

VITA

The breast cancer magazine
Issue 34 Winter 2017/18

breast
cancer
care

‘Should I change
my lifestyle
after breast cancer?’

Travel: tips for
stress-free trips

Hormone therapy
explained

Winter skincare

Inspiring real-life
stories

Victoria Derbyshire on
**TRYING TO
NORMALISE
BREAST CANCER**



A woman with short brown hair is shown in profile, wearing a grey headset with a microphone. She is looking towards the right. The background is a blurred office environment with a plant and a framed picture.

breast
cancer
care

We're available Monday–Friday 9am–5pm, Saturday 9am–1pm, late opening on Wednesdays until 7pm. Leave a message outside these times and we'll call you back.

**Whatever your concern,
we'll understand**

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Welcome to Vita

Happy New Year and welcome to the winter issue of Vita.

After the dust has settled on the festive season for another year, thoughts often turn to New Year's resolutions. And top of many people's list is healthy living.

The subject of lifestyle after a breast cancer diagnosis can be a confusing one. Many women wonder if there's anything they can do – or stop doing – to reduce their risk of cancer coming back. You may have heard of special 'cancer diets' and wondered: should I be following one?

On page 10, we look at what the evidence says about diet and exercise and the risk of breast cancer recurrence.

Elsewhere, we look at the subject of travel. A holiday or trip can have numerous benefits, and many people travel without problems after a cancer diagnosis. But to make sure your trip runs smoothly, there are a few things you might want to think about before you set off.

If you're dreaming of jetting off to sunnier climes, turn to page 18 for our top tips for stress-free trips.

Gareth Fletcher
Editor

vita@breastcancercare.org.uk

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Inbox

Your letters and emails

Dear Vita

I had a mastectomy and chemotherapy in 2013–14. Exercise has played an invaluable part in my recovery, mentally and physically.

During treatment I put on weight, suffered with fatigue and lost all my fitness. As I was finishing chemo, I was introduced to a personal trainer who was trained in cancer rehabilitation.

He set up a programme of gentle exercise that I could do. After each session, I felt energised and mentally stronger. I really looked forward to and enjoyed the exercise. He built up my exercise regime over time. Eventually I got the confidence to join the gym.

I feel much fitter. I have lost weight. I cannot emphasise how much exercise has helped me. Even if you think you're not up to it, have a go at gentle exercise, gradually build up and I assure you it will help in your long-term recovery. Good luck.

Louise

Star
letter

Dear Vita

I was diagnosed with breast cancer last year. I had my operation, chemotherapy and four weeks of radiotherapy, and am now on 10 years of hormone treatment.

I've never let anything get my down. [But] I really feel I'm on my own now I'm not going for treatments. I know I'm not – I've got family and friends – but in my head I am.

I really love the time my magazine comes. Thank you, Vita.

Pam



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

Dear Vita

Lynn [Inbox, Autumn 2017] commented on the difficulty she found in locating a suitable post-surgery bra.

My daughter works for Bravissimo and helped me find a selection of bras which not only fit but are also pretty and feminine. I'm a 36F and can recommend their new Sleep bra, which is the most comfortable fit around.

I have also found M&S particularly good. They have an extensive range of post-op bras, some of which go up to a G cup.

Sue

Dear Vita

In the latest edition of Vita, an article covered 10 tips for living well after breast cancer treatment.

I would like to add an 11th: know the signs and symptoms of secondary breast cancer.

It's my belief that every breast cancer patient should be educated to recognise the signs and symptoms of secondary disease, perhaps being given a card with them written on. This would reduce anxiety over unrelated symptoms, but anything relevant would be quickly noticed.

I wish someone had told me.

Eleanor

Get in touch with Vita

Email vita@breastcancercare.org.uk

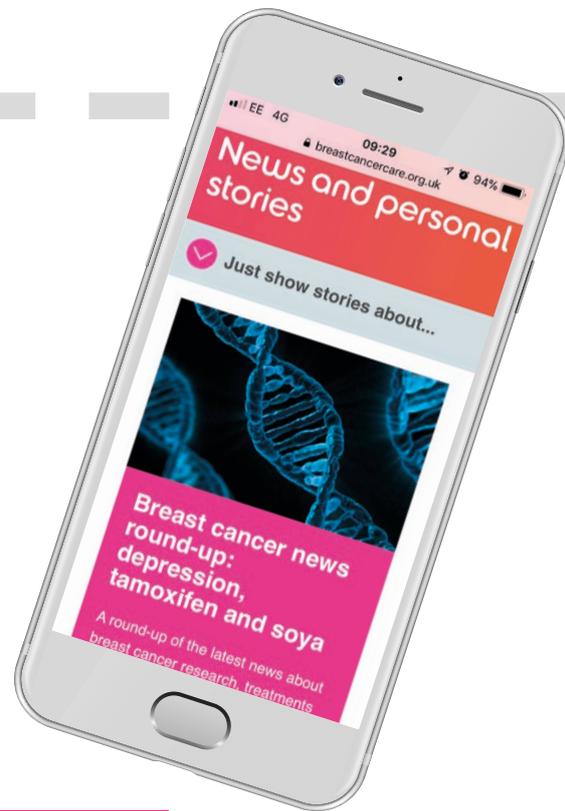
Write Vita magazine, Breast Cancer Care, Chester House, 1–3 Brixton Road, London SW9 6DE

News

Read all about it!

If you find it helpful to read about other people's breast cancer experiences, or want to keep up with the latest breast cancer news, head over to the recently revamped News and personal stories section on the Breast Cancer Care website.

Go to breastcancercare.org.uk/news



Cold feat

Six British women are hoping to become the first all-female team to use muscle power alone to ski coast to coast across Antarctica.

The Ice Maidens – who all serve in the British Army or Army Reserve, and are supporting Breast Cancer Care – embarked on their 1,700km, three-month journey in November. They'll be pulling their sledges in temperatures of minus 50°C and wind speeds of over 60mph. Brrr!

Follow their incredible journey at exicemaiden.com

New drugs approved by NICE

The National Institute for Health and Care Excellence (NICE) has approved two new drugs to treat secondary (metastatic) breast cancer.

The drugs – called palbociclib (Ibrance) and ribociclib (Kisqali) – will be made available in England. At the time of writing, Wales is also expected to adopt this guidance, while a decision on both drugs is expected soon in Scotland.

