

VITA

The breast cancer magazine
Issue 47 Winter 2024

WINTER WELLNESS

Keep well in colder months

RESEARCH SPOTLIGHT ON SECONDARY BREAST CANCER

POST-SURGERY TATTOOS

LIVING FLAT OR RECONSTRUCTION

Helping women decide



I LIVE BY THE PHRASE:
**I HAVE CANCER,
CANCER DOESN'T
HAVE ME**

**BREAST
CANCER
NOW** The research &
support charity

We're here

“Being there for someone going through breast cancer is a privilege. I felt so isolated after my own diagnosis.”

Ozina, Someone Like Me volunteer

FIND OUT ABOUT BECOMING A SOMEONE LIKE ME VOLUNTEER

volunteer.hub@breastcancer.org

0114 263 6129

breastcancer.org/volunteer

We'll be recruiting new volunteers in Spring 2025. Find out more about the role and express your interest in becoming a Someone Like Me volunteer.

**BREAST
CANCER
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WELCOME TO VITA

For the first time in a while, I'm pleased we have a cover star who's living with secondary breast cancer.

While there's currently no cure for breast cancer that has spread to another part of the body, as treatments have improved, more and more people are living longer after their diagnosis.

Sarah was diagnosed with secondary breast cancer 9 years ago. While it's taken time to come to terms with her diagnosis, Sarah is throwing herself into volunteering and taking on new challenges.

She's an active member of our Breast Cancer Voices and is, in her own words, "desperate to get secondary breast cancer heard".

I'm delighted Sarah agreed to share her story in Vita, and you can read more on page 4.

Elsewhere in the magazine, Waheeda is busy raising awareness of breast cancer within her community where cancer is, she says, "the biggest taboo".

Waheeda believes sharing her own story helps other people who might be going through a similar experience. Sharing "opens doors", she says, for people who need support.

You can read Waheeda's story on page 8.

Gareth Fletcher, Vita Editor

Get in touch: vita@breastcancernow.org

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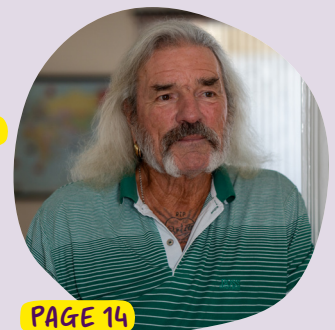
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I LIVE BY THE PHRASE: I HAVE CANCER, CANCER DOESN'T HAVE ME

Sarah Hepworth was diagnosed with secondary (metastatic) breast cancer in 2015 when she was 39. Nine years later she's a vital member of Breast Cancer Voices, helping us improve our work and spark real change.

Sarah went to the doctor after noticing a puckering line on her right breast.

"I had a couple of weeks of thinking I had primary breast cancer and had surgery, but then found out it had spread to my bones," she explains.

"I'd never heard of secondary breast cancer before. I came home and googled it, and it said the average life expectancy was 5 years. My world just collapsed.

"It took a long time to come to terms with everything and grieve the life I wasn't going to live. I felt I'd lost the innocence of life at 39 years old."

Sarah had chemotherapy, radiotherapy and targeted therapy.

FINDING HOPE

Before starting chemotherapy, Sarah went to a local secondary breast cancer group run by Breast Cancer Now.

"I was really scared to walk through the door," she recalls. "But I got into the meeting and it gave me hope. All these

people were living, and not just living with cancer, but living life.

"I cried all the way through that first meeting. Everyone gave me a hug. They were the only people who understood what I was going through.

"They gave me loads of hints and tips and we made a WhatsApp group to stay in touch.

"About four years ago I was diagnosed with two brain tumours. I was able to ask the group if anyone had been in the same position."

Sarah faced complications such as seizures and had stereotactic radiotherapy.

"I'm now stable," says Sarah, who is taking Phesgo – a combination of the targeted therapies trastuzumab and pertuzumab – and tamoxifen.

"It took me down to quite a low place. I've struggled a lot with anxiety but been lucky enough to have counselling through my local hospital."

TAKING ON NEW CHALLENGES

"My brain tumours affected my ability to process and coordinate activities, and I couldn't do my job to the best of my ability anymore," explains Sarah.

"I loved my job – I worked in project management at Royal Mail. I was lucky to work with some fantastic people.

"My boss was incredibly understanding. I went down to part time for a few years and that worked really well." Eventually Sarah decided to take medical retirement.

"It was really hard to be retired at 45 years old," she says. "It took a long time to come to terms with not working again and find ways to get the same excitement and enjoyment out of life without that mental stimulation."



Sarah with Susanna (left) and Sarah (right) at Breast Cancer Now



Sarah has been living with secondary breast cancer for 9 years

Sarah now volunteers for a local homeless charity, Crisis and Citizens Advice.

