



GH guide to

BREAST CANCER

by the women who know

As women, we are all too aware of the risks of this disease, which now affects **more than 50,000** of us in the UK **every year**. Early detection and better treatments have improved survival rates beyond recognition – almost **eight in 10** women now live **10 years** or **more** beyond diagnosis and things are improving all the time. But breast cancer changes the lives of the women affected. On Good Housekeeping, several members of the team have been there, including our Editorial Director, Deputy Editor and Health Director. We asked them, and a prominent cancer surgeon who herself was diagnosed, to share the important lessons they learnt...



Lindsay Nicholson,
Editorial Director,
diagnosed 2007



Julie Powell,
Health Director,
diagnosed 2015



Liz O'Riordan,
Breast Cancer Surgeon,
diagnosed 2015



Michelle Hather,
Deputy Editor,
diagnosed 2009



'I'm a doctor – here's what I learnt as a patient'

She was a surgeon specialising in breast cancer. Then Liz O'Riordan found a lump, and her world changed

On an average Friday morning, Liz regularly faced four or five women across her desk and broke the devastating news that they had cancer. Then last July, at the age of 40, she was diagnosed herself. Liz explains how it felt to be doctor turned patient and to negotiate the familiar yet frightening world of breast cancer treatment



'Biopsy results normally take a week – they rushed mine through,' says Liz

'Telling people was surreal. It was like I was talking about a patient, not about myself'

I spent my days treating scared, anxious women. Then it happened to me, and suddenly I found myself explaining to my family about my own illness. When I discovered the first lump, six years ago, I was terrified it was cancer. At the time, I was a senior registrar hoping to become a breast surgeon, my husband had just proposed, and I was convinced I would be dead within a few years. But everyone said it would be fine – and it was. The ultrasound showed I had cysts. I found another lump a few years later, another cluster of cysts, and again last March, more cysts. When I found a lump last June, I waited a month before my mum persuaded me to follow it up because I was so sure it was another cyst. The mammogram was fine, and at the ultrasound the radiologist asked if I wanted to look. I said yes and we both saw it. It was a cancer, and it was big. It was like a light bulb went off in my head. How can this be? Has it spread? I'm a breast surgeon, and I know every complication there is. Biopsy results normally take a week, but they rushed mine through in three days – the worst days of my life. When my husband, Dermot, and I went back and the cancer was confirmed, we all wept, including



Self-checking regularly is important for everyone

[CONTINUED FROM PREVIOUS PAGE] the consultant who was both a colleague and a friend. My cancer was a mixture – ductal, which is the more common, and lobular, which is a sneaky one. It often doesn't show up on mammograms and is bigger than you think.

I had to decide where to have my treatment. What do you do when you know everyone in the breast cancer world? I chose to stay at the hospital where my husband works so I could be close to home, he could see me easily and my friend and colleague could be my consultant, although during the treatment we had to stop being friends and only have contact over medical things. It was hard to lose a good friend for that time, but I totally trust her and she is an amazing surgeon. The decision was made for me to begin with chemo, starting just a week later.

Telling people was surreal. It was like I was talking about a patient, not myself. The weekend before chemo started, Dermot and I did a 100-mile bike ride I had signed us up for. The cancer didn't feel real. How could it be when I had just cycled 100 miles? I was definitely in denial. One of the reasons I started a blog was to get it into my head that I had cancer.

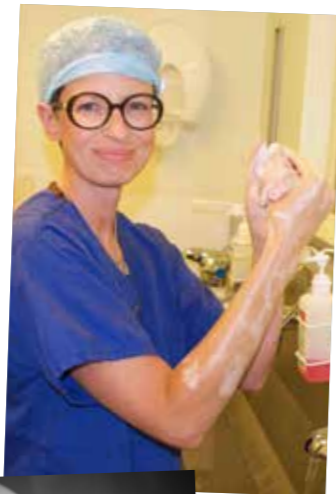
For me, chemo was going into the unknown, and I was nervous and frightened. I talk to my patients briefly about chemo and then pass them on to the specialists. So I didn't know what the chemo ward was like and I'd heard so much about side effects. It was out of my hands, and anyone who knows me knows that I don't like being out of control!

