and face-to-face, was a great comfort and assisted me immensely, as I was far away from home, family, and friends.

Peer support services further bolstered my survival. In the period following when I had the mastectomy, peer support in the form of a volunteer greatly boosted my resolve and assisted my way forward in coping. The volunteer was from a cancer care NGO. She would normally visit patients in hospitals and offer help and support as needed. She conveyed a lot of information about breast prostheses and how to use them. Moreover, she brought me a temporary, hand-woven breast cotton filler with a small bag. This was to help me during the period the scar would need to heal before the stitches could be removed. Later, she helped me identify pleaces where I could buy a more permanent external prosthesis, and she explained how to maintain it and what types of undergarments I would need in order to feel confident and at ease with my altered body. These encounter were very helpful, as the volunteer shared how to handle the treatment side effects and took me to a shop where I bought appropriate creams and oil to relieve the scar. She shared several practical tips on staying active and dealing with emotional stress. Much of this communication took place during our face-to-face encounters at the hospital and later, when I was discharged, we continued to commuinicate with each other. A key factor in my treatment and recovery process was being able to talk through the situation with someone who could give help in the form of advice and guidance.

In 2017, cancer again reared its ugly head, attacking my thyroid gland and lymph nodes along the left side of my neck. A carcinoma umbilical nodule was also uncovered. Surgery was recommended to remove the thyroid gland and lymph nodes and the cancerous nodule, followed by a one year course of chemotherapy and radiotherapy. Peer support services integrated at the hospital oncology department supported this second phase of my battle with cancer.

Additional support came from a dedicated team of nurses and nurse assistants who ensured smooth follow-up via telephone calls after each chemo appointment. They checked to ask how I was feeling and to ensure that I was following the prescribed protocols before and after each dose. Another health professional provided a one-stop advisory and connection point that enabled me easily to access the accessories I needed to mitigate the side effects of treatment, such as wigs, scarfs, turbans, and other helpful items like suitable creams and make up, nail care, and grooming products. This information point was fundamental to my coping and managing my daily life; my confidence and quality of life was maintained as I discovered tailored products suited to cancer surivors. This restored and upheld my needs as a woman to feel attractive and well presented. Indeed, throughout the year-long treatment regimen, I kept up with my teaching job and socialised and connected with friends. I was able to navigate my daily life in general with ease and comfort.

Following the end of my chemo treatments, I received further peer support by exercising weekly with a group of cancer survivors. This also helped to combat the weakened muscles, fatigue, and associated side effects of the five years of hormonal treatment prescribed to lessen the risk of recurrence. Weekly physio massages and round-table information workshops with cancer specialists, patients, and survivors all contributed towards my eventual recovery and well-being.

In all, I greatly benefited from the overall patient-centred services anchored on well-crafted communication strategies and skills. These included both dedicated nurse-led navigation support, doctors with effective communication skills, peer support from various cancer care associations, and online digital information resources. By God's grace, I remain a cancer survivor today.

Lighten the load: the words we choose

Claire Warneke
South Africa

Claire Warneke – Board member, Reach for Recovery SA. Claire is a South African copywriter and storyteller with a passion for words that move people. She writes for Rooftop, a creative agency whose work with multilateral organisations and NGOs has reached audiences around the world. When she's not crafting scripts, you'll find her with her hands in potter's clay or garden soil — growing her own veggies and finding inspiration in the slower things in life.

Six months of chemo treatment and six weeks of recovery from a double mastectomy gave me a lot of time to think about how to really care for someone going through a difficult time.

Getting a cancer diagnosis is a huge shock. Not just for the patient, but for everyone around them. And no matter how hard you try to maintain the "normal", things will change. How these changes impact your life are influenced by you, and the support systems around you.

Here's where communication comes in.

Research shows that a positive mindset is one of the most important factors influencing quality of life during your cancer journey. The things you say to yourself can literally shape your experience and your response to pain and side effects.

But as any survivor knows, it's not always easy to remain positive. No matter how "stubbornly optimistic" you are, how faithful you are, or how convinced you are that you're going to defeat the disease, there are bad days. Days when the nausea comes in waves. Days when your energy is so depleted you can't think straight. Days when you feel cold and grumpy and miss your hair.

This is when your tribe of supporters can help carry the load.

But when you're going through cancer treatment, dealing with people – even people who care about you – can be overwhelming. On one hand, you appreciate all the messages of support, and on the other hand, you feel exhausted having to reply to every message. Sometimes treatment also means having to isolate physically, but that doesn't mean we have to feel emotionally alone. That's where we can use technology to help minimise the mental load and maximise support.

During my treatment, I created a WhatsApp group for friends and family who wanted to walk the journey with me. After each chemo session, I sent a single message to let them know how it went. The group meant that I could still receive their prayers, encouragement, humour and love without the burden of having to update everyone individually.

Communication doesn't always have to be in words. Sometimes it's about what isn't being said.

If someone's going through a tough time, we often say, "let me know if there's anything I can do to help." But how often does that person actually reach out? During my treatment, I felt like I would be a burden if I asked for help, so it was a huge relief when my friends and family were proactive.

