‘It was a monumental shock’
Being told I had breast cancer

The pink ribbon turns 25

The social networks
Getting support online

Find the right bra
after surgery

Nicky Spinks
A record-breaker after breast cancer

Hot flushes
Don’t suffer in silence
Welcome to Vita

The appearance of the great British summer is generally a cause for celebration. But warmer weather might not be so welcome if you’re coping with hot flushes caused by breast cancer treatment.

Some women see hot flushes as something they have to put up with, simply part and parcel of going through treatment. But there are things you can do, and treatments that can be prescribed, to help with this troublesome side effect. Turn to page 14 to find out more.

The physical effects of treatment can affect how you feel about exercising. If you’re dealing with fatigue, for example, getting active might seem low on your list of priorities. But regular exercise has many health benefits for women who’ve had breast cancer. With the help of an expert, on page 12 we look at how you can break through physical and mental barriers to help you become more active.

One person who needs no encouragement is endurance runner Nicky Spinks. A decade after she was diagnosed with breast cancer, Nicky scaled new heights and broke a fell running world record. If you want to know what her incredible achievement actually involved, turn to page 8.

In this issue, we also say happy birthday to the pink ribbon. To find out how this diminutive object became a powerful international symbol of breast cancer awareness, you can read our account on page 20.

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Dear Vita
I have just received my first issue of Vita having been diagnosed a month ago. I have always loved magazines. I was a Jackie reader and devoured Cathy; then later a Marie Claire fan, and after that a Good Housekeeping reader.

So when I had my diagnosis, having found a lump the day after my 50th birthday, I looked online and came across Vita. I can’t tell you what a source of support it was in a terrifying time.

I read Cynthia’s story with particular interest as I am also HER2 positive. The fact that she is writing in the past tense three years after her diagnosis is very inspiring. There is life after treatment. It will be a different kind of life but that’s OK, and Cynthia’s words of encouragement were great to read.

Gill

Dear Vita
I was diagnosed with triple negative breast cancer in September 2016. Your magazine articles have been an invaluable source of information and I was particularly interested in your piece ‘Nine to five: talking to your employer’.

Even though initially it was incredibly difficult to talk about, I made the decision to be as open as I could with my boss and colleagues. I knew it would be impossible to hide the physical aspects of treatment and didn’t want to risk being asked awkward questions I wasn’t prepared for.

It was the best decision I could have made. The support from colleagues has been amazing and many have even thanked me for making THEM feel so comfortable and at ease by talking about my illness.

Krystal

Dear Vita
In the summer of 2007 I was diagnosed with breast cancer. I had just retired. I had a mastectomy and axillary clearance, followed by radiotherapy. I had a good recovery and life carried on as normal as possible until November 2014 when I had a stroke.

I was paralysed down the right side and lost my speech. My husband was amazing and I was very lucky and learned to walk and talk again. I found out I hadn’t had a conventional stroke, but my breast cancer had come back and gone to my brain. What a shock! My consultant offered me brain surgery.

In July 2015 I returned home and once again had to learn to walk after surgery. I am doing very well and am looked after by some wonderful people at NHS Leeds.

I lead a fairly normal life with my husband Paul. Last year we went on two cruises and took my great grandson to Florida. We had a ball.

To everyone in a similar position: try to keep smiling, have hope and faith in our wonderful doctors. It’s worked so far for me.

Sheila

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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 blogs on living with breast cancer.
Happy birthday pink ribbon!

The pink ribbon – the internationally recognised symbol of breast cancer awareness and support – is 25 years old. Breast Cancer Care’s Pink Ribbon 25 campaign is running from June to December 2017 to celebrate the anniversary.

For 25 years the pink ribbon has been a powerful symbol for millions of people. This year, Breast Cancer Care is sharing their stories and showing why there’s never been a greater need for our support.

You can read more about the history of the pink ribbon and the campaign on page 20.

News and views

For your information

Breast Cancer Care has over 100 different publications, from short booklets about individual treatments to detailed information packs for people newly diagnosed, moving forward after treatment or with secondary breast cancer.

We regularly review and update all our publications, to make sure they’re accurate and based on the latest research.

Recently, we’ve extensively updated our information about family history. Some women who’ve had breast cancer worry about whether it means other family members are at risk. Our booklet Family history, genes and breast cancer is for anyone who’d like to know more about breast cancer in families.

Breast cancer in younger women: coping with a diagnosis at 45 or under covers common issues faced by women diagnosed at a younger age, such as relationships, body image, fertility and pregnancy.

To see the full range of publications, visit breastcancercare.org.uk/publications
Survey shows gap in care

Breast Cancer Care has warned of a gulf between nursing care for secondary and primary breast cancer.

Three-quarters of NHS Trusts and Health Boards say there’s not enough specialist nursing care for people with incurable secondary breast cancer.

Worryingly, close to half (42%) of organisations surveyed don’t provide specialist nursing care for people with secondary breast cancer, whereas 95% of people with primary breast cancer have a named clinical nurse specialist for support.

The first ever survey of NHS Hospital Trusts and Health Boards with breast care services also found many breast cancer nurses caring for people with secondary breast cancer feel ill-equipped to meet their needs.

Samia al Qadhi, Chief Executive of Breast Cancer Care, said: ‘These findings highlight the worrying truth – care for people with incurable secondary breast cancer is not good enough.

‘We are calling on NHS Clinical Commissioning Groups and Health Boards to ensure specialist nursing care is available for all patients with incurable breast cancer and that the right breast cancer services are in place in their hospitals to meet patient needs.’

The fourth report in Breast Cancer Care’s Secondary. Not second rate. campaign is available at breastcancercare.org.uk/secondary

Volunteers’ Week celebrated

To mark this year’s Volunteers’ Week (1–7 June), Breast Cancer Care brought together 140 of its volunteers in London, Cardiff, Sheffield and Glasgow to say thanks for the vital work they do.

For 30 years, Volunteers’ Week has been the voluntary sector’s opportunity to say thank you, recognise the contribution volunteers make, and highlight different ways to get involved.