“For the first time since my retirement, I’m using the skills I used to in my job,” she says.

“I come home feeling I’ve done something really good today.”

A VOICE FOR SECONDARY BREAST CANCER

Sarah also volunteers with Breast Cancer Now.

“I’m desperate to get secondary breast cancer heard,” Sarah explains. “I want to do everything I can to ensure the next person diagnosed gets all the support and love they need at a time that’s right for them.

“Through my local face-to-face support group, I was put in touch with Susanna, and later Sarah, at Breast Cancer Now [pictured] who have been brilliant. They’ve given me the

opportunity to get involved and have my voice heard.”

Sarah became a member of our Breast Cancer Voices, using her knowledge and experience to help shape the work we do.

“I love it,” she says. “I genuinely feel I’ve been encouraged to be part of Breast Cancer Now’s projects and I’m taken seriously. I also get to use my brain and skills like I did with work.

“I recently spoke on a call with over 200 people. It was nerve-racking but it pushed me and I had that real buzz I used to get from work,” says Sarah, who also loves gardening, cooking, listening to podcasts and stand-

up paddleboarding with her husband in her spare time.

“I live by the phrase: I have cancer, cancer doesn’t have me. It’s a part of me and always will be, but I don’t want to be known as the girl who has cancer. I see it like squatters in my body, they come with me everywhere, but I’m not going to talk to them.

“I’ve had secondary breast cancer for 9 years now. Next year it’ll be 10 years and I’m going to be 50. I’m going to have a big celebration that I’m still here.”

Find out more about being a Breast Cancer Voice at breastcancer.org/breast-cancer-voices

If you’d like support, you can learn about our Living with Secondary Breast Cancer services at breastcancer.org or call us on **0808 800 6000**.

Living flat or reconstruction: helping women decide

The choice of whether to live flat or have breast reconstruction after a mastectomy is personal. We catch up with 2 organisations helping women decide.

This is my body

When Sarah Coombes was told she had breast cancer, she was surprised how quickly the conversation turned to breast reconstruction.

“Within 15 minutes the surgeon pulled two silicone implants out of her drawer for me to feel,” says Sarah, who was diagnosed at 35 in December 2014.

As the surgeon talked through a treatment plan – a mastectomy with reconstruction, then surgery to the other breast to make both sides match – Sarah thought: “I think I just want a mastectomy. And that triggered the next thought: If you’re removing that breast, can you remove the other one too and I’ll just be completely flat?”

Sarah is chair of Flat Friends. The charity supports women facing breast surgery or living flat after a mastectomy.

Living flat refers to anyone who has had a mastectomy – single or double – and is living without reconstruction.

Sarah says the initial discussions with her treatment team meant she started to doubt her instinct that she didn’t want reconstruction. But talking to family and friends helped her conclude it was the right choice for her. Sarah had her double mastectomy in January 2015.

“I woke up and looked down completely happy,” she says.

“I’ve never regretted it. This is my body and it feels right the way it looks”.

I knew what I wanted

After a course of chemotherapy, Carolyn Atkins had a double mastectomy in 2013 to treat an invasive cancer in her left breast and DCIS – an early form of breast cancer – in her right. After the surgery, Carolyn needed radiotherapy to her left side.

“That was really sore and painful, like sunburn,” says Carolyn, who was 45.

Carolyn was advised she’d need to wait before having reconstruction on that side.

“They said I needed to wait at least a year for everything to settle down,” she says.

On her right side, Carolyn had an expander implant put in, but chose not to have it expanded immediately.

“I didn’t want to have just one boob,” she says. “That was my own personal choice.”

Carolyn heard about the charity Keeping Abreast from one of its founders, who happened to be her reconstruction nurse specialist.

Keeping Abreast supports women considering or going through breast reconstruction, after a breast cancer diagnosis or if they have an inherited altered breast cancer gene, and their families.

Carolyn later joined the charity, where she’s worked for the past 5 years.

Carolyn eventually had reconstruction on her left side using muscle and tissue from her back, also known as an LD flap. On the other side, the expander implant was slowly expanded before being replaced with a permanent implant.

Carolyn says her decision to have reconstruction was clear.

“Everybody’s different. But I just knew I wanted reconstruction.”

It feels natural

In March 2020, Odile Wittemans was having chemotherapy before she was due to have surgery in May. But the impending Covid-19 lockdown meant her surgery was brought forward and all reconstruction procedures were halted.

“It was a shock when they told me: You won’t be able to have immediate reconstruction,” says Odile, who was 49 when diagnosed with breast cancer in November 2019.

“That’s when I found Flat Friends and discovered there’s a lot of women who don’t have reconstruction,” says Odile, now a trustee of the charity.