Instead of asking what they could do to help, they asked "What day can I deliver a meal?" or "Can I take the dog for a walk this weekend?" Simply changing the question into an action empowered me to ask for what I needed without feeling guilty.

Every year, over two million women are diagnosed with breast cancer. None of them should have to face the journey alone. That's why Reach for Recovery is so important, and why volunteers are at the heart of the organization.

All our stories are unique - from our diagnosis to our circumstances and the people around us. But when we're able to support a breast cancer patient just by listening and helping her to process her journey - that is the power of communication.

Harnessing the power of communication in fragile settings: a Palestinian model for supporting breast cancer survivors

Suheila Hijazi and **Carol El Jabari**
Patient's Friend's Society - Jerusalem


Suheila Hijazi


Carol El Jabari

At Patient's Friends Society – Jerusalem, effective communications are a key tenet of how we support women and men living with breast cancer. In Palestine, where movement restrictions, economic hardship, and uncertainty shape daily life, staying connected is as vital as medical care.

We have learned that when a patient hears the words "you have breast cancer," what follows is often fear, worry, and a sense of isolation. Our role is to create safe spaces where they can speak openly about their fears, feel heard, and regain a sense of dignity and hope.

In our mediated group support sessions, patients share their experiences, talk about the challenges of diagnosis and treatment, and explore ways to cope with social stigma. These moments of connection — when a woman sees her story reflected in another — are where healing truly begins. Peer communication strengthens coping mechanisms, eases anxiety, and helps women reclaim a sense of control over their lives.

During periods of strict closures and heightened tensions, when women can not reach our centers, we adapt. Psychological counseling continues over the phone, peer-support groups move to messaging apps, and educational and awareness materials are shared through social media. Each message, call, and online interaction reminds women that they are not alone, preserving human connection and reinforcing a sense of safety.

Beyond direct support, we work to break the silence around breast cancer in the community. Survivor testimonies, public awareness campaigns, and educational programs have encouraged early detection, strengthened trust in healthcare providers, and given women the courage to speak openly about their journeys.

Our experience has shown that communication in fragile and conflict-affected settings is not just about exchanging information. It is about building resilience, restoring dignity, fostering solidarity, and empowering women to become active participants in their healing journey. In our daily work, we have seen how a voice can be the strongest medicine — helping a woman move from fear to hope, from isolation to community, and from despair to confidence.

When communication heals: reflections from the frontlines of cancer care

Laleh Busheri, CEO, Prashanti Cancer Care Mission India

Laleh Busheri

When healthcare progress is discussed on global platforms, the focus often rests on innovation — new technologies, expanded infrastructure, and improved clinical outcomes. These measures matter. They reflect years of scientific effort and policy investment. Yet, after more than two decades of working closely with patients, caregivers, clinicians, and communities, my own understanding of progress has evolved.

Some of the most meaningful moments in healthcare do not happen in laboratories or operating rooms. They happen quietly, sometimes in a pause after a talk, sometimes in a question asked hesitantly, sometimes in a moment when someone is simply looking for reassurance that their concern is valid. In those moments, communication is no longer just about sharing information. It becomes something deeper. It becomes care. I carry one such moment with me, and it is closely tied to a reality I see repeatedly across India and many developing countries. Woman is the pivot of society. She takes care of her children, husband, aging parents, and extended family members. In the process, she frequently places her own health last. This gendered caregiving pattern and its impact on delayed healthcare-seeking behavior is well documented[1]. This is why I have increasingly felt that when men attend awareness sessions, their presence matters deeply. I have seen how effectively this works when men in the audience go back and encourage their wives, sisters, and mothers to seek evaluation or go for annual check-ups. In many cases, that encouragement becomes the turning point. One such instance followed an awareness session at an IT organization.

As people began filing out, a gentleman approached me, apologizing for taking extra time. His concern, however, was urgent. He spoke about his wife, a young mother of two, who had been experiencing blood stained nipple discharge while breastfeeding. She had consulted her gynecologist earlier and had been reassured that it was an infection. Antibiotics were prescribed. The discharge did not resolve.

Earlier that day, I had spoken about breast self-awareness and early warning signs, including the need to take abnormal nipple discharge seriously. That conversation, held far removed from any clinical setting, had stayed with him. It prompted him not to dismiss what he was seeing at home. I advised him to seek a specialist opinion. His wife was subsequently evaluated under the care of Dr. Chaitanyanand Koppiker at Prashanti Cancer Care Mission (PCCM) and diagnosed with Stage II breast cancer. Because the signs were acted upon in time, she received appropriate treatment, including surgery, and continues to do well on follow-up today.

I reflect on this experience often—not because of the diagnosis but because of what made timely care possible. There was no sophisticated intervention at the start. There was accurate information, understood at the right moment, and the confidence to act on it. Awareness led to understanding. Understanding led to action. That sequence changed a life.

This experience reflects a much wider reality in India. Breast cancer is now the most common cancer among women in the country[2]. While treatment capabilities have advanced considerably, delayed presentation remains a major concern. Many women still come to care with locally advanced disease[3,4]. This delay is rarely due to lack of treatment alone. More often, symptoms are normalized, fears are unspoken, and reassurance is accepted too easily, sometimes by patients, sometimes by practitioners. Cultural factors, caregiving responsibilities, financial pressures, and stigma all shape how Indian women approach breast health. In this context, communication is not incidental to care. It is central to early diagnosis and outcomes.

