



The Beacon

Breast Cancer
Network Australia
newsletter

Breast
Cancer
Network
Australia



Network announces 2002 Community Grants Program

Since our launch in 1998, the Network has been determined to make a difference for Australians affected by breast cancer, regardless of where they live.

We are keen to help our member groups, now totalling 68, to make a difference within their communities.

Last year's 50th birthday celebration for **Raelene Boyle** was so successful that the Board has allocated \$100,000 for a 2002 BCNA Community Grants Program.

The Program was launched at the National Summit in February by Raelene.

"We know that many of our groups and Network members have great ideas about projects which will help people affected by breast cancer in a variety of ways. Sometimes even a relatively small amount of money can convert their ideas into reality. We

are always keen to support our members and innovative projects, so now we are offering financial help for those with one-off ideas which will make a difference," she said.

There will be two rounds of grant applications, with the first deadline on *Wednesday, March 27, 2002*.

It is envisaged that many grants will be in the vicinity of \$3000 to \$5000. However, all proposals will be considered on their merit by the Program's Selection Committee.

Application forms and Program Guidelines are available from our web site – www.bcna.org.au – or e-mail us at beacon@bcna.org.au

In future issues of *The Beacon*, we look forward to letting our readers know more about the projects selected, and their impact on communities.

– Lyn Swinburne

Field of Women 2002

The Network is delighted to announce that **Dianne Logan** will be our 2002 *Field of Women* Sydney Project Manager.

Dianne will be ably supported by the Sydney Organising Committee – led by Chair, **Megan James** – which is charged with enthusiasm and energy.

More details of the Sydney event will be covered in the Winter issue of

The Beacon, but we will be needing lots of volunteers to help in the lead up, on the day and throughout the special week in Sydney.

To be part of this amazing event, phone Dianne on (02) 8394 9966 or 0418 897 023.

We are aiming to attract 10,000 people to our Silent Walk, so let's work together to stop Sydney in its tracks on Sunday, October 28.

*Official launch of the 2002 Field of Women and Silent Walk
– Sunday, October 28, 2002*

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Dragons Abreast Report

Two boat loads of women are practising on the Yarra in **Melbourne** in anticipation of the races on March 17. **Pamela Williams** is doing an amazing co-ordination job.

Cockburn Amazons Dragons Abreast in Perth held a musical trivia night to raise funds to send paddlers to the National Titles in Queensland in April.

Sadly, **SA Dragons Abreast** co-ordinator, **Carlene Butavicius**, lost her fight with breast cancer. The **Adelaide** group she started is strong and determined, and has 21 paddlers signed up for the National Titles.

The **Northern Territory's** new dragon boat, **Sunshine**, was blessed by Buddhist monks in January during a ceremony attended by 180 guests.

The name 'Sunshine' was chosen because it conjures up images of fun-filled days, laughter and joy. Everyone needs sunshine to live and grow.



Sunshine was also **Cecile Stark's** nickname when she was growing up in Switzerland, and this later became the name of her boat in Darwin. It is, therefore, fitting that the boat donated to us by her partner, **Madeleine Luck**, should bear her name.

Queensland continues to make plans to host visiting Dragons Abreast members during the National Titles – it is going

to be an amazing week of racing!

Illawarra is starting a Dragons Abreast team, which will debut at the Shellharbour Festival on March 10.

Newcastle, Sydney and Canberra women raced at Darling Harbour on February 17 for the Chinese New Year Festival.

There is room for everyone at Dragons Abreast. You don't have to paddle, we have jobs on dry land too. Ring me or visit the Network's web site to find out what's happening near you.

Contact: **Michelle Hanton**, National Co-ordinator, BCNA Dragons Abreast, phone (08) 8941 8923 or e-mail hanton@ozemail.com.au



The Northern Territory's new dragon boat, Sunshine, was blessed by Buddhist monks during a traditional ceremony during January.

Vale Carlene Butavicius

It is with great sorrow that we announce the passing of **Carlene Butavicius**, the Network's State Representative in South Australia.

