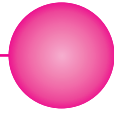




A fresh start

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A positive approach to your future

Breast cancer may have presented you with one of the biggest challenges you've ever faced but it is a challenge you have risen to. There is every reason now to allow yourself to make a fresh and positive start. And what happens over the coming months – and beyond – is very much up to you.

Learning from your experience

It is not easy to put the experience of having breast cancer behind you. In fact doing your best to forget all about it, may not actually be the right thing to do. Every cloud, as the cliché goes, has a silver lining. And in facing breast cancer it's possible that you got to know yourself, and those close to you, better than ever before – and you may have become a stronger person as a result.

It may also have prompted you to re-evaluate your life. Things that once worried you might now seem pretty trivial. Your priorities could also have changed, and you may well be inclined to focus on the good things about your life, such as the people you know and love, and the activities that really bring you pleasure.

Of course, other feelings caused by your experience may continue to resurface, sometimes completely without warning – like anger that this has happened to you. And you may find yourself dealing with new feelings too, such as guilt that you've got this far, when some women (including some you may know) haven't. Or perhaps you find it easier to pretend that your experience of breast cancer didn't happen at all.

As well as sometimes unpredictable emotions, you may sometimes experience physical symptoms that you associate with your cancer. It's only natural if this sets off alarm bells, but it's also important to remember that in most cases there will be some other far less worrying cause. The section on page 5 will explain more about what your symptoms could mean, and how you can deal with them.

Of course, no matter how insignificant a symptom might seem, it's essential to talk to your doctor or breast cancer nurse. So stay in touch with them and don't be afraid to ask questions or talk openly about anything that's worrying you.



Celebrating your progress

A celebration can be an opportunity to make a fresh start to life. Allowing yourself to mark the progress you've made can be very good for you psychologically, as well as being lots of fun. Some women, for example, discover a new enthusiasm for their birthdays, but finding any reason to celebrate yourself and your achievements is a good thing. Some people might want to celebrate positive landmarks in their treatment – such as the anniversary of the day their hospital treatment finished.

Progress at your own pace

Of course you may not feel like celebrating yet, nor indeed for sometime. And the most important thing is to take life at a pace that feels right for you. Even if that means telling people you love that it's not necessarily the pace they expect.

Some women, for instance, find that their partners or children want to rush them away immediately on a holiday. This can be a generous, loving gesture, but it may be the last thing you want to do – you may feel travelling is an added stress right now and you'd rather be at home. If that's the case, you'll need to find a positive way to say no – don't forget that your family may need a break too.

A pattern for the future

Over the next few years, it's likely that you will have regular hospital appointments to monitor your progress.

It's quite normal to feel some anxiety before every check-up. Most people do and it's only to be expected. To be honest, attending appointments will probably never be something you enjoy. But it is important. Regular check-ups can help identify any changes in your health and check that your cancer hasn't returned or spread to other parts of your body. They're also your opportunity to ask any questions about your treatment or any side effects you may be experiencing, and to tell your cancer team how you're feeling generally – both physically and mentally.

Remember; it may be some time before the cumulative effects of your treatment actually become noticeable. So if anything's concerning you, tell your team when you have a check-up.

Before you have a check-up, think about any topics you would like to discuss. Perhaps it would help to write down questions in advance, as it's easy to forget things when you're actually having your check-up. Many women find that taking someone along with them can help. There's no harm in a bit of moral support and when all's going well the appointment can be over within 10-15 minutes.

Keep taking your treatments

If you're beginning follow-up adjuvant treatment, you should decide with your doctor which option will be best for you. It's likely you'll have hormonal therapy, using a treatment like tamoxifen, or more recently an aromatase inhibitor. If so, this will need to remain part of your life for a while. Taking this treatment every day for five years gives you the best chance of a positive outcome, because there's clinical proof that it reduces the risk of your cancer returning.

Many women who have completed surgery, radiotherapy and/or chemotherapy begin to feel well again and find it difficult to embark on a long-term daily hormonal treatment regimen, especially if they see it as a reminder of the disease or they experience bothersome side effects. However it's very important to keep taking your treatment regularly – as it is clinically proven to reduce the risk of your breast cancer returning. Talk to your doctor about any symptoms you experience, so your doctor can offer reassurance, and act quickly if there is any cause for concern. If you ever feel as if you would prefer to stop taking your treatment, it's essential that you talk things through with your doctor beforehand. Maintaining a good relationship with your doctor (and your breast cancer nurse) can make all the difference during this long-term phase of your treatment. Don't forget you are working with them as a team to make sure that you are okay – so if there is anything you don't understand and would like more information on, don't be afraid to ask!

If you're planning a holiday...

You may be surprised to find that as a cancer patient, you may be asked to pay more for travel insurance. But the good news is that there are some companies who may not charge you extra for travel insurance, just because you've had breast cancer.

Of course, you'll need to check that any company offers you a price you're happy with and all the cover you need. It might be worth checking out some of the breast cancer chat rooms online, because visitors often share news of the latest good deals on travel insurance.





