

ABREAST IN THE WEST

Spring 2002 Vol.3 No.2

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PASS IT ON

We encourage you to share the information in Abreast in the West with others by reproducing it in any way you wish. Thank you!

PUBLISHED BY

Abreast in the West is a quarterly newsletter produced by the Alliance for Breast Cancer

Information & Support, BC & Yukon. It has been

designed to provide current & accurate breast cancer information. We

are proud to work collectively with all our partners throughout the province/territory to ensure resources & services are accessible to those living with breast cancer, their families, and supporters.



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Visual Voices

by Sharon Tilton Urdahl, Comox

I found my own breast cancer by "visual" detection in the spring of 1995. I was stuck in a place of fear and denial, but after silently watching and feeling the "puckering thickness" in my left breast for months, I visited my doctor. My inner knowing was officially confirmed as I was diagnosed with stage II breast cancer in November 1995.

As an artist, I work primarily with pastel, oil and acrylics and I am also a "fledgling" print maker. Art is a means of recording our society's history so it was a natural progression for me to record my journey with breast cancer and to cast the bodies of others who had experienced the same diagnosis. Those persons who had been close to the edge and faced death. Some who pulled clothes over scars that others could not see nor feel, then bravely wore stoical masks to cover the wounds that go deeper than flesh.

I chose plaster as the medium as I felt it would best present the stark and honest reality of the physical journey of breast cancer. It provides a three dimensional human quality that I felt I could not achieve on canvas or paper.

I did not try to make the images perfect, add to them or give them a smooth finished look. The journey is rough, and these pieces reflect that. Each is as individual as its original, and their images and stories attest to this. As the project idea

evolved it became clear that there was a story to be told through these beautiful yet powerful silent messengers and "Visual Voices" had its beginning.

Several women in my local support group were supportive of the project and agreed to share their experiences through the intimate process of me draping their bodies with plaster, and soul searching, as we talked and shared our truths during the individual modeling sessions.

It took months to find a male model and his contribution in "Visual Voices" moved me greatly. I had been focused on the female aspects of breast cancer, and his openness and raw emotions gave me a clearer perspective of a man's journey.

Many men have difficulty fitting into a predominately female support group or sharing their stories with other men. "One tit Carter", a name he chose, strikes a chord as his courageous participation and story confirms that the male and female body, spirit and emotions experience the same devastation with a breast cancer diagnosis regardless of gender. All the models stories show an amazing capacity to move forward and rebuild their spirit and lives following diagnosis and treatments.



AWARENESS

"I let a poor body image and the opinions of other people influence my decisions in the past. Now I want to celebrate my body and the life I have to live."

Linda

Visual Voices had its premier showing at the Sid Williams Theatre, Courtenay, BC in November 2000 and its second exhibit at the Muir Gallery, Courtenay, BC in October 2001. Visual Voices will be presented at the upcoming World Conference on Breast Cancer in Victoria BC June 4 – 8th, 2002. The show "Visual Voices" is dedicated to all people who have lived or are living with the effects of cancer.

Testing for Hereditary Breast Cancer: The Issues

By Bridget Donald, BC Special Report

Last summer, testing for hereditary breast cancer in BC more than quadrupled in price when Myriad Genetics Inc., a Utah-based company, informed the provincial government that they were enforcing their patent on the test. Before then, tests for mutations in the genes BRCA1 and BRCA2 (linked to the risk of breast and ovarian cancers) were administered by the Hereditary Cancer Program in Vancouver and funded by the provincial government. With the stipulation that all testing be done by MDS Laboratories, Myriad's Canadian partner, the price from about \$800 to \$3800. (If the gene mutation is already known, testing is \$500; for the three Ashkenazi Jewish mutations, the cost is \$600.) In response, the BC Ministry of Health discontinued their funding of the tests, and women who had received genetic counseling and had decided to take the tests were faced with an unexpected -- and in many cases prohibitive -- expense. Some whose blood samples were awaiting analysis at the time of the government's decision are still waiting for results; their blood remains frozen in the laboratories of the HCP (Hereditary Cancer Program).

One of these women is Rosemary Shandler, who was diagnosed with breast cancer in 1998 and regards the tests as a way to take control of her future and to help her daughter do the same. "To me knowledge is power," says Rosemary. "Anything I can do to remove the risk of getting cancer again is a positive action. Because I have already been diagnosed with breast cancer, I am followed closely by my doctors, but ovarian cancer is a possibility for women who carry the gene mutation. If and when I get the results of the test, and it shows I carry the gene mutation, I would choose to have prophylactic surgery to remove my ovaries. As things stand, I feel that I am in limbo, unable to make my own health care decisions."

