

VITA

The breast cancer magazine
Issue 40 Winter 2019

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

**How we got
active after
treatment**

**Let's talk about
sex after cancer**

**Know your
rights at
work**

**FESTIVE
FASHIONS**

**Getting to know
the new me**

Reconstruction
'It was a big decision'

**12 months on from
breast cancer treatment**



**BREAST
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Welcome to Vita

The eagle-eyed among you may have noticed a small change to the way your Vita magazine looks.

Back in April 2019, the UK's two leading breast cancer charities – Breast Cancer Care and Breast Cancer Now – united to form one. In October the charity's new name was announced: Breast Cancer Now.

Combining life-changing support with world-class research, Breast Cancer Now offers support today and hope for the future.

But while the logo on the cover of your magazine might look different, inside the magazine very little has changed. We still bring you real-life stories and inspiring healthy-living articles to help you face life after a breast cancer diagnosis.

Our cover star Carol finished her hospital treatment one year ago, and is getting used to the inevitable changes that come with breast cancer. Carol says she still gets a bit of a shock when she looks in the mirror. 'But I'm getting to know the new me, and I am happy with myself,' she says.

Carol, who has lived in Japan, has a unique analogy to describe how she now feels. If you want to know what coming through breast cancer treatment has in common with Japanese pottery, then turn to page 6.

Gareth Fletcher
Editor
vita@breastcancernow.org



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Inbox

Your letters and emails

Dear Vita

I was diagnosed with secondary breast cancer in November 2016.

I want to tell people how good my life is. I have virtually no side effects, take 10 tablets a day and get on with enjoying the time left for me. I exercise every day, do yoga and holiday a lot.

I've been to Australia, Cuba, South Africa, Thailand, Singapore... I have just booked up a month long-trip to Vietnam and Cambodia.

I'm certainly not dying of cancer, I'm living with it.

Cecilia

Star
letter

Dear Vita

I am five years on from surgery, chemo and radiotherapy following a diagnosis of breast cancer.

Now that I have passed the five-year goal, I do not dwell on my illness. When Vita is delivered it reminds me and makes me proud that I am now in a good headspace and able to get on with living my life to the full.

Susie

Dear Vita

I really enjoy reading the stories of other ladies and what they have been through, but I have noticed that you don't speak much about male breast cancer. One of my male colleagues has recently had a mastectomy and finds it hard to comprehend what has happened.

I do feel that male breast cancer should be highlighted more, so we can read how they feel about having breast cancer.

Denise

This issue's star letter wins a gift worth £110 from our friends at **ELEMIS**



Dear Vita

I read with interest your article on training radiographers to help reduce fears of recurrence. I certainly experienced this fear for some time after my operation, so I applaud this idea. But I wonder how radiographers would have the time!

My breast surgeon helped me through my fears as did the medical oncologist. The breast care nurse helped too, even though she had limited time.

Helen

Dear Vita

Each time I feel that I no longer need to receive your magazine there is an article that is exactly where I am.

The headline 'I realise how far I have come' [issue 39 summer 2019] could not be more appropriate for me. I may be five years from my diagnosis but it all rang so true.

Anne

What's on your mind?

Email vita@breastcancernow.org

Write Fifth Floor, Ibox House, 42-47 Minories, London EC3N 1DY

News

Becca's BMA win

Becca – the breast cancer app – was a winner at the 2019 British Medical Association Patient Information Awards.

The app, which gives hints and tips to help you move forward after breast cancer treatment, took home the first prize for User engagement and was runner up for Innovation.

Becca is free to download. Visit breastcancernow.org/becca



Conversation starter

A survey of over 1,000 women has shown nearly half (46%) had sexual difficulties because of breast cancer treatment.

The figures were released as Breast Cancer Now and Ann Summers launched a partnership to help start a conversation about sex, intimacy and breast cancer.

The partnership also aims to increase awareness of the impact of treatment side effects on women's sexual wellbeing.

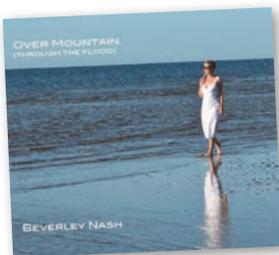
For support and information visit breastcancernow.org/intimacy or call **0808 800 6000**. You can also order free copies of Breast Cancer Now's updated booklet **Your body, intimacy and sex**.

New campaign launched

In October, Breast Cancer Now launched a bold new campaign calling for improvements to support, treatment and care for people living with incurable breast cancer.

An estimated 35,000 people in the UK are living with secondary breast cancer, where breast cancer has spread to another part of the body. But a landmark survey found that a quarter of them had not had access to a clinical nurse specialist since their diagnosis.

To read Jen's story, turn to page 13.



All that jazz

Vita summer issue cover star and singer Beverley Nash has released a song inspired by her breast cancer experience, in aid of Breast Cancer Now.

Over Mountain (Through the Flood) is available at jazzit.co.uk

I'm getting to know **the new me**

Carol Zurowski was diagnosed with breast cancer in 2018. She tells us about getting used to life one year after treatment.



