

# ABREAST IN THE WEST

Spring Vol.5 No. 2

## INSIDE

Page 2

Young Women & Breast Cancer

Page 4

"Nothing Fit Me"

Page 5

The Alchemist

## PASS IT ON

We encourage the sharing of information in *Abreast in the West*. *Abreast in the West* takes no responsibility for views expressed herein, nor do they necessarily reflect those of the editor, sponsors or the ABCIS.

[www.abreastinthewest.ca](http://www.abreastinthewest.ca)

## PUBLISHED BY

*Abreast in the West* is a quarterly newsletter produced by the Alliance for Breast Cancer Information & Support, BC & Yukon (ABCIS) to provide current and accurate information. We are proud to work collectively with our partners to ensure resources & services are accessible to those living with breast cancer, their families, and supporters.



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## The Young & the Breastless A Networking Event for Young Women with Breast Cancer

By Elise Partridge, Diagnosed Age 42 Gabriele Helms, Diagnosis Age 35

On which date – the third, the fifth – of a budding romance do you inform that special person that, due to a bilateral mastectomy, you have no breasts? Where are the books that tell you how to negotiate being catapulted, within a few months' treatment, from new motherhood to menopause? How can you relate to your 30-year-old friend's anxieties about her wedding plans when you are worried, at the same age, about possibly having to plan your own funeral? When you find yourself at the bank one morning unable, due to "chemo brain," to remember your postal code, how do you cope with trepidation about returning to that high-pressure career you had just begun? And how do you surf with prostheses?

These are only a few of the issues that have arisen in our support group for young women with breast cancer. Founded at the British Columbia Cancer Agency by social worker Liz Dohan in September 2001, our group – which includes women ranging in age from their early twenties to their mid-forties, from a variety of backgrounds, ethnicities and professions – has gathered once a month. We have found tremendous strength and consolation in these meetings. We have also used our hours together to ask questions and share information, because most of the existing literature on breast cancer and most of the available services are aimed at women older than we are. Women under 45 are more likely to be pre-menopausal, to have young children or plan to have them, and are at the beginning or in the middle of their careers. As a result, we experience breast cancer – its diagnosis, treatment, and consequences – in different ways.

As we learned more about breast cancer, we realized how many of our peers must be sharing some of the same trials and tribulations. Women under the age of 50 made up 22% of all new breast-cancer cases diagnosed in Canada in 2003. Often the disease can be more aggressive in young women. These numbers

and our experience suggest that there is a pronounced need for resources that can offer help and hope to younger women.

The event we are planning – titled "The Young and the Breastless," on the inspiration of one irreverent group-member – will provide young women with an opportunity to connect with other young women in similar situations. This gathering, to be held at UBC, May 14-15, 2004, will be the first of its kind in

Canada (see page 8 for program). We want to reach young women across the nation who have experienced breast cancer. We may not all be "breastless," but our breasts and our lives have changed as a result of cancer. Our goals for this event are twofold: to provide up-to-date information and to be a forum for young women to meet and gain a sense of community.

Our goal is that each participant will go home – to Vancouver Island, Kelowna, Regina, Prince George, St. John's – feeling that she has learned something valuable and perhaps made some new friends who can

offer the crucial relief of

understanding what she has been through. We want the experience to be one that provides inspiration, comfort, and

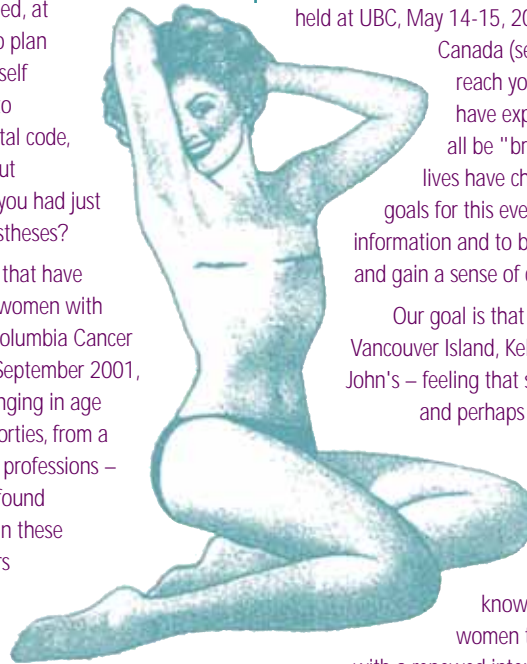
knowledge – that helps enable these women to go on living their lives after cancer

with a renewed intensity, a fresh sense of community, and, ideally, hope, wisdom, and joy.

