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Deconstructing reconstruction

Welcome to our first issue of *The Beacon* for 2008!

In each issue we usually focus on a relevant issue for our readers and this one takes a close look at breast reconstruction. As with most areas of the breast cancer experience, this can be a complex issue and it is certainly one where women need quality information before they make any decisions.

It is also an area where individual preference plays a prominent role in women's decisions. For some women, they feel 'not quite whole' again until they have two breasts firmly in place; for others the thought of returning to hospital for further surgery is simply out of the question; for others the appearance of having two breasts is simply not important to them. For those women who choose reconstruction, some opt for immediate reconstruction; others give themselves breathing space to make a decision once they have recovered from the initial trauma of diagnosis.

For some women, the matter is unfortunately taken out of their hands. They are perhaps offered the crucial options too late, or they are not in the position to afford the type of surgery they would have chosen. Unfortunately,



Debbie Murray (centre) with her bosses, Alan and Lyn, who generously paid for her breast reconstruction surgery.

many find themselves on long waiting lists in the public hospital system. **Debbie Murray** (pictured above) found herself on a four-year waiting list, until her bosses, Alan and Lyn, offered to pay for her surgery. A very generous gesture; however, women should not have to wait for reconstruction surgery that may well be a core component of their care.

From BCNA's perspective, all women should be supported to make the decision that's right for them. They should be offered quality and honest information in a timely manner; they should be able to investigate their options and whatever their final decision, reconstruction opportunities

should be considered as part of their treatment and recovery rather than as a cosmetic 'add-on'.

As is *The Beacon's* style, we have included several articles written on the subject by women who have faced the issues of reconstruction. The articles consider the subject from a range of perspectives and raise important issues for those developing services and caring for women with breast cancer.

Interestingly, one of the new government's election commitments was to establish a national system to fund external breast prostheses for those who do not undergo reconstruction.

This has been a long-standing issue of concern for many BCNA members. While the details are still to be worked out, the concept of assistance for women requiring prostheses is indeed a welcome one. The new government has made a number of commitments in the breast cancer area, and we cover these on page 2, as well as offering a snapshot of some of the key issues BCNA hopes to tackle in the year ahead.

Already we have been hard at work with a successful campaign to have the drug Tykerb added to the PBS for women with HER2 positive secondary breast cancer (see page 5). Without doubt, we have much more work ahead of us in 2008 to reduce the impact of breast cancer on the lives of those personally affected.

*Lyn Swinburne
Chief Executive Officer*

Breast
Cancer
Network
Australia



Still making a difference in 2008

BCNA will continue to work throughout 2008 to ensure that breast cancer remains a priority issue for government and the community, based on what you tell us, and our interaction with key health professionals, government and other stakeholders. We recently outlined a number of these priorities in a submission to Treasury for the Federal Budget.

Access to breast care nurses for all women diagnosed with breast cancer has been a long-standing priority for BCNA. We were therefore pleased by federal Minister for Health and Ageing **Nicola Roxon's** commitment to increase the number of breast care nurses available to women across Australia. It is imperative that they be placed in areas where they are most needed.

Similarly, helping women with the

cost of external breast prostheses and improving the system for distributing prostheses is an issue of concern for many women. The new government's commitment to developing a national breast prostheses subsidy program has been welcomed by BCNA.

We will work with Minister Roxon's office, the Department of Health and Ageing, the McGrath Foundation and the National Breast and Ovarian Cancer Centre to develop and implement these two important breast cancer initiatives.

In addition, BCNA will continue to advocate for the implementation of an MRI screening program for women at high risk of breast cancer. The government's work on this issue stalled last year, with the issues of eligibility criteria for women, and ensuring that MRI

services are appropriately skilled, still needing to be resolved.

Improving the collection of data about breast cancer is also vital, to ensure that treatment options and support services actually meet the needs of women, particularly those with secondary breast cancer, where there is currently no national, coordinated data collection program in place.

Supporting women in rural and remote areas through improvements to the Patient Assisted Travel Scheme (PATS) is essential. The Senate Committee report produced last year provides some practical recommendations for changes to the system and BCNA will advocate for their implementation.

Throughout 2008 BCNA will continue to work with the travel insurance industry to encourage

better travel insurance products for women with breast cancer, so that women do not have to pay more for travel insurance, or potentially be excluded from coverage entirely.

Issues associated with survivorship will also continue to be a strong focus of our policy work throughout 2008, with a focus on 'Women and Work' in the next issue of *The Beacon*.

There will no doubt be many other issues emerging during the year that will require BCNA's attention. Here we have provided an indication of our current priorities, but it is not intended to be an exhaustive list. We know how quickly new issues can emerge, and we value our members' input and feedback about the issues that matter. We look forward to hearing from our members again throughout 2008.

From the Minister

*Nicola Roxon was appointed as the Minister for Health and Ageing in November last year. BCNA asked the new Minister to write an article for **The Beacon** that outlined the government's priorities in the area of breast cancer. This is her article.*

Women make up the majority of health service users, the majority of health service providers and the majority of carers in the Australian community. It could truly be said, then, that caring for the health of women is really caring for the health of the community.

For women, breast cancer is a major health concern. More than 13,000 new cases are diagnosed



Nicola Roxon

every year and we know that breast cancer takes the lives of more women than any other cancer.

The Rudd Government is committed to reducing the impact of cancer on women by providing

\$41 million over four years to fund several important measures including breast prostheses for women who have had a mastectomy due to breast cancer and specialist breast cancer nurses.

While the battle against breast cancer is ongoing, there are also inspirational stories of hope and survival among women diagnosed with breast cancer and some of you may have shared the journey and read their stories. While we know we are winning in some fronts in our fight against breast cancer, with mortality reduced by 20% between 1993 and 2003, it is evident that more needs to

be done to prevent cancer from taking hold in the first place.

Women's health has long been a focus of my concerns, and this sharpened particularly after I was appointed in 2006 as the Shadow Minister for Health. Now, as the Minister for Health and Ageing, women's health will remain an area in which I take a keen interest, and I am excited to be in a position where I can make a positive difference to women's lives. I look forward to working with Breast Cancer Network Australia in helping to support women diagnosed with breast cancer and to ease the burden of this disease on Australian families.



Issues of Concern

Breast reconstruction

Breast reconstruction surgery re-creates the shape of the breast following a mastectomy or lumpectomy (also known as a partial mastectomy or breast conserving surgery). It can be performed by using implants, a woman's own tissue, or a combination of both.

Implants

Breast implants made of either silicone or saline can be inserted under the chest muscle (pectoralis) onto the chest wall. A tissue expander (a saline-filled bag) can be initially inserted to stretch the chest muscle and skin to accommodate a permanent implant. The expander is filled by injecting saline into the bag via a port, about once a week, until the desired size is reached. A second operation is needed to insert a permanent silicone or saline implant.

Over recent years the design of implants and tissue expanders has improved. They are now a tear-drop shape, giving a more natural appearance. In addition, silicone implants are now made of a cohesive jelly-like substance that retains its shape if cut or torn. If the implant is damaged the silicone will not leak into the body, which was a potential risk with older implants that were made of silicone liquid. After the implants have been in place for 10 to 15 years, MRI scans can be used to monitor the state of the implant. MRI scans are, however, expensive and not currently covered under Medicare for this purpose.