Keeping positive: hillwalking before surgery

Mum-of-two Carol, 54, noticed a change to her breast on the day of her breast screening appointment.

'I took my bra off in the changing room and could see there was dimpling,' she says. 'I got a bit of a shock and pointed it out to the radiographer.'

A couple of weeks later, Carol found herself sitting in front of a doctor who was pointing to an area of concern on a scan.

A few years earlier, Carol had developed a harmless cyst in the same area and assumed this would be the same thing. But it wasn't.

'The doctor said: "It's unlikely to be anything other than cancer",' says Carol.

'My first thought was: Right then, what are we going to do about it?'

'I didn't break down in tears. It was always a case of: What's next? What do I do?'

Carol was diagnosed with breast cancer on 23 April 2018.

'I felt I was in a much better position the day of my diagnosis than the day before,' she says. 'Although it was a shock to hear, I was now in a position to do something about it.'

Little goals

Carol says she approached treatment by breaking it down into 'doable chunks'.

'I didn't focus on the end of treatment,' she says. 'I like to set myself little goals every day, and I feel a great sense of accomplishment when I've achieved them. I looked at treatment in the same way.'

Carol, who was treated in her home town of Glasgow, says the care she received was 'tremendous'.

Surgery involved removing two tumours from her left breast, then reshaping the remaining breast tissue and reducing the right breast to match.

This was followed by six cycles of chemotherapy.

'Chemo was hard, but not as awful as I expected,' she says.

Then, before starting radiotherapy, Carol used Breast Cancer Now's Someone Like Me service to speak to someone who had had the same treatment.

'I spoke to a phenomenal lady. We had four or five conversations and she was absolutely brilliant. She gave me a few pointers. It was exactly what I needed at the time. I came off the phone feeling really boosted.'

Repaired

Carol felt 'almost elated' when hospital treatment ended in



Chemo number six



Carol with husband John earlier in 2019

December 2018.

She's now taking the hormone drug tamoxifen and, apart from hot flushes and occasional insomnia, is feeling well.

'I look after myself and I listen to my body,' she says.

'It's hard to avoid the subject of cancer, but I refuse to give it too much of my focus. I just want to get on with enjoying my life.'

Carol says she's getting used to the inevitable changes that follow months of treatment.

'I do look in the mirror and get a bit of a shock,' she says. 'I think: "Who is that looking back at me?"'

'But I'm getting to know the new me, and I am happy with myself.'

Carol, who has spent time living in Japan, likens her experience to kintsugi, the Japanese art of repairing broken pottery using lacquer

mixed with powdered gold. Rather than attempting to disguise the damage, the repaired object is enhanced by the visible golden 'scars'.

'I feel like I've been repaired,' she says, 'and that my experience has enhanced me.'

Perspective

This year Carol was chosen as the People's Postcode Lottery model at the Breast Cancer Now Scottish fashion show.

'I was nominated by a friend and couldn't believe I was chosen,' she says. 'I'm honoured to be a People's Postcode Lottery ambassador. My family and friends are coming, and I want to show them how far I've come and what they've contributed to my wellbeing.'

Carol has also held a fundraising Afternoon Tea and next year is planning something more intrepid: a zip

wire across the River Clyde.

'I'm afraid of heights!' she says.

However, she feels breast cancer has put her fear into perspective. 'Having cancer in your body is as scary as scary gets,' she says.

Carol is grateful both for the healthcare she received and the support from family, friends and Breast Cancer Now.

'The NHS put me back together physically,' she says. 'But having Breast Cancer Now, family and friends does help you get all your bases covered.'

'You're not alone. The help is there, you just need to use it.'

Breast Cancer Now's Moving Forward book has tips on coping with the physical and emotional changes after treatment. Visit breastcancernow.org/publications or call 0808 800 6000 for more information.

Festive fashions

for every occasion

Rosie Bick suggests some ways to add sparkle to your outfit this party season, whatever the event.

As Christmas draws closer and invites to parties, theatre trips, family gatherings and other festive events roll in, it can feel overwhelming when deciding what to wear. From cosy knitwear to sparkly shirts, here are some top picks of seasonal wear and accessories to help you celebrate this festive season in comfort and style.

Strictly sequins

Sequins are an abundant sight this time of year and make a great statement piece for any outfit. Or if you prefer a slightly more understated look, a touch of metallic will add a seasonal shimmer to your ensemble.



Helios pouch bag

£18 John Lewis & Partners

johnlewis.com



Ombre sequin slip

midi skirt

£45 M&S

marksandspencer.com



Crystal swirl

lymphoedema* sleeve

£67.49 excluding VAT

lymphies.com



**Grey formal cardigan
with pockets
£9 Primark
primark.com**

Getting shirty

A slinky shirt is a staple of the festive wardrobe, adding a touch of luxury to take you effortlessly from a work lunch to a night-time soiree. Dress down with jeans and boots in the day, and add a pair of heels and clutch bag to transform your outfit for evening festivities.