To register or for more information:

**"The Young and the Breastless"**

c/o Patient and Family Counselling  
BC Cancer Agency  
600 West 10th Avenue, Vancouver, BC V5Z 4E6  
Phone: 778-883-5418  
E-mail: [young\\_and\\_breastless@shaw.ca](mailto:young_and_breastless@shaw.ca)  
[www.theyoungandthebreastless.ca](http://www.theyoungandthebreastless.ca)



# NEWS

FROM THE  
BREAST TUMOUR GROUP

## Young Women and Breast Cancer

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

Although the risk of breast cancer increases with age and the “one in nine” figure applies to women who are 80 and over, it does not limit itself to elderly women. Unfortunately, as we know only too well, breast cancer can occur in women at any age. In Canada there will be about 100 women diagnosed with breast cancer between the ages of 20 and 29 and 1000 ages 30 -39 this year.

Breast cancer in young women presents with some specific issues. There is evidence breast cancer often behaves in a more aggressive fashion in younger women, and age less than 35 at diagnosis has been included in risk assessment guidelines (St Gallen’s guidelines), as a poor prognostic factor. This suggests these cancers have a higher risk of recurring and should be treated appropriately. For a long time, it was assumed the higher risk was due to the fact that many tumours in young women are estrogen receptor negative. However, recent studies have shown estrogen receptor positive tumours in young women also behave in an aggressive fashion and should be treated with both chemotherapy and hormonal maneuvers to try to improve cure rate. In young women, the options for hormonal treatment include: tamoxifen, removal of the ovaries (oophorectomy) and a pharmaceutical suppression of ovarian function with buserelin or Zoladex. Studies of giving these agents either at the end or beginning of chemotherapy are being initiated worldwide and may provide more insight into the best treatment.

But there are concerns about these strategies, as for many women the impact on their lives is not acceptable. Many young women are diagnosed before they have had children and maintaining their fertility is of importance, particularly if their risk of relapsing from their breast cancer is assumed to be low. A recent publication this year looked at pregnancy after a diagnosis of breast cancer retrospectively and claimed there was no evidence pregnancy caused any harm. The study may be reassuring but is unfortunately not a complete answer, as being a retrospective study, it suffered from the usual inherent flaws in that design. There is no way of knowing if the women who did have pregnancies after a diagnosis of breast cancer represent the whole spectrum of breast cancer patients or if they were in some ways different. The lack of observed relapses may be somewhat reassuring for women but possibly only for a subset of similar women.

Chemotherapy can bring on an early menopause. Whether a woman becomes menopausal is due to the type of chemotherapy, which drugs are used for how many cycles, the age of the woman and some individual differences. Although there are statistics, we can not usually predict if a

young woman will become menopausal or not. Some women lose their periods temporarily during chemo but then resume them later, sometimes up to a year or so after the completion of treatment. How can fertility be maintained during chemotherapy, and is it something that should be? Or are the studies that suggest we do not treat the hormonal axis in young women correct in promoting more treatment to avoid both relapse and future cancers? There is evidence a temporary menopause brought on by buserelin or Zoladex does not cause permanent infertility and may be the answer for many women. One small study suggested that using these agents prior to chemotherapy may help maintain ovarian function and this may be confirmed in the current studies being done internationally. Other new techniques to preserve fertility are being explored.



Body image and sexuality is another major concern for young women. While an emphasis on survival may be the concern of the oncologist, the quality of survival may be significantly compromised if a woman loses her sense of self due to surgery or early menopause. The impact of chemotherapy and surgery may be more than hormonal but certainly the sudden drop in hormone levels may cause significant changes to a woman’s sexual drive and response. Coupled with a loss of health and the side effects of the treatment including fatigue, the physical

side of a woman’s life may be damaged. Losing sexual intimacy at a young age and at a stressful time is often harder than other aspects of the treatment but is often something that is not discussed. In the face of seeing others dying or relapsing, these issues often are left aside but are not at all insignificant to the woman suffering. Bringing her partner into the degrading medical examinations may also change her sense of potency and pride in her body and self if the medical experiences do not value her appropriately.

