

# Upfront U Kaiora

OFFERING INFORMATION, HOPE AND INSPIRATION TO THOSE AFFECTED BY BREAST CANCER

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## VITAMIN D REVISITED BY SUE CLARIDGE

**D**r Robert Scragg, Associate Professor of Epidemiology and Biostatistics at Auckland University, is passionate about the sun and vitamin D. Vitamin D has a number of critical roles in our bodies, most well known of which is bone health. However, recently the focus has been on the role that it plays in the prevention of cardiovascular disease, diabetes, infectious diseases and possibly many cancers. It was this latter possibility that Dr Scragg focussed on when he addressed a large and interested audience at the BCN Annual General Meeting on the 20th of May.

The human race originated in Africa, near the equator, so we are biologically set up to produce huge amounts of Vitamin D – as long as we have adequate exposure to the sun. Dr Scragg says there are four major lifestyle changes that occurred in the 20th century that impacted upon our health:

- increased tobacco smoking;
- increased meat consumption;
- decreased physical activity; and
- a transition from outdoor to indoor occupations.

It is the move into the indoors for large parts of the day that has resulted in a dramatic decline in vitamin D levels in the populations of many western countries. Despite living in a sun-bathed country, New Zealanders also



Dr Scragg

suffer vitamin D deficiencies as can be seen in the table below. A serum (blood) level of 80 nmol per litre is regarded as healthy although Dr Scragg believes we should be aiming at between 100 and 120 nmol per litre.

### VITAMIN D AND CANCER

There has been a recent change in our understanding of what vitamin does. We know that UVB rays act on a vitamin D precursor in the skin to make cholecalciferol or

vitamin D<sub>3</sub>. This is transported to the liver where it is converted to 25-hydroxyvitamin D<sub>3</sub>, which is then turned into the active form – 1, 25-hydroxyvitamin D<sub>3</sub> – in the kidneys.

The new concept is that other organs – such as the colon and the breast – have vitamin D receptors and that vitamin D inhibits cell proliferation and induces cell maturation.

So, does this mean that if we all get enough vitamin D we can prevent breast cancer? Unfortunately, it really isn't that easy, as Dr Scragg explained. The main problem is a lack of robust research that would tell us one way or another. He has reviewed the medical literature and the strongest evidence is for colorectal cancer.

### COLORECTAL CANCER

Of the 30 studies that investigated a link between vitamin D and colon cancer reviewed by Dr Scragg, for a report written for the New Zealand Cancer Society, only one was a randomised controlled trial (RCT) – the scientific benchmark – and that was flawed in its methodology, not the least of which was because it used a very low dose of vitamin D and had low compliance levels. However, a 2007 meta-analysis of five studies, by Drs Edward Gorham and Cedric

Population characteristics	Average serum Vitamin D level nmol/l for children	Population characteristics	Average serum Vitamin D level nmol/l	
			women	men
Boys	52	15-18 years	54	49
Girls	47	19 – 24 years	51	51
5-6 years	52	25-44 years	49	52
7-10 years	51	45-64 years	45	52
11-14 years	47	65+ years	41	52
Maori	44	Maori	38	43
Pacific	37	Pacific	33	41
Caucasian NZ	53	Caucasian NZ	49	53

Garland and colleagues at the University of California, found a dose-response relationship showing a 50% relative reduction in risk of colon cancer between those participants with the lowest levels of colon cancer and those with the highest.

The International Agency for Research on Cancer (IARC) found in 2008 that there was a 3% relative reduction in risk for every 2.5 nmol per litre increase in blood vitamin D levels. When Dr Scragg extrapolated to calculate the benefit of a 25 and 50 nmol per litre increase in vitamin D he showed that such increases could reduce the relative risk of colon cancer by 18 and 33% respectively.

The IARC report concluded that “the results show evidence for an increased risk of colorectal cancer and colorectal adenoma with low serum 25-hydroxyvitamin D levels”, and that “there is however only limited evidence of a causal link due to confounding by other dietary or lifestyle factors.”

#### BREAST CANCER

The link between breast cancer and vitamin D was first proposed by Drs Frank and Cedric Garland and colleagues in 1990 in a paper entitled ‘Geographic variation in breast cancer mortality in the United States: a hypothesis involving exposure to solar radiation.’ They found that the risk of fatal breast cancer in the major urban areas of the United States was inversely proportional to intensity of local sunlight. Subsequent research in the then USSR supported those findings.

While there have been no RCTs seven case controlled and observational studies have found an inverse relationship between sunlight exposure and/or vitamin D levels and the risk of breast cancer, while six have found no such relationship. The IARC report concluded that “the epidemiological evidence from observational studies suggest[s] an inverse association between serum 25-hydroxyvitamin D levels and the incidence of breast cancer, but... the

overall evidence is weak... New cohort studies on serum 25-hydroxyvitamin D levels and breast cancer risk are warranted.”

Which is largely Dr Scragg’s point: we desperately need studies with a sound methodology to establish whether or not vitamin D does reduce the risk of breast and colon cancer.

In the meantime, most New Zealanders could benefit from an increase in their vitamin D levels. The cheapest and most practical way to do this is sensible sun exposure (no burning!) during the summertime and vitamin D supplements during the winter. Dr Scragg recommends up to 3000 or 4000 IU (international units) per day that may be taken in a large dose once a month.

So, while the jury is still out on whether or not vitamin D can reduce the risk of breast cancer, you could do worse than relaxing briefly in the sun and catching a few rays.

#### From the Editor....

It is that time of year at BCN where we look back at the last twelve months – and a busy twelve months it has been, too (see the Annual Report on page 8).

Our Annual General Meeting was extremely well attended and much credit must go to Dr Robert Scragg and vitamin D which was the subject of his talk. It is little wonder that people are interested in the possibility that adequate vitamin D may have a protective effect against breast cancer. There are many reasons for this: compared with many factors that may contribute to reducing the risk of breast cancer, vitamin D is cheap or free and relatively easy to obtain, and for most of us spending some safe time in the sun is very pleasurable.

