

# VITA

**BREAST  
CANCER  
NOW**



**METASTATIC BREAST CANCER**  
“I wanted to change the narrative”

**GOING FURTHER, FASTER FOR  
EVERYONE WITH BREAST CANCER**

**“IT’S SUCH A PERSONAL CHOICE”**  
Nipple options after breast reconstruction

# BREAST CANCER GENE TESTING AND OUR FAMILY



# SPEAKERS LIVE

Do you want to learn more about topics relevant to your primary or metastatic breast cancer diagnosis? If so, join one of our online Speakers Live sessions.

Speakers Live is an opportunity to learn more from experts about the topics that matter to you. The sessions take place in real time over Zoom and cover a wide range of topics, including:

- **Healthy eating**
- **Exercise**
- **Treatment**
- **The emotional impact of breast cancer**
- **Hair care**
- **Talking to children**
- **And much more**

We run separate sessions for people with primary and metastatic breast cancer.

To find out more about Speakers Live and our other free services please visit [breastcancernow.org/support-vita](https://breastcancernow.org/support-vita)



The experts are great, communicating complex subjects in an understandable way. Being able to get answers live about complex matters is unusual for some of us with access to limited local services

– **SPEAKERS LIVE ATTENDEE**





# Welcome to

# VITA

You might notice that Vita is looking a bit different – that's because Breast Cancer Now has a bold new brand.

We've refreshed our brand to help us cut through the noise and get noticed as we make strides with our new 5-year strategy, Change Happens Now. You can find out more about the strategy, the changes we've made and why on page 8.

In this issue, you'll also meet Emma and Joanne. They're sisters who share how getting tested for an altered gene that increases their risk of breast cancer has shaped their family's future. Turn to page 4 to read their story.

And on page 10 you'll hear from Laura, who started online platform Secondary Sisters to create community for others like her who are living with metastatic cancer.

You'll also hear how netball helped 1 woman through her breast cancer journey, how our research is tackling the problem of bone metastasis, about different options for recreating nipples after breast surgery and more.

Thanks for joining us again in 2026 – we're looking forward to sharing more real-life stories, informative features and news about where our strategy is taking us.

**Isobel Sims, Vita Editor**

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# HOW BREAST CANCER GENE TESTING HAS SHAPED OUR FAMILY'S FUTURE

Sisters Joanne and Emma learnt in their 40s that they carry an altered gene that increases their risk of breast cancer. They share how they see this life-changing news as a positive for the future of their family.



Sisters Joanne and Emma

Joanne, 53, and Emma, 47, always suspected that breast cancer might run in their family.

Their grandmother and an aunty had both died of breast cancer in their forties and it was something their mum had talked to them about since they were teenagers.

In 2013, Joanne and her older sister Melanie looked into genetic testing to see if they carried an altered gene that increased their risk of breast cancer.

“We were turned away,” says Joanne. “They said we didn’t qualify as our family history wasn’t strong enough.”

Then in 2014, Joanne was diagnosed with breast cancer herself at the age of 43.

“It was devastating to see Joanne go through it,” Emma remembers.

### Getting our genetic results

Joanne had a lumpectomy after her diagnosis. She brought up her family history again to her treatment team and this time, they decided to send her for genetic testing.

“The test showed that I had an altered BRCA2 gene,” Joanne remembers. This meant she was at a higher risk of developing breast and ovarian cancer.

“I was told that I should have a double mastectomy to reduce my future risk, and that my sisters should have genetic testing too.”

“I remember when I found out it just broke me,” says Joanne. “I thought, ‘You’re opening a can of worms for everybody.’”

Melanie’s results came back negative for altered BRCA2. But Emma learnt that, like Joanne, she carried the altered gene.

Emma started having regular breast screening to monitor her for breast cancer.

“It was always in the back of my mind that it could be me as well, but you sort of think you can deal with it,” says Emma.

In 2019, breast screening found that Emma now had breast cancer too. She went on to have a double mastectomy.

“I remember being diagnosed and thinking, ‘I’ve got to be brave for the kids,’” Emma reflects. “I was surprised that people around me were upset.”

### “It was just never ending”

After Joanne’s mastectomy, she had breast reconstruction with implants. Unfortunately, she developed a complication called breast implant-associated anaplastic large cell lymphoma (BIA-ALCL). BIA-ALCL is a very rare type of lymphoma (blood cancer) linked to certain types of breast implants. It affects a very small number of women and can usually be treated successfully by removing the implants.

