

# TURNING THE TIDE



Our strategy for  
2021-2025

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

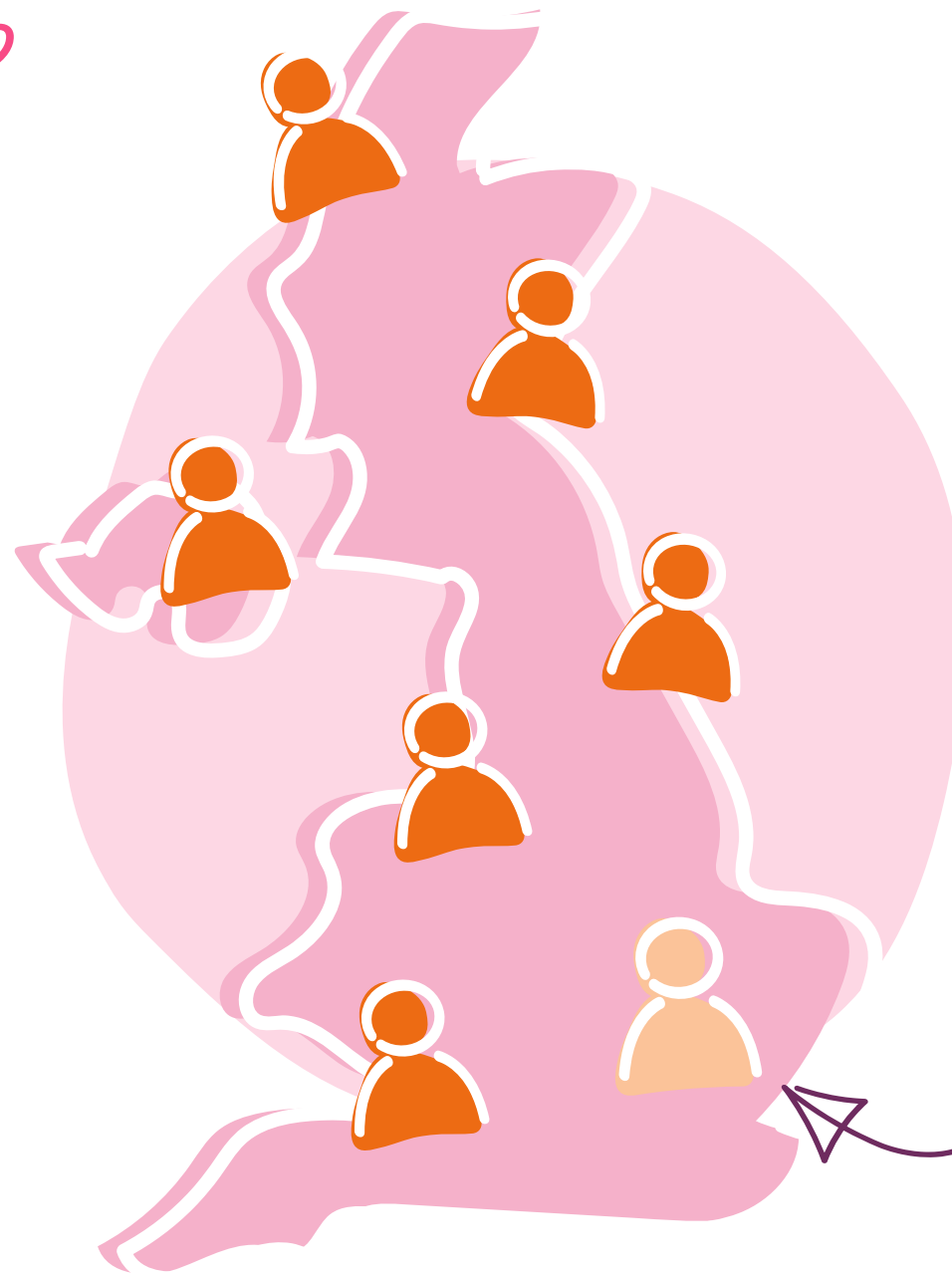
# TOO MANY LIVES ARE BEING LOST OR COMPROMISED. WE MUST ACT NOW.