Samia al Qadhi, Chief Executive of Breast Cancer Care, commented: 'Access to the best treatments for women and men living with incurable breast cancer should be the cornerstone of good care. Following this welcome decision by NICE, we now want to see palbociclib and ribociclib made available across the UK.'



Winter skincare SKINCARE

Rachel Rawson gives some simple tips to keep your skin looking great this winter

Winter can be notoriously bad for the skin. Central heating and air conditioned environments make skin dry. And for many women diagnosed with breast cancer, the menopause and its effects add to this.

Increased dryness is one of the main things women notice following the menopause. Staying hydrated is vital for keeping the skin plump and glowing. Drinking water and caffeine-free drinks is important, but some simple routines can help keep skin in tip-top condition.

Four steps to a glowing face

1. Cleanse

A good starting point for clearer, smoother skin is an oil-based or creamy cleanser which can be gently wiped away with a warm, damp cotton cloth or flannel.

Liz Earle Cleanse & Polish Hot Cloth Cleanser ticks all the boxes. It not only cleanses the skin but removes eye makeup as well. Available from Boots and QVC.



**Cleanse & Polish
Hot Cloth Cleanser,
starter kit
£16, Liz Earle**



**nspa Brightening
Micro-Derma Scrub,
£5, Asda**

2. Scrub

Getting into the habit of exfoliating your face regularly can help lift the layer of dead cells that dulls the skin's surface. This allows moisturisers to penetrate effectively.

The **nspa beauty range**, stocked by ASDA, includes a facial scrub which is paraben free and not tested on animals.

Make your own body scrub

Just like a facial scrub, a body scrub can be useful to lift the surface cells so that any moisturiser you apply is absorbed more easily.

There are lots of body scrubs on the market, but the most cost-effective way is to make your own.

There are different oils you can use, many of which can be found in your kitchen cupboard. Sunflower or grapeseed oil work well.

To your oil, you'll need to add the exfoliating ingredient. Sugar or salt are perfect for this job. You may want to add a few drops of pure essential oil such as lavender or rose.

To get the best results, massage the scrub into dry skin either standing in the bath or shower, concentrating on the elbows, knees and upper arms. Rinse off with warm water and then bathe or shower as usual.

Using this routine once a week leaves the skin feeling baby soft.

Body cream

When it comes to choosing a body cream, try to find one that contains shea butter and apply it after exfoliating on to slightly damp skin.

One of the most effective body creams that I've found is **Body Shop shea butter**.



4. Facial oil

You might shy away from facial oils, but they are the ideal antidote to dry, flaky, rough skin whatever your age.

Applying your oil after your moisturiser or serum will allow it to act like a barrier, locking in the hydrating benefits of your other products. You might also want to try mixing a couple of drops of facial oil into your night cream just to make the whole process simpler.

Holland and Barrett's **Dr Organic Rose Otto facial serum** is light on the skin and smells delicious, which is particularly nice as part of your night-time routine.

3. Moisturise

As we age, our skin loses the ability to preserve moisture. One of the key ingredients to help tackle this is sodium hyaluronate (hyaluronic acid).

After using your facial scrub, you could try applying a night cream to the face and neck area before bed so that it will be absorbed overnight.

M&S has released its **Absolute Ultimate Sleep Cream**, which has had some fantastic reviews.



I was trying to normalise breast cancer

BBC journalist Victoria Derbyshire talks about chemotherapy, cold caps and why she's shared her breast cancer experience in a new book

'Monday 27 July, 4.15am. The kettle's on, and I'm googling "inverted nipple" before leaving for work.'

So begins *Dear Cancer, Love Victoria* – Victoria Derbyshire's breast cancer diary, recording daily life from diagnosis, through surgery and chemotherapy to the end of radiotherapy.

The chances are you're familiar with Victoria's video diaries. Millions of people have seen the TV presenter and mum of two going through breast cancer treatment. The videos give an insight into something rarely seen by anyone who hasn't had cancer themselves.

'I did it to shine a light on what I was experiencing,' says Victoria, who began her first video diary from her hospital bed, shortly after her mastectomy in September 2015. 'Unless you've been through it, you don't know what a mastectomy

is, what chemo can do and what radiotherapy does.

'Cancer is still talked about in hushed tones. I was trying to normalise and diminish it.'

The book, she says, was written because of the amazing reaction to the videos, and to say more, in more detail, about her experience. It also fills in the period before the videos start, capturing the weeks of uncertainty immediately before and after diagnosis. 'You just don't know if you're going to survive,' she says.

Victoria had no inkling of the number of people who would get in touch because of her videos, to offer support, share their own stories and thank her for sharing hers.

'I felt I was doing it as a journalistic project, a factual account in a way,' she says. 'I never could have predicted that so many people would get in touch and say it had taken away their fear.'

I'm glad I used a cold cap

The hardest part of treatment was dealing with hair loss.

Victoria admits she didn't think it would happen to her. 'I was prepared, I had a wig made, but I still never thought it would happen.

'It made me feel powerless and out of control. You look in the mirror and feel like a cancer patient.'

Victoria used a cold cap throughout chemotherapy to try to avoid hair loss. In one video, the cap is removed and she points to the ice left in her hair.

But despite losing around two-thirds of her hair – not to mention the headaches caused by the frozen cap – she's pleased she stuck with it. 'Even having some of my hair was psychologically important,' she says.

Victoria admits she worried about hair regrowth. 'In the darkest times during chemotherapy I thought: my hair might not grow back, or it might come back grey. But within a few





Victoria used a cold cap throughout chemotherapy

days of finishing chemo, I could see fluffy bits coming through and it's quite an optimistic feeling.'

Family life

The subtitle of Victoria's book is 'A mum's diary of hope...' and the daily diary entries give an insight into family life, the support her family gave her, and Victoria's worries about how her children were coping.

Oliver and Joe were eleven and eight when their mum was diagnosed. In a moving diary entry towards the end of chemotherapy, Victoria asks them how they're feeling. Her youngest, Joe, starts to cry.

'My heart breaks for him,' she writes. 'I love him so much, and feel deep guilt for putting him through this.'

Overall her children coped pretty well, she says.

'My approach was pragmatic and they took their lead from me. I wanted to normalise it as much as possible.

'There were moments of stress,' she says, such as when her children saw her for the first time after surgery. 'But children can be a lot more resilient than we give them credit for.'

