Weight loss myths dispelled
Managing FATIGUE and everyday life
Get into volunteering
Life 30 years on from breast cancer
Your looks: winter wonders
'The day I was diagnosed as triple negative'
Welcome to Vita

The New Year is traditionally when we promise ourselves we’re going to try to be a little bit healthier. And weight loss is top of many people’s resolutions. Come January, bookshop display tables are groaning under the weight of new diet plans. If you’ve gained a bit of weight during or after breast cancer treatment – which happens to many women – you may be wondering what the best way is to go about shedding some of those unwanted pounds. There are many myths and misunderstandings about weight loss, and on page 12 we dispel some of the most common ones with the help of a dietitian.

Fatigue is another common but distressing side effect of breast cancer treatment. And it can have a big impact on how you cope with daily life. Some days, even the most basic tasks may seem all but impossible. On page 14, we’ve got some information and tips that could help if you’re fighting with fatigue.

Our cover star – Sarah – was diagnosed with triple negative breast cancer at the age of 32. Like most people, she had no idea what ‘triple negative’ meant. It’s thought that around 15% of invasive breast cancers are triple negative. On page 9, Sarah looks back on the day she was diagnosed and tells us how she’s feeling 18 months after her treatment finished.

Gareth Fletcher
Editor
vita@breastcancercare.org.uk

In this issue

On the cover
6 Winter wonders
9 The day I was diagnosed as triple negative
10 Life 30 years on from breast cancer
12 Common weight loss myths
14 Managing fatigue and everyday life
18 Get into volunteering

Real lives
8 Cancer helped me understand what patients go through
11 I’m filling my time with opportunities

Hot topics
20 Talking about your body, intimacy and sex
21 Bright ideas for people with breast cancer

Regulars
3 Your letters and emails
4 News and views
16 Your questions answered
22 Recipes
23 Fundraising
25 Breast Cancer Care services
Dear Vita

I am still in my first year of having breast cancer, which was a shock and very scary for myself and my family. I have excellent care from my breast unit but there are always unanswered questions which I don’t always want to bother them with. It’s very comforting reading others’ experiences directly from them and which I can identify with. I was particularly pleased to read about lymphoedema and precautions [Issue 29 Autumn 2016]. I’m sure I would have been told all this after surgery but was too stunned, not to mention sore, to take it all in.

Thank you for your wonderful publication and I look forward to the next issue.

Jacqueline

Dear Vita

I have been reading Vita magazine since summer 2011 after being diagnosed with triple negative breast cancer. I had been clear of cancer for five years and was waiting to be signed off by my oncologist. Unfortunately on 12 October 2016, I was told that I had ovarian cancer in both ovaries and would once again need chemotherapy. I now need genetic testing too. My head has been in a whirl since, but thankfully I kept my Vita magazines and have been reading them ever since. Thank you for this magazine. There is so much information that I can use throughout my next cancer journey.

Nicoli

Top tweets

Andree
@Vita_mag I’m a new reader and love your mag. Inspirational. Having just gone through treatment, this is what I needed. Thank you!

Doug Harper
@Vita_mag Fantastic awareness article from Colin Ensor. Good luck at The Show, you will love it

Get in touch with Vita

Tweet @Vita_mag
Email vita@breastcancercare.org.uk
Write Vita magazine, Breast Cancer Care, 5–13 Great Suffolk Street, London SE1 0NS

Don’t forget to visit Vita online vita.org.uk
- Read our real-life stories and healthy living articles.
- Download the latest and past issues.
- Check out our blog on living with breast cancer.
Chat around the clock

If you need to talk to others living with and beyond breast cancer this holiday season, Breast Cancer Care’s online Forum is here for you when other forms of support are closed. If you’re recently diagnosed, going through treatment or trying to move forward, visit the Forum and share questions and worries with people who understand.

‘It’s amazing how supported you can feel by someone you’ve never met and who has their own struggles,’ said one Forum user.

Join now and talk to thousands of people going through breast cancer on our online Forum, 24 hours a day, 365 days a year.

Visit forum.breastcancercare.org.uk

Prize-winning pack

Breast Cancer Care’s Secondary breast cancer resource pack won a special prize at the 2016 British Medical Association Patient Information Awards.

The information pack – for anyone diagnosed with secondary (metastatic) breast cancer, their family and friends – was praised for being ‘really empowering and sensitively done’ by the judges.

A focus group of women with secondary breast cancer from the Christie Hospital in Manchester worked closely with Breast Cancer Care to ensure the pack meets the needs of people living with metastatic breast cancer. You can read an interview with one of the women, Alison Metcalfe, who was at the award ceremony, on page 11.

The reviewer of the pack commented: ‘This is a lovely resource. It has clearly benefited from some high-quality user involvement… It’s very well written and the tone is supportive but realistic.’

To order a pack, go to breastcancercare.org.uk/publications or call 0808 800 6000.
Drugs get go-ahead on NHS

The National Institute for Health and Care Excellence (NICE) has approved the use of three breast cancer drugs on the NHS.

In November, NICE gave the go-head to prescribe the chemotherapy drug eribulin (Halaven) and, a week later, the targeted therapy everolimus (Afinitor). Both these drugs are used to treat people with secondary breast cancer – breast cancer that has spread from the breast to another part of the body.

NICE then approved the use of pertuzumab (Perjeta), a targeted therapy, before surgery to treat inflammatory or locally advanced breast cancer, or breast cancer that’s at high risk of coming back.

Commenting on NICE’s decision to approve pertuzumab, Samia al Qadhi, Chief Executive of Breast Cancer Care, said: ‘Making the most effective treatments available to the specific patients who will benefit most is essential. And this decision offers hope that we’re starting to move in the right direction.’

Amazing Asda

Asda’s Tickled Pink campaign has raised a phenomenal £51.5 million over the past 20 years. One in every five women Breast Cancer Care has supported in this time has been because of money raised by Asda. Breast Cancer Care would like to thank everyone who continues to support Tickled Pink.
Winter wonders

Look and feel good with some handy tips from Nyiesha Wollaston, tailored to women who’ve had breast cancer treatment.