People encouraged me to try the cold cap to see if it would help me keep my hair, but I decided against it because it can induce headaches if, like me, you're prone to migraines. Strangely, I wasn't too bothered about hair loss. What I hadn't realised was, you lose ALL your hair – leg hair, pubes... everything. A free Brazilian on the NHS!

I can only describe the side effects of chemo as being like the after-effects of a bottle of gin a night for five nights. It was the very worst hangover of my life. I was shivery and nauseous. I had headaches, bone pain and lost my sense of taste. My hands ached, and after a while the skin literally peeled off. They felt like little old lady arthritic hands.

I thought I knew what it would be like from talking to my patients, but I wasn't prepared for how awful the week after chemo was. And then you have your 'good week' – only to have to go back and do it all over again.

Chemo was incredibly hard, but I was determined it wasn't going to strip me of everything. And I knew



'Anyone who knows me knows I don't like being out of control,' says Liz



Liz
DIAGNOSIS: 2015
AGE: 40
TREATMENT: CHEMO, A PARTIAL MASTECTOMY AND RECONSTRUCTION, RADIOTHERAPY

'One of the hardest things was knowing so much – sometimes more than my doctors'

that exercise can really help with the side effects. My wonderful neighbour agreed to go walking with me every morning and, no matter how crappy I felt I usually managed that. And there were parkrun events on my good weeks. It gave me a real sense of support to be cheered on by people. I even managed a (very slow) sprint distance triathlon when I was half-way through chemo.

With chemo over, I had a month to prepare for surgery. I had chosen a nipple-sparing mastectomy with reconstruction, and realised how lucky I was to have had five months to decide. Reconstruction is a huge decision – it affects your body image, your sexuality, your identity – and some women have to decide almost immediately after diagnosis.

The night before the op I was really anxious and scared, wondering how I would feel afterwards. It went really well and, on 23 December, Dermot and I went back for the post-surgery results feeling pretty upbeat. Sure enough, the chemo had done its job and melted away the ductal cancer. But it hadn't touched the lobular cancer, which was much larger than we thought, and there was cancer in the two nodes in my armpit.

We were both reeling. We were back at the same spot where we'd been five months earlier and cried and hugged each other. I didn't know how we were going to tell our families or how I was going to get through Christmas. I now needed more surgery to remove lymph nodes as well as the cancer, and had to face the fact that the risk of the

disease coming back and me dying was even greater than I had thought. I must admit that I spent some sleepless nights on the internet looking at five- and 10-year survival rates. I know it wasn't healthy, but I couldn't stop myself.

Somehow I got through the next couple of weeks, and the news post surgery was good, with only one more lymph node affected. But my radiotherapy was delayed because I developed cording under the skin of my inner arm. It can happen after surgery to remove lymph nodes when some of the lymph channels under the skin become thrombosed and like tight guitar strings. It's very painful and really restricts your movement. A lot of physios don't know about it, but exercise and massage are vital to restore movement.

People said radiotherapy would be a breeze after chemo – I've always told my patients it's just x-rays – but I found it mentally much harder. I wasn't prepared for how exposed and dehumanised I felt lying topless in a cold room with my arms in the air in a noisy tunnel.

I finished radiotherapy a few months ago, but

I've realised that it's not over when hospital treatment ends. In many ways it's only just beginning. This is the point when people don't know how to help or what to say and you feel very alone. I am now taking tamoxifen tablets and have Zoladex injections (a hormonal implant) every month, and I am coping with my chemical menopause.

I've found it very hard not knowing where I belong. I'm a breast surgeon, but I don't fit into this world that I know and love because I'm also a patient – but not like the other patients. It really hit home part-way through my chemo, when I decided to go to the breast cancer conference that I attend every year. I thought there might be some useful research and I could catch up with people. Big mistake. With my bald head I stuck out like a sore thumb. People were nice, but didn't know what to say and when I sat in the lecture theatre, it was all too much and I wanted to cry. I made my excuses and left as fast as I could.

