ISSUE 41 DECEMBER 2025

bloom

Reach to Recovery International (RRI)

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Reach to Recovery International (RRI) is a global non-profit headquartered in Baltimore, Maryland, USA. RRI is committed to improving the quality of life of individuals affected by breast cancer and their families.

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Our mission

Reach to Recovery International's mission is to:

- Unite organisations throughout the world which support individuals affected by breast cancer, including their families, in order to share ideas and best practices;
- Disseminate valuable information to support individuals affected by breast cancer throughout the world via bi-annual conferences, our website, our e-newsletter, and other forms of worldwide communications; and
- Assist our Member Organisations in achieving their goals of:
    - Improving the quality of life of individuals affected by breast cancer,
    - Providing psychosocial support to individuals affected by breast cancer, either through group meetings or activities or one-on-one peer support provided by carefully trained survivor volunteers,
    - Advocating on behalf of individuals affected by breast cancer,
    - Providing patient navigation to individuals affected by breast cancer.

Cover art: iStock.com/WichienTep

What would you like to read about in the next edition of *bloom*?

Email your theme suggestions to info@reachtorecoveryinternational.org. A theme will be chosen by February 2026. Regardless of whether your suggested theme is chosen this time, it will remain under consideration for future editions.

SUBMIT YOUR ARTICLE

Bloom is published by Reach to Recovery International, Inc. The views expressed in Bloom's articles are those of the authors and do not necessarily reflect the views of RRI. For more information about RRI, go to *www.reachtorecoveryinternational.org*.

Celebrate the work being done by your organisation's volunteers!

Do your organisation's volunteers do outstanding work to support those touched by breast cancer in your community? Bloom wants to hear all about it! Send us articles about the projects your volunteers are working on, and be sure to include high resolution photos. Articles should be 200 - 400 words long and should be sent in Word format to info@reachtorecoveryinternational.org. It's a great way to thank your volunteers for a job well done, and to raise awareness about your organisation!

Upcoming events:

World Cancer Day / 4 February 2026 www.worldcancerday.org

20th RRI Breast Cancer Support Conference / 26 – 28 June 2026, Kuala Lumpur, Malaysia
Hosted by National Cancer Society Malaysia
Website pending

World Cancer Congress / 24 – 26 September 2026, Hong Kong
www.worldcancercongress.org/news/save-date-wcc-2026-hong-kong

20th Reach to Recovery International Breast Cancer Support Conference

Organised by National Cancer Society of Malaysia and Reach to Recovery International

Plans for the 20th Reach to Recovery International Breast Cancer Support Conference, titled ***Harnessing the Power of Communication: Listen, Support, Connect***, are well underway! **The conference website is now under construction, and we will notify you as soon as it becomes available.** Please make note of the following:

CONFERENCE DATE: 26th to 28th June 2026

HIGHLIGHTS: This landmark event will unite survivors, advocates, clinicians, researchers, and community leaders for skill-building, discussion, and a celebration of global survivorship progress. The conference will feature expert plenary sessions, interactive workshops, panel debates, wellness activities, and a special dinner, all dedicated to advancing breast cancer peer support and survivorship care. Specific sessions are being planned on the topics of:

- Keeping up with changes in peer support, advocacy, and research
- Exercise and breast cancer
- Incorporating patient navigation and peer navigation
- Diet and Nutrition
- The Global Decade Report by The ABC Global Alliance
- Advanced breast cancer
- Managing a Reach to Recovery programme
- Patient navigation by breast care nurses and community-based volunteers
- Marginalized or diverse communities
- Long Term Side effects of Breast Cancer
- Return to Work post breast cancer
- Managing co morbidities and reproductive health
- Legals rights of individuals with breast cancer

VENUE:
Sunway University, Jalan University, Bandar Sunway 47500 Selangor, Malaysia

SUNWAY UNIVERSITY

CONFERENCE REGISTRATION:
Delegates will be able to register to attend, submit abstracts, and apply for travel grants via the conference website as soon as it goes live. We will notify you as soon as that occurs.

REGISTRATION FEES

Visitors to Malaysia	USD
Individuals with a lived experience of cancer	250.00
Healthcare professionals including nurses/ volunteers/CSO and support group staff	300.00
Accompanying persons (Opening ceremony, Conference Dinner and Closing ceremony)	150.00
Malaysian Citizens	**MYR**
Malaysians with a lived experience of cancer	350.00
Healthcare professionals including nurses/ volunteers/CSO and support group staff	400.00
Accompanying persons (Opening ceremony, Conference Dinner and Closing ceremony)	250.00

REACH TO RECOVERY
INTERNATIONAL

National Cancer Society Malaysia
Giving Hope Celebrating Life

Message from Leonie Young

– President of RRI

> WE LOOK FORWARD TO CONTINUING OUR SHARED COMMITMENT TO MAKING A DIFFERENCE FOR PEOPLE AFFECTED BY BREAST CANCER IN THE YEAR AHEAD – AND WE ESPECIALLY HOPE TO SEE YOU IN MALAYSIA IN JUNE.

As the year draws to a close, we are pleased to present the December edition of Bloom, which spotlights an important topic: *Understanding and managing lymphoedema*. Lymphoedema is a possible outcome for anyone who has undergone breast cancer surgery. While some people benefit from accessible support and resources, the stories shared in this issue remind us that much more needs to be done to ensure everyone has the help they need. By deepening our understanding of these challenges, we can better support those affected and advocate for meaningful change.

Today, technology helps us stay connected through online platforms and video calls, yet nothing compares to the energy and warmth of face-to-face connection, sharing, and conversation. This is why we are especially excited about the upcoming Reach to Recovery International Breast Cancer Support Conference in Kuala Lumpur, Malaysia from 26 to 28 June 2026, to be held alongside the National Cancer Society of Malaysia's National Cancer Congress. We hope you'll consider joining us to experience the friendship, inspiration, and spirit of sharing that RRI conferences are known for. More details can be found on page 3. Please share this information with your networks, friends, and colleagues — the more who attend, the more memorable the event will be. In addition to benefiting individuals with a lived experience of breast cancer, the conference also offers immense value for health professionals, policymakers, and anyone interested in improving breast cancer outcomes worldwide. By sharing our stories and voices, we strengthen our collective ability to support those on the breast cancer journey.

As mentioned in my June message, and worth repeating, RRI has been a cornerstone of the breast cancer community for more than 70 years. Through thoughtful collaboration, we have built strong and respectful partnerships that continue to enrich our lives. From our early beginnings, we have witnessed the powerful impact of peer support and connection. Even as new programs and influencers emerge, RRI remains a trusted source of information, compassion, and community.

Understanding and managing lymphoedema

A VASCULAR SURGEON'S PERSPECTIVE

Laura Redman, Vascular Surgeon
MBChB, FCS(SA), Cert Vascular Surgery, MMed
South Africa

Laura Redman

Breast cancer is the most common cancer worldwide, affecting over 2.2 million people annually and causing approximately 685,000 deaths. Current interventions significantly reduce cancer progression and improve survival.

Five-year survival exceeds 90-percent in high-income countries but is around 40-percent in South Africa. While survival has improved markedly, quality of life after treatment has not been optimised.

There is inadequate awareness and suboptimal management of lymphoedema which is a significant complication of breast cancer treatment. Up to 20-percent of patients undergoing axillary lymph node dissection develop lymphoedema, and the risk nearly doubles when radiation is received. Most cases (70-percent) occur within the first year, but lymphoedema may develop years after intervention.

Understanding lymphoedema requires understanding the circulation. Oxygen and nutrients leave the bloodstream to bathe cells in interstitial fluid. After cells metabolise these substances, lymphatic vessels collect the waste-containing fluid and transport it through lymph nodes before returning it to the bloodstream. When lymph drainage is impaired due to surgical or radiation damage, fluid known as "fluid lymph" accumulates, causing swelling. Over time, chronic lymph stasis triggers fat deposition, leading to "solid lymph." This is likely a protective mechanism of the body. The limb becomes heavy, thickened, and more prone to infections. Musculoskeletal strain, pain and psychosocial distress may occur, resulting in difficulty wearing clothing and jewelery. Management focuses first on prevention and early intervention. Patients should be monitored for early swelling and referred promptly to a certified lymphoedema therapist for lymph drainage. Weight control and regular exercise significantly improve lymph flow and reduce risk. These lifestyle interventions are extremely important.

When fluid lymph is present, decongestive bandaging performed frequently over two weeks helps remove the fluid. Once reduced, the arm must be contained with well-fitted compression garments and gloves when the hand is involved. Pneumatic compression devices may also help. If solid lymph (fat tissue) has developed, liposuction/debulking surgery — pioneered by Dr Håkan Brorson in Sweden — removes excess volume and matches the arm to the unaffected arm size. This can improve symptoms and the psychosocial impact. However, lifelong compression is required. Microsurgical options such as lymphatic bypass may help selected early cases but do not address large volumes of solid tissue.

While breast cancer survival has markedly improved, we need awareness and early intervention of lymphoedema to improve quality of life in cancer survivors.

> “THERE IS INADEQUATE AWARENESS AND SUBOPTIMAL MANAGEMENT OF LYMPHOEDEMA WHICH IS A SIGNIFICANT COMPLICATION OF BREAST CANCER TREATMENT.”

