

Your Guide to Self Managed Care After treatment For Breast Cancer

Patient Information

Self-Managed
Pathway of Care

Help Line 01782 674077



Reviewed & Updated: July 2019



If you would like to make a comment on our service or make a complaint then please write to:

The Chief Executive

University Hospital North Midlands
Trust Headquarters, Royal Stoke University Hospital,
Stoke-on-Trent, Staffordshire, ST4 6QG

Or contact the

Patient Advice and Liaison Service (PALS) UHNM
Royal Stoke **01782 676450** or **01782 676455**
County Hospital on **08000 407060**
Email: **patient.advice@uhns.nhs.uk**

Information about the Self-Managed Pathway (SMP) of care

We hope that this information will be useful to you following the completion of your initial treatment for early breast Cancer (this could be after surgery alone, chemotherapy or radiotherapy or a combination of these treatments) and your introduction into the self-managed pathway of care.

This booklet aims to explain what the self-managed pathway is and how it works. It contains all the information you need to contact the breast unit and arrange follow-up appointments for yourself if required over the next five years.

This booklet also contains information that we think you may find useful as you recover from your treatment for early breast cancer.

If you have any concerns or questions that are not covered in this leaflet, please speak to your Breast Care Nurse.

Introducing the self-managed pathway of care

“In the past”, following treatment for breast cancer, women and men were seen at regular intervals by their breast specialist team. Some patients found these pre-arranged appointments useful and reassuring, however many more found them a source of great anxiety and of little benefit, unless they had something specific to discuss.

Research has shown that having a regular outpatient follow-up does not help prevent cancer returning or increase life expectancy. There is now very strong evidence that symptoms and concerns are addressed more quickly if a patient reports them as they occur rather than waiting for a routine appointment.

More emphasis is now placed on self-awareness and easy access to the team and the breast services. The SMP puts you in control of your care and allows you to take an active and leading role in your recovery, with the help of your breast specialist team. The main aim of the SMP is to enable you to develop the skills, knowledge and expertise to:

- Make positive choices about your health care
- Manage the physical and emotional aspect of breast cancer and its treatments
- Make long term positive changes to your lifestyle such as staying active, regular exercise, eating healthily and reducing alcohol consumption.

We know from working with people with other long term medical conditions that a SMP can improve physical health and wellbeing. This method of care is already successfully well established in many Breast Units in the UK.

Once you have received this booklet you will no longer be given routine follow-up clinic appointments at regular pre-set intervals. Instead you will be able to contact your SMP team at the hospital directly to discuss any worries or concerns you may have related to your breast cancer diagnosis, the treatment and your breast health and a prompt appointment with the breast specialist team will be made if required. You will still continue to attend for your planned mammograms if you require them.

If you have had breast reconstruction and still require appointments and procedures to complete your reconstruction or if you are participating in a clinical trial, separate appointments will continue to take place. You will still remain on the self-managed pathway of care and have the same access back in to see the breast specialist team should it be required.

After five years you will still continue to have your regular mammograms but will need to go back to see your GP if you have any concerns or notice anything unusual.

What can I expect when I join the Self-Managed Pathway?

- An end of treatment review appointment (EOTR)
- An Holistic needs assessment (HNA) and care plan if required
- A Treatment Summary for you and your GP
- The opportunity to attend a Health and wellbeing event
- Direct telephone access to the SMP team to discuss any worries or concerns related to your diagnosis and the treatment and your breast health
- Quick access back into see your breast specialist team if required

Your end of treatment review appointment (EOTR) and Holistic needs assessment (HNA)

Approximately three months after you have completed your treatment, whether you have had surgery alone or had either Radiotherapy, chemotherapy or a combination of the two, you will be seen in clinic by an **Advanced Nurse practitioner (ANP)** for an end of treatment review. If you are on Herceptin you will still receive a review appointment at this time.

People often tell us that although finishing hospital based treatment is a relief, they sometimes feel anxious about what's ahead. We understand your need for support doesn't end when treatment finishes and you may need some time to come to terms with all the changes that have taken place. For this reason, at your EOTR, you will be asked to complete a questionnaire called a holistic needs assessment (HNA) which will enable your Practitioner to focus on any specific individual concerns/needs and they will be able to recommend/direct you to further support and advice if required. You will have a clinical examination by your ANP. You will also be able to discuss how you feel you have recovered from surgery and treatment with the aim of helping you adjust to life after treatment and move forward with knowledge and confidence. You will be offered the chance to attend a Health and Well-being event (further information is provided at the end of this booklet). Your practitioner will also discuss healthy lifestyle advice and signs and symptoms to look out for that may need referral back to your GP or the Breast Team and how to contact them. You will have the opportunity to go through your treatment summary with your practitioner and you will be provided with a copy.

Your Treatment Summary

The Treatment Summary is a summary of the consultation and is for you to keep. It gives information about your diagnosis and treatment as well as how your follow up care will be organised. This includes:

- The dates of your future mammograms, if needed
- The dates which you started and should complete your Herceptin/anti-hormone (endocrine) bone strengthening medication if applicable to you.
- The dates of bone density (DEXA) scans if applicable to you
- Information that your GP will need to oversee your care
- A Summary of the information discussed with you at your review appointment including any on-going side effects, any action that needs to be taken by your G.P. and any additional information provided.
- Alert signs and symptoms to report to us or your GP that may require referral back to the Breast Team
- How to contact the SMP Team

Information about the self-managed pathway of care and a copy of your treatment summary will also be sent to your GP

When should I contact the SMP team?

Once you have entered the Self-managed pathway of care you should call the SMP team if you have concerns about any of the following issues:

- your on-going hormonal treatment
- possible side effects from your chemotherapy or radiotherapy treatment
- problems related to your original breast surgery or questions about breast reconstruction
- new changes in your breasts, chest wall region, neck or under your arm
- new medical symptoms that could represent a possible return of your breast cancer (see page 16)

How do I contact my Self-Managed Pathway (SMP) team?

The aim of the telephone service is to provide you with helpful advice from the SMP team and to allow you to have prompt access back to the breast specialist team as required.

The telephone service is open Monday to Friday, 8:30am – 4:30pm and will be answered by a Macmillan support worker/Navigator. They will briefly discuss the nature of your concern with you and if necessary arrange a telephone consultation with a breast ANP. Your GP can also use this number to contact us if he or she feels that you need to be seen by the breast team. If your call is not answered immediately please leave your name, hospital number and a short message and a contact telephone number on our answer phone. Your call will be returned by the end of the working day or the next working day if left after 4pm.

