This booklet has been written to help you understand breast cancer. It has been prepared and checked by cancer doctors, other relevant specialists, nurses and patients. The information contained in this booklet represents an agreed view on this cancer, its diagnosis and management, and the key aspects of living with it. If you are a patient, your doctor or nurse may wish to go through the booklet with you and mark sections that are particularly important for you. You can make a note below of the contact names and information that you may need quickly.

Specialist nurse/contact names

Family doctor

Hospital

Surgery address

Tel

Emergency Tel

Tel

Treatments

Review dates

If you like, you can also add:

Your name

Address
Action Breast Cancer
Irish Cancer Society, 43-45 Northumberland Road, Dublin 4
Tel: 01 231 0500 Fax: 01 231 0555
Email: abc@irishcancer.ie
Website: www.cancer.ie

The Irish Cancer Society is the national charity dedicated to eliminating cancer as a major health problem and to improving the lives of those living with cancer. Action Breast Cancer (ABC) is a national project established by the Irish Cancer Society to provide breast cancer information and support, and to fund breast cancer research. This booklet has been produced by ABC to meet the need for improved communication, information and support for cancer patients and their families throughout diagnosis and treatment. We would like to thank all those patients, families and professionals whose support and advice made this publication possible.

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Introduction

This booklet has been written to help you find out more about breast cancer. It describes how breast cancer is diagnosed and the range of treatments that you may be offered. We hope it answers some of the questions you may have.

We cannot advise you about which treatment to choose. You can only make this decision, along with your doctor, when all your test results are ready. However, we can help you find out more about some of the methods used to treat this cancer and the side effects that may occur.

This booklet discusses some of the feelings you and those close to you may have when a diagnosis of cancer is made. At the end of the booklet you will find a list of books you may find useful. There is also a list of websites and special groups that have been formed to help and support you at this time.

If reading this booklet helps, why not share it with your family and friends who might find it helpful too. The more they know about your illness the more they will be able to help you through your diagnosis.

Action Breast Cancer, a programme of the Irish Cancer Society, is the leading provider of breast cancer information and support in Ireland. Each year we reach over 25,000 women who are concerned about breast cancer or breast health. Our services are free of charge and include:

- **National Breast Cancer Helpline Freephone 1800 30 90 40**
  Staffed by specialist cancer nurses.

- **Patient Care Programme** – providing emotional support and
practical assistance for those living with breast cancer.

- **Health Promotion** – providing community and workplace programmes on breast awareness and leading a healthy lifestyle.

- **Advocacy** – Providing a voice for those affected by breast cancer in Ireland.

- **Professional Support** – complementing the services offered by those caring for breast cancer

- **Research** – funding vital Irish research that will have a significant impact on the diagnosis and treatment of breast cancer.

### Reading this booklet

Read the sections of this booklet that are of interest to you only. Some of the information may not be relevant to your situation. You may find that there is a lot of information to take in and that it can be hard to concentrate, especially if you are feeling anxious or worried. Remember that you do not need to know everything right away. Read a section and when you feel relaxed and want to know more, read another section. All the words that are written in italics are explained on page 6.

If you do not understand something that has been written, discuss it with your doctor or nurse. You can also call the National Breast Cancer Helpline on Freefone 1800 30 90 40.
## What does that word mean?

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ADJUVANT TREATMENT</strong></td>
<td>Treatment given soon after surgery when a diagnosis of cancer is made.</td>
</tr>
<tr>
<td><strong>ALOPECIA</strong></td>
<td>Loss of hair (partial or complete). No hair where you normally have hair (eyebrows, eyelashes, pubic hair etc).</td>
</tr>
<tr>
<td><strong>ANAEMIA</strong></td>
<td>A condition in which blood has less red cells or haemoglobin.</td>
</tr>
<tr>
<td><strong>ANTI-EMETIC</strong></td>
<td>A tablet or injection to stop you feeling sick or vomiting.</td>
</tr>
<tr>
<td><strong>BENIGN</strong></td>
<td>Not cancer.</td>
</tr>
<tr>
<td><strong>BIOPSY</strong></td>
<td>The removal of a small amount of tissue from your body to find out if cancer cells are present.</td>
</tr>
<tr>
<td><strong>BLOOD COUNT</strong></td>
<td>A term used to describe the blood test that looks at the number of different cells contained in a sample of blood.</td>
</tr>
<tr>
<td><strong>BONE MARROW</strong></td>
<td>The substance at the centre of the bones which makes blood cells. A sample may be taken by the doctor from one of the bones in the hip to find out the health of the bone marrow.</td>
</tr>
<tr>
<td><strong>BONE SCAN</strong></td>
<td>A test to see images of your bones on a computer screen or on film. It can be used to detect cancer in the bone.</td>
</tr>
<tr>
<td><strong>CAT scan (or CT scan)</strong></td>
<td>A series of detailed pictures of areas inside your body. They are taken from different angles, created by an x-ray machine linked to a computer.</td>
</tr>
<tr>
<td><strong>CELLS</strong></td>
<td>These are the building blocks that make up your body. They are tiny and can only be seen under a microscope.</td>
</tr>
<tr>
<td><strong>CHEMOTHERAPY</strong></td>
<td>Treatment using anti-cancer drugs.</td>
</tr>
<tr>
<td><strong>DUCTS</strong></td>
<td>Tubes through which fluid passes.</td>
</tr>
<tr>
<td><strong>FATIGUE</strong></td>
<td>Tiredness.</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
</tr>
<tr>
<td>---------------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>HORMONE THERAPY</td>
<td>Treatment which prevents cancer cells getting the hormones required for their survival.</td>
</tr>
<tr>
<td>IMMUNE SYSTEM</td>
<td>The body’s natural defence against disease and infection.</td>
</tr>
<tr>
<td>LUMPECTOMY</td>
<td>Surgery to remove the cancer and a small amount of normal tissue around it.</td>
</tr>
<tr>
<td>Lymph</td>
<td>A yellow fluid containing cells called lymphocytes which fight disease and infection.</td>
</tr>
<tr>
<td>LYMPHOEDEMA</td>
<td>A swelling of the arm after surgery or radiotherapy for breast cancer. It occurs because the lymph is not draining adequately from the arm, due to removal of the underarm lymph nodes.</td>
</tr>
<tr>
<td>LYMPH NODES</td>
<td>Small pea-sized glands scattered along vessels of the lymphatic system. They may become enlarged due to infection or cancer cells.</td>
</tr>
<tr>
<td>MAMMOGRAPHY</td>
<td>An X-ray of the breast which may help to define the presence and size of a tumour.</td>
</tr>
<tr>
<td>MASTECTOMY</td>
<td>Removal of the breast by surgery.</td>
</tr>
<tr>
<td>MENOPAUSE</td>
<td>The time of life when a woman ceases to have periods.</td>
</tr>
<tr>
<td>MALIGNANT</td>
<td>Cancer.</td>
</tr>
<tr>
<td>MEDICAL ONCOLOGIST</td>
<td>A doctor who specialises in treating cancer patients using chemotherapy and other drug treatments.</td>
</tr>
<tr>
<td>METASTASIS</td>
<td>The spread of cancer from one part of the body to other tissues and organs.</td>
</tr>
<tr>
<td>MRI</td>
<td>This is a test that looks at areas inside your body. Detailed pictures are made by a magnet linked to a computer. These are read by a radiologist.</td>
</tr>
<tr>
<td>NAUSEA</td>
<td>Feeling sick or wanting to be sick.</td>
</tr>
<tr>
<td>ONCOLOGY</td>
<td>The study of cancer.</td>
</tr>
<tr>
<td>PATHOLOGIST</td>
<td>A doctor who specialises in examining cells of the body for disease.</td>
</tr>
</tbody>
</table>
PET scan  A computerized image of the energy-producing activity of the body tissues, used to determine the presence of disease.

PHYSIOTHERAPIST  A highly trained person who advises on specific exercises to reduce the risk of joint stiffness and lymphoedema (arm swelling).

RADIOGRAPHER  A highly trained person who takes X-ray pictures.

RADIOLOGIST  Doctor who specialises in reading X-ray pictures.

RADIOThERAPY  The treatment of cancer using high energy rays.

RADIATION ONCOLOGIST  A doctor who specialises in treating cancer patients using radiotherapy.

RECURRENCE  This is when a cancer comes back after treatment. It can come back in the same place as the original one or in a different part of the body.

SENTINEL NODE BIOPSY  The removal and examination of the first lymph node likely to be affected by cancer.

SEROMA  A collection of fluid that builds up under the wound following breast surgery, when the drains have been removed.

STAGING  A series of tests that measure the size and extent of cancer.

SURGICAL ONCOLOGIST  A surgeon who specialises in the treatment of patients with cancer.

TUMOUR  An abnormal mass of tissue resulting from an overgrowth of cells. It may be benign (not cancerous) or malignant (cancerous).

ULTRASOUND  A test that uses sound waves to create images of tissues and organs within the body. The pictures appear on a computer screen.

WIDE LOCAL EXCISION  Removal of the cancer with an area of surrounding tissue (rather than complete removal of the breast) as surgical treatment for breast cancer.
Before treatment

What is cancer?

Cancer is a word used to describe a group of diseases. Each one has its own name. For example: skin cancer, lung cancer and breast cancer. The treatment of cancer and the cure rate depend on the kind of cancer and on the part of the body where it starts.

The organs and tissues of the body are made up of tiny building blocks called cells. Cancers are a disease of the body’s cells. In healthy tissue these cells replace or repair themselves when they get worn out or injured. When there is cancer the cells do not behave as normal and keep on growing in number even when they don’t need to. These groups of abnormal cells can form a tumour. Tumours can either be benign or malignant. Benign tumours do not spread to other parts of the body so are not called cancer. Malignant tumours are made up of cancer cells that can spread from where they started and can go on to invade other tissues and organs. This happens when a cell or group of cells breaks away from the original tumour and is carried by the bloodstream or lymph vessels to form a new tumour somewhere else in the body. This is called a metastasis or secondary tumour.
Understanding cancer of the breast

The breasts

The breasts are made up of different types of tissue including fat, connective tissue and gland tissue. The gland tissue is divided into lobes and ducts. During and after pregnancy milk is produced by the lobes and is carried to the nipple by the ducts.

The breasts are seldom the same size as each other. They may feel different at different times of the menstrual cycle, sometimes becoming lumpy just before a period. Under the skin, a ‘tail’ of breast tissue extends into the armpit (axilla). The armpits also contain a collection of lymph nodes (glands) which make up part of the lymphatic system. The lymphatic system is a network of lymph nodes connected throughout the body by tiny vessels called lymph vessels. A yellow fluid (lymph), containing cells called lymphocytes which fight disease and infection, flows through the lymphatic system.
What causes breast cancer?

Breast cancer is currently the second most common cancer, affecting around 2,300 women in Ireland every year. It is rare in women under 30 and occurs most frequently in women over the age of 50. Men can also develop breast cancer but it is 100 times less common than in women. The causes of breast cancer are not yet fully understood but certain women seem to be at a slightly higher risk of developing it. A very small number of breast cancer cases are caused by an inherited faulty gene. The following factors might indicate the possible presence of such a gene:

- Breast cancer in several close members of the same family
- Other cancers, especially cancer of the ovary and colon, as well as breast cancer, in members of the same family
- Breast cancer in a close relative when under the age of 50, especially if the cancer occurred in both breasts.

If you think that you identify with any of these factors and feel that because of your family history, other family members may be at higher risk of developing breast cancer, talk to your health care team. Members of your family may be referred to a family history clinic at a specialist breast unit. Here they can discuss screening and referral to a genetics clinic.
What are the symptoms of breast cancer?

In most cases, cancer of the breast is first noticed as a lump in the breast. However, other signs to be aware of are:

- A change in size or shape – one breast may become larger than the other
- Changes in the nipple – in direction or shape, pulled in or flattened, or an unusual discharge
- Changes on or around the nipple – rash, flaky or crusted skin
- Changes in the skin – dimpling, puckering or redness
- Swelling in your armpit or around your collarbone
- A lump, any size, or thickening in your breast
- Constant pain in one part of your breast.

Pain in both your breasts is not usually a symptom of breast cancer. In fact, many healthy women find their breasts feel lumpy and tender before a period, and some types of benign breast lumps are painful.
How does the doctor make the diagnosis?

You probably will begin by seeing your family doctor (general practitioner) who will examine you and arrange any tests and X-rays you may need. Your GP may need to refer you to a specialist breast unit where triple assessment is available. Triple assessment means that your breast abnormality, for example a lump, is examined using at least three different types of investigations. That is a physical examination by a specialist breast doctor, an X-ray, for example a mammogram or ultrasound, and a biopsy.

At the hospital, the doctor takes a medical history before doing a physical examination. He or she examines the breasts and feels for any enlarged lymph nodes under the arms and at the base of the neck. A chest X-ray and blood test may also be taken to check your general health.

