

FREE

vita

the breast cancer magazine

Issue 10 summer/autumn 2011

breast
cancer
care 

JUST THE JOB

Breast cancer inspires a career change for three women

*Let's talk
about sex*

The effects of treatment on your sex life

DEAR DIARY

One reader shares her breast cancer journal

REAL-LIFE COVER STAR

The kids are alright

How Jenny Richards' children reacted to her breast cancer



Support for people
living with and beyond
breast cancer



We understand your need for support doesn't end when treatment finishes. Our Moving Forward services and information are here for anyone living with and beyond breast cancer, helping you approach life after treatment with confidence. Whether you're managing the on-going side effects of treatment, thinking of going back to work or looking to improve your overall wellbeing, Moving Forward can help.

Visit www.breastcancercare.org.uk/movingforward
or call our free Helpline on 0808 800 6000 to find out more.

Personal experience professional support

moving
forward®

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Welcome to **Vita**

Thank you to everyone who filled in the **Vita** reader survey last summer. Overall you like reading **Vita** and find it useful in understanding more about breast cancer, which we're really pleased about. You also gave us lots of suggestions for what we can do to make **Vita** even better and we'll be taking these on board when planning future issues. You can find more on the results of the survey on page 19 of this issue.

One of the parts of the magazine you told us you particularly like is the Real lives feature. In this issue you can read two women's very different accounts of dealing with hair loss. Coral (page 8), who has secondary breast cancer, had a long search to find a suitable afro wig while Donna (page 9) decided to turn the loss of her hair into a positive experience. There's also Jenny (page 7), our real life cover star, who talks about how her children took the news that she had breast cancer.

We hope you enjoy this issue. If you have any comments on it or would like to be involved in the next issue, get in touch with us at the email address below.

Laura Fountain
Editor

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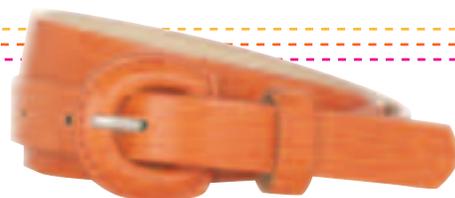


Lazy days at the beach

Team colourful accessories with your outfit to brighten
up your summer/autumn wardrobe



Clockwise from top: red catseye sunglasses £14 Accessorize; pink neon jersey stole £18 Accessorize; canvas shopper £18 Accessorize; straw hat £4.99 New Look; orange belt £5 F&F at Tesco; multi bangles £12 Next; blossom orange canvas wedge £45 Monsoon





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Top tips for planning your HOLIDAY

- 1 Chemotherapy can make your skin more sensitive and this can very occasionally last for several years after treatment. Radiotherapy can make the skin of the area that was treated sensitive, particularly in the first year after treatment, and this may continue for many years. Be extra careful and protect this area from sun exposure with a high factor sun cream, even when you're in the UK.
- 2 If you are taking medication, ensure that you have plenty to cover your whole trip, and allow a few days' extra supply in case of delays. You should pack your medication in your hand luggage and keep it with you so that it doesn't get lost.
- 3 It's helpful to carry a full summary of your medical condition from your doctor. This should describe your condition, your previous treatment and give details of medication you are taking.
- 4 If you're flying abroad this summer, you may notice that full body scanners have been introduced in some airports for security. If you wear an breast prosthesis, it is advisable to notify security staff before being scanned as these will always be seen on the scanned image. Although this may be awkward or embarrassing, it will mean that you are less likely to be searched than if you had not declared it. Carrying a letter from your GP or breast specialist confirming your situation may also be useful.

Courage under fire

After a series of serious illnesses, being diagnosed with breast cancer and having to have a mastectomy was another blow for Angela. But despite all that she's been through, Angela is determined to move forward.

In 1988 I was diagnosed with type two diabetes and after that my health deteriorated. It felt like as soon as I started recovering from one illness something else happened to me. I've also had gynaecological problems which I had treatment for and I ended up in intensive care with septicaemia.

Then I had pneumonia and while I was in hospital I noticed a lump on my left

nipple. It was very tiny and at first I thought it was just a spot or something but it got bigger very quickly.

After some investigations and various tests I was told I had breast cancer and that I would need a mastectomy. My diabetes caused complications with my surgery and I was taken into intensive care because I was so ill. When I came round and saw the scar where my breast

had been I wanted to die. I thought: 'I cannot live like an Amazonian woman with no breast.' I felt mutilated and I felt a sense of degradation. I cannot explain the emotional pain and the hurt that I felt.

Because of my diabetes, I couldn't have a reconstruction at the time of my mastectomy. But the doctor came to see me and said: 'I give you my word that I am going to get you a reconstruction.' It took

feel like I have to rush to find my prosthesis and put it in whenever the doorbell rings. I'm now just waiting to have nipple tattoos to complete it.

Now, whenever something is wrong, I worry that I might have secondary breast cancer. Since having breast cancer I've had a bowel condition which had to be investigated. I had an MRI scan which showed patches on my spleen and the doctors



'My diabetes caused complications with my surgery and I was taken into intensive care because I was so ill.'

a year for me to heal well enough to have the surgery.

I had my reconstruction last November and, although it has felt tight, uncomfortable and painful at times, it has made a huge difference to how I feel. It has made me feel womanly again. I do not

were concerned that it could have been cancer. But it turned out to be scarring from a fall earlier in the year.