**Nova shimmer
embellished top
£55 Monsoon
monsoon.co.uk**

**Metallic polka dot blouse
£29.50 M&S Collection
marksandspencer.com**



Lounging around

Christmas can be a hectic time, so it's important to get plenty of rest. As the nights roll in, stay comfortable and cosy in this selection of loungewear.



**Pom-pom moccasin slippers
£17.50 M&S Collection
marksandspencer.com**

The hair necessities

Accessories are a simple way to jazz up your outfit instantly with minimal effort but maximum effect.

Hair clips add a dash of glamour and can be easily attached to hair, a wig or headscarf. If your hair is too short for a hairclip, an on-trend headband is a great way of adding a touch of retro charm.



**Pearl effect hair clip
three pack
£8.50 Next
next.co.uk**

**Black pearl headband
£3 Primark
primark.com**



Get a *move* on

Being active shouldn't be a chore. Nine women tell us how they're enjoying staying active after their breast cancer diagnosis.



'I'd never run before in my life'
Rachel, 50

A colleague mentioned she was trying the local Beginners to Runners course. I had never run in my life but thought I'd give it a go. Running has helped me find a focus to move forward and

helped me through the bad days. Running is keeping me healthy and is truly amazing for my mental health and wellbeing.



'It's exhilarating to be part of'
Sarah, 43

After treatment I got involved with a breast cancer survivors dragon boat team called Pink Champagne. We come together every Saturday and paddle up our local

river and compete all over the world. We're a great support group and range in age from mid-30s to our oldest lady who turns 80 soon. It's exhilarating to be a part of.



'I used to hate exercise'
Joy, 59

I started an aquaerobics class at my gym. Exercising in water took the pressure off my joints, which were suffering due to hormone therapy. I used to hate exercise, but now I miss it if I can't go.

It's given me a boost, improved my fitness and helped me cope with my ongoing treatment.



'Staying active is a priority'
Shelley, 36

I have made staying active a priority since my secondary breast cancer diagnosis last year. I started having swimming lessons. I have missed one or two due to fatigue, but I really enjoy it and have the goal to swim in the ocean on my next holiday.



'I couldn't believe how much better I felt'
Debbie, 53

I did not do anything physical before my cancer diagnosis. As soon as my radiotherapy ended I joined a yoga group and a few weeks later I started to attend a pilates class. Cancer treatment had left me feeling physically drained,

but I stuck with it and within a few months I couldn't believe how much better I felt.



'I love the physical and mental benefits'
Marie, 65

I've always been a keen walker. I had a break recovering from my lumpectomy and

radiotherapy, then started again a few months ago. I walk in groups, on my own and with friends. I love the landscapes, exploring new routes and the physical and mental benefits.



'I never had time to exercise'
Yin, 44

I had two children, worked full time and never had time to exercise. After treatment, I put on a lot of weight. I joined the gym and started walking on the treadmill. Now I have learnt to swim and

run 5 to 10k. I want to be a role model for my children and show them life can be even better after cancer.



'The fresh air does wonders'
Naomi, 36

I have secondary cancer in my spine, liver and lungs. I got a dog to encourage me to walk. I am building up my distances and

completed my first 8k hill walk recently. I have discovered a love for nature. Getting out and about in the fresh air does wonders for the mental side of the disease.



'I started cycling at 59'
Eleanor, 61

I have secondary breast cancer and started cycling in 2018, aged 59, completing the Prudential RideLondon-Surrey 46 despite surgery and radiotherapy, and the

Pru 100 in 2019 despite brain mets. The biggest benefit has been to my mental health.

We Are Undefeatable is a campaign, led by 15 charities, that's supporting people with long-term health conditions to be active in a way that works for them.

For tips on getting started, ways to move and to find out how to get involved with the campaign, visit weareundefeatable.co.uk



Whether or not to have reconstruction was a *big* decision

Esther Parkinson tells us about the support that helped her decide whether to have breast reconstruction.

A photograph of Esther Parkinson, a woman with short brown hair, wearing a blue t-shirt with a white heart logo and a backpack, standing on a stone wall during a hike. She is smiling and holding a trekking pole. Other hikers are visible in the background.

Esther at the Yorkshire Three Peaks Challenge

Esther was 39 when she was given the news that she had breast cancer. ‘Suddenly the bottom of my world fell out,’ says Esther, who was treated in Manchester.

‘For just over six months, my life was one long hospital appointment.’ She was given chemotherapy, followed by two lots of surgery including a mastectomy, then radiotherapy.

She also faced the decision of whether to have breast reconstruction.

At a crossroads

‘I was at a crossroads about whether to have reconstruction or not,’ says Esther.

‘This was a big decision but I didn’t know where to get the best advice.’

The types of reconstruction Esther was offered would involve taking tissue from elsewhere on her body to create a new breast shape. But she was worried about the physical effects this might have.

‘I was concerned about how it would affect my body and how it would affect my physical movement,’ she says.

‘I’m quite a sporty person and wanted to make sure I would still be able to move my body

and my arms.

‘Another concern was the recovery time.’

Esther contacted Breast Cancer Now who put her in touch with several women through the Someone Like Me service.

‘Some had undergone reconstruction and some hadn’t,’ she says.

Esther spoke to six women over a period of a few weeks.

