

Oct
2009- Volume 1
Issue 2

Breast Care News

South Australian Breast Care Nurses Network Newsletter

Editors

Karen Redman TQEH
Jill Borthwick St Andrews Hospital
Maria Hall Whyalla Community Health
Webmaster TopKnot
Website www.breastnurses.com.au

June Meeting Report (BSSA)

Our last meeting was held at BreastScreen SA in June. The girls at BreastScreen have provided an overview of the talk the night with thanks!

Australia is celebrated as one of the most successful multicultural countries in the world. In South Australia we have approximately 140 different cultural groups who have migrated or arrived as refugees or skilled migrants, and of these ,11% were born overseas in a non-English speaking country.

Recently released BreastScreen SA participation statistics show that large numbers of culturally and linguistically diverse (CALD) women aged 50 – 69 years already attend for breast cancer screening, but there is still a need for increased promotion and encouragement for re -screening.



Inside this issue:

June Meeting Report(BSSA)

“Breast Screening for Women from Diverse Cultural Backgrounds”

Research Corner

Anti-oxidant supplements during breast cancer treatment:- A Review

Feature Article

The media and breast cancer: Good or Bad?

News

Communications Skills Workshop

Network Meetings

Housekeeping

June Meeting Report (BSSA) - continued

Some key statistics show that in the 24 months to 31 December 2008:

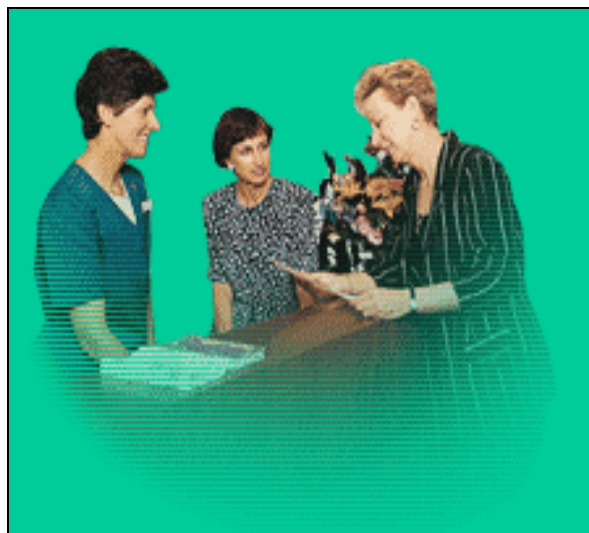
- ❖ The participation rate for CALD women living in SA was 57.6%, up from 55.2% for the previous year. This compares very well with the participation rate for all women living in SA of 57.7%, up from 56.2% for the previous year.
- ❖ Women from Italian, Greek and Chinese language groups represented the largest number of individual women screened. The participation rates for these three language groups were 55.3%, 59.5% and 65% respectively, whilst Vietnamese women had the highest participation rate of 79.4%. CALD communities where the participation rates are lower include Filipino (52.8%), German (50.2%), Dutch (47.6%) and former Yugoslavia (43.5%).

Population data from the latest census indicate there is a large number of women in the 50 – 69 year screening target age group who have not yet attended for screening. For instance, in the target age group there are 2,663 Italian women, 1,476 Greek women and 623 German women who did not attend for screening during the 24 months to 31 December 2008.

Encouraging and recruiting CALD women to participate in breast screening continues as a high priority for BreastScreen SA. Marita Aldridge, the CALD BreastScreen SA Project Officer, works at Cancer Council SA to engage

and talk with women from diverse cultural backgrounds about cancer, breast screening and staying healthy to reduce the risks of developing cancer.

If you would like further information on working with culturally diverse women, or to enquire about multi-lingual cancer resources available to inform and support CALD women, contact Marita on 8291 4168 Monday – Wednesday, or email maldridge@cancersa.org.au



Marita Aldridge

CALD BreastScreen Project Officer

Research Corner



This section of the newsletter will report on research articles of interest.

For this edition we have chosen a review of the research around anti-oxidants used during breast cancer treatment and a randomised control trial looking at weightlifting in women with breast cancer related lymphoedema.

These reports are for your information only; the editors believe the trials contribute to the evidence in the specified area however make no comment as to the implications for practice.

Greenlee H; Hershman DL; Jacobson JS, 'Use of antioxidant supplements during breast cancer treatment: a comprehensive review', *Breast Cancer Research And Treatment [Breast Cancer Res Treat]* 2009 Jun; Vol. 115 (3), pp. 437-52.

An estimated 45-80% of breast cancer patients use antioxidant supplements after diagnosis, and use of antioxidant supplements during breast cancer treatment is common. Dietary supplements with antioxidant effects include vitamins, minerals, phyto-nutrients, and other natural products. A comprehensive review of literature was undertaken by the authors on the associations between antioxidant supplement use during breast cancer treatment and patient outcomes.

METHODS: Inclusion criteria were: two or more subjects; clinical trial or observational study design; use of antioxidant supplements (vitamin C, vitamin E, antioxidant combinations, multivitamins, glutamine, glutathione, melatonin, or soy isoflavones) during chemotherapy, radiation therapy, and/or hormonal therapy for breast cancer as exposures; treatment toxicities, tumor response, recurrence, or survival as outcomes

RESULTS: 22 articles were identified that met those criteria. Their findings did not support any conclusions regarding the effects of individual antioxidant supplements during conventional breast cancer treatment on toxicities, tumour response, recurrence, or survival. A few studies suggested that antioxidant supplements might decrease side effects associated with treatment, including vitamin E for hot flashes due to hormonal therapy and glutamine for oral mucositis during chemotherapy. Underpowered trials suggest that melatonin may enhance tumour response during treatment.

CONCLUSION: The evidence is currently insufficient to inform clinician and patient guidelines on the use of antioxidant supplements during breast cancer treatment. Thus, well designed clinical trials and observational studies are needed to determine the short- and long-term effects of such agents.

Schmitz KH, Ahmed RL, Troxel A, Cheville A, Smith R, Lewis-Grant L, Bryan CJ, Williams-Smith CT, Greene QP, 'Weightlifting in women with breast cancer related lymphoedema', *The New England Journal Of Medicine [N Engl J Med]*, ISSN: 1533-4406, 2009 Aug 13; Vol. 361 (7), pp. 664-73; PMID: 19675330

The results of this study reduce concerns that weight lifting will worsen arm and hand swelling associated with lymphedema in breast-cancer survivors. These findings support the potential benefits of a slowly progressive weight-lifting program in women with breast-cancer-related lymphedema, in conjunction with appropriate use of compression garments and close monitoring for arm and hand swelling.

Methods

- Aim was to investigate if weight lifting in women with breast-cancer-related lymphedema, may affect the limb swelling and/or have any other potential benefit
- Randomized trial; 141 pts; twice-weekly progressive weight lifting
- Primary outcome: change in arm and hand swelling at 1 year, as measured through displaced water volume of the affected and unaffected limbs
- Secondary outcomes:
 - Incidence of exacerbations of lymphedema
 - Number and severity of lymphedema symptoms, and
 - Muscle strength
- Participants were required to wear a well-fitted compression garment while weight lifting

Results

- Proportion of women who had an increase of $\geq 5\%$ in limb swelling was similar in weight-lifting and control group
- As compared with the control group, the weight-lifting group had:
 - Greater improvements in self-reported severity of lymphedema symptoms and upper and lower-body strength, and
 - Lower incidence of lymphedema exacerbations as assessed by a certified lymphedema specialist

Feature Article

The Media and Breast Cancer: Good or Bad?

When someone is diagnosed with a breast cancer there is a wealth of information available to help them understand and cope with their disease. These days access to information has never been easier. In this issue of the newsletter, we ask some questions about the plethora of information available to our clients and hope it sparks some discussion at morning tea!

There is no doubt the media increases public awareness of breast cancer. This is very useful in promoting mammography screening and early detection.

It has been suggested that the mainstream press can potentially cause more anxiety, depending on the style they use, to report on breast cancer and other similar types of health problems. Some authors^{1,2,3} believe there is an over emphasis on younger age related issues and some prominent women with atypical cases, causing some women to over estimate their risk of breast cancer and underestimate their chances of survival.

An analysis of newspaper reports by Ooi and Chapman⁴ had experts reviewing press articles on “breakthroughs and cures”. They found these articles often misrepresented the facts and the majority were later proven to be ineffectual. Most articles reviewed had been quickly penned without looking at the level of research that had been conducted on the product or procedure.

We have all seen the distress that a new diagnosis of breast cancer brings and it can be very frustrating when we read media articles that don't seem to portray all the facts as we know them to be and have a sense of worry about how this will affect our patients.

One issue taken up by the press with a positive result was the Women's Health Initiative⁵ (WHI) updates that made headlines in 2002. A large scale initiative that incorporated a number of studies, the WHI reported that taking Hormone Replacement Therapy (HRT) slightly increased a woman's risk of breast cancer and was widely covered in the press. Many women stopped their HRT because of this information and there was a reported 8% decline in breast cancers in the US with one study⁶ suggesting a link between the cessation of HRT and the drop in breast cancers.

The reporting of new research is another area of potential confusion. The confusion of “cures” with emerging research can be hard for the medical system to sort, but for women and men with a life threatening disease, it can seem as if this is one and the same thing.

Added to the popular press is the huge and anonymous world of the internet. Some recent headlines online include:

“Drug kills key cancer cells”; “Traditional Chinese Medicinal Herbs may help women with breast cancer”; “Local fruit tree holds key to malignant cells”; “Tea and mushrooms reduce cancer”; “Painless, non invasive breast fluid test discovers breast cancer at an early, most treatable stage”, “Long term Tamoxifen use linked to rise in second breast cancer”; “MRI can cause more harm than good in newly diagnosed early breast cancer”.

As Breast Care Nurses, what do we make of all this information? What is the role of the media and how important are they in promoting breast awareness, are they good or bad? How do we use the media to our own advantage (this newsletter is a form of media)? How will all this information affect survivors? How does it affect our practice for example, how can we tell if a report is reliable and how do we advise our patients?

Hopefully this generates some discussion so to help you along we have included some famous comments on the media....

‘The most important service rendered by the press and the magazines is that of educating people to approach printed matter with distrust’... [Samuel Butler](#) (1612-1680) British poet and satirist.

‘There is a terrific disadvantage in not having the abrasive quality of the press applied to you daily. Even though we never like it, and even though we wish they didn't write it, and even though we disapprove, there isn't any doubt that we could not do the job at all in a free society without a very, very active press’...

[John F. Kennedy](#) (1917-1963) Thirty-fifth President of the USA

‘Advertising is legalized lying’...

[H. G. Wells](#) (1866-1946) British-born American Author.

REFERENCES

1. Benjamin D (1997), *Reporting Cancer*; Australian Press Council News; November 1997 – vol 9, no 4
2. Burke W, Olsen AH., Pinsky LE., Reynolds SE., Press NE, (2001): *Misleading Presentation of Breast Cancer in Popular Magazines*; *Effective Clinical Practice*, March/April 2001
3. Donelle L, Hoffman-Goetz L, Clarke JN (2005), *Ethnicity, Genetics, and Breast Cancer: Media Portrayal of Disease Identities*; *Ethnicity and Health*, Vol 10, No 3, August 2005, pp 185-197(13)
4. Ooi E, Chapman S (2003), *An analysis of newspaper reports of cancer breakthroughs: hope or hype?* *Medicine and the Media* MJA 2003;179 (11/12): 639-643
5. Womens Health Initiative website: <http://www.nhlbi.nih.gov/whi/background.htm>
6. Baldwin G (2009), *‘Varying Reductions In Breast Cancer Suggest Hormone Therapy To Blame’*, *Medical News Today, website*:
<http://www.medicalnewstoday.com/articles/155542.php>

News

Communication Skills Workshop

Roche has kindly offered to fund a workshop using local facilitators for our network members. Linda Pfeiler (Roche) is organising this with the maximum numbers being 20 people. At this stage we are looking at an early evening session (4 hours) early next year. More details as they emerge.

Network Meetings



Meetings are held generally bi monthly with no more planned for this year. Any nurses interested in breast cancer care are welcome to attend. The meetings are free with flyers posted on the website. Merry Christmas in advance to everyone (its way too early to be saying this but what the heck!) and see you next year. Stay safe and keep well.

Housekeeping...

If anyone wants to contribute (and make our lives easier but also make for a better newsletter) you can contact us via email:

Karen: karen.redman@health.sa.gov.au

Jill: jborthwick@stand.org.au

Maria: maria.hall@health.sa.gov.au