

# Connect

ISSUE 03  
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Concerted Effort To Fight

*Breast Cancer*

Ladies, You Are Not Alone  
In This Battle

Pink October  
Zumba Party

Pink Power:  
Spreading Care To Every Woman

Conquering  
Breast Cancer

# Ladies, You Are Not Alone In This Battle

## Breast Cancer Awareness Month At HKIOOC



*During the Pink October Month 2020, HKIOOC captured a story of how a cancer patient's diary became a support network for young women fighting breast cancer.*

At 40, Jacqueline was a mother of two and excited for a big change in her career. Only until her long overdue health checkup revealed she had stage I breast cancer.

Immediately after diagnosis, she underwent surgery followed by multiple cycles of chemotherapy, targeted therapy, radiotherapy and hormone therapy. As strong as she could be, she could not bear the stress anymore when she learned that chemotherapy may cause hair loss.

"I felt sad, guilty and angry all at once – for my body had endured so much, yet cancer was about to take away my appearance as well."

Luckily, Jacqueline learned about "Cool Cap", an invention that helps reduce hair loss during chemotherapy from Dr Foon Yiu Cheung, Specialist in Oncology in HKIOOC. Delighted by the results, she decided to share her journey on battling with breast cancer on social media.

## A Second Family

As Jacqueline detailed her experiences on Facebook, many newly diagnosed breast cancer patients resonated with her, which ultimately led to the creation of “You are not alone”, a WhatsApp group with over 200 patients and their family members, sharing everything about breast cancer care.

Charmaine, Winnie and Ada were some of the young members. Winnie, who was diagnosed breast cancer during the 35th week of her pregnancy could not thank her husband enough for discovering the group. “My life was upside down as my newborn son also needed heart surgeries, whilst I was fighting breast cancer. The advice from the group and my husband’s support motivated me to hang on to the treatments given by Dr Cheung.”

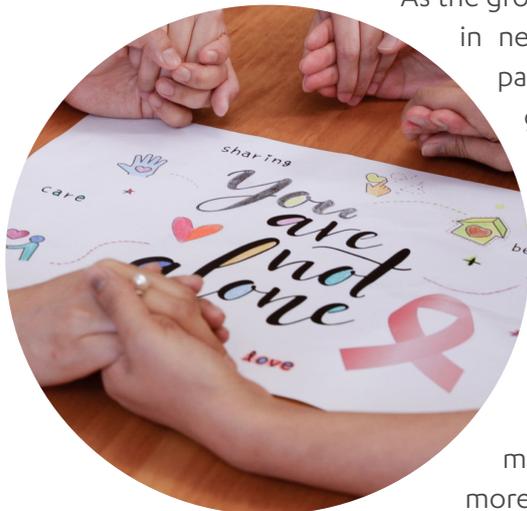
Charmaine and Ada also shared similar emotions and worries about the side effects of chemotherapy. While family support had helped them be brave to complete the treatment, “You are not alone” was their source of practical and emotional support, and a second family where all patients were united to support each other.



## Extending the love to others

As the group grew, it became easier to mobilize resources and help other patients in need. Jacqueline shared how her WhatsApp group helped another cancer patient – a 21-year-old girl who is the niece of Jacqueline’s friend. The girl was diagnosed with lung cancer and metastases to brain. The girl’s grandmother was celebrating her birthday soon and as her grandmother did not know that she had cancer, the girl longed to buy a wig to avoid her grandmother getting worried about her.

However, as the girl came from a single-parent family, she could not afford a wig. Jacqueline planned to ask friends in her WhatsApp group if any of them had completed treatment and could donate a wig to the girl. To Jacqueline’s surprise, her friends in the group suggested raising money for the girl to help her buy a wig. Within two hours, the group raised more than enough money for the wig and one of the breast cancer patients in the group accompanied the girl to buy the wig. Eventually, the girl found a wig that fitted her and that was of a similar to her previous hairstyle. The girl was delighted and confident after wearing the wig. The breast cancer patients were all moved by how this concerted effort from the group could help the young girl.



## Staying confident

For women diagnosed with breast cancer, this disease might have changed every aspect of their lives. The key to successful treatment is to open up and be confident about the care team and most importantly, oneself. As Jacqueline put it, “While it is not an easy battle, after the storm comes the rainbow. So don’t give up,”.

