



FIJI NATIONAL  
UNIVERSITY

# FNUNIKUA

## COMBATING BREAST CANCER



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We are stronger  
together

BREAST CANCER AWARENESS THROUGH  
COMMUNITY OUTREACH PROGRAMMES

BREAST CANCER AWARENESS SHOULD BE ON-GOING

## Breast cancer awareness through community outreach programmes



*Fadilah Taslim (first from right) with other student nurses during their Community Rural Attachment Programme.*

Substantial support for breast cancer awareness all over the world has helped create advances in the diagnosis and treatment of this health issue. The World Health Organisation (WHO) promotes comprehensive breast cancer control programmes as part of national cancer control plans. The recommended early detection strategies for low-and middle-income countries are awareness of early signs and symptoms and screening by clinical breast examination in demonstration areas.

Given the seriousness of this health issue in our country, the Fiji National University (FNU) in line with WHO's recommendation, has taken a proactive measure in educating the communities around Fiji the factors such as earlier detection, approaches to treatment and a better understanding of the disease.

This awareness initiative is undertaken by the final year Bachelor of Nursing students as part of their eight weeks compulsory rural attachment.

Elina Veitamana, an academic at FNU's College of Medicine, Nursing and Health Sciences (CMNHS) said non-communicable diseases and cancers are priority areas for the University's rural health promotion activities.

Veitamana said the Community Rural Attachment Programme serves as a platform for students to raise awareness and reduce the stigma of breast cancer through education around symptoms and treatment.

"Like many other health situations, greater knowledge about breast cancer can lead to earlier detection and management. Therefore, we need a more knowledgeable and empowered society to be able to have early detections," said Veitamana.

"While the third year Nursing students are on their attachments, part of their work is to organise presentation sessions with the villagers and educate them about the prevalent health issues of our country and what they can do to combat them."

"It is an opportunity to screen and create awareness for other cancer conditions as well, such as prostate cancer and cervical cancer. This is done in liaison with their respective community health nurses."

Former student of CMNHS and a registered Nurse at the Ministry of Health and Medical Services, Fadilah Taslim shared her eight weeks rural attachment experiences with the FNUNIKUA team.

Taslim said this initiative was not only an opportunity for the students to put into practice what they had learnt at school, but also a way to educate the members of the communities about the health issues that could be prevented with early prevention and detection.

"Each week for the duration of our attachment, we chose a health issue and delivered a presentation to the community members. This included breast cancer awareness," said Taslim.

"We presented on the importance of self-breast examination, signs and symptoms, diagnosis and treatment of breast cancer. We emphasized on the importance of medical treatment to prevent the advancement of breast cancer to a stage where no medical help would save the patient."

"We informed the members of the Navunibau Village in the district of Namosi, on the significance of seeing a medical professional if they come across a breast lump."

Taslim said it was interesting for the villagers to note the discussion on male breast cancers.

"We informed the villagers that although male breast cancer is a rare cancer that forms in the breast tissue of men, it was important for the men as well to conduct self-breast examination."

The students made pamphlets and charts in English on the prevention, symptoms, diagnosis and treatment of breast cancer. These were also translated in i-taukei language and made available at the community hall where the villagers spent most of their leisure time.

"It was an incredible experience to share with the villagers our knowledge of prevailing health issues in our beloved nation."

"At first I felt uncomfortable talking about issues such as breast cancer because of cultural aspects but that is what the rural attachment programme is all about – giving us students the opportunity to go out of our comfort zones and prepare ourselves for the real industry expectation," Taslim added.



*Elina Veitamana | Lecturer at CMNHS*



## General Surgeon explains why early diagnosis is important

**H**aving been actively involved in over twenty breast cancer surgeries, a General Surgeon at the Colonial War Memorial (CWM) Hospital's Oncology Department, Doctor Sanjeet Raman said lack of knowledge is still an issue among most females which leads them to arriving late for treatment.

Dr Raman, who is also a Postgraduate Diploma in Surgery student at the Fiji National University's (FNU) College of Medical, Nursing and Health Sciences (CMNHS) has been assisting and conducting breast cancer surgeries for two years now.

"Being a surgeon is a massive compromise one makes in personal life, unfortunately it gets more difficult for us to do our work when patients take their health lightly" said Dr Raman.