Communication as a leadership responsibility

At PCCM, this understanding has shaped how we work. Over the years, we have learned that communication cannot be occasional or reactive. It must be intentional, culturally sensitive, and responsive to an individual's emotional and social contexts. Our early focus on community awareness and screening — now extending to over 40,000 camps — was never about campaigns. It was about conversations. Conducted in local languages, these interactions aimed to make breast health less intimidating and more accessible.

One consistent leadership lesson has emerged for me: people do not act simply because they are instructed to. They act when they feel heard and understood.

As engagement with patients deepened, it became clear that communication must continue well beyond awareness and diagnosis. I have seen many women managing cancer alongside family and work responsibilities, often placing their own needs last. This recognition led to the integration of onco-psychology services, nutrition counselling, genetic counselling, and yoga and wellness programs. These are not additions to treatment; they are part of care itself, supporting patients throughout their journey and helping them navigate emotional strain, complex decisions, and survivorship. Listening also requires structure. Through Patient-Reported Outcome Measures (PROMs), we actively seek patient perspectives. High satisfaction across BREAST-Q domains — breast satisfaction (85%), physical well-being (78%), sexual well-being (73%), psychosocial well-being (87%), and overall outcomes (86%) — offers insight beyond clinical success. These metrics represent voices, reflecting how women experience their bodies, recovery, and care.

Communication also extends into education and research. Through BreastGlobal and the International School of Oncoplastic Surgery (ISOS), established under the leadership of Dr. C. B. Koppiker, over 4,000 surgeons have engaged in structured learning through 25+ workshops and conferences, along with 30+ webinars in breast and oncoplastic surgery over the years. With 60+ peer-reviewed publications spanning surgical techniques, treatment audits, clinical algorithms, and health services research, our work seeks to ensure that bedside experience informs broader clinical understanding—particularly vital in a resource-limited country such as India. Despite advances in science and connectivity, the essence of healthcare communication remains unchanged. It is not defined by how much we speak, but by how carefully we listen. When silence goes unrecognised, care is delayed. When communication is thoughtful and inclusive, it builds trust — and trust enables timely action. In cancer care, that timing can change everything.

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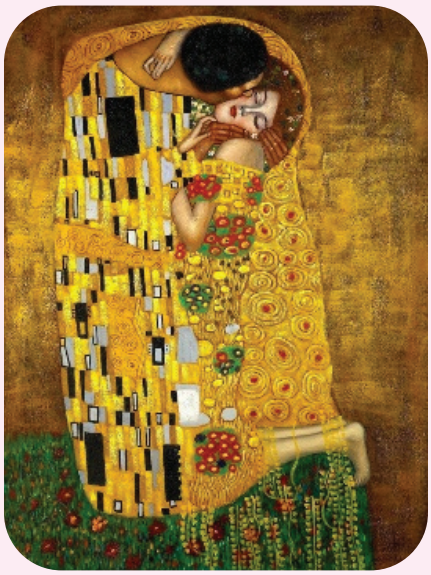
Reweaving the tapestry: new communication for the new normal

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

Rama Sivaram



Gustav Klimt's The Kiss (painted in 1907–1908)

The breast cancer journey does not belong to the woman alone; it is a shared spouse and family vulnerability. Moving from a state of "measured" or guarded conversation into deeply meaningful communication is a skill that can be learned.

By paying careful attention to subtle linguistic cues — the specific words chosen, grammatical structures, and tone — partners can read between the lines, interpret underlying emotional states, and maintain the essential sense of "we and us" that is necessary for understanding how to manage recovery as a couple.

Steps to build bridges and heal communication gaps

When facing high-stress transitions, couples often build walls — either as a defensive shield or a protective buffer to keep from upsetting one another. Over time, this leads to a communication deficit where individuals decide it is "better to keep quiet."

To dismantle these barriers and foster congruent communication (where your internal experience perfectly matches your external expression), integrate these core principles:

- **Accept the shared experience.** Acknowledge that the emotional burden is collective. If one part of the family system is impacted, the entire family experiences the impact.
- **Embrace interdependent dynamics.** Interpersonal communication is a continuous, two-way interactive process. Listening with deep presence is just as critical as speaking; both partners are equal senders and receivers.
- **Shift the grammar.** Explicitly move your vocabulary from "I and me" to "we and us". Refocusing language around shared strength ensures the emotional weight is never borne in isolation.
- **Cognitively reframe the narrative.** Shift the mindset during active communication to focus on *gains* —*i.e.*, survival, resilience, and deepened bonds — rather than focusing solely on the losses imposed by the disease.

Split time triple-track time strategy

To prevent the illness from completely consuming the domestic and mental space, couples can implement a structured triple-track strategy by dividing a healthy amount of time for each type of communication. This deliberately allocates dedicated time to distinct dimensions of the relationship, ensuring the relationship is tended to while the body is being treated.