Joanne had her implants removed, more treatment for the lymphoma and a DIEP flap reconstruction, using her own body tissue to create a new breast shape.

Emma and Joanne’s mum and cousin were also diagnosed with breast cancer around this time.

“It was just never ending,” says Joanne. “I thought, ‘Is this ever going to leave us alone?’ And now we had to think about our children too.”

Emma and Joanne have been open with their children about their history. Joanne’s adult children decided not to get tested until they turn 30, when they’ll be able to start having yearly screening if they do carry an altered gene.

### Giving something back

In 2015, Joanne and Emma decided they wanted to give something back.

“We organised a party at my house with balloons, drinks and games,” says Joanne. “It was just for family and friends but we raised about £600 for Breast Cancer Now. Everyone loved it so we did it again the next year.”

Over the years, the house parties grew and so did the amount of money raised. Eventually, they moved the event to Emma’s son’s rugby club when it outgrew Joanne’s house.

Through raffles, auctions, games and supermarket collections, Joanne and Emma have raised an incredible £30,000 for Breast Cancer Now over the last 10 years.

### Helping future generations

The sisters have finished treatment for breast cancer now, although Joanne continues to be followed up for her lymphoma.

Their hope is that others won’t feel guilty if they learn that they’re carrying an altered breast cancer gene. Despite all they’ve been through, they see their genetic testing results as a positive for their family.

“It’s horrible if it’s in your family and your children have it too, but knowing about it means they can get monitored if they choose,” Joanne explains. “Our family didn’t have that before now.”

“Don’t feel guilty,” says Emma. “It’s information that will help future generations of your family.”

There’s more information about genetic testing for breast cancer on our website at [breastcancernow.org/genetic-testing-vita](https://breastcancernow.org/genetic-testing-vita)

And if you’re having genetic testing or have a known gene alteration, our Someone Like Me service can match you with a trained volunteer who’s had a similar experience. Find out more at [breastcancernow.org/support-vita](https://breastcancernow.org/support-vita)

# Working together to tackle bone metastasis

**Through the Bone Metastasis Collaboration Fund, we've partnered with Prostate Cancer Research to fund 6 new research projects looking at breast and prostate cancers spreading to the bone (also known as bone metastasis).**

We're combining our resources and expertise to jointly fund 3 research projects looking at bone metastasis in breast cancer and 3 in prostate cancer. Because together, we can tackle bone metastasis more effectively.

There are many similarities between breast and prostate cancers. In many cases they're driven by hormones – oestrogen and progesterone in breast cancers, and testosterone and other androgens in prostate cancers. The cancer cells also use similar methods to grow, multiply and survive. And when these cancers spread, the bone is the most common site.

Find out more about our new breast cancer research projects and how they're bringing hope to more people with bone metastasis.

## **PROJECT 1 TREATING PAIN**

Pain is one of the most common symptoms when metastatic cancer develops in the bone. It occurs when resting or sleeping and may get worse at night. It can be hard to control and it has an impact on people's quality of life.

So, Dr Istvan Nagy and his team at Imperial College London are working to find new ways to treat this pain. They've recently found a specific group of cells called primary sensory neurons, which are involved in the development of long-term pain. And they predict that these neurons are also responsible for the pain caused by cancer in the bone.

First, Istvan and his team want to understand more about how these neurons are involved in pain and how they behave when breast and prostate cancers spread to the bone. Then they can look at ways to block them, to see if this can reduce the pain without the side effects of currently available pain relief.

## RESEARCH

## PROJECT 2 DEVELOPING NEW IMMUNOTHERAPIES

Immunotherapies have been one of the biggest breakthroughs in cancer treatment in the last decade. They activate the body's own immune system against cancer. But they don't always work for breast and prostate cancers that have spread to the bone. So we need to find out why and improve them.

Dr Jennifer Munkley and Dr Ning Wang's team at the University of Newcastle are testing a new immunotherapy drug that is currently in trials for lung cancer. This treatment blocks a protein called Siglec-15.

High levels of Siglec-15 are found in bones where cancer has spread. It can suppress the immune system, helping cancer cells to grow. Jennifer and Ning think that targeting this protein could have a double benefit – boosting the immune system and preventing cancer cells from growing in the bone.

If successful, the researchers hope to take this treatment to clinical trials. Ultimately, they're hoping to accelerate new treatments that could give people more, and better, time with their loved ones.

