

breast  
cancer  
care

the breast cancer  
support charity



# Younger women with breast cancer

Diagnosed with breast cancer



# Contents

Introduction	<b>4</b>
Your diagnosis	<b>6</b>
Breast cancer treatments	<b>11</b>
Fertility	<b>12</b>
Your body after treatment	<b>22</b>
Intimacy, sex and breast cancer	<b>29</b>
Other treatment-related issues	<b>32</b>
Standards of care for younger women with breast cancer	<b>34</b>
Coping emotionally	<b>36</b>
Relationships	<b>42</b>
Support for you	<b>46</b>
Younger Women Together	<b>53</b>
Moving Forward	<b>55</b>
Helping you face breast cancer	<b>56</b>

# Introduction

**This booklet looks at the different issues, feelings and experiences you may have as a younger woman diagnosed with primary breast cancer. This is breast cancer that has not spread beyond the breast or the lymph nodes (glands) under the arm (axilla).**

Breast cancer is not common in younger women, so being diagnosed at a younger age can be very isolating. However, every year in the UK, around 5,000 women under the age of 45 are diagnosed with breast cancer. The thought of having cancer may never have crossed your mind, or it might be something you thought only happened to older people.

We hope that this booklet will address many of your concerns. If you have further questions, need more information or would like to know how other women in your situation have been affected, see 'Helping you face breast cancer' on page 56.

You may find it useful to read our booklet **Breast cancer and you: diagnosis, treatment and the future** which looks at emotional issues that people with breast cancer may face at any age. We also have a leaflet called **Support for younger women with breast cancer**, which outlines Breast Cancer Care's services for younger women.

'I had the perception of breast cancer being an older woman's illness and I had never heard of someone my age (31) getting breast cancer. When I was diagnosed I remember thinking there may have been a mix up with the results and it was all a huge mistake.'

**Indira**



# Your diagnosis

Most people vividly remember how they felt when they were told they had breast cancer. Whatever your initial feelings, you may go on to experience many different emotions over time. This section looks at how you might feel when you're diagnosed, how you might go about telling other people, and some other concerns you may have at this time.

## Your feelings

Being told you have breast cancer can come as a huge shock. It can be particularly unexpected because of your age. You may find it difficult to take in your diagnosis or question if it's really true.

You might not know much about breast cancer and feel unprepared to make decisions about your treatment. Having breast cancer at a young age often involves making choices about your future sooner than you would have otherwise. At times you can feel like you've lost control over what's happening in your life and feel isolated, anxious, angry and frightened. These are all common feelings. However, everybody responds differently and you can have some, all or none of these feelings at different stages of your diagnosis and treatment.

'I was shocked and devastated to hear that I would have to have a mastectomy and chemotherapy. It was really helpful to have my husband with me, though, as he was a huge source of support.'

Ruth

## Telling other people

Telling someone you have cancer is difficult whatever your age. As a younger woman you can find it particularly hard to talk to people about your breast cancer. This could be because you have no experience of serious illness, or you're still coming to terms with the shock of your diagnosis. Talking openly about your cancer and your thoughts and feelings can be difficult, especially at first, but it can make it easier for the people around you to offer help and support.

You might be the first person among your family, friends or work colleagues to be diagnosed with cancer and those close to you might struggle to accept what has happened to you. People can react in various ways. For example, a parent or partner might constantly offer help, advice and support, even if you'd like some space or time alone. Some people will distance themselves from you. For more information on how your diagnosis can affect your relationships with other people, see the section on 'Relationships' on page 42.

'It was really hard, there's no easy way to tell anybody you have cancer. People were upset but supportive too. I think I gradually told those that needed to know over a few days.'

**Sarah**

'I told my 16-year-old daughter first and she just cried and I held her. My 19-year-old son was very positive: "You're young and fit, Mum, you can get over this."'

**Joanne**

If you have children, deciding how and what to tell them can be very difficult. It's probably best to be open and honest as it can be less frightening for them to know what's going on, even if they don't fully understand. Children often imagine the worst, or that they have done something wrong, so you may need to reassure them this isn't the case. There's no one right way of telling them and so much depends on their age and your family situation. Our booklet **Talking with your children about breast cancer** may help you decide how and what to tell them. Our picture book **Mummy's Lump** might be useful when explaining your breast cancer to young children. You may also like to give a copy of our comic book **Medikidz Explain Breast Cancer** to older children.

'I decided to send a group email to friends as I did not have the emotional energy to contact them individually.'

**Ruth**

'My mum lives about 120 miles away and I found it very difficult telling her over the phone.'

**Vicky**

## Breast cancer in families

Breast cancer is the most common cancer in women under 40. Most breast cancers are not inherited and do not increase the lifetime risk for other family members.

A small number of women have an increased risk of developing breast cancer because they have a significant family history. A family history records past and present cancers of your blood relatives (people related by birth, not marriage) on both sides of your family over several generations. This includes your mother and father, sons and daughters, brothers and sisters, aunts and uncles, nieces and nephews, cousins, grandparents, great uncles and great aunts. The increased risk may be because they have inherited an altered gene. About 5% of all people diagnosed with breast cancer have one of these genes. The most common breast cancer genes are BRCA1 and BRCA2.

Having breast cancer at a young age can mean being at increased risk of having an altered gene. Depending on certain features of your cancer diagnosis, you may be offered a referral for an assessment to find out if you're eligible for genetic testing. However, most young women with breast cancer don't have an altered gene.

Women diagnosed with triple negative breast cancer under the age of 40 may be referred to a specialist genetics clinic. This is because triple negative breast cancer can be more common in women with an altered BRCA1 gene. Breast cancer is triple negative when it isn't stimulated to grow by the hormones oestrogen or progesterone or the protein HER2 (you may see this written as ER- PR- HER2-).

'I was diagnosed with a BRCA1 mutation which has impacted significantly on the whole family. We are all grappling with the implications of what this means and our different ways of coping have caused tension and stress.'

**Tamsin**

If you're concerned about your family history, speak to a member of your breast care team, who may be able to refer you directly to a genetic counsellor (a healthcare professional with specialist knowledge about genetics and inherited illnesses) or clinical geneticist (a doctor with specialist training in genetics).

For more information, you can read our **Breast cancer in families** booklet. The National Institute for Health and Care Excellence (NICE) is an independent organisation responsible for providing evidence-based national guidance on effective ways to prevent, diagnose and treat ill health. NICE guidance only applies to England. NICE has produced an online guide called *Familial breast cancer (breast cancer in the family)*, available at [www.nice.org.uk/guidance/cg164/informationforpublic](http://www.nice.org.uk/guidance/cg164/informationforpublic)

## Diagnosis during pregnancy

Some women are diagnosed with breast cancer during pregnancy or shortly after giving birth. This can lead to many different and complex emotions which can be overwhelming. There's no evidence that breast cancer during pregnancy is more aggressive than breast cancer occurring at other times. However, for some women there may be a delay in diagnosis because of the difficulty of detecting a cancer in the breast at this time. There's also no evidence that having breast cancer during pregnancy affects a baby's development in the womb.