Self-managed Pathway Team help line 01782 674077

If your ANP feels that you should be seen back in one of our clinics because of any symptoms you are experiencing, we will make sure that you are offered an appointment within **14 working days** of telephoning the team. If necessary, further investigations may be organised and an out-patient appointment arranged to receive the results. Sometimes, verbal advice may replace the need for an outpatient appointment and may be supported by a written letter to you and your GP. We hope that this will enhance and promote your ability to care for yourself once treatment has been completed and enables you to benefit from the team's expertise as required.

Managing side effects of treatment

All treatments (surgery, chemotherapy, radiotherapy, anti-hormone therapy and targeted therapies such as Herceptin) have the possibility of some side effects and some of these can last longer than others. It is not unusual for cancer treatments to cause general changes in how you feel. You may

- Be more tired/fatigued than usual for several months after treatment
- Have difficulty in concentrating or remembering things
- have issues related to body image and sexuality and how this may impact upon relationships

Not everyone will experience side effects and some patients may experience more difficulty with them than others. Side effects are usually mild and get better over time. But some can be permanent. Your ANP will be able to discuss on-going side effects and changes with you and arrange referral to other specialists if required. You will be provided with a **Macmillan booklet titled "Managing the Late Effects of Breast Cancer Treatment"**, which describes the possible effects of treatment and how they can be improved or managed and a Breast Cancer Care booklet on **"Menopausal Symptoms and breast cancer."**

Recovering from surgery

Is it normal to still get aches and pains in my breast or chest several months after my surgery?

Many women continue to get aches and pains in their breast or underarm area for many months after their surgery. These can be made worse by radiotherapy and can continue for a year or more. If, however, you develop a new pain that gets worse over two to three weeks then contact us to discuss.

Why do I have a strange sensation on the inside of my arm?

This is usually due to surgery interfering with the nerves in the under arm area, resulting in a changed sensation (often numbness) affecting the underside of the upper arm. This altered sensation can be either temporary or permanent.

My scar feels hard and lumpy. Is this normal?

After an operation this may be due to the healing process and formation of scar tissue. Gently massaging the scar with a moisturising cream can help to break down the hardened area and even out the scar line (using whichever moisturising cream you usually use). Any new lump in or around the scar should be checked by your surgeon.

What is this tight 'pulling' sensation stretching down my arm?

This is known as 'cording' and it is a common problem after an operation. It is thought to be caused when the lymph vessels harden and tighten due to the surgical procedure (particularly axillary surgery). This side effect can either settle by itself or be encouraged to 'ease' by massaging and stretching the affected area.

Can I wear deodorant?

Yes, there are no proven studies to suggest otherwise.

My arm is swollen. Is this normal?

Some women who have had surgery to remove lymph nodes from their armpit, (axillary node clearance) can develop swelling of this arm in the weeks or months following their surgery. This is known as lymphoedema and is due to disruption of the normal channels that the lymph fluid flows through away from the arm. If your arm is swollen, please contact the SMP team who can arrange for you to be reviewed and refer you to the lymphoedema clinic for assessment. If your arm up many months or even years after your original surgery, you should contact the SMP team to arrange a review by your consultant.

Breast Reconstruction and prosthesis

If you have had a mastectomy and decided against reconstruction but change your mind at a later date, the SMP team to discuss delayed reconstruction. If you had radiotherapy, we will advise you to wait at least a year after completion of radiotherapy. In some cases surgery can be offered to correct unequal breast sizes and your ANP can refer you back to clinic if you wish to discuss this further. It is natural for breasts (treated and untreated) to change over time.

The normal life span of an external breast prosthesis (breast form) is approximately 3 years. If you need advice about your prosthesis or need a new one, please contact 01782 674201

How long does a silicone implant last?

Modern implants do not need to be changed or replaced as a matter of routine. It may need changing for cosmetic reasons, for instance you gain or lose weight, have capsular contraction (formation of tough, fibrous tissue around the implant), have an infection (when it must be removed and replaced at a later date).

It is very difficult to damage implants, only a severe chest injury, for instance a car crash, would do this. So you can carry on with all your normal activities, including things like sports and air travel, without worrying that it will affect your implant.

Staying breast aware

What is my chance of developing a cancer in my other breast?

We will arrange for you to have mammograms more regularly (usually every year) because your risk of developing cancer in your other breast is slightly higher than it would be if you hadn't had breast cancer. Unless you have an inherited genetic predisposition (such as BRCA1 or BRCA2 alteration) or strong family history, your risk will not be much higher than most people your age. There is no evidence that removing your other breast (contralateral mastectomy) will enable you to live longer, unless you have an inherited genetic disposition or your risk has been assessed as very high by the genetics team.

Should I still examine my breasts and what should I do if I find a lump or notice a new change in my breast?

Being breast aware is an important part of caring for your body. It means getting to know how your breasts look and feel, so you know what is normal for you. You can then feel more confident about noticing any changes. Whether you have had breast conserving surgery or a mastectomy (with or without reconstruction) it is important to be aware of any changes to the breast, chest or surrounding area after your treatment even though you will be having regular mammograms. After treatment for breast cancer it can be difficult to know how your breast or scar should feel, especially as the area can change over time as it repairs and heals. Immediately after surgery and in the weeks that follow, you can experience pain and sensations such as burning and numbness in the scar area and under the arm (axilla). The area around the scar may feel lumpy, numb or sensitive.

You will need to get to know how it looks and feels so you know what is normal for you. This will help you to feel more confident about noticing changes and reporting them early. It is important to be aware of any changes in the other breast and to report these as soon as possible.

There is no right or wrong way to check for changes. Get used to looking at and feeling both sides of your breast/chest regularly. You should do this around once a month, in the bath or shower, when using soap or body lotion. There is really no need to change your everyday routine. Just decide what you are comfortable with and what suits you best. You can find a guide to Breast Awareness information in your Patient Information folder you were given at diagnosis, or use the breast cancer care website at www.breastcancercare.org.uk. You know better than anyone how your breasts look and feel normally, so if you notice a change in your treated breast or something feels not normal for you, please contact your ANP via the SMP help line for advice on **01782 674077**. If you are worried about a symptom in a non-treated breast please make an appointment to see your GP as you may need a referral to the one stop breast clinic.