At Breast Cancer Care’s volunteer thanking event at our London office on Friday 2 June, staff from all areas of the organisation met the volunteers to showcase their work, while the volunteers – many of who have been affected by breast cancer – caught up with each other over afternoon tea.

Whether they’re supporting other women with breast cancer, raising money with a bucket collection, helping out at fundraising events or campaigning with us, volunteers do a variety of important roles and are at the heart of everything Breast Cancer Care does.

If you’re interested in volunteering, you can find out about the different ways you could donate your time and talent at breastcancercare.org.uk/volunteer
Finding the right bra after surgery

Rachel Rawson offers some top tips on where to go to find the perfect bra and swimwear after breast cancer surgery.

It’s daunting going into a high-street store and being faced with racks of bras in every size, shape and style. It’s even more intimidating when you’ve had surgery for breast cancer.

After a mastectomy, getting a well-fitting, comfortable bra that works with your prosthesis is crucial. The icing on the cake is finding a bra that also works with your lifestyle and is affordable.

Many high-street stores offer a fitting service after breast surgery. The Debenhams Spirit range of bras has been designed with the help of women who’ve had breast cancer. They along with John Lewis and Marks & Spencer provide an in-store fitting service.

Many smaller lingerie shops stock post-surgery bras from companies like Amoena (amoena.com) and Anita (anita.com). So if you’re looking for a more local service, you can use Amoena or Anita’s website to find a shop near you.

Companies like Nicola Jane (nicolajane.com) and Womanzone (woman-zone.co.uk) have dedicated shops that provide bra, prosthesis and swimwear fitting. This can be really useful if you’re struggling to find a comfortable fit.

Post-surgery lace bra, £8, Asda

Seamless strapless bra, £33, Womanzone

A strapless bra can be really useful but hard to find. Womanzone has this covered, and it comes in a black or nude option up to a 42C cup size.
Supermarkets

Believe it or not, Asda, Tesco and Sainsbury’s all stock bras that would work after surgery. Asda has a great range of post-surgery bras that go up to a 42D cup.

While many post-surgery bras have pockets as standard, you can adapt an ordinary well-fitting and supportive bra by sewing a piece of stretchy material loosely across the back of the cup. This provides a pocket to hold the prosthesis in place.

Swimwear

Finding swimwear needn’t always be a challenge. There are a few things that need a bit of thought though.

Is the top cut high enough over the breast area and under the arms to cover a prosthesis, and does it have some structure usually provided by cups? If the answer is yes and it’s in a style you like, then try it on.

Most high-street shops and supermarkets offer online shopping, so you can try on your finds in the comfort of your own home. Some bigger specialist shops have swimwear ranges, and Womanzone (01925 220 932) provides a made-to-measure swimwear service.

Top tips for a well-fitting bra

During the first few months, and possibly up to a year, after surgery, some women find their shape and size alters and the chest and breast area can often be tender and sensitive.

While things settle down, it’s best to have a bra that has:
- soft seams
- a wide underband
- fully adjustable straps
- full cups
- minimal detailing
- no underwires

Palm print bikini, £25 top and £14 bottoms, M&S

Fleur comfort bra with light support, €50, THEYA Healthcare

If you have sensitivity around the scar area or after surgery, you may find a seam- and tag-free bra more comfortable. THEYA Healthcare (theyahealthcare.com) bras are made from bamboo, which may also help you feel cooler, drier and more comfortable.

Royce enhance bra, £26, Little Women

If you need a smaller cup size (AAA, AA or A), you might want to try Little Women (littlewomen.com), an online store with a great range of bras for every occasion.
On 15 May 2016, a silver-haired farmer from the Peak District ran up to the steps of Moot Hall in Keswick, touched her hand on its green door and made history. Nicky Spinks, then 49, had just completed a double Bob Graham Round. For those unfamiliar with the race – which is almost everyone – the Bob Graham Round is a fiendishly difficult course in the Lake District. Nicky had just run it twice, covering 132 miles and 54,000 feet in a time of 45 hours 30 minutes. No woman or man had ever run it quicker.

Ten years earlier, Nicky faced a different challenge. ‘It was my husband who found the lump,’ she says. ‘Initially, it was quite hard to tell if it was a proper lump or just normal milk tubes, but my husband made me go straight to the doctors. I was then sent to one of those one-stop clinics.’ Nicky learnt there was a good chance the lump she felt was breast cancer.

It’s good to talk

Nicky’s fears were confirmed a week later. Initially, she says, she found it hard to speak about having cancer. ‘I felt like I was being the bearer of bad news. But then I thought, “I can’t hide it; I’d rather I talked about it.”’ Some people don’t know how to react when you tell them. But those who have come across cancer before know that you have quite a high chance of recovering from it, particularly from breast cancer, so they were great to talk to. That’s why I think it’s so important for people with cancer to speak with other people who have experienced it.’

Treatment options

Having been told about the treatment options, Nicky decided to have a mastectomy. ‘Because the lump wasn’t too big – less than 2cm – they didn’t think I’d need radiotherapy if I had a full mastectomy so I decided that was the better option.’

After the operation Nicky was careful not to return to running too quickly. ‘Initially, my legs felt really heavy, so I started with a four-mile run, which is very short for me. Then I went up to six miles and built slowly from there. Although I love to run, I didn’t want to set back my recovery.’

While Nicky took a while to return to her full physical capacity, having gone through cancer treatment gave her a new appreciation for her sport. ‘I don’t have bad runs anymore,’ she says. ‘No run is a bad run because I’m just grateful I can run. I appreciate my running a lot more now. Even if I’m feeling tired or slow, I’ll look around and try to take in the view or the fact my dogs are running with me.’

Still, don’t expect to see Nicky taking on the Bob Graham Round again any time soon. ‘I love running in the hills, and I love the Bob Graham, but I think I’m done with that particular event for the time being!’

