

network news

Spring 2017, Vol. 21, No. 1

 /theCBCN  /CBCN

Letter from the
Chair p.2

**Check out our
new website!** p.8

The healing powers
of meditation p.11

**Triple negative
breast cancer**

- Managing the fear of recurrence p.3
- Current knowledge, future research p.6

MedSearch p.9

Top 10 self-care
tips for
lymphedema p.14

Adjusting to life
after treatment
ends p.17

**Advocates in
action** p.20



Canadian Breast Cancer Network
Réseau canadien du cancer du sein

Letter from the Chair of the Board of Directors



This issue of *Network News* is being released on March 3, Triple Negative Breast Cancer Day. This is a global event designed to raise awareness and funds for triple negative breast cancer. In this issue, you'll find the story of a triple negative breast cancer survivor, as well as information on what triple negative breast cancer is, plus an update on the latest research and treatments for this illness.

We're also very pleased to announce our new website with updated, comprehensive information on all types of breast cancer, including metastatic. It also features a tool called MedSearch to help you find out which metastatic breast cancer drugs are available in each province and territory. Access it at cbcn.ca.

We round out the issue with articles on lymphedema, meditation, finding your "new normal" after treatment, and the advocacy work of a metastatic breast cancer patient, who tells us, "I feel very strongly that more money needs to be directed at a cure rather than public awareness campaigns about early detection and lifestyle factors."

You'll find a wide range of facts and opinions in this issue, and we invite you to share your reactions. Send your thoughts in an email to the editor at whall@cbcn.ca, and we may publish your commentary in an upcoming edition of *Network News*.

Warm regards,

A handwritten signature in black ink that reads "Cathy Ammendolea".

Cathy Ammendolea, CBCN Board Chair

The Canadian Breast Cancer Network publishes a free monthly e-newsletter, Outreach, that highlights current programs, resources & activities for breast cancer survivors and patients. **SUBSCRIBE TODAY**



Triple negative breast cancer: managing the fear of recurrence

By Wendy Hall

“Abject terror floating in the back of my head.” That’s how Shelley Moore of St. Albert, Alberta describes her reaction to her 2014 diagnosis of Stage II triple negative breast cancer.

Unlike other forms of breast cancer, triple negative breast cancer has no targeted therapies. Therefore, Shelley was very worried about the possibility of a recurrence.

A psychologist put Shelley’s fears in perspective. “How would you feel if you spent two years, five years, ten years worrying and nothing happened?” the counsellor asked her.

“Nobody knows how long they’re going to live,” says Shelley. “Other people may not think about death, but once you’ve had cancer, it’s very in-your-face that you’re not immortal.”



Shelley Moore

To increase her chances of survival, Shelley had a mastectomy in October 2014 and started four cycles of chemotherapy in December of that year. An extensive lymph node dissection revealed no cancer in the lymph nodes, which Shelley celebrated. “I bawled. A weight was lifted off my shoulders,” she says.

In addition to conventional treatments, Shelley adopted a healthy lifestyle, including a plant-based diet, increased physical activity, low stress, no smoking, and no alcohol. She also took herbal supplements and acupuncture.

In addition, she joined a California-based study that, using blood tests, assesses levels of natural killer cells and looks for DNA of circulating tumour

TNBC: recurrence cont'd

cells. “That’s comforting to me because they’ll have data about how my body is responding as well as contributing to the future—maybe these tests will lead to a breakthrough for triple negative breast cancer patients.”

“I believe the Canadian health care system was there for me when I needed it”

Shelley had discovered a lump in her breast in September 2014 and arranged for a mammogram, ultrasound, and core biopsy all at the same time. She knew to ask for this because she is a retired-x-ray technologist. Not all clinics offer this same-day service, so if yours does not, Shelley advises you to find another clinic.

Overall, Shelley was pleased with her care at the University of Alberta Hospital and the Cross Cancer Centre in Edmonton. “I believe the Canadian health care system was there for me when I needed it,” she says.

She especially appreciated the assistance of her nurse navigator, Debbie Benoit, who arranged for prompt treatment and helped to allay her many concerns. “I called and emailed her a lot. She calmed me down; she responded to my countless questions regarding treatment options.”

