

VITA

The breast cancer magazine
Issue 48 Spring 2025

MAKING A SPLASH

Swimming after breast
cancer treatment

JOINING A LIVING WITH SECONDARY BREAST CANCER GROUP

'IT'S ABOUT HONESTY'

Tips for talking with children

Q&A: DIET AND BREAST CANCER

I TRY TO
FIND JOY
IN EVERY DAY

BREAST
CANCER
NOW The research &
support charity

We're here



**BREAST
CANCER
NOW** The research &
support charity

**READY TO BE A
LIFE-CHANGER?**

Hold an Afternoon Tea this August

This August, thousands of amazing people will dust off their whisks, stick the kettle on and get together with family and friends to hold an Afternoon Tea. Will you join them?

Help us be there for even more people affected by breast cancer with our life-saving research and vital support.



To get your fundraising kit,
scan the QR code or visit

breastcancernow.org/afternoonteavita



WELCOME TO VITA

When we're faced with a difficult challenge, we often say we have a mountain to climb. But in Anjali's case, the mountain was literal.

A year after her breast cancer diagnosis, Anjali found herself struggling with the ongoing effects of treatment, as well as losing her mum to cancer.

It was Anjali's friend who suggested they climb Snowdon (Yr Wyddfa) together in memory of her mum and to give her the lift she needed after treatment.

After hours of climbing through the harsh February weather, the pair made it to the summit.

"It was such an achievement!" says Anjali. Turn to page 4 to read more.

Of course, scaling mountains is not for everyone. But there are plenty of other ways to stay active after a breast cancer diagnosis.

While swimming is a suitable activity for most people, getting back in the water after treatment might feel daunting.

Luckily, we have plenty of tips for when you're ready to take the plunge. Plus Darlaine tells us how gentle movement in water after her breast cancer surgery has helped. Find out more on page 6.

Gareth Fletcher, Vita Editor

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I try to find **JOY** in every day



After facing cancer treatment at the same time as her mum, Anjali found a physical challenge with a friend helped give her the lift she needed.

It was the end of another busy school term in 2022 when Anjali felt a lump in her breast.

“I didn’t think too much of it because I had a benign lump when I was 19,” says Anjali, “but I did an e-consultation that night anyway. The next morning I had a call from my GP asking me to come in.”

Anjali was then referred to a breast clinic.

“The doctor was very jovial at the start. She felt the lump and sent me for a mammogram. I was then called back in to have a few more mammograms, and then they took a biopsy.

“Later that day I was called back into the doctor’s office. The first thing I noticed was she wasn’t smiling anymore. Although she couldn’t confirm whether it was cancer until the results had come back,

I could tell from the change in her demeanour that it wasn’t good news.”

The biopsy results confirmed that Anjali had breast cancer.

Three days before her diagnosis, Anjali’s mum, Chandrika, was diagnosed with leukaemia.

“Mum had been very unwell for a while, but she hadn’t had a diagnosis,” Anjali explains.

“She was on a ward in the hospital when I was diagnosed with breast cancer, and I remember having to hold myself together when I went to see her.

“Initially I told her I just had to have an operation, but then my treatment plan changed to include chemotherapy. I was worried I’d lose my hair and then she’d know I was unwell, so I had to tell her that I’d been diagnosed with cancer too.”

Anjali and her mum had chemotherapy side by side at the same hospital in early 2023.

Sadly, on 14 February 2023, Anjali’s mum died.



Anjali was diagnosed in 2022



Anjali's friend suggested their climbing challenge

SCALING SNOWDON

"A year later I found myself struggling with the physical and emotional effects of hormone therapy, as well as losing my mum," Anjali explains.

"Luckily, I had a friend at work who saw me through my treatment and helped lift me up on the harder days. She was the one who suggested climbing Snowdon in memory of my mum."

Anjali and her family held prayers on the first anniversary of Chandrika's death. The following day, Anjali and her friend drove to Snowdon, ready to climb on 16 February 2024.

"We hadn't done any specific training for the climb, but I play badminton, walk, swim and do Pilates and yoga. I took a balloon and a picture of me and Mum, and I was feeling really positive when we started.