My reason for choosing an implant over TRAM flap was an easy choice for me, as it turned out I had the second breast removed and a second TRAM flap would not have been possible. I didn't want such a big surgery either.

*Jane Poynts
Westlake, Queensland*

The main advantage of implants is that the recovery time and time in hospital is relatively short, compared to other methods of reconstruction. The main disadvantage is that the breast may not feel as natural, and can be harder to match to the shape of the existing breast. Potential risks can include infection in the breast, or the development of scar tissue around the implant.

Tissue flaps

A woman's own skin, fat and sometimes muscle can be used to create a new breast. There are two main types of tissue flap procedures, 'attached flaps' and 'free flaps'. The 'attached flap' surgery uses skin, fat and muscle

from the back (Latissimus Dorsi flap) or the abdomen (pedicle Transverse Rectus Abdominis Muscle (TRAM) flap). A portion of tissue and muscle is tunnelled under the skin from the back or abdomen donor site to the chest where the new breast is formed. The flap remains attached to its original blood supply.

'Free flaps' take skin, fat and muscle, cutting the arteries and veins and then using microsurgery to reattach them to the chest wall's blood supply. Free flaps can be taken from the abdomen (free TRAM) or the buttock (gluteal flap). The latest type of free flap surgery is 'perforator flaps', where the muscle is spared and only skin and fat are transplanted. Very complex microsurgery is performed to reattach the tiny blood vessels that feed the tissue. Perforator flaps can be taken from the abdomen (Deep Inferior Epigastric Perforator (DIEP) flap and Superficial Inferior Epigastric Artery (SIEA) flap) or the buttock (Gluteal Artery Perforator (GAP)

flap). Other areas may also be used.

I chose the TRAM flap procedure because it is supposed to last the longest. If I gain or lose weight the breast will change as it is part of my tissue.

*Kerrie Griffin
Kambah, ACT*

The main advantage of a tissue flap reconstruction is that it produces a more natural breast form. The main disadvantage is the length of surgery and the recovery time is longer. Apart from the risks associated with any major surgery there may also be a small risk that the flap can die due to a lack of blood supply and then may need to be removed.

Nipple reconstruction

Nipple reconstruction is optional. There are two ways to make a nipple, either using the tissue on the new breast or a skin graft from another part of the body to create a nipple and areola (the area around the nipple).

Once the nipple is created, the areas around it can be tattooed to give the appearance of an areola and match the colouring of the other breast's areola. As the new breast has little or no sensation, the tattooing is usually painless.

My very refined plastic surgeon told me how she had gone to a tattoo parlour to learn how to do it. I was amused to think of her with a big, burly, bearded bikie type, learning the tricks of the trade.

*Dianne Lewis
East Kew, Victoria*

Surgical options

A recent US study found that the majority of general surgeons did not mention reconstruction options when discussing women's surgical treatment for breast cancer. Yet the same study found that when reconstruction options were discussed with women, it significantly affected their treatment choice – they were more likely to choose a mastectomy over other surgery.

This highlights the need for information about reconstruction options to be available to women when they are initially considering their surgery options, to ensure they make an informed decision that best suits them. A list of resources about reconstruction surgery can be found on our website www.bcna.org.au > Information > Resources > Breast Reconstruction

I have cleavage

The first question I asked my surgeon after he recommended a mastectomy was 'What about reconstruction?'. I had no idea what breast reconstruction involved, so I read up on it, and my husband and I watched a video from my breast care nurse.

Why did I want reconstruction? Even though I was 50, I felt I was far too young to go through the rest of my life wearing a prosthesis. Not having a boob restricted my whole wardrobe. I could not go braless; I no longer felt sexy or feminine; I no longer liked to go to the beach; my scar was ugly and uncomfortable; and I had a flabby bit of flesh under my arm.

Further, I found wearing a prosthesis so hot – it increased my body temperature and the first thing I did when I got home from work was to take off my bra, which would be wet against my

body from perspiration behind the prosthesis.

We travelled to Sydney (more than once) to consult a plastic surgeon. I knew the TRAM flap operation was the most preferred option for my circumstances, but I delayed making the decision.

Frankly, I was frightened by the thought of such a big operation and worried about the recovery time and taking so much time off work. It took some time for me to be emotionally and psychologically ready for the operation.

Eventually, after almost three years since my mastectomy, I had a free TRAM flap breast reconstruction.

For the first three days after the operation I was completely immobile. I steadily progressed and I left the hospital after seven days. Everything progressed



Heather Kelly, with her husband Rowan, showing off her new cleavage.

slowly but normally and I was not in any real pain.

I was pleased with the outcome. The shape and size of my 'new boob' was comparable to my existing one, although it took some time for the swelling to go down and the breast dropped.

Of course the great relief to me was that I no longer had to wear a prosthesis. I could drool over all the latest fashions, including plunging necklines and sexy bras and, for the first time in my life, I had a cleavage!

Heather Kelly, Forster, NSW

Best thing for me

Never really happy with my body, I used to console myself that at least I had nice breasts.

After my mastectomy in 2005 I no longer looked at myself in the mirror and I hated having to try on new clothes. I hated the prosthesis and its coldness, especially first thing in the morning. I felt I was putting jelly into my bra.

What finally made me decide to have a reconstruction? One day at work I leaned across my desk to point to something and I looked to where the staff member was looking and saw

a gaping hole where my breast should have been.

The staff member was embarrassed, I was embarrassed, and this despite wearing a boat-neck shirt, which was supposed to give me some protection.

Having had two lots of surgery on my stomach some 20 years earlier, I could not have a tissue flap, so the skin covering my breast bone needed to be stretched enough to accommodate a gel implant. I chose a 'C' size and decided to have the other breast reduced at the same time.

The best things for my self-esteem since having the reconstruction have been: catching my reflection when jumping into the shower and looking 'normal'; wearing a 'normal' bra; having cleavage; being able to lean over the table to reach/point or raising my arms and not having to look down or hold onto my top; and now being able to wear normal bathers.

There are some issues with the implant, for example it has no feeling, so when my husband touches my breast I'm not aware

he is doing so. I can also press against something or someone and not be aware I am doing so. The implant does not fill the bra the same way my other breast does, as the shape is fixed. It is also raised when I am on my back, while the normal breast is flatter. There is some discomfort/awareness that the implant is attached to my body and does not move when I do.

Having said all this would I do it again? **Yes.**

*Helen Gobbe
Kennington, Victoria*

A tough decision but no regrets

It certainly was not easy when it came to deciding on a course of surgery, after my diagnosis in August 2006 at age 44.

I felt a mastectomy would give me the best chance of removing all cancer cells, but what of the aesthetic side effects? But then a lumpectomy would also leave disfigurement. Dealing with the long-term psychological effect was going to be a big hurdle – always wearing a prosthesis and the constant reminder every time I undressed. I didn't know if I could handle that, and I really struggled with a decision.

After the surgeon told us about reconstruction using a tissue expander, then ultimately a permanent implant, it seemed the way to go. After talking to some counsellors from the Cancer



Robyn McGrath at the Field of Women LIVE, Sydney.

