



Canadian Breast Cancer Network  
Réseau canadien du cancer du sein

Spring 2013, Vol. 17, No. 1

# network news

ESSENTIAL NEWS FOR CANADIANS AFFECTED BY BREAST CANCER



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# networknews

SPRING 2013, VOL. 17, NO. 1

*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.

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*Dear readers:*

*The past six months since our last issue of Network News have been busy ones for the Canadian Breast Cancer Network.*

Many of you appreciated the valuable information passed on by Dr. Linda Edgar during the CBCN-sponsored webinar series entitled “Developing and Improving Coping Skills after a Breast Cancer Diagnosis”, which took place in October and November.

This March, along with Willow Breast Cancer Support Canada, we are hosting a retreat for breast cancer survivors from northern and remote regions of Ontario. We hosted a similar event in Edmonton in November. The title of both events is “Educate and Rejuvenate”, and that’s definitely how the participants felt at the end of the weekend.

Another highlight was the San Antonio Breast Cancer Symposium in December, which I attended on behalf of CBCN. The conference brought together leading breast cancer researchers and organizations from all over the world for four days of networking and presentations about the latest breast cancer research. Read about the highlights in the Research Roundup section of this newsletter.

This issue of Network News brings you a diverse range of articles on topics that you, the readers, have requested. As well as an update on exciting new treatments from the San Antonio conference, look for information on breast reconstruction, exercise for breast cancer survivors, clinical trials from the point of view of a survivor and an oncologist, and the amazing story of a metastatic breast cancer survivor. We also bring you an article on a top-of-mind concern for many of you: financial resources during treatment and recovery.

It is our intention to bring you more than information: by letting you know that many others are sharing your experience and working on solutions, we want to give you hope, inspiration and a helping hand to make your breast cancer journey just a little easier.

As always, you are invited and encouraged to share your feedback. We always look forward to hearing your ideas and input.

Warm regards,



A handwritten signature in black ink that reads "Cathy Ammendolea". The signature is fluid and cursive.

Cathy Ammendolea, CBCN Board Chair





DR CHRISTINE FRIEDENREICH (LEFT) IS CO-PRINCIPAL INVESTIGATOR FOR AN ALBERTA STUDY OF BREAST CANCER AND EXERCISE. BARBARA MUNROE (CENTRE) IS THE FIRST STUDY PARTICIPANT FROM CALGARY AND A BREAST CANCER SURVIVOR. TANYA WILLIAMSON IS THE CERTIFIED EXERCISE PHYSIOLOGIST FOR THE STUDY.

# Exercise after breast cancer:

## current evidence and recommendations for survivors

By Christine Friedenreich, PhD, Senior Research Scientist  
Alberta Innovates-Health Solutions Health Senior Scholar  
Adjunct Professor and ACF Weekend to End Women's Cancers Breast Cancer Chair

There is very encouraging research emerging that is demonstrating the benefits of being physically active for breast cancer survivors: the risk of dying after breast cancer decreases by 25 to 30 percent with higher levels of activity.<sup>1</sup> Physical activity is now recognized as a safe means of reducing risk of breast cancer recurrences and death after breast cancer.

Just 15 to 20 years ago, common practice was to recommend no physical activity after breast cancer surgery and during treatment and recovery. There is now very compelling evidence that exercise is beneficial to breast cancer patients and survivors during and after treatment.<sup>2</sup> Specifically, physical activity helps improve survivors' fitness and physical function levels, muscular strength and quality of life, and decrease fatigue, anxiety, depression, and body weight. In

addition, since physical activity also has a beneficial effect on preventing heart disease, diabetes and osteoporosis, it also has these beneficial effects on cancer survivors.

Recently several agencies have reviewed the evidence regarding the safety and efficacy of exercise for cancer survivors. The most well-known exercise guidelines for cancer survivors are those developed by the American Cancer Society<sup>3</sup> and the American College of Sports Medicine<sup>4</sup>. To date, there are no specific

guidelines regarding the exact type, amount and timing of activity that is recommended for cancer survivors during and after treatment. Rather, there are some general recommendations about incorporating as much physical activity into daily living as possible during the cancer experience. These recommendations include the following points:

- Exercise is safe and feasible during cancer treatment and after completion of treatment although there are specific risks associated with cancer treatments that need to be considered when survivors exercise.
- Both aerobic and resistance exercise training can be done safely by breast cancer survivors with and at risk for lymphedema.
- For cancer patients who were inactive before diagnosis, exercise should be started slowly with only light intensity activities and gradually increasing to more intense activities.
- Moderate exercise, such as brisk walking or any other aerobic activity that raises the heart rate somewhat, has beneficial effects for cancer survivors.
- Cancer patients receiving chemotherapy and radiation therapy who already exercise may need to exercise at a lower intensity and/or shorter duration while they are on treatment.
- There are some precautions that need to be considered when exercising while on cancer treatment such as delaying activity if there is severe anemia, avoiding gyms and public places if the immune system is compromised, and avoiding swimming pools while on radiation since chlorine exposure may irritate irradiated skin.
- For older survivors and those with bone disease (because of metastases or severe osteoporosis) or with arthritis or peripheral neuropathy, special care should be taken to avoid falls and injuries.
- Whenever possible, breast cancer survivors should work with fitness trainers who are qualified to work with cancer survivors and understand the specifics of cancer diagnosis and treatment so that they can make informed, safe choices about exercise testing and prescription.

The main goal is to try to maintain activity as much as possible and to increase activity levels after treatment is completed.

In Alberta, we are undertaking additional research to address some of the gaps in knowledge regarding the exact type, dose and timing of exercise after breast cancer diagnosis that might be important for improving survival. We have just started the Alberta Moving Beyond Breast Cancer Cohort Study (AMBER Study) <sup>5</sup> that will be recruiting 1500 newly diagnosed breast cancer patients who live in either Edmonton or Calgary. Each participant will be assessed at diagnosis, and again one, three and five years after diagnosis. She will complete questionnaires, do fitness tests, give a blood sample and have her body composition assessed. Each woman will be followed up for at least five years to determine if her breast cancer progresses, recurs or if she dies. Every participant in the study is given a summary of her physical fitness and body composition results at each visit. No exercise or change of lifestyle is required for this study. More information on the study is available at our website ([www.amber-study.com](http://www.amber-study.com)) or by calling 403-698-8184 or 403-698-8067 in Calgary or 780-492-8274 in Edmonton.