EVERY YEAR, AROUND  
55,000 WOMEN  
AND 370 MEN ARE  
DIAGNOSED WITH  
BREAST CANCER



THAT'S ONE  
WOMAN EVERY  
10 MINUTES

IF NOTHING CHANGES,  
THIS WILL RISE TO ONE  
WOMAN EVERY EIGHT  
MINUTES IN THE NEXT  
10 YEARS



EVERY YEAR, AROUND  
11,500 WOMEN AND  
85 MEN DIE FROM  
BREAST CANCER



THAT'S NEARLY  
1,000 DEATHS  
EACH MONTH,  
31 EACH DAY OR  
ONE EVERY 45  
MINUTES

YEAR AFTER YEAR THE  
NUMBER OF PEOPLE  
BEING DIAGNOSED IS  
INCREASING. ALREADY,  
1 IN 7 WOMEN IN THE UK  
WILL DEVELOP BREAST  
CANCER IN THEIR  
LIFETIME

# WHEN CHALLENGES SEEM INSURMOUNTABLE, ACTION CAN BE THE ANTIDOTE TO DESPAIR

As we launch our Turning the Tide strategy to 2025, we must first acknowledge where we are as an organisation and the devastating impact of COVID-19.

The height of the pandemic brought a huge drop in the number of people with suspected breast cancer seeing a specialist. Screening services and recruitment to clinical trials were paused, and some patients saw delays and cancellations to their treatment, resulting in huge anxiety. Our own work was deeply affected too, with many scientists unable to access their labs, and many of our community and specialist support services suspended – along with much of our fundraising activity.

However, we're resilient and resourceful. Thanks to our fantastic staff and supporters, we coped. Plus, we learned some really valuable lessons, which we'll take forward with us in the form of new and more flexible ways of working.

As lockdown descended, we moved swiftly to run our Helpline and our Ask Our Nurses email service remotely; developed online versions of our most popular courses; increased the frequency of our live broadcasts on Facebook and Instagram; and added a Coronavirus Hub to our website. That's just a tiny glimpse of how we turned on a sixpence to bring clarity, reassurance, and support to thousands of people affected by breast cancer, even as we faced unprecedented challenges of our own.

**Our ability to adapt in the face of so dramatic and unexpected a crisis as a global pandemic, and to cope with the ongoing aftershocks is why I'm so confident we will achieve our strategic objectives for 2025 – whatever challenges we may meet along the way.**

For example, we are now more focused on developing activities that we can scale up or scale down in response to a sudden crisis or fluctuations in our income and learned how to pivot our fundraising accordingly. Plus, working remotely across geographical and usual team boundaries has also forged new relationships within our charity that will make us even stronger.

We've already achieved so much – both as Breast Cancer Now, and as our founding charities, Breakthrough Breast Cancer, Breast Cancer Campaign and Breast Cancer Care, where I first became involved, as Treasurer. Like Delyth, I have seen that in coming together to create a single joined-up charity, we can better support people affected by breast cancer the whole way through their experience.

**I am now many months on from my own breast cancer treatment, but I know from personal experience that the need for support doesn't just go away when the hospital appointments stop. That's why it's so important that quality of life as well as life itself is recognised in our overall vision as well as our immediate strategy.**

By 2025, I hope to report considerable progress in both of these areas, and I have every confidence that our Turning the Tide strategy will make this a certainty.



**JILL THOMPSON,**  
Chair of the Trustees



# IT'S TIME TO TURN THE TIDE ON BREAST CANCER

At first glance, our vision - that by 2050, everyone diagnosed with breast cancer lives and is supported to live well - may seem at odds with the 'Now' in our title. But to achieve such a fundamental change, we need to be working towards that longer-term target, right here, right now - and with supporters like you alongside us.

