TOP drawer
How art therapy can help with the emotional impact of breast cancer

STEP INTO summer
Keep your cool in our pick of beach fashion

The PAIN barrier
Coping with chronic pain after breast cancer

REAL-LIFE COVER STAR
Everything CHANGES
Sheila Smith 30 years on from her diagnosis
I hope you enjoy the issue!

Laura Fountain
Editor
Vita@breastcancercare.org.uk

Welcome to Vita

For some of you, this may be the first time you’re receiving Vita magazine, and those of you who’ve been reading Vita for a few issues may notice we’ve made changes. We’ve merged our sister publication Breast Cancer Care News with Vita magazine. This means that as well as the usual real-life stories, fashion tips and hot topics, you’ll also find information on some of Breast Cancer Care’s fundraising activity and a comprehensive list of services it provides. If you’re reading Vita for the first time, I hope you enjoy it and that you’ll choose to subscribe free to future issues.

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Happy birthday HeadStrong

HeadStrong, the face-to-face hair loss advice service from Breast Cancer Care, celebrates its 10th birthday this summer. To find your nearest HeadStrong visit www.breastcancercare.org.uk/headstrong or call the Helpline on 0808 800 6000.

Strawberry Tea season is under way and across the country people will be putting the kettle on and getting their friends together to raise money for Breast Cancer Care. There’s still time to take part and hold a Strawberry Tea before the end of August. Turn to page 21 for some strawberry recipes and more details.

**And the winner is...**

The winners of Breast Cancer Care’s first Nursing Network awards were announced in June. The winners were Diane Mackie and Melissa Warren, Veronica Allinson, Lorraine Sers and Anne Saunders, and Jacqueline Parkinson. To find out more about the winners and read their advice on a range of issues, see ‘Ask a breast cancer expert’ on page 18.

**Eternal flame**

The Olympic flame was carried through Blaenavon, Wales by Anne Shingler, a Breast Cancer Care volunteer who has secondary breast cancer.

**Going the distance**

More than 800 Team PB runners took on the Virgin London Marathon this spring to raise money for Breast Cancer Care and The Prostate Cancer Charity. The team looks set to raise a combined total of more than £1 million to help support the 750,000 people in the UK affected by either breast or prostate cancer.

**Save the date!**

Secondary Breast Cancer Awareness Day 2012 will take place on 13 October. Look out for details of how we’ll be raising awareness about living with secondary breast cancer and join our campaign to raise standards of care for people with a secondary diagnosis.

13 Oct 2012

**Have you visited our Moving Forward gallery?**

Whether it’s managing the ongoing side effects of treatment, getting back to work, or coming to terms with changes to your body, finding a ‘new normal’ after breast cancer can be a challenge. Visit our online exhibition of people living with and beyond breast cancer, and read about the issues they’ve faced. You can also add your photo and experience of life after treatment. Visit www.breastcancercare.org.uk/mfgallery
Your looks

In summer, the old trick of layering and covering up doesn’t always work, especially if the weather’s as warm and sunny as most people are hoping for. Although there may still be lots of suitable outfits on the high street, you might want to use specialist retailers for bespoke bikinis and swimsuits.

1. Try a pair of white linen shorts teamed with a printed halter-neck top.

2. Prints are staying popular into the summer season with bold geometric patterns featuring widely. Choose a specialist mastectomy swimsuit with an asymmetric cut or print – this will disguise any breast unevenness. If your budget allows, try a designer swimsuit with cup size fittings – designs without cup fittings can sometimes mean that your prosthesis can ‘float’ within the costume. Bikinis often come in different cup sizes ensuring a better fit – choose one with moulded cups to further disguise unevenness and dimples caused by surgery.

3. If you think your bikini days are over but need the individual cup-sizing they offer, don’t give up. There are lots of highly glamorous kaftans and sarongs about this summer which will give you extra coverage. If you’re experiencing hair loss, go for a highly coloured and embellished scarf, and complete the look by twisting the scarf to create a stylish head covering – there are websites dedicated to creative scarf folding with full instructions or Breast Cancer Care’s HeadStrong service can give you tips.

Top tips for dressing for the beach

1. Shorts are a key theme this season from tailored office shorts to wild flower patterned festival-style ones. Try a pair of white linen shorts teamed with a printed halter-neck top. There are retailers who produce tops with built-in pockets so you don’t need to wear a bra underneath, keeping you cool and reducing the number of layers you’re wearing.

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Tickets for the Breast Cancer Care fashion show are available now.

Visit www.breastcancercare.org.uk/theshow or call 0845 092 0806 for more details.

Try a pair of white linen shorts teamed with a printed halter-neck top.

Orange/turquoise bangle set – F&F Tesco £7; White linen tailored shorts – Tu at Sainsbury’s £18

Cyell Emerald tankini – Caley £50; Peacock Passion swimsuit – Nicola Jane £39; cryptic sandal – metallic – Office £35

Tropical Print Kaftan – Marks and Spencer £29.50; Bandini Palm Flutter Sleeve Kaftan – Accessorize £32; Resort Sarongs (pack of 2) – Isme £16; Animal print gladiator sandals – Curvissa £35

For more fashion tips and links to high street and specialist lingerie retailers, visit Jane’s Place at www.janesplace.co.uk

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Putting life back in focus

When Lizzy Bell quit her job as a chartered accountant to volunteer in Central America, she wanted to use the time to think about making changes to her life, but had no way of knowing what lay ahead.