## PROJECT 3 IMPROVING BONE HEALTH

Many people with breast or prostate cancer have hormone therapy as part of their treatment.

Some cancer cells use hormones to help them grow and survive – and the therapies work by starving the cancer of the hormones it needs.

But these hormones are also important for the structure and strength of our bones. So, Dr Jennifer Fraser at the University of Edinburgh wants to understand how long-term hormone therapies impact bone health.

She's investigating how the therapies affect a type of bone cell called osteocytes. These cells are key to maintaining bone strength as they control cells that build new bone and repair damaged bone. By looking at osteocytes, she's studying how hormone therapy impacts their control of bone strength and health.

Jennifer wants to understand if hormone therapies change these cells. She then hopes to identify ways to protect the bone from metastatic breast and prostate cancer.

## ACCELERATING PROGRESS TOGETHER

We know there are still too many unanswered questions around metastatic breast cancer. Questions that could open the door to game-changing improvements in survival and quality of life. Through this collaboration, we're investing in innovative ideas, supporting talented scientists and driving research that has the potential to transform treatment. Because together we can go further, faster.



# GOING FURTHER, FASTER FOR EVERYONE WITH BREAST CANCER

**Last year, we launched our new strategy, Change Happens Now. It sets out what we'll do over the next 5 years to make the biggest difference for people affected by breast cancer. And off the back of it, we're already making some big changes.**

## THE SCALE OF THE PROBLEM

In the next 5 years, more people than ever will be diagnosed with breast cancer. That's more people wondering what the future holds. More people coming to terms with the effects of treatment or worrying it'll come back. And more people living with incurable metastatic (secondary) breast cancer and the uncertainty that brings.

The need has never been greater. And with 25 years to go until we realise our vision – that everyone with breast cancer lives and lives well – we need to go further and faster.

That's what our new strategy is about. It's been shaped by what we've been told – by experts and people who work in breast cancer every day. And, most importantly, by 3,000 people affected by breast cancer.

## CHANGE HAPPENS NOW

Over the next 5 years, we'll adapt to the new challenges we're facing, crack some old ones that have been holding back progress, and make sure we're set up for the challenges of the future.

We'll focus on and get even better at the things we already do well, so that we do them brilliantly, and at scale. We'll innovate – in research, in how we support people and how we drive change. And we'll focus on where we can make a genuinely game-changing difference to people's lives.

## CHANGING THE GAME

Our strategy is based around our 5 game-changers. They're our big focus areas. They're what we'll spend most of our time on, and where we'll invest extra money to fast-track progress. Because they're the things we think will make the biggest difference for people with breast cancer over the next 5 years.

### 1 Shifting the dial on metastatic breast cancer awareness.

By making sure every one of the roughly 55,000 people who might be finishing primary breast cancer treatment each year gets the knowledge they need to help reduce their risk of recurrence and spot early signs of breast cancer coming back.

### 2 Support for everyone, anytime, anywhere.

We'll transform the way we deliver support and information. So that we're more visible, more accessible and more approachable for everyone affected by breast cancer, whenever they need us.

### 3 Showing up in every hospital and healthcare setting.

We'll show up wherever breast cancer services are provided by having Breast Cancer Now champions in every one of the 300+ NHS trusts and private healthcare settings across the UK.

### 4 Supercharging progress on recurrence and metastasis.

There are still too many unanswered questions around metastatic breast cancer. Questions that could open the door to game-changing improvements in survival. So we'll double what we spend on research, with a focus on the challenges of dormancy, where breast cancer cells can stay inactive after treatment until they "reawaken" years later, leading to late recurrence, where the cancer comes back.

### 5 Focusing on areas with the worst outcomes.

Not everyone in the UK has access to the same treatment or care, simply because of where they live. We'll tackle this head on, by focusing our efforts on the 20% of areas with the worst outcome.

## AND WE'RE ALREADY GETTING STARTED

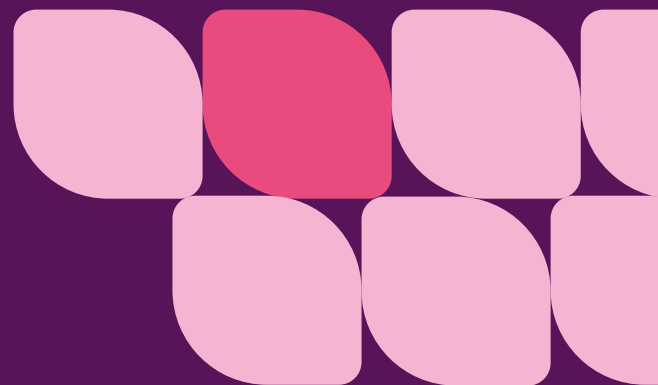
We've already started making some changes to how we do things.