Nicky is an inov-8 athlete. Watch the film of her double Bob Graham Round at inov-8.com/blog/run-for-forever-film-nicky-spinks

Interview by Rick Pearson
@MrRickPearson
After dealing with the shock of her diagnosis, Joanna Clark, 56, faced a difficult decision about treatment.

I fully expected everything to be OK after a routine mammogram last year, even a week later when I got a letter asking me to go back. So when I was told, in a gentle but honest way, that it looked like I had breast cancer, it was a monumental shock.

I spent the afternoon in a stunned mess. My daughter Georgia was coming up to her A-levels at the time. I put my make-up back on, tried to look as bright as possible and told her not to be worried.

A week later I was diagnosed with stage 1 invasive breast cancer.

I had a lumpectomy, but needed more surgery after they found a larger area of non-invasive cancer, called DCIS. Radiotherapy was next, but in the meantime I started taking the hormone therapy drug anastrozole.

It was around this time that I called Breast Cancer Care’s Helpline. I had some really dark days and fear about the cancer coming back. And I was frightened about taking the drugs. The phone call was very tearful, but the woman I spoke to was fantastic and I felt a lot better after two or three calls to the Helpline.

A really big decision

I had horrible side effects from the anastrozole and felt awful. I thought about stopping taking the tablets. My doctors had estimated that the difference in my chances of survival between taking and not taking anastrozole was very small. Was it really worth feeling terrible for the sake of such a small difference? It felt like a really big decision. I didn’t want to play Russian roulette, but quality of life is very important. Even my daughter noticed a big change in me.

I was put in touch with two women through Breast Cancer Care’s Someone Like Me service. One of them had switched from anastrozole to tamoxifen. The other had made the decision not to take any drugs. Talking to both of them really helped me put together my own thoughts. At my next oncologist appointment I could present my thoughts really clearly, and we both came to the conclusion that I would not take the drugs.

I needed to be able to sleep at night, and the support from Someone Like Me made me totally comfortable with my decision.

Perfect timing

I finished radiotherapy in October, then in January started to rebuild my life. I wanted to do something as a thank you to Breast Cancer Care.

I love walking – I’ve got a dog and walk for about an hour-and-a-half a day – and I live right by Blenheim Palace. My last oncologist appointment was scheduled for 5 May, and the Pink Ribbonwalk at Blenheim was on 20 May. It seemed like perfect timing.

It was a fantastic day. It started with an interview with Radio Oxford, where I talked about why I was doing the Ribbonwalk, and ended with a welcoming party at the pub. The atmosphere on the walk was amazing. I did the 10-mile walk with my two closest friends, my daughter and two of her friends, and we raised £1,750.
It all happened very quickly. I’d had pain in my breast for a while, but thought it was mastitis. Then I found a small lump. I saw the doctor, who sent me to the hospital. Within a few weeks I’d had an ultrasound and biopsy and was diagnosed with breast cancer. I had my operation, chemotherapy two months after that, then radiotherapy. I was fortunate to suffer few side effects from the chemo.

I’d thought about doing a cartoon a couple of years before and always wanted to have a crack at it. I spent the time I was laid up developing this character who was going through the same thing as me but who wasn’t quite me. I called her The Artbod. When you’re going through treatment it can feel like you’re in a parallel universe.

I’ve made about 20 cartoons so far of the funny people I’ve met and things that happened to me. Some of the situations I found myself in were so silly they just lent themselves to something humorous. One time I was admitted to hospital and it was so busy they had to put me in the kiddies’ room.

Seeing the funny side of it meant I wasn’t worrying about myself, even when I was very ill. I really think it got me through it. You can’t sit there and dwell on how ill you are; you just have to try to adapt to the situation.

It was my daughter’s idea to share the cartoons on Instagram. I hope they’re relevant to some people, and they’ll think: ‘That’s something I’ve had to put up with.’

Apart from a very sick period, I got through treatment extremely well. My family and friends have been incredibly supportive, as has West Dean College, where I do a lot of teaching. And aside from being tired, I feel very good.
Eight years after her breast cancer diagnosis, Maureen Daley tells Vita how knitting needles and yarn helped her feel calmer during treatment.

When I was diagnosed with breast cancer in 2008 after a routine mammogram, I was in complete shock, says Maureen. ‘My background is in social work and I’m used to helping other people, so it was difficult to suddenly be the one who needed help.’

‘Like for most people, chemotherapy took up months of my life. It affects you in all kinds of ways. I was expecting the hair loss and sickness, but it’s the little things you don’t hear about that can become as irritating as anything else. ‘I’m a “doer” and I had to stop doing a lot of things I enjoyed. I couldn’t really read because I had chemo brain. I’ve always swum but I couldn’t swim because of risk of infection. I like doing cultural things but that fell off the agenda. A lot of things became quite scary. I lost trust in my body and lots of things felt off-limits.

‘But knitting wasn’t off-limits. I’d always done hand crafts on and off. The good thing about them is that you don’t have to think too much, so you can do them even when you’re not feeling well. They give you a sense of achievement when you complete a project – especially at a time when you feel you can’t complete very much.’

Feeling useful again
Maureen often knitted during the long visits to the chemotherapy clinic. ‘Cancer units are not very nice places to be. There was always a long wait and as you wait your anxiety levels go up. You need these distractions.

‘The repetitive nature of knitting helps you feel calmer. As soon as I start to knit I become so absorbed that anything else I might have been thinking about just kind of goes.

‘It also allowed me to feel I was doing something productive and wasn’t just wasting time sitting there. I started knitting baby blankets and hats for premature babies to give to my local hospital, which helped me feel useful again.’

New opportunities
‘After I finished treatment, I joined a local Stitch ’n Bitch knitting group. Up until then I’d always knitted on my own but I wanted to get out and feel normal again. It introduced me to a new community and to most of the things I do in my life now.’

Maureen now volunteers for the UK Hand Knitting Association and has even travelled to India on a charity knitting project. She is also a Breast Cancer Care Someone Like Me volunteer.