I’d qualified as an accountant straight after university, but by the time I went to Central America, I’d begun to feel like I was in a bit of a rut. I wanted something more from life and while I was away, I was thinking about what I wanted to do when I got back. My two passions are working with children and photography – and I was able to do quite a lot of that while I was abroad.

On returning to the UK after almost a year away, I started contract work while planning my new career. Around the same time, following a blind date arranged by friends, I met Mark, the director of a local media business. We had been going out for just two months when I found a lump in my breast.

I automatically assumed it would be benign, even though it was quite large. It was only when I saw the consultant after the mammogram and he said ‘No, it’s not fine’ that I realised what it was. I was diagnosed with breast cancer the day after my 39th birthday, and had a mastectomy and breast reconstruction. I spent a lot of time looking at different options before the operation because I had some horrendous thoughts of what my body might look like after. Then, on the day itself, going to the operating theatre, I suddenly felt absolutely terrified… in the end, though, after I woke from surgery, I felt a great sense of relief.

The Breast Cancer Care Helpline is staffed by a specialist team of nurses and trained staff with experience of breast cancer. You can call it free on 0808 800 6000.

If you’re a younger woman dealing with breast cancer, you may find Breast Cancer Care’s Younger women with breast cancer booklet useful. Call the Helpline for a free copy.

Everything CHANGES

First diagnosed with breast cancer more than 30 years ago, Sheila Smith, 83, has seen a lot of changes happen in that time.

I was first diagnosed with breast cancer in 1981. I remember the date because it was the day that Charles and Diana got married. I came out of the hospital about the time they were married.

I’d found a lump when I was having a bath and was concerned. I went to the doctors and he said ‘You better see someone’, so he phoned up the hospital and they said to go along there and then. It all happened so quickly. It was at the same time as my daughter was doing her A-levels. One of my sons was getting ready to leave school and go to college, and the other was still at school. Telling them and thinking about how they would react to it was more worrying than how was I going to cope.

When I had my operation the only option was a mastectomy. The doctors said to me ‘If you have a lump we take the whole breast away’, but these days there’s the option to have a lumpectomy so you don’t always have to have your whole breast removed.

I had radiotherapy and it was then I saw a notice about Breast Cancer Care, though it was called The Mastectomy Association back then. It was one of the first organisations interested in looking after women emotionally. I got in touch and volunteered on the Helpline. The other volunteers who worked on the Helpline had all had breast cancer and there was a sense of ‘Let’s all help each other’.

Then I was a model in an early Breast Cancer Care fashion show in Barking and later helped out working as a dresser for the models when the fashion show moved to Grosvenor House. I kept going back to the hospital for check-ups. When I went back for a mammogram in 1996 they saw another area of concern in my other breast. This time they offered me a different type of surgery but as I’d already had one mastectomy I said ‘Well I might as well have the other one off’ so that’s what I did.

One of the things I noticed the most was the improvement in aftercare. When I first had a mastectomy and needed a prosthesis a man came round and he was the same man doing false legs and arms as well. The prostheses have improved over the years as well as the quality of breast reconstruction, and you can now have a mastectomy and reconstruction at once.

I also noticed people were much more aware about breast cancer the second time round. The first time I had breast cancer people did not talk about it. Now it’s much more open. People will talk about it and they’re not afraid of saying ‘I have had breast cancer’ or ‘I’m having chemotherapy.’

I still think about whether the breast cancer could come back but then I just think – it’s 31 years now and I’m getting on a bit; if it’s not that it will be something else!
**A life less ordinary**

Being the partner of someone with breast cancer has its own challenges. Pete Coles talks to Richard Hardwick about coping with his wife’s diagnosis.

Traveller, social worker, parent, writer, teacher – since he met his partner Anna at a kibbutz in 1991, Richard Hardwick has lived a varied life. As he explains, ‘I’ve always had a constant need to do something different. I’m 42 and I’ve never stayed in a job more than four and a half years. However, I’ve been teaching creative writing at a prison for almost that long and I’m happy.’

Part of the reason for this is the ‘therapeutic power’ Richard finds in writing. ‘In the prison, I’m very conscious not to make it overtly therapeutic. One thing I’ve learnt is it’s cathartic in itself: if you give people the time and space to write about what they want to write about, it invariably seems to help.’

‘That was true for Richard when Anna was diagnosed with breast cancer in 2009. At the time, his first novel, Kicked Out, had just been published and he put his work on a second one aside to write Andalucia, a biography of his life with her. ‘I wrote when Anna was diagnosed because I had to: it was my way of coping. I couldn’t write about anything apart from Anna, because I couldn’t put anything else into my head…’ I was told by a lot of people to be a rock when she was diagnosed. Whether that’s best or not, I don’t know, but I certainly tried not to be too emotional. I just wanted to support Anna in whatever she wanted to do. The kids helped as well – having young children is a good way of bringing you back down to earth…’ I remember Anna explaining to our son, Joe, that she going to be having strong medicine that would make her hair fall out. He looked a little while to

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tell it like it is

When it came to how she was going to tell her two daughters about her breast cancer diagnosis, for Jazz Cooper honesty was definitely the best policy.

My daughters were 9 and 11 when I was diagnosed with breast cancer and from the time I wanted to be honest with them. I warned them I had found a lump and that I had to go to the hospital for some tests. On the day I was diagnosed they were staying with my parents because it was the summer holidays. I told my older daughter, Amy, over the phone but decided that I would tell Katie face to face a few days later.

