

ESSENTIAL NEWS FOR CANADIANS AFFECTED BY BREAST CANCER

# network news

Spring 2015, Vol. 19, No. 1

 Canadian Breast Cancer Network  @CBCN

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# networknews

SPRING 2015, VOL. 19, 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.

We would like to thank the individuals who wrote articles and the breast cancer support groups that provided information. 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.

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### *The High Risk Breast Cancer Project*

Over the past year, the Canadian Breast Cancer Network has been collaborating with three of Canada's leading breast cancer organizations on a project to respond to the needs of Canadians who are at high risk of developing breast cancer. This issue of *Network News* highlights the resources developed as a result of the High Risk Breast Cancer Project, which is funded by the Public Health Agency of Canada.

CBCN's contribution to this project includes two webinars; many articles in our e-newsletter, *Outreach*; mailings to community health centres and our partners to publicize our work and our resources; and three special editions of *Network News*: one on modifiable risk factors, one on hereditary breast cancer, and the current issue highlighting the results of the project. On pages 4 to 9, you'll also read about the resources developed by the Canadian Breast Cancer Foundation, Rethink Breast Cancer, and Willow Breast & Hereditary Cancer Support.

Whether or not you are a high-risk breast cancer patient, we have many more articles for you. Find out how music therapy can support the natural healing of the body/mind/spirit. You'll also find the story of a metastatic breast cancer patient who was tested for the BRCA gene mutation, research news, and a calendar of events. There's a lot of food for thought in this issue, and we hope that you enjoy it.

Warm regards,



Cathy Ammendolea, CBCN Board Chair

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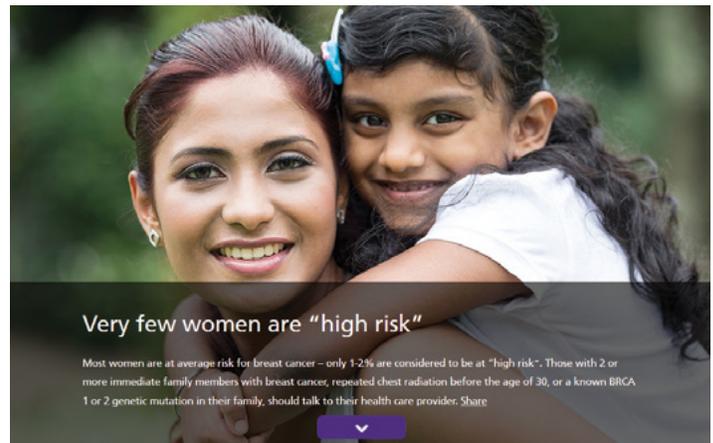
# What does being high risk for breast cancer mean?

By Meredith Kratzmann, Health Promotion Manager, and Nicole Curling, Senior Manager, Communications and Government Relations, Canadian Breast Cancer Foundation

Recent polling of Canadian women by the Canadian Breast Cancer Foundation (CBCF) suggests that women may overestimate their breast cancer risk—nearly 30 percent of women report a high level of concern and at least one quarter of women believe they are likely or highly likely to develop the disease. Furthermore, while 55 percent of Canadian women indicated that they felt knowledgeable about what it means to be at high risk for breast cancer, awareness of what this means beyond genetic factors is limited.

It is estimated that just 5 to 10 percent of breast cancers are related to genetics and family history, and only 1 to 2 percent of Canadian women are considered to be at “high risk.” You are high risk if you have a confirmed genetic mutation, if you have a first degree relative – a mother, daughter or sister – with a confirmed genetic mutation, or you have a personal history of repeated radiation at a young age (before the age of 30). A family history of ovarian cancer and being of Ashkenazi Jewish descent are also considered factors for being at high risk. High risk generally means that a person has a one in four chance, or 25 percent risk of developing breast cancer. In the case of rare genetic mutations in cancer-influencing genes, the risk of developing breast cancer can be as high as 85 percent.

Why do so many women tend to overestimate their risk? It is not necessarily a new phenomenon. Breast cancer is the most common cancer diagnosis among Canadian women and cancer generally has been thought of as an illness that runs in the family. Then there are high-profile stories like that of Angelina Jolie, who has publicly announced that she has undergone preventative surgery: a double mastectomy in 2013 and the removal of her ovaries and fallopian tubes in 2015 after learning she carries a mutation of the BRCA1 gene, placing her at higher risk of developing breast and ovarian cancer. When her personal story was first published in *The New York Times*, genetic testing centres in both Canada and the United States noted a marked increase in people wanting to be tested. While attention to this topic is important, stories like this may unconsciously tap into women’s concerns about their own genetic history and contribute to this tendency to overestimate personal risk.



For the 1 to 2 percent of women who may be at high risk, there are many considerations and emotions that they will grapple with – this is what Ms. Jolie brought into the public conscience. But this may also be the case for that 30 percent of Canadian women who are so concerned about their risk, even if they may be actually overestimating this.

CBCF’s role in our collaborative High Risk Breast Cancer Project with the Canadian Breast Cancer Network, Willow Breast & Hereditary Cancer Support, and Rethink Breast Cancer is to support average-risk women to understand that they are just that – at average risk. To understand this, women need to know what “high risk” means. What is also important for women to understand is that one-third of breast cancers can be prevented by living well, meaning that while these are risk factors that we can’t change, like family history or being a woman and ageing, there are things they can do to be breast healthy and reduce their risk.



# High Risk: A Rethink Breast Cancer Film

By Allen Braude, Manager, Communications and PR, Rethink Breast Cancer

*KNOWLEDGE IS POWER.* This statement was echoed by several of the women interviewed for Rethink Breast Cancer's latest documentary, *High Risk: A Rethink Breast Cancer Film*. Knowledge can alert people to the fact that their risk of developing breast (and ovarian) cancer may be higher than average. Knowledge can empower because it provides options and allows one to be proactive in addressing that risk. And knowledge can connect, providing guidance and inspiration for those facing a similar situation.

At Rethink Breast Cancer, we know that understanding the *experience* of living with a high risk of breast cancer is just as important as understanding the *facts* about that risk. That is why we are participating in the High Risk Breast Cancer Project, funded by the Public Health Agency of Canada, and why we chose to create a documentary film.

*High Risk: A Rethink Breast Cancer Film* interviews seven young women to illuminate their experience—how they found out about their risk, the impact of this information on their lives, and what decisions they have made or are making to address this risk. Director Jessica Edwards lends an informed perspective coming from a family with members who carry the BRCA2 gene mutation and have had to face their increased risk.

Documentary film is a powerful way to connect audiences to the emotions and experiences of the people on screen. We learned the positive impact of film through our first documentary, the Canadian Screen Award-winning *About Her*, which showcased the stories of nine young women facing HER2-positive breast cancer. We heard from young women with breast cancer about how it made them feel less isolated to see and hear from other women going through it. The healthcare community was also inspired to use it as a resource in educating practitioners about the patient experience. We hope our *High Risk* documentary will have the same beneficial impact of raising awareness about what it *means* and how it *feels* to be informed that you are at high risk for breast cancer.

Seven women have generously shared their stories about their high breast cancer risk to help improve the journey for all young women:



### STACEY—AT INCREASED RISK DUE TO CHEST RADIATION

Stacey had already been though Hodgkin's Lymphoma as a 19 year-old when

she was later informed that her treatment placed her at a higher risk for breast cancer. Stacey's treatment had included radiation to the chest and when such radiation is administered to women under 30, it greatly increases their breast cancer risk. Stacey began screening at age 30 and the next year she was diagnosed with breast cancer. Her diagnosis led her to make several important and challenging decisions to address her risk.