The treatment offered to you if you're pregnant will depend on the type and extent of your breast cancer and at what stage of your pregnancy it's diagnosed. Your treatment team will include breast cancer specialists (oncologists) and they will liaise with an obstetrician (a doctor responsible for your pregnancy). Many women choose to carry on with their pregnancy while having breast cancer treatment, although some women choose not to. For more information, see our booklet **Breast cancer during pregnancy**.

The Royal College of Obstetricians and Gynaecologists (RCOG) has an online publication called *Pregnancy and breast cancer*. You can find it on the RCOG website [www.rcog.org.uk/en/patients](http://www.rcog.org.uk/en/patients)

# Breast cancer treatments: a summary

Younger women can be offered a number of treatments for breast cancer. Here's a summary of some of the treatments used. Your specialist team will consider many different factors when deciding the best treatment for you.

- **Surgery** is often the first treatment for most women with breast cancer. It aims to remove the cancer with a margin (border) of normal breast tissue to reduce the risk of the cancer coming back in the breast and try to stop any spread elsewhere in the body.
- **Chemotherapy** uses anti-cancer drugs to destroy cancer cells. Chemotherapy can be given before surgery or after surgery and before radiotherapy.
- **Radiotherapy** uses high energy x-rays to destroy any cancer cells left behind in the breast area after surgery.
- **Hormone therapy** drugs block the effects of the female hormone oestrogen on cancer cells. They're only used if your breast cancer is hormone receptor positive. The most common drugs used in pre-menopausal women are tamoxifen and goserelin (Zoladex). Clinical trials are looking at whether drugs called aromatase inhibitors may be effective in treating pre-menopausal women with early breast cancer alongside ovarian suppression (see below).
- **Targeted therapy** is a group of drugs that block the growth and spread of cancer. They target and interfere with processes in the cells that cause cancer to grow. The most widely used is trastuzumab (Herceptin). Only people whose cancer has high levels of HER2 (HER2 positive), a protein that makes cancer cells grow, will benefit from having trastuzumab.
- **Ovarian suppression** involves removing the ovaries or stopping them from working.

For more information about treatments for breast cancer, see our booklets **Treating breast cancer**, **Chemotherapy for breast cancer**, **Radiotherapy for primary breast cancer** and our booklets on individual hormone therapies and targeted therapies.

# Fertility

Some of the breast cancer treatments you'll be offered can affect your fertility. The following information describes how different treatments can affect fertility and what options may be available to you.

## Talking about fertility

Women often don't talk to their specialist team about fertility. This could be because they don't know their treatment can affect fertility, they feel overwhelmed by their diagnosis or they don't want children. However, some women are extremely concerned about whether treatment will affect their chances of becoming pregnant in future. If you haven't yet started or completed your family, preserving your fertility can be a priority.

It's important to discuss any fertility issues with your specialist team before you begin treatment as you'll need to be referred to a fertility specialist. You should be fully informed about the possible effects of any treatment on your fertility and ways of trying to preserve fertility before your treatment starts.

It's often possible to have fertility preservation to freeze embryos, or in some cases eggs, for use in the future. You can ask your specialist or breast care nurse to refer you to a fertility clinic to discuss these options.

For more information about talking to your specialist team about fertility and possible ways of preserving it, see our booklet **Fertility issues and breast cancer treatment**.

The Human Fertility and Embryology Authority (HFEA) provides information on fertility services and clinics in the UK. See [www.hfea.gov.uk](http://www.hfea.gov.uk) for more information.

## What do national guidelines recommend?

The National Institute for Health and Care Excellence (NICE) is an independent organisation responsible for providing evidence-based national guidance on effective ways to prevent, diagnose and treat ill health. NICE guidance only applies to England.

Assessment and treatment may be different in Wales, Scotland or Northern Ireland and your specialist team can tell you more about this.

NICE guidelines for assessing and treating people with fertility issues recommend that women with breast cancer should:

- have the chance to discuss the impact of cancer and its treatment on future fertility with their cancer team at the time of diagnosis
- be offered appropriate procedures to preserve fertility if their breast cancer treatment may lead to infertility, as long as they're well enough to have the procedures, this won't worsen their condition and there's enough time before cancer treatment begins.

The usual criteria for assessing whether someone can have fertility treatment shouldn't apply to people with cancer.

'With hindsight, I sometimes wish I had thought more about what it might mean to lose my fertility. At the time I was so afraid for my daughter that having another baby was out of the question.'

**Tamsin**

## How treatment can affect fertility

### Chemotherapy

Chemotherapy can cause infertility in women who have not been through the menopause (pre-menopausal). It can affect the functioning of the ovaries, reducing the number or quality of eggs.

If you're having chemotherapy, the likelihood of you becoming infertile depends on the type of drugs used, the dose given and your age. You can usually take time to consider your options for preserving fertility before starting treatment.

Some women may consider not having chemotherapy if they're concerned about their fertility. You may want to talk to your specialist about the potential benefit of having chemotherapy or the effects that different chemotherapy combinations may have on your fertility.

Chemotherapy can cause your periods to stop (amenorrhoea). This may be temporary or permanent. In general the younger you are when having treatment, and particularly if you're under 35, the more likely it is that your periods will return. Women over 35 are more likely to lose their fertility by having an early menopause.

It's possible to stop having periods temporarily during treatment and to start having them again later, months or occasionally even a few years after treatment has finished.

Even if your periods return after chemotherapy, the menopause is likely to happen sooner (up to 5–10 years earlier) than it would have done if you hadn't had chemotherapy. This may mean you have a shorter time than normal to try to get pregnant.

If your periods do return, it doesn't necessarily mean your fertility has been unaffected, speak to your oncology specialist if you have any concerns.

For more information on chemotherapy see our **Chemotherapy for breast cancer** booklet.

## Hormone treatment

Hormone treatment will be offered if your breast cancer has receptors within the cell that bind to the female hormone oestrogen and stimulate the cancer to grow (known as oestrogen receptor positive or ER+ breast cancer). Examples of hormone therapies include tamoxifen, goserelin (Zoladex), anastrozole (Arimidex), letrozole (Femara) and exemestane (Aromasin).

If your cancer is found to be hormone receptor negative, then hormone treatment will not be of any benefit to you.

Tamoxifen is commonly used for younger women. The recommended length of time that tamoxifen is taken will vary according to individual circumstances. People being treated for primary breast cancer will usually take tamoxifen for between five and ten years. Tamoxifen does not directly affect your fertility. If you're pre-menopausal when you start tamoxifen, your periods may become irregular or stop. However, they'll usually return to their previous pattern when you stop taking tamoxifen, unless you have gone through a natural menopause while taking it. You should not get pregnant while you're taking tamoxifen as it can harm a developing baby. Even if your periods stop while you're taking tamoxifen, you could still get pregnant, so it's important to use contraception (see page 17).

If you're planning to get pregnant after you have finished taking tamoxifen, it's advisable to wait at least two months to allow time for the drug to leave the body completely. If you want to have children and taking tamoxifen for five or more years is an issue, discuss this with your specialist team. For more information see our **Tamoxifen** booklet.

