This issue of The Beacon considers women’s sense of emotional wellbeing.

Most people would agree that finding ways to maximise our own sense of wellness is certainly something worth striving for.

For those of us who’ve been told we have cancer, especially when you’re in the throes of treatment, it sometimes feels as if that sense may never be recaptured.

It is common for women diagnosed with breast cancer to experience high levels of fatigue and the after-effects of treatment, sometimes for several years.

After all, we have been assaulted on a number of levels; physically and emotionally. Our sense of self and confidence in a body which has let us down can take a good battering too.

For me, I recall clearly it was one day about two years after having chemotherapy, that I suddenly realised I felt well – really well – again. A great joy!

To be honest though, most of us live with some degree of uncertainty about the future as we hope that breast cancer will not come back.

Time is indeed a wonderful thing, and with each year away from our diagnosis, this sense of fear decreases for most women. Our challenge is to live well even against a backdrop of uncertainty and to find the things that give us satisfaction and pleasure in life.

In this issue of The Beacon you’ll find strategies and advice about improving your emotional wellbeing from professionals working in the area, including the always-wise words of BCNA’s own Ambassador, Stephanie Dowrick. It includes a range of wonderful, candid articles offered from the experiences of our readers, and hopefully gives you a sense of BCNA’s work in this area and the ways you can tap into assistance.

For me, the list of things I want to experience, enjoy and achieve in my life keeps growing, while the years I have left are decreasing. I’m planning to be around for a very long time yet, but I’m starting to feel that I need to nurture myself more, offer myself more flexibility and clear space in my life by reducing my hours of work.

I am excited about the prospect of what adventures lie ahead for me in this next stage of my life and I am completely looking forward to seeing BCNA take its next steps forward under a new, committed leader.

BCNA has always been driven by and gained its real strength from the large number of women and men who stand together as members.

As we’ve said so many times, this is a club that none of us would have signed up for. Having said that, we can gain strength from each other. Certainly our large numbers – currently more than 57,000 – also mean we have a strong national voice capable of influencing government, scientists and health professionals to help them get it right for the women who come after us.

Lyn Swinburne AM
Chief Executive Officer

Breast Cancer Network Australia

Finding time for things you enjoy can improve emotional wellbeing.
It is interesting to see how people and organisations manage change – some resist it; others thrive on it.

When Lyn Swinburne told me and my fellow Board members that she intended to retire as CEO by the end of 2011, we were all slightly in shock. Her leadership and passion have driven all things BCNA from our humble beginnings when The Beacon was hand-folded on her dining room table!

However, when we look at BCNA today, we see a thriving, influential organisation that stands tall on its own. With more than 57,000 individuals linked together through our national network, a three-year strategic priority plan in place, a team of dedicated capable staff and a committed Board, BCNA is well positioned to take its next steps in achieving great things on behalf of Australians diagnosed with breast cancer.

I intend to acknowledge Lyn’s contribution and legacy in a future issue of The Beacon, but for now our combined attention is directed towards appointing a new CEO. We are therefore keen to let readers of The Beacon know about this process in the hope that some impressive candidates might come from within our membership.

The Board is seeking to appoint an outstanding leader as the next CEO to guide a committed and passionate team to support, represent and advocate for Australian women diagnosed with breast cancer.

Marg O’Donnell, BCNA Chair

Research has shown that many women with breast cancer experience some level of emotional distress. Fear of cancer recurring is often a major cause of stress. However, concerns such as coming to terms with your diagnosis, making difficult decisions about treatment, and changes in your body image can also leave you feeling anxious, angry or depressed.

After you finish active treatment (surgery, chemotherapy, radiotherapy) you may find yourself feeling particularly stressed and vulnerable. While these feelings usually decrease over time, often women tell us they become anxious before their regular check-ups, sometimes even years after their treatment has finished.

Once you’ve finished treatment you feel abandoned, even though it’s actually not the case at all.

– Elizabeth

Emotional wellbeing plays an important role in quality of life. It can help you cope better with the challenges of daily life, and of breast cancer. When you feel well emotionally, your capacity to enjoy life is improved.

However, when you are physically unwell it can sometimes be hard to ‘keep yourself together’ emotionally. There are things you can do to help lift your mood. Many women find complementary therapies, such as meditation, massage, aromatherapy and yoga, helpful. Things that give you pleasure, such as sitting looking at a view or working in your garden, can also help you relax.

Talking to women who have had similar experiences may help. Research has shown that women who participate in breast cancer support groups report significantly lower levels of emotional distress. BCNA has 294 Member Groups around Australia. To find one near you, visit our website www.bcna.org.au.

On our website, you can also join our Online Network, where you can chat with other women at any time of the day or night.

I have gained fantastic support and a lot of answers to my questions (through the BCNA online network).

– Wendy

Research shows that depression among women with breast cancer is common – up to half of all women may experience anxiety or depression in the first year after diagnosis.

Depression is treatable. BCNA’s Depression and Breast Cancer fact sheet has information about depression and how to get help.

A list of resources to help women manage anxiety, stress and depression is available at www.bcna.org.au or by phoning freecall 1800 500 258.
Ask the Expert

Dr Jemma Gilchrist

Dr Jemma Gilchrist is a senior clinical psychologist at Sydney’s Westmead Cancer Care Centre and is also in private practice. She has a particular interest in the impact and treatment of anxiety in people with cancer. The Beacon spoke with Dr Gilchrist about an issue that often causes great anxiety among women with breast cancer – the fear that cancer may return.

Is it normal for women to worry about breast cancer recurring?

It is common, and normal, for women to worry about this. The end of active treatment is often a time when women start to worry about whether their cancer might come back. Instead of feeling relieved and happy that their treatment is finished, some women find they feel lonely, anxious, resentful and even traumatised. Every little pain can lead them to wonder ‘Is this the cancer back?’

Other things can trigger anxious feelings too. Many women feel stressed in the days leading up to a check-up or anniversary. Stories in the media or having a friend diagnosed can also make women anxious about their own cancer.

Why do women feel so frightened that their cancer may return?

For many women the biggest concern is that they might not survive a recurrence. But they also feel that they just couldn’t face going through the treatment again. Some women are frightened about what it would mean for their quality of life.

What are the symptoms of anxiety?

Women who are anxious may find their behaviour changes significantly. They may be snappy and irritable, have panic attacks, sleep poorly and be easily frustrated by people around them. Some women avoid contact with friends and stop going out or doing the things they enjoy. They may feel insecure about life and their future, and develop a distrust of doctors and medicine.

