

Menopause and Breast Cancer



Breast
Cancer
Network
Australia



About us

Breast Cancer Network Australia (BCNA) works to support, inform, represent and connect Australians affected by breast cancer. We have a wide range of free information available including booklets, fact sheets, videos and podcasts. This information can be viewed or ordered at bcna.org.au or by calling our Helpline on 1800 500 258.

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Introduction

Menopause is a normal part of ageing for all women. In Australia, most women reach menopause between the ages of 45 and 55, with an average age of 51 years.

If you have reached menopause, your periods will have stopped. The ovaries stop releasing eggs each month and stop producing oestrogen. The fall in oestrogen can cause what are referred to as 'menopausal symptoms' – a range of symptoms and changes to your body. Symptoms may span many months or even years. The changes may be gradual, but for some women symptoms such as hot flushes can start suddenly.

Some breast cancer treatments, especially chemotherapy and hormone therapy, can cause menopause to occur earlier than it otherwise would.

For women experiencing early menopause as a result of breast cancer treatment, the symptoms may be more severe than if they had experienced a 'natural' menopause.

Women treated for breast cancer, either currently or in the past, may also experience menopausal symptoms for other reasons. For example, they may be experiencing natural menopause, or they may have been taking hormone replacement therapy (HRT) and stopping this medication has caused their menopausal symptoms to return.

Menopausal symptoms vary from one woman to another, both in type and severity. Common symptoms include hot flushes, night sweats, difficulty sleeping, joint pain, vaginal dryness and reduced libido (sex drive).

Menopause caused by breast cancer treatment

Chemotherapy

Some chemotherapy treatments can cause early menopause, which may be temporary or permanent.

A woman is born with a limited number of eggs in her ovaries. As we age the supply of eggs diminishes, leading to menopause.

Some chemotherapy drugs damage or destroy eggs, which accelerates the loss and causes menopause to occur at an earlier age than it would have normally. Chemotherapy that can cause early menopause include:

- cyclophosphamide (Cycloblastin, Endoxan)
- doxorubicin (Adriamycin)
- paclitaxel (Taxol, Paclitaxel).
- Whether or not you are likely to experience chemotherapy-induced menopause depends on a number of factors:



- your age – the closer you are to the usual age of menopause, the more likely menopause will be induced and will be permanent
- the type of chemotherapy you are given
- the cumulative dose of chemotherapy (the total amount of chemotherapy you receive over the full course of your treatment)
- the number of weeks or months you are treated with chemotherapy.

In younger women (under the age of 35), menopause may be temporary. Your periods may stop during chemotherapy treatment and you may experience menopausal symptoms. However, menopausal symptoms may improve once your periods resume after treatment.

Permanent early menopause in young women may mean coming to terms with loss of fertility. This can be very difficult to cope with if you are still considering starting a family or having more children.

If you are thinking about having children in the future and would like to discuss your options, it is important to talk to your oncologist or a fertility specialist before starting breast cancer treatment.

BCNA offers a fertility decision aid for women with breast cancer who are considering their fertility options. Details on how to order a copy are on page 18 of this booklet.

Contraception

Though breast cancer treatments can affect your fertility, it is still possible to become pregnant during or after treatment for breast cancer. If you were premenopausal before being diagnosed with breast cancer and are sexually active, it is important to talk to a member of your treatment team about what contraception options are most appropriate for you.

Surgery and other treatments

Surgery and radiotherapy to the breast do not cause menopause. Radiation to the ovaries does cause menopause.

Some women with a genetic mutation known as BRCA1 or BRCA2 may choose to have their ovaries removed to reduce their risk of developing ovarian cancer in the future. Surgery to remove the ovaries will lead to immediate menopause.

Hormone (anti-oestrogen) therapy

Many women with hormone receptor positive (ER+ and/or PR+) breast cancer will receive hormone therapy treatment after their other treatments (surgery, chemotherapy and/or radiotherapy) have been completed.

Oestrogen receptors occur naturally in the body. They are like antennas on the cells. Oestrogen circulating in the body attaches to the receptors to activate chemical changes in the cell. Normal female tissue, especially in the breast, vagina, brain, skin and bones, needs oestrogen to remain healthy.