"Then it began to rain, and, being mid-February, none of the toilets or the cafes were open.

"I remember asking the people passing us how much further it was to the summit, hoping they'd say we were close.

"I was telling myself I couldn't do it. The terrain was a difficult mixture of rock and sand, and I couldn't look over the edge because it was so foggy I wasn't sure where the drop was! But my friend loaded up a playlist of motivational songs which really helped."

Anjali remembers the feeling of finally reaching the summit after hours of climbing.

"I just wanted to cry – it was such an achievement! We were so wet our clothes were hanging off us but just to get to the top together was enough!

"Sadly it was too foggy and wet to take many pictures, but we knew we weren't climbing for the view, we were climbing to honour my mum."

Anjali and her friend now have more hikes planned, including Mount Helvellyn in the Lake District.

"I'm nervous but excited!" she says.

"Since treatment my motto has been that a day without joy is a day wasted, and I've got my receptors out for all the joy I can find!"

FINDING JOY

Finding joy through friendships and community has always been important to Anjali.

Now she derives joy by supporting other people through Breast Cancer Now's Someone Like Me service, where people affected by breast cancer can be matched to a trained volunteer who has had a similar experience.

"I used Someone Like Me during treatment, and I was matched with someone who had children the same age as my sons at the time.

"I remember wondering how she had the energy to volunteer, but the minute I was able to do the training to become a volunteer, I did!"

To find out more about breast cancer support, including Someone Like Me, visit breastcancernow.org/support-for-you or call the helpline on 0808 800 6000.

MAKING A SPLASH AFTER BREAST CANCER TREATMENT



Whether you're a keen swimmer or looking to dip a toe in the water for the first time, the idea of swimming after breast cancer treatment can be daunting. Ellen Millard speaks to 2 swimming experts and hears from Darlaine about how she makes moving in the water work for her.

EXPLORE YOUR LOCAL FACILITIES

"You don't have to dive straight in," assures We Are Undefeatable's Peter Dutton.

"You can explore your local swimming facilities to make sure they're suitable for you before you start. You can book a visit or speak to a member of staff who can answer any questions you have."

Speaking to your local pool first is something Swim England, the nation's governing body for swimming, also recommends.

"They may run classes to support with water confidence or be able to advise you on quieter sessions to attend if you're nervous," says Ali Noyce, health and wellbeing manager for Swim England.

You can find a pool near you at swimming.org/poolfinder

While swimming is suitable for most people, if you're having breast cancer treatment check with your treatment team or GP that it's OK to start. Open water swimming carries a greater risk of infection. You can find more information on swimming and breast cancer treatment on our website breastcancernow.org

MOVE IN WATER YOUR WAY

"You can move more in water in a variety of different ways – it doesn't have to be lane swimming," Peter explains.

"You can walk in the water or try water-based exercises to reduce pressure on your joints."

Water-based exercises are something Darlaine, who was diagnosed with invasive lobular breast cancer in 2016, enjoys.

Darlaine started swimming after her double mastectomy and reconstruction, and has now created her own set of exercises and routines based on Tai Chi.

"One of the reasons I started doing these types of moves in the water was to gently test how my body would feel when I started moving more intently again," says Darlaine.

"Social media is full of fabulous people running marathons, but for a long time I was scared my stitches might burst open! Doing the gentle moves in the water helped enormously at the beginning."

While Darlaine finds peace being active solo in the water, joining a class to meet like-minded people can help build your confidence, which both We Are Undefeatable and Swim England promote.



“Gentle movements in water helped me enormously.” Darlaine

“A water-based movement class – like aqua aerobics – might help you enjoy moving more with other people in a fun and safe environment,” Peter explains. “Moving more is about finding a way to move that’s right for you, in an environment you feel comfortable.”

In the future, Darlaine would like to see local pools advertising sessions specifically for people who have had breast cancer.

“One of the best things to come out of having breast cancer is the people you meet who just ‘get it’.

“It would be great if people had somewhere they could go to reacclimatise themselves with their body after breast cancer, knowing those around them were doing the same.”

LISTEN TO YOUR BODY

As with any type of activity, it’s important to start slowly, build up gradually and listen to your body.