When Rosemary had her DNA samples taken last summer, the Hereditary Cancer Program had already been ordered to halt their BRCA analysis. She had decided to go ahead with the tests in the hope that Myriad's monopoly on the testing could be circumvented. At that time, the BC Cancer Agency was actively advocating on behalf of the people who need testing through the HCP. According to Dr Charmaine Kim-Sing, who heads the program, the BCCA made several requests through their CEO, Simon Sutcliffe, to the Ministry of Health Services to continue to offer testing, limited or otherwise. All requests were denied, and the HCP was advised a few months ago that the Ministry would not be responding to any further requests from BCCA. For the purposes of this article, the Ministry was also unavailable for comment.

4 However, this is not to say the new conditions for BRCA testing are going completely unchallenged. Locally, the Vancouver chapter of the National Council of Jewish Women of Canada has initiated a letter-writing campaign to BC Health Minister Colin Hansen and other MLAs to protest the government's cessation of funding for the BRCA tests. In other provinces, hereditary cancer programs are ignoring Myriad's patent

(which it holds for all of North America and Europe) and continuing testing under their usual circumstances with provincial funding. The Ontario government has launched a legal challenge to the patent, and in a speech last September, Premier Mike Harris indicated that his health ministry was communicating with the Curie Institute in Paris, a cancer research center that is fighting Myriad's European BRCA patents.

On a national level, the Canadian Breast Cancer Network is maintaining its position against the commercialization of human genetic material. Lynn MacDonald, a CBCN board member, reports in an article for the Network's spring newsletter that with the imminent and widespread changes to the healthcare system across the country, the BRCA patent issue has been placed on the backburner in many provincial agendas. "While politicians make blanket statements . . . in calling for free access to the human genome map," she observes, "there remains no clear body in charge of determining the future of patenting genetic material."

The question of who should take responsibility for policy-making in this area is complicated by overlapping jurisdictions. Federal patent laws can impinge on provincial health budgets, allowing long-term monopoly pricing on products that provincial governments must then decide whether to cover. In the private sector, patents enable biotechnology firms to recover costs and gain incentive for new research, but their influence also spills over into the public domain, with high prices eroding universal access to healthcare and research monopolies threatening academic freedom in university laboratories.

One of the bases of the Curie Institute's challenge to Myriad's BRCA1 patent is that while Myriad was responsible for the final sequencing, most of the information on the gene had already been gathered by the efforts of an international public consortium, including numerous families with hereditary breast cancer. With much of the knowledge behind the BRCA tests having been gathered from information shared by these families and developed through publicly funded research, many of those at risk for hereditary cancers are wondering how many times they should be expected to pay.

Resources / For Further Information

National Council of Jewish Women, Vancouver Chapter, letter-writing campaign
Please call Marni Besser 604.451.1796 or email ncjwvan@telus.net
Letter is already completed - you simply need to sign your name and mail it in.

FORCE (Facing Our Risk of Cancer Empowered) www.facingourrisk.org
A resource for women who are at high risk of getting breast and ovarian cancers due to their family history and genetic status and for families with the BRCA mutation present.

BC Cancer Agency Hereditary Cancer Program is available for questions and still continues to do all aspects of the program (except testing) including counseling. 604.877.6000 or 1.800.663.3333

Curie Institute: www.curie.net Outlines the basis of this Paris based cancer agency's legal

The Spirit that Transcends Life and Death

by Lyren Chiu, RN, PhD University of British Columbia

My interest in the subject of spirituality and spiritual care was stimulated by the nature of my work as a psychiatric clinical nurse specialist. My dissertation and my postdoctoral work grew in part from this special experience and in part from my personal values and my belief that people who experience spirituality also experience optimal health.

My specific interest in the spirituality of women with breast cancer was fueled by a desire to more deeply understand the kinds of spirituality that such women experience in their day-to-day lives; what it is really like to be at a point where breast cancer becomes an option; and what resources they would use to support their spirituality. I attempted to develop this understanding by giving a voice to 15 women with breast cancer in Taiwan and 15 Chinese immigrants in the US who had experienced spirituality.