'I was upset to hear that I would have to take tamoxifen as that means I won't be able to have children while I am on it and I am very broody. In fact, this was the hardest part of my diagnosis. Losing my breast and my hair did not even come close.'

Ruth

## Ovarian suppression

Ovarian suppression means stopping the ovaries from working. This may be offered if your breast cancer is oestrogen receptor positive. For more information, see our **Ovarian suppression** leaflet.

Goserelin (Zoladex) is a hormone treatment that 'switches off' the production of oestrogen from the ovaries. Your periods will usually start again within three to six months of stopping goserelin treatment, unless your natural menopause has occurred during your treatment. For more information see our **Goserelin (Zoladex)** booklet.

Ovarian suppression may involve an operation to remove the ovaries (called an oophorectomy). This will result in an immediate menopause and permanent infertility.

## Contraception

Generally women are advised not to get pregnant while having treatment for breast cancer. This is because some treatments for breast cancer can damage an unborn baby at the early stages of development. If you're sexually active with a man, you can discuss contraception with your specialist team.

Women having treatment for breast cancer are recommended to use non-hormonal methods of contraception, such as condoms, Femidoms or a diaphragm.

If you use a vaginal lubricant, only water-based lubricants are safe to use with condoms because oil-based lubricants can damage the latex.

It may also be possible to use a coil (IUD or intrauterine device), although you would need to discuss this with your specialist team as not all types are suitable for women who have had breast cancer.

The contraceptive pill is less commonly advised after a diagnosis of breast cancer. This is because of the hormones it contains. The morning-after pill can be used in emergencies as it's a single dose of hormones and unlikely to affect your breast cancer.

Even if you haven't had a period this doesn't necessarily mean you can't get pregnant. Generally, you should assume that you could still get pregnant unless you haven't had a period for at least a year (if you're 40 or over) or two years (if you're under the age of 40) after completing your treatment. However, this is a general guide and varies for each person.

## Possible ways to preserve fertility before treatment

If you want to discuss ways of trying to preserve your fertility, talk to your specialist team before your treatment begins.

### Reproductive procedures

Several reproductive procedures may be available to you. Not all of them will be available in every fertility clinic, and success rates can vary. Not all are available on the NHS, and which procedures the NHS will fund may depend on where you live. NHS funding may not be available if either you or your partner already has children.

You can find out more information about these techniques in our booklet **Fertility issues and breast cancer treatment**. The HFEA website [www.hfea.gov.uk](http://www.hfea.gov.uk) has information about their availability.

### Freezing embryos – in vitro fertilisation (IVF)

This is the most effective way of preserving fertility. IVF involves taking hormone drugs to stimulate the ovaries. Several eggs are then surgically removed, fertilised (with sperm from your partner or a donor) and stored as embryos. These fertilised embryos can be frozen and stored for 10 years or longer before being implanted in the womb.

The IVF process can occasionally delay chemotherapy for a short time. However, new fertility protocols mean that the IVF process often can be started at any time during a woman's menstrual cycle and chemotherapy can usually go ahead as planned.

'I only met one other young woman with breast cancer. For both of us fertility was our primary concern. She was jealous of me that my periods had come back and I was jealous of her because she had IVF before her chemo and had frozen embryos.'

**Ruth**

## Freezing eggs

If you don't have a partner and don't want to use donor sperm, you may want to freeze your eggs. This procedure is similar to IVF in that the ovaries are stimulated, and eggs are collected. These are then frozen. Frozen eggs can be stored for 10 years or longer. They can then be thawed and fertilised (with sperm from a partner or donor) before being implanted in the womb when you want to get pregnant.

This is a very delicate procedure and eggs are easily damaged in the freezing and thawing process. A method of freezing called 'vitrification' has led to fewer eggs being damaged, but not all fertility units are currently able to offer this technique.

Although the survival rate for eggs after thawing is improving the current success rate of using this technique remains lower than when frozen embryos are used.

## Other techniques

Newer techniques that are not yet widely available include:

- freezing ovarian tissue – a section of tissue from the ovaries is removed and frozen. The tissue can be thawed at a later date and either re-implanted onto the ovary to start functioning and allow natural conception, or at a different site in the body so the process of IVF can take place. This technique is in the early stages of research.
- In vitro maturation (IVM) – immature eggs are removed from ovaries that have not been stimulated by the use of hormone drugs. These are then matured in the laboratory before being fertilised from either a partner's or donor's sperm, and then frozen. The embryos are then transferred to the womb at a later date.

## Pregnancy after breast cancer

Deciding whether to try for a baby after breast cancer can be difficult and may cause many different emotions. If you're able to become pregnant and have a baby after your breast cancer treatment, there's no evidence that you're at increased risk of cancer returning. Some women feel that having a baby is an end to the cancer and a new beginning or a chance to start living again.

You'll generally be advised to wait two years after your diagnosis before becoming pregnant. This is because the possibility of the cancer coming back can lessen over time, and you can be at greatest risk in the first two years after diagnosis.

If you're taking hormone therapy, this will be recommended for a minimum of five years. You'll be advised not to get pregnant while taking it because it could harm a developing baby. However, if you're in your late 30s or early 40s and want to have children, taking hormone therapy for five years or more may be an issue you want to discuss with your oncologist.

If you've had chemotherapy, even if your periods return afterwards, the menopause can occur earlier than would usually be expected. Because of this, women who've had chemotherapy are often referred to a fertility clinic after six months of trying to get pregnant and being unsuccessful. It's advisable to talk to your specialist team about your particular concerns and circumstances.

'It is too soon to know how my fertility has been affected and I will be in treatment for the next five years but hopefully one day I will be able to have a family.'

Jo

## Facing permanent infertility

Some women who've had breast cancer treatment will face the possibility of permanent infertility. Being infertile can be very difficult to come to terms with, especially if it comes at a time when you were planning to start a family or before you have completed your family.

If you're concerned about any issues relating to your fertility, you may find it helpful to talk to a specialist infertility counsellor. Your breast care nurse or oncologist may be able to arrange this for you.

There are also specialist organisations that offer emotional support and may be able to give information on other options such as surrogacy, adoption or fostering.

Surrogacy involves another woman carrying a baby for you. You can find more information on the HFEA website [www.hfea.gov.uk](http://www.hfea.gov.uk)

Some women choose to adopt or foster a child. There are many children waiting to be adopted or fostered in the UK and from abroad, and this may be an option for some people. However, adoption and fostering can be an emotional, difficult and lengthy process.

Other women choose not to have fertility treatment, surrogacy or to adopt a child.

### Fertility and breast cancer treatment

Our booklet **Fertility and breast cancer** describes how treatment for primary breast cancer may affect a woman's fertility and possible ways of preserving fertility. It also includes information about pregnancy after a diagnosis of breast cancer and permanent infertility.

Visit our website or call **0808 800 6000** to order your free copy.

