

The Beacon

Breast Cancer
Network Australia
newsletter

The Network is on the move

Breast Cancer Network Australia has moved its office to Camberwell, Victoria.

Our mailing address remains the same – PO Box 4082, Auburn South, Victoria 3122 – but please note our new contact details.

Phone: (03) 9805 2500

Fax: (03) 9805 2599

E-mail: beacon@bcna.org.au

Internet: www.bcna.org.au

To Tamoxifen or not?

This is a question facing many women diagnosed with breast cancer, as Tamoxifen increasingly plays a role in treatment protocols.

Tamoxifen citrate has been on the market for many years. It is a non-steroidal drug, or synthetic type of hormone, that has a powerful anti-oestrogenic effect on breast tissue, which makes it a potentially useful drug, especially for women whose tumours are oestrogen receptor positive.

In other parts of the body, Tamoxifen can mimic oestrogen. This can promote bone strength and reduce heart disease, but the effects may also be less desirable, increasing the risks of endometrial or uterine cancer and blood clots.

We have evidence that Tamoxifen has undisputed benefits for many women. For others the benefits are less clear.

It can be difficult to find out what the percentage benefit of taking Tamoxifen for five years may be for an individual.

Each woman's situation must be taken

into account. A number of variables have to be considered and, unless we are prepared to be persistent, the answers are not always forthcoming.

The other part of the equation is balancing the potential benefits of Tamoxifen with the possible side effects, which can be quite severe.

This issue of *The Beacon* addresses some of these questions for women who are taking, or considering taking, Tamoxifen as part of their treatment plan following a breast cancer diagnosis.

We put some of the most common questions to **Dr Fran Boyle**, a Sydney medical oncologist. We have also included an article by **Sally Crossing**, describing the process she used to decide whether Tamoxifen was right for her.

This is a topic of concern for many women. Since announcing that this issue of *The Beacon* would feature Tamoxifen, we have received a number of letters and calls welcoming access to more information.

Full-time executive officer for Network

In a significant move, which reflects its enormous growth, Breast Cancer Network Australia has appointed a full-time executive officer.

Gil Paulsen is well known to Victorian Breast Cancer Action Group members, as she is currently its secretary. She was previously the Victorian co-ordinator for the National Breast Cancer Centre.

Gil has wide professional experience in the breast cancer area and brings a wonderful array of skills to the Network, including project management, tertiary teaching and running her own consultancy business.

Welcome Gil.



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State round-up

NEW SOUTH WALES



We are confident that 2000 is going to be a great year for making a difference for people affected by breast cancer.

Twenty-one graduates from the Consumer Advocacy and Science Training Program are already finding slots for themselves on committees.

At the annual general meeting of the Breast Cancer Action Group NSW, we developed a structure for handling activities and revisiting our priorities.

A large donation from the Rylstone/Kandos Breast Cancer Appeal will be used to help women in the Central West access radiotherapy treatment.

We look forward to welcoming the Network's Dragons Abreast racers in March for the finals. The BCAG NSW team came second in its first regatta before Christmas.

Contact: Sally Crossing (02) 9436 1755 or crossing@bigpond.com

TASMANIA



The Department of Health and Human Services is conducting a state-wide review of access to services for Tasmanians at risk of, or experiencing, lymphoedema.

The Tasmanian Breast Cancer Network received a draft copy of the discussion paper for comment. We were not among those consulted before this draft was released, but hope to ensure we are included in future discussions.

St Marys, on the east coast, has worked hard to raise money for a laser machine for treating lymphoedema.

During January, Prof. Neil Piller and his team from Flinders University in South Australia were in St Marys to train fifteen health care professionals in the use of the laser. A seminar for patients was also well attended.

The clinic should be fully operational by the end of March.

Contact: Pat Mathew (03) 6492 3257 or mathewp@southcom.com.au

If your group would like to highlight an activity or a project, contact your state representative to have it included in the next 'State Round-Up'.

VICTORIA



Lymphoedema is clearly on the agenda, thanks mainly to consumer concerns. Women from Victoria, and other states, have been involved in developing research priorities for the lymphoedema summit.

Victorian consumers are also helping re-write the instructions given to women following surgery. This will be launched at the lymphoedema conference in Melbourne during April.

