

NOVARTIS-MBCC BREAST CANCER LEADERSHIP AWARD 2005
PRESENTATION CEREMONY

Officiated by
YBHG PUAN AZRENE ABDULLAH
CHAIRPERSON OF PINK RIBBON DEEDS
December 5, 2005 (Monday) at 2.30pm
Renaissance Hotel Kuala Lumpur (Arcade Room 3 – LG floor)

Speech text by:
Ms Ranjit Kaur, President, Malaysian Breast Cancer Council

Yang Berbahagia Puan Azrene Abdullah, Chairperson of Pink Ribbon Deeds
Mr Nathan Pang, Regional Business Head, Novartis Oncology Asia Pacific
Distinguished guests
Members of the Press
Ladies and Gentlemen

It is an honour to have Yang Berbahagia Puan Azrene Abdullah, Chairperson of PRIDE, in our midst this afternoon. On behalf of the organizers I wish to thank you for taking time off your busy schedule to be with us to pay tribute to some very remarkable individuals this afternoon.

The Novartis-MBCC Breast Cancer Leadership Award 2005 is aimed at honouring individuals who have sacrificed their energy and time beyond their work and personal responsibilities to lead in a very challenging and demanding cause. The scope of volunteerism and true commitment needs a great deal of passion and conviction. Of course passion and conviction in isolation are ineffective. Advocacy requires the harnessing of passion, conviction, energy, knowledge, skills, and resources to influence the implementation of cancer control plans at all levels in Malaysia. This combination of characteristics is of prime importance in initiating changes in various aspects such as services, the use of funds, public policy, legislation and regulations that can have an impact on other people's lives. This award represents our winning spirit against breast cancer. It fulfills our desire to recognize remarkable men and women who have made invaluable contributions to the fight against breast cancer in Malaysia.

Today we are proud to acknowledge the nominees who have demonstrated courage, creativity and dedication to help in the fight against breast cancer and they certainly deserve to be commended for their achievements and accomplishments.

MBCC has been a driving force in support of the breast cancer cause nationwide since our inception in 2002. Now, as a coalition with one voice, we aim to touch the lives of women and men around the nation. We will continue to champion this cause until we have reached our ultimate goal - to make the fight obsolete so that we can eradicate breast cancer.

MBCC is a coalition of several cancer related service organisations and professional bodies such as Academy of Medicine, Malaysian Oncological Society, College of Radiology, Malaysian Medical Association, Hospis Malaysia, Breast Cancer Welfare Association, National Cancer Society of Malaysia, National Council of Women's Organisations and breast cancer peer support groups in the rest of Malaysia. The role of MBCC is to work together to pool scarce resources to enable the Malaysian public to be appropriately informed regarding breast health issues and breast cancer. It was

also set up to enable individuals with breast cancer to receive equitable, affordable and accessible treatment for breast cancer, thereby reducing discrimination.

Rampant reporting of unscientific diagnostic tools and methods of treatment have also led MBCC members to act as the "watch dog" for health and cancer related articles published in the media. Several meetings have been convened with the Ministry of Health. We applaud the recent call by our Honourable Prime Minister to put in place cancer control plans and to make cancer treatment affordable for all Malaysians.

Ladies and Gentlemen, life is too short for us to procrastinate. The recent loss of the late Datin Paduka Seri Endon Mahmood was a wake up call for many that indeed there are hundreds and thousands of Malaysians battling this disease. Our hearts ache to experience the loss of a dynamic personality who would have surely made a difference in the lives of cancer patients and their families. We are indeed inspired by the late Datin Paduka Seri's drive and enthusiasm of being out there to spread the word and to honour those who have made a difference in the country.