You've probably noticed we look and sound a bit different. That's because we've refreshed our brand.

To be able to live up to our bold ambitions, we need a brand that packs more of a punch. One that can cut through the noise, get us noticed and supercharge progress for people with breast cancer.

And we've also switched to talking about "metastatic breast cancer" rather than "secondary breast cancer". These both mean the same thing – breast cancer that has spread – but we'll just be using a different word to describe it.

This is the term healthcare professionals use, so it should make it easier for people living with breast cancer to match our information with what they're hearing from their treatment team or GP. It's more in line with what other cancer charities and researchers use. And it's also what's used in lots of other countries, so it will help us to build more international collaborations that help us make even greater progress against breast cancer.





Laura at Ascot Ladies Day

# I WANTED TO CHANGE THE NARRATIVE FOR PEOPLE LIVING WITH METASTATIC CANCERS

**After being diagnosed with metastatic (secondary) breast cancer in 2016, Laura Middleton-Hughes set out to raise awareness for metastatic cancers and create community for those living with them.**

Laura first noticed a small lump in her left breast while she was travelling in Australia in late 2013. "I'd usually use a loofah to wash in the shower, but because I was travelling I was using my hands instead. That's when I found it," Laura recalls.

Laura's now-husband urged her to get the lump checked when they returned home a few

weeks later. She went on to have an ultrasound, mammograms and a biopsy.

In February 2014, at 25 years old, Laura was diagnosed with locally advanced breast cancer that had spread to her lymph nodes.

Her treatment included chemotherapy, a mastectomy to her left breast, and radiotherapy.

## Shoulder pain and another diagnosis

In May 2016, Laura developed pain in her right shoulder.

“I was training for a charity trek in Iceland in August. I’d been going to the gym and doing some personal training, so I thought I’d just pulled a muscle,” Laura explains.

But her shoulder pain continued. She even needed help lifting her bag onto her back during the trek. When she returned home, her GP referred her to a physiotherapist who recommended she have a scan.

A few days after a CT scan, Laura was told her breast cancer had spread to the bone in her shoulder. A full-body scan confirmed it had also spread to her spine and pelvis.

“I didn’t know what the signs and symptoms of metastatic breast cancer were,” says Laura. “Because I was attributing my pain to training for the trek, it never occurred to me that there might be another reason for it, let alone it being my breast cancer coming back.”

## The Living List

While in hospital recovering from a full shoulder replacement, Laura made a decision.

“I could either spend the rest of whatever time I had left feeling sad, hopeless and cross with the world,” she explains, “or I could do all the things I’ve always wanted to do.”

Laura chose the latter and began to write down all the things she wanted to do. She called it the Living List.

“Some things were achievable – like going to the Maldives! – and some really weren’t, but it made me realise that life is for living.”

The Living List also encouraged Laura’s family and friends too.

“We’ve had some fantastic experiences together, from afternoon teas to visiting beautiful places and seeing theatre shows I’ve always wanted to watch,” Laura recalls.

## Founding Secondary Sisters

Although Laura’s Living List was helping her find joy each day, she still felt lonely.

“When I was diagnosed, there wasn’t a huge amount of talk about younger people with secondary cancers,” Laura explains. “I knew I wanted to do something to change the narrative, educate people on secondary cancers and create awareness.”

In 2019, while attending a photoshoot for an event, Laura met Nicky Newman.

“We just clicked!” Laura recalls. “We were the same age and both had metastatic breast cancer. We met up a few months later and, over a slice of cake, I told her I wanted to find my tribe and do something to help the

secondary community. That’s how Secondary Sisters was born.”

Secondary Sisters started as an online space for people to tell their stories of secondary cancer, alongside spotlighting charities and organisations that support the secondary community.

“Secondary Sisters has always been a space for any type of secondary cancer, and we also welcome men to share their stories too,” Laura explains.

Sadly, Nicky died in 2023. But Laura was determined to keep the community going and began organising meetups around the country.