Contact: Sue Lockwood (03) 9878 0736 or lockwood@bigpond.com

THE ACT



Lake Burley Griffin will never be the same now that *Dragons Abreast* has taken to the water!

About 22 women have registered their interest and we have been averaging 10-15 at our Thursday morning training.

The most exciting outcome is that it is truly a Network team – we have women from the ACT Breast Cancer Support Group, Bosom Buddies, Queanbeyan Support Group and women who do not belong to a group.

The closing date for the raffle for 'The House that Bev Built', which will benefit Bosom Buddies, has been extended until May 31. Phone Bev Higgins on (02) 6231 2658 for tickets.

Funding for prostheses is part the ACT health budget due to successful lobbying from Calvary Hospital and ourselves.

Contact: Anna Wellings Booth (02) 6247 8470 or wbfamily@interact.net.au

QUEENSLAND



We at Breast Cancer Queensland are looking forward to a year packed with interesting events.

Plans are afoot for a public meeting to be held in conjunction with the National Breast Cancer Centre and the Queensland Cancer Fund.

More about that next issue.

Sadly, one of our founding members has had a recurrence, so we have rallied around to support her.

Contact: Janelle Gamble (07) 3353 4151 and Leonie Young (07) 3341 7570 or leonie@everycloud.com

WESTERN AUSTRALIA



On Australia's Breast Cancer Day, we displayed the Field of Women silhouettes in the corridor of the Sir Charles Gairdner Hospital, as part of a joint display by the hospital and BreastScreen WA.

Some of our members were able to talk with women having treatment for breast cancer. Another member volunteered to be photographed having a mammogram for the commercial television channels.

Our aim for the new year is to increase our knowledge of breast cancer treatment, management and issues. A major objective is to encourage the placement of breast care nurses. An inaugural meeting has been held along with the Cancer Foundation.

Later in the year, the group will co-host, with the National Breast Cancer Centre and the Cancer Foundation, a forum for women with breast cancer.

Contact: Carol Bishop (08) 9489 7012.

NORTHERN TERRITORY



Things have been a little quiet over Christmas and New Year, with quite a few members away on holidays. Those left behind continue to sell our lovely calendar – which has been well received.

Three of our group had an interesting and positive morning tea with our Minister of Health recently.

We are all still looking for any old prostheses.

Contact: Sue Tully (08) 8927 3327 or tullynt@msn.com.au

Open communication channels are important. Until now, we have kept all members' names and addresses on a central database in Melbourne. However, we would like to give our state representatives a list of members for their state, so that they know who and where you are.

These lists would be carefully guarded, but if you do not want your name given to your state representative, please notify this office by the end of March.

– Lyn Swinburne,
National Co-ordinator

Network 'think tank'

As this issue of *The Beacon* was going to print, a national 'think tank' was being held in Melbourne on January 28-29.

The state representatives demonstrated their commitment to the Network by being meeting all their expenses for this meeting.

The key task was to determine how best to achieve the Network's objectives.

This involved revisiting the 'Making a Difference' report from our 1998 Canberra conference and attempting to prioritise the many issues facing us, as well as clarifying the responsibilities of the state representatives and the national board. Formulating the plans for this year's Field of Women was high on the agenda. Watch for a think tank report in the next issue of *The Beacon*.

Dragon boat update

The dragon boat team has a name – *Dragons Abreast*.

Representing Breast Cancer Network Australia (BCNA), our major sponsor is AMP. Other sponsors are Bakers Delight, Puma, Sydney Dragon Blades, Dragon Boat Northern Territory and the Southern Cross Club, Griffins, in the ACT.

NSW members of the team have already competed in local regattas. The ACT is proving to be courageous – training on Lake Burley Griffin at 7am.

NT members were represented at the Australia Day races on Lake Alexander and at the Chinese New Year regatta.

BCNA will be well represented at the Australian National Titles by Dragons Abreast – in pink lycra 'rashies', the team will stand out!

The National Titles will be held on March 18 at the Penrith Regatta Centre – the official Olympic course. Supporters are welcome. We'd love a cheer squad!

– Michelle Hanton,
National Dragon Boat Co-ordinator



Madeleine has arrived

Madeleine has arrived in Melbourne and is being stored by Patterson Cheney.