One of the hardest things was knowing so much – sometimes more than my doctors – and deciding what to share with others. How much do you explain when you're given information and you know what it means, but your husband and family don't? I didn't want to frighten them: it was bad enough knowing myself.

It's only now that I realise how much we put our patients through. There are phrases I'll never use again: 'you're lucky to have caught it early', 'it's a good cancer to have'. As a doctor you want to give hope and reassurance, but no one is 'lucky' to have cancer and no cancer is 'good'!

I've also realised what a huge deal cancer is for younger women. I don't have children and could have had my eggs frozen, but that would have required hormonal stimulation, and with a hormone-driven cancer it was too risky. Fertility is a massive thing – but mine was discussed and dismissed in 30 seconds during my first appointment. Six months later, after spending time with a friend and her toddlers, I realised I would have loved to have been a mum, so I've had to grieve the loss of a baby I will never be able to have.

Every day I think: is this the day it comes back? Cancer is my first thought in the morning and my last at night. I notice every little niggle. Potentially my prognosis isn't great, so it is trying to live each day one day at a time, really appreciating my time with family. I've had a wake-up call early in life that has helped me see the bigger picture. What I have learnt is that this doesn't end your life. It's not great, but it's not the end. It's your choice to do what you want with the time you're given. I don't know what comes next. I always identified with my job, then I became Liz the breast cancer patient. Now I want to step back and find out who Liz really is.'

LIZ BLOGS AT LIZ.ORDJAN.CO.UK

10 MOST IMPORTANT THINGS women need to know

These are the invaluable lessons that breast cancer specialist Liz learnt from becoming a patient herself

1 Cancer messes with your head

When surgery showed only one more lymph node was affected, it was positive, but I'd spent so much energy preparing for bad news that I couldn't cope with the good.

2 IT IS VERY ISOLATING FOR PARTNERS

They can't fix you, your life goes on hold, sex is difficult, everything is about your cancer and other people keep asking how you are. It's been really hard for Dermot going off to work and leaving me on the sofa feeling miserable and ill. I think people should be sending husbands/partners cards and finding ways to look after them.

3 IT'S HARD TO LIKE YOURSELF in the middle of chemo. You have no hair or eyebrows, your skin is peeling, you often feel miserable and lonely, your brain doesn't work properly and you definitely don't feel pretty. It's very easy to feel as though your identity has been taken away.

4 ANXIETY IS THE NEW NORMAL

You feel every ache and pain and every twinge – I keep a symptom diary and get things checked out. You have to be your own advocate.

5 LOSING THE LOVING

It's rarely discussed, but a chemical menopause affects your sex life. I had a hormonal cancer so HRT wasn't an option, but at 40 I'd lost my libido because everything was painful. I talked to my doctor who recommended Yes VM, a brilliant lubricant and vaginal moisturiser.

6 Getting your meds right can be confusing

when your head's all over the place. I downloaded the Macmillan app, which tells you when to take medication. You just put the details in and the alert goes off.

7 LITTLE THINGS

matter when you're a patient – like someone introducing themselves and explaining what they're doing, so you feel like a person, not a number.

8 PATIENTS SOMETIMES KNOW BEST

Doctors may feel slightly offended when patients come in with information about a trial or a new treatment. But we need to do more to help patients speak up. Sometimes they do know more than we do.

9 Eating during chemo can be difficult

The Royal Marsden Cancer Cookbook was a real find – full of healthy recipes and suggestions of what to eat if things taste metallic or make you feel nauseous.

10 EXERCISE WORKS

You may have to take it slowly, but you can do it – and it helps with the side-effects of chemo.



Been there, done that: GH's Julie (left), Lindsay (centre) and Michelle (right) get together to compare notes



We're here to tell you what no one else will...

The reality of living with breast cancer

One out of every eight women in the UK will be diagnosed with breast cancer, and at GH, we've experienced it, too. Editorial Director **Lindsay Nicholson**, Deputy Editor **Michelle Hather** and Health Director **Julie Powell** talk about their diagnoses, treatment and life after breast cancer

Q When did you find out?

LINDSAY: It was nine years ago. I'd had a clear mammogram the previous April but noticed a lump in the shower. After initially being fobbed off by a trainee GP I got a consultant referral and was diagnosed after an ultrasound and biopsy - it never did show up on a mammogram!