‘It was really useful to speak to other people who’d been through that journey.’

The right way forward

Esther also reached out to other women through the Breast Cancer Now online Forum.

‘I raised a question on the Forum about reconstruction and I received so many responses, which made me feel like I wasn’t alone in this decision-making process,’ she says.

‘It’s nice to hear that other people have the same questions as you.’

‘This was a great place to ask questions, discuss any breast cancer-related topic and even, if you wanted, to moan about stuff. That was OK too.’

After weighing everything up, Esther decided not to have

reconstruction.

‘Both the Someone Like Me service and the Forum helped me a great deal to formulate the right way forward for myself,’ she says.

‘In the end, after much debating, I decided not to go ahead with reconstruction. But never say never.’

Like yesterday

It’s over six years since she was diagnosed in September 2013, but Esther says it still feels like it was yesterday.

‘I have moved on, but I see my scar every day and it reminds me of what I went through,’ she says.

Since finishing treatment, Esther has been focusing on fundraising events including the Manchester 10k and Yorkshire Three Peaks Challenge.

‘For me there was life after breast cancer.’

‘I am kept busy with my activities, which I enjoy each year, and love making the most of every day.’

To find out more about Someone Like Me and how it can help, visit breastcancer.org

Having a secondary breast cancer nurse is *key*

Jen Hardy, who's living with secondary breast cancer, tells us why having access to a nurse specialist makes a big difference.



Jen was diagnosed with secondary breast cancer in 2017

When Jen, 52, was given the news that not only did she have breast cancer, but that her cancer had already spread, it took time to understand fully what this meant.

'It was surreal,' says Jen, who was diagnosed in October 2017.

'And then: OK I've got cancer but I have friends who have breast cancer and are doing very well so this'll be fine.

'But what's advanced breast cancer? What does that mean?'

Jen's initial thoughts were: 'Right, let's get treatment. Let's get cured.'

But as her cancer was advanced, having spread to another part of her body, it could be treated but a cure was no longer possible.

'As the days and weeks panned out it was very much: Oh, I'm not going to be cured,' she says. 'I'm going to always have cancer.'

Taken away

For Jen, the thought of not being there for milestones in her daughters' lives is hard to accept.

'I want to be a granny,' she says.

'I want to see my daughters achieve and get married and have their own kids. And that's all been taken away from me. And that was really hard.

'I try and stay positive and put that feeling of my mortality and when I'm ill and when I'm going to die in a box, on the shelf. When it's ready to come down and it's my time I'll take it down. But I try and keep it up there.'

Here for us

One thing that has made a big difference to Jen's care is having access to a clinical nurse specialist or CNS.

A major survey by Breast Cancer Now – the biggest ever

of people living with secondary breast cancer – found a quarter of patients had not seen a CNS since their diagnosis.

'One of the key things that I have access to is a secondary breast cancer nurse,' says Jen.

'That's so helpful because they know my history, they know what I've been through, and they know, because they have the experience, how to help me best.'

Breast Cancer Now is calling for urgent changes for people living with secondary breast cancer, including access to CNSs for everyone. They play a crucial role in coordinating care and providing the information and support people need to manage their diagnosis and treatment.

'They're there for us,' says Jen.

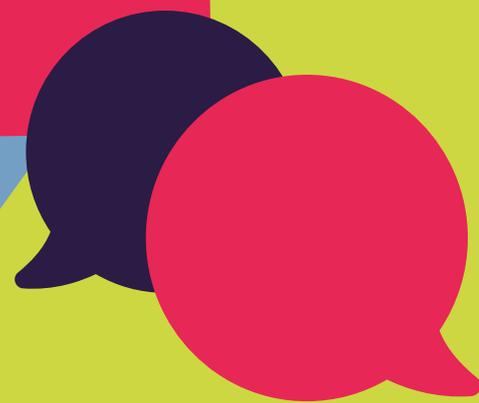
'You'd want that for your mother, your daughter or your friend.'

To find out about Breast Cancer Now's campaign for people with secondary breast cancer, visit breastcancernow.org/unsurvivors

Sex and intimacy

Let's talk

Talking about sex isn't always easy. But it could be the key to a fulfilling sexual relationship after a cancer diagnosis, as Kate Parsons explains.



It's no surprise that being diagnosed with breast cancer is likely to affect how you feel about sex and intimacy.

Changes to how your body looks can affect your confidence and how you feel about yourself as a woman. And side effects from treatment, such as pain, discomfort or loss of sensitivity, can add to your lack of confidence.

But while things may be different to before, if you and your partner can communicate supportively, there's no reason why your sexual relationship shouldn't be satisfying and fulfilling for you both.

Building intimacy

It's normal to feel anxious about your first sexual experience after your diagnosis. If you have a partner, it's likely that they'll be anxious too.

It can help you both relax to talk honestly about how you're both feeling, and discussing exactly what kinds of activity you're comfortable with.

It's not always easy to talk about sex. It might help to

talk somewhere away from the bedroom, where you both feel comfortable.

'Cancer can mean that a couple may have withdrawn from each other emotionally to protect themselves,' says Dr Rachel Davies, Senior Practice Consultant at Relate.