AN OCCUPATIONAL THERAPIST'S PERSPECTIVE

Jennifer Dunn, Occupational Therapist
South Africa

Jennifer Dunn

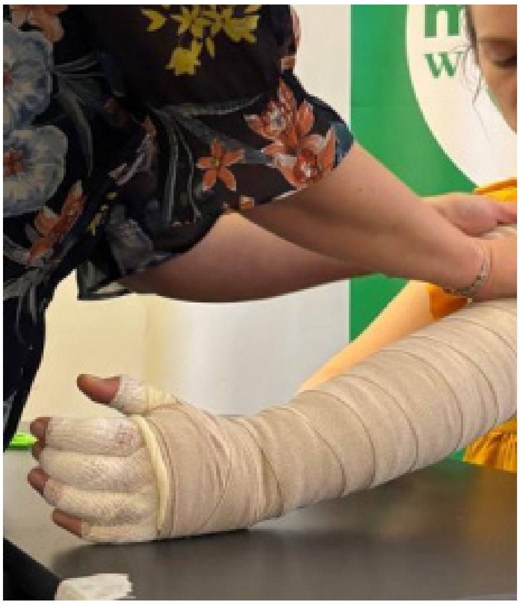
Lymphoedema is swelling that occurs when the lymphatic system is damaged or blocked as a result of cancer or its treatment. We call this secondary lymphoedema. (Primary lymphoedema is an inherited, genetic condition.) The lymphatic system is part of the body's immune and drainage network. It moves fluid called lymph through tiny vessels and nodes that help remove the waste products and "dirt" the body needs to dispose of, and fights infection. When this system is damaged or blocked, fluid builds up in the tissues and causes swelling. This is most often in an arm or leg, but sometimes in the chest, breast, neck, or genitals.

Secondary lymphoedema is most common after cancer treatments such as surgery or radiotherapy, which may remove or damage lymph nodes. Lymphoedema may appear weeks, months, or even years after treatment.

Early signs include a feeling of heaviness, tightness, or aching in the affected area. Clothing, shoes, or jewelery may feel tighter than usual. Sometimes the first sign can be stiffness in the armpit. If not managed, the swelling can increase, the skin can harden, and infections such as cellulitis may develop. Today, we are able to identify lymphoedema even before these symptoms start by using an imaging technique called lymphography. Lymphography involves injecting a medical dye, indocyanine green (ICG), into the area of concern and using a camera to follow the movement of the dye through the lymphatic system.

Although lymphoedema is usually a lifelong condition, it can be managed effectively. Treatment aims to reduce swelling, improve comfort, and prevent complications. This often includes compression garments or bandages, manual lymphatic drainage massage, exercise to promote fluid movement, and careful skin care to reduce infection risk. The lymphatic system does not have a heart to move fluid like the blood circulation system does; therefore, exercise and movement is one of the most important self-management and risk reduction options for patients.

Maintaining a healthy weight, keeping active, protecting the skin from injury, and seeking early help if swelling appears are essential steps. Certified lymphoedema therapists are able to share knowledge and teach individuals to self-manage the condition. The important thing to remember is that this does not have to be a life sentence. With the correct management strategy and early intervention most people with secondary lymphoedema can lead active, fulfilling lives while keeping symptoms under good control.



Challenges in adherence to self-management of lymphedema

Prof. Dr. Karima Elshamy, DNSc,
Egypt

Prof. Dr. Karima Elshamy

Breast cancer survivors face a lifetime risk of developing breast cancer-related lymphedema (BCRL), a chronic and debilitating condition requiring lifelong symptom management. Despite the critical role of self-management after intensive therapy, adherence rates to self-management remain suboptimal, highlighting gaps in patient support and education tailored to individual needs. The challenges that patients face during the self-management phase need to be explored, and recommend strategies to enhance adherence must be made. By addressing these challenges, we can empower survivors to manage their symptoms effectively, provide ongoing support throughout survivorship, and improve their quality of life.

Breast cancer-related lymphedema is a potentially debilitating and often irreversible complication of breast cancer treatment. It results in arm and/or breast swelling and requires lifelong symptom management. It is a common condition that affects approximately one in five patients following breast cancer treatment. It occurs in six percent to 30 percent of patients, and no curative therapy is available. Breast cancer-related lymphedema is characterized by the accumulation of protein-rich fluid in the affected limb as the result of impaired lymphatic drainage associated with breast cancer treatments, mainly with axillary lymph node dissection, sentinel lymph node biopsy, and radiation therapy. The more lymph nodes and vessels removed, the greater the likelihood that this flow is going to be disrupted and potentially cause lymphoedma.

Lymphedema commonly occurs shortly after treatment but may also develop years later, putting breast cancer survivors at lifetime risk. It is a progressive condition that, without proper intervention, can advance to later stages. Predisposing factors that can contribute to an individual developing lymphedema include age, family and/or personal history of lymphedema, medications that may cause fluid retention, body mass index, having an extensive surgery (e.g., mastectomy rather than lumpectomy), lymph node removal, radiation therapy, chemotherapy, and weight gain during or after treatment.

Complete decongestive therapy (CDT), the gold standard lymphedema treatment, aims to restore the affected limb to normal or near-normal size by optimizing healthy lymphatic pathways. CDT involves two phases: the intensive phase and the self-management phase. In the intensive phase, patients receive daily treatments in the clinic by certified therapists. In the self-management phase, patients work to maintain the gains made during the intensive phase by engaging in ongoing practices such as skin care, self-manual lymphatic drainage, risk reduction strategies, the use of compression garments, and focusing on exercise, nutrition, and weight management. Self-management is defined as an individual's ability to manage their chronic condition while incorporating these self-management behaviors into daily life to optimize quality of life. For breast cancer-related lymphedema, self-management includes using compression garments daily, performing self-manual lymphatic drainage, maintaining healthy skin, monitoring for injuries or skin changes, and adopting a healthy lifestyle through regular exercise and weight management.

Breast cancer-related is a lifelong condition that requires ongoing management to prevent symptom progression and maintain quality of life. Therefore, successful engagement in self management is crucial for mitigating the chronic nature of the disease and minimizing its impact. However, despite its importance, adherence to self-management remains suboptimal in Eqypt, with adherence rates ranging from 28 percent to 69 percent. Challenges in adherence arise from several factors, including lack of education, limited access to resources, financial burdens, psychosocial stressors, and difficulties incorporating self-care routines into daily life. Addressing these challenges could significantly improve equity in breast cancer-related lymphedema management and patient outcomes.

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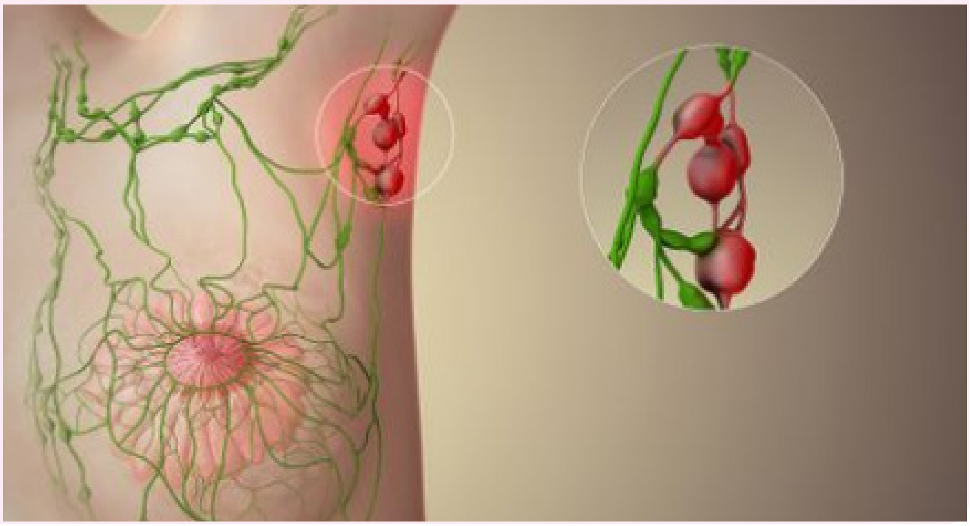


Breast cancer-related lymphoedema and its treatment

Rama Sivaram, Consultant, KEM Hospital Research Centre, Pune;
Mentor, Sanjeevani Life Beyond Cancer
India

Rama Sivaram

Breast cancer surgery and radiation:

Breast cancer treatment typically involves surgery and/or radiation, two treatment protocols to save life and eliminate disease. Mastectomy removes the whole breast while lumpectomy, or breast-conserving surgery, removes only the tumour and surrounding margins. During surgery, doctors frequently remove lymph nodes.

