

Upfront U Kaiora

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

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STOP CANCER WHERE IT STARTS

BISPHENOL A BANNED IN BABY BOTTLES BY SUE CLARIDGE

Despite the denials of any possible harm from the plastics industry, some governments are starting to take action against endocrine disrupting chemicals, such as Bisphenol A and phthalates, in everyday plastic items and are applying the precautionary principal, especially when it comes to the most vulnerable members of society – our babies.

Having already banned some phthalates* in cosmetics and toys, in January 2005 the European Parliament's public health committee called for banning nearly all phthalates in household goods and medical devices.

In 2005, a bill was put before the Californian Legislature that would have banned toys, pacifiers, baby bottles and teething rings that contained Bisphenol A (BPA) or phthalates. The bill sparked considerable debate and was defeated in January 19, 2006, after sparking a scientific debate and intense lobbying by the plastics industry. The failure of the bill came only three days before the Israeli Ministry of Health warned that parents should throw away old or cracked baby bottles, and worn pacifiers and teething rings because of the dangers of BPA leaching into baby formula or being ingested directly from worn plastic.

Finally, in September 2007, the California legislature passed a bill that requires that all child care products and children's toys sold in California are free of phthalates. Governor Arnold Schwarzenegger said "We must take this action to protect our children," as he signed what became known as the Toxic Toys Bill.

"These chemicals threaten the health and safety of our children at critical stages of their development."

BPA and plastic hit the international news headlines again December 2007 and January 2008 when a number of retailers in Canada (including one of Canada's largest outdoor-gear retailers, the 2.7 million-member Mountain Equipment Co-op) pulled plastic bottles from their shelves over concerns that BPA may make polycarbonate bottles a health hazard. The popular Nalgene bottles were among those removed from shelves.

At the time, BPA was under review as part of the Canadian federal government's Chemicals Management Plan, and the Ontario government had recently announced an expert panel would review toxic chemicals, including BPA.

BPA forms the polycarbonate plastic used in a wide variety of everyday items including baby bottles and sippy cups, food can linings,



and dental sealants and sports water bottles as well as many food containers and clear polycarbonate "glasses"**. Research has shown that BPA leaches from intact polycarbonate products as well as from worn or damaged plastic.

The impact starts as early as in the womb: the authors of research published in the journal *Endocrinology* (2005) wrote that their studies "suggest that perinatal exposure to BPA in particular, and to oestrogens in general, may increase susceptibility to breast cancer." The impacts of BPA on human health, in particular breast cancer, from as early as in the womb have been the subject of previous articles in *Upfront* (Insidious Oestrogens, *Upfront* 67; The Impacts of a Chemical Soup, *Upfront* 76).

UPFRONT U KAIORA

We are very pleased our magazine now has a new name: *Upfront U Kaiora* - an English and Maori name which complement each other. 'Upfront' and 'U Kaiora' are not literal translations of each other. Upfront is honest, forthright, and in this context suggests our physical shape. U Kaiora means the breasts, plural, being the total sustenance of tangible and intangible wellness. Our thanks to Naida Glavish, Chief Advisor Tikanga GM Maori, Auckland District Health Board, Te Toku Tumai, who gave us our Maori name.

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In April this year, the Canadian government announced that it plans to ban the import and sale of polycarbonate baby bottles containing BPA in mid June, making Canada the first country in the world to limit exposure to the controversial chemical.

Canadian Health Minister Tony Clement said that Health Canada's assessment shows that in most instances, negative health effects occur at levels [of exposure] much greater than those to which Canadians are exposed.

"[But] this is not the case for newborns and infants," he said. "We have concluded that early development is sensitive to the effects of bisphenol A. Although our science tells us that exposure levels to newborns and infants are below levels that cause effects, we believe the current safety margin needs to be higher."

In response to the Canadian announcement New York company Nalgene Outdoor Products – manufacturers of the Nalgene water bottles which were the subject of the December retailers withdrawal – announced that it will stop producing the containers

because they are made with BPA.

In stark contrast to the move by Canada to ban BPA, and California's banning of phthalates, the New Zealand agency responsible for overseeing the safety of anything to do with food and drink – the New Zealand Food Safety Authority – steadfastly refuse to entertain the idea that there may be harms associated with the use of products containing BPA and phthalates.

Despite significant and increasing evidence to contrary, the NZFSA states on their website (accessed on May 22, 2008) that "To date, the available scientific data (which includes lifetime feeding studies in animals) indicates that bisphenol A does not cause cancer."

They go on to say that "NZFSA does not

believe that parents and caregivers who use polycarbonate baby bottles following manufacturers' instructions are placing infants at risk."

However, the Breast Cancer Network's Stop Cancer Where it Starts project recommends that parents use glass baby bottles† and avoid reusing plastics made with BPA, in line with advice from researchers such as Dr Maricel Maffini from Tufts University in Boston.

* pronounced thā-lates, phthalates are endocrine disrupting chemicals used as plasticisers to keep some plastics soft and pliable.

** Polycarbonate plastics have the recycling number 7

Breast Cancer Network advocates breast feeding as the healthiest option for both mothers and babies. However, for mothers who want to express milk for their baby and mothers who choose to use formula, glass bottles are available from:

Nature Baby: 0800 222 920 or www.naturebaby.co.nz

Born (natural parenting store): 095224001 or www.born.co.nz

Baby Universe: 0800 478697 or www.babyuniverse.co.nz

Guest Editorial

I still recall my surgeon saying to me the morning after my bilateral mastectomy and oophorectomy that "I could beat this thing. I needed to take a year off, exercise an hour a day, drink less alcohol and eat less red meat. I needed to get my body in shape so that if it came back my body would fight it off".

With his words ringing in my ears, I searched for information on how I could prevent a recurrence. I found that consistently women were being told that they had to exercise, as those who exercised did better than their sisters who did not. The advice was across the board and it made no difference as to whether a woman had a grade 1, 2 or 3 tumour. I didn't have to run a marathon (thank goodness) but I had to briskly walk at least three to five hours per week. It seemed that alcohol was a risk factor, so no more wine for me!!

