

# VITA

The breast cancer magazine  
Issue 35 Spring 2018

breast  
cancer  
care

**Get a good  
night's sleep**  
*with expert tips*

**Exercise: make it  
part of your day**

**Manage pain**  
*after breast surgery*

**Makeup and beauty  
after treatment**

**Inspiring real-life  
stories**

**A NEW LOOK**  
**When my hair grew  
back after chemo**

# Someone to talk to Someone who understands Someone Like Me

For one-to-one phone or email support from someone else who's faced primary breast cancer, visit [breastcancercare.org.uk](https://breastcancercare.org.uk) or call **0345 077 1893** and ask about **Someone Like Me**

# Welcome to Vita

Sleep problems are common in people diagnosed with breast cancer. Most of us know what it feels like to lie awake in the small hours, unable to drift off. If you regularly have trouble getting to sleep or getting enough sleep to feel awake the next day, you may have insomnia.

There are several reasons why someone who's been diagnosed with breast cancer may have trouble getting a good night's sleep. On page 10, Dr Neil Stanley explores what might be stopping you sleeping at night. He looks at the three things we all need for a decent night's slumber, and what you can do if you're having trouble dozing off.

Our cover star Sheila talks about an issue that can be one of the most distressing aspects of breast cancer treatment for some people. Like many women having chemotherapy, Sheila dreaded losing her hair. At first she wore a wig. But then one morning she woke up and decided to take a different approach to her hair loss. You can read Sheila's story on page 8.

We also say hello to an old friend in this issue. Sarah last appeared in Vita magazine over a year ago, talking about her diagnosis with triple negative breast cancer. We caught up with her as she wanted to share some good news with us. Turn to page 20 to find out more.

**Gareth Fletcher**  
Editor  
[vita@breastcancercare.org.uk](mailto:vita@breastcancercare.org.uk)



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# Inbox

## Your letters and emails

This issue's star letter wins a gift set worth £95 from our friends at Elemis



### Dear Vita

Although I was diagnosed with breast cancer way back in 2011, I only just stumbled on the treasure of your magazine in 2016. I now look forward to receiving Vita through my letterbox and love reading all the inspiring articles about my fellow campers.

I particularly enjoyed reading about Vanessa Yates regaining her energy by travelling [Winter issue 2017/18]. It's important that everybody lets off steam in some way. In my case, it really helped me to write.

My diagnosis was invasive ductal breast cancer. I had an immediate reconstruction in the summer of 2011 and follow-up operations in 2012 and 2015. I suffered with some of the chemotherapy drugs, but fared better with Herceptin.

During treatment, I lost my mother, which was a dreadful hammer blow.

During counselling at my local cancer centre, I was encouraged to unleash buried emotions, which led me to write my full life story in two parts. The first is a published book called Dislocation, which describes my childhood in East Africa.

I try every day to count my blessings and keep as active as possible, practising yoga and mindfulness as a way of calming myself and building up strength and wellbeing.

**Lucy**

Star letter

*Travelling gave me back my energy*

One year after treatment, Vanessa Yates felt she needed to do something extreme. She tells us why being diagnosed with breast cancer pushed her to follow her dream

If you're inspired by Vanessa's story, turn to page 18 for our top travel tips

### Dear Vita

I was diagnosed with triple negative breast cancer in January 2014. I had a lumpectomy, six rounds of chemo and 15 of radiotherapy.

I love your mag dropping through my door. I so look forward to reading the real-life stories, features and regular pages – knowing that you're not the only one going through this terrible ordeal.

After I have read it, it gets passed round my family and taken into school, where I work. Keep them coming.

**Joanne**

### Dear Vita

I've just read through my latest Vita magazine and felt I needed to say thank you.

After having cancer in 2012, followed by a mastectomy then chemo, I received your magazine. I look forward to seeing the latest one as it's always full of good info.

**Jenny**

## Get in touch with Vita

**Email** [vita@breastcancercare.org.uk](mailto:vita@breastcancercare.org.uk)

**Write** Vita magazine, Breast Cancer Care, Chester House, 1-3 Brixton Road, London SW9 6DE

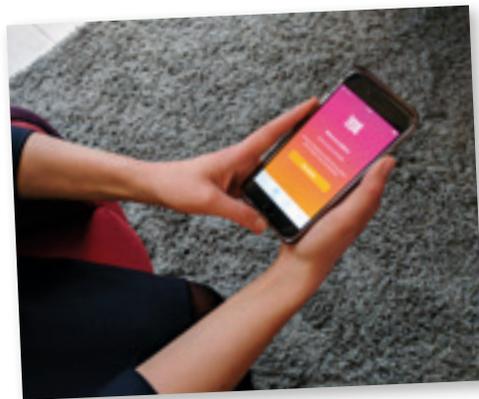
# News

## Big plans for BECCA

Since its launch in 2017, BECCA – the Breast Cancer Care app – has gone from strength to strength. Over 9,000 people have already downloaded the app, which offers information, support and inspiration to help you move forward after breast cancer treatment.

With new funding for technical development from the Big Lottery Fund, Breast Cancer Care has exciting plans to take BECCA to the next level and reach more people who need support.

BECCA is available on iPhone and Android phones, or you can find out more at [breastcancercare.org.uk/becca](http://breastcancercare.org.uk/becca)



## Get together for an Afternoon Tea

This July, people up and down the country will be having their own fundraising Afternoon Tea for Breast Cancer Care, and it couldn't be easier to get involved. Simply gather your friends, choose a date in July (or any other time that suits you) and your Afternoon Tea is in the diary to look forward to.

'I really enjoyed my Afternoon Tea,' said Zoe. 'It brought everyone together and was something I wanted to do for a friend who had just finished treatment. It was so much fun, I'd recommend it to anyone.'

To order your free fundraising kit, go to [breastcancercare.org.uk/summer](http://breastcancercare.org.uk/summer) or call **0300 100 4442**.

## New information about menopausal symptoms

Breast Cancer Care has updated its **Menopausal symptoms and breast cancer** booklet.

Menopausal symptoms – such as hot flushes and night sweats – are a common side effect of some breast cancer treatments. They affect the quality of life of many women, yet talking about menopausal symptoms is not always easy.

The new booklet is full of useful information, from practical tips for coping with hot flushes to finding the right treatment for vaginal dryness.

To order a copy of the booklet, visit [breastcancercare.org.uk](http://breastcancercare.org.uk) or call **0808 800 6000**.



# Common beauty and makeup questions

## *answered*

**Makeup artist Debbie Storey gives beauty tips and answers some common questions about makeup after breast cancer treatment.**

Most eyebrows and lashes, sensitive skin, split nails... breast cancer treatments can really take their toll.

I've been working with Breast Cancer Care to produce some short video makeup tutorials for women who've had treatment for breast cancer. In these videos, I show step-by-step how to do everything from recreating the look of lost eyebrows to cleansing and moisturising sensitive skin.