Not just a LUMP

breast
cancer
care

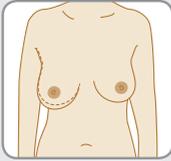
Many people think the first
sign of breast cancer is a lump

Not all breast cancers show as lumps

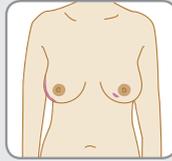
Not all lumps are breast cancer

Some benign (not cancer)
conditions appear as a lump

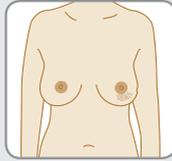
Look out for



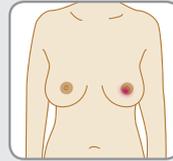
A change in size or shape



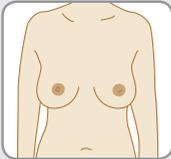
A lump or area that feels
thicker than the rest of
the breast



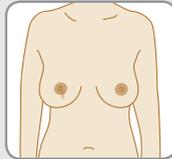
A change in skin texture
such as puckering or
dimpling (like the skin of
an orange)



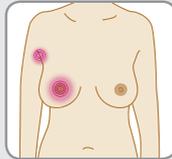
Redness or a rash on
the skin and/or around
the nipple



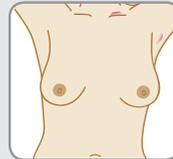
A change to the nipple,
for example it has become
pulled in or changed its
position or shape



Liquid that comes from the
nipple without squeezing



Pain in your breast or your
armpit that's there all or
almost all the time



A swelling in your armpit or
around your collarbone

If you notice any new change,
go to see your doctor as soon as you can.

Breast Cancer Care is here for anyone who is worried about their breasts.

Call our free Helpline on **0808 800 6000** or visit **breastcancercare.org.uk**

Registered charity in England and Wales 1017858 Registered charity in Scotland SC038104 Registered company in England 2447182

Your future mammograms

People who have had breast cancer have a small increased risk of developing a further cancer in the same breast (recurrence) or a new cancer in the other breast. Mammograms (breast x-rays) can often detect breast cancer before it can be felt, either by you or a health care professional. For the majority of women, mammograms are the recommended way of checking for breast cancer. Our current recommendations are that you should have annual mammograms for five years following your diagnosis, or until you reach the age at which the National Breast Screening Programme starts. If you have had breast conserving surgery (a wide local excision or mastoplasty) you will have a mammogram of both breasts. If you have had a mastectomy with or without reconstruction, you will only have a mammogram on your remaining breast. Your mammograms will be organised by Breast Care Department at UHNM and appointments are normally sent approximately one month in advance. For a small number of women mammography may not be appropriate and we will discuss the other options if this is the case.

My breast cancer wasn't seen on a mammogram. What should I do?

We can arrange for you to have extra investigations such as a breast MRI as well as your regular mammogram, please contact the SMP team.

Results of mammograms

After your mammogram, you should receive your results letter within two weeks. For this reason it is important to make sure that the hospital has your correct address and telephone number. If you do not receive your results within one month of having your mammogram, please contact us.

Sometimes, after having treatment for breast cancer, mammograms are not as easy to read; therefore we may recall you so we can carry out further assessment or investigations. We will contact you by telephone or by letter if this is the case. For this reason it is important to make sure that the hospital has your correct address and telephone number. If you have any questions about your breast imaging appointment please call 01782 674200

The NHS Breast Screening Programme

A screening invitation is sent every three years to all women between the ages of 50 and 70 years. Age extension is currently being piloted as part of a study nationally to potentially start screening at 47 years and continue until 73 years. If you have recently undergone treatment for breast cancer and receive an invitation to attend for a screening mammogram during the time you are attending the hospital for yearly mammograms, please cancel the appointment with the NHS Breast Screening Unit, telling them that you are receiving regular mammograms at the hospital after treatment for breast cancer.

After five years of annual follow-up mammograms

- If you are aged over 50 years: after five years of follow up mammograms at the hospital you will be invited and should attend the National Breast Screening Programme and receive mammograms every three years through your local NHS breast screening service.
- If you are aged under 50 years: after five years of follow up we will recommend that you continue with annual mammograms at the hospital until invited for routine screening. You will then be offered mammograms every three years through your local NHS Breast Screening service.
- If you are aged 70 years or over: you will not be automatically called for routine screening. However you can continue to receive three yearly mammograms under the NHS Breast Screening Programme by requesting an appointment and it is recommended that you do this. Please contact your local NHS Breast Screening Unit or GP to arrange this.

- Once Men with breast cancer have completed 5 years of surveillance mammograms they will be invited every 3 years to the breast unit at the hospital until the age of 70yrs

Family history

Women who remain at high risk due to a family history of breast cancer or who carry an altered BRCA gene may need to have regular tests for a longer period

Contacting the NHS Breast Screening Service

If you want to cancel appointments, check when they will be screening in your area following your five years of annual mammograms (or longer if under fifty years of age) or self-refer for breast screening if over 73 years of age please call North Midlands Breast Screening unit on 0300 123 1463

Recovering from Radiotherapy

If you have had part of your breast removed you may find your treated breast shrinks slightly over time. If this happens the breasts may be different sizes. A partial breast form can be fitted.

How long will radiotherapy side effects last for?

Many patients feel tired both during and after radiotherapy. This is usually worse if you also had chemotherapy. Tiredness tends to improve about six weeks after completing radiotherapy but it can often take several months to recover.

Radiotherapy causes acute side effects which occur during treatment, and tend to peak at the end or up to two weeks after finishing treatment. Most skin reactions resolve and completely heal by four to six weeks after radiotherapy.

Up to half of patients treated may experience rib tenderness or shooting pains in the breast. These generally settle within a few months of radiotherapy treatment but they can persist intermittently in the long term.

When can I go out in the sun?

If you have had radiotherapy as part of your treatment, the treated area may be more sensitive so you should take sensible precautions and avoid getting sunburnt. We would recommend using a high factor sun screen of at least factor 30+ and wear a hat and a long-sleeved shirt. It is important to remember that you can burn even through clothing if you are out in hot sun for a long time.

Will I get any long-term side effects from my radiotherapy?

Long-term effects are rare but can occur in a small percentage of people. There may be a change in the appearance of the skin, with the skin within the treatment area being darker and firmer to the touch, and the breast may be smaller in size.

After a mastectomy the chest wall can feel tight and there may be permanent skin changes if there was a severe skin reaction. People who have had breast reconstruction with implants may experience contraction of the capsule around the implant. Occasionally it is necessary to remove or exchange the implant.

