



QUEENSLAND WOMEN'S HEALTH NETWORK NEWS

AUGUST 2014 Celebrating 20 years of strengthening links between women & providing access to information

WOMEN & CANCER



**We are
strong
but we
are not
invincible**

*Cancer survivor, **Ami Reynolds**, with husband **Chip Reynolds** and son **Rupert**, at the Family Cancer Support Group's 'Australia's Biggest Morning Tea' event*

In 2012, Ami Reynolds was enjoying one of the happiest times of her life. She was 25 years old and had recently given birth to her first child, a beautiful baby boy called Rupert, but something wasn't right.

It started with some subtle stomach pains, which Ami promptly disregarded as another potential post-childbirth side effect, just as she did the weight loss and the tiredness.

Then in September 2012, Ami's family came down with a bout of gastro, and frustration over her slow

recovery finally prompted her to visit her GP. The last thing she expected was a cancer diagnosis.

Following numerous tests and two harrowing weeks of waiting, Ami and her young family's worst fears were realised—she was diagnosed with stage three bowel cancer.

After undergoing radical surgery, removing half of her bowel, and eight gruelling months of chemotherapy, Ami has since defied the odds. Back to the privileged position of being fit and healthy again, the Brisbane

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local is determined to do everything she can to fight back against a disease that takes too much.

"It all happened so quickly, I knew something wasn't right but the last thing I expected was a cancer diagnosis," Ami said.

"I have no family history of cancer so when the results finally came back I was completely numb, I didn't know what to think or feel.

"I'm one of the lucky ones—by sharing my story with other women I hope I can help raise awareness and possibly save another woman's life.

"Cancer doesn't discriminate—I'm a perfect example of that. There are so many families, like mine, who have been impacted by the disease, which is why it's so important we work together to combat women's cancer trends."

The statistics are sobering—one in two Queensland women will be diagnosed with cancer in their lifetime. In Queensland, around 4,000 will be diagnosed with women's cancers this year alone.

Bowel cancer, also known as colorectal cancer, is one of the most commonly diagnosed cancers among Queensland women, with one in 13 at risk of being diagnosed by the age of 85.

Sadly, it's Queensland's second biggest cancer killer, with around one Queensland woman losing her battle to the disease every day.

Cancer Council Queensland spokesperson Katie Clift encouraged women to join the conversation and take simple measures to reduce their cancer risk and help detect cancer early.

"It's important women talk about their personal health and make some changes to reduce their risk of cancer—there are small steps we can all take to lead healthier lifestyles," she said.



Quit smoking



Understand your body and get checked



Eat healthily and drink less alcohol



Stay SunSmart every day



Take time to be active

Easy steps
all women
can take to
help **reduce**
cancer risk

Seek the advice of your GP if you notice any of the following symptoms of bowel cancer:

- Blood mixed with mucus, either combined with or separate from the bowel motion
- Changes in normal bowel habits
- Unexplained weight loss
- Persistent cramping or abdominal pain
- General weakness, tiredness and breathlessness

"Research shows up to one-third of all cancers are preventable through lifestyle changes including eating healthily and maintaining a healthy weight.

"Women with a family history of certain cancers should also ask their GP to make specific recommendations on what age to start screening or testing, and the regularity of which to do so.

"With most cancers, if found and treated early there is an increased chance of surviving the disease."

Cancer Council Queensland has recently launched a new campaign to Take on Women's Cancers all year round, helping Queensland women reduce their cancer risk and detect the disease early.

"Taking on Women's Cancers encapsulates all of our Pink Fundraising events including Pink Ribbon Day, Pink events, and Walk 4 Breast Cancer," Ms Clift said.

"The extension of this campaign will allow us to make a real difference to Queensland women affected by cancer through prevention programs, support services and world-class research."

Since diagnosis and treatment, Ami Reynolds has founded the Brisbane-based Family Cancer Support Group, set up for parents who have been affected by cancer and have young children to care for.

"For me it was wonderful to be able speak to someone who knew exactly what I was going through, which is what motivated me to set up the group—I wanted to give others hope for the future," she said.