‘I try to say to others to find something that takes their mind off things. It doesn’t have to be knitting, it doesn’t matter what it is. I’d just encourage people to make a little bit more of whatever it is they like doing and the opportunities they have in their life.’

The UK Hand Knitting Association has advice on knitting for charity ukhandknitting.com
Healthy living

BREAK THROUGH YOUR EXERCISE BARRIERS

Whether you’re coping with the effects of treatment or just lacking in motivation, use these tips to get moving and make exercise an enjoyable part of your daily life.

We all know exercise is good for us. Whether helping keep the extra pounds at bay or preventing conditions like heart disease, the health benefits of being active are clear and well documented.

But physical activity can have specific benefits for people who’ve had cancer. ‘Keeping active throughout the cancer journey can reduce the negative impact of some cancer-related side effects such as fatigue, weight gain and lymphoedema,’ says Che Penny, a cancer rehabilitation specialist at Salisbury District Hospital.

And there’s no doubting that exercise can have a positive effect on mental health, from improving wellbeing and reducing anxiety to helping you feel more in control.

So why do we sometimes find it so difficult to get going? Many things can conspire to stop us being as active as we’d like to be. Time is often limited, motivation might be lacking and exercise can seem like hard work. And if you’re recovering from treatment or dealing with side effects, exercising might be low on your to-do list.

Physical barriers

Che says one of the most common physical barriers to exercise he sees in patients is fatigue. As paradoxical as it might sound, however, there’s strong evidence that regular moderate activity reduces fatigue.

The key word is ‘moderate’. ‘Moderate intensity exercise should make your heart beat a little faster but you should still be able to hold a conversation,’ says Che. A brisk walk is a perfect example which most people can squeeze into their daily routine.

Worries about developing lymphoedema, a chronic swelling of the arm after surgery, can put some women off exercising. But you’re more likely to increase your risk by overly protecting your arm and not using it enough.

‘Some women get a “frozen shoulder” from trying to protect the side they’ve had surgery on,’ says Che. ‘This can be prevented or helped by gentle exercises, progressed over time.’

The fact is there’s nothing to stop anyone getting back to the activities or sports they enjoyed before treatment or from starting a new activity. The most important thing is to start slowly and build up gradually, especially if you’re new to exercise.

Official guidelines recommend doing at least 150 minutes of moderate intensity activity a week, but you can split this up however you like. ‘These guidelines can be achieved with daily activities, tweaking what you already do,’ says Che. ‘For example, park a little further away at the supermarket, use the stairs instead of the lift, or make your gardening and housework a little more vigorous.’

It’s also recommended that we all do some exercises to help strengthen our muscles, whether that’s yoga, dancing or lifting light weights.
EXERCISE BARRIERS

Mental barriers

While physical effects like fatigue can put a dampener on plans to get active, sometimes the mental barriers are just as hard to overcome.

‘Some people have never exercised before or had no desire to,’ says Che. It’s really important, he says, that everyone knows about the positive outcomes from physical activity, ‘so they know they can help control their weight, increase their wellbeing and may lower the risk of recurrence by starting an exercise programme’, he says.

The idea of going to a gym can fill people with dread. ‘A lot of people think that a gym or exercise class is full of lycra-clad, muscle-bound men and women, all super fit, who will look and laugh at the newbie,’ says Che. ‘The majority of facilities cater for all ages, shapes and sizes.’

Signing up to a gym, class or group with a friend can be a great way to motivate yourself.

‘If the gym isn’t for you, go for a walk, go for a swim, do exercise at home… the options are endless,’ says Che. Over the years, Vita has heard from women who’ve enjoyed activities as diverse as Nordic walking, aquacise, dragon boating and even curling.

‘Exercise doesn’t have to be expensive,’ says Che. ‘The internet is a great tool for finding local walking, Tai Chi or yoga groups, as well as some useful home exercise plans.’ Strength and Flex, for example, is a five-week exercise plan for beginners, to improve strength and flexibility, available on the NHS website (nhs.uk).

Think you hate exercising? Perhaps you simply haven’t found the right activity. Worried you won’t stick at it? Tracking your progress can be a great way to stay motivated. Think exercise is too hard? Start slowly and build up.

Often the hardest thing is getting started. But once you do, exercise can become an enjoyable part of everyone’s life.

Che’s top five tips for getting active

1. Goals – make them realistic and achievable and, more importantly, rewarded when they’ve been achieved!

2. Friends – get a friend to exercise with you, whether it’s going for a walk or swim together, or joining the local gym.

3. Variety – mix what you do throughout the week. Gym one day, yoga the next, country walk the day after.

4. Music – make yourself a decent playlist, or find your favourite album, and blast it out when you’re doing the housework or on your walk.

5. Enjoy – if you don’t enjoy your chosen activity, you won’t stick to the programme. It should be fun, not a chore!
Some treatments for breast cancer, such as chemotherapy and hormone therapy, can leave you with lower amounts of oestrogen in your body, which can cause menopausal symptoms. Hot flushes are one of the most commonly reported of these.

What are hot flushes?
A hot flush can be anything from a mild sensation of warming that just affects the face to waves of heat throughout the whole body. Some women find themselves drenched in perspiration. How often hot flushes happen varies from person to person – you could have a couple a day or a few every hour.

Many women get flushes at night, which can disturb their sleep and leave them waking in a cold, damp sweat. This can be very disruptive, especially if you share a bed. And lack of sleep brings its own problems like forgetfulness, irritability and poor concentration.

What can you do?
You might feel that you should put up with hot flushes because they are a side effect of your breast cancer treatment. But it’s important to tell your specialist team or GP as they may be able to help. There are various things you can try yourself to help manage hot flushes.

Know your triggers
Some women find certain things trigger their hot flushes, such as caffeine, alcohol and spicy food. It’s a good idea to keep a diary of when your flushes happen, to see if anything in particular is causing them or making them worse. This might help you know what to avoid in future.

Eating habits
Sometimes eating small meals regularly instead of three meals a day can help. Cold drinks can also ease the flushes by cooling you down. If you are overweight, losing weight could help improve your symptoms too.