How can women manage fear and anxiety?

It is important to remember that anxiety about cancer returning will reduce over time. However, there are strategies you can use to help manage it. Nurture your body – eat well, get some exercise and limit your alcohol intake. Do what matters in your life. Be the person you want to be and do the things you want to do. Sway towards things that give your life pleasure and meaning and, if it helps, set yourself some goals in different aspects of your life – don’t be afraid to invest in your future! Acknowledge your stress. Think about what adds to it and what you can do to alleviate it.

What about negative thoughts – how can these be managed?

We all have irrational and unhelpful thoughts from time to time. However, just because you think something, it doesn’t mean it’s true – and it doesn’t mean it will happen. If you are having negative thoughts, try speaking to yourself calmly and with a sense of balance, and avoid making generalisations. You may also find meditating helpful.

When is it time to seek some help?

If you don’t think you are coping, then that is a good time to get some professional help. You could try your GP, a counsellor or a psychologist. Even when you feel you are coping, professional help can support and guide you.

Is there anything else women can do to help themselves?

Try to communicate well, both with those around you and with your medical team. Try to connect with others – friends, family or a support group – and let them in. Find a doctor who you trust, and be open about how you feel.

Finally, remember that a certain amount of anxiety about cancer returning is normal, but by taking some control over your life and managing your fear you can live a happy and fulfilling life.

Mental health treatment plans

If you are feeling anxious or think you may have depression, you may like to talk to your GP and ask about a GP mental health treatment plan. This plan entitles you to up to 10 Medicare-subsidised appointments with a clinical psychologist, specialist GP, social worker or clinical occupational therapist.

For you to be eligible for a Medicare rebate, your GP will need to draw up a plan and provide you with a referral before you have an appointment with the specialist. The rebate may not cover the full cost of the appointment, so you may like to ask when making the appointment if there will be an extra cost to you.
Let’s be kinder to ourselves

Dr Stephanie Dowrick is a trained psychotherapist, a regular wellbeing presenter at BCNA’s Forums, a breast cancer survivor and a BCNA Ambassador since 2001. Here she talks about the importance of being kinder to ourselves.

A diagnosis of cancer – or any serious illness – will always change our lives. The good news is that not all those changes have to be for the worse.

I was diagnosed with breast cancer in 1995 and thank heaven I am here writing this for you today – grey-haired and rather lined, but rejoicing that I have lived long enough to appreciate those signs of natural ageing! In the years since, and especially through the wellbeing work I do with BCNA, I have met literally hundreds of people whose lives have been changed by illness. And what I’ve heard from so many of you is that this diagnosis has often forced a tough reality check, and especially, a new assessment of how you are living and what your priorities really are. For many of you cancer is reason enough to give up forever what wears you down emotionally or physically. Better still, it’s a reason to do much more of whatever will most effectively lift your spirits.

Only you can know what should be banished forever from your ‘to-do’ list and what should be added. But it’s absolutely worth some quiet time to evaluate.

‘Far fewer things that I “ought” to be doing and far more of what I want to do,’ is how one wise woman put it to me recently. And I saw myself in her when she added, ‘Crazy that cancer has given me permission to be kinder to myself at last, but that’s exactly how it feels.’

After I was diagnosed with cancer I finally took up gospel singing! It seems crazy now that it took such a jolt for me to finally do something that gave me years of joy despite my lack of any special talent.

For each of us, and for our loved ones, a cancer diagnosis is the last thing we want to hear. And when it’s not our first round of bad news but a later one, it’s harder still. Even more reason then that we become tough-minded on our own behalf, dropping any ancient resentments, spending little or no time on issues or tasks that cause us grief, and giving all the time we can to whatever it is that will nourish us and lift our spirits. The same rule applies to people. Spending time with people who overwhelm or upset us may not affect our prognosis but it will send our spirits plummeting. We are entitled to take that seriously. Crucial to taking better care of ourselves is to spend as much time as possible with people who are good to be around. Most important of all, we need to learn gently and in so many different ways how to be good to ourselves.

As we find increasing ways to choose wisely and well on our own behalf, we might discover how easy it is to say an unapologetic ‘no’ to things we don’t want to do. We might also find a quiet delight in saying an enthusiastic ‘yes’ to anything we have been putting off because we thought we wouldn’t do it well enough, or that we had no time for it, or because we believed that other people’s needs and wants should always come first.

Becoming our own advocate or best friend doesn’t turn us into a selfish monster. My observation is that the opposite is true. It makes us far easier to be around. By making kinder choices on our own behalf, it’s easier to appreciate our precious support people and friends and family – and to receive their appreciation of us.

For more information and support, visit Stephanie’s website, www.stephaniedowrick.com. You may also find two books she has written particularly helpful: Forgiveness and Other Acts of Love and Choosing Happiness: Life & Soul Essentials.

Online support

BCNA’s Online Network now includes more than 60 online groups, most of which provide a way for those with similar experiences to connect. For example, there are online groups for women who have rare forms of breast cancer, including inflammatory breast cancer and Phyllodes tumours.

It can be difficult for women with a rare breast cancer to meet other women who have a similar diagnosis. The Online Network allows them to connect with other women, no matter where they live around the country, and to share their experiences.

The Online Network also has groups for young women, for partners and family members, and for women with secondary breast cancer. Some breast cancer support groups also use the Online Network to let their members know about meetings and events.

To join an online group, you need to create a personal online profile. If you have not set one up yet, visit www.bcna.org.au and click ‘Join our network’. Once you have a profile you can search for online groups (click ‘Find Groups’) – you can scroll through the list of groups or put some key words, e.g. inflammatory breast cancer, into the ‘keywords’ search box.

We hope you will find a group to suit you but, if not, anyone in the network can create an online group – you may like to consider starting your own!

If you would like help in setting up an online interest group, contact us on 1800 500 258.
Sexual wellbeing – it’s an issue

While some women experience positive changes to their sexual wellbeing or sexual relationship after breast cancer, for others breast cancer can have the opposite effect.

I love my husband very much and our relationship is good but my physical body does not respond like it used to. It’s upsetting.

– 51-year-old woman

Sexual wellbeing is a deeply personal issue, but it’s a topic that BCNA wanted to investigate further following our 2009 sexual wellbeing research, which found there was a significant unmet need for information and support about sexual wellbeing.

In December 2010 we commissioned Professor Jane Ussher and her team from the University of Western Sydney to conduct research with our members and health professionals. We received responses from 2,210 members and 159 health professionals. The majority of participants (our members) told us breast cancer had affected their sexual wellbeing, with the top five issues of concern being tiredness, vaginal dryness, hot flushes, feeling unattractive and weight gain.