# HIGH RISK BREAST CANCER PROJECT



## KARIN AND JEN—AT INCREASED RISK DUE TO FAMILY HISTORY

Karin, a mother of four, didn't have breast cancer on her radar when her mother was diagnosed with metastatic breast cancer. Concerned about her own risk, Karin underwent ultrasounds and MRI tests and was told that due to her family history and some breast abnormalities, she was at an increased risk for breast cancer. Karin now faced a difficult choice – ongoing monitoring, chemoprevention or surgery.



Jen, a PhD student at Harvard University, sees breast cancer as inevitable. Both her grandmother and mother had breast cancer, which more than doubles Jen's risk of the disease.

While at 25, she is too young for mammography screening, she does her best to stay on top of her breast health. Jen admits that while her risk impacts some of her decisions, she is not ready to take a genetic test for additional information because it would force her to face some life decisions such as having children earlier than she wants to and could also lead to genetic discrimination.



## GABRIELLA AND CARLA, KELLY, AND ERIKA – AT INCREASED RISK DUE TO CARRYING THE BRCA GENETIC MUTATIONS

The history of breast cancer in her family made Gabriella sure that she was at a genetic risk for the disease. During her 20s, Gabriella tried to get screened for breast cancer but no doctor

would approve it. While pregnant in her early 30s, Gabriella found a lump and was diagnosed with breast cancer. She gladly accepted the offer of a genetic test to assess her future risk. When the test came back that she carries the BRCA1 gene mutation, Gabriella felt empowered to know that she was indeed at increased risk and could now take action to address it.



Carla, Kelly and Erika are sisters as close as sisters can be. Carla and Kelly even work together, and it was at work when Carla received the call that the suspicious lump she had biopsied was breast cancer.

Diagnosed with triple-negative breast cancer at age 40, Carla underwent genetic testing, which came back positive for the BRCA1 gene mutation. Since genes run in families, her sisters Kelly and Erika decided to be tested as well. To their surprise, they both also carry the BRCA1 gene mutation, and while they are making different choices of how to address their risk, all three are there for each other as they cope with their high-risk status.

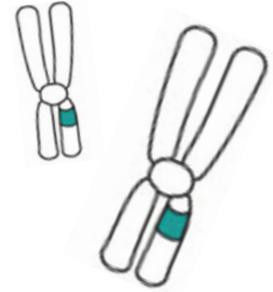
Rethink hopes this documentary will help both help younger women who are informed of their increased breast cancer risk, be used by health care practitioners to better appreciate the patient experience, and deepen the general public's understanding of the experience of living at high risk for breast cancer beyond the media hype of *you know who's* preventative mastectomies.

*High Risk – a Rethink Breast Cancer Film*, will premiere on May 19 in Toronto as part of a High Risk Forum, featuring expert speakers and presentations from project partners CBCN, CBCF, and Willow. The forum will focus on bringing together women diagnosed as high risk, as well as the healthcare community and general population concerned with their risk, to create a platform for further support and community.

This resource and accompanying information are also available at [www.rethinkbreastcancer.com](http://www.rethinkbreastcancer.com).

**rethink**  
breast cancer

## a new interactive online resource for those at high risk



FROM WILLOW BREAST & HEREDITARY CANCER SUPPORT

Willow's new online resource is for women who test positive or uninformative for the BRCA1 or BRCA2 gene mutation. Packed with information, interactive exercises, videos of women sharing their experiences and downloadable questions to ask your doctor, this online resource guides women through the complexities and emotional toll of being at high risk for breast cancer.

Nearly 222,000 women in Canada over 30 years of age are high risk and face complex decisions about how to manage their cancer risk. To make informed decisions they want credible information and to learn from other women's experiences.

We tackle the tough issues in this online resource:

- + The facts on risk and what it means for you
- + Exercises to help you make risk management decisions
- + Real life stories about body image, libido and sexuality
- + Strategies to help you cope with uncertainty and anxiety

### we asked high risk women

about their need for information and support:

**90%** want to speak to other women going through a similar situation or hear their personal stories

**72%** want to better understand risk and test results

**75%** have experienced feelings of anxiety or fear

This needs assessment was conducted in Spring 2014 with 173 high risk women



**reel words from real women**  
a hereditary cancer video series:  
personal stories from real women

Women of all ages share their experience living at increased risk for breast and ovarian cancer. Over 30 videos explore themes of coping, decision making, family reactions, body image and more.



**making your decision about risk-reducing mastectomy**  
a decision-making guide  
for women at high risk of breast cancer

Find information and activities that may help you to decide whether a risk-reducing mastectomy is the right choice for you.

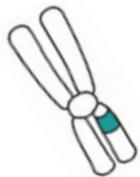
Content developed in partnership with the de Souza Institute.

# HIGH RISK BREAST CANCER PROJECT

“ I wish there was somebody at the time that would have been able to say, *Yeah I went through that too, this was also hard for me.*”

- Farah, 38

BRCA1 mutation carrier



## support for high risk women

Whether you're exploring genetic testing, coping with a positive test result, sharing information with your family or making risk management decisions, hereditary cancer can be intimidating, confusing and scary. In a word, it's overwhelming.

Willow can help when you have questions or want to speak to another high risk woman who “gets” it. We strive to create a safe place so people can be themselves, ask the tough questions and get support, information, insights and resources, from people who've been there themselves.

- + Call our Helpline [1.888.778.3100](tel:18887783100)
- + Ask a Question [support@willow.org](mailto:support@willow.org)
- + Connect with others online and find a BRCA Chat Support Group [willow.org](http://willow.org)

## key resources available

- ! Use the pros & cons lists to help you weigh important decisions
- ♥ Call Willow's helpline for information and to speak to a high risk woman who has been there
- ? Be prepared for appointments with questions to ask your doctor
- 🎥 Learn from other women's experiences with the Reel Women video series
- 👤 Expert Guidance sections provide suggestions for coping
- ✍️ Interactive checklists help you determine what's important to you
- 💬 Connect with other high risk women in our online community
- 📄 Not sure about your risk? Download the booklet *Breast Cancer in the Family: Understanding Your Risk*

## LAUNCHING JUNE 2015

Cette ressource est également disponible en français à [MesGenes.org](http://MesGenes.org)

[MyGenes.org](http://MyGenes.org)  
[MesGenes.org](http://MesGenes.org)



Willow Breast & Hereditary Cancer Support was established in 1994 as a national, not-for-profit organization to help anyone affected by breast and hereditary cancer with free support and information. Everyone at Willow has been personally affected by cancer, so we speak from experience. We provide confidential support with the strength, compassion and understanding that comes with experience.

Simply put, at Willow, we're here, because we've been there.

[1.888.778.3100](tel:18887783100) [willow.org](http://willow.org)

# HIGH RISK BREAST CANCER PROJECT

## A wealth of information on risk

The Canadian Breast Cancer Network has been busy over the past year developing informative resources for the High Risk Breast Cancer Project. This project, funded by the Public Health Agency of Canada, seeks to increase awareness, provide support tools, and build community for high-risk women and their families.

### NETWORK NEWS



The spring 2014 edition of *Network News* looked at modifiable risk factors for breast cancer. These included nutrition and exercise. Other articles discussed stress and breast cancer as well as the importance of taking medications as prescribed and discussing side effects with your doctor.