Quite aside from the specific benefits such as bone health, enhanced resistance to infection (research has particularly shown benefits from vitamin D against influenza and tuberculosis), and now the increasing possibility of reducing the risk of a number of cancers, being in the sun makes us feel good. Exposure to bright sunlight promotes an increase in the production of melatonin. When people are exposed to sunlight in the morning, their nocturnal melatonin production occurs sooner, and they enter into sleep more easily at night. Melatonin also plays a key role in the body’s circadian rhythms as well as having a role in fighting infection, inflammation, cancer, and autoimmunity.

On the other hand, being out of the sun for long periods can make us feel bad. Seasonal affective disorder (SAD) or the

winter blues is caused by insufficient exposure to sunlight and is increasingly recognised as a serious disorder with mental and physical symptoms. One of the most common treatments involves exposure to full spectrum light – just like the sun’s rays. As I write, we’ve been fortunate enough in Auckland to have had two days of sunshine, and despite the chilly nights, it warms the soul as well as the skin to be outside in the sun.

Anyway, as I began to comment on the past year before being sidetracked by the sun... I’d like to say a huge thank you to my band of proofreaders – Angela Anderson, Annie Bradshaw, Barbara McNaughton, Jeanette Mallinson, Jennifer Woodroffe, Linley Rivers, Megan Anderson, and Patricia Heinecke. Proofreading the copy for the magazine is an invisible but crucial task that makes a huge contribution to the quality of *Upfront U Kaiaora*.

Another part of the production of the magazine that probably few readers give any thought to, is the design and layout. This is done by Debra Tunnicliffe of Tunnelcreative. Not even the birth of her second child only three weeks before working on the February edition put her off her stride, and I am most grateful to work with such an accommodating and unflappable designer.

*Sue Claridge*

## MAMMOGRAMS AND THE ELDERLY BY SUE CLARIDGE

In the April edition of *Upfront U Kaiora* we examined treatment issues for elderly women; those women over 70 who make up almost a quarter of the women diagnosed with breast cancer each year in New Zealand. Their treatment is often complicated by other health conditions (e.g. cardiovascular disease and diabetes). A Swedish paper referred to in our article concluded that among elderly women there is “less diagnostic activity, less aggressive treatment, and later diagnosis in older women [is] associated with poorer survival.”

This raises the issue of mammography among our elderly. Eligibility to participate in the free screening programme ends when a woman turns 70 (unless she falls into one of the high risk categories). And while some women may choose to continue to have them privately, many women on the Government superannuation (pension) can ill afford the money needed to keep up their biennial mammograms.

Mammography for the elderly has had some attention in the medical literature of late, particularly for woman over 80. A paper published in the *Journal of Clinical Oncology* in May 2008 supported regular mammography among women 80 years of age and over saying that it was associated with earlier disease stage at diagnosis. However, they admitted that improved survival remained difficult to demonstrate.

In response to that paper, Drs Mara Schonberg and Ellen McCarthy from the Harvard Medical School in the US cautioned readers from using the data from the 2008 paper to screen these women blindly without

considering life expectancy. The original 2008 paper found that women having mammograms over 80 were generally healthier reflecting the potential bias for healthier patients to have mammograms. Drs Schonberg and McCarthy say that we would expect these women to live longer anyway and that screening across the entire over-80s population may not result in improved outcomes across the board.

Most importantly, however, was Drs Schonberg's and McCarthy's concerns about considering the potential benefits of screening without considering any of the risks.

“One important risk of screening, particularly for older women, is overdiagnosis; that is, finding and treating breast cancers that would have never become clinically significant during a woman's lifetime. This study excluded women with carcinoma in situ, yet most experts would agree that detection of ductal carcinoma in situ in women age 80 years and older likely represents overdiagnosis, given that ductal carcinoma in situ is unlikely to progress to invasive breast cancer in the lifetime of a woman age 80 years and older.”

The authors of the original paper reported that, while the number of women age 80 years and older diagnosed with breast cancer nearly tripled from 1996 to 2002, deaths from breast cancer among women in this age group did not triple during the same period, supporting the Harvard researcher's claim of overdiagnosis.

In a paper published in the April 2009 edition of the *Journal and Clinical Oncology*, Dr Schonberg and colleagues reported on a

cohort study of 2,011 women without a history of breast cancer who were age 80 or over between 1994 and 2004, and who received care at either an academic primary care clinic or one of two community health centres in Boston. The majority of patients (78.6%) were non-Hispanic white and 51.4% (1034 women) had been screened with mammography since age 80 years. Of those, eight were diagnosed with ductal carcinoma in situ, 16 with early stage disease, two with late stage disease, and one died as a result of breast cancer. Eleven percent had a false-positive screening mammogram that led to 19 benign breast biopsies, eight refused work-up, and three experienced a false-negative screening mammogram; 97 were screened within two years of their death from other causes. There were no significant differences in the rate, stage, recurrence rate, or deaths due to breast cancer between women who were screened and those who were not screened.

The researchers concluded that while the majority of participating women were screened with mammography few benefited and 12.5% experienced a burden from screening. They say that “the data from this study can be used to inform elderly women's decision making and potentially lead to more rational use of screening.”

In deciding whether or not elderly women should receive regular mammograms in New Zealand, the issue of overdiagnosis and the burden of false positives should be carefully considered and weighed against both the apparently limited benefits of screening and the cost to the public health system of such a move.

### BCN LIFE MEMBER IS UNSUNG HERO

Jenny Clark, an honorary life member of BCN and one of the organisers of our 2007 conference was featured in the *New Zealand Herald's* recent Unsung Heroes series.

As well as working with charities through her work as a community liaison officer for Work and Income NZ, and several years of volunteering for BCN, Jenny is also a life member of the Papatoetoe Historical Society and has written two books for them, and has helped with the publication of two local church histories.

Marion Cowan of the Te Au Vaine Takitumu Trust, who nominated Jenny for the *Herald's* Unsung Community Heroes series, says “We feel Jenny deserves recognition because of the unlimited time she gives graciously to groups in the community.”



Jenny Clark

## FACES OF BREAST CANCER

We regularly publish the stories of women who have had breast cancer. Often this is in conjunction with a feature article on a particular subject, covering topics ranging from detection and diagnosis to treatment, life after breast cancer, and the many concerns and decisions of women diagnosed with breast cancer.

While the person most impacted by a breast cancer diagnosis is the woman herself, family, friends, carers, community and health professionals are all affected by this disease. Just as in a war, it is not only the soldiers at the frontline who suffer and whose lives are changed, every one touched by breast cancer is affected in some way. 'Faces of Breast Cancer' is a new *Upfront U Kaiora* series that will look beyond the impact on an individual woman, to consider how the disease affects those around her.