Having oestrogen receptor positive breast cancer means that the cancer cells also have oestrogen receptors. Oestrogen circulating in the body attaches itself to the cancer cells, stimulating them so that they reproduce and grow.

If your breast cancer is hormone receptor positive (ER+ and/or PR+), you may have been prescribed anti-oestrogen medications (known as hormone therapy) as part of your treatment. These medications include tamoxifen, goserelin and the aromatase inhibitors anastrozole, letrozole and exemestane.

Tamoxifen works by blocking the oestrogen receptors and stopping oestrogen from stimulating the cancer cells. Aromatase inhibitors work by reducing the amount of oestrogen your body makes, so that less oestrogen is circulating through your body and available to feed the cancer cells.

More information on hormone therapy is available in BCNA's booklet *Hormone therapy and breast cancer*. Information on how to order a copy can be found on page 18 of this booklet.

Menopausal symptoms

The symptoms of menopause vary from one woman to another, both in type and severity. They may also mimic some of the side effects of cancer and its treatments.

Common symptoms include:

- vasomotor symptoms such as hot flushes, night sweats, palpitations and shortness of breath
- urogenital symptoms such as vaginal dryness, painful intercourse, loss of libido (sex drive) and urinary symptoms
- cognitive and emotional symptoms such as anxiety, depression, difficulty concentrating and poor memory
- other symptoms such as insomnia, lack of energy, aches and pains, and breast tenderness.
- Talking to your treatment team about symptoms you are experiencing can be helpful as there are often ways to help manage these symptoms.

Hot flushes

The hot flushes were a challenge for a while, but by layering my clothes and using a hand-held fan I was able to manage them quite effectively. Thankfully, I now only experience them very occasionally. – Kym

Hot flushes are the most commonly reported menopausal symptom associated with breast cancer treatment. Up to 80 per cent of women with breast cancer, particularly younger women, experience hot flushes. Hot flushes may be more severe and frequent than in women without breast cancer and may persist for many years following breast cancer treatment.

How often you experience hot flushes can vary – from a couple per day to several every hour. They can range from a mild sensation of warming that just affects the face, to waves of heat through the whole body. They may be accompanied by drenching perspiration, palpitations (feeling the heart is racing), anxiety or nausea. Flushes may be worse at night and accompanied by drenching sweats and disturbed sleep. Hot flushes can also affect your mood, and can leave you feeling irritable and tired.

If you are experiencing hot flushes, there are things you can try that may help. Some suggestions include:

- Minimise stress where possible. Feeling overwhelmed and anxious may trigger hot flushes. Stopping every so often to take a deep breath may help you relax.
- Meditation, yoga and other relaxation techniques have been shown to be beneficial in reducing stress.
- Aim to maintain your ideal weight.
- Aim to exercise for 30 minutes most days.
- Stop smoking.
- Wear loose cotton clothing to allow your skin to breathe. Wearing clothing in layers can also help, as you can take layers off during a hot flush.
- Avoid anything that triggers your hot flushes, such as hot spicy food, alcohol and caffeine.
- Drink cold water to help to lower your body temperature.
- Avoid hot environmental temperatures and stuffy rooms.
- Use water sprays or moist wipes to help lower your skin temperature.
- Use an electric or handheld fan to lower your skin temperature.
- Use cotton bed sheets instead of synthetic sheets to help breathability.
- Take a cool shower before bed.
- Place a cool gel pack under your pillow at night. Turn the pillow over during a hot flush to cool your face.

Prescription medicines

If the strategies outlined on page 7 don't help and you are finding hot flushes troublesome, you may like to talk to your GP or medical oncologist as there are a number of medications that can be used to treat hot flushes. These include a low-dose antidepressant such as venlafaxine (Efexor), or other drugs including clonidine (Catapres) and gabapentin (Neurontin, Pendine). Clonidine is generally used to treat high blood pressure, but can be used to reduce menopause-related hot flushes after breast cancer. Gabapentin is used to treat chronic pain. It can also be effective in reducing hot flushes. Let your doctor know if you are taking tamoxifen because some antidepressants, especially paroxetine (Aropax), reduce its effectiveness.

None of these medications are listed on the Pharmaceutical Benefits Scheme (PBS) for hot flushes. However, they are on the PBS for other conditions.