Shelley feels especially fortunate that she chose to have a mastectomy because after surgery, an 8 cm area of lobular carcinoma in situ was discovered in her breast; the area of LCIS was not visible on an x-ray or ultrasound. While not cancerous, LCIS increases the risk of a future tumour.

She appreciates the skill of her surgeon, who removed 22 lymph nodes. Lymphedema could have been a consequence. “My surgeon is amazing. She told me there were no restrictions on using my arm,” she says. “I followed her directions; I don’t have lymphedema. I stretch, move, lift using both arms equally.”

TNBC: recurrence cont'd

She was disappointed in her family doctor, however. He was on vacation when the cancer diagnosis arrived at his office, so he had his clerk pass on the news to Shelley. "That was appalling," she says. "That would be one of the worst examples from the medical system. He's no longer my family doctor."



Shelley receives her last chemotherapy treatment on February 12, 2015.

On a more positive front, Shelley appreciated the support of her husband, daughter, son, and friends. Her daughter even shaved her head in a show of solidarity. "She attended all appointments and chemotherapy sessions with me," says Shelley.

In February 2016, Shelley began the process of breast reconstruction using tissue expanders and implants. She also had her other breast removed to reduce her fears of recurrence even more.

While the fear of recurrence lingers, "I'm doing the best I can," says Shelley. "All you can do is manage it and pray. And that's what's motivating me to eat well and live healthy."

Triple negative breast cancer: Current knowledge, future research

Receptors are proteins on the surface of a cell that act as the cell's eyes and ears, receiving messages from substances in the bloodstream and giving the cell instructions on what to do. Some breast cancer cell receptors receive inaccurate messages from the hormones estrogen and progesterone that cause the cells to grow. Some breast cancer cells have too many receptors of the type called human epidermal growth factor receptor 2 (HER2), which also cause excessive growth.

Triple negative breast cancer (TNBC) is different.

It lacks these three types of receptors (for estrogen, progesterone, and HER2). Therefore, it does not respond to hormonal therapies such as tamoxifen or to drugs that target HER2 such as Herceptin. Instead, it is treated with surgery, radiation therapy, and chemotherapy.

TNBC affects 10 to 20 percent of breast cancer patients. It can be more aggressive than other types of breast cancer and is often diagnosed at a higher stage.

According to breastcancer.org, "A 2007 study of more than 50,000 women with all stages of breast

cancer found that 77 percent of women with triple negative breast cancer survived at least 5 years, versus 93 percent of women with other types of breast cancer. Another study of more than 1,600 women published in 2007 found that women with triple negative breast cancer had a higher risk of death within 5 years of diagnosis, but not after that time period¹."

Who gets TNBC? It is more common among women under 40, among women of African or Hispanic origin, and among women with a BRCA1 gene mutation.

TNBC =
ER negative
PR negative
HER2 negative

TNBC: research cont'd

We are continuing to learn more about TNBC. Although there are currently no approved targeted therapies to treat TNBC, there continues to be research into novel ways to treat it. At the San Antonio Breast Cancer Symposium, a leading conference on breast cancer, in December, we learned that much of the current research has gone into identifying different subtypes within TNBC. This will allow researchers to continue to develop treatments that can target these differences and hopefully provide improved treatment options for patients down the road.

References

¹Breastcancer.org. (2017). How triple-negative breast cancer behaves and looks. Retrieved January 10, 2017 from www.breastcancer.org/symptoms/diagnosis/trip_neg/behavior.



CHECK OUT OUR NEW WEBSITE!

Giving Voice to Canadians Concerned About Breast Cancer

[Home](#) | [About CBCN](#) | [Media](#) | [Contact](#) | [EN](#) [FR](#) 



Canadian Breast Cancer Network
Réseau canadien du cancer du sein

[INFORMATION](#) | [EDUCATION](#) | [ACTION](#)

[DONATE NOW](#) 



SHARING OUR LIFE STORIES

The Canadian Breast Cancer Network has a dynamic new website, featuring all-new content and an easy-to-navigate design.

A highlight is our MedSearch tool, which allows you to search for a metastatic breast cancer drug and find out which provinces are funding it, what stage of the approval process it is at, and much more.