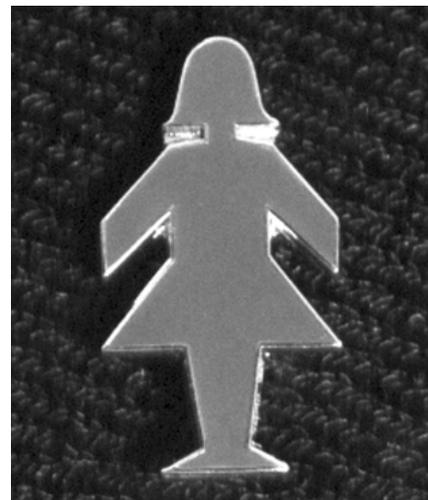
Madeleine, of course, is a beautiful 1954 vintage BMW donated to the Network by Darwin woman, **Madeleine Luck** (see story in *The Beacon* Issue 9).

Transporting this lovely old car was made possible thanks to the help of many Northern Territorians, including the Minister for Transport, **Mick Palmer**, who used his contacts to make it happen.

We are indebted to the Japanese Engine Centre, TNT Automotive, the Territory Insurance Office, AIM Insurance Melbourne and Patterson Cheney in Ringwood.

Melbourne network member, **Brian McDonald**, is seeking advice and developing a plan for us to make the most effective use of this wonderful gift.

Madeleine Luck has also come up with another brilliant plan to help women recovering from breast cancer treatment.



Network badges

The Network has been inundated with requests for its pink enamel badges.

Thank you to those of you who included a note letting us know how much you value *The Beacon* and the work of the Network.

We were also touched by the number of women who wrote, 'I will wear my badge with pride'.

For a badge, send a \$5 cheque or money order made payable to Breast Cancer Network Australia. Include a stamped, self-addressed envelope.

Special thanks to David Lorem for his photographs at the 'think tank', including the badge above.

Olympic torch bearers

We know of five breast cancer survivors who have been chosen to help carry the torch to the opening ceremony of the Sydney Olympics. They are:

- **Lyn Swinburne**, the Network's national co-ordinator.
- **Pat Mathew**, state representative for Tasmania.
- **Raelene Boyle**, former Olympian and Network board member.
- **Rosanna Martinello**, leader of the Younger Women's Group for the NSW Breast Cancer Action Group.
- **Felicity Hay**, presenter of the *Keep Abreast* video, produced by the Sydney Breast Cancer Institute in conjunction with the National Breast Cancer Centre and AMP.

If other women have been nominated by their local communities, let us know who they are and we will keep you informed about the progress of their training.

Issues of concern ...



Answering your questions about Tamoxifen

Who should use Tamoxifen?

Tamoxifen is useful in:

- Women (over age 40 generally) with newly diagnosed breast cancer that is hormone receptor positive, where it reduces relapses, improves survival and reduces the chances of a new cancer in the other breast, heart disease and osteoporosis.
- Women with relapsed breast cancer that is receptor positive, where it has a response rate (shrinks or stabilises the cancer) of about 50% of women. This is particularly likely if the cancer is in bone only.
- Women who have had surgery for DCIS, where it reduces the risk of a further cancer in both breasts.
- Women at high risk of breast cancer, e.g. strong family history, to prevent the disease.

In each case, the potential benefits need to be weighed against the side effects and the decision individualised.

How does it work in the body?

Normal breast cells get messages from hormones such as oestrogen to tell them when to grow. The hormones bind to receptors on the cell, and the receptor carries them into the nucleus, or brains of the cell, where they bind to DNA and set genes in motion to promote growth.

Imagine that the receptor is shaped like the jaws of a crocodile, and the oestrogen fits in neatly, whereupon the jaws snap shut. Some cancer cells keep these receptors, others do not (they have learnt to grow without the signal, usually due to damage to genes that become permanently switched on).



*by Dr Fran Boyle,
Sydney medical
oncologist and
clinical adviser to the
National Breast
Cancer Centre*

Tamoxifen is shaped like oestrogen on the front end, but has a stick coming out the back. It gets into the crocodile's jaws, but prevents them from shutting fully. This blocks up the receptors so that the real food, oestrogen, cannot get in. Tamoxifen is called a receptor blocker. It deprives the breast cell of a growth signal and in time it will die.

Other cells in the body with identical oestrogen receptors to the breast will also get starved of oestrogen – the ovary, pituitary gland, lining of the vagina.