There is a very slightly increased risk of rib fracture in the treated area though a more common finding is inflammation of the cartilage, this doesn't usually require any treatment. There is a small risk of heart damage after treatment to the left side. Radiotherapy causes inflammation of a small area of lung tissue which will become scarred. This does not usually lead to any symptoms. There is a very small risk of a second cancer developing in the treated area as a result of radiotherapy, predominantly in smokers. If you smoke it is worth giving up even at this stage.

Lymphoedema

Lymphoedema often presents as swelling of the arm, breast or chest wall on the treated side. This can sometimes be made worse by radiotherapy treatment. If you notice any swelling, contact the SMP team for further advice and possible assessment in the lymphoedema clinic.

Recovering from Chemotherapy

How long will I feel tired for?

Almost all women feel very tired by the end of their chemotherapy. This can get worse if they are receiving radiotherapy. Your tiredness should start to improve one to two months after your last cycle of chemotherapy and then steadily improve. However it can take at least six months before your energy levels return to normal and some women still feel tired 12 to 18 months after the end of their treatment.

When will my hair grow back and when can I dye it?

Most women find that their hair starts to grow back three to four weeks after their last chemotherapy session. The hair grows slowly to begin with and can be quite thin and 'fluffy', but over time the hair thickens up and after six months most women will have a good head of hair again.

As your new hair will be rather delicate, we recommend that you wait for six months before using chemical, permanent or semi-permanent dyes on your hair. However, it is safe for you to use herbal or non-permanent dyes while you are waiting.

Why have I put on weight?

It is quite common for women who have had chemotherapy for breast cancer to gain some weight during their treatment. The chemotherapy drugs themselves do not cause weight gain but the steroid tablets that we use as anti-sickness tablets can increase appetite. Many women also find that their diet changes whilst they are on chemotherapy and that they do less exercise than usual because of the tiredness that it can cause.

When will I recover feeling in my fingers or toes?

If you have developed pins and needles or numbness of your fingers or toes during your chemotherapy treatment, this should gradually improve in the weeks and months after the end of your treatment. However, you may find that it initially gets worse after your last treatment before it starts to get better. A small number of patients may find that sensation in their fingers or toes remains altered permanently.

Are there any long-term side effects of chemotherapy?

There is a very low risk that one of the chemotherapy drugs that we commonly use can affect the heart muscle. Please discuss this with your oncology consultant if you have any concerns. There is also a very low risk that patients treated with chemotherapy for early breast cancer can develop different, unrelated cancer years later.

Can chemotherapy treatment affect my fertility?

There is a very low risk that one of the chemotherapy drugs that we commonly use can affect the heart muscle. Please discuss this with your oncology consultant if you have any concerns. There is also a very low risk that patients treated with chemotherapy for early breast cancer can develop different, unrelated cancer years later.

After Herceptin

Targeted therapies such as Herceptin and some chemotherapy drugs can cause changes in the way the heart works.

If heart problems happen during treatment with Herceptin they are usually temporary. This means they improve with medication and get better after treatment finishes. Most people will never experience any effect on the heart.

Other treatments

Bisphosphonates (bone strengthening drugs) can cause problems with the teeth and jaw. When your dentist is taking a medical history, be sure to inform him/her if you are taking, or have ever taken, bisphosphonates – and in what forms and dosages. Maintain excellent oral hygiene to reduce the risk of infections. Go for regular exam and cleaning appointments and report any oral signs and symptoms to your dentist. If you wear a denture that is causing you discomfort, ask your dentist to adjust it.

Anti-Hormone (endocrine) therapy

Why do I have to take anti-hormone tablets?

If your breast cancer was sensitive to the hormones oestrogen and /or progesterone we will generally recommend that you have a course of ant hormonal treatment for your breast cancer. Taking anti-hormone therapy, usually for five to ten years, will significantly reduce the risk of your cancer recurring, in addition to the other treatments you have already had.

Are there different types of anti-hormonal therapy?

There are two main types of hormone therapy:

- Tamoxifen is an anti-oestrogen and it acts by blocking oestrogen receptors on breast cancer cells. Tamoxifen is prescribed for pre-menopausal women and some post-menopausal women. There is some research that suggests some drugs – including the antidepressants paroxetine (Seroxat®) and fluoxetine (Prozac®) – may cause Tamoxifen to be less effective, but this isn't certain. If you are prescribed these whilst you are taking Tamoxifen please tell your ANP.
- Arimidex (Anastrozole), Femara (Letrozole) and Aromasin (Exemestane) are all aromatase inhibitor drugs and work by switching off the enzyme that makes oestrogen in the body. These drugs are only suitable for post menopausal (gone through the change) women.

You will be on these tablets for five to ten years. Once you have completed the first five years we will write to you and your GP and confirm if the prescription should stop, continue or be switched. Your Treatment Summary will confirm the date you started your hormone medication and the date you will complete five years of hormone therapy. If you haven't heard from us as you near the end of your hormone treatment please contact your ANP via the SMP helpline.

Some patients will change their tablets after two or three years. For example, if you become menopausal (your periods stop) the team will sometimes advise that you are switched over to another anti hormone treatment. We will have told you this if this is the case.

You will not have to pay for tablets as you are entitled to free prescriptions. A medical exemption certificate should have been provided to you. Please ask your ANP if this is not the case. Treatments do change and develop all the time; if there are major changes in the way we prescribe hormone medication during the time you are on it we will write and tell you about this and what it may mean for you. You may be invited to return to clinic to discuss this further. If you are experiencing side effects of medication please contact your ANP who will be able to offer further support and advice.

What side effects may I experience?

All of these tablets can cause menopausal type symptoms such as hot flushes and night sweats. Tamoxifen is associated with a small risk of blood clots and can also rarely cause abnormal thickening of the lining of the womb, which can show itself as post-menopausal vaginal bleeding. You must inform your doctor if you experience any post-menopausal vaginal bleeding whilst on Tamoxifen.

Arimidex, Femara and Aromasin can cause aching and stiffness of the joints and are also associated with thinning of the bones (osteoporosis). Your bones will be monitored for signs of this with regular bone density scans. If you are getting troublesome side effects from your hormone tablets, please contact the SMP team to discuss.