Carlene played a significant role within the Network, and generally as a breast cancer advocate, especially during the past four years.

She was a highly valued Network Board member and Chair of our Policy Committee.

Last year was especially busy for Carlene, as she organised the NBCC's Consumer Forum in April, and then took on the task of chairing the Field of Women's Organising Committee.

Carlene was the driving force in breast cancer advocacy efforts in SA. She was a founding member and, until recently, Chair of *Action on Breast Cancer SA*.

She could also see value in offering breast cancer survivors the

opportunity to taste adventure, regain fitness and enjoy the camaraderie of other women, and so played a key role in the formation of the SA Dragons Abreast team.

Carlene, who was 63 years old, was first diagnosed in 1993 and had a recurrence in 2000.

In November last year, after some months of feeling unwell, cancer was found in her liver, and her health declined rapidly from that time.

She was an elegant, charming woman whose strength as an advocate was based on a partnership approach that recognised the value of working with the medical profession, researchers,



Carlene Butavicius

government and other cancer organisations to improve the system.

She was, at all times, passionate and determined about the cause and, with her gentle manner, managed to inspire others to action around her.

Carlene's death is a huge loss to the Network and for me personally.

In her final months and weeks, as her illness progressed, Carlene continued to work tirelessly, choosing to keep personal details to herself.

Carlene leaves behind her husband, Al; a son, Marcus; mother, Betty; siblings, Robyn, Bronwyn and Michael; and their families. She also leaves behind many women, including me, who are proud to have known her.

– Lyn Swinburne

The eulogy delivered at Carlene's funeral in Adelaide by Network member, Vanessa Lambert, is on our web site.

Issues of Concern ...



New study results herald improved future treatment

The results of a large international breast cancer clinical trial were announced in December in the US.

The ATAC study's results received considerable attention in the media. One could be excused for believing that, as a result of the study, Tamoxifen would no longer be used for treating women with breast cancer. This is, however, not the case.

The trial recruited almost 10,000 post-menopausal women with early breast cancer post-surgery, randomly divided to receive one of three treatment arms:

- Anastrozole (also known as Arimidex);
- Tamoxifen; or
- combination of Anastrozole and Tamoxifen.

The ATAC Study was set up to answer the following questions regarding optimal treatment:

- Is Anastrozole as effective/more effective than Tamoxifen in post-menopausal women with early breast cancer?
- Does Anastrozole offer any safety benefits over Tamoxifen in this patient group?
- Could a combination of Anastrozole and Tamoxifen offer additional benefits over Tamoxifen alone?

The study also looked at some additional aspects through four sub-group studies – effects on bones, changes to endometrium (lining of the womb), quality of life and drug

interaction. Complete results of these sub-group studies will be announced later this year.

Many readers of *The Beacon* will have taken, or are presently taking, Tamoxifen as part of their adjuvant treatment for breast cancer.

Previous trials have revealed that Tamoxifen is effective in reducing recurrence, making it an important pharmaceutical for thousands of women with breast cancer.

Unfortunately, as with all medications, there is a down side. In this case, we know that Tamoxifen can

have side effects, the most serious being an increased risk of endometrial cancer and thrombosis.

While this may be a small increase in risk, it certainly makes sense that we work to find newer treatments that optimise the benefits while reducing the risks.

The ATAC study found that:

- After an average of 33 months' follow-up, the numbers of women who relapsed or died in each of the three groups were:
 - 317 of the 3125 taking Anastrozole
 - 379 of the 3116 taking Tamoxifen
 - 383 of the 3125 taking the combination
- Overall there were fewer 'adverse events' experienced by the group taking Anastrozole. These included endometrial cancers, deep vein thromboses, vaginal bleeding, hot flushes and weight gain.
- Women taking Tamoxifen suffered fewer fractures and less joint pain.
- The combination of Anastrozole and Tamoxifen gave similar results to the Tamoxifen alone group, suggesting there was no additional benefit from taking the combination.