Dr Susan Love said as much at our conference last October. She kept fit by jogging and said that women must exercise. Susan went on to recommend eating more fruits and vegetables. "Remember chocolate is a vegetable," she said!!!

I enjoyed Trevor Smith's interesting and informative presentation at our AGM in May. As a surgeon experienced in diseases of the breast, his message was the same. Look at what you eat. Get some exercise. Watch your weight. Drink less alcohol, just one standard glass per day. Remember a standard glass is not very big!!

Breast cancer is a complex disease. There is much that we can all do to prevent a recurrence of our breast cancer that also makes us less likely to suffer from heart disease, diabetes and other cancers. By exercising, watching our weight and what we eat and drink, we will be healthier. It should go without saying that no one should smoke. The same has to be told to our daughters, sisters, mothers and all other women. By taking these steps we expect to notice a drop in the rate of breast cancer diagnoses.

While we are taking every step that we can to keep well, I am pleased to report that Breast Cancer Network is supporting the funding of 12 months treatment of Herceptin and is making a submission to PHARMAC saying so. We, as individuals, cannot afford to fund expensive treatments such as Herceptin. That is the function of a public health system. We are entitled to be offered treatment that is the international standard of care.

It is simply not acceptable that women do better in Australia than we do in New Zealand. I hope that PHARMAC is sensitive to the needs of women and to groundswell of opinion in our community supporting the funding of this drug.

Rowena Mortimer

THE BREAST CANCER NETWORK THANK THEIR SPONSORS: Bakers Delight, COGS, Lottery Grants Board, Neville Newcomb, Allison Roe Trust, Kitchen Aid, Gregg's Women's Challenge.



BOOKWATCH

PESTICIDES AND BREAST CANCER – A WAKE UP CALL

DR MERIEL WATTS PHD

Published by Pesticides Action Network

Asia and the Pacific 2007

Reviewed by Gillian Woods

In her unique book Dr Watts first discusses the magnitude of pesticide poisoning worldwide and the lamentable lack of research into the effects of such chemicals, particularly on women. She points out that “poverty and marginalisation go hand in hand with pesticide exposure.” Women are the main agricultural workers in the developing world; they often have little choice, for economic reasons, but to accept the risks of such work.

The global incidence of breast cancer is considered next, with incidence in most countries rising, particularly in China, Japan, India, Singapore and other eastern Asian countries.

Chapter three discusses the known factors that contribute to breast cancer including lifestyle and environment. Many pesticides are carcinogenic, or disrupt hormones and interfere with breast development. Dr Watts discusses the effects on hormones of chemical mixtures and low doses, and the epigenetic effects that can occur after foetal exposure.



Dr Meriel Watts

An assessment of evidence linking pesticides to breast cancer is next, leading into the section dealing with the individual properties of 98 chemicals and their likely effects on breast cancer risk. This is an outstanding collation of data which will act as a reference document about the subject. It provides data for those

who want to reduce chemical exposure, and for scientists initiating new research.

Pesticide Action Network makes nine recommendations at the conclusion of this book. The first seems to sum up the situation: “No woman or girl should be exposed to pesticides that have the potential to increase the risk of breast cancer, and especially not pregnant women because of the exquisite vulnerability of the unborn child to carcinogens and endocrine disruption.”

Even though the book contains scientific data, it is easy to read. A glossary and extensive references are provided. I recommend this book. (A loan copy is available to BCN members on request, or order from The Women’s Bookshop in Ponsonby, Auckland).



LETTERS

HISTOLOGY RESULTS

There always seems to be an endless supply of medical results coming through your letterbox when you get a cancer diagnosis. Sometimes you can’t even understand what the letters say, but it does pay to keep them in a safe place – just in case. I was listed on the public hospital records as being HER2 positive so, at the end of my chemo, my oncologist recommended Herceptin. At around \$120,000 I declined. Then I remembered I had my biopsy results. Fortunately I’d kept the letter safe and was able to see that, in fact, I was HER2 negative. At my next visit I advised the hospital their records were wrong but they didn’t believe me. Finally they looked up their copy of the original results and agreed Herceptin was not an option for me. Someone must have entered my results incorrectly on the database. It just goes to show that everyone should keep a copy of their medical records as mistakes can (and do) happen.

Marion
Auckland

THANKS AND DONATION

Many thanks for your informative magazine. I find it useful as I am the Breast Cancer Support group co-ordinator and use some of the information to initiate discussion at our monthly meetings. Keep up the good work, and I hope my donation is useful in some small way.

Faye Ruddenklau
Ashburton

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

RESEARCH AND NEWS UPDATE

ONLY ONE DRINK CAN RAISE RISK

The American Association for Cancer Research Meeting was told that the risk of hormone-sensitive breast cancer increases significantly with as little as one alcoholic drink daily. A large epidemiological study of 184,418 postmenopausal women found that women who reported having one or two drinks a day had a 32% greater risk of invasive breast cancer, primarily tumours that were oestrogen and progesterone receptor positive, compared with women who abstained from alcohol. Alcohol-attributable breast cancer risk increased by more than 50% in women who reported daily consumption of three or more drinks.

OBESE WOMEN AVOID SCREENING

Obese women, particularly white obese women, are less likely than their thinner peers to be screened for breast and cervical cancers, reported researchers from the University of North Carolina in the US in March this year. Their study shows that obese women often worry about embarrassment in the exam room, negative reactions from healthcare providers and “lectures” about their weight.

PROPHYLACTIC MASTECTOMY BY SUE CLARIDGE

It is one thing to know that you must have a breast removed to prevent the spread of cancer and possible long term illness and death, when you know that you have a tumour growing inside you. In fact, for most women the decision making process is probably a formality. Surgical removal of the tumour is the international standard of care for diagnosed primary breast cancer.

However, it is quite another process, deciding to remove a healthy breast with the aim of preventing the future development of breast cancer – a prophylactic mastectomy.