You can watch my online makeup tutorials at [breastcancercare.org.uk/makeup](http://breastcancercare.org.uk/makeup)



### **My skin is sensitive and dry. Should I avoid using an exfoliator?**

You could try a gel exfoliator, which is gentle, won't irritate your skin and won't leave it dry afterwards. Apply it using upwards circular motions.

### **What's the best way to apply makeup to sensitive skin?**

Beautyblenders are little sponges that come in a range of sizes – you soak them in water and they grow. They're a really gentle way to apply makeup. You can use the small one for eye shadow, the medium one for your cheeks and the biggest one for your foundation.

### **I'm having hot flushes. How can I keep my makeup in place?**

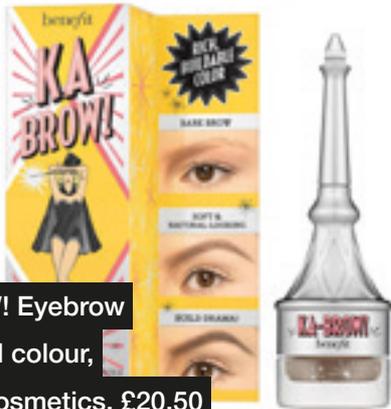
Estee Lauder does an amazing range, including an Eyeshadow Paint that won't move if you're sweating. They also have a Lip and Cheek MultiStick.

## I want to recreate my eyebrows, which are thinning because of chemotherapy, but I'm struggling to find products that match my natural colour.

My top tip when trying to find an eyebrow product in the right colour is to go to a store and speak to an expert. They will be able to find the correct colour for you.

The best way to recreate natural-looking eyebrows is to use a guide line. You can find out how to do this on the online makeup tutorial at [breastcancercare.org.uk/makeup](http://breastcancercare.org.uk/makeup)

Benefit has an amazing colour range in a number of products, including an eyebrow pencil, crayon and compact.



ka-BROW! Eyebrow cream-gel colour, Benefit Cosmetics, £20.50

## Can I wear false eyelashes?

Yes, you can wear false lashes. If you can, it's a good idea to try them out before your eyelashes start to go, so you get used to using them.

The Eylure Naturals range has a starter kit, which includes a great little applicator that makes applying the false lashes easy.



False lashes starter kit, Eylure, £5.95

## Since treatment, my nails are thin and some have split. What can I do?

Massaging them with olive oil will help. In the evening, while you're sitting watching TV, get a little pot of olive oil and massage it into the cuticles. Be gentle but apply a little bit of pressure.

Sally Hansen does an amazing nail hardener that contains vitamins. Coat your nails with this after massaging them and before applying your nail varnish.

## What's the best way to remove makeup around my eyes?

If your eyelashes have thinned, you need to be extra gentle when removing makeup like eyeliner or mascara.

DHC Cosmetics sells wands that contain olive oil. Unlike with a normal cotton bud, you click the tip to release olive oil which helps keep it lubricated. When removing makeup, roll the tip around rather than dragging it across the skin. Alternatively, you could use a cotton bud dipped in olive oil.



Olive Virgin Oil Swabs, DHC, £6.75

Debbie and Breast Cancer Care have produced eight makeup tutorials on topics from eye and lip makeup to hand and foot care. Visit [breastcancercare.org.uk/makeup](http://breastcancercare.org.uk/makeup)

Prices and availability are correct at the time of printing.

# A new look

## *When my hair grew back*

# after chemo

**Sheila McNicol describes how the day she stopped wearing her wig was the day she came to terms with how she looked.**

**S**heila's first reaction to her breast cancer diagnosis was one of total disbelief.

She'd found a lump in her breast in early December 2014. But since her doctor thought it probably wasn't something to worry about, she didn't give it another thought over Christmas and New Year.

Tests confirmed, however, that the lump was breast cancer, and Sheila was given the news on 21 January 2015.

'I didn't believe it,' says Sheila, 60 from Airdrie. She describes a flurry of letters and appointments to meet healthcare professionals. 'I thought: "Why are they doing this?" I expected a phone call to say they'd got it wrong.'

She even asked partner Ross to check it was really her name on the letters.

'I took my best friend Nancy to my first oncology appointment because I didn't want to listen,' she says. 'I

thought: I'll just ignore it.'

When the doctor asked if she had any questions, one thing Sheila asked was: 'How much wine can I drink?'

### **Very ill**

Reality hit home when Sheila met her breast care nurse, who explained what was going to happen.

'I was told I was going to lose my shoulder-length blonde hair, which I loved and had worked so hard to keep. That's when it really hit me that this was serious.'

Going through treatment was 'horrendous', and chemotherapy made her very ill. 'I went totally off food, I was sick... I had everything going,' says Sheila, who also developed a blood clot where a PICC line was inserted into her arm to give the chemotherapy drug docetaxel.

Sheila dreaded losing her hair most, and eventually went to a hairdresser

to get it shaved off. 'I waited until the last minute,' she says. 'Hair was falling out everywhere.'

Despite her initial fear, when Sheila's hair was finally gone, she felt as if a weight had been lifted. 'I thought: I can do this,' she says.

### **Amazing support**

One thing that made a huge difference while she was going through treatment was support from friends and family.

'I was very blessed to have people around me,' she says. 'Ross, my partner, was amazing. We had only lived together for about six months when I was diagnosed. He didn't let me get too down. He encouraged me all the way.'

Another source of support came in the surprising shape of a puppy called Bobbi.

'Before I was diagnosed I had got a wee poodle. She helped me and Ross through a lot. When you feel dreadful,



Sheila dreaded losing her shoulder-length blonde hair...



But now she loves her new look

this wee thing gives you a lick and lies down next to you, and you feel: I can do this.'

Using Breast Cancer Care's information, online Forum and Helpline also made a big difference.

## Losing the wig

After her hair had gone, Sheila was adamant that she would wear a wig until it had grown back.

'I hated my wig with a passion,' she says. 'I hated wearing it and was terrified it would fall off. But I didn't want to go out without it.'

However, a few months after her treatment finished, she had a sudden change of heart.

'I woke up one Saturday morning in September. My hair was about quarter of an inch long. I came downstairs and said to Ross: "I'm not wearing my wig anymore".'

Sheila even phoned her mother and best friend Nancy to tell them she was ditching the wig. That night, she

went out for the first time without it.

'Ross's family owns a nightclub. I went to the club that night with no wig on and I felt great. It was the first time I accepted me for who I am.

'I wasted a lot of energy on the way I look,' says Sheila, who no longer finds herself checking for roots in the mirror. 'That person with the long blonde hair isn't there anymore.'

## You're not alone

It's now just over three years since Sheila was struggling to take in the news that she had breast cancer.

'I'm doing really well,' she says. 'I'm a volunteer speaker for Breast Cancer Care and I've had a lot of fun in the last year since I started volunteering.'

Sheila also recently retired from teaching. 'I lived to work at one point,' she says. 'I thought I would miss working, but I don't.