Establish mutually agreed-upon, uninterrupted time each day to talk about:

- **Medical issues** such as symptoms, medication, medical appointments, etc. This can be as little as 20-30 minutes.
- **Emotional issues** like fears, hopes, and non-medical feelings. Each spouse should be the other's confidante. Setting aside an hour a day for this ensures that both body and relationships are being tended to.
- **Mental space.** I recommend keeping the rest of the time free for normal, everyday activities such as general family conversations, work, and hobbies. This is important in order to normalizes the atmosphere at home and to allow the woman to be seen as herself rather than as a patient or simply survivor.

Navigate intimacy and reclaim physical connection

The short- and long-term side effects of breast cancer treatments often profoundly impact a woman's libido and body image, which indirectly creates a ripple effect of uncertainty for the spouse. Navigating the "new normal" requires a new, safe, and highly intentional vocabulary of intimacy.

- **Redefine the vocabulary: from intercourse to outercourse.** Remove the pressure of physical performance by shifting the focus toward engaging the five senses (touch, sight, hearing, smell, and taste). Sensory connection transcends the physical act, transforming intimacy into an immersive, mindful, multi-sensory experience that builds a stronger emotional anchor.
- **Implement sensate focus.** Prioritize non-sexual, safe touch as a foundational element of non-verbal communication. Simple gestures — holding hands, sustained hugs, a gentle brush of the hand, or running fingers across the face or head — validate the presence of our bodies as a vital source of mutual comfort and grounding.
- **Face the fear with emotional language.** Initiating intimacy after trauma can be intimidating. When vulnerability or anxiety surfaces, navigate the moment by anchoring conversations strictly in emotionally driven phrases rather than logic or observation.
  - **Use "I feel...."** *Example:* "I feel vulnerable right now," or "I feel a deep desire to be close to you, but I feel nervous." This directly reflects empathy, concern, and authentic inner states.
  - **Avoid: "I think...", "I see...", or "I hear...."** Purely logical observations or cognitive processing cues can inadvertently create analytical distance when emotional reassurance is what is truly needed.

Cultivate the "secret garden"

Every couple needs a dedicated, sacred space — both physical and mental — to anchor themselves amidst the chaos of recovery. Create small, daily rituals that

belong exclusively to the two of you. This can be as simple as:

• Sharing a book or listening to a favourite piece of music together.

• Watching the sunrise, sunset, dawn, or dusk.

• Sharing a quiet morning cup of coffee or an evening glass of wine.

• Intentionally protecting space for humour, light-heartedness, and shared laughter.

While it is entirely natural and necessary to grieve the past and honour what has been lost, a new life awaits. By remastering these verbal and non-verbal patterns, families can reweave the rich tapestry of their relationships, leaving old ways behind to focus fully on today well-lived and tomorrow eagerly anticipated.

Imagine, living the lyrics of the Simon and Garfunkel song "The Dangling Conversations:"

…
And we sit and drink our coffee
Couched in our indifference
Like shells upon the shore
You can hear the ocean roar

In the dangling conversation
And the superficial sighs
The borders of our lives

And you read your Emily Dickinson
And I my Robert Frost
And we note our place with book markers
That measure what we've lost
…

(Written by Paul Simon, 1966.)

Should our lives be this? Consider this instead:

Here with a Loaf of Bread
beneath the Bough,

A Flask of Wine, a Book of Verse—
and Thou

Beside me singing in the Wilderness—

And Wilderness is Paradise enow.

(Rubáiyát of Omar Khayyám, Persian astronomer poet, 11th-century (English translation by Edward FitzGerald,1859).)

A South Asian focus: the "us and we" ecosystem: transforming communication in the wake of breast cancer

They come together, each locked in their own thoughts. The hospital becomes a liminal space — a threshold where emotional states, time, and space are poised in transition, belonging fully to neither the past nor the future. I see this reality reflected in the sudden silence and altered body language of patients and their primary caregivers, particularly within the husband-and-wife or partner dyad. This is the profound stillness that immediately follows a breast cancer diagnosis.

For most women and their spouses I have met after a diagnosis, regardless of what their relationship is or has been, lines from the Emily Dickinson poem *After great pain a formal feeling comes* flash through my mind. First, "*After great pain, a formal feeling comes - The nerves sit ceremonious, like Tombs –"*

The trauma of a cancer diagnosis is an intense emotional shock where words melt away. Individuals find themselves frozen, stiff, and numb in the solemn silence of a grave, temporarily bereft of eye contact or any form of communication.

Another fitting line from the poem: *"The feet, mechanical, go round… A quartz contentment, like a stone."* An educated, middle-aged woman once told me that she suddenly felt like a robot on autopilot, with no clear sense of where she and her partner were, where they were going, or how they had arrived at this point. She and her husband were entirely stupefied; the medical verdict silenced all communication for the moment.

And finally from the poem: *"This is the hour of lead – Remembered, if outlived – As freezing persons, recollect – the Snow – First chill, then Stupor, then – The letting go –"* Many couples in my counselling sessions, particularly the women, share how they are left with an overwhelming sense of loss. The weight of their emotions leaves them cold and dazed in the immediate aftermath of a breast cancer diagnosis. Eventually, they feel a sense of release that allows them to move forward, but the patterns, content, and non-verbal nuances of their communication shift into a fragile terrain that must be tread with extreme caution. For some, communication improves; for others, it worsens. While we are born with an innate ability to express basic needs and adapt to our cultural context, a cancer diagnosis transforms a relationship — specifically a marriage — into an interdependent emotional ecosystem. This ecosystem is dynamic, requiring the learning of new skills, continuous adaptations, and constant refinement to navigate a new normal.