Prophylactic mastectomy is the removal of a healthy (or not affected by breast cancer) breast in order to reduce the risk of breast cancer developing. There are two main situations in which it is undertaken:

- Contralateral Prophylactic Mastectomy (CPM) when a woman diagnosed with breast cancer in one breast will choose to have the healthy one removed as well in order to reduce her risk of breast cancer developing in the contralateral* (other) breast;
- Bilateral Prophylactic Mastectomy (BPM) (also called Risk Reducing Surgery) in which a woman with a high risk of breast cancer, for example a woman who has the BRCA1/2 gene mutations, will choose to have a bilateral prophylactic mastectomy to significantly reduce her risk of developing breast cancer in one or both breasts.

The medical literature indicates that data on the efficacy of prophylactic mastectomy as a breast cancer risk reduction measure is limited. However, a 2004 paper published in the *Journal of Clinical Oncology* found that BPM reduced the risk of breast cancer by approximately 95% in BRCA carriers with prior or concurrent bilateral prophylactic oophorectomy (removal of the ovaries) and by approximately 90% in women with intact ovaries.

The results of a study on CPM, also published in the *Journal of Clinical Oncology* (2005), found that in women who had a CPM there was an 80% relative reduction in the risk of breast cancer on the contralateral side, and the researchers concluded that CPM seems to protect against the development of contralateral breast cancer, and CPM was also associated with decreased breast cancer mortality.**



Dr Belinda Scott

PROPHYLACTIC MASTECTOMY IN NEW ZEALAND

It is clear from speaking to Cindy Zaitsoff, Genetics Counsellor with the Northern Regional Genetics Service, and Dr Belinda Scott, Breast Surgeon, of Breast Associates, that having a prophylactic mastectomy is a very complex decision for a woman to make, and is largely influenced by the level of fear and anxiety that a woman experiences regarding her risk of developing cancer.

Cindy Zaitsoff works with women who have either a strong family history of breast cancer or who carry a BRCA gene mutation. A prophylactic mastectomy is one of the options in the management of women with a high risk of the disease, although it is an option that is infrequently followed up. She says that usually a woman's experience of breast cancer and her degree of anxiety determine whether or not they go ahead, in addition to the fact that surveillance in young women is fraught with difficulties.

"Most women who go ahead with it have significant bereavement in their family. They may have lost a mother at a young age, or a sister."

Dr Belinda Scott agrees, saying of the woman who goes through with it:

"This is a woman who may have lost her mother when she was in her forties, whose sister has just been diagnosed at 38 and who may or may not carry the BRCA gene mutations. She is very fearful that she will be next."

For women with a BRCA gene mutation and a 50 to 60% lifetime chance of developing breast cancer, a bilateral prophylactic mastectomy reduces their risk to between 1

and 3% over their lifetime. These women experience an immediate and huge reduction in their anxiety levels – their lives change completely, says Dr Scott. But bilateral prophylactic mastectomy is rare; she only performs two such operations a year.

Generally the women who go ahead with a CPM are those who have a high risk of developing cancer in the other breast – young women, women with invasive lobular cancer and those with a strong family history of breast cancer or who have the BRCA gene mutations. Belinda Scott estimates that about 8% of women that she sees have a CPM.

For a 40 year old woman with invasive lobular cancer the lifetime risk of developing cancer in the other breast is 40% and removing the as yet healthy breast can reduce her risk to between 1 and 3%.

Women with complicated breast disease are another group for whom prophylactic mastectomy can be an attractive option. Such women have a long history of lumps and investigation that leads to considerable anxiety. When breast cancer is finally diagnosed, such women often decide to remove the contralateral breast. Dr Scott says that these women just want to "get rid" of their breasts and rid of the constant problems and fear of cancer.

DECIDING ON A PROPHYLACTIC MASTECTOMY

It must be one of the hardest decisions that some women have to make, many at a time when the big "C" has turned their lives into an emotional roller coaster ride. Cindy Zaitsoff says that a woman who has been diagnosed with breast cancer has to make a whole lot of decisions in a short period of time.

"For some it is an easier decision to make [to have a prophylactic mastectomy] at the time of diagnosis."

However, she stresses that all options must be discussed and that it must be the woman's decision. Many women are torn between their perception of the risk that they are going to die and the impact of losing their breasts. If these issues are thoroughly explored then misinterpretations can be clarified, which could affect decision making.

Belinda Scott points out that there is an "emotional over-ride" at the time of diagnosis which causes many women to decide to



Cindy Zaitsoff

remove the healthy breast, out of fear that is not necessarily well-founded.

She says a lot of counselling is needed and she doesn't like women to rush into either the decision or the procedure. It needs to be a very considered decision that takes into account all the risk factors. Many women reconsider as a result of being provided with adequate information about their risk, and decide that they don't actually need to go through with what is quite radical surgery.

Both women agree that part of the weighing up of the pros and cons is the woman's desire to have a reconstruction. For some a PM can be an option that improves reconstruction outcomes; a better and more

even appearance. The other issue is that if a woman wants to have breast reconstruction, a tram flap or a latissimus dorsi reconstruction can only be performed once. Two breasts can be reconstructed from the one procedure but only if they are done at the same time.

While some women could never, ever have a prophylactic mastectomy – “they won't have a breast removed unless they absolutely have to,” says Dr Scott – those that do go through with it are very happy and she is not aware of any women who have subsequent regrets.

Research published in the journal *Cancer Nursing* in 2007, found that 65% of women who underwent a prophylactic mastectomy wanted more information at the time they made their decisions, in particular regarding breast reconstruction. Women who had a BPM appeared to have a greater need than those who had a CPM, and researchers surmised that this may be because women who underwent a CPM as part of their breast

cancer treatment had been given a great deal of information prior to their procedure.

The paper concluded:

“The decision to obtain a prophylactic mastectomy is a major and irreversible one. Women, even aware of the decreased cancer risk conferred by the procedure, must consider the associated physical and emotional ramifications that they may face following the surgery. In addition to photographs of women after prophylactic mastectomy and reconstruction, findings from our study suggest that women would benefit from a full understanding of all options available to them and be better prepared about the potential for pain, numbness, scarring, and the physical changes that may occur as the result of the surgery selected.”

* contralateral is the medical term for the breast not affected by the initial breast cancer.