While breast cancer survival rates have doubled in the UK in the last forty years, more people than ever are being diagnosed, with the number increasing year on year. In the next decade alone, the number of women who will hear the words 'you have breast cancer' is predicted to rise by another 13,000 a year, bringing the annual total to 68,000.

The clock is already ticking...

**Unless we act decisively to reset the dial, the number of people being diagnosed will continue to rise and many thousands will continue to lose their lives to the disease. That's what our Turning the Tide strategy to 2025 is all about: accelerating progress in the opposite direction, towards fewer cases, fewer deaths, and a better quality of life for everyone affected by breast cancer.**

The five strategic objectives set out in the following pages reflect our commitment to **tackling secondary breast cancer** (breast cancer that has spread to another part of the body), providing **better support and services** for all those affected, **developing kinder, smarter treatments, improving detection and diagnosis** of the disease, and **preventing breast cancer** wherever possible.

Of the around 11,500 people who die each year from breast cancer, the vast majority have secondary breast cancer. It is therefore vital that we make a dedicated effort to support people with secondary breast cancer to live well for as long as possible.

As we move forward, the input of our staff, volunteers, supporters, and others with a direct experience of breast cancer will continue to guide us. We will also make every effort to diversify our networks to ensure that previously unheard voices are listened to and that barriers to equality and inclusion are dismantled. Because breast cancer can happen to anyone regardless of their background and personal circumstances, and everyone should have timely access to the high-quality treatment, support, and services they need, in the way that they need it.

Needless to say, we can't achieve this on our own.

Back in 1996, I joined Breakthrough Breast Cancer one of Breast Cancer Now's founding charities - as Chief Executive, making 2021 my 25th year in this field. In that time, I've witnessed some remarkable achievements, from BRCA testing and the understanding that some women had 70% chance developing cancer (and could benefit from surgery to reduce the risk) to targeted therapies that work by seeking out the specific changes inside tumour cells that help cancer to survive and grow.

Another huge change has been the development of peer support and comprehensive information for everyone going through treatment. When I was 10, my father had cancer. No one talked to me about it and what it might mean so I just filled in the gaps with my worst fears. Today, as I reflect on my sister's experience of living with secondary breast cancer, I can see how far we've come in the time since then but I am also keenly aware of how much more there remains to do.

**To achieve our vision, we need to make more progress against breast cancer in the next 30 years than at any previous time in our history. Our strategic objectives for 2025 are designed to set us firmly on that pathway. But your support and our partnerships with others who share similar goals will prove vital too.**

If, like us, you want to see a world where all people with breast cancer - including those with secondary breast cancer - can live and live well; where everyone affected has access to the information and services they need; where treatments are more tailored and effective with fewer side-effects; and where people not only feel confident to share their concerns and seek early treatment, but also understand and are supported to reduce their risk of breast cancer, you're already on board with our strategic objectives.

This is your invitation to join us in pursuing them - and we must take action now to start turning the tide.



**BARONESS DELYTH MORGAN,**  
Chief Executive

# IN THIS DOCUMENT...

## OUR PURPOSE

PAGES 10 TO 11

How we got here  
Our vision  
Our mission  
Our goals

## THE CHANGE WE WANT TO SEE

PAGES 12 TO 21

The driving force behind our strategic objectives

## OUR STRATEGIC OBJECTIVES

PAGES 22 TO 41

To work to improve treatments, care and services for those affected by secondary breast cancer 22

To improve support for the physical and mental health, and the emotional wellbeing of people affected by breast cancer 26

To develop kinder, smarter treatments for people with breast cancer and improve access to treatments for those affected 30

To improve detection and diagnosis of breast cancer 34

To further our understanding of why breast cancer occurs and spreads and use our knowledge to help prevent breast cancer developing 38

## THE 'ACCELERATORS' THAT WILL DRIVE OUR PROGRESS

PAGES 42 TO 45

Amplifying the voice of experience  
Unlocking the power of our community  
Evolving and adapting our practices  
Generating further funding

## HOW YOU CAN HELP US TURN THE TIDE

PAGE 46

# OUR PURPOSE

## HOW DID WE GET HERE?

Breast Cancer Now was formed in 2015, when Breakthrough Breast Cancer joined forces with Breast Cancer Campaign, to form the UK's largest breast cancer research charity – known as Breast Cancer Now.