Bone density (DEXA – dual energy X-ray absorptiometry) scans and bone health

After the menopause as oestrogen levels fall, our bones often become less strong. When you are taking an aromatase inhibitor such as Anastrozole, (Arimidex®), Letrozole, or Exemestane or if your periods have stopped early because of your treatment, this process may be accelerated. To assess your bone strength (bone mineral density) you should have a bone density (DEXA) scan. This is usually repeated around every 2 years whilst on treatment. These scans can tell us if you are developing bone thinning which could lead to a condition called osteoporosis. Your Treatment Summary will tell you if these are needed and when. They will be organised by the hospital and the results will be sent to your GP. Your GP should act on any recommendations regarding supplements if required

Regular exercise such as walking as well as a diet high in calcium will help to maintain bone health. During your self-managed consultation you will receive verbal and written information about how to look after your bones. Please contact your ANP via the SMP team if you require further information.

Managing menopausal symptoms

Many women who receive treatment for breast cancer develop menopausal symptoms. These can be due to the effect of chemotherapy or hormone therapies on your own hormone levels, or simply due to stopping your usual hormone replacement therapy. Hot flushes and night sweats are the most common menopausal symptoms, but many women also notice weight changes, vaginal dryness, changes in libido and mood swings.

Can I use hormone replacement therapy?

Hormone replacement therapy (HRT) is not recommended for women who have been treated for breast cancer as it may increase your risk of disease recurrence (particularly if your breast tumour was sensitive to oestrogen), or increase your risk of developing a second breast cancer. However, very occasionally women who are at very low risk of cancer recurring and are experiencing severe menopausal symptoms that are affecting their quality of life may decide that the benefits of HRT outweigh the risks. This is a decision that should always be made after a discussion with your oncologist or surgeon.

If you are suffering from vaginal dryness, vaginal lubricants such as Replens MD or KY-Jelly can be helpful. If these do not solve this problem then a topical oestrogen cream may help. However, this should be discussed with your Consultant, ANP or GP.

Can I take herbal therapies to help?

Some 'natural' remedies, such as Black Cohosh and Red Clover are often advertised for the relief of menopausal type symptoms. However these contain plant oestrogens (phyto-oestrogens) and are not recommended for use by women who have had breast cancer. Evening primrose oil is safe to use and some women do report that it is helpful for menopausal symptoms. However, there is no scientific evidence to prove this. There is no good evidence for the use of vitamin E for hot flushes and vitamin E supplements may even be harmful, especially for people with heart disease.

What else can I do?

Do tell the SMP team if your menopausal symptoms are troubling you. Several prescription drugs can be effective in reducing hot flushes and your doctor will be able to discuss the potential benefits and side effects of these medications with you. Alternatively, some women find relaxation-based complementary therapies such as acupuncture, hypnotherapy, massage or aromatherapy helpful for their symptoms.

Medicines Information Service

This national service provides support for patients who have any questions about medicines, including complementary medicines, vitamins supplements and medication you have been prescribed by a doctor. The phone number for this service is also included at the end of this booklet. (0121) 424 7298

Getting back to normal

Feelings and emotions

Everyone will have different feelings when they no longer need to see their breast specialist team regularly. Some people feel relieved that their treatment is over and they can start to get their lives back to normal, others may be concerned about what can happen in the future and may feel isolated or abandoned as you now have much less contact with the hospital. Most patients will also find that it takes rather longer than they expect to recover fully from their treatment.

You may have focused on getting through the treatment and only have time to reflect on the impact of your diagnosis and treatment once treatment has finished. It's possible family and friends have moved on and expect you to 'put it all behind you'. You may still be experiencing effects of hospital treatment or side effects from on-going treatment such as hormone therapy, as well as trying to manage fears about whether the cancer could come back and worrying about every ache and pain. This is very normal and usually these anxieties lessen with time.

Where can I find support?

Everyone will have different feelings when they no longer need to see their breast specialist team regularly. Some people feel relieved that their treatment is over and they can start to get their lives back to normal, others may be concerned about what can happen in the future and may feel isolated or abandoned as you now have much less contact with the hospital.. Most patients will also find that it takes rather longer than they expect to recover fully from their treatment (see pages).

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What support can my Breast Care Nurse (BCN) continue to offer me?

Your Breast Care Nurse will be known to you since your diagnosis of breast cancer. All patients will continue to have access to the specialist advice, support and information that a Breast Care Nurse can offer. The Breast Care Nurse is available at any point in your care including this period following your discharge from regular hospital follow-up.

**You can contact the Breast Care Nurse Team on Royal Stoke 01782 674077
Monday to Friday 9am – 4:30pm.**

If your call cannot be answered please leave a message on the answerphone
as messages are checked regularly

When can I return to work?

You can return to work whenever you feel ready to do so. Whenever you return, remember that it will be a big shock to the system to begin with. It can be very useful to return in a 'phased' manner, increasing your working hours over a few weeks.

Can I travel abroad?

Once you have completed your treatment, there is no reason for you not to travel abroad. Sometimes patients can have difficulties getting travel insurance if they have been treated for cancer. The UHNM Macmillan Support and Information Centre, the Macmillan website and Breast Cancer Care have a list of insurers who specialise in the cover of patients who have had cancer and will be able to offer advice.

Should I exercise?

Most women feel tired for a number of weeks or months after they have had treatment for breast cancer. We recommend that once you have completed your treatment, you try to gradually increase your daily activity with the aim of trying to build up to three or more twenty minute sessions of moderate activity each week.

What diet should I follow?

Enjoying a healthy diet, avoiding excessive weight gain and maintaining a moderate level of physical activity is important if you have had breast cancer. There are conflicting theories about diet and cancer, which can be confusing. Most experts would agree that healthy eating means eating a balanced, varied diet that provides all the nutrients you need.

Evidence suggests that maintaining a healthy weight and avoiding excessive weight gain can improve breast cancer survival and overall survival. There is also evidence that keeping up a moderate level of physical activity, such as taking a daily half hour walk, is beneficial too.

For a healthy diet:

- eat the right amount to maintain a healthy weight
- eat plenty of fresh fruit and vegetables
- eat plenty of foods rich in fibre and starch
- avoid eating too much fatty food
- avoid sugary food and drinks
- avoid alcohol or drink in moderation.

These guidelines are also suitable for people who don't have cancer and can be followed by members of your family. They may reduce the chances of getting heart disease and diabetes as well as certain types of cancer including breast cancer. A summary of the global evidence regarding Diet, Nutrition, Physical Activity and Cancer was produced in May 2018 by the World Cancer Research Fund. There is a lot of information available on healthy eating from organisations such as the Food Standards Agency and NHS Direct.

Can I drink alcohol?