"It's also an opportunity to learn and ask questions which is why I think it's so imperative women share their stories, talk about their personal health and show support for one another.

"But at the end of the day, there is no one that knows your body better than you, so make sure you listen to it."

For more information on the family cancer support group call 0490 068 933 or email info@cheekychimps-softplay.com.au.

For more information about Cancer Council Queensland's 'Taking on Women's Cancers' campaign or to register for any events, visit www.womenscancers.org.au.

More information about Cancer Council Queensland is available via:

**www.cancerqld.org.au or
Cancer Council Helpline 13 11 20**



NEXT NEWSLETTER TOPIC

'WOMEN & HOMELESSNESS'

**DO YOU OR YOUR ORGANISATION
HAVE EXPERTISE IN THIS AREA?**

Share your insights with over 400 health & community organisations, and other women in Queensland.

We welcome articles, news items, and other non-profit submissions.

Contact us asap prior to deadline at:
coordinator@qwhn.asn.au
for full submission guidelines.

DEADLINE: 3 OCTOBER 2014

Breast cancer, social support and quality of life

Breast cancer is the second most commonly diagnosed cancer in women and is one of the most survivable cancers. Advances in screening and diagnostic procedures mean that most breast cancers are diagnosed at an early stage, leading to effective treatments and improved survival rates. Nonetheless, a diagnosis of breast cancer is a distressing event that affects physical and psychological functioning and impacts on relationships with family and friends. Furthermore, the treatment-related changes to a women's physical appearance may affect self-image, and other effects of treatment including fatigue, nausea and pain, may decrease opportunities for social interactions. These changes can limit the ability of women with breast cancer to continue their normal lifestyle and social activities, and make it difficult to maintain supportive social networks and receive emotional support.

Social support has long been identified as protective for health and in particular for managing cancer-related distress. A recent study by researchers at the University of Queensland examined the impact of a breast cancer diagnosis on social support and quality of life in 412 women who were newly diagnosed with breast cancer. The women were part of the 1946–1951 birth cohort of the Australian Longitudinal Study of Women's Health, which for 18 years has been tracking the long-term health of women born in the 1920s, the 1940s and the 1970s.



Findings from this study indicate that being diagnosed with breast cancer, while no doubt a stressful and distressing event, did not change existing levels of social support in the women in this study over time. In addition, better social support at time of diagnosis predicted better physical and mental quality of life at subsequent follow-up.

The study also highlighted the importance of spousal support for women with breast cancer. Married or partnered women had higher levels of social support and better health-related quality of life (HRQOL). For women who are managing a distressing diagnosis and associated treatment, the most appropriate support may be emotionally focused, and most likely provided by husbands or other intimate partners.

This study raises a number of issues relating to the treatment and support provided to women diagnosed with breast cancer. Women who face diagnosis and subsequent treatment without a partner or other adequate support provider are at clear risk of reduced HRQOL. Treatments that exclude psychological and social aspects leave patients vulnerable to continuing distress. This is an important ethical issue that needs to be addressed when doctors and their patients are discussing treatment options and available support and counselling programs. Lack of access to breast cancer support groups and other assistance-providing agencies because of mobility, financial constraints, and area of residence also need to be considered. Women experiencing these additional barriers may be doubly disadvantaged if their available social support is inadequate.

For more information on research relating to women's health and health care issues, visit www.alswh.org.au

**Associate Professor
Deirdre McLaughlin**
Deputy Director
Australian Longitudinal Study
on Women's Health
Telephone +61 7 3365 5335

women's
health
australia

CANCER IN QUEENSLAND

Cancer was the largest cause of premature death in Queensland (39% in 2010), the second largest cause of all deaths (30% in 2010), and the largest cause of total burden of disease and injury (19% in 2007). Common cancers are lung, breast, prostate, cervical, colorectal and melanoma ... Lifestyle behaviours such as smoking, overweight and obesity, and physical inactivity are critical risk factors for some cancers ...