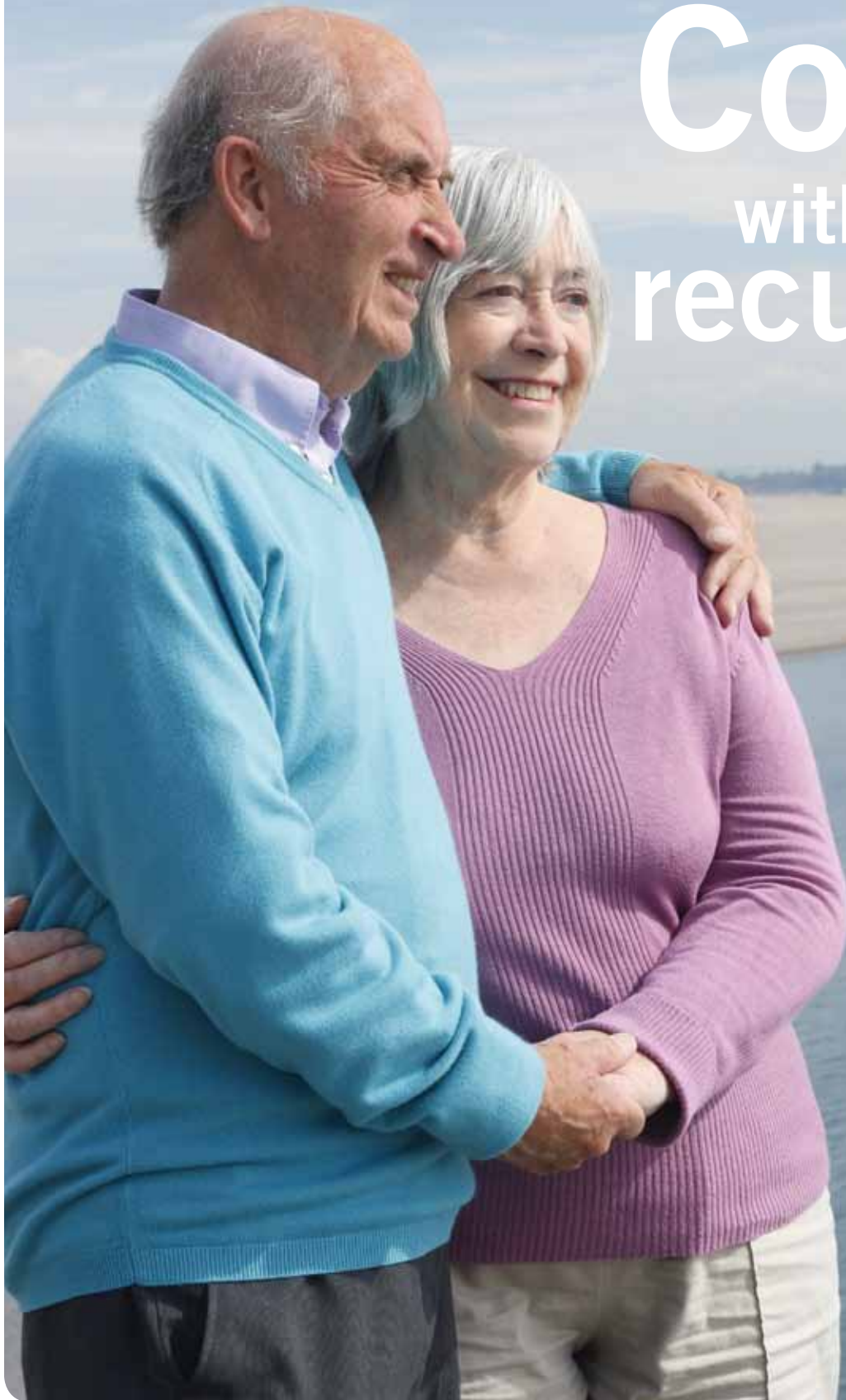
In conclusion, much progress has been made in the last 15 years to understand how exercise can be incorporated into the care and treatment plans for women diagnosed with breast cancer. Any cancer survivor interested in incorporating exercise into their lives during and after treatment should consult with their physician before starting such a program to ensure that there are no reasons for recommending against exercise.

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# Coping

with fear of  
recurrence







The end of cancer treatment can bring both relief and worry. You may be relieved that your treatment is finally over and pleased that your cancer is in remission (the temporary or permanent absence of cancer). However, you may also feel worried, anxious, or fearful that your cancer may recur (come back).

Cancer recurrence is the return of cancer after a period when no cancer cells could be detected in the body. The fear of recurrence is normal and reasonable for cancer survivors, especially during the first few years your cancer is in remission. It is important to remember that although you cannot control whether your cancer recurs, you can control how much you let the fear of recurrence affect your life.

### Tips for coping

**Accept your fears.** It is common to experience some fear about your cancer recurring. Telling yourself not to worry or criticizing yourself for being afraid won't make these feelings go away. Accept that you are going to experience some fear and focus on finding ways to help yourself manage the anxiety.

It may also help to remember that the fear usually lessens over time, and that you won't always feel so anxious. Be aware that your anxiety may temporarily increase at certain times, such as before follow-up care appointments, around the anniversary date of your diagnosis, or if a friend is diagnosed with cancer.

**Don't worry alone.** Talking about your fears and feelings or writing down your thoughts in a journal can help reduce your anxiety. Talking and thinking about your concerns can help you explore the issues underlying your fear. Fear of recurrence might include fear of having to repeat cancer treatment, losing control of your life, or facing death.

Many cancer survivors find joining a support group to be helpful. Support groups offer the chance to share feelings and fears with others who understand, as well as to exchange practical information and helpful suggestions. The group experience can also create a sense of belonging that helps you feel less alone and more understood.

# EMOTIONAL WELLBEING

## Talk with your doctor about regular follow-up care.

After finishing treatment, you may find it helpful to have a record of your treatment and a plan for your follow-up care. Find out more about cancer treatment plans and summaries and how they can help you develop a customized follow up care plan with your doctor. Thinking of yourself and your doctor as partners in charge of your health care decisions helps you feel more in control.

**Be well informed.** Most cancers have a predictable pattern of recurrence. Although a doctor cannot tell you exactly what will happen to you, an oncologist familiar with your history will be able to give you specific information about whether the cancer might recur and what symptoms to look for. Knowing what to expect can help you stop worrying that every ache or pain means your cancer is back.

**Adopt a healthy lifestyle.** Eating a well-balanced diet, exercising regularly, and getting enough sleep helps you feel better physically and emotionally. Doctors do not know why cancer recurs in some people and not in others, but avoiding unhealthy habits, like smoking and excessive drinking, may help reduce the risk of recurrence. Adopting a healthy lifestyle will also lower your chances of developing other health problems.

**Reduce stress.** Finding ways to lower your stress will help lower your overall level of anxiety. Experiment with different ways of reducing stress to find out what works best for you.

- Spend time with family and friends
- Spend time on hobbies and other activities you enjoy
- Take a walk, meditate, or enjoy a bath

- Exercise regularly
- Find time for humor: read a funny book or watch a funny movie
- Join a support group
- Avoid unnecessary stress: don't take on unnecessary responsibilities or commit yourself to tasks you don't have time for
- Simplify your life

## When you need more help

Despite your best efforts to stay well, you may find yourself overwhelmed by fear or recurrent thoughts of illness. If in doubt, talk with your doctor or nurse and consider a referral for counseling.

The following feelings may point to a diagnosis of anxiety or depression:

- Being worried or anxious most of the time, so that it gets in the way of your relationships or work, or prevents you from going to your follow-up care appointments
- Feeling hopeless about your future
- Having trouble sleeping or eating well
- Not participating in activities you used to enjoy
- Having trouble concentrating or making decisions
- Being unusually forgetful

Source: [http://www.cancer.net/coping/emotional-and-physical-matters/coping-fear-recurrence?et\\_cid=29999544&et rid=463567184&linkid=http%3a%2f%2fwww.cancer.net%2fcoping%2femotional-and-physical-matters%2fcoping-fear-recurrence](http://www.cancer.net/coping/emotional-and-physical-matters/coping-fear-recurrence?et_cid=29999544&et rid=463567184&linkid=http%3a%2f%2fwww.cancer.net%2fcoping%2femotional-and-physical-matters%2fcoping-fear-recurrence), January 3, 2013

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# Breast reconstruction Q&A

By Vancouver Coastal Health



### What is breast reconstruction?

Breast reconstruction involves replacing breast tissue (lost during mastectomy or trauma or due to congenital defects) and the creation of a new breast form. This can be achieved by placing an implant under the skin and chest muscle or moving tissues from another part of the body to the chest area, or by a combination of these techniques. The aim is to match as closely as possible the remaining natural breast (symmetry).

Breast reconstruction usually requires a second minor procedure later to reconstruct a nipple and surrounding area (areola complex) and to optimize symmetry.

### Why do women consider breast reconstruction?

Each woman seeking breast reconstruction has her own individual reason for it. Many find a sense of comfort knowing that breast reconstruction is an available treatment option. Some women appreciate being able to return to a physical appearance similar to that before the breast cancer surgery.