# Pink Power: Spreading Care To Every Woman

## Breast Cancer Awareness Month At Hung Viet

In Vietnam, the topic of breast cancer is still shunned by many. Statistics show that in 2018, Vietnam recorded more than 15,000 new cases of breast cancer but the awareness of this disease in Vietnam is still low.

In order to make a greater impact to Vietnamese women during the breast cancer awareness month in October, Hung Viet Healthcare (Hung Viet Cancer Hospital and Hung Viet General Clinic) organised an online photo contest called "Pink Power – spreading care to every woman".

This photo contest hosted by Hung Viet Healthcare aimed at creating awareness of breast cancer whilst encouraging women to step forward to do early breast screening. The contest also encouraged breast cancer patients to raise their voice and share their stories about battling breast cancer.

Hung Viet Healthcare hopes that the stories shared by the patients will help alert other women the importance of early detection. The hospital also took the opportunity to remind patients of the benefits of early breast cancer detection which include: complete recovery, saving on treatment costs and increased chances of successful tumour dissection surgery.

Besides the online photo contest, all female patients at Hung Viet Healthcare were presented a gift. Some female patients even cried upon receiving the gifts as they were touched by the care shown by the doctors and staff during this challenging period in life.





## Zumba Party

### Breast Cancer Awareness Month At AHCC

Adi Husada Cancer Center (AHCC) co-organised a Zumba Party called “BREAST CANCER AWARENESS ZUMBA PARTY” with FitBuddy Surabaya Sports Community at the East Atrium Grand City Mall Surabaya on 17 October 2020.

“Maintaining a healthy lifestyle is one of the important factors in preventing cancer. Through this activity, we aim to spread awareness of breast cancer prevention and importance of early screening through Breast Self Examination (BSE) and Mammography,” said Luluk Widyasari, Marketing Manager of AHCC.

AHCC also distributed discount vouchers worth 50% off mammogram tests to encourage women to step forth to do early breast screening.

AHCC also organised an online campaign to spread the awareness of breast cancer via its social media platforms. The centre also produced a special edition “Pink October” face mask to distribute to its patients in conjunction with the Breast Cancer awareness month.

# Conquering Breast Cancer

## Breast Cancer Awareness Month At CLIOC

Every woman's life is important but breast cancer is an infamous opponent that has taken the lives of many; hence, many are those who fear having to face it. This is why Central Luzon Integrated Oncology Centre (CLIOC) seized the opportunity to teach, empower, and help women conquer breast cancer through its "I Am A Conqueror" campaign.



Understanding breast cancer and the importance of early screening and treatment is key to better chance of survival. CLIOC, equipped with advanced technology and experts in oncology, maximized its social media presence to raise an awareness by crafting a gamut of contents that focused on the ABCs of breast cancer - from screening and diagnosis to treatment, managing side effects, diet and exercise, and post-cancer care. The audience learned more about this type of cancer as Dr. Gonzalo Banuelos, Jr., a Radiation Oncologist practicing in CLIOC, answered their Frequently Asked Questions (FAQ). He also educated the audience on radiation therapy for breast cancer and debunked common myths on radiation therapy in a four-part-video series.



▼  
**Dr. Gonzalo Banuelos, Jr.**  
Radiation Oncologist

Ann Abeleda, a widowed mother who survived breast cancer for thirteen years, shared her story to inspire those impacted by the disease. The campaign was a success as CLIOC managed to reach, engage, and educate thousands.

Breast cancer awareness month is a celebration of resilience and strength. CLIOC aspires to see women face breast cancer and confidently say, "I am a conqueror."



▼  
**Ann Abeleda**  
Breast Cancer Survivor

# Sharing From European Society for Medical Oncology (ESMO)

A real-world data in the application of Bone Targeted Agents for prostate cancer patients in Asia.

by Dr Philip Kwong, Specialist, Clinical Oncology, HKIOC

Bone pain is one of the most devastating symptoms of patients with metastatic prostate cancer. Pain management is usually limited by multiple factors, e.g., social, culture and education. Patients are usually shy about expressing pain to their doctors with the worry about the side effects of pain killers. Some patients or doctors may also overlook the importance of pain management as it will not cause immediate severe clinical consequences. In light of this, awareness of adequate pain control should be promoted among doctors, patients as well as caretakers.

