“Today’s Reality, Tomorrow’s Perspectives”
The 13th Reach to Recovery International Breast Cancer Support Conference
Athens, Greece, 1-4 June 2005.

I’m very pleased and honoured to invite you to the 13th Reach to Recovery International Breast Cancer Support Conference, which will be hosted in Athens in June 2005.

During this meeting we shall have the chance to get valuable information and discuss all the new developments concerning breast cancer. We shall have the chance to look “behind the words” and spread the global meaning of Reach to Recovery for health, psychological well-being, volunteerism and advocacy.

With the Olympic light and spirit now more vivid than ever, we will look to “today’s reality” and to “tomorrow’s perspectives”.

The organising committee and I are looking forward to meeting all of you in Athens so that together we may contribute to the success of the conference.

Yours sincerely,

Letta Chatzi
Chair of the conference

www.breastcancerhellas.gr/13rri/index.htm

Recognition and award
Dublin conference recognises Ranjit Kaur as an outstanding UICC volunteer

Ranjit Kaur, the president of Reach to Recovery International, was one of four people presented with awards for excellence in global cancer control at the 4th UICC World Conference for Cancer Organisations, held in Dublin in November 2004.

These UICC awards are intended to recognise “individuals and organisations whose vision and contributions cross sectors, disciplines and borders for a maximum impact on global cancer control”.

Ranjit Kaur is a breast cancer survivor from Malaysia who has initiated outstanding advances in international breast cancer awareness and patient support. Jeff Dunn, who serves as an advisor to Reach to Recovery International, presented her with an award as an “outstanding UICC volunteer”. He cited her inspirational leadership of Reach to Recovery International, along with her role as president and founder of the Malaysian Breast Cancer Council and president of the Breast Cancer Welfare Association in Malaysia.
Women with breast cancer the world over share similar fears, anxieties and aspirations. The recent Conference on Cancer in the Developing World organised by the UICC and the National Cancer Institute in Cairo brought this home to me once more. The healthcare professionals who were delegates at the conference were intrigued by the Reach to Recovery approach, which can help the patient to cope and manage through her treatment and beyond.

The personal experience of breast cancer can give us the impetus to meet new and exciting challenges that we would otherwise never have thought of facing. These can be personal challenges, such as scaling Mount Kilimanjaro, or creating a Reach to Recovery group in northern Ghana, or contributing to society by organising Pink October activities. These experiences enrich both ourselves and society. Reach to Recovery groups could use these articles as a planning tool for forthcoming activities.

UICC’s Reach to Recovery International is the only global patient support programme dedicated to breast cancer. Recent developments include a restructuring in favour of a regional focus for training and the exchange of information, experience, knowledge and skills in accordance with local social, economic and cultural environments.

Reach to Recovery International has long pledged to bear the torch for the overall fight against cancer. We should keep in mind that almost everywhere, especially in developing countries, lung cancer rates are on the rise. As Isabel Mortara’s article for International Women’s Day reminds us, up to 30% of all cancers are due to tobacco use. Your Reach to Recovery group could contribute to reducing lung cancer by lobbying for your country to ratify the Framework Convention on Tobacco Control, if it hasn’t already done so, and to put in place effective measures to combat tobacco consumption, nicotine addiction and exposure to tobacco smoke.

We will be meeting in Athens this June to catch up with old acquaintances and to meet new friends. The excitement is building up and the countdown has begun. If you have not made any arrangements, do contact the organisers of the 13th Reach to Recovery International Breast Cancer Support Conference for application details. See you in Athens!

Ranjit Kaur
President, Reach to Recovery International

Eat your way to health with fruit and veg

"Eat up your vegetables," our mothers always urged us when we were young. "They’re good for you." Scientific research suggests that our mothers were right. It indicates that eating fruit and vegetables lowers the risk of cancer, thanks to the fibre, antioxidant vitamins and other constituents they contain.

"There are indications that consumption of fruits and vegetables may be protective for cancers of the mouth, pharynx, larynx, stomach and possibly colorectum and lung," says Elio Riboli of the International Agency for Research on Cancer (IARC) in Lyon, France.

"Furthermore, fruit and vegetable consumption has been shown to lower blood pressure and the risk of cardiovascular disease."

Surprisingly, recent studies do not show a protective effect in the case of breast cancer.

The European Prospective Investigation into Cancer and Nutrition (EPIC) studied almost 300,000 women in eight European countries. The investigation, coordinated by IARC, is co-financed by the European Commission and several national cancer charities.

"This investigation is the largest until now and spanning a wide range of fruit and vegetable consumption by participants from the north to the south of Europe. It provides evidence that the consumption of fruit and vegetables during adulthood or midlife does not lower breast cancer risk," say Carla van Gils and Petra Peeters from the University Medical Centre, Utrecht, in the Netherlands.

Together with Elio Riboli, Van Gils and Peeters took the lead in this analysis.

"These findings may be disappointing," Riboli recognises. But there are still "good reasons to recommend eating plenty of fruit and vegetables."

Based on Press Release no 157, 12 January 2005, from the International Agency for Research on Cancer (www.iarc.fr)

Convention on Tobacco Control

The Framework Convention on Tobacco Control was adopted during the 56th World Health Assembly in May 2003 and entered into force in February 2005. It has been signed by 168 countries and remains open for ratification and accession. At the time of writing, 62 countries are parties to the convention; for an up-to-date list, see http://www.who.int/tobacco/framework/countrylist/en/.
What is a clinical trial?

In cancer research, a clinical trial is an organised study conducted among people with cancer to answer specific questions about a new treatment or a new way of using a known treatment. Each study tries to increase medical knowledge and to find new and better ways to help patients with cancer. Besides studying new anticancer drugs, clinical trials study new combinations of drugs already used in cancer treatment, new ways of giving treatment, and how changes in lifestyle can help patients with cancer or prevent cancer from occurring. Other clinical trials compare the best known standard therapy with a newer therapy to see if one produces more cures and causes fewer side effects than the other.

Why are clinical trials important?

Before a new treatment is tested in patients, it is carefully studied in the laboratory. First, a drug is considered because it changes cells or parts of cells in a way that suggests it will destroy cancer or help the body to deal with the side effects of cancer treatment. Then, the new treatment is tested in animals to learn what it does in the body. But this early research cannot predict exactly how a new treatment will work in people or define all the side effects that might occur. Clinical trials are designed to help us find out how to give a new treatment safely and effectively to people. Each patient who participates in a clinical trial provides information on the effectiveness and risks of the new treatment. Advances in medicine and science are the result of new ideas and approaches developed through research. New cancer treatments must prove to be safe and effective in scientific studies with a certain number of patients before they can be made available to all patients.