But children pick up on things and before I could tell her she phoned me up and said: ‘Now listen mum, I think there’s something going on and I don’t think it’s good and I think it’s to do with you.’ So I had to tell her then. My breast cancer came at a crucial time for Amy as she was coming up to secondary school. For me, though, that period is a blur and I’m really angry that I missed that. I wasn’t there to set boundaries and you can’t pull them back afterwards. But they did have fantastic support from their schools and Amy even had some counselling, which her school organised for her.

One thing I was keen on was keeping them from seeing other people’s reactions to the news that I had breast cancer. So I called round all the parents at their schools to tell them. I didn’t want people to ask what was wrong with me in front of the girls and have them see that initial shock on people’s faces. I lost my hair through chemotherapy and most of the time I wore a turban. When I was at home with just my husband and children, though, I would take it off. But they would ask me to put it back on again and cover my head up. I didn’t really understand this until I caught a glimpse of myself in the dining room mirror. I realised I’d been avoiding looking at myself in the mirror because I didn’t want the reminder that I was ill – and yet I expected them to look at me. If I was to offer advice for other mothers in my position I would say: follow your instincts. Do what you think is right for you and your family in that moment. I tried to be open, honest and brave with my children. I didn’t always make the right choices but I discussed things openly with the kids and they understood why I made the decisions that I did. There is lots of information out there to help you and to help children to understand cancer. And there’s support available for you and for them.'
Everyone deals with a diagnosis of breast cancer in different ways. Vita meets Ros Barthelmy, who used her background in art therapy to help make sense of her feelings.

A picture is said to paint a thousand words, so it's no wonder that some people find it easier to express their feelings through images. Instead of just talking about their experience of breast cancer, many are finding that picking up a pen, pencil or paintbrush can help them make sense of their emotions.

Ros Barthelmy was working with young people and adults using art as therapy to help them explore their emotions when she developed her not-for-profit company Nurcha. It, Nurcha it! works creatively with vulnerable groups of people to help them express and address social and emotional issues through creative art.

Ros was diagnosed with breast cancer aged 41. The diagnosis and treatment brought with them a range of emotions. In June 2011, I was diagnosed with breast cancer and, momentarily, my life stopped and flashed before me," says Ros. "Having a creative interest got me through a lot of my journey. I wanted to explore my feelings and I did that through art.

'Painting and creativity allowed me to think about the impact of surgery and the reconstruction process. I explored how the different parts of my body were affected through reconstruction, I found my way of working through and processing my own journey. I felt that I didn’t need to talk about it all the time as I had a creative outlet to express feelings.'

And it's not just Ros who has been using art as therapy; her family too have benefitted from this approach to expressing their feelings. "It's something you can sit down as a family and do together. My teenage daughter and 10-year-old son spent time together and created a beautiful, heart felt painting for me. My son also drew a comic strip story of how he felt about me having cancer. He was able to express his feelings through art and I was able to understand and learn how to sensitively support him.

'Art therapy is especially useful for children and those who find it difficult to articulate what’s going on with them.'

Ros is now turning her attention to other people affected by breast cancer to help them make sense of their feelings through art. "It came to me that it would be an opportunity to help support other people affected by breast cancer to do the same as I have."

'I set up RohBust Art-as-Therapy Project and invite people affected by breast cancer, whether they’re patients, friends or family members, to create an image to express what they think or feel about breast cancer. It can be any sort of image in any medium: a painting, photo, lino print, sculpture or a collage that expresses something about how they feel. I’m creating an online gallery of images I get sent and intend to put together a public exhibition.”

When it comes to advice for those interested in using art as a form of therapy, Ros says there are no hard and fast rules. ‘My approach is very person-centred. I encourage each person to find their own way of using art and what works best for them. For example, they may find it best to do something when they come home from a hospital appointment or it might be later on. There’s no right or wrong way to create something and you don’t even have to be able to draw, just do what feels right. The final image is not important. The art making process can be very cathartic and therapeutic in itself and that can be enough.”

To find out more about the RohBust Art-as-Therapy Project, visit www.rohbst.com For more information about Nurcha.it visit www.nurcha-it.com
Your health

The PAIN barrier

Chronic pain after breast cancer treatment is something that can seriously affect quality of life. Senior clinical nurse specialist Rachel Rawson looks at ways of managing two common aspects of pain associated with treatment.

If you’re still experiencing pain months or even years after your treatment for breast cancer, you’re not alone. We know from calls to Breast Cancer Care’s Helpline and posts on our online forums that people experience long-term chronic pain. But there are things that may help.

Pain after surgery

Immediately after surgery for breast cancer and in the weeks that follow people will experience pain and sensations such as burning and numbness in the scar area and under the arm. As healing takes place these effects will subside for most people within about three months (sometimes sooner). However, for some people they can persist.

Long-term pain is often associated with nerve damage during surgery to the axilla (underarm) when the nerves supplying the skin have been damaged or stretched. People often describe this type of pain as shooting, burning, pressure sensations or numbness in the upper arm, chest area and axilla. Research seems to suggest that pain is experienced more commonly in people who have multiple lymph nodes removed rather than those who have had sentinel lymph node biopsy alone.

Simple pain relief, such as paracetamol or pain-relieving gels or creams, may help but if the pain is not controlled and is affecting day-to-day life you should talk to your hospital team or GP. They can then fully assess your symptoms and may prescribe alternative treatments such as antidepressants or anti-epileptic drugs, both of which have been shown to help with nerve pain associated with surgery.