Odile had a single mastectomy without reconstruction in April 2020.

“I’ve never really considered a double mastectomy,” says Odile. “It feels natural for me now to have one breast.”

“I get dressed in the morning, put in my breast prosthesis and off I go. I’m very happy this way.”

Informed decisions

Both Flat Friends and Keeping Abreast want people to make informed decisions about their surgery.

Flat Friends has a Facebook group of over 3,000 members and organises an annual meetup and smaller regional meetups.

“We let people talk about anything they like in the group,” says Sarah. “Whatever it is, you’re going to find someone else who’s been through it or is going through it.”

Keeping Abreast also has a closed Facebook group, and its volunteers support women by phone or virtually as well as face to face. Support groups have private rooms where women can see real reconstruction results and scars.

The Keeping Abreast website has over a dozen videos in which volunteers show their reconstruction results and talk about their experience.

The charities work together to ensure whoever comes their way gets the support they need.

“If someone said I’m 100% decided I don’t want reconstruction, but I’d like to see what it looks like, we can do that,” says Carolyn. “And then we might signpost them to Flat Friends as that might be more useful.”

Sarah says: “When we get those fact finders, we say: Join us to find out about living flat. Also talk to Keeping Abreast about connecting with someone who’s had reconstruction.

“It’s about every woman being given the opportunity to discuss with their team what they want to achieve and what the options are.”

For more about Flat Friends visit flatfriends.org.uk

To find out about Keeping Abreast go to keepingabreast.org.uk

WE NEED TO GET RID OF THIS TABOO

Six years after her diagnosis, Waheeda is keen to raise awareness of breast cancer within her community.

Waheeda was looking forward to a holiday to celebrate her daughter's 21st birthday when she got a call inviting her to a breast clinic appointment.

She'd seen her GP after an area of her breast had started to feel harder than usual.

But her breast clinic appointment was scheduled for the day she was due to travel for her daughter's birthday, in September 2018.

"I thought: What shall I do?" says Waheeda, 56 who lives in Sheffield.

She decided to continue with the holiday as planned and rescheduled the appointment for as soon as she was back 6 days later.

"I didn't think about it on holiday," says Waheeda. "I just enjoyed my holiday with my kids."

A mammogram, ultrasound and biopsy confirmed Waheeda had breast cancer.

"The consultant said, it's treatable and it's invasive, and it could be in your lymph nodes."

Waheeda had a mastectomy on 2 November, along with 15 lymph nodes removed, several of which were found to contain cancer.

MY KIDS WERE MY STRENGTH

Waheeda's approach to treatment was: "go with the flow and take it as it comes".

"I thought: I can't go back; the only thing is to go forward.

"I don't know where I got my

strength from, but I think it was my kids."

Waheeda's eldest daughter – whose 21st the family had been celebrating – was at university and writing her dissertation; her second daughter was starting university; and her third had GCSEs. Her younger son was 13 and struggled with her diagnosis, says Waheeda.

"My kids supported me and I supported them," she says.

"I told them everything from day one. I wasn't going to hide anything."

Waheeda's surgery was followed by 6 cycles of chemotherapy and 15 radiotherapy treatments.

"I started to lose my hair within 2 weeks of the first chemo," says

Waheeda. “So I just shaved it off.

“My three daughters took me to two chemos each and sat with me. My eldest daughter took me to all my radiotherapy appointments.

Waheeda is now taking tamoxifen, a hormone therapy drug.

WE NEED TO BE OPEN

Waheeda says she encountered some “backwards thinking” after telling people about her cancer.

She says people she knew were often surprised to see her out and about after her diagnosis.

“I’d be walking down the road and they’d say: ‘Oh, I thought you might have died because you’ve had cancer.’

“That’s what they assume. You’re not supposed to be out and about. My mum used to tell me not to go out.”

Waheeda says there can be a reluctance to talk about cancer in South Asian communities like hers.

“It’s the biggest taboo to this day in ours,” she says. “People suffer in silence.”

Waheeda was keen to tell people about her diagnosis and sent a message through WhatsApp.

“I didn’t get many reactions,” she admits. “Some friends who were closer to me went distant.”

But Waheeda believes it’s important to be open about her cancer.

“I told my girls, if anybody asks you, say to them: My mum’s got breast cancer, she’s had a mastectomy. Tell them straight. Don’t just say, she’s ill.

“It’s important to make everybody aware that it does exist and it’s not shameful.

“We need to get rid of this taboo and be open. We will get there one day.”

THE BIGGEST BOND

In December 2022, Waheeda attended a Breast Cancer Now Moving Forward course. Moving



Waheeda shares her experience to help others

Forward aims to give people the tools to adjust to life beyond primary breast cancer treatment.

Waheeda’s reasons for joining the group were “to learn and to bond with others”.