### Useful organisations

- British Infertility Counselling Association – [www.bica.net](http://www.bica.net)
- Human Fertilisation and Embryology Authority – [www.hfea.gov.uk](http://www.hfea.gov.uk)
- Infertility Network UK – [www.infertilitynetworkuk.com](http://www.infertilitynetworkuk.com)
- The Daisy Network – [www.daisynetwork.org.uk](http://www.daisynetwork.org.uk)
- Fertility Friends – [www.fertilityfriends.co.uk](http://www.fertilityfriends.co.uk)

# Your body after treatment

Treatments for breast cancer can cause changes to your body and the way you look. Some of these changes will be temporary, but they can have an important effect on how you see your body. This section briefly outlines some of the changes you may experience and how they might make you feel.

## Changes to your body after surgery

Most women have surgery as part of their treatment. Whether you have breast-conserving surgery (usually referred to as wide local excision or lumpectomy) or your whole breast removed (mastectomy), the first time you look at your body after the operation can be difficult.

The area is likely to be bruised and swollen, but this will improve over time. Getting information about your operation and what to expect afterwards can help prepare you. You may be encouraged to look at your scar before you leave hospital. Some women prefer to do this alone or with a nurse. Others like to have a partner, friend or family member with them. Whatever you decide, try not to leave it too long before you look as the delay may make it more difficult.

For tips on getting used to physical changes after surgery, see our booklet **Your body, intimacy and sex after breast cancer**.

## Breast reconstruction, prostheses and clothes after surgery

Many women want to restore their natural appearance after breast cancer surgery. Some women feel that breast reconstruction enhances their quality of life and helps them to feel more confident overall after a mastectomy. Others feel comfortable wearing a prosthesis (an artificial breast form) inside their bra to restore their shape, while some prefer not to. The choice of whether or not to have a reconstruction or wear a prosthesis is very personal and some women opt to do neither.



## Breast reconstruction

Breast reconstruction can sometimes be done at the same time as a mastectomy (immediate reconstruction), or months or even years later (delayed reconstruction). Some studies have shown that immediate breast reconstruction can help a woman adjust to the changes to her body, although some will be advised to have a delayed breast reconstruction.

If you're considering a breast reconstruction you may find it useful to read about the different options in our **Breast reconstruction** booklet.

## Wearing a prosthesis

A breast prosthesis fits in a bra cup with or without a specially formed 'pocket' to replace all or part of the breast that has been removed.

Most breast prostheses are made from soft silicone gel encased in a thin film. They are moulded to resemble the natural shape of a woman's breast, or part of a breast. The outer surface feels soft and smooth, and may include a nipple outline.

Breast prostheses come in various shapes and sizes, and are made to match many skin tones. Having a prosthesis that is close to your skin tone may help you feel more comfortable and confident.

## Bras and clothing

It's common to feel anxious about your appearance after surgery and worry that your clothes won't look the same. However, with time, most women find they become more confident in knowing what works for them and what makes them feel comfortable.

Our booklet **Breast prostheses, bras and clothes after surgery** contains many tips for finding a well-fitting bra and choosing clothing and swimwear.

Breast Cancer Care's Lingerie Evenings are an opportunity for women who have had breast surgery to learn more about choosing a bra after surgery. The evenings include a practical guide of what to look for in a bra, an opportunity to be fitted and a chance to see how the lingerie looks on volunteer models who have had breast cancer. For details of your nearest Lingerie Evening, call us on **0808 800 6000**.

## Hair loss

Hair loss can be one of the most distressing physical side effects of chemotherapy. As well as the hair on your head, you can also lose body hair such as eyebrows, eyelashes, underarm and pubic hair. Your breast care nurse or chemotherapy nurse will tell you if you're likely to lose some or all of your hair and can arrange for you to be fitted with a wig.

Our booklet **Breast cancer and hair loss** includes practical information on wigs and other headwear, and tips on ways of tying scarves. Our HeadStrong service provides information and support to people with hair loss from cancer treatment and gives them the opportunity to try a range of scarf-tying techniques, hats and hairpieces. Call **0808 800 6000** to find out if there's a HeadStrong service near you.

'I lost my breast, all my hair including my eyelashes and eyebrows and my fingernails. Everything that was feminine was taken from me so it was hard to feel attractive. I did not want other people to see me like that so I bought scarves and hats to coordinate with my outfits.'

Jo

'I was distraught about losing my hair, it was always my identity so it was hard to accept that I was still me without it. In some ways it was harder than the mastectomy at the time. Losing hair, eyebrows and eyelashes is just so public, it made me feel so vulnerable and exposed.'

Joanne



## Losing confidence

Many women become less confident about doing normal day-to-day things they took for granted in the past and feel self-conscious about going out in public. It can also be difficult to use public changing areas in clothes shops or at the gym, for example.

Other people can respond to you differently because of changes to how you look. For example, if you have children they can be self-conscious about being seen with you if you have lost your hair or are wearing a wig because of chemotherapy treatment. Other people's reactions are sometimes unexpected and upsetting.

Some issues may be quickly resolved, but others might be more complex and take longer. If you're feeling a general loss of confidence or are concerned about how you look and feel, talking to a counsellor can help. Your breast care nurse or GP (local doctor) can refer you to a counsellor. Whatever your feelings there are people who can advise and support you during this time.

## Health and wellbeing courses

You may choose to join a programme which offers complementary therapies and gives advice on appearance and self image to people with cancer. Many hospitals have 'Look Good Feel Better' programmes which offer informal beauty workshops for women undergoing treatment for any type of cancer. Ask your breast care nurse if there is one in your area.

Breast Cancer Care runs Information Sessions which cover issues including improving wellbeing, managing the side effects of treatment, relationships and body image. Call us on **0808 800 6000** to find the nearest session to you.



# Intimacy, sex and breast cancer

**Being diagnosed with breast cancer will almost certainly affect how you feel about sex and intimacy and can affect intimate relationships with partners. You may not feel like having sex or being intimate at a time when you're dealing with breast cancer, or you may find that sex helps you feel more normal during an uncertain time.**

How breast cancer affects you sexually will be unique to you. Some treatments, including surgery and radiotherapy, can cause pain and discomfort. There's some evidence that chemotherapy can cause problems with arousal and orgasm, particularly soon after treatment. And some treatments can cause fatigue. An early menopause and the possibility of infertility can also lead to sexual problems. Any of these changes may affect your feelings about yourself as a woman.

## If you're in a relationship

Whether or not you're experiencing problems, there may be a time of readjustment, for you and your partner, before you both feel comfortable being intimate again. This often means exploring together how you feel about being held or touched. For example, if your breast or chest area is tender you may find a change of position can help. Whatever your situation, try to talk to each other about how you're feeling. You might also find it helpful to talk to your breast care nurse.

'My husband and I still have a sex life, although my body in its current state does embarrass me sometimes. He never seems affected by it, though, and talks of my flat stomach and breasts following the reconstruction!'

**Vicky**

Some women find that their partners can temporarily lose interest in them sexually or even reject them. This can be particularly difficult to deal with at a time when you need to feel reassured and cared for. However, it may be your partner's way of trying to be sensitive to your feelings. They might be waiting for you to initiate intimacy when the time is right for you. If possible, talk to your partner about how you feel and if these problems can't be resolved, you may both benefit from discussing them with a relationship counsellor.

'During treatment, I was not in a position to be intimate with my husband. Now he still makes me feel beautiful and attractive, although physically I am scarred by some of the treatments.'

