All in the MIND
Mindfulness explained

SHOULDER to shoulder
Offering support to others

REAL-LIFE COVER STAR
From classroom to catwalk
Stepping out for the fashion show

Fertility TALK
How treatment for breast cancer affects fertility

EVA READY for the marathon
Running after breast cancer
Welcome to Vita

For the past six years that I’ve edited Vita I’ve spoken to some remarkable people who have shared their stories with me for the magazine. It can be difficult to talk about your breast cancer, no matter how long ago you were diagnosed and treated, but the women and men who have told me their story have done so because they know it will help other people. We can’t always stop the thoughts or fears that you’ll have about your diagnosis and treatment, but sometimes just knowing that other people have felt that way too can offer some comfort and make you feel not quite so alone.

In this issue another remarkable group of people have shared their stories with us. There’s Sharon who talks about dealing with finding out that she has an altered BRCA gene and how her family has coped with this, Eva who is training for a marathon since having breast cancer, our cover star Michele, who shares her experience of living with secondary breast cancer and Grahame, who offers us a partner’s perspective on breast cancer.

This will be the last issue of Vita that I will be editing. Next issue my colleague Gareth will take over. Thank you to all of the people who have shared their experience with me over the 16 issues that I’ve edited. I hope you enjoy this one.

Laura Fountain
Editor
Vita@breastcancercare.org.uk

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Dear Vita

I was diagnosed with breast cancer at 38 and had two operations, chemotherapy and radiotherapy. I am the mum of two long-haired girls, a seven-year-old and a nine-year-old. The school letter that states your child’s class has an infestation of nits makes every parent shiver, shudder, itch and reach for the nit comb and shampoo. However, when I received one of these letters part way through my chemotherapy I decided it was a good time to be bald! You really can find a positive in any situation. Smile on strong ladies!

Many thanks for your super magazine Vita.

Kathy

To help us save money, our Your looks pages mainly use images from the suppliers of the items featured and the pictures described above came from Suburban Turban. We try to use images of real women with breast cancer as much as possible in all our publications. However we rely on people volunteering to have their photograph taken and it’s often difficult to find willing volunteers experiencing hair loss who can give up their time around their treatment.

Laura

People often say that having breast cancer is life-changing. The Vita poll this month wants to know what your experience was. Head over to Vita online to take part and have your say.

Laura

Vita POLL

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

Don’t forget to visit Vita online…
www.vita.org.uk

@Vita_mag mine just arrived. so pleased, I love the vita mag. I always pass it on to a friend of mine after i’ve read it.

@Vita_mag 

@Vita_mag I’ve finished 6 months of breast cancer treatment and am getting stronger each day. Love your magazine. Very inspirational xx

Janet Sainthouse @JannySainters_8

@Vita_mag received my vita magazine today. People forget that men can suffer breast cancer too well done Doug Harper for sharing his story

Andrea Butler @AndreaLButler

Follow us @Vita_mag

Head over to Vita online to have your say.

Thank you for your magazine. It is interesting to find out other people’s experiences post breast cancer.

Re: Heads Up article this month [Issue 18]. I made and wore several hats when I underwent my chemotherapy. I even tried attaching a fringe to the front of the hat with Velcro but it was too itchy. I did note however that on all the pictures in this article the ladies have eyebrows! That is one thing that I missed and felt made me look ‘odd’. I did however use the layering effect ie put a black cap (which was what I wore under my wig) under my hat. This black cap came down over my would be eyebrows and then I would put my hat on top. I tried to draw my eyebrows in but it still didn’t look quite the same. Just an observation, the models all look lovely in their hats, but I do feel these pictures are not quite true to the real life experience. I really feel for anyone undergoing chemotherapy, but one thing I know it’s only a few months and then things begin to get back to normal.

Jayne

@Vita_mag

@Vita_mag

@Vita_mag

@Vita_mag

@Vita_mag

Andrea Butler @AndreaLButler

Vita MAGAZINE
Get together for a Strawberry Tea

Make time for friends and family this summer and show your support for Breast Cancer Care. It couldn’t be easier – spoil your guests with sweets treats, add some strawberries, keep the tea flowing and ask for a donation in return.

Order your free fundraising kit full of hints and tips, stickers, posters and more – just go to www.breastcancercare.org.uk/strawberry or call us on 0870 164 9422.

Where will you hold yours?

News & Views

MEET our bloggers

In issue 18 we launched our search for new bloggers for Vita online. We had lots of responses, so thank you to everyone who got in touch. Our new bloggers are now up and blogging on the website, head over to vita.org.uk/blog to meet them.

THREE CHEERS for the chair

After six years as Chair of the Board of Trustees at Breast Cancer Care, Jane Hinnrichs is stepping down. She’ll be succeeded by Emma Burns. From everyone at Breast Cancer Care, we want to thank Jane for all her hard work and wish her well. To read our interview with Jane and Emma, turn to page 20.
Did you know that some of Breast Cancer Care’s publications including *Treating breast cancer* and *Mummy’s Lump* are available for you to download from iTunes? Our exercise video is also available from the iTunes store too so you can download it as podcast and exercise anywhere.

**TUNE IN**

This summer marks 10 years of Pink Ribbonwalks. Walks are taking place across the country, to find out more turn to page 22.

**PINK RIBBONWALKS ARE 10**

This January, Luke Birch, 21, from Lincolnshire and Jamie Sparks, 22, from London broke the world record for the youngest pair to row across the Atlantic Ocean. They endured 54 days of non-stop rowing, travelled 3,000 nautical miles and have now raised a phenomenal £309,000 for Breast Cancer Care – the largest sum the charity has ever received from an individual fundraising challenge.

The childhood friends decided to raise money for Breast Cancer Care after Luke’s mum was diagnosed with breast cancer and his grandmother died from the disease.

**TWO BOYS IN A BOAT**

This January, Luke Birch, 21, from Lincolnshire and Jamie Sparks, 22, from London broke the world record for the youngest pair to row across the Atlantic Ocean. They endured 54 days of non-stop rowing, travelled 3,000 nautical miles and have now raised a phenomenal £309,000 for Breast Cancer Care – the largest sum the charity has ever received from an individual fundraising challenge.

The childhood friends decided to raise money for Breast Cancer Care after Luke’s mum was diagnosed with breast cancer and his grandmother died from the disease.
LIPSTICK  
POWDER  
AND PAINT!

This issue Jane Buckley of Jane’s Place looks at helping to cope with changes to your appearance during treatment.

Cancer treatment can bring with it all sorts of changes in our physical appearance, some permanent, some temporary. From chemotherapy causing hair loss to taking steroids in the long term for secondary breast cancer, which causes the face to look rounder (sometimes referred to rather unkindly as a ‘moon face’). Any changes in our appearance can be upsetting but changes to the face can often be particularly distressing. If this is affecting you and you want to disguise the effects of treatment, make-up and knowing the best way to apply it can help.