In the past, almost all the underarm lymph nodes were removed during breast cancer surgery in what's known as an axillary lymph node dissection (ALND). In the early 1990s, a technique called Sentinel Node Biopsy for breast cancer was first introduced. A blue dye, or radioactive tracer, is injected to locate the sentinel lymph node(s) (the first lymph node(s) to which cancer cells are likely to spread from a primary tumor). If cancer has spread to the sentinel node(s), the test shows a high concentration of radioactive tracer uptake in the node(s). Depending on the number of positive sentinel nodes found and the concentration of radioactive tracer, the surgeon decides whether to remove only the positive nodes or to also remove other axillary lymph nodes.
If the patient has opted for a lumpectomy rather than mastectomy, radiation will usually be recommended as a precautionary measure to further destroy any cancer cells that may have been left behind and to prevent spread. In some cases, depending on the position, size, and spread of the tumour or affected lymph nodes, radiation may also be recommended following mastectomy.

One of the side effects of ALND is breast cancer treatment–related lymphoedema, a secondary form of lymphoedema that can occur as a result of surgery and radiation. This can present at any time — months or even years after treatment. This is a concern of all breast cancer survivors. Lymphoedema is a condition that cannot be cured, but can be effectively controlled with proper treatment, discipline, and management.

Definitions:

Breast cancer treatment-related lymphoedema is a chronic swelling caused by a fluid (lymph) collection in the arm, hand, breast, and/or trunk (front and back chest wall). It can occur when the lymphatic system's natural drainage pathway is altered during treatment. This may happen after lymph node removal under the arm (axillary dissection), which changes how lymph flows, or following radiation therapy, where fibrosis (hardening of tissues) can reduce lymphatic movement. When lymph cannot drain effectively, it collects in the tissues between cells, leading to persistent swelling.

Lymph nodes are small, bean-shaped organs which are a part of the body's immune and lymphatic systems. With the help of lymphocytes – a type of "fighter" white blood cells — the lymph nodes filter and trap waste products and fight and kill foreign invaders such as harmful bacteria and viruses or abnormal cells. The lymphatic system is the body's defence system. There are channels and clusters of lymph nodes throughout the body. Clusters and different levels of lymph-nodes in the armpit/underarm drain the waste and toxins from the breast and the arms.

Axillary lymph node dissection (ALND) is the removal of lymph nodes and connected channels in the armpit to prevent cancer cells from spreading to other parts of the body via the lymph nodes. These lymph nodes would otherwise be the primary route to carry cancer cells and send them to other parts of the body via the lymphatic channels. Removal of lymph nodes can result in damage to, or blocking of, the lymphatic system, which drains lymph from the arm and breast.

The journey and movement of lymph is supported by other systems and organs of the body

- The lymphatic system does not have a pump in the way that the heart pumps blood. Lymph does not move on its own.
- Lymph moves upward through the lymphatic channels due to: the contractions and movements of muscles and joint pumps; the pumping of blood in and out of arteries and veins; and breathing. If you don't exercise, move, and breathe deeply, your lymph will stop moving. This can happen in the arm or breast as the result of breast cancer treatment.
- Lymph is part of our circulation, just like blood circulation. It circulates and will continue to circulate as long as we are alive. Exercising, controlling diet and weight, and breathing are all important to promote lymph circulation.
- Lymph is on a one-way journey, via one-way valves, upwards from different sections (quadrants) of the body towards the heart.

Stages of Lymphoedema

0 Latency Stage: Capacity of lymph transport is reduced; there is no visible swelling (edema) but periodic heaviness and mild aching or discomfort in the breast, arm, and/or back.

Stage 1: Mild swelling and pitting is visible. When the tissue is pressed down, it dimples but gradually bounces back. The skin still feels soft and there is no hardening of tissues. With elevation, exercises, compression sleeves, and use of a pneumatic compression pump called Lympha Press, Stage 1 lymphoedema is *reversible*.

Stage 2: Pitting becomes more problematic because of hardening of tissues (fibrosis) and is spontaneously irreversible, in that it will not go away despite the use of elevation, exercise, and compression sleeves. Maintenance and management should be done with the help of an occupational lymphoedema therapist or physiotherapist who specialises in lymphoedema management. Stage 2 lymphoedema can be treated with Complete Decongestive Therapy (CDT), which is a combination of: Daily manual lymphatic drainage (MLD), use of compression bandages and garments, skin care and exercise.

Stage 3: Significant swelling with irreversible changes to the tissue and skin. It is, characterized by fibrosis, sclerosis, skin changes, papilloma, and hyperkeratosis. This can be helped with routine medical care, CDT, and bandages.

Early signs and symptoms of lymphoedema

- Discomfort in arm
- Pitting on and off
- Affected arm feels warmer or burns
- Change in arm colour and texture
- Heaviness, fullness, numbness
- Tingling - ant bite sensation
- Tightening sleeves, clothes, bangles

Progressive Symptoms of lymphoedema

- Arm asymmetry and increased swelling
- Skin changes – hard and fibrotic
- Pitting that is less sporadic
- Redness, inflammation, infection
- Pain – may be sharp/shooting and/or dull/throbbing
- Decreased peripheral pulses and limb function
- Decreased self-image and well-being, psychosocial issues

Risk Factors for lymphoedema

- Removal of lymph nodes
- Post operative wound complication
- Radiation fibrosis
- Obesity
- Trauma or injuries on affected limb
- Recurrent and periodic infections
- Lack of mobility and exercise
- Exertion, lifting or pulling heavy things
- Air travel (due to prolonged sitting, potential dehydration)
- Constrictive (tight) clothing
- Tight jewellery causing obstruction
- Recurrent or late infections
- Poor extremity function
- Sedentary life style
- Excessive heat

Rehabilitation and exercise for lymphoedema is done to:

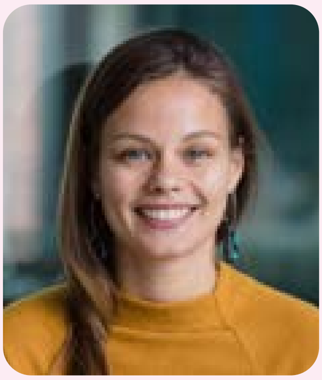
- Promote better posture and range of motion
- Decrease arm heaviness by improving the flow of lymph
- Decrease tightness under arms and pectorals
- Melt fat and strengthen wasting muscle
- Promote the flow of lymph through muscle movement such as extensions and stretches
- Promote deep breathing in order to increase the volume of lymph fluid transported by the thoracic duct
- Promote weight control
- Promote better sleep and lymph movement

Treatment: Lymphoedema cannot be cured, but it can be managed. The goal of treatment is management and maintenance to reduce swelling with CDT

- MLD, a gentle massage technique called to move the lymph out of the swollen areas.
- Compression Therapy – short stretch bandages and customised or fitted sleeves or stockings called compression garments to prevent fluid buildup and help draining the arm drainage.
- Exercises that are slow, gentle and specific to help lymph flow due to muscle contraction.
- Skin care to keep skin clean, dry, and well-moisturized to prevent infection.
- Elevation by keeping the affected arm periodically raised above the heart level so that the lymph drains due to gravity.

Preventing lymphoedema after breast cancer: how exercise helps

Dr. Melanie Plinsinga, Cancer Council Queensland
Next Generation Research Fellow
Australia


Dr. Melanie Plinsinga

Lymphoedema is swelling that can happen after cancer treatment, often in the arm, hand, or breast. It occurs when the lymphatic system, which helps drain fluid from the body, is damaged during surgery or radiation. Around one in five women treated for breast cancer develop lymphoedema, which can cause heaviness and discomfort that affects daily life. Lymphoedema is considered a lifelong long-term condition and, as such, preventing it is a key goal for women recovering from breast cancer.

An international team of researchers from Australia, Sweden, and Denmark wanted to find out whether exercise could help prevent lymphoedema after cancer treatment. They reviewed 17 studies from around the world, including more than 2,700 participants. These studies compared people who did exercise programs, such as strength training, walking, or a mix of both, with those who did not. The research team also looked at whether different types of exercise or supervision levels made a difference.

Can exercise prevent lymphoedema?

This large review found that people who exercised had a lower risk of developing lymphoedema than those who did not. Exercise reduced the chance of developing lymphoedema by about 30-percent. The type of exercise, whether aerobic, resistance, or a mix of both, did not seem to matter. Results also suggested that unsupervised exercise (that is, independent exercise in the absence of the physical presence of an exercise professional) was not just safe but also showed the same benefits as more closely-supervised (in real-time) exercise. These findings show that exercise is likely protective, especially for people at risk of lymphoedema.

In summary, this research shows that exercise is *not* a risk for lymphoedema; rather, it is more likely to be a key part of preventing it. The results challenge old advice that people should avoid strenuous activity permanently after breast cancer surgery. Once cleared to exercise by their breast surgeon, women can feel confident that they can safely move their bodies as part of their ongoing cancer recovery journey.

How can individuals affected by breast cancer use this information?

If you've been treated for breast cancer, regular exercise may help keep the lymphatic system functioning well and reduce your risk of lymphoedema. Here are some tips:

- Start exercising for shorter durations and lower intensity, and increase gradually, especially if you have recently had surgery.
- Include different types of activities, and both strength and aerobic activities. For example, weights or resistance bands, walking, and swimming. Or maybe you would like to try other types of exercise, such as yoga or Pilates.
- Before starting or changing your exercise routine, try to keep track of your symptoms for about a week. This helps you know what's normal for you. If your symptoms get worse after you begin or increase your exercise, ease back a little and see how your body responds. Research shows that exercise should not make lymphoedema symptoms worse — if it does, that's a sign to reduce your exercise and check in with your healthcare team for further advice.
- Stay active for life – every step counts! Exercise supports physical and emotional wellbeing, reduces fatigue, and improves overall recovery.