The death rate for all cancers in 2006–2007 was 26% higher for Indigenous Queenslanders than for others and remoteness made no difference to this relationship. As the incidence rate for Indigenous Queenslanders is lower, and the death rate is higher, it is evident that benefits of early diagnosis and effective treatment are not being achieved for Indigenous Queenslanders.

Queensland Health. The Health of Queenslanders 2012: Advancing good health. Fourth report of the Chief Health Officer Queensland. Brisbane 2012.



Cancer Voices Australia



cancer voices australia

Sally Crossing AM
Executive Committee, Cancer Voices Australia

Cancer Voices Australia is the independent, 100% volunteer voice of people affected by cancer, working to improve the cancer experience for Australians, their families and friends. We are active in the areas around diagnosis, information, treatment, research, support, care, survivorship and policy. To achieve this we work with decision-makers, ensuring the patient perspective is heard.

Cancer Voices has led the cancer consumer movement in Australia since 2000. Cancer Voices networks across Australia work together on national issues identified as important by their members, with consumers working to help others affected by cancer.

A new independent group, the Australian Cancer Consumer Network, was established on 1 April. It is currently made up of 27 groups and facilitated by Cancer Voices Australia. We feel confident that this will give those of us affected by cancer an even clearer and more respected voice on national issues, submissions and advocacy.

Forecast statistics for 2014 (Australian Institute of Health and Welfare) are that 128,000 Australians

will be diagnosed with cancer, of whom 56,000 will be women. Cancer has just become the leading cause of death, which is not much to celebrate, but it does mean that our cancer services and research need to be focused on this disease. Most cancer diagnoses are in the 60 years and over age bracket (63% for women). Our aging population largely accounts for the increase in share of deaths due to cancer.

The most common cancers for women are breast, bowel, lung and skin cancer. While the gynecological cancers are ours alone, we do escape prostate and testicular cancer!

A diagnosis of the most common female cancer, breast cancer, has a much better prognosis now, than it did 20 years ago—due to earlier detection (through self-examination and Breast Screen) and more effective, targeted treatment. The hope is that in our lifetimes the more common cancers will be regarded and treated as chronic diseases rather than life-limiters.

Cancer Voices has a strong link to the excellent work done in Australia by breast cancer consumer advocates—who led the way in this field. See the

work of the Breast Cancer Network Australia at www.bcna.org.au. Several of Cancer Voices' leaders cut their advocacy teeth in women's cancers, especially breast cancer, and then applied their experience and knowledge to a broader base. They recognised that issues for many people affected by cancer are very similar, and that a bigger voice would have more influence. While this has proved to be the case, there of course are particular needs and issues which relate solely to specific cancers.

Cancer Voices Australia publishes a concise NEWS UPDATE about our issues and activities every two months. You can see it on our website www.cancervoicesaustralia.org which also has more information about us generally.

For immediate information and questions about cancer itself, call the **Cancer Helpline 13 11 20**.

Cancer Voices Australia
PO Box 5016 Greenwich NSW 2065
Phone: 0415 785 814
Web: www.cancervoicesaustralia.org
Email: info@cancervoicesaustralia.org

Is there a diet to prevent cancer?

According to the Dietitian Association of Australia, it is estimated that 30-40% of cancers may be preventable by a healthy diet. There is no single food that can protect against cancer, but a healthy diet consistent with the Australian Dietary Guidelines can help to reduce the risk of developing some types of cancer as well as meeting individual nutritional needs. Some healthy eating tips to follow include:

- Eat at least two serves of fruit and five serves of vegetables every day
- Choose wholegrain breads and cereals
- Limit your alcohol intake
- Choose a diet low in salt and saturated fat
- Maintain a healthy weight and be physically active

What should you eat when you have cancer?

Continuing to eat well and trying to maintain a regular healthy eating plan is important. This can be a challenge when undertaking some cancer treatments and when feeling unwell. It's important to seek professional advice on the types of food to eat, how to cope with loss of appetite, nausea, weight loss or any other problems, which can interfere with usual eating patterns. An Accredited Practising Dietitian can assist in tailoring advice to suit individual health needs.