Here’s a round-up of some tips I’ve found useful – some may be more specific to people with secondary breast cancer, while others may be useful to anyone experiencing hair loss.

1. To shape a rounder face, invest in a blusher face-shaping kit containing three shades. You can add definition to your face by stroking a darker shade under the cheekbone. Find this line by sucking in your cheeks and placing the brush into the hollow. Use a warming blush along the cheek (not too much on the ‘apple’ of your cheek or you will widen your face) and then add the highlighter along the top of your cheekbone to draw attention and to give definition.
2. Draw attention to the eyes, concentrating on the upper eyelid to elongate the eye. Use eyeliner, smudged at the outer corners and a highlighter shadow on the inner corners of the eye and under the brow bone. Use mascara only sparingly on the lower lashes (if you have them) to avoid creating a round-eyed look.

3. If your face is rounder, your lips will appear smaller – so draw a line with a lip liner pencil very slightly outside your natural lip line then fill with a pale colour to create the illusion of larger lips or go for a bold ‘popping’ colour to make the lips stand out.

4. If you have lost your eyebrows, it’s possible to add them using make-up. Follow the natural line of the brow in soft sweeping small strokes with a mixture of brown and black eyeshadow using a small slanted brush. Add definition with a highly sharpened eyebrow pencil for defined strokes to suggest individual hairs and finish with a make-up sealant and translucent powder to fix them in place.

5. Try false eyelashes – there are many available that give a more natural look rather than fluttering butterflies (but those are fun too!). A top tip is to use liquid eyeliner to provide a join line so that there’s no gap at the edge of the eyelid.

Rimmel eyeshadow; £6.99

M&S Autograph moisture colour lipstick in Bright Coral; £8.50

M&S Autograph Angled Blusher Brush; £7.50

Try false eyelashes and some make-up tricks to create eyebrows

Check out this fantastic video from Carly, who provided the eyebrow and eyelash tips www.breastcancercare.org.uk/news/vita-magazine/make-tips

The charity Look Good, Feel Better has tips and workshops to help people with cancer regain confidence in the way they look. Visit www.lookgoodfeelbetter.org.uk for more information.
Finding out your breast cancer is linked to a faulty gene can have a big impact on you and your family as Sharon Morrison discovered.

I was 48 when I was first diagnosed with breast cancer, 53 when my oncologist felt a lump in my other breast. This was as shocking as it was worrying because my mammogram, taken just weeks earlier, was clear and I hadn’t felt a thing. In fact, I couldn’t feel this lump as I was being wheeled into the theatre it was THAT tiny. To this day I thank my lucky stars that my oncologist, who feels about 50 pairs of boobs a week, did.

This cancer, like the first, was triple negative and I knew there could be a link between this and the breast cancer genes BRCA1 and BRCA2. There’s no history of breast cancer in my family, but I wanted to protect my three children and my three sisters so I wanted to find out if I carried the gene. In January 2010 I participated in a national study which involved having a blood test; exactly 12 months later I received the news I didn’t expect to hear. I had the BRCA1 gene.

My immediate and natural reaction was to cry my eyes out, because I knew that one, two or all of my kids could be carrying this gene mutation too. Telling them would be difficult, especially as a method of reducing the risk of cancer in this situation is to have a bilateral mastectomy and your ovaries removed. As my kids were 21, 17 and 15 years of age I decided that, for a little while, I would play God and say nothing.

Breaking bad news
In the summer of 2013, by which time my eldest daughter was working in London, my middle daughter had started university and my son was studying for his A2s, I sat them down and broke the news. Strangely, the response was not the one I expected. There was no panic or distress, just a very calm acceptance of the fact. In the past we’d discussed my cancers and had all agreed that they may have a predisposition to cancer and would need to be watchful. A couple of years earlier my eldest daughter had told me she wanted a mastectomy; this way she felt she could avoid everything I’d been through and the latest news hadn’t changed her mind. My middle daughter wished I’d waited even longer before telling her because she felt she’d need to have the test when her sister did, so they’d know the results within a few weeks of each other. My son was nonchalant in the extreme. Of course he’ll be more vigilant, but currently there’s no screening service available to men.

‘I knew that one, two or all of my kids could be carrying this gene mutation too.’

Taking control
My children are pretty well informed about breast cancer but, even so, after spending time with the genetic counsellor – we’ve all had the same wonderful lady – they’ve learnt even more. I had told them that having the test to check for the BRCA gene was their choice alone and all of them have decided to take it. They’re not in a rush, but they’re very much in control.

Sharon Morrison is the author of Even the eyebrows?
www.eventheeyebrows.com
Eva Royle was 25 weeks pregnant when she was diagnosed with breast cancer. Just over a year later, she’s running a marathon for Breast Cancer Care. She spoke to Vita’s Pete Coles.

‘I found a lump when I was checking my breasts. I was pregnant with my fourth child, so I knew what breast changes to expect during pregnancy and I knew this didn’t feel right.’

Shortly afterward, Eva was diagnosed with invasive ductal breast cancer. ‘It very quickly becomes the norm – after I was diagnosed, I just accepted that I had breast cancer at the same time as being pregnant. I had three children already. As a mum, survival instinct kicks in and you want to get on with treatment.’

‘I’m sure it’s going to be a very emotional race to run. I’m looking forward to it.’

Do you feel lucky?
The consultant told Eva that her baby would be unaffected by chemotherapy. ‘I was lucky in that you can have chemotherapy after the first three months of pregnancy and by the time I was seen on the NHS, I was 28 weeks to the day.

‘The consultant said to me “You’re going to have a shit few months. You’re young and we’re going to throw everything we’ve got at you.”

There’s an ultramarathon runner, Dean Karnazes, who says the best way to do things is to take small steps and that’s how I tried to get through that time. I compartmentalised things. First, I had three rounds of EC chemotherapy and once I’d finished that, I said to myself “Right, let’s have a baby.”

On the maternity ward, it was important for Eva to feel like just another patient. ‘I was very lucky that I didn’t lose my hair. I had worn a cold cap during chemo and it worked like a dream. It sounds ridiculous but keeping my hair was very important for me. I didn’t want to be a cancer patient anymore.’

After the birth of her son, Sam, she was given docetaxel, another type of chemotherapy. She finished last June.

It was a time of mixed emotions. ‘After I finished treatment, I didn’t really feel like celebrating. My husband and I had a quiet toast but to be honest, finishing treatment has been the hardest part for me because I’m no longer doing anything practical to keep cancer at bay. I feel wobbly about things.’