“The biggest bond you can get is the Moving Forward group,” says Waheeda, who keeps in touch with the other group members.

“Every month we go out with our group, have tea and coffee, and we talk about our problems and learn from them.”

Waheeda also goes to weekly coffee mornings organised by a local cancer charity.

“There’s not many Asian or Pakistani people, or African Caribbean people, who come to these groups,” says Waheeda. “But that’s my target for next year.”

Waheeda has also spoken at

awareness days in her local community centre organised by Breast Cancer Now.

“Sharing helps other people,” says Waheeda.

“It opens doors for people who need support. And if you can do that – share, give support to anybody, talk and be open – you’re a happier person.

“Breast cancer is not weakness. It’s not something to be scared of.

“I’m still here for a reason: to raise awareness. That’s what I believe.”

You can find out more about Moving Forward at breastcancer.org or by calling our helpline on 0808 800 6000.

WINTER WELLNESS

Isobel Sims explores ways to stay well, both physically and emotionally, in the colder weather.

DON'T STOP MOVING

As the colder months draw in, it can feel harder to get out and about to keep active.

But being active has lots of benefits, both during and after treatment for breast cancer. It can help with some side effects of treatment, improve your long-term health, and even boost your mood.

1. You can get moving at home if it's difficult to get out. Simply reducing time spent sitting helps, so try standing up and walking around at regular intervals.
2. There are loads of free workout videos online that you can follow at home, without needing any special equipment. Try **NHS Better Health** ([nhs.uk/better-health](https://www.nhs.uk/better-health)) or **We Are Undefeatable** ([weareundefeatable.co.uk](https://www.weareundefeatable.co.uk)) for accessible home workouts.
3. Stay active with a friend or join a class. Planning a walk or run with a friend or joining a local class, such as chair yoga, can be a great way to stay motivated and make exercise more fun during the winter.
4. If you're finding it hard to stay active or keep to your normal routines, your treatment team or GP may be able to give you advice or refer you to an occupational therapist or physiotherapist.

PROTECT AGAINST THE ELEMENTS

Some treatments for breast cancer can make your skin more dry or sensitive, and this might be worse when it's cold.

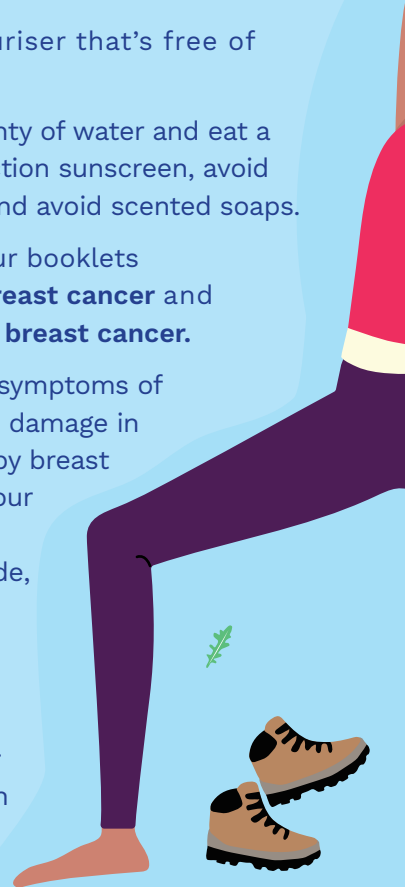
For example, radiotherapy can cause skin reactions. And dry and itchy skin can also be a common menopausal symptom.

You can try using a moisturiser that's free of sodium lauryl sulphate.

It may also help to drink plenty of water and eat a healthy diet, use high-protection sunscreen, avoid very hot showers or baths, and avoid scented soaps.

You can find more tips in our booklets **Radiotherapy for primary breast cancer** and **Menopausal symptoms and breast cancer**.

Being cold may also worsen symptoms of peripheral neuropathy (nerve damage in the hands and feet) caused by breast cancer treatment. Keeping your hands warm with gloves, especially when you're outside, and wearing warm socks to protect your feet may help. If peripheral neuropathy is making it hard to do your daily activities, speak to your treatment team for advice on managing your symptoms.



KEEP CONNECTED

It's not uncommon to feel low during the winter. Whether it's because of the colder, darker, shorter days, spending more time at home, or coping with breast cancer and its treatments, lots of things can affect your mood.

Staying connected and talking about how you're feeling can make a big difference to your mood, whether that's through regular phone calls with family members, video calls with grandchildren or writing letters or emails to friends.

If you're feeling tired or struggling with treatment side effects, it might be a good opportunity to invite people round to visit instead of going out to meet friends and family.



CAN I GET HELP WITH HEATING COSTS?

This year, the eligibility criteria for the winter fuel payment has changed.