How do we balance this aspect of treatment with the knowledge that we have to often have to treat young women aggressively, if we are going to avoid women relapsing? Do we have to consider body image issues differently for young women than for older or is this an equal issue for all? How do we respect the individual needs of a woman trying to plan a future as a dynamic woman with the need to treat her disease and ensure that this woman can return to work/ home/ relationships/ life after treatment? There are no easy answers - but there is more awareness of these issues and needs. As health care providers we need to hear about the needs and the issues from women’s actual experiences before we can claim to understand and before we can begin to tailor research questions and treatments to address those needs.

# JOURNEYS

EXPERIENCES OF WOMEN WITH  
BREAST CANCER

## Pathways to Healing: Searching for my Fertility Goddess

By Lisa, Diagnosed age 39

**M**My mind went numb when I heard the 50-50% statistics. Here I was 39 years old, childless, and recovering from surgery, and now devastated with the possibility of going into menopause from chemotherapy! What a double whammy!! Rage and resentment filled me, and later despair, as I faced two months of menopause (hot flashes, etc.) along with four months without my menstruation. My hopes and dreams to be a mother, and my sense of myself as a woman were, in my mind, being severely threatened.

Rituals were an important aspect of healing during my cancer journey. My search was on....



How could I preserve and protect my ovaries? I tried all kinds of things; each chemo session I would put white light around my ovaries, I acted "as if," carrying sanitary napkins with me everywhere, crying in support groups, and doing yoga Goddess poses. I also participated in a deep healing workshop, and forgave myself for feeling guilty about my feminine power and beauty, and miraculously within 24 hours my menstruation showed hopeful signs of reawakening.

I also searched everywhere for the perfect Fertility Goddess. I found her at a craft market in December. She is beautifully carved from a smooth, grey stone, and her round powerful

body shines clearly on my small living room alter. She and what she represents has helped to keep my thoughts positively focused on maintaining my fertility, and with that, continued hope and choices about being a mother.

Good news - just shy of the New Year, my menstruation did find me in full swing again, almost 5 months post chemo! Tears of joy came to me that day. These tears contrasted to my over 50, grey-haired bosom buddies who exclaimed "if I get that period back what a curse that will be!" My potential loss was their joy.

Now I find myself again in unknown territory. I have chosen to take Tamoxifen, and with this, I am left without my menstruation once again. I am not sure where I fit in the 50-50% chance of going into menopause now. I wonder if my menstruation is just in hiding for awhile, or is she gone forever?? Hope is still there, yet it's not as loud as it was a few months ago. My fertility goddess still sits with me, and more and more, I find myself reflecting on motherhood possibilities, and pondering on a deeper level what it means to be "fertile" in my life. I now see fertility as an expression of my creative side, as well as motherhood, and amidst it all, I still have hope and trust that my life will be all I want it to be.

## SEEKING MR. RIGHT!

Confident, intelligent, attractive, and witty professional 39 year old SAF seeking the same qualities in a SM 35-45 for long-term relationship. Mr. Right should be a man of steel willing to leap tall buildings, have a tremendous zest for life, and able to handle the many challenges in my life. I am a recent breast cancer survivor looking to re-enter the dating arena, but I am only looking for someone who has the strength to be honest, accepting, and open-minded about different possibilities. I am lacking in "normal" physical attributes (breasts), but I've been told that I have sparkling inner qualities, a heart of gold, and a quick & easy smile. I am hoping that you will make those discoveries on your own. If you are a fun-loving, warm-hearted, compassionate, understanding, and strong individual who enjoys romance by candlelight, walks along the beach, cuddles under a blanket by the fireplace, or adventurous escapades, I wish to meet you. Those who cannot think outside the box need not reply, but the broad-minded most definitely! I am looking forward to meeting you, and I am positively op'n for some gropin'!

Ruth, Diagnosed Age 36

Excerpt from the short film "Locked Out"  
By Nancy Baye, Diagnosed age 36

*I had been dreaming about sex, and thought that was a good sign. There is life after cancer, right?.. Right, and dammit (I decided) there was gonna be sex.*

We met that weekend at the laundromat. During the tumble-dry cycle I gave him my number; he kissed my hand. Then, he was on my doorstep, extending one perfect daisy. He smelled good. We went to dinner, to The Candlelit Cloud. While the lights, the life of the city swirled below us, up there it was magic. There I was, out on a date, like a normal person!

When the band came on, he took my hand, the one he had kissed, and led me to the dance floor. As he pulled me in close, things started to happen to my body. Good things. Mmmmm, I had forgotten that feeling. Then he whispered hotly in my quivering ear... I whispered back, a little hoarsely, "What?! I couldn't possibly!" What kind of a girl did he think I was? But I had to admit, with an irony he certainly couldn't know, "Yes, you're right. Life is short."