The other central person in the book is Victoria's partner, Mark, who always brought a notepad to her appointments. While Victoria would often only remember the negatives, Mark would have written down the positive things too and would remind her afterwards. The entry for Wednesday 2 September reads simply: 'I love Mark.'

After the final chemo session, the boys arrived home from school holding an enormous bunch of flowers and shouted: 'Happy end of chemo, Mummy'.

'It was a moment of euphoria,' says Victoria.

A new perspective

Being able to work between chemotherapy sessions really helped. 'I know it's not for everyone, but it was important for my mental health. I wasn't a cancer patient, I was still a journalist.'

Coming to the end of chemotherapy was a very emotional time. 'From the beginning of treatment to that point I took every day at a time and just focused on the treatment ahead of me,' she says.

Then, when treatment was coming to an end, 'I allowed my mind to reflect on what I'd been through during the last few months. You can't help reflect.'

Has breast cancer changed her perspective on life? 'It was a watershed for me,' she says. 'It's given me perspective on the small stuff that winds us up. I can't be getting stressed about that kind of stuff. It's all doable when compared to cancer treatment.'

'I'm calmer. I live more intently, if that makes sense. I want to do everything.'

It's over two years since her diagnosis in July 2015, and Victoria says she's 'really well, very happy'.

Does she have a message to anyone newly diagnosed or going through treatment?

'Just keep going.' ●

‘SHOULD I CHANGE MY LIFESTYLE after breast cancer?’

Many people make changes to their eating habits and lifestyle after a breast cancer diagnosis. We look at the evidence around diet, exercise and the risk of cancer coming back

What should I eat?

It's very common for people to change their diet after they've been diagnosed with breast cancer. But is there anything you can eat to stop breast cancer coming back?

There's some evidence that fibre – found in fruit and vegetables and wholegrain foods – may slightly reduce the risk of breast cancer recurrence. But a lot more research is needed. Eating plenty of fibre has numerous other health benefits though – including reducing the risk of heart disease and strokes – and most of us don't eat enough of it. So getting enough fibre will certainly have health benefits.

What about so-called superfoods? Can they cure or prevent diseases like cancer, which some people have suggested? The term 'superfood'

has been applied to many different foods from broccoli and blueberries to green tea. But there's no definition of what a superfood is.

In fact, there's no evidence that any single food can reduce the risk of breast cancer coming back in someone who's been diagnosed. And the EU has banned food companies from making any health claims on their packaging unless they're supported by evidence.

The best recommendation for everyone is to eat a healthy, balanced diet, with plenty of fruit and vegetables; meals based on starchy carbohydrates like potatoes or wholemeal pasta; some dairy or dairy alternatives; and some protein, whether it's from meat and fish or pulses and beans.



Do I need supplements?

People often take dietary supplements after a cancer diagnosis, sometimes believing they could help reduce the risk of their cancer returning. Supplements usually contain vitamins, minerals or other substances normally found in foods, sometimes in high doses.

The evidence around dietary supplements and cancer is limited and conflicting, and some studies suggest high-dose supplements could even be harmful.

Experts agree the best way to get all the nutrients you need for good health is by eating a varied and balanced diet.

The truth about sugar

Worries about sugar ‘feeding’ cancer are common. But experts agree there’s currently no evidence that a sugar-free diet will reduce the risk of breast cancer coming back.

All our body cells need energy to survive, and this energy comes from several sources including glucose (sugar). While glucose comes from sugary foods, it also comes from foods containing carbohydrates – like bread or pasta – which our bodies

convert into glucose.

It’s simply not possible to ‘starve’ cancer cells of glucose while allowing healthy cells to get the energy they need.

Too much sugar in your diet can lead to weight gain, and there’s evidence that staying a healthy weight after treatment can reduce the risk of recurrence. So limiting sugary food and drinks is a good idea.



Get moving

According to the World Cancer Research Fund, physical activity can help you manage fatigue and cope better after a cancer diagnosis, and it can make you stronger and keep your weight in check.

Being physically active may reduce the risk of the cancer coming back. But once again, further research is needed to find out more.

Being active has lots of long-term health benefits, and has been shown to reduce the risk of health conditions such as heart attacks, strokes and some cancers.

Should I follow a special ‘cancer’ diet?

Some people who’ve had breast cancer consider following a special diet, sometimes because they believe it could reduce the risk of recurrence. Special diets might include a dairy-free diet or a macrobiotic diet, which is generally high in wholegrains and low in fat and protein. However, there’s no evidence that such diets reduce the risk

of breast cancer recurrence. Special diets can be very restricting, expensive and can sometimes lead to a lack of nutrients.

If you’re thinking about changing your diet or want to find out more about different diets, you may find it helpful to talk to your specialist team or a dietitian.

What shouldn’t I eat?

What about foods to avoid? Is there anything that could increase the risk of cancer coming back?

There’s some evidence that saturated fat – found in things like butter, fatty meats, cheese and cakes – may affect the risk of recurrence. But again, research is needed to find out more.

It’s a good idea to limit saturated fat anyway, to avoid increasing your risk of other conditions such as heart disease, and to help maintain a healthy weight. Replacing some saturated fats with unsaturated ones – found in olive oil, oily fish like salmon, avocados, and nuts and

seeds – is a good idea for general health.

Some people give up foods containing phytoestrogens – substances found in soya milk and tofu, as well as chickpeas and linseeds. Phytoestrogens have similarities to the hormone oestrogen. As oestrogen in the body stimulates some breast cancers to grow, people worry that eating phytoestrogen-containing foods might increase the risk of the cancer returning.

However, current evidence suggests that a diet containing naturally occurring phytoestrogens is safe if you’ve had breast cancer.

images: shutterstock

There’s more information about healthy eating during and after treatment in our **Diet and breast cancer** booklet. To order a copy, go to **breastcancercare.org.uk/publications** or call **0808 800 6000**.

You don't always feel the elation you expect

Moving Forward courses help people adjust to life after treatment. Course facilitator Pat Mangan answers our questions about the service

To find out more or book your place, call 0345 077 1893 or go to breastcancercare.org.uk/moving-forward

What is Moving Forward?

I know from my own experience that when breast cancer treatment ends, you don't always feel the elation you expect. It's common to feel abandoned and alone and it's sometimes difficult to explain these feelings to friends and family.