Pain related to aromatase inhibitors (AIs)

It’s been known for some time that one of the more common side effects of AIs is joint pain. While it is not fully understood why this happens it’s thought that the pain is caused by the intense effect that AIs (such as anastrozole, exemestane and letrozole) have on the remaining oestrogen (female hormone) after the menopause. The rapid drop in oestrogen caused by the way AIs work can leave the joints more susceptible to pain. Research suggests that about a quarter of people taking AIs will experience joint pain but doctors agree that this figure may well be higher.

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Depending on the intensity of the pain and to help find its cause, you may be advised to have a break from treatment for a few weeks to see if the pain improves. If AIs are identified as the cause of joint symptoms it might be possible to change to another hormone therapy that has fewer joint-related side effects, such as tamoxifen.

Reducing weight and muscle strengthening exercises will help to lessen the stress on the joints and increase joint stability.

Reducing weight and doing muscle strengthening exercises will help to lessen the stress on the joints and increase joint stability.

Pain relief such as paracetamol or anti-inflammatory medication taken regularly can also be useful. A small number of people who take AIs will experience numbness, tingling and pain in the wrist. This is called carpal tunnel syndrome and is thought to be more common in those who take AIs. Where symptoms are severe they should be reported to the hospital team or GP who can advise about treatments.

When treatment stops, pain related to the AIs will too. However, AIs are recommended to be taken for a number of years, which is a long time to experience joint pain. It’s therefore important to report symptoms so that, where possible, solutions can be found.

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The Pain after surgery and pain due to AIs are just two types of long-term pain after treatment for breast cancer. At Vita online we discuss other aspects of chronic pain including cordind, urogenital pain and post-mastectomy pain syndrome.

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REVIEW

Pink Ribbons, Inc
Director: Léa Pool
Producer: Ravida Din
National Film Board of Canada

The documentary, based on the book by Samantha King, looks at the way in which US breast cancer charities raise funds, market their fundraising activities and how they spend their money. While it raises some important issues such as the rise in the number of breast cancer diagnoses each year and the need for more money to be spent on finding the causes, it fails to mention that, because of the money spent on treatments, the outcomes for those diagnosed with breast cancer have improved. Despite being a bit one-sided, it’s definitely worth a watch when it comes out on DVD.

Laura Fountain
Editor

For the kitchen
Livwise: Easy Recipes for a Healthy, Happy Life
By Olivia Newton-John (£16.00, paperback, Murdoch Books)

Simple, easy recipes for a healthy, happy, balanced lifestyle from singer and actress Olivia Newton-John who has herself had breast cancer.

Blogger spotlight
One of 300 Men
In January 2012, Doug Harper was diagnosed with breast cancer, something he describes as ‘a nuisance’. His blog is a full and frank account of his diagnosis and treatment and something he hopes will help raise awareness of breast cancer in men.

http://doughest.wordpress.com/
Twitter: @GoochDogHigh5s

Suzi Copland
Breast Cancer Care Head of Services, south of England

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.

One on one
For me, once I had got over the shock of being diagnosed, which took a few days, all I could do was think positive. If I didn’t I would never have been able to get through any of it. I also felt I had to stay positive for my family as they found it harder to deal with so I had to try and keep them strong and being positive was the only way I could do that.

I think in most ways I did feel positive as the surgeons and other health professionals were looking at it from a positive angle as well, so apart from my really down days that everyone has, I locked at the whole thing in that way. I focused on the fact it was caught very early and when I had surgery the lump was out and the rest was just to try and make sure it wouldn’t ever come back. But to be honest the positive feeling happened more when I was going through the motions of treatment and it had not really sunk in which was happening until treatment ended. But I think being positive is the best way to get through your initial hospital-based treatment.

Suzi Copland
Breast Cancer Care Head of Services, south of England

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On the bookshelf
The Elephant in the Room
By Jonathan Waxman
(£14.99, paperback, Springer London Ltd)

Jonathan Waxman is Professor of Oncology at Imperial College, London. He has helped develop new treatments for cancer and in 1996 he founded The Prostate Cancer Charity.

Each chapter of the book represents an encounter between a patient with cancer and their doctor. These stories are based on Professor Waxman’s vast personal experience of treating people with cancer, and they are touching and sometimes funny. What is striking is that we have access to plenty of accounts of cancer from people with cancer themselves but very few from doctors about the human side of their experience of cancer. For this reason the book stands out and it is easy to imagine it becoming part of a teaching programme for healthcare professionals.

This doesn’t mean, however, that it is not of interest to the general public. It sheds light on the dynamic and dialogue between doctor and patient when discussing cancer and cancer treatment options. Professor Waxman has written fiction in the past and this collection reads a bit like a novel at times, which has the potential to either irritate or engage depending on your viewpoint.

Jonathan Waxman

NO Says Kayla, who maintained a positive attitude.

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Suzi Copland
Breast Cancer Care Head of Services, south of England

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.

On the bookshelf
The Elephant in the Room
By Jonathan Waxman
(£14.99, paperback, Springer London Ltd)

Jonathan Waxman is Professor of Oncology at Imperial College, London. He has helped develop new treatments for cancer and in 1996 he founded The Prostate Cancer Charity.

Each chapter of the book represents an encounter between a patient with cancer and their doctor. These stories are based on Professor Waxman’s vast personal experience of treating people with cancer, and they are touching and sometimes funny. What is striking is that we have access to plenty of accounts of cancer from people with cancer themselves but very few from doctors about the human side of their experience of cancer. For this reason the book stands out and it is easy to imagine it becoming part of a teaching programme for healthcare professionals.