### CLARE

Although every member of the *Busting With Life* dragon-boat team has had breast cancer, it really isn't something they talk about. After all, these fire-breathing dragon boaters are far too busy paddling their way to glory. With an average age of 55, all compete on the national stage, and some are even international athletes.

Clare Brown is a founding member of *Busting With Life*. That's right; she's been paddling for ten years and has no immediate plans to give it up. And why would she? There's an international regatta on the horizon, and well, the benefits are just too good to miss.

Clare was diagnosed with breast cancer at 50. Her mother died from the disease at 63, after also being diagnosed at 50. Clare had a lumpectomy, and with clear lymph nodes had radiotherapy but no chemotherapy. The oestrogen receptor positive tumour she had, put her on Tamoxifen for five years.

The worst of it was the lymphoedema – constantly reminding her of the breast cancer. She had massage, wore a sleeve, did a lot of swimming and went to the gym – she worked really hard on keeping it under control. Then she found dragon boating – the sport that women with breast cancer have embraced all over the world after Canadian sports medicine physician, Dr Don McKenzie, thought it might help with lymphoedema.

In 1998, breast cancer survivor Trici Nelson called a meeting, with the idea of starting a team in Auckland. Of the 150 plus women who turned up for that meeting only 20-odd showed up for the first fitness walk. Clare was one of those women, six of whom are still on the team.

Dragon boating is about technique and



At the Starting Line: Busting With Life in the foreground in Viaduct Harbour

the women put in hours on the water practising. In the early days it wasn't a competitive thing, but you should see them now! Aside from the frequent race honours – not for the first time *BWL* took top honours at the National Dragon Boat Championships in the breast cancer division in Rotorua in March – there are significant other benefits to being part of this team. On a personal level there is the fitness these women achieve, and there is the social side of it, evidenced by the camaraderie among the team members.

"You share something with the other women," says Clare. "It makes you feel very strong."

Before a race, Clare is nervous, but afterwards there is a real buzz – especially when they win. Clare says that the open grade teams used to pity them – the breast cancer survivors – but now there is nothing but respect. Well deserved, too, as the other teams are mixed and mostly less than half the ages of the women in the pink boat. Yet

*BWL* is highly competitive, achieving line honours in both open and breast cancer survivor races.

"Before I had breast cancer, typically I felt like 'it wouldn't happen to me,'" says Clare. "But afterwards I had this distinct sense of vulnerability."

However, Clare has found, as many women do, that breast cancer has also offered opportunities that she would never have dreamed of. She would never have been involved with team sports; she would never have travelled overseas for sports; she would never have been an international athlete – an athlete who won two bronzes and a silver at the World champs in 2004.

Clare says that there is an incredible sense of belonging among the dragon boaters. Breast cancer is a shared experience, but it doesn't define them individually or as a team. They are a sports team first and foremost and Clare is proud of the team achievements and of herself. Clare's not just a survivor, she's busting with life.

## LOGAN

Logan is in his twenties, has two young children, and a partner with a large family by whom he has been lovingly embraced. But during his adolescence his family began shrinking, first with the separation of his parents and then with the death of his mother, Jeanette, when Logan was only 15.

Adolescence can be a difficult time for many; losing his mother to cancer caused Logan to retreat into himself. But however much the experience hurt Logan, Jeanette left an important legacy that has left him wanting to help other women with breast cancer.

Logan first contacted us last year, wanting information on the breast cancer support group – Bosum Buddies\* – that his mother started in Te Awamutu. He emailed us saying:

“My mother passed away in 1996 from cancer, but before she died she and a good friend formed a support group called ‘Bosum Buddies.’ I’m really keen to find out if this is still operating. I was 15 at the time but have got myself into a position in life where I would like to help continue her work, by donating my time to help.”

Logan is articulate and openly discusses the trauma of his mother’s illness and death. While I don’t think you ever get over losing a parent when so young, Logan seems to have a lot of insight into how his mother’s illness affected him.

He was seven when Jeanette was first diagnosed. She had a mastectomy and a breast reconstruction although Logan was too young to remember the details of her treatment. Afterwards, though, as far as Logan was concerned, life returned to normal. However, when Logan was ten or eleven

Jeanette found a lump on her collar bone. She had chemotherapy and had only just finished all the treatment when the cancer was found in her brain. It had also gone to her spine and she died at the age of 42.

When he was a young boy, Jeanette hid a lot from Logan, telling him only that she had to have an operation; that if she didn’t have it she would die. For Logan it was a “no-brainer”; she needed to have it and he feels that she made it a positive thing, not wanting Logan and his older brother to worry.

Clearly the welfare of her two boys – by now Jeanette was a sole parent – was her primary concern. She worked four jobs in order to provide for them. But she had enough energy left over to care about what happened to other women with breast cancer. She and a friend started up Bosum Buddies in the small Waikato town in the early ‘90s. Logan remembers newly diagnosed women ringing up to talk to her.

As the cancer progressed Logan seemed unaware of how serious the situation was, until a girl at school said how sorry she was that his mother was going to die.

“It was so hard to see my mother deteriorate from being a strong, beautiful woman... to see her in pain.”

“When she died,” Logan recalls, “I walked out of the hospital feeling dead.”

Unfortunately, he didn’t have a great relationship with his stepfather who soon after Jeanette’s death sent him to live with his father in Australia. This arrangement also failed as his father was unused to providing the parenting that Logan needed, and he wound up with his brother who gave him a stable home.

Logan returned to New Zealand at 18, and now feels the need to carry on what his mother started; contributing in some way to making life better for those who have breast cancer.

“I’d like to find the woman who co-founded Bosum Buddies with my mother. And I want to honour her [Jeanette] by contributing in some way.”

It is rare that we get to talk to the children of women with breast cancer. Logan offers an important insight into what it is like for a child of a parent with cancer. He says that women should talk about their illness with their children.

“Share it – kids understand more than you give them credit for,” Logan says. He thinks he would have given her more respect had he known in the early days, would have behaved better and done things for her if he had known how ill she was.

And to kids, he says that life isn’t always easy, but it is important that they understand what their mums are going through. And remember that life is precious.