Getting back on track
Eva and her husband Darren are taking part in the The Virgin Money London Marathon on 13 April in aid of Breast Cancer Care. She hopes it will make a practical difference. ‘We’ve both run it before so doing it again feels like getting our lives back to how they were before cancer. I know things will never be exactly how they were before but by completing the marathon, we’ll be taking a massive step towards regaining normality. I’m sure it’s going to be a very emotional race to run. I’m looking forward to it.’
I was first diagnosed with breast cancer in 2003. It was earth-shattering, totally out of the blue. I’d found a little dimple on my breast, and went to see my GP. I didn’t even know a dimple could be a sign of breast cancer – I thought there was always a lump – until a friend showed me a leaflet.

The hardest thing for me was telling my mum and my daughter. Lizzie was 17 at the time, and doing her A-levels. I was more worried about how she would deal with the news than about myself. But she coped fantastically, was very strong and the most fantastic ally. She only took a single day off school. We both just got on with it.

I had a mastectomy in 2004, followed by chemotherapy and radiotherapy. Then five months later I returned to work as a teacher.

A strange relief

I had follow-up appointments, regularly at first, then every year. I knew the cancer had spread to the lymph nodes, and there was a suspicion it had spread elsewhere, but nothing was showing up. Then finally, around Easter two years ago, the cancer reared its ugly head again when it was found in both my ovaries and the peritoneum.

It sounds silly, but being diagnosed with secondary breast cancer was almost a relief – at least they’d finally found where it had gone.

I’ve found support from several places. Going back to work was hard at first because I didn’t know how people would react, but the support of my pupils has been vital to me.

They loved the fact that I went bald after chemotherapy! They thought it was cool and made me more like one of them. They made me feel more confident about losing my hair. And while adults might stop and stare, my pupils always say what they think. It also does me good to help them, particularly when they have a close family member who’s been diagnosed with cancer.

Looking ahead

One thing that helps me cope with living with breast cancer is to focus on targets – whether it’s Lizzie going to university, her graduation, getting a job or now getting married. Yes, they focus on her, but at least it distracts me from constantly thinking about cancer.

To anyone diagnosed with cancer, I’d say: remember you’re a person, not a patient. You’re joining a group of very special people who are facing the future with confidence.

You can find out more about Living with Secondary Breast Cancer groups in your area by emailing secondarieservices@breastcancercare.org.uk or calling 0845 077 1893.
After supporting his wife Janet through breast cancer, Grahame decided to help other men in a similar situation.

My wife Janet was diagnosed with breast cancer four and a half years ago. She was 48 and I was 52 at the time. The diagnosis happened very gradually, in stages. She went to the doctors on her own because I had to drive our daughter somewhere that day. But I went to the breast unit with her when she had been referred.

You assume it's going to be OK because usually it is and that's what the doctors tend to say as well. It was a shock to finally get the diagnosis.

In it together
I think she took the news better than I did. She gave the appearance that she was going with the flow. It was important that there was someone there but there was never a point at which she needed explicit emotional support. In that first stage we didn’t say anything to anyone about her diagnosis for a while. Our daughter was away for a few months so we wanted to wait. It was really difficult to know how to tell people but when we did tell people we did it together.

Janet was told she’d need a mastectomy and eight rounds of chemotherapy. When faced with a life and death situation like cancer, something as drastic as a mastectomy became just something that needed to be done. My concern was more about losing her.

I found it hard when she was in hospital having the mastectomy because I stayed at the hospital and she had to go back into theatre because of complications. She was in theatre for 12 hours in total when it should have only taken a few hours. That was difficult.

The first cycle of chemotherapy had some severe side effects and Janet was in a lot of pain. I persuaded her to get out of bed and move around as I knew from what I’d read that it could help.

The right information
I’d gone on the Breast Cancer Care website and been on the discussion forum. Janet didn’t want to read about the cancer and treatment but she wanted the information. That was one way that I played a role and we did discuss things quite a bit.

From the emotional side we went through it together. We talked about our fears with each other. Her attitude was ‘this is something that I have to get through and then we’ll be all right’. I felt from the point of view of the medical team that I was someone outside of the process – that was frustrating.

Supporting others
I’ve now been trained by Breast Cancer Care to offer email support to partners of people with breast cancer. It seemed like something positive to do with the experience. From my own experience and from being involved in the forum I know just how hard it can be when your partner has breast cancer. You want to help but it can be hard to know how and there’s so much going on in your own mind too.

Sometimes it helps to talk to someone who knows what it’s like – and email suits some people better because it’s discreet and feels a bit more ‘anonymous’.

My advice to anyone supporting their partner through breast cancer would be to talk to people – not just your partner but people in the breast unit or at Breast Cancer Care. Try to maintain communication with your partner – it’s not always easy but it's really important.

‘Try to maintain communication with your partner – it’s not always easy but it’s important.’

You can email Grahame at Grahame@breastcancercare.org.uk Or read his and other email supporters’ profiles at www.breastcancercare.org.uk/one-one-support-email
There’s been a lot of talk about mindfulness recently. It can feel like yet another thing in which to invest a lot of energy, before it can be of any use. Well, this isn’t necessarily so. Mindfulness is an attitude, a way of paying attention to yourself and finding a way of regulating your thoughts and emotions. It’s based on four simple steps, which are all focused on what is happening now (in the moment): notice, observe, name, accept.

With this attitude you can steady yourself, if you feel overwhelmed; focus on what matters most at any given point in time; feel less stressed and anxious; and more balanced and relaxed. I liken it to a thermostat or a flood barrier. Try the body scan exercise to see what I mean.

Body scan exercise
This can be done lying down on your back or sitting. Focus on one thing, for example your breath. Pay attention to how it travels in and out of your body. Feel the sensation in your nose, your chest and tummy. What about the rest of your body, your toes up to the crown of your head? Any tension? What about your mind? Any thoughts? Do they re-occur, are they joyful or worrying you? As you notice your concentration grow take in what is happening around you – any noises or smells? Just notice and observe. Take your time to connect with what is happening inside and outside of yourself in that moment. When you are familiar with paying attention and getting to know yourself, then the next step is to accept. That

‘Steady yourself, if you feel overwhelmed; focus on what matters most at any given point.’
After your treatment has ended you may carry a lot of emotions about what has happened: fear, anger, sorrow, depression, exhaustion, loss of trust, relationship difficulties are not uncommon. You may have aches and pains. Is the cancer still there? Will it come back? Will I have to go through all of this again? Will I cope? Will I die? You can tailor the following exercise to a situation, which fits in best with your own circumstances.