This doesn’t mean, however, that it is not of interest to the general public. It sheds light on the dynamic and dialogue between doctor and patient when discussing cancer and cancer treatment options. Professor Waxman has written fiction in the past and this collection reads a bit like a novel at times, which has the potential to either irritate or engage depending on your viewpoint.

Jonathan Waxman

NO Says Kayla, who maintained a positive attitude.

For me, once I had got over the shock of being diagnosed, which took a few days, all I could do was think positive. If I didn’t I would never have been able to get through any of it. I also felt I had to stay positive for my family as they found it harder to deal with so I had to try and keep them strong and being positive was the only way I could do that.

I think in most ways I did feel positive as the surgeons and other health professionals were looking at it from a positive angle as well, so apart from my really down days that everyone has, I locked at the whole thing in that way. I focused on the fact it was caught very early and when I had surgery the lump was out and the rest was just to try and make sure it wouldn’t ever come back. But to be honest the positive feeling happened more when I was going through the motions of treatment and it had not really sunk in which was happening until treatment ended. But I think being positive is the best way to get through your initial hospital-based treatment.

Suzi Copland
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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.
Ask a breast cancer expert

We put your questions to the winners of Breast Cancer Care’s first Nursing Network Awards. Here’s what they had to say.

I’ve been told I need both chemotherapy and radiotherapy for my primary breast cancer. Do I really need both treatments or could I just have one?

A

Sometimes both chemotherapy and radiotherapy are needed for breast cancer, as they do different things.

Chemotherapy can be given before surgery, but is more commonly given afterward. This treatment is given to reduce the risk of the breast cancer coming back in the future and treats the whole body. It also aims to destroy any stray cancer cells that may have spread from the breast. Whether you are recommended to have chemotherapy or not will depend on many factors. This includes the grade and size of the cancer and whether any lymph nodes are affected.

Radiotherapy is given for breast cancer to reduce the risk of the cancer returning in the breast (local recurrence). Radiotherapy treats the area that has been affected by the breast cancer. It is always given if you have breast-conserving surgery (wide local excision or lumpectomy) to the remaining breast tissue on that side. In certain circumstances it is given after mastectomy to the chest wall – if there is cancer in the axillary lymph nodes, or if the cancer is large or the margins (the border of normal breast tissue around the cancer) are close or involved.

You could book an appointment and speak with your oncologist (cancer specialist) to ask questions about your particular type of breast cancer and the treatments needed. Your breast care nurse can also help you to gain a good understanding of your breast cancer diagnosis and treatment plan. They are there to support you through your breast cancer treatment and discuss any concerns or questions you may have now and in the future.

Jacqueline Parkinson, winner of Best Patient Support Initiative.

I was diagnosed with primary breast cancer two years ago and had a lumpectomy. Should I be getting scanned to see if I have developed secondaries?

A

You will have regular mammograms to check for any local recurrence and on the unaffected breast, but most units do not usually do any other scans for evidence of secondary disease. Generally, after all your treatments are completed, we hope that all the cancer has gone and there will be no secondaries. However, as you will know, there is no guarantee of that. It wouldn’t be possible to scan someone for signs of spread on a regular basis and would also cause anxiety. Scans will be requested if you report any symptoms that are unexplained or may indicate disease progress.

Veronica Allinson, winner of Best Patient Support Initiative.

I have a holiday to Majorca booked this summer but I now have developed lymphoedema in my left arm. Is it safe to fly?

A

Yes it is safe to fly! I would recommend being referred to a lymphoedema practitioner for a lymphoedema assessment before you travel. The evidence can be conflicting but the current recommendations (as given in the Lymphoedema Support Network’s LymphoLine Spring 2012 newsletter) are as follows.

- For those who already have lymphoedema, it is recommended that you wear the compression garment prescribed by your practitioner.
- Wear loose clothing for the flight; remember jewellery can leave indentations in the skin so it may be best to remove it.
- Move around as frequently as you are able to promote lymphatic and venous drainage.
- Drink plenty of water and try to avoid alcohol.
- Avoid carrying heavy bags with the affected arm.
- Carry a small travel kit in your hand luggage with good quality plaster which have an antiseptic incorporated, antiseptic lotion and a good quality sun block. You should discuss with your GP taking a ‘just in case’ supply of antibiotics, especially as you will be abroad. These can be used if any infection occurs in the left arm.
- Maintain good skin care.
- If you plan in the future to travel further afield, you would need to discuss additional precautionary advice with your lymphoedema practitioner or breast nurse specialist.
- Have a great holiday!

Lorraine Sers, co-winner of Best Multidisciplinary Project.

I was recently diagnosed with secondary breast cancer in the lungs. When I was diagnosed with primary breast cancer years ago, I received a lot of support from my breast care nurse. What can I expect this time around?

A

You should expect to have continued support. This will vary nationally depending on where you are, but you should have a point of contact. This person will be a key worker – someone you can ring or see face-to-face at your local hospital. Depending on where you are, this may be the breast care nurse you had when you had treatment for primary breast cancer or it may be a new person within the breast unit team.

Melissa Warren, co-winner of Best Research or Audit Project.

To see videos of the Nursing Network Award winners answering more questions about breast cancer, see www.vita.org.uk

Your questions answered

Answering your practical and financial questions

I’m not rich. Do I need to bother writing a Will?