Treatments now being used (standard treatments) are the base for building new, hopefully better, treatments. Many standard treatments were first shown to be effective in clinical trials. Clinical trials show researchers which therapies are more effective than others. This is the best way to identify an effective new treatment. New therapies are designed to take advantage of what has worked in the past and to improve on this base.

You may be interested in participating in a trial. You should learn as much as you can about the trial before you make up your mind.

From “Clinical trials information for patients”
imssd.mei-bon.de/cancernet/203900.html

Patient's Friends Society - Jerusalem

Patient’s Friends Society (PFS) is a nongovernmental organisation founded in 1980 by Palestinian academics and health professionals. It dedicates much of its efforts to the early detection of cancer through affordable screening, education and counselling.

PFS started mammography screening in 1990. Until then, health professionals and researchers in Palestine had no indicators about breast disease.

In Palestine, breast cancer accounts for almost 30% of all cancers in women, yet a stigma surrounds a diagnosis of cancer, so there is a great need for community education and support.

In 2000, PFS founded Sunrise, the first breast cancer support group in Palestine, which seeks to "break the silence" surrounding cancer diagnosis and to address the psycho-social aspects of living with cancer.

At present, the group numbers over 50 women from Jerusalem and the West Bank. The women, both patients and survivors, aim to increase awareness about prevention, early detection and treatment and to improve patient-professional communication.

PFS is a registered non-profit charity located within Augusta Victoria Hospital on the Mount of Olives, Jerusalem.

Together with the hospital it participates in Project COPE, a cooperative project initiated in 2000 for Palestinian and Israeli health professionals and women living with breast cancer.

Other useful links
http://cis.nic.nih.gov/fact/2_11.htm
www.cancer.org/docroot/ETO/content/ETO_6_3_Clinical_Trials_-_Patient_Participation.asp#C1
www.cancerbacup.org.uk/Trials/Search
Taiwan

Taichung Kaihuai Association (Breast Cancer Support Group)

Self-examination of breasts - an educational programme

Taichung Kaihuai Association is a very active breast cancer support group in Taiwan. One of the activities carried on by Kaihuai is the education of the public to recognise the importance of breast health and the early detection of breast abnormalities.

Each year Kaihuai trains about 30 volunteers, all breast cancer survivors, to meet the needs of their educational programme and other activities. The volunteers, known as "Kaihuai angels", visit people in local communities, teachers and staff at schools, factories, private and governmental organisations, and even prisons and aboriginal villages. The class they give lasts one or two hours and includes a short lecture, slide show, model demonstration, and questions and answers. The visits are sometimes accompanied by a doctor or nurse; but in most cases, our Kaihuai angels act alone. Most classes contain 30 to 40 people. Cooperation from hospitals in suburban and distant areas is common and very encouraging as it allows more people the opportunity to be informed and to attend.

Kaihuai angels speak about breast cancer awareness, breast healthcare and how to do breast self-examination. They are also able to talk about their own experience with breast cancer. The emotional and practical support from a survivor is very convincing.

Kaihuai angels have met more than 15,000 people since the educational programme started in 1997. We are happy to see that many women came to the class with their husbands, as we believe that husbands are indispensable in our effort against women’s breast cancer. The response from the public has always been excellent. According to our investigation, more than 90% of those attending considered the class very helpful. They recognised that periodical self-examination of breasts was necessary, and they had learned the right way to do it.

Kaihuai’s educational programme has been partially supported by the government and the private sector. Kaihuai is now negotiating with the government to provide similar classes on breast care and self-examination of breast tumours in high schools, starting in 2006. We believe that women as early as adolescence should be aware of the threat of breast cancer. There is also a good possibility that these students can transmit important information to their family members and neighbours, so as to extend Kaihuai’s help to more people.

Iris Cheng
President

www.iadtw.com/tchappy/paper_1_6.htm

Let’s help women everywhere fight cancer

"Alice is gone." Isabel Mortara, Executive Director of UICC, the global cancer control organisation, is speaking on International Women’s Day about an absent friend.

“Although I had prepared myself for her departure,” she says, “it is difficult for me to grasp the reality that Alice won’t be coming back. I won’t even be able to phone or send her letters.”

“When I last saw Alice, she was resigned. In fact, she was tired of fighting. As we bid each other goodbye, we held hands so tightly, gave each other a generous hug and said our customary ‘I love you’. Shortly after, her husband phoned to tell me that she was gone. Alice finally got the rest she longed for.”

“She died of cancer.”

Each year more than 5 million women worldwide discover they have cancer and almost 3 million women
The cancer threat

Breast, cervical, colorectal and lung cancers are the four major cancer threats to women worldwide.

Breast cancer is the most common type of cancer among women. Worldwide over a million women are diagnosed with breast cancer each year. But if diagnosed at an early stage, breast cancer can be treated effectively.

Cervical cancer disproportionately affects the world’s poorest and most vulnerable women. Of more than 490,000 new cases each year, 83% are found in developing countries. Treating human papillomavirus (HPV) infections and using simple, low-tech screening tests will help women to avoid cervical cancer and to live longer.

There are over 470,000 new cases of colorectal cancer each year, two-thirds of them in the developed world. Screening tests, along with a few simple changes in diet and lifestyle, can dramatically reduce the risk of developing this form of disease.

Although lung cancer rates among women are finally beginning to drop in certain industrialised countries - including the UK and the USA - in most countries they are climbing.

As tobacco companies target young women, deaths from lung cancer are sure to rise. “Our message to women everywhere is simple: smoking kills,” says UICC Tobacco Control Manager Sinéad Jones. “Stop smoking now - better still, don’t start.”

For more information about cancer and what can be done about it, contact your local cancer society. You can find a list of UICC member organisations, with links to their websites where available, at www.uicc.org.

die from it. More than half the new cases occur in developing countries, where 8 out of 10 women present for diagnosis too late for successful treatment.

“We know more than ever before about preventing and treating cancer,” Isabel Mortara says, “but each year the numbers of women diagnosed with cancer and dying from it continue to rise, and the gap in survival rates between developed and developing countries continues to widen.”