There is no need to avoid alcohol entirely. However, a number of research studies have indicated that increased alcohol intake may be associated with a slight increase in risk of breast cancer. We would always advise that you should not drink in excess of the Department of Health's recommendations (no more than two to three units of alcohol per day, where a unit of alcohol equals a small glass of wine).

What about sex?

Cancer has many effects and your treatment may have affected your physical ability to give and receive sexual pleasure. It may have changed how you feel about your body, and you might find it difficult to talk to your partner about this. Your partner may also have concerns but talking to each other may help with this. Making love might not be the same as it was before your diagnosis and you may have to find ways of adapting to the changes. It can help to take things slowly at first. Some practical ways to help, include trying different positions and using vaginal

lubricants if dryness is a problem. Your ANP/BCN will be happy to discuss any of these issues with you.

What should I do about Contraception?

Even though you may not be having regular periods, you may still be able to get pregnant. We recommend that you should avoid pregnancy for at least two years after chemotherapy and for the duration of treatment with hormonal therapies. Effective contraception is important. Women who have been treated for breast cancer should not use oral contraceptive pills (the combined pill or mini pill) or hormonal implants. Your GP or practice nurse or family planning clinic will be able to advise you about suitable contraceptive methods which include barrier contraceptives (such as condoms and the cap) and intra-uterine devices (the coil – without oestrogen).

Welfare and benefits advice

If you are experiencing housing, employment, immigration, financial or welfare benefits issues, you can get help by contacting the welfare and benefits advisor at Disability Solutions or the National Macmillan support line. You can also get information about benefits and other types of financial help from Citizens advice. Telephone numbers are listed at the end of this booklet.

Visits to other health professionals

Whenever you visit a health care professional such as your doctor, dentist, physiotherapist or osteopath to name just a few, it is important that you tell them that you have had breast cancer and about any medication that you are taking.

Dealing with worries about breast cancer returning

Am I cured?

You may hear words like 'cure' and 'all clear' in the press or on the TV but these might not be used by your specialist. Many people who have cancer want to know if they are 'cured'. The term 'cured' means there is no chance of the breast cancer coming back. While most people will be 'cured', it is virtually impossible to give a guarantee as each person is different. The term 'all clear' is also used sometimes and this means there's no sign of cancer after your treatment at that time. You may also hear the term 'remission'. This term is generally associated with other types of cancer, but again means there's no sign of disease at this time. Your breast specialist team is more likely to speak in terms of your survival over time. They may talk about your percentage chance of surviving five or ten years and beyond. For breast cancer, five and ten year survival statistics are used as a way of describing how well you may be. Each person's risk of the cancer coming back varies. This depends on many factors, such as the size, type and grade of the cancer and whether the lymph nodes (glands) were affected. The risk of the cancer coming back (recurrence) is higher in the first few years and reduces as time goes on. But recurrence can happen even many years after treatment, which is why you still need to be aware of any changes. In the UK, the number of people surviving breast cancer has risen greatly over the past decade and most people diagnosed with primary breast cancer will not have a recurrence.

What is the chance of my breast cancer returning?

The risk that your breast cancer will come back is different for every patient. However, by having the treatment recommended by your surgeon and oncologist you have minimised your personal risk of having any further problems from breast cancer as much as possible.

Whilst most people have no further problems, sometimes breast cancer can come back. There is no maximum time span as to when breast cancer can return but for most people the risk reduces over time. It is important that you are aware of what to look out for and what to do if you become concerned about anything.

New primary

Having breast cancer in one breast means you have a slightly higher risk of developing another breast cancer than someone who has never had breast cancer. A new primary breast cancer can occur either in the same breast after breast-conserving surgery, or in the other breast. This would be treated as an entirely new breast cancer.

Local recurrence

If breast cancer comes back in the chest or breast area, or in the skin near the original site or scar, this is called local recurrence. This doesn't mean the cancer has spread. Treatment for a local recurrence will depend on what treatment you had before, but could include surgery, radiotherapy and drug treatments.

Locally advanced breast cancer (also known as regional recurrence)

If breast cancer comes back and spreads to the tissues and lymph nodes around the chest, neck and under the breastbone, this is called locally advanced breast cancer. Treatment will depend on what treatments you previously had, but could include surgery, radiotherapy and drug treatments. People who have locally advanced breast cancer are thought to have an increased risk of cancer cells spreading to other areas of the body. Treatments such as chemotherapy, hormone and targeted therapies are given because they work throughout the whole body.

Secondary (metastatic) breast cancer

When breast cancer spreads to other parts of the body, this is called secondary breast cancer. This happens when cancer cells are carried away from the breast through the lymphatic system or the bloodstream. These cancer cells can then form secondary cancers in other parts of the body. You may also hear this called stage 4 or advanced breast cancer. Secondary breast cancer can develop anywhere in the body, but it's most likely to develop in the bones, lungs, liver and brain. Only one area of the body may be affected or there may be a number of different areas. Secondary breast cancer can be controlled, sometimes for many years, and treatments are improving all the time, but it cannot be cured.

Will I have any tests to check that the cancer hasn't returned?

You will continue to have regular follow-up mammograms. Research studies have shown us that doing regular blood tests, x-rays or CT scans on women who have no symptoms are not helpful in diagnosing recurrent breast cancer, cause unnecessary anxiety and does not improve overall survival. However, if you develop any new symptoms, the appropriate test or scan will be organised for you once you have been reviewed in the clinic.

I am constantly anxious that my breast cancer will return.

What can I do?

It is entirely natural to feel anxious that your breast cancer will return and we recognise that this can make you feel very uncertain about the future and lead to difficulties in getting on with life. Talking this through with you BCN can help. Some people find it useful to have some additional support in dealing with these feelings and benefit from counselling. This may be available from your GP, or alternatively let us know and we can refer you to the North Staffordshire Cancer Psychology Service for counselling.

What sort of symptoms will I get if my cancer returns?

Everyone has aches and pain, but when you have had breast cancer, you may be more aware of them and may be concerned that any pain is related to cancer. Included below is a summary of symptoms that you may want to report to either your ANP via the SMP team or your GP should they develop. If you experience any of these symptoms it does not necessarily mean that your cancer has returned as they can be caused by many other common conditions, but it may mean that you should get them checked out by the breast team.

Getting a recurrence or a new cancer can be frightening, but it is important to remember that if breast cancer returns, it can usually be treated.