Talk to others
It can be useful to talk to other women who’ve experienced hot flushes. They might be able to offer some tips on coping, and sharing your own experience might help you to cope better too. Breast Cancer Care’s online Forum (breastcancercare.org.uk/forum) has numerous ongoing discussions about hot flushes.

Six tips for managing hot flushes
1. Wear loose-fitting, cotton clothing.
2. Wear layers so you can remove clothing when a flush starts.
3. Try a silk pillowcase, a cool pillow (‘chillow’) or a cooling scarf to keep you cool.
4. Always keep a bottle of water with you.
5. Carry a battery-operated fan.
6. Keep a water spray with you containing a fragrance of your choice.
flushes and breast cancer

What can your specialist team do?
Your specialist team or GP may prescribe a non-hormonal drug to help with your hot flushes. However, these usually have some side effects and you might have to try different ones to see which one works for you.

Anti-depressants
Several anti-depressants, including venlafaxine, citalopram and desvenlafaxine, can be prescribed for hot flushes. Possible side effects of these drugs include feeling sick, diarrhoea, sleepiness and dizziness.

Clonidine
Clonidine is usually given for high blood pressure but it may help with hot flushes too. This drug can cause side effects like dry mouth, headaches, constipation and drowsiness.

Gabapentin
This drug is usually used to treat chronic pain and epilepsy. Because gabapentin has a sedative effect it can be particularly helpful if you get hot flushes at night. Side effects include drowsiness, dizziness and nausea.

Hormone replacement therapy (HRT)
Although it’s an effective treatment for menopausal symptoms, HRT is not usually recommended for women who’ve been diagnosed with breast cancer. This is because there’s uncertainty about whether HRT increases the risk of breast cancer coming back. But if hot flushes are really affecting your quality of life, this treatment might be considered after a discussion with your specialist team.

Natural therapies and phytoestrogens
Some women try using natural therapies like evening primrose oil, ginseng and St John’s Wort to help with hot flushes. Others try phytoestrogens – plant substances that have similar effects to oestrogens – such as red clover or soy supplements.

Complementary therapies
Many women try complementary therapies. These might include hypnosis, acupuncture or meditation techniques. Although the evidence about their effectiveness in relieving hot flushes is varied, some people find them helpful.

If you’re taking tamoxifen
Hot flushes are the most common side effect of tamoxifen. If you’ve already been through the menopause you may be able to switch to a different drug where this side effect is slightly less common. It’s worth asking your specialist team if this is an option, particularly if you’re due to be on tamoxifen for a long time.

You can find out more about managing hot flushes and other menopausal symptoms in our Menopausal symptoms and breast cancer booklet. To order a copy go to breastcancercare.org.uk or call 0808 800 6000.
Your questions answered

Q I read in the paper that you can have radiotherapy at the same time as your operation. Is this available on the NHS? I’d rather this than having to travel to the hospital every day.

A The type of radiotherapy you read about is called intraoperative radiotherapy. It’s not yet widely available and isn’t suitable for everyone. The most common type of radiotherapy used to treat primary breast cancer is external beam radiotherapy. It usually involves going to the hospital once a day for three weeks.

Over the last few years, studies have looked at giving a single dose of radiotherapy at the same time as the operation to remove breast cancer. This is intraoperative radiotherapy. It’s given directly to the area where the cancer was, after it has been removed and while the person is still under anaesthetic.

Your specialist can tell you if you’re eligible for intraoperative radiotherapy and whether you can be referred to one of the hospitals currently offering it.

Anyone considering it should be told about the possible benefits and drawbacks.

Benefits include no delay between surgery and radiotherapy and usually only one hospital visit. Women tend to have fewer skin reactions compared with external beam radiotherapy.

Possible drawbacks include having to spend longer under anaesthetic. More women have a local recurrence (breast cancer which has come back in the chest/breast area or in the skin near the original site or scar) after intraoperative radiotherapy. Despite this, overall survival seems to be very similar to external beam radiotherapy, but longer follow-up is needed before this is known for sure.

Some women who have intraoperative radiotherapy still need to have external beam radiotherapy as well.

At the time of writing, the National Institute for Health and Care Excellence (NICE) is making a final decision about whether to recommend intraoperative radiotherapy for use in the NHS in England, and in what circumstances. Only a few hospitals have the equipment so people who don’t live near one of these will have to travel greater distances for this treatment.

Q I had a mastectomy for DCIS last year, but my neighbour has had a lumpectomy for breast cancer. Does this mean my cancer was more serious?

A Having a mastectomy doesn’t mean that your cancer was more serious than someone who has had a lumpectomy – it just means that this was the right surgery for you.

There are many different types of breast cancer. DCIS, which stands for ductal carcinoma in situ, is an early form of breast cancer. The cancer cells have developed within the ducts of the breast but have not spread outside the ducts into the surrounding breast tissue or to other parts of the body. As they are confined to the breast ducts, DCIS has a very good outlook.

The aim of surgery is to remove all the cancer from the breast. The surgery you’re offered will depend on different factors such as the size of the cancer and where it is within the breast.

There are two main types of breast surgery. Breast-conserving surgery, also known as wide local excision or lumpectomy, is the removal of the cancer with a margin, or border, of normal breast tissue around it. A mastectomy is removal of all the breast tissue including the nipple area. You’re more likely to be offered a mastectomy if the cancer affects a large area of the breast or the cancer is in more than one part of the breast.

You can find out more about DCIS in our Ductal carcinoma in situ (DCIS) booklet or read about treatment in general for breast cancer in our Treating primary breast cancer booklet.

Our Someone Like Me service can put you in touch with a trained volunteer who has had a diagnosis of DCIS. The Helpline and Ask Our Nurses email service are also here to provide support and information to you and people around you.
I've just finished treatment and I'm worried about my breast cancer coming back. What symptoms should I report to the hospital?

Most people have no more problems after their treatment. But sometimes breast cancer can come back and it’s normal to worry about this happening.