Council, I confidently made my decision for reconstruction following mastectomy. My husband has been beside me every step of the way.

Even though the injection port was sometimes sore and uncomfortable, in the initial expanding phase, I viewed it as

short-term inconvenience for long-term gain. After four sessions of saline injections, and my final chemo treatment, we waited for a period of time for things to stabilise. In April 2007, the expander and port were removed and replaced with a permanent implant. Some minor flexibility issues followed, but time and exercise have seen that come good.

I have not had nipple reconstruction, and I still have a scar from my mastectomy, but I am comfortable and confident with my permanent form. I can wear any clothes I wish, and I don't feel vulnerable or protective when undressing. I am very comfortable and confident with my decision for reconstruction, and I have no regrets at all.

*Robyn McGrath
Bathurst, NSW*

My choice

I am the third generation in my family to be diagnosed with breast cancer, after my grandmother and mother. At 40, cancer was diagnosed in my right breast, requiring a mastectomy.

Due to my mother having secondary breast cancer, I decided to take 'control' and also have my left breast removed. It was not an easy decision, but it has given me such a sense of peace.

I elected not to have reconstruction, as I felt I could not undergo any further surgery, especially for cosmetic reasons. I was not sure I could feel comfortable about having a 'foreign body' within me.



Edwina Winter

My mother's reconstruction was also not a good example for me due to its shape, size difference from her natural breast and her feeling of discomfort.

I had rather large breasts and wore large constrictive bras – the sense

of freedom and comfort to wear nothing is a great advantage. I stand straighter. I feel lighter. I can run and sleep on my tummy with ease.

I have never felt my femininity was challenged by my lack of breasts. No one ever looks at me strangely. They don't even notice and look amazed if I tell them. My husband and children have always made me feel nothing but perfect when they look at me. I have learnt to dress with button shirts rather than T-shirts to flatter me.

I feel confident that I took control of my treatment and have made all the right decisions for me.

*Edwina Winter
Malvern, Victoria*

MJK card

Thousands of women have received their free *My Journey Kit* (MJK) since we launched it in 2004. We now need your help to reach more women. An MJK promotional card is inside this issue of *The Beacon*, which features the ordering details. Please share it with someone you know. The MJK is designed for women newly diagnosed with breast cancer. For more MJK promotional cards, contact us on 1800 500 258 or email beacon@bcna.org.au

Tykerb news

BCNA's advocacy efforts to ensure that women with HER2 positive secondary breast cancer can access Tykerb at no cost has paid off. Following national media coverage and much 'behind the scenes' activity by BCNA, GlaxoSmithKline, which produces Tykerb, has agreed to reinstate its subsidy program, which will provide women with Tykerb at no cost until the end of May this year. Without the subsidy women had to pay up to \$16,000 for this treatment. This follows a decision by the Pharmaceutical Benefits Advisory Committee in early January that Tykerb be listed on the Pharmaceutical Benefits Scheme (PBS). This decision must be ratified by Cabinet before Tykerb can be made available through the PBS. This is a great start to the new year and a fantastic example of what can be achieved on behalf of women with breast cancer.

Read more about BCNA's advocacy on Tykerb in *The Inside Story*, our supplement for women with secondary breast cancer. To receive *The Inside Story*, phone BCNA on 1800 500 258.

Ask the expert

Mr Mark Ashton, Head of the Plastic Surgery Unit at The Royal Melbourne Hospital, is a leader in the field of breast reconstructive surgery. We asked him some key questions about breast reconstruction.

When is the best time to have a reconstruction?

It depends on each woman's circumstances. If timelines for the surgery to remove the cancer are short (e.g. two weeks) a temporary tissue expander can be inserted at the time of the mastectomy. That allows the woman time to consider all the options and to decide on the best course of action. A tissue expander can stay in place for two to five years.

However, this may not be suitable for women with a high-grade tumour or a high risk of recurrence, as it can limit the ability to feel any new lumps and make fine needle biopsy difficult in the future. A reconstruction is still possible, but may need to be delayed a year or two.

Women diagnosed with DCIS, or those with a strong family history who choose to have a preventive mastectomy, are more likely to have had time to consider the options available, and may be able to undergo a reconstruction at the same time as the mastectomy.

Women undergoing a large lumpectomy may also be able to have a reconstruction at the same time as the lumpectomy, although this may be delayed if a woman is undergoing radiation treatment.

What if I need radiotherapy?

Radiotherapy may scar tissue, so women undergoing a



Mark Ashton

reconstruction using their own tissue are usually advised to wait until after radiotherapy is completed.

Women undergoing reconstructions using breast implants are advised to have the implants inserted before radiotherapy. Recent research has shown that women who have implants inserted after radiotherapy have a 56% chance of requiring further surgery relating to the reconstruction, whereas women who have implants inserted before radiotherapy have only a 19% chance of needing further surgery after radiotherapy.

If there is a possibility that radiotherapy may be delayed as a result of the reconstruction, inserting a tissue expander before treatment is usually recommended. That allows the permanent implant to be inserted after treatment is finished.

Is body type an issue?

Small-breasted women (A or B cup) usually have an implant

reconstruction, as they may not have enough extra body tissue to be used in a tissue flap reconstruction.

Women with a C cup or larger usually use their own tissue in the reconstruction, as a larger breast mound can be created. Women with larger breasts sometimes have the other breast reduced in size at the same time, to better match the newly constructed breast.

Do choices vary depending on a woman's age?

Generally age is not a factor when considering a reconstruction, as long as a woman is fit and healthy. Reconstruction using a woman's own tissue is a much longer operation, with a longer recovery time. Therefore, women who have other health issues, such as a heart condition, may choose a surgically simpler procedure, such as implants.

Younger women who are considering future pregnancies may not find a TRAM flap suitable, as it can result in weakened muscles in the abdomen.

Can my breast surgeon perform a reconstruction?

Breast surgeons can insert tissue expanders at the time of mastectomy and can perform implant reconstructions. In the case of TRAM flap or other tissue reconstructions, which involve microsurgery, a plastic surgeon is required. General surgeons are also not always aware of the full range of options available, so that is why it is advisable to consult a plastic surgeon when considering a reconstruction.

How does a reconstruction affect follow-up treatment or cancer detection?

A reconstruction should not affect follow-up treatment or cancer detection, as long as the breast surgeon has identified that there is not a high risk of recurrence. Mammograms would not usually be needed on the side that has had the mastectomy. MRI would be recommended for future screening of the new breast.

What are the future directions for reconstructive surgery?

The new perforator flap surgeries, which just take skin and fat, leaving the underlying muscles from the 'donor' site intact, are the future direction for reconstructive surgery. There has been a lot of research into using different parts of the body as donor sites to provide the skin and fat for the reconstructed breast. These procedures are technically difficult and require extensive microsurgery. At present, not all surgeons are trained to perform these types of procedures. It is also expected that implants will continue to develop to provide more natural and realistic reconstructions.

How do women find a good plastic surgeon?

They can visit the Australian Society of Plastic Surgeons' website at www.plasticsurgery.org.au > Surgeon Search or call 1300 367 446 for a list of surgeons in each state and territory who specialise in breast reconstruction. They can also speak to other women who have had reconstructive surgery.