There are several tests that may need to be done to diagnose breast cancer. These tests will show the extent of the cancer. This is known as staging.

The tests may include:

- Mammography
- Breast ultrasound
- Breast MRI
- Needle aspiration
- Needle (core) biopsy
- Stereotactic biopsy
- Excision biopsy
- Wire localization biopsy

Mammography

Mammograms (breast X-rays) are important tests in the diagnosis of breast cancer. A mammogram is a low-dose X-ray of the breast.
which can pick up small changes that cannot be felt. Each breast is placed between two special plates and pressure is applied to get the best possible picture. Some women find mammography uncomfortable or even painful. However, it only lasts a few minutes and is not harmful. A radiographer takes the pictures and a radiologist reads and interprets the pictures.

**Ultrasound**

This test is painless and takes just a few minutes. Ultrasound uses sound waves to build up a picture of the inside of the body. It is generally used for women under 35 whose breasts are too dense to give a clear picture with mammography. Ultrasound is often used with mammography in specialist breast clinics. A special gel is spread onto your breasts and a small device like a microphone is passed over the area. The echoes from the sound waves are converted into a picture by a computer.

**MRI**

This test is also painless and takes place in a special unit of the hospital called the MRI unit. Detailed pictures are made by a magnet linked to a computer. The pictures are taken while you are lying down and passing through a kind of tunnel. It is generally used for young women with an increased risk of developing breast cancer. It is also useful for assessing a particular type of breast cancer called lobular breast cancer and for breast abnormalities linked to pregnancy. MRI is generally only required in a minority of patients.

**Needle aspiration**

This is a quick test which is done in the specialist breast unit.
Using a fine needle and syringe, the doctor takes a sample of cells from the breast lump and sends it to the laboratory to see if it contains any cancer cells. This technique may also be used to drain a benign cyst.

**Needle biopsy (core biopsy)**

This test is done in the specialist breast unit. A slightly larger needle than the one used for aspiration is used. The doctor takes a small piece of tissue (biopsy) from the breast lump after the area has been numbed with a local anaesthetic. The sample is then sent to the laboratory for examination under a microscope. The procedure takes about 10 minutes and a small dressing is placed over the area for about a week. It may be slightly bruised and uncomfortable for a few days. Ask your specialist about simple painkillers you can take at this time.

**Stereotactic biopsy**

This test is done in the specialist breast unit, in the X-ray department. It is used to take a piece of tissue from an abnormality that is seen on a mammogram or an ultrasound but that cannot be felt. Stereotactic biopsy uses a hollow needle guided by sophisticated X-rays to remove a sample from the abnormality. The sample is then sent to the laboratory for examination under a microscope. In some cases, several biopsies can be taken from different areas of the breast, using special equipment called a Mammotome. This requires the woman to lie face down while mammogram image controlled biopsies are taken. Mild discomfort may be experienced and brief light headache, but the procedure is generally well tolerated.
Excision biopsy
This test is done if a benign lump persists, is uncomfortable, or if you choose to have it removed. The whole lump is removed under a general anaesthetic and sent to a laboratory for examination. This may mean an overnight stay in hospital but is more often done in one day.

Wire localisation biopsy
This test is recommended if you have a suspicious calcification (white spots) seen on a mammogram. Usually you will not have a lump and it will only be picked up through screening mammograms. The radiologist uses a mammogram or ultrasound scan as a guide to insert a fine wire into the breast. The wire is carefully secured and left in place until surgery, which is usually the same day. Then a biopsy is taken of this area under general anaesthetic and sent to the lab for examination by a breast pathologist. This procedure usually requires about two nights in hospital. No further surgery may be required if all the white spots has been removed and/or it is not cancerous. However, in some cases where a cancerous calcification is diagnosed, further surgery may be necessary.

Further tests
If the tests show that you have breast cancer your doctor may sometimes want to do some further tests to see if the cancer has spread to other parts of the body. These tests will help the doctor to decide on the best type of treatment for you. The tests may include any of the following:
Liver ultrasound scan

_Ultrasound_ can be used to check the health of your liver. It is a painless test and only takes a few minutes. It will probably be done in the hospital X-ray department. You will be asked to lie on a couch. A gel will be spread on your abdomen and a small device like a microphone will be passed over the area. The echoes are converted into a picture using a computer. You may need to fast for a few hours before this test. Check with your doctor or breast care nurse.

Bone scan

For this test a very small amount of mildly radioactive substance is injected into a vein, usually in your arm. A scan is then taken of all the bones in your body. Because abnormal bone absorbs more of the radioactive substance than normal bone, the abnormal bone shows up on the scan as highlighted areas. After the injection you will have to wait for up to 3 hours before the scan can be taken. So you may want to take a book or magazine with you, or a friend to keep you company. The level of activity used in these scans is very low and is not harmful. The radioactivity disappears from the body within a few hours.

Before you leave hospital you may not have the results of all your tests. An appointment will be made for the breast clinic within a short time. Obviously the waiting period will be an anxious time for you and it may help to talk about your worries with a partner, close friend or relative.

There are many different types of breast cancer, the most common being ductal carcinoma in situ. For more information on the different types of breast cancer, call the National Breast Cancer Helpline Freefone 1800 30 90 40.
Treatment and side-effects

After the tests, what about treatment?

The aim of treatment is to stop any spread of the cancer and, if possible, to remove all the cancer from your body. In deciding on the most suitable treatment, your doctor will consider the size of the tumour, the type of breast cancer and whether the tumour has spread to the lymph nodes or other parts of your body, this is called staging. The lymph nodes in the armpit are of particular importance. Finding out if the cancer has gone to the lymph nodes is important in planning adjuvant (additional) treatment such as hormone therapy or chemotherapy.

In specialist breast units, plans and recommendations about treatment are usually discussed by specialists involved in your care. These include the surgeon (surgical oncologist), physician (medical oncologist), radiotherapist (radiation oncologist), radiologist (physician who reads mammograms), pathologist (physician who looks at cells in the laboratory to diagnose types of cancer) and breast care nurse.

What you can do

Take all the time you need. Breast cancer is terrifying at first and feels urgent. However, most breast cancer patients (regardless of the stage of their breast cancer) can safely take a few weeks to:

- Find the right doctors
- Learn about the good and bad points of each treatment choice
- Make informed choices.
This time will be well spent. Are you worried that waiting a little will harm your health? Ask your doctor if you can spend a week or two thinking about your choices. Ask if that would be bad for someone with your diagnosis. You need some time to make informed choices.

**What types of treatment are used?**

Surgery, radiotherapy, hormone therapy and chemotherapy may be used alone, or in combination, to treat breast cancer. Surgery and radiotherapy are referred to as local treatments because they treat only the area where the cancer has occurred. Chemotherapy and hormone therapy are called systemic treatments because they treat the whole body. Your doctor will plan your treatment by taking into consideration a number of factors, including your age, whether or not you have had the menopause, your general health, the type and size of the tumour, and whether it has spread beyond the breast.

You may find that other women at the hospital are having different treatment to you. This will often be because their illness takes a different form and so they have different needs.

If you have any questions about your own treatment don’t be afraid to ask your doctor or breast care nurse. It often helps to make a list of the questions for your doctor and to take a close relative or friend with you to remind you of questions at the time, or of the answers afterwards. National Breast Cancer Helpline nurses are only a phone call away if you feel you need advice or guidance at any stage (Freefone 1800 30 90 40).

Some women find it reassuring to have another medical
opinion to help them decide about their treatment. If you feel you would like a second opinion, remember you are entitled to ask your consultant to refer you to another specialist.

The Breast Care Nurse
Your breast care nurse may well have been involved in your initial assessment, and will be there for you throughout your diagnosis and treatment. For information needs and emotional support within the hospital, the breast care nurse is the central point of contact.

Your breast care nurse is also there to give ongoing support and encouragement to your family and friends. Many are also involved with local support groups. They will be able to give you information on where the local groups meet. She will also be able to provide you with information regarding all aspects of breast cancer, and your treatment options.

If you have not yet spoken to or met the breast care nurse, simply call the hospital and ask to speak with her.

Surgery
Your surgeon will discuss with you the most suitable type of surgery, depending on the size and any spread of the cancer. Before any operation make sure that you have discussed it fully with your surgeon. Remember, no operation or procedure will be done without your consent. If a diagnosis of breast cancer has already been made, either by needle aspiration or biopsy, the surgeon will be able to discuss your operation with you in advance.
For many women it is now possible to have a smaller operation to keep the breast rather than a **mastectomy** (removal of all breast tissue). This is known as breast conserving surgery. All breast surgery, however, will leave some type of scar, and the cosmetic effect depends on the technique used. You may like to discuss with your doctor or nurse beforehand what your breast will look like after surgery.

Rarely will the surgeon need to remove the lump or part of the lump and have it examined in the laboratory. This may happen if a definite diagnosis of cancer has not been made with previous biopsies. If the lump shows there is cancer present and a further operation is necessary, this can be arranged for a few days afterwards. This allows you more time to prepare yourself.

**Segmental excision/Wide local excision**

This is the removal of the breast lump together with an area of surrounding tissue (usually at least 1cm). The axillary lymph nodes may also be removed or a sentinel lymph node biopsy (see overleaf) may be performed. It is sometimes possible that you may need further surgery after a wide local excision, to ensure that the area around the tumour is clear. Radiotherapy is given to the breast following recovery from the procedure.

**Mastectomy**

For some women, the best treatment is still a **mastectomy** (removal of the breast). A simple total mastectomy removes only the breast tissue. A modified radical mastectomy removes the breast and lymph nodes.

After a mastectomy, you will be offered a prosthesis (breast form) to wear (see page 30). A breast reconstruction may also be discussed with you (see page 26).
Sometimes a choice of surgical treatments can be offered. You will have some time to think about it, and discuss it with your family or friends.

**You may be suitable for a wide local excision if:**
- You have only one breast cancer tumour or lump
- Your tumour or lump is smaller or equal to 4cms.

**You may be advised to have a mastectomy if:**
- Your tumour is larger than or equal to 5cms (approx)
- You have more than one breast tumour in the breast, or have pre-invasive disease present around the tumour.
- The tumour is in the central portion of the breast close to or under the nipple.
- You prefer to have a mastectomy for personal reasons.

**Lymph node removal**
Removal of the lymph nodes from the armpit (axillary clearance) is needed in many cases and is now commonly carried out. In some situations, removal of some, rather than all, of the nodes will be advisable. For most women this operation can be performed without causing serious difficulty with shoulder movement, or arm swelling. After this operation a drain will be inserted to take away lymph and other waste fluid for a few days (5-7 days). This will usually be removed before you go home.
It will also be necessary for you to perform special arm exercises as shown by the hospital physiotherapist. There is a small risk of arm swelling (lymphodema) which can occur any time after the operation, but there are measures you can take to prevent this happening to you (see page 29). The area under your arm will feel numb or sore for a while and you may experience some tingling or pins and needles. You may also experience some discomfort, but you will receive regular painkillers to help with this.

**Sentinel lymph node biopsy**

A new way of detecting cancer that has spread to the lymph nodes is being carried out in some hospitals. This test is called a *sentinel lymph node biopsy*. Sentinel means guard and it is thought that there are certain lymph nodes that act as the main draining nodes for the tumour. If this sentinel lymph node or nodes can be found then it (sometimes there is more than one; perhaps 1-3) can be surgically removed and examined instead of removing all the lymph nodes. The advantages of this procedure are that the length of time spent in hospital is usually not as long, there is less discomfort experienced and the risk of lymphodema (arm swelling) is less than 1%.

The procedure involves injecting a small amount of radioactive material into the breast cancer usually on the morning of the operation. This part of the procedure is carried out in the Nuclear Medicine X-ray department. This dye follows the path that the tumour cells would take in travelling from the breast through the lymphatic system. A picture is taken at two time intervals following the injection, which help the surgeon to identify the sentinel node. Then at the beginning of the operation, a blue dye is injected into the breast cancer. The surgeon then makes an
incision (cut) underneath your arm. A hand-held sterile probe measures areas that have the radioactive dye. The lymph nodes that have taken up the radioactive dye, or are stained with the blue dye, are removed. Usually one to three nodes are removed. These nodes are sent to the pathologist, who then looks at them under a microscope to see if the sentinel node contains cancer.

Your wound is closed, and there may be no need for a drain. The sentinel lymph node biopsy can be done in combination with a wide local excision, or a mastectomy. The procedure is successful in more than 90% of those patients. If the procedure is unsuccessful in identifying the sentinel node, a full axillary dissection is done. It may take up to 10 days for the pathologist to give the final report detailing the results of his examination of the sentinel lymph node(s). This is because a time span of about 24-48 hours has to be allowed for the radioactivity of the lymph nodes to fade before they can be examined. If the sentinel lymph node is clear of tumour cells, it usually means that the other lymph nodes are clear. However, if the sentinel lymph node is not clear of tumour cells, then an axillary clearance will have to be scheduled. This requires further surgery.