** The remaining risk of developing breast cancer is that of a primary breast cancer in the skin or chest wall.

Cindy Zaitsoff and her colleagues at Northern Regional Genetic Services can be contacted on freephone 0800 476 123 if you have any issues to discuss regarding familial history of breast cancer, the BRCA gene mutations or prophylactic mastectomy related to these. The Central and Southern Regional Genetic Services are contactable on freephone 0508 364 436.

Dr Belinda Scott and Breast Associates have moved. Their new details are:
Ascot Central, 7 Ellerslie Racecourse Drive, Greenlane. ph: 09 522 1346.

VICKI'S STORY

It was the week of Vicki's 41st birthday in July 2001 when she found the classically described “pea-sized lump” in her right breast. As with most women, this came as a shock to Vicki, and not just because she was barely into her forties.

“I had a fantastic GP,” Vicki told *Upfront*. “He insisted that women who could afford it should have private mammograms once they turned forty.”

So she had taken his advice and only the month before discovering her lump she had had her second mammogram. Her GP had written to say that she had the all clear, but at the same time reminded her that personal vigilance in the form of breast self exams was important. Again she followed his advice and

on checking her breasts in the shower, lo and behold, there was a lump; a lump that the mammogram had missed entirely.

It was a grade II, oestrogen receptor positive, 1.2 centimetre tumour. It was found on ultrasound, but even a reread of her mammogram revealed nothing. She had a mastectomy without reconstruction, followed by chemotherapy and Tamoxifen for five years.

Although Vicki had not had a reconstruction, when she started wearing a prosthesis it was something she began to think about. Then, in 2002 she had her first annual mammogram on her healthy left breast, and a lump was found. She had a biopsy and it was found to be “nothing.”

“The fear was paralysing,” Vicki said of the

period of time before finding that the lump was benign. “I couldn't stand the thought of a regular, annual round of mammograms and the fear and anxiety that went with them.”

She discussed a prophylactic mastectomy with her GP and breast surgeon and was told that it was too soon after her breast cancer diagnosis and treatment for her to make a “rational” decision rather than one based on her levels of anxiety and perceived risk. However, although she had no family history, she had been told that there was a 50% lifetime chance of developing cancer in the other breast.

Vicki persisted, and with the support of her husband, she decided that she would go

CONTINUED FROM PG 5

ahead with a prophylactic mastectomy with bilateral tram flap reconstruction in 2005, a time that would fit in with their lives.

However, her 2003 and 2004 mammograms both picked up lumps and she faced the same period of anxiety that had accompanied her 2002 mammogram.

So, on the advice of her surgeon, Vicki changed her plans and brought the operation forward a year.

"After discussion with my husband we reluctantly agreed to go ahead; even though it didn't fit with our plans we would get rid of

the fear and anxiety," she explained.

She has a small amount of regret about it, but it is more to do with not realising how long and difficult the recovery from tram flap reconstruction surgery was going to be, rather than with having chosen to give up her breast.

"I have a shower and I feel normal," she says of her reconstructed breasts.

"I still have the scars, but they [the surgeons] took away the fear and allowed me to appear normal."

Having a prophylactic mastectomy was a very difficult decision for Vicki. She advises women to wait until they have had all their

treatment before making a decision about removing a healthy breast.

"Time is on your side," she says. "You need to think through the impacts on you and your family, talk to other women about their experiences."

Vicki was lucky to be able to do just that and feels strongly about offering the same opportunity to other women who may be thinking about a prophylactic mastectomy. She is happy to talk to women who want to discuss it with someone who has been through it. If you would like to talk to Vicki about her experiences, feel free to email her at missymuppet@gmail.com.

THANKS!

- BCN would like to thank Gabriele Losch from the Choice! shop in Woodville. For some time Gabriele has been sending donations from the income from her business. BCN is one of several organisations that benefit from Gabriele's philanthropy. All the income from the second hand (donated) books she sells comes to BCN. For anyone in the Woodville area who would like to donate books to Gabriele and so benefit BCN, Gabriele is pleased to accept book donations during opening hours: Thursday to Sunday, 10 am to 5pm. Choice! can be found at 58-60 Vogel Street in Woodville.

LYMPHEASE DEVICE FOR BREAST CANCER PATIENTS

Brisbane company, CVT Medical, is on the cusp of multimillion-dollar global sales with its medical device developed with Flinders University and Adelaide companies Inventure and Proen Design.

Grant writers Inventure Partners and industrial designers Proen worked to secure funding and develop the patented Lympease device, initially being offered to breast cancer patients to relieve long-term swelling of body parts by stimulating lymph gland drainage. The device

was developed as a result of research done by Flinders University professor in lymphology, Neil Piller.

The device has already received coveted Federal Drug Administration approval in the US and from the Therapeutic Goods Administration in Australia.

"Everyone who has worked on this project is convinced that Lympease is going to make a huge impact globally. Many people develop lymphoedema as a consequence for breast cancer," Proen director Paul Huxtable said.

OBITUARY Leah Ratana-Clubb

It is with much sadness that we bring news of the death of Leah Ratana-Clubb in Rotorua last month.

Leah was instrumental in the Rotorua organisation of the First National Conference in October last year. She organised the wonderful Maori welcome for Drs Susan Love and Maricel Maffini at the airport, the opening and the closing ceremonies, and it was her grand-daughter Leah Jnr, together with Metua Strickland, who wrote and performed the conference song.

Leah spoke in the Tapestry of Survivors session and co-hosted a workshop on traditional Maori healing, as well as attending the conference dinner. I was fortunate and privileged to have an opportunity to speak with her in early March for an article which featured her experiences with Rongoa (traditional Maori healing – See



Leah Ratana-Clubb at the Rotorua Airport Welcome for the First National Conference.

Upfront 78), a treatment that she turned to when conventional medicine had nothing more to offer her. Her treasured Rongoa gave her four more years of life than she was expected to have, and for that she was

immensely grateful. It was, she said, a chance to get her life in order and to leave things properly sorted for her son and granddaughter.

Despite her failing health, Leah radiated energy and a calm love of life and was always encouraging and supporting of others. She was known as one of Rotorua's 'golden voices' and had made her first recording at the age of 13. Leah spent much of her life working in tourism in Rotorua, travelled and performed widely overseas, and was recognised by the Rotorua District Council for her contributions to Maoridom and the wider Rotorua community. She had spent many hours performing on the stage from which she addressed the conference delegates in October and will be missed by all who knew her.