This article was developed from the systematic review by Dr. Melanie Plinsinga and colleagues[1]. For more information, talk to your breast surgeon, breast care nurse, general practitioner, physiotherapist, or exercise physiologist about safe ways to stay active after treatment.

> “
> EXERCISE REDUCED THE CHANCE OF DEVELOPING LYMPHOEDEMA BY ABOUT 30-PERCENT. THE TYPE OF EXERCISE, WHETHER AEROBIC, RESISTANCE, OR A MIX OF BOTH, DID NOT SEEM TO MATTER.
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[1] Plinsinga ML, Baker B, Spence RR, Singh B, Reul-Hirche H, Bloomquist K, Johansson K, Jönsson C, Hayes SC. A systematic review with meta-analysis evaluating the effect of exercise on cancer-related lymphoedema risk. JNCI Cancer Spectrum, 2025

Healing the body, honouring the journey: preventing lymphoedema through precision surgery

Laleh Busheri, CEO, Prashanti Cancer Care Mission
India


Laleh Busheri

When *Rekha*, a 48-year-old working mother from Nasik, came to Pune to visit her sister, she mentioned a persistent heaviness and swelling in her right arm. She was just recovering from her breast cancer treatment done at another center, where her axilla was managed with multiple lymph nodes being removed during surgery. Gradually, activities like lifting groceries and using her laptop mouse became uncomfortable. Her bracelets no longer fit. The swelling was something she had not been prepared for, and she felt scared.

Rekha was experiencing lymphoedema, a condition where lymphatic fluid accumulates in the arm or hand when drainage pathways are disrupted during breast cancer treatment due to removal of lymph nodes. Though common, it is often not discussed enough, leaving women surprised and worried when swelling appears months or even years later. While lymphoedema remains one of the most challenging survivorship issues in breast cancer, today it is increasingly preventable with thoughtful and modern surgical planning.

In cases like Rekha's, where her breast cancer was not advanced yet she was still subjected to mastectomy and complete axillary lymph node dissection (ALND), the swelling developed simply because optimal treatment decisions were not made, and no one had prepared her for this outcome. Unfortunately, this scenario is still far too common across India, including in major Tier 1- and Tier 2-city centres, where mastectomy with ALND continue to be treated as the default "gold standard" despite newer and safer approaches being widely available. Mastectomy has been associated with several severe sequelae such as body asymmetry, postural instability, depression, loss of self-esteem, and poor quality of life. At Prashanti Cancer Care Mission (PCCM), Pune, our focus is always on ensuring not only that women survive breast cancer but that they go on to live with dignity, comfort, and the best possible quality of life.

Through cutting-edge oncoplastic breast surgery, we are able to achieve nearly 80-percent breast conservation rates, maintaining the natural form while safely treating cancer. At the same time, our lymphoedema rates remain very low because we work meticulously to protect the lymphatic system and avoid unnecessary trauma to the arm. This is made possible through a comprehensive strategy: accurate diagnosis and staging before any treatment begins; stringent neoadjuvant chemotherapy (NACT) protocols; intra-operative radiology and pathology to make real-time decisions during surgery; and, most importantly, Sentinel Lymph Node Biopsy (SLNB) using indocyanine green (ICG) fluorescence technology, which inserts a medical dye into the lymphatic system to allow surgeons to identify and remove only the first (sentinel) few lymph nodes to check if the cancer has spread to the nodes, thus sparing the rest of the axilla. However, despite all advancements, some patients will still develop lymphoedema, especially those who need to undergo aggressive procedures due to advanced disease. In those moments, what matters is support. Survivors receive expert assessment and long-term monitoring, manual lymphatic drainage therapy, custom-fitted compression garments, guided exercises, skin care counselling to prevent infections, and emotional support through our Pink Ribbon Support Group, which helps them regain confidence in their bodies. After accessing this care, Rekha said, "Knowing I'm being cared for even after being disease free from breast cancer is the biggest relief."

Survivorship is a lifelong chapter and small daily habits, like protecting the arm from cuts and burns, staying active, avoiding blood pressure checks or injections on the treated side, and seeking help early, can go a long way in preventing worsening of symptoms. At PCCM, we believe healing does not end when breast cancer treatment stops; it continues with preserving strength, dignity, and joy. Through prevention where possible, and compassionate care where needed, we ensure that every patient can move forward — strong, supported, and never alone.

> “AT PCCM, WE BELIEVE HEALING DOES NOT END WHEN BREAST CANCER TREATMENT STOPS; IT CONTINUES WITH PRESERVING STRENGTH, DIGNITY, AND JOY.”

Lymphoedema in Nigeria: no one is prepared

Gloria Chinyere Okwu, Program Specialist and Global Cancer Advocate
Nigeria


Gloria Chinyere Okwu

In Nigeria, the end of cancer treatment is often followed by a period of thanksgiving. Then comes the celebratory pink ribbons, which often belie the lasting side effects of treatment. Most patients do not even consider possible secondary conditions such as lymphoedema. Often, when signs of lymphoedema begin, patients are unaware or in denial that the signs might be related to their cancer treatment. They pray against evil forces and try to manage the condition with traditional herb rubs. As the condition progresses, patients often present to health facilities that are not adequately equipped to assess or manage lymphoedema, resulting in delayed care and increased distress.

The first time I saw a woman with lymphoedema was in 2019. She was fair, thin, with an insanely swollen hand that was held up by a brace. Tired from the weight, she removed the brace but could not withstand the heaviness, so she crouched low, very close to the hospital floor, in obvious pain. I still see a lot of survivors in that kind of painful reality.

Unfortunately, lymphoedema is fairly common among Nigerian breast cancer patients, who don't know very much about the condition but believe it is untreatable. Women present with symptoms such as jabbing pains, limited shoulder movement, heat soreness, and swelling. My country still does not have an effective health-care system, and chronic pain medications are often inaccessible or unaffordable to most people. In June of this year, when I was admitted to hospital for fluid extraction, I was in a ward with women who cried constantly due to pain from lymphoedema. The hospital had no pain medication to give these women, but I had two bottles of morphine that I allowed the health care practitioners to share with them. The helplessness with which these women confronted the condition was unnerving and exposed a gap in our management of cancer.

An acquaintance suffered profusely from a swollen leg after vulva cancer treatment. The stigma of having suffered that particular cancer prevented her from seeking medical attention when her leg started swelling. She casually changed her choice of clothes, wore compressors, and raised the leg at night. Yet, the pain and swelling progressed until she had difficulty walking. The last time I saw her, her legs were so hard and huge that I didn't need a doctor to declare she now had elephantiasis, the most advanced stage of lymphoedema. She has been out of touch for a while, and I am afraid to ask if she's okay.

In conclusion, the quality of life of most women with lymphoedema in Nigeria is poor. With ill-prepared hospitals and limited access to psychological support, much is left to chance. Patients must be informed about lymphoedema and encouraged to receive relief from it, and hospitals must be prepared to receive people with the condition. Communities also need awareness to end the stigma.

> “AS THE CONDITION PROGRESSES, PATIENTS OFTEN PRESENT TO HEALTH FACILITIES THAT ARE NOT ADEQUATELY EQUIPPED TO ASSESS OR MANAGE LYMPHOEDEMA, RESULTING IN DELAYED CARE AND INCREASED DISTRESS.”

Bras & lymphoedema, some handy things to know

Heidi Flaherty,
Amoena Australia


Heidi Flaherty

We often underestimate the importance of a well-fitted, supportive bra. It's always a good idea to book a fitting with a professional bra-fitter to ensure you wear the right size bra with the right support for you. But if you're managing lymphoedema symptoms, it's even more important. An incorrectly-fitting bra may cause disruption to the lymphatic system and aggravate symptoms further.

Up to 80-percent of women are wearing the wrong size bra and, with many options to choose from, it may feel overwhelming to find a bra that supports both the body and the lymphatic system. The features to look for may be different depending on whether you do or don't need a bra with compression to help with your lymphoedema.

These are lymph-friendly features to look for in an everyday bra, without compression:

- **Seamless or flat seams.** Avoid bulky seams that may irritate the body or disrupt lymphatic flow. Look for seamless designs or bras that have minimal, flat seams which sit flat against the body.
- **Wide straps.** Bra straps need to support 20-percent of the breast weight. A wider strap distributes this load over a broader area. They need to sit smoothly on the skin without digging in or creating pinch points. A padded strap may provide more comfort. Any strap adjusters should be positioned at the back of the bra, near the shoulder blades.
- **Wide under-bust band.** This needs to support 80-percent of the breast weight. A wider band distributes the weight over a broader area so as not to disrupt lymphatic flow. Is your under-bust band giving you enough support? Here's a quick test: extend the straps of your bra, then slide them off your shoulders, if the bra immediately drops down off your bust, then your under bust band is too big and isn't giving you enough support.
- **Higher coverage.** Make sure your bra doesn't have a seam or edge that digs into or irritates your underarm, especially if you have scarring or have had lymph nodes removed around the axilla.