What are the benefits of a healthy lifestyle to cancer survivors?

The Cancer Council Australia supports adopting a long-term healthy lifestyle following cancer treatment. Positive healthy lifestyle interventions have the potential to improve the overall health and well-being of cancer survivors,



food files

with *Maria Packard*

NUTRITION MANAGER, HEART FOUNDATION

in particular women with breast cancer. Most of the recommendations are consistent with evidence-based advice about reducing the risk of cancer and other conditions (such as Heart disease, Type 2 Diabetes), along with the Australian Dietary Guidelines. The benefits of physical activity for cancer survivors is emerging—especially in improving cardiovascular health, assisting with fatigue, self esteem, anxiety and depression.

Where to go for more information:

Cancer Council Queensland: www.cancerqld.org.au/page/information_resources
Heart Foundation, for Healthy lifestyle advice and recipes: www.heartfoundation.org.au
Dietitians Association of Australia – To Find an Accredited Practising Dietitian (APD) in your local area: www.daa.asn.au
Australian Dietary Guidelines: www.eatforhealth.gov.au

Natural or bioidentical hormones

They are marketed as natural, safe, risk free, age reversing, sex enhancing, and as cancer preventing. However, women are being misled by these claims.

Most women will pass through the time leading up to menopause (peri-menopause) and menopause itself with only mild—or no—symptoms. However, a percentage of women will have symptoms so bothersome that they may seek help.

Symptoms related to menopause such as hot flushes, night sweats, sleep disturbances, problems with the urinary system such as urinary leakage or urgency, vaginal dryness, formication (sensation of crawling or itching under the skin) and joint pains are related to a fall in the hormone, oestrogen. However, other symptoms such as fatigue, irritability and difficulty concentrating may be more related to the hot flushes and night sweats that reduce the quality of sleep.

The problem for women is where do they go to seek help to relieve the symptoms. Many have become fearful of hormone replacement therapy (HRT) used to relieve menopausal symptoms, after the release of findings from a major study in 2002. The study indicated higher levels of breast cancer (26%) in women using HRT and increased risks of heart disease, blood clots and strokes. However, the study had major flaws, and a subsequent review has shown that when used appropriately, HRT is a safe and effective therapy for symptomatic women around the time of menopause.

However, women remain concerned about the risks and are turning in large numbers towards so called 'natural' hormone therapies, also known as 'bioidentical' hormone therapy.

Natural or bioidentical hormones are plant-derived products made up in pharmacies to provide individualised dosages for the relief of symptoms related to menopause. They are marketed as natural, safe, risk free, age reversing, sex enhancing, and as cancer preventing. However, women are being misled by these claims.

The main problem is that their effectiveness and safety has not been

tested, and their use has been shown in some cases to cause serious health concerns such as endometrial cancer.

Fact 1: Natural is not always safe

The term natural implies 'not synthetic' or 'artificial', which is misleading. All plant-derived hormone preparations undergo a chemical extraction process to produce the final product. There is little difference between the end products used in bioidentical hormones and those used in many forms of HRT. Therefore, to claim bioidenticals are more natural is misleading.

Fact 2: Natural hormones are not the same as the hormones in our bodies

The term bioidentical hormone implies that the compounds more closely resemble hormones produced in the human body than HRT. The oestrogen, progesterone and testosterone used in bioidenticals are the same as those used in many forms of HRT.

Fact 3: Bioidentical hormones are not customised

Bioidentical hormones, which can be ordered over the internet, claim to monitor hormone levels via salivary testing as a way of individualising

therapy. There is no evidence of a relationship between symptoms and measured salivary hormones, nor between salivary hormone testing and hormone tissue levels. In addition, many salivary hormone tests are not accurate. Hormone testing is not a reliable indicator of hormone levels due to irregular fluctuations, particularly around the time of perimenopause. Therefore, to claim dosages are tailored to an individual's hormonal profile is not based in science. The only method to monitor the effectiveness of hormonal therapy for the relief of symptoms is via self-report.