Bone targeted agents (BTAs), namely RANK ligand inhibitor (denosumab) and bisphosphonates (e.g. zoledronic acid and alendronate) are common drugs to be used for bone pain control in metastatic prostate cancer. A recent survey conducted by Hong Kong Society of Uro-Oncology (HKSUO) to 30 clinicians suggested that BTAs are under-utilised for skeletal-related event (SRE) prevention among metastatic castrate-resistant prostate cancer (mCRPC) patients in Asia<sup>1</sup>. With the real-world data generated from this 20-question survey, BTAs were considered for patients with higher disease burden only. It may be one of the major reasons of low utilisation rate of BTAs although efficacy and cost are potential concerns among clinicians too.

According to the recent update of the American Urology Association guidelines, either denosumab or zoledronic acid should be considered as a preventive treatment for skeletal related events for mCRPC patients with bony metastases. Zoledronic

acid was the first agent proven to be effective in delaying the first SRE for mCRPC patients with a significant reduction in the incidence of SREs too in 2004<sup>2</sup>. Adverse drug reactions were also reported to be mild to moderate.

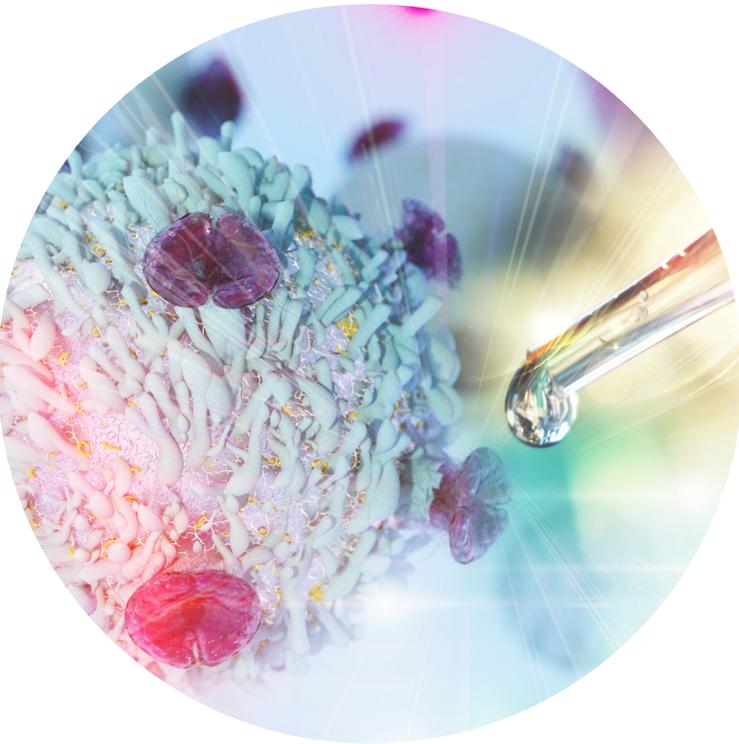
Another study published in 2011, a comparison between zoledronic acid and denosumab was carried out with 1,904 mCRPC patients for the treatment of bone metastases<sup>3</sup>. This randomised double-blind study demonstrated a longer time to the first SRE in denosumab group with a non-inferior study design. Subcutaneous denosumab 120mg every 4 weeks was then recommended as an alternative to zoledronic acid. Adverse drug reactions were still manageable in the denosumab group with a slightly higher rate of osteonecrosis of jaw. Incidence of hypocalcaemia was reported more commonly in the denosumab group. Calcium and vitamin D supplements were then recommended with denosumab.

With the current scientific evidence and recommendations from the international guidelines, denosumab and zoledronic acid should be considered for the prevention of skeletal-related events in metastatic castrate-resistant prostate cancer patients. However, limitations in real-world setting can hinder their clinical applications. Further studies on the possible reasons of hinderance should be carried out. Solutions and resources should be sought to improve the quality of care of mCRPC patients especially in the unique Asian context.

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2 Saad F, Gleason DM, Murray R, Tchekmedyian S, Venner P, Lacombe L, Chin JL, Vinholes JJ, Goas JA, Zheng M; Zoledronic Acid Prostate Cancer Study Group. Long-term efficacy of zoledronic acid for the prevention of skeletal complications in patients with metastatic hormone-refractory prostate cancer. *J Natl Cancer Inst*. 2004 Jun 2;96(11):879-82. doi: 10.1093/jnci/djh141. PMID: 15173273.

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**MODERATOR**  
Dr. Cheung Foon Yiu  
HKIOC



**SPEAKER**  
Dra. Francisca Tan  
CLIOC



## Doctors' Sharing On Immunotherapy

On 26 November 2020, IOC and Roche co-hosted a sharing session amongst doctors on the topic of Atezolizumab, an immunotherapy drug. The session was hosted by Dr Cheung Foon Yiu, Specialist in Clinical Oncology, HKIOC.