Extra features that may also benefit are **massaging textures**. Some bras utilise a textured fabric that can provide a light massage effect when worn. **Front opening bras** are helpful for those with limited shoulder mobility, making them easier to fasten.

Features to look for in compression bras for lymphoedema:

Compression garments are often used as part of a holistic approach to managing lymphoedema. Targeted compression in garments can be helpful in reducing oedema swelling, stimulating lymphatic flow and prolonging the benefits of manual lymphatic therapy. A certified lymphoedema therapist may recommend or prescribe a compression bra to assist in managing symptoms.

If you have been recommended to wear a compression garment by your medical team, it's important that the garment be fitted correctly. A compression garment needs to be supportive and firm; snug, but not painful or tight. You need to be able to breathe normally. You should be able to run one or two fingers under the band of the bra. One finger should be able to fit under the straps.

Pressure pads can be used in combination with a compression garment to apply more targeted compression to a specific area. These pressure pads will typically have a textured component with uneven heights to create interstitial pressure which can assist with supporting lymphatic flow.

Breast asymmetry:

If lymphoedema develops in the breast, it may cause some asymmetry with a difference in size, shape or position of the breast. If there's a distinct difference in size between the breasts, it may be challenging to find a bra that fits both breasts well. A bra will always pull towards the heavier breast, this asymmetry may mean you're adjusting your bra multiple times a day. A simple way to recreate breast symmetry is to try a partial breast form, also known as a breast shaper. These are typically made from silicone and can be worn against the skin with a bra to hold them in place. A shaper can compensate for the difference in breast tissue and help to recreate breast symmetry, helping the bra to fit better and sit more comfortably. A shaper can also be used to recreate breast symmetry if you're wearing a compression bra. By recreating breast symmetry, the compression bra becomes more effective as it can apply compression more evenly across the breasts and torso.

To find out more about bras for everyday-wear after breast cancer surgery or if managing lymphoedema, go to amoena.com/au

Personal stories of hope and resilience from survivors:

Nicole's story

A story of strength in the face of lymphoedema

Nicole Simon, cervical cancer survivor
Australia

All it took was one phone call and my life changed forever.

My journey began not long after I had my first and only baby. I recall driving down the road, with my nine-week old baby crying, when the phone rang. Seeing my obstetrician's number raised my concern. I'd had a curette a few days earlier and he'd said that he be in touch in about a week. He told me that he'd received my results and asked me to come in. When he said he wanted to see me that day, my stomach dropped. He suggested bringing someone to the appointment with me, so I took my mother.

The day dragged and I felt certain that I was going to be told that I needed a hysterectomy or that I had cancer. In the end, it was both.

Eleven years later, the only thing I really remember from that appointment was the look on my mother's face when I was told that I had a four-centimeter tumour on my cervix. It was a look I had seen far too recently, having lost my father to cancer the previous year.

So, with this news, life changed. New terminology entered my world: gynaecological oncologist, radical hysterectomy, MRI, staging, lymphoedema, manual lymphatic massage, compression garments … the list goes on.

I developed secondary lymphoedema after I had the radical hysterectomy. This was the fourth operation through my abdomen in less than 12 months, and I believe that my body's lymphatic system had had enough. The removal of 21 lymph nodes was the straw that broke the camel's back. Luckily, all 21 were cancer free. I was blessed. I couldn't believe my good fortune. The cancer journey was over, I naively thought – no chemotherapy, no radiation. I didn't realise that this was the start of a new journey; residual from the cancer.

Within two weeks of my surgery, I developed abdominal and lower limb (right leg) lymphoedema. I soon learned that compression garments and visits to therapists would become a normal part of my life. I learnt that I could no longer sit with my legs crossed, that when I got out of the shower I needed to dry my legs from my foot upwards to help my lymph flow, that massages left me feeling stressed because the masseuse might push my lymph in the wrong direction.

With this new way of life, I investigated all sorts of options to help reduce the swelling: rebounding, chi machines, castor oil packs, manual lymphatic massage, massage guns, flexi touch machines, comfy wave stockings, wraps, toe pieces, and more. What I have worked out is that no one's journey is alike, and everyone responds to treatment differently.

I was very lucky to have well-managed lymphoedema for ten years before I had an exacerbation. My calf ballooned for no accountable reason while on holiday. I called my occupational therapist immediately and began seeing her daily for massage and wrapping. Nothing seemed to reduce the swelling. So, eventually, she shared information with me about the Australian Lymphoedema Education, Research and Treatment (ALERT) Centre in Sydney. I had my lymphatic vessels checked using indocyanine green (ICG) fluorescence lymphography, where a green dye is injected into the lymphatic system. From this, doctors can track the pathways and identify how the lymph is flowing through the system. This process revealed that I had some blockages with lymph pooling in areas, making it hard to move and causing the lymph to congeal.

The doctors and I discussed options and, after another 12 months, I returned to Sydney. This time I had an MRI to map my lymphatic system. I met with a surgeon who told me that I was a suitable candidate for liposuction to remove the blockages and buildup of fluid in my leg. My surgery is two weeks away. And so begins another journey.

For a while my lymphoedema became quite consuming and the garment was a bitter reminder of all the cancer had robbed me of. I no longer see it that way. My stocking is a reminder of the journey that shaped who I have become. It is a reminder of how blessed I am to have faced cancer and conquered it.

> “FOR A WHILE MY LYMPHOEDEMA BECAME QUITE CONSUMING AND THE GARMENT WAS A BITTER REMINDER OF ALL THE CANCER HAD ROBBED ME OF. I NO LONGER SEE IT THAT WAY. MY STOCKING IS A REMINDER OF THE JOURNEY THAT SHAPED WHO I HAVE BECOME.”

Editors' note: We are happy to report that Nicole's surgery is complete and she is recovering well.

Mesha-Gaye's story

Living through medically-induced menopause after breast cancer at age 28

Mesha-Gaye Ruddock
Jamaica

When I was diagnosed with breast cancer at just 28-years old, nothing could have prepared me for how deeply it would alter not only my health but my identity, my plans, and my body's natural rhythm. One of the most profound changes I've had to navigate has been medically-induced menopause — a treatment pathway that began in 2022 and will continue for the foreseeable future to reduce the risk of cancer recurrence.

What is medically-induced menopause?

Unlike natural menopause, which typically occurs in a woman's late 40s or 50s, medically-induced menopause happens suddenly as a result of cancer treatment. In my case, the shift came because my breast cancer was hormone receptor-positive, meaning estrogen could potentially fuel its growth. As a result, doctors recommended suppressing my ovarian function to drastically reduce estrogen levels in my body.

This has been achieved through a combination of medications. I currently take Anastrozole, an aromatase inhibitor, once daily to block the production of estrogen in my body. Every 12 weeks, I receive an injection of Lectrum to shut down ovarian function and keep me in a menopausal state. To help manage the intense hot flashes and mood swings that come with it, I also take Effexor, a medication that supports emotional balance and eases vasomotor symptoms.

These therapies work together to create a hormonal environment that makes it harder for cancer to return. It's a medically necessary sacrifice, but that doesn't make it easy.

The physical and emotional toll

Hot flashes. Mood swings. Vaginal dryness. Sleep disruptions. Joint pain. Loss of libido. Weight fluctuations. These aren't just passing discomforts — they're daily realities I've learned to manage since starting this journey. It's like aging before your time, except it's not a rite of passage — it's a prescription.

Emotionally, it's complex. There are days I feel like I've lost a part of myself — my fertility, my spontaneity, my hormonal balance. As someone in the prime of my life, I grieve the natural trajectory that was disrupted. I grieve not having the luxury of "waiting to see what happens." My decisions are now governed by survival.

Why I chose this path

The decision to go into medically-induced menopause wasn't made lightly. After my surgery, my oncologist recommended an Oncotype DX test — a genomic test that analyzes the activity of certain genes in breast cancer tissue to determine how likely the cancer is to recur and whether chemotherapy would provide any benefit.

> "SO, I CHOSE THIS PATH NOT BECAUSE IT WAS EASY, BUT BECAUSE IT OFFERED ME THE MOST EFFECTIVE PROTECTION AGAINST RECURRENCE WITH THE LEAST ADDITIONAL HARM. I CHOSE IT BECAUSE I WANT TO LIVE."

My score was 20, and the results showed that chemotherapy would offer me less than one percent benefit. In other words, the potential risks and side effects of chemo far outweighed the gains in my particular case. Instead, hormone therapy became the cornerstone of my long-term treatment plan.

So, I chose this path not because it was easy, but because it offered me the most effective protection against recurrence with the least additional harm. I chose it because I want to live. I want to give myself the best possible chance of staying cancer-free, even if that means enduring the physical and emotional side effects of premature menopause.

A message to others

To any young woman facing a similar road: you are not alone. This path is hard, and often isolating, but it's also one of strength and conscious resilience. Medically induced menopause may feel like a detour but, for many of us, it's a life-preserving course correction. You are still whole. You are still feminine. And your fight—our fight—is valid!