With his own children and a new family, the time is right for him, in some way, to carry on what his mother started.

And Logan last words... “Miss you every day, love you mum.”

\* *this is not the same as the Waihi Bosum Buddies group that featured in Upfront in October 2005.*

*Editor’s Note: If anyone remembers Jeanette Wallis [Poole] or the Bosum Buddies in Te Awamutu, please let us know. We would love to help Logan find either the woman who co-founded the group with Jeanette or members who knew her.*

## STUDY LINKS CT SCANS WITH CANCER

Hospital patients are being put at greater risk of developing cancer because of a big rise in the use of CT scans, a new study says. Research carried out at Melbourne’s Alfred Hospital found dangerously high doses of radiation were routinely being administered to patients because of the way CT scans and X-rays are ordered.

The study uncovered a 27% increase in the use of CT scans

between 2004 and 2007; and a 22% increase in 2006-2007. The study was published in April’s *Internal Medicine Journal*.

Lead researcher Maryann Street said the rise in the number of scans coincided with the introduction of a new machine that is quicker and is more accurate. Ms Street said the study recommended the introduction of a centralised system for storing images, which could be accessed by doctors at all hospitals.

## STOP CANCER WHERE IT STARTS

## TAKING ON THE COSMETICS INDUSTRY – PART 2

## TALKING TO DAWN MELLOWSHIP

In the April issue we featured the views of author, Dawn Mellowship, on cosmetics and chemicals. In this issue we conclude our interview with Dawn and look at the specific things that women should be avoiding in their cosmetics and what organic brands to look for.

Dawn says that women with breast cancer should not use any mainstream cosmetic products.

“We need to cleanse our bodies and brush our teeth, so soap and toothpaste are essentials, but the other products are unnecessary. There are some fairly natural toothpastes available and castile soap is great for washing the hair, body and your home!” she says.

In particular she advises against the use of mainstream antiperspirants and deodorants which are applied in close proximity to the breast and often contain aluminium salts and parabens, which are oestrogenic.

“Links between these ingredients and breast cancer have been denied by the cosmetics industry, but they have been found to accumulate in breast tissue so it makes sense to avoid them,” she says.

She believes that eating a healthy diet, cutting down on red meat and wearing

clothes made from natural fibres helps minimise body odour. There are also natural deodorants available that don't contain aluminium salts, but bear in mind that some essential oils may potentially be oestrogenic.

Hairsprays and nail polish contain highly toxic volatile organic compounds (VOCS) which have been linked with respiratory conditions such as asthma and bronchitis, birth defects and reproductive abnormalities. If you want to keep your hair in place add a slick of a natural base vegetable oil (such as almond oil) or a tiny amount of moisturiser, or buy a certified organic hair wax. And don't use nail polish at all.

## THE TOP TEN NASTIES TO AVOID

Dawn's top ten list reads like a chemistry text book, but making up a card, listing these substances, to take shopping would be a good way to ensure you avoid buying cosmetics and personal care products that contain them.

## 1. Aluminium compounds

**2. Artificial colors** – Some artificial colors are carcinogens or contain carcinogenic impurities.

**3. DEA-containing compounds** – Diethanolamine (DEA) interacts with other substances to form the carcinogen NDELA on the skin. See the box at right for compounds that contain DEA.

**4. Formaldehyde** – a suspected carcinogen and a common contact allergen which can cause skin sensitisation. Some ingredients used in cosmetics and other products degrade into formaldehyde, avoid ingredients which are formaldehyde releasers (See the box at right)

**5. Fragrances** – Can result in poor indoor air quality and may cause neurological problems, respiratory and skin irritation, migraines, asthma, cancer, birth defects and

many other health problems. The term 'parfum,' 'fragrance,' or 'aroma,' which could mean anything up to 100 or more different fragrance chemicals.

**6. Hair Dyes** – research has suggested increased risk of acute leukaemia, chronic lymphoid leukaemia and bladder cancer among women using hair-dyes repeatedly over a prolonged period of time.

## DEA

Cocamide DEA  
DEA-Cetyl Phosphate  
DEA Oleth-3 Phosphate  
Lauramide DEA  
Linoleamide MEA  
Myristamide DEA  
Oleamide DEA  
Stearamide MEA  
TEA Lauryl Sulphate  
Triethanolamine (TEA)

## FORMALDEHYDE RELEASERS

2-bromo-2-nitropropane-1,3-diol (bronopol)  
Benzylhemiformal  
Diazolidinyl urea  
DMDM Hydantoin  
Imidazolidinyl urea  
Quaternium-15  
Sodium hydroxymethylglycinate

## PARABENS

Benzyl-parahydroxybenzoic acid  
(p-hydroxybenzoic acid)  
Butylparaben  
Butyl-parahydroxybenzoic acid  
(p-hydroxybenzoic acid) Parahydroxybenzoic acid  
(p-hydroxybenzoic acid)  
Ethylparaben  
Ethyl-parahydroxybenzoic acid  
(p-hydroxybenzoic acid)  
Methylparaben  
Methyl-parahydroxybenzoic acid  
(p-hydroxybenzoic acid)  
Parahydroxybenzoate (p-hydroxybenzoate)  
Propylparaben  
Propyl-parahydroxybenzoic acid  
(p-hydroxybenzoic acid)



**7. Parabens** – see box on previous page for various alternative names for parabens.

**8. Sunscreen agents** – many chemical sunscreens can cause irritant reactions and have been found to be oestrogenic. Many sunscreen agents are absorbed through the skin. Sunscreen ingredients such as para-aminobenzoic acid (PABA), avobenzone (par-sol 1789), oxybenzone (benzophenone 3) padimate O (octyl dimethyl PABA) can cause photosensitivity and phototoxicity (cellular damage under UV or sunlight).

**9. Talc** – Can become contaminated with toxic asbestos fibres. Research in 2008 suggested that women should not use talcum powder around their genitals as particles of talc may travel to the ovaries, instigating an inflammatory process that promotes the growth of cancer cells.

**10. Toluene** – has been found to cause spontaneous abortions or babies with birth defects. Highest levels occur indoors from paints, paint thinners, fragrance and nail polishes.