'Spend time together doing enjoyable things, relax together, remember how to laugh together and be interested in each other's worlds.

'Nurturing your emotional relationship will build intimacy.'

Sharing thoughts

If you were in a relationship before your diagnosis, you may worry that your partner will compare things to how they were.

How your partner responds to you sexually may be influenced to a degree by how they reacted to your breast cancer.

Some partners might not mention or initiate sex for fear of upsetting you.

While it may be difficult at first, try talking to your partner about how you feel. This might

encourage them to share their own thoughts and concerns. You may find you're making assumptions about how the other feels without realising it.

'Some couples find revisiting the ways they've had sexual and sensual contact with each other from early in their relationship can be helpful when full sex feels too much,' says Rachel.

'This can be a great time for exploration and can even revitalise your sexual feelings.'

Cancer and its treatments can cause a relationship to become strained. Some people find that going through a traumatic experience together brings them closer, but for others it highlights or worsens underlying problems in their relationship.

These changes may be difficult to talk about and it may take time to resolve them.

However, some people cannot come to terms with their partner's breast cancer and may emotionally push them away or even reject them, temporarily or permanently.



Relate is a UK charity providing relationship support. It offers counselling on the phone, by webcam or face-to-face at your nearest Relate relate.org.uk

Four tips for talking to your partner

- 1** Be open and honest – this can avoid mixed signals and make your partner aware of your limits
- 2** Talk to your partner when you're not being intimate, so you don't feel awkward or interrupted during those times
- 3** If there are aspects of intimacy that you feel uncomfortable discussing in person, try emailing or texting instead
- 4** Talk about the things you've been enjoying as well as those you've found difficult – this can help you both to feel encouraged and relaxed

Feeling ready

If you're not in a relationship right now, the thought of forming a new one in future might seem daunting.

Beginning a sexual relationship may bring on feelings of anxiety about how and when to tell someone you've had treatment for breast cancer.

The important thing is to discuss your diagnosis only when you feel ready and comfortable enough.

'Remember, you are in control of this information,' says Rachel. 'It's personal and private to you and you decide how much you want to say and when.'

When you feel the time is right to tell your new partner, they may be shocked at first and take a little time to adjust to this news. They may have their own anxieties and fears around cancer and what it means to them.

But a new partner may be very accepting and recognise that your experience is now part of who you are.

'Don't presume it will affect them in the same way as you,' says Rachel. 'They are obviously attracted to you and want to be sexual with you, and they may not see any problems.'

You can call the Breast Cancer Now Helpline to talk to one of our experts about any concerns on **0808 800 6000**. You can also order free copies of the booklet **Your body, intimacy and sex**.

Your questions answered

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



Ask us

Questions about breast cancer? Call the Helpline on **0808 800 6000** or visit **breastcancer.org** for information, to order publications or find out how to Ask Our Nurses by email

My husband has breast cancer

Q My husband has just been diagnosed with breast cancer. How is this possible, and where can we find out more information?

A Many people don't realise that men can get breast cancer because they don't think of men as having breasts. But men do have a small amount of breast tissue and cancer can develop in this tissue. Breast cancer in men is very rare.

Around 370 men are diagnosed each year in the UK.

The Male Breast Cancer study is looking at possible genetic, environmental and lifestyle causes of breast cancer in men. It's also looking at the similarities and differences between breast cancer in men and women.

Treatment for men with breast cancer is very similar to that given to women and may include surgery, radiotherapy, hormone

therapy, chemotherapy and targeted therapy. You can read more about these treatments on our website **breastcancer.org**

Our nurses are always happy to talk through any of this information with you or your husband. You can call our Helpline free on **0808 800 6000**.

Am I eligible for abemaciclib?

Q I have secondary breast cancer in the lung, and have heard about a drug called abemaciclib. Can I have this?

A Abemaciclib is a targeted therapy used to treat secondary breast cancer. It belongs to a group of drugs known as CDK 4/6 inhibitors. Other drugs in the same group

are palbociclib and ribociclib.

These drugs can be given to people who have secondary breast cancer that is both oestrogen receptor positive (ER+) and HER2 negative.

Abemaciclib has been approved for use on the NHS and can be given as the first treatment for secondary breast

cancer alongside an aromatase inhibitor such as letrozole. It can also be given in combination with a drug called fulvestrant if you have had hormone therapy for secondary breast cancer in the past.

Your specialist team can tell you if abemaciclib is an option in your situation.

Should I be concerned about my implants?

Q I've read about a cancer that's caused by breast implants. I had breast reconstruction using an implant two years ago. Should I be worried?

A BIA-ALCL (breast implant-associated anaplastic large cell lymphoma) is a very rare form of lymphoma, a type of cancer of the white blood cells. It seems to be mainly associated

with textured (as opposed to smooth) breast implants.

In the majority of cases it's very treatable by removing the implant and the capsule of tissue around it.

BIA-ALCL can happen many years after having an implant. A rapid and painless swelling of the breast is the most common symptom.