Having breast cancer means you have a slightly higher risk of developing a new primary breast cancer compared to someone who’s never had breast cancer. Whatever type of surgery you had, be aware of any changes to the breast, chest or surrounding area, even if you’re still having follow-up appointments or regular mammograms.

A new primary breast cancer can occur in the same breast after breast-conserving surgery, or in the other breast.

Sometimes breast cancer can come back in the chest or breast area, or the skin near the original site or scar. This is local recurrence. If breast cancer comes back and spreads to the tissues and lymph nodes around the chest, neck and under the breastbone, it’s called locally advanced breast cancer. Get used to how your scar feels, and check any remaining breast tissue, under your arm and the area around your neck regularly. If you notice a change, contact your hospital team if you’re still under their care, or see your GP to get it checked.

If breast cancer spreads to other parts of the body it’s called secondary breast cancer. Secondary breast cancer is most likely to develop in the bones, lungs, liver and brain. And while it can be controlled, sometimes for many years, it can’t be cured.

Many symptoms of secondary breast cancer are similar to those of other conditions, but if you notice a different or new symptom that persists and isn’t related to general coughs, colds or aches and pains, report it to your hospital team or GP.

It’s difficult to list all of them, but symptoms to be aware of include:

- pain in your bones, such as the back, hips or ribs, that doesn’t improve with pain relief or lasts for more than one to two weeks and is often worse at night
- unexplained weight loss and a loss of appetite
- constantly feeling sick
- discomfort or swelling under the ribs or across the upper abdomen
- feeling constantly tired
- a dry cough or a feeling of breathlessness
- severe or ongoing headaches
- altered vision or speech.

For more information about what to be aware of you can read our booklet After breast cancer treatment: what now?
In the last few years, social media support networks for people with breast cancer have flourished. Why are more and more of us going online for support?

With social media now a part of so many of our daily lives, it’s easier than ever to connect to people with similar experiences.

‘Ladies like me’
When Fran Bryan was diagnosed with incurable secondary breast cancer she found there was little information and support available, so she turned to Facebook to try to find other women in the same situation. ‘I thought “there must be other ladies like me”.’

She set up the Secondary Breast Cancer Support Group. Three years later the group has around 550 members and between them they bring together a huge base of knowledge and experience. ‘Our group is different because we are all diagnosed with secondary breast cancer. There are ladies on different treatments and they all help each other.’

Private Facebook groups offer a closed, safe space to talk with people who understand what you’re going through, in a way you might not be able to with anyone else. ‘The group talks about everything and anything. We don’t preach or judge, we listen and support – and it’s active 24/7.’

Invaluable support
Victoria Yates also turned to Facebook to find other people in her situation. After being diagnosed with breast cancer aged 36 she always felt like the ‘odd one out’ at the breast clinic and didn’t know anyone her age with breast cancer.

Victoria says: ‘Peer support of any kind can completely turn your breast cancer experiences around, just by knowing it’s not just you. Being able to talk to others in your position is invaluable, and when it’s hard to do that in real life, the internet can help you.’

She set up a ‘secret’ Facebook group as a way to connect with other younger women. The response was overwhelming and the group has now grown to become the Younger Breast Cancer Network, with over 3,000 members across several private Facebook groups.

‘The Facebook platform helps to normalise accessing the groups as it just feels like another friendship group on social media. We play games and chit-chat to keep our attention diverted when we need to, but we discuss the important stuff too.’

Talk in real time
Live chats are an increasingly popular way of bringing people together to discuss a particular topic. They are open discussions where you can talk in real time with any other participant without being connected. You can often talk with experts you may not otherwise connect with.

Breast Cancer Chat Worldwide (#BCCWW) is one of the most popular UK Twitter chats. Search using the hashtag #BCCWW every Tuesday 9–10pm to discuss a different weekly topic.

Breast Cancer Care’s Secondary Breast Cancer Live Chat takes place in our private chat room every Tuesday 8.30–9.30pm. To join go to breastcancercare.org.uk/talk-together

You can become a member of the Facebook groups mentioned in this article by sending them a message through Facebook. Go to facebook.com/YoungerBreastCancerNetwork or facebook.com/groups/secondarybreastcancersupportgroup
Four charities offering something special for people with cancer

Sometimes a small treat, a special day or something to boost your confidence can make a big difference. Here are four charities who offer just that.

**Ellie’s Friends** elliesfriends.org

Ellie’s Friends gives people with cancer access to free and discounted services and products. Whether it’s a trip to the theatre, a night away in a hotel or a bundle of books delivered to your doorstep, the charity has awarded over 1,700 freebies since its launch in 2014.

Ellie’s Friends was founded by Tom Thostrup to celebrate his fiancée Ellie Jeffery. Ellie, who died from secondary breast cancer aged 29, was determined to enjoy life and wrote a popular blog.

**Look Good Feel Better** lookgoodfeelbetter.co.uk

Look Good Feel Better offers free skincare and make-up workshops and master classes throughout the UK for people having treatment for cancer. The two-hour sessions are led by trained beauty volunteers, who share tips and techniques to help with eyebrow and eyelash loss and changes to the skin.

The charity, which formed in the UK 23 years ago, supported 17,000 people face to face in 2016 and many more through its online self-help materials.

**Something To Look Forward To** somethingtolookforwardto.org.uk

Something To Look Forward To takes gifts donated by individuals and companies, and passes them on to people affected by cancer. Through their website, you can access a variety of gifts, from breaks in holiday cottages or meals in restaurants to beauty treatments and theatre tickets.

The charity was founded by Fiona and Andy Coldron. Fiona was diagnosed with secondary breast cancer in 2013, and the couple found that little treats gave them something to look forward to during a difficult time.

**Willow** willowfoundation.org.uk

Willow provides uplifting and unforgettable special days to seriously ill young adults aged up to 40. These special days allow them and their families to reconnect and refocus on each other while enjoying an activity of their choosing.

Popular requests have included UK city breaks, theatre trips, sporting events and family days to theme parks.