“Not just on International Women’s Day, but every day, let us commit ourselves to act with vigour to prevent cancer in women, to detect it early, and enhance access to treatment. Let us support and empower women who are living with cancer and their families. And let us salute the growing number of cancer survivors, advocates and volunteers who are a new force in the fight against cancer. The time for all of us to act is now.”

East meets West in patient care

The International Award for Contributions to Cancer Care goes this year to Chinese nurse Jiang Yong-Qin, the Oncology Nursing Society announced on 11 April. The award recognises her outstanding contributions to the improvement of cancer care in China, the US-based society said.

Jiang trained at the nursing school and the medical college in Tianjin, China’s third largest city, and studied oncology nursing at Royal Marsden Hospital in the UK.

“As vice-director of the nursing department at Tianjin Cancer Institute and Hospital, Jiang has had an impact on nursing education, patient education, clinical procedures and skills, pain management, and palliative care,” ONS said.

On her return from the UK in 1990, Jiang set up the "Chinese and West Medicine Ward", a hospice/palliative care ward at her hospital that has been recognised throughout China as a model of care.

“At that time,” she recalls, “it was very difficult for Chinese people to receive any knowledge or information on palliative care, especially on pain relief. This situation was not only true for patients, but also for doctors and nurses. My colleagues and I made great efforts to renew the knowledge and change the conditions.”

On the hospice ward, patients receive palliative chemotherapy, radiotherapy, and biological therapy, supported by traditional Chinese practices such as herbal medicine, acupuncture, diet and massage.

“Western medicine here is used for the relief and control of the symptoms of suffering, while traditional Chinese medicinal practices are provided to support the condition of the body, and to make the body strong,” Jiang explains. “It is easy for patients to accept this dual style of medical treatment.”

“It is not my own achievement that made this award possible,” Jiang says. “It represents all oncology nurses in China... I will work with my colleagues to improve the quality of life for patients with cancer and push forward the development of oncology nursing in China.”

See further:

Call for contributions

Did you organise a successful local activity that will give other Reach to Recovery groups around the world the chance to develop a similar initiative based on your proven good idea? We would love to hear about it!

Send your contribution to the editorial team at bloom@uicc.org.

Contributions should include:
-Profile of your patient group (75 - 100 words)
-Summary of your activity (75 - 100 words)
-Photo, if available (digital 300 dpi or paper)
-Website address, if available
-Your logo, if you have one (eps or tif format)

Disclaimer

The content of this newsletter is the sole responsibility of contributors, and does not necessarily reflect the official views of UICC.
Activities from around the world

Many national cancer leagues collaborated with Reach to Recovery groups to promote breast cancer awareness during October 2004. They organised innovative fundraising events, breast awareness campaigns, free mammography, breast examinations, television programmes, radio talks, and marches. They wrote letters to their governments demanding rights for women with breast cancer. Activities were targeted at all levels of the community, with events in palaces, town centres and market places. Pink October started in 1998.

AFRICA

Ghana

Reach to Recovery Ghana

Survivor testimonies help to reduce stigma and fear associated with breast cancer

Each to Recovery Ghana organised a breast awareness programme in conjunction with the Well Woman Clinic at the Trust Hospital, Accra. Miniature dummy breasts with lumps were passed around the audience to feel and recognise lumps and then a demonstration was given of how to self-examine breasts for early detection. Participants listened to testimonies given by women who have survived breast cancer for 5 to 27 years. Their shared stories helped to reduce the fear and stigma still widely associated with breast cancer in Ghana.

Kenya

Kenya Breast Health Programme

"Closer to a Cure"

The Breast Cancer Awareness Month campaign in October 2004 was entitled "Closer to a Cure". The key message was that early detection of breast cancer will often lead to cure.

To launch Breast Cancer Awareness Month, the Kenya Breast Health Programme (KBHP) held its Bio Breast Cancer Awareness Walk 2004 at the Ngong racecourse in Nairobi. The walk was flagged off by James Nyikal, the director of medical services in the Ministry of Health, and Dorothy Nyong'o, a director of Noel Creative Media Services and an ardent supporter of the programme since its inception. Entertainment was provided by vocal musicians and artists, along with the narration of breast monologues.

KBHP partnered with the Aga Khan Hospital, Nairobi, to offer free clinical breast examinations at the venue; 100 people were seen by the clinic, 17% of whom presented with breast lumps needing follow-up investigations.

Screening and breast examinations

In early October the KBHP partnered with the Mater Hospital to conduct a two-day clinic in Safaricom House, Nairobi. The clinic was launched by Michael Joseph, the CEO of Safaricom Ltd., who has himself survived cancer; 400 people were seen, and 22% required follow-up. At the end of October a 3-day free breast-screening clinic in the hospital’s grounds was held; 750 people were attended to, and 18% referred for follow-up investigations.

KBHP partnered with Mombasa Hospital to offer a free breast-screening clinic that ended that Saturday; 686 men and women were seen during the two-day clinic, with 14% needing non-routine follow-up investigations.

At the Kiritiri Health Centre, Embu on the initiative of the Hon. Joseph Nyaga, member of parliament for the Gachoka constituency, KBHP conducted a one-day free breast-screening clinic, which was attended by 149 people. As there were no mammography services available in this remote village in Central Province of Kenya, fine needle aspiration (FNA) was performed on 11 women who presented with lumps; one woman was diagnosed with breast cancer.

Breast cancer awareness talks

KBHP held talks that were designed to enhance knowledge on breast health and breast cancer-detection, causes, risk factors, and diagnosis and treatment options - impart breast self-examination skills, dispel the many myths that exist about breast cancer, improve knowledge on available help, and encourage patients to seek treatment. At the Lord Errol Restaurant, a breast cancer awareness talk was given to 25 ladies from the Asian community on Saturday 30 October. This was facilitated by Pinky Ghelani.

Awareness workshop

Mary Onyango gave a talk on breast health and early detection of breast cancer to 95 women at the Phenomenal Woman’s Workshop held in Mombasa on Saturday 9 October.

Youth join in

At a football tournament held in Githurai, a slum on the outskirts of Nairobi, on Sunday 10 October, 70 players aged 10 to 18 attended an awareness talk and were given pink ribbons.