An informed decision

In October 2005 I was diagnosed with ductal carcinoma in situ (DCIS) and a mastectomy of my right breast was recommended.

My breast surgeon suggested I wait six months after the mastectomy before reconstruction. The thought of waking up without a breast was so hard to contemplate, that I made an appointment as soon as possible with a plastic surgeon who worked with my breast surgeon.

I was fortunate enough to be able to afford a reconstruction, so the research began. I also had two big pluses – my surgeons were excellent, particularly my plastic surgeon, who turned my fear and panic into strength and confidence, and I didn't have to make an immediate decision – time was on my side.



Jenny Wantoch-Smith

I read books and articles and searched the Internet. I phoned cancer help lines and obtained phone numbers of women who had undergone different methods of reconstruction.

My surgeon suggested a Latissimus Dorsi flap with

implant; however I had read much about the DIEP (Deep Inferior Epigastric Perforator) flap. It is a relatively new procedure like a TRAM flap, however, it leaves the muscle intact. Fat is only taken from the tummy, and attached to the breast site by microsurgery. I decided on this method, as it does not involve an implant, and produces a natural feeling breast. On the downside, I would have a tummy scar right across my lower abdomen.

It was a 10-hour operation. My breast surgeon did the mastectomy and two plastic surgeons did the flap; one worked on the tummy site, while the other prepared the breast site. Although the first few days were not something I would like to repeat, I left hospital after a week feeling tired but well.

However, a few days later the problems started, I had a fluid build-up and developed fat necrosis. An infection in my breast wound resulted in a discharge for three months. For several weeks a nurse called daily, re-dressing the breast wound. An area below the nipple died and had to be cut away, which changed the shape of the breast.

The end result? In clothes my breast looks and feels normal and natural. In the future I will have another small operation to reshape the breast and improve the scars. My problems could have occurred regardless of the method of reconstruction, and in hindsight, I would have made the same choice.

*Jenny Wantoch-Smith
Mosman, NSW*

My party trick

It is more than 10 years since I was diagnosed with breast cancer and had my breast reconstruction.

My surgeon explained that the partial mastectomy required would mean the removal of the top half of my left breast. He suggested the breast be rebuilt using a flap of muscle and skin from my back (Latissimus Dorsi flap).

To have the reconstruction carried out at the same time as the partial mastectomy was an unexpected option, but I was confident it was right for me.

I was quickly referred to a plastic surgeon, who explained the surgery and assessed me as suitable for the reconstruction.



Kerry Parker

He also showed me images of some of the results of his breast reconstructions.

After the operation I recall looking down on my breasts

and seeing that they were still a matching pair. I am sure this helped keep me buoyant during the time spent recovering from surgery, undergoing chemotherapy and radiotherapy.

At a follow-up appointment with the plastic surgeon, I explained it was a little disconcerting that my left breast reacted when I clenched my back muscles. My friends called this my 'party trick'.

It was decided the muscle flap could be disconnected from my back, so that the breast did not react when I made particular movements. At the same time I could have a nipple reconstruction.

In my case breast reconstruction was not something to be thought about at a later date. It was offered for consideration in the traumatic time following my cancer diagnosis and I was delighted to seize the opportunity. I had initially thought a smaller breast meant my femininity would be diminished. Now I see this was not logical, but one isn't necessarily processing the world with any logic when first diagnosed with cancer. As it turned out, in my dealings with cancer and treatment I felt more upset about losing my hair!

*Kerry Parker
Castlemaine, Victoria*

What not to wear

During my mastectomy in 1998 my surgeon inserted an expander in my chest wall in preparation for a breast implant.

Saline was injected into the expander every few weeks to increase the size and stretch my skin. After a number of weeks the expander was removed and a saline implant inserted. At first the implant was tight and uncomfortable, but as time wore on my body got used to it and it helped my self-image.

Four years after my first diagnosis I found a lump on my chest above the implant. It was an estrogen-positive tumour, so I had my ovaries removed, radiotherapy and tamoxifen.

The radiotherapy tightened the implant a little and it became slightly out of shape, but I could live with it because I still had some form of 'breast'. But what I hadn't anticipated was my weight gain following the hysterectomy and tamoxifen. My real boob was now bigger than my implant and considerably droopier.



Di Reidie dressed up as Hyacinth Bucket from the TV show Keeping Up Appearances, after being awarded Bayside City Council's Citizen of the Year 2008.

Two years ago another lump was detected under my arm. When I was told I needed chemotherapy I thought, 'Beauty, weight loss', but my oncologist shook his head.

He was right. I gained more weight, making clothes really difficult to fit. I suppose I kept the implant because I am a swimmer and it made my life a lot easier.

Then, one day I saw Trinny and Susanna on *What Not to Wear*.

It was a mastectomy episode and they fitted a lady with the correct size bra and prosthesis and she looked a million dollars. Not so long ago I had my implant removed (It feels so much better) and had the other breast reduced and lifted.

For the first time I had to face the loss of a breast and when the dressings were removed I felt quite disfigured and a bit sorry for myself. But when I could fit into clothes I hadn't been able to wear for years, I began to feel better about myself. I am happy with my choice.

When I originally chose to have my implant I had only a week to do so, as it saved two operations. Although I did some research, I never even once considered weight gain or recurrence.

Dealing with the stress of a cancer diagnosis plus making an implant decision all at once is a difficult task; it requires a lot of careful thought.

*Di Reidie
Brighton, Victoria*

Breast prostheses

Following surgery for breast cancer, many women use a breast prosthesis to give the appearance of two breasts when clothed.

Temporary prostheses (or soft forms) are usually used up to six weeks after breast surgery. Permanent prostheses are specially fitted to suit your shape and body type. The Cancer Helpline (13 11 20) can provide a list of locations where permanent prostheses can be bought and fitted.

Prostheses range in price from \$150 to \$500 and usually need to be replaced every two years. Most states and territories offer a subsidy program to help with the cost of prostheses, although these vary considerably. The Cancer Helpline (13 11 20) can provide information about subsidy or financial assistance programs for your area. Some private health insurance funds will also cover the cost of prostheses, although this will vary depending on the type of cover.

The federal government's promise to provide additional funding for breast prostheses should help women with the financial cost, as well as hopefully reducing waiting times. BCNA will work closely throughout 2008 with the Department of Health and Ageing and the National Breast and Ovarian Cancer Centre to help in the implementation and roll out of this important new program.



My Care Kit

Through our partnership with Berlei since 2005, BCNA has distributed more than 20,000 *My Care Kits* free of charge to women who have undergone breast cancer surgery. The Kit includes a specially designed bra with soft seams and extra hooks and eyes to accommodate swelling, and soft forms that can be inserted into the bra as a temporary prosthesis if needed.

Women are fitted for *My Care Kit* bras by nurses or other breast care staff enrolled in BCNA's *My Care Kit* program. Orders are placed by nurses and posted out either to women or back to the nurse every Friday.

Many women have told us that they appreciate having a comfortable bra to wear after their surgery and that they are also useful to wear during radiation treatment.

