

VITA

The breast cancer magazine
Issue 49 Summer 2025



SAFE TRAVELS!

Tips for travelling
with breast cancer



25 YEARS OF GROUNDBREAKING RESEARCH DISCOVERIES



'HOW I REBUILT MY CONFIDENCE'

Moving forward after treatment

GETTING USED TO LONG-TERM HAIR CHANGES



**Stepping out
of my comfort
zone and onto
the catwalk**

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

We're here

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NOW** The research &
support charity

**FOR ALL
THE THINGS
LEFT UNSAID,
WE'RE HERE**

When you're going through breast cancer, it can be hard to find the right words. You're not alone. Almost half of women with breast cancer find it hard to say what they really think or feel*. We're here to talk about whatever's on your mind. Tell us how you really feel.

We provide free support, whatever you're going through – online, on the phone or in person.

**Call our free helpline on 0808 800 6000
or visit breastcancernow.org/here**



* All numbers unless otherwise stated are from research conducted by Censuswide with a sample of 1,500 women who have had breast cancer in the past 5 years. The survey fieldwork took place between 15.08.2024 and 21.08.2024. Censuswide abide by and employ members of the Market Research Society which is based on the ESOMAR principles and are members of The British Polling Council.

WELCOME TO VITA

In this issue of Vita, we're looking back on an era of groundbreaking discoveries in breast cancer research.

This year, we celebrate an incredible 25 years of the Breast Cancer Now Toby Robins Research Centre at The Institute of Cancer Research, London.

The story of how the research centre came about is fascinating. But what's truly remarkable are the discoveries and breakthroughs it ushered in.

Turn to page 6 to read the full story.

It's also a chance for me to look back personally.

I've been editing Vita magazine for 11 years. While working on the past 30 issues, I've had the privilege to speak to many women and men who have been affected by breast cancer.

I'm immensely grateful to everyone who's shared their story in Vita; it makes such a difference to people facing their own diagnosis. And I'm also thankful for everyone who takes the time to read our magazine.

Next issue, my colleagues Izzie and Rachel are taking over. I'm sure they can't wait to introduce themselves and bring you more inspiring real-life stories and helpful features.

Gareth Fletcher, Vita Editor

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Stepping out of my comfort zone and onto the catwalk

A friendship formed at a Living with Secondary Breast Cancer group inspired Gill Taylor to take part in a fashion show like no other.

Gill was first diagnosed with breast cancer at the age of 49 in 2006.

“It all felt very surreal,” she recalls.

Gill had a mastectomy with reconstruction and continued to have follow-up mammograms for several years.

But 10 years after her first diagnosis, Gill experienced severe back pain after bending down to reach something in the fridge.

“I was stuck on the living room floor,” she says. “We called 111 and a doctor came out to see me, who thought I had a herniated disc and advised me to rest and take painkillers.”

After weeks of doctors’ appointments and trying different pain relief, Gill had an x-ray and was immediately

referred to the orthopaedic team at the hospital. They explained that one of her vertebrae had collapsed and was putting pressure on her spinal cord. She needed urgent surgery to stabilise her spine while doctors tried to find the cause.

Eventually, Gill was diagnosed with secondary (metastatic) breast cancer that had spread to her spine. She was told that it was treatable, but not curable.

“My secondary breast cancer diagnosis felt like a bereavement. You grieve the life you’ve lost,” she says.

Gill had radiotherapy and hormone therapy, followed by bone-strengthening treatment. She had further treatment when monitoring scans showed the cancer had spread to other bones.

Going to the show

Gill and her sister Pat, who had also been diagnosed with breast cancer a couple of years before Gill’s secondary diagnosis, had planned to go to The Show together in 2017.

The Show by Breast Cancer Now is a fashion show featuring models who are all living with or beyond breast cancer.

Gill and Pat’s mum had died from breast cancer in 1985 when she was 61 and The Show was taking place around the date of her birthday. So it was an opportunity for them to both remember their mum and support the charity.

However, Pat was too unwell to go. So Gill went with a friend.

"I really got an insight into what the charity did," says Gill. "It was amazing to see people like me as models."