“At the beginning I would take my time and stop if it felt too ‘twingey,’” says Darlaine.

“The water is so supportive. I enjoyed feeling my body gradually start to get back to a bit of normality, as well as being able to expand my chest at my own pace.”

“Another benefit of being in the water is having my headspace. Even if it’s only 20 minutes, that time is mine alone.”

OUR EXPERTS

Swim England (swimming.org)

Swim England is the national governing body for swimming in England. As part of their Water Wellbeing programme, they work with pool owners and operators to provide more accessible and inclusive pools so people with long-term health conditions can experience the health benefits of being in the water. They have more information on swimming during and after cancer on their website.

We Are Undefeatable (weareundefeatable.co.uk)

We Are Undefeatable is a movement supporting people with a range of long-term health conditions. It was developed by 15 leading health and social care charities, including Breast Cancer Now, and backed by expertise, insight and significant National Lottery funding from Sport England. Their purpose is to support and encourage finding ways to be active that work for you and your health condition.

"I COULD FEEL MY SHOULDERS DROP"



Three years on from her diagnosis, Paula Van Santen reflects on the difference a Living with Secondary Breast Cancer group has made.

Paula was in the shower when she discovered a dimple in her left breast in April 2022.

A GP appointment was followed by a referral to a breast clinic and, a few weeks after that, Paula was given the news that she had breast cancer.

"I'm not going to say it didn't bother me," says Paula, 50 from Oxfordshire, "but I'm an optimist. And I knew the treatment had progressed dramatically since my husband's aunty died from breast cancer 15 years ago."

Paula had a mastectomy with implant reconstruction. But shortly before she was due to start chemotherapy in July, a CT scan showed the breast cancer had spread to her lungs.

COULDN'T STOP CRYING

"My reaction was I needed to get away," says Paula, who along with her husband and daughter decided to head to Bournemouth for the weekend.

"I completely switched off from everybody, apart from my husband and my three kids.

"People were calling me and asking: How did the scans go? What's going on?"

"I didn't answer any telephone calls. I just couldn't stop crying."

Paula says the weekend away gave her some headspace to start to come to terms with her diagnosis.

She also started looking at what support might be available, though she was conscious not to look at too much information at this point.

I HARDLY SPOKE

It was once she'd started treatment that Paula felt the time was right to investigate face-to-face support.

Paula, whose breast cancer is oestrogen receptor positive, is taking the hormone therapy letrozole and targeted therapy ribociclib, alongside having quarterly injections to stop her ovaries producing oestrogen.

She has CT scans every 6 months to monitor her condition.

"I knew about Breast Cancer Now because when my husband's aunty passed away, my middle son, who was 13, saw the impact it had on the family and wanted to raise money. So he climbed Snowdon and he chose Breast Cancer Now for his charity."

Paula came across Living with Secondary Breast Cancer through the Breast Cancer Now website and registered for her local group in Oxford.

She drove the 45 minutes from home to the venue but, she says, was too nervous to go to her first group.

"I couldn't get out of the car," says Paula. "I was absolutely terrified. And I don't know why because I am a talkative person and I am a sociable person."

Paula did return the following month.

"I hardly spoke," says Paula, who spent her first group listening to other people's stories. But being in that

room, she says, helped her realise she wasn't alone.

"I realised there were people here who will make my experience of going through this horrid journey that little bit easier," says Paula.

"I could feel my shoulders drop."

PEOPLE WHO GET ME

One of the benefits of being part of the group is being able to talk to people who really understand what it's like to live with secondary breast cancer.

"People who aren't going through it don't necessarily always want to hear about it," says Paula.

"I knew I needed to go to a face-to-face group so I could talk with people who got me."

But while talking helps, Paula says there's never any pressure to speak.

"You could be silent the whole time and just drink tea and eat biscuits if that's all you wanted to do!" she says.

"It's a group of friends meeting up for morning coffee. It doesn't have to be anything to do with cancer if you don't want it to be.

"We're all at different stages of our diagnosis. Some have had it a lot longer than I have and some are newly diagnosed. We all help each other."