The voice of women

The month ended on a high note on Saturday 29 October, when KBHP breast cancer survivors and volunteers in Coast Province mobilised over 300 women through Sauti ya Wanawake (“the voice of women”, in Kiswahili) to hold a procession from Rex House in the city centre to Mombasa Hospital. This was in solidarity with breast cancer survivors and to draw attention to the lack of diagnostic and treatment facilities in the province.

Gladys Boateng
President

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Public information campaign

Throughout the month, KBHP sustained a high profile presence in the print media through such articles as “My battle with breast cancer: two women tell their story”, “Optimal nutricare in breast cancer”, “Choosing your own send-off”, “Life minus a breast”, “Getting breast cancer treatment right”, “Why breast cancer kills so often” and “Adding value to life”.

These articles were either written by or taken from interviews with KBHP volunteer survivors, staff or medical board members to offer hope and direction to patients while at the same time highlighting KBHP activities throughout the month.

Throughout October, tips on breast health and breast cancer were aired on two TV channels during the prime-time news. These tips were formulated by KBHP, and air-time was donated by the two TV stations.

Nine one-hour talk shows were presented by survivors and KBHP volunteer doctors in six different radio stations. These were in English, Kiswahili and two local languages, Kikuyu and Luo.

In collaboration with One World International through its local company, the Open Knowledge Network, KBHP disseminates breast cancer information via mobile phones. During the two months of October and November, subscribers got free SMS tips daily; since then, they have been able to ask questions on breast cancer or seek help through the service and receive a prompt email reply from KBHP on their mobile phones.

Mary Onyango
President

Nigeria

Breast Cancer Association of Nigeria (BRECAN)

"Enlisting grassroots participation in the fight against breast cancer"

Pink October allows us to step up the pace in our year-round quest to raise awareness and draw the attention of government and civil society to breast cancer, fast becoming a scourge among Nigerian women. The choice of this year’s theme underlines the need to empower our women at the grassroots who, hitherto, are underserved. Appropriate health behaviour, such as being breast aware and reporting any abnormal signs to a doctor without delay, will go a long way to reduce the late presentation common among this class of women.

Activities during the month included radio and television enlightenment programmes, and a rally at Mokola market in Ibadan on 6 October. A week before the rally, the women traders were sensitised to the significance of the month and pink ribbons were attached decoratively to their stalls. They were very pleased that BRECAN chose their market for this year’s celebration and, to our joy, were eager to explain to their curious customers that the pink ribbon stood for “breast awareness and “fight against breast cancer”.

Present at the rally were officials of the Oyo State Ministry of Women Affairs and the councillor representing the Mokola market area, along with women’s organisations and the media. The highlight was a lucky dip for a limited number of mirrors, which created a lot of excitement.

Betty Anyanwu Akeredolu
President

South Africa

Reach to Recovery South Africa

Events to raise the profile of Reach to Recovery

All 34 Reach to Recovery groups in South Africa planned special activities for Pink October to educate and inform the public, and women in particular, about breast cancer awareness. We also aimed to raise the profile of Reach to Recovery and the work we do and to increase our funds so that we are able to continue to offer a caring and professional service in all our communities.

Estee Lauder hosted brunches in Johannesburg and Cape Town at which Reach to Recovery was well represented. These brunches were sell-out affairs, and all who attended received a wonderful bag of Estee Lauder products. Estee Lauder also lit up Cape Town’s famous Table Mountain a beautiful shade of pink!

Also popular were the Ladies 10km Fun Runs, sponsored by Truworths, one of South Africa’s leading fashion retailers, the sports retail chain Totalsports, and Avon Cosmetics. These runs attracted up to 15,000 runners, including well-known runners and Reach to Recovery volunteers! We were eye-catching in our shocking-pink T-shirts, and carrying our banners.

Those volunteers who didn’t run manned our exhibits at the starting/finishing points. Those volunteers who didn’t run manned our exhibits at the starting/finishing points.

Some of the large groups held one-day workshops open to the public, and covering all aspects of breast cancer and their families. Report and pictures in the next edition of bloom.
News from around the world

Pink October 2004

cancer - the risks, the diagnosis, surgical treatment, chemotherapy, radium treatment and reconstruction. These workshops also covered the emotional aspects, and all speakers were authorities in their fields. They too were well attended.

Fashion shows were held - but we have yet to persuade the organisers to use Reach to Recovery Volunteers as models. Perhaps this year! Cookery demonstrations were also organised, promoting a healthy diet. Smaller groups held tea parties for survivors and supporters.

We spoke to staff at many of our large firms and institutions, and it was nice to see a sprinkling of men attending! Talks were also given to women’s groups and senior schools and day clinics.

Volunteers were in demand for print media interviews, radio talk shows and even television.

While all this was going on, we were still carrying out our mission of visiting women in hospital; sewing our temporary prostheses, bags and cushions; running our support groups and offering our prostheses fitting service. The end of October saw some very tired but satisfied volunteers!

Western Cape: There are ten active Reach to Recovery groups in the Western Cape. During October, many of these groups join hands with CANSA (the Cancer Association of South Africa) to make the public more aware of breast health and breast cancer. Reach to Recovery volunteers help at breast clinics to promote breast awareness, give talks on breast health to women’s groups, female employees in businesses and factories, female teachers in schools and women in retirement villages.

Reach to Recovery volunteers are often heard over the radio, and write articles for their local newspapers and even in-house magazines.

Our volunteers also participate in the breast cancer walks organised by CANSA in various towns and cities. People are encouraged to form teams and there are various prizes to be won. In Stellenbosch, a university town, student teams participate in fancy dress and walk holding banners with slogans like "Breast is Best" and "Protect the Milky Way". The Reach to Recovery team was a tiny group of six middle-aged women and one teenager amid a sea of boisterous students. Nevertheless, we wore our shocking-pink Reach to Recovery t-shirts with pride, held our banner high - and ultimately won the prize for best-dressed team!

The Reach to Recovery group in George, one of the larger towns on the east coast, held an October breakfast for patients seen by the volunteers over the years. It was attended by about 60 people.

African actresses to perform "K". This play about a woman’s struggle against breast cancer was written by one of the actresses, Margit Meyer-Rodenbeck, who a year ago lost her mother to the disease. Despite its sad topic, it contains a lot of warmth and humour, and was well received by the audience of 300.