Not long afterwards, Pat was also diagnosed with secondary breast cancer. She sadly died in February 2018.

"I felt so isolated and alone after my sister died," says Gill. "It was really after that that I reached out to Breast Cancer Now."

Finding connection

Attending a Living with Secondary Breast Cancer group helped Gill connect with other women in a similar situation.

"I walked in the first time and someone said, 'I bet you thought we'd all look ill and terrible!' But everyone was just living their lives," Gill remembers. "It was the start of some amazing friendships."

"Having support around me has helped me so much. I know I'm not alone."

Gill met her friend Linda at the group. Linda had modelled and shared her story at The Show in 2024.

"Linda encouraged me to put myself out there and apply for The Show. She told me how uplifting it was and on the last day applications were open, I went for it," says Gill.

"I wanted to do it for my mum and sister and bring awareness to how long it can take to get diagnosed."

Taking to the catwalk

Gill was shocked when she heard she'd been chosen as a model. She'd been unwell after starting a new treatment and wasn't sure if she'd be able to take part on the day.

But when the time came in May, Gill was ready and determined to take to the catwalk alongside 22 other women and men diagnosed with breast cancer.

"I had my hair and make-up done by a lovely team who even gave my wig a fresh cut," says Gill.

"It was nice to feel glam and spread the message that I'm living well with secondary breast cancer."

"Some of us were really nervous backstage but we were all there for each other, especially when Jay, the model speaker, shared her story with the audience."

"The tissues came out then."

"I would tell anyone thinking about applying to The Show to do it. It's a big thing, especially for the models who were diagnosed more recently. My journey has been a lot longer."

"That's the thing with cancer, it pushes you out of your comfort zone."

"We were saying: 'I'm here, I exist. I'm a person living my life, not just a hospital number.'"

Applications for The Show 2026 are open now. To find out more and apply, visit breastcancernow.org where you can also watch a recording of this year's Show.



25 YEARS OF GROUNDBREAKING DISCOVERIES

We're celebrating 25 years of the Breast Cancer Now Toby Robins Research Centre at The Institute of Cancer Research, London. To mark the occasion, we reflect on how the UK's first dedicated breast cancer research centre has pushed boundaries, redefined treatment and changed countless lives for the better.

A CENTRE LIKE NO OTHER

Let's go back to where it all began. In 1986, the actress Toby Robins died from breast cancer. But her husband Bill Freedman and their family refused to accept her story should end there.

Together with Professor Barry Gusterson of the Institute of Cancer Research, Bill recognised a new approach was needed to tackle the disease. Their vision was a centre of excellence for breast cancer research, with experts working under one roof on a coordinated programme of research.

A few years later, Peter Green made a transformational donation to support the building of the centre in memory of his wife, Mary-Jean Mitchell Green. And this was the start of something extraordinary.

The fashion and beauty industries, the music business, numerous celebrities and people who had been affected by the disease all came together to make our research centre a reality.

And in 1999, the dream was realised. The Breast Cancer Now Toby Robins Research Centre opened, housed within the Mary-Jean Mitchell Green building at The Institute of Cancer Research, London.

AN ERA OF DISCOVERIES

Since opening its doors, researchers at the centre have been behind huge advances in breast cancer treatment and prevention. And the leaps they've made in understanding the fundamental biology of breast cancer have laid the foundations for more transformative discoveries in the years ahead.



1999



The Breast Cancer Now Toby Robins Research Centre opens its doors.

2005

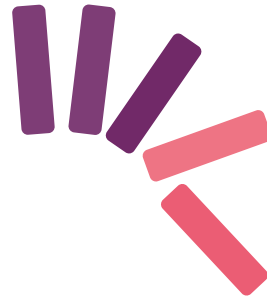


Professors Alan Ashworth, Andrew Tutt and Chris Lord reveal that a new class of drugs, called PARP inhibitors, works especially well against cancer cells with altered BRCA genes.



2008

The Triple Negative Trial begins. It shows that carboplatin chemotherapy is more effective than docetaxel for some people with secondary triple negative breast cancer, and over 10 years later leads to a change in treatment guidelines.