Women describe a sense of emotional healing, restoration of self-confidence/femininity, joy and peace of mind after breast reconstruction. Some women choose breast reconstruction because they feel it allows them to return to as “normal” an appearance and lifestyle as possible. Some women find the mastectomy scar constantly reminds them of the breast cancer. Other women prefer not to wear an external prosthesis (artificial breast) for a variety of reasons.

### Who can have breast reconstruction?

- Most women of any age who are in fairly good health and require a mastectomy.
- Women at high risk for breast cancer who have their breasts removed as a preventative measure (prophylactic mastectomies)
- Women with congenital defects

### What are the contradictions for breast reconstruction?

- Women with severe lung disease, advanced diabetes or those who have had a recent heart attack or are heavy smokers.
- Women who smoke are at risk for serious complications, as it affects blood flow to the skin and underlying tissues. Women who smoke are also more prone to infection and delayed healing. Thus smokers considering this surgery are advised to discontinue smoking at least three months before and one month after the surgery.
- When cancer has spread beyond the breast region, women need to consider whether the pain and discomfort of breast reconstruction surgery will interfere with the quality of their perhaps shortened life.
- Women may not be suitable candidates for this surgery if their emotions, motivation or personal circumstances make it difficult for them to cope with additional surgery and healing.

### When can breast reconstruction be performed?

In the past, breast reconstruction was delayed for a period of time to allow women to recover both emotionally and physically after mastectomy surgery. Now breast reconstruction is often done at the time of mastectomy (immediate reconstruction). However, it can be done months or years after mastectomy (delayed reconstruction). Breast reconstruction must never interfere with the treatment of breast cancer.

Ideally, women facing mastectomy should learn about their options for breast reconstruction from their general surgeons or medical oncologists before breast cancer surgery. Some doctors believe that it is better to delay reconstruction when chemotherapy and radiation treatment are necessary after the surgery or when a patient is at high risk for wound healing complications (women who are smokers, diabetic, obese or have large breasts). Some women prefer to delay the reconstruction to allow them more time to consider their options.



The decision of when to have breast reconstruction should be made by the woman with advice from the team of medical specialists familiar with her case (family doctor, general surgeon, oncologist and plastic surgeon).

### **Why have immediate reconstruction?**

There are several advantages to immediate breast reconstruction. Some women wish to avoid the mastectomy scar and find that immediate reconstruction helps reduce distress that often comes with the loss of a breast. During immediate reconstruction, the general surgeon, who removes the breast, and the plastic surgeon, who reconstructs the breast, work together to save breast skin (skin-sparing technique). This produces the best results. When less skin is removed during mastectomy, the scars are often easier to conceal. An additional benefit is that recovery from the mastectomy and breast reconstruction can happen at the same time, without women needing to take additional time off work.

Not all women are candidates for immediate reconstruction. Some women find that making the many decisions necessary for the treatment of breast cancer is enough to deal with at one time. Women who are undecided about reconstruction at the

time of mastectomy might prefer to delay the surgery until they get used to living without a breast and have time to explore reconstruction surgery.

Sometimes women who have immediate breast reconstruction compare the appearance and sensation of their natural breast with the reconstructed breast. This can lead them to feel less satisfied with their reconstructed breast than if they had lived without a breast before undergoing delayed reconstruction.

### **Is breast reconstruction possible if I need radiotherapy and/or chemotherapy?**

It is still possible for most women to have breast reconstruction before or after radiotherapy and/or chemotherapy. Breast reconstruction should be delayed between three to four weeks after chemotherapy and usually four to six weeks after radiotherapy.

With tissue transfer reconstruction (moving muscle from the stomach or back to make a new breast mound) radiation therapy can be started before the surgery or once all wounds have healed in the chest area (usually three to four weeks).

If tissue expander reconstruction (expander is put under the chest muscle to stretch the muscle so that an implant can be placed to make a breast mound) has been done and radiation is required, it is best the expansion process be done over a longer period of time to minimize risks. If it is known before the mastectomy that radiation treatment is needed, then tissue transfer reconstruction is advised, as complications after tissue expander followed by radiation tend to be high.

## What factors should be considered when deciding to have breast reconstruction?

Some women with a new diagnosis of breast cancer find it difficult to sift through all the information they receive in the first few days. While it is important for them to be involved in the treatment decisions, they also need to explore all options before making their decisions. Only then can they decide whether to choose immediate breast reconstruction.

Appropriate management of the breast cancer must be the most important factor for them to consider. Women have a right to be informed about all possible choices, including breast reconstruction, as part of the breast cancer management. General surgeons or family doctors provide women with a referral to a plastic surgeon.

The plastic surgeon with expertise in this type of surgery needs to be involved in the information and decision-making process.

Women should ask the plastic surgeons about their experience with breast reconstruction, what options he/she thinks are appropriate for the case, and how comfortable the plastic surgeon feels with the option chosen.

## How many surgeries are required for breast reconstruction?

Breast reconstruction occurs in stages.

For **immediate tissue transfer reconstruction**, two surgeries (with general anesthetics) are usually needed. The first stage covers both the mastectomy and tissue expander placement. If the natural breast needs to be enlarged, reduced or uplifted to match the reconstructed breast, that surgery is most commonly done at the same time as the mastectomy and reconstruction.

The second stage to create the nipple is done about four to six months after the breast reconstruction. Tattooing around the nipple to create the areola is done when the nipple has healed. Nipple

reconstruction and tattooing are optional. However, at this stage there is an opportunity for women to have their breast symmetry and donor site improved if required.

For **delayed tissue transfer reconstruction**, three surgeries are needed. The first stage is the mastectomy. The second stage is the breast mound reconstruction and often includes surgery to balance the size or shape of the opposite breast. The third stage, to create the nipple and areola, is optional but highly recommended to give the best outcome.

For **immediate tissue expander and implant surgery**, the first stage occurs when tissue expander is placed at the time of mastectomy. The second stage occurs after the expansion process is complete. Second stage surgery involves removing the expander and placing an implant.

For **delayed tissue expander and implant surgery**, five stages are required. The first stage is the mastectomy surgery; the second stage is the expander placement; the third stage is the tissue expander removal and implant placement; the fourth, nipple reconstruction; and fifth, tattooing.

With all types of reconstruction, complications may require additional surgery. The need for further surgery beyond the initial reconstructive procedures is usually higher in implant reconstruction cases.

Source: Vancouver Coastal Health, <http://breastreconstruction.vch.ca/whatls.htm>, November 29, 2012

For more information on the different types of breast reconstruction, visit the Canadian Collaboration on Breast Reconstruction website at <http://www.breastreconstructioncanada.ca/index.php>.



# Financial resources for cancer patients

Cancer can be expensive, and not all costs are covered by the healthcare system. Major out-of-pocket expenses can include: drugs, medical equipment, transportation, hotels, meals, parking, vehicle repairs, fuel, home care and child care. The financial burden can be compounded when a patient or a caregiver cannot work.



## RESOURCES

The Canadian Breast Cancer Network receives many calls from breast cancer patients who are looking for sources of financial support. In this article, we present several resources and give other sources of information.

Your first stop should be the oncology social worker at your cancer centre. He or she can put you in touch with local, provincial and federal government resources.

If you are working, find out what benefits you can access through your employer, such as sick days, a leave of absence and disability benefits. Also find out about your workplace or independent drug and health care insurance plans.

In Quebec, the Quebec Pension Plan provides monthly benefits when a contributor becomes disabled, retires or in the event of the contributor's death, survivor benefits. For information, contact the Régime des rentes du Québec at 1-800-463-5185 or [www.rrq.gouv.qc.ca](http://www.rrq.gouv.qc.ca).