These studies revealed that the spirituality of the women in the studies was in a developmental process, which is not a stage-by-stage process but a unidirectional evolution to a larger realm. The women's experiences of their spirituality were unique for each of them as each lived with breast cancer in her individual way. The women's experiences were culturally specified. Each woman is a unique cultural being. Spirituality can be experienced and manifested through four dimensions - 1) living reality, 2) creating meaning, 3) connectedness with self, others, and nature or higher metaphysical being, and 4) transcendence; and an imbalance in any of these dimensions will affect the entire equilibrium and dynamics of a person.

Spirituality motivates one to choose an alternative life, and meaningful relationships and pursuits, including religion, which addresses ultimate concerns of human life. Through spirituality, one lives with whatever one encounters; takes full responsibility to live, and appreciates life, people, and beloved things. Spirituality enables power via self in relations (including self, others, nature or higher metaphysical being). Spirituality also allows self to liberate suffering, to open to life and death, and to heal as a whole.

To illustrate the essence of spirituality in these women, I would like to share some of Ping's story. Ping was a 46-year-old Taiwanese woman (at the time of the study), married, with two daughters, and had been diagnosed with stage II breast cancer for four years. She regarded her disease as a turning point and integrated the disease process into her current life. She said, "Being sick is such an important turning point, because it allows me to look at things more clearly with just a quick glance." When she received her diagnosis with breast cancer, she quickly reviewed her life and found no regrets in this lifetime.

After surgery, she felt reborn and experienced ecstasy. She said, "After experiencing so much hardship and suffering in my life, it seems as if I have gained a deeper perspective on life. Life is extremely valuable, and all around me is a world of love, and I am filled with gratitude...But I really want to thank God for allowing me to understand the true meaning of life. After experiencing so many dangers in my life, I am just like the phoenix which bathes in fire to regain its immortality. I, too, must display the light of my life."

Ping not only felt thankful about life, people, and her God and a sense of connectedness with them, but also learned to let go of grasping at the world and to come into the fullness of being. As she contemplated her dying, she sublimated her fear of loss and entered a realm in which "love is still there but without attachment."

I am very much inspired by these women's stories and beautiful spirits, and feel I would always want to be part of their support system. I found in the Chinese studies that the women utilized cultural resources for their spirituality, including family closeness, traditional Chinese values, religion, alternative therapy, art, prose and literature, and Chinese support groups. I believe, my follow-up support will be by sharing knowledge and helping organize support groups across cultures, either via the Internet or cultural organizations/cancer agencies.

Resource GUIDE

By David Noble, Head Librarian, BC Cancer Agency

The following recommended materials are available at the BC Cancer Agency Library. Call 877-6098 local 2688 or 1-800-663-3333.

BOOKS

**Wherever you go, There you are:
Mindfulness Meditation**

by Jon Kabat-Zinn (Hyperion, 1994)

Living Beyond Breast Cancer: a survivor's guide

by Marisa and Ellen Weiss (Times books 1998)

**From This Moment On: A Guide for Those
Recently Diagnosed with Cancer**

by Arlene Cotter, (Random House, 1999)

Helping Your Mate Face Breast Cancer

Judy Kneece, RN, OCN, (Edu Care Publ., 1995)

**Recovering From Breast Surgery: Exercises to
Strengthen Your Body and Relieve Pain**

by Diana Stumm (Hunter House, 1995)

**Dancing in Limbo: Making Sense of Life
After Cancer**

by Glenna Halvorson-Boyd, (Jossey-Bass Publ, 1995)

**Holding Tight and Letting Go: Living with
Metastatic Breast Cancer**

by Musa Meyer (O'Reilly and Associates, 1997)

**A Safe Place: A Journal for Women with Breast
Cancer**

by Jennifer Pike (Chronicle Books, 1999)

**When A Parent Has Cancer: A Guide to Caring for
Your Children**

by Wendy Harpham (Harper Collins Publ., 1997)

VIDEOS

Step Ahead of Breast Cancer

(Screening Mammography Program of BC, 1998)

My Mom has Breast Cancer

(Kidscope, 1996)

At the Waters Edge: When Cancer Comes Back

(Breast Cancer InfoLink, Prairies/NWT, 1998)

**The Significant Journey: Breast Cancer Survivors
and the Men Who Love Them**

(American Cancer Society, 1992)

INTERNET SITES

Canadian Breast Cancer Network

www.cbcn.ca

BC Cancer Agency

www.bccancer.bc.ca

Breast Reconstruction Program, UBC Hospital

www.vanhosp.bc.ca/html/women_breast.html

Canadian Breast Cancer Foundation

www.cbcf.org

Canadian Cancer Society, BC & Yukon Division 5

www.bc.cancer.ca

Lymphedema

www.lymphovenous-canada.com

By Dr. Susan Harris, Phd. PT
School of Rehabilitation Sciences - UBC

More Advice on Getting Fit with Aerobic Activities

In the last issue of "Abreast in the West", I outlined a program for improving your cardiovascular fitness through aerobic walking. Now that spring is almost in the air, I will share a program for getting aerobically fit through bicycling. This can be done on an exercise bike or in the fresh spring air on a real bicycle.