2016

Professor Clare Isacke and her team discover that the cells that support blood vessel cells can help breast cancer to spread around the body. Later, the team engineers a new type of immunotherapy that targets this.



2023

Following a global trial led by the centre's director, a PARP inhibitor drug called olaparib is approved for use on the NHS for people with early-stage breast cancer and BRCA gene changes. It's now a life-saving drug for thousands of people.

2025

Thanks to research, more people are surviving breast cancer than ever before.

WANT TO KNOW MORE ABOUT OUR RESEARCH?

You can read more about our research and the projects we fund on our website

breastcancernow.org/our-research

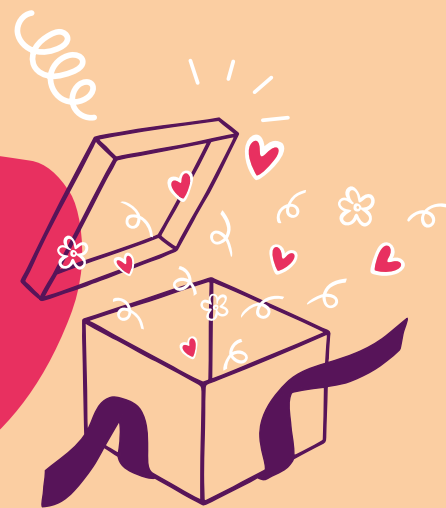
THE CENTRE TODAY

But the story doesn't stop with the triumph of discovery. It continues in the lives of the people who are only here today because of research. And in the children who are inspired to become the next generation of researchers.

Today our centre is home to around 100 scientists looking for answers to the biggest questions in breast cancer research. What they learn today could open endless possibilities and new avenues for tomorrow.

Each spark of discovery takes us closer to our vision that by 2050, everyone diagnosed with breast cancer will live, and be supported to live well. With just 25 more years to go, this research centre, these researchers and their groundbreaking work will help us get there.

PROVIDING SUPPORT OUTSIDE THE BOX



Inspired by its founder's own experience, the charity Little Lifts is supporting people through breast cancer treatment with innovative gift boxes.

Little Lifts is a small charity with a big aim.

"We're on a mission to provide free, carefully curated gift boxes to support women and men undergoing chemotherapy, radiotherapy and surgery for primary and secondary breast cancer," explains Little Lifts founder Oa Hackett.

The Norfolk-based charity was born out of Oa's own experience of being treated for breast cancer at 28.

Diagnosed in 2014, Oa recalls sitting in a chemotherapy planning session as a seemingly endless list of side effects was read out.

"The appointment was really overwhelming," says Oa, who felt patients would benefit from being offered something to help them feel less scared and alone, and more prepared.

Meanwhile, friends and family provided thoughtful gifts that would help Oa manage the effects of her treatment.

"Little Lifts was inspired by the kindness I received during my breast cancer treatment," she says.

Boosting wellbeing

The products that end up in Little Lifts Boxes are carefully chosen, says Oa, based on input from people with a lived experience of breast cancer treatment.

Examples include chilli oil and mixed herbs in the Chemotherapy Box, to help with taste changes caused by chemotherapy. Gentle body wash and moisturiser in the Radiotherapy Box, as radiotherapy can cause skin to become more sensitive. And a flannel and body wash in the Surgery Box to help with washing after surgery.

"We're a proud Norfolk charity and we like to source products from local businesses that are kind to the planet, can be reused, and are ethically made," says Oa.

"We've got lovely mood-boosting goodies to promote emotional wellbeing. And there's an element of luxury to the products, which makes it such a beautiful gift."

Connection and community

Since it began almost 8 years ago, the charity has distributed over 32,000 boxes.

Little Lifts boxes find their way to patients in 1 of 3 ways.

Partnerships with 10 NHS hospitals in the east of England see hand-packed Little Lifts Boxes given out by treatment teams at appointments.

People having treatment elsewhere can apply for a free Little Lifts Box through the Little Lifts website, supported by the Little Kindness Fund.

Finally, an online shop lets people buy a Little Lifts Box for a loved one going through treatment.