So we went: to his apartment, to his bedroom, to his bed. He caressed me; he undressed me. Sssteam sizzled off us and I felt like a woman again. "I am woman, hear me roar! Meeeeeooow!" (It really is just like riding a bike: it all comes back to you.)

I purred, palpated, pulsated, pounced. Then I panicked. Slow and gentle did not work. Fight or flight! Kicked in; I scrambled then squeaked (to this beautiful naked man), "I can't... can't stay, because... m-must go."

Devastated, I summoned my girlfriends to an emergency meeting. They tried to console me with cosmopolitans - which, okay, I accepted. Madeline arrived with a bouquet of balloons twisted into multi-colored penis shapes. I cried. Haunted by sexual failure, I obsessed about my vagina. I had taken my sexuality for granted. Was it all over for me now? Was it time to say goodbye to primal, jungle Nina, to drive out to Costco and load up on plastic cutlery, paper plates and rolls of red & white checkered plastic tablecloths for all the potluck casserole bridge parties I'll be having? I shuddered, and warned, "Don't take your vagina for granted. I did, and look where it got me: locked out!"

[www.cancercrusader.com](http://www.cancercrusader.com)

3

Please submit your story to:  
Abreast in the West, 565 West 10th, Vancouver BC V5Z 4J4

## “Nothing Fit Me”: The Information & Support Needs of Young Women with Breast Cancer

Report by the Canadian Breast Cancer Network, 2002

With funding from the Canadian Breast Cancer Initiative of Health Canada, the Canadian Breast Cancer Network (CBCN), in partnership with the Breast Cancer Community Research Initiative, undertook a study of the experiences of young women living with breast cancer. The main ideas/themes shared by the consultation participants are presented in this article. The full report “Nothing Fit Me: The Information and Support Needs of Young Women with Breast Cancer” is available on the CBCN website at [www.cbcn.ca](http://www.cbcn.ca).

In 2001, national focus groups and teleconferences were held with 70 women who were diagnosed with breast cancer before the age of 45 years and were between one to five years post-diagnosis. The women described their experiences related to their cancer diagnosis, treatment, and aftercare. While some of the stories were common to many women facing a breast cancer diagnosis, a substantial portion of their discussion focused on the particularities associated with being young and having breast cancer.

### THEMES

#### Nothing Fit Me

*“You have all this information, a ton of it’ but what about young women who haven’t had children perhaps would like to have information on fertility...”*  
(Nothing Fit Me)

Often the information about and support for young women simply didn’t exist. Where it did exist, it didn’t ‘fit’ their needs. Some of the missing information included the effects of adjuvant therapies on fertility, the signs and side effects of early menopause, how to talk about their cancer in new relationships, how to relate to themselves sexually following treatment, and how to talk to their children about their cancer. The women expressed the lack of ‘fit’ with other members at breast cancer support groups because of age or life situation and they felt dissatisfied with the lack of timely emotional and mental health support from health professionals.

Even within the cancer care system the women spoke about ‘not fitting’ into the profile of a typical breast cancer patient. ‘Ill-fitting’ experiences were reported at diagnosis, throughout treatment, and at follow-up. For example, the women reported that physicians didn’t take their concerns seriously prior to diagnosis; imaging tools were imperfect; oncologists were making treatment decisions without substantial research by which to measure the impact of these treatments on pre-menopausal women, and follow-up was inconsistent.

#### Me, Myself and My Body

4

*“...when you first get diagnosed, all you say is ‘take the breast off, do whatever you have to do, I want to live.’ For me...I had to grieve for that breast. You have an altered body image.”*  
(Nothing Fit Me)

A breast cancer diagnosis and treatment taxes women’s bodies physically, mentally, spiritually, and sexually. The young women were specifically concerned about fertility, early menopause, and effects of Tamoxifen on their bodies, body image, reconstruction, sexuality, dating, and mental and spiritual health.

#### Impact on the Family

*“I had to handle crying episodes every evening such as ‘I don’t want you to die’. At that time, I had to ask the hospital if they didn’t have something written up for children, to try and explain...because I didn’t know how to reassure them. You can’t swear to children that you won’t die...”* (Nothing Fit Me)

While most women with breast cancer are concerned about how their diagnosis affects others in their families, they are rarely also living with children or adolescents, living in new marriages, and/or caring for aging parents. The young women discussed how they struggled to convey their cancer to their children or adolescents and they wondered how to deal with the strain on their intimate relationships.