Your doctor will discuss with you whether sentinel lymph node biopsy or axillary clearance is better for you.
Breast reconstruction

It is often possible for women who have had a mastectomy to have breast reconstruction. The aim of reconstruction is to try to restore the breast shape and match the remaining natural breast as closely as possible. This can either be done by creating a breast ‘form’ with an implant which is placed beneath the skin and muscle that covers your chest, or by using skin, fat and muscle from another part of your body. A combination of these techniques is used for some women. Sometimes this can be done at the same time as the mastectomy, but often it is done some months, or even years after the original operation. You may have a number of choices if you decide to have reconstructive surgery, though one type of operation may be more suitable than another.

If you would like to consider breast reconstruction, discuss it with your doctor before surgery so that he or she can tell you about the different methods available. Further information on breast reconstruction is available from National Breast Cancer Helpline Freefone 1800 30 90 40.

Why have a breast reconstruction?
Some women find it harder than others to accept the idea of losing one or both of their breasts. It is natural to feel distressed and every woman has the right to do something about their loss. Some women may feel guilty for thinking about reconstruction and that it might even seem vain. This is not so – reconstruction can be an important part of treatment that helps emotional recovery and wellbeing.

Where can I have breast reconstruction
Your breast reconstruction should be done by either a specialist
plastic surgeon or a breast surgeon who has special training in some or all reconstructive techniques. Breast cancer surgeons don’t usually carry out the more complex types of breast reconstruction. Before you decide to go ahead with your operation, you need to be sure that your surgeon has answered all your questions to your satisfaction. If you would like to discuss your reconstruction options with more than one specialist, your GP or surgeon may be able to recommend someone else.

Some questions to ask your surgeon about breast reconstruction:

- What type of surgery would you recommend for me? Why?
- What are the risks and benefits associated with this type of surgery?
- What is your experience in this type of surgery?
- What can I expect my reconstructed breast to look and feel like? Immediately after surgery? After 6 months? After one year?
- Can I see some reconstruction photographs?
- How long will I need to stay in hospital?
- How long will it take me to recover?
- What do I need to do to ensure a good recovery?
After your operation

You will be encouraged to get out of bed and start moving about as soon as possible after your operation. You may have one or two drainage tubes in place from the wound. These will usually be removed a few days after the operation by the nurses on the ward. You can still be up and around and walking gently with these drains in place.

The length of your stay in hospital will vary according to the type of surgery you have had. Following local excision your stay will probably be quite short. After a mastectomy your stay could be several days.

After an axillary clearance, your stay can be 5-7 days, depending on the amount of fluid in your tubes. After a sentinel lymph node biopsy, your stay is usually 2-3 days.

After your operation you may experience some pain or discomfort which can continue for several weeks. There are various types of painkilling drugs available which are very effective. If you do have pain, at home or in hospital, it is important to tell your doctor or nurse so that effective painkillers can be prescribed. A physiotherapist will advise you on the special arm exercises you need to do to prevent your arm and shoulder joint from getting stiff. There are usually special exercises to follow before and after the drains come out. If you have any difficulties with these exercises at home, you can usually contact the physiotherapist or breast care nurse.

You may experience different sensations in your breast wound or scar. It may feel numb or be extra sensitive to touch.

After the drains have been removed, you may experience a small
or medium collection of fluid under the wound. Do not be alarmed if this occurs. It is called a seroma and feels like a lump. Inform your doctor or breast care nurse and they will arrange to examine it and may remove the fluid with a special needle. This usually only takes a few minutes and is not uncomfortable.

Before you leave hospital you will be given an appointment to attend an outpatient clinic for your post-operative check up. This is a good time to discuss any problems you have after your operation.

When you get home, do take things easy for a while. You may feel physically and emotionally exhausted. Try to have long rest periods and eat a well balanced diet. The hospital dietician can provide guidelines if you wish. You will probably be advised not to lift or carry anything heavy nor to drive for a few weeks.

**Lymphoedema**

If your surgeon has removed the lymph nodes from under your arm, you are at risk of a condition called lymphoedema. This is a swelling caused by a build-up of lymph fluid in the tissues. This build-up is a result of damage to the lymph system because of surgery or radiotherapy to the lymph nodes in glands in the armpit and surrounding areas. Lymphoedema can occur immediately following surgery or radiotherapy, or it can develop later, sometimes many years after treatment. Also, your hand and arm will be more at risk of infection. Even a small cut or burn or graze can sometimes become infected. Take care of your hand and arm on the operation side, particularly when gardening or when using...
sharp knives. Always wear rubber gloves when washing up and use oven gloves when cooking. Ensure the skin on the arm is kept clean, dry and moisturised. Avoid sunburn or bites. If you do get any sign of swelling, pain, inflammation or tenderness, ask your doctor’s advice as soon as possible. You may need antibiotics to prevent the infection from getting worse and perhaps causing lymphoedema. If you start to feel flu-like in addition to these signs, contact your doctor immediately.

You should also avoid placing strain on the arm where the lymph nodes have been removed. For example, lifting weights in a gym, doing lots of housework, lifting heavy items (e.g. shopping bags). However, it is important to continue to use the arm normally and do exercises to encourage lymph flow through the arm.

If you do develop lymphoedema, there are specialists who deal with this problem and treatment options they can offer such as specific hosiery (arm stockings), massage and exercise.

If you experience swelling, pain, inflammation or tenderness, contact your doctor as soon as possible to treat infection promptly.

For more information on any aspect of lymphoedema, call the National Breast Cancer Helpline Freephone 1800 30 90 40.

Breast prostheses

A breast prosthesis is an artificial breast form which fits into a bra cup to replace your natural breast.

After surgery, you will not be able to wear anything that puts pressure on your scar and the surrounding area for 6-8 weeks. While your scar is healing, your breast care nurse will be able to
give you a lightweight temporary prosthesis. This is made of synthetic washable fibre. This can be worn immediately following surgery, and will help maintain your outward appearance during the initial period after your operation. Some women find that a bra is too constricting during this time. If you prefer, you can wear a camisole top or a cotton vest with Lycra to give you support.

Later (usually after about 6 to 8 weeks) you can be fitted with a permanent breast prosthesis. This is made from silicone gel moulded to form the natural shape of a women's breast, and resembles the movement, feel and weight of normal breast tissue. There is a wide range of prostheses available in different shapes, sizes and skin colours. A properly weighted prostheses will provide the balance your body needs for correct posture.

Your breast care nurse or a trained mastectomy fitter will do the fitting for you. An appointment may be made for you before you leave the hospital. To find a fitter near you call the National Breast Cancer Helpline Freefone 1800 30 90 40.

Following breast cancer surgery, all women are entitled to their initial permanent prostheses and two bras free of charge.

**Radiotherapy**

This is a treatment where high energy X-rays are aimed at a cancer to cure or shrink the cancer, or sometimes to protect the tissue against the tumour recurring. Usually the X-rays are delivered through a machine called a linear accelerator or cobalt machine. This is known as external radiotherapy. This type of treatment is always given to women who have had part of their
breast removed. Radiotherapy is given to the breast tissue which remains after surgery. Radiotherapy may sometimes be given following a mastectomy.

Radiotherapy is usually started about 4-6 weeks following surgery if no chemotherapy is required. However if chemotherapy is required, radiotherapy usually starts to commence after the chemotherapy has ended or nearly ended.

**Planning your treatment**

Before radiotherapy your doctors and other specialists plan how to give it to you. They work out how to give you the right amount of radiotherapy with the least damage to normal cells. On your first visit to the radiotherapy department, you may be asked to lie under a simulator that takes X-rays of the area to be treated. Treatment planning is a very important part of radiotherapy and it may take a few visits before your treatment can go ahead.

You will have marks put on the skin where you are to be treated. This may be with ink or a tiny permanent tattoo. This way the rays can be aimed at the same area each day. The ink marks are temporary and should not be washed off until treatment is over.

Before starting radiotherapy you will be told how to look after your skin during and after treatment.

**Getting your radiotherapy**

Radiotherapy treatment is quite straightforward. You will be asked to come for treatment every day during the week with a rest at weekends. Your treatment can go on for several weeks (5-6 weeks). Each treatment session only lasts a few minutes. It will not cause you any pain during treatment but you will be asked to lie still.
How much you require will depend on the type and size of the tumour. Your doctors will discuss this with you.

Each time you go for treatment you will go into a radiotherapy room. The radiation therapist will ask you to lie or sit in a certain position under the machine. When you are ready he or she will leave the room. The machine will then be turned on and your treatment given. Even though you are on your own in the room your radiation therapist will be able to see you all the time through a closed circuit camera. You can talk through an intercom to the radiography staff if you need to. External radiotherapy does not make you radioactive. It is perfectly safe for you to mix freely with family and friends.

Will you have any side effects?

Radiotherapy is given directly to the site of the cancer. Therefore, the side effects that occur are related to the part of the body being treated. How severe these side effects are will vary from person to person, depending on the amount of treatment received.

When the breast/chest wall is being treated the most common side effects are:

Skin changes
During radiotherapy the skin in the treated area may become red and sore. It may look like sunburn. A special cream can be used to treat this problem. Only use creams recommended to you by the nurses or therapy radiographers. If you need to wash the area use warm water and pat it dry with a soft towel. Do not rub the skin while washing and drying. Avoid perfumed creams or powders. Check with your radiation therapist or nurse before applying anything to your skin. Clothing covering the treatment area...
should be loose fitting and made of natural fibres. Tight fitting bras should be avoided. As treatment continues it may be helpful to wear a crop top or vest next to the skin. When receiving radiotherapy the treatment area should not be exposed to full sunlight. After treatment is completed, the area should not be exposed to sunlight until completely healed. Even after several months you should use a very high factor suncream. The skin will stay sensitive to sun for at least a year after treatment.

**Tiredness**
This can build up over the course of your treatment. It may be due to the treatment itself or maybe you have to travel long distances to come for treatment. Sometimes your blood count, in particular haemoglobin (iron part of the blood) can drop. This can also make you feel tired. Your radiotherapy doctor will monitor this. Rest as much as you can. Cut down on the things you normally do while you are having treatment.

**Indigestion**
This can occur if the area being treated is close to your food pipe. Your breast care nurse will advise you on possible treatments. These or any other effects you develop will be watched very carefully during the radiation treatments. Information will be given on how to prevent side effects and medication will be prescribed if needed. All these side effects should go away when treatment is over, but do let your doctor know if they continue.

Further information on radiotherapy is available through National Breast Cancer Helpline Freephone 1800 30 90 40.
Drug treatments for breast cancer

Hormone therapy and chemotherapy are the two main types of drug treatment used for breast cancer. Biological therapies can also be used. These treatments can be used for two different purposes:

As neo-adjuvant treatment – given before surgery to make the tumour smaller
In some cases, drug treatment is given before surgery. For example to try and shrink large tumours and to make surgery possible. This is known as neo-adjuvant treatment. Sometimes, two or three courses of chemotherapy are given before surgery. The chemotherapy may shrink the tumour and make the operation easier and more effective. Once you have recovered from surgery you may need further chemotherapy. Hormone therapy can also be used in this way. If you are offered neo-adjuvant treatment, your specialist or breast care nurse will explain why.

As adjuvant treatment – to help prevent cancer spreading or coming back
Adjuvant is the term given to extra treatment after an operation. This is to help prevent the cancer spreading to other parts of the body. This type of treatment follows surgery where all or part of the breast has been removed. Adjuvant therapy is used to treat breast cancer in many situations. The cancer may have released cells into the bloodstream or the lymphatic system. Even when breast cancer has been surgically removed, small numbers of tiny cancer cells can spread to other parts of the body. The risk of this happening can be reduced for some women if they are given extra or adjuvant treatment. There is no guarantee that this treatment will prevent the cancer spreading but it does reduce the risk of it happening.
The decision to give you adjuvant treatment is based on your age, menopausal status, general condition, the size of the tumour, whether it is hormone sensitive (see page 43), and the grade of the tumour.

As treatment for cancer that has spread or come back

It is not common, but sometimes when a woman presents with breast cancer it has already spread to other parts of the body. This is called secondary (or metastatic) breast cancer. In addition, many women have no further problems after their original treatment for breast cancer but, unfortunately, in some women breast cancer does come back or spreads to other parts of the body. A number of factors will be considered by your doctor before deciding on which treatment you will be given. These include:

- which part of your body is affected by secondary cancer cells
- what kind of adjuvant treatment, if any, you had in the past
- your general health and your wishes.

For more information on secondary breast cancer, contact the National Breast Cancer Helpline Freephone 1800 30 90 40.
Chemotherapy

Chemotherapy is a treatment using drugs that cure or control cancer. These drugs can be used on their own or in combination with each other. This treatment may be given before or after surgery. The drugs used in chemotherapy travel through the bloodstream to almost every part of the body. They are often given in cycles such as once every 2 or 3 weeks with a rest period between treatments. Chemotherapy may be given directly into a vein as an injection and/or through an intravenous infusion. It may also be given in tablet form. Most commonly, your treatment will be given in the chemotherapy daycare unit.