'I'm happy with life. I've got everything: my family, my home, Ross, the dogs. These experiences

taught me that.'

Sheila's advice to anyone going through breast cancer is to use all the support you can muster. 'Family, friends, and information and support from Breast Cancer Care.

'I went on the Forum when I didn't want to worry people. I used the Helpline. It made a big difference just to know someone else is there.

'You feel lonely even though you have everybody around you. You feel like you're the only person going through this. But then you find that you're not.'

To order a copy of Breast Cancer Care's booklet **Breast cancer and hair loss**, visit [breastcancercare.org.uk/publications](http://breastcancercare.org.uk/publications) or call **0808 800 6000**.

# DON'T LOSE *SLEEP*

With the help of an expert, we look at the best ways to try to get a good night's sleep.

**D**ifficultly getting to sleep or staying asleep – known as insomnia – is a common problem, affecting around one in three people in the UK, according to the NHS.

If you're finding it hard to drop off or to get enough sleep to feel alert the next day, the first question to ask is: what's causing your sleep to be disrupted?

## Identifying the cause

According to independent sleep expert Dr Neil Stanley, there are several reasons why someone diagnosed with breast cancer may have trouble sleeping.

'It's going to be a stressful and worrisome time,' says Neil. 'Stress and worry are part of dealing with the situation, but stress and worry are also the enemies of sleep.'

'Many medicines also have a negative effect on sleep,' he says. For example, steroid drugs – often given to relieve sickness from chemotherapy – can cause difficulty sleeping. Some side effects can also disrupt sleep, such as hot flushes and night sweats caused by hormone therapy.

Identifying what's causing your insomnia, and what you can do about it, is an important step towards improving your sleep.

'Don't just accept poor sleep as part of having cancer,' says Neil.

'For stress and anxiety, you need to look at stress-reduction techniques.' There are many self-help techniques you can try, from relaxation and meditation to exercise. 'Find the right one for you,' says Neil.

If your sleeplessness is a result of medication or its side effects, speak to your specialist team to see what can be done.

## Sleepy or fatigued?

Feeling sleepy during the day can be a sign that you're not getting enough sleep at night. But there is a difference between sleepiness and fatigue. Fatigue is extreme tiredness or a lack of energy that may not get better with sleep or rest, and is a common side effect of breast cancer treatment.

There are various things you can do to help manage fatigue, such as staying physically active. You can find out more about fatigue, including tips for how to manage it, on our website [breastcancercare.org.uk/fatigue](https://breastcancercare.org.uk/fatigue)

*'Stress and worry  
are the enemies  
of sleep'*



### Three things you need

'If you ask a good sleeper what they do to get to sleep, they'll say: "Nothing",' says Neil. But according to him, there are generally three things you need when going to sleep.

'First, your bedroom needs to be conducive to sleeping,' he says. 'This means dark, quiet, cool and comfortable.' If sharing a bed with your partner is causing sleep disruption, or you worry about disrupting their sleep, you may want to try sleeping separately.

Next, you need a relaxed body. One way to ensure this is by being awake during the day. Doing some exercise during daylight hours can also give your body a good reason to sleep at night.

The third thing you need is a quiet mind.

'Most of the time it's the mind that's stopping you sleeping,' says Neil. 'You need to find a way of quieting it.' This is individual, he says. Some people like to read before going to bed, while others drink a hot milky drink or try meditation.

Does listening to Pink Floyd really loudly relax you? Then go ahead! 'It doesn't matter what you do, as long as it gives you a quiet mind,' says Neil.

Neil stresses the importance of 'winding down' at least 30 minutes before sleep. And it's best to put the smartphone or tablet screen to bed first.

### Sleep aids and treatments

An array of high-street products, from herbal tablets and drops to sprays and patches, claim to relieve sleep disturbances.

Can a few drops of lavender oil on the pillow help you drift off?

'There's no magic answer,' says Neil. 'It's whatever works for you.'

'If you can't stand the smell of lavender then it's not going to relax you. But there's no reason not to try something.'

Neil stresses that if you do try something, then try it for at least a week, not just for one night.

What about medicines and sleep aids you can buy from the pharmacy?

'Over-the-counter sleeping aids aren't long-term treatments,' says Neil. 'They're only designed to be used short term.'

Sometimes a doctor might consider prescribing sleeping pills for insomnia. Neil stresses that all drugs have side effects as well as benefits. And, of

course, sleeping pills will not address the underlying causes of insomnia. But taking one occasionally may help.

Some people who have difficulties getting back to their old sleeping patterns find talking therapies, such as counselling or cognitive behavioural therapy (CBT), helpful after a breast cancer diagnosis. You can ask your GP or specialist team about these.

### Let sleep find you

If you're lying in bed right now, struggling to fall asleep, what should you do?

'You shouldn't be struggling to get to sleep,' says Neil. 'The harder you try to fall asleep, the less likely you are to do so.'

Neil's advice is that if you're still awake within 30 minutes of going to bed, get up, go to another room, do something else, then go back to bed when you feel sleepy.

'You can't find sleep,' he says. 'You have to let sleep find you.'

For practical and emotional support from other people who've had a breast cancer diagnosis, visit Breast Cancer Care's online discussion Forum [forum.breastcancercare.org.uk](https://forum.breastcancercare.org.uk)

# A perfect match

Nearly six years after her own breast cancer diagnosis, Helen Symes-Goodman now supports other women in her position through Someone Like Me.

**F**or Helen, who was diagnosed with breast cancer at 41 in August 2012, treatment seemed to happen very quickly. Surgery was followed by chemotherapy, then radiotherapy. But it was when she was coming out the other end, expected to move on with life, that Helen struggled.

'I found it impossible,' she says. 'I used to cry most days. I thought: How do I get through? I wasn't coping.'

Helen called Breast Cancer Care for someone to talk to, and was matched with a volunteer on the Someone Like Me service.

## The same worries

Someone Like Me is Breast Cancer Care's telephone and email service offering support to anyone diagnosed with primary breast cancer.

It matches you and puts you in touch with someone who's been through a similar experience. And with a network of around 200 trained volunteers, it'll find someone who really understands your particular concerns.

Helen found the service invaluable and says it changed her mind set. 'The woman they put me in touch with was brilliant,' she says, 'and we spoke every couple of weeks.'

'I didn't think anyone survived breast cancer, but she was still here. And what I was feeling, she had felt the same. Everyone has the same worries.'

## I can relate

Now, five years later, Helen is a Someone Like Me volunteer herself, supporting other women in the same situation she was once in.

People want to talk to her about all sorts of things, she says. Some people have a couple of queries about treatment and she'll only speak to them once; others she speaks to over a longer period.

'Maybe they're having the same surgery as me and have a few questions. Or I could support someone who's just diagnosed and all the way through treatment. Some people are struggling to come to terms and move on after treatment.'

'I'm on tamoxifen and some people want to talk about the side effects,' she says.

Helen has two children, a son and daughter, who were 10 and 13 when she was diagnosed. 'Some people want to know how my children coped,' she says, 'or worry about how to talk to their children.'