Two of my friends have secondary breast cancer and three have died from it, so it's a real worry for me. But I'm determined to go on.

Picture this

The Moving Forward photo gallery is a new online exhibition featuring people who have completed treatment and are moving forward from breast cancer. Read about others living with and beyond breast cancer and access free information and support.

You can add your photo, whether you have recently finished treatment or had breast cancer several years ago. Visit www.breastcancercare.org.uk/mfgallery

The kids are alright

When Jenny Richards was diagnosed with breast cancer she had plenty of questions she wanted to ask. But as it turned out, she would need plenty of answers of her own.

One of the first questions that raced through my head on diagnosis was 'What on earth am I going to tell the kids?'

I'm a single parent of four children aged between 12 and 24. As it turns out, telling them wasn't a problem as they'd known I had a doctor's appointment for a lump so they knew something was going on. I explained I'd found a lump but it was probably a cyst as I'd had them before, and that I wasn't worried, which was true. From then on they wanted to be kept informed about what happened, so they knew when I went to the clinic, and they knew when I went for my results. As it turned out, the lump I had discovered was just a cyst, but the ultrasound unfortunately revealed another suspicious lump of around 16mm which turned out to be grade 2 IDC (invasive ductal breast cancer).

As a family we've always

been pretty honest with each other and they knew I wouldn't lie to them or try to keep things from them. I had broken bad news to them several years earlier, as their dad had died suddenly when the youngest was just six. I discovered then that honesty really was the best policy.

My view was that they should be able to ask honest questions and get honest answers, so they knew I wasn't hiding anything more

'I was so glad that my daughter felt able to ask such a difficult question, and that I was able to address her fears.'

serious from them. I didn't force details on them, but let them know that they could ask any questions, and they would get a straight answer. My son, the oldest, didn't want to know any details and so didn't ask any questions. My oldest daughter asked the same questions that I had asked myself, so I was able to answer her fairly easily. My



youngest certainly called my bluff one day. We were in the car and I was concentrating on driving safely round a busy roundabout when she said 'Mum, what happens to us if things go wrong?' Boy, does she pick her moments!

brother and sister were adults and would look after them. They wouldn't get shipped off to live with anyone else. And that, it turns out, was what had been bugging her! It hadn't occurred to me that might be what she'd be worrying about so I hadn't explained before.

Children are deep thinkers, even young children, and their worries and concerns can be really deep. But their perspective on life is so different to an adult; it's not surprising I hadn't thought of everything. I was so glad that my daughter felt able to ask such a difficult question, and that I was able to address her fears. And she has since apologised for choosing to broach the subject at that particular roundabout!

The right fit

For Coral, finding a wig she identified with was a tricky task.

When I was first diagnosed with breast cancer in 2003, my initial thoughts were about fertility. I was only 33 and in a serious relationship, but the thought of having children had always seemed a long way into the future. Suddenly it was all I could think about.

Although my partner and I were told it would be okay for me to try to get pregnant two years after diagnosis, I decided to wait for five to be on the safe side. I fell pregnant shortly after trying.

Six months after giving birth, I felt pain in the side of my operated breast. I visited my GP who gave me painkillers and told me it was due to my recent pregnancy. But the pain got worse and eventually I was referred for an MRI scan. A subsequent CT scan revealed my greatest fear. The cancer had returned and spread to my sternum. The scan also showed lesions in my liver. I was devastated and began wondering how long I had left with my baby.

After speaking to my oncologist I discovered the recurrence was nothing to do with my pregnancy. I couldn't wait to start chemotherapy but knew I'd lose my hair and decided to have it shaved beforehand. When it began

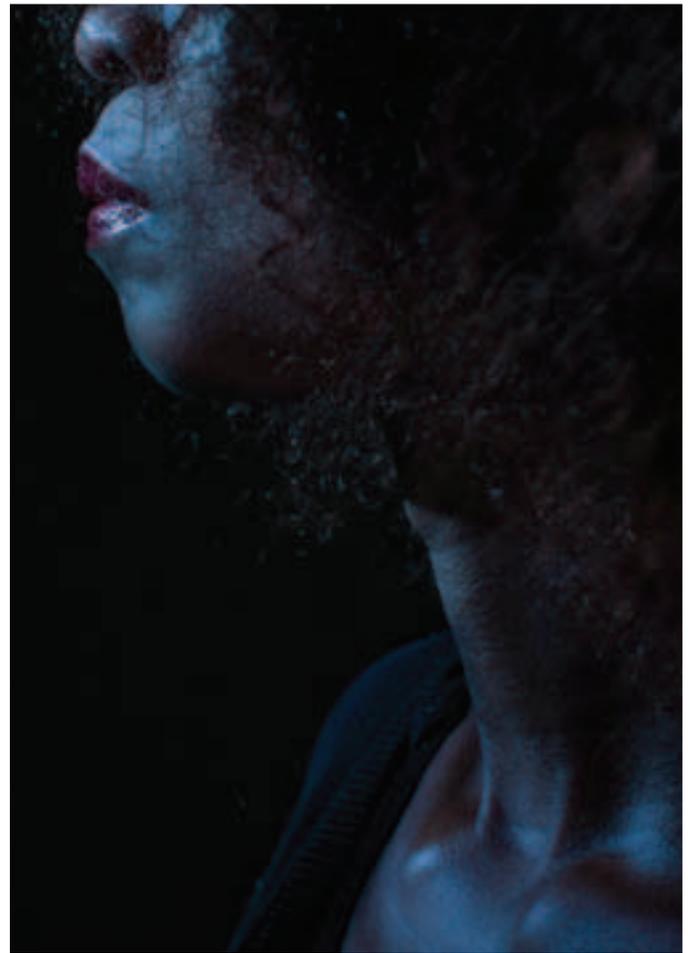
to look patchy, I realised I might need a wig. I've always worn my hair in a natural afro hairstyle and wanted something similar.