Cultural nuances in communication. Stillness and gaps in communication exist across all cultures, yet they manifest differently.

• **The western world.** The brief, internal shock is quickly replaced by external communication and proactive information-gathering.

• **The eastern and oriental World.** A prolonged, quiet withdrawal often occurs — a communication gap that serves as the necessary time to internally process thoughts before speaking.

• **The family unit.** A gap may be intentionally created to avoid causing collective worry or inviting social shame.

• **Protective stillness.** Partners may use silence intentionally to shield one another from the heavy emotional burden of cancer.

We cannot rewrite what has been deeply assimilated from our culture. It resides in both our conscious and subconscious minds, manifesting in familial structures, gender norms, and restrictive decision-making roles.

Barriers within the South Asian context. Within South Asian socio-cultural structures, culture, family dynamics, gender roles, and breast health are deeply intertwined. This ecosystem contains both empathetic, enabling features and disabling ones, often because families simply do not know any other way to navigate the

crisis. To foster optimal well-being, we must consciously examine the disabling features that act as major barriers to communication across three distinct dimensions:

Dimension	Manifestation and impact
1. Taboo and hyper-sexualization	The reproductive anatomy of the female is hyper-sexualized and, so, taboo. Taboo naturally means that linguistic censorship in silence, with undertones of fear of diminished femininity and compliance, are thrust upon her. The consequent cognitive dissonance is a mental discomfort, when deeply imbibed beliefs clash with external pressures that make breast health and reproductive issues a "normal" part of womanhood.
2. Familial dynamics and finance	Financial control and mobility often rest with the husband or parents-in-law, making a woman's healthcare dependent on others. Social stigma creates unsupportive or indifferent micro-environments where open conversations about breast health are dismissed or avoided to prevent public disclosure.
3. Restrictive gender roles	Societal expectations position the woman strictly as the family caregiver rather than a care receiver, causing a severe lack of self-care.

The urban paradox. In urban spaces, these barriers adapt to a fast-paced, high-stress environment. While awareness of breast cancer may be high, actual health-seeking actions remain low due to psychological and cultural walls. An urban woman's financial independence is often consumed by the high cost of city living, which frequently reduces wellness to cosmetic, superficial self-care while deferring major medical decisions to her spouse. Caught between home and career, the multitasking urban woman faces a double jeopardy that restricts how she navigates her health and shapes communication in both her private and public life.

Cultivating the "us and we": The continuum of cancer care extends far beyond the hospital doors and into the family ecosystem where life is actually lived. A purely physiological burden quickly translates into a parallel psychological and communication burden, driven by deeply intersecting cultural constructs, learned beliefs, and systemic gender roles.

For a healing post-cancer ecosystem, dyadic communication is vital. The long journey from diagnosis to survivorship demands a shared emotional, physical, and relational landscape. In this new, interdependent emotional system, the psychological adjustment and coping skills of one partner directly influence the well-being of the other.

When a spouse transitions into the role of a caregiver, the patient-caregiver dynamic can easily overshadow the husband-wife bond. This is the pivotal moment for transformation. To ease the journey toward survivorship, couples must cultivate strong, open, and mutual communication. Fostering shared goals allows them to overcome the weight of what is truly a "couple's disease."

This positive transformation is driven by:

- **Reciprocal self-disclosure.** Creating a safe space to share moments of deep doubt and fear.
- **Responsiveness and validation.** Actively listening to and validating each other's emotional grief.
- **Team engagement.** Facing both the good and bad days with a profound "together we can" mindset.

Proactive communication deepens the marital bond, fosters higher relationship satisfaction, and allows spouses to become true friends. This relational strength ripples outward to improve wider family and social relationships, paving the way for healthy post-traumatic growth and a renewed meaning in life.

We might all wish for the type of pure, wordless communication that Emily Dickinson shared with her muse and sister-in-law, Susan. In an 1856 letter to Susan, Dickinson wrote: *"If you were here and, Oh that you were, my Susie, we need not talk at all, our eyes would whisper for us, and your hand fast in mine, we would not ask for language."* Alas, real life comes with harsh highs and lows. Yet, the power of communication — through words and actions, both verbal and non-verbal — is so profound that it can turn the tables on adversity. Through the collaborative hard work of building intimacy and resilience, couples can stand safely, proudly, and tall together.

Warmth within the screen:
How Reach for Recovery South Africa is keeping the human touch at the heart of breast cancer peer support

Stephné Jacobs, Chairperson Emerita, Reach for Recovery South Africa: Director, Reach to Recovery International South Africa

Stephné Jacobs

Every year, millions of women around the world hear the life-changing words: "You have breast cancer." While medical advances are remarkable, research shows that emotional and peer support can improve quality of life, reduce anxiety, and help women feel less isolated during and after treatment. These meaningful connections remind women they are not alone, offering hope, understanding, and encouragement throughout their cancer journey.

Peer support starts with a caring volunteer — someone like you or me, who has faced the same fears and uncertainties. A gentle voice saying, "I've walked that difficult path too," can mean everything in that moment of despair.

