

breast cancer *Info Exchange*

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Ontario Breast Cancer Information Exchange Partnership (OBCIEP)

950-790 Bay Street
Toronto, ON M5G 1N8
Phone 416-351-3815
Fax 416-351-3812
info.obciep@sw.ca
www.obciep.on.ca
Editor: Irene Nicoll

Information and Support - Preferences and Resource Development

OBCIEP is currently working on a project to develop an innovative Internet-based information resource. Last year we learned that women still have difficulty finding relevant resources on breast cancer information and support (OBCIEP, 2004). In addition, women expressed a desire for more user-friendly information available from the Internet. This new resource will be designed as an accessible "hub", enabling people with breast and other cancers to tailor information that is right for them at the time they want it. A comprehensive menu of information and support options is anticipated, including online emotional support.

The first phase of the project, a needs assessment, has been completed. Nine focus groups were held in eight locations across Ontario in the spring of 2005. Sixty-four (64) participants included both women and men dealing with breast, lung or ovarian cancer. Participants talked about their experiences in obtaining information and support through the Internet and shared their frustrations and preferences when searching for information and support online. Over 70% indicated that they spent between two and 10 hours online each week which demonstrates the frequency with which people turn to the Internet for information.

Finding Information on the Internet

A majority of participants, 72%, indicated that the Internet was helpful when seeking information about cancer. They indicated that they found clear explanations of medical terminology, cancer, treatment processes and treatment side effects on the Internet. Participants also found helpful hints on dealing with cancer agencies, support organizations, treatment issues, research, and clinical trials. Participants liked the convenience of

Please see *Preferences* on page 2

Preferences . . . cont'd

being able to look up information from their own homes and having easy access to current information. It is worth noting, however, that the Internet was not the sole source used to find information or the most preferred source:

Source	Where Found	Source Preferred
Books or articles	95%	70%
Health Professionals	88%	63%
Internet	75%	55%
Other Patients	69%	50%
Family and friends	45%	22%
Audio/Video Tapes	27%	6%

In addition, participants identified gaps in the information that was typically made available to them. The "top ten" information gaps were reported as listed (left).

Coping with Cancer

Many participants spoke enthusiastically about support found online but less than half found the Internet helped them cope with their cancer. While the Internet is viewed as an important *information* tool, many reported that it was not as helpful as a *support* tool. However, reported benefits of the Internet for support included participation in chat rooms or discussion boards where women can listen and read about others' experiences. "Sharing my story makes me stronger" indicated one participant. Others commented that simply having a link to other survivors relieved their stress and was a connection to "a community of women I belong to". In terms of sources of support and preferred support sources, other patients were the most sought after followed by family and friends:

Source	Where Found	Source Preferred
Other Patients	55%	75%
Family and friends	53%	55%
Health Professionals	41%	44%
Internet	22%	28%
Books or articles	19%	28%

The Internet is an important resource that is being used by an increasing number of people affected by cancer to search for information and support that is specific and relevant to their particular needs. Further details about the progress of the study and the development of the "hub" resource will be reported in upcoming issues of this newsletter.

"The Internet helped when I was first diagnosed . . . what to expect, symptoms, symptom management, questions about having a baby after . . ."

Information Gaps

Chemotherapy and "chemo brain"
Alternative therapies
Drugs
Fatigue
Lymphedema
Recurrence/metastatic disease
Support for spouses
Environmental factors
Understanding statistics/life span data
Nutrition

Navigating Your Path . . . An Information Guide for People with Advanced Breast Cancer

In June 2005 the Canadian Breast Cancer Initiative - Community Capacity Building Committee's Advanced Breast Cancer Working Group released "Navigating Your Path". This 52-page booklet is for those dealing with advanced or metastatic breast cancer. The working group includes people who have experienced breast cancer, health care providers, provincial and national information managers and consultants. The Guide was designed to be distributed by breast cancer specialists, oncology nurses, social workers, and information specialists who can assist patients and their families find information resources and support for those dealing with advanced disease. To obtain a copy please contact Irene Nicoll at OBCIEP at 416-351-3815 or by e-mail at irene.nicoll@sw.ca.