This journey is ongoing, and there's still so much I'm learning. But I share my story in the hope that it offers insight, comfort, and a sense of solidarity to anyone walking this tightrope between illness and healing, fear and faith, loss and rebirth.

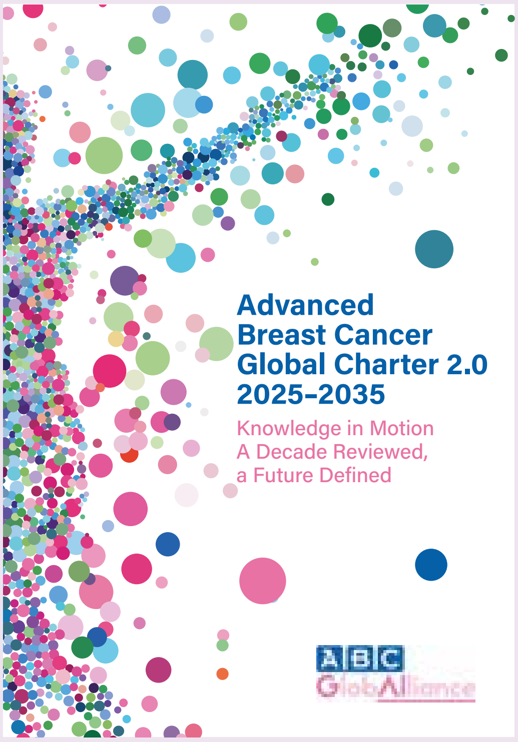
About the Author

Mesha-Gaye Ruddock is a breast cancer survivor, patient advocate, and member of Jamaica Reach to Recovery inspiring purposeful living. She is actively involved with Jamaica Reach to Recovery, where she champions awareness, access, and empowerment for women and men facing breast cancer across the island. Her journey is fueled by faith, education, and a deep commitment to helping others find light even in life's most difficult seasons.

ABC8 -Advanced Breast Cancer Eighth International Consensus Conference

Rama Sivaram
Consultant, KEM Hospital Research Centre, Pune;
Mentor, Sanjeevani Life Beyond Cancer
India

Rama Sivaram



Advanced Breast Cancer Global Charter 2.0 2025–2035

Knowledge in Motion
A Decade Reviewed,
a Future Defined

ABC Global Alliance

ABC8: Mission and Dedication: The Advanced Breast Cancer (ABC) Global Alliance hosted ABC8 in Lisbon on 6-8, November, 2025. ABC8 was held as a tribute in memory of Anne Loeser, the patient advocate who founded the Patient-Centered Dosing Initiative (PCDI) in 2019, and Shirley Mertz, a founding member of the US based Metastatic Breast Cancer Alliance, which designated October 13 as the official Metastatic Breast Cancer Day.

As a patient advocate, this was my first exposure to understanding the vulnerabilities, inequalities, and outcomes of women and men living with advanced, or metastatic stage IV, breast cancer.

The ABC Global Alliance's mission is clear: "to improve and extend the lives of women and men living with ABC in all countries worldwide and to fight for a cure." As an independent non-profit, the Alliance brings together key stakeholders in ABC care to develop and implement international consensus guidelines to guide decisions and actions for ABC/MBC and to share challenges and solutions in ABC/MBC care, particularly in situations where evidence is limited or unclear. The patient becomes central to care and the Alliance amplifies and elevates patient voices towards more meaningful global progress in caring for patients.

Presentations: The conference had a broad distribution of technical sessions on the management of disease and optimizing clinical trials with existing combined and new drugs for patient benefit. Sessions were held on maintenance therapies, re-adjusting dosage, dose-response, safety and efficacy, side effects, disease progression, disease-free survival, overall survival, and the validity of new clinical endpoints. There was much for patient advocates to learn from in order to facilitate mindful patient decision-making in treatment plans. Half of the conference focused on patient advocacy sessions, with beautiful, amazing young women with ABC speaking from their hearts and minds about meeting the needs of ABC patients, palliative and supportive care, mental health, law and cancer, communication skills for professional health care providers, information needs of patients, multidisciplinary care, rehabilitation exercise, the interfacing of supportive and oncology care and, importantly, misconceptions about ABC and the impacts they have on stigma, isolation, and quality of care.

The ABC Award Lecture: The ABC Award lecture, titled "How do we get from progression free-survival to cure?", was given by Larry Norton from Memorial Sloan Kettering, NY.

Consensus Session: The highlight of the conference was the Consensus Session, which was led by Dr. Eric Winer from Yale Cancer Center and brought together an international panel of experts to develop international guidelines for the management of ABC. The session operated like a game show, with a clock ticking as the number of votes on a particular point rose and fell on screen. It was fascinating to see the consensus scale, which quantitatively measured from zero percent to 10 percent the degree of agreement and disagreement within the group of experts. Available evidence related to advanced breast cancer management was reviewed and discussed and appropriate consensus statements were formulated for different aspects of diagnostic, treatment, and supportive care. Panel members voted anonymously on the proposed statements, and statements were accepted only if they reached a pre-defined level of consensus. Most of the statements that became final recommended guidelines got 80 to 100 percent of the total votes.

The ABC Global Charter 2.0 (2025 - 2035): The ABC Global Charter 2.0, for 2025 – 2035, defines the future of advanced/metastatic breast cancer care after careful review. The earlier gaps and unmet needs in care of Charter 1, which was for 2015 – 2025, are addressed in the new Charter, which is updated and adapted to the emerging landscape in order to face the future with the purposeful goals of improving overall survival rates, quality of life, legal rights of ABC patients, and communication skills between doctors and patients. It also seeks to better meet

the informational needs of patients, ensure and improve access to comprehensive care and support services irrespective of ability to pay, reduce disparity, and reduce misconceptions that affect psycho-social variables like stigma and isolation. Goals 2 and 4, importantly, call for collecting and sharing high-quality data in order to optimize care and treatment for every person living with ABC in accordance with the consensus guidelines.

Take-Home Messages: The take home for me is that, as patient advocates and supportive care and mental health professionals, we need to:

- Educate ourselves more on the scientific clinical and research aspects of care in order to improve our own reach to patients with correct information and therapies.
- Support patient participation in decision making.
- Collect information to create patient-reported outcome measures (PROMs), which are very important for both diagnostic and treatment panels.
- Add all patient-reported issues, including access, affordability, psycho-social issues etc., to the patient's documentation.
- Systematically collect, sort, and code patient data, using both qualitative and quantitative assessment tools that evaluate quality of life quality of life and other intervening factors or variables that affect the overall quality of life of women with ABC. If necessary, we should develop and validate our own scales for PROMs, such as in-depth interviews and open-ended questionnaires.

All this is critical for integrative cancer care, not as an alternative but as a valued, essential component and partner to modern medicine. Every country has its traditional and ethnic medicine and approach to healing.

Personal Note and Appreciation: On a personal note, the conference venue, the warmth of ABC staff and team, the healthy food, the Lisbon weather, and the enthusiasm of delegates to learn, share and build professional relationships and engaging in meaningful conversations built to a very satisfying experience. It was wonderful meeting our RRI friends: Fatima, Roberta, Ranjit, and Maira.

A special word of appreciation for Dr. Fatima Cordoso, chair of the conference: The meeting were well-organized, the young survivor-speakers brought depth and soul to the conference, and your own warmth, commitment, and gentle way led to the smooth conduct of the conference.

I thank the ABC alliance for their full support to attend the conference, where I presented a poster titled "Integrating the Science and Art of Healing, Integrative Cancer Care at Sanjeevani Life beyond Cancer," on the work we do there and our interventions.

> “ THE ABC GLOBAL ALLIANCE'S MISSION IS CLEAR: “TO IMPROVE AND EXTEND THE LIVES OF WOMEN AND MEN LIVING WITH ABC IN ALL COUNTRIES WORLDWIDE AND TO FIGHT FOR A CURE.” ”

Spotlight on our members: Nigeria

The Birth of the Lagos Pink Alliance

Oluseun Atinuke Sanusi, Founder, Atinuke Cancer Foundation; Chairman, Nigerian Cancer Society, Lagos Chapter

Oluseun Atinuke Sanusi

Following the demise of my dear mum several months ago, I decided to step away briefly to breathe, reflect, and gather myself. I took a vacation to clear my head. I didn't know that, in that quiet space, a new vision was waiting to be born.

While on vacation, the idea for the Lagos Pink Alliance began to germinate in my mind, a vision for how the Nigerian Cancer Society, Lagos Chapter, could uniquely mark the 2025 Breast Cancer Awareness Month. I saw a vision to unite all the cancer advocates, NGOs, and institutions in Lagos under one umbrella, to create one strong, coordinated voice. The concept was simple yet powerful: One Lagos. One voice. One fight against breast cancer.

I knew immediately it was going to be a bold task, especially with little or no funds, but deep down I also knew this was a God-inspired idea. And that conviction became my fuel.

When the vision called, action followed

With our newly established state secretariat and a purse as empty as a heart waiting for goodbye, the task appeared daunting. But inspiration arrived like a flood, and planning kicked off immediately.

The name came effortlessly:

Lagos — our home, our pride.

Pink — the color of breast cancer awareness.

Alliance — the strength of unity and shared purpose.