Employees in the rest of Canada should find out about Employment Insurance sickness benefits; you may be eligible for 15 weeks of coverage, and a caregiver may be eligible for six weeks of benefits. For more information and application forms, contact Service Canada at 1-800-206-7218 or [www.servicecanada.gc.ca](http://www.servicecanada.gc.ca).

Service Canada can also provide information about Canada Pension Plan disability benefits. Visit the website listed above or call 1-800-277-9914.

The federal government offers the following tax benefits: the Medical Expense Tax Credit, the Refundable Medical Expense Supplement and the Disability Tax Credit. For information, contact the Canada Revenue Agency at 1-800-959-8281 or visit [www.ccr-a-adrc.gc.ca](http://www.ccr-a-adrc.gc.ca).

Veterans Affairs Canada provides treatment and other health-related benefits to veterans and their survivors/dependents. Call 1-866-522-2122, e-mail [information@vac-acc.gc.ca](mailto:information@vac-acc.gc.ca) or visit [www.vac-acc.gc.ca](http://www.vac-acc.gc.ca).

Health Canada provides eligible First Nations people and Inuit with a range of benefits to meet medical or dental needs that are not covered through private insurance plans or provincial/territorial health and social programs. For information, contact: Health Canada, First Nations and Inuit Health Branch, 1-800-665-8507, [www.hc-sc.gc.ca/fniah-spnia/nihb-ssna](http://www.hc-sc.gc.ca/fniah-spnia/nihb-ssna).

For those who qualify, provincial governments cover the cost of drugs listed on the provincial formulary, as well as home care and medical devices such as lymphedema garments. The provinces also offer income support programs for people in financial need.

The Kelly Shires Breast Cancer Foundation offers up to \$1,000 per application to qualifying breast cancer patients. You can apply up to four times a year (lifetime financial assistance is capped at \$10,000). For more information, call 1-877-436-6467 or visit [www.kellyshiresfoundation.org](http://www.kellyshiresfoundation.org).

The Canadian Red Cross operates a Health Equipment Loan Program. For everything from wheelchairs to commodes to walkers, your local Red Cross may be able to lend it to you temporarily. For information, visit [www.redcross.ca](http://www.redcross.ca).

Hope Air is a volunteer organization that flies patients for out-of-town treatments, either through its own licensed volunteer pilots or with seats donated by commercial airlines and corporations. Call 1-877-346-4673 for information.

Legal counseling may be required if you are having very serious debt problems. However, you may be able to resolve the situation with your financial counselor or even on your own. Speak directly to your creditors, mortgage holder, or landlord.

Wellspring's Money Matters program provides professional case management on all government income-replacement and drug coverage options. A professional case manager meets privately with individuals concerned about their finances to assess personal situations and determine the programs for which they may be eligible. For details, call 416-961-1493 or visit [www.wellspring.ca/downtownTO/Programs/Full-List-of-Programs/Money-Matters.aspx](http://www.wellspring.ca/downtownTO/Programs/Full-List-of-Programs/Money-Matters.aspx).

For more information on financial support, Willow Breast Cancer Support Canada has published *Coping with Your Financial Concerns When You Have Breast Cancer*. A free customized guide is available for each province. Contact Willow at 1-888-778-3100 or [www.willow.org](http://www.willow.org).



JUDY (CENTRE) IN HER BACKYARD WITH HER DAUGHTER, VENESSA MICHALSEN (LEFT), AND HER SISTER, KAREN SIMON, IN JULY 2007 AT THE TIME OF JUDY'S CHEMOTHERAPY TREATMENTS

# Metastatic breast cancer survivor thanks God, family, doctors

Based on an interview with Judy McCracken by Wendy Hall

In April 2007, Judy McCracken of Tilbury, Ontario went to her doctor to get results of what she thought was a routine bone scan. Little did she expect that she would receive a deadly diagnosis: Stage IV metastatic breast cancer that the doctor thought had spread to her liver, lungs and spine.

“It was devastating,” she says. “I didn’t really have any forewarning.”

Judy went home, determined to keep the news from her parents, who were visiting. But then a friend stopped by her house to ask about the test results. “I broke down,” says Judy. “I broke the news to them all at once.”

Judy’s family doctor had tried to reassure her that even though there was no cure, it wasn’t a painful way to die.

Her oncologist, Dr. Caroline Hamm of the Windsor Regional Cancer Clinic, told her that a CT scan proved the spine was not cancerous. However without a biopsy, there was no way to tell for sure whether the spots in her liver and lungs were cancer. There didn’t seem to be much point to that since she would be getting chemotherapy anyway. “The original diagnosis was pretty dire,” says Judy.

Judy’s ordeal had originated in December 2006. She was moving furniture to make room for the Christmas tree when she felt a pain in her chest. Over the next few days, the pain increased immensely.

Judy went to her family doctor, who ordered a chest X-ray. When that didn’t show anything, and the pain continued for several months, the doctor ordered a bone scan, which showed that her breastbone had previously cracked and was “riddled with cancer.”

Judy needed a miracle. So, during the first three days after her diagnosis, this devout Catholic held a “complaining session” with the Virgin Mary, saying she didn’t have access to places like the Shrine of Our Lady of Fatima in Portugal and the Basilica of the Rosary in Lourdes, France. Both are sites of apparitions of the Virgin Mary and are thought to be sources of healing.



JUDY ENJOYING THE HIKING TRAILS IN ALGONQUIN PARK, AUGUST 2011



## SURVIVOR STORY

Judy's faith gave her the strength to fight. "I put God in charge," she says. "He chose my doctors, my treatment, everything."

A few days later, Judy bumped into a friend whom she hadn't seen in a year. After meeting unexpectedly several times, they arranged to meet for coffee. During that visit, the friend, who didn't know Judy's diagnosis, gave her two gifts: holy water from Fatima and a rosary from Lourdes.

Judy felt that her prayers had been answered. "I'm a firm believer in miracles," she says. "You don't have to go to all these healing places because God is everywhere."

Judy's faith gave her the strength to fight. "I put God in charge," she says. "He chose my doctors, my treatment, everything."

Judy's support network went to work. Local church groups began praying for her. Eventually prayers would be said for her all across southern Ontario.

Judy's children researched nutrition on the Internet, and recommended foods such as kale, spinach, and beets. Judy mixed them up in her juicer and drank a glass every day. She also gave up sugar, and ate plenty of flax seed, fruit, coconut oil, vitamins, probiotics, calcium, cod liver oil, potassium and phytoplankton.

Judy says that healthy eating boosted her spirits. "It gives you something you can do yourself. You can be involved in your own recovery," she says.

In May 2007, medical treatment began with the biopsy of lymph nodes from under Judy's right arm. In June, she began chemotherapy. The nausea, constipation and dehydration were horrible. Her eyes watered constantly and her skin felt dry all over. She says she lost four pounds in the first week. "I was extremely nauseous after the first treatment. I threw up all night," she says. In the second week, she would put the weight right back on.

During chemotherapy, Judy made sure to have a nap in the afternoon. She also enjoyed sitting outside and reading books, magazines and newspapers, as well as taking short walks with her husband. She had to force herself to eat, even if it was just Ensure and ice cream.

In addition to two cancer drugs, Taxotere and Taxol, plus Stemetil for nausea, Judy needed to start taking Nupegen



JUDY WITH HER DAUGHTER, TRISHA MCCRACKEN, ENJOYING THE WINDSOR RIVERFRONT, APRIL 2012

to boost her white blood cell count. When her red blood cell count also became low, she started on Aranesp .

Then the doctors proposed a clinical trial with another drug, Xgeva, a bone builder. But first, they ordered a CT scan. The result was amazing. "Oh, my gosh, it looked so good," says Judy. "There were holes in the bone where the cancer had been."

In addition, the original diagnosis of cancer in the liver and lungs turned out to be benign spots. Dr. Hamm said if they were cancer they would have changed after the chemotherapy. They would either be bigger or smaller, but there would be some change.