There are several chemotherapy drugs used to treat breast cancer. Your doctor or breast care nurse will discuss your treatment with you. A number of chemotherapy drugs are often used together and are given every 3-4 weeks for about 6 months. Though sometimes it may be slightly shorter or longer than this period. The rest period between treatments allows the body time to recover from the side effects of treatment. For more information on different types of chemotherapy, call the National Breast Cancer Helpline Freefone 1800 30 90 40.

Side effects of treatment

The side effects of chemotherapy vary from person to person and depend on the drugs used. These unwanted side effects happen because while the chemotherapy is working on the cancer cells it can have an effect on normal cells too. In most cases the side effects go away when the treatment ends or soon after. Your doctor or nurse can give you something to stop most of them or make them easier to cope with.
Side effects may include:

**Nausea and vomiting**

Some chemotherapy drugs make you feel sick (nausea) or get sick (vomit), however many people experience no sickness at all. When it occurs, will depend on the drugs given and can be from a few minutes to several hours after chemotherapy injections. The sickness may last for a few hours or, in rare cases, for several days.

If you are receiving a drug that can cause sickness, your doctor will prescribe you medications to prevent this, called anti-emetics. You may receive them immediately before your treatment and in tablet form, for when you go home. The aim of the anti-emetics is to prevent any nausea and vomiting so if you do experience any nausea or vomiting it is important to tell your doctor. Some anti-emetics work well for some people and not for others, and your doctor will be able to prescribe another one for you. You may need a combination of anti-emetics to help prevent any nausea and vomiting.

If you do experience nausea these hints might be helpful:

- eat small amounts of food regularly
- avoid fatty foods
- avoid foods that make you feel sick
- avoid taking a lot of fluid just before you eat
- taking ginger or peppermint can help
- take plenty of fluid in small amounts throughout the day
**Infection**

Chemotherapy can affect your bone marrow, which is responsible for making blood cells. White blood cells fight infection and when these are low in your body (neutropenia) you are more prone to picking up infections. While on chemotherapy it is important to avoid children and adults who have colds or other infections, such as chickenpox, shingles or measles. You should contact your doctor if you have a sore throat, cough, pain passing urine, redness or swelling (e.g. at a catheter site) or have a temperature of or over 38°C. You should take extra care with your personal hygiene, making sure you wash your hands well after using the bathroom. A well balanced diet should be maintained, foods should be washed thoroughly and fast food/take away foods should be avoided. You will have regular blood tests taken to measure your number of white blood cells. Sometimes your doctor will prescribe a white blood cell growth factor called GCSF, which is given as a subcutaneous injection under the skin.

**Anaemia**

Anaemia occurs when the red blood cells that carry oxygen around your body are reduced. You may feel very lethargic, breathless, dizzy and light headed. You will have regular blood tests taken to measure your red blood cell count (haemoglobin). You may need to get a blood transfusion or your doctor may prescribe a subcutaneous injection to stimulate red blood cell production called erythropoietin.
Bruising

Platelets are another blood cell that are produced in the bone marrow, they help to stop bleeding by clotting the blood. If your platelet count is low (thrombocytopenia) you will be more prone to bruising and bleeding. It is important to inform your doctor if you have unusual or prolonged bleeding or if you notice a pinpoint like rash on your body. Your platelet count will be measured regularly and you may need to receive a platelet transfusion.

Try to keep your teeth, gums and mouth very clean, as this will reduce the risk of getting a mouth infection.

Sore Mouth

The cells lining your mouth can be affected by chemotherapy, causing a sore mouth. It is therefore important to take special care of your oral hygiene. Your doctor will prescribe mouthwashes, which should be used regularly. You should use a soft bristled toothbrush, remove and clean dentures regularly, drink plenty of fluid keeping your mouth moist, keep your lips moist by applying Vaseline and avoid very hot or acidic drinks. If you develop an ulcer, inform your doctor as these can become infected. Chemotherapy can also cause your sense of taste to change, this will resolve after your treatment has finished.

Hair Loss (Alopecia)

Not all chemotherapy drugs cause hair loss; some may thin the hair while others do not affect it at all. You may lose all body hair including your eyelashes and pubic hair, which can be very distressing. Your doctor or nurse will let you know if the chemotherapy you are receiving causes hair loss. Your hair can begin to fall out within a few weeks of your first treatment and will begin to grow back a few weeks after your last treatment. It is
important to pick out a wig before your hair falls out so that a close match can be obtained. Some people find it beneficial to cut their hair very short before it falls out and to wear a hair net at night, as it can be very upsetting to wake up in the morning with a lot of hair on your pillow. Not everyone will want a wig and there are other alternatives if required (scarves/turbans). It is important not to use chemical hair dyes or to perm your hair while you are on treatment. Avoid using hair dryers, curling tongs and curlers. Pat your hair gently after washing and use a soft or baby brush.

If you find hair loss extremely distressing there is a method available to try to reduce the amount of hair loss. This is called scalp cooling. It works by cooling the head and reducing the blood flow to the scalp thus reducing the amount of drug reaching the hair follicles. This treatment does not work for everyone can only be given in certain circumstances and is not available in every hospital. You can ask your doctor or nurse about scalp cooling.

To sum up

- Chemotherapy is a treatment using drugs to control or cure cancer
- Chemotherapy can be given in tablet form, directly into a vein as an injection, or through an intravenous infusion (drip)
- The side effects vary from person to person depending on the drugs used. Most side-effects are well controlled with medication
Constipation and diarrhoea

Chemotherapy can also cause a change in your bowel habits. Some may cause diarrhoea. Passing watery bowel motions more than twice a day is known as diarrhoea. If you have diarrhoea you should drink plenty of fluids, avoid a high fibre diet and contact your doctor if it persists, there are medications that can be taken to relieve this symptom.

Chemotherapy may also slow down the movement of the bowel, making it difficult to pass a bowel motion, this is called constipation. If you experience constipation, it is important to maintain a high fluid intake, eat a high fibre diet and tell your doctor if it persists as you may need to go on medication to help relieve it (laxatives).

Fatigue

Fatigue may be due to your cancer itself, or as a result of symptoms caused by the cancer. It can also be a side effect of treatment. Fatigue can affect you physically and emotionally. It can be very frustrating, as it does not go away with rest. Fatigue can remain for up to six months after your treatment has finished. It can be very difficult but there are some ways that can help to manage your symptoms of fatigue. These include getting some support from family or friends e.g. getting them to do the shopping. You should rest when you are tired and by keeping a fatigue diary you will be able to identify when your energy levels are highest so you can plan your work for this time. Maintaining a well balanced diet is also important. Inform your doctor or nurse of your fatigue and they will be able to help with some symptoms. A booklet called Understanding Fatigue is available from the Irish Cancer Society.
Biological therapies

There are new drugs and different ways of treating breast cancer being developed all the time. Herceptin is an example of a new drug used to treat some types of breast cancer. It belongs to a type of treatment using monoclonal antibodies which are a biological therapy. In order to receive this treatment, your breast cancer cells must contain a certain gene called HER2. There are two ways of testing your cells – your doctor or breast care nurse can discuss these with you. You will not need any further surgery as the tissue that was removed during surgery can be tested. Your test results will come back as positive or negative. If you are positive for HER2, Herceptin may be used in your treatment.

Herceptin is usually very well tolerated. However, during the infusion of the drug, it is possible that you may feel chilly and/or feverish. Usually you will get drugs before you receive Herceptin to prevent this from happening. During the treatment, your oncology nurse will monitor you closely. While on Herceptin your blood pressure and pulse will also be carefully monitored as this drug can affect heart function. An ECG (tracing of the heart beating) or other heart test will also be done before you start to receive this drug. You should discuss with your doctor the possibility of heart function being affected due to Herceptin.
Hormone therapy

Hormones are substances that occur naturally in the body. They control the growth of normal cells. The female hormones, oestrogen and progesterone, can effect the growth of breast cancer cells. By changing the levels of oestrogen and progesterone in the body it may be possible to slow down or stop the growth of cancer. Hormone therapy changes the level of hormones.

A test called an oestrogen receptor test is done on the breast tissue removed during a biopsy or surgery. This measures how sensitive your breast cancer is to hormones. The result of this test will help your doctor to decide whether or not hormone treatment will be of benefit to you. Usually if your breast cancer is oestrogen receptor positive, this means that you will benefit from hormone therapy. If your breast cancer is oestrogen receptor negative, hormone therapy is unlikely to be of benefit to you. However, your doctor will discuss this with you. Hormonal therapy may be given on its own or in combination with other treatments.

Types of hormone treatment

Tamoxifen is a commonly used hormone treatment. It works by blocking the uptake of oestrogen by the receptor on cancer cells. Tamoxifen is usually given in tablet form, once a day. But a new form of Tamoxifen is an intramuscular (into muscle) injection which is now available for some types of secondary breast cancer.

Aromatase inhibitors are a group of drugs that block the production of oestrogen in women who have had the menopause. They work by blocking hormones called androgens that are changed into oestrogen by an enzyme known as aromatase, found
in the liver and fatty tissue of the body. Some of the names of drugs in this group are Arimidex, Femara and Examestane. These are usually given in tablet form, once or twice a day.

LHRH (luteinising hormone releasing hormone) analogues are drugs which are given to premenopausal women by injection under the skin. These drugs switch off the ovaries by changing levels of hormones released in the brain that control how the ovaries work. This stops the production of oestrogen. The effects of these drugs are reversible once the drug is not given anymore. An example of an LHRH analogue is Zoladex.

**Side effects of hormone therapy**

Hormone therapy may cause short or long-term side effects. As with all drugs side effects can vary. For younger women who are still having periods, hormone treatment may cause periods to stop. The physical effects of this may include hot flushes, night sweats, dry skin, dryness of the vagina. These can make sexual intercourse uncomfortable, and cause a decrease in sexual desire. Women who have had the menopause are also likely to experience similar side effects, particularly if they have recently stopped hormone replacement therapy.

Women who have not yet gone through the menopause should be aware of the risk of osteoporosis (brittle bones) due to declining oestrogen levels that may be caused by hormone therapy, particularly if LHRH analogues are administered. You should discuss with your doctor or nurse your individual case and what preventative measures you can take.

Tamoxifen has beneficial effects for bones, by preserving bone density (thickness). It is also good for reducing cholesterol, but can

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cause increased blood clotting (thrombosis). The risk of thrombosis is approximately 1.5 in 100 women.

Also, Tamoxifen can affect the lining of the womb (uterus) which may become thickened. There is a small risk of developing cancer of the womb while on Tamoxifen. The risk is approximately 1.7 per 1000 per year. For this reason while on Tamoxifen, you should be closely watched and should report any vaginal bleeding to your doctor.

Aromatase inhibitors may increase bone loss and cause pains and aches in the muscle/bone joints. For this reason bone density scans may be done as a baseline (before starting treatment) and at regular intervals while on this treatment. You should also stop smoking, take regular exercise and take calcium in the diet and/or as supplements. Drugs may be prescribed if there is serious bone loss (osteopaenia).

There are other ways to lessen the side effects of hormone treatments. Ask your doctor or nurse what side effects you can expect and how to manage them. There is a fact sheet on ‘Understanding and Managing Menopausal Symptoms’ available from National Breast Cancer. To get a free copy call 1800 30 90 40.

**Post-menopausal women**

In the past, post-menopausal women with breast cancer which is oestrogen receptor (ER) positive have usually taken Tamoxifen for five years. However, recent studies have shown that either replacing Tamoxifen with an aromatase inhibitor or switching to an aromatase inhibitor for 3 years, after 2 years of taking Tamoxifen may be more beneficial for preventing breast cancer.
from returning. Your doctor will discuss with you the best hormone treatment for you to take for your breast cancer. Other studies are investigating the possible benefits of taking hormone therapy for longer than five years. You may be asked if you would like to take part in such a study.

**Pre-menopausal women**

Studies have shown that reducing the levels of oestrogen in the body can be an effective form of treatment in pre-menopausal women. Tamoxifen is recommended for women who are oestrogen receptor positive. This is usually recommended for five years.

However, you may also receive a course of chemotherapy usually before, or in some cases, at the same time that you take Tamoxifen. Chemotherapy may bring on an early menopause by stopping ovaries from functioning normally and stopping menstruation, and so also reduce oestrogen levels.

In some women, after chemotherapy treatment is over, and despite being on Tamoxifen, menstrual periods may return. In some cases your Consultant may prefer to keep oestrogen levels low and stop menstruation more permanently by stopping the ovaries from functioning. There are three ways to stop the ovaries functioning:

**Surgery.** This is where the ovaries are removed. This is more commonly recommended for women who have a breast cancer diagnosis with a genetic predisposition to breast and ovarian cancer (BRCA 1 and BRCA 2 genes).