However, a second type of oestrogen receptor occurs in bone, heart, veins, liver and the lining of the uterus. This other type has wider jaws and Tamoxifen can fit in further. The jaws

can snap shut, and so in these parts of the body it works just like oestrogen. That is why it has some of the benefits of oestrogen on these organs, like preventing heart disease and osteoporosis.

Is Tamoxifen safe? What are the major side effects?

There are two categories of side effect:

- Blocking of oestrogen in organs with receptors the same as the breast, e.g. ovary and pituitary glands, interfering with the menstrual cycle and causing hot flushes and vaginal dryness as at menopause. These side effects are common at least initially. Depression, like that at natural menopause, may also be caused by blocking of oestrogen action in the brain.
- Acting the same as oestrogen in organs with the other kind of receptor, e.g. causing clots in veins and rarely, growth of the lining of the womb (endometrium), and even more rarely, cancer of the womb/uterus (2-3/1000). These side effects are less common. Nausea is probably caused by a temporary effect on the liver, and passes within a few weeks.

Should women ask their doctors for more tests while they are taking Tamoxifen – cervical examinations, liver function tests, eye tests, etc?

The issue of whether an ultrasound of the womb at regular intervals is necessary has not been resolved, and is not recommended by the Australian Gynaecology College. Pap smears look at the cervix rather than the lining of the womb, and although they are a routine health measure, are unlikely to pick up these problems. Any bleeding after menopause should be reported and an ultrasound +/- curette arranged. Most bleeding will not be cancer, but it's important to have symptoms checked out.

The effects on the eye are of uncertain cause, rare and get better when the drug is stopped. The American Academy of Ophthalmology recommends an annual examination, but most problems have been reported with higher doses used in the past. If one experienced a change in vision while on Tamoxifen, it would be important to have an ophthalmologist (eye doctor) look at the back of the eye.

New drug available

Raloxifene, a drug which protects against bone fracture and may reduce the risk of breast cancer is on the pharmaceutical benefits list.

The catch is that women must have suffered an osteoporotic fracture before they can obtain a subsidised prescription for the treatment.

Who developed it and what has it been used for in the past?

It was developed by ICI as a drug to stimulate ovulation (like clomiphene) in the treatment of infertility.

Does Tamoxifen cause menopause?

In women still menstruating, Tamoxifen may interrupt the cycle, causing menopause. Some women cycle regularly on Tamoxifen, and some ovulate vigorously, so contraception needs to be addressed, as it is unsafe for the foetus.

Can Tamoxifen prevent or delay a recurrence or spread of breast cancer?

Yes.

For how many years should women take Tamoxifen?

Five years has been shown to be more

effective than two in early breast cancer. Longer durations are being studied in the ATLAS trial.

Are there newer drugs which work in the same way, but which do not have the side effects of Tamoxifen?

Alternatives to Tamoxifen are SERMs – selective oestrogen receptor modulators, e.g. Raloxifene, Toremifene.

Toremifene fits sideways into the jaws of the crocodile, blocking both types of receptors – this lowers the risk of clots and endometrial cancer.

It may not therefore have the same benefits at preventing osteoporosis and heart disease.

It is available for women with advanced breast cancer, but has not yet been trialled in early breast cancer, so its ability to prevent relapse is unknown.

Raloxifene has been tested in the

treatment of osteoporosis (after documented fractures) in women without breast cancer, and appeared to have a preventive effect similar to Tamoxifen.

It has not been tested in the treatment of advanced breast cancer, and it has not been tested in early disease to prevent relapse (although it will be).

Like any drug available in this country, Raloxifene will only be subsidised by the PBS (i.e. the taxpayer) for the diseases in which there is good evidence of effectiveness, in this case the treatment (but not prevention) of osteoporosis.

Use for any other purpose requires the informed consent of the patient, and payment of the full cost.

Stay tuned, as a form a SERM may be the ideal HRT – the benefits without the risks – so the pharmaceutical industry is interested in these compounds!

Tamoxifen – is it for me?

Most of us are offered the oestrogen-blocking drug, Tamoxifen, as part of our adjuvant therapy.

It is probably the most commonly prescribed – and taken – drug for breast cancer.

My experience with Tamoxifen was broadcast on ABC Radio National's weekly program, *Background Briefing*, in October. *The Beacon* team asked me to share it with you as an example of one woman's decision-making saga.