MICHELLE: I felt a small lump, had a biopsy on 23 December 2009, and was told two weeks later that there were two areas of what they call ductal carcinoma in situ (DCIS), which was actually just the start of it.

JULIE: It was my first-ever routine mammogram, just after half-term in October last year. When they rang me and said they'd found a lump and I needed to see my GP the next day, I was in a real panic. She sent me straight to the breast surgeon, and they found two areas of DCIS and a tumour.

Q How did you feel?

M: At the time I thought: I've done this to myself, it's my fault. I was overweight, had quite a stressful job and probably drank too much. Now I know that it can happen for no apparent reason.

J: There is no rhyme or reason. There are so many women affected - some are super-fit, some aren't, some are overweight, some are skinny. I just thought, it's my hormones, my age and bad luck.

M: ...or you can think it's good luck that they found it. Mine was a very small tumour in an inaccessible place - it transpired that the initial lump I felt was innocent.

L: At first I was in such a state of shock that I could hardly speak, but you're right. When people felt sorry for me I would think, I know what's going on in my body, I've had practically every test possible. But you don't know - you could have something horrible in there.

Q What was the treatment?

L: I began with six sessions of chemo, then a partial mastectomy and radiotherapy. The surgery



Lindsay
DIAGNOSIS: 2007
AGE: 60
TREATMENT: SIX SESSIONS OF CHEMO, A PARTIAL MASTECTOMY AND RADIO THERAPY

actually left me looking better than before.
J: I was worried about looking lopsided after the surgery as I'm not particularly well endowed, but the result is really good. I too had chemo first, then surgery and radiotherapy. I only needed three rounds of chemo because when they scanned me the tumour and DCIS had gone.

M: I needed two lots of surgery, as well as chemo and radiotherapy, because after the first operation to remove the DCIS they found three tumours. So I still had to have a lumpectomy, and I have a very small scar on my breast and another under my arm where they removed a lymph node.

Q What were your worst moments?

J: The MRI - I'm not good in scan situations and I found the diagnosis and the way things speeded up after that were really scary. And I was really scared before chemo.

M: I was very upset when they first told me I had DCIS - but when, after surgery, they discovered three tumours that was pretty shocking.

L: Mine was during chemo when my toenails fell off. I was trying to be positive - I had a pedicure and went swimming - and then a Chanel Rouge Noir toenail floated away from me in the pool. I'd lost my hair, I couldn't work and I'd been very ill with chemo, but to see that toenail floating away was my absolute rock bottom.

Q How was the treatment?

M: I'd psyched myself up for chemo, but when I arrived my drugs weren't ready and they told me to come back tomorrow. Simon, my husband, was incensed and said no way, because he knew that I couldn't wait another 24 hours. So we went for a curry and I came back and had the chemo. I dreaded it, but I learnt that going on my own, putting on my headphones and getting lost in a film all helped. Lots of people volunteered to come with me, but I could shut off when I was on

my own. I didn't feel that bad - I was tired but not sick. Radiotherapy was almost worse - it was so relentless.

J: I was dreading it, too. When they gave us this list of scary side-effects, Roy, my husband, looked more frightened than me, but somehow once you're doing it, it's not as scary. Having

Michelle
DIAGNOSIS: 2009
AGE: 52
TREATMENT: CHEMO, TWO SURGERIES, RADIO THERAPY



him there helped, and he knows me so well that he understands when to talk and when to shut up. Some women want the cancer removed immediately, but having chemo first meant I could visualise it shrinking, which was really helpful. I didn't get sick - they told me that if I hadn't had morning sickness or travel sickness it was less likely to happen. They just gave me standard anti-sickness drugs and they worked.

L: I was very nauseous when I was pregnant and sick as a dog during chemo - I broke all the records. My consultant said he had never known anyone to be as sick as me. I was kept in overnight and had hydration and IV anti-sickness drugs because eventually just the sight of the drugs made me throw up. On the plus side, chemo skin is fabulous - and it's still very soft!

Q Did you wear a wig?