It wasn't easy. I looked online and in shops. I contacted all the organisations supplied to me by cancer charities but their wigs were straight or clearly designed for European women. The black hair websites also mostly stocked straight wigs. There was nothing that resembled my old hair. I tried straight wigs but felt a fraud in them. To me, my natural afro hair had been a recognisable part of me and a symbol of my

'I tried straight wigs but felt a fraud in them. To me, my natural afro hair had been a recognisable part of me and a symbol of my self-confidence and identity.'

self-confidence and identity.

A friend suggested I look on YouTube, where lots of black women try out different wigs and provide feedback. It sounded an odd place to find a wig but I had nothing to lose. I spent night after night trawling through wig demos and finally found one I liked. I remember the day it arrived. I felt so excited. The wig was great but huge! I looked as if I was about to go to an



audition for *The X Factor*. It was definitely diva hair! I needed it cut but I hadn't visited a hairdresser in years and had no idea how to ask for what I wanted.

After a few failed attempts, I had it cut at Toni&Guy's Strength in Style service, which offers subsidised wig cutting to cancer patients. I'm now quite happy with my afro wig but it took me six months to find and cut it,

which I think is too long for any cancer patient. I'm now looking for ways to provide a resource for black and ethnic minority women who require wigs that reflect their ethnicity more. I'm hoping to get black hairdressers on board to provide the kind of services to black women with cancer that hairdressers like Trevor Sorbie and Toni&Guy offer. Read Coral's blog at www.afrochemo.blogspot.com

On my terms

The thought of losing their hair is a distressing one for many women diagnosed with breast cancer. For Donna Cunningham, losing her hair was something that was going to happen on her terms and she was determined to make the best of a bad situation.

One of the biggest fears for me when I was first diagnosed with breast cancer was the thought of losing my hair. I've always had really long and thick hair since being young and never had short hair so I was really worried.

I was diagnosed in January 2010 and told I would need surgery followed by chemotherapy and radiotherapy. I knew that having chemotherapy meant losing my hair and I was really dreading it. After taking some advice from my breast care nurse I went out and bought a lovely real hair wig that looked pretty similar to my own hair in preparation for the hair loss.

My hair started falling out about 10 days after my chemotherapy treatment started. I wanted to do something with it before I started to get bald patches. I decided that as I had the wig and it was inevitable that I would lose my hair, that I would take matters into my own hands.

I did my make-up as if I were going on a night out,

so I'd look my best, and with the help of my boyfriend we decided to cut my hair. Instead of just going for the whole chop in one I decided it was a perfect opportunity to try out different styles. I'd bought a hair magazine for inspiration for different styles to try. I went from long, to mid

'My hair started falling out about 10 days after my chemotherapy treatment started. I wanted to do something with it before I started to get bald patches.'

length hair, then with a fringe to a short cropped fringe, a bob, right the way through to a Mohican look. Throughout the process we took lots of pictures and it really made me feel better.

I actually enjoyed the experience of cutting my hair, tried out a few styles I may be

able to have in the future and now know what does and what doesn't suit me.

Since my treatment finished last November my hair has started to grow back and is now about four inches long on top. I still have all the pictures and it's nice to look at them and see what styles I might have in the next 12 months or so.

I found cutting my hair, messing around with funky styles and taking the photos to be a positive experience from something that was initially very scary. It took away all my fear and dread of losing my hair.



Find out more

HeadStrong can help you prepare for the potential shock of losing your hair due to cancer treatment. At a free private appointment, a trained volunteer will show you how to make the most of scarves, hats and other headwear as an alternative to wigs. They'll also talk you through how to look after your hair and scalp. To find out more call the Helpline on **0808 800 6000**.

JUST THE JOB

Have you ever had a business idea related to breast cancer?
Step forward Ciara Priestly, Sheila Logan and Camille Johnson.

Flying high

'She's such a strong person.'
When Camille Johnson talks about her mother Hilary, you can hear the admiration in her voice. Hilary was diagnosed with breast cancer 17 years ago and her treatment included a mastectomy. 'At the time, there were no nice mastectomy bras available. I remember once mum bought

three new bras for £140 but didn't particularly like them.'
Camille's background in buying and merchandising meant she was confident there was a gap in the market: 'You couldn't get the right product in the right place at the right price.' She made a business plan but couldn't find a bank to invest. 'Lingerie is stock-intensive, so it's an expensive business. You need multiple copies of every bra in

several sizes.'
Faced with a lack of support, she put the idea on hold for a few years until a combination of turning 30 and finding inspiration in Paulo Coelho's novel *The Alchemist* made her decide to quit her job and focus on creating Pink Ribbon Lingerie.