Paralegal Criss Benn, FAPA, MinstAM responds: I have been a paralegal for many years and I’ve seen the problems that arise when someone dies without making a Will. A Will can be a simple document stating who looks after your children, your funeral wishes and perhaps leaving a gift to charity, or it could be more complex if you have assets over £252,000 or need to think about trusts.

Quite simply, if you do not make a Will then whatever you own when you die (your ‘estate’) will pass to people as dictated by the government’s rules – perhaps not the people you would choose. Depending on your circumstances, your estate might go to your spouse, your children, another relative – or it could go to the Crown (the state).

Relatives (and not necessarily close relatives) have first call on your estate and the amounts they receive may not be what you would like.

If you own your home your estate may well be subject to inheritance tax, and a Will can help mitigate this. Even if the value of your estate isn’t high, you may want to make a Will to appoint guardians for minor children, make funeral arrangements, make gifts of particular items, or support a charity of your choice.

Personally, I found it therapeutic and practical to make my Will while I was undergoing breast cancer treatment. I knew I was making things much easier for my loved ones later. I have also left a gift in my Will for Breast Cancer Care, to help them continue to support others in the future.

More information about Wills is available at www.breastcancercare.org.uk/legacy

www.vita.org.uk
PICTURE of life

Fashion photographer David Jay has turned his focus to real women affected by breast cancer. Vita talks to him about his SCAR Project.

What made you start this project?
It evolved very organically after my dear friend Paulina was diagnosed with breast cancer. She was 29. Within two weeks she’d had a mastectomy. A beautiful, strong, young woman, I had taken Paulina’s picture a hundred times since she was 17. I saw her soon after her surgery and knew I would have to shoot her again. I took her picture because, perhaps as a photographer, taking pictures is my way of confronting, understanding and accepting things.

Is shooting The SCAR Project different from shooting ‘fashion’?
As a fashion photographer I have spent my life trying to capture an idealised version of female beauty. The SCAR Project is not ‘idealised’. It doesn’t need to be. There is something so painfully beautiful in humanity. A beauty that transcends the glossy, mass-produced images force-fed by popular media. We recognise it instantly. The human condition. Hope, despair, love, loss, courage, fear. Such fragile beauty.

What is your goal with the SCAR Project?
It’s primarily meant to be an awareness-raising campaign for young women. The SCAR Project is not about taking beautiful pictures of women with breast cancer but rather about taking honest pictures of women with breast cancer.

Do you think your portraits make people feel uncomfortable?
It can be uncomfortable for the viewer. It forces us to confront our fears and inhibitions about life, death, sexuality, sickness, relationships and so on. I once read it described as ‘unflinching’. Reality is not always pretty. This is reality. Let’s address it. The SCAR Project presents an opportunity to open a dialogue about issues we are not necessarily comfortable with.

During the SCAR Project, has anything shocked you? Was there a particularly unforgettable moment?
I am never shocked but always moved. There is something so painfully beautiful in humanity. A beauty that transcends the glossy, mass-produced images force-fed by popular media. We recognise it instantly. The human condition. Hope, despair, love, loss, courage, fear. Such fragile beauty.

During the shoot of Sara, the red-haired woman with tears running down her face (above). The shoot was going well. The pictures looked good, honest. There was laughter. I was pleased with the images we had captured. I loaded the pictures into the computer and called Sara over to look. She came and stood behind me in silence. Then tears. Mine too. I grabbed the camera again… ‘Now, we take pictures.’

The SCAR Project is not about taking beautiful pictures of women with breast cancer but rather about taking honest pictures of women with breast cancer.

Baby strawberry mousses
Serves 8

625g strawberries
3 limes, grated rind only
3 tbsp runny honey
4 tbsp water
3 tsp powdered gelatine
250ml double cream
250g low fat natural yogurt
Extra small strawberries to decorate plus tiny biscuits, optional

1 Puree 225g of the strawberries then press through a sieve and reserve for decoration. Puree the remaining strawberries, sieve then mix the puree with the lime rind and honey.
2 Add the water to a small heatproof bowl, sprinkle the gelatine over the water so that the water absorbs all the powder. Leave to stand for 5 minutes. Heat the bowl over a small saucepan of gently simmering water until it is a clear liquid.
3 Whip the cream until it forms soft swirls. Fold in the yogurt, pureed strawberry and lime mix, and then the gelatine in a thin trickle. Pour into eight, 120ml small liqueur glasses or coffee cups. Chop for 3 to 4 hours or until the mousses have set.
4 To serve, stir the reserved strawberry puree then pour a little over the top of each dessert. Decorate with tiny strawberries and serve with dainty biscuits, if liked.

Make the most of the UK’s seasonal fruits this summer with these delicious strawberry recipes.

Why not hold a Strawberry Tea this summer to support Breast Cancer Care?
All you need to do is get together with friends and family, buy some cakes, add some strawberries, put the kettle on and enjoy! Visit www.breastcancercare.org.uk/strawberry or call 0870 164 9422 for more details.

Berry, berry tasty

Strawberry jellies
Serves 6

625g strawberries
50g caster sugar
120ml water plus 4 tbsp
3 tsp powdered gelatine
Juice of one lemon

1 Slice 400g of the strawberries and add to a saucepan with the sugar and 120ml of water. Cover and cook gently for 5 minutes until the fruit is softened. Meanwhile put the remaining 480ml of water into a small heatproof bowl, sprinkle over the gelatine so that the powder is completely absorbed by the gelatine then leave to soak for 5 minutes.