Before you begin any aerobic program, take your resting pulse at your wrist (about 15 minutes after you've been sedentary). Your pulse rate is a quick and easy way of determining your level of cardiovascular fitness. Typical resting pulses are 70-80 beats/minute. If yours is higher than 80, then you are in need of some cardiovascular fitness! Because I am a regular walker/jogger, my resting pulse is about 60 beats/minute; when I was doing more jogging than walking (in my youth!), it was 48 beats/minute. The lower your pulse rate, the more efficiently your heart is pumping.

Begin your program by steadily cycling for at least 2 miles. If you can do this in 12 minutes, you get 1 aerobic point. If you can cover the 2 miles in 8 minutes, you get 2 points; you'll get 3 points for 6 minutes.

Rather than increasing your speed initially, work on increasing your endurance, i.e. the distance you can cover at the pace that is comfortable for you. Work up to 24 points/week for adequate aerobic fitness (but don't expect to be able to accomplish that at the beginning!). Here are different combinations that will give you those 24 points of cardiovascular fitness each week:

- Ride 24 miles/week in less than 96 minutes (just over 1.5 hours).
- Do three 7-mile bike rides for 1/2 hour each week.
- To cross-train, ride your bike twice weekly and cover 4 miles each time in 16 minutes. Walk on three other days and cover 3 miles in 44 minutes each day.

Breast Cancer – What genes may tell us

By Dr. Karen Gelmon, MD, FRCPC
Chair, Breast Tumour Group, BC Cancer Agency

The current headlines in breast cancer are bolder claiming that genes are going to change everything. They suggest that there is new information about the genes that make up cells, and trigger their growth and survival. For many years we have been able to differentiate the cells that predictably respond to estrogen and those that do not respond but suddenly we are able to acquire more information about tumours. Soon we hope to be able to give each tumour its own unique fingerprint for although breast cancer has one name; we now realize it may really be a couple dozen diseases. Whether this will revolutionize treatment or not, is not yet known. However, if we have the ability to differentiate the genetic makeup of tumours and identify new targets, new specific drug therapies can be developed, which hopefully will increase the survival of women with breast cancer.

What we are talking about is the genomic assessment of tumours. Cancers are made up of cells, and cells are made up of genes. In some cells specific genes may be over-expressed (too much of the gene) or over-active and these abnormal genes may act as the engines that drive the cell. In other cells, genes that are of importance for normal cell growth and cell death may be under-active or abnormal. We are starting to learn how these subtle changes in a cancer cell can determine how the cell grows, where it spreads to, what stimulates cell death, and what therapies it may respond to. But we have much to learn as we are just starting to scratch the surface of this exciting area of research.

The genomic makeup of a tumour can be assessed in a number of ways. We can study DNA, RNA, proteins that are made by the cell, and in some cases the function or activity of the cell. Sometimes biopsies of tumours are frozen and the DNA is extracted and studied. More often we do not have access to fresh or frozen tumours. What most people do not know is that when a tumour is

removed, for example at the time of a partial mastectomy, the specimen is maintained in the pathology lab and preserved in something we call a tumour block. We are able to use these tumour blocks many years after they have been removed to study the makeup of the tumour. However, occasionally these blocks are not preserved properly or are not available.

By studying breast cancers we are starting to get a more detailed genomic assessment of tumours. By reviewing the data of what happened to the women whose tumours we study, we are going to be able to differentiate which tumours have good outcomes, which recur, which respond to treatments and which may not need to be treated. A small study was just published by a group from the Netherlands that used this technique and suggested that in some cases we are treating women who are not going to recur and do not need adjuvant therapy. These results are very preliminary and larger confirmatory studies are being started. This data is very exciting as it suggests once again that the makeup of the tumour at the time of the initial diagnosis determines what happens later on and how we should treat the woman.