Women interested in ordering a free *My Care Kit* bra can ask their breast care nurse or other health professional to organise one for them.

Breast health care professionals who would like to enrol in the *My Care Kit* program can phone 1800 500 258 or email mycarekit@bcna.org.au to receive a free *My Care Kit* fitting kit and instructions for ordering the bras for women in their care.

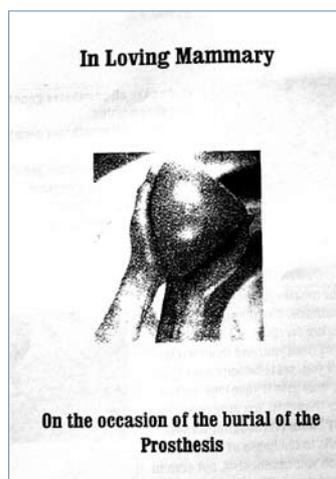
Farewell Lulu

After having a mastectomy and chemotherapy in 2002, I quickly decided that I would not have reconstructive breast surgery. I felt comfortable and confident using a prosthesis.

For the next two years, Lulu and I were totally committed to each other. She hung in there during my good days and my sad days. We were a team. She brought laughter to my mother and elderly aunt when I served her as a jelly dessert at a family dinner! Lulu sat religiously on my son's head during a sabbath dinner. At nights she rested snugly in a fluffy orange bag.

It was during the second summer of wearing Lulu that I noticed a rash and itch on the surgical site. The hot summer days attached to Lulu were causing angst for me and I began to toy with the idea of a breast reconstruction.

It was now mid-2005 and three years on, I felt stronger physically and mentally and after consultation



with a breast reconstruction surgeon, I decided to take the next step in my cancer journey.

I found out all I wanted to know about the surgery by asking the surgeon questions, talking to other women who had taken this road and by gathering the relevant literature. I was excited at the prospect of losing some of my middle-age spread through the TRAM flap procedure.

I sailed through the surgery and I

can still remember the emotions I felt when I looked down through the bandages and saw a beautiful cleavage! I really believe that my new body image added to the healing process.

This healing process was further complemented by a prosthesis burial service that I held with my family and friends. I wanted to farewell Lulu in a manner that was befitting to a dear friend.

On a beautiful summer Sunday we gathered to sing and chant Buddhist, Christian, Hindu and Jewish prayers. 'In loving Mammary', we placed Lulu in her orange bag and buried her in a garden bed marked with a solitary brown plastic orchid.

After this final goodbye, I felt a load lift from my shoulders. As the orchid blooms perpetually in the garden, it allows me to believe in the hopeful days and years ahead.

*Cynthia Hartman
Thirroul, NSW*

Roller-coaster

My decision to have a TRAM flap reconstruction at the same time as my mastectomy was made after an appointment with my plastic surgeon and numerous tests to make sure I was suitable for surgery. There was only a 5% failure rate worldwide, so I was comfortable with my decision – I knew it was right for me. I even had coffee with a woman who had the same surgery and was delighted with the results.

The surgery took place on 14 August 2007, but four days later the flap was removed from

my chest. It had failed. It is hard to explain my feelings when this happened, as I was so sure it would work, as I had been so well prepared. I spent two weeks in hospital and it took me that long to even look at myself. I still have trouble now. There is no explanation as to why it failed. The surgery went without any problems and a good result was expected. Both my surgeons were devastated when the flap died and it was an emotional time for us all.

Although the reconstruction didn't work, they did remove the

cancer. I remind myself of that each time I look in the mirror.

I had no idea that being diagnosed with breast cancer would be such a roller-coaster ride. Some days I feel fantastic and sometimes I cry for no apparent reason. My husband, family and friends have been wonderful throughout my recovery. I am usually a very positive person, but just sometimes I want to know, why me? I will win my fight, as there is still so much I have to do.

*Nola Stokes
Rowville, Victoria*

My unusual chest

I'm having my breasts reconstructed,
As soon as my treatment is through.
I'm tired of a chest, so flat I'm depressed,
I'll soon have a bouncer, or two!
O dear, it's just been a disaster,
All hope of a bosom in doubt
One side's gone hard,
The other's so marred
The surgeon is taking it out!
But wait, there's a chance of salvation.
He can make a new boob from my back.
I'll still end up with two;
People won't have a clue
How much breast tissue I lack!
Time's passed, I'm now back to normal,
Except for my unusual chest,
With one firm and big,
One the size of a fig,
They're best covered up by a vest!

*Janferie Hirst
Norwood, Tasmania*

Be the change you want to see in the world

– Gandhi

Do you have an inspiring quote or wise words that have helped you during your journey? If you do and you would like to share them with us and other women on a similar journey, please email them to beacon@bcna.org.au

Pammy

Pammy was born on 10 March 2006. She's my new left boob.

One morning I woke up with a very sore left breast. A teary call to the doctor was followed by a rushed investigation, with much persistence and insistence from me. The result – ductal carcinoma in situ. Bugger! The left breast had to go.

It wasn't the biggest challenge of my life, but it was up there. Now another quandary: do I or don't I get a new one? It was a tough decision, as I would not know until after the surgery if I would require chemo and/or radiotherapy.

Once I met the plastic surgeon, the choice was easy. A TRAM



Wendy Ford

Flap procedure was chosen; hence 'Pammy' was born.

Roller-coaster doesn't explain the ride. Being doubled over for a month wasn't much fun either. The corset and bra – my god,

how does a size 14 woman fit in a size 10 corset? 'Easy', said the surgeon, so I did.

What a journey! It did hurt, a lot at times. I tried not to cry, sometimes it was hard.

No one mentioned that doing a 'number two' was tricky with the corset on. No one mentioned that it hurt to fart, and coughing – don't even go there! But I got through it and so did Pammy, without having to have any further treatment.

Why Pammy? Well my husband Bruce saw the range of silicone implants at the doctor's office and was most impressed with the size of them – and kindly asked – 'Can she have one of them?' It

was massive and looked like an unfrozen ice-pack that you would put on a very sore head after a big night out. 'No', the doctor said 'that's what we call a "Pammy Anderson"'. Well it simply wasn't physically possible to adapt it to me, so I went with the TRAM surgery. There was a nice tummy tuck at the same time and I ended up 3kg lighter. Hence Pammy was aptly named and born.

Pammy loves her new 'home' and her 'twin sister'. She doesn't fit as snugly in her new bras, but she has settled into daily life easily. She doesn't poke out of skin tight T-shirts or bounce around in singlet tops, but she is beautiful.

Wendy Ford
Camp Hill, Queensland

Public or private?

I thought it may not be possible to have the surgery without private hospital cover, as it was plastic surgery. I always believed this was only an option for the well-off and celebrities.

Wiebke Parker
Lenah Valley, Tasmania

Breast reconstruction surgery following a mastectomy or a lumpectomy can be done in either a public or private hospital. However, the availability of reconstruction surgery in public hospitals seems to vary in the different states and territories, with some being more committed than others to providing this surgery to women. The other main issue for women who have their surgery in a **public** hospital is the potential waiting times. Surgery in the public system is broken down

into three categories. Category 1 conditions are considered life-threatening and an operation is needed within six weeks. Category 2 conditions are 'semi-life-threatening' and an operation is needed within two to three months. Category 3 conditions are not considered to be life-threatening. It is 'desirable' for this surgery to take place within 12 months, although some hospitals have waiting times of up to five years.