“I encourage people to swap numbers and set up a little group themselves, so hopefully going forward they’ll meet up regularly and have a little pocket of community.”

Secondary Sisters is hoping to expand the number of local groups and events for people with metastatic cancers in 2026.

## Find the light

Laura’s top tip for people newly diagnosed with secondary breast cancer is to take the time to process and grieve.

“You might not see the light at the end of the tunnel at first. But as you go along there’ll be cracks that turn into holes, and the light from those will overshadow the dark. You just have to hold onto those light moments.”



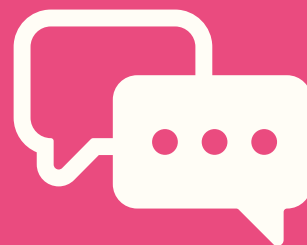
Laura in the Maldives

Find out more about support for people living with metastatic breast cancer on our website at [breastcancernow.org/support-vita](https://breastcancernow.org/support-vita)

You can find Laura on Instagram [@baldbooblessandbeautiful](https://www.instagram.com/baldbooblessandbeautiful)

You can find Secondary Sisters on Instagram [@secondary.sisters](https://www.instagram.com/secondary.sisters)

# Your questions **ANSWERED**



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

**Q** I've been diagnosed with primary breast cancer and I'm worried about how long it's taking to start treatment. How long should I have to wait?

**A** It's understandable to be worried about starting treatment for breast cancer and a wait of any length can feel very difficult.

You should start treatment no more than 2 months (62 days) after the date your hospital received an urgent referral for suspected cancer. Or no more than 31 days after you and your treatment team agreed your treatment plan.

Sometimes, it can take longer than this, for example if you need extra scans or if your treatment plan is more complex.

It can help to talk about your concerns with your breast care nurse or treatment team, so they can support you. You can also call our helpline to talk things through.

**Q** I'm having chemotherapy and I'm struggling with fatigue. What can I do to manage it?

**A** Fatigue is extreme tiredness and is very common during treatment for breast cancer, including chemotherapy. Fatigue doesn't always go away with rest or sleep and may affect you physically and emotionally.

Keeping a diary to record when you feel most tired can help you plan activities for the times you have more energy.

Although it may feel difficult, staying physically active can help reduce fatigue. Eating a healthy, well-balanced diet can also help improve your energy levels.

It's important to discuss how you're feeling with your treatment team, breast care nurse or GP so they're aware of any side effects you have and how they affect your daily life.

Sometimes fatigue can be due to other conditions such as anaemia (having too few red blood cells) or thyroid problems, so it's important to rule these out.



## 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've been told I've got metastatic breast cancer and I'm so worried about my children. How should I tell them?

**A** It's natural to worry about telling your children you have metastatic breast cancer. It can feel daunting, even if you've had to have difficult conversations with them before.

Before you talk to your children, you might find it helpful to discuss what you plan to say with a partner, friend or family member. You can also speak to your treatment team or call our helpline for support.

It can be helpful to plan to talk with your children when there's plenty of time for them to ask questions. You may want to choose a comfortable space where you won't be interrupted.

Use simple, clear, age-appropriate words and avoid complicated terms.

If you have more than 1 child, you might want to talk to them together before having separate conversations.

The Ruth Strauss Foundation and Fruitfly Collective have more information and support for talking to children about cancer.

**Q** I've seen liquid biopsies in the news. What are they and how are they used in breast cancer?

**A** A liquid biopsy is a blood test that looks for cancer DNA. Cancers release DNA into the bloodstream. Liquid biopsies can detect tiny amounts of this genetic material in the blood.

In breast cancer, liquid biopsies are currently used in the NHS to help guide the use of targeted therapies for some people with metastatic breast cancer. Liquid biopsies are not currently used for any other reason, except as part of a clinical trial.

Researchers are studying the benefits of and best ways to use liquid biopsies.

It's hoped that liquid biopsies could pick up recurrence (where cancer comes back) earlier. They could also help find out how well treatment is working.

You can find more information about one of the trials for liquid biopsy at **[royalmarsden.nhs.uk/trak-er](http://royalmarsden.nhs.uk/trak-er)**



# THE POWER OF NETBALL



Imo during her treatment

**As the head of volunteering for England Netball, the sport has always been a huge part of Imo Greatbatch's life. But she wasn't prepared for the new connections it would give her during her breast cancer diagnosis and treatment.**

Imo noticed her left nipple was inverted in September 2024. She went to her GP, who referred her to a breast clinic.