**Radiotherapy.** This permanently stops the ovaries working and is not commonly performed.

**Drug treatment.** Certain drugs as mentioned already, known as LHRH analogues, (e.g Zoladex) can switch off the ovaries. This
has the same effect as surgery or radiotherapy but is reversible. This means that when drug treatment is stopped, your periods may return and the side effects may reduce. As a result many doctors recommend drug treatment instead of radiotherapy or surgery.

**Hormone therapy as treatment for breast cancer that has spread or come back (secondary breast cancer):**

All the hormonal treatments described above may be used as treatment for secondary breast cancer, particularly if the cancer has spread to bones. The hormonal treatment used will depend on whether the woman is premenopausal, postmenopausal and whether other hormonal treatments have been used already. For more information on secondary breast cancer and hormonal treatments contact National Breast Cancer on 1800 30 90 40.

**Can I still have children?**

Recent research suggests that pregnancy does not increase the chance of breast cancer coming back. If you do want to have a child, you and your partner should discuss this with your doctor, who knows your full medical history, and talk over the risks and implications. You may have to wait a few years. Unfortunately, women who have had some types of chemotherapy will no longer be able to have children.

This added blow can be very hard for some women to live with – whether or not they already have children. Fertility is a very important part of many people’s lives and not being able to have children can seem especially hard when you already have to cope with cancer.
Loss of fertility is not usually something people can come to terms with in a short time. Allow yourself time to adjust to it and express your sadness that a part of your life and a natural function of your body has been denied you. When you feel ready, talking with your partner, family or a close friend may help you cope. Don’t be afraid to ask your doctor for professional help. This is in no way a failure. Many people find it extremely difficult to cope with infertility alone.

**Contraception**

It is very important that you do not become pregnant while on chemotherapy or hormone therapy. Even if your periods stop while on treatment, you will still need to use contraception if you are sexually active.

As the cancer may be affected by hormones, women who have had breast cancer are usually advised not to take the contraceptive pill. Barrier methods of contraception such as condoms or the cap are suitable. Lubricating jelly (available without prescription from the chemist) is completely safe to use with barrier contraceptives if extra moisture is needed during sex.

Your hospital doctor can give you good contraceptive advice, as can your family doctor, who can also fit you for a cap if this is the contraceptive you choose. Family planning or Well Woman clinics will also advise you on contraception. Coils (IUDs) are effective, but not the types that work by secreting progesterone, another female hormone. Again, your family doctor can fit you with a coil if you wish. Some women choose to be sterilised to prevent the risk of pregnancy.

The choice of an effective contraceptive is largely a personal one. Your likes and dislikes, and those of your partner if you have one,
are obviously important. Women may also have religious and moral beliefs to consider. Unfortunately, the withdrawal and rhythm methods of contraception are not safe enough as protection against pregnancy in this case. Some women find that, if necessary, talking through their situation with their religious leader or a trained counsellor, helps them find acceptable alternatives.

**Hormone replacement therapy (HRT)**

Women who have had breast cancer are usually advised not to take hormone replacement therapy. This is because it contains oestrogen and may stimulate a recurrence of the cancer.

**Follow-up**

Whatever treatment you get for your cancer, once it is over you will need to come back for regular follow-ups. At first these visits will be quite often. Follow-up will include seeing your doctor and having a routine mammogram once a year. These will continue for a number of years but will become less frequent. If you are between check-ups but you have a symptom or problem that worries you, let your doctor know by making an appointment to see him or her as soon as possible.

**Relief of symptoms**

Sometimes when you have cancer it can be very hard to tell if the symptoms you are having are a part of your illness or a side-effect of treatment. These symptoms can vary from time to time and be mild
or severe. If you have symptoms that are troubling you, it is important to let your doctor or nurse know. He or she can give you treatment that should help. It is possible that there are things that can be done to make life easier. One of the most common side effects is **fatigue**.

**Fatigue**

Fatigue is something that lots of people complain of from time to time even if they are not ill. For most people it is nature’s way of telling them to slow down and take some rest. Fatigue is a common symptom of cancer and is often described as an overwhelming tiredness. You may find it difficult to concentrate or make decisions. The reason for this fatigue can be hard to identify. Fatigue may be caused by worry when a diagnosis of cancer is made and the additional stress caused by treatment. It is important to know that even though you may find it hard to identify the reasons for your tiredness there is action you can take that may help. For many patients, treatment may help by relieving symptoms such as pain and nausea allowing you to get back to your normal routine. Ask your doctor before you start treatment what side effects you can expect.

If you are feeling very worried and find it hard to sleep at night tell your doctor or nurse. He or she may be able to help. Try talking to your close family or friends about your concerns. If you find this difficult ask to see a counsellor. He or she will help you to find ways to cope.

If your illness allows you to take part in physical exercise, try to do some on a regular basis. For example, a 30-minute walk 3 days a week might be a realistic goal and will boost your morale when you achieve it. Get others to help you around the house, with the
travelling to hospital, at work, with the children or with shopping. Use the extra free time to do something that you especially enjoy.

There is a booklet on fatigue available. If you would like more information, call the Action Breast Cancer Helpline Freefone 1800 30 90 40.

Research – what is a clinical trial?

Research into new ways of treating cancer goes on all the time. By using new drugs or new combinations of drugs and treatments that are already in use, doctors can find new and better ways of treating cancer. Many cancer patients take part in research studies today. Even though the word ‘research’ or ‘new drug’ sometimes scares people, there is no need for fear. Before a drug or treatment is used on patients it goes through many stages to make sure it is safe to use.

Phases of research

There are many stages or phases when research is done. If a drug or treatment looks as if might be useful in treating cancer, it is given to patients in research studies called clinical trials. These aim to find a safe dose, see what side-effects may occur and identify which cancers can be treated.

If early studies suggest that a new drug may be both safe and effective, further trials are carried out. These aim to:

- Find out if the treatment is better than ones already in use.
- Find out if there are more benefits when the new treatment is given together with current ones.
• Compare the new treatment with current best standard treatments.

**Taking part in clinical trials**

Your doctor may ask you to try a new treatment. There are many benefits to this. You will be helping to improve knowledge about cancer and new treatments. There is no need for worry as you will be followed closely during and after the study.

You cannot be included in a clinical trial without your permission. You can only give this consent if the trial has been fully explained to you, so that you understand what it is about. This is called **informed consent**. You will also need time to think about it and discuss it with your family or friends. If you decide not to take part, you will still be given the best proven treatment available. Even after agreeing to take part in a trial, you can still withdraw at any time if you change your mind. As part of research into the causes of cancer, your doctors may ask your permission to store some samples of your cancer cells or blood.

*If you would like more information, a booklet called Understanding Cancer Research Trials (Clinical Trials) is available. Call the National Cancer Helpline 1800 200 700 for a free copy.*

**Complementary and alternative therapies**

There is great interest today in complementary treatments for cancer. Some people find them helpful and beneficial during their illness. In many countries the way cancer is treated depends on the
culture and environment in which you live. In Ireland cancer treatments are based on scientific research, which allows the response to treatment, side-effects and the general effect of treatment to be predicted.

You may hear about the following types of treatments or therapies.

**Conventional therapies**

Conventional therapies are treatments which doctors use most often to treat people with cancer. These include surgery, radiotherapy, chemotherapy, hormone treatments and biotherapy. They are tried and trusted methods where there is a long history of use. Many of the treatments have been tested in clinical trials.

**Complementary therapies**

Complementary therapies are treatments that are sometimes given together with conventional treatment. They include therapies such as:

- Meditation
- Relaxation
- Visualisation
- Gentle massage
- Aromatherapy
- Reflexology
- Nutrition therapy
- Music, art and dance therapy
- Shiatsu
- Yoga
- Acupuncture
- Hypnotherapy

Many people find that complementary therapies are very helpful in a number of ways. You may feel more positive about yourself and your illness. You may be better able to cope with the physical side-
effects of cancer and the distressing emotions that cancer can often bring. Some complementary therapies also focus on the spiritual dimension of a person to aid healing.

**Alternative therapies**

Alternative therapies are generally treatments that are used instead of conventional treatments. These therapies include:

- Diet therapy
- Megavitamin therapy
- Herbalism.

Most doctors do not believe that such treatments can cure or control cancer.

**If you decide to have complementary or alternative treatments**

Before you decide to change your treatment or add any methods of your own, be sure to talk to your doctor or nurse. Some methods can be safely used along with standard medical treatment. But others can interfere with standard treatment or cause serious side-effects. For that reason, it is important to talk openly with your GP or cancer specialist if you are thinking of having treatment with either a complementary or alternative practitioner. Don’t be afraid that your doctor will be offended by your wish for other treatments. In fact, he or she may be able to recommend therapies that could be safe and useful for you.

Be cautious in selecting a practitioner. Don’t be misled by promises of cures. At present, this area is not fully regulated in Ireland. Ensure that the practitioners you plan to visit are properly qualified and have a good reputation. Check to see if they belong to a professional body or not. If you are unsure but would like to know what other patients have found helpful, contact your doctor.
or a patient support group. Also, it is important to make sure that the practitioner is charging a fair price for your treatment.

More information is available in a free booklet from the Irish Cancer Society called Cancer and Complementary Therapies. If you would like a copy or more advice, call the National Cancer Helpline 1800 200 700.

Coping and emotions

Living with breast cancer

Breast cancer surgery, whether it removes your entire breast, or only part of it, can be a deeply traumatic experience. You may feel that your breasts are very important to your idea of yourself as a woman. You may find that the alteration to your appearance severely affects your self-confidence.

Women find different ways of trying to come to terms with the change to their bodies. Some prefer to see the results of the surgery for the first time alone. Others may want the support of a partner, close friend, doctor or nurse when they take their first look. Either way, the first months are likely to be very upsetting and many women are swamped with conflicting emotions. Grief, fear, shock, anger and resentment mixed perhaps with relief that the cancer has been found and treated – women feel all or some of these to varying extents as they start to live with the effects of a breast cancer diagnosis.

Help is available. No woman has to deal with this experience
alone, unless she prefers to do so. All specialist breast care units have specially trained breast care nurse specialists who are expert in supporting women at this time. Doctors too often have wide experience of helping women through this traumatic situation. The support of a caring partner or close friend can also be invaluable.

Reach to Recovery (see page 79) has a nationwide network of trained volunteers who are available to visit you in hospital or your home. These women have been through the experience of breast cancer, and can offer comfort and practical advice. Some women may also find it helpful to talk to a counsellor. (See page 79)

**Sexuality**

Although breast surgery will not affect your physical ability to have sex, the accompanying strong emotions may affect your sexual feelings for a while. At any age, women need to feel happy with their bodies to have a fulfilling sex life. Fear that a partner – even a long-standing one – may be put off by the result of the surgery can make a woman anxious about the moment she allows someone to see or touch her body.

There is no right or wrong time to take this step. When you do it, and the way you do it, depend entirely upon your own feelings and your relationships.

Some women feel so vulnerable, they need time simply to be alone, to try to comfort themselves and build up the courage to face someone else – even a deeply loved partner. Others need almost immediate physical comfort and find loving touch a powerful relief to the fear of rejection. Letting someone else see
their changed appearance is, for many women, the first step in coming to terms with their situation.

Again, you don’t have to handle this alone unless you want to. If the idea of undressing with your partner on the first night home from hospital fills you with dread, you can try to lessen the impact. While you are still in hospital, the nurses can prepare your partner for how the operation area may look. A nurse, or your doctor, can even be with you both when you let your partner see the operation scar. Alternatively, you may prefer a close relative or friend to be there and talk it over with you both afterwards. Comforting words which may seem insipid or shallow at first, such as – ‘it will get better with time’– are actually true.

After the operation, swelling will go down, bruising soon fades and scars will gradually become less obvious. As you become more used to the soft breast prosthesis, this should also help to restore your confidence. This section has dealt mainly with the immediate emotional impact of breast cancer surgery. This is not meant to imply that in a few months you should feel fine and have fully accepted the changes to your body. The emotional impact often lasts longer, you may find all your anxieties returning each time you have to go for a follow-up appointment. New situations may bring fears and insecurities flooding back. Women without a partner, for example, may be particularly anxious if and when the time comes to get sexually involved with someone.

Help is available right throughout your treatment and at any time afterwards. You can talk to your breast care nurse or social worker. Sometimes just talking it through is helpful, and getting simple
advice on practical issues. Occasionally these professionals might recommend meeting a specialist sexual therapist. National Breast Cancer has a Helpline, Freefone 1800 30 90 40 staffed by specially trained nurses who will be happy to provide advice and support whenever you need it.

How to cope with your feelings

There are many reactions when told you have cancer. Reactions can differ from person to person. In fact, there is no right or wrong way to feel. There is also no set time to have one particular emotion or not. Some reactions may occur at the time of diagnosis, while others might appear or reappear later during your treatment. Or indeed it may not be until you recover from your illness that your emotions hit hard.

