



Pink Positive



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The Survivor

Tara Farrell had always been very aware of breast cancer. She had witnessed first-hand how her mother and grandmother had suffered and died from the disease. Her mother was 26 when she died. Still, she never thought that it would affect her personally.

Tara was born in Corona, a small town in southern California. She moved to Kentucky as a small child and was raised by her maternal grandparents after her mother passed away. At 29 she moved to Sacramento to pursue a successful job and bought her first house for her and her Yorkshire terriers.

It all changed in 2011 when Tara had gone snow-boarding in Lake Tahoe, California for her 33rd birthday. Just as she thought that she could do a Black Diamond Run (a more difficult hill than usual) she took quite a hard spill down the middle of the mountain and hurt her shoulder, so she immediately returned home and went to see her primary care physician. “Mind you, I have had this doctor for about five years and I have never actually seen my doctor. It has always just been a nurse practitioner tending to me on his behalf, but this day was my lucky day.”

The doctor took his time going through Tara’s medical charts and asked questions. It was then that he noticed that both her mother and grandmother had died of breast cancer. “The doctor asked me if I have ever had a mammogram, I said no. I was 33, why would I?”

Tara’s doctor immediately sent her to get a mammogram as well as BRCA testing (the gene for breast cancer) and an ultrasound. “At this point I had forgotten all about my shoulder - which was fine, by the way. The next two weeks were the longest of my life.” She found out that she had calcification,

and three tumours on her left breast, and also tested positive for BRCA. With this news Tara’s doctor scheduled her for a radical bi-lateral mastectomy. “He thought I was a ticking time bomb for worse things. I never knew!”

“I was 33 and at a peak in my career. I didn’t think that this could happen to me, especially at my age. I went through a little denial,” she says. Tara searched the internet for support and found several web pages that offered support for breast cancer patients. She also relied on her tight-knit group of friends in California, as Tara’s family were living in Kentucky at the time of her diagnosis.

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It was a mere six weeks from the time of going to the doctor to the time of undergoing her mastectomy. She made sure to see three different doctors to get alternative opinions and even went to the Mayo Clinic in Arizona which, among others, specialises in cancer treatment. The answer was clear. Her only option to entirely eliminate the threat was to have her breasts removed.

“I was too young to have the issues already starting and being BRCA positive also made me more susceptible to getting ovarian cancer as well. Luckily, because I had caught it early enough, I didn’t need to undergo chemotherapy treatment.”

She decided to go through with the surgery. “I know science has come a long way. I knew it was the right thing to do because I want a family of my own someday, and I want to be there for them. I also knew that I could get reconstruction done to bring me back

In honour of Breast Cancer Awareness month, **umuma** has gone in search of answers. It’s all good and well to wear your pink ribbon in October, but we often forget to educate ourselves the other 11 months of the year. It’s important to know what to look out for and, preferably, how to lower the risks. **By Christine Grové**



to where I can look and feel like a woman again.”

For a few months after the surgery, Tara went through a mild depression, but after she started to heal, so did her spirits. She is currently living in Louisville Kentucky to undergo her last reconstruction surgery. “I even opted for a smaller size than I originally had because I am so active and love to run.”

“I took 15 weeks off from work and took that time to reflect on things that were important to me. Before, I was career minded, and now I try not to work all hours of the day, I make time for my friends and found love. Emotional and spiritual.”

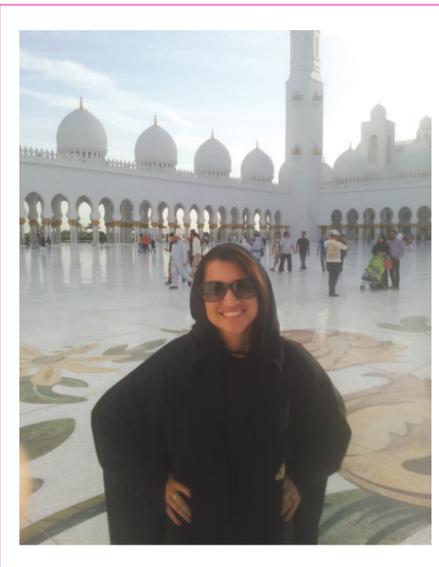
“I think the best advice I could give to anyone facing these issues, is to take your time, stay positive, and interview your doctors, surgeons, plastic surgeons, and oncologists. You will be spending a lot of time with them, so you better make sure you like them. I personally interviewed mine and went with who I felt had my best interest at heart.”

“I never thought ‘ME’. Especially at such an early age. I would always feel my breasts in the shower for lumps but I don’t think I really knew what to look for. I think we should educate ourselves earlier about this, and should know to go for mammograms as early as our twenties.”