Advanced Breast Cancer Guide

Other Information and Support Resources

Talking to someone

- Canadian Cancer Society's CancerConnection and Community Services Directory for local community services - call 1-888-939-3333 or visit www.cancer.ca.
- Willow Breast Cancer Support & Resources Services - call 1-888-778-3100 or visit www.willow.org.

Watching and listening

- *Handle with Care? Women Living with Metastatic Breast Cancer* - a video from the Ontario Breast Cancer Community Research Initiative, call 1-416-351-3811.
- The Healing Journey Program, call 1-416-946-2062 or visit www.healingjourney.ca

Reading/Web-based

- *The Emotional Facts of Life with Cancer, A Guide to Counselling and Support for Patients, Families and Friends*, Canadian Association of Psycho-Social Oncology, booklet available at 1-888-939-3333 and online at www.capo.ca under "Patient and Family Resources".
- *LIVING*, a newsletter for people with metastatic breast cancer, Willow, call 1-888-778-3100 or visit www.willow.org.
- *Living with Metastatic Disease*, an information booklet available in English and in French from Willow and online at www.willow.org. Call 1-888-778-3100 for information.

"It sounds crazy but this diagnosis makes me realize that I have to start putting myself first and that there is no shame in asking for help. My friends felt so useless, they wanted to help but didn't know how. They were relieved when I asked them to do simple things like babysit or help with housework and meals. It not only helps me, it helps them."

Quote from "Living Day to Day" section of Guide.

Busting Out: Breast Health for Lesbian and Bisexual Women

By Cheryl Dobinson

Busting Out: Breast Health for Lesbian and Bisexual Women is a new FREE resource from Making Us Visible: Promoting Access to Breast Health and Breast Cancer Services for Lesbian and Bisexual Women. Download the French and English brochures at www.sherbourne.on.ca in the LGBTT section.



Why a project specifically for lesbian and bisexual women? Among many reasons, lesbian and bisexual women are less likely to participate in breast screening than straight women; lesbian and bisexual women may have unique concerns about breasts that are not addressed in other materials or educational efforts; and, homophobia and biphobia can lead to lesbian and bisexual women avoiding or delaying medical care.

For more information or to order FREE copies of Busting Out for yourself, your friends or your organization, please contact: Cheryl Dobinson, MA, Project Coordinator, Making Us Visible, Sherbourne Health Centre, 333 Sherbourne St. Toronto, ON, M5A 2S5, or telephone 416-324-5063.

Making Us Visible is a partnership between Sherbourne Health Centre, Willow Breast Cancer Support & Resource Services, Gilda's Club Greater Toronto, Metropolitan Community Church of Toronto and the Ontario Breast Cancer Community Research Initiative. This project is made possible with the generous support of the Canadian Breast Cancer Foundation-Ontario Chapter.

The Lesbians and Cancer Dialogues ~ Coming to a City Near You!



The Lesbians and Breast Cancer Project was a two-year participatory study that explored lesbians' experiences of cancer and cancer care. The research and initial presentation of findings was funded by the Canadian Breast Cancer Foundation-Ontario Chapter. A staged reading of quotes from research participants organized by theme, with a narrator offering summary and analysis was created as an innovative way to share the research findings. Funded in part by the Canadian Cancer Society, Ontario Division. The Lesbians & Cancer Dialogues will be traveling to:

- ◆ London - October 4 at 7:30 pm, the ARTS project, 203 Dundas Street
- ◆ Hamilton - October 27 at 7:00 pm, Unitarian Church, 170 Dundurn Street

Dates are being confirmed for Ottawa and We're also hoping to travel to Kitchener-Waterloo; Windsor; Sudbury, Thunder Bay, Pembroke, and St. Catharines in the fall of 2005 and spring of 2006. Please contact Pamela Grassau by telephone at 416-351-3800 ext 2127 or by e-mail to pamela.grassau@sw.ca for more information.