'I took a year out. I sourced products, found manufacturers and researched the market. My family and I decided to fund the company ourselves. What's unique about us is that our products are sourced from around the world and all of them are tried on by people who've had breast cancer to get their feedback.'

Like Ciara and Sheila (opposite), helping people with breast cancer is one of the most important reasons Camille decided to create her company. 'Positive feedback from customers is always a big boost. Helping my mum and others in a similar situation is at the heart of why I'm doing this. I couldn't do something that I'm not passionate about.'



'Helping my mum and others in a similar situation is at the heart of why I'm doing this.'



Head up

Ciara Priestly was just 27 when she was diagnosed with breast cancer. She describes it as 'probably the biggest shock I'll ever experience' and found losing her hair the toughest side effect of all. After becoming 'fed up with people's sympathetic looks when I was wearing an NHS bandana', Ciara began designing her own headwear instead. 'I wanted people who saw me to wonder where I got my fantastic headscarf instead of just seeing a sick person.' So Ciara set about designing something

'attractive, glamorous and above all comfortable.'

After plenty of positive feedback, which included other cancer patients asking if she could create designs for them, she saw an opportunity to develop a business and 'help others in the same situation' at the same time. The result was Headscarves by Ciara, which stocks scarves and hats, as well as more glamorous headwear for special occasions.

All the company's products are made to order based on customers' measurements since, as Ciara points out, 'there's nothing worse than

an ill-fitting headscarf and we all fear that "windy day - lose headscarf" incident"! As well as orders from her website, she also offers a one-to-one service, where customers can try on headscarves in person, have a chat and get advice on which styles and colours suit them best. For Ciara, this is the most rewarding aspect of the business. 'It allows me to meet people in a similar situation, discussing their fears and offering advice.'

There have been long hours and difficult times along the way, but overall Ciara says that creating the business



was 'definitely the best thing I have done and I'm confident I made the right decision in setting it up'!

'I wanted people who saw me to wonder where I got my fantastic headscarf instead of just seeing a sick person.'

Just cushy

When Sheila Logan had a lumpectomy, it left two 'awkward and painful' wounds one of which was under her arm. The position of both wounds meant her arm was constantly rubbing against them, making daytime activities difficult and stopping her sleeping properly.

Unable to find any specialist products to protect herself, Sheila decided to design her own. She began by making

a shaped cushion to make sleeping more comfortable. After that was successful, she created a version with a shoulder strap. This made day-to-day tasks possible without pain.

Her third design is her favourite. Although the first two cushions provided invaluable support in private, she wanted something that could be worn in public without attracting attention. Her stylish black leather bag has space to hold several

items but also provides cushioning. Sheila explains: 'everyone who's seen it has been positive. It's such a simple idea. No-one apart from the wearer realises it is anything other than a shoulder bag.'

After encouragement from friends, Sheila created TenderCush so she could sell the designs. Less than two years later, the business has grown from being run 'on a 35-year-old sewing machine from the loft' to a point

where the manufacturing is outsourced to a local company. Funding from the Cultural Enterprise Office in Scotland has also allowed her to patent the bag.

Asked about her advice to other people affected by breast cancer considering starting their own business, Sheila says: 'Go for it! If there's something you want to do that will give you a focus, it's great to do it. Every small success along the way can help you feel better.'

Pink Ribbon Lingerie W: www.pinkribbonlingerie.co.uk E: info@pinkribbonlingerie.co.uk T: 020 8516 7744

Headscarves by Ciara W: www.headscarvesbyciara.co.uk E: headscarvesbyciara@yahoo.co.uk T: 07714 289 263

TenderCush W: www.tendercush.co.uk E: info@tendercush.co.uk T: 07980 470 072

What you need to know about recurrence

Many people who have been treated for breast cancer worry that it might come back again in the future; this is known as recurrence. **Senior Clinical Nurse Specialist Carolyn Rogers** explains what recurrence is and what symptoms you should look out for and report to your specialist team or local doctor (GP).

At your diagnosis and after surgery, tests will have been done to find out information about your breast cancer. The results of these are used in planning your individual treatment to ensure it is as effective as possible to reduce the risk of the breast cancer coming back. This may include surgery, radiotherapy, chemotherapy, hormone therapy and targeted therapy. However, sometimes breast

cancer can return despite treatment and this is called recurrence.

Local recurrence is when breast cancer comes back in the same area as the original cancer in the chest/breast area or in the skin near the original site or scar. In this case the cancer cells have remained in the local area and have not spread to other areas of the body. Sometimes this can happen more than

once. You can also develop a new primary breast cancer in the same breast or other breast. This is not the same as local recurrence.

Recurrence

A regional recurrence is when breast cancer comes back following treatment and has spread to areas around the breast such as the muscles on the chest wall, the lymph

nodes under the arm (axilla), breastbone (sternum) and between the ribs, called internal mammary nodes, or the nodes above and below the collarbone (clavicle).

Having a local or regional recurrence of breast cancer is not the same as having secondary breast cancer (sometimes called metastatic, stage 4 or advanced). Secondary breast cancer occurs when cancer cells



from the breast have spread to other parts of the body such as the bones, lungs, liver or brain.

Staying aware

Be aware of your breast/s and body after treatment so that you can notice any changes and notify your treatment team. This means that any changes can be assessed and treatment started if it is needed.