Moving Forward courses provide information, support and professional guidance on how to cope with and adjust to life after treatment. They bring people together and help them manage these feelings with increased confidence.

Who's it for?

The courses are for anyone who has finished 'active' treatment.

Some people are referred from their breast care team, others find out about the courses through contacts or from the Breast Cancer Care website and publications.

The groups are diverse and the age range can vary. I've had people attending in their 30s and even had one lady in her 80s.

What happens on a course?

The courses are half a day, and there are usually four of them on consecutive weeks.

They are informal and friendly and we always have a volunteer who chats to and supports the group.

A range of topics is covered, which can include healthy eating, exercise, managing menopausal symptoms, lymphoedema, cancer fatigue, intimacy and relationships, and breast and body awareness.

They are practical sessions and create a lot of discussion.

How does Moving Forward help?

We get fantastic feedback from people who've attended the courses. People have said coming to the course has made them realise they are not alone, as others in the group express the same thoughts. It makes them realise it's OK to feel that way.

Some people have said the course has given them ideas to help explain to their family that while they have finished treatment, they feel different – sometimes they are tired, sometimes emotional.

What led to you to work with Breast Cancer Care?

Following my breast cancer diagnosis, I decided to take early retirement. I had received a lot of support from Breast Cancer Care and, when I felt strong enough, I decided to become a volunteer.

I have been a volunteer since 2012 in a range of roles, from fundraising to campaigning and supporting the Moving Forward courses in Birmingham. So when the facilitator opportunities were advertised locally, I jumped at the chance.

What was your own experience of moving forward?

I was diagnosed with breast cancer in 2010 and attended a Moving Forward course in 2011.

The course made me realise that there is life after a breast cancer diagnosis, and helped me make some big decisions and changes to my life.

The group I was in exchanged contact details and we have kept in touch. We still meet for coffee, so the support I get is ongoing. ●

Travelling gave me back my energy

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

Vanessa was diagnosed with triple negative breast cancer in 2014 after finding a lump. After 18 months of treatment, she felt physically and emotionally exhausted.

'Chemotherapy made me very ill,' she says, 'and I was hospitalised twice with infections.'

'I had a terrible time emotionally too with family relationships falling away and having to give up work. I basically went through it on my own bar a couple of close friends for support; the first few months I hardly saw anyone.'

'I came out of treatment depleted and I think in shock. Everyone kept telling me I was doing really well but inside I knew I wasn't right. I felt like it had stripped away who I was as a person and I didn't recognise myself any more.'

'I knew I had to do something

radical to snap out of it. So I promised myself after my first mammogram I'd follow a dream of mine and go to New Zealand for a few months.'

Gaining confidence

'The trip was definitely challenging. I've never done anything like it. I'm a nervous flyer and hadn't been further than Corfu or travelled solo before.'

'I visited friends and also spent a lot of time alone exploring and camping. I was doing activities as a middle-aged woman I never thought I'd do, like black-water rafting, kayaking with dolphins and jet boating.'

'Every time I was afraid and wanted to back out of something I'd think "Why am I here? I've come to the other side of the planet to experience this incredible place, get on with it!"'

'So I'd just go for it and for days afterwards I'd be walking around

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

buzzing. I had so many adventures I never thought I'd have, and any blips along the way I just dealt with. I gained lots of confidence.'

Challenge is a part of life

'Before the trip I believed I'd been robbed of ever feeling joy or being carefree again. I was depressed. I'd been through such a challenge with the cancer that I'd lost the ability to challenge myself. But I forgot that a challenge can be a profoundly rewarding thing – challenge is part of life.'

'Going to New Zealand gave me energy again and brought me back to life. Everyone will have their own New Zealand, you just have to give yourself permission to find what it is.'

'We can all give reasons why not to do things, but sometimes you have to put one foot in front of the other and just do it.' ●

Hormone therapy

explained

We look at this common breast cancer treatment, why and when it's given, and what to do if you're struggling with side effects

Hormone therapies – such as the drugs tamoxifen and anastrozole – have been part of the treatment for breast cancer for many years. But different people may be offered different drugs for different amounts of time, and this can cause some confusion.

Understanding

receptors

Whether or not you've been offered hormone therapy depends on your 'hormone receptor status'.

'The hormone oestrogen can stimulate some breast cancers to grow,' explains Carolyn Rogers, a clinical nurse specialist at Breast Cancer Care. 'There are a number of hormone therapies, and they work in different ways to block the effect of oestrogen on the cancer cells.'

Hormone therapy is only prescribed when breast cancer has receptors within the cell that bind to the hormone oestrogen. 'These are known as oestrogen receptor positive breast cancers,' says Carolyn. 'All breast cancers are tested for oestrogen receptors using tissue from

a biopsy or after surgery.'

Over 70% of breast cancers are oestrogen receptor positive.

When it's given

Hormone therapies are used to treat primary breast cancer as well as breast cancer that has come back or spread.

In primary breast cancer (when cancer hasn't spread beyond the breast or lymph nodes under the arm), hormone therapy is usually given after surgery, chemotherapy or radiotherapy.

'It's given to reduce the chance of breast cancer returning in the same breast or spreading somewhere else in the body,' says Carolyn. 'It can also reduce the chances of developing a new breast cancer in the same or opposite breast.'

Sometimes hormone therapy is given before surgery to try to shrink the breast cancer.

Occasionally it's given when someone can't have surgery, because of other medical conditions for example. In this case, the treatment won't get rid of the breast cancer, but it can slow its growth and in some people may shrink it.

If breast cancer has spread to another part of the body, known as secondary breast cancer, hormone therapy can be given to keep the cancer under control.