If you develop a collection of

fluid (seroma), a breast lump or a swelling around your implant one or more years after having the implant, get advice from your treatment team or your GP.

If you have no symptoms then you don't need to worry. Your implant doesn't need to be removed, but continue to be breast aware and report any new changes to your treatment team or GP.



What support is there for young women with secondary breast cancer?

Q I'm 38 and have secondary breast cancer. What support is available to me?

A Being told you have secondary breast cancer is completely overwhelming, and support can be vital in helping you cope.

Our monthly face-to-face Living with Secondary Breast Cancer sessions (held across the UK), online Forum and weekly Live Chat allow people of all ages to talk about their

experiences and support each other.

The monthly sessions provide expert information and an opportunity for you to ask questions on all aspects of living with the disease, such as fatigue and pain management. You can also find out about local support and services too.

For women under 45, our Younger Women with Secondaries Together residential event provides two full days of

information, support and sharing for women in this age group.

You can also join a safe online space in the Younger Breast Cancer Network (YBCN) private Facebook group, run by and for young women with breast cancer.

To find out more, call our Helpline on **0808 800 6000**.

Nine to five

returning to work

Knowing your legal rights and the support available to you could make a big difference if you're returning to work.

Going back to work after cancer treatment can be a positive step.

In 2018, Macmillan Cancer Support carried out a survey of over 1,500 people who were working at the time of their cancer diagnosis. According to the results, 87% believed it was important for them to stay in or return to work, with 62% of them citing maintaining a sense of normality as the biggest benefit.

However, returning to work is not without its challenges, and 20% of those surveyed said they had faced discrimination.

Employment lawyer Jo Mackie was diagnosed with breast cancer in 2017. She's keen to make people aware of their rights at work.

'Breast cancer, as with all cancers, is automatically a "disability" under the Equality Act 2010,' she says.

'That means you have legal protection from less favourable treatment compared to someone who works with you and who does not have a disability.'

Being treated less favourably because you have cancer is discrimination.

Your needs

How can the Equality Act help in practice?

'One of the things you can expect is for your employer to put in place "reasonable adjustments",' says Jo. 'These may be reduced hours, special equipment or regular breaks if you're tired.'

There are lots of ways your employer might consider making reasonable adjustments, from giving you time off for medical appointments or allowing you to work flexibly, to changing your job description to avoid tasks you would find hard to do because of your cancer.

Jo advises talking to your boss about your needs.

'My advice is always to speak to your line manager and be open about what you need to enable you to work,' she says.

'It could be that you have a meeting with occupational health who can help put forward a plan to enable you to work.'

'Employers should put in place reasonable adjustments'

Ongoing protection

The Equality Act covers all areas of employment, including recruitment. And its protection doesn't end when treatment finishes.

You're protected against discrimination even if you no longer need treatment for your cancer or if you move to another employer.

So do you need to tell a new employer about your cancer?

The answer, according to Jo, is not if you don't want to.

'You do not need to discuss your medical history unless there is a specific reason to,' she says, 'for example if you will need specialist equipment to do the job.'

However, Jo says it might be in your interest to make it clear that you've had cancer, if you'll need to have time off for appointments, for instance.

If you're applying for jobs, generally an employer can ask about your health only in certain circumstances. This might be as part of equal opportunity monitoring, for example.



Once you've been offered a job, an employer can ask you about your health. And if asked directly, you should answer truthfully. But if they withdraw a job offer, this cannot be because of your cancer.

Behaviour counting as discriminatory depends on your individual situation. There's

helpful information available on the Macmillan Cancer Support website macmillan.org.uk

A big decision

While going back to work is undoubtedly the right thing for some people, others choose to stop working altogether after their cancer diagnosis.

Of course, giving up work for good isn't an option for everyone and personal circumstances will dictate whether or not it's even a possibility.

'Giving up work is a big decision not to be taken lightly,' says Jo. 'You may be able to speak to your managers about whether or not you are eligible for things like ill-health retirement, which can help you financially if you do feel it's best for you to stop work.'

A Breast Cancer Now survey of over 2,800 women with primary breast cancer in England found that 16% chose to retire early because of the long-term effects of breast cancer.

'Macmillan has a good team who will help you with decisions which have financial implications,' says Jo.

You can call them on 0808 808 00 00 to speak to a financial guide.



'I didn't realise how hard it would be'

Liz O'Riordan returned to work as a breast surgeon after her breast cancer diagnosis in 2015.

I knew returning to work would be difficult, but I didn't realise how hard it would be. I don't think my employers knew either. I was shocked at how exhausted I felt.

In the beginning, neither my line manager nor I were aware that a cancer diagnosis means you are legally disabled and that your employer must make reasonable adjustments to help you return to work.

I was thrown a lifeline by Working with Cancer, a social

movement helping people affected by cancer return to work. I had a couple of coaching sessions which were invaluable to make my return as smooth as possible.

Work can offer a lifeline back to normality, wellbeing and stability. It might be something that helps you forget you have cancer for a while. Employers need to remember this and provide the support that we all need and deserve.

Macmillan Cancer Support, Citizens Advice and GOV. UK are all good sources of information about your rights at work.