The comprehensive content of the website covers everything from breast cancer basics, treatment and side effects to tips for living with the disease, including a special section on living with metastatic breast cancer. The website also presents information on our advocacy campaigns, educational events, and publications.

There's even a place for you to share your breast cancer story. Read about everything from the story of a woman living with inflammatory breast cancer to the tale of how another woman moved forward after her diagnosis. Tell us your story! Whether you are a caregiver or someone living with breast cancer, we'd love to hear from you. You can write about your experiences, personal feelings, or a specific topic related to the disease. Send your story to cbcn@cbcn.ca.

Check out the new website at www.cbcn.ca & let us know what you think!



MedSearch:

A new online resource to help metastatic breast cancer patients determine what treatments are available to them

By Rebecca Wilson



In Canada, close to 1,200 women will receive an initial diagnosis of metastatic breast cancer yearly¹ and many more women who have been previously diagnosed with an earlier stage of the disease will find out that they have developed metastatic breast cancer.

Unfortunately, the treatment landscape varies depending on which of the four main sub-types you have and on where you live in Canada. According to our 2015 *Waiting for Treatment* report, not all life-saving treatments are publicly funded by every province. A new and effective treatment drug available in British Columbia might not be available in Prince Edward Island and it can often take more than 2 years from when a new drug is approved for sale in Canada to when it becomes publicly funded by the provinces. Patients may still be able to access these drugs but are forced to pay for them out of pocket if their province has not committed to funding it.

Our new online tool, **MedSearch**, is designed to help patients and caregivers easily find information about what metastatic treatment drugs are publicly funded in each province and territory across Canada. It can help you find general information for various treatments for metastatic breast cancer and it details how they are funded in your province.

MedSearch cont'd

The database allows you to search for a specific drug by name or filter out drugs by province and/or subtype. Each drug profile gives you up-to-date information on:

- The type of therapy
- The provinces that fund it
- The provinces that do not fund it
- What stage it sits in the drug approval process

MedSearch can be accessed directly at www.cbcn.ca/medsearch.

Search Database

Name of Drug

Metastatic breast cancer type

Check all that apply

Select a Region

If you would like to see a national landscape, please leave 'Select a Region' BLANK

I have read and understand the [disclaimer](#)

FILTER **RESET**

Developed with input from metastatic breast cancer patients. This tool is not meant to act as a treatment decision aid, but rather to provide general information about metastatic breast cancer treatments available in Canada.

References

¹Canadian Partnership Against Cancer. (2014, March). The 2014 cancer system performance report. Retrieved January 10, 2017 from www.cancerview.ca/idc/groups/public/documents/webcontent/sp_report_2014.pdf.

The healing powers of meditation

By Ashley Phillips



Meditation programs are popping up across Canada – and for good reason. This centuries-old practice, also known as mindfulness, is one of the best tools for our health, well-being, and happiness. Research shows a daily meditation practice reduces stress, depression, and inflammation while improving sleep, fatigue, and menopausal symptoms in women who have a breast cancer diagnosis¹. Additionally, studies connect meditation and an enhanced immune function². These are all important considerations when you've had a breast cancer diagnosis.

So what exactly is mindfulness? Jon Kabat-Zinn defines it as “the awareness that arises by paying attention on purpose, in the present moment, and non-judgmentally³.” It's easier than you think to get started. There are fantastic books and meditation apps to help you. Some of my favourites are books by Jon Kabat-Zinn, founder of the Mindfulness Based Stress Reduction program, apps such as Buddhify, and our website, www.inspirehealth.ca, which has a weekly live online meditation class and pre-recorded videos.

Keep Calm
&
just breathe

Meditation cont'd

Here are some simple instructions on how to meditate. This has been adapted from *The Joy of Half a Cookie* by Jean Kristeller, PhD.