A LOT CALMER

Paula has found the group useful in providing ideas for how to cope emotionally.

"I never had anxiety and panic attacks before my diagnosis," says Paula. "Then all of a sudden it just hits you.

"My family are great and they do listen and try and understand. But because I look fine and I act fine most of the time, nobody realises what's going on.

"But the group understands. They make me feel a lot calmer."

When she was first told about her secondary breast cancer, Paula says the feelings were overwhelming.

"You almost go into a state of grief for yourself," she says.

"You start to plan for the end and it takes over.

"The group has helped and guided me through this."

Paula would encourage anyone thinking of joining a face-to-face group to give it a go.

"If it's not right for you, it's not right for you. But unless you try it you don't know.

"Going back that second time and actually getting out of the car was the best thing I ever did."

Learn more about Living with Secondary Breast Cancer groups at breastcancernow.org/support-for-you or call our helpline on 0808 800 6000.

Paula took part in a Pink Ribbon Walk



'IT'S ALL ABOUT HONESTY'

TALKING WITH CHILDREN ABOUT BREAST CANCER



Talking about cancer can be difficult. Rachel Baxter speaks to mum of 2 Angela about her experience and gets some top tips from a charity helping parents.

Angela Ratcliffe was diagnosed with triple negative breast cancer in 2022, when she was 38.

After having chemotherapy, a mastectomy and radiotherapy, she was told there was no longer any evidence of disease on her 39th birthday.

At the time of her diagnosis, Angela's son Max was 8 and her daughter Georgia was 6.

Angela and her husband decided to tell the children the news the next day, when they were all together at teatime.

TELLING THE KIDS

"I didn't know how to start," says Angela. "I think I just went very quiet."

"Luckily my husband stepped in and said, we've got some news to tell you. It's not the best news. But we don't want you to worry. And then he explained."

"I chipped in and said, I feel OK. I don't feel poorly at the minute. But the medicine will make me very poorly. And we explained I'd lose my hair and might be sick, and I might not be able to play."

"My son was more worried at first because we'd lost my mum 12 months previously to cancer. He started to ask questions and say, is it the same as Nana? Will you die? We said no, it's completely different because they've caught it earlier and it's a different type of cancer."

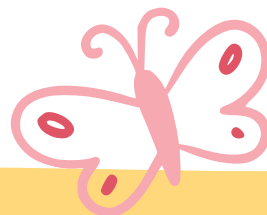
Angela says they tried to be as open as possible.

"I think it's all about honesty with children and making it normal for them to ask questions," she says.

"I think it's also important to keep the conversation open."

"At the time my little girl was probably a bit too young to understand what was happening."

"I think it only really hit her when I lost my hair. She got really upset and said, but you don't look like you anymore."



SCHOOL RUN FUN

"The day I showed Georgia my shaved head, she'd been playing with a Poppy Troll wig so that happened to be at hand," says Angela.

"I popped the wig on and she started laughing and we had a bit of fun with it. I said, see? It's better I've got a bald head. I can wear whatever I want!

"Max laughed too. He was at that age where they start getting a bit embarrassed. I said, shall I wear it on the school run tomorrow? He just laughed and said yeah, you can if you want to. I was trying to call his bluff.

"I wore it and people started talking.

"My children looked comfortable telling their friends. Children were asking, why is your mum wearing a wig? And they replied, because she's got breast cancer and she's lost her hair.

"They were all asking questions in the playground. I work in a school so I know how beneficial that can be."

Angela started wearing all sorts of fun wigs and headwear to do the school drop-off.

"I started thinking maybe I could do this for charity and raise some money at the same time," says Angela.

"When I'd finished treatment, we organised a 5k Wig Walk. Lots of people turned up in very dreary weather. They were all wearing wigs and did a 5k walk, it was great."

The school Angela works at also does Wig Days and Wear It Pink days, and Angela and her husband have organised a fundraising pink party with an auction and raffle.

So far, Angela has raised an amazing £14,500 for Breast Cancer Now.

You can visit Angela's Facebook and fundraising page by searching "Wig-on-her" on Facebook.



