



**Pink Ribbon Day  
20 October 2005**

**Mrs HALL (Morialta):** I move:

That this house acknowledges the importance of Pink Ribbon Day on 24 October 2005, and pays tribute to—

- (a) the outstanding work carried out by the Cancer Council of South Australia to raise awareness of breast cancer and other forms of cancer;
- (b) the importance of early detection through breast screening programs; and
- (c) the significant progress made in the provision of support services for victims of breast cancer and their families.

Lyn Swinburne, the Chief Executive of the Breast Cancer Network Australia, recently said:

In some circles there is a real push to tick breast cancer off, to say it has had enough attention and funding, to shift the focus and broaden the cancer agenda.

This motion is to ensure that breast cancer does not fall off the agenda and out of focus in our state—and the statistics tell the story. Every day in Australia 30 women are diagnosed with breast cancer, and every day in South Australia three women are diagnosed with breast cancer. The latest available statistics show that 983 South Australian women were diagnosed with the disease, while 222 women died from breast cancer. It is, as we know, the most common form of cancer among South Australian women: 28 per cent of cancer cases diagnosed in South Australian women are breast cancer. However, it is encouraging to know that, in terms of breast cancer, we are making progress, thank goodness.

Since the late 1980s, the death rate has decreased by about 20 per cent for South Australian women between the ages of 50 and 69 and by about 16 per cent for women aged over 70. However, there is much more work to be done, and we all know about it, and the major goal of stressing the importance of early detection remains. I am sure that many people read an article in *The Advertiser* some weeks ago which had the headline: 'Women's alarming cancer ignorance'. That article talked about Alex Cannon and Mary Gallnor, both of whom are well known to most members of this chamber. It is particularly concerning to know that the results of a recent survey undertaken by the National Breast Cancer Centre found that only half of the 3 000 respondents between the ages of 30 to 69 know that the risk of developing breast cancer increases with age. One in three women, according to that survey, waited for a month before going to a doctor after noticing a change in the breast, and nearly a quarter (23 per cent) did not see a doctor about their symptoms.

We know that there is no single cause of breast cancer and no guarantee that certain conditions will bring on the cancer. There are, however, a number of known risks and a number of ways in which to guard against this horrible disease. There are also many ways to detect cancer early and deal with its impact. Potential risks include: gender and age (that is, being a woman); getting older (predominantly a disease in women more than 50 years of age); breast changes; family history; a personal history of breast cancer or another cancer in the ovary, uterus, bone or soft tissue; behavioural or lifestyle factors (which include never having had children or having had them over the age of 30); a diet high in fat and low in fibre and low in fruit and vegetables; late menopause; high intake of alcohol and smoking; inactive lifestyle; and taking hormone drugs. Recommendations for women and men to guard against cancer include maintaining a very healthy diet (which we are all conscious of); exercising regularly; maintaining a healthy body weight; and stopping smoking.

While we all wait for a cure or guaranteed preventative measures for breast cancer, we know that we all have a responsibility to maximise awareness of methods of detection and treatment among Australian women. It is essential that all women between the ages of 50 and 69 undergo breast screening every two years, with estimates that breast screening reduces the chance of dying from breast cancer by around 40 per cent. Breast screening is also important to women of any age if there is a strong family history of this particular cancer. Currently, the rate of breast screening in South Australia within the crucial age of 50 to 69 stands at 63.1 per cent, which is still significantly below the target in that age group of 70 per cent.

In the last calendar year, BreastScreen South Australia provided almost 70 000 mammograms. We are constantly reminded that all women should regularly check their breasts for lumps, rashes, changes in colour of the skin, dimpling or roughness of the skin, retraction, pulling or leaking of the nipple, pain or discomfort or any change to the appearance of either breast, swelling or discomfort in the armpit. When cancer is detected, and particularly if detected at an early stage, treatment can be administered in the form of chemotherapy, radio therapy, surgery, or a combination of any of those three. We acknowledge and are pleased that early detection is still one of the key elements of successful treatment.