1. Choose a time when you can take about 10 to 15 minutes to listen to a meditation app or recording. Morning, late afternoon, or early evening is recommended as we may fall asleep if it's too close to bed time. Headphones can be helpful when there is background noise.
2. Find a quiet place where you will not be disturbed. If there are other family members in the house, let them know that you would like not to be disturbed. Some people set a timer elsewhere in the house to let family members know when your quiet time is over.
3. In the beginning, experiment with different times to get a sense of when meditation works best for you. Perhaps it is as soon as you roll out of bed or before dinner. Then set up a regular time and place to create a habit of a daily practice.
4. The best way to sit is the one that is comfortable for you. It may be sitting in a chair where you can maintain a relaxed but erect posture, cross-legged on a raised pillow, or perhaps finding a more relaxed posture. However, too relaxed a posture may lead to drowsiness or falling asleep.
5. Close your eyes or find a soft spot on the floor to gaze at. Bring your awareness to your breath. Notice the breath first around the tip of your nose, then your chest, and finally your stomach. Allow your breath to be your focal point if you would rather not use a guided meditation recording. Set a timer for 5 minutes to begin and gradually work your way up to 20 or 30 minutes. Why do we use our breath? It is always in the present moment. Plus, it is with us wherever we go – driving, waiting in the checkout line, when we are frustrated, it's always there when we need it.

Meditation cont'd

6. Keep in mind that learning to meditate is a skill. If you notice you are judging yourself - "I'm too distracted....I can't get rid of my thoughts....I can't concentrate....I'm too restless...."—just observe these as thoughts, and return your attention gently to your breath. Gradually, you will notice subtle changes, and that is part of the process⁴.

Ashley Phillips, MEd, C.C.C., CYT, is a clinical counsellor and yoga/mediation teacher at InspireHealth, a not-for-profit supportive cancer care centre. InspireHealth, founded in 1997, has three centres in British Columbia in Vancouver, Victoria and Kelowna, in addition to an online centre available to all Canadians. All services, programs, and classes are completely free of charge. No referral required. To learn more, visit www.inspirehealth.ca.

References

- ¹Lengacher, C. A., et al. (2015). The effects of mindfulness-based stress reduction on objective and subjective sleep parameters in women with breast cancer: a randomized controlled trial. *Psycho-Oncology*, 24: 424–432. doi: 10.1002/pon.3603.
- ²Kabat-Zinn, J. (2013). *Full catastrophe living: Using the wisdom of your body and mind to face stress, pain, and illness*. New York: Bantam Books, p. xxxv.
- ³Ibid, p. 202.
- ⁴Kristeller, J. (2015). *The joy of half a cookie: Using mindfulness to lose weight and end the struggle with food*. New York: Perigree/Penguin-Random House.

Top 10 self-care tips for lymphedema



By Lori Radke, BScPT, CDT

Treatments such as surgery, radiation, or even the cancer itself can damage the lymphatic system, resulting in swelling. While it may take a while to fully accept that living with lymphedema is your “new normal,” there are things you can do each day that will help to keep your limb healthy and your lymphedema under control.

10. RISK REDUCTION: If you can avoid some of the main triggers for lymphedema, hopefully you can avoid progression of the condition. This means maintaining a healthy weight and avoiding infection or injury to the limb in order to reduce your chances of developing or worsening your lymphedema. Stay informed by checking reliable websites, books, and resources such as the National Lymphedema Network statement on risk reduction (www.lymphnet.org) and the Canadian Lymphedema Framework’s website (www.canadalymph.ca) and *Pathways* magazine.

9. SKIN CARE: Application of a good moisturizer with a low pH to the skin on the affected body part at least twice a day reduces the risk of skin breakdown and subsequent infection (cellulitis) in the affected area. If the skin has been radiated, then extra care is needed to protect the fragile skin in this area. If you get a cut or abrasion in the limb or region of the swelling, you need to clean the area immediately and apply an antibiotic ointment. At the first signs of infection, you should seek medical attention as the infection can spread very quickly and you may require intravenous antibiotics.

8. COMPRESSION bandaging therapy (both daytime and nighttime) will

Lymphedema cont'd

provide the most volume reduction and best maintenance of this reduction. Multi-layer compression bandaging, including the two-layer Coban bandaging system, provides several options to customize the treatment to the patient's needs. Mastering the skill of applying multi-layer bandages yourself can help you successfully self-manage your lymphedema. This is equally important in the intensive and maintenance phase of treatment.