**Indira**

'I don't like how the treatment has affected being intimate with my partner, that has been a big problem. Plus I feel I am very emotional and can be all over the place sometimes.'

**Kayla**

## Starting a new relationship

If you're not in a relationship, you may find the thought of forming a new one daunting. Beginning a sexual relationship may also bring feelings of anxiety – for example, about telling someone you've had breast cancer and at what stage you should do this.

If you weren't in a relationship when you were diagnosed, or your relationship ended after your diagnosis, meeting someone new may mean telling them about your breast cancer. Deciding when and how to do this can be difficult. You may feel there isn't a right time to talk about this or be unable to find the words. But as you get to know someone and feel more comfortable with them, you may find it easier to talk about all aspects of your life, including your breast cancer.

When you feel the time is right to tell your new partner they may respond in a number of ways. They can initially be shocked and take a little time to adjust to this news. They may have their own anxieties and fears about cancer and what it means to them. Or your new partner can be very accepting of your history and recognise that your experience of breast cancer is now part of who you are.

When you start a new relationship, you and your partner will decide when it's the right time to have sex. Having breast cancer may affect how you feel about this. Talking with your partner can help with any anxiety you're feeling about having sex for the first time.

### Your body, intimacy and sex

Our booklet **Your body, intimacy and sex** covers many issues that younger women may face and has practical tips, including:

- being intimate if you have pain or sensitivity
- menopausal symptoms including vaginal dryness and irritation
- anxiety and worries about sex
- loss of sexual desire
- getting back to sex
- talking to your partner
- changes to your relationship.

Call **0808 800 6000** or visit our website to order your free copy.

# Other treatment-related issues

## Menopausal symptoms

Some treatments for breast cancer cause side effects associated with the menopause. Chemotherapy, hormone treatments and ovarian suppression can all result in menopausal symptoms, which can affect your quality of life to varying degrees. Symptoms you might have include:

- hot flushes
- night sweats
- hair thinning
- vaginal dryness
- fatigue
- poor concentration
- mood swings.

They can have a considerable effect on how you feel and be particularly difficult to adjust to if you have them at a younger age than you normally would.

Menopausal symptoms caused by treatments can be more intense than going through the menopause naturally.

Talk to your specialist or breast care nurse about any physical or emotional symptoms that are troubling you. You can ask to be referred to a specialist menopause clinic (if there's one in your area) where you can get further advice and information about coping with menopausal symptoms.

For more information, see our **Menopausal symptoms and breast cancer** booklet.

## Osteoporosis

Osteoporosis is thinning of the bones. Having osteoporosis can increase the risk of breaking a bone (fracture). Although it usually occurs in older women who have been through the menopause, it can also affect younger women who have had treatment for breast cancer.

If you're concerned about the possibility of osteoporosis, talk to your specialist. For more information, see our **Osteoporosis and breast cancer treatment** booklet.

'I'm now on tamoxifen for the next few years and although I hate the night sweats and the constant hot flushes, I'll put up with them as long as it's offering me some protection against the cancer returning.'

**Joanne**

## Standards of care for younger women with breast cancer

As a younger woman with breast cancer you can find yourself facing some issues and concerns that are different to those experienced by older women. To help ensure your needs are not overlooked, we have developed the Standards of care for younger women with breast cancer. They include the care and support that all younger women with breast cancer should receive, and the important topics you may want to discuss with your treatment team.

You might want to take the Standards of care with you when you meet your specialist team or breast care nurse.

### As a younger woman with breast cancer, you should:

#### Treatment and care

1. Receive treatment and care that is sensitive to the specific issues and concerns of younger women with breast cancer.
2. Have a detailed family history taken to assess inherited cancer risk. If appropriate, you should be referred to a cancer genetics service for counselling and be informed about testing.

#### Planning treatment

3. Be told about the risk of irregular periods or early menopause as a result of some treatment. You should also have advice on coping with an early menopause and other side effects of treatment. These can include physical and emotional issues, such as changes to body confidence, sexual wellbeing and mental function (including concentration, memory and decision-making).
4. Be aware that some treatments could affect the health of your bones and discuss possible ways to minimise this.

## Addressing fertility

5. Discuss the possible impact of treatment on fertility, and how likely this is, during initial treatment talks. You should also have advice about contraception and pregnancy after treatment. If you're pregnant when diagnosed with breast cancer, you should be referred to a specialist with expertise in treating women diagnosed during pregnancy.
6. Be offered a prompt referral to a fertility specialist (even if you have no partner) to discuss the options for trying to preserve fertility before starting chemotherapy or hormone treatment. Every breast oncology service should have processes in place for prompt referral to a fertility specialist who can provide assisted conception. The referral should not depend on local in vitro fertilisation (IVF) funding arrangements. You should be given information about the chances of success from fertility treatment and the possible impact of delaying breast cancer treatment.

## Getting support

7. Have access to information and local and national support. This should include the chance to meet or talk to other younger women with breast cancer online, on the phone or face to face.
8. Get support and information on talking with children about breast cancer and options for communicating with your child's school, if appropriate.
9. Have access to expert financial and employment advice. This could include information about eligibility for benefits and rights at work, as well as coping with loss of income during treatment and implications for mortgage and insurance.
10. Have your emotional wellbeing assessed and get psychological support when needed. You may want to discuss some of the decisions you're facing and concerns about the future in a supportive environment with a skilled counsellor. You may also want help to move forward after treatment.

## Coping emotionally

Although your experience of being diagnosed with breast cancer will be unique to you, certain feelings and reactions are common among many younger women throughout the course of their treatment and after it has finished. These can include a sense of loss, uncertainty about the future, worry and low mood. Understanding the different reactions you may experience can help you adjust to what's happening to you.

'I am still coming to terms with the emotional impact of what has happened to me. I was diagnosed at 30 and at the time it just seemed unbelievable – I had got married a few months before, and I remember we were both so frustrated by the turn of events.'

**Vicky**

'After the initial shock I went from disbelief to anger to feeling depressed about it all. Now that I am towards the end of my treatment I think things are finally beginning to sink in and I am trying to be more positive about everything.'

**Jo**

## A sense of loss

A feeling of loss is common in younger women diagnosed with breast cancer. Loss can be felt in many different ways.

Feeling tired or not being as strong may mean you lose the ability to do everyday tasks. This can leave you feeling frustrated and as though things are beyond your control.

It's common to feel a loss of confidence in your health and have a heightened awareness of your body. For example, you may worry that any ache or pain is a sign that the cancer has come back or has spread.

You may also feel that you have lost the opportunity to achieve goals you set yourself. If you were studying or saving towards buying a house your plans may now be delayed. It can take time before you're able to do all the things you did before you had breast cancer, such as playing sport or socialising.

At times you may feel an overwhelming sense of loss. You might think your treatment and the way you're feeling will never end and be unable to imagine a time when you're well again. Many women have these feelings and find ways of coping and adapting to their changed situation. Talking about how you feel with your family, friends and healthcare professionals can help you find solutions that are right for you.

'I felt like the cancer robbed me of enjoying my baby's first year, and I missed out emotionally on the pleasure of her first Christmas and birthday, and that upsets me. I've just started taking her swimming, and going to the park and that feels so precious now.'