1 Ponder a poncho

Embrace your inner Clint Eastwood this winter and throw on a poncho. It’s a great alternative to wearing a coat and a lot easier to get on and off if you have limited arm movement. From plain to patterned, there are loads of designs on the high street that are suitable for everyone.

- Cream cable knit roll neck poncho, RJR.John Rocha at Debenhams, £40
- Khaki/orange oversized check poncho, Next, £35

2 Hold your head up high

Losing your hair can have a big impact on your self-esteem. However, you can try accessorising with different types of headwear for the very first time. Whether it’s a headscarf or a turban, there’s a wide variety for you to choose from to give you a daytime or night-time look. You may even want to take things one step further and jazz-up your headwear – hairclips, brooches or ribbons are a must if you want to add that touch of glamour.

- Sophia winter hat, with soft viscose jersey lining, Suburban Turban, £38
Make-up your mind

The side effects of breast cancer treatment that affect your appearance can feel overwhelming. As well as losing your hair, it can be devastating losing your eyebrows and eyelashes too. But make-up could give you that extra bit of confidence to help you embrace your individuality this winter.

Lash out

False eyelashes come in different lengths, colours and thickness so there's a style for every occasion. You could either get some similar to your own or try something different. A touch of eyeliner along the top of the eyelid can also give the illusion of eyelashes.

Brows-ing for a new shape

From stencils to powders, pencils and pens – there are different types of eyebrow products that you can use to recreate a natural appearance that matches your original hair colour.

Our lips are sealed

Don't forget that deep colours are always on trend – think burgundy, or be daring and go for black. Either way, lipstick is not only a product that can cheer you up instantly; a striking colour also demands attention more than anything else.

Lashes starter kit (naturals), Eylure, £5.95

Our lips are sealed

Don't forget that deep colours are always on trend – think burgundy, or be daring and go for black. Either way, lipstick is not only a product that can cheer you up instantly; a striking colour also demands attention more than anything else.

Brows-ing for a new shape

From stencils to powders, pencils and pens – there are different types of eyebrow products that you can use to recreate a natural appearance that matches your original hair colour.

Our lips are sealed

Don't forget that deep colours are always on trend – think burgundy, or be daring and go for black. Either way, lipstick is not only a product that can cheer you up instantly; a striking colour also demands attention more than anything else.

Make-up counters in department stores or your local beauty salon are a great source of help and can advise you on the dos and don'ts.

You could also try Look Good Feel Better – an organisation that offers a free two-hour skincare and make-up workshop to help women with the visible side effects of treatment. Go to lookgoodfeelbetter.co.uk

Plum matte velvet lipstick, Autograph by M&S, £10

Make-up counters in department stores or your local beauty salon are a great source of help and can advise you on the dos and don'ts.

You could also try Look Good Feel Better – an organisation that offers a free two-hour skincare and make-up workshop to help women with the visible side effects of treatment. Go to lookgoodfeelbetter.co.uk
My cancer helped me understand what patients go through

Secondary Breast Cancer Nurse Specialist Mary Raphael was diagnosed with and treated for breast cancer at the same hospital in which she was working.

Six years ago, I noticed a change in my breast – the nipple had started to invert. I’d had a normal mammogram three months before because of pain in my other breast. But I went back to see the breast care staff, who recommended another mammogram and ultrasound.

I was working as a senior breast cancer research nurse at Western General Hospital in Edinburgh. During the mammogram, I was aware that the radiologist was measuring something, so I asked what she saw. But I knew what she was looking for. Later that day I had biopsies, and within a week I had the finer details of my breast cancer diagnosis.

Surreal
It was a difficult time. I told my husband the day I had the mammogram, then we went away for a weekend to process the information.

When we got back, I told my family. They were obviously very upset, but I tried to give them reassurance – for example that treatments are much better nowadays.

You want to protect people. But I was very wary of hurting my mum, as her younger sister had died from breast cancer, which was devastating for her. Going through treatment was a bit surreal as I knew the hospital staff and they knew me. But it also gave me a lot of reassurance. I had great confidence in the team, and I knew they’d look after me.

I’m also grateful for the support I received from all my family and friends.

Life after treatment
You have days when you feel very confident about the future, and other days when you’re not confident. I do feel less anxious because of my line of work – I’m aware of developments and new treatments.

Being a secondary breast cancer nurse specialist, and supporting people whose breast cancer has spread, doesn’t make me more scared that my own cancer will come back.

What will happen to me will happen, no matter what happens to other people. My work means I’m more aware of the signs and symptoms to look out for, but doesn’t make me think my cancer is more likely to come back.

Having breast cancer hasn’t made me a better nurse, but it’s given me a deeper understanding of what people go through. I know what it’s like to have chemotherapy, to feel fatigued, to lose your hair, and to have fears about the future. I can relate in a different way.

My message for anyone newly diagnosed – with primary or secondary breast cancer – is to make use of the support that’s out there. There are lots of resources available, but be sure of what information you’re looking for. It’s easy to use Google and get inaccurate information. So use honest and accurate websites like Breast Cancer Care’s.

For reliable information about breast cancer treatment, visit breastcancercare.org.uk
The day I was diagnosed as triple negative

Eighteen months after she finished her treatment, Sarah Pickles looks back on the day she found out she had triple negative breast cancer.

The door handle started to turn. I knew this was the moment that could change my life forever. The surgeon appeared with another staff member. He introduced himself and then introduced Sally, a breast care nurse. He started to go through my notes: family history, the results of the mammogram and the biopsy. Then he delivered the devastating news: ‘I’m really sorry but the mammogram has shown two tumours in the left breast.’ I felt like someone had kicked me in the stomach. Any emotion I had held back came out all at once. I never thought I would be given the news that I had breast cancer at 32. Until that moment my life was pretty much perfect – mother to a beautiful little girl, wife to a wonderful man and a career that I loved.

Triple what?
Just when I thought my diagnosis couldn’t get any worse, I had an appointment to see the oncologist who gave me the news that I had stage 3, grade 3, triple negative breast cancer. The room blurred with my tears as the specialist explained that triple negative breast cancer can’t be treated with some common treatments such as hormone therapy or Herceptin. I felt sick and, although I didn’t really understand what it meant (most of the information was very scientific), I did think: I’m going to die.