Feedback from patients who receive the boxes has been universally positive, with 100% saying the boxes made them feel very supported.

"That sense of solidarity, connection and being part of a community is what has enabled Little Lifts to get further across the UK than we probably



thought possible when we started it around my kitchen table all those years ago,” says Oa.

Giving a purpose

Although Oa was working for a national charity when she was diagnosed with breast cancer, setting up and running her own charity was a major challenge.

“It’s been one of the hardest things I’ve ever done, but also one of the best things,” she says.

“Little Lifts has been a huge part of my own personal recovery. I owe a lot to it in helping me navigate my own experience of having cancer and going through treatment.

“It’s given me a purpose to make a difference to other people who are in a similar situation.”

Recently, Little Lifts launched a collaboration with Breast Cancer Now. Postcards distributed in Little Lifts Boxes are helping people with breast cancer get personalised, timely access to Breast Cancer Now’s information and support.

In April, a team from Breast Cancer Now enjoyed a day at Little Lifts headquarters helping pack the boxes.

Small but mighty

Earlier this year, Little Lifts was one of several cancer charities invited to a special reception at Buckingham Palace, hosted by the King and Queen.

“It was a lovely event,” says Oa, “and it felt incredible to be surrounded by so many people doing great work for the cancer community.

“Our trustee Jill came. She received her Little Lifts box in 2018 at one of the darkest times in her life. She was so proud to be standing there in Buckingham Palace, it was quite emotional.”

Oa says some recipients of Little Lifts boxes tell her the word “little” downplays the impact they have.

“They say we should call it Massive Lifts or Gigantic Lifts,” she says.

But the name encapsulates the “small but mighty” nature of the charity, which has a staff of 8 as well as 75 volunteers.

“We would like to be able to distribute thousands more boxes every year to provide that practical and emotional support,” says Oa.

“Our vision is that every person diagnosed in the UK can have access to a free Little Lifts Box.”



Oa meeting King Charles

Find out more about Little Lifts and how the Little Lifts Boxes are distributed at littlelifts.org.uk



The Breast Cancer Now team at Little Lifts



Safe Travels!

Top tips for travelling with breast cancer



Many of us will be thinking about travelling abroad over the summer and beyond. If you're planning a trip, our top tips will help you prepare.

Getting travel insurance

Travel insurance is essential if you're going on holiday abroad. But if you've had a breast cancer diagnosis, there are a few things to consider when finding the right insurance.

"It's important to declare your breast cancer to your travel insurance provider," says Fiona Macrae, an insurance broker with over 20 years' experience.

"If you don't and you're taken ill while on holiday, anything relating to your breast cancer or that could be attributed to your treatment could be excluded from cover, leaving you to pick up the medical bill."

Fiona recommends shopping around and being flexible to help keep costs down.

A cancer diagnosis can mean being quoted a higher premium for your travel insurance. But Fiona, who was diagnosed with secondary breast cancer in

2020, 15 years after her primary diagnosis, says this can vary based on the medical screening tool the insurance provider uses.

"You can see a list of medical travel insurance specialists and the screening tool used on the Money Helper website (moneyhelper.org.uk)," she says. "Pick a few providers who use different medical screening systems and get quotes from them to compare."

"There are only a couple of medical screening systems used, so you won't need to do loads."

The timing of your trip can also affect the cost of insurance.

"Be as flexible as you can with dates," says Fiona. "Getting quotes 6 or 9 months after surgery would be cheaper than getting quotes for 3 months after surgery, for example."

You should also check with your treatment team before you travel. If you go abroad against medical advice, it could invalidate your insurance policy.

Getting insurance for trips closer to home, like locations in Europe rather than Asia or Australia, can also bring the cost down.

Finally, if you're travelling in Europe, consider applying for a Global Health Insurance Card (GHIC), which replaced the European Health Insurance Card in 2021. It allows you to access necessary state-provided healthcare in the European Economic Area, and some other countries, at the same cost as a local resident.

But, Fiona stresses, a GHIC is not a replacement for travel insurance.

"The GHIC won't cover getting you home if you cannot travel as planned due to illness or accident," she says. "Remember it may not be as simple as booking the next budget flight to get you home."