Natural or bioidentical hormone therapy is currently untested for safety and effectiveness and is not approved by the regulating body (TGA). There have been documented cases of harm caused by these therapies. Conventional HRT, when given to women in the right age group (50–59), in the lowest effective dose, is approved by the TGA and is safe and effective for the short term relief of menopausal symptoms.

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Jean Hailes for Women's Health
1800 JEAN HAILES (532 642)
jeanhailes.org.au*

SKIN CANCER IN QUEENSLAND

In 2009, there were 3,060 new cases of melanoma in Queensland and 365 deaths in 2010 ... Ultraviolet radiation (UV) exposure is recognised as the principal cause of 95% of melanoma and 99% of non-melanoma skin cancers in Australia. In 2008, it was estimated that about 87,000 non-melanoma skin cancer cases were diagnosed in Queensland ... Protection from the sun is generally required in Queensland year round ... [however] it is important to minimise risk of skin cancer while maintaining adequate sun exposure for vitamin D synthesis ... A person's risk of melanoma increases with frequency of sunburn at all life periods, a family or personal history of skin cancer, skin that burns easily or has many moles and solarium use ... In 2012, 1 in 2 (52%) adult Queenslanders reported being sunburnt in the previous year ... Males (57%) were more likely than females (46%) to report sunburn ... and there was no difference by socioeconomic status or remoteness.

Queensland Health. The Health of Queenslanders 2012: Advancing good health. Fourth report of the Chief Health Officer Queensland. Brisbane 2012.



what's on?

Important Events and Conferences



**13–14 Oct
2014**

PUTTING FOOD ON THE TABLE: INAUGURAL FOOD SECURITY CONFERENCE – SYDNEY
HELP US PUT HUNGER ON THE AGENDA

About 5%—or over a million—Australians regularly can't put adequate food on the table to feed their families. The numbers are even higher in some areas and amongst particular populations. This hidden hunger may not be visible, but can have serious short and long term effects on health, education, employment and productivity (National Health Survey 2004-5). This two day event will bring together policy makers, academics, community development workers, and health promoters, exploring solutions at a range of levels: governance, population, community, communication.
FOR INFORMATION visit: <http://righttofood.org.au/>

**30 Oct–
1 Nov
2014**

RURAL MEDICINE AUSTRALIA 2014 (RMA2014) – SYDNEY

The peak national event for rural doctors. This is the annual conference and scientific forum of the Australian College of Rural and Remote Medicine and the Rural Doctors Association of Australia. The conference proper will be preceded by one-day and two-day procedural workshops, which feature emergency medicine skills training and other clinical workshops relevant to the rural practitioner and interested others.
FOR INFORMATION visit: <http://www.acrrm.com.au/>

**5–7 Nov
2014**

THE NATIONAL PRIMARY HEALTH CARE (NPHC) CONFERENCE 2014 – CANBERRA

The NPHC Conference objectives are to:
Challenge: provide conference delegates with new and different ideas that challenge their thinking about primary health care and build their capability for now and into the future.
Engage: create an environment for networking, relationship building and collaboration.
Demonstrate: showcase best practice and innovative solutions that are making a difference on the ground.
FOR INFORMATION visit: <http://amlalliance.com.au/events/national-primary-health-care-conference-2014>

**18–19 Nov
2014**

PHAA 2ND NATIONAL SEXUAL & REPRODUCTIVE HEALTH CONFERENCE 2014 – MELBOURNE

The conference will be an excellent opportunity to hear the most recent national and international research evidence and practitioner wisdom and to make your own contribution to addressing the field of sexual and reproductive health and rights.
FOR INFORMATION visit: <http://www.phaa.net.au/NSRH2014Conference.php>