My oncologist told me about a chemotherapy drug that was being trialled in people with triple negative breast cancer called carboplatin. It’s thought that this drug may reduce the risk of triple negative cancer coming back, especially within the first two to three years when the risk is higher. However, the downside was carboplatin came with a range of possible side effects, from nausea and vomiting to infertility and hair loss. However, I didn’t let this put me off.

In the end my side effects were minimal – I just felt like I had a severe hangover for seven days.

Looking for the positives
Something I realised through talking about my own diagnosis was that most people didn’t understand the seriousness of it until I explained it in more detail.

As time has gone on I have met more ladies (young and old) with this type of cancer on my butterfly cancer support group. It has been lovely to connect and chat with people who understand and support one another.

I made the decision that, no matter what, I would not let the cancer take control of me. I would be in control and would look for the positive in every aspect of my journey.

It’s now 18 months since I finished treatment. I’m still here and getting used to the ‘new normal’ of life after breast cancer.

Sarah’s book – The Shock Factor: Sarah’s story, beating breast cancer one day at a time – is out now.
Life 30 years on from breast cancer

When Margaret Thompson was told she had breast cancer at the age of 50, remarkably it was the third time she’d been diagnosed with cancer in the same year.

Having already had treatment for womb cancer and a few months later bowel cancer, Margaret then found a lump on her breast, which also turned out to be cancer.

‘I had lost a cousin to breast cancer,’ says Margaret who, 30 years after her diagnosis, took part in Breast Cancer Care’s Glasgow fashion show this year. ‘I had the best treatment on the NHS. I had my operation, and after that it was no bother. I just got up and got on with life.’

The day after her surgery, Margaret was busy arranging the flowers in the nurses’ room. ‘I’ve always loved floristry,’ she says, ‘and made a bouquet for the Queen in 1986. ‘Then I was back working as I do every day. For me, cancer wasn’t the end of the world.’

Lack of support
Margaret says that when she was diagnosed, there wasn’t anything like the support or information that’s available to people now. ‘I wasn’t aware of anything,’ she says.

One thing Margaret says helped her to put her own experience into perspective was volunteering with the Guide Dogs. ‘I puppy walked for the Guide Dogs,’ she says. ‘It made me realise that people who’d lost their sight were worse off than me. I think that helped.’

Very grateful
Eighty-year-old Margaret works full time as a farmer with husband William, and regularly drives across Scotland to show their Highland cattle. She also supplies animals for TV shows, from children’s show Balamory to historical time-travel drama Outlander.

‘It all started 60 years ago,’ says Margaret, ‘when I was asked to supply hay and straw for the circus in Glasgow. And I’ve been doing it ever since.’

This year, Margaret swapped the country shows for the catwalk as she modelled in Breast Cancer Care’s fundraising fashion show. ‘I’d never been down a catwalk before,’ says Margaret. ‘I missed having my animals with me – when you’re showing them you’re not thinking about yourself, and I was worried about my shoes falling off. But I enjoyed the fashion show thoroughly.’

Thirty years after her diagnosis, Margaret says she doesn’t mention her cancer to many people. ‘I like to forget about problems and keep busy,’ she says.

‘I’ve had a great life. I’m very grateful.’

Turn to page 25 to find out about the support available in your area.
I’m filling my time with opportunities

Three years after she was diagnosed with secondary breast cancer, Alison Metcalfe completed a fundraising challenge that only recently she would have found impossible.

Alison reached the summit of Britain’s highest mountain around five hours after embarking on the Ben Nevis Challenge. ‘It was brilliant,’ says Alison. ‘Hard and relentless. And at the top the weather was foul. But it could have been worse!’ Alison made it to the top and back down in around eight hours that day. But barely three years earlier, she could walk only with the aid of a stick.

Another chance
Alison was diagnosed with primary breast cancer in 2010. She had chemotherapy, a mastectomy and radiotherapy. Then in December 2013, she started to get back pain. Soon after mentioning it at a routine check-up, she was diagnosed with secondary breast cancer in the bone.

The period after her diagnosed was ‘a whirlwind’, she says. ‘For the first two years I was on chemotherapy. The cancer was under control but the side effects were so great there was a lot I couldn’t do. The soles of my feet were very sore and I couldn’t even wear normal shoes. It felt like I was walking on shingle.’

‘I love walking. Last year we were in the Lakes and I remember looking up at the hills knowing I couldn’t manage it. It was torture.’

Then in January 2016, Alison was given a break from chemotherapy, and started hormone therapy instead. ‘I’ve now had a whole year of being able to do things,’ she says.

‘I plan things three months at a time, between scans. In one sense this is difficult as I don’t know what will happen, but it’s also intensified life. I think: “I’ve got another chance! What opportunities can I squeeze in to that time?” I booked to do Ben Nevis with three weeks to go.’

An award winner
Alison says a Macmillan nurse changed the way she views her condition. ‘She said: think of it as a chronic illness. This totally changed my way of thinking about it.

‘Support from family and friends has been really important. But I’m also a Christian and turned to God. I’ve relied on His strength.

‘I’ve been really fortunate with the care I’ve had at The Christie Hospital in Manchester.’

Along with other women at The Christie, Alison worked with Breast Cancer Care to update the Secondary breast cancer resource pack. Thanks to their input, the pack won a 2016 British Medical Association Patient Information Award. Alison was invited to the ceremony in London and was welcomed on stage to collect the award.

‘It was just fantastic to get the chance to do something like that. It was on the back of this that I decided to raise money for Breast Cancer Care and sign up for the Ben Nevis Challenge.’

Alison says that while she’s thrilled with the amount of money she raised, she would like to do something that’s just for herself next. ‘The cancer does sometimes take over,’ she says. ‘I did a 170-mile cycle ride this summer. I did it just for me. It was so nice to do something that wasn’t related to cancer.’

To order or download the Secondary breast cancer resource pack, visit breastcancercare.org.uk or call 0808 800 6000.
Common weight loss myths dispelled

Many people gain weight during or after breast cancer treatment. With the help of a dietitian, we explore some common myths about losing weight.

Carbs: are they really bad news?