**Body scan exercise stage two**
Create regular moments in your day for the body scan exercise. Notice what is happening in your body, mind and heart. Observe it, there’s no rush. Give it a name (for example, I feel tense in my shoulders, the breast where I had the cancer hurts, I am frightened and do not know what to do, this is not fair, I feel alone and exhausted). Now, try and accept what you have found. This does not mean you need to like it and put up with it. You are connecting with yourself; to be frightened is normal, you do not need to fear it; you are learning to understand yourself. You will start to feel less anxious and more focused. You will be in a better position to decide what to do next.

If you want to find out more search for ‘Mindfulness’ online. There will be a practitioner or course near you.

Karin Sieger
www.KS-CancerCounselling.co.uk

You can listen to a 10-minute mindfulness session online for free at the Headspace website www.getsomeheadspace.com

Vita goes...
to aquacise

In our quest to find enjoyable ways to keep active, this issue Vita grabs its towel and heads to the pool for a fun water workout.

I did a lot of yoga in my pre-cancer life and loved it. Now I’m into aquacise [an exercise class in a swimming pool] for breast cancer folk through my local breast cancer support group. I started going as soon as my surgeon gave me permission six weeks after my left mastectomy with reconstruction.

We have a great teacher who is specially trained and knowledgeable about our condition. It is easy and relaxing and you don’t have to actually swim if you don’t like to or can’t.

The non-swimmers work at the shallow end to boost confidence. Some of the women have lymphoedema and some don’t, some have had recent surgery or treatments – we are all different and yet so alike in many ways.

We share so much in what people call their ‘breast cancer journey’. I have made close friends within the group which I have now attended for five years. As my hormone therapy ends others are just starting; it is wonderfully uplifting to be able to be there for others wherever they are.

Rosie Harris
Some breast cancer treatments can have a negative effect on fertility. Chemotherapy, for example, can cause periods to become irregular or stop temporarily, and in some women can lead to an early menopause, which means they won’t be able to get pregnant.

Everyone should have the chance to discuss fertility issues with their specialist team before treatment begins. ‘Unfortunately, this doesn’t always happen,’ says Clinical Nurse Specialist Grete Brauten-Smith. ‘But it’s never too late to talk about fertility. If you’re having, or you’ve had, treatment for breast cancer, you could still discuss your fertility with a specialist if you want to.’

**Who to talk to**

Grete recommends speaking to your specialist team if you’re still in contact with them. Otherwise you can talk to your GP. Your specialist team or GP should then refer you to a fertility specialist.

It’s difficult to predict how treatment will affect a woman’s fertility. Even after treatment has finished, there’s no totally reliable way to check this.

If your periods stopped during treatment and haven’t started again, this doesn’t necessarily mean you won’t be able to get pregnant in future. But even if your periods have returned, your fertility may still have been affected.

‘If you’re concerned, the way to check your current fertility status is to be referred to a fertility specialist,’ says Grete. ‘They can carry out blood tests, for a hormone called AMH, which can give more accurate information about your chances of becoming pregnant. They may also offer you an ultrasound scan of the ovaries.’

**After treatment ends**

There’s no evidence that getting pregnant after treatment increases the risk of breast cancer returning. There’s also no evidence that there are any health risks for children born after breast cancer treatment.

Most specialists recommend waiting for at least two years before trying for a baby. ‘This is because the risk of the cancer coming back may be higher in the first two years after diagnosis,’ says Grete. ‘But waiting this long may not be right for everyone. If you want to start trying for a baby before this time, discuss this with your oncologist.’

Even when your periods return after chemotherapy, the menopause may occur earlier than would usually be expected. ‘Because of this, women who’ve had chemotherapy are often referred to a fertility clinic after six months of trying to get pregnant and being unsuccessful,’ says Grete.

**Hormone therapy**

If you’re taking the hormone drug tamoxifen, you’ll be advised not to get pregnant while taking it as it could harm a developing baby. This means it’s important to use a barrier method of contraception, such as condoms when having sex.

Most people take tamoxifen for five years or longer. ‘This might be an issue that some women want to discuss with their specialist,’ says Grete, ‘for example, if they want to have children and are in their late 30s or early 40s. It’s also important not to stop taking treatment without discussing it with your specialist.’

**The future**

Some women go on to conceive naturally after finishing their breast cancer treatment.

However, some women who’ve had breast cancer treatment will face the
possibility of permanent infertility. This can be very difficult to come to terms with, especially if it comes at a time when you were planning to start a family or before you’ve completed your family.

If you do want to have a child, it may be possible to become pregnant using eggs donated by other fertile women. ‘There may be a long wait for this treatment in the UK,’ says Grete, ‘although some women choose to have the treatment abroad. And not everyone is comfortable with the idea of using donated eggs. But it may be an option for some women.’

If you’re facing infertility, you may find it helpful to talk to a specialist infertility counsellor. Or there are a number of organisations that offer information and support to women facing infertility.

‘Whatever your feelings,’ says Grete, ‘remember that you don’t have to cope on your own.’

Younger Breast Cancer Network (UK)

The Younger Breast Cancer Network (UK) is a members-only Facebook group that allows women in the UK and Ireland diagnosed with breast cancer at 45 or younger to chat privately with each other. Search for the group on Facebook or follow them on Twitter @YBCN_UK
My parent has cancer and it really sucks: real-life advice from real-life teens
by Maya Silver and Marc Silver (£9.99, paperback, Sourcebooks Fire, 2013)

Written by a teenager following her experience of her mum having breast cancer, this book is for teenagers, whose parent has been diagnosed with cancer. There is also a chapter for parents, with 12 ‘commandments’.

Teenage years bring with them a range of emotions and everyday situations can be challenging. When a parent is diagnosed with cancer, the whole family is affected, making everyday challenges even harder.

This book gives examples of different reactions by teenagers to the news of a parent’s diagnosis, after treatment has finished and if the cancer recurs, acknowledging that we all have our own ways of coping and you don’t have to behave like others.

Cancer, treatment and prognosis is explained through a series of questions and answers that have been put to an expert panel of specialists, sometimes with one answer, other times citing a few different answers to a question.

The focus of the book is the importance of ongoing communication between parent and teenager that is informal, open and honest. It discusses ways to cope with the different emotions you will experience and the importance of seeking support. Having real-life stories alongside factual information brings the book to life, allowing the reader to flick through and read what is important to them.

If you hadn’t guessed by the title, this is an American book. Therefore words, phrases and care explanations are not necessarily as we would say them in the UK.

Jackie Harris, Clinical Nurse Specialist
Family History and Breast Health

How to Deal with Adversity
by Christopher Hamilton
(£7.99, paperback, School of Life).

This book provides an accessible way into some of the ideas that great thinkers have put forward about coping with the adversity life throws at us: with chapters looking at family, love, the body and death.

Philosophy lecturer Christopher Hamilton reflects on many ideas in a readable and easy to grasp style. On illness, he talks about our tendency to look to blame others, citing Kafka and Johnson.