The important thing, says Helen, is that she can relate to exactly how they're feeling.

## Empowering

For Helen, who says she was never overly confident before, volunteering



Helen was diagnosed at 41

was a way to push herself out of her comfort zone.

Like all Someone Like Me volunteers, she underwent full training, which she describes as brilliant.

She says helping people through the service is 'very empowering'.

'Initially, before I started volunteering, I had bad days,' she says. 'But it's a lovely thing to be able to speak to someone and know you're making a difference.'

For more information about Someone Like Me, visit [breastcancercare.org.uk/someonelikeme](http://breastcancercare.org.uk/someonelikeme) or call 0345 077 1893.

# *I want to make the most of life*

Two weeks after she was diagnosed with breast cancer, Charlie Hainsworth was given the life-changing news that her cancer had spread.



Charlie spoke at Carols by Candlelight

In March 2017, I noticed that my right breast felt slightly firmer than the other, so I went to my GP.

They couldn't feel anything but referred me for tests, to be on the safe side. I didn't expect there to be anything wrong; at 38 I was much younger than the majority of people diagnosed.

I was shocked when I was told I had breast cancer.

At first I was given reassuring predictions from my oncologist. But two weeks later, while still trying to get my head around my diagnosis, I was hit again. I was told my cancer had spread and I was diagnosed with secondary breast cancer.

## **Complete shock**

Secondary breast cancer is treatable but it's not curable.

At that time I had no idea what secondary breast cancer was. I thought that breast cancer could only be in your breast.

My cancer had spread to inoperable lymph nodes, but also two places in my spine.

I was in complete shock.

## **Invaluable information**

My breast care nurse gave me some leaflets from Breast Cancer Care. The information has been invaluable. I feel that if I'm well informed I can be an active participant in my treatment.

I also signed up to a Living with Secondary Breast Cancer group early on, and I'm so glad I did. I've met such a wonderful bunch of women and made some great friends. We laugh, cry and truly understand each other.

## **A new me**

Life has changed so much. Treatment has been harsh and will be ongoing for the rest of my life. I'm no longer as physically able as I was and mentally I've changed too.

I'm scared to plan ahead, nervous of scans and results. I've had to adapt to a new me. The realisation

that I won't get old, won't get married, won't have a family ... it's tough.

But I quite like the new me. She's strong and positive. She's doing things I never would have imagined, like telling my story to 2,300 people at Breast Cancer Care's Carols by Candlelight service at St Paul's Cathedral.

Standing at the lectern, seeing all those faces looking back at me, was daunting. I was so relieved I got through the speech (without breaking down) that I didn't realise everyone was on their feet, clapping, until I got back to my seat. That was an incredible feeling.

I know it sounds like a cliché, but what has happened to me has made me realise what the important things are in life.

Life is fragile and can change so quickly. I want to make the most of it.

Living with Secondary Breast Cancer meet-ups take place throughout the UK. Visit [breastcancercare.org.uk/lwsbc](http://breastcancercare.org.uk/lwsbc) or call **0345 077 1893** to find out more.

# Exercise

## for every day

Rachel Rawson offers some simple tips for making physical activity an enjoyable part of everyday life.

**W**hen we think of exercise, we often picture a busy gym, complicated machinery and people clad head to foot in lycra. For most of us, though, these things aren't necessary.

While thinking about exercise is a great start, getting out there and doing it can be the hard part. Even when it feels impossible, however, with a little creative thinking we can all weave exercise into our day.

### Why exercise?

Exercise has many benefits after a breast cancer diagnosis. It can help you avoid or reduce some side effects of cancer treatment, such as fatigue and joint pain.

It can improve your long-term health and may reduce the risk of cancer coming back.

Exercise can also improve your mental wellbeing by reducing anxiety, stress and depression, and boosting your overall mood.

Importantly, it can prevent or reduce the loss of muscle tone and aerobic fitness that can happen during treatment.

### Look the part

When it comes to kit, finding comfortable shoes is key for most exercise, especially walking. A pair of well-fitting trainers will act as shock absorbers, helping to reduce the impact on your knees. If treatment has caused nerve or nail damage to your feet, you will also need comfortable socks and space for your toes to move freely.

When you're buying trainers it's not unusual to choose a size bigger than your normal shoe size.

Skechers makes a good range of trainers for walking that are both comfortable and practical, and come in a range of colours.

Whatever type of exercise you do, having comfortable, supportive clothing can make all the difference. Many places now stock affordable exercise wear, from supermarkets to high-street stores.

George at Asda has a really stylish range of sportswear, which includes sports bras – a useful purchase for anyone taking up brisk walking or running. They also stock comfortable jogging bottoms, active-wear leggings and shower-proof jackets.

### Make a start

Everyone will be at a different starting point when it comes to exercise after treatment. Some people will be picking up where they left off before they were diagnosed, while others will be taking up exercise for the first time.

Whether it's dancing, cycling, swimming or yoga, there are many ways to include physical activity in your daily routine. But walking is probably the most accessible activity you can do, and the easiest to keep up.

You by skechers, RRP £62 including a £5 donation to Breast Cancer Care, available from 15 April in stores and online at [skechers.com/en-gb](https://www.skechers.com/en-gb)





If you enjoy walking, try to increase the amount of time you walk for and the number of times you walk each day. You could also try increasing your pace as your energy returns.

The NHS Choices website has lots of tips on getting active, including a useful section called Exercise: getting started. Go to [nhs.uk/Livewell](https://www.nhs.uk/Livewell) for more information.

## Building up

If you're new to exercise, make sure you build up your activity levels gradually. And remember: any amount of activity is better than none.

While it's recommended that adults do at least 150 minutes (or two-and-a-half hours) of moderate-intensity activity a week, this can feel really daunting for most people. You might only start off with a regular 10-minute walk several times a week and work towards doing some moderate-intensity activity.

Moderate-intensity means you can feel your heart beat faster, you feel warmer and breathe slightly harder. But you should still be able to hold a conversation.

If you have another medical condition that means you can't do much physical activity, try to be as active as your condition allows. Even a small increase in exercise has health benefits.

If you've had breast reconstruction, check with your specialist team when you can start exercising and what type of activity would be appropriate for you.

## Keep motivated

Some people stay motivated by having a goal. This could be something that you work towards on your own or with your family or friends, and might be a challenge such as a Pink Ribbon Walk (turn to page 21 for more details).

Setting realistic goals and keeping a record of how much activity you do can help you stay motivated.

A mobile phone app can help you monitor how many steps you're taking every day, which can be really encouraging. A great free app that you might want to try is the Pacer Pedometer & Step Tracker. As you build up your stamina, you'll be able to increase how long and how fast you walk each day.