#### Financial Straightjacket

*“... I mean we don’t have anything so the financial stress is...there’s not a house to mortgage, there’s not a husband who can make some extra money, there’s nothing.”* (Nothing Fits Me)

The women in the consultations spoke often of the financial toll of a cancer diagnosis. The participants discussed the difficulty of affording unanticipated treatment-related expenses and of having the financial latitude to stay home from work immediately following treatment in order to facilitate recovery. Single moms, child-free women, and young, rural women suffered financially even more so.

### RECOMMENDATIONS

CBCN has developed a National Strategy to address the unique needs identified in the report and implementation has begun. To date, CBCN has formed a young women’s committee and launched a young women with breast cancer website ([www.cbcn.ca/youngwomen](http://www.cbcn.ca/youngwomen)). The National Strategy is also located on this website [www.cbcn.ca](http://www.cbcn.ca).

If you would like to help with the young women’s initiatives, contact Jackie Manthorne, CBCN executive director, at 1-800-685-8820 ext 222 or [cbcncbcn.ca](mailto:cbcncbcn.ca).



# The Alchemist

By Vanessa Turke, Diagnosed age 28

*Sometimes when I vacuum, my prosthesis falls out of my bra onto the floor and my two year old daughter picks it up, and says, "Your Boobie fall down mommie?"*

*The first thing I did when I found out I had Cancer was make a list of all the reasons it could be: radiation, free radicals, stress, environmental toxins and pesticides... Maybe everyone should have Cancer according to this list. Maybe Birth Control Pills? X-rays? Hair dye? Negative self-talk? The list quickly degenerated into reasons why I should have Breast Cancer, the things I had done to deserve it. I once played a game of truth or dare with a boy who demanded to see my boobs. I bargained my way down to lifting just one side of my shirt up and showing him the only the "bigger one".*

*I found a lump in that breast when I was twenty-seven and pregnant -- six weeks away from my due date. The biopsy showed abnormal cells consistent with impending lactation. I wasn't worried. At the time the surgeon gave me the option of having the "benign growth" removed. I was dead set against unnecessary surgery. A year later the tumour was six centimeters, and not so benign anymore. I had a mastectomy in January 2003. But nowadays, I'm practically begging for more surgery!*

*I am in reconstructive limbo, and the guilt from my relatively "easy" treatment was profound. I called it "chemo guilt". My disease had not spread, so it was simply cut away. For months I denied myself the support of women who had lost their hair during treatment, thinking that I couldn't be a real cancer patient without having the same experience.*

*When I found my way to The Young and the Breastless support group, I found a safe place to express myself. I still compared and contrasted my experience, pathology, treatment and surgeries to those around me; but the support offered by women who had been to Cancerland and back again, made it possible for me to begin working on my autobiographical mixed-media project, Cancer Xancer. I explore not only the typical "why me?" and body image issues, but also how the history of breast cancer treatment has made me into an advocate and activist. More personally, I describe how this past year has triggered in me a paradigm shift, caused in part by the transformation of this "predicament" into an achievement. My self-portrait, The Alchemist, symbolizes this process of acceptance.*



## Resource GUIDE

By Lorraine Leitz, Librarian, BC Cancer Agency, Vancouver Island. The following recommended materials are available at the BC Cancer Agency Library. Call 604-877-6000 local 2688 or 1-800-663-3333.

### BOOKS: For Younger women

#### Fighting for Our Future: How Young Women Find Strength, Hope, and Courage While Taking Control of Breast Cancer

By Beth Murphy. (McGraw-Hill, 2003)  
New comprehensive guide for younger women with breast cancer.

#### Induced Menopause Guidebook: When Medical Interventions Cause Menopause

(North American Menopause Society, 1999)

#### Sexuality and Cancer: For the Woman Who Has Cancer, and Her Partner

By Leslie R. Schover. (American Cancer Society, 2001)

#### Sexuality and Fertility after Cancer

By Leslie R. Schover. (John Wiley & Sons, 1997)

#### Hope Tree: Kids Talk About Breast Cancer

By Laura Numeroff and Wendy Schlessel Harpham. (Simon & Schuster, 1999) Excellent illustrated book with comments from children aged 5-12.

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

By Wendy Schlessel Harpham. (HarperCollins Publishers, 1997) Contains practical advice, along with a companion book for kids entitled, Becky and the Worry Cup. For parents with children ages 3 to 13, but also includes some information for parents of teens.