"Females come to us with all sorts of complaints, whether it is breast lumps or breast pains which is common in most women," he said.

### Breast pain in women

Breast pain includes breast tenderness, sharp burning pain or tightness in the breast tissues. Women become more sensitive to normal female hormones as they age.

Raman explained that breast pain may also be caused by cysts, or small pockets of fluid in the breast. He said most women with lumpy or painful breasts do not have cysts and their mammograms and ultrasound examinations are usually normal.

"So depending on the complaint we try to help them following a multidisciplinary team meeting," he said.

### Multidisciplinary Team Meeting

A multidisciplinary team meeting is a meeting with a group of health care workers and social care professionals who are experts in different areas with different professional backgrounds, united as a team for the purpose of planning and implementing treatment programs for complex medical conditions.

These include surgeons, physicians, oncology unit officers, radiologists and pathologists.

"This is where all diagnosed cases are discussed depending on the advancement of disease and available treatment options, with evidence based medicine. The most appropriate management plan is chosen for patient. The responsible team then discusses this treatment plan and we proceed with management based on patient's acceptance," said Dr Raman.

The General Surgeon said his team has found that most people who present themselves to them are in locally advanced stages.

"Very rarely we see patients coming to us with a very small lump. So by the time they reach us the lump gets cancerous," he added.

### Breast cancer surgery

Dr Raman further added that there are two types of surgeries to remove breast cancer;

- **Breast-conserving surgery:** A surgery in which only the part of the breast containing the cancer is removed. The goal is to remove the cancer as well as some surrounding normal tissue. How much of the breast is removed depends on the size and location of the tumor and other factors.

- **Mastectomy:** A surgery in which the entire breast is removed, including all of the breast tissue and sometimes other nearby tissues. There are several different types of mastectomies. Some women may also get a double mastectomy, in which both breasts are removed.

He said out of all the breast cancer surgeries done at the CWM Hospital, most cases involve locally advanced cases where the lumps are over fifteen centimeters.

"We have three teams who conduct surgeries. On average three breast cancer surgeries are done here every week," continued Dr Raman.

### Advise to patients

The General Surgeon has advised the patients to take heed of the information given to them.

"Breast cancer is not something we should be ashamed of. One should remember that for early identification of breast cancer cases, surgeries are curative," he said.

Dr Raman said while the doctors and surgeons are trying their best to pass the message across, the onus is on the patients to take the step.

Dr Sanjeet Raman  
General Surgeon  
CWMH

## Male Breast Cancer

Assistant Professor Basharat Munshi | Consultant General Surgeon, CWMH

**A**lthough the title may sound ironic and almost misconstrued as "funny", this is a real condition albeit rare. Moreover, it is a condition that is lethal if not diagnosed and treated promptly. The month of October is deemed "Pinktober" with the emphasis on raising awareness on breast cancer and invariably breast cancer is "labelled" as a disease that happens only in females. The awareness programs, health promotion activities predominantly involve discussions around female breast cancer and often the emphasis completely shifts entirely away from the possibility that this disease can affect males and therein lies the problem. Breast cancer is 100 times more likely to involve females than males, however, when it does involve males, it is more lethal as it is often diagnosed and treated late. This opinion piece will aim to raise awareness regarding male breast cancer.

Males are born with a small amount of breast tissue like females. During puberty, under the influence of the hormone estrogen, females further develop their breasts. Breast tissue consists of milk producing glands (lobules), ducts that carry milk to the nipple and fat. This breast development process does not happen in males as the hormone that predominates during male puberty is testosterone which is responsible for development of male secondary sexual characteristics. Therefore, having some degree of breast tissue does put the male breast at a risk, albeit 100 times less than females, of developing cancer. The type of cancer that develops, like females, is predominantly ductal carcinoma. Other types of cancer such as lobular cancer are very rare.

Most breast cancers in both females and males occur sporadically and are not inherited. In males however, the proportion of breast cancers with an associated genetic mutation



(BRCA mutation) which results in hereditary breast cancer is higher (10%) than in females (<5%). There are certain risk factors which may increase the likelihood of developing breast cancer and these include older age, exposure to estrogen, liver disease, obesity and testicular disease or surgery. Essentially, the common denominator in all the risk factors is proportionately higher exposure to the hormone estrogen with concomitant reduction in the male hormone testosterone. The clinical presentation of male breast cancer is in the form of a painless lump or thickening in the breast tissue, changes to the skin covering the breast, such as dimpling, puckering, redness or

scaling, changes to the nipple, such as redness or scaling, or a nipple that begins to turn inward, and, discharge from the nipple.