In 2019, Breast Cancer Care also merged with Breast Cancer Now, uniting the largest breast cancer support community with the largest research charity under the Breast Cancer Now banner.

Altogether, we have a history of ground-breaking impact dating back to 1973 and the first ever breast cancer Helpline, launched at a time when most people struggled even to mention 'the big C'.

Today we are a powerful charity with a single focus on breast cancer. We work solely on bringing together research and care to tackle breast cancer more effectively, to reduce the risk and to better support all those affected by the disease, whether directly or indirectly.

We are a force to be reckoned with and every supporter makes us stronger.



## OUR VISION IS...

...that by 2050, everyone diagnosed with breast cancer will live and be supported to live well



## OUR MISSION IS...

...to be recognised as the place to turn for information and support on all aspects of breast cancer and the driving force for breakthroughs in prevention, detection, and treatment of the disease in all its forms.

## OUR GOALS ARE...

- To stop lives being lost to breast cancer
- To enable people to live well with breast cancer
- To accelerate detection of breast cancer
- To improve prevention of breast cancer

These enduring commitments have informed and inspired our strategic objectives for 2025, and we will continue to be guided by them as we move forward.



## THE IMPERATIVE TO ACT NOW

If, in just 30 years, everyone diagnosed with breast cancer is to survive the disease and have the chance to enjoy a good quality of life both through and beyond treatment, **we must act now.**

If we are to prevent as many cases as possible from ever developing in the first place and bring down the number of people being diagnosed with breast cancer **we must act now.**

If we are to support and provide meaningful, accessible information and services for everyone affected by breast cancer, **we must act now.**

The strategic objectives set out in this document reflect our determination to make significant, accountable progress by 2025. We've always known there's no time to waste; it's why we're called **Breast Cancer Now.**





# THE CHANGE WE WANT TO SEE IN SECONDARY BREAST CANCER

“Time and time again, I am struck by the different experiences women with secondary breast cancer have when they receive information about their diagnosis and treatment. We also see that as the disease progresses, the level of practical and emotional support offered by healthcare professionals wanes. This just isn't good enough. We need better understanding, more support and further research for people affected by secondary breast cancer.

MARION DE LANDMETER,  
THERAPIST AND LIVING WITH SECONDARY BREAST CANCER FACILITATOR



Currently, around 1,000 women die each month as a result of secondary breast cancer. It is therefore a matter of urgency that we dramatically improve outcomes for those whose cancer has spread.

By 2025, we want to have brought secondary breast cancer further out of the shadows and to know more about who is living with this diagnosis and what treatments they are receiving. We want our researchers to have unpicked more of the processes by which breast cancer spreads and to have developed new and more effective treatments, with others in the pipeline. We also want Clinical Nurse Specialists and our own nurses and services to be more widely available and better able to support people living with secondary breast cancer.

We will be unwavering in pushing for these essentials to be provided until everyone with breast cancer lives and is supported to live well.

Our objective:

**To work to improve treatments, care and services for those affected by secondary breast cancer**





# THE CHANGE WE WANT TO SEE IN SUPPORT



*Managing day to day life after a diagnosis of primary or secondary breast cancer can be incredibly difficult but the right support at the right time can make a real difference. Clinical nurse specialists in the national health service and charity sector take on this crucial role at diagnosis and through treatment. Everyone with breast cancer should have access to this support and to the right information to help manage their diagnosis, treatment and life beyond.*

SARAH ADOMAH,  
CLINICAL NURSE  
SPECIALIST AT THE  
ROYAL MARSDEN HOSPITAL



As well as better treatment, we want everyone affected by breast cancer, either directly or indirectly, to be aware of and able to access the support they need.