The fall 2014 edition of *Network News* looked at hereditary breast cancer. Among the many topics covered were articles on risk factors such as genetics, genetic counselling, and preventative treatment for hereditary breast cancer.

As you can see, the current issue of *Network News* discusses resources developed for the High Risk Breast Cancer Project by CBCN and our three partners.

### WEBINARS

Over the past year, CBCN presented two webinars on high-risk breast cancer. The first, entitled *The Role of Naturopathic Medicine in Reducing Your Risk of Recurrence and of Developing a New Breast Cancer*, took place on April 29, 2014. The second webinar, *Getting and Staying Active after a Breast Cancer Diagnosis*, took place on June 25, 2014. Both these webinars are available on [cbcnc.ca](http://cbcnc.ca) under Bulletin Boards.

### OTHER RESOURCES

Other resources include many articles in our e-newsletter, *Outreach*, and mailings to community health centres and our partners to publicize our work and our resources.

To access any of the resources mentioned in this article, visit [cbcnc.ca](http://cbcnc.ca) or call us at 1-800-685-8820.

# Yes!

I want to support the Canadian Breast Cancer Network! The voice and advocate for survivors!

I want to help CBCN continue to provide education, information and advocate for Canadians affected by breast cancer as a: **SUPPORTER** add my donation for \$  or **MONTHLY DONOR** of \$  per month

Cheque enclosed  VISA  MasterCard

CBCN is a registered charity and receipts will be issued for all donations.

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(Receive Outreach alerts and news by email)

# Giving a voice to patients' concerns

By Niya Chari, Government Relations Manager, Canadian Breast Cancer Network

The Canadian Breast Cancer Network has been working hard to raise awareness and mobilize political will around key breast cancer issues. Using strategic actions and targeted efforts to promote the patient voice, CBCN is ensuring that the concerns and needs of breast cancer patients, survivors, and their families are being addressed in Canada.

## Engaging decision-makers

On October 1, CBCN coordinated a lobby day on Parliament Hill to raise the issue of metastatic breast cancer among key parliamentarians. Cathy Ammendolea, CBCN Board Chair, and Laurie Kingston, metastatic breast cancer patient advocate, met with several Members of Parliament, including Judy Foote, Liberal Party Whip; Susan Truppe, Conservative Party MP and Parliamentary Secretary for the Status of Women; and Dany Morin and Libby Davies, New Democratic Party MPs.

CBCN also hosted a successful parliamentary reception on October 1 to launch our Living Legacy campaign. More than 40 parliamentarians, patient organization representatives, and Canadians affected by metastatic breast cancer joined CBCN to raise awareness of metastatic breast cancer and honour Canadians whose lives have been affected by metastatic breast cancer, but whose legacy represents so much more.

CBCN looks forward to continuing to engage parliamentarians and decision-makers to ensure that the needs and concerns of Canadians living with metastatic breast cancer are being addressed.

## Amplifying the patient voice

CBCN also champions the voices and perspectives of breast cancer patients and survivors by ensuring that patient input informs the decision-making processes of key health bodies. CBCN has provided patient input submissions to the Common Drug Review, the Pan-Canadian Oncology Drug Review, as well as the Institut national d'excellence en santé et en services sociaux (INESS) in Quebec regarding new breast cancer treatments. Through these submissions, CBCN seeks

to raise awareness about the challenges associated with treating breast cancer and ensure that patient experiences are being leveraged towards more informed decision-making.

**CBCN's Living Legacy campaign honours Canadians whose lives have been affected by metastatic breast cancer, but whose legacy represents so much more.**

## Promoting access to new treatments

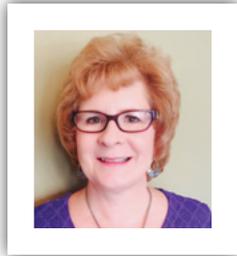
CBCN helms active campaigns to promote equitable and timely access to new treatments for metastatic breast cancer. Working closely with patient advocates, and health professionals in Ontario and Quebec, CBCN has emphasized the need to expand and expedite access to new treatments for metastatic patients. As part of these efforts, CBCN has successfully advocated to the Ministry of Health in Ontario to expand access to a new treatment that would be available to metastatic breast cancer patients in third line settings and beyond.

CBCN also has engaged decision-makers in Quebec, Manitoba, and the Atlantic provinces to raise concerns around listing delays for new metastatic treatments and highlighted the need for urgent access for metastatic patients.

CBCN will continue to engage health care decision-makers to ensure that Canadians living with metastatic breast cancer have equitable access to the treatments they need.

# Living with breast cancer mindfully and joyfully

By Jan Collins



In 2003, I was a happily married, active, stay-at-home mom in Calgary, Alberta, where I was born and raised. I was 46 years old and filled my days going to the gym to work out, volunteering at the school and church, and running an active household. My son was 13 and my daughters were 11 and 8 at the time. I felt healthy and not overly stressed.

After my annual mammogram, I was sent for a biopsy and found out I had estrogen receptor positive invasive duct carcinoma. A breast surgeon performed a lumpectomy and sentinel node dissection; then I had sixteen rounds of radiation, which went well. I am very fortunate that I live close to the Foothills Medical Centre and Tom Baker Cancer Centre, where my treatment was done.

I returned to my regular activities and eventually forgot I had breast cancer. My five-year anniversary of being cancer-free came and went without fanfare and I thought I was done with cancer.

I continued with my regular mammograms and in December 2008 found out I had the same type of cancer in the same location in the left breast. This time I had to have a mastectomy and chemotherapy. After the treatment, the oncologist put me on Tamoxifen for five years.

Losing my hair was emotionally difficult and I didn't allow anyone to take a photo of me bald or even with a hat while I was on chemotherapy. The rest of the side effects were manageable. I attended weekly Tai chi classes and received healing touch, which I believe helped reduce the side effects.

Because of the recurrence, I was referred to the genetic clinic and was asked to make a detailed family history of illnesses and causes of death. Since only one cousin had breast cancer after my original diagnosis, the counselor said that there was no reason I should be tested for the BRCA gene mutation, and I was fine with that.

I wore a breast prosthesis and hated it. In 2010, I saw a plastic surgeon and we decided on reconstruction with an implant. It was a long process involving a tissue expander, implant, and latissimus dorsi flap transfer, but the end result was amazing and I am very happy with my breast now. I had a mastopexy on the right breast so the breasts are symmetrical.



JAN RIDES HER BICYCLE IN CENTRAL PARK IN NEW YORK IN JUNE 2014

In 2011, my dad, who was 89 at the time, noticed a change around one of his nipples. He was sent for a mammogram and found out he had Paget's disease, a form of breast cancer. He had a mastectomy and was referred to the same oncologist I had gone to. The oncologist said because of his age, he wouldn't need any other treatment.

However, the topic of genetic testing came up again. This time the genetic counsellor felt it would be reasonable to find out if I had the BRCA1 or BRCA2 gene mutation. I also wanted to know if my daughters, ages 15 and 18, carried it.

After a nine-month wait to get the results, I found out I do not have the gene mutation, which was a huge relief. Further testing on my father or my daughters was not required. My daughters have been advised to have mammograms around age 36, which is ten years before my first diagnosis at age 46.

## SHARE YOUR STORY

Interestingly, my dad's sister (my aunt) had a breast cancer diagnosis as well. That now makes four of us on my Dad's side of the family.