Judy's treatment plan changed radically. "Now we were going for a cure," she says.

In October 2007, Judy chose to have a bilateral mastectomy, even though the cancer was only in her right breast. She made this choice because of two friends who had died when their cancer returned after a single mastectomy. She thought, "It's a personal choice. Let's just do both and be safe."

The next treatment was radiation. In January and February 2008, Judy had 25 sessions, which left her with extensive burns on her chest. Simply wearing clothing was painful. Her doctor arranged for a nurse to come to her house and apply bandages with a cooling gel. Two weeks later, Judy was healed. "The nurse was surprised," she says. "She never saw anyone heal that fast."

Judy's treatment ended in March 2008. Today, her breast cancer being human epidermal growth factor receptor 2 positive (HER2+) and estrogen-receptor positive (ER+), Judy continues to take Herceptin and Arimidex, as well as Xgeva to keep her bones strong. The various treatments made her bones ache for a year; taking ibuprofen helped. Herceptin is hard on the heart, so Judy has a heart function test every three months.

As well as God, Judy, now age 59, credits her husband and family for helping get through her ordeal. “I have a really supportive family,” she says. “Family and friends are really nice to have if you’re going through something like that.”

Judy says Xgeva is much more convenient than the alternative, bisphosphonates, since she can inject it herself at home. Bisphosphonates, on the other hand, require a three-hour infusion at the hospital. She urges the government to extend funding for Xgeva to other women with metastatic breast cancer. Since it is already approved for men with prostate cancer, she is hoping it won’t take too long.

Judy says that before she was diagnosed with cancer, she “was active, kept my weight down, and exercised.” She thinks that her cancer was hereditary, since both her parents also had cancer. “My parents both beat cancer, so I thought I can too,” she says.

Judy’s cancer has been in remission for five years. Now, as before her diagnosis, despite the lymphedema in her right arm, she enjoys playing tennis, going for walks, travelling to Florida, and, especially, babysitting her two grandsons, ages 6 and 9. She also joins her daughter for dragon boat racing in Peterborough, Ontario.

As well as God, Judy, now age 59, credits her husband and family for helping get through her ordeal. “I have a really supportive family,” she says. “Family and friends are really nice to have if you’re going through something like that.”

She also appreciates all the efforts of her doctors, especially her oncologist, Dr. Hamm. “I couldn’t have been happier with my oncologist,” she says.

“She talks to my level of understanding. She was just wonderful.”

To other breast cancer patients, she says, “Cancer probably made me stronger. Never give up. Always stay positive. Be your own advocate. Doctors can do amazing things.”

Note to breast cancer survivors:  
*Inspire others! Tell your story in the next edition of Network News. Contact editor Wendy Hall at [whall@cbcn.ca](mailto:whall@cbcn.ca) for details.*



BREAST CANCER SUPPORT CANADA

***Are you interested in starting a peer support group in your community?  
 Do you want to learn more about providing support to others?***

Willow’s Community Support Program offers resources and workshops for volunteers to learn how to support other women facing a breast cancer diagnosis, as well as those who are high risk.

Contact us today to receive information about upcoming training and other volunteer opportunities. Danielle VandeZande 1.888.778.3100 or email: [community@willow.org](mailto:community@willow.org) or visit: [www.willow.org](http://www.willow.org)

***Willow Breast Cancer Support Canada, founded in 1994, is a national, not-for-profit organization that provides support and information to anyone affected by breast cancer; including those at high risk.***

The Community Support Program is generously funded by:





# HIGHLIGHTS FROM THE SAN ANTONIO BREAST CANCER SYMPOSIUM – DECEMBER 4-8, 2012

BY JENN MCNEIL



The San Antonio Breast Cancer Symposium is the annual global breast cancer conference that shares relevant research from the past year in the field of breast cancer. CBCN had the opportunity to attend this symposium and would like to share some of the key highlights that we believe are important for Canadian patients and survivors to know. There was an incredible amount of information presented at this conference and this article will only touch on some of the key highlights; however, a complete list of presentations is available at [www.sabcs.org](http://www.sabcs.org).

### Fewer doses of radiation prove to be safe and effective

A lower total dose of radiotherapy, delivered in fewer, larger treatments, is as safe and effective at treating early breast cancer as the international standard dose. Nearly 4,500 women across the United Kingdom took part in clinical trials that demonstrated that a shorter treatment course of 15 treatments was as effective as the 25 treatments that is the international standard. This trial demonstrated that three weeks of radiotherapy are just as effective as five weeks and are also more convenient and less tiring for patients who have decreased their trips to the hospital. Countries such as the UK have already implemented this as their new standard of care.



### Neoadjuvant chemotherapy shows benefit for young women

Neoadjuvant chemotherapy, which is chemotherapy that is given before surgery to help shrink a tumour, shows benefit for younger women (under 35). A German study demonstrated that the pathological complete response was significantly higher following neoadjuvant chemotherapy treatment. This is especially true for the triple negative patients, and also for the luminal patients.



# RESEARCH ROUNDUP

## Trial results for a new drug for HER2+ metastatic breast cancer patients

Pertuzumab (Perjeta) for human epidermal growth factor receptor 2 positive (HER2+) metastatic breast cancer demonstrated a 34 percent reduction in the rate of patient deaths and showed an additional six months of progression-free survival. This CLEOPATRA trial demonstrated tolerable toxicity for pertuzumab. This drug is currently in the approval process in Canada but we anticipate a decision to be made in 2013, which should help patients access this treatment.

## Trial results for a new drug for women with advanced breast cancer

Everolimus (Afinitor) for women with advanced breast cancer shows an additional 4.1 months of progression-free survival compared to the current standard of care. Everolimus was approved by Health Canada in January for this use.

## Trial results for a new targeted therapy for HER2+ metastatic breast cancer patients

The EMELIA trial for TDM-1, a new targeted HER2+ therapy for metastatic patients, demonstrated statistically significant improvement in progression-free survival and in overall survival with very low toxicity. Patients in the trial taking TDM-1 showed a five-month overall survival benefit. TDM1 will be going through the approval process in Canada in 2013.

## Benefit of taking tamoxifen for 10 years versus five years

Patients who took tamoxifen for 10 years as adjuvant therapy for their estrogen receptor (ER) positive breast cancer had both a reduced risk of recurrence and better overall survival compared to patients who stopped after five years, according to results of the ATLAS study. This appears to be most beneficial for premenopausal women and showed the greatest benefit to patients during the second decade after their diagnosis (10 to 14 years after diagnosis).

## Increased doses of Fulvestrant show overall benefit

Increasing Fulvestrant doses from 250 mg to 500 mg provided an overall survival advantage with similar toxicity and an overall risk of death in women with locally advanced or metastatic ER positive breast cancer.



## Promising Phase 2 clinical trial results for a new drug for ER positive tumors

A completed Phase 2 clinical trial for a new drug, PD0332991, shows very promising results with tumor suppression times increased by an average of 26.1 months from 7.5 months with the current standard of treatment. This drug was given in conjunction with letrozole and targets women with ER positive tumors. Further investigation needs to continue in a Phase 3 trial.

## CBCN will be hosting a webinar early in 2013 with an oncologist who will further discuss these results and will also be available to answer questions from the audience.

This webinar will be recorded and available for future viewing on the CBCN website at [www.cbcn.ca](http://www.cbcn.ca).

For further information on the results outlined above, please contact Jenn at the CBCN office at 1-800-685-8820 x224 or connect with your primary physician to discuss if any of this may be applicable to you.

Note to researchers:

*To share your research results with Canadian breast cancer survivors, e-mail a notice to Wendy Hall at [whall@cbcncan.ca](mailto:whall@cbcncan.ca) for publication in Network News.*

# Clinical trials Q&A

## What is a cancer clinical trial?

A cancer clinical trial is a study done with human subjects to try a new therapy, procedure or method for preventing, diagnosing or treating cancer. In order to proceed in the clinical trial process, the new treatment must have demonstrated significant potential to work better than existing methods.