7. COMPRESSION garments: Each person's limb is unique and responds differently to compression; therefore your age, the condition of your skin, and your ability to apply and remove the garment are important considerations in garment choice. Your lymphedema therapist and fitter will explore the best option for you: ready-made garments, custom made, circular knit, or flat-knit. Replace your garments at least every six months to ensure you are getting the prescribed compression.

6. EXERCISE is encouraged. Supervised weight training does not increase the risk or severity of breast cancer related lymphedema, and in fact improves strength and quality of life. The National Lymphedema Network has an excellent position statement on exercise (www.lymphnet.org). Get medical clearance from your doctor before starting any exercise program, start at a low intensity with low weights and repetitions, progress slowly, and continually evaluate. Wear your compression garment during exercise.

5. IT TAKES A VILLAGE to manage lymphedema. Dealing with a chronic condition such as lymphedema involves you, a dedicated team of trained healthcare professionals, as well as friends and family. Team members should include your family physician, a certified lymphedema therapist, and a knowledgeable and caring garment fitter. Ask your doctor about referrals to psychosocial services or support groups to discuss and address any other issues you have in dealing with lymphedema.

4. SELF CARE: Some good advice from a patient about the burden of self-care is this. She felt that she managed better with all the care she needed to do, including night compression, when she stopped resenting the

Lymphedema cont'd

time it took and considered it to be “ME” time. It was the time in her day that she did something that was completely for her and benefitted her greatly. She would also use the time to meditate or listen to her favourite music. Changing your perception in this way may help you to increase compliance to these time-consuming activities.

3. CHECK IN REGULARLY. Schedule annual visits to check in and ensure you are on track in managing lymphedema. These visits can identify subtle increases in limb volume that you may not even notice. Perhaps you need further intensive treatment or just an adjustment to your maintenance plan. By checking in regularly, you may feel inspired to keep up with your self-care and benefit from refreshers on self-bandaging techniques or self-massage.

2. THERE IS NO SINGLE RECIPE FOR TREATMENT. Where you are in the cancer journey and the stage of your lymphedema can affect how able and ready you are to undergo lymphedema treatment and to learn self-management. It may take time for you and your lymphedema therapist to find which treatments work best for you (and your lifestyle) and to devise a lymphedema management plan for you.

1. LEARN FROM OTHERS. Many of the best self-care tips come from other patients. Here are a few favourites:

- Carry a small antibiotic spray bottle in your purse to treat small abrasions immediately.
- Wet your compression sleeve on a hot summer day to cool your arm and your body.
- Place your night compression garment in the freezer to cool it prior to putting it on.
- Spandex shape wear from department stores can offer inexpensive garments for proximal trunk or pelvic lymphedema.
- Use a small foam paint roller to be able to reach more areas on your trunk and shoulder during self-massage.

*Adapted with permission from Pathways, Summer 2015, published by the Canadian Lymphedema Framework. Author: Lori Radke, **BScPT, CDT** - Calgary, Alberta. A full set of references can be found at www.lymphedemapathways.ca.*



Adjusting to life after treatment ends

Your surgery, chemotherapy, and radiation treatments are finished. You think you should be celebrating your return to normal. But you don't feel the same as you did before your cancer diagnosis. Breast cancer has changed you in many ways: physically, emotionally, spiritually.

Says Dr. Bonnie McGregor, a clinical psychologist at Fred Hutchinson Cancer Research Center in Seattle, "The brain — your brain's representation of your body — has to change, like the body has. There's a disconnect. There's grief that happens, too. The old picture of who you were is not there anymore. There's a new picture, a new body. It's amazing we can heal and we can grow into these new bodies. But part of the healing process is emotionally getting back into your body and dealing with the hurt and the feelings of betrayal¹."

Some side effects of cancer treatment may not go away for some time after your treatment is over, and some side effects may surface even years later:

Life after treatment

cont'd

lymphedema, pain, fatigue, difficulty with physical and cognitive functions, difficulty sleeping, osteoporosis, weight management, and social and emotional difficulties.