If they are prescribed for you as a non-PBS drug, it may be worth checking the cost of the prescription at different pharmacies to obtain the best price. If you have private health insurance, your fund may provide you with a rebate so it's worth checking with them.

Hormone replacement therapy (HRT) replaces hormones (oestrogen and/ or progesterone) that are no longer being produced by the ovaries and is very effective in reducing menopausal symptoms. HRT can also protect against long-term side effects of menopause, especially osteoporosis.

However, HRT is not usually offered to women who have had oestrogen receptor positive (ER+) breast cancer, as there is uncertainty as to whether it may increase the risk of the breast cancer coming back. Your medical oncologist will be able to advise you on the appropriateness of HRT if your symptoms are severe and impacting on your quality of life.

Complementary medicines

There are a number of complementary medicines, health supplements and foods that are promoted as useful in managing hot flushes. Many of them have not been proven to be effective in clinical trials, and some may interfere with your breast cancer treatments.

It is important to talk to your doctor about any complementary medicines or herbal therapies you are considering or currently taking, particularly if you are taking hormone treatment such as tamoxifen or an aromatase inhibitor (anastrozole, letrozole, exemestane).

Bio-identical hormones are lozenges, troches or creams prepared by compounding pharmacists designed to be absorbed through the cheek or skin. They are individually prepared rather than manufactured by a pharmaceutical company, so quality controls may be inconsistent and they are not subject to approval by the Therapeutic Goods Administration.

The manufacturers claim the products are natural oestrogen, but they come from the same sources as traditional HRT. There has been no formal research into their dosage, effectiveness in reducing hot flushes, or their safety.

Phytoestrogens (plant oestrogens) are chemicals found in plants that mimic the effect of oestrogen on the body. High quantities are found in soybeans and linseed. You can buy phytoestrogen-rich foods and supplements from health food shops. As they are classified as foodstuffs they are not covered by drug regulations or clinical trials. Their safety after breast cancer is not known and their effectiveness in reducing hot flushes has not been proven.

Herbal therapies such as ginseng, passionflower, valerian, chaste tree, St John's Wort, black cohosh and ginkgo are also used by some women to manage hot flushes. They are also classed as foodstuffs and not subject to thorough clinical trials. Opinion is divided as to whether they are safe to use after breast cancer. There is also a lack of evidence that these herbal therapies are effective in reducing hot flushes. Some, such as St John's Wort, can reduce the effectiveness of tamoxifen and chemotherapy drugs, so should not be used while you are undergoing breast cancer treatment.

Before taking any herbal therapy or over the counter herbal product, it is important to speak to your medical oncologist as some products can interfere with breast cancer treatments.

You can find more information about herbal therapies at the Memorial Sloan Kettering Cancer Centre's About Herbs website, mskcc.org.



Complementary therapies

In recent clinical trials, cognitive behaviour therapy has been shown to reduce the impact of hot flushes, reduce anxiety and improve sleep after breast cancer. Other therapies that may help include hypnotherapy, yoga, relaxation therapy, acupuncture and mindfulness meditation.

Alternative therapies

There is currently a lack of evidence for homeopathy, reflexology, magnetic therapy, omega-3 supplementation or body manipulation improving hot flushes.

Vaginal symptoms

My libido and lubrication have diminished, but my love for my husband hasn't. If intercourse is uncomfortable we find other ways to enjoy sensuality and intimacy with each other. - Mary

Menopause may cause loss of libido and vaginal symptoms such as vaginal dryness and painful intercourse.

There are a number of products you can try to help manage vaginal dryness.

Some women find that a non-hormonal vaginal moisturiser such as Replens (a low-pH gel), available from pharmacies, provides relief from vaginal dryness, itching and irritation.

When applied directly to the vagina, vaginal moisturisers help replenish moisture to the lining of the vagina and relieve discomfort associated with vaginal dryness. Vaginal moisturisers are designed to be applied twice a week, but can be used more or less frequently as necessary.

It's important to be aware that while vaginal moisturisers can improve vaginal symptoms and sexual function, depending on the severity of vaginal dryness, they are likely to take around six to eight weeks to be fully effective.