## Are clinical trials safe?

Clinical trials with humans are begun only after laboratory (in vitro) and animal studies have shown that the new therapy is safe and effective. In order for a study protocol to be approved for a cancer clinical trial, the research team must ascertain that each procedure within the trial follows internal and international guidelines. Most reputable public and private research institutions have an Institutional Review Board (IRB), or a form of it sometimes referred to as an Ethics Committee (EC). The purpose of an IRB/EC is to ensure that trials are conducted safely, ethically and with full patient consent.

## What are the possible benefits?

By taking part in a clinical trial, participants are followed very closely by doctors involved in breast cancer research and treatment. Research has shown that many women feel that they have received superior medical care while taking part in a clinical trial. If a new therapy shows superior benefits to existing methods, then the study subjects may be the first to have access to and benefit from the new treatment or practice. Some clinical trials have been halted early because the treatment benefits were so clear that all parties involved felt it necessary to make the treatment available to as many cancer

patients as soon as possible. The tamoxifen trial is an example of such an outcome; this drug is now being tested for further uses in prevention and treatment. Participating in a clinical trial for breast cancer is one of the ways to contribute to the effort to find better ways of preventing, detecting and treating breast cancer.

Note to researchers:

*If you are looking for breast cancer survivors to participate in a clinical trial, why not submit a notice for publication in Network News? For details, contact Wendy Hall at [whall@cbcn.ca](mailto:whall@cbcn.ca).*

## What are the risks?

Clinical trials, by their nature, test new treatments. The physical side effects of a new treatment may be greater or lesser than those associated with existing treatments. Some long-term risks may be unknown during the initial trials; these factors are examined in follow-up studies. In cancer clinical trials, a placebo is not usually given unless it is administered along with a treatment proven to be effective. In addition to considering the physical impact of a new treatment or practice in breast cancer research, there are social and financial issues to address. Questions about personal time management and leave from work should be discussed with the research team, personal physician and one's own family.

## What is informed consent?

Informed consent means that each participant in a clinical trial is fully aware of her commitment and rights. This process begins with supplying information about the trial to persons who are interested in taking part in the study. An eligible, prospective participant meets with a member of the research team, who should be willing to provide a copy of the study protocol or a concise version of the protocol. The research team member will also provide the Informed Consent document. This document explains facts about the trial, such as its purpose, duration, required or alternative procedures and tests, benefits and risks. A prospective participant then takes as much time as is necessary to read and comprehend the document and consider her decision. She may want to discuss the trial details with her doctor and family members. She may also want to speak with a member of a breast cancer patient support and advocacy group.

## Once enrolled, can I decide to leave the trial?

Once the trial begins, the participant may receive updates about the study, which could affect her decision to stay in the trial. If the treatment is discovered to cause harm, her participation in the study will be immediately discontinued. The participant is free to leave the trial at any time. Upon leaving the trial, a woman is free to make her treatment decisions based on what she and her doctor feel is best.

## How can I find specific trials for breast cancer?

After a woman has discussed her interest in clinical trials with her healthcare provider and she has reviewed the available information on specific types of trials, she can consult different listings of clinical trials. Her doctor may have experience with a particular type of trial or with a specific treatment. A hospital department for patient advocacy, breast health or oncology may have information readily available. Some trials are listed on websites—[canadiancancertrials.ca](http://canadiancancertrials.ca), for example.

## What should I consider before enrolling in a clinical trial?

Here are some questions to ask your doctor before enrolling in a clinical trial:

1. Will my doctor help me evaluate a potentially appropriate clinical trial by reviewing the study protocol with me?
2. How will participation in a trial affect my current care?
3. How will my doctor monitor my care if I decide to participate in a trial?
4. Will my doctor help me evaluate ongoing concerns about my participation?
5. Will my doctor have any direct contact with the study investigators?
6. What type of breast cancer is the study investigating?
7. What type of clinical trial is this study? What is the aim of the study? What are the requirements for participation? What are the study treatments?

Source: Clinical Trials and Breast Cancer, <http://www.europadonna.org/EuropaDonna/getStaticModFile.aspx?id=2899>, December 10, 2012

## A patient's experience

Judy McCracken of Tilbury, Ontario rates her experience with a clinical trial of the bone builder drug Xgeva “a ten out of ten.” Diagnosed with metastatic breast cancer in 2007, she says the experimental drug was a success, with few side effects. Her cancer is now in remission. She appreciated the extra care she received during the clinical trial; she found that the doctors kept a closer eye on her and did more tests than if she was not part of a trial. She found out about the study through her oncologist, who encouraged her to take part. Before signing up, Judy was told that she would receive either the experimental drug or a standard one. “I didn’t have anything to lose by trying a new drug—I had to take something,” she says. “I’m so glad I did it. My experience was well worth it. Definitely a win-win.” Read more about Judy’s story in the Survivor Story section of this newsletter.

## An oncologist's viewpoint

Dr. Christine Brezden-Masley, a medical oncologist at St. Michael’s Hospital in Toronto who has been involved with clinical trials since 2005, says that these studies have several potential advantages for patients, including a level of care that may be greater than the standard treatment, as well as the possibility for increased survival and a better quality of life. As founder of the COMET (Community Oncologists of Metropolitan Toronto) Clinical Trials Consortium (CCTC), a Web-based network of oncology clinical trials in the Greater Toronto Area and surrounding areas, Dr. Brezden-Masley says that Canada offers several advantages for organizations that want to conduct clinical trials, including a multi-racial population, good infrastructure, excellent quality of data, and good safeguards for patient safety. One barrier to this research is lack of awareness among physicians about particular trials; to overcome this barrier, the CCTC feeds information through a global Web-based registry of clinical trials, [clinicaltrials.gov](http://clinicaltrials.gov). In recent years, clinical trials have produced many promising treatments with greater effectiveness and less toxicity; you can read about some of these developments in the Research Roundup section of this newsletter. Dr. Brezden-Masley encourages patients to ask their physicians about clinical trials because these studies “are the only way we are going to move medicine forward.”





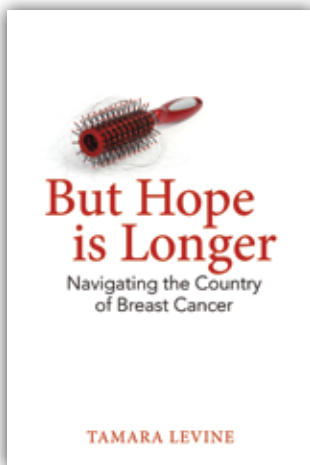
STACY D'AGOSTINO, ONE OF THE BREAST CANCER SURVIVORS FEATURED IN **BREAST STORIES**, WRITES, "STARING IN THE MIRROR EVERY DAY IS A COLD REMINDER OF THE BOLD TRUTH. IT'S A CONSTANT REMINDER OF FEAR, OF COURAGE AND OF TRIUMPH. ALTHOUGH I AM PHYSICALLY SCARRED, MY CORE BEING WAS STRENGTHENED, AND I AIM TO BE A SIGN OF HOPE FOR THOSE WHO ARE, OR SOON WILL BE, WHERE I AM TODAY." PHOTOGRAPH BY PHIL CARPENTER, TAKEN FROM **BREAST STORIES: CANCER SURVIVORS SPEAK OUT** (FITZHENRY & WHITESIDE).