### Try the following simple tips to help you get moving more each day:

- leave the car behind for short journeys, such as to the shops, and walk instead
- walk part of your journey to work
- use the stairs instead of the lift
- walk the kids to school
- go for a regular walk with a friend
- sit less and stand more, for example when talking on the phone

**Breast Cancer Care's BECCA app has lots of ideas for getting active and staying motivated. Download BECCA for iPhone and Android phone or visit [breastcancercare.org.uk/becca](https://breastcancercare.org.uk/becca)**

# Your questions answered

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



## Should I enter a clinical trial?

**Q** I have secondary breast cancer in the liver. My oncologist has suggested I take part in a clinical trial but I'm not sure what to do.

**A** People with breast cancer are often offered to take part in a clinical trial. Clinical trials for people with secondary breast cancer usually focus on drugs, and aim to find new or improved treatments that may be better than current treatments. They may also look at using existing treatments in different ways.

All clinical trials are regulated to make sure everyone receives at least the standard of treatment that would have been recommended if they weren't taking part in the trial.

Trials can take place at all stages of treating secondary breast cancer and may give you access to a new treatment or a different way of receiving treatment that may otherwise not be available to you. Taking part is a very personal decision, so it's important to ask your oncologist or research nurse to

explain everything about the trial to help you decide.

You can read more about the benefits and drawbacks of taking part in a trial and different types of trials on our webpage [breastcancercare.org.uk/clinical-trials](https://www.breastcancercare.org.uk/clinical-trials)

## Can I have delayed reconstruction?

**Q** I'm considering breast reconstruction after having a mastectomy three years ago. How can I find out what's possible?

**A** Having a discussion with an oncoplastic breast surgeon (a breast cancer surgeon with training in plastic surgery) is a good place to start, so you can see what might be possible in your situation. You may

be able to arrange this through your original treatment team, or your GP may need to refer you.

Surgery can be complex and may involve several procedures. There are three main types of breast reconstruction: using an implant only; using your own tissue only; or using an implant plus your own tissue.

The type of reconstruction that may be possible will depend on a number

of things. These include your previous breast cancer treatment, your body shape and size, your general health and lifestyle, and what your hopes and expectations are.

Our booklet **Breast reconstruction** has information about the different surgical techniques and what you can expect in terms of recovery.

## Ask us

Questions about breast cancer? Call the Helpline on **0808 800 6000** or visit [breastcancercare.org.uk](https://www.breastcancercare.org.uk) for information, to order publications or find out how to Ask Our Nurses by email

## Can cannabis oil stop my cancer returning?

**Q** I'm taking hormone therapy to complete my treatment for primary breast cancer. I'm worried about the cancer coming back and have heard about cannabis oil. Could this help with my anxiety and stop the cancer coming back?

**A** We often hear from people who are worried about breast cancer coming back and want to do whatever they can to help themselves.

Cannabis contains ingredients called cannabinoids. Two of these are THC (tetrahydrocannabinol) and CBD (cannabidiol).

THC is the chemical responsible for most of the effects that cannabis has on the mind or behaviour. CBD doesn't cause these effects.

Some people think that CBD, or cannabis oil, may have health benefits. These include helping with anxiety and creating an overall sense of wellbeing. However, there's no evidence to support this.

Although cannabis has been studied in various cancer settings, there's no scientific evidence that any form of cannabis can reduce the risk of cancer coming back.

There is, however, strong evidence that taking hormone therapy is effective in reducing the risk of breast cancer returning. There are also many ways to help manage anxiety. You can speak to your breast care nurse about how you're feeling or call our Helpline to talk things through.



Photo: Shutterstock

Unlike cannabis, CBD isn't illegal so you may see it for sale online or in health food shops. However, it's best to try treatments supported with evidence through proper research studies.

## Why do I need bisphosphonates?



**Q** I've been told I'll be having bisphosphonates for primary breast cancer. Why do I need this as well as all the other treatment?

**A** The aim of treatment for primary breast cancer is to remove the cancer and reduce the risk of it coming back or spreading to other parts of the body.

Studies show that adding a bisphosphonate – a bone-strengthening treatment – to other breast cancer treatments for post-menopausal women can further reduce the risk of primary breast cancer spreading to the bones and elsewhere in the body. The benefits of using bisphosphonates before the menopause are less clear.

Post-menopausal women with breast cancer can discuss the possible benefits and risks of bisphosphonates with their specialist.

Bisphosphonates can be given either as one tablet a day, or into a vein (intravenously) one day every six months. They're usually given for three years.

Like all drugs, bisphosphonates have some side effects. These vary according to which drug you're having. Your treatment team will explain them to you.

**Six  
ways**

# to manage chronic pain *after breast surgery*

**Chronic pain after breast cancer surgery can be difficult to control. Clinical nurse specialist Jane Murphy explains what chronic pain is, what causes it and how it can be managed.**

## **What is chronic pain?**

Immediately after surgery for breast cancer, and in the weeks that follow, you're likely to experience pain and sensations such as burning and numbness in the scar area and under the arm.

As healing takes place these effects subside, usually within about three months. Pain that lasts for longer than this is often called chronic pain. This type of pain can occur in the breast or chest area, arm or armpit on the side that was operated on.

Chronic pain can happen after any type of breast surgery, including breast-conserving surgery (or wide local excision), mastectomy and breast reconstruction.

## **What causes it?**

Chronic pain is usually caused by injury to nerves during surgery or when scar tissue forms. It seems to affect people more if they've had surgery to the upper, outer part of the breast and armpit, which are areas particularly vulnerable to nerve injury. But it can happen regardless of which part of the breast has been operated on.

Research suggests that chronic pain is more common in:

- people who've had their lymph nodes removed, rather than those who've had a sentinel lymph node biopsy alone
- people who had severe pain immediately after surgery that wasn't well controlled
- people who had chronic pain before surgery, whatever the cause

## **How it might affect you**

Chronic pain can have a significant effect on day-to-day life. It can interfere with sleep, work and sometimes the ability to move or get about. It can also cause a range of emotional effects such as depression and anxiety.

Many people worry the pain might mean their breast cancer has come back, or that the pain could mask another symptom they need to report.

It's important to tell your specialist team about any ongoing pain, so they can assess it and help you manage it.



1

## Pain relief

Regularly taking simple pain relief, such as paracetamol or anti-inflammatories, may help. If it doesn't, your hospital team or GP may suggest stronger medication such as antidepressants or anti-epileptic drugs, which have been shown to help with nerve pain associated with surgery.

2

## Exercise

Regular exercise has been shown to ease lots of types of pain. Speak to your GP about how physical activity may help. There may be things you can do at home, or you may be referred to a physiotherapist. They can help work out an exercise plan to improve movement and build up strength.

3

## Complementary therapies

Some studies have shown that acupuncture may help with chronic pain after breast cancer surgery. But if you've had surgery to the lymph nodes under the arm, acupuncture needles shouldn't be placed in the arm or hand on that side.

Some people say that complementary therapies such as massage, reflexology and reiki help improve their sense of wellbeing, and this might affect pain levels. Speak to your specialist team before trying a complementary therapy.