Alert signs and symptoms you should report

If you experience any of the following symptoms for more than one to two weeks, please contact us to arrange a medical review:

For a healthy diet:

- A lump or a swelling in your treated breast, in the skin after a mastectomy, above your collarbone or in the neck area, or under your arm
- Any new skin changes including dimpling, puckering, nipple inversion, change in shape, redness or raised spots on your breast or mastectomy scar
- Blood stained nipple discharge
- New lymphoedema (arm or breast swelling) on the affected side
- A persistent dry cough or a feeling of breathlessness
- Any new, on-going pain in any part of your body, especially in your back or hips, that does not improve with pain killers and which is often worse at night
- Pins and needles and/or a loss of sensation or weakness in your arms or legs
- Unexplained weight loss and loss of appetite
- Discomfort or swelling under your ribs or across your upper abdomen
- Unexplained persistent headaches
- Altered vision or speech
- Unexplained vaginal bleeding or spotting
- A constant feeling of nausea

It is not possible to list all signs and symptoms of recurrence or secondary breast cancer so if your symptoms are new, don't have an obvious cause and don't go away please contact the SMP team.

Some symptoms such as tiredness and loss of appetite can be normal effects that many people experience after cancer treatment. But if these types of symptoms don't improve your doctor we may need to investigate the many possible causes.

Do remember, however, that all of these symptoms can also be caused by other conditions that are completely unrelated to breast cancer, so please do not become unduly anxious while you're waiting for your review.

Finally

If you are worried about something to do with your diagnosis, or the treatment that you have had for it, please contact the SMP team. They would rather see you with something that turns out to be nothing, than for you to be at home worrying. They are there to help you, so please call if you have any questions or concerns.

Life after treatment and Health and Well-being Events

There is no right or wrong way, just what works for you. Once treatment is over people often want to know what they can do to stay healthy. You may have questions about your diet, exercise, general well-being and your ANP will be happy to discuss. You may also be looking for support on how to adjust, adapt and cope after diagnosis and treatment and find a way of living with and beyond breast cancer. Health and well-being events can help provide this support. You will be given written information about local and national events and how to book attendance. See below for further information.

Moving Forward course offered by Breast Cancer Care working with UHNM:

This is a course designed to help you adjust to life after treatment for breast cancer. It is also a chance to get to know others in a similar situation. It is free of charge and takes place 5 times per year in Stoke and Stafford and runs for half a day each week over 3 consecutive weeks.

Topics the course includes:

- Introduction to Moving Forward
- Lymphoedema – reducing the risks and management
- Managing Menopausal symptoms
- Activity and energy
- Cancer related fatigue
- Healthy eating
- Breast and body awareness
- Relationships and communication
- Adjusting and adapting complementary therapies

You will be given written information on this course at your post op visit and again at your end of treatment review. If you wish to attend, with your permission, your ANP will pass your contact details to Breast Cancer Care who will send you an invite to the next course with a suitable date for you.

Living well with and beyond cancer offered by the charity Penny Brohn UK and Macmillan Cancer Support working with UHNM

These are half day events in Stoke and Stafford for anyone affected by cancer. They are free to anyone living with cancer and their supporters and take place on the 2nd Thursday of every month from May 2019

Topics the event includes:

- Information about cancer and its side effects
- Emotional Support
- Managing stress
- Healthy eating tips
- Meet people from organisations that provide support locally

You can attend on the day. If you want more information or if you want to let the organisers know you wish to attend please speak to your BCN, your ANP or contact the Macmillan information centre on **01782 676333** or email **macmillancentre@uhnm.nhs.uk**

Look Good Feel Better (LGFB) work shops

LGFB is an international cancer support charity that helps boost the physical and emotional wellbeing of people undergoing cancer treatment. Their free confidence boosting workshops are held across the UK for women, men and young adults undergoing treatment for any type of cancer. Each group session is led by trained volunteers and is a chance to meet others in a similar situation, as well as learning useful skills and techniques to manage the side-effects of cancer treatment. They have lots of printed materials and online tutorials for those who are unable to attend one of our sessions or who would like some extra advice.

Tel: **01372 747 500**

Website: **www.lookgoodfeelbetter.co.uk**

Casting for Recovery UK & Ireland

Provides an opportunity for women whose lives have been profoundly affected by breast cancer to gather on a retreat in a natural setting and learn the sport of fly fishing. Just as importantly, the retreats offer an opportunity to meet new friends, exchange information, and have fun. The weekend retreats are free to attendees and incorporate medical advice, educational services, counselling and relaxation techniques. The retreats are delivered by trained professionals including a psycho-social therapist, a health care professional (e.g. physiotherapist, nurse), as well as qualified fly fishing instructors and fishing guides.

Casting for Recovery visits some truly beautiful venues across the UK and Ireland. It is their mission to provide women with powerful tools for healing and to help and support them in moving forward.

Tel: **020 7840 9220**

Website: **www.countryside-alliance.org/charity/casting-for-recovery-uk-ireland**

If you would like further information on services available to patients upon completion of treatment please ask us.

Local breast cancer support groups

The local Breast Surgery & Mastectomy Support Group

2nd Tuesday every month at Church of Nazarene, Smithpool Rd., Fenton

Betty on (01782) 388977,
Jean on (01782) 329427,
Mary on (01782) 634056. jjcape@yahoo.co.uk

Butterflies Stafford

Meet monthly at the Constitutional Club, Lloyd St., Stafford Breast Cancer Support Group for women & their husbands/partners

Alison Smith 01785 660193
alison.smith99@ntlworld.com

The Optimists

Meet monthly at Moorlands Hospital, Ashbourne Rd., Leek. Breast Cancer Support Group Staffordshire Moorlands

Ann (01298) 83362. leekoptimists@gmail.com

Pink Sisters Breast Cancer Support Group

Meet: The 2nd Monday every month 7:15pm at our Lady & St Michael Church, Keelings Road, Northwood ST1 2AL And the 4th Thursday every month 7pm at Kidsgrove Athletic FC, 35 Hollinwood Rd, Kidsgrove ST7 1BQ

Jackie Mackenzie on 07786 007315
pinkistersstaffs@gmail.com

Burntwood Breast Care

Meets 3rd Wednesday of the month 10am - 1pm at Burntwood Library

Contact Pauline 07779 102272

Pinfold Pink

Meets on 3rd Tuesday of every month from 4.30pm Penkridge medical practice, Pinfold Lane, Penkridge

Contact Janet Peel 01785 711124
Margaret Wooton 01902 790936
Joan Proctor 01785 715540
janpeel2@sky.com