By 2025, we want to have found new and innovative ways to reach many more people across the UK with accessible, reliable information and services that meet their diverse needs. We also want many more people to know and understand the support that is available to them and how to obtain it when they need it.

Through our nurses, we want to have given thousands more people the confidence to ask questions about their diagnosis, e.g. about clinical trials, treatments and surgical options, so they feel more in control of their situation. And we want people with breast cancer to have powerful support networks, so they don't have to go through their experience alone or burdened with unanswered questions.

Our objective:

**To improve support for the physical and mental health and the emotional wellbeing of people affected by breast cancer**



# THE CHANGE WE WANT TO SEE IN TREATMENT

“ We are developing an understanding of how breast cancer can differ from person to person and what molecular factors can drive this variability in what is clearly not a single disease. Now is the time to use this knowledge to find smarter, kinder treatments that specifically target this variability in breast cancers, so that we can both kill different kinds of breast cancer cells more effectively and reduce gruelling side effects. This will also help us predict exactly who could benefit from each drug, so that we can make their treatment more personalised.

PROFESSOR ANDREW TUTT,  
DIRECTOR OF THE BREAST CANCER NOW TOBY ROBINS RESEARCH CENTRE  
AT THE INSTITUTE OF CANCER RESEARCH, LONDON



We want to see an end to treatments that can deprive people of their quality of life.

By 2025, we want our researchers to have unlocked the potential of new highly targeted approaches to tackling breast cancer, so that doctors can offer more effective treatments with fewer side-effects to anyone who will benefit from them. We also want patients and the people closest to them to have individually tailored information about their treatment and support to help them through it. And we want all policymakers to be aware of the enormous impact breast cancer has on those affected, so they are driven to take appropriate and urgent action.

Our objective:

**To develop kinder, smarter treatments for those with breast cancer and improve access to treatments for those affected**



# THE CHANGE WE WANT TO SEE IN DETECTION AND DIAGNOSIS

*Early detection remains critical to stopping women dying from breast cancer. We know that the earlier breast cancer is detected, the higher the chance of treating it successfully. We already have good tools to detect the disease and thanks to research, we understand a lot more about who is at higher risk. Now, the challenge is to use this knowledge so that even more breast cancers are detected earlier.*

PROFESSOR GARETH EVANS,  
UNIVERSITY OF MANCHESTER



To improve survival rates, people with breast cancer must be diagnosed as early as possible, when the chances of successful treatment are at their highest.

By 2025, we want to have raised awareness of the signs and symptoms of primary and secondary breast cancer, by making relevant information accessible to everyone, especially those who are most at risk. We want to be fostering an environment where people are both breast and body aware and confident to share any concerns with their GP. And we want to support GPs in caring for people who go to them with their concerns.

We also want to be funding world-class research that leads to better screening techniques and greater understanding of different breast cancer types so that every patient has a better chance of receiving successful treatment.

Our objective:

**To improve detection and diagnosis of breast cancer**



# THE CHANGE WE WANT TO SEE IN PREVENTION

“ Many different factors, from genes to lifestyle, can influence someone’s chances of developing breast cancer. We are gathering invaluable insight into how they all come together to change breast cancer risk. We will use this knowledge to help everyone – whether their risk is high or low – reduce their likelihood of developing the disease.

PROFESSOR OLIVIA FLETCHER,  
BREAST CANCER NOW TOBY ROBINS RESEARCH CENTRE



As we move towards our long-term goal, we want to see the beginnings of a culture shift, and growing recognition that – for some – breast cancer can be prevented.

By 2025, we want to be closer to more accurately predicting who is at increased risk of breast cancer and who is most likely to develop secondary breast cancer. And we want to be sharing our knowledge through stronger networks and providing improved information and support services that help thousands more women understand and take action to reduce their risk.

We also want to know more about which interventions do and don’t work for people, whether that’s lifestyle changes such as diet and physical activity, or risk-reducing surgery or drugs. And all of this is geared towards fewer women ever developing breast cancer.