If any of the above symptoms are present, it is vitally important to see a doctor. The patient would then be referred to a Surgeon who conducts tests to diagnose and stage the cancer. Diagnosis involves removing part of, or the whole lump and getting a pathologist to analyse the tissue for cancer. Once cancer is confirmed, then it is important to stage it so that the treatment can then be tailored to the stage of the disease. Breast cancer in males like females, starts off in the breast and then spreads via lymphatics and via the bloodstream. The process of staging involves doing CT scans and bone scans to see whether the cancer is confined to the breast or has spread to other parts of the body such as the lungs, liver and bone. Cancer that is confined to the breast can be cured whereas cancer that has spread beyond the breast to distant sites cannot. That is why it is vitally important to diagnose this disease early so that treatment with curative intent can be achieved.

Treatment involves surgery to remove all the breast tissue and clearing nodes under the arm in the axilla. Radiotherapy is used to prevent local recurrence of the disease and chemotherapy is used to prevent systemic recurrence of the disease. Hormonal therapy in the form of anti-estrogen drugs such as tamoxifen may also be used in estrogen receptor positive tumours. Treatment is tailored to the stage of the disease using the above-mentioned modalities and suffices to say, the earlier the cancer is diagnosed and treated, the higher the chances of achieving a cure.

Prognosis after treatment of male breast cancer is like that of female breast cancer whereby adequate treatment of early breast cancer offers a very good prognosis. It is the author's experience as a General Surgeon in CWM Hospital that one to two cases of male breast cancer are diagnosed every year. Unfortunately, many of these cases present with either locally advanced disease or metastatic disease whereby achieving a cure is not possible. It is recommended that any male who discovers a lump in the breast seek medical attention urgently so that referral to see a specialist surgeon can be made promptly. This may prove to be lifesaving.

# Awareness on Breast Cancer needs to be localised, traditional medicine not the answer – Dr Nusair



*Dr Pushpa Nusair (first from left) with staff and breast cancer patient at CWMH during breast cancer clinic.*

According to the latest World Health Organisation (WHO) data published in 2017, Breast Cancer deaths in Fiji reached 119 or 20.7 percent of total deaths.

The age adjusted Breast Cancer Death Rate in Fiji is 29.89 per 100,000 of population. These alarming statistics have placed the country in the red light zone with a worrying rank of eighth in the world.

An Associate Professor of Obstetrics and Gynaecology at the College of Medicine, Nursing and Health Sciences (CMNHS), Dr Pushpa Nusair says there is a great need to educate women in rural communities about this health issue.

Dr Nusair, who has been in the field of gynaecology for the past 25 years, said the awareness campaigns conducted in the Pacific need to be culturally sensitive.

“There is a dedicated month to create awareness for Breast Cancer where organisations come together to raise funds for the cancer patients. Also, there are several symposiums organised to discuss this issue.”

“However, there are limited ways where we try to reach out to the rural communities and educate our women on the dangers of late presentation, importance of breast self-examination and the treatment available to control the cancer from advancing to late stages.”

### Late Presentation

According to WHO, majority of women who die from breast cancer (324, 000) live in low- and middle-income countries, where most women are diagnosed in late stages due to a variety of factors.

Dr Nusair said there are limited studies in the Pacific context to show why there is late presentation of this health issue and what can be done to encourage men and women to seek medical assistance when they come across breast-lump.

“We are still looking for answers as to why women are hesitant to seek medical help or just talk to a professional if they come across any abnormality. It could be linked to cultural aspects but there is a need to conduct studies around this factor.”

Dr Nusair highlighted that one of the major issues in Fiji was women opting for traditional medicine at the initial stages of the cancer and presenting late for medical attention.

“By the time the breast cancer patients, who have been undertaking traditional medicine, seek medical help it is too late. The cancer advances to a stage where cure is no longer possible.”

She urged women to seek medical help as soon as they feel

any difference in their breast, underarm area or upper chest.