Haere ra, ma te Atua koe e tiaki.
Sue Claridge

COMPLEMENTARY THERAPIES AND BREAST CANCER

ACUPUNCTURE FOR SYMPTOMS ASSOCIATED WITH BREAST CANCER TREATMENT

BY SUE CLARIDGE

The whole idea of willingly acting as a human pin cushion can be a bit much for many people – acupuncture as therapy is quite confrontational for some, particularly those with an aversion to needles in any form. Acupuncture remains firmly in the “complementary and alternative” category, yet as an effective treatment for many conditions, when subjected to the western medical “gold standard” – randomised controlled trials – this therapy is increasingly being shown to offer considerable benefits.

A review of the medical literature does not reveal any studies in which acupuncture was investigated as a treatment for breast cancer, and as always, Breast Cancer Network strongly advocates for conventional medical treatment for breast cancer. However, as a therapy to improve quality of life and to help with the side-effects of conventional treatment, acupuncture offers considerable practical benefits. It is particularly beneficial in the prevention or reduction of nausea and vomiting associated with chemotherapy, and with reducing the severity of vaso-motor symptoms (hot flushes) in menopausal patients and those on Tamoxifen, without any of the side-effects or dangers inherent in drug based management options for these symptoms.

A large number of studies have been undertaken in both these areas. While results vary, the overall findings support the use of either acupuncture or electro-acupressure in women suffering from these symptoms.

Numerous studies have found that acupuncture or acupressure was useful for reducing the severity and/or frequency of hot flushes, as well as leading to improvements in overall emotional and physical well being. In several cases the researchers noted that the beneficial effect continued for six months (the duration of follow-up) after cessation of treatment.

In the most recent study, published in the journal *Climacteric* in April 2008,

researchers found that in 19 women who completed 12 weeks of electro-acupuncture (without the use of needles), the median number of hot flushes each day decreased from a pre-treatment level of 9.6 to 4.3 after 12 weeks of treatment. Twelve months after the start of treatment, 14 women who had only the initial 12 weeks of electro-acupuncture had a median number of flushes per day of 4.9, and at 24 months seven women with no other treatment than electro-acupuncture had 2.1 flushes per day. Another five women had a decreased number of flushes after having additional electro-acupuncture.

In an earlier study published in 2007, researchers found that “standardized, individually tailored acupuncture treatment was associated with significantly greater decrease in the severity, but not the frequency, of hot flushes” while a 2006 study found that in the 31 women who completed 12 weeks of treatment hot flushes were reduced by more than 50%. Climacteric symptoms significantly decreased during treatment and remained so six months after treatment and psychological well-being significantly improved during therapy and at follow-up visits in both groups.

Similarly, a number of studies have investigated the use of acupressure in reducing nausea and vomiting and there is a significant benefit in patients taught to apply acupressure to a specific point. There was up to a 70% reduction in symptoms reported and the benefit was derived even by patients for whom anti-nausea and anti-emetic drugs had failed to work.

In July 2007 a paper published in the journal *Oncology Nursing Forum*, concluded that “Acupressure at the P6 point is a value-added technique in addition to pharmaceutical management for women undergoing treatment for breast cancer to reduce the amount and intensity of delayed chemotherapy-induced nausea and vomiting.” In a randomised controlled trial conducted in the

UK, the results of which were also published in 2007, researchers found that “nausea and retching experience, and nausea, vomiting and retching occurrence and distress were all significantly lower in the experimental group [those who received acupressure] compared to the control group.” Patients wore acupressure wristbands for five days after the administration of chemotherapy drugs.

A smaller number of studies have indicated other benefits from acupuncture, although generally the researchers recommended that further research be undertaken. A 2007 study found that acupuncture shows great potential in the management of cancer-related fatigue, and significant improvements were experienced in the groups that had acupuncture (36% improvement) and acupressure (19% improvement) while there was virtually no improvement (0.6%) in the group that received sham acupressure.

In two studies, acupuncture was found to relieve symptoms of pain, oedema and loss of mobility in women who had undergone lymph node dissection.

Finally, in a review study on acupuncture and chemotherapy-associated cognitive dysfunction, the researchers found that while there is evidence that acupuncture may be effectively used to manage a range of psychoneurological issues, efficacy is more promising for psychological than neurological conditions.

Overwhelmingly these studies found acupuncture, electro-acupuncture and acupressure to be safe and free from side-effects, and for many women this treatment offered a welcome alternative to taking drugs. In particular, for women with breast cancer suffering from hot flushes as part of normal menopause or induced by their cancer treatment who cannot resort to traditional hormonal management options, acupuncture provides a safe and effective way of reducing symptoms.

BREAST CANCER NETWORK ANNUAL REPORT

BY BARBARA MASON

Although I started last years report by saying 'this has been our busiest year ever', it now applies to the year just past. There have been wonderful achievements.

The First National Conference for Those Affected by Breast Cancer took place in Rotorua, in October 2007, with 473 attendees and it was a great success in every way. Pivotal to this success was the organisational knowledge, dedication and the huge input of time by committee members Dell Gee and Jenny Clark.

We were very happy that we were able to find sponsorship for 30 women who would otherwise have been unable to attend the conference.

The Rotorua sub-committee deserve special thanks for organising the welcome, opening, and the T-shirts plus seeking sponsorship from the Rotorua community, writing the conference song and generally promoting the conference. Mention should also be made of June Grant and the Ora Creative Art Exhibition. Media liaison, photography and post-conference publications have been undertaken by Sue Claridge. This has been a dedicated and well executed task. A video of Susan Love's second address is available for borrowing, and the first talk will be available soon.

It is with great pleasure that I announce that the committee are awarding Dell Gee and Jenny Clark Honorary Life Membership to Breast Cancer Network New Zealand in recognition of their outstanding contribution to this First National Conference.

MEMBERSHIP AND COMMITTEE

In response to the higher profile we have had during the year our membership has increased by 9%.