The Ontario Breast Cancer Community Research Initiative

How Gender, Poverty, Age and Aboriginal Identity Matter in Women's Similar Experience of Breast and Gynecological Cancer

Authors Judy Gould, Christina Sinding, Terry Mitchell, Marg Fitch, Jane Aronson, Linda Burhansstipanov, Diana Gustafson, Patti McGillicuddy, Ito Peng

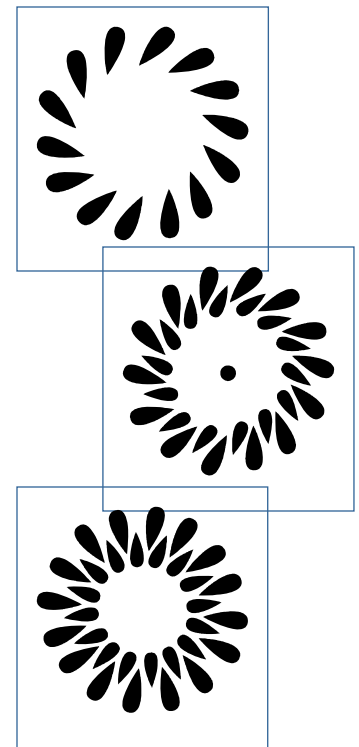
Researchers with the Ontario Breast Cancer Community Research Initiative recently presented the findings on their work on three studies examining the experience of cancer in women who are Aboriginal, poor or older. This project focuses on the similar treatment and supportive care experiences of Aboriginal, Low Income, and Older women who have been diagnosed with breast or gynecological cancer. Many of these experiences were about feeling excluded. In our work we understand formal health services - institutional and community-based - as critical to health and quality of life.

The Role of the Health Care and Cancer Care System

A growing body of evidence points to the inequitable distribution of health care resources, with those groups most in need receiving a lower proportion of health care resources (Macintyre, 1986). As health care in Canada continues to be eroded vulnerable populations of women with cancer are acutely at risk for living poorly, and dying early, after a cancer diagnosis.

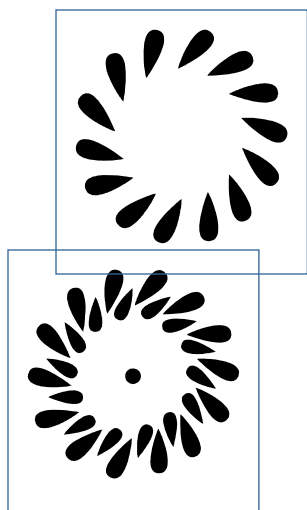
Lower-Income Women with Breast Cancer

The five-year survival rate for women with household incomes of less than \$20,000/year is 64% compared to 76% for women with household incomes of over \$50,000/year (Mackillop et al., 1997). Explanations for higher risk of death include that lower-income women have higher rates of co-morbidity (Kasper, 2000) and are more likely to present with advanced cancers than are higher income women (Farley & Flannery, 1989) but presenting later with cancer does not account fully for higher mortality rates (Mackillop et al., 1997). Mackillop et al., (1997) state that, "although Canada's health care system was designed to provide equitable access to equivalent standards of care, it does not prevent a difference in cancer survival between rich and poor communities."



Aboriginal Identity and Women's Cancers

Native cancer patients continue to have the poorest five year survival rates from cancer in relation to the general population and when compared with other minority, poor, and medically underserved populations (Burhansstipanov & Olsen, 2001; Horm et al, 1996; Marrett, 2003) Though rates of breast cancer are lower in Aboriginal communities compared to the general population (but rising - Burhansstipanov et al [2001]; Marrett [2003]), the age standardized cervical cancer mortality rate (per 100,000) among Ontario Status Indian women is 7.38 as compared to 3.63 among the Ontario general population of women (Marrett, 2003).



Older Age and Women's Cancers

Women over the age of 65 are almost twice as likely as men to be poor (Ontario Community Support Association, 2001), more vulnerable to inadequate nutrition and to difficulty in accessing uninsured health care (Health Canada, 1999). Some investigators have characterized older patients' generally more conservative treatment as "less than ideal" (Wanebo et al., 1997); Silliman (2003) explicitly links patterns of treatment for older women with breast cancer to higher rates of recurrence and mortality. Others, however, report that less aggressive treatment appropriately reflects the diminished efficacy of adjuvant systemic therapy in older people (Guadagnoli et al., 1997).

What barriers do older women, poor women and Aboriginal women with breast/gynecological cancer face in cancer care?

The following represents a brief overview of the findings from each of the three projects.