Dr Nusair said early diagnosis remains the cornerstone of breast cancer control. She said when found early with the availability of adequate diagnosis and treatment, there is a good chance that breast cancer can be cured.

“If detected late, however, curative treatment is often no longer an option. In such cases, treatment may improve quality of life and delay disease progression, while supportive and palliative care can relieve suffering for patients and their families.”

She said palliative care is treatments that reduce pain and other symptoms but do not fight the disease as it works to help a person feel as comfortable as possible.

“These treatments can either be given at home or in the hospital. This form of treatment can be used at any phase of cancer treatment – whether early-stage, advanced-stage or metastatic.”

Dr Nusair said the aim of palliative care treatment is to reduce pain and discomfort and increase quality of life.

### Breast self-examination

Dr Nusair has called on the women to make breast self-examination a routine.

“You should get in the habit of doing breast self-examination once a month as this will familiarize you with how your breasts normally look and feel.”

“The more you examine your breasts, the more you will learn about them and the easier it will become for you to detect if something has changed.”

“For ladies, examine yourself several days after your period ends, when your breasts are least likely to be swollen and tender. If you are no longer having periods, choose a day that’s easy to remember, which could be the first or last day of the month,” she said.

Dr Nusair explained the following steps to follow for breast self-examination.

“Stand in front of a mirror, expose both your breasts and examine them. Then lean forward as both breasts will move off the chest wall. If one remains stuck, that is not normal.”

After that, you can choose from the following options to further examine for any abnormalities.

1. Lines – start in the underarm area and move your fingers downward little by little until they are below the breast. Then move your fingers slightly toward the middle and slowly move back up. Go up and down until you cover the whole area.
2. Circles – beginning at the outer edge of your breast, move

your fingers slowly around the whole breast in a circle. Move around the breast in smaller and smaller circles, gradually working towards the nipple and do not forget to check the underarm and upper chest areas as well.

3. Wedges – starting at the outer edge of the breast, move your fingers towards the nipple and back to the edge. Check your whole breast, covering one small, wedge-shaped section at a time; ensure to check the underarm area and the upper chest as well.

Dr Nusair advised women to not panic if they find a lump during breast self-examination and seek immediate medical assistance.

“Sometimes the lumpiness may be due to hormonal changes, but if you have nipple discharge or skin changes as dimpling than you are strongly recommended to seek medical assistance.”

### Way forward

Dr Nusair stressed on the need to have education materials in primary languages that are reading-level appropriate.

“We, the professionals need to put ourselves in the shoes of these women and think of the barriers they have in terms of dealing with this health issue.”

“There is a need to incorporate Pacific ways in our awareness, screenings and counselling,” she said.

“There has been a study done in Samoa and Tonga which has proved education materials that incorporate traditional settings and pictures of native islanders actually help improve cancer awareness and education.”

Dr Nusair believes similar approach for Fiji is needed to break the cultural barrier in terms of early presentation of breast cancer in Fijian women.

“We need to carry out awareness in languages that are understood by our target audience. There is also a need to design culturally sensitive approaches and programmes to support breast cancer prevention.”

She also acknowledged organisations who have taken a lead role in breast cancer screening and counselling for their employees.

“FNU took a great step forward this year by organising a health and wellness screening initiative for its employees’ free-of-charge where breast cancer screening was part of the screening.”

Dr Nusair called on other organisations to initiate similar health check-ups for their staff.

# Burden of Breast Cancer

Dr Gausihi Sivarajah MBBS FRACS | General Surgical Fellow | Mater Hospital Brisbane



*Dr Gausihi and Minister for Health and Medical Services, Rosy Akbar with breast cancer patients during the Pinktober Symposium launch at CWMH.*

**B**reast cancer occurs when healthy tissue in the breast grow unrestrained and form a tumour. This type tumour is known as malignant, which means that it has the potential to not only increase in size and invade locally within the breast, but also spread to the other parts of the body via the lymphatic system. This usually first goes to the lymph nodes in the axilla (armpit) before typically disseminating to the bones, lungs, liver and brain. When it reaches distant organs it is known as metastatic disease or stage IV breast cancer.