My thanks to recently resigned committee members, Annie Bradshaw and Jenny Clark, for their contribution to BCN. Jenny served as Treasurer, as well as undertaking more than two years of dedicated work for the conference. Sadly our longstanding committee member Marie Hastings died in September. She was an inspiration to us all.

At this AGM Wendy Brackstone and Dell Gee will not be seeking reelection. Dell has been a committee member for many years and since 2004 has undertaken dedicated worked for the conference. However, I am happy to report that we have co-opted two new members, Vicki Blacklock and Liz Williams, bringing skills in business, project management and marketing to the committee. Rowena Mortimer will continue to be our legal advisor. My thanks to all the committee who have given of their time so generously, to Jennifer our administrator and Sue, our *Upfront* editor. They are all such wonderful people to work with.

BIMONTHLY MAGAZINE UPFRONT

Our editor, Sue Claridge, has continued to give us excellent, well-researched articles about which we receive many favourable comments. We no longer refer to *Upfront* as a newsletter – it is a magazine. Furthermore, we now have a Maori name for *Upfront*, which appears for the first time in this issue of the magazine, and we thank Naida Glavish for helping BCN with this.



Jenny Clark and Dell Gee

FUNDING

BCN has registered with the Charities Commission so as to retain our tax exemption status for donations. Bakers Delight continues to give us free office space, computer, fax, photocopying and IT support. A plaque expressing our thanks has been given to Bakers Delight and now hangs in their board room. Kitchen Aid again raised over \$1000 for us and this is an ongoing promotion and source of funds. We are the official charity for the annual Women's Challenge, organised by Dick Quax, and this gives us publicity as well as financial support. Funds

for staff and *Upfront* production have also been received from the Lottery Grants Board and Community Organisation Grants.

NETWORKING

It is important to BCN that we maintain contacts with other breast cancer groups and support their initiatives. During the past year we have maintained or established links with Sweet Louise, Breast Cancer Aotearoa Coalition and the Cancer Control Council among others, and articles have been written for *pink magazine*, and *Older and Bolder* (a newspaper for older readers).

WEBSITE

Annie Bradshaw maintained the website for most of the year, and it is now being looked after by Marion Dimond. The designer, Marion Morris of Red Apple Design, will shortly hand over the website entirely to her. Our sincere thanks to Annie and Gillian Woods, and to Marion Morris who donated much time to assist us.

CONSUMER REPRESENTATION

We are delighted that Vicki Blacklock has recently attended the Consumer Representative Training programme in Wellington. Most of our advocacy efforts this year were directed to presentations relating to our petition.

STOP CANCER WHERE IT STARTS

The Parliamentary Health Select Committee of ten MPs gave Gillian Woods, Meriel Watts and me their undivided attention when we presented our submission on the BCN petition in September, 2007. We were very pleased that Professor of Breast Cancer Research, Peter Lobie and Professor Murray Mitchell, Research Director, Liggins Institute, Auckland University, appeared as expert witnesses, giving their support to the petition. Support was also offered by New Zealander, Professor Terry Collins, Director Institute for Green Oxidation Chemistry, Carnegie Mellon University, Pittsburgh, USA.

The Health Committee report made recommendations to Government that an expert advisory panel should be set up to initiate research into breast cancer prevention, particularly in the area of endocrine disruption. The government responded by referring the matter to the Cancer Control Council. BCN has requested to meet with the Cancer Control Council and

will continue to take action to carry the petition forward.

Because of the great interest in the environmental influences on breast cancer a public meeting was held in March at which Dr Meriel Watts spoke on pesticides and breast cancer. The sub-committee has begun investigating ways to take the theme of prevention to young women and pregnant women, in view of increasing evidence that breast cancer risk is affected from early in life. My sincere thanks to Gillian Woods for all her work and knowledge regarding this project.

THE WAY FORWARD

Three planning days were held during the year. New initiatives arising from the conference have been establishing email contacts with delegates, linking up with breast cancer groups, an initial meeting with North Shore breast care nurses, email contact between those who attended 'Hope in your Hearts' the workshop for those with secondary breast cancer, and the establishment of a Samoan breast cancer support group.

BREAST CANCER PREVENTION IS A VERY REAL POSSIBILITY

AGM GUEST SPEAKER, TREVOR SMITH, ON RISK REDUCTION STRATEGIES

Trevor Smith started and ended his talk by saying that the pervasive message 'that there is little or nothing that can be done to prevent breast cancer' is very sad and so, so wrong. As a breast surgeon he not only sees the need for detection, diagnosis and treatment but clearly relies on these to make a living. But you can't help but get the feeling that he would be as pleased as any of us if his breast surgery services were no longer needed and he had to fall back on his general surgery skills.

He began his talk by acknowledging BCN's Stop Cancer Where It Starts project, saying that to talk to us about prevention was a bit like taking coals to Newcastle. But he mused on why it is so hard to get the message out there, to get anyone to listen.

He referred to Dr Karin Michels' evening public lecture in February (refer to *Upfront* 78 for a review of her lunchtime talk) in which said that a 30 to 40% reduction in the incidence of breast cancer could be achieved by using less HRT, weight control and the consumption of less alcohol.

"Why wasn't this front page news?" he asked in despair. He was incredulous that someone with Dr Michels' credentials had been brought to New Zealand, had stood up and publicly said that we could reduce breast cancer incidence by 30-40% with a few basic measures and still no-one was listening.

Trevor Smith then talked about the amount of public health money that was spent on the breast screening programme – in which the mortality benefit was 30% – compared to the reduction in incidence,

not just mortality, which could be achieved through such prevention measures, clearly exasperated with the lack of funding for prevention.

He believes that most of the problem can be traced to four major issues:

- we have lost touch with our bodies, in particular our dietary and exercise needs;
- we have lost touch with our food source and consume far too much processed "unreal" food that we have come to accept as being food;
- we have lost touch with our environment and are facing serious environmental degradation (we live in a chemical soup); and
- we have lost touch with our future – we have simply lost our way.

He also has a problem with our community perception of risk. While there is no doubt that for women diagnosed with breast cancer the risk to their health and lives is very real, just as many women die from lung cancer and colorectal cancer. Many more die from cardiovascular disease and diabetes. The problems that Trevor identified as being issues for breast cancer, if addressed, would also reduce the risk of many other cancers and chronic diseases.