Different drugs

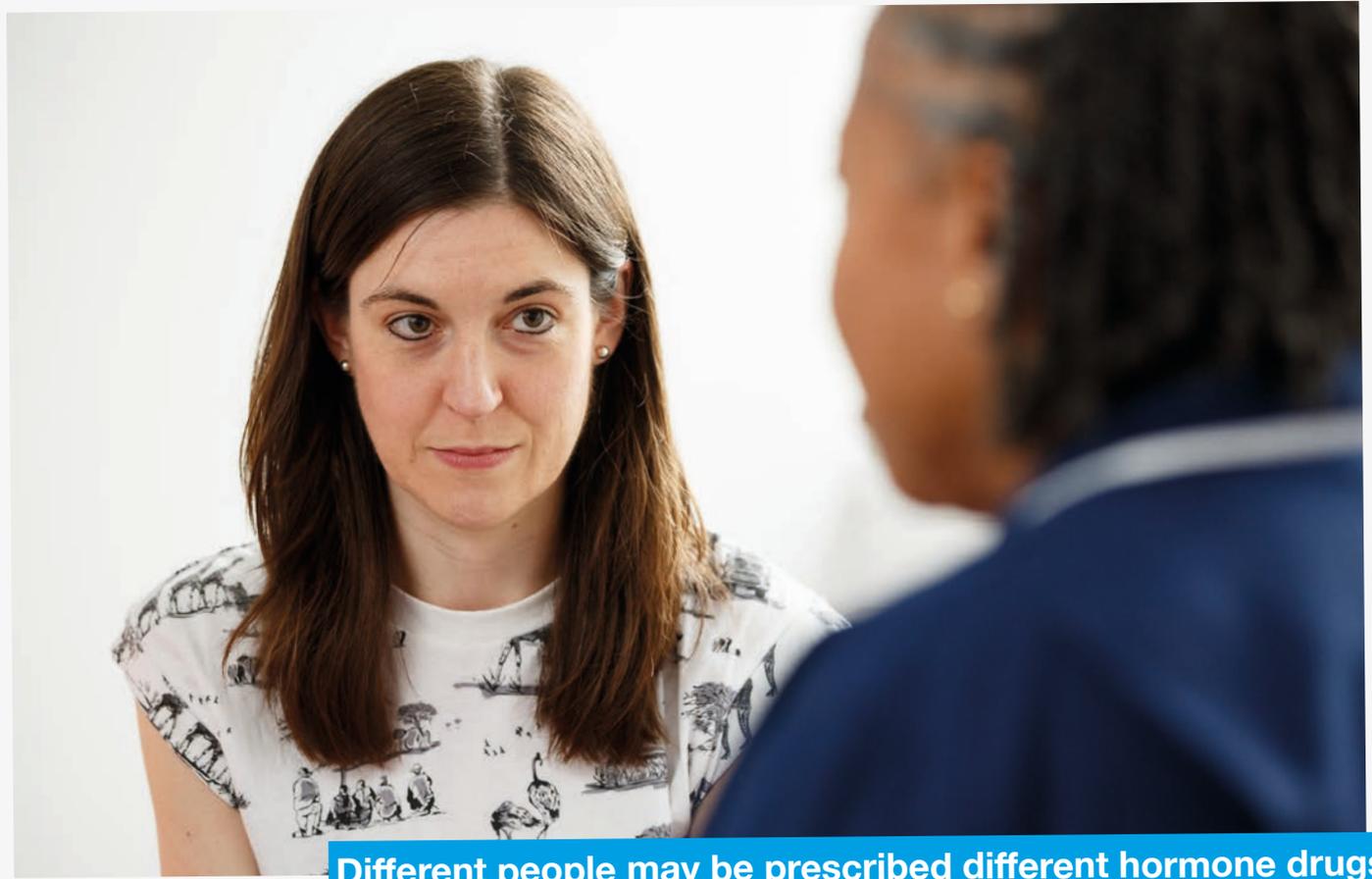
One thing that can cause confusion is that different people are given different hormone therapy drugs. If you've been offered one drug, you might understandably wonder why a friend is taking a different one.

Carolyn says: 'Different hormone therapy drugs work in different ways, and the type you're offered depends on whether you've been through the menopause.'

Tamoxifen, for example, is suitable for women both before and after the menopause.

The drugs known as aromatase inhibitors, on the other hand, are suitable only for women after the menopause.

'After the menopause, oestrogen is no longer made by the ovaries,' explains Carolyn. 'But some oestrogen is still produced in the body fat using an enzyme, which is a type of protein, called aromatase. Drugs like anastrozole, exemestane



Different people may be prescribed different hormone drugs

and letrozole stop this enzyme from working – hence the name aromatase inhibitor – which means there’s less oestrogen in the body.’

In some circumstances, women who have not yet reached the menopause are given injections to stop their ovaries from producing oestrogen and take either an aromatase inhibitor or tamoxifen as well.

Carry over effect

Another area of confusion is around the length of time you need to take hormone therapy for.

‘How long you take hormone therapy for and which type you take will vary according to your individual situation,’ says Carolyn. ‘You may take hormone therapy for five to ten years, and this may be a combination of different drugs.

‘Trials have shown that taking it for this length of time reduces the chance of the cancer coming back or a new cancer developing.’

And when you stop taking hormone

therapy, does the protection it offers suddenly disappear?

‘Hormone therapy has a “carry over effect”,’ says Carolyn. ‘This means that even when you stop taking it, you still get the benefit for several years.’

If you’re taking hormone therapy to treat cancer that has spread, it’s usually given for as long as it’s keeping the cancer under control.

Side effects

Hormone therapies cause side effects. And while for many people these start to improve within months, for other people they last longer.

Different drugs can cause different side effects. Tamoxifen, for example, commonly causes menopausal symptoms, particularly hot flushes. While also causing menopausal symptoms, aromatase inhibitors can lead to joint pain and stiffness, and thinning of the bones – a condition known as osteoporosis.

Coping with the day-to-day side effects of hormone therapy can be hard, and the desire to stop taking

the drugs early can be very strong.

Several studies have reported that many women stop taking their hormone therapy drugs sooner than recommended.

However, Carolyn stresses that it’s important to discuss this with a healthcare professional. ‘If for any reason you want to stop taking your hormone therapy, talk to your specialist first,’ she says. ‘This is because not taking the drug for the recommended time means you may increase your risk of your breast cancer coming back.’

Your specialist team will be able to suggest ways to cope with the side effects or improve them. They can also tell you whether it’s possible to change to a different treatment.

Breast Cancer Care has booklets and online information on individual hormone therapy drugs. Visit breastcancercare.org.uk or call 0808 800 6000

Your questions answered

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



Scared my cancer will come back

Q I was diagnosed with breast cancer two years ago. I'm really anxious it will come back. Any tips?

A Nearly everyone who has been treated for cancer worries about their cancer coming back. The uncertainty and fear of breast cancer returning is very real.

Our booklet **After breast cancer treatment: what now?** includes information on being breast and body aware after treatment, and how you might feel after treatment ends.