You can now only access the payment, which helps older people with the cost of heating their homes in the winter, if you're over state pension age and receive certain benefits.

This means many people are no longer eligible. And the extra financial burden can be a worry, especially if you're going through cancer treatment.

If you're worried about your heating bills, you can contact the organisations **Citizens Advice** (citizensadvice.org.uk), **Turn2Us** (turn2us.org.uk) or **Macmillan Support Line** (0808 808 00 00).

They offer free, confidential advice about what benefits you might be entitled to and how you might be able to get help with your finances.

Breast cancer support

If you need support or just want to chat to someone who understands, we're here. You can call our helpline on **0808 800 6000** Monday to Friday from 9am to 4pm and Saturday from 9am to 1pm. Or visit breastcancernow.org/support-for-you to find out more about our online and face-to-face services.

Q & A

YOUR QUESTIONS ANSWERED

Breast Cancer Now's experts answer your questions about breast cancer and its treatments

Q I've recently developed lymphoedema after having surgery to my lymph nodes. What can I do to help manage my symptoms?

A There are different ways to manage lymphoedema, which is swelling of the arm, hand, breast or chest area caused by a build-up of fluid in the body's tissues.

This may include skincare, physical activity, compression garments, maintaining a healthy weight and a specialised type of massage.

You may be able to manage some of these yourself, such as skincare or physical activity, with guidance from your treatment team or GP. But you may also need to be referred to a specialist lymphoedema service for advice and treatment.

Most people have mild or moderate symptoms and the sooner lymphoedema is assessed and treated, the easier it is to control.

You can find lots more information about managing lymphoedema on our website or in our booklet **Managing lymphoedema after breast cancer**.

Q I'm finding it hard not to worry about my breast cancer coming back. It's been over a year since I finished treatment. Is this normal?

A Many people worry about their breast cancer coming back (recurrence), so you're not alone in feeling this way.

At first, every ache or pain may worry you, but most people find their anxiety lessens as time goes on.

Getting the right support can really make a difference.

Moving Forward is for anyone who has finished their main hospital treatment for breast cancer in the last 2 years. You can connect with people who understand and find the tools you need to feel more empowered, confident and in control.

You may also find our booklet **After breast cancer treatment: what now?** helpful. It includes the signs and symptoms to be aware of after treatment and who to contact if you have any concerns.

Q

Are there any diet recommendations for people who've had breast cancer? Is there anything I should or shouldn't be eating?

A

There are no specific foods you should or shouldn't eat after a breast cancer diagnosis.

Guidance from the World Cancer Research Fund recommends you follow a healthy, well-balanced diet that's high in fibre and low in saturated fats.

You're also recommended to limit the amount of alcohol you drink to no more than 5 units a week. A standard 175ml glass of wine (12% ABV) has about 2 units of alcohol.

The Eatwell Guide – available on the NHS website [nhs.uk](https://www.nhs.uk) – shows the different types of foods you should eat and in what proportions. There are alternative versions of the Eatwell Guide for people following vegetarian, vegan, African and Caribbean and South Asian diets.

Our booklet **Diet and breast cancer** has information on diet during and after treatment, diet and breast cancer recurrence, and diet and secondary breast cancer.

Q

I'm due to start a drug called pembrolizumab for secondary breast cancer. I've been told it's different to chemotherapy and some side effects can be serious. What should I be aware of?

A

Pembrolizumab is an immunotherapy drug.

Immunotherapy works differently to chemotherapy by helping the body's immune system recognise and attack cancer cells.

Pembrolizumab can cause the body's immune system to attack healthy cells too. This can cause side effects in any part of the body at any time during treatment.

Unlike chemotherapy, side effects can also happen up to 12 months after treatment has finished.

Contacting your treatment team quickly is important to stop symptoms getting worse, to reverse the overactive immune system and avoid long-term damage.

You should be given an alert card to carry with you at all times. The card lists the symptoms to report to your treatment team and your team's contact details, including who to contact out of hours.

You can find more information about pembrolizumab on our website.



ASK US

Questions about breast cancer?

Call the helpline on 0808 800 6000 or visit [breastcancernow.org](https://www.breastcancernow.org) for information, to order publications or to find out how to Ask Our Nurses by email.

I'D NEVER HEARD OF BREAST CANCER IN MEN

Tony, 75, had no idea men could get breast cancer before his diagnosis. Now, he wants to raise awareness and support others like him.

In 2022, Tony noticed a small lump near his left nipple. He didn't think much of it but when it started to hurt, he went to his GP. He was referred to the breast clinic where he was diagnosed with a cyst and sent home. But the lump got bigger and more painful.

"I went back to the doctors," says Tony. "They did more tests, including biopsies, and found that I actually had cancer on both sides of my chest." The diagnosis came as a complete shock.