Women who need a mastectomy following a diagnosis of cancer come under Category 1 and can expect to be operated on within six weeks. If a woman decides to have a reconstruction she may be able to have this done at the same time as her mastectomy.

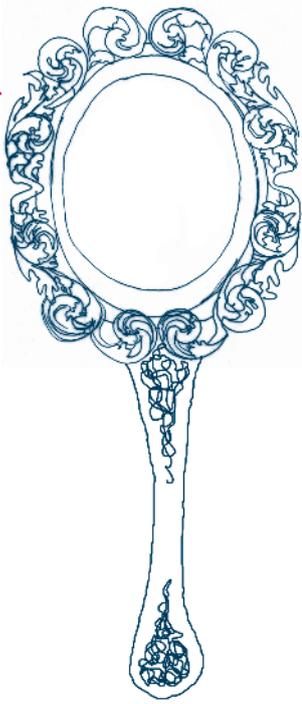
If she wants a more complex reconstruction, such as a TRAM flap, which takes several hours to perform, it may be difficult for a public hospital to allocate an operating theatre for that length of time. If this happens, or the woman has not had time to consider all her reconstruction options, a tissue expander can be put in place at the time of her mastectomy to prepare for a future reconstruction. However, once the mastectomy operation is completed her surgery status drops to a Category 3. This means she could be waiting for one to five years for the follow-up reconstruction surgery.

In the **private** system the procedures can be done when it suits the woman and her

surgeon. It is important to read the fine print of your health insurance policy to ensure that both the mastectomy and the reconstruction are covered. Some funds do not cover the cost of plastic surgery. It is also important to be aware of the potential out-of-pocket costs associated with the surgery and any follow-up care that may be needed, by asking your health professional and health fund.

My surgeon did 'Access Gap Cover' I did not have to pay him a cent! The anaesthetist was another matter... I asked him 'do you do AGC?' No, well can I have a discount please as I'm on a pension! This surprised him but he happily complied. So you see it pays to speak up!

Margot Case
Tea Gardens, NSW



My Story

Forever family

Our children Jo and Will were aged three and 20 months when I was diagnosed with breast cancer.

At the time we were discussing trying for a third child. In the early stages of my diagnosis I looked at every angle of how best to ensure that cancer would not rob us of our chance to have a third child. As time went on I realised that the most important thing was to stay well for our two children. They needed a mum who was going to be around for a long time and my husband needed a wife. I did, however, continue to keep the 'third child' option alive and spoke regularly to my doctor and oncologist about my options.

I also decided very early on that I wouldn't have a reconstruction. I felt my body had taken as much surgery as it could cope with. Seeing my flat chest was, in some ways, a positive reminder that the cancer had been taken from my body. I was lopsided but alive. My kids had lots of fun with my prosthesis, and other than the dog eating one and me needing to replace it, I felt like I was okay about my decision to not have a reconstruction.



Robin Ashley with three of her children, Jake, Jo and Bella.

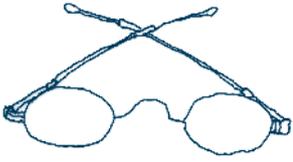
After five years of 'being well', the desire to have more children was still there. We explored the option of adopting (there were three other couples in our first adoption seminar who had experienced breast cancer). After four years of waiting we were allocated two gorgeous children from Taiwan. Jake was seven and Bella was four when they joined our family as their 'forever family'. What I had not contemplated was the fact that seven-year-old Jake (who did not speak any English when he arrived) would not be quite so comfortable with a one-breasted mother. He clearly had an understanding that this wasn't quite 'normal'

and I decided to revisit having a reconstruction.

Four months after Jake and Bella's arrival, I found myself in hospital in Brisbane undergoing a reconstruction. The logistics were a nightmare, but with the help of a wonderful friend on the Gold Coast who offered to look after Bella for the 10 days I was in hospital, a supportive family and great friends in Bellingen who kept the home fires burning, we somehow managed to make it happen. That is now almost two years ago and I have never looked back. Jake is happy and we have all bonded together incredibly well. It is lovely to be

able to wear 'nice' clothes again without a prosthesis popping out at inappropriate times. I am happy I waited almost 10 years to have the reconstruction (although having a simultaneous mastectomy and reconstruction would have been wonderful had it been offered when my cancer was diagnosed). In hindsight, as is so often the case, I would not change my world for anything. Cancer, despite all its horrors, has also given me my greatest joys – four wonderful children, the support of a great husband and family, and beautiful friends who have loved and supported me throughout.

*Robin Ashley
Bellingen, Queensland*



Reviews

The Human Side of Cancer: Living with Hope, Coping with Uncertainty

By Jimmie C. Holland, M.D and Sheldon Lewis
New York: HarperCollins,
(Paperback, 2001) 368 pages
RRP \$25.95

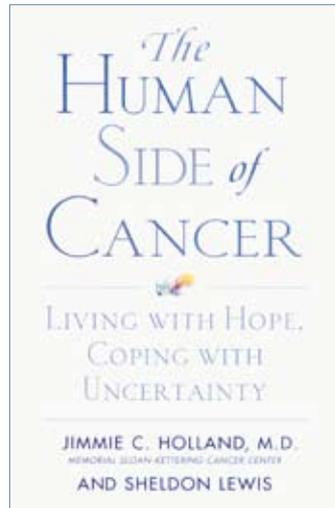
Most of us have been there. Well-meaning friends give us the latest self-help book, such as *The Secret*, saying 'Just stay positive and you'll be right'. However, what we may be feeling is guilt or a sense of shame, because we are not feeling too positive right now. In fact, we may be sad, anxious, frightened, angry or overwhelmed. We may be blaming ourselves for getting cancer and be feeling the added burden of having to stay positive all the time because we believe we must to survive.

How we long for someone to understand this roller-coaster of emotional turmoil as we struggle to live with hope, while learning to live with uncertainty, which is the bottom line of dealing with a cancer diagnosis and which changes our life completely.

This is the book I wish I had found five years ago, as I began 'my journey'. How could I not relate to a doctor who writes, 'The patients were our teachers'?

Jimmie Holland is the ideal travelling companion on this roller-coaster. Most importantly, she removes the burden of blaming ourselves from our shoulders.

Unlike many books which promise hope through 'the tyranny of positive thinking' Dr Holland, who has worked with



cancer patients for more than 24 years, inspires hope through her profound understanding of the human experience and how cancer and its treatment impact on us emotionally, psychologically and socially.

She acknowledges that there is no 'one-size-fits-all' way of coping, but helpfully guides us in specific techniques, empowering us to work together with our doctors, to rely on ways of coping that have been useful in dealing with a crisis in the past and, if these aren't working, where to seek help to find other ways of coping.

Her commonsense guidelines: 'Dos and don'ts for coping with cancer' are intended to help us avoid feeling 'trapped in the workings of a huge piece of complicated machinery'. Complementary approaches such as meditation, relaxation and guided imagery are also included. Specific chapters address the emotional implications of a recurrence or the spread of the cancer and the last big taboo, when death is inevitable, with sensitivity, wisdom and compassion.