“This experience has completely changed me. I now take time for all the things that should matter, my loved ones, my dogs, and just getting my life back on track. I don’t take the little things for granted, life is precious. I want to be surrounded by positive people and challenge myself more – I plan on running my first marathon on 12 October. I am excited to have this chapter of my life closed. I am looking forward to my next chapter.”

Tara plans on moving back to Dubai to be with her long term boyfriend at the end of October.

“We want to get married soon. I am so happy that I am in a committed relationship with a great man who sees me for who I am and all I have been through as a testament of how strong of a woman I am and can be.”



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The Scientists



Dr Abdul Hamzeh is the Senior Scientific Coordinator at the Centre for Arab Genomic Studies (CAGS). CAGS works with many medical institutions and organisations as well as universities in the UAE and Arab countries. He told **umūma** all about the research that is being done on breast cancer in the UAE.

What studies are you doing and what research is being done in the Middle East on breast cancer?

Generally speaking there are two main types of studies in this context.

First, molecular epidemiology, which involves scanning tumour samples from breast cancer patients in the country and characterising these tumours. This is effective, not only to classify them to understand or predict their behaviour and give the patients some prognosis, but also to be able to target characteristic molecules of cancer cells with therapeutics – which is vital for the treatment process. These characteristics depend heavily on the genetic make-up of a particular population.

Secondly, there are studies performing general scanning of incidence and survival rates in the country. Studies about breast cancer have been done in countries such as Kuwait, Bahrain, Qatar, Saudi Arabia, Oman, as well as Syria and Tunisia. Both kinds of studies feature clearly in CAGS’ database for cataloguing genetic disorders in Arabs; the CTGA database

How is the research here compared to the rest of the world?

All research is never-ending. There is still a lot to be done because there are many huge gaps in our knowledge regarding breast cancer, and there are so many Arab countries that we don’t have any data from. I think we are behind in this field and that needs to be rectified. We need to target these knowledge gaps, and fund research and then move onto more specific research on molecular mechanisms underlying these tumours.

Are their different causes here in the Middle East as opposed to the rest of the world?

Like any cancer, the causes are very complex and include genetic and environmental factors. And when we say environmental, it’s a lot to do with the lifestyle. Risk factors for breast cancer include early menarche and low parity, as well as delaying child bearing. Also the genetic factors that manifest themselves in hereditary breast cancer, also play an important role such as mutations affecting the genes BRCA1 and BRCA2.

What is the number of sufferers? Has the number grown?

To be able to get an idea of how many sufferers there are in the Middle East, we can consider certain parameters such as the Age Standardised Rate (ASR). ASR expresses the number of sufferers for every 100,000 people. For example Bahrain has the highest recorded ASR; 46 per 100,000. It is less in Qatar and Kuwait – but still quite high. A much lower ASR for breast cancer was recorded in Oman; 14 per 100,000. In general the numbers in the Middle East are less than these

reported in the US and Western Europe. According to incidence reports from Tawam hospital, the numbers of cases of breast cancer patients from the hospital have increased from about 300 to 400 between 2008 and 2011. However, many say that this is because of better detection, so it is not necessarily bad news.

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Has any notable progress been made in treatment of the cancer in recent years?

Most progress is related to new findings regarding the molecules that are expressed in the tumour cells. There are many experimental treatments now that make use of these advances in molecular biology of cancer cells – which can lead to better targeting of cancer cells with less side effects. But many of them are still in trial phases.

What are the common age groups of sufferers in the UAE?

From the research in Tawam Hospital the common age for breast cancer in this region is 40 – 49 which is younger than the international reported age.



The Surgeons



Both **Dr Jennifer Kasirsky** (Specialist OB/GYN) and **Dr Mikhael Fadi** (Consultant Oncologist), from the Mediclinic Welcare Hospital, spoke to **umma** about their experiences treating breast cancer.

Take us through a typical process – from diagnosing a patient to (hopefully) recovery.

Breast cancer is discovered one of two ways: either by palpating a lump or by mammogram findings. If a lump is found a patient will have a diagnostic mammogram and possible ultrasound. Either way a biopsy is done – usually a fine needle biopsy done under radiologic guidance. Once the biopsy is done and the results are known, a patient will sit with her doctor to discuss further management.

Further management is usually done by a surgeon. Here in the UAE we are lucky to have surgeons who specialise in the breast only, this is who I send my patients to – not a general surgeon. Also at this time a patient may see an oncologist to discuss her course of treatment, mastectomy (removal of all or part of the breast and chest wall) versus lumpectomy (removal of the cancer only) and the decision about lymph gland removal or sampling is

“Start getting mammograms 10 years before the age your relative was first diagnosed.”

made. The oncologist may recommend pre-treatment with radiation to shrink the cancer as well. If the patient is having a mastectomy there is the decision about timing and method of breast reconstruction that has to be made as well. Finally after the surgery is done, there is the decision about adjuvant therapy with radiation and or chemotherapy is made after all the tests are done on the tissue removed during surgery.