Your family and friends may be expecting you to take on all the activities you looked after before your diagnosis. It's important to decide for yourself how much you can handle, and to educate those around you about your capacity for activity. You may need to say "no" more often, ask for support, and schedule rest times, especially in the early days after treatment ends. According to the website *Second Opinion*, "It may take a year or more to regain a sufficient level of energy and sense of well being²."



Life after treatment

cont'd

Your oncology team, which has worked with you so closely during treatment, will no longer be seeing you as often. You may need to mourn the loss of that connection, while building relationships with the doctors and nurses who will follow up with you.

Take care of your emotional health. Share your feelings and concerns with your family and friends, or write them down in a journal. Join a support group for survivors and read other survivors' stories for tips on how others have made meaning out of their experience. Take time for relaxation techniques, such as meditation, visualisation, yoga, or deep breathing. If sadness or anxiety are making it difficult for you to take part in daily activities, ask your doctor for a referral to a counsellor.

Some breast cancer survivors find their experience to have been life-changing. You may have new values or a new outlook on life. You may have found new meaning in your spiritual beliefs. You may decide to take on new activities, such as travel or a new career path. You may want to improve lifestyle habits, such as better nutrition or quitting smoking. Or you may want to share what you've learned from your cancer experience by volunteering and telling your story to other cancer patients and survivors.

Indeed, your life is definitely different now than it was before your cancer diagnosis, and over the next several months, you will develop a "new normal."

References

¹Mapes, D. (2015, March 6). Your body, after cancer: Coming to terms with the 'new normal' after surgery and treatment. Fred Hutch News Service. Retrieved January 3, 2017 from <https://www.fredhutch.org/en/news/center-news/2015/03/your-body-after-cancer.html>.

²Life after breast cancer. (n.d.). Second opinion. Retrieved January 3, 2017 from <https://www.secondopinion-tv.org/episode/life-after-breast-cancer>.

ADVOCATES IN ACTION: Raising awareness of metastatic breast cancer

By Wendy Hall

In 2013, after many years of advocating for services and education for her autistic son, Jake, now 24, Susan Anthony of Burnaby, British Columbia had another reason to be involved in advocacy work: she was diagnosed with metastatic breast cancer.

While awareness of early-stage breast cancer is high, metastatic breast cancer is different. It tends to get swept under the rug in the breast cancer movement because unlike early-stage breast cancer, it cannot be cured and people don't like to hear that message. "I guess it's a death sentence but it gives you the opportunity to live as well as you can," says Susan.

"A lot of breast cancer research money has been funneled towards campaigns that have focused on early detection and unfortunately the side effect of this is that a lot of people now think that if someone is diagnosed with Stage IV breast cancer, it's because they ignored early symptoms, didn't get annual mammograms, etc. Add to that messaging that some breast cancers are 'preventable' due to lifestyle choices, and you can see how it becomes victim-blaming, rather than the reality, which has much more to do with a genetic lottery than anything else."

While Susan advocated on her own behalf with her medical team to ensure that she received the best possible treatment, she also spoke to local and national media, politicians, and pharmaceutical companies to raise awareness of metastatic breast cancer, to advocate for equal access to breast cancer drugs, and to call for the collection of better statistics about metastatic breast cancer.

"I'm very lucky to live in British Columbia. I have better access to medications than patients in the Maritimes," says Susan. "If I lived elsewhere, would I have to sell my house and move to another province to get access to the drugs I need? That's not acceptable in Canada."



.....

“I’m very lucky to live in British Columbia. I have better access to medications than patients in the Maritimes,” says Susan. “If I lived elsewhere, would I have to sell my house and move to another province to get access to the drugs I need? That’s not acceptable in Canada.”

.....

Another issue for Susan is the way that the number of metastatic breast cancer patients is counted. “It needs to be tracked better. Women with early-stage breast cancer aren’t counted when they get metastatic breast cancer. Pharmaceutical companies and researchers need to know.”

Advocates in action cont'd

Susan says CBCN's advocacy training workshop, which she attended in 2014, was "a very big help." It gave her a lot of information on how to approach organizations, the media, and politicians to lobby on behalf of metastatic breast cancer patients.



Another CBCN program, the 2015 **Living Legacy video**, features Susan and eight other metastatic breast cancer patients talking about how they are more than their diagnosis.