He also tells of Norman Cousins, who discharged himself from hospital to treat his illness with vitamin C, and Marx brothers films, not as a recommendation to do the same but to emphasise ‘the importance of gladness and laughter, with or without friends.’

One of the messages that stayed with me was from Montaigne, that we do not die because we are ill, it’s being alive that kills us. This may sound morbid, but makes clear and perfect sense.

The overall message that comes across is that ‘adversity is inevitable.’ Hamilton encourages us to accept this and learn that it can also bring good things. If you like the sound of Hamilton’s ideas, there’s a great 15 minute clip of him talking about them on The School of Life’s YouTube channel www.youtube.com/user/schooloflifechannel

Eithne Cullen, Vita Voice

Breast Cancer Care’s booklets on all aspects of breast cancer and its treatment are available free from www.breastcancercare.org.uk or by calling the Helpline on 0808 800 6000.
When I was first diagnosed in June 2010 I didn’t know very much about breast cancer. I just knew I needed an operation to remove the tumour, which was too large to save any of my breast. At this stage I did not ask many questions as I was in shock and just wanted everything to happen very quickly, but my breast care nurse had different ideas. She wanted me to see the oncoplastic surgeon to discuss immediate reconstruction. This came to be one of the best decisions I made as I had a tissue expander in place from the outset.

After this it was found that the cancer had spread to my lymph nodes and I would need an axillary node clearance. At this stage I started to do more research and become involved in my own treatment. I decided that I would not have the radiotherapy as I had other health issues I was concerned about. I felt very much in control at this stage because I made the decision myself and I stuck to it for all the right reasons in my eyes. My family and friends supported me in my decision.

I think as treatments progress and we all become more aware of the different therapies and medications available we can take control of our treatment if we want to. I know that now the guidelines for tamoxifen are changing and that we may continue to take the drug for 10 years instead of the previous five years. As I am approaching four years, maybe next year I will have another decision to make.

‘I felt very much in control at this stage because I made the decision myself.’

When I was diagnosed, what I found most difficult was to come to a decision without a view from the medics. At one point I had to have further surgery as they didn’t leave a big enough margin around the tumour site. I was offered another wide local excision or mastectomy or mastectomy with immediate reconstruction as well as needing a full node clearance. No one would give their view as to what would be best for me.

If I was asked the same question now, with all the knowledge I have since acquired, it would be much easier. However, at the time, most women don’t have that information at their fingertips. I accept that they cannot make the decision for you, but some help and advice would have been good. Thankfully, I think that I ended up making the right decision for me – but it was probably more by luck than anything.
The Oncotype DX test is used to estimate a person’s risk of recurrence of early stage, oestrogen receptor positive (ER+) breast cancer and how likely they are to benefit from chemotherapy (in addition to hormone treatment) after their surgery.

At present Oncotype DX is the only one of a number of similar tests that has been approved by the National Institute for Health and Care Excellence (NICE) for use in England and Wales to help doctors make decisions based on an individual’s situation. If you live in another area of the UK, your specialist team will advise if you would benefit from the test.

When chemotherapy is being considered as a treatment, a number of factors are taken into account. These include the size, grade, whether the lymph nodes under the arm have been affected, whether the cancer is oestrogen receptor positive or negative and whether it is HER2 positive or negative. Oncotype DX provides information in addition to these factors that might help decide whether or not to include chemotherapy.

The Oncotype DX test isn’t suitable for everyone with a diagnosis of breast cancer. The test may be considered if the cancer is:

- stage 1 or 2 (the size of the cancer and the extent of spread)
- lymph node negative (the lymph nodes under the arm are not affected)
- oestrogen receptor positive (ER+)
- HER2 negative.

Sometimes, the test may be considered for post-menopausal women with lymph node positive and ER+ breast cancer.

You can read more about these different features in our Treating breast cancer booklet and Understanding your pathology report booklet.

The Oncotype DX test analyses a group of 21 genes in the breast cancer tissue sample to see how active these genes are (this is called gene expression profiling). The results are then reported as a recurrence score and will be ranked from 0 and 100.

The recurrence score shows how likely the cancer is to return and whether chemotherapy is likely to be of a benefit. The lower the score, the less likely the cancer is to recur. Therefore chemotherapy is unlikely to be of an additional benefit. The higher the score, the more likely the cancer is to recur and chemotherapy is likely to be of a benefit. If the recurrence score falls between the lower and higher range, the benefit of having chemotherapy is less clear.

Your oncologist will discuss the test results with you and decide whether chemotherapy is likely to be of benefit in your situation.
Q
I have heard that it can be difficult and expensive to get travel insurance after breast cancer treatment. My husband and I are really in need of a break and don’t mind where we go as long as we can get a bit of sun and relax. Have you any suggestions where to get insurance?

A
Finding a reasonable price and cover for travel insurance can be difficult, and while we can’t endorse any particular insurance company we do keep a list on our website. These are insurance companies that our discussion Forum members have suggested, but bear in mind that each company will assess every case on an individual basis and may only cover at a very high premium or, in some cases, not at all. This information and more advice can be found in the ‘travel abroad’ section at www.breastcancercare.org.uk If you’re unable to access the website you can ask for a copy of this information by calling our Helpline on 0808 800 6000.

Sometimes banks offer travel insurance as an additional benefit to some accounts, so it may be worth checking with your bank if this is available.

As you don’t mind where you go, you may find some information useful that has been put together by one of the insurance companies. It’s written by Mia Travel Insurance (miaonline.co.uk) called ‘Destinations and their suitability for you and your circumstances’ and explains why some destinations need more expensive insurance than others. For example, Spain and Portugal have excellent medical facilities and are usually cheaper to be insured for, but the premiums for travelling to the Canaries, the Azores or Madeira are likely to be higher as medical facilities are not so extensive.

When calling insurance companies to arrange cover, you will usually be put through to a medical assessment line. The charges for phoning may vary and can be expensive. They will usually want to know details about your diagnosis and treatment and any recent hospital appointments. Some companies may offer to insure the holiday but exclude any claim relating to cancer, so find out exactly what is being covered by the insurance. It can be difficult answering lots of questions about your breast cancer several times in one day while you shop around for quotes, so you may want to limit the number of calls you make in any one day.

I’ve got breast cancer and have a faulty BRCA gene. Should I have a double mastectomy?
‘Angelina Jolie’s example can save lives of women with cancer risk’. This was one of the headlines, along with many photos of Angelina Jolie, that readers awoke to on 11 February 2014 when there was extensive media coverage about a North American study published in the British Medical Journal. This study concluded women who had inherited a faulty BRCA gene and have had breast cancer have better survival rates 10 to 20 years after their breast cancer diagnosis if they have a double (bilateral) mastectomy. Such women are at much higher risk of developing breast cancer in the other breast compared to women with breast cancer who don’t have an inherited faulty gene. They are also in the minority, as only around 5% of breast cancers are inherited.