## **Book of photographs captures beauty after breast removal**

*Breast Stories: Cancer Survivors Speak Out* by Phil Carpenter shines a spotlight on the subject of femininity, breast cancer, mastectomy and reconstruction. The book features the candid photos and frank personal essays of 53 breast cancer survivors from across Canada. Their hopes and dreams, fears and tears, journeys and experiences are all revealed in these pages. "Neither my breast nor any other body parts define who I am, so why worry if my breast is real or not?" writes one survivor, Peg Jackson. The book's author hopes to cause us to reflect on the role breasts play in the definition of beauty and femininity in our culture. In reading this book (available in bookstores across Canada), breast cancer survivors are sure to find inspiration, strength and hope.

## **Breast Action Coalition Sudbury**

Breast Action Coalition Sudbury is an organization dedicated to improving the breast health of the community. It is made up of members of the community who have come together out of concern about breast cancer issues and the breast health of the community. Together they educate, promote breast health and fundraise. Breast Action Coalition Sudbury's Dragonfly Fund assists those who are experiencing financial hardship related to breast cancer treatment and provides educational materials for those newly diagnosed. For breast health information, visit the group's website at [www.breastnorth.info](http://www.breastnorth.info). To volunteer, donate or become a member, visit [www.breastactioncoalition.ca](http://www.breastactioncoalition.ca). For more information, e-mail [bacsudbury@gmail.com](mailto:bacsudbury@gmail.com).



## **Cancer is a country no one wants to visit, with a language we never want to learn**

After being diagnosed with an aggressive breast cancer, Tamara Levine wrote the first of eleven letters she would send to family and friends throughout her “year from hell”. They form the framework for *But Hope is Longer* - much more than a memoir, the book offers insight,

compassion, strategies, and surprises that individuals, families, and professionals dealing with cancer will find invaluable. Tamara shares the minefields, startling paradoxes, and unexpected joys of her healing journey. Confronted by the daunting labyrinth of the cancer care system, she fought to find a treatment plan that made sense for her. Above all, she strove to navigate and bring together the worlds of mainstream and complementary medicine, and she does the same for the reader by bringing us the voices of her team of healers: her oncologists, surgeon, naturopathic doctor, and life coach. They share their expertise, why they choose to do this work, how they cope with the inevitable losses, and their hopes and visions for cancer care. The book is available from [chapters.indigo.ca](http://chapters.indigo.ca).

## **Guide for newly diagnosed metastatic breast cancer**

The *Metastatic Breast Cancer Series: Guide for the Newly Diagnosed* will give you the information and support you need to make informed decisions about your treatment and to manage your emotions during the first few months after a metastatic diagnosis. Whether this is your first breast cancer diagnosis or you’ve had breast cancer before, this guide offers a deeper look at how metastatic breast cancer affects your daily life and how you can adapt to the changes it brings. Jointly created by Living Beyond Breast Cancer and the Metastatic Breast Cancer Network, *Metastatic Breast Cancer Series: Guide for the Newly Diagnosed* explains stage IV breast cancer, existing and upcoming treatment options and their side effects, clinical trials, and complementary therapies to relieve stress and anxiety. Learn how to talk effectively about your concerns with your healthcare providers and with the people closest to you. Understand your diagnosis to play an active role in your treatment. The guide includes the experiences of women living with metastatic breast cancer of all ages, ethnicities and lifestyles. For more information or to order the guide, visit [lbbc.org](http://lbbc.org) or call 610-645-4567.

## **Never Too Young, a booklet for young women with breast cancer**

Every year in Canada, about 5300 women under age 50 are diagnosed with breast cancer. In fact, breast cancer is the most commonly diagnosed cancer in women age 20 to 49. Research conducted by the Canadian Breast Cancer Network showed that young women overwhelmingly felt that the information available to them did not address their issues. For these reasons, CBCN published *Never Too Young: Psychosocial Information and Support for Young Women with Breast Cancer*. This supportive guide provides an overview of common issues and problems, and seeks to empower young women by providing them with the information required to make educated decisions about their psychosocial wellbeing during diagnosis, treatment and recovery. Psychosocial issues — the relationship between your personal, internal environment and the wider social world — can affect every part of your life, and can impact you as much as medical ones. This booklet presents 16 main topics, including mental health, partners, children, parents and siblings, friends and coworkers, medical appointments and hospitalization, school, work, financial guidance, fertility, sexuality and self-image, reconstruction, healthy living, survivorship, and metastatic breast cancer. To order a free copy, call CBCN at 1-800-685-8820.

## **Healing workshops in Halifax offer art therapy, yoga and meditation**

The Queen Elizabeth II Health Sciences Centre in Halifax regularly offers free workshops on art therapy, yoga and meditation for cancer patients. These workshops promote physical and mental health, relaxation, acceptance and personal insight. Yoga sessions are on Wednesdays from 9:30 to 10:30 a.m. Meditation sessions take place on Tuesdays from 8:45 to 9:45 a.m. These sessions require no registration; you are welcome to drop in to the Sunshine Room, Room 11-017, 11th floor, Victoria Building, West Wing, 1276 South Park St. Art therapy classes are held Mondays from 1:30 to 4:30 p.m. in boardroom 3054, 3rd floor, Dickson Building, 1276 South Park St. To register for art therapy, contact Don Stevens at 902-473-6428 or [dstevens@eastlink.ca](mailto:dstevens@eastlink.ca). For more information about any of these workshops (or about other free Sunshine Room programs, such as massage therapy, Reiki, Therapeutic Touch and Reflexology), contact Program Coordinator Gail Ellsworth at 902-473-3811 x 1 or [gail.ellsworth@cdha.nshealth.ca](mailto:gail.ellsworth@cdha.nshealth.ca).

# CALENDAR

To receive regular notification of upcoming events, try CBCN's monthly e-mail newsletter, *Outreach*. To subscribe, e-mail your name and e-mail address to Wendy Hall at [whall@cbcn.ca](mailto:whall@cbcn.ca).

## **SECOND SUNDAY OF THE MONTH, ON THE INTERNET FROM HALIFAX: "EMPOWER YOURSELF WITH COMPLETE CANCER CARE."**

The Canadian Cancer Society and the Healing and Cancer Foundation present this series of free monthly webcasts with Dr. Rob Rutledge, a Radiation Oncologist and Associate Professor in the Faculty of Medicine at Dalhousie University. Dr. Rutledge will teach people how to get the best care from the medical system and provide practical advice on subjects like exercise, diet, and complementary medicine. The webcasts are broadcast on the Internet on the second Sunday of the month at 5 p.m. AT (4 p.m. ET) on March 10, April 14, May 12, June 9, September 8, October 13, November 10 and December 8. To watch, visit [healingandcancer.tv](http://healingandcancer.tv). At the end of the webcast, you can ask Dr. Rutledge confidential questions by e-mailing [info@healingandcancer.org](mailto:info@healingandcancer.org) or by calling either 902-237-4860 or 902-489-6423. If you're in Halifax, join in live at Bethune Ballroom, Victoria General site, Queen Elizabeth II Health Sciences Centre, 1276 South Park St. Visit [healingandcancer.tv](http://healingandcancer.tv) to view previous lectures and to find links to the best cancer organizations available to support you.

## **MARCH 12, 12 TO 1 P.M. EASTERN TIME: LIVING BEYOND BREAST CANCER'S MONTHLY WEBINAR FOR THE NEWLY DIAGNOSED.**

When you learn you have breast cancer, you may find it difficult and overwhelming to find the information you need to make medical decisions. This webinar helps you learn the basics, find resources and connect with other women. During the webinar, Virginia Kaklamani, MD, will discuss coping with the initial shock of a diagnosis and finding emotional support. The session will also cover breast cancer basics: what it is, who gets it, stages of breast cancer, treatment options and what tests will tell you more about your diagnosis. The webinar will begin with a 30-minute interview between an LBBC moderator and Dr. Kaklamani. During this time, Dr. Kaklamani will provide her insights on a set of frequently asked questions. During the second half of the webinar, you'll get the chance to ask questions and make comments. This webinar is part of a series that takes place on the second Tuesday of every month. For more information or to register, call LBBC at 610-645-4567 or visit <http://www.lbbc.org/Events/Newly-Diagnosed-Webinar/2013-03-12-Newly-Diagnosed-Webinar>. Please register by March 5.