4

## Talking therapies and self-help techniques

Talking therapies, such as counselling and cognitive behavioural therapy (CBT), may help you find different coping strategies or new ways to think about pain and its impact. These therapies might also reduce worry and anxiety.

Some people practise self-help techniques such as relaxation, meditation and distraction. These could also help you cope with pain and improve wellbeing.

5

## Nerve blocks

A nerve block is an injection of local anaesthetic into the affected area. It may also include a steroid. Some people notice an improvement after a nerve block, but it doesn't work for everyone. You can speak to your GP or specialist team about this treatment.

6

## Pain clinics

If your GP or hospital doctor can't control your pain, you may benefit from going to a specialist pain clinic. You can ask your GP to refer you. Some hospitals have pain clinics, but you may have to travel.

Pain clinics can vary – you may see a doctor with a special interest in pain, or you might see a range of different healthcare professionals such as a doctor, nurse, physiotherapist and occupational therapist. Some pain clinics run a pain management programme, which helps people develop ways of living with chronic pain. This is usually used if pain continues after other treatments have been tried.

## Phantom pain

Phantom breast and nipple pain is the feeling that your breast and nipple are still there after a mastectomy.

Phantom breast pain can happen straight after surgery or sometimes up to a year later. Because the pain is caused by damage to the nerves at the time of surgery, the most effective types of pain relief are those used to treat nerve pain, such as antidepressants or anti-epilepsy drugs.

If you have phantom breast and nipple pain and simple pain relief doesn't help, talk to your GP or hospital team.

Our Moving Forward book has information about side effects and symptoms after breast cancer surgery. To order or download a copy visit [breastcancercare.org.uk](http://breastcancercare.org.uk) or call **0808 800 6000**.

# I was given a 1% chance of having another baby

**When Vita last spoke to Sarah, our winter 2017 cover star, she was getting used to life after treatment. A year later she tells us about life with her 'miracle' baby.**

**W**hen I was diagnosed with triple negative breast cancer in 2014, one of the first things I asked about was fertility. I already had a little girl but I was still young, and my husband and I had been wanting to start trying for another child.

We decided to try IVF before I had chemotherapy, so there was a chance of becoming pregnant after treatment. But initial tests showed I had an extremely low number of eggs for my age and they gave me just a 1% chance of IVF working.

I was so young, it was a kick to the stomach. At 32 I thought my body just isn't doing what it should be doing.

Eighteen months after finishing treatment I started getting some unusual back pain. A scan showed a shadow on my spine, so I was referred for further tests to check for secondary breast cancer.

Before doing the CT scan the radiographer needed to be sure I wasn't pregnant. I said that I definitely couldn't be pregnant but I was happy to do a test. After fifteen minutes she walked back in with another nurse, looking worried. She said, 'I don't know how to tell you this... but you're pregnant!' I couldn't believe it, it was just the best news ever.

## **Another challenge**

Pregnancy was another challenge after the breast cancer. I was being monitored closely as they still didn't know what the shadow was and couldn't do further tests while I was pregnant.

I was still dealing with the aftermath of my diagnosis and treatment. My body just wasn't the same. I had constant fatigue and felt like I'd aged five years. I was sick for five months of the pregnancy and really struggled to cope. With chemotherapy I'd prepared myself for it mentally, but pregnancy was meant to be a happy thing. Everything just eventually took its toll.

## **Not losing hope**

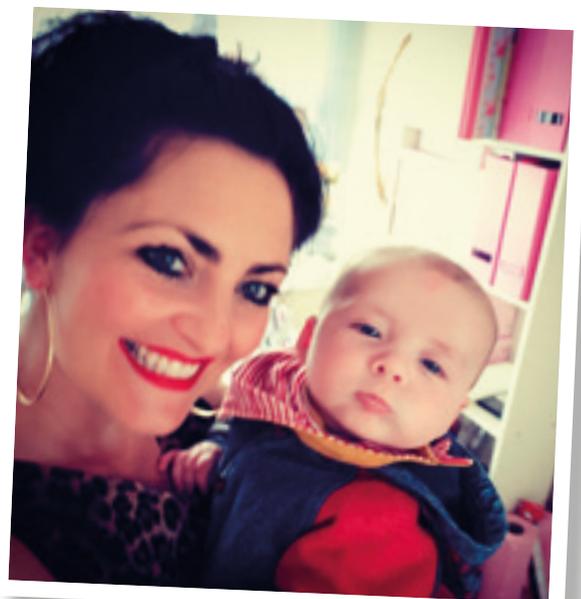
Now Monty's here, it's all been a small price to pay. It feels so special and amazing, it's like our reward after everything we've been through.

In September last year the doctors told me they're happy the shadows are definitely not cancer. I'm so thankful to still be alive and to have my beautiful baby boy.

You get told all these things when you're going through treatment. You can't even

contemplate thinking about what's going to happen in the future. You lose that hope. I would say to other people to take each day as it comes and never give up hope, you never know what's going to happen!

**Sarah has written a book about her experiences including her pregnancy. To find out more visit [sarahsstory.co.uk](http://sarahsstory.co.uk)**



**Sarah with baby Monty**

# Support with *every step*

**Challenging yourself, your family or friends to a Pink Ribbon Walk is a great way to help other people facing breast cancer.**

**S**tarting and finishing in the stunning grounds of Blenheim Palace or Audley End House and Gardens, Breast Cancer Care's Pink Ribbon Walks showcase the best of the surrounding scenery.

Whether it's 10 or 20 miles, we'll be there to support you with every step.

Nicky Grimshaw and her husband Rob took on their first 20-mile Pink Ribbon Walk after Nicky had finished hospital treatment for breast cancer.

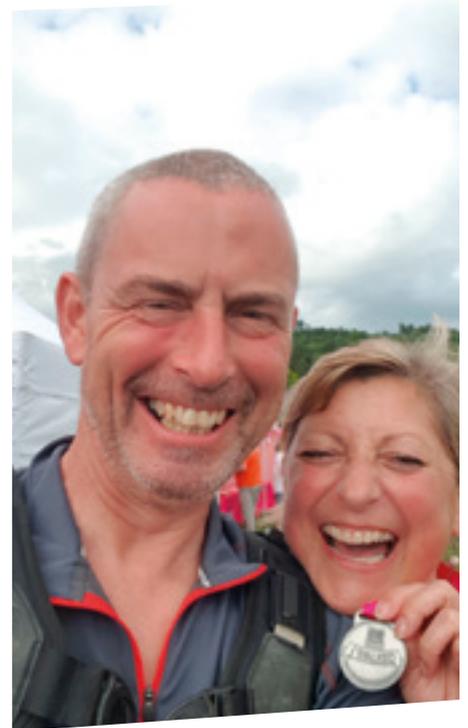
'We loved the whole thing,' says Nicky. 'Beautiful scenery, a gorgeous location and everyone was so supportive on the day, from the

volunteers to the general public. It was a wonderful atmosphere.'