My main problems are lack of interest and vaginal dryness. My husband is very supportive but doesn’t initiate sex often because he doesn’t want to be pushy.

– 50-year-old woman

We found that while a small number of participants said they had experienced an improvement in their sexual relationship through feeling closer or experiencing greater intimacy with their partner, the majority reported relationship difficulties.

A non-communicative relationship just got worse.

– 52-year-old woman

A number of participants said they felt that their sexual wellbeing needs and concerns were ignored by their medical team because they were seen as too young, too old, in a same-sex relationship or single. Despite the majority of participants saying they had experienced adverse sexual wellbeing changes, only 35% of participants said they had spoken to someone about this.

Because I am not in a relationship I would find it hard to discuss my feelings of sexuality, or lack thereof.

– 67-year-old woman

The majority of participants who told us they would like to speak to someone about sexual wellbeing changes said they wanted to speak to their partner/husband. This suggests that couple communication is preferred over communication with health professionals.

It was interesting to find that even though 89% of health professionals considered sexual wellbeing to be an issue for women with breast cancer, only 33% of those who answered the survey said they always addressed this issue with women. While they need to respect the choice of women to not discuss sexual wellbeing (if that is their choice), we know that some women are too embarrassed to raise the issue, or may not know what help is available. It is therefore important that health professionals raise this issue with women as part of their standard care.

I don’t know where to go for support.

– 38-year-old woman

We asked participants if they would like information about sexual wellbeing and 68% agreed that they would. The top five issues women wanted to know about were: vaginal dryness, relationship changes, difficulties in becoming aroused, hot flushes, and information for partners.

While the majority of participants said they wanted information, only 33% said they had been able to find anything relevant, suggesting that their needs are not being met.

Thank you to all the women and health professionals who participated in this research. BCNA will use the research results to identify strategies and produce resources for women with breast cancer and the health professionals who assist them.

To read a summary of the research, visit www.bcna.org.au

The impact of breast cancer on my sexual wellbeing

Breast cancer has had a massive impact on my sexual wellbeing. When I say this I don’t just refer to the ability to have sex, although the impact here has been immense. I also mean my own physical comfort and perception of myself.

Before breast cancer I was 8 kg lighter, with long thick curly hair, breasts I was comfortable with, and no rolls of fat.

By the end of my chemotherapy, I wondered why I couldn’t get myself out of a chair. My oncologist told me I now had the body of a 90-year-old.

Although I knew treatment-induced menopause was likely, I didn’t envisage this. A 90-year-old body is not a sexy outcome when I am in my 40s.

I was also fatigued, and my libido was non-existent. Intercourse was next to impossible anyway, as my skin had become fragile and would tear. My affected breast was gouged and scarred and tender to touch; my hair thin and receding. These changes did not sit well with what I used to see as the reasonably attractive, sexy me.

I admit I have been quite teary at times about ‘the new 90-year-old me’. Sexual intimacy certainly adds a great positive to a relationship and its loss can be a burden at any age. My husband is understanding and supportive, but I can still feel frustrated and disappointed. I think it was Jung who described sexuality as basic to human life, like food and water.

Jillian, VIC

www.bcna.org.au Winter 2011
Prostheses reimbursement program update

Readers of The Beacon may recall that our Summer 2009 issue included an invitation to women who use breast prostheses to provide feedback to an evaluation of the federal government’s National External Breast Prostheses Reimbursement Program.

This program reimburses women who have had mastectomy as a result of breast cancer with up to $400 towards the cost of each breast prosthesis, every two years. Health Minister Nicola Roxon recently announced the results of the evaluation. She thanked women who took part and said 77% had agreed the program had a ‘positive impact on their quality of life’.

The evaluation found, however, that not all eligible women, especially Indigenous and culturally and linguistically diverse groups, had been able to take advantage of the program. As a result, her department is now working with Medicare to increase community awareness of the program and consider ways to improve its flexibility. BCNA commends the government on the program and is pleased it will be better promoted.

We know, however, that there is another group of women who find it difficult to use the program – women on low or fixed incomes. These women have told us they have trouble finding the money (up to $400) to pay for a prosthesis upfront, before claiming the rebate. BCNA raised these concerns through the evaluation process and in discussions with senior officers at the Department of Health and Ageing and in the Minister’s office. We’ve been advised that, while the department and Medicare consider this an important issue, they have been unable to find a solution that is viable and cost-effective.

This is disappointing for women. BCNA will continue to monitor the issue and press our case when the opportunity arises.

There are some suggestions that may help you if you are having trouble paying for a prosthesis. If you have a credit card, or someone who will put the cost of the prosthesis on their credit card for you, you can purchase the prosthesis early in the billing cycle. Medicare pays 99% of claims for prosthesis rebates within 10 days, so you should have the payment before your credit card payment is due.

Some breast cancer support groups offer loans to their members to purchase prostheses, and women repay them when they receive the reimbursement. Ask your local group if they offer this service.

If you receive a Centrelink payment (e.g. age pension, parenting payment) you may be eligible for an Advance Payment. This is a loan which is repaid via deductions from your fortnightly payments over about six months. You will also receive the prosthesis rebate through Medicare, so will not be out of pocket.

For more information about Advance Payments, contact Centrelink.

For more information about the external prostheses reimbursement program, phone Medicare Australia on 13 20 11.

If you are having any difficulties with the program, or meeting the cost of a prosthesis, please let us know on (freecall) 1800 500 258 or by emailing policy@bcna.org.au.

Letting go of what I can’t control

Many stories of cancer journeys describe the life of a happy and successful person, rudely interrupted by their diagnosis. My story is the opposite.

Before diagnosis I was unhappy and probably would have considered myself a failure in many ways, but I was taking steps to change my life.

Following the initial shock of being told I had cancer at the age of 31, and the predictable assumption that it was somehow my fault, I began to take control, ironically, by letting go of the things which I couldn’t control.

I concentrated on those things I could affect – my attitude and the steps I could take to cope and to fight the disease. The rest I realised would be left up to fate, science, luck of the draw and other things larger than me.

Having cancer had a profound effect on my life – how could it not? Being confronted by one’s own mortality is traumatic, but also strangely freeing.

I found that all my ‘bullshit’, as I put it at the time, disappeared. In other words, my anxiety, low self-esteem and other neuroses behind which I had hidden for a long time seemed to fade away when I realised with alarming clarity I had only one life and it was precious.