Patients with breast cancer may start off having a small lump in the breast or axilla, however in some cases a lump may be undetectable until late stages of the disease. Regardless of how it is identified, receiving a diagnosis of breast cancer is an overwhelming, notwithstanding having to go through further tests such as biopsies or a CT scan for staging. Understanding the implications of the diagnosis and treatment options can be a mental overload for patients, with many patients failing to recall consultation discussion.

Surgery, and its potential complications, is often a terrifying and unknown for many previously fit women and then there can be a 6-12 month to 5 year process of undergoing adjuvant treatment in the form of radiotherapy, chemotherapy and endocrine treatment. Further to this the lasting effects of the treatment, can extend to beyond the time the treatment is completed. Currently available treatment in Fiji includes chemotherapy agent cyclophosphamide-anthracycline, as well as anti-hormone treatment, Tamoxifen. Adjuvant treatment available elsewhere includes chemotherapy agent Taxanes, Aromatase Inhibitors (anti-hormone treatment in post-menopausal women), radiotherapy and Herceptin. These additional options, are limited however by costs, resources and expertise in providing such services. While they make some difference in disease free and overall survival the greatest improvement in outcome is better established by secondary prevention through early detection and education.

The emotional burden of breast cancer for these women is often related to the treatment, but also for the future of themselves and their family, and may lead to them becoming depressed. This is compounded by grief over the loss their breast and potentially fertility. Other than the patient, their families become inextricably involved in this process as they support the patient mentally, physically and financially.

Cancer treatment can be expensive – not only for medication, but for travel and due to loss of work – as a result of decreased productivity. For some patients, this hinders them from completing their treatment, although this leads to higher personal and financial costs later. Financial concerns relating to cancer have been shown to affect mental health and a variety of other health outcomes, including the rate of death (JH Bloomberg School of PH, 2018). Patients and their families may need to dip into their savings, take out loans and go into debt to cover medical costs, which can compromise the ability to manage basic needs such as covering bills and supporting dependents. Doraoudi et al. (2015) in reporting the economic burden of breast cancer in Iran, stated that in 2010, the cost of breast cancer was US\$947,374,468. 77% of costs pertained to productivity lost due to breast cancer deaths, and only 18.6% accounted for direct medical costs. Montero et al. (2012) describing the economic burden of metastatic breast cancer in the United States, suggested the average cost to the patient per month was US\$9,788.

In order to assist in decision-making and ongoing care and to improve patient outcomes managing Breast Cancer is a team process, and this is undertaken with a multidisciplinary team. Its members can include: doctors for different specialties, nursing staff, allied health professionals and other ancillary support staff. This practice of multidisciplinary care is increasingly important as breast cancer treatment becomes more complex, and to keep with evidence-based guidelines. In doing so, evidence suggests this improves patient survival and quality of care (Calman-Hine report, 1995).

Breast cancer is the most common cancer in women both in the developed and less developed world. It is estimated that worldwide over 508 000 women died in 2011 due to breast cancer (Global Health Estimates, WHO 2013) and although breast cancer is thought to be a disease of the developed world, almost 50% of breast cancer cases and 58% of deaths occur in less developed countries (GLOBOCAN 2008).

In general, the high rates of breast cancer in developed countries are the consequence of a higher prevalence of the known risk factors for the disease, many of which relate to hormonal exposure – early age at menarche, nulliparity, late age at first birth, late age at any birth, low parity, exposure to exogenous hormones (e.g., oral contraceptives and menopausal hormone therapy), obesity, and late menopause. The most rapid increase in burden, however is observed in developing countries, where breast cancer risk has historically been low relative to western countries. This increase is widely attributed to the “westernization” of lifestyles, an ill-defined surrogate for changes in factors such as childbearing, anthropometric attributes, and lifestyle characteristics.

In Fiji, breast cancer is the most common cause (27%) for cancer-related mortality in women (WHO Cancer Country Profile, 2014). Thaggard et al. (2018) reported, over a 3-year period, within 128 patient that underwent a mastectomy at Colonial War Memorial Hospital, 59.4% of these patients presented with locally advanced disease (Stage III) and 15.6% of patients had metastatic disease at initial diagnosis (Stage IV disease). In addition, when tested for hormone receptors (the presence of which has better prognosis), the majority of patients in Fiji are negative as compared to Australia where 45-80% have these receptors present. This means that not only do patients in Fiji present with late stages of breast cancer, but they also have a tumour biology which is more aggressive. This suggests the key areas of intervention needs to be breast care awareness in the community to improve early detection.