Vaginal oestrogens are the most effective treatment for vaginal dryness. However, doctors are cautious about prescribing vaginal oestrogens to women who have had breast cancer, particularly those women who have had oestrogen receptor positive breast cancer. These creams or vaginal tablets contain low doses of oestrogen, which may be absorbed into the body at low levels. You may like to discuss with your specialist whether a vaginal oestrogen is suitable for you. Vaginal oestrogens are only available on prescription by a doctor.

From time to time women ask BCNA about the use of CO2 laser therapy. While some studies have shown the therapy improves symptoms, further research is needed to determine its benefits and whether it is safe. You might like to talk to your cancer specialist if you are considering laser therapy.

If you are experiencing vaginal symptoms, you may find that sex is painful. Vaginal lubricants can be used in sexual foreplay immediately before and during sex to provide lubrication, and to reduce pain and discomfort from dryness. Lubricants that are suitable include YES, Astroglide and Pur.

Avoid using petroleum or oil-based lubricants as they can interfere with the vagina's natural secretions and can worsen vaginal dryness. If you are prone to vaginal thrush, use water-based lubricants as lubricants with high levels of glycerine or silicone may cause recurring vaginal thrush.

Ospemifene is an oral drug sometimes used to treat painful intercourse. However, its safety and effectiveness after breast cancer has not been proven. Your oncologist or doctor will be able to discuss your options with you.

BCNA has a booklet available for women called Breast cancer and sexual wellbeing, which includes more detailed information about vaginal symptoms and sexual wellbeing issues. Details on how to order a copy are on page 18 of this booklet.

Mood changes

When you go through menopause, the fall in oestrogen can also affect your brain, resulting in poor concentration, forgetfulness and mood swings. You may find that your moods change from day to day – you may be irritable some days, positive and happy on others, and miserable and sad on yet others. Fluctuating moods are a common menopausal symptom.

Relaxation classes, tai chi, yoga and meditation can all assist with mood changes and concentration. Regular exercise may also help. Many women find that joining a support group and sharing their feelings also helps them to understand and manage their mood swings.

If your moods are persistently low and you find you are losing interest in activities you normally enjoy, you have less energy or difficulty sleeping, or if anxiety is a persistent feeling, it is important that you discuss your symptoms with your doctor or breast care nurse to exclude underlying depression.

Joint pain

The symptoms do settle down after a while. The worst for me is the joint aches. But even those have settled down a bit with time.

– **Christine**

Joint pain and/or stiffness are common menopausal symptoms and may be worsened if you are taking aromatase inhibitors such as Arimidex, Femara or Aromasin.

Strategies that may assist you to manage joint pain include:

- gentle, low-impact exercise including hydrotherapy (exercising in a heated pool)
- yoga or tai chi
- acupuncture
- over-the-counter mild analgesics such as paracetamol or ibuprofen (if you are undergoing chemotherapy seek the advice of your oncologist before taking ibuprofen or other anti-inflammatory medications)
- fish oil supplements
- maintaining a healthy weight to reduce stress on the joints.



If you are taking an aromatase inhibitor and the joint symptoms are severe and distressing, discuss this with your doctor. He or she may be able to change the hormone therapy you have been prescribed to a different aromatase inhibitor or to tamoxifen, which is associated with fewer joint symptoms.

Long-term effects: osteopenia and osteoporosis

I knew that osteoporosis was a risk factor when I made the decision to take an aromatase inhibitor. I do what I can to minimise the risk, such as walking, watching my weight, eating calcium rich foods and having regular checks for my vitamin D levels. It was the right decision for me. – Sally

After menopause, a woman's bone density falls between one per cent and three per cent every year. If your bone density drops too much, there is a risk you may develop osteopenia or osteoporosis, leading to an increased risk of fracture.

Osteopenia (lower than normal bone mineral density but not low enough to be defined as osteoporosis) and osteoporosis can be diagnosed with a bone mineral density scan called a DXA scan. This is different from the bone scan you may have to determine if breast cancer has spread to other parts of your body.

Women who are at increased risk of osteopenia and osteoporosis are those who:

- have experienced early menopause, i.e. before the age of 45
- have a family history of osteoporosis
- are very thin
- are of Asian descent
- smoke.