To serve, dip each mould in hot water and count to 10, take out of the water, loosen the edge of the jelly with a wet finger, invert mould on to a serving plate, holding mould and plate, jerk to release. Remove mould and repeat with other moulds. Decorate with tiny flowers or hearts and serve with a little cream or custard.

Recipes courtesy of the Strawberry Tea sponsor, Seasonal Berries.

Summer Berry Mousse

27,000 Kilograms of Strawberries are eaten at Wimbledon every year.

The SCAR Project presents an opportunity to open a dialogue about issues we are not necessarily comfortable with.
Pink products

Pretty in pink

Check out the latest products that are raising money to support Breast Cancer Care.

Tresor Paris is continuing its partnership with Swarovski in this year’s Tickled Pink campaign. Tresor Paris is generously donating 10% of the total sales from its Limited Edition Accents Pink Kettle and matching Toaster.

Morphy Richards is donating a 25% donation from every sale of the Breast Cancer Care ChapStick, for its support through the sale of its pink 10.8v drill driver, costing £84.99, with a £5 donation to Breast Cancer Care from every drill sold.

ChapStick is continuing its support by donating 20p from every sale of the Breast Cancer Care ChapStick, Cherry Flavour.

Makita is supporting Breast Cancer Care through the sale of its pink 10.8v drill driver, costing £54.99, with a £5 donation to Breast Cancer Care from every drill sold.

Interflora is continuing its partnership with Interflora by generously donating 10% of the total sales of its Pink Ribbonwalks. Breast Cancer Care is receiving a 15% donation from every sale of the Breast Care Pink Ribbonwalk 2012.

Burgen Bread is aiming to raise £100,000 for Breast Cancer Care this September through a gruelling 296-mile cycle challenge. The cyclists, including a number of EMCOR’s senior management, will start at Cheadle, Greater Manchester, on 28 September; they will be visiting EMCOR offices along the route before finishing at the House of Commons in London on 1 October 2012.

In step

A massive thank you goes to all the wonderful Pink Ribbonwalkers who took on their 10 or 20 mile challenge with incredible enthusiasm and commitment! Also thank you to all the amazing volunteers and committee members – Breast Cancer Care events would not be the same without you. If you would like to reserve your place for the 2013 Pink Ribbonwalk in association with woman&home please enquire today at pinkribbonwalk.org.uk

This August sees the return of Breast Cancer Care’s Pink Ribbonride at the Bike Blenheim Palace cycling event.

The Breast Cancer Care’s Pink Ribbonride is a lovely 26.2 mile ride through the picturesque Oxfordshire countryside. Cyclists of all abilities are invited to come along for a great day out while raising money.

Carole-Anne Armstrong, who has had breast cancer, decided to do it with her family and had a fantastic time. She says ‘What a simply terrific event, so well managed, such delightful, friendly and helpful people everywhere and the feeling on the ride was just exhilarating. It really was superb!’ I have done the Pink Ribbonwalk twice but felt like a change so I took part with my daughter, husband and son – we all had a great day and raised nearly £2,500 as a team!

‘Thank you from the bottom of my heart, I’m nearly four years on as a survivor of breast cancer and I am so grateful to Breast Cancer Care and all they give.’

There are plenty of other rides going on over the weekend including tougher 60 or 100 mile Road Sportives, a new 40 kilometre Off-Road Sportive, the spectacular Brompton World Championship 2012, a 20 kilometre Time Trial, plus gentle family rides and activities in the Event Village.

Sunday 19 August
Bike Blenheim Palace

Visit: www.breastcancercare.org.uk/pinkribbonride
Email: challenges@breastcancercare.org.uk
Call: 0845 092 0805
**Calendar of events**

**July**
- 18–22 Icelandic Lava Trek

**August**
- 1–5 London to Paris Cycle Ride
- 3–5 Hadrian’s Wall Trek
- 18–19 Bike Blenheim Palace and the Pink Ribbon Ride

**September**
- 2 Great Scottish Run
- 5–9 London to Paris Cycle Ride
- 7–16 Trek Peru
- 16–23 Women v Cancer, India
- 24–30adies and the Pink Ribbon Ride

**October**
- 3 The Show, London
- 7 Royal Parks London Half Marathon
- 10–11 Great North Run, Newcastle
- 12–21 Trek China
- 14–15 Cardiff Half Marathon
- 14–24 Hadrian’s Wall Trek
- 20 Shock Absorber Women Only Run
- 27–5 November Women v Cancer, India

**November**
- 4 New York Marathon
- 9–18 Women v Cancer, India
- 26–12 December Everest Base Camp

**December**
- 3 Carol’s by Candlelight, London

If you want to take on one of these or any other challenge to raise money for Breast Cancer Care, call the Events team on 0845 092 0804 or visit www.breastcancercare.org.uk/events