Understanding your symptoms

Throughout the next months and years there's a good chance that you will experience some different symptoms, including aches and pains, tingling, sweats or flushes.

When this happens, your first reaction could be to think that your cancer has returned.

However, it's well known that many women with cancer report lots of different symptoms after they've finished their hospital treatments. These can range from feeling stiff or tired, right through to being depressed, suffering nasal congestion and even cramps. Hormonal treatment can also result in a number of side effects (usually similar to those you may have experienced when going through the menopause or 'change of life') – most of which are minor and easily treatable.

If you have any worries whatsoever about a symptom, whether it's new or one you've experienced before, the best thing to do is to talk with your doctor. Doing so will identify the cause of the symptom and will also help to put your mind at rest.

One thing to bear in mind is that the mind can be very good at introducing new symptoms. This is all part and parcel of having cancer, so don't be worried if this happens to you.

Be honest with people who love you

One area where you can make all the difference is in how you deal with the people who love you. Whether it's your partner, family, friends, colleagues... your relationship with them may well have changed in some way.

If you have a partner, you may have avoided the issue of sex and intimate relationships during your breast cancer treatment. There was so much to cope with, and if you've had cancer treatment it is perfectly normal for you not to feel particularly romantic.

A breakdown in sexual relations can be upsetting and frustrating for both of you, and just talking about it can seem daunting. There is a lot to be said for being gradual, and not putting yourselves under too much pressure to make love. One approach is to agree not to make love with one another, but gradually get used to one another's bodies by just enjoying a cuddle. It's amazing how relaxed you can feel when nothing is expected of one another.

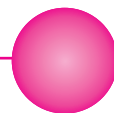
Of course talking about this with your partner is very important. As soon as you start to get the issue out into the open the sooner it has a chance of regaining its proper perspective.

Whether you're feeling like resuming that part of your relationship or not, it's important to talk about your feelings together, and listen to how your partner feels too. Otherwise there's a danger that you could each misinterpret each other's behaviour, leaving the whole relationship in difficulties. If it's a problem talking about things together, it might help to involve a professional counsellor, who can raise some of the more difficult issues for you and make sure both of you get your say.





Dealing with the attitudes of family and friends can be difficult too. The only thing you can be sure of is that they won't all respond in the same way. Some people will assume that you're now 'cured' or, because they love you, will desperately want you to reassure them that you are. In your natural desire to look after others, don't neglect a need to face the truth and your own feelings about it. It's important to be as open and honest as you can be about what's happening in your treatment and in the rest of your life, as that can help everyone else give you the support you need and feel like they're part of the big picture.



Helping other women get through it

For a lot of women, a special part of life after breast cancer is giving something back to help organisations that have helped them through the experience, whether it's giving money or taking part in social and sporting activities – sponsored or not.

Another great way you can help (and we hope you will) is to feed back your experiences of recovering from breast cancer to us. The more we know about the ways you've coped and the choices you've made, the more we can help other women deal with what's happening in their lives. And if you think anything about the way we write to you and what we say could be more helpful, don't forget to tell us by filling out the questionnaire accompanying this pack.

We hope our keeping in touch over the past months has been valuable for you – now with your help, we want to make what we do even more valuable for women who find themselves here in the future.

Remember, the prognosis for early breast cancer is very good. But if there's anything that gives you concern, don't wait for your next scheduled appointment, let your doctor know as soon as possible, so they can put your mind at ease or make sure you get any attention you need immediately.



What other women say

"When I lost my breast I lost a part of me – a part of who I was. I've made sure the family understands that on the anniversary of my surgery, I need some time to myself, to remember." **Maria, 55**

"I attended a 'Living with Breast Cancer' course last summer... it was great to meet other people in a similar position and it really gave me a boost." **Claire, 53**

"I was terrified my husband had stopped fancying me. He assumed I'd gone off sex. It took us a while before we could sort things out – but it was the best thing we ever did!" **Doris, 60**

Going back to work

If you were working before you developed breast cancer, you might not want to go back. You may find your priorities have changed and you want to do something different, or if it's possible, not work at all.

If you do decide to return to work, here are a few considerations.

- Think about pacing yourself. You might start your return to work with reduced hours and increase them gradually, as you get back into the routine and feel stronger.
- It's your decision whether or not to tell your employer that you've had cancer. Deciding to tell them does give them the opportunity to make some helpful changes. It allows them to understand just how positive and significant returning to work can be for you.
- It's probably best to keep a consistent approach with everyone at work. Telling one person, even in confidence, will probably mean everyone finds out sooner or later.
- You might well have changed priorities during your break from employment, and it could be that you are now thinking of moving into a different career.
- Employers are legally prevented from discriminating against you because you have had cancer – so you have legal grounds for protection should your employer try to dismiss you or put you at a disadvantage at work.
- Do you have a pension through your work? If you do, it might be a good idea to talk to your Pensions Officer about how your illness may have affected your pension.
- New employers may ask if you have any condition which could affect your ability to do your job. If so, you must answer honestly. Perhaps it's worth talking to your doctor to see if he or she thinks you're well enough to do the job.