Ever since the rise in popularity of certain low-carb diets, foods like bread, pasta and potatoes have had a bad press when it comes to weight loss. But should you cut the carbs if you want to ditch the pounds?

‘When you cut out carbs, you do lose weight quickly,’ says dietitian Nathalie Jones. ‘But a lot of this quick weight loss is fluid. Your weight plateaus and you’ll put weight back on if you start eating carbs again.’

Nathalie points out that when you cut carbohydrates from your diet, you also cut fat. And a gram of fat contains more than twice the calories that a gram of carbohydrate does. ‘A slice of bread has 80 calories,’ says Nathalie, ‘but a tablespoon of butter has 110 calories.’

Cutting carbs also makes you feel physically emptier, which some people confuse with weight loss (more of which later).

Carbohydrates are the body’s main source of energy and they can be a good source of fibre. Choose wholemeal varieties of pasta and bread, and leave the skin on potatoes when you cook them. If you eat cereal for breakfast, choose one that contains wholegrains and is low in sugar and salt.

If I’m losing weight, shouldn’t I feel hungry?

According to Nathalie, many people associate weight loss with hunger. ‘I’m hungry, therefore I must be losing weight. If I’m full, this is bad.’ However, it’s possible to feel full while losing weight.

‘Fullness does not equal weight,’ says Nathalie. ‘A plate of pasta has roughly the same calories as three digestive biscuits. After a plate of pasta I’m likely to feel full. But a few biscuits are unlikely to fill me up, and I could probably eat a few more.’

It’s important not to skip meals or to go on a crash diet. If your body is low on energy, you may be more likely to crave sugary or fatty foods. Eat regular meals throughout the day, and don’t be tempted to skip breakfast.
Should I join the gym?

We all know that exercise is good for us, but if you want to lose weight, do you have to hit the treadmill or spin class?

‘I like to encourage activity rather than exercise,’ says Nathalie. ‘High-intensity exercise is great for fitness, but not necessarily for weight loss. Your appetite goes up when you exercise. And if you’ve just done a gym session you’re more likely to reward yourself with a take-away.’

One of the main reasons people put on weight, according to Nathalie, is by doing a bit less activity and eating a bit more than usual over time. If you’ve been going through treatment for breast cancer, these lifestyle changes are normal and to be expected.

‘When you’re feeling worried and low in energy, you tend to eat more,’ says Nathalie. And many people are less active than usual when having or recovering from treatment. ‘One biscuit more and 10 minutes less walking a day might not sound like much, but over a year it equals an extra half a stone.’

Nathalie says getting active is as simple as moving around more, for example by going for a walk. A pedometer is great for tracking your progress and encouraging you to take more steps. You could also try an app like MyFitnessPal.

A gluten-free diet won't help you lose weight

Should I go gluten-free?

‘People often ask me for a gluten-free diet to help them lose weight,’ says Nathalie. ‘A gluten-free diet won’t help you lose weight. But it will make shopping for food more difficult.’

According to the NHS Choices website, many people cut gluten from their diet because they believe they’re intolerant to it. This may be because they have symptoms like bloating. But it’s hard to know whether these symptoms are because of an intolerance to gluten or something else completely. In reality, very few people need to cut out gluten from their diet.

A gluten-free diet won't help you lose weight

Making a start

Before you embark on any weight loss plan, Nathalie says it’s important to ask yourself: Am I really ready? ‘Does it have to happen right now? Or could it happen in a month, or six months?’

According to Nathalie, research has shown that people who keep a food diary are more likely to be successful in losing weight and keeping it off. ‘For one month, write down everything you eat and drink and how you feel,’ she says.

A food diary can help you become more aware of what and how much you eat and also identify where you can make simple changes.

It’s important to remember that it takes time for weight to come off, so think of weight loss as a long-term goal.

The key to success is not complicated: some small, permanent changes to what you eat, along with some regular activity, will over time make a big difference.

Dietitian Nathalie Jones works freelance in Glasgow and is a speaker at Breast Cancer Care’s support sessions. Visit her website nathalie-jones.co.uk
Managing fatigue and everyday life

Georgia Wilson explores how you can manage fatigue every day to make the most of the energy you have.

Fatigue can make a big difference to how you’re able to cope with day-to-day life. We all find it hard to keep on top of things sometimes. But if you have cancer-related fatigue, you might feel like you have very little energy and even simple tasks might seem impossible.

This can be especially difficult to deal with during winter as the shorter days can make you feel more tired and family and social life can get busier.

Knowing your limits

Although you may want to carry on as usual, it’s important to know your limits and not to expect too much of yourself. You might have to accept that you can’t do everything you want to and be realistic about what you can sacrifice temporarily.

It can be useful to think of your energy reserves as your ‘energy bank’. Whenever you do an activity you make a withdrawal. And whenever you rest you make a deposit.

It’s important to balance withdrawals with deposits. If you keep doing too much whenever you feel like you have energy, you’ll run out completely and not have any left for the things that are important.

The ‘To Do’ list

Planning is key when you have fatigue. Write a ‘To Do’ list and be strict about what can wait until tomorrow or next week. Only do the things that absolutely have to be done each day. Allow lots of time for each task and spread them out throughout the day so you have plenty of time for rest.

Keeping a fatigue diary – where you score your fatigue each day on a scale from 1 to 10, and record your activities – can help you think about patterns in your energy levels. This can make it easier to plan your activities for the times when you have more energy.

Download a fatigue diary from breastcancercare.org.uk/patient-resources

Share your experiences and fatigue tips on our online Forum forum.breastcancercare.org.uk
Save your energy

Try to be as cost-effective with your energy as you can – remember, the more you save now, the more you’ll have later.

Before you start any task, think about how you can do it in the most efficient way. Plan out what you’ll need and think about how to do everything in the fewest trips and with the least carrying. Sit down whenever you can for chores to save energy. And break up bigger tasks into smaller stages with breaks in between.

Think of ways to make life easier for yourself, for example by buying ready meals or choosing meals that are easier to prepare. You might want to hire a cleaner temporarily, or social services may be able to help (if you’re eligible).