The Cape Peninsula Reach to Recovery group raised funds during October with a cookery demonstration held at a local Pick&Pay, one of South Africa’s largest supermarket chains. In keeping with promoting a healthy lifestyle, Thai cooking and sushi were on the menu!

Ann Steyn
National Coordinator for South Africa

ASIA AND THE PACIFIC

Australia

Queensland Cancer Fund, Australia
Dragons Abreast paddlers

The golden sands of a beach in Queensland made a wonderful backdrop for the 5th Pink Ribbon Day beach walk and breakfast on the Gold Coast. As the sun rose over the sea, participants warmed up for their early-morning walk by taking part in a stretch exercise class. Dressed in pink and holding pink balloons aloft, they then set off along the beach for a leisurely half-hour stroll to breakfast. They were accompanied by a group of Dragons Abreast paddlers, who carried a cardboard replica of their Dragon Boat. This was one of the many activities the Queensland Cancer Fund participated in on Pink Ribbon Day 2004.

Carmen Heathcote
Cancer Support Services Coordinator

Japan

Akebonokai (Japanese Breast Cancer Patients’ Association)
"Women’s Fight against Breast Cancer"

In Afrikaans, cancer is often referred to as "die Groot K" (the "Big C").
Reach to Recovery in Oudtshoorn, which is run by one person, Joey Smit, asked two well-known South...
Every October, Akebonokai holds its annual national conference in Tokyo, followed by a party to watch Tokyo Tower illuminated in pink just for that evening!

Nearly 800 people attended last year’s conference on Sunday 3 October. A representative of the Ministry of Health opened the event. Other speakers included a nurse from St Luke’s Hospital, a patient in serious condition, and a 35-year-old patient from our Young Group. We also had a report from the five branch managers from all over Japan.

Usually two to three doctors join our panel discussion, but this year, we made it a conference of patients only, with the theme of “Women’s Fight against Breast Cancer”. This experiment was well accepted and successful. We realised that people were interested in listening to the experiences of other patients.

The party

We especially enjoyed this year’s party because we welcomed 16 guests from Taiwan. In 2003, we had guests from South Korea. We are trying to form a joint association to bring together Japan, South Korea, and Taiwan, at a conference in September this year.

Our evening party always begins with the illumination of the Tokyo Tower in pink lights. The illumination, sponsored by the Estee Lauder Companies Japan, is part of the global Estee Lauder programme to light up famous buildings or places, such as Niagara Falls or Harbour Bridge in Sydney, in pink. In Japan, since the year 2000, they have been sponsoring this as a joint event with Akebonokai.

As usual there were nearly 300 party guests - members of Akebonokai and their families, doctors and nurses. We enjoyed speeches from the presidents of the Estee Lauder Companies and Amer Sports Company, more speeches from representatives of pharmaceutical companies, a buffet dinner, and disco time.

Every year this event is celebrated nationally to mark October as Breast Cancer Awareness Month. From this year, the light-up will take place on 1 October. Our annual conference is on 10 October.

This means we’ll have two parties! Wouldn’t you like to come to Japan in October and join us?

Takako Watt
President
www.akebono-net.org/contents/e_main.html

EUROPE

Northern Ireland

Ulster Cancer Foundation
Pink Link raises £30,000 for the fight against breast cancer

Leading local charity, the Ulster Cancer Foundation (UCF) is delighted to announce that Northern Ireland’s first-ever Pink Link, supported by Gordons Chemists, raised a staggering £30,000 for the charity.

“Around 900 women a year in Northern Ireland are diagnosed with breast cancer,” Arlene Spiers, chief executive of the UCF, says. “And although the number increases slightly every year, the good news is more and more women are surviving the disease.”

To start its breast cancer awareness campaign in October 2004, UCF invited all women and supporters from across NI to visit their local Gordons Chemists on Friday 8 October to join the Pink Link. Supporters wrote a short dedication to a lost loved one, or in support of a family member or friend currently undergoing treatment for breast cancer, and gave a donation to fund the charity’s vital services and prevention campaigns.

UCF supporter Alison Anderson helped launch the public campaign by modelling a bra made with real Swarovski crystals, donated to UCF by The Lingerie Room, Moygashel. The bra is one of only 12 in existence worldwide!

“Our campaign message this year is one of hope,” said Arlene Spiers. “There is life after cancer and the good news is that the earlier breast cancer is discovered, the better the chances are of successful treatment and full recovery.”

Derval Keenan
Public Relations and Events Officer
www.ulstercancer.org

Breast cancer survivor Elvira Lowe signs the Pink Link ribbon of hope with model Alison Anderson and Ryan Gordon, Gordons Chemists.

Disco time
Norway

Norwegian Breast Cancer Association
Self-examination and early detection are foregrounded

Pink October 2004 in Norway focused on self-examination and early detection, especially directed towards young women. We wanted to make the campaign enlightening, non-frightening and humorous.

The biggest event took place on 8 October in an open square in downtown Oslo, with two large breasts as an eye-catcher. There were stand-up comedians, interviews with doctors and young patients, music and information desks, and people were invited to examine silicon breasts with or without lumps.

Enthusiastic volunteers in nearly 50 other towns in Norway also had their Pink Ribbon campaigns where they spread the message and encouraged women to examine themselves.

Besides solidarity and information, fundraising is also an important part of Pink October. The Norwegian Breast Cancer Association cooperated successfully with B-Young, Lindex, Hennes&Mauritz and the magazine KK, and a number of other firms supported the campaign. But most of the funds came through the volunteers who collected money during the day of the Pink Ribbon event. The final result: NOK 1,500,000 (approx Euro 183,000), not bad in a population of 4.5 million.

Lise Hoie
President
www.kreftforeningen.no/dt_main_allatonce_eng.asp?gid=2222&amid=600383

Portugal

Vencer E Viver
[Vanquish and Live]
"Don't miss the Train"

During October 2004, we held several events as part of a national breast cancer awareness campaign that promoted early detection. We had a tent on a main square in Lisbon, a meeting of survivors to "celebrate life" - and a very special event, "Don’t miss the train..."

This was a special train from Porto to Lisbon, on which survivors and health professionals travelled. They provided information to everyone who wanted to ask a question, especially the media who had been invited.

We also gave several interviews to the media: TV, broadcasting stations and magazines.

Maria Matos
Coordinator
www.vencerviver.dpp.pt

Sweden

Swedish Breast Cancer Association (BRO)
Amelia Adamo and Stina Carlson honoured in the struggle against breast cancer

The highlight of Pink October in Sweden was the Breast Cancer Award ceremony on 6 October.

