

Education is a priority for LAS. Large symposia are held every second year with smaller training sessions in between. Canadian Lymphedema Framework (CLF) supports each province while connecting all through quarterly publications and telephone meetings with all the provincial associations. Training modules for physicians will be made available in upcoming months. We recognise that awareness in colleges (Medicine, Nursing, PT, OT) needs to increase. Slowly, we see realization that lymphedema is not a rare disease as formerly thought. I was encouraged to "present" aspects of lymphedema (and its care) today by Dr Randy Friesen of Sask Health Authority (SHA). He recognized that I hold a specialized body of knowledge and have expertise to share. It was only from his encouragement, that I was compelled to present. LAS continues to advocate for a lymphedema specialist physician in SK. Increased care coordination would be desirable.

Through the lobbying of government by LAS; with expert education provided by CLF's Anna Kennedy and Dr David Keast; \$100,000 has been committed to the care of people with Lymphedema. LAS government liaison reps: Verna Schneider, Richard Porter, and Graham Snell continue their work. Efforts toward designation of *TIME* for care of people with Lymphedema will have the greatest impact. (Presently, few sites have *TIME* allotments for lymphedema care- relating to respiratory and surgical priorities and "relatively" few Physios and OTs in Sask Health Authority [SHA].)

LAS is advocating for regulation of massage therapists. With regulation of massage therapists, people seeking lymphedema care will be able to bill insurers - which will improve access for some. It would be nice to see more *existing* CDT therapists **hired** by SHA to increase accessibility and service to people with lymphedema. (CDT's are contracted in some centres.) These folk have already overcome hurdles associated with care delivery.

Fewer restrictions are applied to CDT Massage Therapists (and Physios) than to OTs and Nurses, in the delivery of care to people with lymphedema. Every SHA therapy unit should have access to at least one CDT therapist. Implementation of pumps in *ALL* therapy depts. would be desirable. Ideally, compression would be applied following each and every Intermittent Pneumatic Compression (pump) session.

On behalf of LAS, I thank former executive member, Tracy Gardikiotis, for her hard work in Regina serving LAS. She worked tirelessly on the Regina LAS Symposium in the fall of 2018. She currently works with people dealing with breast cancer and is working hard to educate various colleges across the province.

Mar 6 is Lymphedema Awareness Day. International efforts are published. Actress Kathy Bates has mastectomy-related lymphedema and is has done much to raise awareness. LAS purchased an 8 x 4 ft billboard "magnet sign" and had another donated by Ed Lloyd from Prince Albert. "La Ronge Now" media featured an article, which also raised awareness.

We continue to advocate for people with lymphedema in our province. We are always looking for volunteers, including a secretary to take minutes for telephone meetings every 4-6 weeks. We hold phone calls from fall to spring, not quite monthly. We do need help to organize our next symposium in Saskatoon in 1 year. One or two face to face meetings will be held in preparation. Many hands make light work.

I am extremely grateful to the Coronet for the excellent food and service, our generous volunteers and current executive (especially past-president and my mentor, Verna Schneider). I am also grateful for attendees who joined us here today and opportunity to present valuable information about lymphedema and how it relates to and contributes to depression, inflammation, and obesity.