#### SO, WHAT SHOULD WOMEN USE?

Dawn advises women to cut down their usage of all personal care products, opting only for the bare essentials – for instance a moisturiser will usually contain virtually the

same ingredients as a body lotion, hand lotion and foot lotion – so just buy one organic moisturiser or lotion and use it for all purposes. Avoid make-up if possible, or switch to mineral make-up and use just a few items – such as mascara, blusher and lip balm.

“Toner is totally unnecessary, so are body sprays, hair dyes, hair sprays, nail polish and perfumes,” she says. “And always conduct a patch test before you use any product – including organic products.”

If you are going to use beauty products opt for certified organic formulations, or make your own. Apricot kernel oil and almond oil applied to the face and wiped away with an organic cotton muslin cloth are suitable cleansers. Organic unrefined coconut oil and jojoba oil are great moisturisers. Sodium bicarbonate mixed with water and a couple of drops of peppermint oil can be used to clean the teeth. Beetroot juice, beeswax and almond oil blended together make a great pink lip tint.

“These are just a few examples,” Dawn says. “There are plenty of other easy beauty recipes and tips.”

**Organic and natural brands that are available in New Zealand include:**

**1. Violaorganics.co.nz** – BioGro certified.

**2. Regenerate.co.nz** –ASUREQuality (formerly AgriQuality) certified.

**3. Earthwiseshop.co.nz** – Follow principles of UK Soil Association organic standards.

**4. Trueblueorganics.co.nz** – Some products BioGro certified, or ingredients certified.

**5. Antipodesnature.com** – ASUREQuality (formerly AgriQuality) certified.

**6. Lovefromobaby.com** – Natural non-certified organic baby products.

**7. Trilogyproducts.com** – Rosehip oil is BioGro certified. Other products contain some synthetic ingredients.

**8. Carolpriest.co.nz** – Natural non-certified organic beauty products.

**9. Miessenceproducts.com** – Australian Certified Organic (ACO) certified products, also available in New Zealand.

**10. Hemaproducts.com** – Some ingredients certified organic.

*Editors Note: Living Nature, Dr Hauschka, Weleda and many other brands can also be found in health and organics shops and many pharmacies around the country. It really isn't difficult to find organic products but beware non-organic products that claim to be "natural". Read the labels as many have only one or two "natural" ingredients and many of the nasties on Dawn's list.*



## LETTERS

### LOST IN TRANSLATION

I feel that in some respects your newsletter is too late in that most people don't know of its existence until after diagnosis, surgery, chemo or radiotherapy. Certainly this is my personal experience.

Do you make representations to the people who publish the information booklets given to one on diagnosis?

The booklet I was given was an Australian publication which stated that samples would be taken from the underarm. The New Zealand publication says samples 'may' be taken from the underarm. It did not state why the samples were to be taken; Yellow fever, rabies? My surgeon did not explain its purpose.

When I said I did not want this done his response was "Oh, every woman in New Zealand has this procedure. This procedure is done all over the world."

Six months after my surgery, I finally 'joined the dots' and realised it is a diagnostic tool only.

I hope your organisation can recommend that this aspect of treatment is more fully explained for patients "frozen like myself."

I attended the conference in Rotorua and am thankful to see that Ian Campbell is going ahead with Sentinel Node Biopsies – another thing I was not told were available in New Zealand.

**Name Withheld by Request**

*Editor's note: This member was diagnosed in 2005. Breast surgeon, Mr Ian Campbell, told Upfront U Kaiaora that "it is only in the last five or six years that the use of Sentinel Node Biopsy has become more widespread outside of trials, as more surgeons learned the technique and more evidence has become available that it is a safe alternative to axillary dissection for women with smaller unifocal breast cancers. Some specialist breast surgeons have been using sentinel node based management outside of trials for longer than this."*

*Without more information on the "samples" taken and the booklet provided it is difficult for us to respond further. However, the issues raised by this member's letter are important. Diagnosis is a traumatic time for women and it is important that as much information as possible is provided – how else can a woman provide truly informed consent for her treatment. Coming from a small provincial town this lack of communication may be indicative of a poorer service, perhaps with no breast care nurse available, or it may be a rare instance of a breakdown in communication. In coming months Upfront U Kaiaora will investigate the concerns of rural and provincial women and consider whether or not the treatment they get is the standard of care.*

*The editor reserves the right to edit, abridge or decline any letters without explanation.*

## ANNUAL REPORT OF BREAST CANCER NETWORK (NZ) INC

### APRIL 2008 – MARCH 2009 BY BARBARA MASON

**D**uring the past year Breast Cancer Network has focused on the implementation of the recommendations from the 2007 First National Conference for those affected by Breast Cancer and our project *Stop Cancer Where it Starts*.

#### COMMITTEE, VOLUNTEERS AND ADVISORS

During the year Liz Williams, Vicki Blacklock, Jill Thompson and Marion Dimond resigned and we thank them for their many contributions to BCN, including changes in administrative procedures, finding our new rented premises, website update and the redesign of our second SCWIS leaflet. Joining the committee were Linley Rivers, Sue McLeod, and Carmel Clark, who has been appointed Treasurer. My sincere thanks go to all of the committee members, both past and present and to Jennifer Woodroffe, our administrator.

We have relied more on volunteers over the past year and especially thank Janet Catton, Delcie Kirk and Carol Lynch for enveloping *Upfront U Kaiora*, Noelene and Dorothy Berger and Jennifer Woodroffe's extended family for new address labels on all our printed material, and to Kerry Woodroffe and David Woods for help with the move to our new office. Parani Waaka kindly continues to be the face of BCN on the Kitchen Aid promotional material.

In addition, Jenny Clark, a former BCN committee member, was appointed advisor on policy matters, and Prue Scott spoke to the committee on sponsorship and the importance of business plans.

#### FUNDING

In June 2008 Bakers Delight required office space for new staff members and after seven years of wonderful sponsorship we have left them and moved to 300 Richmond Rd. Funding, grants and sponsorship has been received from the Perry Foundation, The Lion Foundation, Neville Newcomb, 300 Richmond Rd Ltd, Kitchen Aid, commercial enterprises of Julie Lamb and Gabriele Losch, New Zealand Post, Lottery Grants Board and Community Organisation Grants, for which we are enormously grateful.



Gillian Woods presented Barbara Mason flowers in acknowledgment of her contribution as Chairperson of BCN over the last four years.