"I started wearing fun wigs on the school run"



TIPS FOR TELLING CHILDREN ABOUT CANCER

Caroline Leek is founder of the Fruit Fly Collective, an organisation helping parents with cancer navigate family life and support their children.

- 1 Rehearse what you'll say out loud in front of a mirror.
- 2 Choose a calm space and a quiet time of day – ideally not before bedtime.
- 3 Don't use misleading ideas like "I have a bug" or confusing terms like "I have the big C".
- 4 Use the jigsaw approach if you're not ready to tell them everything: one small piece at a time.
- 5 If you cry, it shows them that it's OK to show emotions.
- 6 Give your children time to take the information in – silences can show they're processing what you've said.
- 7 Ask if they have any particular worries. It's perfectly fine to say you don't know some of the answers.

Explore the Fruit Fly Collective's range of resources at fruitflycollective.com

Q & A

YOUR QUESTIONS ANSWERED

Breast Cancer Now's experts answer your questions about breast cancer and its treatments

Q I expected to be happy when my treatment finished but I feel really low. Is this normal?

A Low mood is common after a breast cancer diagnosis and it can be difficult to adjust to life after treatment.

There's no right or wrong way to feel, and how long it takes to recover physically and emotionally is different for everyone.

Every day may feel different, and that's OK.

It can help to talk about how you're feeling with a friend or family member, your breast care nurse or GP.

Connecting with people who've had a similar experience may also help. Our Moving Forward and Someone Like Me services provide a safe, supportive place to talk.

Some people find talking therapies useful. Your breast care nurse or GP can refer you. Or you may be able to refer yourself through the NHS website (England only).

Regular physical activity, eating well and resting when needed can also help boost low mood.

Q I have breast cancer that's spread to my bones. I'm keen to keep fit but not sure if it's safe to exercise. Can you help?

A While secondary breast cancer in the bone can make your bones weaker and more prone to fractures, it doesn't mean you need to avoid exercise.

Physical activity can help strengthen bones and reduce pain, as well as boosting your energy levels and improving quality of life.

It's important to choose low-impact exercises and avoid contact sports.

Walking is a great choice for bone strengthening, along with swimming and riding a stationary bike. You can also try some light resistance exercises.

If your cancer has spread to the spine, avoid movements like twisting or large forward bends of the spine.

Check with your treatment team about the best type of exercise for your individual situation.

You can also find a specialist instructor at [canrehabtrust.org](https://www.canrehabtrust.org)



ASK US

Questions about breast cancer?

Call the helpline on 0808 800 6000 or visit breastcancer.org for information, to order publications or to find out how to Ask Our Nurses by email.

Q I'm taking letrozole and it's causing my joints to ache. Is there anything I can do to relieve this?

A Aching or pain in the joints and muscles is a common side effect of aromatase inhibitors (letrozole, anastrozole and exemestane).

It's often mild and temporary, but it can be more severe and longer lasting.

It's important to let your treatment team know if you have joint pains and aches.

Mild pain relief such as paracetamol or ibuprofen will usually relieve the symptoms.

Gentle exercises such as yoga, Pilates or brisk walking can also help to relieve symptoms.

If the pain is more severe, you can ask your treatment team about a referral to a pain management specialist.

Sometimes your treatment team may suggest switching to a different aromatase inhibitor or another hormone therapy drug, such as tamoxifen.

You can find more information on coping with joint pain on our website.

Q What kind of follow-up can I expect when my treatment comes to an end?

A Once hospital-based treatment ends, how you're followed up can vary from hospital to hospital. It may also depend on the risk of your breast cancer coming back (recurrence).

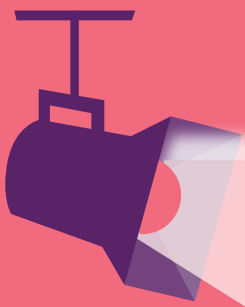
You'll usually be offered regular mammograms every year for at least 5 years. However, this may depend on the type of surgery you have had.

You may or may not also have regular follow-up appointments.

You will not usually have any other routine scans or tests, unless you report any symptoms that need checking.

Your treatment team can explain the follow-up you can expect and should let you know who to contact if you have any concerns during this time. They should also let you know the types of concerns or symptoms to report to them.