For nearly sixty years, Reach for Recovery South Africa has recognised the powerful impact of one survivor reaching out to another. Our dedicated team of 236 trained volunteers provides comfort and guidance to nearly 6,000 women each year, ensuring they have someone to turn to.

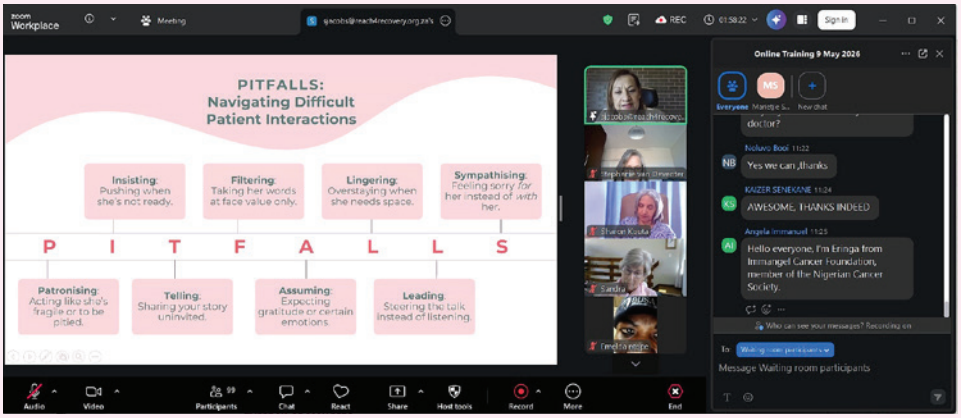
The Digital Challenge

About six years ago, we faced a pressing question: Can we genuinely provide meaningful peer support training online? How do we integrate technology without sacrificing the warmth and empathy that define our mission?

As we embraced new training methods, our core purpose remained unchanged. Instead of merely shifting our classroom sessions online, we focused on creating an engaging learning experience that preserved the warmth, connection, and interaction at the heart of Reach for Recovery. We aimed to "warm up" the virtual space. While we couldn't offer a physical touch, we made it our mission to create a strong sense of belonging and emotional safety through the screen.

Creating a Virtual Tapestry

To achieve this, our online sessions evolved into vibrant forums for open discussions, themed activities, and moments for reflection, complete with facilitated breakout rooms. Each aspect was thoughtfully designed to foster sharing, learning, and rebuilding



confidence among participants. The digital chat transformed into a tapestry of encouragement, where women exchanged symbols of hope, love, and survivorship.

The outcome has been truly inspiring. What began with 45 participants in 2021 has grown into a thriving online training programme. By 2026, we proudly celebrated 178 registrations, including 99 new peer support volunteers ready to begin their journey of serving and supporting others.

Together, they come not only from South Africa but also from neighbouring countries such as Zambia, Zimbabwe, Nigeria, Tanzania, Lesotho, Kenya, and Eswatini.

Looking to the Future

This success has invigorated our mission, inspiring us to host online Peer Support Training twice a year from now on. We're also planning guided online role-play sessions, giving volunteers a supportive space to practice real-life conversations and grow in confidence before they begin supporting patients.

As we look ahead, one truth remains clear: at this very moment, another woman is receiving the news that she has breast cancer. We want her to know there's someone ready to connect with her—a trained volunteer who can quietly say, "I understand what you're going through."

Here, compassion comes alive, driving our commitment to ensure that no one faces breast cancer alone. While technology may transform the way we connect, the depth of our care remains unchanged. Wherever compassion finds a way to bridge the distance, hope is never too far behind.

For more information about Reach for Recovery South Africa's Peer Support Training Programme, please reach out: ' sjacobs@reach4recovery.org.za

> "THE SCREEN BECAME MORE THAN TECHNOLOGY—IT BECAME A PLACE WHERE VOLUNTEERS FOUND WARMTH, BELONGING, AND HOPE."

Personal stories of hope and resilience from survivors:

Surviving bad news by focusing on the positive

Sophie Fu
Australia

On the 16th of May, 2023, I was about to leave the house for an appointment with my breast surgeon. I'd undergone bilateral mastectomy and treatment for breast cancer 10 years earlier and, because of concerns I had about the scar tissue left by the surgery, the surgeon had excised the scar for further analysis. I was to meet with him to get the results, and I was dreading the worst possible news.

As I was about to leave the house, the phone rang. When I answered, the caller said: "Congratulations Sophie, you are our 40-thousandth member!" It was the Membership Department of the National Rugby League Brisbane Broncos – my beloved team – calling from their team headquarters to tell me that my membership application had been accepted!

> "LIGHT CAN COME FROM THE MOST UNEXPECTED PLACES AND MOST UNEXPECTED SOURCES. FIND SOMETHING TO HANG ONTO DURING THE TOUGH TIMES. LOOK FOR IT AND KEEP GOING."

As I feared, my surgeon *did* deliver bad news later that day, saying "I am sorry Sophie, it appears the scar tissue has regrown your original cancer." My whole world fell apart. I found myself in another fight for my life and needed all the help on my side I could muster! The next seven months and beyond would send my family into a state of turmoil. It's true: having cancer and undergoing treatment changes everything for you and your family and friends. I cannot describe in words how my health diagnosis impacted on my immediate thoughts and feelings. It is fair to say I felt like I hit rock bottom.