What is the role of the woman's family? Does it usually constitute a drastic change in lifestyle?

Family should be supportive. They need to realise that radiation therapy will make a woman exhausted and chemo may make her sick with hair loss but little known is that she may have “chemo brain” where she feels

fuzzy headed and has a hard time concentrating and paying attention. The main thing is for everyone to stay positive, encourage her and keep her spirits up. Talk and share stories and in the end just be there for her. This is the time when the family needs to focus on her the most. With support and love from her family it will make the journey of beating breast cancer so much more possible.

Is treatment painful?

Radiation can make a woman's breast hard and painful in the beginning, however pain will progressively reduce and disappear. Chemo can make you sick but we have very good treatment to help with these symptoms. These days' chemo side effects are tolerated much better than 10 to 15 years ago, due to new products in the market and the development of new target agents that are less toxic.

How long does treatment take?

It really depends case by case but you can look on average of six months.

What treatments are available?

Surgery, Chemotherapy, Radiation, Hormone Therapy and Targeted Therapy.

Do many women opt for breast augmentation after mastectomies?

This is a very personal decision, the patient will discuss these options with her breast surgeon and possibly her plastic surgeon.

Is it advised for healthy women to have a mastectomy purely for the prevention of breast cancer?

This is a very big decision and not indicated in all cases, it requires genetic testing to look for the Onco gene, BRCA 1 and 2 genes and then they need to go for genetic counselling.

What are the chances of the condition reoccurring?

This depends on the time and stage of diagnosis, stage 1 has less chance of recurrence than stage 3.

Do you feel like there is sufficient awareness of the condition, and that patients are clued up about it?

Women in the UAE are aware of breast cancer but not well informed about the need for mammography or self-examination.

Did you know a mammogram can detect breast cancer 2 years before a woman can feel a lump? A sonomammo is recommended for woman over the age of 40 or woman who are at risk from 35 years (first degree relative).

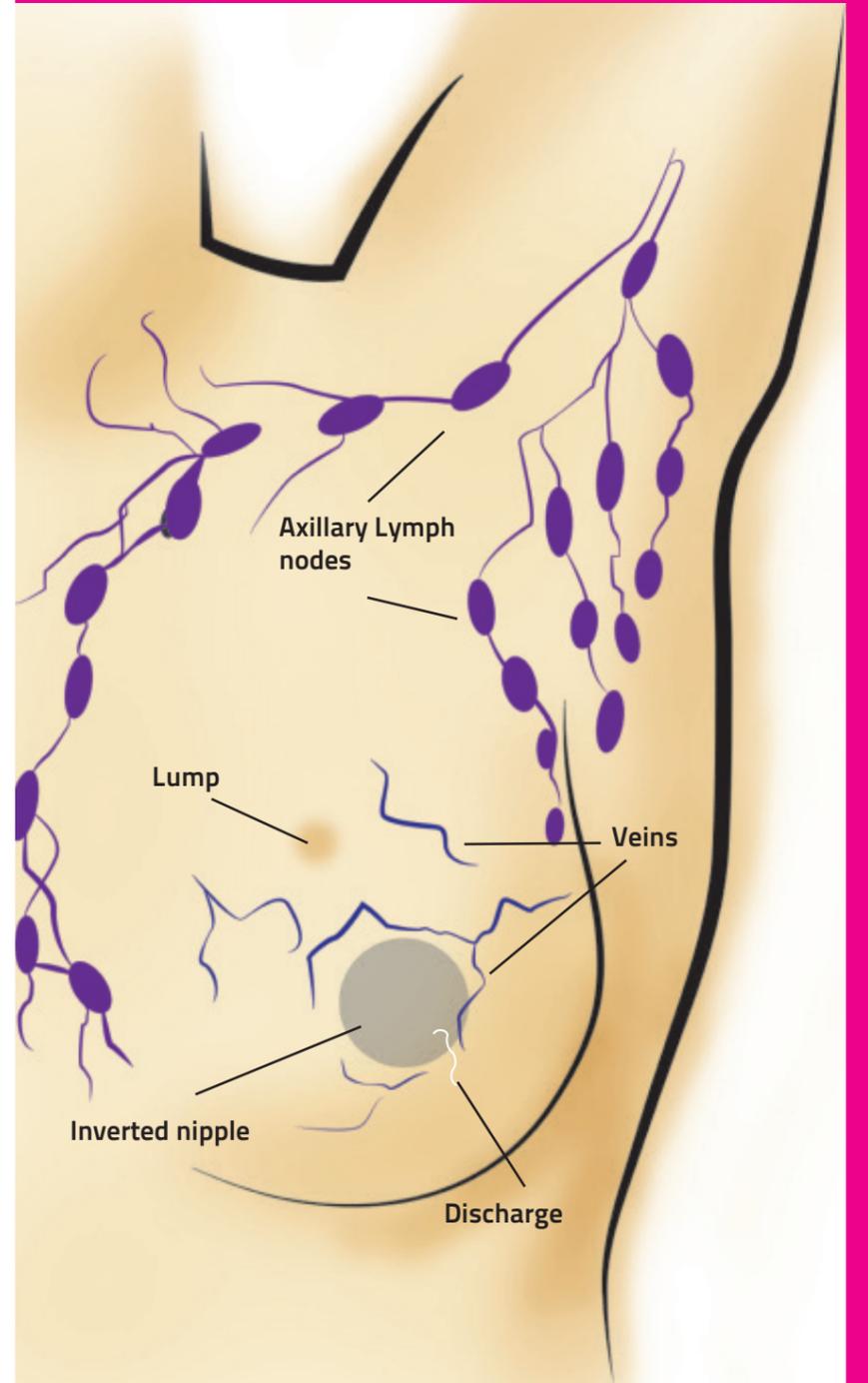
We need to educate woman more about the importance of self-examination, only you will know when something has changed or that something is there that is not usually there. Get to know your body, this is the first step to prevention it only takes a few minutes each month to ensure you stay healthy.