During the talk, Dr Clement Lim and Ong Yi Theng from Roche shared some insights of the background and updates on the clinical trials of Atezolizumab. Dra Francisca Tan also shared on the topic of the management of side effects of Atezolizumab by using a real patient case study.

This sharing session was very informational and educational and recorded an attendance of 26 doctors from Philippines, Indonesia and Hong Kong. It ended with a very interesting discussion moderated by Dr Cheung Foon Yiu.

IOC hopes to continue organising such talks in future to facilitate knowledge sharing amongst our doctors across the region.

# Meet Our Chief Medical Physicist

Medical physicists play an important role in the treatment journey of the cancer patient. In radiation therapy, medical physicists work with oncologists to optimise individualised treatment plans.

**In this issue, Chief Medical Physicist, Charlie Chan shares more about his job and what has kept him motivated over the years.**

Treating cancer is often described as an uphill battle. If the oncologist is the commander, the strategist behind the curtain would be the medical physicist who conduct planning for radiotherapy treatment.

Once radiotherapy is indicated for cancer patients, oncologists will first arrange an array of examinations including CT scan, MRI and/or PET-CT scan to confirm the tumour's location and perform accurate contouring of the targets. They will also prescribe all the radiation doses. Medical physicists then design optimized treatment plans and dose distributions based on the tumour's shape, size and proximity to critical organs and normal structures.

As Charlie puts it, being "faultless" is the essential aspect of radiotherapy planning. A tiny error could be a matter of life and death. Therefore, medical physicists need to be extremely focused and careful during planning.

"There were case reports from the UK and other countries where mistakes by medical physicists resulted in hundreds of casualties. It all boils down to the fact that radiation itself could be harmful if there is unnecessary radiation to organs and structures. On the other hand, an underdose to part of the tumour could be equally harmful because if that part is not properly treated, the tumour could grow back again at the same location. Our treatment plan will determine the level of suffering patients will have to tolerate. This is why we shoulder a great responsibility. If something goes wrong, it could be life-threatening," says Charlie.

## Reducing side effects through technology

Throughout his 40-year career in the profession, Charlie has witnessed how breakthroughs in medical technology have made a huge difference in cancer treatment. In the early days, radiotherapy planning primarily relied on two-dimensional (2D) technology, X-ray films and text-book anatomical structures for tumour location, which often resulted in excessive harm to surrounding healthy organs and tissues.

"From our experience, most tumours are close to important organs," he explained. For instance, nasopharyngeal cancer (NPC) tumours are often very close to the spinal cord, brain stem, salivary glands, visual and auditory apparatus and nerves. Radiation injuries to the optic nerves and chiasm could result in blindness. Similarly, radiation injuries to the auditory structures could cause hearing loss. Radiation injuries to the salivary glands could cause life-long dry mouths or even paralysis if the spinal cord is damaged.

Radiotherapy has also been notorious for its side effects like hair loss, bleeding, skin darkening, tiredness, dizziness and vomiting, where treatment intolerance is not uncommon. Recurrence or metastasis may still occur in some patients despite having completed radiotherapy.

The reason behind these tremendous side effects is that tumours are not stationary in the human body but are capable of moving in sync with heartbeats, breathing patterns, organ motions and bowel movements, which needs to be factored in during treatment planning. With advances in technology, newer radiotherapy equipments are designed to address these issues and improve treatment outcomes, such as the TomoTherapy and Elekta Versa HD Linear Accelerator at HKAHOC.

### Seamless care

A seamless medical team remains at the core of an effective treatment plan. As Charlie pointed out, “While newer facilities do offer higher precision, they need to be managed by a knowledgeable and organised team to deliver the best personalized treatment in order to minimise unintended damages while maximising the treatment outcomes in a safe manner.”