Two awards for significant contributions to breast cancer treatment went to Amelia Adamo, chief editor of one of Sweden’s top fashion magazines, for her dedication to raising breast cancer awareness in the Swedish public, and to Stina Carlson, chief physician at the screening unit of Norrland University Hospital for her contribution to the prompt and professional treatment of women with indications of breast cancer and her research into hereditary breast cancer.

The awards, newly instituted by the Swedish Breast Cancer Association (BRO) in cooperation with AstraZeneca, were presented by Queen Silvia, patron of BRO.

All over Sweden, breast cancer lectures, exhibitions, and fashion shows were arranged by the local breast cancer societies. Result: many more members and 40,000 Pink Ribbon pins sold.

BRO sent a letter to every member of parliament focusing on the most important breast cancer issues of the year such as extended mammography screening according to the quality criteria of the European Parliament Breast Cancer Resolution and all women’s right to breast reconstruction and rehabilitation. Result: parliamentary motions were submitted.

BRO also sent a questionnaire to 3,000 members, to survey and identify regional differences in Swedish breast cancer care. The alarming results were published at the end of October and will be the subject of further investigations.

Birgit Folkar
President
www.bro.org.se
Switzerland

English Speaking Cancer Association (ESCA), Geneva

Crossing language boundaries in breast cancer awareness

Breast Cancer Awareness Day in Geneva was a collaborative effort by the Swiss Cancer League, the Foundation for Mammograms and patient-advocate associations such as ESCA. The goal was to inform as many women (and men) as possible of the benefits of early screening techniques and the response was phenomenal. The day was held in a shopping centre on a Saturday - the perfect venue at the perfect time. It ended with a spectacular tombola with great prizes!

ESCA held its 3rd annual open day and invited speakers on breast cancer screening and on nutrition before, during and after treatment. The afternoon was dedicated to complementary therapies and was a huge success. It was an open format with nine complementary therapists set up and ready to demonstrate and participants really took advantage of the situation. I do believe the longest line was for the Indian head massage!

Patricia Allen
President
www.cancersupport.ch

Spain

Reach to Recovery Barcelona

Calendar 2005

For Pink October 2004, we organised a lot of activities, with the aim of improving the quality of life of women with breast cancer and, of course, having a good time all together.

Reach to Recovery Barcelona

Ukraine

Donna Ukraine

Celebrations with other women’s organisations

Donna Ukraine held Pink October celebrations in collaboration with other women’s organisations. One of the first events was held in Chernobyl, where there was a nuclear disaster in 1986. Breast surgeons and endocrinologists volunteered to examine about 700 women.

In Kiev, about 960 women, together with the members of Donna Ukraine, went on a procession through Bogdan Khmelnytsky Square with ribbons and pink balls. There were TV interviews on the "Inter" channel where members of Donna Ukraine gave testimonies about their life after their operation and the supportive care that they are giving to other women living with breast cancer.

Larisa Yaschenko
President
www.kiev.ua/donna

LATIN AMERICA

Argentina

Liga Argentina de Lucha Contra El Cancer (LALCEC)

The sky carried messages of hope

In October, breast cancer specialists presented lectures throughout the country on subjects related to breast cancer, and relevant information materials were distributed to the general public. Mammograms were performed free-of-charge in several places where we are represented.
During the commitment day, our groups across the
country blew up pink balloons that filled the sky, carrying
messages of hope as well as messages on the prevention
and early detection of breast cancer. Primary school stu-
dents wrote these messages.

Maria Ines Ucke
Vice-President
www.lalcecsanisidro.org.ar

MIDDLE EAST

Sunrise Group
Free screening for Palestinian women, and a
"hotline"
Free mammography screening was offered on two dif-
ferent days during Pink October and no cases of
breast cancer were detected. Lectures were given on
breast health in Jerusalem and Hebron.
Reach to Recovery groups support patients with breast
cancer in Jerusalem, Ramallah, Jericho, Bethlehem and
Hebron. A hotline was established for people asking
about healthy lifestyles, screening recommendations and
psycho-social support and has been busy since July 2004.
Suhienla Karian
Coordinator
www.pfsjer.org

NORTH AMERICA AND
CARIBBEAN

Bermuda
Reach to Recovery Bermuda
Survivors "step out" for breast cancer awareness
Pink October is always a busy and exciting time for
Reach to Recovery Bermuda, as we join with our
sponsor, the Bermuda TB, Cancer and Health Association,
to alert our community to the importance of breast can-
cer awareness. During the month, lectures and presenta-
tions were given to different groups in our community.
Our fashion show and tea is always well attended and
enjoyed. Breast cancer survivors, and the public, partici-
pated in a 3K/5K walk. It is always wonderful to see so
many walkers "stepping out" for breast cancer aware-
ess.

This year, we tried to attract different companies and
government buildings to do "pink lighting". Unfortu-
nately, we were a little late in asking their sup-
port and only one company was able to complete the
lighting. In 2005, we hope to get one more insur-
ance company to cover the purchase of prostheses.
Wish us luck!

Meredith Smith
Coordinator

Conference outcome

Patients with cancer demand
more say in their care

Delegates to the 4th UICC World Conference for
Cancer Organisations, heard that patients and their
families are no longer content to be passive recipients of
healthcare.
Especially in developed countries, they are now active-
ly speaking up and addressing endemic problems in the
healthcare system in order to gain better access to up-to-
date treatments and ensure an enhanced quality of life.
Speakers at the conference, held in Dublin in
November 2004, discussed the "patient forum" model,
which offers a platform for patients and caregivers to
voice a broad range of needs and concerns. These
forums are multi-stakeholder meetings that bring togeth-
er people with cancer, cancer survivors, and representa-
tives of government and the health sector for wide-rang-
ing discussions of quality of life and survivorship. Their
recommendations serve as a resource for health profes-
sionals and authorities in the ongoing effort to improve
patient care.
Patient forums also play an important role in breaking
down the social stigma associated with cancer, highlight-
ing social and economic issues and revealing cultural dif-
fences that may need to be actively addressed. They
help keep cancer in the public spotlight, reinforcing the
priority accorded to cancer control strategies.