According to statistics for those who identify cancer in the breast before it spreads to other parts of the body, the survival rate after five years sits at the figure of 96 per cent, while the survival rate after 10 years rests at 89 per cent. On the other hand, if the cancer is not found before it spreads from the breast, the survival rate after five and 10 years is just 27 and 17 per cent respectively. Another goal we all have is to raise awareness across the community of the importance of support for breast cancer research. We see in the paper today that there are some more good results coming out of the current research. I pay tribute to the most valuable work of the Cancer Council of Australia, and particularly the body here, as vital partners in this terribly important battle.

The flagship breast cancer initiative that we all know about and are acknowledging today is Pink Ribbon Day, which this year falls on next Monday, 24 October. The two key messages of Pink Ribbon Day this year are to remind women to see their doctor immediately if they notice a change in their breast and to remind women over 50 to have a mammogram every two years. By simply purchasing a pink ribbon—which I know many members have done and continue to do—or any other items of the merchandise put out by these fantastic groups, South Australians themselves can help the funds necessary for research, education and the many required and necessary support services as well as showing their personal support for victims and their families.

It is always important when Australia stands united against something that the majority of us have confronted in one way or another at some time. The Cancer Council also holds a lead-up event to Pink Ribbon Day known as the Girls Night In. I rather suspect that a number of members of this chamber have participated in one of the activities under that banner. It is a fantastic week-long event between 17 and 23 October, where the idea is for friends to get together and make a donation toward women's cancers in the form of what they would normally have spent on a night out on the town. A number of the Liberal staffers are doing their bit and have planned a fantastic picnic for this Sunday. I congratulate and thank them for organising their Girls Night In on Sunday afternoon and wish them all the best for a very successful day.

If anyone would like to find out a little more about the success of these initiatives and the good that they are doing for breast cancer victims and their families, I recommend logging on to the Girls Night In web site, where you can read the stories of breast cancer survivors. They really are some reading. They are truly an inspiration and clearly show the value of support and hope to women (and their families) with cancer. The Cancer Council support services are numerous and rely on the continued support of government, the private sector and the community. The cancer help line provides free counselling to people with cancer, as well as their friends and families. The breast cancer support service provides women and men with the opportunity to talk to other women and men who have lived and survived the experience.

It is volunteer based and is all about providing emotional as well as practical support through the initial diagnosis, during and/or following subsequent treatment. Volunteers give advice, assist the fitting of temporary prostheses and the selection of clothes, swimwear, underwear and wigs, plus providing written information about the effects of diagnosis and treatment. Then there is Cancer Connect, another volunteer-based initiative that allows people with cancer to talk over the phone to someone who has experienced it themselves. I urge the house to note the outstanding work carried out by the Cancer Council, at both national and state levels.

In the lead-up to Pink Ribbon Day, I want to publicly recognise the work of other groups in the fight against breast cancer. There is the national Breast Cancer Centre, the federal government body that aims to raise awareness and provide information not only for women but for men and for all health professionals. It was set up in 1995 and in 1999 its funding was extended to

include work in the area of ovarian cancer. I think that is particularly significant.

Some of the South Australian specific projects of the NBCC include providing a resource for breast cancer contact workers, a guide for service providers dealing with women of culturally and linguistically diverse backgrounds and indigenous Australians, resources for women in rural and remote areas with cancer and a resource kit for women and men with breast cancer.

Mr Speaker, we then go on to Breast Cancer Network Australia, which represents more than 13 000 survivors nationally and works to empower, inform, represent and link together Australians personally affected by breast cancer. The BCNA was responsible for the visual display which we all remember before the Adelaide versus Melbourne game at the MCG in May this year, in which more than 11 500 women and 100 men dressed up in pink ponchos and took to the field to represent Australian breast cancer statistics. For those who witnessed this (and I know all of the Crows supporters in this chamber did) it was a stunning spectacle and a memorable display of support across the sporting community, especially the AFL, and the Breast Cancer Network Australia, for women with breast cancer, survivors of breast cancer and their families. I think they should be congratulated for such a fantastic initiative.

It was a great and wonderful celebration of the hard work performed by the National Breast Cancer Centre and other organisers who join it on a daily basis in spreading awareness about breast cancer and all the many support networks and services that exist, and on some of the great results that are coming out of the research that has been carried out particularly across this country. I sincerely hope that the house today supports this motion and wish all the people involved with the Pink Ribbon Day next Monday the greatest success in informing Australians of how far we have progressed.