What are the ethics of this kind of research? Recently the rules have changed and we now request consent from patients to study tumours, even if the information will not directly affect their care, but will be used to look at large populations of women. Tumour blocks are not collected if women are not advised of this research. This is a revolution that needs the cooperation of new patients, women with a past history of cancer, researchers, and clinicians before we will know how successful this strategy will be. It also needs funds to support the research.

So what can we do today? Pathology reports of new breast cancers still include only the standard parameters and it will be a long time

(continued on Page 6)

Palliative Care – “Helping Others”

My journey began seven years ago when I had a lumpectomy plus lymph nodes removed. My biggest concern and fear at the time was whether my cancer had spread and the ten days after surgery waiting for the results were the longest in my life. It was during this time I thought about death and dying, more so than living. My relief when I learned my cancer had not spread and the lymph nodes taken out were clear was immeasurable.

After I had radiation therapy I was feeling well and positive and I told myself every day was going to be special from now on! A few months after treatment had ended (other than my daily Tamoxifen tablet) I read in the newspaper the local Hospice Society was starting up a training program for volunteers wishing to support the dying and their grieving families. I knew this was my calling and telephoned the Hospice Society the next day for an interview and an application.



Margaret

That was six years ago and I have been volunteering four hours each week at the Hospice Palliative Care Unit at the local hospital since. I give emotional, compassionate and practical care to people living their last days in hospice. Most of all I “Listen” and I always feel honoured and grateful that people share with me their gifts of wisdom, life and memories at this stage. It makes me aware that my life was changed by breast cancer and in many ways it is the best journey I have ever taken.

It was good to see the article in *Abreast in the West*, winter 2002 under “Medical Update” on Palliative Care. What Lorraine Piggot told Dr. Daphne Lobb is so true – death is not this horrible and terrible thing. It is important to get death out of the closet.

Margaret Law, Nanaimo

COMPLEMENTARY CORNER

Sleep and the Immune System

by Dr. Hal Gunn, Director, Centre for Integrated Healing

Sleep is of vital importance to our mental, physical and emotional well-being. Sleep not only provides rest and rejuvenation for our physical body, it also allows us to assimilate our daily mental and emotional experiences, and supports our immune system. During times of physical, emotional and mental stress (e.g., dealing with a diagnosis and treatment of cancer) our mind and body need greater amounts of sleep to adequately support our healing.

Melatonin, a natural hormone produced by our pineal gland, a light-sensitive gland at the base of our brain, is released by the pineal gland when darkness falls. Melatonin makes us feel drowsy and helps us achieve a deep and restful sleep. But melatonin does more than just help us sleep – it is a powerful antioxidant that helps support our immune system function, so that while we are asleep our immune system functions to optimally support healing.

Optimal melatonin production is very important for our health. Melatonin is produced by the pineal gland in a diurnal rhythm, but bright electric lights, which keep the room bright even after the sun sets, suppress melatonin production. As a consequence, instead of optimal melatonin production for 8-10 hours, people who keep the bright lights on till they go to bed at midnight only have optimal melatonin production for half that time.

Recent research has shown that exposure to light at night significantly increases the risk of breast cancer by suppressing normal nocturnal melatonin production and increasing estrogen production. Three recent randomized control trials completed in Italy demonstrated that melatonin supplementation not only substantially decreased the side-effects associated with chemotherapy for advanced cancer (including metastatic breast cancer), but it more than doubled response to chemotherapy and 1 year survival.

In summary, melatonin plays a vital role in health, healing and our immune system function. The Centre’s physicians suggest that you relax after dinner, turn out all bright lights by 9 pm, make sure your bedroom is completely dark, and be in bed by 10 pm. As the old saying goes, “Early to bed, early to rise makes a woman healthy, wealthy and wise”.

BREAST CANCER SUPPORT GROUPS

Is there a breast cancer support group we haven't mentioned? Please call, write or fax the editor and we'll be happy to include the group in our next issue.

Breast Cancer Support Groups meet regularly in the following communities. Please call the Cancer Information Service (1-888-939-3333) for contact names, numbers, dates and locations.