In addition to the normal fall in bone mineral density caused by menopause, some breast cancer treatments, in particular aromatase inhibitors, can reduce bone mineral density. Your doctor will monitor your bone mineral density if you are taking one of these medications.



There are things you can do to reduce your risk of developing osteoporosis. These include:

- 30 minutes of weight-bearing exercise most days. Weight-bearing exercise includes walking, running or dancing rather than non-weight-bearing exercise such as swimming or cycling. Speaking to an accredited exercise physiologist or physiotherapist who can provide you with advice about exercise can be helpful.
- ensuring an adequate intake of vitamin D and calcium. Your doctor may recommend a blood test to check your vitamin D levels and may suggest supplements if they are low.
- not smoking
- limiting your intake of alcohol.

Medications such as bisphosphonates may be prescribed if you develop osteoporosis and are at increased risk of fracture.

Other common symptoms of menopause

Extreme tiredness, also known as fatigue, is a common symptom of menopause and may also be a side effect of some breast cancer treatments. If you are feeling fatigued, it may help to make sure you:

- stay hydrated by drinking plenty of water
- incorporate some exercise into your day
- eat a healthy
- well-balanced diet
- take some time to rest between activities.

Limiting the length of naps you may take during the day can help ensure you can still sleep at night. BCNA's factsheet, *Sleepless nights: breast cancer and sleep* provides a range of tips and strategies if you are having trouble sleeping. Details on how to order a copy are on page 18 of this booklet.

During menopause, some women experience bladder problems such as having trouble with bladder control, needing to pass urine more often or having more frequent urinary tract infections. If you are experiencing bladder issues, speak to your doctor or breast care nurse. Pelvic floor exercises may help to improve bladder control.

Some women also experience difficulties with memory or have trouble concentrating. Having difficulty sleeping, fatigue, as well as stress or anxiety can all contribute to difficulties with memory or concentration. Some strategies that may help include making 'to do' lists, getting enough sleep and taking some time to relax and unwind during the day.

Gaining some weight during menopause or breast cancer treatment is also common. BCNA's booklets *Exercise and breast cancer* and *Healthy eating and breast cancer* provide information about maintaining a healthy weight and eating well during and after treatment. Details on how to order these booklets are on page 18 of this booklet.

More information

Menopause clinics

There are a number of menopause clinics around the country that can provide counselling and advice on managing menopausal systems. A referral from your GP or specialist may be required.

ACT

Menopause Centre Canberra
Level 1, 28 University Ave, Canberra
(02) 6248 6222

New South Wales

Menopause Clinic
Level 3, Clinical Services Building, The Royal North Shore Hospital,
Reserve Road, St Leonards
(02) 9463 2349

Sydney Menopause Centre
Royal Hospital for Women, Barker St, Randwick
(02) 9382 6620

South Australia

Menopause Clinic
Women's Health Centre, Royal Adelaide Hospital, North Tce,
Adelaide
(08) 8222 5587

Menopause Clinic
Women's and Children's Hospital, 72 King William Rd, North
Adelaide
(08) 8161 7592



Victoria

Southern Health Menopause Clinic
Monash Medical Centre, 246 Clayton Rd, Clayton
(03) 9594 6666

Menopause Symptoms After Cancer Clinic
The Women's Hospital, Level 1, 20 Flemington Rd, Parkville
(03) 8345 2191

Jean Hailes Medical Centre for Women
173 Carinish Road, Clayton
(03) 9562 7555

Western Australia

Menopause Symptoms after Cancer Clinic
King Edward Memorial Hospital, 374 Bagot Road, Subiaco
(08) 6458 1355

Breast Cancer Network Australia

bcna.org.au | 1800 500 258

Breast Cancer Network Australia produces a range of resources including:

- *Breast cancer and sexual wellbeing*, a booklet for women and their partners. This booklet provides information and advice about the practical and emotional aspects of breast cancer and sexual wellbeing issues.
- *Hormone therapy and breast cancer*, a booklet for women who are being treated with hormone therapies for oestrogen receptor positive (ER+) breast cancer.
- *Exercise and breast cancer*, a booklet about exercising for good health.
- *Healthy eating and breast cancer*, a booklet about eating well during and after breast cancer treatment.
- Fertility-related choices: a decision aid for younger women with early breast cancer, a booklet for young women who have recently been diagnosed with early breast cancer.
- *Sleepless nights: breast cancer and sleep*, a fact sheet with information and strategies if you are having difficulty sleeping.
- BCNA's online network exists to connect you with others going through a similar situation at any time during the night and day. The online network can be found at onlinenetwork.bcna.org.au