**8–10 Dec
2014**

THE 2014 WORLD INDIGENOUS DOMESTIC VIOLENCE CONFERENCE – CAIRNS

The conference is designed to be the largest international gathering of community based groups, government and non-government agencies who are all devoted to highlighting and showcasing successful programs in the area of domestic violence, with the united goal of eradicating domestic violence in society through the empowerment of people and workers in the field of Domestic Violence.
FOR INFORMATION visit: <http://www.indigenoushealth.net/worlddvconference.htm>



women's health on the net

Hot Spots on the Internet for Women

**CANCER AUSTRALIA:
For Aboriginal and Torres Strait
Islander people**

<http://canceraustralia.gov.au/affected-cancer/atsi#>

About two Aboriginal and Torres Strait Islander Australians are diagnosed with cancer every day. The Cancer Australia website provides a dedicated section for Aboriginal and Torres Strait Islander communities to improve cancer outcomes. It includes news and events, resources for people with cancer, resources for health professionals who work with Aboriginal and Torres Strait Islander communities and a Reconciliation Action Plan. There is also information on specific cancers, plus information on healthy living. The 'My Story' DVD is a resource for women, family and friends about Aboriginal and Torres Strait Islander women sharing their experiences of breast cancer.

**BREAST CANCER NETWORK
AUSTRALIA: My Journey Kit**

<http://www.bcna.org.au/my-journey-kit>

My Journey Kit is a free, comprehensive information resource specifically designed for Australians who have been newly diagnosed with early breast cancer. It provides information in a way that is easy to understand, can help your treatment decisions and help you work through the shock of diagnosis. It is also a useful resource for the whole family, and your friends.

The Kit includes:

- My Journey Information Guide—a book of information, advice and recommended resources collected from women who have travelled the breast cancer journey.
- My Journey Personal Record—a handbag-sized booklet for recording

personal details, treatments, appointments, medical expenses and questions to ask the health care team.

- Guide for women with early breast cancer—produced by Cancer Australia to help understand a diagnosis and treatment.
 - Resources for partners—'I wish I could fix it—supporting your partner through breast cancer' information booklet for partners; and 'When the woman you love has breast cancer' CD for male partners.
 - State information sheet—listing of additional state specific resources.
 - Helping a friend or colleague with breast cancer—a brochure written by women who have had breast cancer for friends and colleagues.
 - a subscription to BCNA's free quarterly magazine *The Beacon*.
- Order your kit online or phone
1800 500 258.

'The Unbelievable Story' the Australian reality of DES

A few years ago UK media articles termed the anti-miscarriage drug, DES (diethylstilboestrol) as the "silent thalidomide." Such a term inferred that the DES drug disaster, with its physical effects not outwardly visible, was always in the shadow of the thalidomide tragedy. However, as the thalidomide tragedy, despite its horrific limb defects, becomes increasingly removed from the public psyche, a new term is bound to be apt for the DES tragedy—the 'unbelievable story'.

Signs of a looming 'unbelievable story' came this year when the following email notice was sent to news media:

The campaign DES (diethylstilboestrol) Awareness Week June 1 – 7 this year was to raise awareness across all Australian communities of the anti-miscarriage drug, DES. This hormone drug was given to women during pregnancy from 1938 to 1971 (and sometimes beyond). Women given DES and their children of that pregnancy are at higher risk of certain types of cancer and reproductive problems. There are about 740,000 DES exposed Australians, yet many are unaware of the fact and the potential adverse health effects. It is important that people with known or suspected exposure to DES are aware of the vital special care they need. Support group contact: DES Action Australia-NSW 02 98754820. Website: <www.desnsw.blogspot.com>.

It was a revelation to DES Action NSW that this notice was considered 'unbelievable' by some in the media field, necessitating checks of its legitimacy (as opposed to being a hoax). Now one can surmise notices were deleted as spam, making DES-affected Australians (many unknowingly) destined to remain ignorant.

And there is more. The looming unbelievable story comes with an unbelievable background that could only help manifest unbelievers. Over the years successive governments have held the prevailing view that the promotion of DES information is likely to create community anxiety and that website information on its own about DES is adequate. Communications and lobbying attempts by DES Action NSW for direct-to-public promotion of DES information in public health programs to date have been unsuccessful. The

statistics regarding increased health risks with DES exposure would suggest anxiety is more likely created through not promoting DES information.