"I had no idea men could get breast cancer," says Tony.

Breast cancer in men is rare. Around 400 men are diagnosed each year in the UK, compared to around 55,000 women.

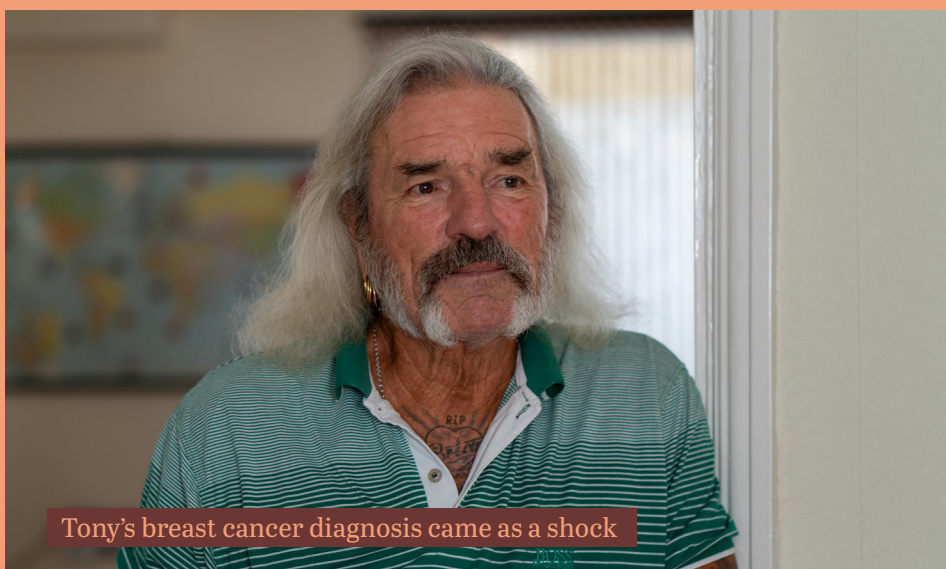
"Someone in the treatment team in the breast clinic said that she'd only seen one other man with breast cancer in her whole career."

Finding support

Tony had a double mastectomy, followed by radiotherapy and tamoxifen.

He struggled with the side effects of tamoxifen, including night sweats, erectile dysfunction and irritability.

"My team told me that what we know about tamoxifen comes from studies



done on women. There aren't enough men to study. Men are different to women, and I think we need to understand how treatment affects them differently," says Tony.

Because breast cancer in men is rare, many men say they feel isolated when they're diagnosed. Tony's daughter found out about the Men's Virtual Meet Up (VMU), an online support group for men who've had breast cancer, and encouraged him to give it a try.

"I wasn't sure if I wanted to but I'm glad I did," says Tony.

"We talk about loads of things. We ask questions and all help each other. I keep how I'm feeling inside sometimes but the VMU has helped me to come forward and ask questions."

Raising awareness

Tony's finished treatment now, although he still contacts his local

breast clinic if he has any concerns. He enjoys going on holiday with his wife and carrying on with his everyday life. And he tries to raise awareness about breast cancer in men wherever he goes.

"I go out of my way to tell people about breast cancer in men.

"The advice I'd give to other men with breast cancer is: Don't hide away. Open up, don't withdraw. Don't be scared to talk about it and let people know."

To find out more about the Men's Virtual Meet Up visit mensvmu.org

There's more information about breast cancer in men on our website at breastcancer.org/men

‘IT’S A SYMBOL OF STRENGTH’

The power of post-surgery tattoos

After having breast cancer surgery, such as a mastectomy, some people choose to have a decorative tattoo. Rachel Baxter speaks to a tattoo artist and a woman who had a tattoo after surgery.



Tattoo artist Tanya Buxton

People get tattoos after breast surgery for a range of reasons, from marking what they’ve been through to celebrating their body or covering scars.

“For years after my mastectomy and reconstructive surgery I hated looking in the mirror and seeing the scars that cancer had left behind,” says Karen, who was diagnosed with breast cancer in 2018.

“It was a permanent reminder of a very difficult time.

“But now I have my tattoo, I no longer hate seeing my reflection. I love how beautiful my tattoo is and it reminds me every day that cancer didn’t win. For me, my tattoo is a symbol of strength, resilience and rebirth after the trials of breast cancer.”

HELPING OTHERS FEEL CONFIDENT AGAIN

“A tattoo can allow people to take control of their body again and feel more confident in their skin, but also on the inside as well,” explains Tanya Buxton, founder of the Mastectomy Tattooing Alliance (MTA). “It’s a very emotional thing.”

Tanya is a tattoo artist who specialises in decorative mastectomy tattoos and realistic nipple tattooing.