A constant stream of love and support from family and friends only bolstered this realisation and I can honestly say, despite moments of fear and occasional bouts of depression, I am happier now than ever.

Having time and space during treatment was like a precious gift and enabled me to make the decision to pursue a new career.

While my cancer journey is receding into the background, and it doesn’t define who I am, it will remain a significant part of my life’s journey, and a critical turning point.

Louisa, VIC
Raelene Boyle, Olympian and BCNA Board Member, shares her story of depression.

My most enduring memory of my mother is her depression. I don’t have any memory of her not suffering with it. As I grew up seeing what depression did to my mother, I tried hard not to go down that track. My career certainly helped. I put other things in place – I had a regular job, no financial stress and I avoided things that I felt would push me in the direction my mother had gone.

Nevertheless, depression found me. It probably started before my breast cancer diagnosis in 1995, but I was managing it at that time.

When I was diagnosed, my mother was very ill. She died five weeks later. I decided she didn’t need to know about my breast cancer, so I tried to keep the news to just a few people who were close to me. I didn’t want it leaked to the media where my mother might hear about it. Dealing with my mother’s illness and my diagnosis really affected me, and my GP decided it was time to go on antidepressants. I stayed on them for many years and lived a life that is quite normal for a depressed person. Sometimes I spent a lot of time in bed, was very down and only did things when I felt I didn’t have any choice.

Eventually I decided it was time to take charge of my life. I hated the antidepressant fog I lived in. I came off them and started exercising more. Exercise really helps me manage my depression.

Now I walk the dog every day and go to the gym three to four times a week. I’m a lot more proactive about doing things. I do more about the house and lead a more normal life. I’ve more actively pursued interests – simple things like gardening.

I’ve also learnt to say no. I say no to a lot more things now than I used to. I do the things I’m interested in and want to do, and mix with the people I want to mix with.

One of the things I really enjoy doing is speaking at BCNA’s forums. As I tell my story of depression, I see so many heads nodding. It seems many women can relate to what I’m saying. So for me there is a positive in talking about it – I hope it gives women peace of mind and the knowledge that they are not the only ones dealing with it.

My message to women is that there is life after breast cancer. Things do turn around. Sometimes it takes a bit longer for some people than for others and that is part of the individual journey. It took me a long time to become well enough to be more positive about where I was heading and not to worry so much about cancer. While I still have bad days, I know that if I stay fit and healthy and not let myself get into ruts, I’ll be okay.

The greatest challenge

I was 31 when diagnosed with breast cancer. The sense of shock, fear and isolation was overwhelming.

I thought of all the rotten things in my life to that point and decided I would change things any way I could. The first thing I did was leave my awful job – scary but liberating. The next thing I did was completely out of left field – dragon boating!

While having radiotherapy I noticed a brochure for Dragons Abreast – dragon boating for breast cancer survivors. In my head the ‘old me’ was saying ‘Are you crazy? A big group of strangers?’ (I was very shy). ‘A water sport?’ (I’m not athletic or comfortable around water.)

The ‘new me’, however, rang Patsy, the founder of Dragons Abreast Peninsula Dragonflies. I went along to a free come-and-try, nervous and apprehensive, however, the women there were so welcoming and compassionate. Different ages, levels of fitness and stages of the breast cancer journey were accommodated for.

With every beat of the drum and splash of the paddle, I felt myself fighting back against the cancer.

In the short term, the group therapy that such a club can provide, along with the physical fitness and emotional support, has been an integral part of my recovery. In the long term, dragon boating has enabled me to fulfil my lifelong dream of travelling overseas when I attended the international dragon boat races in Canada. Dragon boating has given me my life back, and I would definitely encourage other women to try it.

Linda, VIC
Live as though heaven is on earth

It’s mid-2008 and I’m getting excited about a trip to Queensland. Seven days of rest and relaxation because I’ve been so tired for six months now and nothing seems to make me feel rested.

But instead of the holiday, the news comes from my GP – I have breast cancer. Within three days I have a battery of tests and see a specialist. Yes – my left breast will be removed. Yes – I will have chemo and radiation and take a year off work. Yes – I will lose my lovely hair and my life spark, and will have to work on reconstructing not only my body but my mind. How to reconstruct my mind and emotional wellbeing? Slowly and, at times, painfully.

I thought my life was very good – loving family, nice job with great colleagues, a busy social life and kids’ activities. Now I think – was it all too much? Did I think that I could have it all? I certainly didn’t do enough for ‘me’. I told myself I was too busy with everyone else.

Cancer has forced a tough reassessment of my life. No longer do I do ‘everything’ for the family. We try to share the tasks – we all find this challenging at times! I’ve cut my outside commitments.

Most of my pain post-cancer has been with my relationship with my husband. While I readily accepted my breast removal, he did not. Once active treatment was over he seemed to think I was ‘better’ and ‘over it’. This is not so. It’s only the end of phase one.

Learning how to go on living with cancer in your life is the real challenge. Learning to not be fearful every day, every hour, every moment, takes some doing but to some degree has eventually happened.

And now? Two and a half years down the track we have come to a place of acceptance of each other. Me in my cancer-mutilated body and him in his ‘if I don’t think about it, it will go away’ world. Can we live together? Yes we can. We have a commitment to each other and our family. Each day we improve and progress ever so slightly. We’re trying to stitch the past to the present to make our future. Sometimes those stitches are large and clumsy and sometimes they’re fine and delicate, but we keep moving forward.

In the end, I’ve decided that my emotional wellbeing is ultimately up to me – to think things through, to be strong, to have the will to go on and live the best life I can for as long as I can.

I have a new bracelet that says: ‘Live as though heaven is on earth’. It reminds me that each day matters and life is good.

Jane, VIC

Finding my inner strength

I was diagnosed with breast cancer in 2009. I was shocked; where had this come from? I had lived a healthy life; why me?

Prior to all of this, my husband and I had booked a holiday to Europe; a trip which had been on my ‘to-do’ list for many years, and planned to coincide with my 60th birthday.

Unfortunately we had to cancel the trip as it overlapped with my treatment, but after weeks of procrastinating, we were convinced by my doctors to go. I had low self-esteem and a ‘why me’ feeling, but seeing a psychologist and hospital social worker really helped. I was very nervous about leaving the safety of home, but I am so glad that we went.

During the holiday I began to regain my confidence and got back to my ‘old self’, but with new values on life. I had the best time.