Whether you have had breast conserving surgery or a mastectomy (with or without breast reconstruction)

it is important to remain breast aware, even if you are still having follow-up appointments or regular mammograms.

After treatment for breast cancer it can be difficult to know how your breast or scar area should feel. The area around the scar may feel lumpy, numb or sensitive. You will get to know how it looks and feels so you know what is normal for you. This will help you feel more confident about noticing changes and reporting them early to your specialist team or your GP.

Find out more

You may find the publications **Your follow-up after breast cancer: what's next?** and the **Moving Forward** resource pack useful. **Breast Cancer Care** also runs **Information Sessions** on the signs and symptoms of recurrence. To order publications or find out about the information sessions, call the **Helpline** on **0808 800 6000**.

What to look & feel for

Changes to look and feel for in the breast, scar and chest wall area.

- Change in shape or size.
- A lump or thickening that feels different.
- Change in skin texture such as puckering or dimpling.
- Swelling in the upper arm.
- Pain.
- Nipple discharge.
- Redness or a rash on the skin and/or around the nipple.
- An inverted (pulled in) nipple or changes in the position or shape of the nipple.
- A swelling in your armpit or around your collarbone.

You should also be aware of any changes in your other breast, and report these to your specialist team or GP. If your breast cancer does come back, the treatment offered will depend on how it was treated previously and how long ago, but could include surgery, radiotherapy and drug treatments.

Let's talk about sex

Women can be affected in many different ways after their diagnosis of and treatment for breast cancer. We look at some of the ways that breast cancer and its treatment can affect your sex life and what may help you with this.



Being diagnosed with a life-threatening illness will almost certainly affect how you feel about sex and intimacy. You may not feel like expressing yourself sexually at a time when you're dealing with so much or you may want to be intimate or have sex to give you a feeling of normality during what is an uncertain time. Additionally, the treatments you receive may have an effect on your sexual desire and sexuality. Around half of all women who have breast cancer will experience some changes in how they feel sexually or in their sex life. These can occur during treatment, in the weeks and months after treatment or even years after treatment has finished.

Pain or discomfort

Treatments for breast cancer such as surgery and radiotherapy may cause a level of pain or discomfort, so you may experience pain for a number of different reasons. If you are in pain you may feel that you want to concentrate on feeling well again and that you don't have the energy or desire for sex.

Being intimate or having sex can be painful or uncomfortable because of loss of lubrication, either through general anxiety or because of the effects of your treatment.

Pain relief may help with

any discomfort you're feeling that relates to your surgery or following radiotherapy to the breast. Although having to think about taking pain relief before having sex and being intimate may change how you feel about the experience. However, any pain or tenderness you experience should lessen as the area heals. Alternatively, a change of position during sex or intimacy may also help – for example, one that puts less pressure directly on to your chest.

Your hormones

Any treatments that alter the level of the hormone oestrogen in your body can cause vaginal changes, such as dryness and/or irritation, which can make penetrative sex painful. Vaginal dryness is a very common menopausal symptom in women, and for those who have had treatment for breast cancer, it can be very distressing in addition to coping with their diagnosis and treatment. The most commonly used treatment for vaginal dryness is HRT (hormone replacement therapy) but it is not usually given to women who have had breast cancer. However, some specialists will consider prescribing locally acting hormone treatments, such as oestrogen cream, which can be applied to the vagina safely for short periods of time.

There are also some simple, practical steps you can take that don't involve using hormones. Some women say that wearing loose-fitting, cotton underwear and not wearing tight-fitting trousers or panty liners can help, as this is less likely to irritate the vaginal area. It may help to avoid perfumed soaps or bath products. You can also try to relieve the symptoms with vaginal moisturisers and lubricants.

Vaginal lubricants tend to be shorter acting than moisturisers and are either water or oil-based. Water-based lubricants include KY jelly, Yes (water-based), Astroglide, Pasante TLC, Lube or Sylk. Oil-based lubricants like Yes (oil-based) and baby oil are longer lasting and give additional protection to the vagina if it is dry or sensitive. Lubricants are usually intended to help sexual intercourse but can be effective at relieving discomfort and dryness in the vagina generally.

If you are having intercourse and intend on using a condom for protection, water-based lubricants

are safe to use with latex condoms but oil-based lubricants are not.

Keep talking

It is not unusual to experience a loss of confidence when starting to have sex or intimacy again after breast cancer treatment. You may experience feelings of tension or fear and be worried about experiencing pain. Talking honestly with your partner can help you both to relax. Your partner may be anxious or fearful as well, so talking about this may help clarify what is happening and help put you both at ease.

Talking about sex can be difficult. You may find it a hard enough subject to discuss with your partner or a close friend, let alone someone involved in your treatment. Additionally, you may be from a background or culture in which sex and sexuality are rarely discussed. But talking to your breast care nurse or local doctor (GP) can help. Your GP can also refer you to a sexual counsellor who can explore the difficulties that you may be having.

Find out more

You might find the publications **Sexuality, intimacy and breast cancer** and **Menopausal symptoms and breast cancer** helpful. You can order a free copy of these by calling the **Helpline on 0808 800 6000**.