In a gist, radiotherapy is very similar to modern fighter jets that are capable of locking and hitting the target accurately. “And our enemies are the tumours,” Charlie says. The challenge in this battle is that even a minute of error would cause great harm. Therefore, medical physicists need to be meticulous about dose distributions down to the millimetre and constantly assess the risks and benefits for patients. Imagine a scenario where the tumour is compressing the spinal cord. It is a tough decision between sufficiently eradicating the tumour versus protecting the spinal cord through dose sparing. My responsibility is to make the difficult decisions, taking into consideration the best interests of the patient,”

As cancer requires prompt intervention, radiotherapy planning is also a race against time. Charlie is proud of HKAHOC’s radiotherapy service for its world-class efficiency. Whenever clinically required, radiotherapy can even be arranged on

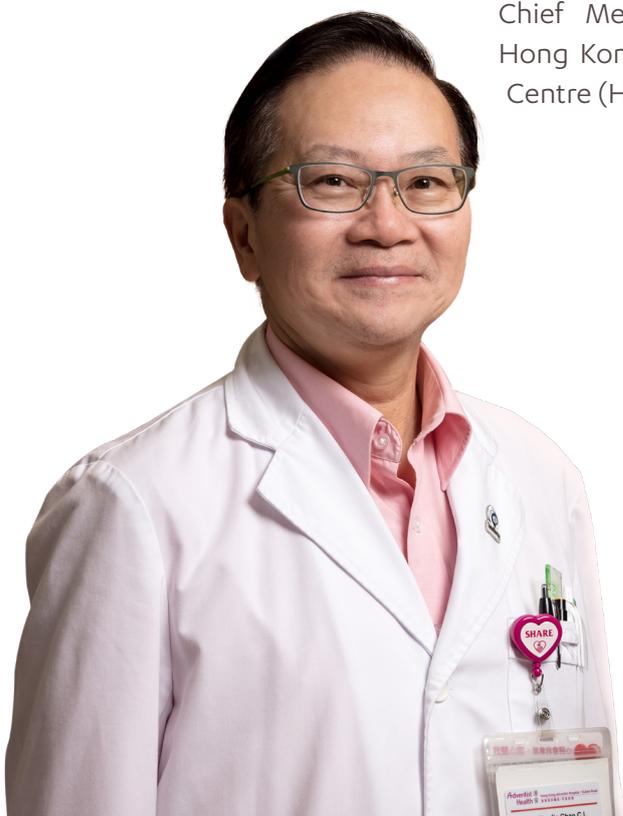
the same day. Otherwise, in many cases, treatment could start on the next day of CT scanning for planning.

### The patients are his motivation and his great teachers

To Charlie, his career has shaped his view on cancer. “Besides physical suffering, cancer has a profound impact on patients’ families, relatives and friends. When a patient suffers, it is not only him/her that is affected but the people who are close to the patient also suffer. Cancer pain is more fearful than death – it can turn daily activities like eating, drinking or even breathing into impossible tasks,” he shares. As medical physicists, it is their positive mentality and commitment to patients that enable Charlie and his team to overcome challenges and deliver effective planning and treatment.

“I often plan treatments until late night but seldom expect compliments for performing my duty. I was deeply touched when a patient came up to me and thanked me profusely when he was relieved from pain and regained his appetite after radiotherapy. This is my motivation to work harder and better.” Charlie shares. “The patients are also my great teachers because they have taught me what kind of dose distributions could reduce their complications and improve their quality of life and more importantly, improve treatment outcome and survival.”

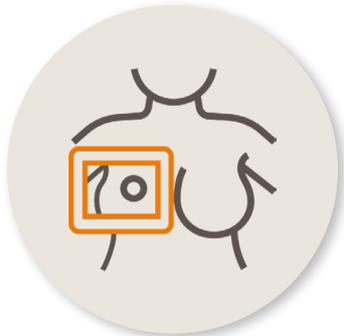
Chief Medical Physicist, Charlie Chan,  
Hong Kong Adventist Hospital Oncology  
Centre (HKAHOC)



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# Quick Facts About Breast Cancer

## Breast Cancer Incidence and Mortality Rate



Breast cancer is one of the top killers among women with high incidence and mortality rate.



In South East Asia, breast cancer is one of the leading cause of death for women.

## Risk Factors & Diagnosis



- Being a woman
- Family history of breast cancer
- Personal history of breast cancer
- Age (>40 years old)
- Radiation therapy to the chest

- Overweight
- High fat diet
- Alcohol consumption
- Smoking
- Recent oral contraceptive use
- Stress and anxiety



References:

- <https://www.wcrf.org/dietandcancer/cancer-trends/worldwide-cancer-data>
- <https://www.canceratlas.cancer.org/the-burden/south-east-se-asia>
- <https://www.mayoclinic.org/diseases-conditions/breast-cancer/symptoms-causes/syc-20352470>

01

**Medical History & Breast Examination**

Doctor to assess risk of cancer based on medical history, menstrual cycle and physical characteristics of the breast lump.