Hence, to keep the momentum of the battle, MBCC has identified many gaps in the system that need to be addressed. To name a few:

1. The rampant advertising and reporting of scientifically unproven methods of screening, diagnosis and treatment to the public accompanied by wrong information and false promises of accurate detection of cancers is a blatant crime. The recent reporting of the Digital Infrared Thermal Imaging (DITI) and Electrical Impedance Tomography (EIT) for detection of breast cancer is one such example in misleading the innocent Malaysian public. Ozone therapy and detoxification are being advertised as treatments for cancers. The bad news is that the information is printed in such insidious ways that the public buys the hogwash in its entirety. To make matters worse, these sectors take advantage of the vulnerability of cancer patients through exploitation by not only promoting their bogus products and methods but they also cause damage by discrediting scientifically proven methods. One such example is a commercial product being advertised as better than the scientifically tested and proven chemotherapy which is a lifesaving strategy for most of us with cancer. It is true that members of the public have the responsibility to analyse and decide on the legitimacy of the approach. However, we are aware that vulnerability and lack of knowledge can lead us along the wrong path, thereby jeopardizing our lives and the lives of our loved ones. The Malaysian authorities, particularly Ministry of Health should penalise such companies and organisations instead of turning a blind eye.
2. General Practitioners are the frontline healthcare professionals whom we approach when we suspect any abnormality in our body. With the fast developing and evolving medical technology, GPs must update themselves regularly to enable compliance in cancer diagnosis and treatment. The Ministry of Health could make it mandatory for GPs to renew their license after successful updating of their knowledge and skills every two years to prevent the public from being misled by outdated information and technology. This practice will enable GPs to detect not only cancers but also other diseases at an early stage which has good prognosis and an improved quality of life, hence a life-saving strategy.
3. With the National Cancer Registry's estimate of 1 in 4 Malaysians being likely to get cancer in their lifetime, the lack of specialists to treat the disease nationwide is so glaring that it is frightening. The need for oncologists is so urgent that it is almost like a state of emergency. The poor and rural communities are resorting to leaving the disease to take its natural course or even seeking alternative methods such as the traditional healer, the medium and the bomoh, hoping for a

miraculous cure. Ladies and Gentlemen, it is every Malaysian's right to receive accessible, affordable and equitable services. Furnishing and equipping 1 or 2 highly sophisticated hospitals close to the nation's capital is not a realistic way of making services available to the masses.

4. The creation of posts and the recognition and endorsement, as well as making available a public datalist of specialities and subspecialities by the relevant ministries such as breast surgeons, oncologists, radiologists, breast care nurses, clinical psychologists, etc., can lend value to the profession. The authorities must create and develop a career path with attractive monetary and promotional benefits to retain these specialists in the government healthcare services.
5. The announcement of breakthrough drugs for cancer treatment is of no use when they are not financially accessible to us. The promise of increasingly excellent survival rates with the administration of new drugs approved by the Food and Drug Authority every few months is a damper to the fighting spirit and aspiration of every cancer patient as we cannot afford the escalating cost of these drugs. Alas, they are available but not accessible and affordable for us. This is an issue the authorities need to deal with.
6. The Clinical Practice Guidelines for breast cancer diagnosis and treatment in Malaysia are in place, but lack of enforcement has become a deterrent to the effective treatment of the disease. I was one such victim who had to get under the knife again due to the negligence of the general surgeon who did the mastectomy but he did not believe that the lymph nodes in my axilla needed removing. Fortunately for me, my consultant oncologist refused to treat me unless I had an axillary dissection. Today, every woman and her family must be aware that there are clinical practice guidelines that the doctors are required to adhere to in breast cancer treatment.

Making available scientifically proven, affordable, accessible and equitable cancer treatment can also prevent Malaysians from spilling out their hard earned money into the revenue of overseas and neighbouring countries where they resort to for treatment.

I wish to congratulate these dynamic nominees who are dedicating their energy and time to enable women with breast cancer to live a good quality of life. Your endeavour does not end here, but this award brings the message of "Go forth and take the bull by the horns" and slowly but surely the battle will be won when we shall see every woman in Malaysia gaining access to screening, diagnostic and treatment services for breast cancer.

On behalf of the members of MBCC, I wish to extend our heartfelt thanks to Novartis for their partnership with us, and we look forward to many more such partnerships in the future. This joint project has given the impetus to us in MBCC to organize a workshop on Advocacy sometime next year.

Our deepest appreciation goes to Yang Berbahagia Puan Azrene Abdullah for officiating this auspicious occasion. Last but not least, we wish to take this opportunity to thank the members of the press for your ongoing support in our battle against breast cancer.

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President and Breast Cancer Survivor

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