Being able to cross the finish line with her husband meant everything to Nicky. 'Rob got me through it,' she says. 'I don't think I would have completed it without him.'

'My diagnosis knocked all my confidence. When we crossed the line together I thought: There's nothing I can't do. It gave me a huge amount of confidence to do other things.'

**Nicky and Rob at the end of their Pink Ribbon Walk**



**Blenheim Palace** Oxfordshire, Saturday 12 May

**Audley End House and Gardens** Essex, Saturday 9 June

Sign up today at [breastcancercare.org.uk/prw](https://breastcancercare.org.uk/prw)  
or call **0370 145 0101**

# Two *tempting* treats

Here are two fresh and summery recipes to please family and friends.

## Fay Ripley's smoky cheese and onion tart

For lunches, picnics or play dates, this tangy tart is a lifesaver. You can use any grated hard cheese, but it's the smoke that makes grown-ups rip the last piece out of their kids' hands.

Preparation time: 10 minutes

Cooking time: 40 minutes

### Serves 4

- splash of olive oil
- 1 onion, peeled and finely sliced
- 1 tablespoon fresh thyme leaves, roughly chopped
- 180g smoked cheddar, such as Applewood, grated
- 200ml half-fat crème fraîche
- 320g pack ready rolled shortcrust pastry
- 10 cherry tomatoes, halved

1. Preheat the oven to 200°C, 180°C fan, gas mark 6.
2. Heat the olive oil in a frying pan and fry the sliced onion till soft and starting to go golden at the edges, about 10 minutes. Throw in the thyme leaves and transfer to a large bowl along with the grated cheese and crème fraîche. Add some black pepper and mix well.
3. Unroll the pastry onto a lined baking tray. Fold over the edges of the pastry, 1cm in, all the way around to give the tart an edge. Use a fork to press it into place and mark the border.



4. Spread the cheesy mix over the base of the tart and scatter with the tomato halves. Bake for 30 minutes till golden and bubbling.

### To serve

Allow to cool slightly and serve on a big wooden board with a crisp green salad.

Fay Ripley  
is supporting  
Breast Cancer Care's  
Afternoon Tea



## Raspberry fro-yo

This healthier alternative to ice cream is great for all occasions. Serve immediately or freeze in an airtight container. Sprinkle with frozen raspberries to add another tasty texture.

Preparation time: 10 minutes

### Serves 6

- 350g raspberries, washed and dried
- 500g Greek yogurt
- 200g condensed milk

1. Put the washed raspberries in a lidded container and freeze until solid. Once solid put them in the food processor and blitz until finely chopped. Take out 3–4 tablespoons and keep them in the freezer until ready to serve.
2. Add the Greek yogurt and condensed milk to the processor and whizz until everything is combined. The raspberries will have frozen the other ingredients.
3. Serve 'soft scoop' straight away with the raspberry bits sprinkled over the top.
4. Alternatively, tip into a freezer container and leave to firm up. Remember to remove it from the freezer 5 minutes before serving so it's soft enough to scoop.



Thanks to BerryWorld for this recipe [berryworld.com](http://berryworld.com)

## Get together for an Afternoon Tea in July 2018

Why not try out these delicious recipes at your Afternoon Tea?

Find out more and order your free fundraising kit at [breastcancercare.org.uk/summer](http://breastcancercare.org.uk/summer) or **0300 100 4442**.

# Support *for you*

Breast Cancer Care's support services are here for you, whenever you need them.

## Someone to talk to



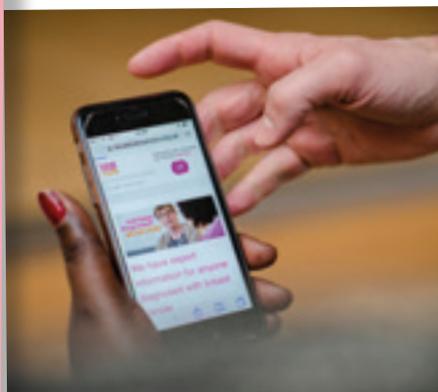
### Helpline

If you have a query about breast cancer, just want to talk things through or find more support, our nurses are at the end of a telephone line. Call our free, confidential Helpline on 0808 800 6000

### Someone Like Me

Someone Like Me won't just put you in touch with someone else who's been affected by primary breast cancer. With a network of 200 trained volunteers, we'll find someone who understands your individual concerns.

## Online support



### Website

The information on our website is written by clinical specialists, so it's reliable and up to date. Whether your question is about going through treatment or living with breast cancer, you'll find the answer on [breastcancercare.org.uk](http://breastcancercare.org.uk)

### Forum

Whether you're going through treatment, moving forward or living with secondary breast cancer, you'll find someone who understands what you're going through on our popular online discussion Forum.

## Face to face



### Moving Forward®

Adapting to life after breast cancer treatment can be difficult. Moving Forward short courses take place throughout the UK to empower you to live better with and beyond breast cancer.

### Living with Secondary Breast Cancer

A diagnosis of secondary breast cancer can mean adjusting to difficult changes. These monthly sessions provide information, support and the chance to meet others with secondary breast cancer.

### Younger Women Together

Come to a Younger Women Together event and meet around 30 other women under 45 who've been diagnosed with primary breast cancer. You'll have the chance to talk, share and be yourself.

**Find the right support for you**

Call **0345 077 1893**

Visit [breastcancercare.org.uk](http://breastcancercare.org.uk)

Email [services@breastcancercare.org.uk](mailto:services@breastcancercare.org.uk)

# Get involved

There are many ways to support Breast Cancer Care. Here are just a few

## Show support



Kick off Breast Cancer Awareness Month in style this October at Breast Cancer Care's annual London fashion show. Join us on Thursday 4 October at the Park Plaza Westminster Bridge Hotel to celebrate our 32 models, who've all had a breast cancer diagnosis. This inspirational and uplifting fundraising event is full of fun, fashion and fizz.

Buy your tickets at [breastcancercare.org.uk/theshowlondon](http://breastcancercare.org.uk/theshowlondon)



## Trek to the top

Take on Britain's highest peak as part of a truly special challenge. Ben Nevis sits alongside the Munros and lochs of the stunning Scottish Highlands. Join us on Saturday 13 October as we make the nine-mile journey to conquer this majestic mountain. You'll achieve something incredible, and help us support the thousands of people facing breast cancer in the UK.

Visit [breastcancercare.org.uk/trek-ben-nevis](http://breastcancercare.org.uk/trek-ben-nevis) to find out more.



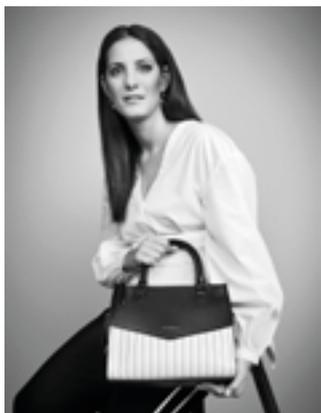
## On your bike

Cycle the closed roads of London and Surrey this summer by taking part in Prudential RideLondon-Surrey. Whether you're up for an epic 100-mile challenge or want to push yourself in the 46-mile event, we've got places in both.