Angelina Jolie did have a double mastectomy, but as risk-reducing surgery because of having an inherited faulty BRCA gene. But the story was not about women in this situation and Angelina Jolie’s example is not comparable to women having mastectomies after breast cancer. Although both groups will, of course, face shared issues such as the potential impact of mastectomy on body image and sexuality.

Women who have breast cancer and an inherited faulty BRCA gene face life-changing decisions about cancer treatment while also coping with the implications of ongoing increased risk, not just for themselves but for family members who might also have inherited a faulty gene.

Rachel Rawson, Senior Clinical Nurse Specialist, Breast Cancer Care

If you have a question about breast cancer or its treatment, you can call the Breast Cancer Care Helpline free on 0808 800 6000.
The varied role of Chair at Breast Cancer Care includes leading the Board of Trustees, supporting and challenging the Chief Executive, and acting as the charity’s ambassador. Jane Hinnrichs recently stepped aside after six years doing just that. She and the new Chair, Emma Burns, sat down with Vita’s Pete Coles to discuss Jane’s time in charge and the future.

Jane Hinnrichs is ‘the full package’. That’s the verdict of her successor, Emma Burns, who adds ‘She’s warm, engaging and insightful. She’s on top of everything that’s going on and she does the governance and ambassadorial sides of the Chair’s role beautifully.’ Jane describes becoming Chair as ‘one of the greatest privileges of my life.’ She was appointed in 2008, the start of the recession. It was a time when the organisation’s priorities had to change. ‘Breast Cancer Care could no longer keep expanding. Instead, we had to look much more carefully at the services we offered. Value for money became essential. Rather than having a range of services that was as broad as we’d provided before, we tried to create a more tailored set.’

**Testing times**

Despite the testing economic circumstances, there have been many achievements over the past six years. Jane highlights the work on secondary breast cancer, among other things. ‘We have done as much as anybody to raise the profile of the hell that is secondary breast cancer. We’re now regarded clinically, by service users and government as one of the leading authorities on secondaries. ‘We’ve also recently positioned ourselves as the only UK-wide breast cancer support charity and that’s a great thing for us to shout about. User involvement has been vital too. There’s an ongoing commitment to ensuring users are involved in every aspect of the organisation and everybody benefits from that.’ Other ‘great successes’ she mentions include the growth of the charity’s digital services, ‘At 3am, someone with breast cancer can go online and find someone to talk to in a safe and secure environment’ and the creation of the Nursing Network, a professional group set up by Breast Cancer Care for breast care nurses.

So what does Jane think the future holds? ‘The charity is entering a really exciting time. I sense there’s a confidence back at Breast Cancer Care!’

**‘I’m convinced she’ll be a fantastic ambassador, inside and outside the organisation.’**

Emma, the new Chair, agrees. ‘The work we did during the downturn has given us a really good platform from which to grow. Now we’ve got a bit more money, we can look to expand again. We can be more entrepreneurial.’ She succeeded Jane on 25 March and her predecessor is excited. ‘I’m delighted Emma’s replacing me. She’s got great commercial experience as a lawyer and those skills will be important for the charity in the coming years. She’s the third Chair in a row to have a personal experience of breast cancer, which is so important. It gives real credibility when talking to people. I’m convinced she’ll be a fantastic ambassador, inside and outside the organisation.’
Good food

BERRY BERRY good

Make the most of one of the summer’s tastiest crops and support Breast Cancer Care by holding a Strawberry Tea.

Fresh strawberry muffins
Serves: 12 Prep: 10min, Cook: 20min, Ready in: 30min

Fresh strawberries baked into a light vanilla and spice muffin mixture. Quick, simple, sweet fresh fruit treats. Mmm!

230g chopped fresh strawberries
100g caster sugar
4 tablespoons caster sugar
50g butter, softened
2 eggs
1 teaspoon vanilla extract
220g plain flour
½ teaspoon bicarbonate of soda
½ teaspoon salt
¼ teaspoon ground nutmeg

1. In a small bowl, combine the strawberries and 100g sugar. Set aside for 1 hour. Drain, reserving liquid and berries separately.

2. Preheat the oven to 220C or Gas 7. Grease a 12 cup muffin tin, or line with paper cases.

3. In a medium bowl, cream together the butter and 4 tablespoons sugar until light and fluffy. Beat in the eggs one at a time, then stir in the vanilla. Combine the flour, bicarb, salt and nutmeg; stir into the creamed mixture alternately with the juice from the berries. Gently stir in the berries. Spoon mixture into the prepared muffin cups.

4. Bake for 18 to 20 minutes in the preheated oven, or until the tops spring back when lightly touched. Cool in the tin on a wire rack.

Recipe by Mary

Low sugar shortcake with berries and yoghurt
Serves: 6 Prep: 15min, Cook: 12min, Ready in: 27min

This is a lovely low sugar cake recipe, topped with fresh strawberries and thick Greek yoghurt. Strawberry shortcake is an American classic, and the cakes resemble scones.

220g plain flour, sifted
2½ teaspoons baking powder
1 pinch salt
1 tablespoon caster sugar
30g margarine or butter
180ml skimmed milk
2½ teaspoons baking powder
1 pinch salt
1 tablespoon caster sugar
30g margarine or butter
180ml skimmed milk

Topping: 1 punnet strawberries, chopped
150g Greek yoghurt

1. Preheat the oven to 220C or Gas 7.

2. Place the flour, baking powder, salt and sugar in a bowl. Rub the butter or margarine into the dried ingredients until the mixture resembles breadcrumbs. Add the milk and stir just until moistened.

3. Flour a clean work surface, and knead the mixture very gently, approximately 7 times. With a rolling pin, roll the mixture into a rectangle 5mm thick. Cut into 6 squares.

4. Place the squares on to the baking tray and bake until golden for 10–12 minutes.

5. Meanwhile, mash half of the strawberries lightly to bring out their juices. Combine with the remaining half of chopped strawberries.

6. While warm, transfer each cake to a serving plate. Top with Greek yoghurt and berries. Enjoy straight away.

Recipe by Liz

To find out more about Strawberry Tea and to order your free fundraising kit visit www.breastcancercare.org.uk/strawberry

Thank you to allrecipes.co.uk
As we celebrate our 10th summer of Pink Ribbonwalks, we look back on the journey so far.

This summer makes 10 years of Pink Ribbonwalks. In the past 10 years more than 22,000 walkers have put on their walking boots and raised more than £8.2 million for Breast Cancer Care. Nearly 2,500 people have already signed up to join one of the five Pink Ribbonwalks this summer and join in the 10th birthday celebrations at some of the most picturesque locations in the UK.