#### NETWORKING AND CONSUMER REPRESENTATION

BCN continues to develop and maintain contacts with breast cancer groups nationwide and support their initiatives, including The New Zealand Breast Cancer Foundation, Sweet Louise and BreastScreen Aotearoa, and correspondence with the Breast Cancer Research Trust regarding alcohol sponsorship.

In addition, comments were sent to the New Zealand Guidelines Group on 'Suspected Cancer in Primary Care – Guidance for Referral and Reducing Disparities' and 'Management of Early Breast Cancer Guidelines'.

#### WEBSITE

Designer, Marion Morris of Red Apple Design, has recently updated the website and we thank her for this and her sponsorship assistance.

#### UPFRONT U KAIORA

Last year our magazine name changed from *Upfront* to *Upfront U Kaiora*. *U Kaiora* means the breasts, being the total sustenance of tangible and intangible wellness.

Our introductory edition has been updated and selected articles from various bimonthly *Upfront U Kaiora* editions have been made available to breast cancer groups

for their use during October 2008 and will continue again this year. I would like to thank Sue Claridge, our editor, for the excellent and well researched articles. Our thanks also go to others who have written for *Upfront U Kaiora*, in particular Jane Bissell and Gillian Woods.

#### CONFERENCE RECOMMENDATIONS

This year we have focused on those conference recommendations where we can make a difference. One of the conference recommendations was fulfilled when the National Government funded a year's treatment of Herceptin. The Breast Cancer Aotearoa Coalition are principally responsible for this happening and we extend our congratulations to them.

Other recommendations addressed this year include:

- Women should be told about the cognitive effects of chemotherapy before treatment starts.
- Access to mammography:
- That more information be available to women with metastatic disease, particularly on the BCN website.
- That BCN develop a chat room or an online message board facility on their website.
- Rural women.

#### STOP CANCER WHERE IT STARTS

The recommendations relating to environment and lifestyle that have been addressed this year include:

- Expectant mothers should be educated about environmental influences on breast cancer.
- There should be further discussion and articles in *Upfront U Kaiora*.
- That there be more widely available literature on the subject.
- That councils be approached by residents and rate payers and asked to ensure that safe alternatives to harmful chemicals are used.
- That there be more widely available literature on environment, lifestyle and breast cancer.
- That consumer products endorsed as being in support of breast cancer (eg pink ribbon tagged products) should have no harmful chemicals added.

At a meeting to discuss breast cancer risk reduction and prevention with Professor Mike Findlay, Chairperson of the Auckland Cancer Research Network, he suggested that there be a meeting by the Research Network on breast cancer prevention; this has yet to take place. Barbara and Gillian met with Dr Elizabeth Harris who has an interest in the holistic approach to breast cancer with vitamin D playing an important role. The Government has reported back on the Health Committee's recommendations

relating to our 2005 petition; three recommendations have been referred to the Cancer Control Council with whom we have met.

#### THE SECOND NATIONAL CONFERENCE FOR THOSE AFFECTED BY BREAST CANCER

Fulfilling the conference recommendations before another conference has been the first goal of the Breast Cancer Network. In light of the long preparation time needed for a conference we have initiated discussions

with two regional support groups to determine their interest in assisting with a second conference or regional forum.

#### THE WAY FORWARD

From a planning day in February came new initiatives for fulfilling our mission "to promote increased efforts to prevent and cure breast cancer particularly by giving voice to the views of women affected by breast cancer". Working with other groups can only be advantageous and we look forward to pursuing this ideal.

## SWEET LOUISE TO LAUNCH IN WELLINGTON



Elva Phillips the new Wellington Support Coordinator for Sweet Louise

It was Northland last year and now Sweet Louise is heading south to Wellington. Sweet Louise offers voucher-based services to help women living with secondary breast cancer lead more positive lives, complementing conventional medical treatments with peer support and other positive strategies.

Executive Director Jennifer Clark and Support Coordinator Sinda Hall visited Wellington in May to finalise the appointment of Wellington Support Coordinator Elva Phillips and to meet with clinical staff at Wellington Hospital.

"We will officially launch services in Wellington in August," said Jennifer, "but we

are encouraging women there to call our 0800 number now, become members, get to know us and participate in our website-based forums and journal facilities. We are very excited about Wellington."

Elva, a registered nurse, will source and coordinate the service providers and support the Wellington Sweet Louise members. She is thrilled with her new role.

"What a privilege it is to offer these services, opening the door to things women might otherwise not have access to. Sweet Louise will be a real gift to the women of Wellington."

For more information, please visit the website [www.sweetlouise.co.nz](http://www.sweetlouise.co.nz) or call 0800 11 22 77.

## WALNUTS PREVENT BREAST CANCER IN MICE

Researchers told the American Association for Cancer Research meeting in April that a couple of handfuls of walnuts a day could prevent breast cancer. The finding comes from studies in transgenic mice, but should also apply to people, according to Dr Elaine Hardman of Marshall University School of Medicine in West Virginia.

"I think any time (to eat walnuts) could be beneficial, even after diagnosis," Dr. Hardman told reporters.

In the study mice engineered to be susceptible to breast cancer were fed small amounts of walnuts in their diet and were compared to similar animals that didn't get the nuts. At the age of six months, 100% of these animals usually have cancer, she said,

but the incidence of malignancy was reduced by half in the animals who got the walnuts. At the same time, in mice that got cancer anyway, the rate of growth of the tumor was reduced by 50%, compared with the growth rate of tumors in the control animals, she said.

In the current study, the time to the appearance of the first tumor was three weeks slower for the walnut-fed animals than it was for the control mice. That's about a 15% delay, she said. In women, that would translate to about a nine-year delay.

The mice were fed about four-tenths of a gram of walnuts a day, which for people would be about two ounces a day – or two handfuls, Dr. Hardman said.

However, the suggestion that humans

eat more walnuts is going too far, according to Dr Peter Shields of Washington's Lombardi Comprehensive Cancer Center.

Such a leap is "outrageous" without more study, Dr Shields said.

Dr. Hardman's work, he said, "is a nice study that calls for more research. There needs to be a lot more understood" about how walnuts might prevent breast tumors.

"It might be worth it for epidemiologists to look at people," he added.