The planning team was small but determined. Letters went out. Calls were made. Partnerships were sought. The venue was secured, and the date chosen — just before the National Cancer Society Annual General Meeting in Abuja.

For three intense weeks, sleep became a luxury. I and my fellow team members with National Cancer Society, Lagos, Ife Amure and Precious Onyeakolam, worked tirelessly. Ife juggled school commitments. Precious spent the night before the event at the shirt printer's office ensuring every branded T-shirt would be ready by morning. I lost my voice from the stress and long nights — but not my determination. Success was the goal, and nothing less.

October 25th, 2025 — a day Lagos will remember

And then came the day — at the iconic Teslim Balogun Stadium, Surulere — when the vision took full form: the Lagos Pink Alliance was officially launched.

A historic gathering of advocates, survivors, NGOs, medical teams, partners, community members, and volunteers — all united in the fight against breast cancer. There were no casualties. No rainfall. The weather itself cooperated. What we had were victories — victories of collaboration, awareness, free health checks, aerobics, long-distance walks, and joyful interactions across the stadium grounds.

Honoring those who made it possible

Our deepest gratitude goes to all our sponsors, partners, and supporters. Your contributions made this dream a reality. We especially appreciate:

- Professor Abidemi Omonisi, President of the Nigerian Cancer Society, whose vision to establish NCS chapters across Nigeria has strengthened cancer advocacy nationwide. His presence in Lagos — flying in from Abuja to lead the walk — was a profound encouragement.
- Her Excellency, Dr. (Mrs.) Ibijoke Claudiana Sanwo-Olu, First Lady of Lagos State, ably represented by Mrs. Edith Egube.
- The Naval Officers Wives Association (NAOWA) for their strong presence and support.
- The Hon. Commissioner for Women Affairs, represented by Mrs. Abosede Omidoyin.
- Our media partners, corporate sponsors, volunteers, and members of the public who lent their voices to the cause.

A new chapter has begun

On October 25th, 2025, we didn't just walk — we made history in Lagos, Nigeria.

The Lagos Pink Alliance has begun, and this is only the foundation of what is to come.

Together, we are strengthening hope, raising awareness, and building a future where no one faces breast cancer alone.

Together, we are creating a cancer-free future.

Spotlight on our members: Jamaica

Jamaica Reach to Recovery Pink Run sets records for attendance and fund-raising

Sandra Samuels, President, Jamaica Reach to Recovery

Sandra Samuels

Jamaica Reach to Recovery (JR2R) is celebrating a record-breaking staging of its annual Pink Run, held on Sunday, November 16, at Emancipation Park in Kingston. This year's Pink Run marked JR2R's 25th anniversary. The event was originally scheduled for October 26, 2025 but was derailed by Hurricane Melissa. Nevertheless, it exceeded all expectations, surpassing both its fundraising target of $25 million Jamaican dollars (J$) (155,928.10 USD) and its participation goal of 15,000 registrants. JR2R raised an impressive J$28 million (174,639.47 USD) and counting, while nearly 16,000 Jamaicans registered to run, walk, and roll in support of breast cancer survivors across the island.

In addition to raising funds for breast cancer survivors, JR2R extended its mission of compassion to support families affected by Hurricane Melissa. Participants and sponsors donated canned goods, non-perishable food items, toiletries, water, and other essentials which were handed over to Food For The Poor (FFTP). These contributions will support individuals most severely impacted by the storm.

The resounding success of the Pink Run reminds us that, when Jamaica comes together, we can achieve the extraordinary. Surpassing both of its goals is more than a milestone; it is a reflection of the strength of survivors, the generosity of the Jamaican people, and the unwavering spirit of community that defines Jamaica. In the wake of Hurricane Melissa, JR2 R's mission grew even bigger, and participants responded by showing up not just to support breast cancer survivors but also to help families trying to rebuild their lives. The theme of this year's run truly reflects the true spirit of the Pink Run, "*Reaching Hearts, Restoring Hope*."

Pre-run warm-up

The urgency of early detection and awareness is underscored by recent local expert analysis, which shows that breast cancer remains the number one cancer affecting women in Jamaica. Jamaican women are being diagnosed nearly a decade earlier than women in the United States. As many as one in every eight to twelve Jamaican women face a lifetime risk of developing breast cancer, and almost half of local patients are first diagnosed at stage 3 or 4. These patterns indicate that breast cancer in Jamaica tends to be more aggressive, with higher-grade tumours and a greater prevalence of triple-negative cancers.

Jamaica's Prime Minister, Dr. The Most Honourable Andrew Holness, joined the event this year and delivered remarks celebrating breast cancer survivors and encouraging awareness, early detection, and community solidarity. In the Prime Minister's words, "There is something about survivors that transmits hope and energy, and I want to celebrate the survivors. We are gathered here to raise awareness of breast cancer. With early detection, a proper lifestyle of activity, diet, and a good mental health perspective, we can reduce the incidence of breast cancer." He continued, "I also want to pay my special respects to my dear friend and barber, a 26-year-survivor who has been a tower of strength for many and indeed the key brain and organizer behind the Pink Run and JR2R, a true champion, Sandra Samuels. As you walk today, you are walking for a purpose, for a cause, and I acknowledge you and salute you. Almost half of Jamaica has been devastated by Hurricane Melissa, so walk with purpose for them as well, and as much as you can contribute, please do."

The starting line

Survivor's celebrating event's success

Survivor Najah Peterkin with child

> "THE PINK RUN HAS LONG BEEN RECOGNIZED AS JAMAICA'S PREMIER BREAST CANCER FUNDRAISER AND IS THE SECOND LARGEST RUN IN JAMAICA CURRENTLY, WITH PROCEEDS SUPPORTING JR2R'S ISLAND-WIDE PROGRAM."

Also present at the event was Minister of Health and Wellness, Dr. The Honourable Christopher Tufton, who emphasized the importance of awareness and early detection in the fight against breast cancer. He told the crowd, "I want to commend all who are here today. This cause is very important to humanity and to every single Jamaican. Breast cancer affects the young, the old, men, and, of course, primarily women. What we need to do first is create more awareness, and that is what the Pink Run is doing.… [E]arly detection is the best way to prevent death from breast cancer. From the government's perspective, we are doing a lot, but there is still more to be done. We now have more mammograms in the public health system. The National Health Fund is providing support for both screening and treatment. We have established more centres, including one in Manchester, so people no longer need to travel long distances. We are prepared to work with all agencies, NGOs, and citizens to continue these efforts. Today is about solidarity around a common cause. Breast cancer remains the leading cause of cancer-related deaths among Jamaican women, and we must do more to create awareness."

The Pink Run has long been recognized as Jamaica's premier breast cancer fundraiser and is the second largest run in Jamaica currently, with proceeds supporting JR2R's island-wide program. Funds raised each year help cover diagnostic testing, biopsies, surgeries, medications and treatments, prostheses, counseling, and emotional support for breast cancer survivors who rely on the organization for care and support. Each applicant for assistance is afforded access to a one time draw down of J$150,000.00 towards their breast cancer journey, which is just enough to start the journey. Most individuals must rely on the public health system for free treatment/ surgery, which can many times result in a long wait time. Much more help is needed; this is just the start of hopefully bigger things to come.

JR2R is so grateful to every participant, donor, volunteer, partner, and sponsor who contributed to the success of the 2025 Pink Run. The organization remains committed to ensuring that no breast cancer patient faces their journey alone, no one should be left behind.

Spotlight on our members: South Africa

Reach for Recovery South Africa at 58: United by Hope

Stephné Jacobs, Chairperson Reach for Recovery South Africa

RFR Club 59 with Elsabe Aldrich

Stephné Jacobs

Reach for Recovery South Africa (RFR) celebrated its 58th anniversary with the Club 58 Vision for 2030 Summit — a dynamic four-day gathering blending leadership development, strategic thinking, and the unmistakable warmth of a survivor-led community. Held in Cape Town, the summit brought together 92 volunteers from across the country, united by one mission: to strengthen the organisation's impact for the years ahead.

The summit struck a remarkable balance between professional purpose and human connection. Volunteers — most of them breast cancer survivors — participated in leadership and sustainability workshops, explored innovative strategies for organisational growth, and collaboratively shaped a three-year strategic plan. The structured networking and strategic-planning sessions were especially effective: clear guidelines and meaningful prompts kept discussions focused, and delegates participated with real enthusiasm. These World Café–style conversations also revealed several emerging leaders within RFR — a valuable insight for future planning.

The programme also highlighted RFR's signature warmth. Motivational speaker Elsabé Aldrich opened with humour and energy, setting an uplifting tone. Group introductions offered an inspiring view of RFR's national footprint, revealing shared strengths and challenges across provinces. Early-morning movement sessions added lightness and laughter, reinforcing that wellness is something cultivated together. Volunteers also enjoyed a digital-skills touchpoint with Kayang Gagiano, who offered practical tips and a warm introduction to her role in the operational team.