During those dark times, I allowed those seven words from the Bronco's Membership Department to replay in my memory on a loop and boost my spirits. Somehow, they gave me hope. A completely random and unexpected phone call had managed to put a positive spin on my situatiuon. Even though I was facing a really awful situation, I had reason to feel elation and see potential. I was in for a roller coaster ride of bad times with chemo and radiotherapy, and but there would also be good times cheering on my team! It came full circle when I witnessed the Broncos winning the 2025 Grand Final at Accor stadium!

The lesson I learned from all this is, if you find yourself in your life's darkest moments, always keep hope alive. Light can come from the most unexpected places and most unexpected sources. Find something to hang onto during the tough times. Look for it and keep going.

Sophie with her husband and a Brisbane Broncos representative

Spotlight on our members: Malta

Action for Breast Cancer Foundation

Esther Sant, Chairperson and Co-founder of ABCF Malta

Action for Breast Cancer Foundation co-founders Esther Sant and the late Helen Muscat

The Action for Breast Cancer Foundation is a voluntary organisation that campaigns for breast awareness and a quality-assured service in the diagnosis and treatment of breast cancer in Malta and Gozo. The late Helen Muscat and Esther Sant set up the foundation in March 2007 after they personally experienced the lack of services offered to persons diagnosed with breast cancer. Helen and Esther set out to create a one-stop shop at the breast clinics at Mater Dei and Gozo General Hospitals. Today, Action for Breast Cancer Foundation offers each person diagnosed with breast cancer a folder in which to keep all the relevant information they may need, a free brassiere to those who have undergone a mastectomy, and up to 15 sessions of free psychological services to patients themselves and their significant others. Following extensive lobbying, the government now offers free quality prosthesis to mastectomy patients from the Breast Clinic in Mater Dei Hospital.

Significant donations that Action for Breast Cancer Foundation has made to Mater Dei Hospital includes a Gamma Probe to assist in sentinel lymph node biopsies, a microscope to be used during weekly multidisciplinary meetings. and a tattooing machine to be used at the plastic surgery department, to mention just a few.

In early 2023, Action for Breast Cancer Foundation commissioned a scientific study to evaluate the benefits of introducing Oncotype DX to eligible early-stage breast cancer patients. The scientific study, entrusted to a renowned economists firm, was made possible by an investment of €5,000.00 by the Foundation. Oncotype DX used to cost every patient €3,000.00.

The introduction of Oncotype DX determines if a woman needs chemotherapy or not; thus, the patient will not be administered chemotherapy where it's not necessary. In October 2023, Oncotype DX was introduced through the Health Service to be available to all and relieve the patients from unnecessary hardships associated with the ravages of chemotherapy. It is estimated that 55 women would be needing Oncotype DX annually.

In October 2024, Action for Breast Cancer Foundation donated two Scalp Cooler machines to the Sir Anthony Mamo Oncology Centre to be used by patients being administered chemotherapy so they do not lose their hair due to the toxicity of the chemo. This was by means of an investment of over €60,000.00.

Action for Breast Cancer Foundation made possible another two scalp cooling machines in February 2025, one of which will be donated to the Gozo General Hospital.

Action for Breast Cancer Foundation also lobbied for many years with the VAT (tax) department to eliminate VAT from the mastectomy brassieres. This was finally achieved in 2025. Mastectomy bras, among other cancer care items such as Scalp Cooler machines, are now VAT exempt in Malta. These accomplishments by Action for Breast Cancer Foundation are truly breakthroughs that have been long waited for.

Action for Breast Cancer Foundation works hand in hand with the healthcare professionals to lobby the government towards targeted therapies with the least side effects to the patient, offering the best chances of survival.

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Spotlight on our members: South Africa

Strength of a woman: disrupting the informal cancer caregiver burden narrative

Dr Jennifer Nyawira Githaiga (PhD, MPH)
South Africa

Dr Jennifer Nyawira Githaiga is a social and behavioural scientist and senior lecturer at the University of Cape Town School of Public Health. Her research interests lie in the nexus between social and behavioural sciences and public health with a focus on psychosocial constructions and behavioural complexities of illness in resource-limited contexts

Informal cancer caregivers include family members, friends, neighbours and community members who offer support (e.g. physical, emotional, social, financial) to cancer patients without financial remuneration[1,2]. Informal caregiving, including informal cancer caregiving, is frequently portrayed as a gendered role often ascribed to women who tend to dominate the sphere of informal care more broadly globally[3-5], as well as in specific contexts such as Sub-Saharan Africa[6-8]. The caregiver burden is a prominent theme featured in informal cancer caregiver literature, communicating the reality of the negative impact of caregiving on the caregiver's wellbeing and quality of life as a whole.

There is no denying that informal carers bear a heavy burden, even more so in contexts like Sub-Saharan Africa which is characterised by a prevalence of late-stage cancer diagnosis with implications for palliative and terminal care to be rendered by informal caregivers. Even so, complementing this "burden of care" narrative is a less prominently communicated, but equally important, narrative foregrounding the "blessings" of informal caregiving. This is encapsulated in themes such as resilience, building new relationships, appreciation of life, re-considering priorities, personal growth, renewed outlook on life, and the joy of caring and sharing[9,10].