Aboriginal Women's Cancer Care Project

Community-based interviewers conducted 10 qualitative interviews with women with breast or gynecological cancer from four culturally and geographically different Aboriginal communities. Key concerns expressed by respondents included the silence associated with speaking about/acknowledging cancer within Aboriginal communities, health illiteracy, delays between diagnosis and treatment, lack of culturally specific cancer services and support, lack of finances to pay for out-of-pocket costs associated with cancer treatment, distance to treatment, and co-morbidities.

Lower-Income Women and Breast Cancer

Fourteen women who lived below the Low Income Cut Off were interviewed about the financial experience associated with having breast cancer treatment. The women in this study encountered difficulties with cancer and income security systems. Examples

*That is something that I brought up a (breast cancer advocacy conference) ...they're talking about getting all their information put on the Internet so that everybody can have access to it, like pamphlets and stuff like that, but what good does it do for people who, like you say, that can't read, can't write and all these sort of things, or don't have hydro or a phone.
~ Rosemary, Aboriginal Project*

include the inability to afford treatment related transportation, parking and prescription expenses; the lack of connection to, and knowledge about, free or inexpensive cancer care resources; and, difficulties securing money from public and private health insurance systems. Most of these women were also dealing with other illnesses. Women were better able to access resources when they developed a relationship with a gatekeeper such as a nurse or an oncologist

Older Women and Cancer (herein referred to as the 70+ Project)

Fifteen women diagnosed after the age of 70 with breast or gynecological cancer, were interviewed twice. In this study, some of the older women expressed that a cancer diagnosis raised fears about not being able to live independently, while others were dealing with co-morbidities, such as blindness. Some older women minimized the significance or worry of their cancer diagnosis because 1) they felt grateful for their long lives, 2) their 'woman's body parts' had done their job; 3) they had already survived difficult experiences and were stronger because of these adversities; and, 4) they were knowledgeable about illness and health care and so had few fears about navigating the cancer care system.

I refused anything to do with chemo... I don't think he really understood until I said 'quality of life with chemo' didn't appeal to me all. I live alone, I like it and I know many people who have gone through it and depended on whoever's handy ... I know my hairdresser told me about her friend and his children abandoned him and he, of course, didn't have much to eat even.

~ Lisa, 70+ Project

How is the experience of exclusion similar for Aboriginal, poor and older women with breast/gynecological cancer?

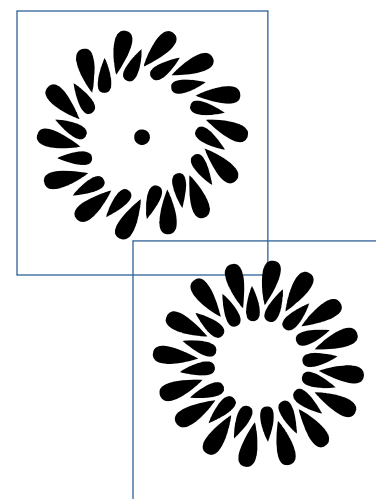
The team intended to explore how social factors compromising quality of life and survival for one community mirrored the factors that affect other marginalized groups. Yet we were alert to the problems of overstating commonalities, obscuring the particular histories and contexts of each population. We came to understand our task as listening for suggestions of parallel experiences or processes between groups that could be more closely examined for their specific content and social and health implications.

When we looked across these three projects, we discovered that stories of exclusion were experienced in three ways: Not Getting Cancer Care, Not Getting Supportive Care, and Not Even Getting There. Examples of each manifestation of exclusion are provided below. In each story, social location is linked with factors related to cancer care. All names below are pseudonyms.