Founded by former Arsenal goalkeeper and TV presenter, Bob Wilson, and his wife, Megs, Willow is a lasting memorial to their daughter Anna.
One symbol. 25 years.

As the pink ribbon turns 25, we ask how it became the international symbol of breast cancer awareness, and what has changed over the last quarter of a century for women with breast cancer.

The year 1992 – famously described by the Queen as her annus horribilis – was a significant one in the history of breast cancer awareness. In October of that year, as part of Breast Cancer Awareness Month, the first pink ribbons were publicly distributed throughout stores in New York, as part of a joint venture between a magazine and a cosmetics giant.

While using ribbons to signify support and awareness of causes was nothing new, this event launched what would become the ubiquitous and internationally recognised symbol of breast cancer.

A global symbol
Breast Cancer Care – which in 1992 was still known as the Breast Care and Mastectomy Association of Great Britain – adopted an upside down pink ribbon as part of its logo in the autumn of 1998.

Since then it has become an integral part of many of the organisation’s core fundraising activities, from the Pink Ribbonwalks which began in 2005 to the Pink Ribbon Tour cycling event that took place in London this June. It’s especially visible during Breast Cancer Awareness Month, when all manner of pink products hit the shelves to raise money for the cause. And of course, it adorns items from pin badges and T-shirts to greetings cards and cufflinks available through Breast Cancer Care’s own shop.

The pinkness of Breast Cancer Awareness Month may not be to everyone’s taste, with some people voicing concerns that pink belies the seriousness of a disease that can have devastating physical and emotional effects.

But there’s no denying the popularity of the pink ribbon, or its power to bring people together to raise money. The Breast Cancer Care Shop sold over 10,000 items of its five top-selling pink ribbon products in the last year, including pins, keyrings, hairbrushes and diaries. And since the Pink Ribbonwalks started, nearly 37,000 walkers have together raised £11.5 million. The walkers are invited to write a personal message on a pink ribbon, all of which are then displayed at the finish line.

Visit breastcancercare.org.uk/pinkribbon25 to find out how to share your own #PinkRibbon25 story.
A lot’s changed

While the pink ribbon has remained a constant of awareness and fundraising campaigns over the last 25 years, a lot has changed for women diagnosed with breast cancer, not least in the area of treatment.

As our understanding of breast cancer has improved over the last couple of decades, treatment has become much more tailored to the individual.

Knowledge of the biology of breast cancer has led to the development of targeted therapies like trastuzumab, better known as Herceptin. Tests can now be done to see if particular treatments are needed or not. We also know more about the optimum duration of taking hormone therapy.

There have been developments in every area of managing the disease, whether it’s reconstruction options or how radiotherapy is planned and delivered. Understanding of breast cancer and genetics has increased greatly, as has our knowledge of side effects and how to manage them.

And today, more people with secondary breast cancer are living longer, with a better quality of life and more available treatment options.

Sharing stories

To mark the anniversary of the pink ribbon, Breast Cancer Care is taking as its theme the fact that each person’s breast cancer story is unique.

More people than ever are surviving, but the reality is that, on average, every 10 minutes someone new is told they have breast cancer.

For 25 years the pink ribbon has been a powerful symbol for people affected by the disease. But Breast Cancer Care has been around a lot longer, supporting and campaigning on behalf of people with breast cancer for over 40 years. We’ve helped millions of women and men, as well as their friends and families, live with, through and beyond breast cancer.

This year, as part of our Pink Ribbon 25 campaign, we’re sharing their stories and showing why there’s never been a greater need for our support.
Blackberry almond tart
Serves 6
• 175g blackberries
• 150g caster sugar
• 212g shortcrust pastry
• 110g ground almonds
• 50g butter, softened
• 3 free range eggs, beaten
• few drops each vanilla and almond essence
• 15g flaked almonds, toasted
• sifted icing sugar

1. Place the fruit in a small pan with 50g of the sugar and warm through until the juices begin to rest. Remove from the heat and cool.
2. Preheat the oven to 200°C/400°F/gas Mark 6. Roll out the pastry on a lightly floured surface large enough to line an 18cm loose-bottomed flan tin. Ease the pastry gently into the corners without stretching and trim the edges. Chill until required.
3. In a mixing bowl cream together the rest of the sugar, the ground almonds, butter, eggs and vanilla and almond essence until soft and well blended.
4. Spoon the fruit into the pastry case, spread over the topping and flatten. Place in the oven and bake for 30–40 minutes or until the topping is set and lightly golden.
5. Serve warm or cold topped with the flaked almonds and a shake of sifted icing sugar.

Thanks to berryworld.com for this recipe.

Classic scones
Makes 12
• 225g self-raising flour
• 1 teaspoon baking powder
• pinch of salt
• 50g butter
• 25g caster sugar
• 125ml milk

1. Preheat the oven to 220°C/fan 200°C/gas 7, and grease two baking trays.
2. Sift the flour, baking powder and salt into a bowl.
3. Cut the butter into small pieces. Rub into the flour until breadcrumb consistency.
4. Add the caster sugar and milk. Use a blunt knife to make a soft dough. Mould until smooth.
5. Sprinkle your work surface with flour and roll out the dough until 1cm thick.
6. Cut circles from the dough using a round cutter. Lay them out on the trays and brush with a little milk.
7. Bake for 7–10 minutes until risen and golden brown.

Have an Afternoon Tea for Breast Cancer Care
With your support this summer, Breast Cancer Care can be there for more people, from day one. Bake or buy, crusts on or off, however you do yours it’s a lovely way to help families affected by breast cancer.

Sign up for your free Afternoon Tea kit at breastcancercare.org.uk/afternoontea or call our friendly team on 0300 100 4442.
It’s a real team effort

Jupiter Hotels has an ambitious fundraising target for 2017. We ask the star fundraising team from Mercure Edinburgh Princes Street Hotel about their partnership with Breast Cancer Care.

Why has Jupiter Hotels chosen to partner with Breast Cancer Care?

Breast cancer is a cause close to a lot of people’s hearts. Many of our customers and colleagues know someone who has been diagnosed, or they’ve been through breast cancer themselves.