You can read more about follow-up in our booklet **After breast cancer treatment: what now?**



RESEARCH SPOTLIGHT AIMING TO PREVENT RECURRENCE

MAKING PROGRESS

We've made incredible progress in the diagnosis and treatment of breast cancer.

Most breast cancers do not come back after treatment. And more people than ever are recovering from the disease and living well.

But for some people tumours can come back in another part of the body, sometimes many years later. That's because some breast cancer cells can stay inactive or "dormant" in organs like the lungs or bones before growing into secondary tumours.

Currently, we still don't know how these dormant cells are able to survive in the body. And it's unclear why they sometimes reawaken after so many years.

Our vision is that by 2050, everyone diagnosed with breast cancer will live and be supported to live well. But to make that vision a reality, we need to keep discovering more about breast cancer recurrence and how to tackle it.

A LEGACY DRIVING CHANGE

The Patricia Swannell dormancy and late recurrence research funding programme aims to support research into these areas.

It was created thanks to the Patricia Swannell Appeal for secondary breast cancer and the incredible generosity of everyone who has supported the appeal.

Driven by a passion and selfless determination to make a difference for those who come after her, Patricia devoted the last 18 months of her life to driving change for people affected by secondary breast cancer.

And this year, we're awarding 2 research teams almost half a million pounds each to allow them to complete their vital research.

A NEW APPROACH

Our first project is led by Professor Penelope Ottewell at the University of Sheffield. Her work is investigating the most common site for dormant cancer cells, the bone tissue.

Bone tissue is rich in nutrients and can act as a "reservoir" for dormant cells.

If we are to find a cure, we need to understand why cancer cells can spread, become dormant in bone, and later reactivate. Penelope and her team will investigate a new "gene therapy-based" approach to stop breast cancer from returning after the end of treatment.

By targeting dormant cancer cells in the bone specifically, they hope to stop these cells reawakening and spreading to other organs.

Most breast cancers don't return after treatment. And thanks to the Patricia Swannell Appeal, we're funding 2 pioneering research projects that could bring us closer to stopping breast cancer recurrence for good.

A BETTER UNDERSTANDING

Our second project is led by Dr Frances Turrell and her team at the University of Manchester. They will investigate the communication between dormant cancer cells found in the lung and immune cells called macrophages.

Previous work from Frances and her team showed that changes in the lung, such as aging or damage, can trigger dormant cells to become active again. Now, she's investigating how these cells communicate with macrophages in these areas of the lung.

Understanding this may be the key to understanding what keeps dormant cells alive and what reawakens them. And in doing so, the team hope to identify new ways to prevent recurrence.

WE'RE HERE

Most people diagnosed with and treated for primary breast cancer will not have a recurrence. But even though most breast cancers do not come back after treatment, it's still very common to worry about breast cancer returning.

Our Moving Forward courses and information can help you adjust to life after primary breast cancer treatment.

If you have any questions, concerns or just want someone to talk to, our specialist nurses are here for you on our helpline at **0808 800 6000**.



Patricia Swannell was driven by a passion to make a difference for those who come after her

OSTEOPOROSIS EXPLAINED



With the help of an expert, we explore why some breast cancer treatments can affect bone health and what it means if you've been told you have osteoporosis.

“Osteoporosis is a condition where bones lose strength and break more easily,” says Sarah Leyland, Clinical Advisor at the Royal Osteoporosis Society.

An estimated 3.5 million people in the UK have osteoporosis. And half of women over 50 will break a bone because of the condition.

“It's the broken bones, or fractures, that cause problems,” says Sarah, who explains that loss of bone strength itself does not cause symptoms.

“If you think of our bones as living things, inside they're constantly being replenished to keep them strong and healthy. We call this bone remodelling or turnover, and it happens throughout our lives.”

Osteoporosis and the fractures that can happen as a result are more common in women. And a key reason is down to oestrogen, which helps keep bones strong.

“In older age, and it particularly starts happening to women around the menopause, oestrogen levels drop,” says Sarah.

This causes the bone remodelling process to get “out of sync”.

“There's simply an imbalance between the amount of bone that's being worn away and the amount that's coming in and refilling it.”