An hour before her breast clinic appointment, Imo reached out to a colleague who had been diagnosed with breast cancer the previous year.

"She was so supportive and gave me advice on what to expect from the tests and scans," Imo remembers.

Imo was diagnosed with invasive lobular breast cancer in October 2024 and went on to have a mastectomy.

## **A supportive community**

The day of her surgery, Imo received messages of support from her netball community.

"I received a video from Fran Williams, captain of England's national netball team the Vitality Roses, wishing me good luck with the surgery," says Imo. "In February 2025, my son walked out as a mascot with Fran at the International Vitality Nations Cup, which was brilliant!"

Even though Imo was signed off work during treatment, she still found ways to connect to her netball friends while recovering.

“I set up a walking group in my local netball club, the Hawks, called Friday Feel Good, where anyone who needed some space came to walk with me at lunchtime on a Friday. We’d go out in the local area and chat – it was really fun!” Imo recalls.

And in May 2025 Imo, her husband and her mum took part in Breast Cancer Now’s 100 Miles in May walking challenge, raising over £1,000.

### Making new connections

While Imo’s existing netball connections were a significant source of support during her treatment, she also found new connections between breast cancer and netball.

“I was nominated for an inspiration award by my netball club in June 2025. The Cheshire Netball County Chair presented it to me and shared that her partner knows Glen Paxman, who invented the cold cap machine!” Imo explains. Cold capping, or scalp cooling, reduces blood flow to the scalp during chemotherapy, which can help reduce or prevent hair loss.

“My son and I wrote Glen a letter thanking him for inventing a machine that allowed me to keep my hair through chemotherapy.”

And when she began radiotherapy treatment in July 2025, Imo learnt that someone in her radiotherapy team played for an England Men’s and Mixed netball club.

“That’s when I realised that netball was so involved in every phase of my diagnosis and treatment,” Imo says.

### Sharing her story

While on a netball tour with Hawks Netball Club, Imo decided to speak about her journey.

“The organisers were raising money for cancer research through a raffle. I was going through radiotherapy at the time, so I asked if I could share my story,” she recalls.

“I told everyone how grateful I was to netball for helping me feel the brightest I could and for helping me be strong for my family. The woman who won the raffle was so touched she put her winnings back into the charity!”

Having ignited a passion for raising awareness through sharing her story, Imo began to think of ways to do this within her netball community.

“Anne, a teammate who had a previous diagnosis of breast cancer, and I spoke to local contacts and the lead of NETBALLHer,” Imo explains.

NETBALLHer is England Netball’s programme normalising conversations about female health, on and beyond the court. Through education and community, NETBALLHer supports women at all life stages to show up to the game.

Find out more about NETBALLHer by visiting [netballher.co.uk](https://netballher.co.uk)

“We decided to plan something brilliant for October 2025 using Breast Cancer Now’s wear it pink resources. We created a campaign calendar and made packs of information,” Imo explains. “We also upskilled our netball club volunteers in how to have good conversations about breast checking with people of all ages.”

Over the course of October, the club, with support from Everybody Health and Leisure, raised over £2,200 for Breast Cancer Now.

“But more than that was the sense we’d embedded education, curiosity and comfort into conversations around breast health and breast checking,” Imo says.

“I always knew netball was a big part of my life, but seeing so many netball organisations getting involved has made me realise the incredible crossover between the breast cancer and netball communities.

“If sharing my story means I can empower one conversation about breast cancer on or beyond the court, that’s enough.”



Imo and her netball friends hosting a wear it pink event

You can find out more about getting involved in netball, whatever your age or stage, on England Netball’s website [englandnetball.co.uk](https://englandnetball.co.uk)

# “IT’S SUCH A PERSONAL CHOICE”: NIPPLE OPTIONS AFTER BREAST SURGERY

**If you’ve had a mastectomy with reconstruction and it wasn’t possible to keep your nipple, you may want to think about your options for creating new nipples. Here, we’ll explore some of the options for reconstruction, as well as alternatives like tattooing and prosthetics, and hear from others about their experiences.**

## **I’VE GOT USED TO NOT HAVING A NIPPLE**

When Anne, 48, had breast reconstruction after a mastectomy, she didn’t want more procedures immediately.

“I needed a break from surgeries and appointments,” says Anne, who later decided not to have nipple reconstruction.

“After a while I just got used to my new breast and didn’t feel I needed any further reconstruction,” she says.