After the mastectomy and reconstruction, I returned to all my regular activities. I joined Sistership, a dragon boat team of breast cancer survivors, went to yoga classes twice a week, and took courses in healing touch. I volunteered at my church and was still actively involved with my children.

I always had problems with lower back pain due to arthritis, but in 2013, it started getting a lot worse. I also had pain in my hip area. I mentioned it to my family doctor several times and he just brushed it off as being from arthritis, aging, and exercising. Knowing my breast cancer history, I asked him if it could be cancer in the bones, and he said "No, it doesn't show up in your blood tests." I later found out that bone metastases do not show up in blood.

Finally, I asked him if he could send me for a new x-ray to find out if the arthritis was increasing. The results of that x-ray showed I had large lytic lesions in my pelvis and sacrum, indicating metastatic disease. A full body bone scan revealed that I also had bone metastases in my spine involving several vertebra as well as several rib fractures. A CT scan showed I had two lesions in my liver.

I was absolutely shocked by the results of the tests. I was on Tamoxifen, kept active, ate well, and felt healthy. My oncologist said "I guess the Tamoxifen didn't work, so now you don't have to take it anymore." He put me on oral chemotherapy called Xeloda (capecitabine) and I started going for infusions of Zometa for my bones.

I wondered, "What did I do wrong?" I thought it was a death sentence and my oldest daughter had severe anxiety about the diagnosis. My husband tried not to show how upset he was.

I had to stop all physical activity except for walking, which was painful. The pain in the left side increased so much that even morphine wasn't helping much.

Finally, I went for a consultation with the radiation oncologist for the pain. I knew that I was at high risk for fracture due to the extensive damage in my pelvis, but I didn't realize how much until the radiation nurse told me I could fracture my pelvis getting on and off the toilet. Yikes, if I fell on my butt, it would be tragic.

I had my whole summer planned around dragon boat practices and festivals. It was my passion and I developed wonderful friendships with some team members. Giving that up was very difficult for me, but I had to accept the fact that I couldn't paddle.

I had been doing a regular qigong practice, and in September 2013 attended a three-day workshop with a qigong master. I realized a couple of days later that the pain in my pelvis was completely gone. I stopped taking the morphine because I no longer needed it and haven't taken any since. That was extremely remarkable and a testimonial that qigong works.

I joined a weekly support group called BEST (Supportive Expressive Therapy for Metastatic Breast Cancer) which is facilitated by psychologists from the Tom Baker Cancer Centre. I find the emotional and mutual support from the other participants very helpful.

I am also grateful for the programs and support of Wellspring Calgary. I attend a weekly tai chi class and have participated in a variety of other programs, movement classes, meditation, discussion panels, workshops, and much more.



JAN HIKES NEAR CANMORE,  
ALBERTA IN APRIL 2014

A year and a half later I am feeling well. The lesions in my liver are gone and I have not had any progression in my bones. I stopped taking chemotherapy because it was affecting my vision and am on Letrozole. In addition to tai chi, I continue practicing qigong, yoga three times a week, and other exercises for strength and cardio. I continue to be involved in healing touch and volunteer in various capacities at my church. I enjoy traveling with my family and friends.

I live by the Meaningful Life Therapy motto: "Even though I am ill, I will not live like a sick person" (Dr. Jinroh Itami) and strive to make each day the best it can be. I am a firm believer of living mindfully and to enjoy living in the present.

My intention is to live many more decades. My dad is now 93 and my mom just turned 88 years old. Longevity is in my family, so I have to live up to that!

*Waking up this morning, I smile,  
Twenty four brand new hours are before me.  
I vow to live fully in each moment  
and to look at all beings with eyes of compassion.*

Thich Nhat Hanh

# Dietary supplements and cancer risk—help or harm?



By Alice G. Bender, MS, RDN, Associate Director of Nutrition Programs, American Institute for Cancer Research

Do you take a multivitamin or other dietary supplement? If so, you're like many other Canadians. As a cancer survivor, you may use dietary supplements to treat a symptom, as an "insurance" against nutrient deficiency, to feel better, or because your doctor or other health care provider recommended it.

But is it a good idea to take a dietary supplement? The answer is not black and white—there are reasons some cancer survivors may need to take them, but also good reasons not to rely on supplements.

## CAUTION FOR SURVIVORS

The World Cancer Research Fund International/American Institute for Cancer Research (WCRF/AICR) most recent updates on breast cancer<sup>1</sup> and breast cancer survivors<sup>2</sup> did not find strong evidence that specific foods, nutrients or supplements lower risk of breast cancer, nor improve survival after a cancer diagnosis.

The American Cancer Society's (ACS) Nutrition and Physical Activity Guidelines for Cancer Survivors cites several recent studies looking at supplements for breast and other cancers and conclude: "dietary supplements are unlikely to improve prognosis or overall survival after the diagnosis of cancer, and may actually increase mortality<sup>3</sup>."

Here are two examples of supplements showing increased cancer risk:

- Beta-carotene and lung cancer: Early evidence pointed to lower rates of lung cancer in people who consumed foods high in beta-carotene, but two trials actually showed higher risk of lung cancer with high-dose beta-carotene supplements among smokers<sup>4</sup>.

- Vitamin E: In the Selenium and Vitamin E Cancer Prevention Trial (SELECT) the data suggest that high doses of vitamin E supplements may actually promote a small increase in the risk of prostate cancer<sup>5,6</sup>.

**Eat smart/supplement strategically:** Try to meet your nutrient needs through a healthful diet that includes plenty of vegetables, fruit, whole grains and beans, and small to moderate amounts of nuts, poultry, fish, meat, and dairy products. Work with your health care team to determine if you need supplements for any specific health concerns. You may need supplements if lab tests show a deficiency or if your nutrient intake is very low.

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“dietary supplements are unlikely to improve prognosis or overall survival after the diagnosis of cancer, and may actually increase mortality”

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AICR/WCRF recommends a diet rich in these plant foods because they contain dozens of vitamins and minerals and hundreds of phytochemicals (naturally occurring plant substances), as well as fibre. These substances work together in complex ways to promote health and to prevent cancer and other chronic diseases.

But when individual nutrients and phytochemicals are isolated from whole foods and manufactured into supplements and taken in high doses, they may behave differently in the body. Before you take supplements to prevent disease or to treat a medical condition, keep in mind that they may not be effective and are potentially harmful.

## SUPPLEMENTS DURING CANCER TREATMENT

Whether you need supplements while in treatment depends on:

- therapies you are receiving
- whether you are at risk for any nutrient deficiency
- if your diet is limited in variety
- how much and what you are able to eat during your treatment
- whether you have a chronic condition such as osteoporosis

Consult with your health care team to find out if you would benefit from additional vitamins, minerals, or protein, for example.

It is important, however, not to take supplements in doses higher than the recommended amounts (100 percent Dietary Reference Intakes or DRI). Too much of these substances may interfere with the beneficial effects of certain cancer chemotherapies and/or radiation. If you are concerned about your nutrient needs, speak with your doctor. **Always be sure to tell your doctor which supplements or herbal preparations you are taking (if any) and in what amounts.**

**What to do:** Discuss any questions about your nutrient or other supplement needs during treatment with your health care team, including your doctor and a registered dietitian specializing in oncology.

**Disclaimer:** This article represents the views of the American Institute for Cancer Research and not those of the Canadian Breast Cancer Network. The information is general in nature and is not a substitute for proper medical advice from your oncologist and health care team.