Three big questions

for breast cancer researchers



**Breast
cancer
research**

Edd Jones looks at three questions Breast Cancer Now's researchers are trying to answer.

Breast cancer research has made amazing progress on various fronts over the years.

Thanks to earlier detection through screening, faster diagnosis and decades of progress in research and care, more women in the UK are surviving breast cancer than ever before. Forty years ago, only half of women lived five years or more after a diagnosis. Now, it's almost nine in ten.

But we want to make sure that by 2050, everyone diagnosed with breast cancer lives. And research is the key to hitting that goal.

At the centre of this ambition is the search for new treatments. Our scientists are working tirelessly to find more effective and kinder ways to treat the disease.

Can we stop breast cancer coming back?

Professor Mike Dixon and Dr Arran Turnbull at the University of Edinburgh want to find ways to stop breast cancer becoming resistant to hormone therapies.

In a similar way to bacteria becoming resistant to antibiotics, when cancer cells are exposed to certain treatments they can develop resistance.

Most breast cancers don't come back after treatment. But some people who receive hormone therapy see their breast cancer return because it becomes resistant to the drugs.

Understanding how this happens is crucial to knowing who is at risk of cancer coming back and how to stop it.

Professor Dixon and Dr Turnbull are looking at genetic changes in breast cancer cells when they are treated with hormone therapy. Researching the samples donated by breast cancer patients, they hope to find the exact changes in DNA that lead to resistance to hormone therapies.

Only by understanding how resistance to treatments comes about can we find new ways to make therapy more effective and prevent the disease from coming back. Looking at how these drugs affect different people's breast cancers will ensure that everyone receives the most suitable treatment for them.



Can we harness the potential of new chemotherapies?

Dr Robert Falconer at the University of Bradford wants to turn strong chemotherapy that is currently too toxic to be given to people into an effective and kind breast cancer drug.

For the past 40 years, chemotherapy has been a cornerstone of treatment for breast cancer, but it comes with potentially gruelling side effects. Our researchers are working hard to harness new chemotherapies that haven't been used before, in a way that's kinder to the people having them.

We know there are some chemotherapies that are very effective against cancer cells but are too toxic to be safely given to patients. Dr Falconer and his team are looking at ways to get around this. One such way is by adding a 'switch' to the drug that causes it to become active only once it encounters breast cancer cells, leaving healthy cells intact.

Firstly, the researchers will test different versions of the 'switch' to see which one works best. After assessing how well the improved drug works against tumours and how it affects healthy tissue in the lab, it could be tested in clinical trials.

Dr Falconer's work could lead to a new chemotherapy drug that has fewer side effects, improving people's quality of life during and after treatment.

Can the immune system help treat breast cancer?

Dr Sophia Karagiannis, working at the Breast Cancer Now Research Unit at King's College London, is investigating the possibility of using parts of the immune system to recognise triple negative breast cancer cells. She is hoping to find new ways to treat this form of breast cancer.

Triple negative breast cancer is oestrogen receptor negative (ER-), progesterone receptor negative (PR-) and HER2 negative. As a result it currently lacks targeted treatments.

Dr Karagiannis would like to find a way to make antibodies that could work as a new treatment for triple negative breast cancer. Antibodies are

a part of our immune system that recognise and help destroy invading bacteria, viruses and cancer cells. However, cancer cells sometimes find ways to hide from the immune system. Better understanding of the relationship between antibodies and cancer is vital if we are going to be able to turn the immune system against the disease.

In the lab, Dr Karagiannis and her team are developing antibodies that specifically recognise triple negative breast cancer cells. In the future, they may be used as effective drugs or as a tool to diagnose triple negative breast cancer more accurately and select the drugs that may work best.

Breast Cancer Now is funding cutting-edge work that's bringing us closer to finding treatments that are better and kinder for people with breast cancer. Working with our talented scientists, we're going to ensure that people with breast cancer live longer and better.

If you would like to learn more about our research projects, visit breastcancer.org/breast-cancer-research

The best *possible* taste

Set your taste buds alight with these recipes from the Ryan Riley recipe booklet, a Life Kitchen and World Cancer Research Fund collaboration.

Miso and tahini chicken with chermoula ratatouille

Miso is a paste made from fermented soybeans used in Asian cuisine. Chermoula is a North African marinade.

Serves 4

- 1 tablespoon tahini
- 1 tablespoon white miso
- 4 chicken thighs, skinless and boneless
- 2 red peppers, deseeded and sliced
- 2 courgettes, sliced
- 2 red onions, peeled and quartered
- 4 large tomatoes, quartered
- 2 aubergines, sliced
- 4 whole cloves of garlic
- 1 tablespoon chermoula paste
- 1 tablespoon rapeseed oil

For the dressing

- 1 tablespoon tahini
- 3 tablespoons warm water
- 1 lime, zest and juice
- 1 lemon, zest and juice
- freshly ground black pepper

1. Preheat the oven to 220°C/Fan 200°C.
2. Mix together the tahini and white miso and spread the mixture evenly over the chicken thighs. Add the pepper, courgette, onion, tomato, aubergine and whole garlic to a baking tray.
3. Combine the chermoula and oil in a small bowl and pour over the vegetables. Toss until evenly coated. Put the chicken on top of the vegetables and bake for 20 minutes. After 20 minutes, reduce the oven temperature to 180°C and cook for a further 10 minutes, until the vegetables are caramelised and the chicken cooked through.