02

**Mammogram**

A series of X-rays or multiple x-rays to detect small lumps that cannot be felt via physical examination. Often conducted with ultrasound.



**Diagnosis**



**Needle Biopsy**

Using a fine needle to remove some cells from a breast lump and examine under the microscope for cancerous cells.

04

**Ultrasound**



Uses high frequency sound waves to detect the structure of lump. Often combined with mammogram.

03



## Taking Care Of Your Breasts After Surgery

Article contributed by Can-care Malaysia



Most women with breast cancer would have breast surgery (mastectomy or lumpectomy) as part of their cancer treatment plan. Breast surgery is a major operation and like any other major operation you need to take extra care of yourself, physically and mentally, during your recovery. Can-Care, Malaysia's leading post-care centre solely dedicated to female breast cancer patients shares insights on how patients can take care of their breasts after surgery.

### Pain Management

It is perfectly normal to feel pain after breast surgery. The extent of the pain or amount of discomfort after surgery varies from person to person.

Your doctor can easily prescribe you with the appropriate analgesic drugs or pain killers. Inform your cancer team of any drug allergies; reactions or medical problems that you have that may prevent you from taking pain medication.

### Recognise Signs of Infection

Coming out of surgery, you can be exposed to the risk of infection. Learn how to recognise some of the most common signs of infection:

- Fever - It isn't uncommon for patients to have a mild fever after surgery. Monitor your temperature periodically to ensure that it doesn't go beyond 38 Degrees Celsius. A high fever may be an indication that your body is fighting infection.
- Increased Pain – It is normal to experience pain, soreness and tenderness in or around the surgery area. However, if there is a sudden increase in pain or severe pain, it could be a sign of infection.
- Wound infections – If the wound area has redness, swelling and tenderness or emitting pus or other fluids or a bad odour, these are signs of an infection. You should seek medical assistant immediately.

## Scarring

Scars are a natural part of the body's healing process, but they can be a source of irritation and some may find them unsightly. As different people heal differently, the extent of the scarring also varies from person to person. Taking care of the wound scar or scars will also help the prevention of keloids (hypertrophic scar that continues to grow, increasing in height and spreading over normal tissue even after it has healed).

## Breast Appearance

Whether you are having a mastectomy or a lumpectomy, both types of breast surgery will result in significant changes to the appearance of your breast and chest area. In the case of a mastectomy, all breast tissue will be removed. If you did not opt for reconstructive surgery immediately after the mastectomy, your chest will appear flat and with usually a horizontal scar across where your breast were.

As for a lumpectomy, your breast after surgery may appear asymmetrical and misshapen. The Can-Care Post-Op Kit which consists of a Post-Op Bra and Post-Op Molded Breast Form are specially designed for immediate use after surgery to provide a temporary shape replacement without compromising the healing of the wound. A small squeeze ball for hand exercises to reduce stiffness in your arm and shoulder is also included in the Can-Care Post-Op Kit.



*Can-Care Post-Op Kit*

For some women, surgery doesn't affect how they feel about themselves, but others may find the changes more difficult to accept. Some women may feel lop-sided or incomplete. Some women may want to try to restore the natural appearance of their breasts through reconstructive surgery. Others may instead opt for breast prosthesis, an artificial breast form that fits in your bra cup, as an effective long-term choice to reconstructive surgery. Can-Care offers a wide range of breast prosthesis for various forms and shape.



*Breast Prosthesis*

For more information, please visit:  
<https://cancare.asia>



# Our centres across the Asia Pacific region

Find IOC centres at:

## **Hong Kong Integrated Oncology Centre**

Central and Kowloon, Hong Kong

[www.hkioc.com.hk](http://www.hkioc.com.hk)

## **Hong Kong Adventist Hospital Oncology Center**

Hong Kong

[www.hkah.org.hk](http://www.hkah.org.hk)

## **Adi Husada Cancer Center**

Surabaya, Indonesia

[www.ahcc.co.id](http://www.ahcc.co.id)

## **Hung Viet Cancer Hospital**

Hanoi, Vietnam

[www.benhvienungbuouhungviet.vn](http://www.benhvienungbuouhungviet.vn)

## **Central Luzon Integrated Oncology Centre**

Pampanga, Philippines

[www.clioc.com.ph](http://www.clioc.com.ph)