## When you might need extra nutrients

Dietary supplements cannot replace a healthful diet, but some people may have difficulty meeting their nutrient needs through diet alone. If you fall into any of these categories, you should discuss your nutrient need with your health care provider:

- people over age 50
- people at risk for low vitamin D status (these include adults who are older, people with dark skin, people who are obese, and those exposed to insufficient sunlight)
- vegetarians who consume no animal foods at all (vegans)
- people affected by medical conditions (malabsorption conditions, certain medications, osteoporosis) that increase nutrient needs or limit ability to consume a balanced diet, and pregnant women as advised by their physician

## RESOURCES

[www.aicr.org](http://www.aicr.org)

[http://ods.od.nih.gov/HealthInformation/DS\\_WhatYouNeedToKnow.aspx](http://ods.od.nih.gov/HealthInformation/DS_WhatYouNeedToKnow.aspx)

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MUSIC THERAPIST DEBORAH SEABROOK WORKS WITH A CLIENT IN HER STUDIO

# Music therapy: connecting to inner strength

By Deborah Seabrook, MMT MTA

In the autumn of 2008, I began facilitating music therapy groups at a cancer support centre in Waterloo Region in Ontario, with the motivation that music therapy could contribute meaningfully to the lives of cancer patients, survivors, and caregivers.

These groups opened with musical introductions, where individuals played a short rhythm on a hand drum that was repeated by the group. These musical greetings created a sense of play and camaraderie in our gatherings.

Each session next included a song that invited participants to share what their intentions were for their time with the group. These often included things like, “experience peace,” “let go of anger,” and “have fun.”

One example that met these intentions was group songwriting, where participants brainstormed themes and agreed on lyrics and music. One group composed a song where the first two

verses were about feeling lonely on a long, arduous journey. The chorus was about rising up: that through their friends, family, and inner strength, they were able to carry on. The final verse was about the positive things that the participants enjoyed in life. At the end of our composition process, the group was singing the song they wrote together, some people playing instruments, and many smiling and laughing while we sang. It was a memorable experience.

Seven years later, and having relocated to Ottawa, I have come to deeply trust the process that music opens up. My experiences have taught me that, with the assistance of a trained music therapist, music can connect clients with their innate creativity, inner wisdom, and personal power. It is facilitating this connection that keeps me excited about each new encounter.

The Canadian Association for Music Therapy (CAMT) defines music therapy as “the skillful use of music and musical

# EMOTIONAL WELLBEING

elements by an accredited music therapist to promote, maintain, and restore mental, physical, emotional, and spiritual health,” where music is “used in the therapeutic relationship to facilitate contact, interaction, self-awareness, learning, self-expression, communication, and personal development”<sup>1</sup>.

In breast cancer care, music therapy is often used to address quality of life and perception of pain. It provides support around emotional, psychological, and spiritual challenges that a journey in breast cancer may bring.

There are diverse ways to practice music therapy, which means that within breast cancer care, any two music therapy sessions could look quite different from one another depending on the theoretical orientation and training of the practitioner, and the needs of the client. Some examples of what music therapists might offer clients on a breast cancer journey are: therapeutic songwriting, instrument playing, guided imagery to music, voice work, singing and/or playing significant songs, creating supportive playlists, and improvisation.

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**Music therapy sessions can happen in a variety of locations, such as hospitals, support centres, private practice, and hospice care.**

**No previous musical experience is required to participate in music therapy.**

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In my music therapy practice, I work within a music-centered and person-centered approach, primarily inviting clients into clinical improvisation, a music therapy improvisation technique where client and therapist make up music in the moment. My colleagues in this approach and I aim to therapeutically reflect, contain, hold, affirm, and challenge client’s musical offerings.

Several research studies have pointed to the efficacy of music therapy in breast cancer care. For example, in a 2011 study<sup>2</sup>, music therapy was found to reduce the perception of pain for breast cancer patients who had undergone mastectomy and chemotherapy. Another study<sup>3</sup> found that music therapy had positive effects for decreasing anxiety for female breast cancer patients who experienced a mastectomy and chemotherapy. Finally a 2013 study<sup>4</sup> found that a combination of music therapy and emotional expression can be useful in lowering

negative emotions during the administration of chemotherapy for breast cancer patients, in particular, anger and depression.

An element of music therapy, and particularly clinical improvisation, that I find quite powerful is that it involves the act of creation. For clients in the midst of a breast cancer journey that may bring experiences of disempowerment, loss and grief, connecting with their innate creativity can be empowering and affirming.

Music therapy sessions can happen in a variety of locations, such as hospitals, support centres, private practice, and hospice care. No previous musical experience is required to participate in music therapy.

Qualified music therapists in Canada hold the status of “Music Therapist Accredited” (MTA) with the Canadian Association for Music Therapy. Training includes completing a music therapy degree at the undergraduate and/or graduate level and a 1000-hour internship through the CAMT (a self-regulating body).

Music therapy offers people on a breast cancer journey a unique and creative way of expressing, communicating, and processing experiences. In the words of Victor Hugo, “music expresses that which cannot be put into words and that which cannot remain silent.”

If you are interested in more information or want to incorporate music therapy into your spectrum of care, please connect with the CAMT at [www.musictherapy.ca](http://www.musictherapy.ca) or with one of the provincial music therapy associations at [www.musictherapy.ca/en/provincial-associations.html](http://www.musictherapy.ca/en/provincial-associations.html).

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# Qigong relieves stress and promotes good health, say practitioners

Breast cancer survivor Maya Bobrowska is a devoted qigong practitioner and instructor at the Maplesoft Centre in Ottawa. She credits this ancient mind-body practice for getting her through chemotherapy and radiation. “I didn’t have many side effects,” she says. “Qigong enables the body for self-healing.”

She also says that qigong relieves stress. “When you focus on the body, your mind is not so active and your stress will go down.”

Qigong is a combination of two Chinese words. “Qi” means air, breath of life, or vital energy that flows through all things in the universe. “Gong” means cultivation, development, or management. Thus qigong is a mind-body practice that improves one’s mental and physical health by integrating postures, movement, breathing techniques, and focused intention, say practitioners<sup>1</sup>.

A study by the University of Texas MD Anderson Cancer Center found that qigong may relieve stress and depression, improve quality of life and also have some physiological benefit for breast cancer patients undergoing radiation therapy<sup>2</sup>. The Sydney Medical School conducted a review of studies on the effects of qigong on quality of life, immune function, and survival in cancer patients, and concluded that while results are encouraging, more study is needed<sup>3</sup>.

### TRY QIGONG YOURSELF

Maya demonstrates a basic Qigong exercise, which can be performed standing or sitting.

1. Start with your arms at your sides and your eyes closed. Focus inward; feel your body. Take an abdominal breath now, and continue to breathe into your belly throughout this exercise.
2. Slowly raise your arms to your sides until you are reaching over your head.
3. Slowly bring your hands down in front of you and back to your sides. Imagine that you are pulling through your body dew or a cloud, millions of crystal-clear cleansing droplets.

Repeat this exercise for several minutes and experience the relaxation!