## CLEAN GREEN AND HEALTHY

THE *UPFRONT U KAIORA* REVIEW OF WHAT YOU SHOULD AND SHOULDN'T BE PUTTING INTO AND ONTO YOUR BODY AND AROUND YOUR HOME.

### EVOLU SKIN CARE

Reviewed by Anne Iosefa

I have recently been using a fabulous New Zealand skin product made by Evolu using botanicals and Artesian spring water which is pH balanced. It is so gentle and soothing, a joy to use each time. It contains no "nasties" such as sodium laurel sulphate or parabens, and uses New Zealand plants and oil derivatives – organic where possible.

After cleansing the skin, the Facial Toner (with aloe vera) has an easy-to-use spray nozzle and is wonderfully refreshing – I use it before moisturising my skin with the Moisturising Day Cream (\$44 to \$47); there are various depending on your skin type. It goes a long way and is easy to spread over the face and neck. The toner restores the natural pH of the skin first (\$30.00).

Taking a short trip or air travel is no barrier to keeping the skin fresh, since there are two very handy packs; one is a Travel Valet, consisting of

day and night creams, eye gel, mask and hand and cuticle cream (\$35). The other is an inspired and cute refillable Tower – easy to fit in your handbag and consisting of cleanser, day and night creams, eye gel, mask, hand and cuticle creams. It is refillable: a real gem (\$35). So you have it all at your fingertips, without taking the larger bottles from home. Product samples of your choice can be sent when you order.

For those of you having radiotherapy, Little Bottle of Calm oil (\$48) may be soothing; it may calm inflammation and relieve irritation with its evening primrose and arnica, as well as fig and cardamom oils, and it absorbs well. This could revive and restore the skin after and in between treatments.

Evolu is available country wide with numerous stores listed on their web site and is also available via the internet at [www.evolu.co.nz](http://www.evolu.co.nz).

### COUSIN MARY'S LEMON CAKE

#### INGREDIENTS

1 ¾ c sugar	1 c plain yoghurt
Thinly peeled rind of 2 lemons	½ t salt
2-3 T lemon juice	2 c plain flour
2 large eggs	1 t baking soda
1 cup of mild-flavoured oil	1 t baking powder

#### METHOD

1. Prepare a 23 or 24 cm spring-type cake tin by buttering the sides and lining the bottom with lunch paper. Turn oven on to 200°C.
2. In the food processor, process the sugar and lemon rind until the rind is finely chopped. Add eggs, oil, salt, juice and yoghurt, processing a little after each addition.
3. Sift the flour and rising agents and add to the liquid mix. Process lightly.
4. Pour cake into prepared tin. Bake at 200°C for 5 minutes, then at 180°C for about 50 minutes.
5. After 10 minutes turn on to a cooling rack. Serve with European style yoghurt.

**Gillian's note:** I use organic sugar, flour and yoghurt, free range eggs and home-grown lemons.



### From the project desk....

**A summary of our year's activities is in the Annual Report on page 8**

Additionally we are offering handouts to help your group make an impact in October.

A major part of the BCN mission is to share information as widely as possible. If a breast cancer group anywhere in New Zealand would like an article from previous issues of *Upfront U Kaiora* for a handout during October, breast cancer month, please let us know. We will email a PDF or Word copy to you, and under this arrangement you may make as many copies as you need without breaching copyright law. Several groups took advantage of this offer last year and found it helpful to have extra articles when people were seeking information.

*Your BCN Committee*



## TOXIC BEAUTY HOW HIDDEN CHEMICALS IN COSMETICS HARM YOU.

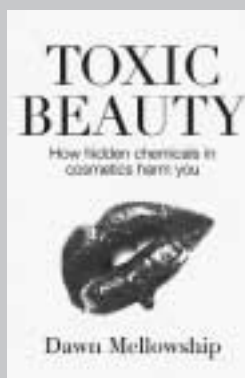
**BOOKWATCH** BY DAWN MELLOWSHIP, GAIA BOOKS LTD, 2009. REVIEWED BY ANNIE BRADSHAW

**T**OXIC BEAUTY – Reading Dawn's book has made me question whether I will ever wash my hair, use make-up or indeed place anything on my hair and skin again without knowing I've picked it myself from my own organic garden!

All I can say is 'wearer beware'. The book is a wealth of information which explains the incredible depths of consumer ignorance of the amount of poisons in our every-day products. It is plainly and simply scary. Indeed the average consumer is at the mercy of an incredibly lax regulatory world when it comes to cosmetics – we happily allow companies to develop beauty products full of poisons... It sounds dramatic, but sadly it appears it is true.

Another eye-opener in the book is the variety of beauty products available and how people use them. There are products mentioned in the book I never knew existed for particular parts of our body and as for babies... perhaps we should be letting them smell more "natural".

I recently purchased some mineral



make-up as apparently this has been the more natural trend for a few years now. Indeed the packaging told me for a flawless model look the most natural way – 100% micronised minerals – free of oils, fragrance and additives that irritate skin – allergy tested – dermatologist tested – non – comedogenic and it goes on... Sounds ok to me, till you turn over the box and read the ingredients and reference it to Dawn's book. The natural mineral make-up contained no less than 20 potential toxins. For some reason I don't feel like wearing it any more...

Of course it's everything in moderation;

however, do women wear cosmetics in moderation? I think not.

Her book is divided into two parts. Part one is beauty products in context and this part identifies our personal care products in question and why we might suffer allergies – indeed, I'd say why we do suffer allergies. It covers some basic questions on cancer and endocrine disruption and highlights the pitfalls of buying cosmetics labelled organic or natural.

The second part of the book is Resources – you can look at various product ranges and see whether or not they are as natural or organic as they profess to be. There is also an A-Z of common chemical ingredients and potential side-effects which is uncomfortably honest.

This book is superbly researched and referenced and in my opinion should be in every woman's library. Think very carefully about what you put not only on yourself, but your baby and indeed any cosmetic product you buy for the family. All I can say, all is not what it seems. Read everything!

## RESEARCH AND NEWS UPDATE

### BREAKTHROUGH IN BREAST CANCER RESEARCH IN NZ

New Zealand researchers have made a discovery which could potentially one day help the majority of breast cancer sufferers. They have identified three molecules which are present in up to 90% of breast cancers, and are pivotal to the spread of the disease, and the researchers hope this could lead to a revolutionary treatment.