She was inspired to set up the MTA as she was offering tattoos to people affected by breast cancer for free, which was very popular. The charity has a directory of trusted tattoo artists experienced in mastectomy and nipple tattoos, and offers financial help too.

“I really wanted to raise awareness of these kinds of tattoos and the tattoos being executed safely and well,” says Tanya. “MTA tattoo artists are all passionate about helping the breast cancer community.”



DECIDING TO GET A TATTOO

“Getting a tattoo is a really personal decision,” explains Tanya, who was also the first tattoo artist to be brought in to do nipple tattooing for the NHS.

“If you’re thinking of getting one, my advice would be to just start looking for ideas and inspiration, whether it’s a flower you really like or an illustration on a birthday card.

“I’d also recommend choosing an artist who has experience in tattooing scars and mastectomy tattooing.

“When someone sees their tattoo for the first time, it’s such a beautiful moment. You just see it radiate out of somebody and they feel like themselves again. They feel complete.”

For information and design inspiration, you can read our “Decorative tattoos after breast cancer surgery” page on [breastcancernow.org](https://www.breastcancernow.org)

Learn more about the Mastectomy Tattooing Alliance at [mastectomytattooingalliance.org](https://www.mastectomytattooingalliance.org)

Find out about Tanya’s work at [tanyabuxton.com](https://www.tanyabuxton.com) or on Instagram @[@tanyabuxton](https://www.instagram.com/tanyabuxton)



RESEARCH SPOTLIGHT ON SECONDARY BREAST CANCER

TACKLING DRUG RESISTANCE

In April, our scientists increased our understanding of how cancer drugs called PARP inhibitors can sometimes stop working in people with secondary breast cancer.

PARP inhibitors and drug resistance

PARP inhibitors are a type of targeted therapy. They can be used to treat breast cancers with an altered BRCA1 or BRCA2 gene.

But breast cancer cells can sometimes become resistant to PARP inhibitors. And, until now, it wasn't clear how that happens in people with secondary breast cancer.

Analysing cancer DNA

This topic is being researched by Professors Andrew Tutt and Chris Lord from the Breast Cancer



Now Toby Robins Research Centre at The Institute of Cancer Research (ICR) and the Research Unit at King's College London.

They analysed tumour DNA of 47 people with secondary breast cancer that was, or became resistant to, PARP inhibitors.

The team found that in 60% of people with PARP inhibitor resistance, the altered BRCA gene had changed so that the gene could work again. These new "reversion" mutations meant that the cancer cells could survive the effects of PARP inhibitors.

The researchers also found that some people with PARP inhibitor resistance had changes to other genes known to stop the drugs from working. And that the disease progressed faster in people whose cancer showed signs of BRCA1/2 gene reversions before starting treatment.

Looking ahead

Andrew and Chris hope this research could ultimately help predict who's more likely to respond to these drugs and could lead to better ways to treat the disease.

Professor Andrew Tutt said: "The discovery that PARP inhibitors could have benefit for cancers with altered BRCA genes – which was made at the ICR – has had a monumental impact on people's lives.

"But we know there's more work to be done as some people develop resistance to the drugs and sadly see their cancer progress.

"Our research has uncovered clues as to why that may be, and we hope to use this knowledge to detect who's at greatest risk of becoming resistant to PARP inhibitors, develop new treatments to tackle resistance, and take action before their breast cancer progresses."

This year, our world-class researchers have been working hard to increase our understanding of secondary breast cancer and how we can stop it in its tracks. We spotlight 2 research breakthroughs and explain what they may mean for people living with breast cancer.

TARGETING SECONDARY BREAST CANCER IN THE BRAIN

In July, our researchers discovered that a protein called RET plays a key role in helping some breast cancers spread to the brain.

Understanding RET

Secondary breast cancer in the brain happens if cancer that started in the breast has spread to the brain.

Because of where they are, tumours in the brain can be harder to treat. And the symptoms caused can have a big impact on someone's quality of life.

Walk the Walk Fellow Damir Varešlija and Professor Leonie Young are looking into this area.

They've found that the RET protein helps cancer cells attach to the brain, survive and grow. And that it works together with another protein, called EGFR, to help these cancer cells spread to the brain.

New treatment avenues

The researchers, based at the Royal College of Surgeons in Ireland, wanted to investigate if targeting RET with drugs would affect cancer cells in the brain.

They found that targeting RET using specific inhibitor drugs significantly reduced the survival and spread of breast cancer cells in the brains of mice. This suggests RET inhibitors could be a new treatment avenue for people with this type of secondary breast cancer.

The team also noticed that high levels of RET are linked to worse outcomes in people whose breast cancers are oestrogen receptor positive.



Damir Varešlija

This means the protein could potentially be used to identify people whose cancer is more likely to spread.