Glossary



ADJUVANT THERAPY

Adjuvant therapy is a treatment method used in addition to the primary therapy to improve the chances of curing cancer. It is often given when it is not known for certain whether or not any cancer cells may still remain in the body. Examples of adjuvant therapy in breast cancer include the use of hormone blocking therapy or chemotherapy after surgery.

ANTI-OESTROGEN

An anti-oestrogen (like tamoxifen) is a drug which reduces the production of oestrogen or changes the normal action of oestrogen in the body. This is important for post-menopausal women with hormone-sensitive tumours, since the presence of oestrogen can stimulate the tumour cells.

AROMATASE INHIBITORS

Aromatase inhibitors (like anastrozole [Arimidex®], letrozole [Femara®], and exemestane [Aromasin®]) work by blocking peripheral oestrogen production. This is important for post-menopausal women with hormone-sensitive tumours, since the presence of oestrogen can stimulate the tumour cells.

BREAST CANCER RECONSTRUCTION

The use of plastic surgery to rebuild the breast following surgery.

CANCER

Cancer is a general term for more than 200 diseases. It is the uncontrolled, abnormal growth of cells that can invade and destroy healthy tissues. Most cancers can also spread to other parts of the body.

CELL

A cell is the basic structure of living tissues. All plants and animals are made up of one or more cells. An amoeba for example, is made up of one cell.

CHEMOTHERAPY

The use of cytotoxic drugs to treat cancer.

CLINICAL TRIALS

Research trials to test new treatments or approaches to detecting, reducing the risk for and managing cancer, which may prove to be of more benefit than current methods. Strict rules are followed to make sure participants are well informed about the purpose, risks and benefits of any study before they agree to join a clinical trial. Participating in a clinical trial does not affect the quality of the care you will receive.

COMBINATION THERAPY

The use of two or more types of treatment for a particular type of cancer (e.g. surgery and radiation therapy).

CYTOTOXIC DRUG

A drug that damages or destroys rapidly dividing cancer cells. These types of drugs can also affect normal rapidly dividing cells in the body (e.g. bone marrow, skin and stomach lining) and therefore, can be associated with unpleasant side effects.

HORMONE REPLACEMENT THERAPY (HRT)

The use of synthetic oestrogen and/or progesterone after menopause to replace the natural hormones produced by women in their fertile years.

HORMONAL THERAPY

This therapy, given when tumours are hormone-sensitive i.e. when the continued growth of the tumour is dependent on the female hormones oestrogen and progesterone, is usually started after radiotherapy and

chemotherapy (if you have it) have finished. There are different drugs, usually a pill taken every day for around 5 years. Taking the full treatment is clinically proven to reduce the risk of cancer returning.

HORMONES

Chemical substances that regulate such specific body functions as metabolism, growth, and reproduction.

LYMPH NODES

Small bean-shaped glands that filter impurities picked up by lymphatic fluid. Large collections of lymph glands, or nodes, are most commonly found in the armpits, groin and neck.

MALIGNANT

The term malignant means cancerous.

MAMMOGRAPHY

Mammography uses small amounts of x-rays to get a clear picture of the soft tissue inside the breast. This x-ray picture is called a mammogram.

NEOADJUVANT THERAPY

This is a treatment given before surgery in order to shrink the tumour. This makes the tumour easier to remove and in some cases can allow breast-conserving surgery rather than a total mastectomy. Depending on the type of tumour it can consist of either chemotherapy or hormonal therapy.

OESTROGEN

A female hormone mostly produced by the ovaries. It influences such female sexual characteristics as breast development, and it is necessary for reproduction. A small amount is produced by the adrenal glands, and other tissues such as fat and the liver. The growth of many breast cancers is stimulated by the presence of oestrogen.

ONCOLOGIST

An oncologist is a doctor who is a specialist in the understanding and treatment of cancer. There are a number of different types: gynaecological (cancers of the ovaries, uterus and vagina), medical (drug therapy), paediatric (childhood cancers), radiation and surgical.

OSTEOPOROSIS

A process in which bone loss occurs more quickly than bone redevelopment, making the bones very thin and weak, and at risk of fractures.

RADIOTHERAPY

The use of high-energy penetrating rays to treat disease. Radiotherapy can be internal or external.

RADIOLOGIST

A radiologist is a physician with special training in reading and interpreting diagnostic x-rays and other imaging techniques such as ultrasound and CT scans. Breast cancer patients will also find that the radiologist is responsible for using radiation to treat disease.

SIDE EFFECT

An unwanted or undesirable symptom caused by cancer treatment.

TUMOUR

A tumour is a lump, mass or swelling of tissue. A tumour can be benign (not cancerous) or malignant (cancerous).

X-RAYS

Short wavelength radiation derived from a high-energy radiation source. X-rays produce images of body organs on film for diagnostic purposes. High energy x-rays are used to treat some forms of cancer. X-rays are a form of 'ionizing radiation'.





touchpoint

Guiding, advising and supporting women with breast cancer