Some of the more common reactions include:

- Shock and disbelief
- Fear and uncertainty
- Loss of control
- Sorrow and sadness
- Denial
- Anger
- Resentment
- Blame and guilt
- Withdrawal and isolation.

Sometimes a cancer diagnosis can bring greater distress and cause anxiety and depression.
Shock and disbelief

‘It can’t be me.’ ‘Has there been a mistake?’ ‘Cancer happens to other people, not me.’

Shock is often the first reaction to a cancer diagnosis. In fact, you may feel numb and the situation may seem unreal. Many people think cancer will never happen to them and are totally shocked when it does. Even if your doctor and nurse discuss your cancer with you, the news may not sink in for a while. You may find yourself confused, asking the same questions over and over again. Or else you may accept the news calmly and say nothing because you don’t really believe it is happening to you.

Fear and uncertainty

‘Am I going to die?’ ‘Will I be in pain?’ ‘Will I become a different person?’

There is no doubt that cancer is a scary word. Not surprisingly, you may have many fears when first told of your diagnosis. Often the first thing people think about is dying. They think the worst. But nowadays many cancers can be cured or controlled with modern treatments. Another great fear about cancer is pain. The fear of pain can sometimes overwhelm everything else. However, some cancers cause no physical pain at all or else can be controlled with good painkillers. You may also have fears that your experience of cancer will change who you are and that people will reject or avoid you. For example, after some cancer treatments your body image may be different, and it will take some time for you and for others to adjust to your new look.

You may also have practical worries and fears about the effect of
your illness on your family, your finances, your job, and your lifestyle.

It is natural for you to be afraid or concerned about the future too. You may wonder if you will be cured or if your cancer recurs. Living with this uncertainty can make you feel anxious and fearful. You may not wish to make any plans or decisions. Discuss your concerns with your doctor, who will give you advice and help. If living with uncertainty overwhelms you, it may help to talk to someone in a support group.

**Loss of control**

‘I can’t cope with this.’ ‘I’ll never get through it.’

After a cancer diagnosis, it is common for people to feel their life is beyond their control. All your plans may be put on hold. You may even lose some independence and freedom. Because you don’t know enough about your illness at first, you may rely totally on the advice of your doctors and nurses. You may not feel confident to make any decisions about your treatment. When you experience a loss of control it can lead to feelings of helplessness. You may also feel that you will be unable to cope with your treatment or that you will ‘fall to pieces’ or ‘go crazy’. You may even lose hope.

But it takes a while to know what is within your control and what is beyond it. Finding out as much as possible about your illness can help you regain some control. Taking an active part in making decisions about your treatment can help you feel more in control of your illness.

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Learning more about your illness and treatment can help you feel more in control.

National Breast Cancer Helpline Freefone ☎ 1800 30 90 40
Sorrow and sadness

‘I used to be so healthy.’ ‘I had so many plans.’ ‘I’ve let my family down.’

It is natural to feel sad when told you have cancer. You may feel sad for a variety of reasons: for the loss of your good health, for the plans that are put on hold, for the people you feel you’ve let down, and for any changes to your body that arise from treatment. Depending on your type of cancer, your fertility or body image may be affected by treatment. In this case the sadness or sorrow can come from feeling as if a part of you has died. These feelings may not be there all the time and may come and go, but will gradually fade.

Denial

‘I’m fine, really.’ ‘I don’t have cancer.’

Sometimes after being told their diagnosis, people deny they have cancer. While this may seem absurd, it is a valid way of coping. As a result, people may not wish to mention or discuss their illness. Or else they may talk as if their illness is nothing serious. Denial may last for a short or long time, depending on how long it takes for you to adjust to your illness. Tell your family and close friends that you would prefer not to talk about your illness, at least for the time being. Your doctors and nurses will also understand if you don’t want to hear any information about your cancer until you’re ready.

Anger

‘Why me? I always took care of my health.’ ‘Why did this happen now?’

It is normal too to be very upset when told you have cancer. Many
aspects of your illness can result in anger and distress. Anger can often hide other feelings such as fear, sadness or frustration. You may feel angry towards the doctors and nurses who are caring for you. Or if you have a religious belief, you may feel angry with your God for allowing cancer to occur. You may vent your anger on those closest to you. Indeed being unable to protect the ones you love may frustrate you. Your family and friends may not always be aware that your anger is really about your illness and not at them. It may be helpful to talk to them when you are calm, rather than feeling guilty or trying to bottle up your angry thoughts. Anger can sometimes affect your ability to think clearly. So if it persists and you are finding it hard to talk to your family, tell your nurse or doctor.

**Resentment**

‘How can you talk - you don’t have to deal with cancer.’ ‘How come I’m not getting better?’

Don’t bottle up your feelings – express them

It is natural that you might be resentful and unhappy because you have cancer, while other people are well. During the course of your illness similar feelings of resentment may occur for many reasons. You may resent that another patient receiving the same treatment as you has responded quicker than you have. You may resent having to change your lifestyle in some way. Sometimes relatives, especially adolescents, can resent the changes that your illness makes to their lives. It is best to admit that these feelings of resentment exist and to express them. Bottling up resentment helps no one. Instead everyone ends up feeling angry and guilty.
Blame and guilt

‘I should have watched my diet.’ ‘If only I had more positive attitude, I wouldn’t have got sick.’

When diagnosed with a serious illness such as cancer, it is natural to want to know what caused it. Sometimes people blame themselves or others for their illness. As cancer experts rarely know exactly what has caused cancer, there is no good in blaming yourself. Other times, people feel guilty because they delayed going to the doctor with their symptoms, fearing the worst. No matter what the reason, don’t torture yourself at this time. Don’t feel guilty if you can’t keep a positive attitude either, especially when you feel unwell. Low periods are to be expected. There is no evidence that your attitude will affect your health or cancer. Regret and guilt serves no useful purpose. Instead focus on what you can change or do to make you feel more in control of your illness.

Withdrawal and isolation

‘I just need to be on my own.’

There is no doubt that a cancer diagnosis is stressful. It can leave you feeling confused and overwhelmed with so much information to take in. At times during your illness you may want to be left alone and withdraw from people. It is normal for you to want to be alone to sort out your thoughts and feelings. You will want to take stock of things and work out how best you can cope. However, it is not a good idea to spend long hours on your own every day. Sometimes depression can make you avoid family and friends and stop you wanting to talk. If you isolate yourself, it can be hard for your family and friends, as they will want to share this difficult
Understanding cancer of the breast

time with you. They may worry about you needlessly. Let your family and friends know that you will talk to them once you are ready.

If you would like more information on how to talk about your cancer, there is a useful booklet available called *Who Can Ever Understand? – Talking about Your Cancer*. If you would like a copy, call the National Cancer Helpline 1800 200 700.

**Positive emotions**

A cancer experience can also bring positive emotions. However, it may be some time before you are ready to accept these emotions as positive. You may experience great love, affection and closeness by those around you, not only family and friends but also neighbours and even the healthcare team. With that can come a sense of gratitude too. The experience of cancer can also bring personal growth and knowledge – it can make you realise where your strength lies and what is important in life for you. You may also get the chance to do and enjoy different things that you would never have done otherwise.

**Learning to cope**

After any treatment for cancer it can take some time to come to terms with your emotions. Coping with the physical effects of treatment can also add to the burden of dealing with cancer.

While it is true that some treatments can have some unpleasant side-effects, many people are able to live a normal life during treatment. You will need to take some time off for your treatment as well as time afterwards to recover. Just do as much as you feel like and take plenty of rest. It is not a sign of failure to ask for help or to feel unable to cope on your own. Once other people understand how you are feeling, they can give you more support.

National Breast Cancer Helpline Freephone ☏ 1800 30 90 40
Counselling

Sometimes it is difficult for people who are undergoing a stressful and emotional time to talk to the people closest to them, who may also be very upset. They may find it easier to talk to someone who is outside their immediate circle. It may be easier to untangle some of their deepest feelings and fears with someone who has been trained specifically in counselling skills. Your breast care nurse is a pivotal source of support and can direct you to either the oncology counsellor if available or perhaps recommend a trained counsellor. A trained counsellor can provide emotional support by allowing the person to express his or her feelings and fears, helping to make decisions and offering insight. To find out more about counselling services provided by the Irish Cancer Society and other services available in your area, call the National Breast Cancer Helpline Freefone 1800 30 90 40.

How can my family and friends help?

Families and friends can support people through their cancer journey in different ways. Some family members and friends can offer a listening ear and give advice if needed. Some may gather up-to-date information on cancer to know what their loved one can expect and what they are going through. Others may prefer to help in a practical way with travelling to and from the hospital, with childcare, cooking, shopping or housework. It may take time to know which way suits you and your friend or relative best.
How to talk to someone with cancer

When someone close to you has cancer it can be hard to know what to do. Their welfare may be a priority for you, but you might still be unsure when to visit or what to talk about. You may be afraid of upsetting them or saying the wrong thing. So it may seem best to pretend that everything is okay and carry on as normal. Sadly, by not talking to your friend or loved one, it can make them feel even more lonely and isolated. Try not to withdraw because you’re afraid of their illness or what might happen in the future. Although some people do die from cancer, many do not. Be honest with your own feelings too.

Often those with cancer do not wish to burden their family and friends with their worries and concerns. Gentle encouragement can sometimes help. But don't rush into talking about their illness – knowing that you are always ready to listen and give help may reassure them. You may not think you are doing much by just listening. In fact, it is one of the best ways to help.

Sometimes your friend or relative may get cross or irritable for what may seem to be no good reason. These feelings are completely normal. Be as patient and understanding as you can. Give them the space and time to adjust to the changes in their life. Above all, let them know that you are there, if they want to talk or need help. In time, life will begin to be normal again.

Lost for Words – How to Talk to Someone with Cancer is a useful booklet written for relatives and friends of people with cancer and is available from the Irish Cancer Society. Call the National Cancer Helpline 1800 200 700 for a free copy.
How can I talk to my children?

A cancer diagnosis can affect an entire family. It can bring changes that may be either large or small. Even so, it is best to keep family life going as much as possible. Continue with school and other activities, with birthdays and celebrations or work commitments. It may take a while but families can learn to adjust to changes in their lives.

Every family deals with cancer in a different way. You may feel that you do not want your illness to upset family life, or feel guilty that you cannot do activities with your children or that you’re letting the children down. These are all natural feelings to have at this time.

Be honest

The main thing to remember is that being honest with your family really helps. Keeping your illness a secret may not be the best thing for your children. It can put added pressures on your family and lead to confusion. Children are very sensitive to stress and tension and if you try to protect them by saying nothing, they may feel isolated. In fact, they may have greater fears if left in the dark.

It is best that you tell your children about your cancer diagnosis. If this is not possible then someone else close to your children should break the news.

How much you tell children will depend on their age and level of maturity. Very young children do not understand illness and need a simple reason why their parent or friend is sick and has to go to hospital regularly. A story about good cells and bad cells usually works well. Most children over 10 years of age can take in fairly
full explanations of why you are sick. Adolescents can understand far more. Talk to children in language they will understand and without going into the details of your illness.

It is best to prepare children for what to expect from the side-effects of treatments and to answer their questions simply and honestly. It is also important not to force your children to talk about your illness. If they rebel or turn quiet, it may be their way of showing their feelings.

Coping with children’s emotions

During your illness, your children may experience a range of emotions from fear, guilt, anger to neglect, loneliness, isolation and embarrassment. They need to be reassured that your illness is not their fault. Whether they show it or not, children may feel that they somehow are to blame. But by having an open honest approach, it may bring you a sense of relief. Your family may also find new depths of love and inner strength that will boost your life together.

If you need some extra help in dealing with children, talk to your nurse or medical social worker. A useful booklet called What Do I Tell the Children? A Guide for a Parent with Cancer gives practical advice for talking to children about cancer. If you would like a copy, call the National Cancer Helpline 1800 200 700.
If you are a carer...

Looking after yourself

Being a partner, carer or friend of someone with cancer can be both a challenging and a rewarding experience. However, it can also be tiring, frustrating and distressing. You also may be worried or anxious about the future, have fears about the effects of treatment, of recurrence, and about future tests. If you are to continue to keep your strength and your spirits up, then it is important to take good care of yourself.

- Learn more about cancer and the emotional effects it can cause. This will help you to understand what you can do to help, and have realistic expectations of treatments.

- Make sure you share your worries with someone else. Stay in touch with your own friends and get out when you can. Visit a friend for a chat or go shopping. Take the opportunity to get out and meet other people, even if you sometimes don't feel like it.

- If you live with someone who is anxious or depressed, try to make time for a break each day, even if it is just a walk to the shops or a trip to the library. This will give you something to look forward to each day. Ideally, you should also try to organise a longer break, such as an evening out with friends or a trip to the cinema each week.

- If you don't want to take a break, then at least give yourself little treats to keep yourself going. Order your favourite magazine each week and give yourself an hour to sit down with a cup of tea to read it. Or ensure that you have peace to watch your favourite TV programme, have a long soak in the bath after a difficult day, or an early night with a good book.