Managing at work

If you’re finding it difficult to manage fatigue at work, your employer is required to make reasonable adjustments for you. Talk to your employer about reducing your hours or reassigning physically demanding tasks. You can also ask about working from home, changing your hours to avoid travelling at rush hour or arrangements for you to park nearer work.

There are other practical things you can do to help with fatigue at work. Think about adjusting your work environment – things like noise, temperature and lighting can make you more tired. Sit down to work if you can, and make sure your chair is set up so you’re not uncomfortable or slumping. Take regular breaks, and ask for and accept help from your colleagues.

Don’t feel like you have to continue working if you’re struggling with fatigue. You can find out more about work and cancer, including your employment rights, on the Macmillan Cancer Support website macmillan.org.uk

Accepting help

Many of us like to do everything ourselves, but if you have fatigue this isn’t always possible.

Don’t feel guilty about letting other people do things for you, whether it’s carrying out more strenuous activities, lifting or helping with your workload. Often people want to help but don’t know what you need. But people also have their own commitments, so it’s best to plan ahead and give them as much notice as possible.

Making energy deposits

Whether you’re at work or at home, plan regular breaks and be careful not to ‘push on’ or you’ll make your fatigue worse.

Stress can have a negative effect on your energy levels, so try doing a stress-reducing activity such as listening to music or using a mindfulness app. Even 5–15 minutes can be effective.

If you’re very low on energy, have a nap. But limit the number of naps you take and keep them to less than an hour so you still sleep at night.

Diet and exercise have been shown to improve energy levels. Try to do some regular moderate exercise like walking or swimming, and eat healthy meals or snacks whenever your appetite is good.

Finally, try to get a good night’s sleep.

You can read more tips at breastcancercare.org.uk/fatigue Macmillan Cancer Support’s booklet “Coping with fatigue” has lots of useful tips.
I’m 34 and hoping to have a baby. I’ve been taking the hormone therapy tamoxifen for two years but I’ve been told not to get pregnant while taking the drug. Is it safe to take a break from tamoxifen so I can try to get pregnant?

This is a common question among younger women, one we often hear at Breast Cancer Care Younger Women Together events.

What you’re asking about is often referred to as a ‘tamoxifen holiday’. Unfortunately, at present there aren’t any studies that can confirm if taking a break from tamoxifen will have a negative effect on treating the breast cancer.

A study that’s going on at the moment is looking into the safety of temporarily interrupting hormone treatment to try to get pregnant, which will hopefully be able to answer this question. This trial is called the POSITIVE trial (which stands for Pregnancy Outcome and Safety of Interrupting Therapy for Women With Endocrine Responsive Breast Cancer).

Many specialists advise women to wait for at least two years after their diagnosis before becoming pregnant. This is because the possibility of the cancer coming back can lessen over time, and you may be at greatest risk in the first two years after diagnosis. As you’re thinking about getting pregnant, talk to your specialist. They can help you make an informed choice based on your individual situation about having a ‘tamoxifen holiday’.

While you’re taking tamoxifen you’re advised not to get pregnant as it may harm a developing baby, and women are recommended to wait at least two to three months after stopping tamoxifen to allow time for the drug to leave the body completely.

We know from the best available evidence that pregnancy after breast cancer doesn’t increase a woman’s risk of recurrence (when breast cancer comes back). There’s also no evidence that there are any health risks for children born after breast cancer treatment.

For many women, deciding whether to try to get pregnant after a diagnosis of breast cancer is difficult. Having support is vital. There’s a private Facebook group, set up by younger women diagnosed with breast cancer, called Younger Breast Cancer Network (YBCN). You can find it on Facebook by searching for ‘Younger Breast Cancer Network’. There’s lots of discussion about pregnancy after breast cancer within this group.

I have secondary breast cancer and have been prescribed morphine for pain. I’m worried this means my cancer must be getting worse.

Pain control is a very important part of the care of many people with secondary breast cancer. Many people find that keeping on top of their pain can help them feel less anxious, eat and sleep better, and carry on with normal activities more easily.

Some people think that needing to take morphine is a last resort and must mean that their cancer is getting worse. Others are frightened of taking morphine-type pain relief because they think they will become addicted to or dependent on it.

In fact, morphine-based pain relief is extremely effective for controlling many types of pain. It is used at different stages of the disease and doesn’t necessarily mean that the cancer is getting worse or that you will need to take morphine forever.

Nurses and doctors working in palliative and supportive care teams and hospital pain teams are experts in pain management and use a tailored, individual approach to managing pain. To help them with this, they will ask you where the pain is, what it feels like, how bad it is and what makes it better or worse.
Your questions answered


Keeping a pain diary can help you answer these questions. Your treatment team may give you one or you can find a diary to complete in our Secondary breast cancer resource pack. You can also download a copy from our website breastcancercare.org.uk/patient-resources.

The nurse or doctor will talk through your concerns to help find the best way to manage your pain, as well as monitoring it regularly. If you’re not seeing a specialist in pain control, you can ask your GP or specialist to refer you.

If you have a question about breast cancer, call Breast Cancer Care free on 0808 800 6000. You can also Ask Our Nurses by email: go to breastcancercare.org.uk/atn

To order or download Breast Cancer Care’s publications, call the number above or visit breastcancercare.org.uk/publications

I’ve inherited an altered BRCA1 gene. I’ve been advised to have a mammogram and MRI scan of the breasts once a year, and to think about risk-reducing surgery (a double mastectomy and removing my ovaries) in the future. Does Breast Cancer Care have any support for people like me?

Being told you’ve inherited an altered breast cancer gene, which increases your risk of developing breast and ovarian cancer, can cause many different emotions. Often people have many questions and decisions to make, including whether to have screening or risk-reducing treatments, as well as how to tell other family members.

Being able to share your experiences, concerns and information with others who have also inherited an altered BRCA1 or BRCA2 gene can help to lessen the feeling of isolation and equip you with information that can help you to make such difficult decisions.

We now have a designated area of our online discussion Forum (forum.breastcancercare.org.uk) for people to talk to each other about inheriting an altered gene, called Genes and breast cancer. It’s a place where you can share information and support each other in a similar situation. You don’t need to join the Forum to read the messages, but you will need to register if you’d like to join in a conversation or want to ask a question or start a new conversation.