NOT RECEIVING CANCER CARE

Not receiving an early diagnosis:

There is a family doctor who flies to the community about once a month or so. If I want to or have to see a specialist) there is one



who comes to the community about every six months. Or if there is such a doctor visiting Iqaluit which is about 200 miles south west of Pang, then I would have to fly to see them... We have no medical treatment facilities in Nunavut, such as mammography equipment. (Lynea, Aboriginal project)

NOT GETTING SUPPORTIVE CARE

Feeling excluded because of health literacy:

...That is something that I brought up a (breast cancer advocacy conference) ...they're talking about getting all their information put on the internet so that everybody can have access to it, like pamphlets and stuff like that, but what good does it do for people who, like you say, that can't read, can't write and all these sort of things, or don't have hydro or a phone. (Rosemary, Aboriginal Project)

Feeling invisible--not getting free supplements:

...oh one day we were sitting there and this lady came out with a whole bag full of Ensure (diet supplement)... Yes. This whole bag full of Ensure (and this other lady) said 'oh the nurse just gave this to me'...I have to go and buy mine because nobody there look at me and give it to me. I'm not looked upon you see, I am below their notice as the people would say, so they're not going to give it to me.

~ Andrea, Lower-Income Project

Missing out on emotional support:

...there's this group from (names city) that come in and they're volunteers. They read you the material what they are going to do and they give you a little (pillow) for your arm and they give you positive stroke. Huh, I didn't get that, I didn't get that and maybe it was just, they just missed me or something. But I know other women you know, get it all the time whenever... they have surgery... (Caren - Aboriginal Project)

NOT EVEN GETTING THERE

Missed treatments because cannot afford to get to cancer centre:
I consider myself pretty good on budgeting my money. But at the same time I've had to live on five hundred bucks a month for the last I don't know how many years, you know? and you learn that you don't have a choice but to do that...So now this (transportation Hospital 1) is like a big expense...(it is) a problem cause there's days I don't have the money...One week I had a bone scan one day, the next day I had some other tests, then I had another test the third day and chemo...I (would) phone and say, 'I'm sorry but, it's not like I don't want to come but...I was only getting five hundred (a month) at the time...I go to (Hospital 1) it's ten dollars there, ten dollars back. If I go three times a week there's sixty dollars, four times sixty is two hundred and forty dollars.' (Deanna, Lower-Income Project)

Lack of free transportation would mean missing treatment appointments:

I doubt I'd have had radiation if I hadn't had transportation... I had no other means and there's no way I could get a bus and get up there. Some of the appointments were for, what, seven thirty, I got up very early and there'd be no way that I could ... You were

able to manage early morning appointments but not on your own. But not on the bus. (Lisa, 70+ Project)

How can we challenge/change inequitable treatment/cancer care?

To answer to this last research question we are asking, what interventions might fit - for women living in poverty with breast and/or gynecological cancer, for older women with breast and/or gynecological cancer, for Aboriginal women with breast and/or gynecological cancer? And what do we now know about each community and context that would help us understand how the interventions might apply, or require modification, across contexts? It is our hope that policies and programs emerging from this work will be based on a more holistic approach that responds to the power of social determinants of health and the social consequences of illness.

Many thanks to the women who participated in all three projects. Many thanks to all 21 advisory committee members from the three individual projects.

The Intersecting Vulnerabilities research program is funded by the Canadian Institutes of Health Research. The Canadian Breast Cancer Foundation - Ontario Chapter funds the *Ontario Breast Cancer Community Research Initiative*, home of the Intersecting Vulnerabilities research program.

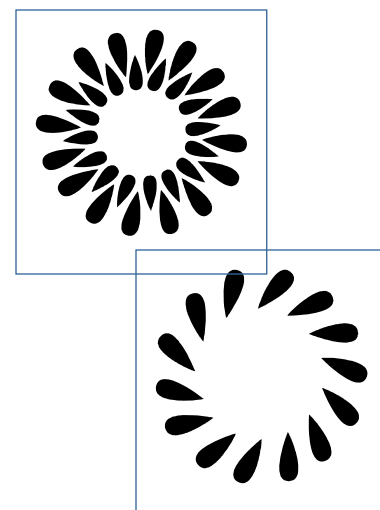
New Resources from Willow

Coping with Your Financial Concerns, 2005

Willow has expanded and updated its publication **Coping with Your Financial Concerns When You Have Breast Cancer**. The booklet provides information on resources and assistance programs to help people address their financial concerns during and after treatment. The information is available online at www.willow.org and is also available in PDF and paper formats. To order a paper copy e-mail info@willow.org. Watch for the Manitoba edition, coming soon, and for the editions for other provinces.