Next steps

The team hopes that in the future, clinical trials will test how well RET inhibitors work in people with secondary breast cancer in the brain.

As treatment options are currently limited, better treatments could extend lives and improve the quality of life.

Want to know more about our research?

You can read an overview of every research project we fund on our website breastcancer.org/research-projects

THIS IS THE PROUDEST MOMENT OF MY CAREER

Breast Cancer Now's new CEO Claire Rowney sits down with Ellen Millard to reflect on her career so far and look towards the future.

What has been the proudest moment in your career so far?

I've had a lot of brilliant moments over my 6 years at Macmillan and 13 years at Cancer Research UK, but I think the proudest moment in my career so far is becoming the CEO of Breast Cancer Now. My sister was diagnosed with breast cancer a few days before my interview, so I feel a connection to this role that I've never felt before.

What are you most looking forward to about being the CEO of Breast Cancer Now?

As an organisation we've made lots of leaps forward for people affected by primary breast cancer. It feels like we're in a strong position to make another stride forward for those affected by secondary breast cancer, so I'm most looking forward to seeing how my experience will supercharge the potential of what we can do for this group of people.

What helps you relax outside of work?

I love being in other people's company, especially family and friends. I enjoy going to the gym - to work out and socialise! - and I try to make sure I get some time outdoors every day too. I also love to cook!

What do you think will be the biggest challenges we'll face in the next few years?

I think a wider challenge in breast cancer over the next few years will be navigating the drastic difference in access to treatment and support people with breast cancer are offered depending on where they live. Some people are getting a really raw deal because of this.

One of the biggest challenges we'll face as a charity will be having enough funds to do all the work we want to for people affected by breast cancer. This is mainly because investment in the NHS hasn't grown, which means more is falling onto the shoulder of charities like us. Another challenge Breast Cancer Now will face is reaching, and being relevant to, everyone we could help.

Although we've done a great job of meeting the needs of some people, there are groups we're not reaching. We need to make sure they can also find our support and information too.



NEWS roundup

LIGHTS, CAMERA, STREAM!

Breast Cancer Now's online live streams have been growing in popularity, watched by over 836,000 people so far in 2024*.

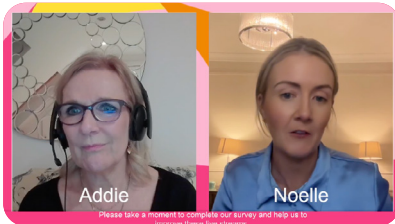
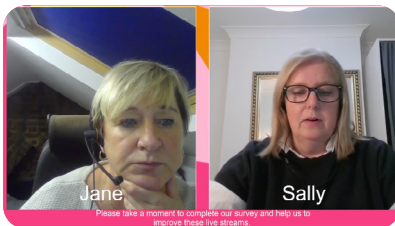
Our live streams, hosted mainly on Facebook, cover topics from managing worrying thoughts to diet myths and sleep tips.

Our nurses also host a monthly Q&A on Facebook, where they answer any questions viewers have about breast cancer.

And viewers have told us our live streams have helped them feel more informed, supported and confident to explore Breast Cancer Now's services.

You can keep up to date with our live streams on the Breast Cancer Now Facebook page.

*From January to August 2024



facebook.com/breastcancernow

INTRODUCING THE BIOBANK

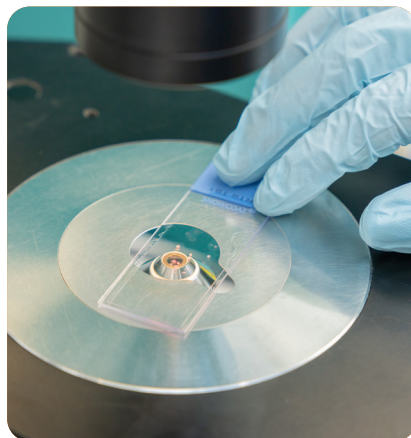
One of Breast Cancer Now's long-term research programmes has had a name change.

Since August 2024, the Tissue Bank has been known by its new name: the Breast Cancer Now Biobank.

First opened in 2012, the Biobank is the UK's largest collection of high-quality breast tissue, breast cells and blood samples and data from breast cancer patients.

By collecting samples from people affected by breast cancer and making them available to researchers, our Biobank is helping progress towards faster diagnosis and better treatments.

And the new name reflects the breadth of material and data available to scientists.



THREE-MENDOUS!

Vita magazine is now 3 times a year.

In our last reader survey, more than 80% of you told us you'd like Vita more than twice a year.

So in 2025, Vita will be coming to you 3 times – in April, August and December.

Which means you can look forward to even more real-life stories, healthy living articles and breast cancer news over the coming year.



'TIS THE SEASON TO ENTER OUR CHRISTMAS RAFFLE!

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