**Free services for people affected by breast cancer**

**Information Sessions and Courses**

- Sessions and short courses on a range of topics.
  - Barnsley, Moving Forward course, 3–17 August
  - Bournemouth, Moving Forward course, 9–17 July
  - Cardiff, Passport to breast cancer rehabilitation, 3–24 September
  - Dundee, Moving Forward course, 30 August–20 Sept
  - East Kilbride, Breast reconstruction, 18 July
  - Edinburgh, Breast reconstruction, 22 August
  - Glasgow, Lymphoedema, 15 August
  - Moving Forward course, 22 August–12 Sept
  - Huddersfield, Moving Forward course, 4–25 July and 5–26 September
  - Kilmarnock, Breast reconstruction, 24 July
  - Liverpool, Breast reconstruction, 21 August
  - London, Moving Forward course, 25 September–16 October
  - Lytham, Breast reconstruction, 11 September
  - Manchester, Breast reconstruction, 20 July
  - Moving Forward course, 7–28 September
  - Middlesbrough, Signs of a possible recurrence, 26 July
  - Norwich, Menopausal symptoms, 20 September
  - Portsmouth, Signs of a possible recurrence, 13 September
  - Perth, Breast reconstruction, 8 August
  - Salford, Moving Forward course, 4–25 September
  - Selhurst, Moving Forward course, 19 September–10 October
  - Welwyn Garden City, Lymphoedema, 5 July

**HeadStrong**

- Book a private, practical appointment to help you prepare for the possibility of losing your hair due to cancer treatment.
  - Bangor • Birmingham • Blantyre • Bournemouth • Bradford • Cardiff • Chester • Chesterfield • Clatterbridge • Doncaster • East Kilbride • Glasgow • Halifax • Huddersfield • Kilmarnock • Leicester • Liverpool • Livingstone • London • Middlesbrough • Newcastle • Peterborough • Preston • Purley • Rhy • Southend • Stockport • Welwyn Garden City • West Bromwich • Wolverhampton • Wrexham

**Lingerie Evenings**

- Join other women who have had breast cancer to gain more confidence when choosing a bra after surgery.
  - Aberdeen, 6 September
  - East Kilbride, 6 September
  - Hamilton, 12 July
  - Glasgow, 22 August
  - Glaswegian, 13 September
  - Liverpool, 5 July

**Younger Women’s Forums**

- Events for women aged up to 45 with breast cancer.
  - Liverpool, 28 and 29 September; Brighton, 23 and 24 November

**Living with Secondary Breast Cancer**

- A chance for people with a secondary diagnosis to talk openly and increase their knowledge.
  - Aylesbury, second and fourth Wednesdays of each month
  - Birmingham, first Monday of each month
  - Bristol, second Wednesday of each month
  - Cardiff, third Thursday of each month
  - Edinburgh, first Monday of each month
  - Leeds, last Thursday of each month
  - Manchester, third Wednesday of each month
  - Motherwell, fourth Wednesday of each month

**Talk to someone who’s been there**

- Our One-to-One Support service can put you in touch with a trained volunteer who’s ready to share their experiences and understanding over the phone, and you can talk with people in a similar situation through our online Discussion Forum and Live Chat sessions.

**Your QUESTIONS answered**

- If you have questions about breast cancer or breast health call Breast Cancer Care’s free, confidential Helpline on 0800 800 6000 (Text Relay 18001) or ask your question by email via the Ask the Nurse service at www.breastcancercare.org.uk. You can also order free information resources and get instant access to information through our website.

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Belovely Designs

NEW! Post-Mastectomy Day and Evening Wear available online and mail order. Unique fashionable tops and dresses with higher necklines and built-in pocketed bras in strappy and feminine designs. Complementary mastectomy bras and competitively priced medical grade mastectomy prostheses. Visit www.belovelydesigns.co.uk or call 0121 663 0434 for a catalogue.

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.

Amoena Latest breast forms, beautiful lingerie, fashionable swimwear, available by mail order or online. Call 01295 220 524, order specialist. Order by phone, post or e-mail; return specialist service for women when needed. Request a catalogue or book a free fitting at our South Wimbledon (London) showroom; 0845 225 5080 or www.eloise.co.uk.

Nicola Jane New Spring/Summer 2012 Collection now launched! Beautiful, feminine lingerie and stunning swimwear all fitted with pockets to hold your prosthesis discreetly and securely. Award-winning customer service and over 28 years’ expertise. Guarantee free ‘no quibble’ returns. AA–J cup sizes, 28–40, 10–32, 32–44. visit www. amoena-london.co.uk or call 01295 220 524.

Jashcroft offers a range of post-surgical support and mastectomy specialists. Order by phone, post or e-mail; return a free fitting at our South Wimbledon (London) showroom; 0845 225 5080 or www.eloise.co.uk.

Sadie the Bra Lady. Are you amongst the 80% of women fitted for the wrong size bra? Our fitters help you with the selection of your new bra. It will feel comfortable, secure, and confident as you move around keeping your prosthesis in place the same as your natural breast. Tel 01207 506541 or Visit www.sadie-the-bra-lady.com

Trulife provides an extensive range of lightweight and traditional prostheses, mastectomy bra and accessories via a network of distributors. New for autumn, Aquaflo – a new concept in active lifestyle breast form design. For more information about our new post-surgery products, call 0800 716 770 for a catalogue or visit www.trulife.com.

Womancare ABC Distributor NHS-approved specialists in caring for women after breast surgery. Working with healthcare professionals and Breast Cancer Care in the education of bra and prostheses fitting. We offer a wide range of lingerie, made-to-measure swimwear, pocketing service and free fitting service. Warrington: 01925 768 992; Leeds: 0113 258 9605; www.womancare-co.uk.

Yoga4yourhealth.com Having had breast cancer herself and found yoga so helpful during that experience, Juliet has undergone many years of training and now teaches at the Royal Marsden and Kingston Hospitals, as well as privately in the South and West London area. For further information please contact: julietbarker@yahoo.co.uk 07989 585828.

To advertise here please email us at vita@breastcancercare.org.uk
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 ongoing side effects of treatment, thinking of going back to work or hoping 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