This year will be friends Shirley Wood’s and Sue Statham’s 10th Pink Ribbonwalk. Shirley, 62 from Hampshire, said: ‘Quite a few friends have had breast cancer – people still don’t realise how common the disease is. Sadly, every year I have a different person to dedicate my Pink Ribbonwalk to. I enjoy the event every year – I’ve laughed, I’ve cried and I’ve made several new friends. We find we walk along with all sorts of people, and everyone has a story to tell.’

Sue, 62 from Gloucestershire, said: ‘On the day, you meet so many inspiring people who have all sorts of reasons for taking part. People sometimes walk in memory of someone, which is very sad, but it does remind you why you’re all there. I always feel a fantastic sense of pride and achievement to have done the walk to help support people with breast cancer.’

Lucy Johnston, Pink Ribbonwalk Manager, said: ‘We’re so excited to be celebrating the 10th anniversary of Pink Ribbonwalks this summer. We’d love you, your friends and family to join us. It’s a guided 10 or 20 mile walk in beautiful countryside and you’ll be looked after every step of the way by our team. We’ll make sure you have everything you need along the route: water, free snacks, toilets and lots of encouragement and cheering. Meaning you can enjoy the walk, the atmosphere and the surroundings. We ask everyone who takes part to raise at least £100 so we can continue to provide specialist services for people facing breast cancer.’

THE STORY SO FAR...

22,003 walkers
£8.2 million raised
341,046.5 miles walked = 13.69 times around the Earth!
13,000 pink ribbons at the finish line
1,500 volunteers
88,012 bottles of water drunk
44,000 BBQs eaten
18,543 cups of tea brewed

5 FANTASTIC PINK RIBBONWALK VENUES

Blenheim Palace, Oxfordshire – Saturday 10 May
Hampton Court Palace, London – Saturday 17 May
Leeds Castle, Kent – Saturday 7 June
Scone Palace, Perthshire – Saturday 14 June
Chatsworth, Derbyshire – Saturday 21 June

Register today at www.breastcancercare.org.uk/walk or call 0870 145 0101. Quote promotional code VITA1 to be entered into a prize draw to win two tickets to Breast Cancer Care’s Carols by Candlelight Service in December 2014.
Run, walk and dance your way through a 5k with a difference.

Breast Cancer Care is the official UK charity partner for Electric Run, the world’s premier night-time 5k run/walk/dance experience. Along the route, music will pump and lights will dance, creating an electric wonderland that will keep you energised and moving to the beat. The lights and sounds will kick up a notch as you cross the finish line.

Louise Robson has already signed up to take part. She says: ‘I’ve signed up to the Electric Run in London with Georgia, who has not only been an amazing daughter since I was diagnosed with breast cancer in April last year, but also my closest friend. Marion, my rock and inspiration, who I met while being treated, will also be joining us.

Light up the night

‘Breast Cancer Care has provided me with such a huge amount of support since I was diagnosed, I have logged on to the website in the middle of the night seeking reassurance that how I was feeling was normal, I have shared concerns on the Forum and pored over the information booklets. Georgia and my son Brad used Breast Cancer Care for questions they had which they didn’t necessarily want to discuss with me. I wanted to give something back to Breast Cancer Care, and Electric Run seemed to be the perfect event to do that. ‘All three of us are really looking forward to taking part, together. We will walk, run and dance through the day-glow arches, neon trees and lasers – it looks so much fun!’

Register for a discounted Breast Cancer Care place and commit to fundraise just £65, we’ll be here to help you reach that target.

Visit www.breastcancercare.org.uk/electricrun or call 0845 092 0805 for details.
Corporate fundraising

news from our corporate partners

The latest products from our corporate supporters helping raise money for Breast Cancer Care.

Thank you! Asda has now raised more than £38 million so far for Tickled Pink! Its Tickled Pink campaign is entering its 18th year and the phenomenal amount raised by this partnership has made a massive impact on Breast Cancer Care’s services. In 2013 our HeadStrong services alone increased by nearly 50%, and this funding meant that we could provide specialist support and information to thousands more woman in local communities throughout the UK dealing with hair loss. The amazing support from Asda’s customers, colleagues and suppliers continues to grow, so check out your local Asda store this Mother’s Day for more activities and pink products and help raise even more money in 2014.

Interflora’s beautiful bouquets
Thank you to Interflora which has raised £672,000 since 2005 through the sale of flowers and Interflora employee fundraising. We’re delighted that Interflora has chosen to support us again in 2014 by donating 15% from the sale of each bouquet from our jointly run website www.flowers.breastcancercare.org.uk

Smint
Smint will be supporting Breast Cancer Care again in 2014. To help raise even more money Smint will donate 5p from every box of Smint Strawberry (RRP £1.15) purchased throughout the year to Breast Cancer Care. Grab yours now.

Stories of Support
The Stories of Support campaign was set up by Penguin Random House in association with Sunday Times bestselling author and supporter of Breast Cancer Care Susan Lewis. In her new novel, Never Say Goodbye, two strangers are brought together through Breast Cancer Care and form a firm bond through the help they offer each other. Susan wants to acknowledge the amazing people who have given their support to friends, family, colleagues or the community. Susan is asking for people to submit their own story of support by writing about someone who has helped them through a difficult situation. She will be selecting five stories to feature in an exclusive e-book that will be published in October 2014. All publishers’ proceeds of the e-book will go to Breast Cancer Care. To find out more and submit your entry, please visit www.susanlewis.com/support
Life after treatment
Whether you’re managing the ongoing side effects of treatment, thinking of going back to work or trying to improve your overall wellbeing, Moving Forward can help.

Short courses
Looking at issues you may face after treatment, our short courses provide support and information on adjusting to life after a breast cancer diagnosis. Run with the NHS, courses take place across the UK.

Information Sessions
Relaxed talks on with a chance to ask questions and chat with others.
• Breast Reconstruction, Middlesbrough, 24 April
• Cancer Drugs, London, 15 May
• Breast Reconstruction, East Kilbride, 29 July

Best Foot Forward walking groups
For people of all fitness levels, walks last around 30 minutes, follow an easy route and finish at a local café.
• Barnsley
• Calderdale
• Kirklees
• Manchester

Lingerie Evenings
For more confidence choosing a bra after surgery, join other women and trained fitters at a Lingerie Evening.
• Peterborough 10 April
• Cardiff 22 May
• Bluewater, Kent 25 September
Call 0845 077 1893 or email movingforward@breastcancercare.org.uk to find out more about any of our Moving Forward services.