**Mrs PENFOLD (Flinders):** As many of you would be aware, I am a survivor of breast cancer for just over 11 years. In 1980, I was not at all aware of cancer and had barely heard of breast cancer, or any kind of cancer. It was just not one of those issues you talked about very much. At that time, I was teaching a course at TAFE about starting a small business for women. We were having a coffee break and were sitting around a big table in the canteen talking about issues of concern to the women. I could not believe the number of them who had been touched by breast cancer. The talk went around the table, and the conversation turned to people who had left it too long, who had gone to the closest breast cancer scanning unit at Whyalla, and who had had false alarms. The scanning has to be done carefully, and the resulting X-ray must be read by someone who knows what they are looking at.

It was quite frightening to hear these stories and the fear that had been aroused. A lot of them had to go back for second and third scans before they really knew whether or not they had cancer, and they had numerous false alarms. The cost and anxiety to those women was considerable. Of course, it is not just the women themselves: it also affects their partners, parents and children. I left that meeting and continued with the rest of the day but it was still on my mind so, when I got back home, I rang the Women's Information Switchboard. I had not heard much about the WIS—it must have been very new, but it had been promoted quite recently—so I thought that I would try out the service to find out what we in the country could do about a breast cancer unit that is better than the one we have about 400 kilometres away at Whyalla and whether it was possible to get one in Port Lincoln.

I rang the Women's Information Switchboard and was directed to Margaret Dorsch of the Queen Elizabeth Hospital. I rang the hospital and got straight through to Margaret, who told me that it was not a matter of getting a breast cancer scanning unit for Port Lincoln because Port Lincoln is too small and it is a very expensive piece of equipment, which meant that we would have to raise a lot of money. I asked her how expensive the equipment would be. She said that the one she was looking at was \$300 000; however, she said that it was not one that you put in a room but a mobile breast cancer unit that could service all the regions. Of course, this was exciting to hear and I thought how wonderful it would be if we could have a mobile unit that could service all country women, because women in the country then—at least those in my region—were having to go to Whyalla or Adelaide. Those women who were found to have something unusual definitely had to go to Adelaide, which was extremely expensive.

I told Margaret that we would have to raise the \$300 000, so I tried the bank that we were banking with because I knew that it had a female head in Adelaide while Margaret tried to enlist the support of the Lions Club through a friend of hers. She rang me back later, very excited, because she said that they had been able to start a trust fund—I had offered to start a trust fund as I worked in an accounting practice at the time—and that she had her first cheque in it. The bank that I went to about a week later said that it was very keen and would love to do something with this, and that came from the female head of the bank in Adelaide; however, it had to go to Sydney for approval, and you can imagine my disappointment when the announcement came

back that the bank, which I shall leave unnamed, did not believe that having a breast cancer unit would be a positive thing for it. I had suggested that the bank's name be emblazoned across the unit as positive advertising, as I considered it to be. It was a man in Sydney who decided that it was not positive advertising and that the bank would not support it. Fortunately, Margaret Dorsch had a lot more success with the Lions Club and, in the end, the Lions Club came in behind the mobile breast cancer unit.

It was not until 1993 that I got into parliament. It was interesting, because I had been looking at what I was going to do with my future. I had started a business plan for making horseshoe nails, as they were being made in England under licence to Sweden at the time. I thought that BHP would have that kind of alloy needed. I had started my business plan and had worked out all the things that you need. I wanted to start small and grow in export potential with all the requirements you need to start a small business and make it grow into a big business to employ lots of people in a regional area. However, I was then offered the opportunity to go into politics. I looked at the future. I had two children at university, my family was healthy with no problems on the horizon and so finally, I signed on the dotted line.

It was like all hell broke loose from then on, because my brother died of cancer, my mother got cancer and I had no sooner got in when I got cancer myself, and then my mother died. The cancer that I got was breast cancer and the reason it was detected so early was that I had a lump checked that was not cancerous but alongside it a smaller cancer was detected. It was detected by the mobile breast cancer unit that came to Port Lincoln that I had put such effort into.

My telephone bill that year was over \$500 just for that quarter; my husband was slightly horrified. It was because of that mobile unit that I was found to have breast cancer. Unfortunately, the people in Adelaide—even then you had to go to Adelaide to get it confirmed—had gone to a conference and it was about a month before I actually found out that I had cancer and had the operation. Since then—and that was only in 1994—we have come such a long way.