Our objective:

**To further our understanding of why breast cancer occurs and spreads and use our knowledge to help prevent breast cancer developing**





Strategic objective:

## TO WORK TO IMPROVE TREATMENTS, CARE AND SERVICES FOR THOSE AFFECTED BY SECONDARY BREAST CANCER

### Why this matters so much:

For decades, scientists have been trying to understand why breast cancer spreads to other parts of the body, where it becomes incurable secondary breast cancer. Yet despite their best efforts, secondary breast cancer still takes the lives of around 1,000 women every month in the UK and the need for progress remains urgent.

For those living with secondary breast cancer the impact can be devastating and far-reaching. Treatments can be punishing, involving constant appointments and scans every couple of months which affect how you can live your life in between. It also changes the lives of parents, children, siblings, cousins, wider family, and friends, yet many people with secondary breast cancer express how alone and forgotten they feel – and how little their experiences are understood.

Additionally, breast cancer services are typically designed to meet the needs of people with primary breast cancer. The focus is typically on 'cure' and many people are unaware that their breast cancer may return, unsure of what the symptoms might be, and unclear about how to access medical care once they've been discharged.

That's why we need to do more – and better – for people like Claire.

There are an estimated **35,000** people living with incurable secondary breast cancer in the UK.



Claire's story...

Before her diagnosis in 2015, Claire was a board-level IT Director in the pharmaceutical and healthcare sectors. Forced to retire, she now does what she can to raise awareness of the needs of secondary breast cancer patients, while also coping with the targeted chemotherapy treatment she must go through every three weeks just to stay alive; something she's endured for the past five years.



In 2015 I received the devastating news that the pain I had been feeling in my leg was in fact breast cancer that had spread into my bones.

They cannot operate, so after months of trying different drugs to get the cancer under control, I eventually switched to my current regime, which is gruelling. I struggle to sleep. I experience sickness, strange tastes in my mouth, streaming eyes and nose, and horrible nerve pain in my feet, like being stung by a thousand bees.

**BUT I'M STILL HERE. IT'S KEEPING ME ALIVE. CANCER IS NOT A BATTLE. WHEN IT KILLS ME IT WON'T BE BECAUSE I'VE FAILED AND LOST A FIGHT. CANCER IS JUST BIOLOGY; CELLS GETTING OUT OF CONTROL. BUT I AM RUNNING OUT OF OPTIONS.**

People living with secondary breast cancer do not have time to wait for long overdue improvements in services, especially access to specialist nurses with experience in breast cancer that has spread. We still don't even know how many people are living with secondary breast cancer in the UK. And if data on diagnosis and treatment is not being collected by hospitals, it

means commissioners and healthcare providers are unable to identify people's needs and plan services effectively to meet them.

That's why we need action on data collection now.

**MEDIA COVERAGE ABOUT HUGE ADVANCES IN UNDERSTANDING AND TREATING CANCER MEAN THAT MOST PEOPLE JUST DON'T UNDERSTAND WHAT SECONDARY BREAST CANCER IS AND WHAT IT MEANS; THAT THERE IS NO 'GETTING BETTER'. FOR EXAMPLE, THE TREATMENT I'M ON IS THE LAST TARGETED TREATMENT AVAILABLE ON THE NHS RIGHT NOW. MY BEST HOPE IS TO LIVE LONG ENOUGH FOR THE SCIENCE TO COME UP WITH SOMETHING ELSE TO KEEP ME GOING FOR LONGER.**



# BETWEEN NOW AND 2025, WE WILL:



**Demand improvements to services for people with secondary breast cancer, including continuing to campaign for better data collection, so we know the true number of people living with secondary breast cancer and understand more about the treatment and support they receive**



**Provide a platform for people with secondary breast cancer to share their experiences and to be heard by UK governments, the NHS, and other stakeholders**



**Accelerate the development of more effective treatments for secondary breast cancer by investing in research into new treatments and into understanding the challenge of resistance to existing therapies**

For example, at the Royal College of Surgeons, Ireland, our Walk the Walk Fellow and Breast Cancer Now scientist Dr Damir Varešlija, is looking to discover which gene switches in breast cancer cells might be responsible for breast cancer spreading to the brain.