Susan also appears in a video made for Novartis to put a face to metastatic breast cancer and to explain to the pharmaceutical company's employees what it's like to live with this disease.

In addition, Susan belongs to a Facebook group entitled Canadians with Metastatic Breast Cancer. Through this group and her knowledge of government systems in Ottawa, she promoted the disability tax credit, which

Advocates in action cont'd

helped several group members. “Several women have written to me to thank me. This illness is a tough row to hoe financially,” says Susan.

Susan was initially diagnosed with Stage I breast cancer in 2007. She had a mastectomy and TRAM flap reconstruction. In 2010, she had a local recurrence and had 36 rounds of radiation. Now she is on her fourth type of chemotherapy for metastatic breast cancer. Her metastases in her left lung and liver have been stable for the past six months and have even shrunk. Also, her hair grew back.

Despite her illness, Susan lives a full life. In addition to her advocacy work, she belongs to a dragon boat team, Abreast in a Boat, and in December, she enjoyed a Caribbean cruise. Also, she contributes “a lot of time and energy volunteering for animal rescue—particularly small-breed dogs.”

Her hope, as she expressed in the Living Legacy program, is that she will have made a difference in the lives of Canadian metastatic breast cancer patients.

“There is still so much to be done in terms of public education about metastatic breast cancer. I feel very strongly that more money needs to be directed at a cure rather than public awareness campaigns about early detection and lifestyle factors. I feel I can effect change by directing those interested in seeing their money actually going towards scientific research towards a cure to organizations where their dollars will have the greatest impact. It’s not realistic for me to hope to see a cure for this disease in my lifetime. With better scientific understanding around the causes, though - perhaps our children’s generation won’t have to see their lives cut short by metastatic breast cancer.”

Network News is published by the Canadian Breast Cancer Network (CBCN) to provide the breast cancer community with up-to-date and understandable information on issues at the national level, to promote education and awareness, and to highlight the concerns of Canadians affected by breast cancer.

We would like to thank the individuals who wrote and reviewed articles. We welcome your ideas, contributions, and letters, subject to editing and available space. The articles in this issue do not necessarily represent the views of CBCN but are the opinions of the authors. CBCN gives permission to copy with attribution.

Board of Directors

Cathy Ammendolea, Chair, Quebec
Sharon Young, Vice-Chair, Manitoba
Diana Ermel, Past-Chair, Saskatchewan
Juliette Inglis, Alberta
Beverly Jacobs, Ontario
Suzanne LeBlanc, New Brunswick
Wendy Panagopoulos, Nova Scotia
Judy Donovan Whitty, Prince Edward Island
Laurie Kingston, Ontario
Shirley MacLean, New Brunswick

There are many individuals and organizations that make it possible for CBCN to continue to be the voice of Canadians affected by breast cancer. CBCN gratefully acknowledges the hundreds of individuals and groups across the country who choose to support CBCN with your financial contributions throughout the year and our In-memoriam donations to honour the memory of a loved one. We truly appreciate that you see value in the work that CBCN continues to do and are thankful for your ongoing support.

Editors: Wendy Hall, Craig Faucette,
Juliette Inglis

Staff and Volunteers:

Craig Faucette, cfaucette@cbcn.ca
Director of Operations, Development & Strategic Partnerships

Jenn Gordon, jgordon@cbcn.ca
Director of Education & Community Engagement

Niya Chari, nchari@cbcn.ca
Director of Government Relations, Policy & Public Engagement

Rebecca Wilson, rwilson@cbcn.ca
Coordinator of Programs & Digital Media

Wendy Hall, whall@cbcn.ca
Publications and Office Coordinator

Contributors: Wendy Hall, Ashley Phillips, Lori Radke, Rebecca Wilson

Translation: Anne Fortier

Canadian Breast Cancer Network

331 Cooper Street, Suite 602
Ottawa ON K2P 0G5 Tel.: (613) 230-3044
1-800-685-8820, Fax: (613) 230-4424
E-mail: cbcn@cbcn.ca,
Website: www.cbcn.ca



Canadian Breast Cancer Network
Réseau canadien du cancer du sein