### VIDEOS: For Younger women

#### Cancer & Sexuality: Weathering the Storm

(Medical Audio Visual Communications, 1992. 38 min.) Presents the perceptions of patients and professionals in dealing with sexuality following cancer treatment.

#### Kids Tell Kids What It's Like... When a Family Member Has Cancer

(Cancervive, 1998. 30 min.) Boys and girls (8-10 years old) talk about how they felt when they had a parent being treated for cancer.

#### My Mom Has Breast Cancer: A Guide for Families

(Kidscope, 1996. 33 min.) Features mothers and children, all about 12 years old and younger.

#### Talking About Your Cancer: A Parent's Guide to Helping Children Cope

(Fox Chase Cancer Center, 1996. 18 min.) Excellent guide, with emphasis on communication

### INTERNET SITES: For Younger women

#### Canadian Breast Cancer Network

<http://www.cbcn.ca/>  
Includes sections on "Young women living with breast cancer" and "Children and breast cancer."

#### Kids Connected

<http://www.kidsconnected.org/>  
On-line support for children with a parent who has cancer.

## AT YOUR SERVICE

**Alliance for Breast Cancer Information & Support, BC/Yukon**  
604-952-0045 or 1-866-952-0045

**BC Cancer Agency Library Services**  
604-877-6000 local 2688 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 Visitor Program – Reach to Recovery, CCS**  
1-888-939-3333 for referral

**Breast Reconstruction Program, Vancouver Hospital & Health Sciences**  
604-822-8056

**Callanish Healing Retreats Society**  
604-732-0633

**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**  
604-732-6679

**National Lymphedema Network**  
1-800-541-3259

**Screening Mammography Program of BC**  
1-800-663-9203

**Victoria Breast Health Centre**  
250-727-4467

**Whitehorse General Hospital, Yukon Screening Mammography**  
(867) 393-8740

**Willow Breast Cancer Support & Resource Services, Ontario**  
1-888-778-3100

6

# TIT-BITS

## Antibiotics & Breast Cancer

A recent study suggested that antibiotic use may be associated with an increased risk of breast cancer. This was a retrospective study and reviewed the health records of women to come up with this association. There was no difference dependent on what type of antibiotic was prescribed nor was there an assessment of whether the women took the pills, or not. The study also showed women who took the antibiotics had a greater body mass index (BMI), took more HRT, and had a stronger family history of breast cancer, which are all factors independently associated with an increased risk of breast cancer. This study may be of importance as there is increased interest in the role of infection and inflammation in cancer, but it does not prove that antibiotic use is associated with breast cancer risk. What it does say, is similar to the HRT news. Before taking any medications, there should be a good indication and a clear understanding from the patient of why the drug is being prescribed. Antibiotics should be used appropriately like all other medications. Women should not worry about taking them for a good indication.

**Dr. K. Gelmon, BCCA**



**BC Cancer Foundation**  
Supporting research & care at BC Cancer Agency

## The BC Cancer Foundation announces The Weekend to End Breast Cancer

A first of its kind in British Columbia, the 60 kilometre 2-day walk will raise funds for breast cancer research at the BC Cancer Agency.

It is a weekend of hope, as the participants will honour lives lost, celebrate survivors, and help raise important funds for breast cancer research. Each registrant will receive coaching not only to walk the 60 kilometres over two days but also to raise a minimum of \$2000. Walkers will camp out together, as well as participate in pre-event workshops that will help them be successful.

Well-known BC authors and oncologists Ivo Olivotto & Karen Gelmon, ("Breast Cancer: What you need to know to take an active role in your treatment" and raising funds for the weekend walk. "The need to support breast cancer research is pressing and we are encouraging everyone to participate" states Gelmon. Drs. Olivotto and Gelmon are encouraging women, friends, families, health care workers and others to come join them. If you are not walking, visit the website at [www.endcancer.ca](http://www.endcancer.ca) and donate to someone you know who is walking. (Drs. Gelmon and Olivotto are listed :) (So is your friendly Abreast in the West Editor)

## Hope as an Object

*Hope as an object is translucent*

*Hope as a beverage is effervescent*

*Hope as a song is repetitive*

*Hope as a movement is seismic*

*Hope as a poem is as unrequited lust*

*Hope as a power tool is cordless*

*Hope as a meal is a buffet*

*Hope as an occupation is pointless*

*Hope as an object*

*Is a pair of rose-coloured glasses*

By **Vanessa Turke** Diagnosed Age 28

# A Mourning In Eight Parts

By Dawn Turpin, Diagnosed Age 43

I It will grow back, that is what they all say, and I think that they don't really understand. I am in despair, I am distraught. An old woman looks back at me from my mirror: my mother, perhaps even hers. My youthful appearance, my femininity, has been shorn away. The hair that so many men have rejoiced in, have been seduced by, is gone. It will be years before I recover its full length, if ever I do. And what of its thickness and sheen? My new hair is kitten-fluffy and grey; I find myself stroking it often, fondling the unfamiliar texture. It does not feel like my hair.