We all possess an inner strength to enable us to face whatever life deals us. This helps us to bounce back and find our new selves, bringing us laughter, appreciation and the ability to tackle that ‘to-do’ list.

Lorraine, NSW
The light at the end of the tunnel

Tuesday 24 February 2009, my world changed – I was diagnosed with breast cancer.

The story I want to share is a positive one and is taken from the diary I kept at the time. During the year, in between chemo sessions, I went to see P!NK in concert five times – she is my favourite singer and I was able to lose myself in her music. My son Jackson entered a competition to win P!NK concert tickets. He had to name his fave P!NK song and why. His response was, ‘My fave song is “Please don’t leave me” – you see my mum has just been told she has breast cancer, and I don’t want her to die. P!NK is her favourite. Thanks, Jackson’.

I had no idea about this until a letter and an email arrived from Optus saying he had won a meet ‘n greet and two concert tickets. I thought this was a joke so I rang Optus. The lady was so nice. She said ‘It’s true’ by this stage I was crying. She confirmed we would be meeting P!NK!

The girls at Optus were fantastic – they told me to bring something to sign. I said I have a plan – I’m going to ask her if she will sign my shoulder and draw a breast cancer ribbon. The tickets arrived in the mail, and again I broke down – I was over the moon!

June 19 came around so fast. It was two weeks after chemo and I was feeling vile, but on a high too … P!NK – WOW!

It was now our turn. I asked her if she would sign my shoulder and said I was going to get it tattooed on by her tattooist the next day – she was rapt. I then asked if she could draw a breast cancer ribbon. She said ‘Sure thing’, practised on a few bits of paper, and then drew one on me!

Just as she signed my program and wished me all the best, I asked her if she would sign one more thing for me – my bald head! I whipped off my scarf and she said ‘OMG you are so rad, come over here. Sure I will’, and she did!

I went bald for the night with not a care in the world. Jackson and I moshed at the front of the stage. I had people taking pics of my head – it was one of the best nights ever and the light at the end of my tunnel.

I feel I am on top of the world right now – invincible, and I want to keep feeling this way. Life is GOOD!

Jean, VIC

A new perspective

I was diagnosed at 48 and had a mastectomy. I found myself very isolated (by choice I think) as I did not feel I could identify with a number of older women I spoke to. I was married with three children – the youngest only 12. I felt young, and worked full-time in an all-consuming career. I tried attending a cancer support group but found it very depressing.

I didn’t know if I was sick, lucky or about to die. I didn’t know what I should be feeling. My husband could not understand my many emotions as I struggled with them and my huge loss of self-esteem. I attended a wonderful week with Petrea King which helped me enormously.

My turnaround came when we lost our house in the bushfires. My family was homeless.

Suddenly I had to stop thinking about me and start organising a home again. Since then I don’t dwell on what has happened or may happen. I am still reminded of it every day with the loss of my sister to the same disease, but I feel I now have some perspective.

I don’t think there is a right or wrong way – but I do think that you need to be involved. As Petrea said – be connected!

Sarah, ACT

Petrea King is the founder of The Quest for Life Foundation which provides services to inspire and support people living with cancer and other illnesses. For more information, www.questforlife.com.au
Coping with my partner's diagnosis

My partner Liz was diagnosed with breast cancer in 2007, at the age of 32.

Liz and I had known each other since we were eight years old, but we didn't get together as a couple until 12 months before Liz's diagnosis, so we were still finding our way in the relationship when we were thrown into this.

After the diagnosis, everything moved really quickly. Within two weeks Liz had a mastectomy and we were talking a lot about things people normally have a lifetime to talk about: birth, death, marriage … but mainly death.

I knew that for us to deal with this we had to keep the channels of communication open. We talked a lot about what was going on and how we were feeling. It was important that if one of us had something we needed to get off our chest, we were comfortable to do that. And it was important to be silly together sometimes too.

Some family and friends found it difficult because they didn't know what to say to us. But actually they didn't have to say anything; we just needed them to be there. Apart from anything else, it helped to have the distraction of someone else in the room – so Liz and I weren't sitting there looking at each other and feeling like we had to talk about cancer.

We also tried to maintain some normality in our lives. It was really difficult when Liz was having chemotherapy. She'd have her chemo, then she'd have one good day and then what we called the 'seven days of hell'. We made sure that on that good day we did something nice – we'd go out for coffee or lunch, or sit by the river and watch the world go by. It gave us both a bit of a mental break.

Going to work also helped me to cope. It was a way to step away from cancer for a while. Being the carer is hard, especially for us men – we want to fix everything. We have to accept that there are some things we can't fix.

I did have down times when everything got to me and I had a good cry. And I found it really hard when Liz had to go to Sydney for radiotherapy. I'd been with her on the whole journey until then, and suddenly I didn't know what was going on. I felt really helpless and had to tell myself it was normal to feel this way. I found that keeping busy helped me forget about things. I also had time to remodel our bathroom for Liz's return home. That was one thing I could fix!

I know a lot of people say positive thinking can make a difference and I think it helped us emotionally. We remained positive that we would get through this together and we have. We're now married and are looking forward to whatever life brings us.

Scott, VIC

Conquering the fear

I was diagnosed in 2009 when I was 42, married with three children and living in Exmouth, WA, which is 1,500 km from the nearest major medical centre.

Unfortunately I have a fear of flying, so my husband drove me to Perth every three weeks for chemotherapy.

I tried to work between treatments whenever I could. I very much wanted to keep everything 'normal' for my family.

I live in a wonderful community: staff at work raised funds, a local church group cooked meals for my family for more than a month, and friends walked my dog. Towards the end of my chemotherapy friends would fly to Perth with me (to hold my hand on the flight).

I was open to friends and family and this allowed them to talk freely with me.

My children were incredible – they also suffered but did not show it outside the home. In fact, I wouldn't have gone back for my second round of chemo if it hadn't been for my eldest boy, then aged 13, telling me to pull myself together.

A year later, when a friend with breast cancer passed away, I started to crumble. Last year I had reconstruction, but came down with the flu and a meltdown kicked in.

My GP prompted me to take a four-month break.

I had great intentions of getting healthy, exercising and relaxing, but my best friend in America was going through a hard time so I braved it and flew for more than 30 hours in total to be with her.

I sweated and shook but catching up with her after 15 years and conquering my fear of flying gave me the self-esteem that I needed.

This may not be everyone's way of dealing with their anxiety and depression, but it was mine!

I have learnt to not sweat the small stuff or take things to heart, and not to listen to anyone else's negativity.