We recognise the support Breast Cancer Care gives to people affected and we appreciate how valuable your services are. As a group we wanted to raise money to help Breast Cancer Care continue to offer information, care and support for people affected by breast cancer, from the moment they first need it.

Tell us about your role at Jupiter Hotels

We have a dedicated charity leader, Paula Black, who organises and coordinates all our fundraising activities. We’ve put together a fundraising calendar so we have regular events planned throughout the year to support Breast Cancer Care.

What sort of fundraising activities do you get up to?

Each year the team gets together for a cycle relay on a static bike on Princes Street, Edinburgh, and we’ve ridden the equivalent distance from our hotel in Edinburgh to the Jupiter Hotels head office in High Wycombe.

We also run a variety of fundraising activities throughout the year, from staff quizzes, sweepstakes, bake sales, sponsored walks and runs to our customers kindly donating £1 to use the cloakroom during the Christmas party season.

Everyone gets involved in some way and that’s what makes the difference – it’s a real team effort. Last year the Mercure Edinburgh Princes Street Hotel raised £3,827.37, with the Jupiter Hotels group collectively raising an amazing £50,000.

How long has Jupiter supported Breast Cancer Care?

Jupiter Hotels is in its fifth year partnering with Breast Cancer Care. We’re hoping to hit an incredible £250,000 fundraising target by the end of 2017.

Find out more about Jupiter Hotels by visiting jupiterhotels.co.uk

We’re incredibly grateful to all our corporate partners, who provide invaluable, ongoing support, allowing us to be there for thousands of people affected by breast cancer when they need us most.
Mark and I were joint best men at each other’s weddings, and I’ve known him for nearly 20 years. We’re all very close, so it was devastating when Nicola was diagnosed with secondary breast cancer at the age of 34, and we knew it was incurable.

Nicola got her primary diagnosis in the summer of 2015. We were shocked, but by spring 2016 she’d finished treatment. She was ‘cancer-free’, we thought.

It was in October last year that Mark let me know Nicola wasn’t well and it was possible that her cancer had returned. We got confirmation a few days later that Nicola had secondary breast cancer. We were in total shock.

Emma and I had already decided we were doing the Grand East Anglia Run, so we asked Nicola and Mark to name the cause. ‘Whatever you choose, we’ll do it,’ we said.

They came back to us with Breast Cancer Care.

Emma and I had a great day; it was a really good event. We both achieved times we were very pleased with. In fact they were faster than I had expected.

We were staggered at the amount of people who donated. We raised over £1,300. It’s incredible to know that we can help support others going through the same thing as Nicola and Mark.
Support in your area

Younger Women Together

If you’re diagnosed with breast cancer at a young age, it can be really hard to meet someone else like you. More than 90% of cases occur in women over 45, and younger women tell us they feel isolated and alone, even in a clinic full of other people having treatment.

Our Younger Women Together events provide a chance for women to meet, share experiences and hear from experts on topics that are particularly relevant to a younger audience. Over two days, women hear from a range of speakers and take part in discussion groups on subjects including breast reconstruction, fertility, sex and intimacy, exercise, treatments and more. And because having time to talk with others who understand is important, there’s plenty of social time built in too.

Younger Women Together events take place in major cities across the UK, and overnight accommodation is provided on the Friday night free of charge.

We always get really positive feedback from participants. One woman who attended said it helped her understand that ‘I’m not alone, it’s OK to have fear and cancer won’t define who I am, it’s just something that will be a part of my life experience’.

To find out more or book a place, go to breastcancercare.org.uk/ywt or call 0345 077 1893.

Moving Forward
These short courses take place throughout the UK to empower people to live better with and beyond breast cancer.

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

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

Wales
- Aberystwyth • Bangor • Bridgend
- Cardiff • Haverfordwest • Llanelli
- Llantrisant • 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 • Glan Clwyd • Glasgow • Hambleton & Richmondshire • Highlands (video conference available in Skye, Fort William and Caithness) • Lanarkshire
- Leeds • Liverpool • Maidstone & Tunbridge Wells • Manchester • Milton Keynes • North Lincolnshire • North London/Hertfordshire • Oxford
- Romford • Salisbury • Sheffield
- South London • York/Harrogate

Younger Women Together
Two days of support for women aged up to 45 with primary breast cancer.
- Leeds, 22 September 2017
- Cardiff, 3 November 2017
- Manchester, 24 November 2017
- Bristol, 2 February 2018
- Edinburgh, 23 March 2018

Moving Forward
Lingerie Evening
- Cardiff, 18 October

Find the right support for you
Call 0345 077 1893
Visit breastcancercare.org.uk
Email services@breastcancercare.org.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 01908 524 048 or visit anita.com

Banbury Postiche Est.1931 is an NHS approved supplier that 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.

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 03452 657 595 or visit nicolajane.com

Pebble UK supply armsleeves, gloves and gauntlets for the treatment of lymphoedema. With over 100 designs to choose from, these beautiful garments are made from seam-free, breathable, moisture wick fabric containing aloe vera for skin-friendly softness, and a fine knit construction for a lightweight feel. Call 0800 433 4757 or visit pebbleuk.com

Suburban Turban offers stylish, fashionable headwear and accessories for women experiencing hair loss. The collection offers styles for all occasions – from beautifully simple, super-soft jersey hats to chic berets and sparkling cocktail hats. We also offer a range of natural skincare products, chosen for their gentle, soothing benefits. To shop the range go to suburbanturban.com or call 01306 640 123.
THEYA Healthcare’s revolutionary post breast surgery range feels like a hug in a bra. Designed with you, for you, the super soft, bamboo mix fabric is naturally antibacterial and is 59% more absorbent than cotton, keeping you both cooler and drier. It has no wires, seams or tags so won’t irritate wounds or sensitive skin. Visit theyahealthcare.com or call +353 1716 3560.

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.
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Buy your tickets today.
breastcancercare.org.uk/theshow

Vita

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