The Storytelling Circle

Willow introduces a new Storytelling Circle and invites those affected by breast cancer to tell your story, whatever it may be, and to record your experiences in a forum that may bear witness to the many challenges of living with this disease. Whether you are diagnosed with breast cancer, or you have supported someone who is, we want to hear from you. We also invite you to read the stories posted by others who have been affected by breast cancer. Join Willow's newly created Storytelling Circle at www.willow.org under "Peer Support".



October is Breast Cancer Awareness Month

CALENDAR OF EVENTS

For more information see OBCIEP's online Calendar of Events in "What's New" at www.obciep.on.ca

NATIONAL

October 2

CIBC/Canadian Breast Cancer Foundation (CBCF) Run for the Cure, fund raising event in many locations across the country. Visit www.cbcf.org for details.

Curves for Women locations are conducting activities during October to support CBCF. For details see mbrogno@cbcf.org or call 1-866-373-6313 ext 390.

NORTHEASTERN ONTARIO

October 2

Taking Steps Against Breast Cancer, Canadian Cancer Society's 5K community walk, participants asked to raise funds to support breast cancer research. October 2 event in Gillies Lake, Timmins. For registration details contact rmajor@ontario.cancer.ca or by phone at 705-264-7434 or toll free at 1-800-788-0869.

October 15-16

Crop for the Cure, at Sandy's Scrapbooking in Sudbury in support of the CBCF. Call 705-675-5115 or e-mail sandysscrapbooking@bellnet.ca.

October 16

Taking Steps Against Breast Cancer--Espanola Community Centre event, for details call the Canadian Cancer Society at 705-670-1234 or toll free at 1-800-267-0003 or e-mail nrivard-austin@ontario.cancer.ca.

October 22

Taking Steps Against Breast Cancer--Noelville, for details call the Canadian Cancer Society at 705-670-1234 or toll free at 1-800-267-0003 or e-mail nrivard-austin@ontario.cancer.ca

October 27

Grand Dessert Night & Silent Auction in support breast cancer related research, tickets \$20, at the Marconi Club in Sault Ste Marie. For details

contact the Canadian Cancer Society at 705-253-4781 or toll free at 1-888-930-8883 or by e-mail torlando@ontario.cancer.ca.

November 5

Gala For Hope, Hellenic Centre, Sudbury. For details call 705-670-1234 or toll free at 1-800-267-0003 or e-mail nrivard-austin@ontario.cancer.ca.

NORTHWESTERN ONTARIO

October 21

Luncheon of Hope, "Balance and Wellness", TBayTel and Northern Cancer Research Foundation support breast cancer research and the Thunder Bay & District Breast Cancer Support Group. Featured speaker is Dr. Marla Shapiro and includes health symposium. Tickets are \$40. Call 807-684-7239 for information.

October 29

Taking Steps Against Breast Cancer, Intercity Shopping Centre, Thunder Bay call Thunder Bay Unit, Canadian Cancer Society at 807-344-5433 or toll free 1-800-227-5557 for details or e-mail nw@ontario.cancer.ca.

December 2

In The Pink Grand Dessert Night & Silent Auction, joint event between the Thunder Bay Unit of the Canadian Cancer Society and the Thunder Bay Art Gallery to support breast cancer research and Thunder Bay Art Gallery initiatives. Call 807-344-5433 or toll free 1-800-227-5557 or e-mail nw@ontario.cancer.ca for information.

EASTERN ONTARIO

October 16

Taking Steps Against Breast Cancer, for details on event at Winchester Community Centre in Cornwall area visit www.cancer.ca or call 613-932-1283 or 1-800-669-4181.

Info Exchange

CENTRAL ONTARIO

October 1 and 2

Taking Steps Against Breast Cancer--October 1 at Ontario Place, Toronto. Visit www.cancer.ca or call the Canadian Cancer Society at 416-485-0222 for details. Sunday, October 2 event at Seneca College in King City www.cancer.ca or call 905-830-0447 ext 21 for details.

October 5

Grand Dessert Night of International Celebrations, fund raising event for the Mississauga Unit of the Canadian Cancer Society, Payal Banquets, Mississauga, tickets \$30 or table for \$240. Visit www.cancer.ca or call 905-608-8411 ext 229 for details.