Protecting your skin

Lymphoedema is swelling caused by a build-up of fluid in the body's tissues. It often affects the arm and can happen if you've had surgery or radiotherapy to the lymph nodes under the arm.

If you have lymphoedema and have been fitted with a compression sleeve, wear it as directed by your treatment team while you travel.

If you are at risk of lymphoedema there's no evidence that air travel or cabin pressure causes lymphoedema, or that you're less likely to get lymphoedema if you wear a compression sleeve on a flight. In fact, a poorly fitted compression sleeve, if you don't usually wear one, may increase your risk of swelling.

While you're away, it's important to use a high-factor sunscreen to avoid sunburn and an insect repellent to prevent insect bites. Sunburn and insect bites can increase your risk of an infection, which could lead to lymphoedema or make existing lymphoedema worse.

It's also a good idea to carry an antiseptic cream with you to put

on any cuts, bites or grazes.

You can find more travel tips in our booklets **Reducing your risk of lymphoedema** and **Managing lymphoedema after breast cancer**.

Travelling with a prosthesis

Some women who wear a prosthesis – an artificial breast form – worry about what happens if they're asked to go through an airport security body scanner.

The image from a body scan will show if you have a prosthesis. But airport security staff are trained to deal with sensitive issues around surgery and should treat passengers respectfully.

If you prefer, you can ask for a female security officer to look at your scan. They will not be able to identify you from the image. And your scan will be deleted straight afterwards.

It's fine to wear a breast prosthesis on a plane or pack one in your hold luggage.

Silicone prostheses can sometimes develop air bubbles in the hold of an aeroplane because of the change in air pressure. These might look like

small black dots. This won't damage the prosthesis though, and the bubbles should go away soon after the plane lands.



For more information on travelling and breast cancer, visit our website at breastcancernow.org



HOW I REBUILT MY CONFIDENCE AFTER BREAST CANCER



Kirstie Blanchette was diagnosed with breast cancer in 2015 when she was 35. Now, she works with others affected by breast cancer to help them move forward after treatment.



A TOTAL SHOCK

“My mum had breast cancer in her 50s, so I already had some experience with it,” says Kirstie. “Still, my own diagnosis came as a total shock.

“I was diagnosed with triple negative breast cancer and later found out I had a BRCA1 gene alteration.”

Inherited alterations (sometimes called faults, mutations or variants) in certain genes like BRCA1 can significantly increase the risk of developing breast and ovarian cancer.

“I’d had chemotherapy, which was really hard, and surgery to remove the lump,” Kirstie explains. “When I then found out about my genetic risk, I made the decision to have a double mastectomy and surgery to remove my ovaries.

“I also had a benign brain tumour in 2017,” Kirstie adds. “I had 5 surgeries over 2 years. I was plunged into surgical menopause in my 30s, which was really awful.

“It can be very lonely having breast cancer when you’re young because you have no peers going through the same thing. All my friends were starting families and in this very different stage of life. It felt like we were heading on 2 different paths.”

EVERYTHING CHANGED

“Having breast cancer really makes you question, ‘Who am I? What am I doing? Where am I going?’ It can have a huge impact on your identity and self-esteem,” explains Kirstie.

“I was always known as being a very strong, capable and bubbly person. I had a very fast-paced, stressful and physically demanding job as a restaurant manager, which I loved.

“I went from that to feeling physically weak and very anxious. Suddenly things that felt easy before, like going for a walk, were really challenging. Not being able to work like I had before was a big knock for me.

“The other biggest challenge was fear of recurrence,” says Kirstie. “It dominated me and I felt very lonely, even though I know many people feel the same. I had so many scans to put my mind at rest. I also had some counselling which helped.”

GIVING BACK

Kirstie knew she wanted to give back and work in cancer services. She became a cancer care navigator at her local hospital and has been a life coach for the past 2 years. She coaches others to help them rebuild their confidence after breast cancer. She also facilitates Breast Cancer Now's Moving Forward courses.

"I can't describe it as anything more than an absolute privilege to see the changes my clients experience," says Kirstie.