"A key activity of UICC is to transfer knowledge from those organisations that have it - well-
established cancer societies - to emerging can-
cer societies who would like to have that and thereby creating a capacity for cancer control
within individuals and communities around the world, empowering them to join in that world-
wide campaign against cancer."

Jeff Dunn, Reach to Recovery International Advisor

France held its first series of forums in 1998, under the
auspices of the French National League Against Cancer.
Initial scepticism from healthcare professionals was coun-
tered by an enthusiastic response from the media and
government representatives. Discussions highlighted
patients’ fears about the social and economic impact of
their condition, caregivers own need for support and the
"The most important thing we learned at this conference is that this doesn’t have to be the story - the story could be quite different. But we have to do the right thing. We need to put cancer on the public policy agenda all around the world. Every country needs to develop a cancer plan. If you’re not planning, you’re planning to fail."

John Seffrin, UICC President

"Patients and their carers also highlighted that the challenge is to strive to guarantee equitable access to quality care and to ensure that all patients have the opportunity to resume their place in society as full and equal citizens”.

Patient-driven initiatives are becoming an important force in health services in many countries.

Italy launched its patient forums in 2002, with a second series two years later. In Malaysia, a forum was held in 2004 at Hospice Malaysia to address the concerns of breast cancer patients and survivors. In Ireland, organisations such as Europa Donna, a breast cancer advocacy group, are actively involved in lobbying politicians and health authorities to address cancer patient and survivor concerns. In English-speaking countries such as the US, Canada, the UK and Australia, a large number of cancer advocacy groups and initiatives are already well-established.

"Cancer is curable. That is possible if we start with building the capacity of communities by empowering the young population."

Ntuthu Somdyala, Medical Research Council, South Africa

failure of the medical education system to prepare professionals to deal with patients’ emotional turmoil following diagnosis.

"In 2004, President Jacques Chirac was an active participant in the most recent round of French patient forums," Laurence Potte-Bonneville of the French League Against Cancer told the conference. "He heard first hand from patients of their difficulties in dealing with the growing gap between advances in treatment and deterioration in long-term quality of life."

"Our next goal should be to promote the establishment of patient-driven initiatives in middle-and low-income countries, where patients, particularly women, are beginning to demand a stronger voice in policy and treatment and are actively striving to combat the social stigma still associated with cancer in many countries," says Isabel Mortara, UICC Executive Director.

What does this mean for Reach to Recovery International and its groups?

"The next point is to ensure that women get together and there is solidarity among women with breast cancer," says Ranjit Kaur. "We can then unite to ask for our rights, because we can demand the kind of treatment we want, the type of jobs we should be doing, and the kind of life we want to live."

"Why me?"

From anger to acceptance in Ghana

I was diagnosed with breast cancer on 1 July 2004. My whole world crumbled under my feet. The shock was beyond description.

In my part of the world, breast cancer is associated with death. Many women who contract the disease either die or end up losing their breasts through surgery. You can imagine, then, the fear I felt within me.

Later, I became angry with myself for failing to detect the early signs of the disease. I felt as an educationist that better knowledge could have spared me this agony. I felt I should have known more about the disease to educate my community about it. I was angry with myself over my plight and kept asking, "Why me?"

I was really traumatised emotionally and psychologically at the initial stages of my ordeal. I became very miserable and wept a lot when my friends and relatives started shunning my company. One of the cousins I stayed with while attending hospital would not even eat with me. Sleeping on the same bed with me became a problem. Pillows were put in between us, just because I had breast cancer.

After some time, however, the storms within me subsided. I prayed a lot to God to spare my life. I thought, "I have not finished my business in this world."

A Samaritan in the form of a medical doctor came to my aid.

He brought me down to Accra from northern Ghana where I live. With his support and encouragement, I was able to go through the various stages of treatment by doctors at Korle Bu Teaching Hospital. These included chemotherapy, surgery and radiotherapy.

During my treatment, Reach to Recovery was established in Ghana and I joined as a member. The director and the executives of the organisation constantly gave us information and education on cancer. They counselled me a lot, and that gave me hope, encouragement and new life. Their intervention helped me go through surgery successfully. Reach to Recovery volunteers visited me four times when I was in hospital.
I received emotional, spiritual, physical, mental and financial support from the organisation.

My story will not be complete if I do not mention the 2004 Christmas party organised by the Reach to Recovery survivors for the members. I had my share of small chops and drinks on my hospital bed. It was the best Christmas I have ever celebrated.

At the time of writing, I am at the last stage of my treatment. I am not yet out of the woods, but I have encouraged a friend of mine back home in northern Ghana who is also affected by breast cancer to put away her fears and come for hospital treatment. I am happy to write that she has responded positively and is at the moment receiving chemotherapy. She is feeling very grateful for the opportunity being given her. The two of us have pledged to return home afterwards and launch an educational crusade to raise awareness of breast cancer.

I have seen many women in northern Ghana die of cancer as a result of poverty, ignorance and sociocultural beliefs, coupled with the lack of medical facilities such as mammography screening that could have been used to detect the disease early. My aim is to start a branch of Reach to Recovery in my community.

There is a need to continue educating the Ghanaian public about cancer through print and electronic media. It would be useful if doctors would write on the non-contagious character of the disease. That would go a long way to disabuse the general public of its negative perceptions and end discrimination against patients with cancer.

Accepting my cancer has helped in my healing process. In a way, I think, I may have been afflicted with the disease for a good cause. I sincerely thank all the good people who have given me back my life and given me another chance to serve humanity in my small corner of the world.

I would always recommend acceptance to women with breast cancer as part of their healing.

Florence Amantanah
Breast cancer survivor, Ghana

On top of the world

It is 9.45 am on 26 January 2005, and I am standing at Uhuru Peak on Mount Kilimanjaro.

After four and a half days of trekking through forest, moorland and alpine desert, I have finally reached the summit of the mountain they call the “Roof of Africa”. Words cannot describe how good I feel.

My adventure began a little over a year ago when some friends invited me to climb Mount Kilimanjaro with them.

At the time, I was struggling to regain some semblance of my former self after undergoing treatment for breast cancer that included a mastectomy followed by six months of chemotherapy and another five weeks of radiotherapy. By the end of it all, my weight had soared to an all-time high of 78kg and I couldn’t walk up a single flight of stairs without collapsing in a breathless heap.

A year of working out at my local gym saw hardly any improvement.

So I decided to take up the challenge and change my fitness goal from “I want to lose 20kg” to “I want to climb the highest free-standing mountain in the world”!