#### STEP 1



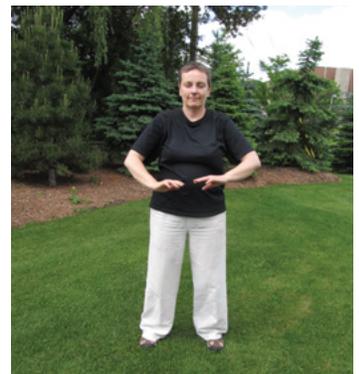
#### STEP 2A



#### STEP 2B



#### STEP 3



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# YOUR UPDATE ON THE LATEST BREAST CANCER RESEARCH

### Study of Jewish women shows link to cancer without family history

Women of Ashkenazi Jewish descent who tested positive for cancer-causing genetic mutations during random screenings have high rates of breast and ovarian cancer even when they have no family history of the disease, researchers reported. The finding calls into question the practice of screening women—particularly women of Ashkenazi descent—for these mutations only if they report that many women in their family have had cancer. Some women are tested for mutations only after they develop cancer themselves. Many of the women identified by the researchers in Israel would never have known they were mutation carriers if not for the screening offered by the study, the researchers said. The study's authors recommended routine screening of all women of Ashkenazi backgrounds for harmful mutations in the genes BRCA1 and BRCA2. The study was published in the *Proceedings of the National Academy of Sciences*.

### Meditation, yoga, guided imagery recommended for breast cancer patients

A study of breast cancer patients who use complementary medicine finds that meditation, yoga, and relaxation with imagery are recommended for routine use for common conditions, including anxiety and mood disorders. Stress management, yoga, massage, music therapy, energy conservation, and meditation are recommended for stress reduction, anxiety, depression, fatigue, and quality of life. The study was published in the *Journal of the National Cancer Institute Monographs*.

### Exercise hormone may factor in breast cancer prevention

University of New Mexico researchers are studying a newly discovered hormone that releases from muscle after exercise. Irisin, named for the Greek “messenger” goddess Iris, may prevent breast cancer and boost the effects of chemotherapy drugs used in breast cancer treatment. Studies suggest women who exercise regularly have 30 to 40 percent reduced risk of breast cancer and improved survival rates if they have the disease. Read more at <http://news.unm.edu/news/exercise-hormone-may-factor-in-breast-cancer-prevention>.

### Preventive Tamoxifen lowers rate of ER-positive breast cancer

Tamoxifen given to women at high risk for breast cancer significantly lowered the rate of breast cancer diagnosis in the International Breast Cancer Intervention Study-I (IBIS-I) trial. The reduction in breast cancer incidence held up over a median 16-year follow-up period. Tamoxifen resulted in a 29 percent reduction in breast cancer compared with placebo, and the rates of estrogen receptor-positive breast cancer were reduced by 35 percent. Tamoxifen had no effect on ER-negative breast cancers. Read more at <http://www.cancernetwork.com/breast-cancer/preventive-tamoxifen-lowers-rate-er-positive-breast-cancer>.

### Adding MRI beneficial for screening high-risk breast cancer

An annual screening for breast cancer using a combination of magnetic resonance imaging (MRI) and mammography could be an effective program for high-risk women, particularly those who are known BRCA mutation carriers. These are the results of the Ontario Breast Screening Program (OBSP), the first organized screening program specifically for women at high risk for breast cancer, according to the study authors. The study was published in the *Journal of Clinical Oncology*.

## **New standard first-line treatment for HER2-positive metastatic breast cancer**

Results of the CLEOPATRA trial, published in the *New England Journal of Medicine*, established pertuzumab/trastuzumab/docetaxel as the preferred first-line treatment in women with HER2-positive metastatic breast cancer. The trial randomized patients who had not received prior chemotherapy or HER2-therapy to either pertuzumab/trastuzumab/docetaxel or placebo/trastuzumab/docetaxel. Median overall survival in the pertuzumab group was 56.5 months compared with 40.8 months in the group receiving the placebo combination. In addition, patients assigned pertuzumab/trastuzumab/docetaxel had a median six-month delay in progression compared with patients assigned the placebo combination.

## **Many patients lack basic knowledge of their tumours**

A new study from Dana-Farber Cancer Institute found a surprising lack of knowledge among breast cancer patients about the basic characteristics of their disease – how advanced it is (stage), whether it is fueled by estrogen, whether it can be treated with trastuzumab (Herceptin) and the grade assigned by pathologists. All these factors are taken into account when treatments are recommended for women, and the researchers suggest that patients who fully understand their cancer may be more likely to adhere to their treatment regimens.

## **Mutation in PALB2 gene increases risk of breast cancer ninefold**

Women with inherited loss-of-function mutations in the PALB2 gene were more than nine times as likely to develop breast cancer, compared with the general population, according to a large multicenter study reported in the *New England Journal of Medicine*. The study showed that women with germline loss-of-function PALB2 mutations had a 14 percent cumulative risk of breast cancer by age 50 and a 35 percent risk by age 70.

## **MBI boosts cancer detection in patients with dense breasts**

Molecular breast imaging (MBI) in addition to mammography nearly quadruples the breast cancer detection rate compared with mammography alone in women with dense breasts. Adding MBI to mammography increased the overall breast cancer detection rate from 3.2 to 12 per 1,000 women screened. Read more at [www.cancernetwork.com/news/mbi-boosts-cancer-detection-patients-dense-breasts](http://www.cancernetwork.com/news/mbi-boosts-cancer-detection-patients-dense-breasts).

## **ASCO updates guidelines for HER2-negative breast cancer**

The American Society of Clinical Oncology (ASCO) has updated its clinical practice guideline on both targeted therapies and chemotherapy treatment for women with HER2-negative breast cancer, which makes up approximately 80 percent of all breast cancers diagnosed in the United States. According to the guideline, hormonal therapy, rather than chemotherapy, is the preferred first-line therapy for patients with estrogen receptor-positive metastatic breast cancer, except in cases of immediate life-threatening disease or when a patient is suspected to be resistant to hormonal treatment. Subsequent therapy should consist of sequential chemotherapy. Read more at [www.cancernetwork.com/breast-cancer/asco-updates-guidelines-her2-negative-breast-cancer](http://www.cancernetwork.com/breast-cancer/asco-updates-guidelines-her2-negative-breast-cancer).

# RESOURCE DIRECTORY

## GRANT SUPPORTS PSYCHOSOCIAL GUIDE

CBCN gratefully acknowledges the support of La Vie en Rose through its Roses of Hope Foundation for a donation of \$5,000 towards reprinting *Never Too Young: Psychosocial Information and Support for Young Women with Breast Cancer*. This popular and helpful guide addresses the unique challenges that young women with breast cancer face and offers guidance to help them make the best decisions for their personal well-being during diagnosis, treatment, and recovery. To order a free copy, email Rebecca at [rwilson@cbcn.ca](mailto:rwilson@cbcn.ca) or call 1-800-685-8820.



la Vie en Rose

## GET SUPPORT THROUGH WILLOW'S ELECTRONIC DISCUSSION BOARD

If you have been diagnosed with breast cancer, Willow Breast & Hereditary Cancer Support has created an electronic discussion board through which you can connect with others around common experiences, frustrations, and challenges and share ideas on coping with the rollercoaster of emotions that accompany this diagnosis. There are special sections for metastatic patients, BRCA1 and BRCA2 gene mutation carriers, young women, and many other groups. Access the discussion board at [community.willow.org](http://community.willow.org).