"They often come away saying they've learnt to prioritise themselves. They feel they've found purpose again.

"I think cancer is an opportunity to look at what's really important. My values have become more based around things like kindness, compassion, empathy and community."

MY TIPS FOR MOVING FORWARD

"There's so much pressure to move forward after treatment," says Kirstie. "But in reality, you're tired, in pain and emotionally drained.

"I know some people don't like the phrase 'new normal', but for me it's accurate. How can we expect to be the same person we were years ago after such a major life change? I think it's about learning to love who you are now, rather than desperately searching for the old you.

"I also think it's important to be aware of your reality versus your expectations. If you put high expectations on yourself, it can be so demotivating when you

don't achieve them. Thoughts like 'I should be exercising again by now' are just handcuffs we put on ourselves.

"In the past, people would have time to recover from an illness but then they'd also be given time for convalescence," notes Kirstie. "They'd go to the countryside to rest and find themselves again. I think we're missing that. We're just expected to bounce straight back and go back to work. But it takes time.

"Try to create a plan that's realistic and achievable now. Think about where you are in this moment, not what you were capable of before. Take small steps and set small goals so you can feel great about yourself when you tick them off.

"I also think giving yourself the same compassion you'd give others is so important," Kirstie adds.

"Mindfulness and meditation really helped me identify my self-critical inner voice and reframe how I was thinking. Rather than hating how my breasts look, I think about what I've overcome. I've survived breast cancer and my scars are a testament to that."



Find out more about our Moving Forward courses at breastcancernow.org

You can find out more about Kirstie at breastcancercoaching.co.uk or find her on Facebook and Instagram @[@breastcancercoaching](https://www.instagram.com/breastcancercoaching)

Q&A

YOUR QUESTIONS ANSWERED

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

Q Is it safe for me to have weight loss jabs after I've finished breast cancer treatment?

A Lots of people find they gain weight after treatment for breast cancer. Weight loss injections are available for some people, on the NHS or privately, if they fit the criteria.

Like any medication, these injections can have side effects, including being sick, diarrhoea or constipation, and an increased risk of developing pancreatitis.

There are very few studies looking at weight loss injections for women with a previous history of breast cancer. So we do not know if they're safe or if they could affect breast cancer treatments, like hormone therapy.

It's important to discuss any new medications you're thinking of taking with your treatment team or GP. And you can talk to them about other options to help manage your weight.

You can also find information about healthy eating and physical activity on our website at breastcancernow.org

Q I've seen a new drug called capivasertib in the news recently. What is it and who is it for?

A Capivasertib is a targeted therapy. These drugs block the growth and spread of cancer by interfering with processes in the cells that help cancer grow.

Capivasertib was approved this year for use on the NHS, in combination with the hormone therapy drug fulvestrant.

It's suitable for people with locally advanced or secondary breast cancer that is oestrogen receptor positive, HER2-negative and has 1 or more mutations in certain genes. But genetic testing, either on tissue removed in a biopsy or through a blood test, is needed before someone can have capivasertib.

If you want to find out more about capivasertib and if you're eligible to have it, speak to your treatment team or call our helpline for more information.



ASK US

Questions about breast cancer?

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

Q I'm 43 and I've recently been diagnosed with breast cancer. How can I connect with other younger women going through the same thing?

A Your care and support needs as a younger woman with breast cancer may be different to those of older women.

Our Younger Women Together events give you the chance to meet other women aged 45 and under with breast cancer. They offer tailored information and support on topics that are important to younger women, like fertility, relationships and the possibility of early menopause. They take place in person and online.

And our Someone Like Me service can match you with a trained volunteer who's had a similar experience to you. They'll be a phone call or email away to answer your questions, offer support or simply listen.

You can find out more on our website at **breastcancernow.org/support-for-you**

Q Why has my treatment team told me to go to the dentist before I start treatment with zoledronic acid?

A Zoledronic acid is a bisphosphonate drug. These drugs slow down or prevent loss of bone tissue. You may hear these drugs called bone-strengthening treatment. Bisphosphonates can be used to treat both primary and secondary breast cancer.