Anastrozole is available on the PBS for Australian women with *advanced breast cancer*. Now that these results are available, Astra Zeneca, the company which produces Anastrozole, will apply to have it made available for *women with early breast cancer*.

Even with the smoothest of passages through the system however, Anastrozole will not be available to these women for at least another year.

It is also important to note that these trials were conducted with women who had received no other hormone treatment. There is no evidence, as yet, that women on Tamoxifen will benefit from Anastrozole if it does become readily available. What it does show, however, is that researchers are working on improved treatments that will hopefully benefit women with breast cancer in the future.

The Lymphoedema Handbook

The Lymphoedema Handbook is the result of two years' work by the Lymphoedema Association of Victoria and a range of health professionals active in the field.

The result is a user-friendly book for lymphoedema patients, carers and health practitioners.

It explains the lymphatic system, how and why lymphoedema occurs, and provides helpful and easily understood information about every aspect of living with lymphoedema.

The Lymphoedema Handbook, published by Hill of Content, is available from bookshops throughout Australia for \$19.95.

Copies are also available by mail order from the Lymphoedema Association of Victoria for \$19.95, plus \$3.50 for postage. Phone 1300 852 850 or e-mail info@lav.org.au

– Lyn Swinburne

Updating the Network's work on the SNAC trial

Lymphoedema is swelling of the arm suffered by many women who have had surgery for breast cancer.

Lymphoedema following surgery was highlighted as a major issue at the first national conference for women with breast cancer in Canberra during 1998.

A report produced by the National Breast Cancer Centre found there was little high-quality research into lymphoedema following treatment for breast cancer. As a result, little was known about its prevalence, risk factors for its development or the effectiveness of different treatments.

In 2000, the national Lymphoedema Summit in Adelaide looked at how to encourage high-quality lymphoedema research in Australia.

The Summit supported the need for research into sentinel node biopsy. Importantly, it recommended that women with breast cancer be integrally involved in planning and managing the research process.

The Network and the Breast Section of the Royal Australasian College of Surgeons have collaborated to develop a protocol for the Sentinel Node Biopsy versus Axillary Clearance (SNAC) trial.

The trial began in May 2001 and is comparing two operations for

Issue 13 of *The Beacon* featured an article about the Sentinel Node Biopsy trial by then Chair of the RACS Breast Section, **Neil Wetzig**. The Network has since been working in partnership with the SNAC Trial, particularly through the work of our representative on the Trial Management Committee, **Avis Macphee**. This is her progress report.

detecting cancer cells in the lymph nodes of women with early breast cancer:

1. Axillary clearance (AC) – removing most of the lymph nodes under the armpit.
2. Sentinel node biopsy (SNB) – removing only the first few nodes most closely related to the tumour. (see *The Beacon* 13, Summer 2000).

The Trial Management Committee's consumer representatives includes me, from the Network, and **Leonie Young**, from the ANZ Breast Cancer Trials Group's Consumer Advisory Group.

Through my involvement on the Trial Management Committee, the Network has been involved in designing the body image questionnaire addressing the issues that Australian women have noted as important.

We have also had input into the

information document for women considering participating in the trial.

The Committee has a monthly teleconference, which provides us with an on-going opportunity to contribute to the trial's development.

Four other international trials are studying sentinel node biopsy, so why is the SNAC trial important?

The Network believes the SNAC trial is important because it is the only one to emphasise the issues women consider important. It is the only trial that will collect information about women's ratings of arm swelling, symptoms, function and body image over a five-year period.

If funding is secured, rates of recurrence and survival will be followed forever. Details of early or late complications, and the length of hospital stays are also being measured.

SNB is technically demanding, so surgeons and institutions must be reviewed and accredited before they can participate in the trial. A number of surgeons and institutions in cities and regional areas around Australia have already been accredited.

Accreditation is continuing and it is hoped that the number of centres participating will continue to increase. That means many Australian women who will undergo surgery due to breast cancer will be eligible to participate in the trial. It is also good news for women living in regional areas, as they are under-represented in clinical trials and will now, hopefully, have a chance to participate.