What tips can you give to women to prevent, or to lower the risks?

Have an ideal body weight by eating well and exercising, stop smoking and get a mammogram if you are over the age of 40 or if you have a first degree relative with breast cancer (mother or sister) start getting mammograms 10 years before the age your relative was first diagnosed with breast cancer.

For example if your mom was 42 when she was diagnosed with breast cancer, you should start mammograms at 32. Women are also at risk if they have a genetic predisposal, are obese, an increase of carbs or sugar, if they have not breastfed or haven't had children.

Symptoms of Breast Cancer





The Support



The BurJuman Safe and Sound 2013 campaign is one of the largest breast cancer awareness campaigns in the Middle East. Launched in 1997, the campaign's key message is of survival through early detection and treatment and it focuses on educating the community on risk factors and the importance of early detection through regular check-ups.

Its partnership with the community enables the campaign to further spread the message of early detection amongst thousands of women and men across the UAE, in a manner that is relevant to them. The BurJuman Safe and Sound Campaign is held during the International Breast Cancer Awareness Month (October) to reinforce and spread the message of the month: "Early Detection Helps Save Lives". The month of October is therefore the highlight of the yearlong campaign..

Every weekend of October, a dedicated event takes place at the mall to raise further awareness...



Pink Book Sale – 11 October at BurJuman

This is an opportunity for people to support the campaign by picking up their favourite titles from a vast collection of eclectic topics, from fiction and biography to science and children's books. Over 100,000 books will be on sale, collected and donated throughout the year by book lovers, readers and supporters of the campaign, and with prices starting at AED 5 the sale is an easy way to contribute to the effort while satiating one's thirst for knowledge. All funds collected in the sale go towards raising further awareness about breast cancer.

Cakes for a Cause – 24 October

At Cakes for a Cause, participating chefs, hotels and bakeries offer their confectionaries to the public to buy and enjoy. Introduced into the campaign in 2011, the cake sale has become hugely popular.

BurJuman Pink Walkathon – 1 November

To be held at Dubai's Zabeel Park, this annual charitable, 2km long walk is the signature feature of the campaign.

Aimed at raising awareness for breast cancer, the annual walk is an extraordinary morning gathering for the community to support the fight against the disease. More than 13,000 people participated in the event in 2012, showing their solidarity.

A plethora of entertainment activities and musical gigs take place before and after the walk, which provide for an enjoyable morning for everyone. An entire gaming area is dedicated to fun activities for children, and kids also enjoy arts and crafts sessions as well as free face painting.

The last edition of the event included a stage DJ, a live band, a Hip Hop dance troupe, a flea market called Pink Bazaar, a spirited Pink Party in the park's Arena area until 12pm and numerous food stalls serving up a variety of goodies until 1.30pm to satisfy the post walk hunger pangs.

This year, the BurJuman Pink Walkathon starts at 8:30am from the Zabeel Park's Area A, Gate 1, with registrations beginning from 7am at the venue. Pre-registrations start from early October at BurJuman. ■