Trevor wages verbal war against smoking and alcohol consumption. He believes that no government should be boosting their tax coffers with an excise on cigarettes, which does not compensate for the health dollar required to deal with the adverse health impacts of tobacco smoke exposure. He also laments the increasing



Mr Trevor Smith

evidence that young women drink far too much alcohol. Quite aside from the immediate damage they do to their lives and their health, alcohol is a risk factor for breast cancer. He believes the anti-alcohol or responsible alcohol consumption message should be broadcast with this information – perhaps then young women may take the long-term risk to their health seriously.

The complexity and scope of the breast cancer prevention or risk reduction issue was more than adequately covered and illustrated by Trevor's talk. As well as diet, exercise, smoking and alcohol he managed to touch on x-ray and electromagnetic radiation; sleep, light and circadian rhythms; pesticides; prescribed drugs; cosmetics; and a lack of breastfeeding.

It wasn't all doom and gloom. Practical advice on what individuals could do to help themselves refocused on the personal measures – the views of the World Cancer Research Fund that we should start with diet and exercise, stopping smoking and limiting alcohol, and eating good cancer fighting food such as ginger, garlic, green tea, turmeric, cruciferous vegetables (e.g. broccoli), berries, whole grains and nuts.

As we broke for supper, Trevor Smith went back to where he started and acknowledged that he was, in addressing BCN, preaching to the converted.

INTRADUCTAL DRUG DELIVERY FOR BREAST CANCER

Dr Susan Love presented the results of her latest research on the delivery of chemotherapy drugs to breast tissue via the milk ducts at the American Association for Cancer Research meeting, in San Diego (US) in April this year.

Previous research had shown that intraductal delivery of cytotoxic drugs inhibited the growth of breast tumours in mice and rats.

"Local delivery into the breast ductal systems is feasible and safe," Dr. Love told the meeting. "The intraductal approach has great potential to increase local exposure to therapeutic agents and to reduce systemic effects."

Given that an estimated 95% of breast cancers arise in the milk ducts, instillation of chemotherapy directly into the ducts has an intuitive rationale, said Dr. Love.

Dr. Love and colleagues in Beijing, China, examined the safety of intraductal chemotherapy in 31 breast cancer patients undergoing radical mastectomy. Investigators evaluated three dose levels of each drug: 10, 20, and 50 mg of doxorubicin and 60, 120, and 360 mg of carboplatin. Patients received a single dose of one drug, and the highest dose of each agent approximated the usual intravenous dose.

Patients were administered a local

anaesthetic in the form of a nipple block, before tubes were inserted into between five and eight milk ducts, through which the drugs were administered. Mastectomy was performed as planned two to five days after treatment, and the treated ducts were studied pathologically.

In addition to transient breast pain, adverse events included nausea and vomiting in all patients who received the highest carboplatin dose, and erythema and breast swelling was experienced by those who received the doxorubicin.

Analyses showed that both drugs entered the blood stream, and for doxorubicin, concentration was about 20% of what would be expected with intravenous administration, and could thus be expected to have less severe side-effects.

Examination of the breast tissue after the scheduled mastectomy revealed that the drugs were widely distributed throughout the ductal system, reaching terminal duct lobular units. Both drugs stripped epithelial (lining the milk ducts) cells, with more cells being removed with higher doses of the drugs.

Although dye distribution showed the drugs had reached or were near areas of cancers, the drugs' effects on cancer cells could not be determined.



Dr. Love said the next phase of clinical evaluation will involve separate studies of pre-surgical intraductal administration of doxorubicin and carboplatin in patients with DCIS.

Intraductal administration of chemotherapy also has potential as an approach to breast cancer prevention, she added.

"By showing that it's feasible to get into the ducts and deliver therapeutic agents down to the ends of the ducts, we are opening a new pathway and a new paradigm for how we can think about the early changes of breast cancer," said Dr. Love.

RESEARCH AND NEWS UPDATE

ULTRASOUND INCREASES DETECTION RATE IN WOMEN WITH DENSE BREASTS

For women at increased risk of breast cancer because of dense breast tissue, adding an ultrasound to mammography significantly improved detection of small, node-negative lesions, according to a paper in the May 14 issue of the *Journal of the American Medical Association*.

The detection rate increased from 7.6 per 1,000 women screened with mammography alone to 11.8 per 1,000 women screened. However, there were also more false-positive results with the ultrasound. In the presence of dense breast tissue, mammographic sensitivity may decrease to as low as 30%, and is associated with higher interval cancer rates and a worse prognosis, the researchers said.

SAVING BREAST MAY COST YOUNG LIVES

Young women with breast cancer could be missing out on life-saving treatment because they are undergoing breast-conserving

surgery instead of mastectomy, Australian data suggests. Figures from the National Breast Cancer Audit suggested women younger than 40 were less likely to have radical surgical treatment than older women, despite being more likely to have aggressive disease.

Dr James Kollias, the author's clinical director, said it seemed about one in eight young women with breast cancer who had breast-conserving treatment might have been better off having a mastectomy. Factors behind the unexpected and concerning trend could include women's own concerns about mastectomy or surgeons not raising it as an option, he said. "It's showing that perhaps we may be too conservative with younger women with breast cancer," Dr Kollias said. "Perhaps we should be more forward with discussing mastectomy with them as not only a suitable option, but in some circumstances a preferable option."

Australian Doctor, 23 May 2008

TEN YEARS AND COUNTING BY SUE CLARIDGE

Busting With Life is ten years old!

In the breast cancer community ten years is something to celebrate. And it seems that celebration has become a bit of a way of life for New Zealand's first breast cancer dragon boating team. For although they were established – according to their website – to provide hope and inspiration to those with breast cancer, and to make a difference through heightening awareness of breast cancer, and through encouraging active living following a diagnosis and treatment of the disease, there is more to Busting With Life than that.