At 49, I was diagnosed and treated for early breast cancer – surgery, lymph nodes and radiotherapy. My surgeon then prescribed Tamoxifen.

I was loath to start taking something that would block my precious oestrogen. I was loath to cope with the side effects. I was not convinced that the incremental protection was going to be worth a couple of years of swallowing these pills. The longer term situation was also unclear.

What to do? Where to turn for the information I needed to make this decision?

I spoke to an array of medical specialists, whose general advice was that Tamoxifen would improve my chance



Sally Crossing,
NSW state
representative

of non-recurrence over the next five years, but none could say by how much.

My gynaecologist recognised the importance of this issue to me (and perhaps the inadequate information for doctors and patients) and offered me a room in his hospital library for a day to go through articles about the subject from medical journals.

That was an introduction to the strange world of medical research-speak. It took some getting used to, particularly as it was a few decades since Statistics I at university!

I developed a profile of my personal indicators using the pathology reports of my tumour and lymph nodes. The indicators are age, menopausal status, age at first birth and age at menarche.

From the pathology report I took receptor status, tumour stage and grade, node status, etc.

Then I trawled through the articles looking for ones that had results that meant something for someone with my profile.

Doing an amateur 'meta-analysis', I concluded that, with a chance of non-recurrence around 90%, Tamoxifen would make a difference of about 2% for me.

To make sure I was on the right track, I sent my home-made profile and findings to my specialists and each confirmed my conclusion.

Four and a half years on, I remain recurrence free. Two per cent was not enough for me to take a drug with known side effects, which would affect my quality of life, and whose long-term impact was unknown.

While I am happy I was able to make a decision by doing my own research, I can't help feeling that this was not the way it should have been.

Perhaps a software program could be developed so that clinicians could give more meaningful advice than 'it will improve your chances'.

A positive experience

At 37 years of age, I felt that I had it all. As a senior executive with an international consulting firm, I travelled and worked around the world.

My envied social life kept me entirely occupied during my little free time.

I did not see my wonderful family often, due to my working hours, but always knew they were there.

Then there was a lovely home, great car and financial security.

I never questioned my good health.

Having been widowed 10 years earlier, I had also met a nice man and we had begun dating.

On January 9, 1996, I was diagnosed with breast cancer and life took on a new meaning.

I had gone to my GP for a pap smear, which I hadn't done for more than three years. While I was there, she insisted on performing a breast examination.

Having not really taken much notice of such things, I was surprised when she told me she could feel a lump.

The doctor made the necessary arrangements for an investigation and that revealed two more suspicious lumps.

Further examination found the smallest of the three lumps was a malignant tumour, so a lumpectomy was performed.

Having never been closely exposed to anyone with cancer, I thought this was just a hiccup in my life. I would be in hospital for a couple of days and then it would be back to the life I loved.

The day after the lumpectomy, my breast surgeon told me the cancer had spread to my lymph nodes. She wanted me to undertake chemotherapy and radiotherapy treatments.

My world fell apart. I immediately thought about the major changes this would cause in my 'ideal' life – losing my hair and having to end my new relationship so I could focus on these events.

I pulled myself together, with the support of family and friends, and set



*Karen Russell,
BCNA board
member*

about finding enough information to ensure I managed this situation and it didn't manage me.

I had excellent guidance from my doctors, breast care nurses and support group. This helped me make informed decisions about my treatment and how to manage their impact on my life.

I have been blessed with a positive attitude and, as such, worked to make what appeared a major catastrophe into a positive experience.

That was nearly four years ago. Now, I can say life doesn't get too much better.

There is a balance in my life I never thought possible. I still travel the world, but now it is on holidays. I have an enviable relationship with my family and friends, whom I see as much as possible. My health is precious and no longer taken for granted.

I am still a senior executive with a major consulting organisation, but have switched to one which has 'balanced family life' as a core value.

My social life is wonderful, but balanced with enjoyable quiet time at my new home, which I share with the wonderful man I was dating at the time of my diagnosis.

He was a pillar of strength and support. We were married in March 1998.

Today, I am on the board of the Breast Cancer Network Australia and the Field of Women organising committee.

It gives me a great deal of pleasure to share my experience with others embarking on this life-changing journey.