- Burnaby
- Campbell River
- Chilliwack
- Comox Valley
- First Nations Healing Circle
- Kelowna
- Ladner/Tsawwassen
- Langley
- Maple Ridge
- Nanaimo
- Nelson

- North Vancouver
- Parksville
- Penticton
- Port Alberni
- Port Moody
- Powell River
- Prince Rupert
- Quadra Island
- Qualicum Beach
- Quesnel
- Richmond
- Salmon Arm
- Saltspring Island
- Sunshine Coast
- Vancouver
- Vernon
- Victoria
- White Rock

Relaxation Programs are available in the following communities:

- Abbotsford
- Burnaby
- Chilliwack
- Delta
- Kamloops
- Kelowna
- North Vancouver
- Port Moody
- Prince George
- Vancouver & Fraser Valley Cancer Centres
- Victoria

Many other communities have cancer support groups available. Programs for partners, family members and friends also exist. Please contact the Cancer Information Service at 1-888-939-3333

Alliance for Breast Cancer Information & Support, BC/Yukon

(604) 675-7124 or 1-800-663-2524

BC Cancer Agency Library Services

877-6000, local 2690 or 1-800-663-3333

BC Cancer Agency Patient & Family Counselling Services

1-800-663-3333 (Vancouver)

1-888-563-7773 (Kelowna)

(604) 930-4000 (Fraser Valley)

1-800-670-3322 (Victoria)

**Breast Assessment & Diagnosis Program
BC Women's Health Centre**

(604) 875-2107

Breast Cancer Prevention Study

(604) 822-7997

Breast Implant Information Line (Federal)

1-800-267-9675

**Breast Cancer Implant Centre,
BC Women's Health Centre**

(604) 875-2013

Breast Cancer Visitor Program – Reach to Recovery, CCS

1-888-939-3333 for referral

**Breast Reconstruction Program,
Vancouver Hospital & Health Sciences**

(604) 822-8056

Canadian Breast Cancer Foundation BC - Yukon Chapter

(604) 683-2873 or 1-800-561-6111

Canadian Breast Cancer Network

1-800-685-8820

Canadian Cancer Society, BC & Yukon Division

(604) 872-4400 or 1-800-663-2524

CCS Cancer Information Service

1-888-939-3333

Centre for Integrated Healing

(604) 734-7125

First Nations Breast Cancer Society

(604) 875-3677

BC Palliative Care Association

(604) 806-8821 1-877-422-4722

HOPE House Society

(604) 731-HOPE (4673)

Life Quilt for Breast Cancer Society

(604) 301-1184

National Lymphedema Network

1-800-541-3259

Screening Mammography Program of BC

1-800-663-9203

Tzu Chi Institute for Complimentary and Alternative Medicine

(604) 875-4218

**Whitehorse General Hospital,
Yukon Screening Mammography**

(867) 393-8740

TIT-BITS

Radio-Frequency Ablation: An Innovative Breast Cancer Treatment Being Tested in Victoria

The traditional treatment for breast cancer is to remove it surgically with a lumpectomy or mastectomy. Dr. Ivo Olivotto, Leader, Radiation Oncology, Vancouver Island Centre, Victoria, reports "Radiofrequency Ablation" is a new technique with the potential to kill the cancer without surgery.

Radiofrequency ablation involves inserting a large-bore treatment probe (needle) into the breast using local anaesthetic and guided by ultrasound. Once the needle reaches the cancer, it opens into several sharp, flexible steel wires that "skewer" the cancer. When the treatment probe is opened, it looks like an umbrella, blown inside out with the cloth covering torn away in a windstorm.

High-energy radio-waves pass between the tips of the steel wires creating a 3cm diameter sphere of coagulation (burning). This procedure takes about 30 minutes. The only visible skin mark is a small puncture where the needle was inserted. One week later, a standard lumpectomy is done to assess the completeness of cancer cell killing. It is hoped that this treatment will be shown to kill all the cancer cells and might eventually replace the need for lumpectomy or mastectomy.

Radiofrequency ablation is being tested in a research study at the Victoria General Hospital and Vancouver Island Cancer Centre in Victoria. The researchers will determine the acceptability of the procedure to women and its ability to completely kill cancer cells. Early results in women with relatively small cancers (± 2 cm) are promising. Women report that the worst part has been having the local anaesthetic. The initial research plan is to treat 22 women with core-biopsy proven invasive breast cancer. Results from the research will guide the future use of this new breast cancer treatment.

We need your support

The time has come to request sponsorship from our generous partners that have provided the Alliance with the ability to continue to produce this newsletter for the past two going on to three years. However at the end of 2002 we will need to once again seek support. In order to state our case in the best way possible your thoughts, insights and grateful words would be accepted with thanks.

A few thoughtful sentences as to what benefits you have acquired by receiving Abreast in the West can be faxed (604.879.9267) emailed to drusch@bc.cancer.ca or mailed to 565 West 10th Ave, Vancouver BC V5Z 4J4. It will not only assist in presenting a clear picture of the Newsletter's audience but also would show our writers and contributors that they are doing something very special by participating in the newsletter. All notes received by the end of May 2002 would be useful. Lets show are desire to continue this resource!