**Joanne**

## Uncertainty about the future

Breast cancer is a potentially life-threatening illness which may have made you think about your own death. Other people your age will be getting on with their lives and may not have given any thought to serious illness. This can make you feel angry and cheated that it has happened to you, or sad and anxious that your life has changed so much. It might make you feel different from your friends and frightened about the cancer coming back. If you have children, you may be concerned that you won't be there to see them grow up.

Experiencing these feelings is normal. Living with uncertainty and fear will not be easy to begin with. However, over time these feelings will probably lessen and you'll develop ways of coping with them as they arise.

Attending a support group or talking to someone who has been diagnosed with breast cancer some time ago may help. Our Someone Like Me service can help put you in touch by phone or email with someone who's been there, whatever your concerns. Call 0345 077 1893 for more information.

'Before I was diagnosed we had plans to buy a house together and get engaged this year but they were put on hold as things were stressful enough.'

**Jo**

'I worry the cancer may come back. I find myself sorting out various affairs and trying to follow up career aspirations so I am doing something which feels worthwhile.'

**Vicky**

## Stress and anxiety

It's natural to feel anxious about your diagnosis and treatment. You might be worried about a specific aspect of treatment (like being unwell after chemotherapy) or anxious because you've lost control over everything that's happening to you. It can make you tense, fearful and unable to concentrate. You might be short-tempered or unable to sleep. Feelings of anxiety are common for many women with breast cancer.

This is an experience that's completely new and one for which you've not been prepared. Feelings of anxiety may start to disappear once your treatment is over. If you continue to feel anxious, it's worth talking to someone about it. Recognising that you're anxious is an important step. Talking to friends and family may help but you may also want to talk to someone who's professionally trained in helping people with these feelings.

There are various self-help techniques that could help you cope at a difficult time. These include:

- distraction – this involves learning to focus on the things around you, or a hobby or interest, so that you can shut out negative thoughts
- relaxation, visualisation, meditation and mindfulness – you can use these techniques separately or together to reduce stress and tension, relax the mind and body and help improve wellbeing
- physical activity – regular physical activity, whether it's a brisk walk or yoga, can help clear your mind and reduce your stress levels.

If you've tried some of these techniques and still feel stressed or anxious, speak to your GP or breast care nurse.

'My future hopes are slightly mixed. On one hand I plan long term but on the other, I look at the one year horizon. I do fear that I may get cancer again, often when I feel unwell (even if it is a common cold!).'

**Indira**

## Low mood and depression

Sometimes feelings of anxiety can also be linked with low mood and depression. Younger women with breast cancer can feel low for many reasons. For example, you may no longer feel you fit the image you had of yourself or you may be afraid of making plans for the future. Feeling sad, low and lacking in energy can be difficult to recognise as anxiety or depression because the symptoms can be very similar to the side effects of treatments.

If negative thoughts are interfering with your life and don't go away within a few weeks, or keep coming back, it may indicate that you're depressed.

If you or the people close to you are worried because you have any of the following symptoms, talk to your GP (local doctor) or hospital team:

- loss of enjoyment and interest in everyday things and experiences
- loss of interest in your appearance
- persistent thoughts such as 'I can't be bothered' or 'What's the point?'
- withdrawing from others, such as not going out or socialising
- feeling more tearful and irritable than usual
- difficulty concentrating
- difficulty sleeping or wanting to sleep all the time
- loss of appetite or overeating
- feeling very low in mood or even suicidal.

There are different ways of treating depression, including talking therapies and antidepressant drugs.

'I lost my confidence and found it hard to face people and talk about my illness. I felt isolated and vulnerable, but it's getting better. It's a slow process. I still get anxious in a crowd and feel like I'm on show but I'm building myself up gradually.'

**Joanne**

## Talking therapies

Talking therapies can help with a range of problems, including anxiety and depression. One-to-one counselling takes place in a private and confidential setting. You will be able to explore feelings such as anger, anxiety and grief, which can be related to your cancer diagnosis, making them easier to recognise and find ways to try to cope with them.

Cognitive behavioural therapy (CBT) can help you change patterns of thinking and behaviour. Unlike some techniques, it focuses on problems and difficulties you're having in the 'here and now'. Instead of exploring causes of your distress or symptoms in the past, it looks for ways to improve your state of mind in the present.

If you think you may benefit from any of these techniques, speak to your breast care nurse or GP. There may be a counsellor linked to your local GP surgery. Alternatively, your breast care nurse can suggest a psychiatrist, psychologist or counsellor based at your hospital.

You can also call **0808 800 6000** for more support and information.

'After the third chemotherapy I was an emotional wreck. I've never cried so much in my life and my moods were very up and down. I lost all positivity which isn't like me. You try to keep going but it was a very lonely, low point in my life.'

**Sarah**

# Relationships

Having breast cancer is likely to have an impact on the people close to you, whether it's a partner, your children, family or friends. How well they adjust can influence how you cope during this time.

## Partners

If you have a partner, the roles within your relationship can change after a diagnosis of breast cancer.

Some partners become overly protective while others take on a role similar to that of a parent. They can feel they need to find out everything they can about your breast cancer, or remain positive at all times which doesn't allow you to discuss any negative thoughts or difficult issues. Others cope by continuing with life as if nothing has happened.

For some partners, it's not your diagnosis that's the most difficult thing to cope with, but the new role they find themselves in. For example, your partner might have to manage the home or get the children ready for school, whereas you did this before. This can create difficulties in your relationship. On the other hand, it can also bring you closer together. However your partner responds, try to talk about your concerns with each other. Our booklet **In it together: for partners of people with breast cancer** has tips and information for anyone whose partner has been diagnosed with breast cancer.

'It was difficult for my husband to become engaged to a happy, healthy go-getting young woman and a few months later to see her diagnosed with breast cancer. We coped and are very happy but you have to give it time.'

Sally

## Children

If you have children, your relationship with them can change. Children can respond in many different ways depending on their age and character. For example, a younger child can become clingy and not want to leave the house or go to school. Alternatively, teenagers might distance themselves from the family and home. Often they're worried about you or scared they'll be at risk of developing breast cancer too.

You may feel that you're not being a good parent because you can't do the things you did before your diagnosis or that you and your children are missing out. Physically and mentally, you may be unable to do all the things you would like to do as a mother. However, there will be a time when you're able to be more involved again.

For more information, see our booklet **Talking with your children about breast cancer**. If you have young children, our picture book **Mummy's Lump** can be helpful. You may also like to give a copy of our comic book **Medikidz Explain Breast Cancer** to older children.

'My relationship with my 16-year-old daughter has grown deeper and we are very close. She has supported me through my worst times and I've seen a maturity in her I didn't know she had.'

**Joanne**

'My daughter was two-and-a-half years old when I was diagnosed, and although caring for her was exhausting, it also gave me a focus and a reason to get up when I felt low.'

**Tamsin**

## Family and friends

Family and friends' responses often vary considerably and they can have both a positive and negative effect on you. However, friends and family are often a good source of practical and emotional support, whether they're cooking you a meal or being someone you can talk to honestly.