Cancer Australia

canceraustralia.gov.au | 1800 624 973

Cancer Australia is the Australian Government's national cancer agency. It provides leadership in cancer control to improve outcomes for Australians affected by cancer. Cancer Australia develops and distributes clinical guidelines for best practice health care to improve the diagnosis, treatment and support of women with breast cancer. It produces a number of information resources for health professionals and people affected by breast cancer, including:

- Managing menopausal symptoms after breast cancer: a guide for women, a booklet for women affected by breast cancer who are experiencing menopausal symptoms as a side effect of breast cancer treatment.
- Breast cancer and early menopause: a guide for younger women, a booklet for younger women diagnosed and treated for breast cancer who may be at risk of early menopause
- Management of menopausal symptoms in women with a history of breast cancer, clinical guidelines that provide health professionals and women diagnosed with breast cancer with evidence-based recommendations to guide the management of menopausal symptoms in women diagnosed with and treated for breast cancer.

Jean Hailes for Women's Health

jeanhailes.org.au
1800 532 642

Jean Hailes for Women's Health is a not-for-profit organisation dedicated to the physical and emotional wellbeing of women across Australia. It translates the latest research findings into practical health and lifestyle approaches for women and professional advice for nurses, GPs and health specialists. Jean Hailes produces fact sheets and written advice on its website about menopause, bone health, sleep, vitamin D, nutrition for women and more.

Cancer Council Helpline

13 11 20

Cancer Council has a free, confidential telephone information and support service in each state and territory. Specially trained staff members are available to answer questions about cancer and offer emotional or practical support.

Breast Cancer Care UK

breastcancercare.org.uk

Breast Cancer Care UK is a not-for-profit organisation that provides information and support to those affected by breast cancer. A useful resource is:

- Menopausal symptoms and breast cancer, a booklet with information for people experiencing menopause as a result of treatment for breast cancer.

Other useful websites

Australasian Menopause Society, menopause.org.au

Bone Health for Life, bonehealthforlife.org.au

Early Menopause, earlymenopause.org.au

Managing Menopause, managingmenopause.org.au

Memorial Sloan Kettering Cancer Centre's 'About Herbs, Botanicals & Other Products', website mskcc.org

North American Menopause Society, menopause.org

Osteoporosis Australia, osteoporosis.org.au

Hormone Health Network, hormone.org

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How you can support BCNA

This booklet is one of many high quality resources that BCNA provides free to Australians affected by breast cancer. BCNA also offers support services and programs, connects people through their shared breast cancer experience, and advocates on behalf of Australians affected by, or at risk of breast cancer to ensure their voices are heard.

We rely on the generosity of our supporters to continue our work. When the time is right for you, there are many ways you can support BCNA.

Donate

Make a one-off donation, set up a regular monthly donation or leave a gift in your will.

Give back while you work

Workplace giving brings employers and staff together to support a cause close to their hearts. It is an easy and convenient way to donate to via pre-tax payroll deductions.

Attend a BCNA event

From our annual luncheon series to major events such as the Field of Women, our events bring people together to help make a difference.

Hold a fundraising event

A Pink Lady event can be anything from a simple afternoon tea to a fancy cocktail party. A Pink Sports Day is the perfect way for local sporting clubs to show their support.

Participate in research

BCNA members interested in sharing their experiences and helping with breast cancer research can join BCNA's Review & Survey Group, which helps ensure the voices of Australian affected by breast cancer are heard.

Help us speak out

BCNA Consumer Representatives represent the broad views of Australians affected by breast cancer on national, state and local committees, working parties and at conferences. BCNA Community Liaisons speak about their personal experiences with breast cancer and represent BCNA in their local communities.

Set a personal goal

Thinking about a fun run, or taking a trip of a lifetime? We have some great ways you can take on a challenge while supporting BCNA.

To find out more about how you, your family and friends can help, phone **1800 500 258** or visit bcna.org.au



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