Our Someone Like Me service can put you in touch with a trained volunteer who has inherited an altered BRCA1 or BRCA2 gene. The volunteers have a range of experiences that they can share, and can offer one-to-one support by telephone or email. If you would like to talk about a few different issues, we can put you in touch with more than one volunteer.
Whether they’re supporting our fundraising events or helping deliver our services, our volunteers are vital to Breast Cancer Care’s work. In fact, we couldn’t do what we do without them. At Breast Cancer Care, there’s a volunteering role for everyone. To find yours, go to breastcancercare.org.uk/volunteer.

Three women tell us what volunteering for Breast Cancer Care means to them.

Emma has volunteered with Breast Cancer Care since 2012 in various roles. In 2016, she helped at our Pink Ribbonwalk in Chatsworth. I know personally how cancer can affect people and I’ve always wanted to help those going through it. I love what Breast Cancer Care stands for and wanted to help support their cause as best I could.

At the Pink Ribbonwalk, I helped set up the refreshment stands and helped man one stand during the day, giving crisps and sweets to very tired walkers. My favourite part of the day was handing out medals to the finishers. Seeing people push their limits and be proud of what they had achieved was really emotional and rewarding. I had a great time with other volunteers on the finish line, cheering on all the amazing finishers.

Volunteering is fun and sociable as you meet so many amazing people. I like knowing I’m playing a part in helping the charity achieve its objectives and being able to see first-hand the amazing work they do.

You’ll never regret a day spent volunteering. Breast Cancer Care is an amazing charity, and through volunteering you’re able to see the work they do and how you can help make it happen. And you’ll meet great people doing it.
The Someone Like Me
volunteer

Charlotte has been volunteering with Breast Cancer Care since July 2013, and helps deliver Breast Cancer Care’s one-to-one telephone support service Someone Like Me.

When I had breast cancer 19 years ago, the advice and help offered to women today did not exist. I would have welcomed a little support, particularly as I had three young sons to bring up and a business to run.

I’ve helped at Breast Cancer Care’s Moving Forward courses, told women about their services at lymphoedema clinics, and helped at the fashion show in Cardiff. I also keep our local information point stocked and helped at an Information Session at our local hospital.

The people I meet like having somebody other than a healthcare professional to chat to and enjoy sharing their experiences. I hope that seeing somebody fit and healthy after being diagnosed many years ago helps them remain optimistic and positive.

I offer telephone support to women who are going through their own experience of breast cancer. Speaking to other women and offering an understanding ear can normalise what’s going on for them.

Sometimes I’m really busy and can be volunteering a couple of hours a week, and at other times it may be just a few hours a month.

A work colleague, who had had breast cancer herself, supported me throughout my diagnosis with conversation and company, which I found invaluable. To hear someone say ‘I know’ was so important, and without her support I would have felt so alone and scared.

I get a buzz knowing I’ve helped someone, that they’re not alone and that someone is there who understands how they feel. Knowing you’ve made a difference to someone’s life – it’s a big thing. And it’s great knowing when you’ve put the phone down that someone feels better just because you’ve taken a little of your time to help.

I would certainly recommend volunteering, but would also recommend this role – a Someone Like Me volunteer – for anyone who has gone through breast cancer and has got to the other side. It makes my own experience of breast cancer worthwhile.

To become a Someone Like Me volunteer you need to have had a diagnosis of breast cancer.

The Moving Forward
volunteer

Bernadette has been volunteering with Breast Cancer Care since April 2015. She’s had a number of roles, include helping at Moving Forward courses, aimed at people who’ve finished, or are about to finish, their hospital treatment.

I commit as much time as I choose.

I travel quite a lot and want to spend time with my granddaughter, so only volunteer when I’m home and I’m free.

I appreciate the flexibility.

Many women I meet are dynamic, inspiring characters. Meeting healthcare professionals also helps me keep up to date with research into breast cancer and lymphoedema.

Breast Cancer Care’s staff provide training to handle a variety of situations. Volunteering is a partnership. The satisfaction I get easily compensates for the time I give up. It’s rewarding to help others, but also it’s great to do something new and challenging.

To become a Moving Forward volunteer you need to have had a diagnosis of primary breast cancer and be at least one year post-diagnosis.
Use our cut-out list to help you speak to your healthcare professional about sex, intimacy or your body after breast cancer treatment.

Talking about changes to your body, sex and intimacy after breast cancer can be difficult. Our checklist might give you somewhere to start. Addressing concerns about body image, sex and intimacy is an important part of your breast cancer treatment and care. The list below may help you discuss these topics with your breast care nurse or GP. You can also call Breast Cancer Care’s Helpline on 0808 800 6000 to discuss any of these.

Cut out the list and tick the topics you would like to discuss, ask for more information on or find specialist services about. Have the list with you when you talk to a healthcare professional. You may also want to make a list of the treatments you’ve had or are having.

I want to talk about or be directed to relevant information or specialist services for the issues I have ticked.

**Changes to my body and how I feel about my body**
- Operation scars
- Reconstruction
- Radiotherapy skin changes
- Prostheses, bras, clothes and swimwear
- Menopausal symptoms
- Lymphoedema
- Hair loss/hair regrowth
- Weight gain/weight loss
- Regaining confidence in my appearance

**Intimacy after breast cancer – emotional issues**
- Worries about starting a new relationship
- Changes in my relationship with my partner after breast cancer
- Accessing relationship counselling or sex therapy
- Support or information for my partner
- Coping with the loss of my fertility and its impact on my relationship
- Low mood/depression

**Intimacy after breast cancer – physical issues**
- Vaginal dryness/discomfort or pain during intercourse
- Pain, numbness and sensitivity after surgery
- Contraception (compatible with my breast cancer treatment)
- Loss of desire
- Changes to how I experience orgasm
- Low energy (fatigue)

Any other issues about my body and intimacy
Katie Parsons seeks out some companies and charitable organisations providing thoughtful gifts and practical solutions to help people with breast cancer.

### Chemogiftbags

Chemogiftbags is a charity for people having chemotherapy for breast cancer in the Thames Valley area. The gift bags contain practical and luxurious items including natural bath products, head scarves, blankets and fluffy slippers, and are hand-delivered by volunteers. The charity relies on public donations and gifted products to offer this service.