October 14

An Evening in Hawaii, gala event in support of CBCF at the Angus Glen Golf Club, Unionville, tickets \$185. Call 905-887-0090 ext 239 for details.

October 17

Flavour for Life, the Oakville Unit of the Canadian Cancer Society supports Julia Ristorante and Mainstream Oakville's event, proceeds to breast cancer research. Tickets are \$125, call 905-845-5231 for information.

October 20

The Walking Path, Durham Regional Cancer Centre's 6th annual oncology conference on breast cancer at Le Gala, Whitby. Tickets \$100, includes lunch. To register call 905-576-8711 or fax 905-721-7761.

October 21

Jazz it Up, gala fund raising event for CBCF at the Paramount Conference and Event Centre in Vaughan. Tickets \$150, e-mail info@perfectlyplanned.ca for details.

October 26

Life After Breast Cancer, all-day education session for breast cancer survivors presented by the Juravinski Cancer Centre in Hamilton. Tickets \$35, includes lunch. For full program and registration information see www.hrcc.on.ca/labc. For information on assisted sponsorship call 905-387-9495 ext 64951.

October 29

Second annual **Gala of Hope** dinner/dance in support of CBCF and Durham Regional Cancer Centre, in Oshawa. Tickets are \$75. For details e-mail galaofhope@hotmail.com.

October 30

12th Annual Jazzercise: Dance of Hope, a fund raising event for CBCF in Thornhill. For information call 416-949-0450 or e-mail marlene.gardiner@sympatico.ca.

SOUTHWESTERN ONTARIO

Throughout October

The Canadian Cancer Society's **Pink Ribbon Campaign**, volunteers distribute pink ribbons and information about breast cancer for donations.

October 1 and 2

Taking Steps Against Breast Cancer--Saturday, October 1 at in St. Mary's and Mitchell, call 519-271-4270 or e-mail huron@ontario.cancer.ca for details. Sunday, October 2 in Sarnia, call 519-332-0042 or e-mail Lambton@ontario.cancer.ca for more information.

October 6 - 26

Let's Get Together, Breast Cancer Awareness month tour in Chatham, Ingersoll, Leamington, London, Sarnia, Stratford, St. Thomas and Windsor. Events include personal stories and panel discussions. Ticket prices vary between free and \$25. Contact your local Canadian Cancer Society or visit www.cancer.ca.

October 21

Third annual **Rockn for the Cure** in support of CBCF at The Ceeps, London, tickets \$25. Call 519-673-3406 for information.

Willow Has Moved!

Willow has moved to a new location at:

Willow Breast Cancer Support
& Resource Services
20 Victoria Street, 5th Floor
Toronto, ON M5C 2N8

Telephone: 416-778-3100 & 1-888-778-3100
Email: info@willow.org
Website: www.willow.org

News from OBCIEP Partners

OBC CRI Environment and Health Study - Breast Cancer Links

Researchers at the Ontario Breast Cancer Community Research Initiative have launched an environment and health study called Breast Cancer Links and Restorative Environments. Women with breast cancer willing to talk about their health and well-being should contact Jennifer English, researcher at the University of Toronto at summersol@hotmail.com or Dr. Sue Keller-Olaman (OBCCRI) at 416-351-3808 or by e-mail at sue.keller-olaman@sw.ca.

CBCN Launches New Website

The Canadian Breast Cancer Network has launched a new website at www.cbcn.ca. The site includes news updates on breast health, advocacy, and information and support resources for young women, rural women and aboriginal women dealing with breast cancer. The Canadian Breast Cancer Network is a survivor-directed, national network of organizations and individuals concerned about breast cancer.

Wellspring Announces a New Service

Questions about Money Matters?

Wellspring has announced a new service to assist those affected by cancer to deal with questions about financial assistance programs. Pamela Bowes, a provincial expert on financial benefits and support and frequent presenter at Wellspring will be available to answer questions about government and insurance programs. To book individual appointments contact your nearest Wellspring location:

Wellspring Locations:

Sunnybrook & Women's, Toronto
416-480-4440

The Coach House & Odette House, Toronto
416-961-1928

Halton-Peel, Oakville
905-257-1988

London & Region, London
519-438-7379

Niagara, Thorold
905-684-7619 and
Toll Free 1-888-707-1277