## **APRIL 18 TO 22, LAKE LOUISE INN, LAKE LOUISE, ALBERTA: YOUNG ADULT CANCER CANADA'S RETREAT YOURSELF.**

This program allows young adults dealing with cancer to meet people who understand what you're going through and to connect with them based on age, not diagnosis. There will be time to talk about your experiences, relax, discuss issues relevant to young adults, and share stories of the good times and the bad times. Discussion topics may include relationships, family and friends, sexuality and

intimacy, fear of recurrence, the future, and more. For more information, or to register, call Katie at 877-571-7325 or visit [http://www.youngadultcancer.ca/retreat\\_yourself/p/west/](http://www.youngadultcancer.ca/retreat_yourself/p/west/). Similar events will take place May 30 to June 3 at Edenvale Retreat and Conference Centre in Abbotsford, British Columbia; and July 11 to 15 at Old Orchard Inn in Annapolis Valley, Nova Scotia.

**APRIL 27, HALIFAX: THE PINK SPRING CELEBRATION GALA** takes place at the Cunard Centre, 961 Marginal Rd. (starting at 6:30 p.m.) Celebrate life with Breast Cancer Action Nova Scotia! Enjoy entertainment with Shirley Jackson and the Side Cats, a gourmet dinner, door prizes, three auctions, and a dance (Fade to Black). The Masters of Ceremonies are Lisa and Jamie from 92.9 Lite FM. Proceeds go to Breast Cancer Action Nova Scotia. For ticket information, call 902-465-2685 or e-mail [bcans@bcans.ca](mailto:bcans@bcans.ca).

**MAY 11: BREAST CANCER ACTION KINGSTON FUNDRAISER.** The 20th Annual "Walk/Run for Awareness—Celebrate Life" takes place in Confederation Park, Kingston, Ontario, from 9 a.m to 1 p.m. Registration is \$20 for walkers or head shavers, \$40 for runners. The 2 km walk and the 5 km run will begin at 11 a.m. Enjoy displays and activities, an event for the whole family. For further information, visit [www.bcakingston.org](http://www.bcakingston.org).

## **JUNE 20-21, TORONTO: CANADIAN BREAST CANCER SYMPOSIUM.**

This conference is designed to highlight the multi-disciplinary management of breast cancer through plenary lectures, core presentations, panel discussions and case-based workshops tailored to the specific requirements of medical, radiation, and surgical oncologists, radiologists, pathologists, family physicians and nurses. For more information or to register, visit <http://www.breastsymposium.ca/> or call 1-888-512-8173.

**OCTOBER 25-26, TORONTO: LYMPHEDEMA CONFERENCE.** The Lymphedema Association of Ontario (LAO) is bringing 17 years of experience planning lymphedema education conferences to a new collaborative event with the Canadian Lymphedema Framework (CLF), creating an exciting national awareness and education opportunity in Toronto. The first day of the conference (Friday) will bring together health professionals from across Canada for lectures and practical workshops on best practices for lymphedema management. A combined patient-professional conference on Saturday will feature keynote speakers and workshops targeted to each audience as well as an opportunity to network with health professionals, clients, exhibitors, researchers and advocates. Email the LAO at [info@lymphontario.ca](mailto:info@lymphontario.ca) or the CLF at [canadalymph@live.ca](mailto:canadalymph@live.ca) today to join the conference mailing list and stay abreast of details regarding location, agenda and registration opening date.



## National Partners

- Breast Cancer Society of Canada
- Canadian Breast Cancer Foundation
- Canadian Lymphedema Framework
- Canadian Cancer Society
- Canadian Cancer Society Research Institute
- Canadian Patient Coalition
- Cancer Advocacy Coalition of Canada (CACC)
- Ovarian Cancer Canada
- ReThink Breast Cancer
- Willow Breast Cancer Support Canada
- World Conference on Breast Cancer

## Provincial/Territorial Networks

- BC/Yukon Women's Cancer Information & Support Alliance
- Breast Cancer Network Nova Scotia
- Manitoba Breast and Women's Cancer Network
- New Brunswick Breast Cancer Information Partnership
- Northwest Territories Breast Health/Breast Cancer Action Group
- Nunavut Cancer Network
- Ontario Breast Cancer Exchange Project (OBCEP)
- Prince Edward Island Breast Cancer Information Partnership
- Saskatchewan Breast Cancer Connect
- The Newfoundland and Labrador Lupin Partnership

## Provincial/Territorial/Regional/Local Partners

- Amitié Santé 04
- Association à fleur de sein
- Au Seingulier
- Breast Cancer Action Kingston
- Breast Cancer Action Manitoba
- Breast Cancer Action Montréal
- Breast Cancer Action Nova Scotia (BCANS)
- Breast Cancer Action (Ottawa)
- Breast Cancer Action Saskatchewan

- Breast Cancer Centre of Hope (Winnipeg, Manitoba)
- Breast Cancer InfoLink (Calgary)
- Breast Cancer Support Services Inc. (Burlington, ON)
- Breast Cancer Research and Education Fund
- Breast Health Centre of the Winnipeg Regional Health Authority
- Canadian Breast Cancer Foundation – Ontario Chapter
- First Nations Breast Cancer Society
- FLOW
- Hereditary Breast & Ovarian Cancer Society of Alberta
- Lymphedema Association of Ontario
- Manitoba Breast Cancer Survivors Chemo Savvy Dragon Boat Team (Winnipeg)
- Miles to Go Healing Circle - Six Nations (Ontario)
- New Brunswick Breast Cancer Network
- Olive Branch of Hope
- Organisation québécoise des personnes atteintes de cancer
- Prince Edward Island Breast Cancer Support Group
- Projet FLOW
- Saskatchewan Breast Cancer Connect
- Saunders-Matthey Cancer Prevention Coalition
- Sentier nouveau Inc.
- Sister to Sister: Black Women's Breast Cancer Support Group (Halifax, NS)
- Soli-Can
- The Young and the Breastless
- Virage, Hôpital Notre-Dame du CHUM

## Key Partners in Other Sectors

- Amyotrophic Lateral Sclerosis Society of Canada (ALS)
- Anemia Institute of Canada
- Canadian Health Coalition
- Canadian Health Network
- Canadian Hospice Palliative Care Association
- Canadian Organization for Rare Disorders
- Canadian Prostate Cancer Network/National Association of Prostate Cancer Support Groups

- Canadian Science Writers' Association
- DisAlbed Women's Network Ontario
- Epilepsy Canada
- Early Prostate Cancer Diagnosis Ontario
- HPV and Cervical Health Society
- National Council of Jewish Women of Canada
- National Council of Women of Canada
- Newfoundland and Labrador Women's Institutes
- Ontario Health Promotion Project
- Ottawa Health Coalition
- Parent Action on Drugs
- Quality End-of-Life Care Coalition
- Women's Centre of Montreal
- Women, Health and Environments Network
- Women and Rural Economic Development

## International Partners

- National Breast Cancer Coalition (Washington, D.C.)
- Philippine Breast Cancer Network

## CBCN is represented on the following groups

- Advocate
- Best Medicines Coalition
- Canadian Cancer Action Network (CCAN)
- Canadian Breast Cancer Screening Initiative
- Coalition priorité cancer au Québec
- Community Capacity Building Committee, Canadian Breast Cancer Initiative, Public Health Agency of Canada
- Episodic Disabilities Network
- Saskatchewan Cancer Advocacy Network



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Hundreds of individuals and groups across the country

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#### Government

Public Health Agency of Canada  
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