Although the book is not breast cancer specific, the voices of women with breast cancer, some with secondary disease, are heard throughout and there is a chapter addressing issues of specific cancers, including breast cancer.

This wonderful, compassionate, user-friendly book is a kind of road map that can help make the cancer journey much less terrifying. I wholeheartedly recommend you read it, share it with friends and family. Give it to your doctors!

Suzanne Mullen
NSW BCNA Advocate



Cancer – how are you travelling?

The booklet, *Cancer – how are you travelling?*, from The National Breast and Ovarian Cancer Centre* (NBOCC), aims to help people diagnosed with all types of cancer through the social, emotional and practical aspects of their journey.

It is based on the *Clinical Practice Guidelines for the Psychosocial Care of Adults with Cancer*, developed by the NBOCC and the National Cancer Control Initiative. BCNA Advocate **Suzanne Mullen**

(NSW) was a member of the working group responsible for developing this resource.

Suzanne drew from her own personal experience and the experiences of other Australian women with breast cancer. A number of our *Seat at the Table* members also reviewed drafts and made comments, ensuring that the views of our members were incorporated.

BCNA's *Seat at the Table* program offers a range of opportunities for women, including: participating in research studies; completing surveys; representing BCNA at local groups or events; and representing Australian women with breast cancer on committees and working parties.

If you are interested in finding out more about the *Seat at the Table* program, visit www.bcna.org.au > Policy & Advocacy > Seat at the Table or phone 1800 500 258.

Cancer – how are you travelling can be downloaded from www.nbocc.org.au or ordered free from the NBOCC by phoning 1800 624 973.

* New name for NBCC

The National Breast Cancer Centre has changed its name to the National Breast and Ovarian Cancer Centre (NBOCC). CEO **Dr Helen Zorbas** has assured BCNA that the NBOCC will continue to keep breast cancer at the forefront of its work. BCNA CEO, **Lyn Swinburne**, was reappointed to the NBOCC Board last year.



Profiling our member groups

Kangaroo Island Cancer Support Group

Kangaroo Island, or KI to the locals, is Australia's third-largest island, with a population of 4,500. It lies off the coast of mainland South Australia and is accessible only by air and sea.

The KI Cancer Support Group was founded in 2005 and has a current active membership of about 12 people. Most are cancer survivors, although some have a close friend or relative affected by cancer. The group meets fortnightly in KI's main town, Kingscote.

Like others living in remote parts of Australia, KI residents have to travel for their cancer treatment, which can be stressful. Adelaide, a three-hour trip by car and ferry, is the closest main centre for treatment. The KI Hospital in Kingscote has recently started to administer some chemotherapy, enabling some patients to stay at home during their chemo treatment.

The group has produced a booklet *You Are Not Alone*, containing valuable information for KI residents diagnosed with cancer. In 2007 it produced an icon calendar of Kangaroo Island.

Monies raised from the group's fundraising efforts have bought a new leather recliner for chemo



Kangaroo Island's Mayor Jayne Bates presents the Community Event of the Year Award to KI Cancer Support Group members Sue Humphrys, Emma Fulwood, Josie Turner and Cheryl May.

patients at the KI Hospital, new books on cancer-related issues for the KI Library, and a nebuliser for free general community use.

KI Cancer Support Group's biggest undertaking, so far, was 'Pink Week' in October last year, when the group held a *Mini-Field of Women* right across the island.

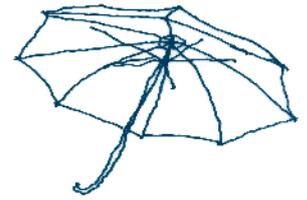
A small committee of four women – **Sue Humphrys** (Convenor), **Emma Fulwood**, **Josie Turner** and **Sue Brauer** – worked tirelessly to promote Pink Week and BCNA. Community events, including morning teas and a women's health expo, were held across the island; all three KI schools had pink days; businesses and streets were decorated with Pink

Lady silhouettes, and visitors travelling to the island by ferry, also decorated, were asked to throw some money into the pink donation bucket.

The week raised \$9,000 for BCNA and \$3,000 for the KI Cancer Support Group – an amazing result.

On Australia Day the outstanding success of Pink Week was recognised when it was named Kangaroo Island Council's 'Community Event of the Year for 2007'.

The success of Pink Week has also inspired the KI Cancer Support Group on to even bigger and better things – it is already planning this year's *Mini-Field* event.



Seeking Shelter

BCNA welcomes:

- Great Lakes Breast Cancer Support Group, Forster, NSW
- Jewish Breast Cancer Support Group, Vic.
- Naracoorte Breast Cancer Support Group, SA
- Pittwater Pinks, Bayview, NSW
- The Can Care Group, Mansfield, Vic.
- Women Touched by Cancer, Swan Hill District, Vic.

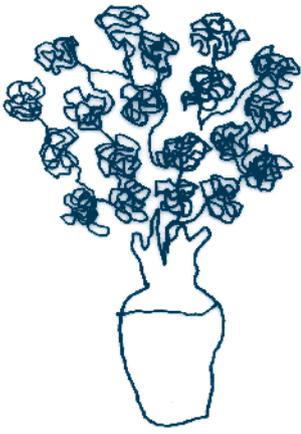
We now have more than 26,000 individual members.

Australia Day Honours

We were delighted that long standing Victorian breast cancer advocate, **Sue Lockwood** was acknowledged with an AM for her dedication and hard work. BCNA Board Member Associate Professor **Fran Boyle** was also awarded an AM in recognition of her outstanding efforts as an oncology practitioner and researcher.

Member of BCNA's Medical & Scientific Reference Group Professor **John Hopper** received an AM for his work in genetic epidemiology.

Jane and **Glenn McGrath** from the McGrath Foundation were also acknowledged for their work in raising funds for breast care nurses.



Thank you

We appreciate the financial support given to us by individuals, clubs, organisations and companies around Australia. We would especially like to acknowledge the help of the following recent outstanding supporters:

- Aitken Walker & Strachan
- Ashintosh Trust Public Fund
- Barossa Chemplus
- Beleura Breast Cancer Support Group
- Bernie Brooks – Myer Pty Ltd
- Derek Young
- Freehills
- Gillian Franklin
- Goose Gully Golf Club Ladies Inc.
- Isobel Harvie
- Kingswood Golf Club
- Lyndsey Cattermole
- MAB Corporation
- Manildra Group
- Maryborough Breast Cancer Support Group
- May Cusack
- Mbantua Gallery
- Melba Hyne
- Michael Langham
- PaperlinX Ltd
- Pascoe Vale Girls College
- Peter Power
- Pink Ladies Xmas Golf Day

- Road Traffic Authority
- Simon Buchner
- St Kevin's Primary School
- Suzanne Hernan
- The Grange Prep – 12 College
- The Hayes family
- The Jack & Robert Smorgon Families Foundation
- The Parlour on Olive
- Twelfth Night Theatre Co. – Gail Wiltshire

Memorials

We pay tribute to the lives of **Faye Arthur, Marjorie Davidson, Kaylene Mullaly, Venera Petrocitto, Janette Power, Mary Thompson, Ai Trang Thi Tran.**

We are most grateful to their families, who requested donations to BCNA in their memory, in lieu of flowers at their funerals.