Dear diary

Writing down her thoughts and feelings during treatment for breast cancer, as well as keeping a record of all her appointments, helped Sue Hadlow to deal with the experience. Here we publish extracts of the diary she kept.

5 November 2009

Monday evening there was a letter waiting for me from Breast Test Wales. I'd recently had a mammogram at the mobile unit in Pencoed. In the letter they asked me to go to the breast clinic to have further investigations.

When I arrived I realised there was something more serious than I had thought. I was gowned up and asked to wait to see the consultant radiologist. They explained that they had to do a core biopsy, which meant taking small pieces of tissue from the abnormal area in my breast to be examined under a microscope. Home again, another night of worrying.

10 November 2009

My daughter and I arrived at the clinic. I was being positive and thought the news would be OK. How wrong could I be? So much

to take in. I don't think we both heard everything, but I knew they had found cancer in my breast. The cancer was invasive lobular carcinoma. I came away distressed, and unsure what was going to happen. All I could think of was getting home.

I had to get home and talk to my husband, my son and my closest friends who had all been anxiously waiting for news. I was determined to tell them I was going to be positive. This was not going to be easy. I was already dealing with a heart condition, which had caused me difficulties earlier in the year. I was dealing with this, now my world has been turned upside down. I now have breast cancer... how are we going to cope with this?

November 2009

Things happened so quickly. The cancer team had to

speak to my cardiac team to get up-to-date reports on my existing heart condition and how my heart specialist would feel if surgery was necessary.

1 December 2009

We met my consultant again. My daughter and I sat again in the Royal Glamorgan Hospital waiting room, which has now become a second home. The news was as good as it could be: there was no sign of any cancer in the other breast and surgery could take place on the affected breast as my consultant had received the OK from the cardiac team.

December 2009

My daughter and I arrived at the hospital on Tuesday 15 December. My daughter was allowed to stay with me. Wednesday morning came, I was definitely ready to get the operation over with. I just wanted to be home with my family. The morning was very long, as I was due in theatre at 1.30pm. It seemed a lifetime away. On the way down to theatre we had a long chat with the team. The

next thing I remember was seeing my daughter in the recovery room.

Christmas 2009

We are all so relieved that I am home for Christmas but very aware that we will be back soon for the results of the operation. My breast care nurse rang. She has been wonderful giving me information. A support group called as well and my GP.

Emotionally I just felt so alone and frightened but everybody in my family was there to help and I knew I had to be strong for them as well as for myself.

29 December 2009

We saw my consultant and the news was the best Christmas present ever. They hadn't found any additional cancer. The tumour has been removed as well as the two cancerous lymph nodes. I am to stay on letrozole for five years and go for radiotherapy in Cardiff as soon as the breast has healed.

I am still being very positive; very frightened at the

prospect of treatment but we will get through it. Five days a week of radiotherapy is hard going but transport is sorted.

28 March 2010

I am 12 days into treatment and feeling totally exhausted, and have not much appetite. I am feeling so tired I cannot do what I want to do, but I know that eventually my strength will return. All I want to do is get out into the spring weather and walk.

April 2010

I am feeling slightly isolated at the moment because treatment has finished and although I have appointments with my own GP I am now waiting for my first check-up with the cancer team. I am trying to get back to some sort of normality and get out

walking, which I really enjoy. I think the whole six months has made me think about what's important in my life and I am going to make positive changes because I have been given a second chance.

I have found it has helped me that I can write down everything that has happened over the past six months. Knowing everything is on paper I can check anything.

June 2010

Every time I see a little marking on my skin or new lumpy bit, immediately I need to know that everything is OK. Things will be tough. I know I have bad days when I really don't feel good, but I have such a wonderful supportive family. I know that I will get through the next five years and at each review we'll deal with it together.

'I have found it has helped me that I can write down everything that has happened over the past six months.'



Keeping a diary

Some people find that keeping a diary of how they are feeling day to day helps their physical and emotional recovery after breast cancer. There's no right or wrong way to do this – it's up to you how often you write in your diary, what you include and where you write it. You could use a diary, a blank notebook or even a computer.

Model behaviour

As preparations for this year's fashion shows get under way, we go behind the scenes to meet the London models.



Models from all over the country met in London this summer for the first step on a journey that will see them striding down the catwalk at Breast Cancer Care's annual fashion show in October.

The Breast Cancer Care fashion shows feature models who have all had a diagnosis of breast cancer. The events celebrate the models' strength and courage while showcasing the very latest in designer fashion to raise money for Breast Cancer Care.

More than 150 people applied to model in this year's London fashion show. These applications were whittled down to 24 models including two men who have had breast cancer. The models

were invited to London to meet each other and to have their measurements and their photos taken.

The atmosphere was one of excitement with everyone involved delighted to have been selected. Alex Symington said: 'I'm very excited and a little bit nervous about being in the show. Just to be part of something that raises money and promotes awareness in such a great way is brilliant.'

Brian Hollingworth, one of last year's models, was on hand to give this year's models a few words of advice and let them know what to expect. He said: 'Being a model was an unbelievable experience. It was more fantastic than I could have

imagined. My wife was in the audience and was in tears. I'm a bit jealous of this year's models because I know they'll have an amazing experience.'

There was also a famous face among the models as Trisha Goddard the TV talk show host will also take to the catwalk this year.