There are many reasons why you might not want to have nipple reconstruction or consider alternatives like a nipple prosthesis or tattoo. This might be because you don’t want further procedures, you might not like the idea of a tattoo, or you might just prefer not to have nipples.

“Give yourself time to recover,” suggests Anne. “You can have nipple reconstruction at a later date if you want to.”

## **MY RECONSTRUCTION LOOKS REALISTIC**

Jo, 55, had a DIEP flap reconstruction, which uses tissue from the lower abdomen to create a new breast shape. She chose to have nipple reconstruction so her new breast would feel more “complete”.

“The result of my nipple reconstruction looks realistic and is 3D, like a real nipple,” she says. “I have it topped up with a tattoo for colour about once every 2 years.”

Surgical reconstruction is where a surgeon creates a new nipple, often using part of the skin from your reconstructed breast. Sometimes you can have a nipple-sharing graft, where part of your remaining nipple, if you have one, is grafted on to the other breast. It’s important to talk to your treatment team about the best options for you.

You can usually have the surgery several months after breast reconstruction and it’s typically done as day surgery. The reconstructed nipple usually flattens out over time.

“It’s such a personal choice. You shouldn’t feel any pressure, whatever you decide,” says Jo. “But for me, it was a good decision and the easiest part of all my surgeries and treatments.”

## TATTOOING SEEMED LESS INTRUSIVE TO ME

Your hospital might offer you a type of medical tattoo called micropigmentation. It's done by either a tattoo artist or a healthcare professional with training in medical tattooing and can create the appearance of an areola (the circle of darker skin surrounding the nipple) and give colour to the nipple if you've had nipple reconstruction. If you haven't had reconstruction, it can create the appearance of a nipple and areola using shading.

"My priority after my surgery was recovery and a tattoo was the least intrusive solution for me," says Tracey, 54.

"I do get looks sometimes when I get changed in the gym but I'm OK with that."

## 3D NIPPLE TATTOOING

There's also 3D nipple tattooing. It's a flat tattoo but lines and shading mean that it looks like a realistic 3D nipple. You can't get these on the NHS in all areas but there are tattoo artists who specialise in this technique.

Tattoo artist Tanya Buxton specialises in nipple-areola tattooing and decorative mastectomy tattoos. She founded the Mastectomy Tattooing Alliance in 2021 to help people find artists and fund tattoos.

"People are often worried tattooing will hurt, but in my experience, most people who've had mastectomies and reconstruction have reduced sensation in the area and find the experience completely manageable," Tanya explains.



An example of 3D nipple tattooing. Photo credit: Tanya Buxton.

For more information, visit [mastectomytattooingalliance.org](https://mastectomytattooingalliance.org)  
And find out more about Tanya's work at [tanyabuxton.com](https://tanyabuxton.com)

## PROSTHETIC NIPPLES

Prosthetic nipples are often made of silicone and can be stuck directly to your reconstructed breast. They either have a sticky back that makes them self-adhesive or can be stuck on using special skin glue. You can often wear them for a few days at a time. They're available online or your hospital may provide them.

Prosthetic nipples come ready-made in a range of different shapes, sizes and colours. There are also companies that custom-make prosthetic nipples using 3D scanning by taking a mould of your remaining nipple if you have one. Some NHS hospitals offer custom-made prosthetic nipples, but they're not available everywhere so you may have to pay for them.

## MAKING A CHOICE

You might already have thoughts about whether you want nipples on your reconstructed breasts or you might not be sure. It's important to remember that you can take your time considering your options. Some people wait months, or even years, to get nipple reconstruction or tattooing.

Speak to your treatment team about the options that may be suitable for you and how soon after your breast reconstruction you might be able to have them done.



We've got more information about breast and nipple reconstruction in our booklet **Breast reconstruction**, which is available at [breastcancer.org](https://breastcancer.org)

You can also speak to others about the different options by joining our online forum at [forum.breastcancer.org](https://forum.breastcancer.org)

And our Someone Like Me service can put you in touch 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 and offer support. Find out more at [breastcancer.org/support-vita](https://breastcancer.org/support-vita)

# News roundup



## HIGHLIGHTING MISSING METASTATIC BREAST CANCER DATA IN SCOTLAND

We unveiled our 'I don't count' installation outside Scottish Parliament in December 2025 to draw attention to missing data on metastatic breast cancer.