- If you find it difficult to cope, get help. If you have a close friend, talk through how you are feeling. If this is not possible or you don't have anyone you trust, talk to your doctor. He or she can talk through your
frustrations and feelings and can suggest other sources of help.

- Protect your physical health too. See your doctor sooner rather than later if you have any niggling health concerns.
- Find out about self-help groups, especially for carers of people with cancer.

### What you can do

Many people feel helpless when they are first told they have cancer. They think there is nothing they can do other than hand themselves over to the doctors and hospital. This is not true. There are many things that you can do at this time. If you and your family understand your illness and its treatment you will be better able to cope.

- Always ask for information that is personal to you from your own doctors.
- Follow your doctor’s instructions carefully. Take your medication. If you forget and are not sure what to do ask your doctor. Write down the questions and answers if you want.
- Let your doctor know if you have any problems or worrying side effects. He or she can decide what to do to help you. If you say nothing a small problem can become more serious.
- At times you may not be able to do the things you used to take for granted. But as you begin to feel better you can set yourself some simple goals and slowly build your confidence again. Take one step at a time. Many people talk about ‘fighting their cancer’. This can help some people feel more in control of what is happening to them. You can do this by becoming involved in your illness.
Try to eat as well as you can. Eat little and often including using lots of different types of foods with plenty of fresh fruit and vegetables.

Ask your breast care nurse or a staff nurse to contact a Reach to Recovery volunteer for you (see page 79). Alternatively, you can call National Breast Cancer Helpline Freephone 1800 30 90 40 and a visit will be arranged.

Join a relaxation class.

Take some regular exercise. Take it easy at first, building up the amount you do, as you feel stronger.

Some people find it helpful to talk to a counsellor.

If the idea of changing your diet or taking exercise does not appeal to you, don't do it. Just do whatever suits you. Some people find pleasure in keeping to their normal routine as much as possible. Others prefer to take a holiday or spend more time on a hobby.
Support and resources

Who else can help?

There are many people ready to help you and your family throughout treatment and afterwards:

- Breast Care Nurses
- Medical social workers
- Oncology liaison nurses
- Cancer nurse co-ordinators
- Psycho-oncology services
- Action Breast Cancer Helpline nurses.

- Community welfare officer and community health services
- Support groups
- Cancer support centres

Breast care nurses are available in every specialist breast unit. They are a central point of contact through the diagnostic and treatment process. They can give you information on all aspects of breast cancer and your treatment options. They also provide ongoing emotional support and advice. The medical social worker in your hospital can help in many ways. He or she provides support and counselling to the patients and their families and can provide advice on benefits, entitlements and services available when you go home.

Some of the major cancer treatment hospitals have oncology liaison nurses and/or cancer nurse co-ordinators. These specially trained nurses provide support to patients and their families from the time of diagnosis and throughout treatment. These people along with other members of your medical team work together to meet your needs.
In some larger hospitals there are special units that provide psycho-oncology services. This means that psychological care and support is given to patients with cancer during diagnosis, treatment and recovery by a team of experts. Usually the team consists of psychiatrists, clinical psychologists, social workers, counselors, nurses and medical and surgical doctors working closely together.

When you go home there are various community health services available from your local health centre. These centres have family doctors, public health nurses (who can visit you at home), welfare officers and home-help organisers. If you live in an area which is remote or far from the hospital where you have been treated, your community welfare officer can also help with practical issues such as financial worries, etc. All these people in community health services can provide advice and support. You can get more information on the services available either from the social worker in the hospital before you go home or at your local health centre.

Joining a support group can put you in touch with people who have been in a similar situation. They can give you practical advice and emotional support. You may find it easier to share your thoughts and feelings with someone who has a similar experience than with anyone else. There are a range of support groups that will support you and your family at time of diagnosis, throughout treatment and afterwards.

Often you might need practical advice about your financial matters, e.g. getting a mortgage or travel insurance. The ABC Helpline nurses will be happy to discuss any concerns you or your family may have, at any stage of your illness. They can give you more information about any of the services outlined above and can also let you know about support services in your area.
Health cover

Health cover falls into two categories – cover for medical card holders and cover for all other categories. Details of what this involves are given in the following pages. At the end of this section there are also some useful telephone numbers and addresses for further help.

Hospital cover

At present everyone is entitled to hospital inpatient services in a public ward in all public hospitals. There is a €66 a night charge up to a limit of €660 in 1 year. These charges do not apply to medical card holders. Higher rates apply for semi-private or private care.

Outpatient cover

If you go to the outpatients or A&E unit of a public hospital, without being referred there by a GP, you may be charged €66. There is no charge if you have a medical card or are admitted to hospital as a result of attending the A&E unit first.

Medical card

A medical card usually allows you, your spouse and any child under 16 to free GP services, prescribed drugs and medicines, inpatient public hospital services, and outpatient services and medical appliances. Every person aged 70 or over has a right to a medical card and no means test is needed. It covers the applicant only and not their dependants.

To qualify for a medical card depends on a means test for most people. Financial guidelines are set out each year and are available

National Breast Cancer Helpline Freefone ☏ 1800 30 90 40
from your local Health Service Executive (HSE) office, i.e. the former health board. If your means are above but close to the guidelines, you should apply for a card anyway as a card is granted in some situations. For example, if you have a large amount of medical expenses. Also, you may qualify for a medical card because you have a cancer diagnosis. In this case your spouse and children will not be covered if your means are over the limit.

**GP visit card**

If you do not qualify for a full medical card, you may be eligible for another type of medical card. The ‘GP visit card’ was introduced in 2005. It covers visits to your doctor only and you will have to pay for drugs, outpatient/inpatient charges and medical appliances yourself. It is means tested but will take into account your after-tax income and certain expenses like childcare, rent/mortgage and travel to work. Check with the medical social worker at the hospital or your HSE office to see if you are eligible.

**Drugs Payment Scheme**

Under the Drugs Payment Scheme (DPS), individuals and families including spouses and dependant children pay a limit of €90 each month to cover the cost of prescribed drugs, medicines and appliances. If you have not already received a DPS card for yourself and your family, you can apply for cover under the scheme by contacting your local HSE office. You can also register for this scheme by filling in a registration form at your local pharmacy.

**Private healthcare cover**

Private health insurance is used to pay for private care in hospital or from various specialists in hospitals or in their practices. In
Ireland this is available through the VHI, Quinn Healthcare, VIVAS Health and other schemes. They provide cover for day care/inpatient treatment and hospital outpatient treatment. Before attending hospital, it is best to check the level of cover provided by your insurance company, both for inpatient and outpatient services.

**Benefits and Allowances**

**Illness benefit**
This is a benefit for insured people. Eligibility will depend on your PRSI contributions. You must be under 66 and unable to work due to illness. Each week you must send a social welfare medical certificate signed by your doctor to the Dept of Social and Family Affairs, PO Box 1650, Dublin 1. Tel (01) 679 7777. These certificates are available from your GP and from the hospital you attend during inpatient care. You should send your claim to the Department within 7 days of becoming ill and unable to attend work. A delay might result in loss of payment.

**Disability benefit**
You might qualify for disability allowance if you are not eligible for illness benefit and not able to work for at least 1 year. Disability allowance is a weekly allowance paid to people with a disability who are aged between 16 and 66. For this allowance you must satisfy a means test, normally live in Ireland and be medically suitable. To be medically suitable you should have an illness that has continued or may continue for at least 1 year. This means that you are unlikely to be able to work for at least 1 year due to your illness. You are allowed a free travel companion pass and a home benefits package – including an electricity or gas allowance,

National Breast Cancer Helpline Freephone ☎ 1800 30 90 40
telephone allowance and free television licence – and a fuel allowance. You are also entitled to a medical card and assistance under the Supplementary Welfare Allowance Scheme.

Application forms are available from post offices, social welfare offices or the Disability Allowance Section, Social Welfare Services Office, Government Buildings, Ballinalee Road, Longford. Tel: (043) 45211 or (01) 874 8444.

Disability allowance

You may qualify for Disability Allowance if you are not eligible for Disability Benefit and not able to work for at least a year. Disability Allowance is a weekly allowance paid to people with a disability who are aged between 16 and 66. You must have a means test and be medically suitable for this allowance. To be medically suitable you should have an illness that has continued or may continue for at least one year. This means that you are unlikely to be able to work for at least a year due to your illness. Application forms are available from post offices, social welfare offices or the Disability Allowance Section, Social Welfare Services Office, Ballinalee Road, Longford. Tel: (043) 45211 or (01) 874 8444.

Invalidity pension

This is a pension paid instead of an illness benefit or disability allowance, if you are unable to work permanently. There are three cases where you can be eligible. (1) If you have been incapable of work for at least 12 months and likely to be incapable for at least another 12 months. (2) If you are permanently incapable of work. (3) If you are over the age of 60 and have a serious illness or incapacity.
Your eligibility will also depend on your PRSI contributions and you must normally live in Ireland. You are allowed a free travel pass and a home benefits package – including an electricity or gas allowance, telephone allowance and free television licence – and a fuel allowance. You are also entitled to a medical card and assistance under the Supplementary Welfare Allowance Scheme. Application forms are available from the Invalidity Pension Claims Section, Social Welfare Services Office, Government Buildings, Ballinalee Road, Longford. Tel: (043) 45211 or (01) 704 3314, Ext. 48728.

**Carer’s allowance**

This is an allowance for carers on low incomes who look after someone who needs full-time care and attention. You must be aged 18 or over, normally live in Ireland, satisfy a means test, not be self-employed or work more than 15 hours a week outside the home, and not live in a hospital or nursing home. You are allowed a free travel pass and a home benefits package – including an electricity or gas allowance, telephone allowance and free television licence. You are also entitled to a respite care payment every year. For more advice, talk to your social worker and/or the Dept of Social and Family Affairs. You cannot get this allowance if you are receiving another Social Welfare payment.

Application forms are available from your social welfare office or from the Carer’s Allowance Section, Social Welfare Services Office, Government Buildings, Ballinalee Road, Longford. Tel: (043) 45211 or Dublin (01) 704 3000.

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**National Breast Cancer Helpline Freefone** ☎️ 1800 30 90 40
Carer’s benefit

Under carer’s leave legislation, you may be entitled to unpaid temporary leave from your employment. Or if you are employed but wish to care for a sick relative full time, you may qualify for a carer’s benefit. This is a payment made to insured persons who leave the workforce to care for someone in need of full-time care and attention. You must be employed for 8 weeks in the 26-week period immediately before applying for the benefit. You must be aged 16 or over, normally live in Ireland, not be self-employed or employed while caring for the person, and not live in a hospital or nursing home. More information is available from the Carer’s Benefit Section, Social Welfare Services Office, Government Buildings, Ballinalee Road, Longford. Tel: (043) 45211 / Dublin (01) 704 3000.

 Appliances

For patients who have medical cards most appliances are free of charge. For example, you are entitled to a new hairpiece or wig every 6 months.

Travel to hospital

Patients can be faced with many expenses including travelling to and from hospital. If your travel costs are very expensive, discuss it with your social worker at the hospital. Limited help may also be available from your community welfare officer. Some HSE areas provide transport services to hospitals for outpatient appointments and day centres. Sometimes the HSE may assist with transport costs for a person who has to travel a long distance to a hospital.

In general, those who do not have a medical card may be charged
for the service. However, the practice varies between HSE areas and often depends on personal circumstances. Charges may be waived in certain cases, e.g. hardship.
Further information

Depending on your circumstances at the time of your illness, there are many other benefits and entitlements which may be relevant to you. Always have your PPS number (old RSI number) to hand when you are enquiring about entitlements and benefits. The most direct way to check your eligibility is to contact:

Your community welfare officer in your local health centre

The medical social worker in the hospital you are attending.

For social welfare queries contact:

Information Service
Dept of Social and Family Affairs
Oisín House
212–213 Pearse Street
Dublin 2
Tel: 1850 662 244
Leaflet line: 1890 202 325
Email: info@welfare.ie
Website: www.welfare.ie

If you have queries about health and social services, contact the HSE office in your area. In 2005 the health boards became the Health Service Executive based in four regions: HSE Dublin North East, HSE Dublin Mid-Leinster, HSE South, and HSE West. For more information contact: HSE infoline: 1850 241 850; Email: info@hse.ie; Website: www.hse.ie
Information is also available from your local Citizens Advice Centre. A list of these centres is available from:

**Citizens Information Board** (formerly Comhairle)
7th Floor, Hume House, Ballsbridge, Dublin 4
Tel: 01 605 9000
Citizen Information Service: 1890 777 121
Email: information@ciboard.ie
Website: www.citizensinformationboard.ie

There are also some booklets available that may help you. These include:

*Information Guide to Health Services* (published by the Dept of Health and Children). Copies available from your local HSE area office. Tel: 01 671 4711 for local HSE numbers or see page XY.