4. Meanwhile, make the dressing. Put the tahini in a small bowl and add the water to loosen. Add the lemon and lime zest and juice, season to taste, and stir to combine.
5. Remove the vegetables and chicken from the oven, checking that the chicken juices run clear. Transfer the vegetables to a serving plate and place the chicken thighs on top. Drizzle over the dressing.

Top tip: To lower the fat and calorie content, use skinless chicken breasts instead of chicken thighs.

Ryan Riley is a multi-award-winning food writer and stylist, and the founder of Life Kitchen. Life Kitchen was set up as a free, UK-wide cooking school to help people living with cancer restore the pleasure they get from food by focusing on taste. Visit lifekitchen.co.uk

Maple brûlée pears with coconut yoghurt

Serves 2

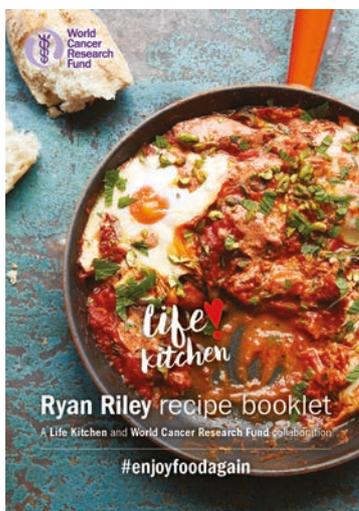
- 2 pears, peeled, cored and sliced lengthways
- 1 tablespoon maple syrup
- 15g currants
- 1 lemon, zest and juice
- 100g fat-free, no-added-sugar coconut-flavoured yoghurt

1. Preheat the oven to 180°C/Fan 160°C.
2. Place the pears on a baking tray, brush with the maple syrup and bake for 20–25 minutes, until they are just browning at the edges. Set aside and leave to cool slightly.
3. Meanwhile, pour the lemon juice into a small bowl and add the currants. Allow to soak to plump up and take on some acidity to cut through the sweetness of the pear and yoghurt.
4. Divide the yoghurt equally between two bowls and top each with a whole pear. Sprinkle over the lemony currants and serve.

Top tip: You can use a different flavoured yoghurt if desired – opt for a fat-free, no added sugar version.



Recipes: World Cancer Research Fund and Ryan Riley. Images: World Cancer Research Fund and Clare Winfield.



The Ryan Riley recipe booklet is available to order or download from wcrf-uk.org

Support *for you*

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

Someone to talk to



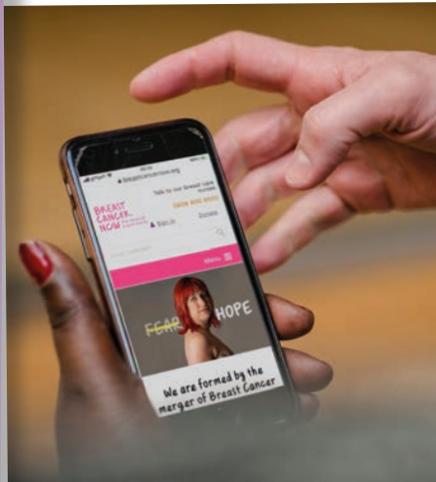
Helpline

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



Becca

Download the Becca app for hints to help you move forward after treatment.

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 other people 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

Call 0345 077 1893

Visit breastcancernow.org

Every step

you take

Whether you've never taken on a walking challenge before or tackle one every year, we have some incredible ways you can walk and show your support in 2020.



'The loveliest day'



'Last summer, I gathered my friends and walked for people with breast cancer and we had the loveliest day together.'

'We all know from first-hand experience how breast cancer can affect your life, as well as the lives of your loved ones.'

'I encourage anyone to step up to the challenge and walk to help Breast Cancer Now raise more money.'

Jane,
Breast Cancer Now walker

There are lots of opportunities to get fit, have fun and support our life-changing research and services for people living with breast cancer.

If you're starting out, why not challenge yourself to Walk 500,000 steps over two months to help build your fitness? Or take on a 10 or 20 mile Pink Ribbon Walk in an iconic location.

Test your endurance at one of our Ultra Challenges: at the London Winter Walk, on the Isle of Wight, trekking capital to coast or hiking the Seven Sisters. With some training and our support, you can choose from 25, 50 or 100km distances.

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Breast Cancer Now does not endorse any product advertised on these pages. Speak to your specialist team before buying compression garments for lymphoedema.

Anna, Didcot, diagnosed with breast cancer in 2014

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To help us work more efficiently, we may analyse your information to make sure you receive the most relevant communications. This may include using publicly available information. You can ask us to stop this at any time, by contacting us using the above contact details. You can read more about how we will use your information on our website at breastcancernow.org/privacy, or contact us if you'd like a paper copy.