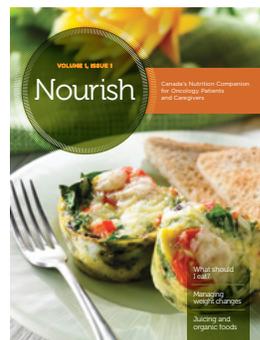
## WEBINAR DISCUSSES SUBSEQUENT ENTRY BIOLOGICS

If you missed CBCN's February 17 webinar on Subsequent Entry Biologics and how these drugs affect breast cancer treatment, you can watch it online. SEBs, also known as biosimilars, are biologic drugs similar to an innovator product previously approved by Health Canada. Since the new drug is a biologic, it is not exactly the same as the drug it may replace. We anticipate that SEBs will be introduced into breast cancer treatment in about five years when Herceptin comes off patent. SEBs have been part of the arthritis community for a number of years now. In the webinar, arthritis advocate Cheryl Koehn explains how the arthritis community has dealt with SEBs and what we can expect once SEBs for breast cancer enter the marketplace. To view the webinar, visit [cbcn.ca](http://cbcn.ca) and then click on Bulletin Boards.

## FREE BEACH HOUSE RETREATS FOR BREAST CANCER PATIENTS

Little Pink Houses of Hope provides free week-long vacations for breast cancer patients and their families. The organization believes a cancer diagnosis does not just affect the patient, but the entire family. Every beach retreat is designed to help families relax, reconnect, and rejuvenate during the cancer journey. The retreats are located in North Carolina, South Carolina, Alabama, Maryland, Delaware, Florida, and California. This service is made possible by home owners who donate time at their beach houses. For more information or to download an application, visit [www.littlepink.org/](http://www.littlepink.org/) or call 336-213-4733.

## NEW MAGAZINE GIVES ADVICE ON NUTRITION FOR CANCER PATIENTS AND CAREGIVERS



Announcing the launch of *Nourish*, "Canada's Nutrition Companion for Oncology Patients and Caregivers". Dedicated registered dietitians from across the country with more than 40 years of combined experience in oncology wrote this magazine, the first of its kind in Canada. *Nourish* was endorsed by the Dietitians of Canada Oncology Network.

This free magazine (and website) is designed to provide oncology patients and their families with evidence-based information on nutrition. People will be able to find a wealth of information, such as:

- Answers to common questions about diet and cancer
- Nutritional management tips for certain cancer-related side effects
- Easy, nutritious recipes developed by Wellness Chef Jeremy Capone and tried and tested by the *Nourish* team

The magazine, available as a printed copy and online, is offered in two languages (*Savourer Santé* is the French title). Distribution through dietitians in oncology clinics started in September 2014. The second issue is planned for June 2015.

To view and print the online version of *Nourish*, visit the website [www.nourishonline.ca](http://www.nourishonline.ca).

# RESOURCE DIRECTORY

## FERTILE FUTURE PROMOTES FERTILITY PRESERVATION FOR CANCER PATIENTS

Fertile Future is a Canadian national non-profit organization that provides fertility preservation information and support services to cancer patients and oncology professionals. Each year, an estimated 10,000 young Canadians face a cancer diagnosis. Approximately 8,000 of them will win this battle. Without knowing the importance of fertility preservation prior to their treatment, many are left infertile with few options. Fertile Future aspires to change this reality for cancer patients. Its mission is to inform, educate and support cancer patients who are facing fertility-risking medical treatment, and oncology professionals who are providing this care. For more information, visit [fertilefuture.ca](http://fertilefuture.ca) or call 1-877-HOPE-066.

## CARE FOR THE CAREGIVERS

The Ottawa Regional Cancer Foundation's Maplesoft Centre is offering individual and group coaching for caregivers of cancer patients. The group sessions, which run for two hours a week for six weeks, have been especially well-received: caregivers appreciate the opportunity to share experiences with others like themselves. These sessions discuss the question, "How can I be the best caregiver to my loved one?" The answer often surprises caregivers: they need to take care of themselves as much as they care for the cancer patient, or else they will burn out and won't be able to help at all.

Francine Beaupré, a Cancer Coach at the Maplesoft Centre, offers caregivers solutions to stress, such as building a network of friends, family, and community resources who can contribute to their loved one's care, and making time for a bubble bath, a walk with a friend, or other rejuvenating activities. She also offers suggestions on how caregivers can help their loved ones, ranging from the practical (keeping records, making appointments, remembering medications) to the emotional (listening for the feelings behind the patient's words, paraphrasing their words, sitting quietly and holding the patient's hand and just being with the person).

"Caregivers have an extraordinary role to play in the healthcare system, and we need to support them," says Francine. "Caring for a family member is a loving commitment and that's what they want to do."

The Maplesoft Centre is located at 1500 Alta Vista Drive in Ottawa. For more information, call Francine at 613-247-3527.

## GIVING NEWLY DIAGNOSED WOMEN THE BEST HEAD START

The Ottawa Integrative Cancer Centre launched an innovative Babes4Breasts Head Start Program for women newly diagnosed with breast cancer in early 2015. Participation fees for patients are covered through generous funding provided by Babes4Breasts.

Designed to fill in the waiting period so often experienced between initial diagnosis and the beginning of conventional treatment, Head Start is available for women when first diagnosed, helping them to feel less alone and confused, and better prepared for what lies ahead. Women participating in Head Start are their best advocates, as they learn of benefits achievable through:

- naturopathic care
- nutrition
- exercise
- mind body therapies
- stress management
- lifestyle modifications

Through workshops, group support sessions, and individual consultations over eight weeks, participants explore improved quality of life, reduced side effects, anxiety and depression, increased stamina, and better overall health outcomes.

For more information or to register, contact Sarah Young at [syoung@oicc.ca](mailto:syoung@oicc.ca) or 613-792-1222 ext. 204 or visit [www.oicc.ca](http://www.oicc.ca).

## WEBINAR DISCUSSES LATEST METASTATIC TREATMENTS

This free one-hour webinar—which took place on March 23 and is now available on CBCN's website, [cbcncan.ca](http://cbcncan.ca), under "Bulletin Boards"—is designed for anyone interested in gaining a better understanding of recent advances in treatment options for metastatic breast cancer. CBCN often receives questions from metastatic breast cancer patients about the latest treatment options and what is available to them either now or as their disease progresses. Dr. Stephen Chia discusses the latest in treatment options that are available to metastatic breast cancer patients. What you can expect to learn:

- Overview of new metastatic breast cancer treatments
- What these new treatments do
- The data around their effectiveness
- What type of metastatic breast cancer these therapies treat

# CALENDAR

## **MAY 2 IN BEDFORD, NOVA SCOTIA, OR MAY 9 IN**

**CHARLOTTETOWN: INTIMACY WORKSHOP.** Breast cancer survivors are invited to participate in a free workshop entitled "Intimacy after Breast Cancer: Starting Over." This is an educational and interactive day for those who have gone or are going through the journey of breast cancer. Learn about effective sexual communication, relationships with your partner, tips for the single survivor, and more! The environment is safe and respect for confidentiality ensures candid interaction between participants. The workshop and book of the same title were written and developed by Dr. Sally Kydd, who realized the need following her own journey of breast cancer. CBCN published her material and invites volunteers and organizations to present the program across Canada. Each participant receives a copy of the book. A limited number of travel and child care subsidies are available (apply in advance.) If interested, contact Judy for details at 902-569-3496.

## **MAY 15 TO 17, LONDON, ONTARIO: SKILLS FOR HEALING CANCER**

**WEEKEND RETREAT.** Presented by the Healing and Cancer Foundation, this free retreat is open to anyone who has been given a cancer diagnosis of any type or stage. Learn about how to get complete cancer care, empower the body, reduce stress through mind-body techniques, and work with difficult thoughts and emotions. For more information and to register, contact Grace at 519-859-4726 or [gracescott027@gmail.com](mailto:gracescott027@gmail.com). For further details, visit [www.healingandcancer.org](http://www.healingandcancer.org).