Talk to someone who’s been there
Someone Like Me
Our Someone Like Me service matches you to someone who has experience of the issues you’re facing – someone who’s had breast cancer, who understands and has been trained to help. Call 0845 077 1893 or email someoneilikemebreastcancercare.org.uk

‘I used many of Breast Cancer Care’s services and found their Younger Women Together particularly helpful. I met people who knew what I was going through. It was great to get that emotional support.’ Sarah

People living with secondary breast cancer
Regular meet ups for people living with secondary breast cancer. With expert guest speakers.
• Birmingham
• Bristol
• Cardiff
• Edinburgh
• Glasgow
• Halifax
• Huddersfield
• Lanarkshire
• Llandudno
• Leeds
• Liverpool
• London
• Manchester
• Oxford
• Sheffield
• St Albans
Call 0845 077 1893 or email secondaryservices@breastcancercare.org.uk to find out more.

For younger women
Younger Women Together
Two days of information, support and sharing. Meet around 30 other women under 45 who’ve been diagnosed with primary breast cancer. These two-day events take place on a Friday and Saturday, with all food and accommodation provided free.
• 9/10 May, London
• 20/21 June, Nottingham
• 26/27 September, Leeds
• 21/22 November, Bristol
• 30/31 January 2015, Liverpool
Call 0845 077 1893 or email youngerwomen@breastcancercare.org.uk to find out more

And don’t forget, you can also share experiences with other women facing breast cancer on our website.
Anita Care offers the most comprehensive range worldwide of silicone breast forms, lingerie and swimwear designed specifically for women who have undergone breast surgery. With 125 years of expertise, Anita Care offers practical, comfortable and stylish solutions to post-surgical women. For all enquiries please call 020 8446 7478 or visit www.anita.com

About The Girl Fabulous, stylish pocketed bikinis, tankinis and swimsuits, and gorgeous post surgery lingerie. Receive a complimentary swim beanie with all pocketed swimwear purchases. Excellent personal customer services, advice and care, easy returns policy and quick despatch. Find our blog on style after surgery, visit www.aboutthegirl.co.uk or call 01444 417791.

Amoena Latest breast forms, beautiful lingerie, fashionable swimwear, available by mail order or online at www.amoena-online.co.uk Also, don’t miss our free lifestyle magazine featuring in-depth articles, health reports, fashion, real-life stories and readers’ letters. For details on our free fitting service, magazine or catalogue, call 0845 072 4023 or visit www.amoena.co.uk

Banbury Postiche offers a fantastic range of acrylic wigs with a next day delivery service available. We have a Customer Care team to support you, whatever your needs, our purely wigs range is guaranteed to have a style to suit and delight you. Please take a look at our website www.wigsuk.com or call 01295 757408.

Betty and Belle Winner of ‘Best lingerie shop in the UK’ award. Exquisite lingerie and specialist bra fitting shop with an extensive range of bras and swimwear to suit mastectomy, lumpectomy and reconstructions. Bra alteration and pocketing service. Visit www.bettyandbelle.co.uk or call in at 35 Oxford Rd, Cheshire WA14 2ED; 0161 929 1472.

Bouncing Back Exclusively for women with breast cancer. Personal advice and fitting from Lesley an ex nurse who has experienced breast cancer and treatment. Closing down sale. Huge reductions on all stock including bras tops swimwear and prosthesis. Room 4 Storage King, Team Valley, Gateshead, NE11 0JH www.bouncingbackbras.co.uk

The Bra Clinic Support after Surgery. Mastectomy bra specialist Susan Cooper provides an essential specialist service for women when recovering from breast cancer surgery and treatment. For online shopping, clinics and information, visit www.thebraclinic.co.uk or call Susan on 07918 656 628 (m).

Cool and Beautiful Nightwear Cool, ultra feminine, 100% cotton, mastectomy nightdresses. They are discreetly pocketed to hold a soft prosthesis and with plenty of fabric in the skirt to allow for extra comfort. Designed as a result of personal experience and made in the U.K. Pretty mint colour is a new addition to the range. Available from www.coolandbeautiful.com or telephone 01568 750011 for more information.


PEBBLE UK Now supplying LYMPHEDIVAS ARM SLEEVES AND GAUNTLETS, choose from over 80 different colours and designs. Made with moisture wicking fibres, unscented Aloe Vera treatment for skin friendly softness and fine knit construction for a lightweight feel. Available in 3 sizes, 2 arm lengths and 2 compressions. 0800 433 4757 www.pebbleuk.com

Puyssentut Retreat In France Puyssentut is a retreat for people with or recovering from cancer. Enjoy our beautiful, tranquil surroundings; nutritious, delicious food; yoga and meditation; complementary treatments; and workshops. We’re easy to get to and immediately daily pressures feel far away. Come and rest, relax and revitalise. Book now at www.puyssentut.org or +33-5-62600863.
Ask us...

We’re here to answer any questions about breast cancer and talk through concerns, however big or small.

Silima® FOR YOU! A new identity for our fabulous 2013/14 catalogue, bringing you a unique collection of silicone breast forms and a wide range of stylish and supportive lingerie. New for this year’s edition is Amelie, the spectacular result of our French design heritage. Look no further for fashion and femininity! Call 01295 220524 or visit www.conturabelle.co.uk

Suburban Turban offers stylish, fashionable headwear and accessories for women experiencing hair loss. The collection offers styles for all occasions – from beautifully simple, super-soft jersey hats to chic berets and sparkling cocktail hats. We also offer a range of natural skincare products, chosen for their gentle, soothing benefits. To shop the range go to www.suburbanturban.co.uk Tel: 0845 003 2800

TenderCush offers comfort and support following breast cancer surgery. Whether sleeping, travelling, around the home or socialising, our products are specially designed to help. Our fabulous patented Shoulder Bag is a truly liberating product which offers support when out and about. Available now at www.tendercush.co.uk Tel 07980 470072. Also on Facebook and Twitter

Womanzone ABC Distributer
NHS-approved specialists in caring for women after breast surgery. Working with healthcare professionals and Breast Cancer Care. We offer a wide range of lingerie, made-to-measure swimwear, pocketing service and free fitting service. Call for a copy of our brochure. Warrington: 01925 768 992 Leeds: 0113 258 9505 www.woman-zone.co.uk

Free Helpline
0808 800 6000
For Text Relay 18001
9am–5pm Monday to Friday
10am–2pm Saturday

If you have a question about your breast cancer you’d rather not ask over the phone, you can email us instead. Submit your question online through our website and one of our nurses will get back to you.

www.breastcancercare.org.uk/ATN

to advertise here please email us at vita@breastcancercare.org.uk
If you have already sent us this form, you will continue to receive Vita four times per year. Breast Cancer Care volunteers will be sent Vita automatically.

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.

Name

Address

Postcode

If you have already sent us this form, you will continue to receive Vita four times per year. Breast Cancer Care volunteers will be sent Vita automatically. 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.