The breast cancer lymphedema unit at Flinders was mentioned. It was opened in 2003 and I visited it in 2004. I had not heard of lymphedema. I did not know that it was possible. Being a country member and flying backwards and forwards, I wondered why my arm was getting so itchy—and, of course, it was swelling because I was going up in the air so often. Now I do exercises; for example, when I wash my hair, I dry it with my left arm so that I get the necessary arm movements. You do learn about what you have to do from the knowledge that is out there now that was not even mentioned in 1993. All the knowledge that is coming through now is because of the awareness campaigns that have been put forward, such as the Pink Ribbon Day, the Pink Ladies and the Dragonboat Ladies. These ladies who have raised enough money to have dragonboat races in Port Lincoln. They have been doing special events overseas and extreme sports just to show that this is not a life sentence or a death sentence—that you can keep on achieving in your life.

I know that at the time (that is, 1994) I did wonder and I very nearly stood down from this job because I thought what will hit me next? A few other things arose as well. It is something about life that things come in heaps. My two children, who were at university, both suffered from pretty severe depression. I thought that I would have to give up this job. However, as with most people, it is the support out there that helps you through these times, and that support is so much greater now because there is so much more understanding and so much less stigma about speaking about cancer. Back then (and previously when my husband had cancer), you did not talk about cancer. It was one of those things—a bit like mental health is now—that you did not bring up in conversation.

I am very pleased with the work that is being done in the community—the Pink Ribbon Day, the Pink Ladies. They have such a wonderful spirit. For many of them, it has made their life far more exciting than perhaps it would have been. Many of them have told me that it has been a positive in their life. I support wholeheartedly the motion for supporting Pink Ribbon Day. I am thrilled that the awareness is so much greater now, as is the realisation that early detection is so important. I support the motion.

**PINK RIBBON DAY**  
**11 November 2004**

**Mrs PENFOLD (Flinders):** I rise to wholeheartedly support my colleague's words. I have spoken publicly only once about my experience with breast cancer in 1994. However, this year I have been clear of cancer for 10 years and perhaps it will hearten many to know that, particularly if detected early, it is not a death sentence and one can get on with life as normal. I am a great believer in setting goals, making plans and having a positive attitude. On 2 June 1989, as a result of this belief, I made some

phone calls that probably saved my life five years later. I had been teaching, 'Starting a small business' for women at the Port Lincoln TAFE, and at 41 years of age I had not given a thought to breast cancer.

During the coffee break I sat and listened while the women discussed their experiences and that of others they knew with breast cancer, the difficulty of getting scans and the unreliability of some of the scans at Whyalla, with several women indicating the trauma they had experienced when they or their friends had been given an incorrect positive diagnosis. I decided that we needed a breast scanning unit in Port Lincoln. When I arrived home, I rang the Women's Information Switchboard in Adelaide to find out with whom I should speak. Their advice was to ring Margaret Dorsch at the Queen Elizabeth Hospital. I rang and was immediately put through to Margaret who advised that what we really needed was a mobile unit; and she posted a photo of one similar to that which was being used in Queensland and which she believed we should get, at an estimated cost of \$260 000.

We discussed how we could raise these funds and we decided that she would approach the Lions Club and I would approach the Westpac Banking Corporation (it had a female manager in Adelaide at the time) and also AMP. After many months, many phone calls and false starts, Westpac Adelaide agreed immediately to fund the mobile unit. However, it was knocked back at head office in Sydney. We then had the news that the federal and state governments and the Lions and Lionesses clubs would provide funding for the unit and the ongoing costs of running it.

In my file I noted that at 1.20 p.m. on 15 January 1991 I rang Margaret Dorsch and she said, 'Unit due to be commissioned, operational by April/May, Port Lincoln to be the first major point of call.'—1½ years after the first phone call to the very efficient woman at the Women's Information Switchboard—whose name unfortunately I did not record. If she should ever read this, I say, 'Thank you to you and the other women at the switchboard who do such a good job.'

I became a member of parliament in December 1993. My brother had died of cancer during the campaign, and my mother had been diagnosed with cancer in early 1994. In mid 1994 I attended the unit to check on a lump that I had felt in my breast. While the lump was not cancerous, there was a lump near it that looked suspicious. The early detection was very fortuitous, and it meant that I did not have to have chemotherapy or radiation. All the doctors were away at a conference, so it was several weeks after the diagnosis was confirmed before the necessary operation was undertaken. In the meantime it was business as usual.