II My hair was long and coarse. I would brush it often to keep it from tangling, tilting my head back, pulling the plastic bristles of my hairbrush through it from the scalp to the ends. Then I would bend forward and let it fall, brushing from the nape of my neck toward the floor, and when I stood up again it would fall in waves around my face and shoulders. My babies fondled and pulled it while I nursed them, clutching it in their tiny fists, wrapping it around their wee fingers. It pulls your face down, said my mother, you should get it cut short, get a nice shape to it. It will make you look 10 years younger. When I had my head shaved, she could not bring herself to look at me. You've always had hair, she wept, even when you were a baby. Oh, your beautiful hair, she mourned,

and she was so happy when I found a wig the same colour and length as my real hair. Now you look normal again, she said, beaming and hugging me.

III At work, I wear my hair up, pulled away from my face and off my collar, braided into a ponytail or pinned up in a bun. Part of the uniform, to look as professional and non-female as possible. And at the end of shift, when the last door is locked, and the lights are dimmed, I pull my hair free of the restraining elastics and pins, shake it loose, and let it tumble free. This is how I let go of the negativity of the prison, and reclaim my femininity and outside life. This is my gesture of freedom.

IV My real hair is long, curling up just under the bottom curve of my breast. When I am interested, when I flirt, I twirl a lock of my hair around my finger, or toss it back from my face. I brush it by the fire at night, the light of the flames glinting red off my hair. My new lover watches, enchanted, and I offer the hairbrush to him. He holds the silky strands in one hand and brushes with the other, and after awhile he sets aside the brush and sweeps my hair to one side so he can kiss the back of my neck and my shoulders. Your hair smells nice, he murmurs, resting his cheek against the top of my head. And later I sway back and forth, brushing my hair across his chest and belly. He catches my hair in handfuls, pulling gently till I come to him. After, we lie together, his arm around me, my hair caught in his hand. And hours from now, I will find his scent still caught within my hair.

V I have many wigs, one as long and dark as my real hair, and streaked with red. One is a mass of curls; one is copper-coloured and well styled. A dark brown one comes to the bottom of my jawline and frames my face. Another is the colour of wet sand, a somewhat shaggy style. And yet another is also sand-coloured and comes almost to my shoulders. I say to my friends it is easier to apply make-up now because I put my hair on last. They laugh and say it is good I can have fun with this. The wigs sit on styrofoam heads in my bedroom, at night a silent audience of disembodied heads facing my bed. I think that I provide a singularly boring display for them.

VI Do you remember lying in my bed, holding me gently, and pulling at my wig, saying here, take it off so I can stroke your ears? I was shy and scared, removing it in the candlelight, revealed in my baldness, so much more vulnerable and naked than I have ever been. You watched me silently then held me, unspeaking. I lay with my head on your chest and you stroked my shoulder gently, and the back of my neck. Then you fondled my ears and eventually your fingertips touched my scalp, little butterfly strokes against my embarrassed skin. And when you pressed your lips against my exposed skull, did you feel my grateful tears on your chest?

VII This does not feel like my hair. My hair is long and coarse and thick, it flows down my back and shoulders like a river. It has been so black it was almost blue; it has glowed in the sunlight, sometimes auburn or crimson, sometimes violet. And one hedonistic summer, not that long ago, my hair was bleached by the sun a golden blonde. Chestnut brown, toasted almond, cinnamon, spiced tea. I wash it in the shower, allowing the herb scented shampoo to run down my body before it swirls into the drain. Lots of conditioner, especially in the winter, to combat tangles and splits. Towel-dried, blown-dried, sun-dried, no mousse or gel for me: just lots of brushing. One hundred strokes every night, that's what we were told growing up. One hundred strokes, easily.