M: I tried the cold cap during chemo, which is designed to reduce the temperature of the scalp and hence the quantity of drugs getting to the hair follicles. But my hair started coming out after my second chemo and my eldest son very sweetly shaved my head. I didn't wear a wig, a hat or a scarf. I was quite belligerent and thought: if anyone has a problem, it's theirs not mine. The only time I hid it was at parents' evening because I knew it made my kids feel uncomfortable.

L: The cold cap didn't work for me, either. When my hair appeared on the pillow and blocked the drain, I tried to look on the bright side. No more excruciatingly uncomfortable cold cap or the 'what to do about grey hair' question. I wore a wig when I didn't particularly want people to comment on my diagnosis. But it was so hot and itchy that I never wore it with friends and family - and if I got in the car after a meeting I would whip it off at the traffic lights, which might have disturbed other drivers!

M: Mine came back so curly and wiry that



Julie

DIAGNOSIS: 2015**AGE:** 51**TREATMENT:**
THREE CHEMO
SESSIONS, GUIDE-
WIRE SURGERY,
15 RADIOTHERAPY
SESSIONS[CONTINUED FROM
PREVIOUS PAGE]

Lindsay told me I looked like a miniature Schnauzer. I was desperate for hair, but the way it looked I was better without it. I had it cut really short and it eventually grew back thicker, straighter and in better condition than before.

J: Keeping my hair felt really important to me. Cancer feels like a loss of control, and I at least wanted to control who I told and when. Keeping my hair meant that I didn't have to tell people if I didn't want to. When I first wore the cap I thought I wouldn't be able to bear it, but after five or 10 minutes it wasn't as bad. But I didn't have the energy to speak, I just had to get through it. My head hair did thin a little and I lost hair elsewhere, although I didn't realise my eyelashes had gone until I tried to put on mascara!

Q What helped you through it?

M: Talking to a Macmillan nurse and getting as much information as possible. Some people are stoic, but I was the opposite – angry, bitter and miserable. Counselling helped, and I had some amazing friends who drove me to appointments and took me for walks when I was tempted to become hermit-like. I didn't have complementary therapies – I didn't want to be with other breast cancer patients or be part of that club.

J: I was the opposite. I found reflexology lovely and acupuncture was helpful. It was also great when people texted, brought lunch and sent goodie boxes, and it helped to talk to friends who'd had cancer about practical stuff like coping with the terrible taste in my mouth. I'd also recommend afternoon naps during chemo!

Q What didn't help?

J: People giving you pitying looks, thinking that being positive will make it all okay and pontificating about diet. I hated being told I was 'on a journey'.

M: I was very angry, and I remember thinking: don't even begin to feel upset for me because

you don't have this thing and I do.

L: Bad information. I read something online about how grapefruit causes cancer, which of course it doesn't, and I went into the bathroom and poured my very expensive grapefruit bath oil down the drain. That's how neurotic I was. And I remember someone saying to me when I was diagnosed, 'Well, you've always eaten meat...'

Q How do you feel now?

M: At the time, I had a lot of long, dark nights. There was a cemetery opposite the hospital and I was resigned to the fact that I would be in there. Six years on, I don't really think about cancer any more.

J: Everything still feels a bit surreal to me, but it's comforting to hear that. I'd like to know that one day it won't be the first thing I think of every morning and the last thing I think about at night.

Q How did it affect your relationships?

M: My husband, sons and parents were really supportive – I've no idea how you deal with this when you don't have close family around.

L: I had only been married two-and-a-half years, but my husband, Mark, was fantastic – he even gave me injections and shaved my head! I was terrified it would be the end of our relationship, but it brought us closer.

J: I called Roy after seeing my GP and said: 'Get here fast, things are getting scary.' I knew once he was with me I could cope, although sometimes I didn't tell him exactly how I was feeling as I didn't want to worry him.

Q What were the hardest bits?

J: Telling the kids – that's when it really hit home and I got tearful. I said, 'It's breast cancer, I'm going to have to have some horrible treatment, but I'm going to be fine,' and kept it as low key as possible.

M: The worst call for me was to my parents, who live 200 miles away.