Too much anxiety can affect your

everyday life, making adapting to life after treatment difficult. There are various self-help techniques available to reduce anxiety. Mindfulness involves focusing on what's happening now – on yourself, your thoughts and what's going on around you – and can help improve your wellbeing. Relaxation and meditation can help relax the mind and body. Physical activity has also been found to reduce stress levels.

Talking therapies, such as counselling or cognitive behavioural therapy (CBT), can help manage anxiety. CBT focuses on changing

the way you think and behave and teaches coping skills for dealing with different problems. You can ask to be referred by either your treatment team or GP. Talking through your concerns with someone can also help; do give us a call on the Helpline.

You may be interested in our Moving Forward services for people who have completed their main hospital treatment, including an information pack and Moving Forward courses.

You can also find tips about moving forward after breast cancer on our free BECCA app.

Will my periods return?

Q I am 31 and finished chemo last month. My periods have stopped but are they likely to come back?

A During chemotherapy it's common for periods to stop, and this can be temporary or permanent. The younger you are when having treatment, particularly if you are under 35, the more likely it is that your periods will return.

It's difficult to predict exactly when this may happen. Sometimes periods come back at the end of treatment or it may be months or occasionally a few years after chemotherapy has finished.

If your periods do return, you may go through the menopause up to 5–10 years sooner than you would have done if you hadn't had chemotherapy.

Ask us

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

Getting back to fitness

Q I want to get back into exercise after treatment for breast cancer but I still feel very tired. What do you suggest?

A The benefits of physical activity for people with breast cancer are well known, from helping with fatigue to improving mental wellbeing. But getting active can be easier said than done.

Keeping an activity diary is a great motivator, or use an app to track your steps and aim to reach a certain number a day. A brisk walk is the perfect way to increase your activity levels. Start slowly and build up the amount you do.

Swimming is a great all-round exercise. Or you could try cycling, either in the gym or on the open road. Studies suggest that you can reduce fatigue through yoga, which also helps improve strength, flexibility and balance.

Be mindful of your energy levels and adapt your exercise to how you feel. When you're more tired or feeling under the weather, choose lighter activities such as stroll around the block or park. Try to exercise at a time in the day when your energy levels are higher.

We have more information about physical activity after breast cancer treatment on our website breastcancercare.org.uk



photo: istock

My cancer has spread to my bones



Q I've just been told my breast cancer has spread to the bone. Can it be treated and, if so, what treatment will I need?

A When breast cancer spreads to the bone, it's often called secondary breast cancer in the bone. It can be treated (often for many years). Treatments can slow down the growth of the cancer and help improve any symptoms.

The treatment you're offered will depend on a number of things. These include the type of breast cancer you originally had, treatments you've had in the past or were on when the secondary breast cancer was diagnosed, your symptoms and your general health.

If you have a type of cancer that is stimulated to grow by oestrogen – known as oestrogen receptor positive – it's likely you'll be offered hormone (endocrine) therapy. This may be a drug you've already had or a different one.

Radiotherapy is often used to reduce pain, and a group of drugs called bisphosphonates can help strengthen bones and reduce the damage cancer can cause.

Chemotherapy, targeted (biological) therapies and surgery may also be used.

You can read more about these treatments and how they are given in our booklet **Secondary breast cancer in the bone**. Our **Secondary breast cancer resource pack** also has lots of useful information.

Top tips for **stress-free trips**

Thinking about travelling abroad or planning a holiday? Here's how to prepare for an enjoyable, worry-free trip

If you've been affected by cancer, a holiday might be a great way to relax, boost your mood or reflect on what you've been through.

Many people travel without problems after a breast cancer diagnosis, but a little preparation can help things run more smoothly.

Simple things, like making sure you bring enough of any medication you're taking to last the whole trip, might seem obvious. But there are a few other things you might need to consider before you head off.

Get it covered

Travel insurance is a must if you're planning a trip abroad. But getting insurance after you've been diagnosed with cancer can sometimes be a headache.

Although finding suitable insurance is getting easier, some companies might still be reluctant to insure you, or might charge a higher premium, because you have a 'pre-existing medical condition'.

Travel insurance policies vary widely, so the message is: shop around. In an ideal world, it's best to begin looking for insurance before you plan your trip. And bear in mind that some destinations, like the US, will be more expensive than others.

There are specialist insurers who cater for people with cancer. And comparison websites, like

comparethemarket.com or moneysupermarket.com, let you search for quotes that cover pre-existing medical conditions.

You may be able to find suitable insurance through non-specialist companies. You'll have to tell them about your cancer when you first apply, and you'll need to be prepared to answer questions about your cancer, treatment and outlook.

If you're after specific recommendations from other people who've found travel insurance, you could try Breast Cancer Care's online discussion Forum. The Cancer Research UK website has a list of recommendations.

Here comes the sun

Protecting your skin from the sun is, of course, important for everyone. But certain breast cancer treatments mean you'll need to take extra care.

Radiotherapy causes the skin in the area treated to become more sensitive to the sun, and this effect is ongoing. Chemotherapy can also make your skin more sensitive to the sun for as long as the drugs are still affecting your system.

If you're going somewhere hot, don't forget to pack a high-factor sunscreen – SPF 30 or higher – and while you're in the sun stay covered with light clothing and a hat. It's best to avoid the sun during the hottest part of the day – usually from 11am to 3pm.

Fly away

Air travel is second nature to many of us, but how safe is it to fly during or after treatment?

If you're thinking of travelling during treatment such as chemotherapy, or planning to go away soon after finishing, check with your breast care nurse or specialist about the best time to travel.

Long journeys – where you're sitting still for an extended time – can increase your risk of a deep vein thrombosis or DVT, a blood clot that usually forms in the leg.

While anyone is at risk of DVT, the risk is slightly higher for people with breast cancer. This is because of the cancer itself and some treatments. If the cancer has spread to other parts of the body (secondary breast cancer), this also increases the risk.

Drinking plenty of water, avoiding alcohol or sleeping pills during the flight, and walking around as much as possible can help. Your specialist or GP can also give you advice about reducing your risk.



images: shutterstock

If you have any questions about travelling after a breast cancer diagnosis, why not call the Breast Cancer Care Helpline on **0808 800 6000**

Lymphoedema and travel

Anyone who's had surgery or radiotherapy to their lymph nodes is at risk of lymphoedema – a swelling of the arm, hand, breast or chest area.