VIII They tell me that the chemotherapy will cause my hair to fall out, a 100% loss they say. It takes an hour to shave my head. First he gathers it in his hand at the nape of my neck, then he clips it off just above his hand. Then he uses the electric clippers, starting at my temple, and moving backward across my skull, the coarse silken strands falling about me in drifts. They ask do I want to keep some as a remembrance, but I tell them no, smiling. Donate it, I say, to make wigs for sick children. Finally foam is applied, and a cold metal razor scrapes the stubble from my head. My newly naked scalp is now fully exposed, and I feel so vulnerable, it is colder than I expected, now my hair no longer insulates me. I smile and smile, so no one will know how terrified I really am.

## 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.*

Relaxation Programs are available in the following communities:

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.

- Abbotsford
- Burnaby
- Campbell River
- Chilliwack
- Comox Valley
- Elk Valley
- First Nations Healing Circle
- Kamloops
- Kelowna
- Langley
- Maple Ridge
- Mission
- Nanaimo
- Nelson
- North Vancouver
- Penticton
- Port Moody
- Powell River
- Prince Rupert
- Qualicum Beach
- Queen Charlotte Island
- Quesnel
- Richmond
- Salmon Arm
- Salt Spring Island
- Smithers
- Sunshine Coast
- Surrey
- Vancouver
- Vernon
- Victoria
- White Rock

- All BCCA Centres:  
Vancouver, Victoria, Surrey, Kelowna
- Abbotsford
- Burnaby
- Chilliwack
- Courtenay
- Delta
- Fort St. John
- Kamloops
- Nanaimo
- North Vancouver
- Penticton
- Port Moody
- Prince George
- Richmond
- Salmon Arm
- Trail
- Vernon

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

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, 2004**

## April 15, 2004

**"Collingwood School Charity Fashion Show"** Hollyburn Country Club, West Vancouver BC 6:30 - 10:00 pm. Proceeds to Canadian Breast Cancer Foundation, BC & Yukon Chapter Tickets available at Collingwood School 604.925.3331

## April 15th, 2004

A **"Forum on Cancer"** to include breastwill be held at the North Island College Theatre, Campbell River, BC. Displays open at 6:00 pm and presentations begin at 7:00 pm.

## April 17, 2004

**"Breast Cancer Awareness Breakfast"** presented by the Fraser Valley Branch, Canadian Breast Cancer Foundation. Salvation Army Church, Abbotsford. Guest speaker Janice Bannister, will be providing a comedic approach to new-age and holistic medicine. Tickets \$25. Please call Marie 604.853.8442.

## May 27, 2004

**"Trudy McCullough Memorial Golf Tournament"** Tsawwassen Golf Club, Tsawwassen BC Entry Fee: \$80. Proceeds to Canadian Breast Cancer Foundation, BC & Yukon. 1:00 pm shotgun start, Texas Scramble, door prizes, silent auction For more information call Glynis Wilson at 604.943.6000 or gmsantee@telus.net

## May 28 – 30, 2004

3rd Annual **"Women's Wellness Retreat"** in Sechelt, BC. A weekend to explore wellness and healing for women living with cancer. Retreat includes accommodations, all meals, and various workshops designed to promote healing and wellness. For further information contact Jeanne Davy 604.929.1126 or jadabyca@yahoo.com.



## The Young and the Breastless Networking Event Program

### FRIDAY MAY 14

#### PANEL & DISCUSSION

Fertility, Sexuality, Emotional Realities and Support

**Dr. Elaine Drysdale, MD, FRCPC**  
Psychiatrist

**Dr. Karen Gelmon MC, FRCPC,**  
Medical Oncologist

**Dr. Sydney Thomson MD, FRCPC**  
Gynecologist

**Karen Janes RS MSN** Nurse

#### EXPLORATIONS

Yoga • Meditation • Art • Writing

#### CONCURRENT SESSION A

Small groups will gather to discuss young women's issues related to the specific topic.

Fertility • Sexuality  
Emotional Realities • Support

**Cocktails and Performances at Sage Bistro**

### SATURDAY MAY 15

#### PANEL & DISCUSSION

Music & Journaling

**Kathryn Nicholson, MMT, MTA,**  
Counsellor

**Marlene Schiwy, PhD, Author of**  
"A voice of Her Own"

#### CONCURRENT SESSION B

Fertility • Sexuality  
Emotional Realities • Support

#### EXPLORATIONS

Yoga • Meditation • Art • Writing

#### CONCURRENT SESSION C

Fertility • Sexuality  
Emotional Realities • Support

#### DISCUSSION

Where do we go from here?



**Yes!** I want to be on the  
Abreast in the West mailing list

Name

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