I spent the next year training seriously, not just to lose weight, but also to build up my strength and stamina, both physical and mental. Slowly, my general condition improved as I discovered the joys of step aerobics, kick-boxing and weight training! On 18 January 2005, feeling stronger and fitter than I had felt in a long time, I set off for Tanzania with six colleagues to climb what I now fondly referred to as “my mountain”.

On 22 January, we began our trek along the 100km Machame route, walking for six to nine hours each day. We chose this route because it promised spectacular views of the mountain and its surroundings, and we were not disappointed.

It got colder as we climbed higher and we went through a couple of hailstorms along the way. On the third day, some of us began to feel the effects of the altitude, complaining of headaches, nausea and a general lack of energy. The terrain became more rugged and barren as we entered the desert zone on the fourth day, and the steep trail and thin air made walking more difficult, slowing us down considerably as we continued up the mountain.

We reached the last camp at Barafu in the late evening on 25 January 2005. At midnight, after dinner and a short rest, we began our summit attempt.

Lack of sleep combined with the physical exhaustion of yesterday’s trek have taken their toll and made progress slow but I have managed to keep going simply by putting one foot in front of the other and not looking up too often to see where I am!

It is 9.45 am on 26 January 2005, and I have overcome cold, fatigue and extreme altitude to reach Uhuru Peak - at 5,895 meters, the highest point on Mount Kilimanjaro and in all of Africa.

Words simply cannot describe how good I feel!

Rene’e Aziz Ahmad
Breast cancer survivor, Malaysia
3rd Asia Pacific Reach to Recovery International Breast Cancer Support Conference
Mumbai, India 7-10 November 2006

The 3rd Asia Pacific RRI International Breast Cancer Conference will be held in Mumbai, India, from 7 to 10 November 2006, with the theme Jagruti: The Awakening. In Indian lore, Jagruti is a flame that is a perpetual source of light and energy. It represents an inspiring message for women with breast cancer, signifying the ability to bounce back and regain a meaningful, vibrant life after treatment and psychosocial support. After breast cancer a woman can still live a life of femininity and dignity and can use her experience to help other women cope with their cancer - symbolised by the perpetual radiation of light and energy.

The conference is being organised by the Mastectomees Association of India, C-7 Bhagya Nagar, Shivaji Park, Mumbai 400 016 India, tel + 91 22 2444 9808, e-mail: vimalk_9@rediffmail.com

UICC World Cancer Congress 2006
Bridging the Gap: Transforming Knowledge into Action
Washington, DC, 8-12 July 2006

The UICC World Cancer Congress will bring together the world’s leaders in the fight to control cancer. It will focus on transforming the latest knowledge into strategies that countries, communities, institutions and individuals can employ to reduce the cancer burden.

One of the five tracks will highlight the advances, challenges and barriers to providing supportive care to patients with cancer worldwide. In this cancer supportive care track, presenters include Ann Berger, USA; Jimmie Holland, USA; Ranjit Kaur, Malaysia; Balfour Mount, Canada; and Robert Twycross, UK.

The congress will be followed on 12-15 July 2006 by the 13th World Conference on Tobacco OR Health, with a crossover day on Tuesday 12 July. See www.2006conferences.org

Book
“Enter Sandman”

Two months after turning 30, Stephanie Williams was diagnosed with terminal breast cancer. Determined to fulfil her dream of writing a novel, she lived long enough to see it published. She died during the summer of 2004.

She was a journalist whose work was published in more than a dozen major magazines, including New York, Men’s Health and Glamour. She was a former writer at Self and TV Guide, senior writer at SmartMoney, and contributing editor at Teen People. In 2002, the National Headliner Awards named her runner up for Magazine Feature Writing for her narratives in SmartMoney. A native of Texas, she graduated from the University of Pennsylvania and made her home in Brooklyn with her dog, Gus.

"The painting knocked her over with its violence. She could swear it had reached out and punched her. She recovered her breath and smiled. This was something else. Over the span of five by five feet, several media - acrylic, metal, clay, bits of... something merged and separated. In the centre of the work, the paint lay flat against the surface, but at the edges it bowed out by several tenths of an inch. Something about it reminded her of an alien landscape. A post-apocalyptic alien landscape: Parts of it were obliterated, and dips and craters fell where the canvas had apparently been beaten up and patched back together. It looked like a vast mistake that someone had trashed and then rescued. And yet the range of colour - rusts and browns and creams and a bit of red, all within an earthly palette - was no accident. It was unsettling. It was a mess. But a riveting one."

See www.mostlyfiction.com/contemp/williams.htm
13th Reach to Recovery International Breast Cancer Support Conference
Athens, Greece, 1-4 June 2005

Held every three years, Reach to Recovery International Breast Cancer Support Conferences are targeted at newly-diagnosed women and long-term breast cancer survivors, as well as volunteers and providers of breast cancer support programmes, healthcare professionals and corporate representatives. The conference provides an important opportunity for RRI groups and supporters from around the world to share experiences and enhance their knowledge and skills.

Mission Statement
Reach to Recovery International

Reach to Recovery International is a programme of the International Union Against Cancer (UICC). It is built on a simple yet universal principle: that of a woman who has experienced breast cancer herself giving freely of her time and experience to assist and support another woman confronting the same challenge.

Reach to Recovery International is committed to working to improve the quality of life for women with breast cancer and their families through a wide range of services offered worldwide.

OUR LOGO:
• The curved lines symbolise the outline of a breast.
• The multiplicity of lines signifies that we are many.
• The interlocked lines symbolise community.
• The open-ended lines signify our open arms to all women worldwide.

About UICC

UICC is the only international non-governmental organisation dedicated exclusively to the global control of cancer. Its vision is of a world where cancer is eliminated as a major life-threatening disease for future generations.

resource for action
voice for change

bloom is published twice a year by the International Union Against Cancer

Corrections and clarifications

Readers have drawn our attention to two errors in the last bloom (Issue 2/November 2004).

The list of RRI medalists on page 6 omitted Mary Murray, who was awarded the medal at the RRI conference in Grado, Italy, in 2000.

The correct name of the Swiss group reported on by Michèle Vuichard on page 12 is Vivre comme Avant Romandie.

Reach to Recovery International

If you would like to know more about Reach to Recovery International or would like to order additional copies of bloom, please contact:

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