The breakthrough, led by Professor Peter Lobie and a team of researchers at Auckland University's Liggins Institute, represents an international discovery and is at the leading edge of cancer research.

"We've shown they result in poor patient survival because they're very powerful survival agents for cancer cells. And we've actually worked out mechanisms by which we can inhibit these molecules in breast cancer to reduce the growth of tumours," says Lobie, breast cancer researcher.

The molecules are present in 65% to 90% of all breast cancers.

To help stop the molecules in spreading breast cancer, the researchers developed a liquid that could possibly one day help more women than Herceptin, a drug which targets only 20% of breast cancers.

"We have used them in animal trials and we do see tumour regression. Now it's a small process step to take that to a human," says Lobie.

New Zealand's Breast Cancer Research Trust has formed a joint venture, called Perseis Therapeutics, with Australian-listed company, Neuren Pharmaceuticals, to fund the project.

Trust spokesman Tony Moffatt told the New Zealand Herald that it had spent \$1.2 million on the joint venture in the first year and future funding would depend on the project's success and whether or not it attracted investment from international pharmaceutical companies.

Mr Moffatt says the sense of optimism within Peter Lobie's team about the discovery and where they can take it is really exciting.

"We're optimistic, very optimistic and we now have to work through the process as quickly as we can to see what comes out the other end."

Commenting on the announcement oncologists and New Zealand Breast Cancer Foundation say they are "cautiously optimistic" about the breakthrough.

"It is very rewarding to see that investment in local research is

CONTINUED ON PAGE 12

RESEARCH AND NEWS UPDATE CONTINUED

starting to pay dividends in the global quest to stop women dying from breast cancer," the Foundation's medical advisory committee chairwoman, Belinda Scott, told the *New Zealand Herald*.

However, the research team points out that there is a long way to go yet before it's translated into a possible treatment. The next step is more animal trials to test the response further. Then if all things go well, human clinical trials will begin, possibly within two to three years, potentially involving New Zealand women.

**THE GOOD 'FISH' OIL ON CANCER**

Omega-3 fatty acid found in fish oil could become a powerful new

weapon in the fight against cancer, after researchers found it could kill cancer cells while balancing out the toxic side effects of chemotherapy. Its anti-cancer effect, so far proved in a study of rats, adds to apparent heart, brain and eye benefits.

Results published in the journal *Cell Division* show that the omega-3 docosahexanoic acid, or DHA, reduced the size of breast tumours in rats while limiting the side effect of cisplatin, a chemotherapy drug known to cause kidney damage.

The team of scientists from Mansoura University, in Egypt, said fish oil seemed to reduce harmful free radicals and inflammation in the body.

**BREAST EVENTS TO COME**

- **22 June – Breast Cancer Support Inc AGM**, Domain Lodge at 7.30pm. Dr Marli Gregory, a Breast Physician, will be the guest speaker. All are welcome to attend.
- **26 June - NZBCF annual fashion extravaganza** In The Pink, Skycity Auckland Convention Centre. Spectacular fashion from New Zealand's leading designers including Adrienne Winkelmann, Carlson, Cybèle, Helen Cherry, Liz Mitchell, Rebecca Taylor, World and Zambesi. Entertainment from Anika Moe. See [www.nzbcf.org.nz](http://www.nzbcf.org.nz) for more information.
- **23 September – The 2009 Montana WOW® Awards Dress Rehearsal show** to raise funds for BCRT. Contact The Trust on 0800 227 828 for more information.
- **16 October - BCRT COUTTS Mercedes-Benz Golf Day** - Friday 16th October, Titirangi. To reserve your place please contact Rebecca Hendl-Smith ph 0274 666 921 or email [rebecca@breastcancercure.org.nz](mailto:rebecca@breastcancercure.org.nz)

**VISIT THESE SITES FOR MORE BREAST INFO! [www.bcn.org.nz](http://www.bcn.org.nz) [www.breast.co.nz](http://www.breast.co.nz)**

*The opinions expressed in the various UPFRONT U KAIORA articles are not necessarily those of the Breast Cancer Network (NZ) Inc.*

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**BCN VITAL STATS:**

Breast Cancer Network (NZ) Inc. – established in 1993 is an organisation for women with breast cancer and their supporters. It aims to promote increased efforts to prevent and cure breast cancer- by advocacy, education, information and networking.

ADMINISTRATOR: Jennifer Woodroffe; MAGAZINE EDITOR: Sue Claridge.

PATRON: Lois Muir.

HONORARY LIFE MEMBERS: Wendy Steenstra-Bloomfield, Barbara Holt,

Dell Gee, Jennifer (Jenny) Clark

COMMITTEE MEMBERS: Barbara Mason, Anne Iosefa, Gillian Woods, Linley Rivers, Sue McLeod, Carmel Clark and Rosemarie McCarthy

*BCN gratefully accepts any bequests. For more information please contact the office.*

**TO JOIN BCN**

To support the work of BCN & receive a regular copy of UPFRONTU KAIORA send your name and address to: **BCN (NZ), PO Box 46018, Herne Bay, Auckland 1147 (Office 300 Richmond Road, Grey Lynn.)** Membership – \$25 survivors/supporters, \$20 unwaged, \$30 professionals, groups & libraries. For further information, phone our office on (09) 360 0090 fax us on (09) 09 360 2180 or email us at [admin@bcn.org.nz](mailto:admin@bcn.org.nz) .

Name: Miss/Mr/Mrs/Ms/Dr \_\_\_\_\_

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City \_\_\_\_\_

Postcode \_\_\_\_\_

Phone Home (0 ) \_\_\_\_\_

Work (0 ) \_\_\_\_\_

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• **\$25.00 individuals • \$20.00 unwaged • \$30.00 professionals, groups and libraries**

Amount enclosed : membership \$ \_\_\_\_\_

donation \$ \_\_\_\_\_

Please tick here if you have experienced breast cancer.

I am interested in helping with BCN activities

I agree to BCN (NZ) contacting me by email with news, information and updates

Breast Cancer Network (NZ) Inc., 300 Richmond Road, Grey Lynn, Auckland. Phone: (09) 3600090 Fax: (09) 3602180 Email: [admin@bcn.org.nz](mailto:admin@bcn.org.nz) Web: [www.bcn.org.nz](http://www.bcn.org.nz)