Terrible Titties

A group covering a new group covering Stafford, Stone and Stoke

Contact Rachel 07792 550677
or Natasha 07944 858231

If you feel a group is not for you, we will aim to pair you with a 'Breast Buddy' who you will be able to contact for support. info@terribletitties.co.uk

S.L.I.M.B.S (lymphoedema support group)

Marjorie (Secretary) 07752 304636

Useful contacts

Local numbers

Self-Managed Pathways of Care help line UHNM

Tel: 01782 674077

Breast Care Nurses UHNM

Michelle Green, Liz Mellor, Rachel Bayley, Lynne Scott, Hayley Simpson, Caroline Wheatley-Laffin, Natasha Holloway

Direct line to answerphone 01782 674077

Breast Care Nurses Clerical Support UHNM

Beverley Belford & Immacolata (Maxine) Helming

Direct line to answerphone 01782 674077

Benefits Advice

Disability Solutions

Tel: 01782 638300

or through the MacMillan Cancer Information and Support Centre

Tel: 01782 676333

Email info@disability-solutions.net

Web: www.disability/solutions.net

Breast Form (Prosthesis) fitting UHNM

Royal Stoke Hospital 01782 674201

County Hospital 01785 8860107

Breast Imaging department UHNM (mammogram appointments)

Tel: 01782 674200

Breast Screening Unit North Midlands

Tel: 0300 123 1463

Dove Centre Counselling Service

The Dudson Centre, Hope St.,
Hanley, Stoke-on-Trent

Tel: 01782 683155

Also available through the
MacMillan Cancer Information Centre

Tel: 01782 676333

Lymphoedema Service UHNM

Royal Stoke **01782 676688** or email
lymphoedemaclinic@uhn.nhs.uk

County (Katherine House Hospice)
01785 270800 or **270870**

MacMillan Cancer information and support centre UHNM

Offers free information and support and
confidential benefits advice for all patients
with a cancer diagnosis Tel: **01782 676333**

Staffordshire Cancer Support Programme (CaSP)

A partnership between the Beth Johnson
Foundation and Macmillan Cancer Support to
provide links to social, emotional & practical support
for adults affected by cancer Tel: **01782 844036** or
you can email us at **macmillan@bjf.org.uk**

University Hospital North Midlands Switchboard

Tel: 01782 715444

National numbers

Breast Cancer Care – for information & support.

Also offers specific support for younger women,
lesbian women and women with secondary breast
cancer.

Tel: 0808 800 6000

E-mail: **info@breastcancercare.org.uk**

Website: **www.breastcancercare.org.uk**

Breast Screening (National)

Tel: 020 3682 0890

Casting for Recovery UK & Ireland

Tel: 020 7840 9220

Web site: **www.countryside-alliance.org/
charity/casting-for-recovery-uk-ireland**

Citizens Advice

Tel: 03444 111 444

Website: **www.citizens advice.org.uk**

Look Good

.....feel better Work Shops

Tel: 01372 747 500

Website: **www.lookgoodfeelbetter.co.uk**

Lymphoedema Support Network (LSN)

The LSN provides information & support
to people with Lymphoedema

Tel: 020 7351 4480

MacMillan Cancer Support

Cancer information helpline 0800 808 00 00
www.macmillan.org.uk

Marie Curie Cancer Care

Provides free nursing care and support to patients
and families Tel: **0800 0902309**

Website: **www.mariecurie.org.uk**

Medicines Information Service

Tel: 0121 424 7298

NHS Cancer Screening programme

Fulwood House, Old Fulwood Road, Sheffield S10
3TH Tel: **0114 271 1060**

E-mail: **info@cancerscreening.nhs.uk**

Useful Websites & Apps

Breast Cancer Care

www.breastcancercare.org.uk

Breast Cancer Care app

The need for support doesn't end when treatment does. If you're struggling to find your 'new normal' after breast cancer BECCA, the Breast Cancer Care app, gives you information, support and inspiration to help you move beyond breast cancer, presented on easy-to-use flashcards.

To download the BECCA app search for it on the Apple App Store or Google Play.

Breast Cancer Now

www.breastcancernow.org

NB Breast Cancer Care & Breast Cancer Now are uniting from 2019

Breast cancer UK

www.breastcanceruk.org

Breast screening (National)

www.nhs.uk/conditions/breast-cancer-screening/

Cancer Research UK

www.cancerresearchuk.org

Cancerfit

www.cancerfit.me

A new and exciting website aiming to provide resources regarding exercise and training for people living with and beyond cancer.

Lymphoedema Support Network

www.lymphoedema.org/lsn

Macmillan Cancer Support

www.macmillan.org.uk

NHS Screening

www.cancerscreening.nhs.uk

NHS Website

www.nhs.uk

Penny Brohn UK, Living well with cancer

www.pennybrohncancercare.org

Books

We have a range of useful books that are available to loan, but more recent publications are also available on line and from bookshops, see the list below. We also recommend booklets by breastcancercare.org.uk, by typing into their search box (top right) "top 10 books to read", you will see recommended and up to date books that you may find helpful.

The Complete Guide to Breast Cancer: How to Feel Empowered and Take Control

Professor Trisha Greenhalgh, an academic GP, and Dr Liz O'Riordan, a Consultant Breast Cancer Surgeon, are not only outstanding doctors, but they have also experienced breast cancer first-hand. She started blogging about her experiences as a doctor and a patient (liz.oriordan.co.uk), and this led to her talking all over the world. She was nominated for a 'Woman of the Year' award in 2016, and has written this book with Professor Trish Greenhalgh, and describe it as the book you can trust to support you at every stage of your treatment - and beyond.

Professor Trisha Greenhalgh & Dr Liz O'Riordan 2018 ISBN: 9781785041877

The Breast Cancer Book

A personal guide to help you through it and beyond. Val Sampson & Debbie Fenlon
ISBN 0-09-185613-2

The Secret C

straight talking about cancer written for children
Julie A. Stokes ISBN 0-9539123-0-2

Hope

Claire Shvili ISBN 0-75410-701-9

The Power of Positive Thinking

Norman Vincent Peale ISBN 0-7493-0715-3

All Woman - Life After Breast Cancer

Tania Farrell Yelland ISBN 1-84241-004-0

A Safe Place - A Journal for Women with Breast Cancer

Jennifer Pike ISBN 0-8118-2267-2

Be a Survivor

V.Lange M.D. ISBN 0-9663610-0-8

Every Woman's Guide

Dr Miriam Stoppard ISBN 0-7513-0549-9