You'll start in the grounds of the Olympic Stadium and cross the finish line on The Mall, all the while riding for an incredible cause.

Sign up to either event by visiting [breastcancercare.org.uk/ridelondon](http://breastcancercare.org.uk/ridelondon)

## Bags of confidence



Fiorelli, with Breast Cancer Care, has launched its inspirational **#CARRYYOURCONFIDENCE** campaign, and has pledged to raise an incredible £75,000 for the charity. Fiorelli will donate £10 from each sale of four specially curated bags from the Pinstripe Collection, including the iconic Mia Grab and Crossbody, the contemporary Anouk backpack and new favourite the Bethnal.

Katie, who was diagnosed with breast cancer at 31, is the face of the fabulous campaign.

The full range is available at [fiorelli.com](http://fiorelli.com)

For more ways to get involved, go to [breastcancercare.org.uk/get-involved](http://breastcancercare.org.uk/get-involved)

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[chemoheadwear.co.uk](http://chemoheadwear.co.uk) Telephone: **01798 861501**.



**Jennifer Effie's Hair Solutions** have created a bespoke hair replacement system for individuals that are undergoing cancer treatment. Our concept is to re-create how your hair looked before experiencing hair loss. Visit [jehair.com](http://jehair.com) to review our gallery, client testimonials and newspaper articles. Email: [info@jehair.com](mailto:info@jehair.com) Call: **020 3752 5089**, 5 Upper Wimpole Street London W1G 6BP.



**Nicola Jane** aims to restore confidence and femininity after breast surgery. Whether you have had a mastectomy, a lumpectomy or a reconstruction, our 2018 post-surgery lingerie and swimwear collection combines comfort and practicality with on-trend, fashionable styles. Free returns and shops throughout the UK. Call **03452 657 595** or visit [nicolajane.com](http://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](http://pebbleuk.com)

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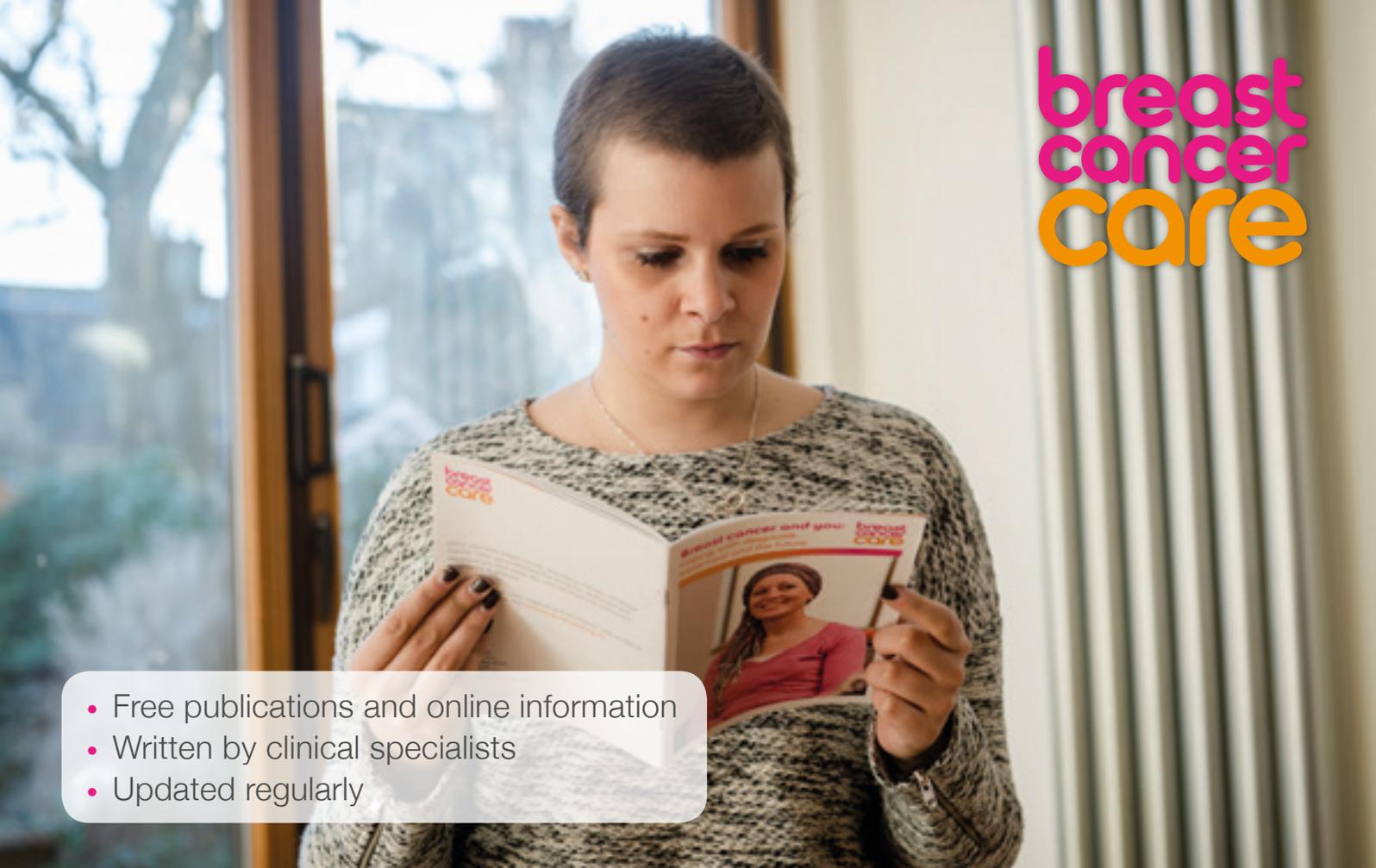
**SILIMA.co.uk** Home to the highest-quality and most realistic post-surgery breast forms available, plus a range of stylish and supportive bras from £18 each. Silima is a trusted supplier to the NHS with 40+ years' experience in mastectomy care. Visit [silima.co.uk](http://silima.co.uk) or call **01295 220 524** to request a catalogue.



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# Reliable breast cancer information, when you need it

Visit [breastcancercare.org.uk](http://breastcancercare.org.uk) or call 0808 800 6000

# VITA

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- Email [vita@breastcancercare.org.uk](mailto:vita@breastcancercare.org.uk)
- Visit [vita.org.uk](http://vita.org.uk)
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We'd love to keep you updated about our work and provide you with other opportunities to get involved. To hear from Breast Cancer Care by email please fill in your details below:

Yes please, I'd like to hear from you by email

Email address

We never give your information to other organisations to use for their own purposes. To change your preferences, or find out more information on how we use your data, please view our privacy policy at [breastcancercare.org.uk/privacy-cookies](http://breastcancercare.org.uk/privacy-cookies) or by contacting supporter services on 0345 092 0800.