Caryll, WA
Over the past few years, women have spoken to us about the skin reactions they experienced as a result of radiotherapy. A number of women told us they had severe reactions, including blistering and cracking despite being warned only of the possibility of a ‘sunburn-like’ reaction.

I was given a pamphlet. It listed side effects, e.g. a slight sunburn, but completely understated them.

We wanted to find out how widespread this experience was, so we invited members of our Review & Survey Group to take part in an online survey. We asked them about their personal experiences with radiotherapy. More than 250 women completed the survey. Most had undergone their radiotherapy treatment within the last 10 years.

Skin reactions
93% of women told us they experienced some kind of skin reaction during radiotherapy; the most common being ‘sunburn-like’ – redness, burning, dryness, peeling and itching. However, 33% of women who had skin reactions experienced blistering to their skin, while about 20% told us that they experienced weeping, swelling and/or cracking.

More than 26% of the women who experienced a reaction rated their level of discomfort at eight or more on a scale of one to 10 (with 10 being most discomfort).

Of the 90% of women who received information about radiotherapy side effects, 10% told us this information did not accurately describe the skin reactions they experienced. A number of women told us the information they were given did not warn about the reactions that could occur towards the end of their course of radiotherapy, or even after treatment had ended.

Information on skin reactions

Of the 90% of women who received information about radiotherapy side effects, 10% told us this information did not accurately describe the skin reactions they experienced. It did not list the fact that nothing might be apparent for over four weeks after the radiation sessions had ceased.

The majority of women whose skin reactions were not accurately described by the information they were provided would have preferred information on the possible severity and longevity of reactions.

Some women gave us their tips for helping to prevent or manage skin reactions:
• Apply a cold pack or frozen face washer to unbroken skin after each radiotherapy session.
• Apply moisturising cream (e.g. pure sorbolene, zinc-based cream) to unbroken skin after each radiotherapy session.
• When showering avoid soap-based products, hot water and shaving; gently pat skin dry afterwards.
• Avoid deodorant, or use an unscented alternative.
• Wear loose-fitting cotton clothes; avoid tight clothes that may rub.
• Drink plenty of water.
• Avoid exposing the treated skin to direct sunlight.

Some women who experienced a reaction gave us their tips for helping to prevent or manage skin reactions including:

Words of experience

Keep out of the sun as much as possible and moisturise your skin. Speak to the nurses while you’re having treatment and they will best advise what to use at the time.

Skin care advice is variable, and what works for some women may not necessarily work for you. We suggest you ask your radiation oncologist or nurse for advice about caring for your skin.

Tattoos

Of the women we surveyed, 96% received a radiotherapy tattoo. A number of women told us that they would have preferred temporary markings, and that they subsequently had to pay to have tattoos removed.

The tattooing is a constant reminder of the whole painful experience. Do they really have to do it or can they use an indelible Texta – it’s only six weeks?

The survey results tell us that, overall, women are provided with information that accurately describes the skin reactions they are experiencing.

We will send the results to key health professionals and other breast cancer and cancer organisations, and continue to monitor this issue.

This project was undertaken with the support of Cancer Australia through the Building Cancer Support Networks Initiative: Better Cancer Support through Consumers program. To read the report about the survey findings, visit www.bcna.org.au > News > Resources > Research reports or phone 1800 500 258 for a copy.
For the Women We Love: A Breast Cancer Action Plan and Caregiver’s Guide for Men
by Matthew J Loscalzo, Bartley Press, Baltimore, 2007 (paperback), 137 pages, RRP: $15.95

A navigation and survival guide for men is Matthew Loscalzo’s description of this well-structured and thought-provoking caregiver’s guide for men who find themselves confronted with a partner’s breast cancer diagnosis and treatment.

Effective communication between partners is a recurring theme throughout the book, with an emphasis on how men might participate in every aspect of the journey.

As useful as the discussion is, the underlying inference is that communication between partners is poor to start with and a long process has to be undertaken to initiate helpful strategies.

The COPE method of problem solving is a feature of the book. Essentially COPE is an action plan involving Creativity, Optimism, Planning and Expert information. To some men it may seem an overly rigid and tedious means of dealing with an issue in the American style of business management, but that is not to say exhausting all avenues of communication is less worthy.

The practical advice about caregiving outlines many activities a man might consider. While its range could intimidate some men with the prospect of having to become a superman overnight, it is intended to broaden a man’s practical and emotional input, however small.

Loscalzo is most helpful discussing the phases of breast cancer. From diagnosis onwards, the questions, fears, treatments and outcomes are explained in a frank and non-technical manner.

Understanding the treatment process is fundamental for men and has a direct bearing on communication strategies.

Loscalzo also explores the role of extended family and children by showing how a man might feel less burdened by sharing the load.

The difficult topic of romance, intimacy and sex is thoughtfully discussed without being too specific. Effective and understanding communication is put forward once again as the best way to approach a sensitive issue.

The book ends with an uplifting look at life after breast cancer, emphasizing that the man’s role in the journey is never over whether the outcome is positive or one of sadness and loss.

Kevin Gurry
Partner of a BCNA member

Where Did My Libido Go?
by Dr Rosie King, Ebury Press/Random House Australia Pty Ltd, 2010 (paperback), 323 pages, RRP: $34.95

Where Did My Libido Go? tackles the often vexed topic of maintaining a healthy sexual relationship. Dr Rosie King’s writing style is easy to read and understand, as she explains what libido actually is, what affects it, how to solve the problems that loss of libido can create in a relationship and, best of all, how to find that elusive libido again.

Where Did My Libido Go? targets many of the misconceptions about sex and intimacy that the media has foisted on us. As I read each chapter, I found myself saying, ‘yes, that’s just what happens’ and ‘yes, that’s exactly how I feel’. The book made me realise that many people have experienced low libido, that they are not abnormal, and that the problem can be fixed. Most important though is the emphasis on the fact that dealing with low libido must be a partnership, putting aside the ‘blame game’ that ends up poisoning many relationships.

The format of the book makes it easy to absorb the information. From her explanations of basic physiology through to the complex issue of how the mind affects desire, Dr King’s text is interesting and readable. There is a list of key points at the end of each chapter, and she also provides a number of questionnaires and checklists, to help the reader clarify their own issues, and create their own solutions.

As loss of libido is an issue for many women with breast cancer and their partners, I think this book should be recommended reading for all couples who want to continue to get the most out of a close and loving relationship.

Chris Horsman
BCNA Review & Survey Group Member
Linking together

Over the past 13 years a key part of BCNA’s mission has been to link Australians personally affected by breast cancer.