Aunt Chrissie

The mastectomy was radical. Being a clever seamstress, she designed clothes and sometimes, surprisingly to her students, one breast became a makeshift pincushion.

We spent the summer at her beach house. She insisted on midnight swims, car headlights illuminating the water, but not exposing her lopsided body.

Our love did not see the scars or hidden pain. Instead we wanted to enjoy her crazy zest for life. Hear her loud laughter bounce over the waves.

We convinced her that the final experiment should see the light of day. Third time lucky, she said as the empty cup did not overflow.

The foam one had floated fancifully away, another had collapsed. The one filled with rice expanded and sank. And we had laughed with her.

The mastectomy was radical but her humanness did not disappear with the cancer. And memories of her homemade prostheses still make us laugh.

– Mairi Neil

Mairi Neil is the co-ordinator of the Mordialloc Writers' Group in Victoria.

This poem, about Mairi's aunt, who experienced breast cancer in 1962, has won an Anti-Cancer Council of Victoria's Daffodil Day Literary Award.

It is also part of an anthology, 'Writers By The Bay', published by the Mordialloc Writers' Group.

Letters to the Editor



Sandra Welsh, Debbie Cain and Lorraine Ardler at the Women's Business Luncheon in Nowra, NSW.

Breast cancer is a major concern for Australian women of all cultural backgrounds and skin colours.

The most successful Australian Breast Cancer Day lunch ever held in the Shoalhaven area was organised by Waminda, the South Coast Women's Health and Welfare Aboriginal Corporation, and held at the Aboriginal Cultural Centre, Nowra NSW.

More than 180 women were entertained by **Laddy Tirnrey's** Aboriginal dancers from Jervis Bay, accompanied by didgeridoo and clap sticks. Young Aboriginal singer, **Michelle Curtis**, also charmed the audience.

The guest speaker was **Debbie Cain**, a breast cancer survivor and service manager of *Wat-nitida*.

She spoke about her journey with breast cancer and finished by encouraging all Koori women, as well as white women, to have regular mammograms.

The day was attended by a group of local Koori Elders, who threw their support behind the venture.

The Aboriginal and Torres Strait Islander Commission will provide funds through Aboriginal Women's Grants to make this an on-going event.

– **Elizabeth Joyce, Community Development Officer, NSW Cancer Council**

A recent issue raised the debate about bone metastases. Internationally, this is an active area of research.

What allows some breast cancer cells to grow in bone and not elsewhere is being unravelled. It seems to be due to their ability to produce a hormone-like parathyroid hormone (PTH).

This is usually only made by cells in the parathyroid glands in the neck, and only if we do not take in enough calcium.

To keep calcium constant in the blood, this hormone is released and stimulates cells in bone called osteoclasts to chew up bone matrix and release calcium into the blood. The calcium goes up, the parathyroid cells sense it, the hormones switch off and all is well again.

All cells have the potential to make this

hormone if they stop controlling their genes properly.

It seems that breast cancer cells that can make PTH are able to grow better in bone. They release PTH and it stimulates osteoclasts to chew a hole for them to live in. This may also make calcium go up in the blood, which makes you feel yuk.

For a long time, we have been treating high calcium levels in people with cancer with drugs called bisphosphonates (e.g. Aredia, Bonefos). These work by paralysing the osteoclasts.

It has been shown that if these drugs are given regularly to women with bone metastases, they help stop bone damage, reducing the risk of fractures, improving pain control and improving healing.

All of these things improve quality of life, and the drugs have few serious side effects (compared with chemotherapy!).

They are expensive, but Aredia is subsidised by the Commonwealth Government through the S100 scheme and should be freely available to anyone with bone metastases from breast cancer.

It is administered monthly through a drip over a few hours and can be safely given with chemotherapy.

These drugs are of interest to the general community because they prevent osteoporosis, so science is actively addressing this area from several angles.

Stay tuned for new developments.

– **Fran Boyle, medical oncologist**

Your feedback on *The Beacon*

We appreciate hearing from members, these are excerpts from letters we have received.

"... all of you who work on this newsletter and have input into it get my hearty THANKS!"

"It's great for those of us who live outside the capital cities to learn what is happening to support breast cancer."

"Thank you for your wonderful newsletter."

"Love *The Beacon* – it just keeps getting better and better."

"What a wonderful, tangible support to all of us survivors fighting to live with joy and hope."