A rare but serious side effect of zoledronic acid is that it can cause some of the jawbone to lose its blood supply and die. This is called osteonecrosis of the jaw (ONJ).

To reduce the risk of this happening, your treatment team will recommend you see a dentist before starting zoledronic acid.

ONJ is more likely if you've got any problems with your teeth or gums that aren't completely healed before starting treatment.

If you do not have a dentist or you're having difficulty registering with one, let your treatment team know.

“I just can’t get used to it” – long-term hair changes and breast cancer treatment



Hair loss and hair thinning are common side effects of breast cancer treatment. Sometimes hair changes can be long-term or even permanent, which can be hard to come to terms with.

Losing my hair

“I had a mastectomy in November 2020, followed by 6 cycles of chemotherapy and 15 rounds of radiotherapy in 2021,” says Judy, who was diagnosed with breast cancer in 2020 at the age of 60.

“I’m now on letrozole hormone therapy and have about 6 years left.”

Judy had treatment during the pandemic. Because fewer people could have chemotherapy at one time due to social distancing, Judy’s hospital wanted to keep chemotherapy sessions as short as possible. This meant Judy was unable to try scalp cooling, when your scalp is cooled using a “cold cap” during chemotherapy, to try to reduce hair loss.

“I had really thick hair,” says Judy. “Nothing happened after my first chemotherapy cycle, so I thought maybe I’m going to get away with this. Then it all started to come out and my husband shaved my head for me.

Judy found wearing scarves and silk caps more comfortable than a wig.

“You can get some really nice affordable ones online,” she says.

“I also found organisations like Cancer Hair Care (cancerhaircare.co.uk) and Look Good Feel Better (lookgoodfeelbetter.co.uk) very helpful.”

Unexpected effects

One thing Judy wasn’t expecting was losing her eyebrows.

“They’ve never really come back,” she says. “You don’t realise how useful your eyebrows are until you lose them.

“If you run, which I try to, sweat comes down and drips in your eyes. It also really stings when you put suncream on. You’re advised to use high-factor suncream after chemo and radiotherapy, and that runs down into your eyes with the sweat.”

Something else she wasn’t prepared for was the impact of losing her nails.

“Not having fingernails was a really strange sensation and I was shocked to discover just

how important they are. I couldn't do things like tie my shoelaces or pick up small objects easily. I think there needs to be more information about preparing for and coping with the effects of losing your nails."

Not everyone experiences this side effect, but it can happen as a result of chemotherapy.

My hair feels different now

"The hair on my head has grown back, but it's different," says Judy. "It feels as though there's less hair than there used to be.

"It probably doesn't look that much thinner to other people, but I'm very conscious of it.

"It could be that the letrozole is making my hair thin, it's hard to tell. I know letrozole can cause menopausal symptoms including hair thinning. Although I went through the menopause a few years before my diagnosis with no impact on my hair whatsoever.

"Something I've had to come to terms with is the feeling that I don't have my old hair back. I used to have such big, thick hair and now it's really fine. I just cannot get used to it.

"I tend not to think about it until I put my hand up to my head, or when I'm having my hair cut now.

"I sometimes joke that someone in the hair bank gave me somebody else's hair and there's some poor soul wandering around with really thick, wiry hair that they can't keep under control, saying 'I've got the wrong hair!'"

Tips for managing long-term hair loss or thinning

A number of breast cancer treatments, including chemotherapy, targeted therapy and hormone therapy, can affect hair. You may find your hair is thinner, a different texture or patchy even after treatment ends. If, like Judy, you've experienced lasting changes, these tips might help.



- **Treat your scalp and hair with care, using gentle products, and avoid heat and harsh chemicals**



- **Try to allow at least 2.5cm (1 inch) of hair regrowth before colouring it**



- **Speak to a hairdresser to get advice on caring for your hair and scalp**



- **Try to eat a balanced diet to give your hair the nutrients it needs**



- **You could try out different hair pieces like fringes**



- **You could use stick-on eyebrows or false eyelashes, or try microblading or semi-permanent makeup (check with your treatment team first). You could also try enhancing your eyebrows and eyelashes yourself with makeup – there are lots of tutorials online**



- **You could ask your GP to refer you to a dermatologist who specialises in hair loss**



- **If you're struggling with the emotional impacts of hair loss or thinning, you could ask your GP or treatment team for a referral to a counsellor**

You can find more information and tips for managing hair loss and thinning at [breastcancernow.org](https://www.breastcancernow.org) or in our **Breast cancer and hair loss** booklet.