We welcome new Member Groups to our network. They now make a total of 294.

BCNA also has more than 57,000 individual members across Australia.

New Member Groups:
- Breast of Friends Breast Cancer Support Group – Victor Harbor, SA
- Keeping A’Breast – Rockhampton, QLD
- C3 Church Carlingford Breast Cancer Support Group – Pennant Hills, NSW
- Whyalla Pink Spirits – Whyalla, SA
- Daffodil Dolls – Bundaberg, QLD

You can visit our website to find a Member Group, including support groups, in your state or territory at www.bcna.org.au > About BCNA > Sharing & support > Find a support group in your area.

Profilng our Member Groups

Young Hope Cancer Support Group

Young Hope Cancer Support Group is based in Goulburn, NSW. Like many groups it started from one woman’s desire to connect with others. Melissa Byrne was diagnosed with breast cancer in December 2009. After her initial shock and sense of devastation, Melissa wanted to talk to others on the breast cancer journey. Here she shares how she started the group.

My McGrath breast care nurse Narelle knew other women around my age (41) who were on the same journey and thought we might be of benefit to one another, and she was right. When Kathy, Tania, Jo and I met, we connected right away!

Many coffees, Tim Tams and cupcakes later, we agreed that these informal chats about anything and everything – children, partners, treatment, dealing with side effects and losing our hair – were so valuable. Could we provide the same support to other young women affected by cancer?

In August 2010, Young Hope Cancer Support Group was born.

Being part of the group, being able to use each other as sounding boards has made this time easier … knowing that you are not alone really helps.

– Tania

Being in a regional location we decided that our group should be inclusive of all cancers. This means that all young women affected by cancer have the opportunity to meet on a monthly basis in an informal non-threatening environment.

At a time when I felt isolated … I found out I was not alone.

– Jo

In October 2010 we were ambassadors for Relay for Life. This was an amazing opportunity to raise our group’s profile and make new connections.

We now work closely with our local oncology unit, community health centre and local doctors. Health professionals often refer young women to our group.

I felt welcome and like part of the group immediately.

– Marie

We know how important it is to find the right treatment, but emotional wellbeing comes from being able to share problems, thoughts and stories. Sometimes just knowing that the person listening to you has been through a similar experience makes all the difference. For this reason, if someone is unable to attend the group in person one of us will often talk to them on the phone.

We are not qualified counsellors – just young women who have a personal experience of cancer. To help us support others we invite our local psychologist to visit our group to give us guidance.

On Australia Day this year our group held its first Mini-Field of Women. It was a great success! We had many people come to remember, write messages and just to chat. Cancer affects so many people. Everyone has a story to tell. Young Hope Cancer Support Group is a supportive place to share and listen to them.

Melissa (left) with members of the Young Hope Cancer Support Group.
Thank you

Thousands of generous supporters across Australia donate their time and money to support BCNA. We would especially like to acknowledge significant contributions recently received from:

- AFL Canberra, the WorkSafe Victorian Country Football League, Netball Victoria, NAB AFL Auskick, the Victorian Women’s Football League, and all the clubs that participated in Pink Footy and Netball Day 2011
- Alison MacNeill, QLD
- Alycia Devereux, Pink Lady Zumbathon, VIC
- Barloworld Mercedes-Benz, Bayside, VIC
- Bicheno Golf Club, TAS
- Bonnie Doon Golf Club, NSW
- Debra Palmer, SA
- Drew Pearson, WA
- Edwina Happell and Ali McLauchlan, Lauriston Girls’ School, Head of School Girls Regatta, VIC
- Julie Obst, Horsham Golf Club, VIC
- Kate Doquile, VIC
- Lakshman Mawalagedren, NSW
- Lucy Anderson and the City of Eltham, VIC
- Natasha Gellis, VIC
- Patti Donnet, QLD
- Pauline Watson, TAS
- Penelope Willoughby, VIC
- Peter Chamberlain, ACT
- Sandra Halloran, VIC
- Sue Knight and the City of Berwick, VIC
- 21st Century Education, International Women’s Day Gala Ball, VIC
- 2011 Sydney Morning Herald Half Marathon presented by Colonial First State, participants, fundraisers, organisers and supporters

Memorials

We pay tribute to the lives of:
- Angela Deligiannis
- Carolyn Costello
- Elise Tuohey
- Elizabeth Ness
- Lynne Vella

We are grateful for the donations we received in their memory.

‘Tickled pink’ by pink buns

The 2011 Pink Bun campaign has once again delighted us with all 618 Bakers Delight stores baking thousands of pink buns to raise funds and awareness of BCNA. The bakeries were awash with pink in support of our women and families. As the campaign progressed, many bakeries built tribute walls of Pink Lady cut-outs with inspirational messages of hope and support.

This year, in communities around Australia, local businesses joined in with additional activities including ‘pinking up’ shopping strips and shopping centres and holding barbecues, sausage sizzles, raffles and guessing competitions. Some stores even had live music out the front.

BCNA’s Community Liaisons and Member Groups visited stores to say thank you, chat to customers, provide information, hand out samples of pink buns and to put real faces to the campaign.

We had Barb – a survivor – out the front chatting to our customers. She turned coins into notes.

– Matt, Bakers Delight, VIC

Huge thanks go to all Bakers Delight staff and customers. At the time this Beacon went to print, the money was still being counted. Keep an eye on the website to see the final result.

Once again this campaign really highlights the strength of the BCNA/Bakers Delight partnership and the great community involvement in local areas. Congratulations to all for wonderful team effort, and thanks for supporting us again!

Get ready for October!

October is Breast Cancer Month, when communities host events that pay tribute to those affected by breast cancer and help to raise awareness and funds. If you’d like to get your community involved, BCNA is here to help!

**Mini-Fields of Women**

Host a Mini-Field of Women to show support and pay tribute to women and their families affected by breast cancer.

Set the date and venue, register your event at www.bcna.org.au > Events, and we’ll send you a free pack including Pink Lady silhouettes, tribute tags and everything pink you will need.

**Pink Lady fundraising event**

For an easy and fun way to raise some money to support BCNA’s work, organise a Pink Lady event. From a simple afternoon tea to a fancy cocktail party, you can choose the size and scope of the event.

For more information visit www.bcna.org.au > Events or phone Marita for help with ideas on 1800 500 258 (Freecall).