"I live in a rural area and it is great to have reliable, up-to-date information on trials and current research."

"Many thanks for the publication you put out – it's of great interest."

"At last, I do not feel like the only woman in the world ever to have had a mastectomy."

"... it is interesting to read stories about hope, support, survival, etc."

"Thank you for *The Beacon*, as I live in a small town, it is a hand reaching out to me."

"Keep up the good work."

"It is great to receive my copy of *The Beacon* – it always has information which is very helpful."

"... I must tell you what a pleasure it was for me to find out about *The Beacon*, because I felt so alone until I did."

"It seems to be getting more interesting with each issue."

UPCOMING EVENTS

March 30-31: Second National Breast Care Nurses' Conference, 'Breast Cancer Care into the Millennium', Sydney Hilton.

Contact: Minh Arvin, Breast Cancer Interest Group, Concord Hospital, Concord, NSW 2139, (02) 9767 5000.

April 7-9: Third Australasian Lymphology Association Conference, 'Oedema – future directions' (includes public seminar on lymphoedema on April 8), Carlton Crest, Melbourne.

Contact: (03) 9419 6199.

April 29: Breast Cancer Action Group (BCAG) Victoria general meeting, 2.30pm, Auburn Primary School.

This meeting will discuss lymphoedema and issues coming from the lymphoedema summit in April.

Contact: Sue Lockwood (03) 9878 0736.

April 30: BCAG NSW general meeting, 3pm, YWCA, Sydney.

Contact: Sally Crossing (02) 9436 1755.

June 24: BCAG Victoria general meeting.

Contact: Sue Lockwood (03) 9878 0736.

June 24 or 25 (to be confirmed): BCAG NSW joint meeting with the National Breast Cancer Centre.

This will be an opportunity to review the progress since the 1998 Canberra conference, to update our Making a Difference report, to hear the latest developments in breast cancer treatment and research, and about NBCC activities.

Contact: Sally Crossing (02) 9436 1755.

September 3-7: Fifth World Congress of Psycho-Oncology, 'A New Millennium, A New Momentum', Melbourne Convention Centre.

Contact: PO Box 1127, Sandringham, Victoria 3191.

- To include events in *The Beacon's* winter issue (June, July, August) please submit brief notices before the end of April.

Congratulations to Network members

Sue Smith, from Generations Productions, has won an award for the video which recorded the first *Field of Women* in Canberra during 1998.

She won a bronze award for education and training videos from the Australian Video Producers' Association.

Assoc. Prof. Linda Reaby, breast cancer survivor and Head of the School of Nursing, Canberra University, has been awarded the honour of Eminent Scientist of the Year by the International Research Promotion Council (Asian/Pacific Chapter).

YOU'RE NOT YET ON OUR MAILING LIST?

Contact: Gil Paulsen, phone (03) 9805 2500, fax (03) 9805 2599, e-mail beacon@bcna.org.au or fill in this coupon and send it to: Breast Cancer Network Australia, PO Box 4082, Auburn South, Victoria 3122

Name:

Address:

.....

State: Postcode: Phone: ()

Have you had a diagnosis of breast cancer? Yes No

Cancer summit

In February, Network co-ordinator, **Lyn Swinburne**, represented Australians with cancer at the World Summit Against Cancer in France.

She was to be one of more than 100 leaders of governments, cancer organisations, researchers, and patient support and advocacy groups, to sign the Charter of Paris Against Cancer, pledging to fight cancer and improve the lives of people with cancer.

To read the Charter and have a chance to sign it, visit www.CharterAgainstCancer.org

THE BEACON

The Beacon is the newsletter of the Breast Cancer Network Australia.

Editor: Lyn Swinburne

Layout: Substitution

Your comments and items for the next newsletter are welcome. Send them to PO Box 4082, Auburn South, Victoria 3122.



Seeking Shelter

Breast Cancer Network Australia welcomes these groups under its umbrella:

- Mount Gambier Breast Cancer Support Group (SA); and
- Ballarat Breast Cancer Support Group (Vic).

Discuss the Network with your group and let us know if we can create another link. There is strength in numbers!

Contact: Gil Paulsen, PO Box 4082, Auburn South, Victoria 3122, phone (03) 9805 2500 or e-mail beacon@bcna.org.au

In the next issue ...

- Clinical trials

Send us your thoughts!