One of the things I have learnt over time has been to not panic or over-react. I have never forgotten, when our children were aged only three and four, going with my husband when he was diagnosed with cancer for the first time and getting the impression from one doctor that we should enjoy life while we could as Geoff would not be around for much longer. Then we walked—shattered—across the quadrangle at the Adelaide hospital and were reassured by Dr 'Frosty' Hoare that this was not the case. After radiation he could expect to live an ordinary life span.

We celebrated our 36th wedding anniversary in September. Thank you, Dr Hoare. I think that the moral of the story is to always get second opinions, even third opinions if necessary. One friend was told by her doctor that she did not have a problem so, despite her own instinct that something was wrong, she was not tested and was diagnosed with breast cancer too late. She now does not have long to live.

Research has also shown that country women have a higher death rate from cancer, mainly because they are not diagnosed or treated soon enough. I am well aware of women who put their own health last, giving excuses such as, 'We cannot afford to go to Adelaide for tests and operations. We cannot afford the time at present; it is shearing, crutching, harvest or seeding,' or some other excuse. Often, it is some other excuse. To them, I say, 'You cannot afford not to.' Imagine your husband and children without you, not to mention your extended family and your community. If you will not do it for yourself, do it for them.

My mother died of cancer in 1995, and both of my children suffered for a time from depression, which I did not recognise as probably being caused, and certainly not helped, by what they had gone through with my husband, brother, mother and me. It made me aware that those who surround the person with cancer must also be assisted. The partner, children, and extended family and friends tend to feel helpless. They are often facing major life changes of their own. New responsibilities are suddenly thrust upon them without warning. Just when more cuddles and reassurance are needed most, people are too distracted and busy to give them to one another or to family members and friends.

I thank all those who have helped reduce the trauma of breast cancer, particularly the Dragon Ladies with their pink dragon boats, for their wonderful contribution to, recognition of and support for those who are affected. I leave the last word to my

mother, who once said to me challenges were character building. I remember saying rather sharply that, if what we were going through was character building, I did not want any more character! However, she was quite right. Such experiences help us to work out our priorities in life and increase our empathy with others who are just getting on with life and often coping quietly with all sorts of difficulties. It is my hope that we love one another and are kind to all we meet, as we never know what life has dealt them. I support the motion.

## **BREAST CANCER** **14 April 1994**

**Mrs PENFOLD (Flinders):** I support the motion. Many of the approximately 180 people who die from breast cancer each year in South Australia come from country regions. I understand that country women are dying at a greater rate than their city counterparts due, in part, to later detection and greater difficulty and expense in accessing appropriate treatment. An increase in research funds may help to identify an easier method of detection that could result in earlier detection. The single mobile unit that is presently traversing the country regions in South Australia is currently behind the expected schedule of screening all eligible women in the country regions over a two year period. One of the regions it is not expected to reach until much later this year is Kangaroo Island, after being launched two years ago this month. A two year period is the recommended screening interval for the target age group of 50 to 64 years. Many of the eligible women on Kangaroo Island have never been screened and many others will not be detected early enough. I urge the Government to get a second unit on the road as soon possible.

Those women who fall outside the 50 to 64 age group have no early detection method easily available to them other than manual examination by a doctor or themselves. Manual examination is not a solution. As one medical person said to me, 'If you can feel the lump it is probably too late.' Once detected, current treatment is often traumatic and accessed with great difficulty, particularly by country women who have to travel so far at great expense and major disruption to their families when they are away for long periods. Often country women will leave testing and even treatment so as not to disrupt the family at inconvenient times such as shearing, harvest, sowing, school terms or even for family holidays. The consequences of doing this can mean death, but many women misguidedly will not put themselves first.

Of course, prevention of breast cancer would be the most desired outcome and only research will help with that. However, less traumatic treatment and quicker, easier methods of detection than those currently used could improve the situation significantly. A simple blood test for detection of breast cancer is one method currently being trialled. Mr Speaker, on behalf of men and women all over the world whose lives may be saved as a result of increased funding for research into breast cancer, I support this motion.