A creative highlight was the "Future Bloom Tree," where each volunteer "planted" a wish for the organisation's future — a powerful visual of collective momentum and ambition. Another standout moment was an unforgettable evening with singer and breast cancer survivor Danielle Bitton, who blended storytelling, music, and vulnerability with natural grace. The evening culminated in a goose-bump moment as Danielle led volunteers in the first group re-recording of Reach for Recovery's song, *Because of You*, originally recorded in 2013 — a heartfelt celebration of the organisation's shared spirit.

As we look towards 2030, one thing is clear: this milestone was more than a celebration. It was a strategic reset — a moment of reflection, clarity, and renewed purpose. The summit strengthened leadership across provinces, deepened connections between volunteers, and produced a clear roadmap for growth, sustainability, and unity. Reach for Recovery now steps into its next era with confidence, guided by volunteer voices and fuelled by shared compassion, ready to make an even greater impact in the lives of those affected by breast cancer.

RFR Club 58

Spotlight on our members: South Africa

Turning pink into action

Stephné Jacobs, Chairperson, Reach for Recovery South Africa

Momentum across South Africa

For Reach for Recovery South Africa, Pink October has become one of our strongest national touchpoints—a month where volunteers, communities, and partners mobilise around breast health with unwavering commitment. In 2024 alone, our teams delivered 222 awareness activities nationwide. From schools and clinics to corporate wellness days, shopping centres, gyms, churches, and township taxi ranks, volunteers ensured our message reached women where they live, work, gather, and breathe. Every conversation counted — moments that save lives.

Innovation and heart in 2025

As we approached 2025, volunteers were challenged to build on past momentum. Familiar activities like walks, talks, health promotions, high teas, theatre shows, and screening days continued alongside fresh ideas that boosted creativity and impact. Volunteers engaged with a diverse range of audiences, including churches, community groups, schools, corporations, and government departments. Organisations invited them to deliver multiple exhibitions, presentations, and talks, sometimes on the same day.

Boobie Buns: sweet impact

A highlight of Pinktober 2025 was the long-awaited collaboration with Lucky Bread Company. Their limited-edition Boobie Bun became a joyful, eye-catching campaign that drew public attention to breast cancer awareness while raising vital funds for the Ditto Project. Each bun represented more than a purchase: behind every one sold was a survivor supported with a high-quality silicone prosthesis. Volunteers and customers alike embraced the campaign, making it a lively, conversation-starting initiative that connected communities to the cause.

Mushroom Bags: Awareness in Action

For 14 years, the Power of Pink Campaign in Pick n Pay has supported women in state hospital care by providing silicone prostheses. This year, volunteers took the campaign further, placing our message directly into people's hands. Alongside the familiar pink mushroom punnets in stores, they introduced branded cloth mushroom bags, each featuring an insert explaining their purpose: to encourage healthier eating, spark breast health conversations at home, and raise funds for the Ditto Project. The bags sold remarkably well, creating a visible, reusable link between nutrition, awareness, and the dignity of survivors.

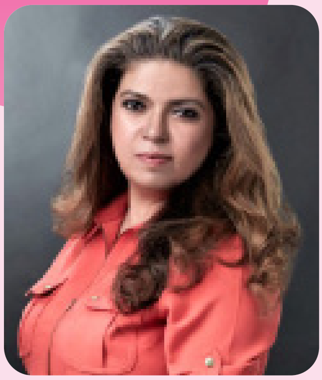
Strengthening the Circle of Support

Pink October is no longer just a campaign; it has become a nationwide movement. Whether through the more than 200 community events, a bakery partnership, or a simple mushroom bag carried home, every action strengthens the circle of support for women facing breast cancer and turns awareness into tangible, lasting impact. Through the dedication of our Reach for Recovery volunteers, sustained advocacy continues to make a real difference.

Spotlight on our members: India

Together we heal

Laleh Busheri, Chairperson, Reach for Recovery South Africa



Laleh Busheri

Together We Heal: A Self-Care Guide for Breast Cancer Caregivers is a compassionate and practical guide for breast cancer caregivers. The book shines a light on the often unseen emotional, physical, and logistical burden carried by caregivers. It acknowledges a truth rarely spoken; while the patient remains at the center of the healthcare journey, the caregiver is the silent backbone holding everything together — and they, too, need care.

Blending heartfelt storytelling, medical insight, and real-life examples, the book offers step-by-step guidance from diagnosis to recovery. It explores the roles of primary and secondary caregivers, outlines practical caregiving responsibilities, and provides tools for managing hospital visits, treatment side effects, communication, and household logistics. It also addresses topics that are usually overlooked, such as emotional burnout, depression, navigating difficult conversations, and maintaining intimacy during illness.

What makes this book unique is its holistic approach — it not only teaches caregivers what to do but reminds them how to be. Chapters on self-care, mindfulness, nutrition, and support networks help caregivers protect their own health while ensuring the best care for the patient. Interspersed activities like music recommendations, puzzles, reflections, and self-assessments offer moments of pause and emotional relief.

The book includes moving personal stories and reflections from real caregivers, patients, and family members, creating a sense of community and shared strength. With warmth, empathy, and practical wisdom, *Together We Heal* becomes more than a manual — it is a companion, a voice of reassurance, and a gentle reminder that healing is not a solitary journey.

To whet your appetite for the upcoming 20th Reach to Recovery International Breast Cancer Support conference in Kuala Lumpur, Malaysia in June, our local hosts have provided us with recipes for some delicious and healthy local favorites! Please enjoy these recipes from the National Cancer Society Malaysia.

Global Kitchen

Healthy dishes from Malaysia

Wanpaku Sandwich

SERVING(S): 1 PREP TIME: 10 MINS COOK TIME: 10 MINS

Ingredients

- Skinless chicken breast, ½ piece (~60–80 g)
- Olive oil / canola oil, ¼ tsp
- Black pepper & dried herbs (oregano / paprika / garlic powder), a pinch
- Salt or a squeeze of lemon juice, a pinch
- Oyster sauce, 1 tsp
- Wholemeal bread, 3 slices
- Lettuce / romaine, 2-3 leaves
- Tomato, 2 slices
- Cucumber, 2 slices
- Egg, 1 pc *(optional)*
- Greek yogurt or mashed avocado, 1 tbsp *(as spread)*
- Mustard or roasted sesame sauce, ¼ tsp *(optional)*

Instructions

Prepare the chicken:

1. Marinate chicken with olive oil, herbs, oyster sauce and pepper for 10 minutes.
2. Grill or pan-sear for 3–4 minutes on each side until fully cooked.
3. Let it cool slightly, then slice thinly.

Prepare vegetables:

1. Wash and drain all veggies, slice tomato and cucumber.
2. Boil/scramble the egg if using.

Assemble the sandwich (Wanpaku style):

1. Spread Greek yogurt or avocado on one slice of bread.
2. Layer lettuce → tomato → cucumber → chicken slices → egg (optional).
3. Cover with the second slice of bread.
4. Wrap tightly with cling film and press slightly to hold the layers.
5. Cut diagonally to reveal colorful layers.

Spicy Tuna Pancake

SERVING(S): 1 PREP TIME: 10 MINS COOK TIME: 10 MINS

Ingredients

- Tuna in water (drained), ½ can (~60–70 g)
- Wholemeal / all-purpose / chickpea flour, ¼ cup (4 tbsp)
- Egg, 1 pc
- Low-fat milk / water, 2 tbsp
- Onion (chopped), 1 tbsp
- Red chilli (chopped) / chili flakes, 1/2 tbsp
- Spring onion / parsley (chopped), 1 tbsp
- Carrot (diced), 2 tbsp
- Paprika / Chili powder, ½ tsp *(optional - for extra spice)*
- Salt & black pepper, a pinch
- Olive oil, 1 tsp
- Lemon / lime juice, a squeeze *(optional)*

Instructions

Mix the batter:

1. Combine flour, egg, milk/water in a bowl.
2. Whisk until smooth and lump-free.
3. Add in tuna, onion, chili, herbs, paprika, salt, and pepper.
4. Mix in well (texture should be slightly thick but spreadable - add a little water if too thick).

Cook:

1. Heat olive oil in a non-stick pan.
2. Spoon the mixture to form small pancakes (around palm-size).
3. Cook on medium heat for about 2-3 minutes each side until golden brown.

Serve:

1. Serve hot and enjoy!

OR

1. Serve with Greek yogurt lemon-chili dressing / homemade sambal yogurt sauce (Greek yogurt + chili paste + lime juice)

Detox Juice

SERVING(S): 1 PREP TIME: 5 MINS COOK TIME: 5 MINS

Ingredients

- Cucumber, 1 whole
- Celery, 2 stalk
- Pineapple (diced), 1 cup
- Ginger, 1 small piece
- Water, ½ - 1 cup (adjust for thickness)
- Lemon juice, 1 tsp (optional)
- Honey, 1 tbsp (optional)
- Ice cubes (optional)

Instructions

1. Wash all ingredients thoroughly.
2. Cut cucumber, celery, and pineapple into small chunks.
3. Peel the ginger and slice into thin pieces.
4. Add in water, pineapple, cucumber, celery and ginger into blender.
5. Blend on high speed for 30–60 seconds until smooth.
6. Adjust consistency based on personal preference
7. Optional: Strain using a fine sieve for a clearer “juice-like” texture.
8. Serve immediately with ice or chill in the fridge.