Breast Cancer-What genes may tell us

(continued from Page 2)

before we see changes. We are starting to collect tissue for a tumour bank that will allow us to study both frozen tissue and standard preserved tumours. We are asking women permission to do this kind of research. Dr David Huntsman in collaboration with Drs. McPherson and Ragaz, has described the very preliminary discovery of an exciting new marker. This will have to be verified to see if it is as predictive as early results suggest. In BC with our centralized cancer agency and information and with the standardization of care, we are in an optimal place to contribute to this research substantially. Genomic assessment is just in its infancy but we

are poised to study it and hopefully be able to use this information in the clinic within the next few years.

The genomic information will start to provide that crystal ball we all want when we see a woman with newly diagnosed cancer. It will not be a perfect crystal ball, but we hope it becomes a better tool than our current ones and we will be able to begin to provide more tailored and effective therapy. Your doctor will not have this tool yet, but we hope we will have it in the foreseeable future.

The DASH Diet: Not another fad diet

By Cheri Van Patten, RDN, MSc
BC Cancer Agency

HHealth concerns such as high blood pressure, high cholesterol, diabetes and osteoporosis can be common in women who have also had the diagnosis of breast cancer. High blood pressure or hypertension, in particular, is common in Canadians. While most people are aware that cutting back on salt is a good idea, if you have high blood pressure, new evidence indicates that a wide variety of foods, collectively known as the "DASH diet", can prevent and treat high blood pressure. Possibly the best news is that this diet is consistent with guidelines for the prevention of cancer and the treatment of high cholesterol and osteoporosis. The DASH diet also includes many of the foods that are

the primary focus of current research on reducing the risk of breast cancer recurrence.

The DASH study, which stands for Dietary Approaches to Stop Hypertension, was the first to show that a combination diet was most effective in lowering blood pressure. The diet emphasizes whole grain breads and cereals, fruits and vegetables, low fat dairy products, fish, lean meats and poultry, nuts, seeds and beans, in addition to being reduced in total fat, saturated fat and cholesterol. As a follow up to the original DASH study in 1997 (1), the latest study in 2001 combined the DASH diet with three levels of salt intake: high (3300 mg per day), intermediate (2400 mg) and low (1500 mg). Overall, the DASH diet with the lowest salt level has had the greatest effect in lowering blood pressure, which was considered equal or greater to that of single-drug therapy (2).

Unlike trendy fad diets, the DASH diet consists of commonly eaten foods that most

people enjoy. A sample breakfast menu includes shredded wheat (1/2 cup), skim milk (1 cup), orange juice (1 cup), a banana and a slice of whole wheat bread, and suggested snacks include raisins (1/4 cup), low fat yogurt (1 cup) and unsalted almonds (1/3 cup).

The benefits of the DASH diet have been linked to an increased consumption of nutrients such as calcium, magnesium, potassium and fibre. However, supplements of these nutrients have not been shown to reduce blood pressure to the same extent. So, at present research suggests that food really is good medicine. To find out more information on the DASH diet, including menus, recipes and eating tips, refer to the following website: U.S. National Heart, Lung and Blood Institute (www.nhlbi.nih.gov/health/public/heart/hbp/dash/index.htm), or write: Dash Study, NHLBI information Centre, P.O. Box 30105, Bethesda, Maryland 20824-0105, USA.

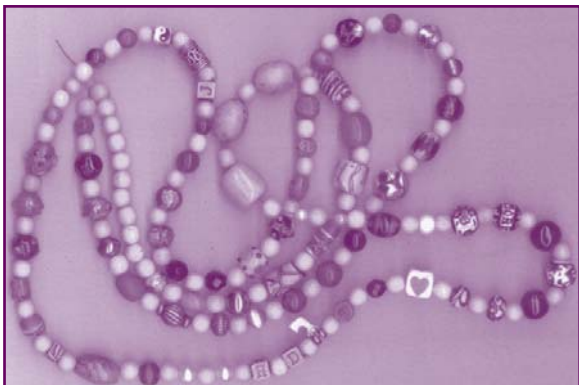
REFERENCES:

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The Mala Concept

By Yvonne Delory, Port Coquitlam

I I was diagnosed with breast cancer in the summer of 2001. As I armored myself to face an old enemy I was touched by the outpouring of support from family and friends. Everyone wanted somehow to be able to help, yet what could be done? I created for myself a "Mala". It's a string of prayers beads (Buddhist I believe).