Celebrations

Thank you to those who celebrated a special occasion and asked for donations to BCNA in lieu of presents. Happy birthday to **Lois Alexander, Pamela Freeman, Karen Hayes and Christine Swann.**

Happy 50th wedding anniversary to **Keith and Margaret Willimott.**



Inspired by her own breast cancer diagnosis, Gillian Franklin held a fundraiser in January to help BCNA continue supporting women in similar situations. The night involved her daughters Ashleigh, Nicole and Samantha (pictured), who sang two heartfelt songs as a tribute to their mother.



BCNA Community Liaison Isobel Harvie and her wonderful organising committee, with the generous support of the community in Kyabram, Victoria, raised more than \$2300 for BCNA. The annual Poker Run motorbike event is held in memory of Alena Sommerfield, who died six years ago. It was a fantastic achievement in a time of extreme drought and hardship.



It was a 'pink' affair at BCNA Community Liaison Debra Murray and the Maryborough Breast Cancer Support Group's girls' night at the Maryborough Golf Club, Victoria, in December. The organising committee raised more than \$3000 for BCNA. Congratulations to all involved.

Pink Lady brings Delight in May

This year's Pink Bun promotion is going to be bigger and better than ever! More than 600 Bakers Delight stores around Australia will fire up their ovens and bake thousands of Pink Buns to raise awareness and funds for BCNA.

From messages of hope and inspiration on their walls, to sausage sizzles and community activities, the stores are going all-out this year.

BCNA's Community Liaisons will visit many stores across the country to help spread the word and encourage Bakers Delight's efforts to raise plenty of 'dough' to help us continue our work.

The Pink Bun awards for the 'pinkest' store return again this year. We hope to raise more than \$400,000 during the promotion.

Bakers Delight has been BCNA's Major Partner since 2000. It



BCNA member Carol Forte thanks the Bakers Delight team in South Australia.

provides our office space and equipment, and together we have raised more than \$1.9 million. We would love your support for this annual event by:

- Visiting your local Bakers Delight store to buy a pink

bun. Visit our website www.bcna.org.au to find your local store.

- Voting for your favourite Bakers Delight store in the Pink Bun awards at www.bcna.org.au

The Pink Lady Pin

Sussan stores around Australia are selling our new Pink Lady pins and they are practically walking out the door.

This Mother's Day Sussan stores will continue to show their support for women with breast cancer through some special Mother's Day promotions. If you are looking for a gift with a Pink Lady touch, head to your local Sussan store.

We thank the hundreds of staff who are helping our efforts to make a difference for all Australians affected by breast cancer.



Sussan staff at the Camberwell, Victoria, store prepare to go pink in May for Mother's Day.

An invitation

We invite YOU to join other women who have had breast cancer to help researchers make life easier for the women of tomorrow.

All you need is an email address and a willingness to participate.

Join our Review & Survey Group now!

When there is an important survey being conducted, we will forward it to you by email and you can take part if you would like to. We promise the surveys will not be too long, will not come too often and WILL be asking important questions to help researchers solve some of the puzzles around breast cancer.

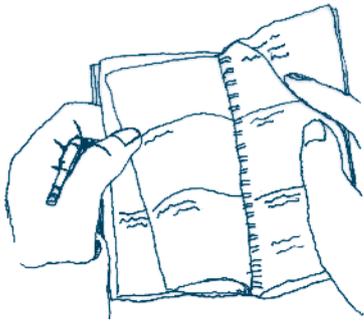
Many of us who have experienced breast cancer first hand want to help the generations of women who will follow us. Joining our Review & Survey Group is a really simple way to do that. Knowing more about YOUR experiences, combined with input from the thousands of other Australian women, could make a real difference.

To sign up, visit www.bcna.org.au under Policy and Advocacy > Seat at the Table > Get involved – or email ras@bcna.org.au



BCNA gratefully acknowledges our partnership with Bakers Delight.





Upcoming Events

April 12: Integrative Cancer Conference 2008 will be held at The University of Sydney between noon and 6pm.

For more information visit www.vitasearch.com.au

April 21: BreaCan Victoria presents 'Breast Reconstruction: What We Need To Know'. **Dr Hamish Farrow**, a plastic surgeon, will cover a number of areas, including what women need to consider when deciding on breast reconstruction.

For further information visit BreaCan's website www.whv.org.au/breacan > more information > news and events

April 24 – May 13: Visit your local Bakers Delight store to buy pink buns and support BCNA during the Pink Bun promotion.

May: Visit any Sussan store across Australia and check out the Mother's Day specials during May.

To find out more about these events go to www.bcna.org.au > Supporting BCNA > Sponsors

June: We are pleased to announce that BCNA will be holding a members' forum in Sydney. We will provide you with more details in the coming months.

June 4-8: 5th World Conference on Breast Cancer 'Heart Soul and Science: It's a Small World After All' is being held in Winnipeg, Manitoba in Canada.

For more information visit the website www.wcbcf.ca

August/September/October: NT Breast Cancer Voice is celebrating its 10th year of advocacy on behalf of women diagnosed with breast cancer. A range of events will be held in the Northern Territory.

Further details are available by contacting Pat Hancock on pathancock_is@hotmail.com

September 18-21: Leura VI International Breast Cancer Conference, Sydney Convention and Exhibition Centre.

For more details visit <http://www.bci.org.au>

Would you like to promote your event in The Beacon? We primarily publish events for women in all states and territories. Due to **The Beacon** being a quarterly publication we need at least three months advance notice. Send your event details to beacon@bcna.org.au

Would you like to be on the mailing list for **The Beacon** or **The Inside Story**?

Telephone 1800 500 258 (freecall), email beacon@bcna.org.au or fill in this coupon and send it to: **Breast Cancer Network Australia, 293 Camberwell Road, Camberwell, Victoria 3124.**

- Yes, please send me: **The Beacon**, BCNA's free quarterly magazine
 The Inside Story, a four-page supplement on living with secondary breast cancer, mailed with **The Beacon** to those who request it.

Name:

Address:

State: Postcode: Phone: ()

Email:

Have you had a diagnosis of breast cancer? Yes No

If yes, what year were you diagnosed? What year were you born?

Have you had a diagnosis of secondary breast cancer? Yes No



PaperlinX proudly supports women with breast cancer by generously donating the paper for **The Beacon** and **The Inside Story**.

Printing kindly supported by Vega Press.



Partners

So often we hear from women about the impact of their breast cancer experience on their husband or partner.

We hear positive and negative stories about reactions to diagnosis, the varying levels of support during the journey and the impact on the relationship.

We invite stories from women and from partners who might like to 'put pen to paper' for our Spring issue of **The Beacon**.

Please submit your article of around 200-300 words (about half a page), preferably via email to beacon@bcna.org.au by the end of June.

Please also send us a high-resolution digital photo, or mail your photo to us, and we will return it to you.



the BEACON

Layout: Substitution

BCNA

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