Developing directions for breast cancer research

The National Breast Cancer Foundation (NBCF) has begun its plan to identify strategic opportunities and directions in breast cancer research in Australia.

Five years ago, the Foundation joined forces with the National Breast Cancer Centre to conduct a national exercise identifying priorities at that time. The results were published in a report, *Breast Cancer Research in Australia*.

A steering committee, which includes the Network's National Co-ordinator, **Lyn Swinburne**, will this time guide the process and endeavour to examine priorities, identify gaps and look for opportunities existing in Australia which may have a major impact on breast cancer knowledge and the application of that knowledge in practice.

Professor Don Iverson, who has considerable experience with similar

projects in Canada and the US, and is a recent appointee to Wollongong University, will head the review.

Meetings with key people are planned in each State and Territory over the next few months.

Readers of *The Beacon* will have the opportunity to watch the process's developments and make contributions through the Foundation's web site – ww.nbcf.org.au

Women who participate in clinical trials want to be kept informed about the progress and, ultimately, the outcomes of the trial. As a result, distribution of a quarterly newsletter to consumer organisations and women participating in the SNAC trial is being planned. It will update women on the trial's progress, along with any new information about SNB. A web site will also be developed.

Women seeking SNB outside of the trial must be aware that it is a non-standard treatment, as there is no proven evidence of its benefit and safety. Information is not yet available from overseas trials as to whether SNB is as effective as AC in determining lymph node involvement or reducing arm morbidity.

The Network believes that the best outcomes for women cannot be achieved by using SNB outside of the trial. The only way to obtain proof of sentinel node biopsy's benefit is to participate in the trial.

The trial's major challenges are to recruit as many women as possible to participate and to access more funding. The faster women are recruited, the more quickly we will have results.

Women can help by asking their doctors about participating in the trial or encouraging newly diagnosed women to ask about the trial.

The NHMRC Clinical Trials Centre can also answer any questions women may have regarding the trial.

The trial recently received funding from the National Breast Cancer Foundation and so can continue until 2004, but more funding is being sought.

SNB may not replace AC for all women, but it has the potential to identify a subset of women with small tumours who may not be at high risk of recurrence. These women may not require an axillary dissection and will be spared the 'pain in the arm!'.
– *Avis Macphee*

If you have any trial questions phone **Adam Ray** (study co-ordinator) at the NHMRC Clinical Trials Centre on (02) 9562 5080 or 1800 027 928, or e-mail Adam@ctc.usyd.edu.au

Study of pregnancy-associated breast cancer

Pregnancy-associated breast cancer or gestational breast cancer (GBC) is diagnosed while a woman is pregnant or in the 12 months after giving birth (when many women breastfeed).

It is an uncommon form of breast cancer, being diagnosed in about 200 women in Australia each year.

While much is known about breast cancer, less is known about how pregnancy, birth and breastfeeding affect the outcomes of a coexisting breast cancer.

GBC appears to have a worse prognosis than 'normal' breast cancer. This is thought to be due to delays in diagnosis. Breast changes identified during pregnancy are often attributed to the pregnancy rather than cancer, so a woman and her clinician may delay further investigation.

A project in Western Australia is investigating GBC by studying all the women in that State who have been diagnosed with GBC since 1982.

It is using the WA Record Linkage System which is one of only five systems of its type in the world and holds specific health information about the WA population. That means it is possible to identify the relevant women, and study their hospital records to see how the breast cancer was diagnosed and managed, and

For stories about women who were pregnant at the time of diagnosis see:

- Beacon 3 – **Ellen Brennan's** story (page 5); and
- Beacon 7 – **Kerry Glover's** story (page 8).

ascertain the outcome of their pregnancy and breast cancer.

The project is also identifying breast cancer survivors who become pregnant after treatment. The aims are to find out how many women went on to become pregnant, as it is thought that few do, and whether the pregnancy had any affect on the breast cancer and vice versa.

Using these results, it is hoped that clinicians will be able to better manage women diagnosed with GBC and those diagnosed with breast cancer who still want to become pregnant.

More importantly, it will allow women to make more informed choices about their breast cancer and pregnancy.

The project is the work of **Angela Ives**, a Research Associate with the Safety & Quality of Surgical Care Project (SQSCP) in the Department of Public Health, University of WA, and **Christobel Saunders**, an Associate Professor in the University Department of Surgery, Royal Perth Hospital.

– *Angela Ives*

Congratulations

On Australia Day, Network Board member, **Dr Cherrell Hirst**, was named as one of three Queensland Ambassadors for the Recognition of Women. The list is part of the Honouring Women initiative and was announced by the Prime Minister, **John Howard**.

In December, **Sally Crossing**, Chair of the Breast Cancer Action Group (BCAG) NSW, shared the Consumer Advocate Award at the inaugural NSW

Consumer Protection Awards.

BCAG NSW also received high commendation certificates in the Community Organisation and Special Interest Group categories.

In Melbourne, key Network member, **Avis Macphee**, received the inaugural President's Award from the Anti-Cancer Council of Victoria, in recognition of her outstanding contribution, over many years, as a breast cancer campaigner.

We are all very proud of your efforts.

Finishing the job properly

It has been 21 months in the making, but it is finally complete! I have had the areola tattooed on my reconstructed breast and nipple. This is the story of my reconstruction.

I was first diagnosed with breast cancer 22 months before, when my son was seven months old. I had a lumpectomy, six months of chemotherapy and seven weeks of radiation.

I was just beginning to conquer my extreme fatigue when I fell while coaching ice-skating, breaking both bones in my left arm. I couldn't drive and was almost housebound for three months. Changing nappies also proved to be a real challenge.

So much has happened since then, including the day in November 1999 when a phone call from my surgeon with the biopsy results revealed a recurrence of my breast cancer.

I had spent the day at the hospital with my son (then 2½ years), who had swallowed a five-cent coin, and arrived home to hear my surgeon say that I needed a mastectomy.

Since then, my son has grown into a beautiful four-year-old. I am back at work part-time and really enjoying it.

My husband has been my strength throughout, supporting the decisions I have made about the reconstruction.

Surprisingly, being diagnosed with a recurrence was not nearly as bad as the shock of the initial diagnosis. I had learnt so much about breast cancer and its treatments that I knew that I was not about to die, which is what I thought the first time!

Thanks to the knowledge I gained from the monthly meetings of the Young Women's Network support group, run by the Queensland Cancer Fund, I asked to have a reconstruction at the same time as my mastectomy.

Why did it take 21 months?

The reconstruction done at the time of the mastectomy didn't work out as planned, as I developed an infection. Six weeks later, the implant had to be



Majella Carter with her husband, John, and son, Thomas.

removed so I could start another four months of chemotherapy.

I had a TRAM flap reconstruction in May 2000 after completing the second bout of chemotherapy. Skin and fat (no muscle) was taken from my stomach area and relocated to my breast area. It wasn't nearly as painful as I had imagined and I only needed Panadol for pain relief.

The operation took more than eight hours and I was in Intensive Care for the first 24 hours, which is usual.

Being thin, I did not have enough fat on my stomach to build a whole breast, so the doctor added an implant six months later, a straightforward procedure that only needed an overnight hospital stay. Six months later, he did the nipple reconstruction.

I had heard of different methods of nipple reconstruction, including using skin from behind the ear, 'down below'

or the other nipple.

My doctor used the skin that was already there and somehow made a flap, puckering it up to form a nipple. It was done as day surgery under a general anaesthetic. I had no pain afterwards.

In August last year, I had the areola and nipple tattooed.

I had been told that it was usually only the areola that was tattooed, as the nipple tended to keep its pinkish colour. My nipple, however, was as white as the skin around it.

As it turned out, the whole area was coloured to match the other side. It took about an hour and was painless.

It cost \$220 for the tattoo, but I incurred few other expenses for the reconstruction. My private health insurance paid for all my hospital stays and my doctors charged the scheduled fees (even the anaesthetist).

The reconstructed breast has healed beautifully and I am amazed at how good it looks. More importantly, I can get up in the morning, put on a shirt and go – no prosthesis or an uncomfortable tight bra.

The reconstruction has allowed me feel how I was before, but I understand that it may not be right for everyone. Everyone is different. We all have to make our own decisions.

– Majella Carter, Queensland

State Reports

There are no State Reports in this issue of *The Beacon*, as many of our representatives took a well-earned break from their busy advocacy lives during Christmas and the New Year.

However, they are all looking forward to the annual 'Think Tank' in Melbourne during February, as a chance to recharge their batteries and make decisions about the year ahead.

You must read 'You can get through this!'

You can get through this!: How to stay positive when you're coping with breast cancer is a new book by Sydney woman, **Domini Stuart**.

I found Domini's book to be a great read – the perfect tool for someone newly-diagnosed with breast cancer, or any cancer for that matter.

The book has a conversational style that makes it easy to read, but also captivating in its honesty and openness. Domini is candid about her personal challenges, many of which will ring bells for readers.

Despite the title, this is definitely not a 'cancer crusader's' guide to being positive-about-all-things-all-of-the-time type of book.

Instead, the book suggests practical strategies for meeting the challenges, coping and moving forward.

Domini's suggestions are sensible, practical and pragmatic, and include exercises and recipes for healthy living. There are even ways to help one rewrite a 'Script for Life'.

Domini was born in the midlands of England, studied human biology and psychology in London, and moved to Sydney in 1982. She has four children aged between 10 and 17 years, and has worked as a freelance advertising copywriter for more than 20 years.

Following her breast cancer diagnosis in January 2000, Domini had a double mastectomy, followed by radiotherapy and two courses of chemotherapy.



She was prompted to write the book when she was unable to find what she needed most herself – an easy-to-read 'how-to' guide about staying positive while coping with surgery, treatment and the emotional pressures of cancer.

I strongly recommend this book and intend to buy several copies, ready for those times when friends of friends who have just been diagnosed contact me for direction and advice.

– Lyn Swinburne

You Can Get Through This! sells for \$22 (includes GST), plus \$4 for postage and handling. It is available from the web site www.doministuart.com, PO Box 63, Drummoyne, NSW 1470 or fax (02) 9713 1507.

Women recognised by Peoplescape

A number of Network members were honoured in the Peoplescape Exhibition in Canberra in November.

The exhibition celebrated the spirit of Australia and was the finale to the Centenary of Federation celebrations.

Decorated figures of Network members **Raelene Boyle**, **Anna Wellings Booth**, **Linda Reaby**, **Lyn Swinburne** and **Tania Pirotta** were exhibited.

Australians were invited to nominate someone they felt had significantly affected their life, community or country. Nominations were received for many wonderful Australians, both well-known and unknown.

Successful nominators were sent a life-size, person-shaped cut-out to decorate, using whatever methods and materials best signified the personality and achievements of the person they had nominated.

Five thousand life-size figures were installed on the extensive lawns of Federation Mall and the slopes of Parliament House in Canberra.



Raelene Boyle's Peoplescape figure celebrated her life as an athlete, breast cancer survivor and advocate.

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Breast Cancer Network Australia, PO Box 4082, Auburn South, Vic 3122

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Have you had a diagnosis of breast cancer? Yes No

Letter to the Editor

This issue, *The Beacon's* Letter to the Editor is something a little different. It is from our ACT representative, **Anna Wellings Booth**. It appeared in the 'Canberra Times' on November 21, 2001, following a report in that paper that the Governor General, **Peter Hollingworth**, was offended by the "exuberant language" of Canberra's rowing fraternity.

Anna is a member of the Network's ACT Dragons Abreast team, which paddles around the bend from Yarralumla.

Foul Call

If the Governor-General's residence were located a little more to the north-east, Dr Hollingworth might not be so offended by words beginning with the sixth letter of the alphabet.

He would hear, and see, the Feisty, Fabulous, Fearless Dragons Abreast crew in their Fuchsia tops showing the Face of Breast Cancer to all.