NEWS ROUNDUP



TOUR DE 4

On 7 September 2025, thousands of riders will take part in Sir Chris Hoy's inaugural Tour de 4 in Scotland. And Breast Cancer Now is a beneficiary charity of the event.

Tour de 4 hopes to see as many people as possible living with stage 4 cancer, and their family and friends, take on 1 of 4 cycling events.

After his own diagnosis with stage 4 prostate cancer, the 6-time Olympic champion established the event to show that "a stage 4 diagnosis doesn't define the limits of what's possible".



Find out more about the event at tourde4.com

NEW RESEARCH – SUPPORT FOR RETURNING TO WORK AFTER BREAST CANCER

We're funding new research by Dr Rebecca Vince at the University of Hull to improve the quality of life of women returning to the workplace after breast cancer.

Adapting to life after treatment and returning to work can be difficult, as many experience long-lasting low mood or fatigue.

Rebecca and her PhD student are testing a new 12-week home-based exercise programme designed to support women after treatment. This short-term intervention aims to give them the confidence and skills to develop a healthier lifestyle.

This is 1 of 7 new research projects we're funding.

You can find out more on our website at breastcancernow.org/research

NIGHT IN THE WILD

Over 100 women braved a night sleeping in the wild to raise vital funds for people affected by breast cancer.

Over the weekend of 7 and 8 June, on the shores of Buttermere in the Lake District, the women took on Breast Cancer Now's first Night in the Wild.

Participant Kim Fergusson, who attended with 5 friends, said: "Having had breast cancer, I wanted to give back for all the support and help I got.

"It's been hard, I'm not going to lie – but so worthwhile."



WEAR PINK.

RAISE MONEY.

HELP FUND LIFE-CHANGING BREAST CANCER RESEARCH AND SUPPORT

Last year, Dani got her community involved in a pink paint-along class to raise money for wear it pink. She shares why Breast Cancer Now means so much to her and her family.

"Breast cancer has hugely impacted my family.

"My mum was diagnosed with breast cancer in 2010 at the age of 65, and it was the first diagnosis of cancer in our family. It hit us all hard.

"In 2017, my younger sister went to the breast clinic as she found a lump in her breast. The mammogram showed areas for concern, so she underwent tests and biopsies, and she was diagnosed with invasive breast cancer.

"In 2023, my aunt and mother-in-law were both diagnosed with breast cancer. My aunt had a lumpectomy and my mother-in-law had a mastectomy.

"It's a disease that has affected many of the ladies closest to me.

"At some point throughout their treatment, each of my family members used Breast Cancer Now's services.

"I run an art event business where I teach groups to paint a picture step by step. So, I thought that hosting a wear it pink paint-along would be a great way to bring the community together, all while raising money. We of course painted a pink picture!

"I was so proud of my wear it pink event.

"For me, the best part about the day was having help from all the special ladies in my life who've had breast cancer. I felt so proud to have managed to pull everything and everyone together for such a great cause."

Will you join thousands of incredible people like Dani on **24 October to wear it pink? At work, at school, in your community. Wherever you wear it pink, you'll be raising vital funds to help support people affected by breast cancer.**

**TO GET YOUR FUNDRAISING
PACK, SCAN THE QR CODE OR
SEARCH "BREAST CANCER NOW
WEAR IT PINK"**



TICKETS £1

WHERE COULD £10,000 TAKE YOU THIS SUMMER?

Our Summer Raffle is here. Could you be one of our lucky winners? We have over 300 prizes up for grabs, and the top prize is a scorching **£10,000!**

Every ticket helps us fund our life-changing research and vital support for people affected by breast cancer. And they're just £1 each.

Entries close on **23 September**. You can buy your tickets at **breastcancernow.org/summer** or by calling **0345 092 0811**.



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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.