**MAY 19, TORONTO: HIGH-RISK BREAST CANCER FORUM.** Come to the premiere of Rethink Breast Cancer's new *High Risk* documentary, and enjoy refreshments while visiting a community exhibit space and hearing expert speakers from the medical community addressing frontiers in genetic research as well as risk reduction and assessment. This event takes place from 4:30 to 8:00 p.m. at the Appel Salon at the Toronto Reference Library, 789 Yonge Street. For more information or to register, call Rethink at 416-920-0980 or visit [www.rethinkbreastcancer.com/bchighrisk](http://www.rethinkbreastcancer.com/bchighrisk).

**JUNE 19 AND 20, HALIFAX: ADVOCACY TRAINING WORKSHOP.** This CBCN workshop focuses on advocacy for the upcoming federal election and will offer participants the opportunity to connect, enhance their communication skills, and effectively deliver strong advocacy messages to a wide variety of audiences. The session will train participants to: navigate the Canadian political landscape and engage elected representatives on key breast cancer issues; engage the public and media on issues of interest regarding breast cancer issues; and effectively communicate key messages about breast cancer to public

officials. The workshop is open to all breast cancer survivors or patients and no prior advocacy experience is required to participate. CBCN will cover all expenses, including travel and accommodation costs, for all selected participants. The location is the Westin Nova Scotian hotel. If you are interested in applying to this advocacy training, please contact Rebecca Wilson, at [RWilson@cbcn.ca](mailto:RWilson@cbcn.ca) or 1-800-685-8820 by April 30.

## **JULY 12 TO 17, LA JOLLA, CALIFORNIA: THE PROJECT LEAD@ INSTITUTE.**

This five-day intensive science course for breast cancer advocates covers the basics of cancer biology, genetics, epidemiology, research design, and advocacy. This course provides a foundation of scientific knowledge upon which participants can strengthen and empower themselves as activists. Taught by a renowned research faculty, this is a unique opportunity for those interested in learning more about working as a breast cancer advocate. The course will take place at the Estancia Hotel in La Jolla. Applicants must complete and submit an online application, essay questions, and two letters of reference by the application deadline to be considered for acceptance to the course. The application deadline is May 15. For more information, visit <http://www.breastcancerdeadline2020.org/get-involved/training/project-lead/project-lead-institute.html>.

**AUGUST 13 TO 17, BRITISH COLUMBIA: RETREAT YOURSELF.** The event is open to young adult cancer survivors, ages 18 to 39, and a supporter of the same age range. The main purpose of Retreat Yourself is to meet people who understand what you're going through and to connect with them. Retreats offer an opportunity to talk about your experiences, relax, have fun, and share stories with your peers who get it. A similar event takes place in Ontario November 5 to 9. For more information or to register, visit [www.youngadultcancer.ca/our-programs/retreat-yourself](http://www.youngadultcancer.ca/our-programs/retreat-yourself) or call 1-877-571-7325.

**SEPTEMBER 19 AND 20, DENVER, COLORADO: LIVING BEYOND BREAST CANCER'S ANNUAL FALL CONFERENCE.** Taking place at the Denver Marriott City Center, this conference focuses on medical and quality-of-life news at all stages of breast cancer diagnosis. For more information, visit [lbcc.org/Events/Annual-Fall-Conference](http://lbcc.org/Events/Annual-Fall-Conference) or call 1-855-807-6386.

**OCTOBER 17, BOSTON: METASTATIC BREAST CANCER FORUM.** This forum at the Susan F. Smith Center at the Dana-Farber Cancer Institute will be presented in conjunction with the Metastatic Breast Cancer Network. For more information, visit [mbcn.org](http://mbcn.org) or call 1-888-500-0370.

## National Partners

Aboriginal Nurses Association of Canada  
Best Medicines Coalition  
Canadian Breast Cancer Foundation  
Breast Cancer Society of Canada  
Canadian Association of Psychosocial Oncology  
Canadian Association of Radiologists  
Canadian Cancer Action Network  
Canadian Cancer Society  
Canadian Health Coalition  
Canadian Hospice and Palliative Care Association  
Canadian Institutes of Health Research  
Canadian Lymphedema Framework  
Canadian Medical Association  
Canadian Nurses Association  
Canadian Partnership Against Cancer  
Canadian Patient Coalition  
Canadian Psychosocial Oncology Partnership  
Canadian Working Group on HIV and Rehabilitation  
Cancer Advocacy Coalition of Canada  
Cancer Fight Club  
College of Family Physicians of Canada  
CURE Foundation  
DisAbled Women's Network of Canada  
Episodic Disabilities Network  
Fertile Future  
HPV and Cervical Health Society  
Look Good Feel Better  
Ovarian Cancer Canada  
Pauktuutit Inuit Women of Canada  
Public Health Agency of Canada

Quality End of Life Care Coalition of Canada  
Rethink Breast Cancer  
Team Shan  
Willow Breast & Hereditary Cancer Support  
Young Adult Cancer Canada

## Provincial Partners

British Columbia Cancer Agency  
Breast Cancer Action Manitoba  
Breast Cancer Action Nova Scotia  
Breast Cancer Action Saskatchewan  
Breast Cancer Centre of Hope  
Breast Cancer Network Nova Scotia  
Cancer Care Manitoba  
Cancer Care Ontario  
Coalition priorité cancer au Québec  
Hereditary Breast and Ovarian Cancer Society of Alberta  
Hereditary Breast and Ovarian Cancer Society of Montreal  
Lymphedema Association of Manitoba  
Lymphedema Association of Ontario  
Manitoba Breast & Women's Cancers Network  
New Brunswick Breast and Women's Cancers Partnership  
New Brunswick Breast Cancer Network, Inc.  
Newfoundland and Labrador Purple Lupin Partnership  
NWT Breast Health/Breast Cancer Action Group  
PEI Breast Cancer Information Partnership  
Quebec Breast Cancer Foundation  
Saskatchewan Breast Cancer Connect

## Local Partners

Breast Cancer Action Kingston  
Breast Cancer Action Ottawa  
Breast Cancer Action Quebec  
Breast Cancer Support Services Inc.  
Cedars Cancer Support  
Gilda's Club  
Hope and Cope  
Manitoba Breast Cancer Survivors Chemo Savvy Dragon  
Boat Team  
Maplesoft Centre  
Nanny Angel Network  
Olive Branch of Hope  
Ottawa Hospital Cancer Centre – Psychosocial Oncology  
Program  
Ottawa Integrative Cancer Centre  
PYNK Breast cancer Program for Young  
Women at Sunnybrook  
Wellspring

Hundreds of support groups across Canada  
Dozens of Dragon Boat teams across Canada  
Dozens of mastectomy boutiques across Canada

## CBCN is a member of:

Best Medicines Coalition  
Canadian Cancer Action Network  
Canadian Breast Cancer Screening Initiative  
Coalition priorité cancer au Québec  
Episodic Disabilities Network  
Quality End-of-Life Care Coalition of Canada



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Toll-Free: 1-800-685-8820 [cbcncan.ca](http://cbcncan.ca)

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 your 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.

CBCN gratefully acknowledges the support of the following key funders:

