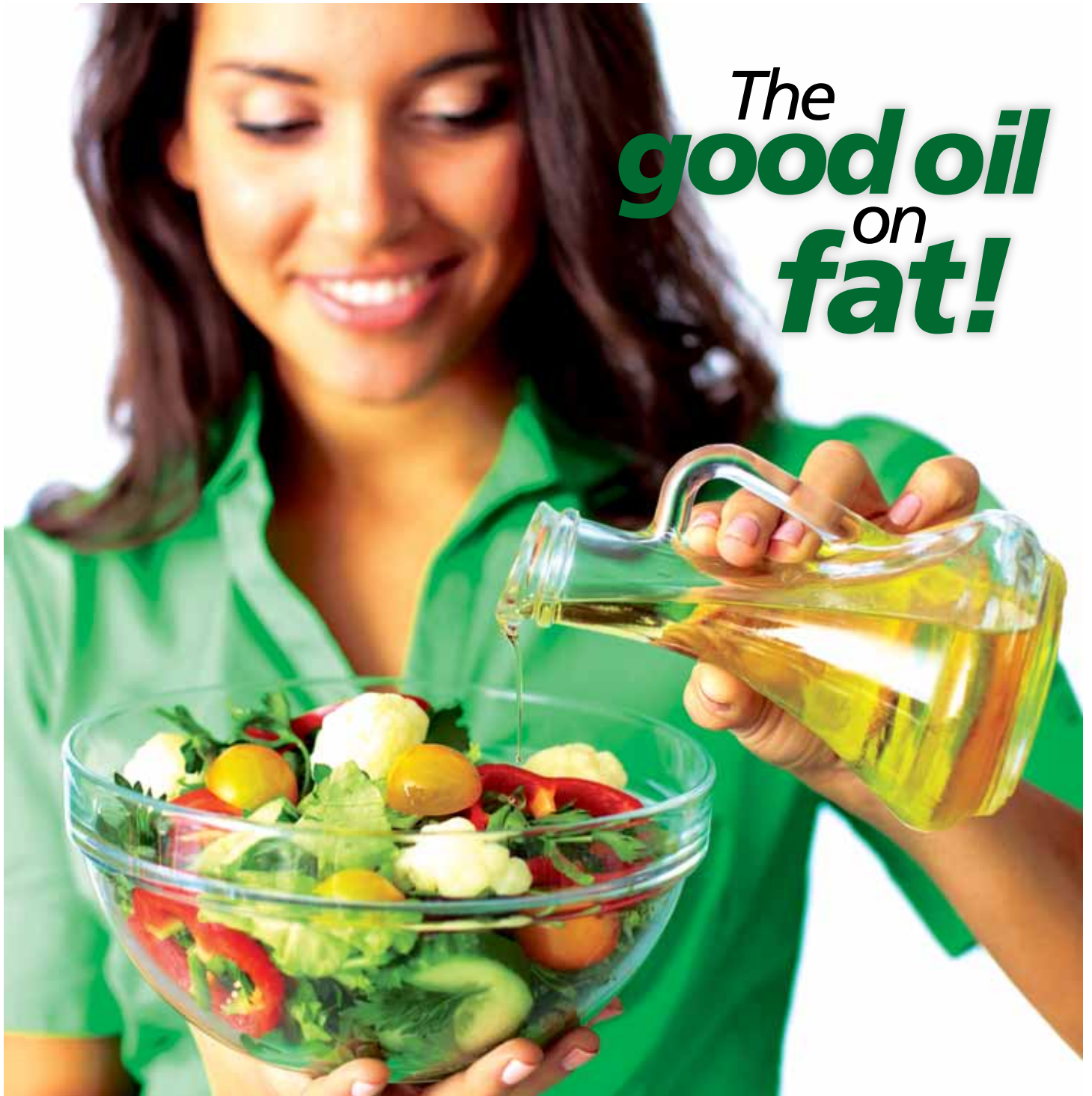


Upfront U Kaiora

OFFERING INFORMATION, HOPE AND INSPIRATION TO THOSE AFFECTED BY BREAST CANCER



The
good oil
on
fat!

You don't
LOOK SICK!

**+ In sickness
and health**

An Evening with
Biomedical Nutritionist
KAYTEE BOYD

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from the editor

The female breast!

Don't we have, as a society, a very fraught relationship with this very purposeful part of the anatomy? We happily drink the milk made for the babies of another species, yet many are still offended by the sight of a woman feeding her baby in public with her own milk from her own breast. A baby breastfeeding allows scant view of the actual breast and none of the nipple; one sees more on display on a beach on any given mid-summer day.

We, as a society, ogle female celebrities on the red carpet wearing less and less each year it seems, but God forbid that anyone should let a bit of nipple show. Oh the irony that men's nipples, which serve no biological purpose and are often accompanied by unsightly man-boobs, are allowed on display any time, yet women's, which have a vital nurturing function, must be kept hidden.

Last year a campaign was launched – Free the Nipple – and as part of that campaign some women were pasting photos of men's nipples over their own and being seen in public. Apparently this was not regarded as indecent exposure because the woman's nipples were not on display!

Huh?

In 2013, The New Zealand Breast Cancer Foundation started an advertising campaign exhorting women noticing changes in their breasts to get them checked out by their doctor. They wanted to show real breasts with the real signs that women should watch out for; inverted nipples, skin dimpling, changes in size or shape... But could they show real breasts on the telly? Not on your nelly! So they used pot plants, balloons and cupcakes.

Really?

So how does a pot plant resemble a breast and how is that going to help you look out for signs of breast

cancer? It wasn't the NZBCF's fault – New Zealand's Commercial Approvals Bureau advised the NZBCF that female nipples are not permitted in TV advertising.

They have got to be kidding, right? I mean, there is nothing sexual about breast cancer. But no; no kidding!

This parlous state of affairs is common the world over. Men, even men with unsightly, unhealthy man-boobs – many that would put some women to shame size-wise – can flaunt it all. But when we want to talk about breast cancer and help women to know what signs they should look for or how they should get to know their own breasts, God forbid that we should allow so much as a view of a real woman's breast.

But perhaps those man-boobs can be put to good use after all. What sparked this rant is that I came across a very clever video online, in which a man's hairy man-boobs are used to demonstrate breast self-examination. Movimiento Ayuda Cáncer de Mama, an Argentinian breast cancer group, has found a way around the ridiculous ban on public exposure of women's breast and nipples.

It is clever, yes, but I am saddened that in the 21st century we still see breasts as something taboo; so much so that women can't breastfeed in public without harassment (irrespective of any legal protections), and we can't properly engage with women about how to look after their breasts, and check for signs that they too might have breast cancer.



BCN VITAL STATS

Breast Cancer Network NZ Inc. (BCN) is committed to optimal breast health for all people of Aotearoa. BCN is a charity established in 1993 focused on prevention as a means of reducing the risk of breast cancer through advocacy, education, information and networking.

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The good oil

By Sue Claridge

Vegetable oil is a 20th century creation. Our ancestors of only three generations ago would be hard pressed to recognise the plant-derived oils that have become ubiquitous in processed food. While olive and coconut oil have been used for centuries, other oils have only been made possible with modern processing techniques.

Manufacturers and medicos all claim conflicting and contradictory benefits for the various fats and oils and it is hard to

know what one should be consuming. The three main issues are: the extraction or manufacturing process; the saturated/monounsaturated/ polyunsaturated fat content of fats; and the omega-3 to omega-6 fatty acid ratios, and what those factors mean for your health.

VEGETABLE OIL MANUFACTURING

Prior to about the 1900s, the only means by which oils could be extracted from the plant

material in which they were found, was through mechanical means, usually pressing. This is why on some bottles of olive oil the manufacturer is at pains to point out that the oil is produced from the first cold pressing. No heat, no chemicals.

Many modern vegetable oils that you find in your food, and in bottles in the supermarket aisle, have been extracted using chemicals and heat, then treated with deodorisers, heat and acids (to remove hard waxes and solids). Further chemicals are used to improve the colour and separate the different parts of the oil.

In addition, many of the plants commonly used to produce vegetable oil have been genetically modified to withstand applications of pesticides to keep weeds and insects under control.

SATURATED VERSUS MONOUNSATURATED VERSUS POLYUNSATURATED

There are three types of fatty acids – saturated, monounsaturated and polyunsaturated – and all are chains of carbon atoms with hydrogen atoms attached. Saturated fats are stable because every available bond with the carbon is taken by hydrogen atoms. There are no “gaps” for oxygen, so these fats do not become oxidised and go rancid or spoil. Monounsaturated fats have one binding site available, and polyunsaturated more than one site, hence they are less stable and more easily oxidised.

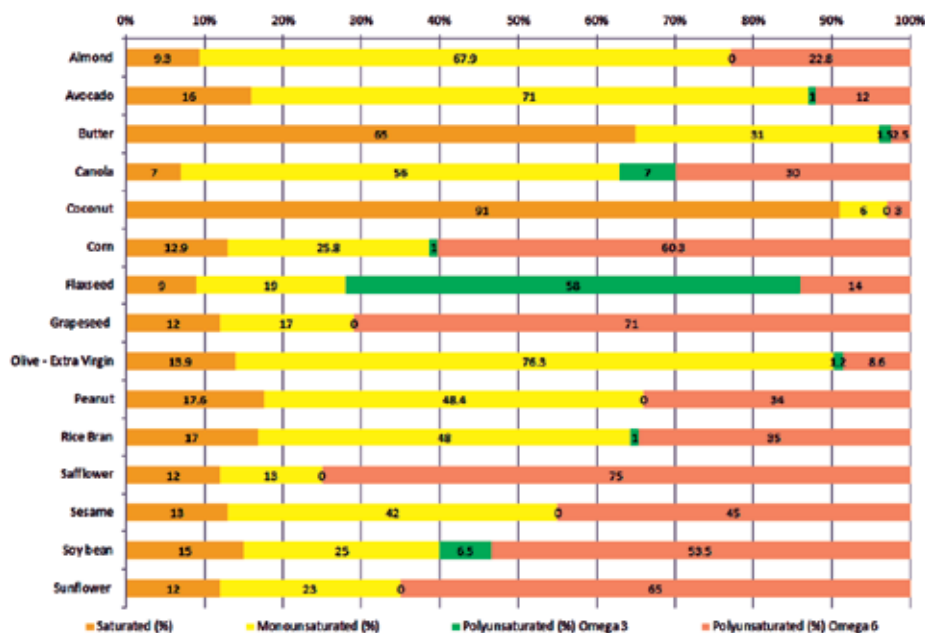
Saturated fatty acids are predominant in animal fats – meat and dairy products – although coconut oil also has a high proportion of saturated fat. Monounsaturated and polyunsaturated fatty acids predominantly come from plants. Oils such as olive oil, avocado and rapeseed (canola is a GM version of rapeseed), and oil from almonds and peanuts are predominantly monounsaturated. Oils such as sunflower seed, safflower, and corn oil are predominantly polyunsaturated.

While we talk about an oil or fat being a saturated, or monounsaturated or polyunsaturated one, they do not comprise a single fatty acid but are a combination of all three, as can be seen in the graph on page 4.

CONTINUED ON PAGE 4

THE BREAST CANCER NETWORK THANK THEIR SPONSORS:
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Percentage of saturated, monounsaturated and polyunsaturated fatty acids in common fats and oils.



Note: The specific percentages of saturated, monounsaturated and polyunsaturated fatty acids for each oil vary depending on a number of factors, including how and where the plants are grown.

While saturated fats are solid at room temperature, unsaturated fats are not, and to make these fats solid (for example, to make margarine) the manufacturing process forces hydrogen into the oil under pressure; this is called hydrogenation or partial hydrogenation. This process can create unnatural trans fatty acids (transfats), which are actually far worse for the health than saturated animal fats. In addition, to create a butter consistency, colour and flavour, more chemicals have to be added.

There is another significant issue with oils that are predominantly polyunsaturated, compared with those that are monounsaturated or saturated; heating degrades polyunsaturated fatty acids to toxic compounds, called aldehydes, while saturated and monounsaturated fats are far more resistant to this type of degradation. These compounds have been linked to cancer, heart disease and dementia. Researchers from De Montfort University in Leicester (UK), who carried out a series of experiments, said:

“For decades, the authorities have been warning us how bad butter and lard was. But we have found butter is very, very good for frying purposes and so is lard.”

“People have been telling us how healthy polyunsaturates are in corn oil and sunflower oil. But when you start messing around with them, subjecting them to high amounts of energy in the frying pan or the oven, they

undergo a complex series of chemical reactions which results in the accumulation of large amounts of toxic compounds.”

OMEGA-3 AND OMEGA-6 FATTY ACIDS

Just to complicate the picture even more, there are also the omega-3 and omega-6 fatty acids – components of the polyunsaturated fraction of oils. These are essential fatty acids (EFAs); your body can't make them, so they must be derived from the food you eat. Both EFAs come from polyunsaturated fats and two omega-3s are particularly important – eicosapentaenoic acid (EPA) and docosahexaenoic acid (DHA). There are few dietary sources of omega-3s, most importantly cold water fish such as salmon and sardines. Vegetarian sources, such as walnuts and flaxseeds contain the precursor omega-3, alpha-linolenic acid (ALA), that the body must convert to EPA and DHA, and which it doesn't do particularly efficiently. Other oils – olive, soy bean, avocado and canola oil – also contain small amounts of ALA.

Omega-6 fatty acids are plentiful in polyunsaturated oils, and therein lies the problem. Before the advent of manufacturing processes, which made the presence of these oils ubiquitous in processed foods, our consumption of omega-3s and omega-6s were relatively balanced. Healthy intake should approximate 1:1 but with high consumption of processed foods the balance is completely out of whack for

most people, and for every “serve” of omega-3 fatty acids we are getting five, ten, or twenty times the amount of omega-6s.

The omega fatty acids are involved in the formation of hormones that control immune function, blood clotting, and cell growth, and are components of cell membranes. The problem arises because the hormones created from the two different classes of fatty acid have opposite effects. Omega-6 fatty acids tend to increase inflammation, blood clotting, and cell proliferation, while those from omega-3 fatty acids decrease those functions. Inflammation is a major driver of many diseases, including cancer and cardiovascular disease.

Both omega fatty acids compete for metabolism by the enzyme delta-6-desaturase; if your intake of omega-6s is too high there is insufficient enzyme available to process the omega-3s that you consume, exacerbating the imbalance.

DIETARY OILS AND BREAST CANCER

As with most research investigating links between diet and breast cancer, there is little that is definitive and unambiguous. Historically, research has concentrated more on total fat and saturated fat intake than on the impact of polyunsaturated versus monounsaturated fats or specific dietary oils. However, there has been quite a bit of more recent research that looks at a potential role for specific fatty acids increasing or reducing risk.

Overall the results are suggestive at best, and a considerable amount of further research is warranted. In brief, the more recent studies provided the following outcomes:

- Breast cancer risk reduction may be possible with increased consumption of omega-3 fatty acids.
- Some associations between fatty acids and breast cancer vary by age and tumour phenotype defined by hormone receptor status, and an increased intake of fish and other foods rich in omega-3s and reduced omega-6 intake might reduce breast cancer risk.
- Omega-3s appear to potentiate the anti-tumour effects of tamoxifen and raloxifene.
- The association between saturated fat intake and breast cancer remains unclear. However, a meta-analysis of 24 cohort studies and 28 case-control studies, involving over 50,000 women diagnosed, found that there is a significant association between saturated fat and breast cancer among Asian and post-

menopausal women but not in pre-menopausal women.

- A Mediterranean diet supplemented with extra-virgin olive oil may be beneficial for the primary prevention of breast cancer.
- Further research is required on the impact of vegetable oils on different populations and various cancer characteristics, and the relationship between different subtype oils and breast cancer, including randomised dietary intervention trials.

In research published in February in the *Journal of Clinical Medicine*, researchers including Dr Karen Bishop and Professor Lynne Fergusson both from the University of Auckland, found that individual genetics, particularly those involved in omega-3 metabolism, may account for much of the protective effect (and therefore the inconsistency in previous research results) of omega-3 intake against breast cancer. As a result, personal nutritional advice based on DNA profiles may be the way of the future.



THE TAKE HOME MESSAGES

- Focus on consuming real foods (cut out processed foods as much as possible), and if you have to use oils, try to use just olive oil, as it has been found to be protective against breast cancer.
- Increase your consumption of omega-3s by eating more oily fish, such as wild salmon and sardines, and walnuts and flaxseed (also known as linseeds), or take

omega-3 fish oil supplements.

- Use saturated fats, such as coconut oil and butter, for high heat cooking such as frying.
- Avoid polyunsaturated oils where possible, as they contain an imbalance of omega-6 versus omega-3 fatty acids which promotes inflammation, a driver of cancer and other chronic diseases.

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Controversial Advice on Fat

“Eat fat to get thin!” This is the advice from a new report jointly issued by the UK National Obesity Forum (NOF) and the Public Health Collaboration. In the report released mid-May, they warned that thirty years of official health advice urging people to adopt low-fat diets and to lower their cholesterol is having “disastrous health consequences.”

In some hard hitting accusations they claim that the low-fat and low-cholesterol message, which has been official policy in the UK since 1983, was based on “flawed science” and had resulted in an increased consumption of junk food and carbohydrates. They go on to accuse major public health bodies of colluding with the food industry.

The authors call for a return to “whole foods” such as meat, fish and dairy, as well as high-fat healthy foods like avocados.

Professor David Haslam, NOF chairman, said: “As a clinician treating patients all day every day, I quickly realised that guidelines from on high suggesting high carbohydrate, low-fat diets were the universal panacea, were deeply flawed.”

“Current efforts have failed, the proof being that obesity levels are higher than they have ever been, and show no chance of reducing despite the best efforts of government and scientists.”

Dr Aseem Malhotra, consultant cardiologist and member of the Public Health Collaboration, a non-profit comprising dietitians, scientists and doctors, said dietary guidelines promoting low-fat foods “is perhaps the biggest mistake in modern medical history,

resulting in devastating consequences for public health”.

Dr Malhotra also suggested the scientific integrity of the PHE [Public Health England] advice had been compromised by commercial interests.

“We must urgently change the message to the public to reverse obesity and Type 2 diabetes,” he said. “Eat fat to get slim. Don’t fear fat; fat is your friend.”

Prof Iain Broom, from Robert Gordon University in Aberdeen, said: “The continuation of a food policy recommending high-carbohydrate, low-fat, low-calorie intakes as ‘healthy eating’ is fatally flawed.

“Our populations for almost 40 years have been subjected to an uncontrolled global experiment that has gone drastically wrong.”

The report has garnered a huge backlash among the scientific community and particularly from Public Health England. However, the ideas presented are hardly new, with diets such as the Atkins, South Beach and to a large extent the paleo diet, advocating nutritional plans that are low in carbs, especially processed carbs and sugar, and higher in fat, protein and vegetables. Many nutritionists and natural health practitioners advocate similar changes to nutrition with particular emphasis on eating real rather than processed foods.

The report can be viewed at <https://phcuk.org/eat-fat-cut-the-carbs-and-avoid-snacking-to-reverse-obesity-and-type-2-diabetes-national-obesity-forum/>

In Sickness and Health

We don't often hear from the family and friends of those with breast cancer – those closest to the women and men going through the worst this disease throws at us. Over the next few editions we would like to present the perspective of the people who are there to support and care for those dealing with diagnosis, treatment and life after breast cancer. If there are any Upfront U Kaiora readers who would like to contribute to this series or have family, friends, carers or colleagues who can offer insight in to what it is like on the sidelines, please get in touch on admin@bcn.org.nz

Breast Cancer and the Guy By Richard Somerville

I was asked to write a few words about the role of the significant other in supporting his partner with breast cancer. I had only just met my partner when she informed me that she had breast cancer. She was radiant and beautiful and full of energy, and I guess that was one of the first lessons for me about cancer; that sometimes there are no obvious symptoms, and it was a real positive that the cancer was discovered early.

During our time together she has been through a partial mastectomy and a breast reconstruction, and she has had to consider thoughtfully the options offered by the medical fraternity, which included chemotherapy and radiation. To be honest I didn't contribute to the discussion much because I really did not know much about treatment and its efficacy and drawbacks.

All I really knew came from a lady I sat next to on a plane to Bali a couple of years before and we chatted for the whole trip about her journey so far with cancer. She was going to Ubud and a detoxification retreat. It became apparent that she was going to be put through a trial of willpower and I learnt so much about chemo and its affects. My partner had to make a decision regarding medical treatment and there is, of course, an alternative path of treatment separate from the medical. I am a natural sceptic regarding almost all things and I was wary that I could create unnecessary anxiety by saying or reacting the wrong way. On the other side, there are the doctors with a degree in medical science prescribing a treatment, and they come with some side effects and risks. I would listen to what she had read or learnt and would always take an encouraging and positive pause, take my time and step back and contemplate the information.

I guess the most important thing from my perspective, is that we have shared time together and it was always my hope that we could enjoy companionship. I listened and what I learnt from my partner was that she once lived a very busy life, and she had become aware that she had created a life of

to Deepak Chopra and Oprah; anything that helped us quiet our minds and focus on what was important. We both live busy lives, myself raising my boys from a previous relationship and her raising her three teenage girls. I would sometimes intervene when I saw her being overly busy, going from one thing to the next, and together we would just breath. It is amazing how she has grown into her new lifestyle and teaches me now about perseverance and the desire for transformative good health.

I don't always participate in her lifestyle, particularly the early morning yoga sessions, far preferring the comfort of my pillow, but that may change one day. I don't always drink lemon water in the morning or an alkalising green drink, and I eat bread and have a few drinks now and then, but that's okay. Doing our own thing and following our own interests and coming together when we share a common interest has worked well.

It could be considered an overwhelming challenge to heal yourself, but with the proper mindset each new discovery can be another step towards the ultimate goal of freedom from cancer, and even more importantly the fear around it. I know that

she has doubt sometimes and that can be a time to be compassionate and nurturing.

It's nice, sometimes, when the day has ended and you both have the energy to light a scented candle, put on some music or a meditation, and spend some time unwinding through touch and massage. There are some amazing essential oils that can be mixed with coconut oil. I don't think anyone could object to this way of finishing the day, by allowing her to relax both physically and mentally, and of course it works both ways.



stress; she intuitively suspected the origin of her cancer lay there. I have an interest in meditation, psychology, exercise and nutrition, and in my own way was on a journey to manage the downsides of life, and I thought I could impart this knowledge with a deep understanding of its potential benefits

My partner knew she had to change and I wanted to change also, so where possible we shared cooking healthy food, meditation when together, especially in the morning with Wayne Dyer (her secret love). Sometimes we listened

James: Husband and Carer By James Lawrence

Where do you begin? Our lives changed forever on December 22, 2009. Violet awoke that morning and asked me to “feel the lump” on her left breast. It was definitely a lump and we drove to the North Shore Hospital. We had a pretty definite diagnosis of breast cancer by noon that day, owing to efforts of a brilliant and persistent radiographer, who guided us through the process of ultrasound and a biopsy. We had a tangi/ cry and we picked ourselves up and said, “okay where to next”?

Christmas of 2009 was very emotional and intense, as we had to wait for staff and Sue Gerred, the surgeon, to return from their holidays. I remember going directly to the internet that afternoon after arriving home from the hospital. I knew that I needed help and guidance from somewhere to keep everything “going”, and within a very short time I found Breast Cancer Network (NZ) Ltd and Te Ha O Oranga Ngati Whatua, and Team Leader Roslyne Bowring.

Violet and I have been together for over 30 years, with many ups and downs and challenges, but this one was monumental. I felt so sorry and sad for her, that after all the previous set-backs we had been through, here was another challenge. For her part, she is a



strong-willed and determined wahine, with an incredible attitude. We have faced medical challenges before and those experiences actually helped get us through this one. We cried and talked of death and we were afraid, but we sought knowledge and quickly learned that although breast cancer can be life threatening, it is survivable, and there was much to do before any “end-game” would be factored into the equation.

So, soon after the operation we left on a

tour of the North Island with my brother, sister and brother in law, who came to visit from the US. The traveling kept us busy until it was time to start chemo at the Oncology Department, Auckland Hospital. Then the real work began; Violet was literally knocked off her feet with chemo, but we both knew it was for the best and that there would be an end to it, just put one foot in front of the other...

For me as caregiver, I knew what I had to do and have been in this position before. The best thing that I did was to find Roslyne and Te Ha Oranga Ngati Whatua. Roslyne was able to answer questions directly, and was able to take Violet to chemo and elsewhere when I was teaching; just that help and support means so much, because you know that

you aren't alone in this fight.

Violet is now cancer free and that is a milestone. She chooses to dedicate her time to cancer awareness and fundraising. I don't think it's possible to go through an experience like ours and not feel an increased vulnerability. I believe I can say that for the both of us that we look to the future but enjoy each day. My heart goes out to the women who are forced to continue their fight against this horrible disease.



www.bcn.org.nz

The Breast Cancer Network has a new website, so please feel free to visit us and check out our lovely new look. Despite how slick and professional it looks, like many websites it is still a work in progress and we want to get a lot more information on it, as well as linking to other valuable resources. In particular, we would like to share your stories. We know that personal stories help other women with their own lives, help them feel less like they are battling breast cancer on their own. If you have a story to share, we would love to hear about it. Please email us at admin@bcn.org.nz

ADVANCES AND CONTROVERSIES IN BREAST CANCER: Consumer/Patient Day

The NZ Breast Cancer Foundation invites you to attend a special breast cancer information day, suitable for current patients, those in long term follow-up, and supporters.

The day is part of the 2nd Australasian Congress - Advances and Controversies in Breast Cancer (ABC2). International speakers from multiple disciplines in breast cancer research and treatment, will present a programme of talks to share the highlights from the main conference, as well as information and updates from a New Zealand perspective.

NZBCF Consumer/Patient Day to <http://www.nzbcf.org.nz/OURFOCUS/AwarenessandEducation/BreastHealthSeminars/AustralasianBreastCongress.aspx>

• **Sunday 10 July 2016 • 9am-2.30pm • Langham Hotel, 83 Symonds Street, Auckland • Entry is free, but you must be registered to attend via the NZBCF website at www.nzbcf.org.nz**

You Don't Look Sick!

By Anna Southern

Well, yes thank you, and I do feel well. Most of the time. But I still have cancer tumours in my bones and lurking in my lungs. In fact, I work hard to be well – walking for an hour every day, constantly reviewing my diet, surrounding myself with positive social networks (without drinking wine), working fewer hours to reduce stress, which means living on less money, among other things.

I was first diagnosed with breast cancer eight years ago and immediately had surgery and radiotherapy. Two years later a second diagnosis resulted in a bi-lateral mastectomy with tram flap reconstruction surgery. Annoyingly, this was followed by a third recurrence and excision surgery with further radiotherapy. A fourth recurrence made me realise surgery wasn't working and I went on to hormone treatment. At this time, I finally made the decision to reduce my work hours, and focus more attention on my health. However, by the time this decision was actioned I received the news that I was stage 4 metastatic.

I'm the type of person who just gets on and does what needs to be done. This possibly worked against me as, being a single parent, who at the time of my first diagnosis had a six year old son, I was



not good at asking for help. As many mums know, children become the priority and there wasn't much time to dwell on what was happening – the goal was remaining as functional as possible.

Things had to change. I'm one of the lucky ones. I didn't have chemotherapy and while surgery and radiotherapy did require recovery time, most of the time I felt functional, but coping did make for a different reality.

There have been bad days, and some days I learnt some good lessons. One important lesson was knowing where to get support. Dealing with other people's baggage about MY cancer was an area for which I had low tolerance. Recently I came

across a useful tool for carers and friends that I wish I'd been able to share earlier. Called the Ring Theory developed by Susan Silk, it puts the afflicted person in the centre and then circles are drawn representing the people or groups in order of closeness to the centre person. The circles then provide a guide of support. The person in the centre has permission to say whatever they feel to anyone. Then as the circles progress outwards, the people in those groups provide only "comforting" support to those groups towards the centre. But if they are affected and need some support themselves, they only "dump" out their thoughts and feelings to those groups beyond their circle towards the outside.

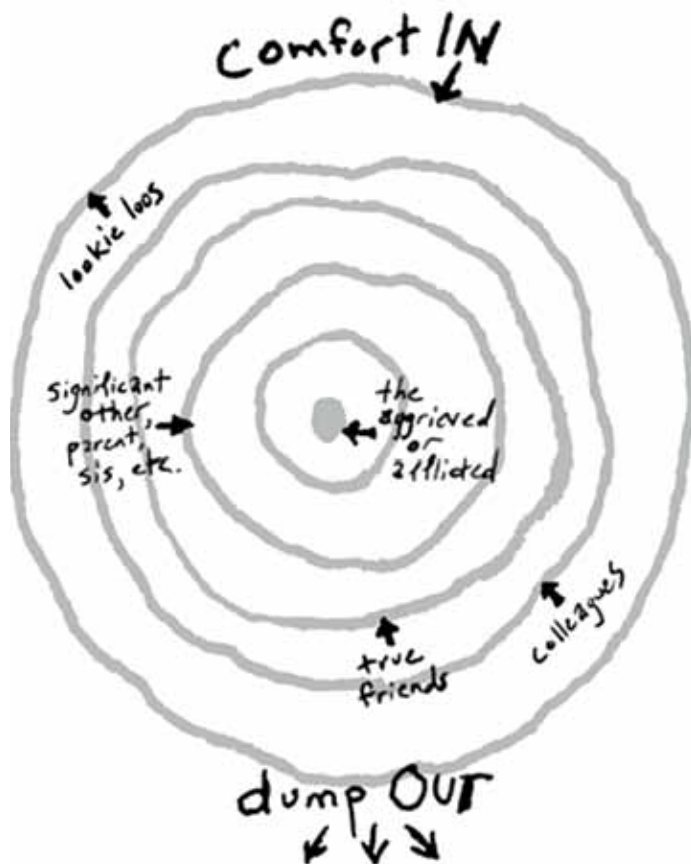
One thing I found useful was setting up support for my son. I organised counsellors and spoke to his school, and told him he could have access anytime, no questions asked if he needed to discuss anything relating to me and my health. There are a growing number of services becoming available to support the offspring of those with cancer. Making my son comfortable with this support before a crisis, is something that helped reduce my stress.

There have been so many times my mind has been screaming for help, but that same mind has been arguing that I don't look sick, and appear generally capable of doing the things I want help with. In this argument I believed people wouldn't understand why I needed help. After all, they have busy lives too.

An exciting concept is being launched soon, and I'm keen to find out if it can help me. After researching the needs of people with cancer, Janey Carr realised people struggle to ask for help, and the reality is people are busy but still want to help in some way. Swathe.me is an online tool to bring your personal community together, where you can inform them about your current health situation and also things you need help with. People in your community have the opportunity to directly help, or assist financially for someone else to help. Check it out at <http://www.swathe.me/> for more information.

The wonderful thing about not looking sick is that there is still life to live. I know people who have been living with metastatic breast cancer for many years – some more than 20. They provide me with inspiration and hope. We don't know what the future will hold; it will be different for each one of us.

I'm always reminded not to judge a book by its cover; there's often a lot more going on inside, especially for those with cancer who don't look sick.



Source: Susan Silk and Barry Goldman
– Ring Theory (Illustration by Wes Bausmith / Los Angeles Times)

Acupuncture Reduces Hot Flashes

A randomised controlled trial, undertaken by Italian researchers, investigated the effectiveness of acupuncture for the management of hot flashes in women with breast cancer. The researchers concluded that acupuncture in association with enhanced self-care is an effective integrative intervention for managing hot flashes and improving quality of life in women with breast cancer. The study included 190 women with breast cancer and compared acupuncture and enhanced self-care with enhanced self-care alone. Both groups received information about managing hot flashes (climacteric syndrome) and were instructed to follow the management guidelines for 12 weeks. In addition the acupuncture group received 10 traditional acupuncture treatment sessions. Health outcomes were measured for six months after treatment. The results demonstrated that acupuncture plus enhanced self-care was associated with a significantly lower hot flash score than enhanced self-care at the end of treatment. Acupuncture was also associated with fewer climacteric symptoms and higher quality of life in the vasomotor, physical, and psychosocial dimensions.

Source: Lesi G, et al: *Journal of Clinical Oncology*, 2016 Mar 28; pii: JCO632893. [Epub ahead of print]

Night Shift Increases Risk of Breast Cancer

Night work has previously been linked with an increased risk of breast cancer. This study, undertaken among women in France, explored the links between tumour status (positive or negative) for oestrogen (ER), progesterone (PR) and human epidermal growth factor receptor 2 (HER2), and night shift work. Data from a case-control study was used and included 975 cases and 1317 controls. The results of the study provide evidence that working at night increases the risk of ER+, PR+ and HER2+ breast cancer by 100% or more among pre-menopausal women. The risk of ER+ and PR+ breast cancer among those who worked night shift was approximately twice that of those who didn't work nights shift and for HER2+ the risk was 2.8 times greater. Noticeably there was no association with night shift work and breast cancer receptor status in post-menopausal women or in receptor negative breast cancers.

Source: Cordina-Duverger E, et al: *Chronobiology International*; 2016 Apr 14:1-5. [Epub ahead of print]

An Apple a Day Keeps Breast Cancer Away!

This meta-analysis by Italian researchers explored the association between apple intake and cancer risk. The results indicate that consumption of apples is associated with a reduced risk of cancer in different anatomical sites. The authors of this analysis describe conflicting results between fruit consumption and cancer risk and how little is known about the cancer preventive effects of different fruit types. Twenty case-control studies (including five on breast cancer) and twenty-one cohort studies (including three on breast cancer) were included in the data analysis. Comparing the highest versus lowest level of apple consumption, a significant effect of apples in reducing risk of breast cancer was found only in case-control studies while prospective studies indicated no effect. No evidence of publication bias could be detected for colorectal, oral cavity, oesophageal and breast cancer. However, some confounding effects may be present and related to the consumption of other fruit that were not considered as adjusting factors.

Source: Fabiani R, et al: *Public Health Nutrition*; 2016 Mar 22:1-15. [Epub ahead of print]

Informing Women of Their Risk of Breast Cancer

With recent controversies surrounding the validity of breast screening there have been widespread moves to develop risk stratified approaches to breast screening. The authors were aware that the public needs to be in favour of receiving breast cancer risk information and that this information should not have any detrimental effect. This study investigated risk perception, the proportion wishing to know their ten-year risk and whether subsequent screening attendance is affected in fifty thousand women attending the NHS Breast Screening Programme. These women completed a risk assessment questionnaire. Ten-year breast cancer risks were estimated and women at high risk (>8%) and low risk (<1%) were invited for face-to-face or telephone risk feedback and counselling. Of those invited to receive risk feedback, 74.3% of high-risk women opted to receive a consultation, compared with 54.9% of low-risk women. Women at high risk were significantly more likely to perceive their risk as high and to attend their subsequent mammogram (94.4%) compared with low-risk women (84.2%) and all attendees (84.3%).

Source: Evans DG, et al: *British Journal of Cancer*; 2016 Apr 26; 114(9): 1045-52.

Symptoms of PTSD in Women Diagnosed with Breast Cancer

According to this new study from Germany nearly one in four women (23 percent) newly diagnosed with breast cancer reported symptoms consistent with PTSD shortly after diagnosis, with increased risk among black and Asian women. This study investigated the prevalence and course of post-traumatic stress in patients with early breast cancer during their first year after diagnosis. The study also determined the effects of mastectomy and chemotherapy. Women under the age of 65 with stage 0-III breast cancer were evaluated using an accepted tool for PTSD before treatment, after chemotherapy and one year after diagnosis. The results of the study found that most newly diagnosed patients with breast cancer experience PTSD symptoms, although full diagnoses of DSM-IV stress disorder are rare. Symptoms diminish somewhat within one year furthered by university education but independently from mastectomy and chemotherapy. Throughout the year after diagnosis, having breast cancer entails a markedly increased burden of PTSD symptoms.

Source: Voigt V, et al: *Psychooncology*, 2016 Feb 22. [Epub ahead of print].



Vegetable Oil Hide and Seek

- tips on where to look

While most of us are pretty careful now watching out for added sugar in manufactured food and wouldn't think of adding sugar to anything we eat, there is considerably less awareness that the "vegetable oil" listed on the ingredient list of commonly used food items, should ring alarm bells.

What is "Vegetable Oil"

Products labelled as "Vegetable Oils" are not extracted from vegetables but from fruit (coconut, palm, olive, avocado), nuts or seeds. There is nothing wrong with fruit oils and some nut oils, but seed oils (such as sunflower, safflower, soy, canola, rice bran and corn oil) consumed in anything other than small quantities would certainly be problematic for anyone wanting to avoid a cancer recurrence. Despite what we've been told for years, there is now good evidence to suggest we should avoid these manufactured seed oils.

So what's the problem with these vegetable oils?

Before World War I, these oils didn't exist. Previous generations got their fats predominantly from animal fats in meat and from lard and butter. When the world's population doubled from one billion to two billion between 1820 and 1920, accessing a cheap fat became important in order to feed greater numbers of people. Manufacturers perfected chemically extracting oil from seeds using a process which also required high levels of

heat. It makes sense to be wary of a manufactured food that our bodies are unlikely to be adapted to using. The problem appears to be with the level of processing required to manufacture these oils and also the inflammatory nature of their fatty acid profile (that is, lots of omega 6 fats, very little omega 3 fats; we want more omega 3s!) Certainly these "vegetable oils" do appear to cause inflammation in the human body and this is a red flag when it comes to cancer.

A 1996 Swedish study of over 60,000 women showed a moderate increase in the rate of breast cancer for those who consume the greatest amount of omega 6 polyunsaturated fats (seed oils) and a moderate decrease in those with the highest levels of monounsaturated fats (olive oil) and omega 3 polyunsaturated fats (fish oil).

Even more dangerous are trans fats. Haven't they been banned in New Zealand?

Trans fats are made by heating vegetable oils using hydrogen and a catalyst. This is done to produce a more solid fat with a butter-like consistency but that is cheaper than butter.

Commercially made cookies, crackers, muffins, pies, cakes, pastries, chips and fried foods may contain trans fats. These are very difficult fats for the human body to use and are strongly implicated in heart disease and metabolic syndrome. They are highly inflammatory. The United States has ordered the industry to remove these completely from foods by 2018. In New Zealand, in spite of



Heather Moore is a retired nutritionist, naturopath and medical herbalist.

warnings from nutrition Professor Jim Mann from Otago University, there is no such ban. They do not even have to be labelled, though many manufacturers do so voluntarily. If you have had cancer, you need to be extremely wary of commercially produced baked goods.

These products all contain "vegetable oils"

- supermarket mayonnaise,
- commercial salad dressings - most contain canola, rice bran oil or soy bean oil,
- cooking oils other than extra virgin olive oil,
- supermarket hummus,
- supermarket pestos,
- peanut butter – 1 tbsp (1.2 gm) omega 6 polyunsaturated peanut butter per day won't blow your daily omega 6 budget

You could choose to limit consumption or I recommend making your own using extra virgin olive oil, which is minimally processed and has a good health record.

The Unexpected – places you might not expect to find vegetable fats

- bread – most contain seed oils (usually soy or canola),
- wraps – these are easier to find with no oils
- sun dried tomatoes – soaked in seed oil,
- supermarket coleslaw,
- fried food – McDonald's and KFC use a canola and sunflower blend. One large serve of McDonald's fries would blow your daily budget of polyunsaturated fat, so it is better to give these a miss.
- corn chips and potato chips,
- crumbed fish,
- pizza.

There is only a requirement to label saturated fats. There is no requirement to label trans fats or polyunsaturated fats. As a guide, put a product back on the shelf if it contains any trans fats at all. Put it back on the shelf if it has a polyunsaturated fat number greater than 13 per 100 ml or 100gm.



Emotional Rollercoaster?

Some years ago I was running a healing clinic in a jewellery shop. I was just locking up when a woman arrived at the door right on closing time, promising to be quick. I said ok, yes, I would serve her if she really would be quick because I was due home at a family birthday party and was already late.

She went from item to item, subject to subject, her promise forgotten. I asked twice more... "Could she please be quick", but the woman's interest continued to be completely in herself. Finally, I asked her to please leave immediately, which she reluctantly did.

aware, that anger like mine was doing nothing for my wellbeing.

So I began to search for a way to transform the dominating emotion. I'm not talking about negating it or pushing it down and away. No, the opposite actually; the goal was to free it.

A volcano came to mind, so, in my imagination I became a full-on erupting volcano.

One by one, I turned every angry thought that surfaced into a ball of melted lava, which I watched catapult out of my head, coming up from the depths of my belly:



Now very late, I began my drive home, but it was very evident that I had slipped into a zone of hopping mad! Flashing eyeballs, tight little lips, steaming nostrils... not a pretty sight.

I used my tried and true method for transforming negative emotions... notice each specific negative thought and then watch it dissolve away having been lighted with a loving transformative vibe. However, this strategy was no match for the ugly beast that I had become and it was obvious that another strategy was required. I was well

"How dare she do that to me!"
"I told her three times!"
"I was doing her a favour!"
"I was so the innocent party!"
"And she didn't care about me at all...
blah blah blah".

Then, darn it, I ran out of lava!

Preferring in a way to carry on ranting, I reluctantly stopped, knowing that the unPC, 'high horse' part of this was over.

Now it was time for the tried and true, I mused ruefully. I could see the responsible phase coming in... *When we are 'pointing the*



Kathryn has been a clairaudient and energy worker for many years, helping clients with their mind, body and soul healing. She works by phone, offering readings, intuitive guidance and repeating pattern release. She can be contacted on 021316009

finger' and in 'blame the other person' mode, we don't find peace. Work honestly with your own stuff, and turn the finger around...

"Loving light on the part of me that was thinking like a victim."

"Loving light on the part of me that was angry with myself for letting that happen at all."

"Loving light on the part of me that didn't want to look unco-operative... the part that often needs to say yes."

Then my mind drifted, and I noticed the evening sky, and that the tide was in.

Twenty minutes went by and I arrived home for the birthday... suddenly surprised to be there and so collected and relaxed.

What a trip. The first twenty minutes spent with the scary monster and the second twenty minutes restful and calm, with true inner peace at the helm again.

I was amazed. The transformation phase, mid journey, had taken only a matter of a few minutes; so quick considering the level of my frustration, and managed so easily with just my imagination. It was a big moment which I have never forgotten. Nowadays, I'm even grateful that it happened, because I've used that volcano, and prescribed it, so many times since.

So please feel free to call it up when you find yourself on a similar rollercoaster.

Letting our lower nature rule the day at any time creates drama and stress and does not result in us becoming happy and free. It is amazing that our ego, which loves to be the offended party, is our first reaction, and that we actually need to consciously choose an alternative response. Our higher nature is much more effective in managing our reactions and getting the results we really want.

An Evening with Kaytee Boyd

By Sue Claridge

It was billed as Surviving Long-term 101, but Kaytee Boyd's guest presentation at the Annual Meeting was more like a whirlwind tour of breast cancer prevention, or conversely what will contribute to its development or recurrence. Just as one would not expect a university course to be easily condensed into a single evening, it is not so easy to condense all that Kaytee has to offer on preventing breast cancer into little more than an hour.

That is not to say that her offerings were not immensely valuable; they were. However, as both a scribe for Upfront U Kaiora, and as one hugely interested in reducing my risk of breast cancer, I felt that we needed Kaytee's expertise for a much longer seminar, and certainly needed many of her slides to be on screen for longer.

Kaytee covered the role of genes and epigenetics, stress, exercise and diet in breast cancer prevention. Most of us have heard this before, but it is worth repeating; medical school does not teach doctors about nutrition, and we can't expect doctors and oncologists to understand how to best nourish the body. On top of that, according to Dr Darrell Wolfe, 90% of the food in your local supermarket is toxic and will contribute to cancer. And before you pooh-pooh that, consider how much highly processed food there is stacked on the shelves, high sugar/added sugar, chemical colourings and preservatives, and how much of the food in the fruit and veggie aisle carry pesticide residues or have been cool-stored for a length of time so as to considerably reduce their nutritional value.

Kaytee reminded us that only five to ten percent of breast cancer is down to genetics and the main causes are environmental. By that she means lifestyle and environmental exposures.

In terms of exposure, the list comprised



the usual suspects: environmental pollutants, toiletries, perfumes, cleaners and laundry products, car fumes, plastics, industrial areas, electromagnetic radiation, food sprayed with pesticides, etc.

But she also talked about our internal environment; the environment that we create inside our bodies from our lifestyle choices and our genes. While we know that only five to ten percent of cancer can be attributed to the known gene mutations such as BRCA 1 and 2, that is not to say that our genes have no role. She talked a lot about epigenetics; gene expression and how genes can be "turned" on or off depending on what we do and what we are exposed to.

She referenced Dr Bruce Lipton and his early experiments with stem cells – the realisation that DNA is not necessarily our destiny and that everything we hear, see, taste, touch, smell and think, impacts on gene expression, and does so across generations.

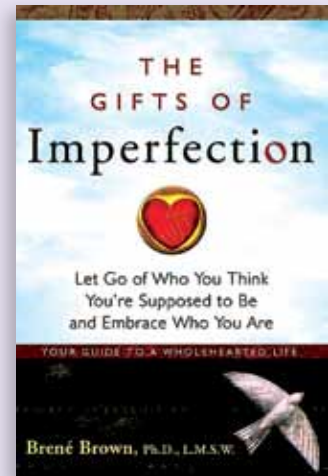
Internally, much goes back to diet and micronutrients. Gut health is vital and it is important to maintain the correct balance of good (80%) and bad (20%) bacteria in the digestive system. Kaytee said that most people have a massive microbiome deficiency. We know from previous articles on this, that poor diet, insufficient probiotics and prebiotics (the foods that our good gut bacteria thrive on such as garlic and bananas) and exposure to things like antibiotics and alcohol, all take their toll on our microbiome.

As we all know, obesity is an issue for breast cancer risk, and hand in hand with obesity goes insulin resistance. High blood glucose leads to high insulin levels. Insulin binds to insulin receptors on the cell surface and promotes growth. High levels of insulin means high levels of insulin-like growth factor (IGF-1), which can stimulate the proliferation of oestrogen receptor positive breast cancer; BRCA carriers are more sensitive than non-

Testing Kaytee Recommends!

Kaytee recommends the following tests:

1. The Dutch test - which shows how well your methylation is working and the ratio between your oestradiol metabolites 2-alpha and 16-alpha. This test provides so much essential information and there is much you can do if your results aren't as good as they could be.
2. Iodine testing – 24 hour urine – essential to have good levels of iodine.
3. Vitamin D; essential to have levels above 100nmol/l.
4. DNA testing; less important but great if you can afford it.



The Gifts of Imperfection
Let Go of Who You Think You're Supposed to Be and Embrace Who You Are.
 By Brené Brown, PhD, LMSW

I read this book after watching Brené Brown on a TED talk; I highly recommend you listen to her TED talks (www.ted.com/talks/brene_brown_listening_to_shame and www.ted.com/talks/brene_brown_on_vulnerability) as she shares her message through talking about her own journey. She also injects the talk with humour and is very good at laughing at herself.

Having spent many years as a researcher studying the effects of shame, she faced her own demons while going through a mid-life epiphany. She divided the thousands of people she had studied in to two groups: those who were unhappy and unfulfilled, and those who were living life to their fullest.

She wanted to find out if the people who were living a wholehearted life had chosen this. They were not doing more or accomplishing more and she came to the conclusion that they simply believed that they were worthy of love and connection, despite their imperfections.

In this book she writes a guide for living a wholehearted life by removing any shame from your life and embracing who you are.

After going through a mastectomy and reconstruction, reading this book has shown me how to embrace each day. From her first chapter on 'Letting Go of What People Think', she works through cultivating 'Letting Go of Being Cool' and 'Always in Control. Through laughter, dance and song – which my children are getting used to – I am living my life whole heartedly. Thank you, Brené, for this uplifting book.

Reviewed by Julianne O'Brien

GEMS – things to put into practice right away

- **Hydration** is essential but drinking water is not enough. We need micronutrients as well, including magnesium, choline, zinc and the B vitamins. We should drink 0.033 x body weight in kg per day; for example a 65 kilogram woman needs 2.15 litres of water per day (0.033 x 65), and it may take three weeks to rehydrate your body.
- **Chemotherapy destroys the mitochondria** – the cellular energy factories. To recover from this damage, take CoQ10 or PQQ (Pyrroloquinoline quinone). Short bursts of intense exercise also increase the number of mitochondria.
- **Inflammation** is a major issue in chronic diseases such as cancer. Kaytee recommends turmeric in the form of micelised curcumin at one to three grams per day.
- **Fasting is important** for weight loss and Kaytee recommends starting slowly, incrementally increasing your fast time, by increasing your time between meals.
- **Supplements:** the dietary supplements that Kaytee specifically recommended are vitamin D, iodine, selenium and magnesium.
- **80:20** Kaytee advocates for living by the 80:20 rule. Eat well and healthily 80 percent of the time and the 20% that is not so great matters less. Least processed foods are the best and most processed foods are the worst. Simple, really.

carriers to this effect. Kaytee says this should be a concern to anyone who is overweight and recommends that if you have high insulin or glucose you go on a ketogenic diet; low carbohydrate, moderate protein and high fat. She also recommends the 5:2 diet with five days of normal healthy eating and two days of fasting.

On the outside, too much or not enough sun exposure can contribute to cancer development, as do radiation, viruses and bacteria, and stress and emotions. She talked briefly about the role of cortisol, our fight or flight response to stressors and adrenal fatigue. Chronic stress causes a range of symptoms, many of which are symptomatic of other problems as well. She cautioned against relying on caffeine to remain functional because it acts like oestrogen.

Of course, talk of risk reduction isn't complete without a discussion on exercise. The contribution of exercise to breast cancer risk reduction is one of the least ambiguous and contradictory areas of research; without a doubt it is beneficial. Exercise lowers IGF-1

and helps control insulin and glucose levels. Kaytee advises finding exercise that you love, in order to keep it up. She also recommends HIIT – high intensity interval training – in which you undertake short bursts of high intensity exercise and then recover for several minutes. A 20 to 25 minute session burns more calories than a one hour walk. Kaytee points out that exercise results in a 40% reduction in risk of recurrence and enhances overall survival. Even among women who were inactive before their diagnosis, there is a 45% reduction in death from breast cancer for women who become active after diagnosis.

Kaytee Boyd's talk was thought provoking, albeit far too brief. There were enough take-home messages for it to be essentially useful; however, my overall thoughts at the end of the night were that more would be better – more time, more detail – this really was more of a teaser, and I hope that BCN and Kaytee will be able to offer, perhaps, a half day, or full day seminar in the near future.

Cancer Care 101

This course, facilitated by Kaytee Boyd, Biomedical Nutritionist and BCN Committee member, is designed to build knowledge and confidence for anyone dealing with a cancer diagnosis. With numbers limited to ten per workshop everyone gets personalised support.

WHAT YOU WILL GET FROM THIS COURSE:

- An understanding of what cancer is;
- nutritional advice – foods cancer thrives on, foods to eliminate cancer cell growth and support immune function;
- what to eat while going through chemotherapy and what to do afterwards;
- plus loads more...

DATES OF UPCOMING WORKSHOPS:

12:30pm or 6pm
27 May, 10 June, 17 June

Cost: \$79.00 each
includes workbook and recipes

For more information
www.theboydclinic.com/events.html

The Breast Cancer Network Annual Report By Julianne O'Brien, Chairperson

As this is my first AGM with BCN this report will be brief.

I joined BCN in 2015, and since then the BCN committee has gone through a lot of changes.

In June, our administrator, Bonnie, resigned. At that time I was working part time and offered to take on this position. At the beginning of August I had to go into hospital for an operation so was unable to fulfil the administrator role for a period of six weeks. We then had a lapse with everyone being busy with their own lives, and our main goal each meeting was to finalise and send out *Upfront U Kaiora*.

At the end of 2015, Heather resigned as Chairperson. She had been in the position for three years, which is the maximum time for this position. I then was nominated by the committee to step into this role. We had also advertised for an administrator as this role was proving too busy for me with my job and family.

We employed Anna Southern and she commenced at the beginning of 2016. She has been a breath of fresh air and has tackled the role with a lot of positive enthusiasm.

Anna has had a good look at the running of BCN and we have made a lot of changes, making the day to day running a lot easier. We have changed banks so we can work online; we have a new website that Anna and Matt Hunter have worked on together, and which is looking amazing. Matt has created a



BCN Committee Members – Kaytee, Anna, Violet, Tracey, Louise, Julianne and Heather. Photo by: Céline Saye.

user friendly website and listened to our requirements. I cannot thank him enough and he has been extremely generous with his time. I can highly recommend him to anyone looking for a web designer.

We have had several other committee members resign: Robyn due to her health and a recent operation and we wish her all the best in her recovery; and Karen, our treasurer

has had to resign due to work commitments. As a result, we are looking for a treasurer to join the committee, and a few more committee members as well.

We are now planning some seminars and talks for the balance of this year, and there have been some administrative and membership changes, which are discussed in From the Committee (see page 16).

Farewell Angela

It is with sadness that we announce that a long-time BCN member, past committee member and *Upfront U Kaiora* proofreader, Angela Anderson, died in May. Originally diagnosed with breast cancer at 34, Angela had lived with metastatic breast cancer for several years, dying at the age of 47.

As a young woman with breast cancer, Angela made a significant contribution to BCN. Past committee member, Gillian Woods remembers her as someone who “just got on with what she was asked to do, when she was able to help. She didn’t seem fazed by all of the

older, stropy women in BCN but gave her opinion when asked. She lived with secondary cancer for a long time, with its ups and downs and had the attitude that you made the best of the good times.”

At the time Angela was on the committee, most members had been diagnosed much later in life and did not have a younger woman’s view; her perspective was invaluable and she helped with joint exploratory meetings between BCN and BC Support when the two groups were attempting to set up a joint group for



Angela at the time she was on the BCN Committee

whatever she was able to help our organisation.

young women. She was a proofreader of our magazine for more than ten years; a vital behind-the-scenes contribution that was very much appreciated.

Shortly before her death a video was made of her. Asked what advice or motto she would pass on to people, including future grandchildren, Angela said “to just get on with it!” It is this attitude that those who knew her through BCN particularly remember. She was matter of fact about her illness and rarely mentioned it, getting on with her life and doing whatever she was able to help our organisation.

Angela had a very positive attitude and the ability to help other people to be positive when they were feeling down. She had a great sense of humour, and used it to help her family and friends stay positive throughout her illness.

BCN celebrates and honours Angela’s contribution to improving the lives of those affected by breast cancer and we offer her husband, Steve, and their two sons our sympathy and warmest wishes.

Seed Crackers

Every year at the AGM, we offer a light supper for attendees. Most years the food is provided by the BCN Committee members, as it was this year. A talking point among many people at the AGM, was Anna Southern's amazing seed crackers, and she has kindly agreed to share the recipe with readers.

- 100 gm sunflower seeds
- 3 tbsp psyllium husks
- 100 gm pumpkin seeds
- 400 mls water
- 100 gm sesame seeds
- 1 tsp salt
- 60gm flaxseeds

1. Heat oven to 150°C (Gas2) – use fan if your oven has it.
2. Combine all ingredients and leave 10-15 minutes until it is thick.
3. Roll it out between two sheets of NON stick baking paper or pat it out thinly with hands. Make sure there are no holes. Usually makes three trays.
4. Bake for about an hour
– check every 15 minutes until light brown and crisp.
5. Remove and cool. Break it up and eat!

supporter members

Breast Cancer Network (NZ) Inc is offering companies and like minded groups 'Supporter Membership'. This is an annual commitment of \$250.00 plus GST for companies who believe in the objectives of Breast Cancer Network. For your investment we will advertise you as a supporter of the Breast Cancer Network in *Upfront U Kaiora*, under our supporter section, and also we will display your logo on our website www.bcn.org.nz with a link to your own website. We will allow you the use of our logo and link to promote the relationship established between both parties. We will also acknowledge all Supporter Members at our Annual General Meeting, and ask that our members to support you in turn. Breast Cancer Network (NZ) Inc is a registered charity. For further information contact our office or visit our website www.bcn.org.nz

- Living Nature
- The Breast Centre
- Naturalwear
- The Julie Lamb Band
- Greenwood Roche Project Lawyers
- Ultrum Digital
- Breast Care Products (NZ) Ltd
(formerly Anita Breast Care)

breast events to come

- **10 June – Cancer Care 101**, facilitated by Kaytee Boyd: building knowledge and confidence for anyone dealing with a cancer diagnosis. 12:30pm or 6pm; \$79 per person including workbook and recipes. For more information – www.theboydclinic.com/events.html.
- **15-18 June – Waikato Breast Cancer Trust** will be at Fieldays in the main pavilion at Mystery Creek in Hamilton. Drop in and see them and be in to win a pink chippa! For more details go to <http://hansaproducts.co.nz/pinky-chipper-fundraiser/>
- **17 June – Cancer Care 101**, facilitated by Kaytee Boyd: building knowledge and confidence for anyone dealing with a cancer diagnosis. 12:30pm or 6pm; \$79 per person including workbook and recipes. For more information – www.theboydclinic.com/events.html.
- **10 July - Advances and Controversies in Breast Cancer**: Consumer/Patient Day; 9am-2.30pm at the Langham Hotel, 83 Symonds Street, Auckland. Entry is free, but you must be registered to attend, via the NZBCF website at www.nzbcf.org.nz

Breast Cancer Support (BCS) Young Women's Group meets on the fourth Monday of the month, 7pm-9pm, at Domain Lodge, 1 Boyle Crescent, Grafton, Auckland. For more information please call BCS on 0800 273 222.

Breast Cancer Network would really like to help you publicise your event. The deadline for Breast Events for every edition of *Upfront U Kaiora* is now the 10th of the month before publication (*Upfront U Kaiora* is published in February, April, June, August, October and December each year). If you would like to be reminded prior to each issue of publication date, so that you can ensure your event gets in to Breast Events, please send the email address of the person who should receive the reminder to Sue at sclaridge_bcn@clear.net.nz.

VISIT THESE SITES FOR MORE BREAST INFO! www.bcn.org.nz www.breast.co.nz

TO JOIN BCN

To support the work of BCN and receive a regular copy of **Upfront U Kaiora** send your details to admin@bcn.org.nz or complete the following and post to **Breast Cancer Network (NZ) Inc., C/- 1/42 Pokapu Street, Green Bay, Auckland 0600.**

Name: Miss/Mr/Mrs/Ms/Dr _____

Address: _____

City: _____

Postcode _____

Phone: Home (0) _____

Email _____

I prefer to receive *Upfront U Kaiora* by email (colour) post (black and white) A donation would be appreciated to cover costs

I have experienced breast cancer I am interested in helping with BCN activities I agree to BCN contacting me with news, information and updates

I WANT TO MAKE A DONATION TO SUPPORT THE WORK OF BREAST CANCER NETWORK NZ

Cheque \$ _____ (Post to BCN, 1/42 Pokapu St, Green Bay, Auckland 0600)

Direct Credit: Using online banking direct credit your donation to: 12-3030-0008584-00

Please use your SURNAME as the reference and email or post your details so we can send you a tax receipt.

I have credited \$ _____ to the BCN account and would like a tax receipt

Breast Cancer Network (NZ) Inc., C/- 1/42 Pokapu Street, Green Bay, Auckland 0600. Phone: 021 278 1160 (Anna Southern, Administrator) or 09 413 7457 Julianne (Chairperson). Email: admin@bcn.org.nz Web: www.bcn.org.nz

clean, green and healthy

A selection of dressings

French Vinaigrette

INGREDIENTS

- 1/3 cup white wine vinegar or cider vinegar
- 1 tbsp dijon mustard
- 300 mls olive oil
- 2 garlic cloves
- 3 springs thyme
- 3 spigs rosemary
- 1 tsp peppercorns
- 2 tsp salt

METHOD

1. Mix the vinegar with the mustard.
2. Slowly whisk the oil into the vinegar and mustard mix until fully incorporated.
3. Add the rest of the ingredients and bottle. Makes 500 ml.

Lemon Garlic Pesto Oil Vinaigrette

INGREDIENTS

- 1 clove garlic (preferably homemade)
- Juice from ½ lemon (approx. 1 ½ tbsp.)
- 1 tsp pesto or similar
- 1/8 tsp salt
- 1/8 tsp pepper
- 1 ½ tbsp olive oil

METHOD

1. Use a garlic press to press the garlic.
2. Add lemon, pesto, salt and pepper.
3. Whisk together and slowly pour in olive oil while whisking.
4. Add lettuce or other greens and toss to coat.
5. Then add in additional salad ingredients.



Pesto

INGREDIENTS

- 50 g Hard Italian Cheese (Parmesan, Grana Padano) optional
- 4 cups basil (or coriander, parsley, mint)
- 2 tbsp pine nuts
- 1 tbsp cashews
- 1 clove garlic
- 1.5 cups rocket
- ½ cup extra virgin olive oil
- 1 tbsp water
- salt and pepper

METHOD

1. Grate the cheese into a bowl.
2. Add the remaining ingredients except the oil. Blend the ingredients in a food processor or blender, and steadily pour in the oil until the pesto begins to look creamy.
3. Transfer to a suitable jar or container. Best used within two weeks.

From the Committee

A change to your subscriptions

At the recent AGM, members approved a motion, recommended by the BCN committee, that the subscriptions be set at \$0.00 and members be encouraged to make a voluntary donation. BCN is committed to sharing the valuable information compiled for the newsletter and on the website with as many people as possible, so we don't want to limit this to just the paid members.

BCN has been actively distributing *Upfront U Kaiora* widely, which has introduced a disparity, disadvantaging those paying a subscription. It has been decided and approved that BCN will focus on generating income through donations, grants and sponsorship with the emphasis on more people in New Zealand having access to our information. *Upfront U Kaiora* will still be posted out to those who want it in hard copy, and we do ask those receiving it to consider making a donation to cover the costs of printing and postage. With the upcoming 25% increase in postage costs, we are moving more to emailing an electronic copy where we can. But then sometimes nothing beats being able to sit down with a nice cuppa and having a good read... not so possible from a computer, so we don't want to remove that option altogether!

Therefore, you will see changes in the subscription form and donation campaigns through the year.

Likewise, a membership application will now be any written source and added to the database at the next committee meeting. All people on the email list now become members and have the opportunity to unsubscribe/resign as a member at any stage.

There have been lots of changes in the general administration of BCN, which is making things more efficient and easier for everyone. Part of this is a NEW WEBSITE so please check it out. It is still a work in progress and we want to get a lot more information on it, as well as linking to other valuable resources. As part of this ongoing improvement, we will be in touch with you during the year to ensure the details we have for you are correct, and also find out what your opinions are as we review BCN services to ensure we remain relevant and vital to those affected by breast cancer.

Meanwhile, if you have any stories, information or feedback we would really love to hear it.

Julianne & the committee.