L: I don't think I could have told my mother. Mark called her and I'm really grateful for that. She was very shocked. You don't expect your child to be ill and possibly facing a shorter life than yourself.

Q And post treatment?

J: Well, it doesn't stop. There

is the daily reminder of having to take tamoxifen and I'll be having Herceptin injections until Christmas.

M: At first I didn't get on with tamoxifen. I had sore joints, sore knees, sore wrists, sore hands. But after six months it stopped, and six years on I'm still on it with no more side-effects.

L: I'm nine years on and switched from tamoxifen to Anastrozole, but it caused osteoporosis so I'm back on tamoxifen and bisphosphonates for my bones. I will be very glad to get to 10 years. It's great that these treatments that improve our survival rates are there, but the challenge of taking daily medication for 10 years is not to be underestimated.

Q Has it changed things?

L: It's definitely been a wake-up call! I bought a lovely chestnut mare called April, and I continue to walk marathons and half-marathons with the MoonWalk team. If you haven't done it yet, the urge to do a marathon will come upon you... It's unavoidable.

J: It hasn't hit me yet, but it is only six weeks since I finished radiotherapy, so I am still trying to make sense of everything and find my new normal. But I do now have a dog, and getting out every day walking him has really helped.

M: I now have a healthier life and I don't take it for granted. I no longer feel it was 'my fault', but I'm doing everything I can to stop it from happening again. I'm also much better at dealing with problems now – when you have faced your mortality, things don't faze you so much.



Julie (right):
'It helped to
talk to friends
who'd had
cancer about
practical stuff'



Lindsay (right):
'The urge to do
a marathon will
come upon you...
It's unavoidable'





The latest BREAKTHROUGHS & TREATMENTS

Breast cancer is already one of **research's biggest success stories** but, as scientists learn more about what causes tumours and how they respond to treatment, they are developing more effective ways to detect and treat the disease. 'We're on **the cusp of an exciting new era** of more personalised breast cancer treatments that can target drugs to the make-up of the patient's tumour,' says Baroness Delyth Morgan, Chief Executive at Breast Cancer Now. Here are some of the most exciting new developments...

WHAT ARE YOUR CHANCES?

Unless you have a strong family history, it's hard to predict your risk of developing breast cancer. Breast Cancer Now's Generations Study, funded by GH's charity partner Walk the Walk, is following over 100,000 women for 40 years to investigate the genes, lifestyle and environmental factors that help explain why one woman will develop the disease and another won't. Finding out how these factors combine to cause breast cancer will help identify women at high risk and the best ways they can protect themselves. Another major study is trying to identify during routine screening whether a woman is at low, moderate or high risk by combining information on breast density (women with denser breasts have up to five times the risk of breast cancer), DNA from saliva and information about lifestyle, family and reproductive history. In time, the NHS breast cancer screening programme could tailor screening to individual prospects, so that moderate and higher-risk women are screened more frequently.

PERSONAL TREATMENT

The Oncotype DX test is available to women with stage 1 or 2 hormone-positive cancer to help identify which need chemotherapy. The test scores the activity of 21 genes in the cancer cells. The higher the score, the greater the risk of recurrence and the more vital it is to give chemotherapy. By contrast, low-risk patients can avoid chemotherapy and the unpleasant



Soon, a simple blood test could help predict whether cancer will recur

side-effects. The current test has to be analysed in the US, but home-grown tests are in the pipeline.

IMPROVING SURGERY

Surgeons normally remove the tumour with a margin of healthy tissue, but they can't tell by sight which tissue is cancerous. Patients may have to remain under anaesthetic while tissue is sent to the lab for analysis, and one in five needs further surgery to completely remove the cancer. The iKnife is an electrosurgical knife connected to a machine that provides a chemical profile of tissue during surgery. It is still at the research stage but, in a trial of 91 patients with a range of cancers, it identified the tissue with 100% accuracy, instantly providing information that normally takes up to half an hour using laboratory tests.