Show choreographer Lesley Goring and Hilary Alexander, fashion director at *The Telegraph* and general style guru, took their measurements. They were also asked what colours and materials they would like to wear and the type of clothing they wanted to avoid.

The next stop for the models before their big day, will be a fitting day later this year when they get to try on the clothes

they will be wearing down the catwalk. You can find out how the models got on at The Show in the Winter issue of Vita.

The Show Glasgow
Thursday 29 September
Call 0141 353 8330.

The Show London
Wednesday 5 October
Call 0845 092 0806.

The Show Cardiff
Wednesday 7 March
Tickets will be on sale from the end of September.
Call 0292 023 4070

For more information
about all the Breast
Cancer Care Shows visit
www.breastcancercare.org.uk/theshow

'Being a model was an unbelievable experience. It was more fantastic than I could have imagined.'

OUR SURVEY SAYS...

The results have been counted and verified and we can now announce what you think about Vita magazine.

The main aims of **Vita** are to give people information about breast cancer, its treatment and its side effects as well as, hopefully, making readers feel there are other people out there who understand what they're going through via our real life stories. To make sure we're doing both these things, and doing them well, in last summer's issue of **Vita** we asked readers to fill in a survey to tell us what they thought about the magazine.

The results of the survey have been analysed and we're delighted that the vast majority of readers like the magazine and find it useful. In fact 98% of readers told us that reading **Vita** helped them understand more about breast cancer.

Another 98% of people who responded said they would recommend **Vita** to others while 91% of people said that

reading **Vita** helps people with breast cancer ask their doctors more questions about their treatment.

We know that it's not just what we're saying but how we say it that's important so we asked readers what

they thought about the tone of **Vita**. 95% of people said that they found **Vita** easy to understand and 98% of readers told us that **Vita** had the right level of seriousness.

We also asked you what you thought about the pictures we use: 96% of people thought the age of the people in our pictures was about

right and 95% said that the emotions and expressions were appropriate – so not too happy or too sad. As far as possible, we try to use real people affected by breast cancer in our images and we're glad that you think

in the reader survey or not, you can always contact us to tell us what you think about the magazine.

Only 13% of readers throw away or recycle **Vita** when they've finished reading it. The rest of our readers either pass it on to a friend (30%), leave it in a waiting room (18%), give it to a family member (16%) or keep it for future reference (23%). This is great news for us because every copy of the magazine that gets passed on or left in a waiting room means more people reading it.

If you know someone that you think would benefit from reading **Vita**, pass it on and let them know that they can join our mailing list to get all future copies of **Vita** completely free. And if you're a member of a support group, we're happy to send you as many copies as your group needs.

91% of people said that reading Vita helps people with breast cancer ask their doctors more questions about their treatment

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98%
of readers told us that reading **Vita** helped them understand more about breast cancer

Ask a breast cancer expert

We look at some of the typical questions that our experts on the Breast Cancer Care Helpline and Ask the Nurse service have been replying to recently.

Q I had surgery for breast cancer a few weeks ago including the removal of a few lymph nodes. I've been told to be careful with that arm forever now to reduce the risk of lymphoedema. I have two young children and I don't see how I can avoid using that arm.

A Lymphoedema is swelling caused by the build-up of lymphatic fluid in the tissues. Following treatment for breast cancer this lymph fluid build-up may occur as a result of damage to the lymphatic system because of surgery and/or radiotherapy to the lymph nodes under the arm (axilla) and surrounding area. It is not known why some people go on to develop lymphoedema and others don't but it is thought that an infection or injury to the 'at risk' arm increases the possibility. This is why you've been told to be 'careful', although it's important to

stress that this doesn't mean not using your arm. In fact quite the opposite; it's helpful to keep using and gently exercising your arm as this helps to keep the lymph fluid moving.

What you need to try to avoid is injuring your arm. There is lots more detailed advice on our website and in our publication *Reducing the risk of lymphoedema*. For example wear insect repellent to avoid insect bites on your arm and sunscreen to avoid sunburn. Use electric razors to shave under your arm to avoid cuts and inflammation. Use gloves when gardening or washing up. With regard to lifting, it's best not to strain your arm so avoid sudden, heavy lifting. There's no set 'safe' weight you can lift because what will cause a strain will vary from person to person depending on many things, including their level of fitness. You can gradually build up your strength and flexibility after your surgery and this should help you resume your normal activities, including those with your children.



Q I have just had my first cycle of FEC chemotherapy and I have been sick for the past few days although it's getting better now. They gave me tablets at the hospital but they didn't help. What can I do? I'm dreading my next cycle.

A The amount of nausea that people experience after chemotherapy really varies but it sounds as if you had a particularly rough time. I would really encourage you to speak to your chemotherapy team if you

haven't done so already. There are many different drugs available to treat nausea and vomiting after chemotherapy so your chemotherapy team may need to give you something different to try to make sure that your second cycle is better.

There are a few things you can try. Some people find wearing acupressure wrist bands helpful (you can buy these online or at many pharmacies). Others find drinking ginger beer or ginger tea beneficial. But it's important that you find the right anti-sickness drug (or combination of drugs) to manage this so please do get in touch with the hospital to discuss this.

Q My wife has recently been diagnosed with secondary breast cancer in her bones. She has been given Zometa to keep her bones strong and just a hormone tablet called Arimidex. Is this right? Surely she should be on something stronger like chemotherapy.