While some people worry that air travel or cabin pressure might trigger lymphoedema, there's no evidence that this is the case. Not using your arm enough can increase your risk, though. So if you're going on a long flight, you might want to do some gentle exercises, like clenching and unclenching your fists and shrugging your shoulders.

If you're living with lymphoedema, there's no reason why you shouldn't

be able to enjoy a holiday, but you might need to take extra care.

If you've been fitted for a compression sleeve, wear it during your journey.

If you're travelling somewhere where mosquitoes or biting insects might be a problem, use insect repellent every day and particularly in the evening. Mosquito bites can become infected. Before you go, you might want to speak to your GP about taking antibiotics with you in case you develop an infection.

You can find more travel tips in our booklet **Living with lymphoedema**.

Call the shots

Vaccinations might be necessary if you're travelling to certain destinations, but when is it safe to have them?

Vaccines against certain diseases are not recommended while you're having chemotherapy, or for around six months after. This is because they contain a small amount of live bacteria or virus, which could be dangerous if you have a weakened immune system.

Other vaccines don't contain live viruses or bacteria and are safe to have, though might be less effective if your immune system is still weakened from treatment.

Your GP can give you more information about this.

I felt guilty for not feeling better

When Sue Fowler, 57, finished treatment for breast cancer, she wondered why she was finding it difficult to get on with life

Sue was diagnosed with breast cancer in June 2016, after routine breast screening.

'While having treatment I felt that someone, either me or the doctor, was doing something to get rid of it,' she says.

'After active treatment ended, all the fear of cancer from when I was first diagnosed came flooding back.'

A lack of support in her area meant Sue struggled to address the psychological impact of breast cancer.

'I went: bang – right down,' she says. 'It shocked me, I'm just not like that. Everyone was telling me how well I'd done through treatment, so why did I feel like this?'

'I felt guilty for not feeling better once treatment ended.'

A different person

Sue hadn't been able to work during treatment, as a teacher in a special needs school, so lost her routine and focus.

'All these elements made me feel like a completely different person,' she says.

The physical changes caused by treatment also had a big impact.

'I'd lost my eyebrows, eyelashes and all of my hair, which had a devastating effect on my self-esteem and confidence. It eventually grew back a completely white fuzz, then turned grey.

'I didn't look or feel like "me" anymore.'

Letting others help

It was difficult for Sue to explain how she was feeling to her family.

'All they wanted was for me to ping back to how I was before being diagnosed. I'd always been a "coper", a "positive" person.

'It was hard for them to imagine that I no longer thought about things in the same way.

'I also didn't want them to have to care for me. It was my job to care for them. One thing I learnt the hard way was to be kind to yourself, and let others help.'

A new perspective

Having a life-threatening illness has changed Sue's perspective.

'I've become more appreciative of life – it isn't something to fritter away.'

Sue found reading other people's

breast cancer experiences helped her make sense of how she was feeling.

'I read blogs on BECCA, Breast Cancer Care's app, as well as the website and feeds on the Forum, and found things that resonated. I read these to my husband, and they helped us both realise that I wasn't the only one feeling this way.

'It made me want to share my story too, in the hope that it might help someone else and their family make sense of life after breast cancer.'

BECCA, the Breast Cancer Care app, is available on iPhone and Android phones. For more information visit breastcancercare.org.uk/becca



Sue with her two daughters

I'm no less important

because I can't be cured

Hannah Blackburn, Public Affairs and Campaigns Manager, updates us on Breast Cancer Care's secondary breast cancer campaign, and asks one of our campaigners about the challenges people living with the disease face

When we speak to people living with incurable secondary breast cancer, they tell us it feels as though they've been left in the dark with their diagnosis.

Jo Myatt was diagnosed with primary breast cancer when she was 30. She received a secondary diagnosis 10 years later.

'Those living with secondary breast cancer, myself included, are frequently invisible and isolated,' she says.

'They're often left to find their own physical, emotional and psychological support following the trauma of a secondary diagnosis.'

Not second rate

Over the past year, we've spoken to people living with secondary breast cancer, hospital trusts and healthcare professionals about the support for people with this incurable disease.

We've found that people can experience delays in their diagnosis, they are not told about free, vital support services, and many do not have a specialist nurse. Some hospitals aren't recording the number of people diagnosed with the disease.

That's why we've been pushing for change through our Secondary, Not Second Rate campaign, so that everyone receives the care and support they need, when they need it.

Party conferences

Along with Jo, who is one of our passionate campaigners, we were at the 2017 Labour and Conservative Party annual conferences, talking to as many politicians as possible about how we can urgently tackle these issues.

'I found both events positive platforms for discussing the issues of inadequate data collection, second rate specialist nursing care and services for those with secondary breast cancer,' says Jo.

'On the whole MPs were unaware not only of the challenges we face on a daily basis, but also of the difference between a primary and secondary diagnosis.'

'It has been mandatory to collect data on secondary breast cancer since 2013 in England. Without it, it's extremely difficult to plan services or know what treatments are effective.'

'Most agreed to support improvements on the issues of data collection and specialist nursing in their area.'

Education

Jo believes secondary breast cancer needs to be spoken about openly.

'It is not about frightening people,' she says. 'It is about education.'

'I didn't know about secondary breast cancer and the areas it affects. I believed it would only go back in my breast; I felt naive and blamed myself for not identifying it sooner.'

'The areas affected (usually the bones, liver, lungs and brain) and accompanying symptoms need to be known and identified earlier, so we have access to treatment and support as early as possible.'

'I am no less important because I cannot be cured.'