The difference in mine is that it is made up of personally selected beads from any who wish to give their support and karma to me in my struggle to heal. The first bead is my own; the next three are from my husband and children. Just the act of going to the bead store to pick out that small representation of love was a joyful experience. My son very quietly said, "Here mom, all of my love is inside here, do you like it?"

It became something everyone could do. I have beads from work mates, my fencing class, my yoga instructor, nurses, and the lady who made the beads. I have beads from people I have not met, friends and clients of friends, beads from Africa and Australia. Not only were people excited to get involved, they all wanted to see how the Mala was coming and what additions had been made since their donation.

So as I sat enduring hours of chemotherapy, and endless doctor's

appointments, I would hold the beads, enjoying the beauty and love brought to me, representing each of those who wanted to give. Every bead was exciting and surprising.

JOURNEYS

EXPERIENCES OF WOMEN WITH
BREAST CANCER

Many came with stories, some came from antiques or personal treasures, all came with love and endurance for me to survive and overcome.

I share my story in the hopes that others will take my idea and use it. I still receive beads. It will forever be a reminder of all who cared for me and gave a small piece of themselves for me to treasure always.

The Newsletter is produced in partnership with the following research-based companies who are committed to patient information.



WHAT'S GOING ON

Fax your group's upcoming events to **604-879-9267**
Submissions for the Summer Issue of **Abreast in the West** are due **May 15, 2002**

April 5, 6, 7, 2002

"Women Living with Breast Cancer Retreat" at Rockwood Centre, Seshelt, BC. Weekend of seminars, speakers and complementary therapies. For information call Katie 604.987.8794 or Jeanne 604.929.1126.

April 9, 2002

"Nite of Hope" the annual dinner and fashion show for the Canadian Breast Cancer Foundation. Radisson Hotel, Richmond. For tickets call 604.277.8604

April 13, 2002

"Breast Cancer Awareness Breakfast" in support of the Fraser Valley Branch, Canadian Breast Cancer Foundation. 10:00 AM Cascade Community Centre, Abbotsford. Special guests include Bernie & Red and "Marie's Story". Tickets \$25 Please call 604.853.7914 or 604.853.3983

May 5th, 2002

"Hope Floats" at The Chan Theatre for the Performing Arts – UBC, Vancouver. A musical experience to lift your spirits which benefits Abreast in a Boat Society. 2:00 PM Show includes Pamela Martin, Ann Mortifee, the Richmond Singers and Gentlemen of Fortune. Tickets \$25.00 at Ticketmaster 604.280.3311

May 25 – 26, 2002

"Finding Positive Pathways" a retreat for women facing breast cancer. Sponsored by the White Rock-South Surrey Unit of the Canadian Cancer Society. Call 604.538.0011 for information and to register.

June 4-8, 2002

3rd Annual **"World Conference on Breast Cancer"** Victoria Convention Centre, Victoria, BC. This international conference welcomes anyone who has a concern about breast cancer and offers a multitude of sessions and workshops. For more information and registration please call (250) 383.9222 or 1.877.811.9222
www.worldbreastcancerconf.ca

July 29, 2002

The 5th Annual **"Chicks with Sticks"** Golf Tournament in support of the Canadian Breast Cancer Foundation. University Golf Club, Vancouver. Golf, Dinner and lots of prizes. Please call 604.331.1054 for tickets and information

PREVIOUS ISSUES

WINTER 2002 VOL.3/NO.1

- Aerobic Walking
- Can We Detect Cancer?
- Alcohol & Breast Cancer
- Role of Palliative Care
- Whole Person Approach to Healing

FALL 2002 VOL.2/NO.4

- Facts on Calcium
- Menopause and Breast Cancer (Part 2)
- Hereditary Cancer Program

SUMMER 2002 VOL.2/NO.3

- Exercise During Treatment
- New Hormonal Agents
- New dietary guide
- Menopause and Breast Cancer (Part 1)
- Yoga

SPRING 2001 VOL.2/NO.2

- What Causes Breast Cancer?
- Flaxseed and Breast Cancer
- Lymphedema Guidelines
- Chiropractic

WINTER 2001 VOL.2/NO.1

- Upper Extremity Lymphedema
- Screening Mammography Debate
- Does Soy reduce Hot Flashes?
- Sterotactic & Mamotome Biopsy
- Lymphedema Pumps



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