They want to win! They are very competitive, not only in spirit but in actuality. In this season alone, Busting With Life has won the Auckland Regatta Breast Cancer Final, the Tauranga Super 12 Breast Cancer Grand Final, and at the National Championships at Lake Pupuke they won the New Zealand Breast Cancer Dragon Boat Championship Shield, missing out by a boat nose on the gold medal that went to visiting team, Dragons Abreast Gold Coast from Queensland.

But it is not just against the other breast cancer teams that they do well. In open competition against mixed (male and female) teams of fit, young twenty somethings, this team, whose average age over the last season was 55 years, can paddle it with the best. At the Wellington regatta in mid March, there weren't enough breast cancer boats for a separate division, and Busting With Life made it in to one of the open finals, coming third and earning a bronze medal against the much younger mixed team paddlers, their third medal in an open social grand final since 2006.

Linley Rivers, one of six remaining founding members of Busting With Life laments the fact that they don't often get to compete in the open finals. While it is great that there are so many survivor teams now competing in New Zealand – enough to have their own division on most occasions – it also means that it is rare that they get to strut their stuff against the younger paddlers in a final.

Their achievements have grown bigger than their common tie. Although all are breast cancer survivors, "we hardly ever talk about

breast cancer," Linley says. That said, they do understand each other's needs, especially health-wise. And like any group of breast cancer survivors, occasionally they lose a member to the disease and such a loss radiates through the team like a shockwave. But while the death of a member is a reminder of their own mortality it is also a reminder

that life can be wonderful. For the most part they are a group of remarkably fit and strong women.

"The physical activity must be having a positive, protective effect on our health," Linley says, as she believes that they have lost few women compared with some other teams.

Discipline is a word that comes up several times during our chat, together with camaraderie and enjoyment.

"We are very disciplined, we train regularly and we make the most of everything, treasure the benefits and value what we have achieved. We have become more competitive and have greater expectations of success," Linley says of their recent and past successes. She and some other members of the current team have even competed internationally.

In fact, she takes no small measure of pride in being called an "international athlete", and asks how else one could achieve that status at her age?

The reality is that she and the other members have every right to be proud of what they have achieved, both at home and overseas. It is going to be some night when the current members get together with as many of the 70-odd past members, coaches and team managers as can make it to the tenth anniversary celebration dinner on the 12th of July. And on the morning of the 13th, they will all be back at Lake Pupuke on Auckland's North Shore for a flower ceremony that will both honour and remember those who lost their battle with the disease that has brought them all together.



Busting With Life, beaten by a dragon's head in the breast cancer division final at the National Championships at Lake Pupuke.



The survivor teams raft up for the flower ceremony to remember the women who have lost the fight against breast cancer, at the National Championships at Lake Pupuke in March.

DRAGONBOATING IN NORTHLAND

Are you interested in joining a group of like minded breast cancer survivors for friendship, exercise and fun?

Northland doesn't have a BC dragon boating team but is working on establishing one. There is support from dragonboat members who have a team in Queensland and are keen to help us get going and we would most likely operate out of the Bay of Islands. Email Sue Mcleod at mcleod@igrin.co.nz if you are interested.

BREAST EVENTS to come

- **2-5 July, 2008 - The 30th ANZ Breast Cancer Trials Group (BCTG) Annual Participants' Scientific Meeting at Te Papa,** the Museum of New Zealand, Wellington.
- **5 July, 2008 - Consumer Forum as part of the ANZ BCTG Annual Participants' Scientific Meeting.** 3.00 pm - 5.00 pm at the Sounding Theatre, at Te Papa, Wellington, Free but bookings are essential! To register: Email: suec@cancersoc.org.nz or ph 04 389 8421.
- **12 July 2008 – Busting With Life tenth anniversary celebration dinner.** Contact Deborah Stevenson on 09 521 0129 for more information.
- **4 September, 2008 – BCRT Fire & Ice Gala Dinner.** A spectacular theme, glamorous international guests and outstanding entertainment are all being planned to once again make The Breast Cancer Research Trust's biggest fundraising event a success. For more information please email admin@bcrt.co.nz or phone 0800 227 828.
- **24 September, 2008 – 2008 Montana World of Wearable Art™.** Tickets to the Dress Rehearsal on Wednesday 24th September 2007 will once again be sold to raise funds for The Breast Cancer Research Trust. Tickets are \$70 (inc GST) and will go on sale from Monday 7th July. Bookings can be made via The Breast Cancer Research Trust website at www.cure-breastcancer.org.nz
- **26 - 28 September 2008 - Lebed Method - "Focus on Healing through Movement and Dance"** Instructor Certification Training in Wellington. International trainers Heather Ruck and Kim Thornton. Limited numbers. For more information go to www.healingtherapy.us. To enrol, please contact Naena Chhima at naenac@cancersoc.org.nz or Di Graham 04 934.3083.
- **16-19 October 2008 – Moving On From Cancer, Full residential retreat for women.** Run by Anne Scott and Ruth Stanley at the Aio Wira Retreat Centre, Waitakere City. For more details contact Ruth Stanley (09 256 0305) or Anne Scott (09 521 5567) or email cancersurvivorretreat@yahoo.co.nz

Deadline for next issue's Breast Events Column is 20 July, 2008.

VISIT THESE SITES FOR MORE BREAST INFO! www.breastcancernetwork.org.nz www.breast.co.nz

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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.

PATRON: Lois Muir

STAFF: Administrator, Jennifer Woodroffe and Newsletter Editor, Sue Claridge.

HONORARY LIFE MEMBERS: Wendy Steenstra-Bloomfield and Barbara Holt

COMMITTEE MEMBERS: Barbara Mason, Anne Iosefa, Gillian Woods, Marion Dimond, Liz Williams, Vicki Blacklock and Jill Thompson.

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

TO JOIN BCN

To become a member & receive a regular copy of UPFRONT send your name and address to BCN (NZ), PO Box 62-666, Kalmia Street, Auckland. - \$25 survivors/supporters, \$20 unwaged, \$30 professionals, groups & libraries.

For further information, phone our office on (09) 526 8853 fax us on (09) 526 8860 or email us at brcanz@xtra.co.nz.

Name: Miss/Mr/Mrs/Ms/Dr _____

Address _____

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Work (0) _____

Fax (0) _____

Email _____

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