Outcome	Increased Risk
Clear-cell adenocarcinoma	40 times higher
Neonatal death	8 times higher
Pre-term delivery	4.7 times higher
Loss of 2nd-trimester pregnancy	3.8 times higher
Ectopic pregnancy	3.7 times higher
Stillbirth	2.4 times higher
Infertility	2.4 times higher
Early menopause	2.4 times higher
Cervical intraepithelial neoplasia	2.3 times higher
Breast cancer	1.8 times higher
First trimester miscarriage	1.6 times higher
Preeclampsia	1.4 times higher

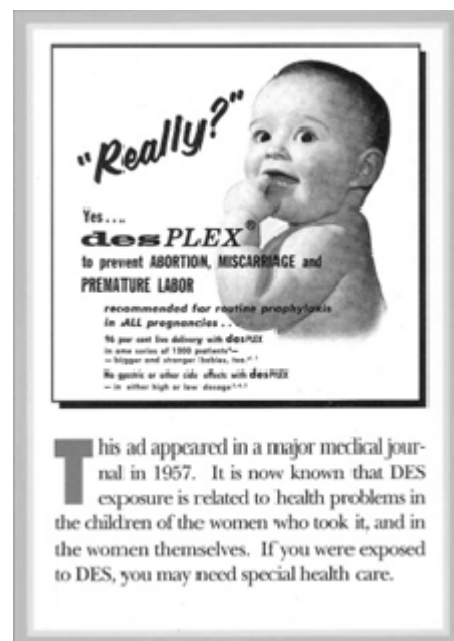
Source: National Institute of Health/
National Cancer Institute

So—what now?

Researchers are continuing to study the long-term effects of DES exposure. For example, the US National Cancer Institute's DES follow-up study is following DES daughters and DES sons as they age and also effects on subsequent generations. The DES community has special interest in the Institute's current research to find a DES biomarker to prove DES exposure. For DES Action NSW, the success of this research could answer the most common question by enquirers, after "Why haven't we been told about DES?", which is: "Is there a test to prove DES exposure?"

No doubt more media releases will come to test belief strengths. The magnitude of the DES exposure problem in Australia, the expectation that the rights of Australians to be informed about the possibility of having been DES exposed will be respected, compounded with an unbelievable background, make media attention an imperative. Believe it.

**Carol Devine, Coordinator
DES Action NSW**



For more information visit:

<http://desnsw.blogspot.com.au/2014/05/hunt-for-des-drug-biomarker-gives-hope.html>
<http://nwhn.org/newsletter/node/1384>
<http://dceg.cancer.gov/news-events/linkage-newsletter/2012-03/research-publications/des-study>
<http://us5.campaign-archive2.com/?u=317818521a5c55131fb1beaf1&id=33b47bfd59&e=a002bf1fe2>
<http://dceg.cancer.gov/about/staff-directory/biographies/O-Z/hooover-robert>
<http://www.desfollowupstudy.org/index.asp>

References:

Correspondence: Dr Michael Wooldridge 12/10/99, Minister for Health and Aged Care.
 Correspondence: Prof. Chris Baggoley 31/3/14, Chief Medical Officer, Department of Health.
 The graphic source for 'DESadOrang' is the booklet "Were you born between 1938-1971 or pregnant then? If so, you could be exposed to DES" (National Cancer Institute, National Institute of child Health and Human development, National Institutes of Health, January 1995).
 The graphic source for "NCI DESstatRates" is <http://www.labspace.net/114053/Women_exposed_to_diethylstilbestrol_in_the_wom_b_face_increased_cancer_risk> courtesy of National Cancer Institute>.

snapshot

NATIONAL WOMEN'S HEALTH POLICY

"Differences between women and men exist in the presentation of lung cancer symptoms and this can lead to women being under-diagnosed or misdiagnosed"

(p. 45).

Excerpts from the National Women's Health Policy 2010 used by permission of the Australian Government.

Australian Government Department of Health and Ageing (2010) National Women's Health Policy 2010, DoHA, Canberra.

Gynaecological Awareness Information Network (GAIN) Inc.