Without proper data, we can't know how many people are living with the disease and who could benefit from new treatments. It leaves people feeling like they don't count.

Our installation featured cut-out photos of 16 women who are living with metastatic breast cancer, illustrating how they're missing from official data. Some also met with Members of Scottish Parliament to share their stories.

We'll keep holding the Scottish government to account on their renewed commitment to improving data collection in 2026.



## MAJORITY OF CALLERS RECOMMEND BREAST CANCER NOW HELPLINE. SURVEY FINDS

Almost 100% of callers to our helpline rated their experience of getting in touch positively, according to our new evaluation.

Callers took part in a survey last year to help us understand who uses our helpline, why, and how they find the experience. Almost all respondents (99%) rated their experience as 'very good' or 'good'. And 95% said they'd recommend the helpline to others.

Whether your diagnosis was recent, a long time ago, or you're supporting a loved one with breast cancer, our nurses are here to support you.

Call us for free on **0808 800 6000**, Monday to Friday from 9am to 4pm, and Saturday from 9am to 1pm.



## RUNNERS LACE UP TO RAISE OVER £1M FOR BREAST CANCER NOW

Over 600 runners are set to raise over £1 million for Breast Cancer Now in April by running in the London Landmarks Half Marathon and the TCS London Marathon.

On Sunday 12 April 2025, over 400 runners took on the London Landmarks Half Marathon in aid of Breast Cancer Now. The route took participants past classic London landmarks including Big Ben, Tower Bridge and St Paul's Cathedral.

And on Sunday 26 April, around 250 more Breast Cancer Now supporters will take on the race of a lifetime by running the TCS London Marathon.

We're so grateful to our amazing runners. But you don't have to run a marathon to get involved in supporting us.

Visit [breastcancernow.org/get-involved-vita](https://breastcancernow.org/get-involved-vita) to find out more about all the ways you can help support Breast Cancer Now.



# WHY I'M LEAVING A GIFT IN MY WILL TO BREAST CANCER NOW



Sallie Anne

**After accessing our support, Sallie decided to give back through leaving a gift in her will.**

**S**allie was diagnosed with breast cancer in January 2025 through a routine mammogram.

“Honestly, I was a bit numb about this ‘new friend’ that had decided to pay a visit,” says Sallie. “I am a fighter though, and a mum, and you just get on and do whatever you need to do.”

Initially, Sallie was daunted by all the information she was given at diagnosis. But it led her to the Breast Cancer Now website.

“Breast Cancer Now were a lifeline to me during my time in treatment, using the forum, and website, and they were a great help to my daughter too, who used the helpline to ask questions,” Sallie told us.

Sallie decided that she wanted to leave us a gift in her will and used one of our free will services, the National Free Wills Network, to get her will written. Her future gift will help to fund vital research in our labs and services providing much-needed support to other people facing the disease.

“I’ve donated in my will and I’ve been able to do some fundraising. I am so incredibly thankful and grateful for all that Breast Cancer Now do,” says Sallie.

Sallie told us that within 2 weeks of receiving her free will pack from the National Free Wills Network, she had her appointment with a “lovely solicitor” and would recommend the service to others.

You can get a simple will written for free through this service by requesting a free will pack via our website at [breastcancernow.org/free-wills-vita](https://breastcancernow.org/free-wills-vita) or emailing us at [gifts@breastcancernow.org](mailto:gifts@breastcancernow.org)

There’s absolutely no obligation to include a gift to us in your will. But we do hope that some people will consider this after loved ones have been provided for.

A gift in your will to Breast Cancer Now can help to make sure no one in the future goes through breast cancer alone and no one loses someone they love to the disease.

**BREAST  
CANCER  
NOW**

**AFTERNOON TEA™**

# HOLD AN AFTERNOON TEA IN 2026!

This August, we're baking to change the future. So everyone with breast cancer lives and lives well. Join thousands of people across the UK to hold an Afternoon Tea with family and friends and help fund life-changing science and support.

Bake it, fake it, brew it - whatever your style, you can help us be here for everyone who needs us. And with recipes, games and decorations ready to go, we're here to help.

All you need to do is sign up to get your free fundraising kit.



Scan the QR code or visit  
[breastcancernow.org/  
afternoontevita](https://breastcancernow.org/afternoontevita)

# VITA

3 ways to subscribe to Vita magazine

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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](mailto: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](https://breastcancernow.org/privacy), or contact us if you'd like a paper copy.