Your relationships with family and friends can change after your diagnosis. For example, a parent might suddenly want to do everything for you. Although they do what they feel is best, this can be frustrating, particularly if you established your independence years before. Try to talk to them about how you feel and perhaps suggest things they can do that you would find supportive. If this isn't possible, then perhaps someone close to you could talk to them about how you're feeling.

Some people react in a way that can make you feel unsupported. Your friends might have had little experience of a life-threatening illness and what it means, and may not be able to respond to your needs. For example, they might not understand your uncertainty about the future or that you sometimes feel too ill, or just don't want to go out.

Your focus will have changed and sometimes a friend you felt you could rely on is not there for you. Some people might also distance themselves from you. They could be frightened and have difficulty understanding what's happening to you or feel unsure about what to say or do.

'As unpleasant as my treatment was, there were definitely some positives including the opportunity to spend more time with a close friend. She would visit me every week with her baby and it would brighten up my day.'

**Ruth**

## If you're on your own

Some women don't have as much support as they would like or need. They might live alone or their family and friends are far away. If you're in this situation you can find it more difficult to cope emotionally and practically. It can be a lonely and frightening experience, but you don't have to manage completely on your own. Sometimes it's difficult to ask, but even people you don't know very well are often willing to help. They could be neighbours, colleagues, friends of friends or members of local community groups. There are everyday things they can do, like shopping, cooking or driving you to and from hospital appointments. Your breast care nurse, specialist or GP can also tell you about other sources of practical support.

'I was diagnosed at the same time as a woman a year younger than me. We kept in touch throughout treatment and still talk now. I found this very therapeutic and it really helped stave off my loneliness at being diagnosed so young.'

**Vicky**

'Fatigue was the hardest side effect to manage as I live on my own and sometimes doing the simplest of things was exhausting.'

**Sarah**

# Support for you

This section outlines some of the sources of support you might want to use, whether it's talking to other younger women in your situation or taking advantage of practical or financial support during treatment.

## Talking to other younger women

Making contact with other young women in a similar situation can help reassure you that your feelings and experiences are not unusual. This can help you feel less isolated and you may find it easier to talk openly about how you feel, without needing to protect the feelings of others.

There are different ways of getting this type of support and you'll need to decide which is best for you. For example, you might want to try one of Breast Cancer Care's Younger Women Together events (see page 53). Or you could chat to other younger women on the online Forum.

There might be a breast cancer support group near you for women of all ages. This will be right for some young women, but others find it isolating if it's mainly attended by older women with different issues. You can contact the group before attending to get an idea of how it runs and to see if it's right for you.

For more information about the different types of support, talk to your breast care nurse or contact Breast Cancer Care on **0808 800 6000**.

'I joined a couple of support groups which were very helpful. One in particular was a six-week course for around eight women with cancer; we were very different ages, cancers, backgrounds, attitudes, but I found it hugely beneficial. We bonded as a group and had a good laugh.'

Sally



The Younger Breast Cancer Network (UK) is a private Facebook group for younger women who've had breast cancer. It allows you to chat privately with other women from the UK and Ireland who've had a breast cancer diagnosis before the age of 45. If you have a Facebook profile, you can find the group by searching on Facebook for 'younger breast cancer network' or go to [www.facebook.com/YoungerBreastCancerNetwork](http://www.facebook.com/YoungerBreastCancerNetwork)

## Professional support

If you'd prefer to speak to someone who's specially trained to help people cope with emotional problems, your GP can refer you to a counsellor. Your specialist or breast care nurse can also talk to you about counselling services available at the hospital where you're being treated, or those in your area.

'I asked to be referred to the hospital's psychological therapies service so I could talk things through with someone other than my partner or family. I found some of these support services do not automatically get offered to you but if you ask then there is often a lot of help you can have access to.'

Jo

'I see a support worker regularly at the local hospice who has been fantastic. She understands me to a point that others don't and seeing her once a fortnight has been so helpful.'

Joanne

## Practical support

### Childcare

Being diagnosed with breast cancer can make caring for a child more difficult, for example when you have to go to hospital or you're recovering from treatment. If a hospital appointment is delayed, you might end up running late to collect your child from nursery or school.

Sometimes people close to you will be able to help. Asking for help can be difficult, but often people are happy to do so because it makes them feel useful. Your child's school might have an after-school club or you may be able to pay for childcare. Your health visitor, GP or breast care nurse can sometimes recommend services or schemes within your area. For more information, see our booklet **Breast cancer and your child's school**, which can help you communicate with your child's school about your diagnosis and treatment.

'Chemotherapy had the biggest effect on our lives, I'd have it on a Tuesday and by Thursday I felt horrendous. My husband had to work so my mum would keep the children until Friday, then they'd come home for the weekend. We had a family outing on the Sunday before each treatment when I was at my best – this went some way to relieving the guilt I felt for the upheaval they had to deal with.'

**Rachel**

## Study and work

If you've had to take time off because of treatment, returning to work or study can be a way of regaining some sense of normality. You might want to build up to working again gradually. Perhaps you can negotiate with your employer to work fewer hours or part time. Some women find it difficult to return to the same environment or simply don't want to. Others have to return to work due to financial issues. It's common to rethink careers or goals after being diagnosed with a serious illness, so you may decide to change jobs, start on a new course of study or do something else that you've always wanted to.

People with cancer are covered by the Equality Act 2010. This protects employees from being discriminated against because of their cancer. Part of that could include having time off to attend medical appointments in relation to breast cancer.

Many women worry about telling their employer that they've been diagnosed with breast cancer and need to have treatment. You don't have to tell your employer any details of your diagnosis and treatment but it might help them be more supportive and understanding if they are aware of what's going on.

It's up to you how much information about your breast cancer you give to those involved with your return to work. Your employer has a duty to make reasonable adjustments to your role or your working environment to help you do your job. If you don't tell them about your diagnosis and treatment, it can be difficult for them to know what adjustments to make.

You can find more detailed information about your rights at work on the Macmillan Cancer Support website [www.macmillan.org.uk](http://www.macmillan.org.uk)

'Work was my sanity check – it was an opportunity for me to get my mind off my situation and focus on something else. For the first time in my life, though, I worked my allotted hours with a lunch break (where I would sleep for one hour).'

**Indira**

## Money

Breast cancer can affect your financial security during and after treatment. This can be something else to worry about at an already stressful and difficult time.

If you have a mortgage and are concerned about your situation, talk to your lender to see if they can work out a different payment scheme or defer your payments for a few months. There are also state benefits you can claim. Talk to your breast care nurse, a social worker or benefits adviser at the hospital to find out more about these. They will be able to tell you if there are any specific grants you can apply for in your area. Also, your local Citizens Advice Bureau can advise you of your entitlements, or you can call the Macmillan Support Line on 0808 808 0000 for benefits advice.

'My treatment did not impact as greatly on my life as I would have expected. I continued working throughout my chemotherapy and just took a week off during every cycle. Towards the end of my radiotherapy I needed to sleep every afternoon so I was not able to carry a full workload but I did what I could.'