# Giving medical treatment, an emotional touch vital



*Dr Augustin Melly (right) chatting with a staff Nurse during breast cancer clinic.*

A good doctor does not only have the knowledge about health issues prevalent in his/her patients but should possess soft and social skills as well in order to provide moral support to the patients. Masters in Surgery Year 2 student at the College of Medicine, Nursing and Health Sciences (CMNHS), Dr Augustin Melly says the ability to interact and persuade families and patients is an integral part of the medical profession.

Originally from the Solomon Islands, Dr Melly said this has been one of the biggest challenges of his Surgery career, especially with Breast Cancer patients.

The 38-year-old was on his rounds for patient checkups at the Colonial War Memorial Hospital (CWMH) in Suva when the FNUNIKUA team caught up with him.

Dr Melly said it is often difficult to persuade the families and the patient who present with breast lumps to undergo treatment.

“In my career so far, I have come across many cases back in Solomon Islands and here in Fiji as well, where mainly the husbands are hesitant for the wife to seek medical treatment for Breast Cancers,” said Dr Melly.

“This puts the females in difficult situations, leaving them to choose between what their family prefers and what they want. Because of this and the cultural aspects of our island nations, often patients resort to staying numb about their health issues and eventually end up suffering alone.”

Dr Melly said this is where their peoples’ skills are tested.

“We have to ensure that we really explain to the family members of the consequences of no treatment and the advancement of the Cancer to a late stage.”

“I have had to explain to the husbands to think about their

children’s future and treat the breast lumps while it is still curable.”

Dr Melly, who has been a practicing Surgeon in the Solomon Islands for three years, said he developed the passion to create awareness and treat Breast Cancer patients because of the prevalence of high rate of Triple-negative Breast Cancer (TNBC) in Solomon Islands.

He said this type of cancer is the most common in young females and is difficult to treat.

“TNBC refers to any breast cancer that does not express the genes for estrogen receptor (ER), progesterone receptor (PR) and HER2/neu.”

According to BreastCancer.org, the five year survival rate for TNBC is around 77 percent versus 93 percent for other breast cancer types. This survival rate depends on many factors which includes the stage and grade of the cancer, as well as the response to treatment.

Dr Melly said the prevalence of TNBC has been proved by a study conducted in the Solomon Islands.

He plans to further this study by categorising the TNBC cancer and find solutions for effective treatment of this health issue.

“This type of breast cancer is challenging to treat.”

“I would like to acknowledge the Fiji National University for providing me with the platform through Masters Studies to further research about TNBC in my home country.”

He attends classes at CMNHS on Mondays and Wednesdays and is on call at CWMH the other days. On Fridays, he attends class from 7am to 8am, then audit meetings till 10am. After the meeting, Dr Melly does the Surgical Department ward rounds

checking his supervisor, Dr Basharat Munshi’s patients. He also does Breast Cancer clinics and theatre surgeries.

Sharing his Surgery experiences, Dr Melly said breast surgery is not a lengthy operation but it also depends on the surgeon’s experience in the area.

“Breast surgery normally takes one to two hours.”

He said the most important component of the surgery was the preservation of important structures around the breast lump.

“For example, if we accidentally cut off some important nerve, then after recovery the patient will have wing scapular – that is, the scapular will be pointing out because we have injured the nerve.”

“Therefore, it is very important for us to be careful while performing such operations and ensure the important structures are preserved.”

Dr Melly added that Breast Cancer surgery is a very delicate procedure and utmost care is needed while performing surgeries.

“There are two main types of surgery to remove breast cancer; breast-conserving surgery and mastectomy.”

“Breast-conserving surgery is where only the part of the breast containing the cancer is removed. The goal here is to remove the cancer as well as some surrounding normal tissue. How much of the breast is removed usually depends on the size and location of the tumor and other factors.”

“Mastectomy, on other hand, is a surgery in which the entire breast is removed, including all of the breast tissue and sometimes other nearby tissues as well. There are several different types of mastectomies. Some women may also get a double mastectomy, in which both breasts are removed.”