All about oestrogen

If your breast cancer was oestrogen receptor positive, you're likely to have been offered a hormone therapy drug, like an aromatase inhibitor.

Although oestrogen levels drop after the menopause, the body still produces some oestrogen.

Aromatase inhibitors – letrozole, anastrozole and exemestane – work by reducing the amount of oestrogen made in the body.

While this means there's less oestrogen to help breast cancer cells grow, it also means there's less oestrogen to protect the bones.

Breast cancer treatments and bone health

- **Aromatase inhibitors** – reduce oestrogen and can increase fracture risk
- **Chemotherapy** – if it causes an early menopause, this can reduce bone strength
- **Ovarian suppression** – stopping the ovaries working reduces oestrogen, which can reduce bone strength
- **Tamoxifen** – when taken after the menopause, it can reduce the risk of osteoporosis
- **Bisphosphonates** – strengthen bones and reduce the risk of fractures

A broad approach

Osteoporosis has traditionally been diagnosed using a bone density scan, usually a type of x-ray called a DEXA scan, that measures how much bone tissue you have.

More recently doctors have started taking a broader approach to assessing the risk of fractures, explains Sarah, and carry out a fracture risk assessment.

This takes into account the different risk factors for broken bones and helps build a picture of your overall bone strength and not just your bone density.

If your risk of breaking a bone is high, you may be prescribed an osteoporosis treatment to help strengthen your bones.

Sarah points out that some of these treatments are also used to treat breast cancer.

A group of drugs called bisphosphonates are commonly given to strengthen bones and treat osteoporosis.

Bisphosphonates are also given to reduce the risk of breast cancer spreading in some women who've been through the menopause.

“So people should be aware that if they're on those sorts of drugs anyway, it's going to be protecting their bones from osteoporosis and fracture,” says Sarah.

A measurement on a scan

You may come across the term osteopenia, particularly if you've had a bone density scan.

“It's important to see bone density on a scale,” says Sarah, “from low bone density to higher bone density.

“Osteopenia means your bone density is found to be below the average,” says Sarah. “But on its own, it doesn't mean much.

“Particularly post-menopause, most women have got osteopenia.

“So it's not a condition. It's a measurement on a scan that, alongside other risk factors, helps us understand how strong your bones are.”

The role of lifestyle

Can making lifestyle changes, like eating healthily and exercising, help with osteoporosis?

“We tend to talk about this as being complementary rather than an alternative to medications,” says Sarah.

Exercise helps keep bones strong, particularly weight-bearing impact and muscle-strengthening exercises.

“That's jogging-type exercise or low-level jumps, plus progressive muscle-resistance exercise,” says Sarah.

Eating a balanced diet, including enough calcium, is important for bone health. But Sarah says the evidence is less clear on dietary supplements.

“There's no evidence that taking lots of calcium supplements is going to make much difference,” she says. “It's all about just getting enough.”

Keeping to a healthy body weight, not smoking and not drinking too much alcohol are also important.

Nothing's inevitable

Being diagnosed with osteoporosis after having breast cancer treatment can come as a shock.

Sarah says it can be helpful to think of osteoporosis as less of a condition and more of an indicator of future risk.

“Nothing's inevitable,” says Sarah, “and we have effective treatments to strengthen bones, so hopefully you won't get fractures in the future.”

Check your osteoporosis risk or get information about osteoporosis and bone health on the Royal Osteoporosis Society website [theros.org.uk](https://www.theros.org.uk)


Q&A Diet and breast cancer



In our new video series, we sat down with dietitian Rachel White to find out more about diet and breast cancer and bust some common myths.


This Q&A gives a taste of what Rachel says – you can watch the full videos on our YouTube channel and website.

Dietitian Rachel White features in our new videos

 Should I follow a special diet if I have breast cancer?


There's no evidence that you should follow a special diet for breast cancer.

There are lots of different diets out there that sometimes get recommended for breast cancer, with the alkaline diet being one of those. But there's no evidence that following an alkaline diet will help reduce your risk of cancer or help kill the cancer if you've already been diagnosed.

 What if I have secondary breast cancer?