A This is a very standard approach to treating secondary breast cancer and is supported by the National Institute of Health and Clinical Excellence's (NICE) 2009 guidelines for advanced breast cancer.

If someone's cancer is known to be oestrogen receptor positive (where oestrogen binds to receptors in the cancer cell and stimulate it to grow) then specialists will often want to start with one of a variety of hormone therapy drugs such as anastrozole (Arimidex), which your wife is taking. Hormone therapy can be just as effective as chemotherapy but usually with milder side effects, which is why it's often the first choice for women in your wife's situation.



Q I've been trying to follow a healthy diet after my diagnosis of breast cancer last year. I've read conflicting reports about soya. Is it safe?

A There are plenty of conflicting reports about soya and you might find it helpful to ask the opinion of your breast specialist to see what he or she recommends.

Soya is rich in plant oestrogens or phytoestrogens. These are also naturally

contained in many foods we eat such as some cereals and green leafy vegetables.

The benefits of taking soya for women who have a diagnosis of breast cancer is uncertain. There have been trials looking at whether a diet rich in soya can help reduce the risk of breast cancer in women who have never had it. This is because it has been observed that women from Japan and surrounding areas have lower rates of breast cancer and a typical Japanese diet contains much more soya than a typical Western diet. Some research suggests that eating plant oestrogens

from a young age, before the menopause, might slightly reduce a woman's risk of developing breast cancer later in life. But there's no firm evidence that soya helps prevent breast cancer.

Right now we don't know the effects of having a diet containing very high levels of plant oestrogens or taking extra supplements on women who have already had a diagnosis of breast cancer. There is a concern that high levels of plant oestrogens could potentially stimulate cancer cells but the research is not clear enough to draw any firm conclusions.

Because of this some cancer specialists will suggest that women with breast cancer should avoid consuming large amounts of soya or soya supplements. However, a balanced diet will contain a certain amount of plant-based oestrogens and we would encourage you to eat a variety of foods from all food groups.

Call us

To speak to someone about any concerns you may have call the Breast Cancer Care Helpline free on **0808 800 6000** (Text Relay 18001).

Back to your roots

Often overlooked, this colourful vegetable is both delicious and versatile.

Beetroot and butterbean hummus

Preparation time:
10 minutes

Ingredients

- 250g cooked beetroot dipped in vinegar (not pickled)
- 1 tin butterbeans (410g), drained and rinsed
- 1-2 cloves garlic, crushed
- Small bunch fresh chives, finely chopped (reserve a few for garnish)
- 3tbsp extra virgin olive oil
- Sea salt and freshly ground black pepper

Serves 4-6

Instructions

- 1 Chop the beetroot into small dice, set aside in a medium bowl.
- 2 In a food processor blitz the butterbeans with the garlic, chives and olive oil. Season to taste with sea salt and freshly ground black pepper.
- 3 Transfer into the bowl with the beetroot and gently fold through to mix. Spoon into a serving bowl, drizzle with a little extra olive oil and garnish with a few snipped chives. Serve as a dip with pitta bread or part of a salad lunch buffet.



Moroccan beetroot and herb salad with yogurt dressing

Preparation time:
10 minutes

Ingredients

- 750g cooked beetroot dipped in vinegar (not pickled), chopped into wedges
- 250g baby spinach leaves, washed and well drained
- Large bunch fresh mint, roughly chopped
- Large bunch coriander, roughly chopped

For the dressing:

- 250ml natural yogurt (either low fat or full fat)
- 2tsp cumin seeds, roughly ground

- 1 clove garlic, crushed
- Sea salt and freshly ground black pepper

Instructions

- 1 In a large serving bowl, toss together the beetroot, spinach, mint and coriander, reserving a few of the herbs to garnish the salad.
- 2 Make the dressing in a small bowl by mixing all the ingredients together. Season to taste with sea salt and freshly ground black pepper.
- 3 Drizzle the dressing over the salad just before serving and garnish with the remaining herbs.

Serves 4

Recipes courtesy of www.lovebeetroot.co.uk

Visit our new Moving Forward gallery



The end of treatment was weird. Everyone thinks you're better, but you feel completely different. I've worked hard to get back to a similar level of fitness, and I've recently become a job-sharer. I also wanted more time to spend with family and friends and to pursue other interests. Now I have a better work-life balance.

Amanda, Southwold

We understand the need for support doesn't end when treatment finishes. Our new Moving Forward online photo gallery features people who have all had treatment for breast cancer. It highlights the issues of living with and beyond breast cancer and raises awareness of the support that's now available.

Visit the gallery at www.breastcancercare.org.uk/mfgallery



Enjoyed reading this issue of Vita?

Sign up to our mailing list to
receive Vita completely FREE!



To receive future issues of Vita simply cut off this slip, fill in your details and return it in an envelope to our freepost address: Breast Cancer Care, RRKZ-ARZY-YCKG, 5-13 Great Suffolk Street, London SE1 0NS.

Your details:

Name _____

Address _____

Postcode _____

If you have already sent us this form, you will continue to receive Vita twice per year. Breast Cancer Care volunteers will be sent Vita automatically; call the number below if you would like more than one copy. We will not pass your details on to any third parties. **If you are a member of a support group or a healthcare professional and would like multiple copies please call 0845 092 0808.**