Neither Feckless nor Feeble Femmes Fatale are they – they Fete their Friends, Ferret For Funds, Find Funky Followers and Fumble Foolishly as Friendly Rowers Flash by Focusing their Flotilla Forward with ne'er a Forbidden Foul!

– Anna Wellings Booth, ACT

If you have something to say, send your letter to: The Editor, **The Beacon**, PO Box 4082, Auburn South, Victoria 3122 or e-mail beacon@bcna.org.au

The Beacon is printed with the generous support of PMP Print.



New on our web site

- An updated listing of the Network's member groups.
- Book reviews for *Breast Cancer: Can You Prevent It?* and *Songs of Strength*.
- **Vanessa Lambert's** eulogy for **Carlene Butavicius**.
- An initial report of the Network's National Summit in February.
- **Kathlene Cusato's** story
- Guidelines for the Network's Community Grants Program.
- Sydney *Field of Women* update.
- BCNA policy for the SNAC trial.

Visit the Network's web site at www.bcna.org.au

UPCOMING EVENTS

March 8: International Women's Day.

March 9-19: Warrior Women Exhibition, Nicholson St Gallery, Bairnsdale, Victoria.
Contact: Sue Smith, (03) 8430 8419.

March 17: Canberra Dragon Boat Multicultural Festival, Lake Burley Griffin, ACT.

March 17: Moomba Dragon Boat Festival, Melbourne.

Contact: Pamela Williams, 0417 147 822

March 17-24: Lymphoedema Awareness Week.

March 18-22: Adcare lifestyle retreat for adults living with cancer, Banksia Lodge, NSW.

Contact: Gloria Swift, Wollongong, (02) 4295 8219.

March 23: NT Breast Cancer Voice – AGM.

Contact: Penny La Sette, (08) 8981 9625.

April 3: Lymphoedema information session and demonstration of massage techniques. 2-4pm, Devonport Library, Devonport Tasmania.

Contact: Gerry Rockliff, (03) 6426 7283

April 6-20: Warrior Women Exhibition, Benalla Art Gallery, Victoria.

Contact: Sue Smith, (03) 8430 8419.

April 18-20: Australian National Dragon Boat Titles, Hinze Dam, Gold Coast.

April 19-21: Australasian Lymphology Association Conference, Adelaide.

Contact: Sapro Conference Management, (08) 8227 0252.

May 4: 'Breast Care – Your Care' A report for people personally affected by breast cancer about BreastCare Victoria's achievements and challenges, Rydges Riverwalk, Richmond, Victoria 10.30am – 3.30pm (lunch included).

To register, contact Hannah Cameron, BreastCare Victoria, (03) 9616 2136

May 8-19: Warrior Women Exhibition, Warnambool Art Gallery, Victoria.

Contact: Sue Smith, (03) 8430 8419.

May 23 – June 2: Warrior Women Exhibition, Gordon Gallery, Geelong, Victoria.

Contact: Sue Smith, (03) 8430 8419.

May 24 – June 16: Radio Not (here I come) Exhibition. Contemporary Art Centre of SA, Porter Street Parkside.

Contact: Contemporary Art Centre of SA, phone (08) 8272 2682.

October 27: Silent Walk and Launch of 2002 *Field of Women*, Sydney.

October 28: Australia's Breast Cancer Day.

Thoughts to ponder

Whoever thought up the word 'mammogram'? Every time I hear it, I think I'm supposed to put my breast in an envelope and send it to someone.

– Jan King

A male gynecologist is like an auto mechanic who never owned a car.

– Carrie Snow

A man's got to do what a man's got to do. A woman must do what he can't.

– Rhonda Hansome

Thirty-five is when you finally get your head together and your body starts falling apart.

– Caryn Leschen

If you can't be a good example, then you'll just have to be a horrible warning.

– Catherine Aird

I refuse to think of them as chin hairs. I think of them as stray eyebrows.

– Janette Barber

THE BEACON

The Beacon is the newsletter of Breast Cancer Network Australia.

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