**Ruth**

'I found it hard relying on my partner for money when I had been financially independent. We have to really be frugal which is difficult when you would like to buy something to cheer yourself up.'

**Jo**

## Insurance

After being diagnosed with cancer you can have difficulty getting insurance, both during and after your treatment, whatever your age. This can include car, travel and medical insurance. As a younger woman who has had breast cancer, you may have difficulty getting life insurance or face increased premiums. Check any existing policies you have to see if they're affected by your diagnosis, or if you have medical insurance or an income protection policy that comes into effect because of your illness.

Breast Cancer Care doesn't approve specific insurance companies or products because they change regularly. However, you can find recommendations for insurance companies from people affected by breast cancer on our online Forum in the section on 'Work, finance and travel'. Go to [forum.breastcancercare.org.uk](http://forum.breastcancercare.org.uk)

'Finances were a concern. Luckily I'd taken an insurance policy out which covered my bills if I was unable to work and getting the claim approved was easier than I had anticipated. Navigating the benefits system was a bit traumatic but I did manage to get tax credits which helped too.'

**Sarah**

'I am so thankful that we had critical illness cover, the mortgage is now paid and now that I am not working it has been a great safety net.'

**Laura**

# Younger Women Together

**Breast Cancer Care's Younger Women Together events are held across the UK. These free events offer two days of support and information for women aged up to 45 diagnosed with primary breast cancer in the past three years.**

There are sessions relating specifically to the needs of younger women. Each Younger Women Together event includes a choice of different sessions. These may differ at each event, but usually cover:

- breast surgery and reconstruction
- menopausal symptoms
- relationships and communication
- laughter yoga
- relaxation
- intimacy and sex
- lymphoedema
- fertility after treatment.

It's also a great opportunity to share thoughts and feelings with other younger women in similar situations. Each event offers a safe, supportive environment, with time to socialise and relax away from the pressures of everyday life.

Call **0345 077 1893**, visit our website or email [youngerwomen@breastcancercare.org.uk](mailto:youngerwomen@breastcancercare.org.uk) for more information.

'I didn't know anyone who had had breast cancer when I was diagnosed, so I felt very isolated. I was lucky to attend Younger Women Together and met some women who made me feel "normal" again.'

**Joanne**



# Moving Forward

Many women see completing treatment as the start of getting their life back, although they often need some time to adjust. It's common to feel the end of treatment is an anticlimax, or to be unsure about what happens next.

Your experience of breast cancer can continue to affect you for some time after treatment. Situations sometimes arise that remind you about it when you least expect it. Follow-up appointments often bring back fears and worries about the cancer returning. Nearly everyone who has been treated for cancer has doubts about whether it might come back. At first every ache or pain can frighten you.

Having breast cancer does change your life. Your cancer may no longer be a big part of your everyday life, but it's still an experience which can shape you and your outlook. People do manage to look forward, make new plans and resume ones that had to be put on hold. You may want to give more time to doing things that are important to you, like spending time with friends and family or treating yourself more often.

Breast Cancer Care's Moving Forward courses and resource pack are there for anyone living with and beyond breast cancer, helping you approach life after treatment with more confidence. This programme of support covers the issues that matter the most to people adjusting to life after breast cancer, from healthy eating, exercise, managing menopausal symptoms, lymphoedema, cancer fatigue, intimacy and relationships, and adjusting and adapting after a diagnosis of breast cancer. For more details call **0808 800 6000** or visit our website.

'I have changed my view on life completely. Now I am prepared to do things that I would not have tackled a couple of years ago. I am not hung up on work and know that I am stronger than I ever thought I was, both emotionally and physically.'

Laura

## Helping you face breast cancer

If you've been diagnosed with breast cancer there's a lot to take in. It can be an emotional time for you, your family and friends. Our free information and support services are here to help – on the phone, or online 24 hours a day.

### Ask us

Calls to our free Helpline are answered by specialist nurses and trained staff with personal experience of breast cancer. They'll understand the issues you're facing and can answer your questions. Or you can Ask the Nurse by email instead via our website.

Free Helpline **0808 800 6000** (Text Relay 18001)  
Monday–Friday 9am–5pm, Saturday 10am–2pm  
**[www.breastcancercare.org.uk/ATN](http://www.breastcancercare.org.uk/ATN)**

### Talk to someone who understands

Our Someone Like Me service puts you in contact by phone or email with someone else who's had breast cancer and who's been trained to help.

Online, you can chat to other people going through breast cancer on our professionally moderated discussion Forum or join a free, weekly Live Chat session.

### In your area

We provide a variety of services in person across the UK, including:

Younger Women Together events provide support and information for women aged up to 45 who have been diagnosed with primary breast cancer in the past three years. Sessions relate specifically to the needs of younger women.

Moving Forward Information Sessions and longer courses on adjusting to life after treatment. Both have expert speakers and offer the chance to talk to other people in the same situation as you.

Find out about all our services for people affected by breast cancer at **[www.breastcancercare.org.uk/services](http://www.breastcancercare.org.uk/services)** or phone the Helpline. We can help you decide which of our services are right for you.



## We're here for you: help us to be there for other people too

If you found this booklet helpful, please use this form to send us a donation. Our information resources and other services are only free because of support from people such as you.

We want to be there for every person facing the emotional and physical trauma of a breast cancer diagnosis. Donate today and together we can ensure that everyone affected by breast cancer has someone to turn to.

### Donate by post

Please accept my donation of **£10/£20/my own choice of £**

I enclose a cheque/PO/CAF voucher made payable to

**Breast Cancer Care**

### Donate online

You can give using a debit or credit card at

**[www.breastcancercare.org.uk/donate](http://www.breastcancercare.org.uk/donate)**

### My details

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Email address \_\_\_\_\_

We might occasionally want to send you more information about our services and activities

- Please tick if you're happy to receive email from us
- Please tick if you don't want to receive post from us

We won't pass on your details to any other organisation or third parties.

Please return this form to Breast Cancer Care, Freepost RRKZ-ARZY-YCKG,  
5-13 Great Suffolk Street, London SE1 0NS



## About this booklet

**Younger women with breast cancer** was written by Breast Cancer Care's clinical specialists, and reviewed by healthcare professionals and people affected by breast cancer.



**For a full list of the sources  
we used to research it:**

**Phone** 0345 092 0808

**Email** [publications@breastcancercare.org.uk](mailto:publications@breastcancercare.org.uk)



You can order or download more copies from  
**[www.breastcancercare.org.uk/publications](http://www.breastcancercare.org.uk/publications)**



**For a large print, Braille, DAISY  
format or audio CD version:**

**Phone** 0345 092 0808

**Email** [publications@breastcancercare.org.uk](mailto:publications@breastcancercare.org.uk)





the breast cancer  
support charity

Breast Cancer Care is the only UK-wide charity providing specialist support and tailored information for anyone affected by breast cancer.

Our clinical expertise and emotional support network help thousands of people find a way to live with, through and beyond breast cancer.

Visit [www.breastcancercare.org.uk](http://www.breastcancercare.org.uk) or call our free Helpline on **0808 800 6000** (Text Relay 18001).

### Central Office

Breast Cancer Care  
5-13 Great Suffolk Street  
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