Why not join the Campaigns Network to keep up to date with our campaigns? For more information go to breastcancercare.org.uk/secondary



Campaigner Jo Myatt (left) with Health Secretary Jeremy Hunt

Season's eatings

These three delicious recipes are all perfect for a winter's evening



Spiced apple and blackberry cranachan

Serves 2

- 3 teaspoons reduced-fat spread, suitable for baking
- 1 medium eating apple, peeled, cored and cut into 1cm cubes
- 0.5–1 teaspoon cinnamon
- 2 teaspoons golden caster sugar
- 30g porridge oats
- 120g fat-free vanilla yoghurt. Try to pick a variety that contains less than 8g sugar per 100g. Alternatively, swap it for fat-free natural yoghurt with 3 drops of vanilla extract.
- 2 tablespoons fat-free Greek yoghurt
- half a lemon, zest and juice
- 150g blackberries, fresh or frozen (defrosted)

1. Melt 1 teaspoon of spread in a small saucepan, over a medium heat. Add the cubes of apple, and sprinkle with the cinnamon and 1 teaspoon of sugar. Cook for 3–4 minutes, stirring regularly, until the apple is soft and golden brown. Add a splash of water if needed.
2. Remove from the heat and place the spiced apple in a bowl to cool. In the same pan, melt the rest of the spread. Then add the oats and the rest of the sugar. Cook for about 5 minutes, until the oats start to brown.
3. Spread the oats over a piece of baking paper and leave to cool.
4. Put the vanilla yoghurt, Greek yoghurt and lemon zest and juice into a bowl, and mix thoroughly.
5. Set a couple of blackberries aside for decoration. Layer the blackberries and spiced apple with the oats and the yoghurt mix.
6. Decorate with the remaining blackberries and serve.



These recipes were supplied by the World Cancer Research Fund, the UK's leading cancer prevention charity. They fund global research into the links between diet, weight, physical activity and cancer.
wcrf-uk.org/uk/meals



Turkey, butternut squash and barley casserole

Serves 4

- 2 teaspoons olive oil
- 1 green pepper, diced
- 1 large onion, diced
- 240g pearl barley, rinsed and drained
- 1 teaspoon dried sage
- freshly ground black pepper
- 550ml reduced-salt chicken stock (made with 1 stock cube)
- 1 butternut squash peeled, deseeded, and cut into bite-size cubes
- 450g cooked or leftover turkey breast, cubed

1. Warm the oil in a non-stick pan and cook the pepper and onion for 2 minutes. Add the barley, sage and black pepper; and stir well.
2. Add the stock and bring to the boil. Reduce the heat, cover and simmer for 40 minutes.
3. Add the butternut squash and continue to simmer for 10 minutes. Then add the turkey and simmer for a further 5 minutes, or until the squash is tender. Add water if required.
4. Serve with a side of steamed green vegetables.

Apple, sage and onion quinoa stuffing

Serves 8

- 120g dried quinoa (or wild rice), rinsed
- 360ml water
- 1 teaspoon oil
- 1 red onion, finely chopped
- 2 stalks celery, diced
- 1 eating apple, such as a Granny Smith, diced
- 1 clove garlic, finely chopped
- small handful fresh sage, finely chopped, or 1 teaspoon dried sage
- freshly ground black pepper, to taste
- 70ml reduced-salt chicken or vegetable stock
- spray oil

1. Preheat the oven to 220°C/fan 200°C.
2. Add the quinoa and water to a saucepan. Bring to the boil, reduce to a low heat and cover, leaving to simmer for 15–20 minutes until all the water has been absorbed. Remove from the heat when cooked.
3. While the quinoa cooks, warm the oil in a large frying pan over a medium heat. Add the onion, celery and apple, and stir for about 3 minutes until the onions and celery start to soften. Then add the garlic, sage and black pepper, and stir for a further minute.
4. Add the contents of the frying pan to the quinoa, and mix thoroughly. Then slowly add the stock.
5. Finely coat an ovenproof dish with spray oil. Add the stuffing to the dish, and spread out evenly. Alternatively, you could roll the stuffing into small balls.
6. Place in the oven and bake for about 40 minutes, until golden brown and crispy on top.



Support *for you*

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

Someone to talk to



Helpline

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

Someone Like Me

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

Online support



Website

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

Forum

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

Face to face



Moving Forward®

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

Living with Secondary Breast Cancer

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

Younger Women Together

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

Find the right support for you

Call **0345 077 1893**

Visit breastcancercare.org.uk

Email services@breastcancercare.org.uk

Get involved

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

Pink Ribbon Walk



Challenge yourself to a Pink Ribbon Walk in Oxfordshire or Essex and walk together with Breast Cancer Care for people facing breast cancer. We'll be here to support you every step of the way. Registration opens on 29 January.

Sign up at breastcancercare.org.uk/ribbonwalk



Run beside the sea

With its coastal views, electric crowd support and beach village finish line the Brighton Marathon weekend is a must-do event in any runner's calendar.

We have places in both the 10k and full marathon on Sunday 15 April 2018, and we'd love you to join Team Breast Cancer Care.

With first-class support, noisy cheer points and post-race celebrations by the seaside, it's sure to be a run to remember.

Visit breastcancercare.org.uk/runs or call **0345 092 0804**



Become a model

Our annual London fashion show is back – at the Park Plaza Westminster Bridge hotel on 4 October 2018.

Now's your chance to hit the catwalk, with hair and make-up by professionals and clothes selected by fashion expert Hilary Alexander.

Applications to be a model are open to anyone living in England or Wales who's had a breast cancer diagnosis.

Visit breastcancercare.org.uk/theshowlondon

Applications close on 31 January 2018.

Star buys from QVC



Treat yourself for the New Year. Supporting Breast Cancer Care for the 18th year, QVC UK is giving the charity at least 60% of the sale price from its exclusive range, including the Diamonique pink ribbon pin (£25) and Strength set of three pouches (£27.50). There's a whole range of fantastic products available.

Visit qvcuk.com/breastcancercare

For more ways to get involved, go to breastcancercare.org.uk/get-involved

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Beautifully You Photography is on a mission to help women with breast cancer feel beautiful again. With wardrobe advice and your hair and make-up sorted, you can just sit back and escape your daily worries. Then Janette will help you pose to make the most of your shape and style, creating some beautiful images that you will be proud to show off in your home or on social media. Call **07947 608800** or visit **www.beautifully.photography**

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chemoheadwear.co.uk Telephone: **01798 861501**.



"When an oncology nurse handed me a leaflet for Jennifer Effie's Hair Solutions, offering an option I had never heard of, I thought it sounded too good to be true."
Source: **The Guardian**

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



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Pebble UK supply armsleeves, gloves and gauntlets for the treatment of lymphoedema. With over 100 designs to choose from, these beautiful garments are made from seam-free, breathable, moisture wick fabric containing aloe vera for skin-friendly softness, and a fine knit construction for a lightweight feel. Call **0800 433 4757** or visit **pebbleuk.com**

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To hear from Breast Cancer Care by email please fill in your details below:

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

Email address

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