Over the last five years, I have had the privilege of observing the "blessing of care" beautifully articulated in the course of my interactions with the Reach for Recovery caregivers in South Africa: an inspiring team of women – the majority of whom are breast cancer survivors – who voluntarily commit their time and energy to supporting women with breast cancer countrywide. Motivated by compassion, empathy, kindness and a genuine concern for others, all of which exemplify core values of *ubuntu* ("I am because we are …"), these women relay a message of hope and resilience. This, in my view, is a critical constituent at the heart (and perhaps the art) of informal caregiving. This counter-narrative disrupts the dominant "caregiver burden" narrative, not in the sense of romanticising informal cancer caregiving or denying the burden thereof, but rather by facilitating communication of a two-sided (rather than one-sided), more nuanced message that straddles both the burden and blessing of informal cancer caregiving, with the blessing mitigating the negative impact of the burden of care.

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Please enjoy these healthy recipes shared by Reach to Recovery Jamaica!

Global Kitchen

Healthy dishes from Jamaica

Jamaican Chicken Soup

Jamaican Chicken Soup is a beloved comfort food enjoyed across generations. Traditionally prepared on weekends and special occasions, this nourishing soup combines tender chicken, fresh vegetables, ground provisions, and aromatic herbs to create a wholesome and flavourful meal.

PREP TIME: 20 MINUTES
COOK TIME: 45-60 MINUTES
SERVINGS: 6-8

Ingredients:

2 lbs (900 g) skinless chicken pieces (breast or thighs)
8 cups (2 litres) low-sodium chicken stock or water
½ medium pumpkin, peeled and cubed
1 large sweet potato, peeled and cubed
1 medium chocho (chayote), peeled and diced
1 small yam, peeled and cubed (optional)
2 carrots, sliced
1 medium onion, chopped
3 cloves garlic, minced
3 stalks scallion (green onion), chopped
3 sprigs fresh thyme
1 whole Scotch bonnet pepper (optional, for flavour)
Salt and black pepper to taste
Fresh parsley or additional scallion for garnish (optional)
1 corn on the cob chopped

Optional Whole Wheat Dumplings

1 cup whole wheat flour
Pinch of salt
Water as needed to form a soft dough

Method:

1. Place chicken, onion, garlic, scallion, thyme and chicken stock in a large pot. Bring to a boil, then reduce heat and simmer for approximately 25 minutes.
2. Add pumpkin, sweet potato, chocho, yam and carrots and corn. Continue cooking until the vegetables are tender and the soup has developed a rich flavour.
3. If adding dumplings, combine whole wheat flour and salt, gradually add water to form a soft dough, shape into small dumplings, and add them to the soup during the final 10–15 minutes of cooking.
4. Add the whole Scotch bonnet pepper and allow the flavours to infuse. Remove before serving.
5. Season with salt and black pepper to taste. Garnish with fresh herbs and serve warm.

Healthy Tip:

Using skinless chicken, fresh vegetables, and low-sodium stock makes this traditional Jamaican favourite a nutrient-rich meal packed with protein, fibre, vitamins, and natural flavour.

Global Kitchen

Healthy dishes from Jamaica

Jamaican Curry Chicken

Jamaican Curry Chicken is a signature dish known for its vibrant colour, bold spices, and comforting flavours. This healthier version preserves the traditional Jamaican taste while using lean protein, minimal oil, and fresh herbs and vegetables.

PREP TIME: 20 MINUTES *(+ marinating time)*

COOK TIME: 45 MINUTES

SERVINGS:4-6

Ingredients:

2 lbs (900 g) skinless chicken pieces

2–3 tablespoons Jamaican curry powder

1 tablespoon olive oil or coconut oil

1 medium onion, sliced

3 cloves garlic, minced

3 stalks scallion (green onion), chopped

3 sprigs fresh thyme

1 whole Scotch bonnet pepper (optional)

2 medium potatoes, peeled and cubed

1 carrot, sliced

1½ cups (360 ml) low-sodium chicken stock or water

Salt and black pepper to taste

Method:

1. Season chicken with curry powder, garlic, scallion, thyme, salt and black pepper. Allow to marinate for at least 30 minutes (or overnight for deeper flavour).
2. Heat oil in a large pot over medium heat. Add 1 teaspoon of curry powder and gently cook for 20–30 seconds to release the spice's aroma.
3. Add the seasoned chicken and brown lightly on all sides.
4. Add onions and stir for 2–3 minutes until softened.
5. Pour in chicken stock, add the Scotch bonnet pepper, cover and simmer for approximately 30 minutes.
6. Add potatoes and carrots and continue cooking until vegetables are tender and the curry sauce has thickened.
7. Remove the Scotch bonnet pepper before serving.

Serving Suggestion: Serve with brown rice, traditional Jamaican rice and peas, or steamed vegetables for a balanced meal.

Healthy Tip: This lighter version uses skinless chicken, heart-healthy oil, and fresh herbs and spices to deliver authentic Jamaican flavour while supporting a balanced diet.