**TV personality Shane Crawford with the Bakers Delight Carnegie team**

**Tickled pink** by pink buns
One of BCNA’s priorities is to ensure that women who have experienced breast cancer are given the opportunity to take a ‘seat at the table’ where decisions are made about breast cancer research, treatment, care or services.

One of the ways in which we do this is through our Seat at the Table program. This internationally recognised program empowers women and enables them to work with key decision makers, to improve the system and ultimately improve outcomes for all women with breast cancer.

Our Advocates are appointed to act as consumer representatives, representing BCNA and the broader experience of breast cancer, beyond their personal experience. They are involved in various committees and advisory boards, ranging across health service delivery, policy and research; at local, state, national and international levels. Our Advocates ensure women’s experiences are at the forefront of all decision making and also provide critical reviews of resources being developed for women with breast cancer.

Recently, we successfully nominated two BCNA Advocates – Petrina Burnett (WA) and Lorraine Woods (QLD) – for scholarships to attend Project LEAD in Cancun, Mexico. Project LEAD is a training course run by the US National Breast Cancer Coalition. The three-day course is designed to prepare international breast cancer advocates to engage in and influence local and national forums where breast cancer decisions are made.

I was keen to attend Project LEAD to better understand the biology of cancer, to better equip myself as a breast cancer advocate and to learn more about the global issues that breast cancer survivors and services face. I was able to meet attendees from Uganda, Nigeria, Peru, Turkey, Sweden, New Zealand, Japan, Georgia, Belarus, and the list goes on.

On my return to Australia, I was delighted to be BCNA’s Advocate on the WA Cancer and Palliative Care Network – Breast Cancer Collaborative. The collaborative looks at the breast cancer services across the state and ensures a standard of care is met in line with best practice.

Through training programs such as Project LEAD, the US NBCC aims to bring educated consumer perspectives and critical thinking skills to the important issues and controversies in breast cancer – to help achieve its ultimate goal to end breast cancer by 2020.

I was able to meet attendees from Uganda, Nigeria, Peru, Turkey, Sweden, New Zealand, Japan, Georgia, Belarus, and the list goes on.

On my return to Australia, I was delighted to be BCNA’s Advocate on the WA Cancer and Palliative Care Network – Breast Cancer Collaborative. The collaborative looks at the breast cancer services across the state and ensures a standard of care is met in line with best practice.

Throughout the training, recognised scientists, medical practitioners, and professors presented to us on the issues surrounding breast cancer.

Project LEAD has enabled me to speak my thoughts and feelings around breast cancer and has helped me acknowledge the importance of celebrating survivorship. I have developed an action plan that includes learning more and getting out and speaking more in an attempt to facilitate change.

Daily, I tell myself that a journey of a thousand miles begins with one small step.

– Petrina

Lorraine and Petrina have returned with a wealth of information, contacts from around the world, and a renewed determination to help women affected by breast cancer. The trip is a great example of ways in which our dedicated team of Advocates is making a difference and achieving better outcomes for women and their families.

Advocates around Australia

As part of BCNA’s Seat at the Table program, the following women have recently been appointed to represent us:

• Bloom Editorial Board (Reach to Recovery International Magazine) – Steph Newell (SA)

• National Breast Cancer Audit Management Committee (Breast Surgeons’ Society of Australia and New Zealand) – Sue Timbs (VIC)

• Jean Hailes Victorian Breast Cancer Think Tank – Jillian Lawrow (VIC)
**Dates for your diary**

- **27 June**: Free BCNA Hobart Forum. For more information or to register, visit www.bcna.org.au or 1800 500 258 (Freecall). Partners and carers welcome.
- **29 June**: BreaCan presents a free information session about Clinical trials. Ground Floor, 210 Lonsdale Street, Melbourne, 12–1.30 pm. Dr Jacqui Chirgwin, Board Chairman Australian New Zealand Breast Cancer Trials Group, will talk about what a clinical trial is, and the ethics, administration, protocols and considerations you need to think about when deciding whether to participate in a clinical trial. Bookings essential on 1300 781 500.
- **1 July**: Raelene Boyle’s 60th birthday celebration. Crown Palladium Ballroom, Southbank, Melbourne. For more information, visit www.bcna.org.au > Events.
- **July**: Free BCNA Brisbane and Bundaberg Forums. Register an expression of interest on 1800 500 258 (Freecall). Partners and carers welcome.
- **16 July**: Hunter Breast Cancer Education and Support Committee and BCNA Public Forum, Western Suburbs (Newcastle) Leagues Club. For more information or to register, visit www.bcna.org.au or 1800 500 258 (Freecall). Partners and carers welcome.
- **20 July**: BreaCan presents a free information session about anxiety. 12–1.30 pm Ground Floor, 210 Lonsdale Street, Melbourne. Jane Fletcher, Psychologist at Cabrini Health, will discuss a range of anxiety disorders and some simple strategies to keep anxiety under control. Bookings essential on 1300 781 500.
- **24 July**: One-day seminar, Meditation, Meaning and the Mind, presented by Petrea King, Quest for Life, Y Hotel, 5–11 Wentworth Avenue, Sydney. For further information or to register go to www.questforlife.com.au
- **18 September**: Blackmores Sydney Running Festival. BCNA has been chosen as one of the official supporter charities for this festival. Register to participate in one of four events: Blackmores Sydney Marathon, Blackmores Half Marathon, The Sunday Telegraph body + soul 9 km Bridge Run, and The Sunday Telegraph 4 km Family Fun Run. To participate in the event and to fundraise for BCNA visit www.sydneyrunningfestival.com.au
- **October**: Mini-Fields of Women will be held around Australia. Visit our website www.bcna.org.au to find a Mini-Field of Women near you or to register your interest.

**Affected by the bushfires or floods?**

If your My Journey Kit or Hope & Hurdles Pack has been damaged or lost in a natural disaster, we are, of course, more than happy to replace it for you. Please let us know by phoning 1800 500 258 (Freecall) and we’ll send out a replacement.

**Join our mailing list**

Would you like to be on the mailing list for The Beacon or The Inside Story? To subscribe, telephone 1800 500 258 (Freecall), email beacon@bcna.org.au or visit www.bcna.org.au > Resources.

**Seeking stories – giving back**

We are seeking stories for the Summer 2011 issue of The Beacon about giving back. Has your experience with breast cancer inspired you to help others? Have you made changes in your community to try and improve the system? Have you found support in unexpected places? Please email articles of 200–300 words (about half a page) to beacon@bcna.org.au by the end of September 2011.

We ask you to include a high-resolution photo, or post your photo to us and we will scan and return it to you.