GAIN Inc is a not-for-profit organisation in Perth, Western Australia. It is run by volunteers committed to promoting awareness and education within the community about gynaecological issues.

Women diagnosed with various gynae issues and cancers often don't know what to do, where to go and often feel very isolated and afraid. This is where GAIN Inc comes in and in many cases endeavours to also provide women with support (no medical advice given) either through their committee or by directing women to the right pathways to seek support, advice or other questions they have that remain unanswered.

The overall aims are to:

- Engage and involve the community by advocating for the promotion of gynaecological and sexual health;

- Bridge the gap between the health professionals and the community;
- Empower women to be actively and confidently involved in their gynae-cological and sexual healthcare;
- Working to reduce the stigma associated with gynaecological health and associated conditions.

In carrying out our aims, each year we implement different pathways to provide information to the community on specific health issues and cancers. Last year we held a series of seminars on a range of various health issues at King Edward Memorial Hospital, while this year we have begun a strategic campaign whereby we focus on a different gynaecological issue during specific gynae awareness months, posting information, stories and resources on our website and facebook. If you're interested, you can look at the information we posted here <<http://gain.org.au/>>.

GAIN Inc along with the Health Organisation for Pudendal Education (HOPE) in Perth, WA <<http://www.pudendalhope.info/>> also run support groups each month for women suffering from chronic pelvic pain. Information about this is advertised on our website.

Each year on September 10th GAIN Inc celebrate **International Gynae Awareness Day (IGAD)**, which also aims to promote women's gynae health

QUEENSLAND WOMEN'S HEALTH NETWORK INC

Ph: (07) 4789 0665
PO Box 1855, Thuringowa BC QLD 4817
Email: coordinator@qwhn.asn.au
Website: www.qwhn.asn.au

CHAIRPERSON &

Nth Qld Representative: Dr Betty McLellan
TREASURER/SECRETARY &
Central Qld Representative: Sue Manthey
Far North Qld Representative: Romina Fujii
West Qld Representative: Kim Hurlé
South Qld Representative: Karin Cheyne

HAVE YOUR SAY...



We are interested in your feedback on the quality of the newsletter, and issues and topics you would like to see in future editions.

Please contact the QWHN Coordinator Maree Hawken on (07) 4789 0665 or email us at coordinator@qwhn.asn.au



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LUNG CANCER IN QUEENSLAND

Lung cancer rates in males (incidence and death) have been falling steadily since the early 1980s, but the rate of new cases for females has increased and was 50% higher in 2008 than 20 years earlier.

Queensland Health. The Health of Queenslanders 2012: Advancing good health. Fourth report of the Chief Health Officer Queensland. Brisbane 2012.

issues and cancer. We encourage all women around the globe to help celebrate and promote this day. Ideas on how to celebrate this day can be downloaded from our website.

If you would like more information on a specific condition please visit <www.gain.org.au> and go to 'GYN HEALTH INFO' or submit a 'contact us' form.

Tina Schiavello, PhD

Email: enquiries@gain.org.au
Web: www.gain.org.au
Mob: 0419 192345

MEMBERSHIP

To become a member of QWHN, simply fill in this application and send to QWHN at PO Box 1855, THURINGOWA BC, QLD 4817

Membership of the Network is open to women's organisations and individual women who are in agreement with the Network's purpose and objectives.

Name:	NEW MEMBER? <input type="checkbox"/> YES <input type="checkbox"/> NO
Address:	
Phone:	Fax:
Email/Web:	
Profession / Organisation (if applicable):	
MEMBERSHIP FEES: Individual (unwaged or student) – \$5.50; Individual (waged) – \$11.00; Organisation – \$33.00	

Please find enclosed a cheque/money order for \$ for one financial year's membership (1 July 2014–30 June 2015)

Do you consent to your name, as part of the membership list, being distributed for networking purposes? YES NO

I/We hereby agree to abide by the Purpose, Objectives and Policies of the QWHN. (see website www.qwhn.asn.au)

Signature

Date

TAX INVOICE
ABN 11700374032