To request a chemogiftbag or to volunteer to help, contact chemogiftbags@outlook.com visit chemogiftbags.org or find them on Facebook facebook.com/Chemogiftbags

### Drain Dollies

Charley Wood created Drain Dollies when she struggled to find something to carry her surgical drain in following surgery. These pretty cotton shoulder bags make moving about with drains after surgery much more manageable.

They come in a variety of styles with 10% of sales donated to Prevent Breast Cancer Charity UK, and can be ordered (for £6 + P&P) at draindollies.co.uk

Drain Dollies have been delivered all over the world, including Australia, America, France and Iceland.

### Knitted Knockers UK

Knitted Knockers are a knitted and crocheted alternative to silicone breast prostheses, for women who have had a mastectomy or lumpectomy. They’re handmade by volunteers using 100% cotton, and provided free of charge. The charity also offers Aqua Knockers for swimming and other water-based activities.

Visit knittedknockersuk.com for more information and to order your free Knitted Knockers.

### Serenity Hampers

Following her experience with breast cancer, Alicia Dent founded Serenity Hampers for people facing cancer, surgery or ill health.

The hampers contain practical gifts to help manage treatment side effects and maintain general wellbeing, such as bath and shower products, beanie hats, and useful items for hospital stays. You can also create your own hamper, or purchase individual items.

Hampers start at £10 (+ P&P) and can be ordered at serenityhampers.com
Butternut and sweet potato tagine with chermoula

Serves 4
Takes 1 hour, plus overnight soaking if using dried chickpeas

• 100g dried chickpeas, or 200g carton prepared chickpeas
• 1 teaspoon olive oil
• 1 onion, sliced
• 2 cloves garlic, crushed, peeled and chopped
• 2 teaspoons ground cumin
• 2 teaspoons ground coriander
• 2–3 tablespoons harissa
• 200g butternut squash
• 200g sweet potato
• 100g dried apricots
• 500ml vegetable stock
• large bunch of coriander, chopped
• 25g flaked almonds, toasted

1. If using dried chickpeas, place in a pan, cover generously with water and leave to swell overnight.

2. Next day, drain and rinse, cover with fresh water and bring to the boil, then simmer for approximately 1 hour or until the beans are soft (the cooking time will vary according to the age of the chickpeas). Skim off any residue that floats to the top while cooking. When the chickpeas are soft, drain. (If using prepared chickpeas, simply set them aside until step 6.)

3. Heat the olive oil in a pan, add the sliced onion and cook until soft, then add the garlic, cumin and coriander, mix well and cook for 2 minutes. Next, add the harissa and mix well. Remove the heat while preparing the other ingredients.

4. Wash the outside of the squash and sweet potato, trim and chop into equal-sized chunks. Add to the pan, return to the heat and mix well, coating the vegetables in the spice mix. Cook for 5 minutes, turning frequently.

5. Add the dried apricots and vegetable stock. Mix well, place a lid on the pan and simmer for 25 minutes or until the vegetables are soft, stirring frequently.

6. Add the prepared chickpeas, mix well and simmer for a further 15 minutes. Finally, stir in the coriander and sprinkle over the toasted almonds before serving.

This recipe was taken from The Living Well with Cancer Cookbook by Fran Warde and Catherine Zabilowicz

Photograph by Kristen Perers
After years of working in partnership with Breast Cancer Care, Alison, 56, needed support herself when she was diagnosed with breast cancer in 2011. Five years on, Alison still supports the charity and has designed a beautiful jewellery range. ‘Receiving a diagnosis of breast cancer is devastating and the myriad questions you want to ask is overwhelming,’ says Alison. ‘Breast Cancer Care was there for me when I was diagnosed in January 2011 and is a charity I knew very well, having worked with QVC for over eight years to raise money for them. When I was asked to design a range of jewellery to support them this year, I was more than happy to help.

‘I chose the single teardrop to symbolise the emotions I felt when times were tough or happy, and the words “I Hope” to embody my firm belief that it is the one thing that gets us through even the most difficult of times.’

To treat yourself or a loved one to Alison’s gorgeous collection visit qvcuk.com/BreastCancerCareProducts. content.html

Be part of our incredible 17-year partnership with QVC, which has raised nearly £6 million for Breast Cancer Care since 1999.
Dr Russell Burcombe, Consultant Clinical Oncologist at Kent Oncology Centre, took on the Prudential RideLondon–Surrey 100: a 100-mile cycle through London into the Surrey Hills, returning to the capital for a finish on The Mall.

Riding for Breast Cancer Care was an amazing, fulfilling and memorable experience.

The route, past iconic London landmarks and through the challenging Surrey Hills, was great, and cycling on closed roads made it all the more enjoyable.

We completed the 100-mile ride in 5 hours 50 minutes pedaling time, in glorious sunshine and cheered on by thousands lining the route. Finishing on The Mall was an unforgettable feeling and we were pleased to make it to the finish line!

The support from Breast Cancer Care before and during the event helped us exceed our sponsorship target and reminded us, as we trained, what a worthwhile cause we were supporting.

Having worked closely with Breast Cancer Care at the Kent Oncology Centre, I’ve seen firsthand the great work the charity does for my patients and their families. They help patients move forward to resume their lives after treatment and provide much-needed support to people with secondary breast cancer.

If you fancy a challenge, enjoy cycling and want to make a contribution to a worthy cause, don’t hesitate – sign up now!

Prudential RideLondon–Surrey 100 takes place on 30 July 2017. To find out more or sign up, go to breastcancercare.org.uk/ridelondon or call 0345 092 0804

Registration fee £35, minimum sponsorship target £600.
Support in your area

Service spotlight: Someone Like Me

When you’re facing breast cancer, talking to someone who’s been there can really help. Someone Like Me can put you in touch, by phone or email, with someone else who’s had a diagnosis of primary breast cancer. With a network of around 200 trained volunteers, we’ll find someone who has lots in common with you and understands your particular concerns.

Mary was diagnosed with breast cancer towards the end of August 2012.

‘I first used the Someone Like Me service after all my treatment had finished,’ she says.