*Guide to Social Welfare Services* (published by the Dept of Social and Family Affairs). Tel: 1850 662 244. Email: info@welfare.ie.
Website: www.welfare.ie

*Entitlements for People with Disabilities* (published by the Citizens Information Board). Tel: 1890 777 121 / 01 605 9000.
Email: information@ciboard.ie
Website: www.citizeninformationboard.ie
Irish Cancer Society services

The Irish Cancer Society funds a range of cancer support services that provide care and support for people with cancer at home and in hospital.

Homecare nurses
Homecare nurses are specialist palliative care nurses who offer advice on pain control and other symptoms. These nurses work with GPs and public health nurses to form homecare teams bringing care and support, free of charge, to patients in their own homes. Based in local hospitals, health centres and hospices, they can be contacted through your GP or public health nurse.

Night nursing
The Irish Cancer Society can provide a night nurse, free of charge, for up to 70 hours (mainly night hours) to families who are caring for a seriously ill person at home. If you need help, you can find out more about this service from a member of the homecare team, your GP or local public health nurse.

Oncology liaison nurses
The Irish Cancer Society funds oncology liaison nurses who provide information as well as emotional and practical support to the patient and his or her family. Oncology liaison nurses work as part of the hospital team in specialist cancer centres.

Cancer Information Service (CIS)
The Society also provides a Cancer Information Service with a wide range of services: the National Cancer Helpline is a freephone

National Breast Cancer Helpline Freephone   1800 30 90 40
service that gives confidential information, support and guidance to people concerned about cancer. It is staffed by specialist cancer nurses who have access to the most up-to-date facts on cancer-related issues such as prevention of cancer, risk factors, screening, dealing with a cancer diagnosis, different treatments, counselling and other support services. The helpline can also put patients in contact with the various support groups that are available. The helpline 1800 200 700 operates Monday to Thursday from 9 am to 7 pm, and every Friday from 9 am to 5 pm. A **Prostate Cancer Information Service** 1800 380 380 also operates at the same time.

All queries or concerns about cancer can be emailed to the CIS at helpline@irishcancer.ie. The walk-in caller service allows anyone with concerns about cancer to freely visit the Society to discuss them in private. **CancerForum** is a bulletin board on our website (www.irishcancer.ie) that gives the public the chance to post their comments. The CancerChat service is a live chatroom with a link to a Cancer Information Service nurse.

**Action Breast Cancer**

Action Breast Cancer (ABC) is a project of the ICS that provides breast cancer information and support and also funds breast cancer research. Its services are free and confidential. They include a national helpline, publications, one-to-one support, breast awareness talks and advocacy. The ABC helpline **1800 90 30 40** runs weekdays from 9am to 5pm.

**Counselling**

Coping with a cancer diagnosis can be very stressful at times. Patients and their families sometimes find it difficult to come to terms with the illness. Many people feel that they cannot talk to a
close friend or relative. Counselling can provide emotional support in a safe and confidential environment. Call the Cancer Helpline to find out about counselling services provided by the Irish Cancer Society and services available in your area.

*Cancer information booklets and factsheets*

These booklets provide information on all aspects of cancer and its treatment. They also offer practical advice on learning how to cope with your illness. The booklets are available free of charge from the Irish Cancer Society.

*Cancer support groups*

The Irish Cancer Society funds a range of support groups set up to support you and your family at time of diagnosis, throughout treatment and afterwards.

*Patient grants*

A diagnosis of cancer can bring with it the added burden of financial worries. In certain circumstances, the Irish Cancer Society can provide limited financial assistance to patients in need. If you would like to request this kind of help contact your oncology or medical social worker at the hospital where you have been treated. He/she should then make the request in writing to the Irish Cancer Society.

If you would like more information on any of the above services, call the National Cancer Helpline 1800 200 700
Useful organisations

Irish Cancer Society
43/45 Northumberland Road
Dublin 4
National Cancer Helpline
1800 200 700
Tel: 01 231 0500
Fax: 01 231 0555
Email: helpline@irishcancer.ie
Website: www.cancer.ie

Action Breast Cancer
43/45 Northumberland Road
Dublin 4
Tel: 01 231 0584
ABC Helpline
Freefone 1800 30 90 40
Email: abc@irishcancer.ie
Website: www.cancer.ie

Action Prostate Cancer
43/45 Northumberland Road
Dublin 4
Prostate Cancer Information
Service
Freefone 1800 380 380
Email: prostate@irishcancer.ie
Website: www.cancer.ie

Comhairle (formerly National
Social Services Board)
7th Floor
Hume House
 Ballsbridge
Dublin 4
Tel: 01 605 9000
Email: comhairle@comhairle.ie

Dept of Social and Family
Affairs – Information Service
Oisín House
212–213 Pearse Street
Dublin 2
Tel: 1850 662 244
Email: info@welfare.ie
Website: www.welfare.ie

HARI Unit (Human Assisted
Reproduction Ireland)
Rotunda Hospital
Parnell Square
Dublin 1
Tel: 01 807 2732
Website: www.rotunda.ie

Health Promotion Unit
Dept of Health and Children
Hawkins House
Hawkins Street
Dublin 2
Tel: 01 635 4000
Website: www.healthpromotion.ie

Irish Patients Association
Unit 1
21 Church Road
Ballybrack
Co Dublin
Tel: 01 272 2552
Out of Hours Emergency No. 087
6529448
Email: info@irishpatients.ie
Website: www.irishpatients.ie
Quinn Healthcare (formerly BUPA)
Mill Island
Fermoy
Co Cork
Local: 1890 700 890
Fax: 025 42122
Email: info@quinn-healthcare.com
Website: www.quinn-healthcare.com

Voluntary Health Insurance (VHI)
VHI House
Lower Abbey Street
Dublin 1
Tel: 01 872 4499
Email: info@vhi.ie
Website: www.vhi.ie

VIVAS Health
Paramount Court
Corrig Road
Sandyford
Dublin 18
Tel: 1850 717 717
Email: support@vivashealth.ie
Website: www.vivashealth.ie

Support groups & centres

ARC Cancer Support Centre
ARC House
65 Eccles Street
Dublin 7
Tel: 01 830 7333
Email: info@arccancersupport.ie
Website: www.arccancersupport.ie

Beacon Cancer Support Centre
Suite 15
Beacon Court
Sandyford

BMT Support
Bone Marrow Transplant Support Group
c/o Irish Cancer Society
43/45 Northumberland Road
Dublin 4
National Cancer Helpline
1800 200 700
Email: info@bmtsupport.ie
Website: www.bmtsupport.ie

National Breast Cancer Helpline Freefone 1800 30 90 40
Brain Tumour Cancer Support Group
Irish Cancer Society
43/45 Northumberland Road
Dublin 4
Tel: 1800 200 700
Email: support@irishcancer.ie
Website: www.cancer.ie

Bray Cancer Support & Information Centre
36B Main Street
Bray
Co Wicklow
Tel: 01 286 6966
Email: besc@iol.ie
Website:
www.braycancersupport.ie

Cancer Information & Support Centre
Mid-Western Regional Hospital
Dooradoyle
Co Limerick
Tel: 061 482615
Website:
www.mwhb.ie/cancercentre

CanTeen Ireland
Young Peoples’ Cancer Support Group
c/o Carmichael Centre
Brunswick Street
Dublin 7
Tel: 01 872 2012
Email: canteen@oceanfree.net

Chronic Myeloid Leukaemia Support Group
c/o Irish Cancer Society
43/45 Northumberland Road
Dublin 4
National Cancer Helpline
1800 200 700
Fax: 01 2310555
Email: support@irishcancer.ie
Website: www.cancer.ie

Colostomy & Ileostomy Care Group
c/o Irish Cancer Society
43/45 Northumberland Road
Dublin 4
National Cancer Helpline
1800 200 700
Fax: 01 2310555
Email: support@irishcancer.ie
Website: www.cancer.ie

Cork ARC Cancer Support House
Clifftdale
5 O’Donovan Rossa Road
Cork
Tel: 021 427 6688

Cancer Plus (support group for parents of children with cancer)
Irish Cancer Society
43–45 Northumberland Road
Dublin 4
National Cancer Helpline
1800 200 700
Fax: 01 231 0555
Email: support@irishcancer.ie
Email: Karen@corkcancersupport.ie
Website: www.corkcancersupport.ie

The Cuisle Centre
Cancer Support Group
2 Park Villas
Harper’s Lane
Mountmellick Road
Portlaoise
Co Laois
Tel: 0502 81492
Email: cuislecentre@eircom.net

Dóchas – Offaly Cancer Support
12 Henry Street
Tullamore
Co Offaly
Tel: 0506 28268
Email: dochasoffaly@hotmail.com

Donegal Cancer Support Group
Clar
Co Donegal
Tel: 074 974 0837

The Gary Kelly Support Centre
Georges Street
Drogheda
Co Louth
Tel: 041 980 5100
Fax: 041 980 5101
Email: info@garykellycentre.org
Website: www.garykellycentre.org

Genetic Breast Cancer Support Groups
c/o Irish Cancer Society
43/45 Northumberland Road
Dublin 4
National Cancer Helpline
1800 200 700
Fax: 01 231 0555
Email: support@irishcancer.ie
Website: www.cancer.ie

Greystones Cancer Support
La Touche Place
Greystones
Co Wicklow
Tel: 01 287 1601
Email: kk@kathleenkelleher.com

HOPE
Enniscorthy Cancer Support & Information Centre
22 Upper Weafer Street
Enniscorthy
Co Wexford
Tel: 053 9238 555

The LARCC Retreat Centre
Ballinalack
Mullingar
Co Westmeath
Tel: 044 71971
Callsave 1850 719719
Email: info@larcc.ie
Website: www.larcc.ie

National Breast Cancer Helpline Freephone ☎ 1800 30 90 40
Lios Aoibhinn Cancer Support Centre
St Vincent’s University Hospital
Herbert House
St Anthony’s
Herbert Avenue
Dublin 4
Tel: 01 277 3545

Lymphoedema Support Association
c/o Patricia Hannigan
St Micheal’s
Mount Anville Park
Dublin 14
Tel: 01 288 6683

Lymphoma Support Ireland
c/o Irish Cancer Society
43/45 Northumberland Road
Dublin 4
National Cancer Helpline
1800 200 700
Fax: 01 2310555
Email: support@irishcancer.ie
Website: www.lymphoma.ie

Men Against Cancer (MAC)
c/o Irish Cancer Society
43/45 Northumberland Road
Dublin 4
Freefone 1800 200 700
Email: support@irishcancer.ie
Website: www.cancer.ie

Macmillan Support & Information Centre
Belfast City Hospital Trust
79-83 Lisburn Road
Belfast BT9 7AB
Tel: 028 9069 9202
Fax: 028 9069 9203
Email: cancer.info@bch.n-i.nhs.uk
Website: www.actioncancer.org

Mayo Cancer Support Association
Rock Rose House
32 St Patrick’s Avenue
Castlebar
Co Mayo
Tel: 094 903 8407

Reach to Recovery
c/o Irish Cancer Society
43/45 Northumberland Road
Dublin 4
Action Breast Cancer Helpline
Freephone 1800 30 90 40
Email: support@irishcancer.ie
Website: www.cancer.ie

Sligo Cancer Support Centre
2A Wine Street
Sligo
Tel: 071 9670 399
Email: scsg@tinet.ie
Helpful Books


*What you really need to know about cancer*, Robert Buckman, Pan, 1997. ISBN 0330336282


National Breast Cancer Helpline Freefone ☎ 1800 30 90 40
Understanding cancer of the breast


Frequently asked questions

Here is a list of questions people often want to ask. There is also some space for you to write down your own questions if you want to. Never be shy about asking questions. It is always better to ask than worry.

Is this a specialist breast unit?

What type of breast cancer do I have? Where exactly is it?

What type of treatment do I need? Why is this one better for me?

What side effects or after-effects will I get?

How long will my treatment take?

Do I have to stay in hospital for my treatment?

Is there anything I can do to help myself during treatment?

Should I eat special foods?

How successful is this treatment for my cancer?

Are there other treatment options? Why is this one best for me?
Your own questions

1

Answer

2

Answer

3

Answer

4

Answer

5

Answer

6

Answer
Notes
Notes
We hope that this booklet has been of help to you. If you have any suggestions as to how it could be improved, we would be delighted to hear from you. Your comments would help us greatly in the preparation of future information booklets for people with cancer and their carers. If, after reading this booklet or at any time in the future, you feel you would like more information or someone to talk to, please phone our ABC Helpline Nurses on Freefone 1800 30 90 40.

**Would you like to help us?**

Action Breast Cancer is a project of the Irish Cancer Society and relies entirely on voluntary contributions from the public to fund its programmes of patient care, education and research.

If you would like to support our work in any way – perhaps by making a donation or by organising a local fund-raising event – please contact us.

**Action Breast Cancer, 43-45 Northumberland Road, Dublin 4.**
**Tel: 01 231 0500 Email: abc@irishcancer.ie**