PREVENTING RECURRENCE

Within a few years, a simple blood test could help predict which cancers are likely to recur – or signal that a cancer is becoming resistant to hormone treatment. DNA from breast cancer cells can be detected in blood samples through a procedure known as liquid biopsy. Researchers from the Institute of Cancer Research took tumour and blood samples from 55 patients with early breast cancer who'd received chemotherapy and surgery. With regular blood tests, they accurately predicted which women's cancers were likely to recur. The recurrence

was detected, on average, 7.9 months before any visible signs, enabling doctors to initiate treatment before the disease became harder to treat. Tracking DNA changes also gives early warnings that a cancer is becoming resistant to treatment, so drugs can be changed. Scientists hope liquid biopsies will also help with the development of targeted and personalised treatments.

Pre-menopausal women with hormone-positive tumours are already offered tamoxifen for five years to lower the risk of recurrence. Recent research has shown that taking tamoxifen for 10 years further reduces the risk of recurrence and increases survival.

IMPROVING TREATMENT

Scientists are using different combinations of drugs given in different ways to make treatment more effective. A recent trial where 66 women with HER2+ breast cancer were given Herceptin and another biological therapy, lapatinib, before surgery produced startling results. The tumour shrank dramatically in a quarter of cases, and in some disappeared after just 11 days of treatment.

NEW USES FOR OLD DRUGS

Metformin, currently used to treat type 2 diabetes, has been shown to kill cancer cells and make chemotherapy more effective in breast cancer patients with diabetes. Studies are investigating whether it can help non-diabetic patients.

Bisphosphonates are osteoporosis drugs used to help control pain and strengthen bones in women whose cancer has spread. New research shows they can also help prevent early breast cancer from spreading by making bone a less favourable environment. Research found that in post-menopausal women with early breast cancer, bisphosphonates reduce the risk of recurrence and significantly improve survival,



New hope: advances in treatment and therapies are changing our experience of breast cancer

potentially saving up to 1,000 lives a year.

A worldwide trial, involving 11,000 people with five different cancers, is looking at whether a daily low dose of aspirin can stop or delay an early cancer from returning.

TREATING FAULTY GENES

Around 3-5% of breast cancers are caused by faults in BRCA1 and BRCA2 cells, and PARP is a protein within the cells that enables them to reproduce and spread. PARP inhibitors knock out the protein, stopping the cancer cell in its tracks. Trials are investigating these drugs for patients with advanced BRCA-related cancers, and other research is looking at whether the PARP inhibitor olaparib can reduce the risk of triple-negative breast cancer coming back after treatment.

BETTER PROTECTION

Women who are at high risk because of a strong family history of breast or ovarian cancer are now offered tamoxifen or raloxifene for five years to help prevent the disease from developing.

Coping with treatment

Try these remedies, suggests Dr Caroline Hoffman, Clinical and Research Director at the Breast Cancer Haven:

NAUSEA Research shows that acupuncture, and touch therapies such as massage, reflexology or shiatsu can help.



METALLIC TASTE Try pineapple or something sweet.

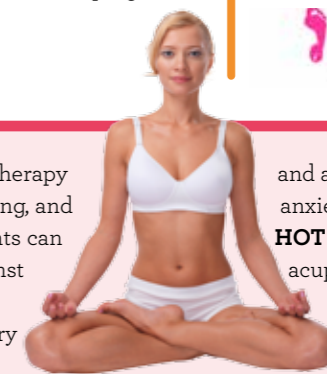
MOUTH ULCERS Zinc pastilles or chamomile mouthwash can help.

FATIGUE In studies, women who did regular, gentle exercise had less fatigue, nausea and pain.

LOW ENERGY Eat healthily and regularly, with lots of fruit, vegetables and grains. Avoid supplements – chemotherapy

and radiotherapy are oxidising, and antioxidants can work against this.

STRESS Try yoga or mindfulness-based stress reduction (MBSR). More than 90 women with breast cancer who did an eight-week course of MBSR at the Haven found it improved their mood



and ability to cope with anxiety and fatigue.

HOT FLUSHES Try acupuncture and homeopathy. Cut out alcohol, caffeine and eat fewer spicy foods.

Looking for a therapist? The Complementary and Natural Healthcare Council (cnhc.org.uk) keeps a register of qualified practitioners. □