‘I wasn’t coping, and would wake up thinking “Why me? How can I get up without thinking horrible, negative thoughts every day?” I never thought that it wouldn’t be the first thing on my mind every morning.

‘Someone Like Me helped me to do what I wanted, which was to put my diagnosis in the past. I can think about it now without being overwhelmed. I can accept that I have the odd bad day and the odd “wobble”. Someone Like Me has helped me to do that.

‘Three years on, I decided I would like to be able to give someone else that feeling, and I have trained as a volunteer myself. I thought to myself, “Why wait?”’

Moving Forward

Moving Forward courses take place throughout the UK.

England
• Barnsley • Basingstoke • Birmingham
• Bournemouth • Brighton • Doncaster
• Enfield • Essex • Huddersfield
• Kent • Liverpool • London • North Lincolnshire • North Tees • Nottingham
• Manchester • Oxford • Poole
• Sheffield • South Tees • Southampton
• Warwick • Winchester • Worthing

Scotland
• Edinburgh and the Lothians • Fife
• Forth Valley • Greater Glasgow and Clyde • Lanarkshire • Livingston
• Tayside

Wales
• Bangor • Bridgend • Bronglais
• Cardiff • Haverfordwest • Holywell
• Llanelli • Llantrisant • Merthyr Tydfil
• Neath Port Talbot • Newport • Rhyl
• Swansea • Wrexham

Living with Secondary Breast Cancer

Regular meet-ups for people living with secondary breast cancer, with expert guest speakers.

• Bristol • Cardiff • Cornwall • Coventry
• Derby • Dorset • Edinburgh • Forth Valley • Glasgow • Inverness*
• Lanarkshire • Leeds • Liverpool
• Maldstone & Tunbridge Wells
• Manchester • Milton Keynes
• North Lincolnshire • North London/ Hertfordshire • Oxford • Rhyl • Romford
• Salisbury • Sheffield • Sutton South London • York/Harrogate

*from 28 March 2017

Younger Women Together

Two days of support for women aged up to 45 with primary breast cancer.

• Liverpool: 3–4 February
• Edinburgh: 10–11 March

Find the right support for you

Call 0345 077 1893
Visit breastcancercare.org.uk
Email services@breastcancercare.co.uk
**Anita Care** Offering post-surgical ladies innovative and discreet breast forms alongside specially designed, beautiful lingerie and swimwear, which allows wearers to feel comfortable and confident in all areas of their life, without compromising on colour, style and luxury. For all enquiries please call 020 8446 7478 or visit anita.com

**Nicola Jane** Experts in post-surgery fashion since 1984. Our NEW collection for 2017 features beautiful bras and stunning swimwear that will help restore your confidence after surgery. All with fitted pockets to hold your prosthesis securely. Free returns and shops throughout the UK. Call 0845 265 7595 or visit nicolajane.com

**Banbury Postiche** offers a fantastic range of acrylic wigs with a next day delivery service available. We have a Customer Care team to support you, whatever your needs. Our purely wigs range is guaranteed to have a style to suit and delight you. Please take a look at our website wigsuk.com or call 01295 757 408.

**Nowhere Hair** children’s book explains your hair loss to kids ages 2–10 with honesty and whimsical, touching illustrations. Covers hats, wigs, being bald in public, how cancer can’t be caught and is nobody’s fault, and inner beauty. Gold medal winner. 9,500 copies in circulation. NowhereHair.com Now available at Amazon UK.

**IBROW ARTIST** Surrey and London based. Restore your eyebrows through semi-permanent tattooing called microblading. This beauty treatment is carried out in the comfort of your own home and enables those who have lost eyebrow hair or would like to create fullness of their eyebrows to have natural and beautiful looking brows, restoring confidence and adding definition to your face and eye area for up to 12 months. Call us today for your free consultation: 07415 731 085 or facebook.com/ibrowartist

**Pebble UK** Over 90 designs of seam-free compression arm sleeves with matching gauntlets or gloves, specifically designed for lymphoedema (swelling). Made with moisture-wicking fibres, unscented aloe vera treatment for skin-friendly softness and fine-knit construction for a lightweight feel. Available in three sizes, two lengths and two compressions. Call 0800 433 4757 or visit pebbleuk.com

**Trulife** breast forms and accessories restore confidence, self-esteem and ultimately contribute to a better quality of life for women following breast surgery. With over 50 years of experience in breast care, we lead through innovation and offer the most natural, coolest and softest breast forms available. Call 0800 716 770 or to see our range visit trulifebreastcare.com

**Womanzone ABC** To see our latest ranges of swimwear, lingerie and prosthesis or to order an up-to-date brochure visit our website woman-zone.co.uk or call us on 01925 220 932. With over 50 years’ experience we can offer an unrivalled service of care and advice, including free fitting, made to measure swimwear and pocketing services.

Breast Cancer Care does not endorse any product advertised on these pages. Speak to your specialist team before buying compression garments for lymphoedema or undergoing procedures such as a tattooing.
Midnight or midday...

Whatever your worry, the Forum is never closed.

breastcancercare.org.uk/forum

Support 24 hours a day, 365 days a year
Take on a 5, 10 or 20 mile Pink Ribbonwalk in 2017 and help us be there for thousands of people affected by breast cancer.

**SIGN UP TODAY**
breastcancercare.org.uk/ribbonwalk

**NEW FOR 2017**
Find out about organising your own Pink Ribbonwalk.

**ONE DAY. ONE CAUSE.**
One step forward for women with breast cancer

Walk at a location near you

- Blenheim Palace, Oxfordshire
- Bakewell, Derbyshire
- Glasgow at Night
- London at Night

**Vita**

Four ways to subscribe to Vita magazine

- Call 0345 092 0808
- Email vita@breastcancercare.org.uk
- Visit vita.org.uk
- Fill in this form and send it to the address below

If you already receive Vita by post, you’ll automatically be sent each issue. You don’t need to send us this form or contact us again.

☐ I’d like to receive Vita magazine four times a year

Name

Address

Postcode

Breast Cancer Care, FREEPOST RRKZ-ARZY-YCKG, 5–13 Great Suffolk Street, LONDON SE1 0NS

We will not pass your details on to any third parties