## WHAT'S ON

find out about the latest events at FNU

### Fiji Business Excellence Awards

To celebrate 20 years of business excellence in Fiji, the National Training and Productivity Centre is coordinating the Fiji Business Excellence Award to be held at the Sheraton Fiji Resort on Saturday, 3 November, 2018.

### Gold Medalist Reunion Cocktail and Dinner

The FNU Alumni Relations Office is organizing a reunion cocktail and dinner for Gold Medalists from 2010 – 2018. The event will be held on 30 November, 2018.

### December Graduation

December graduation dates and venue has been confirmed. For more information, please visit the FNU website: [www.fnu.ac.fj](http://www.fnu.ac.fj)

## Breast Cancer awareness should be on-going



*Priteshni Kumar (first from right) poses for a picture with her friends during Pinktober celebrations at FNU Natabua Campus.*

**P**riteshni Kumar, a first year Bachelor of Education in Chemistry and Biology student at the Fiji National University (FNU) has pledged to educate students and a peers about breast cancer throughout the year and not just during “Pinktober”

Kumar who spearheads a team of student volunteers tasked with fund raising efforts for this year’s Pinktober month believes that there is a need for on-going awareness as breast cancer impacts many women.

“The chance to raise awareness and educate people about the subject is a great opportunity because it affects so many people and I think education is the most important thing,” said Kumar.

She believes that people should know the dangers of breast cancer and awareness should be yearlong even though October is widely known as Breast Cancer Awareness month.

According to the Labasa native, the month of October carries great significance for some students at the University who have seen relatives and friends succumb to breast cancer.

“I hope to provide support and encouragement to women who have already been diagnosed with this deadly cancer and are in dire need of psychological and financial assistance and also spread awareness to the general public so women can go for screenings and early detections,” said Priteshni

Having seen relatives diagnosed with breast cancer at a very late stage, Kumar wants to tell women that they should not be embarrassed of it and have a positive outlook towards overcoming the disease.

She believes that it is equally important for FNU students to take interest in breast cancer awareness month, so they know the signs of breast cancer and if students do find something unusual, it is diagnosed and treated at the early stages.

Kumar said university students may not take an interest now because we’re all so young, but it’s still very important to know it exists and impacts a lot of people, and more should be done around campus to call attention to the significance of Pinktober.

“I believe University students should take an interest in raising

awareness for breast cancer because it is the most commonly detected cancer in women,” she said.

The future science teacher encourages young women to do breast –self exams to allow for early detection, as young adults have a higher success rate, if diagnosed early.

“Similarly most of them are not aware of monthly breast self-exams, beginning at age 20. I have been advocating for girls to know our body and examine ourselves,” she said.

She is extremely happy that FNU students at Natabua Campus, Lautoka took the lead role in the first ever fundraising for an important cause.

Students showed their support by purchasing the pink ribbon and wearing it throughout the month of October along with a bra designing competition

All the proceeds from the event will be donated to the Fiji Cancer Society.

### OPINIONS



*Dr Ifereimi Waqainabete  
Consultant General Surgeon  
Colonial War Memorial Hospital,  
Suva Fiji.*

“The incidents of breast cancer are alarmingly increasing and 128 breast cancer surgeries have been conducted at CWMH so far this year. It is important that patients present themselves early at hospitals so they can receive treatment in a timely manner because one of the highly rated messages in fighting breast cancer is early detection. People should know that in Fiji, we are able to treat the early forms of breast cancer which leads to higher long-term survival rate”



*Dr Raghava Sharma  
Senior Staff Specialist  
Pathology West  
Westmead Hospital, New South Wales.*

“It is important that breast cancer patients and their families are familiar with the diagnosis and treatment processes. When a case is referred to us at the pathology department we examine and confirm the diagnosis following which a biopsy is done. We then look at it under the microscope but before that there’s a lot of technicians who process these things in a proper way. Then we decide which grade the tissue is. The grade of the tissue shows how fast the tissue is growing. I suggest females need to be encouraged to undertake self-examination and visit medical facilities to undertake breast examination and mammogram.”



*Dr Josese Turagava  
Consultant Surgeon  
Colonial War Memorial Hospital,  
Suva Fiji.*

“Patients come to us when they have paralysis when the cancer reaches the bone and they cannot walk, cannot control urine and toilet. They want us to do something but it is too late for us to do something. I have seen that when cancer is in its infancy stages patients hid it from doctors to get traditional healing but that is not how it should happen. Patients need to take quick and decisive decisions.”