There's no specific diet we'd recommend that you have to follow with secondary breast cancer.

If you're eating well, then getting a balanced, healthy diet is what we'd say to go for. But if you're struggling with your eating, then we can relax those recommendations.

 Can I still eat sugar if I have breast cancer?

The quick answer is yes, you can eat sugar.

This is a really complex area and there's a lot of research that's gone into this. All our cells use sugar as an energy source and this includes cancer cells. But stopping eating sugar does not mean the cells won't grow and the cancer will stop. What we do recommend is minimising the additional sugars in your diet where possible if you're eating well.

 Should I take supplements?

Generally, the advice is not to take any additional supplements. If you're eating a balanced diet, you should be able to get everything you need through diet alone.

However, there are some exceptions, namely vitamin D

which is recommended for all adults in the UK over the winter months. Or your treatment team may recommend vitamin D and calcium year round. If there's something you'd like to take, the most important thing you can do is speak to your treatment team, a pharmacist or your dietitian to ask what their opinion is. Often when people are on treatment, it's recommended to avoid additional supplements because they can interact with some cancer treatments.

WATCH 
our diet and breast cancer videos at [youtube.com/@BreastCancerNowCharity](https://www.youtube.com/@BreastCancerNowCharity) or [breastcancer.org](https://www.breastcancer.org)

You can find out more about Rachel's work and how to contact her at [rachelwhitennutrition.com](https://www.rachelwhitennutrition.com)

LAUGHS, TEARS AND LOTS OF PINK

Five years after her breast cancer diagnosis, Louise Porter tells us why Pink Ribbon Walks are so special to her.



"I was diagnosed with triple negative breast cancer in January 2020," says Louise, who went on to have chemotherapy, surgery and radiotherapy.

"Chemo was very hard at times, with some dark moments," says Louise, who faced the challenge of going through breast cancer treatment during the Covid-19 pandemic.

Louise, who used Breast Cancer Now's helpline and website, was keen to give something back after her treatment ended.

TRULY REMARKABLE

Louise's first Pink Ribbon Walk was at Blenheim Palace, Oxfordshire.

"It was amazing to be walking in such a special place," says Louise, "for such a special cause and supported by amazing people – the charity staff, volunteers and my friends and family."

Louise has taken part as a walker 3 times at Blenheim Palace and twice in the Peak District.

"Each one has been a challenge with laughs, tears and smiles. And of course, lots of pink."

"In June 2024, I stood up at the start of the Peak District Pink Ribbon Walk and shared my story. It was nerve-racking but something I will never forget."

NEW FRIENDS

Louise has also volunteered at Pink Ribbon Walks, from marshalling on the route to cheering people over the finish line.

"It's a great way to make new friends, who all have their own reason for volunteering," says Louise.

Louise turns 60 in August 2025. To celebrate this, and being 5 years cancer free, she has set herself the challenge of being involved in all 4 Pink Ribbon Walks this year.

"I'll volunteer at Hampton Court. And walk 20 miles at Blenheim, Peak District and Scotland – 1 mile for every year I've been alive!"



SIGN UP NOW

or find out about volunteering at breastcancernow.org/PRWvita

- Hampton Court Palace and the Thames Path – 26 April
- Blenheim Palace and the Cotswolds – 10 May
- Scotland at Crieff Hydro – 31 May
- Chatsworth House and the Peak District – 21 June

Ask Our NURSES

If you have a question about breast cancer, want to talk things through or find information and support, our nurses are here for you

0808 800 6000

breastcancernow.org/AON



Call our free helpline to speak to our nurses
0808 800 6000



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If you already hear from us, we'll continue to contact you in the same way. From time to time, we may contact you by post to keep you updated on our work and ways you can help. You can change the way you hear from us at any time by emailing us at hello@breastcancernow.org, calling us on 0333 20 70 300 or writing to us at the address above.

To help us work more efficiently, we may analyse your information to make sure you receive the most relevant communications. This may include using publicly available information. You can ask us to stop this at any time, by contacting us using the above contact details. You can read more about how we will use your information on our website at breastcancernow.org/privacy, or contact us if you'd like a paper copy.