## Being a beacon of hope



Staff Nurse Rashni Lal recognised by FNU for her services towards cancer patients.

**R**egistered Nurse Rashni Ranjani Lal is a familiar figure at the Colonial War Memorial Hospital (CWMH) Oncology Department. She is a beacon of hope for cancer patients who walk through the Department's door.

The humble Oncology Nurse says that every day is demanding but a challenge worth taking. "My work is very challenging, but it allows me to meet new people, see new things and of course learn new things. As a result, I enjoy my work a lot," says Staff Nurse Lal.

### Tertiary Life and Career

Staff Nurse Lal had wanted to become a nurse ever since she was a little girl. Hailing from Sigatoka, she is the youngest of three sisters.

"I always wanted to be a nurse. When I used to go to the hospitals I used to be awed by the blue and white uniforms of nurses which made me want to be a nurse as well," said Staff Nurse Lal.

She applied to study the Diploma in Nursing programme at the Fiji School of Nursing (FSN) in 1997. However, things did not work out as planned for her and she did not get accepted into FSN. She then started studying the Laboratory Technology programme at the Fiji Institute of Technology (FIT) in 2001. At the end of the year she applied for FSN again. This time she was accepted into the programme.

In 2002 she began her journey of becoming a nurse at FSN. It was not a difficult transition for her since Staff Nurse Lal had already been in Suva for a year. She was able to adjust well to the hostel life.

"My entire achievement in my nursing career goes to my mum, sisters and my husband who supported me in every way possible," says Staff Nurse Lal.

She says that her time at FSN was great. She did not face any difficulties and the facilities at FSN were excellent.

### Being a Nurse

Graduating in 2005, her first posting was at the Taveuni Hospital. After spending a few months there she was able to get a transfer to the Tamavua Rehabilitation Center and then to the P J Towmey Hospital in Suva.

In 2006 she was transferred to CWMH and has been there ever since. She has worked in the Maternity Ward and the entire West Wing of the Hospital. The West Wing includes medical and surgical wards as well as Oncology.

Staff Nurse Lal had an interest in being an Oncology Nurse, therefore, made a request to be transferred to the Oncology Unit which was granted in 2012. She has been there ever since.

"To be an Oncology Nurse, a staff nurse needs prior nursing experience. Once I had the experience, I made a special request to be in the Oncology Unit. I have a family history of cancers, therefore, I wanted to learn more about it and help those in need," said Staff Nurse Lal.

"Being an Oncology Nurse is challenging. We see critical cases daily. I have seen all sorts of cancers. There are patients who are in great pain and some who are taking their last breath. Seeing that is not easy. However, it all comes down to being there for our fellow human beings," says Staff Nurse Lal.

The daily challenges that the nurses are presented with lead to a lot of mixed emotions and stress. However, there are no counselling services for staff at present. "There are no counselling services for staff, but we talk amongst each other so that we can let go of the things we see and not stress over it," said Staff Nurse Lal.

To acknowledge her dedication to her work, Registered Nurse Lal was awarded the FNU Late Beryl Wilson Award for Recognition for Services to Cancer during the FNU Pinktober closing ceremony on the 29th of October 2016.

This award is named after one of the breast cancer patients, Beryl Wilson who had done a lot for the hospital by rising funds to buy things like bed sheets, pillow cases and other things for both children's as well as the adult wards.

Staff Nurse Lal will graduate with a Bachelor of Nursing degree from FNU in December 2018. She looks forward to furthering her education once FNU starts offering the Masters in Nursing Program.

### Family Life, Interest and Advice

Staff Nurse Lal is married with a ten-year-old son. She loves to spend time with her family when she is not at work. She also loves to watch movies and travel.

In the next five years she sees herself becoming a team leader if opportunity presents itself.

Her advice to nursing students is to love their work, give their hearts to it and to never take it as a job.

"Don't take nursing as a job and don't take up nursing for the pay. You must have the passion to do it. You have to put your heart into it. We are attending to human beings. They trust us with their lives so we must ensure to keep that trust," says Staff Nurse Lal.