Treatment options are currently very limited, so the hope is that this research could identify new ways to **stop breast cancer spreading to the brain** or to treat it if it has already spread there.

Over at the University of Cambridge, Dr Jason Carroll is investigating the role a particular gene called ARID1A plays in breast cancer spreading around the body. Dr Carroll believes that this gene plays an important role in allowing hormone therapies, such as tamoxifen, to work, and that changes to it may cause breast cancers to become resistant to these therapies, thereby aiding cancer spread.

He wants to understand if a class of drugs called BET inhibitors could be used to **treat secondary breast cancer** with changes in this ARID1A gene – or even stop it spreading in the first place.

Meanwhile at the Beatson Institute for Cancer Research in Glasgow, Dr Leo Carlin is seeking to understand how cancer cells manipulate the immune system to help tumours grow in the lung. In particular, he is looking at certain immune cells, called neutrophils, which can help breast cancer spread to the lungs but which also play an important role in protecting us from infection.

Dr Carlin will use this knowledge to **improve the effectiveness of immunotherapies** by ensuring they are given at the best time and in the right combination with other treatments.



**Invest in research to understand the physical and psychological needs of people living with secondary breast cancer, with a view to improving quality of life**

For example, at the University of Leeds, Dr Fiona Kennedy and her team are assessing the feasibility of an **online support service** to help women with secondary breast cancer to manage their symptoms and have a better quality of life. This is vital as these women must often tolerate significant side effects for life-extending treatment as well as the symptoms of their condition and the psychological impact of living with an incurable disease.

To identify areas of greatest need, patients have been invited to interact with an online resource, which offers tailored advice on how best to manage their specific symptoms and where to go for further support.

By developing this resource, Dr Kennedy hopes that people with secondary breast cancer will be empowered to take more control over managing their symptoms and find it easier to access the right support. If it proves successful, we would eventually like to see this rolled out nationally after larger scale tests.



**Campaign to ensure that people across the UK can access the most effective treatments for secondary breast cancer**



**Develop and expand our own services to improve the availability and accessibility of tailored support for people with secondary breast cancer**



**Campaign for everyone with secondary breast cancer to have access to support from an NHS Clinical Nurse Specialist, with specific skills and knowledge relevant to people with secondary breast cancer**

For example, we have campaigned to raise awareness of the critical role played by **Clinical Nurse Specialists** in providing much needed support to people with secondary breast cancer.

While we welcome commitments by UK Governments to improve access, our Unsurvivors campaign revealed that only 73% of people were given the name of a Clinical Nurse Specialist at diagnosis. We have already called for the necessary funding to recruit and train more of these nurses and are now calling for a fully funded long-term workforce plan to be published without delay.

Strategic objective:

# TO IMPROVE SUPPORT FOR THE PHYSICAL AND MENTAL HEALTH AND THE EMOTIONAL WELLBEING OF PEOPLE AFFECTED BY BREAST CANCER

## Why this matters so much:

Currently, around 600,000 people are alive in the UK after a diagnosis of breast cancer. By 2030, this number is expected to have risen to 1.2 million, and with more people surviving and needing support, we need to find new and innovative ways of delivering it – and for people who've experienced breast cancer to support each other.

Often the first thought on diagnosis is 'am I going to die?' Then come a wave of concerns, including worries about fertility, hair loss, body image, work, finances, relationships, caring responsibilities... it's relentless. And along with the physical changes, there are mental health challenges to contend with. In fact, more than half of people diagnosed with primary breast cancer struggle with anxiety at the end of their treatment, and nearly a third struggle with depression.

As Lurline's story shows, having access to the right support alongside people who understand what you're experiencing is a lifeline.



In a recent survey, **more than one quarter (26%)** of women taking part in our Moving Forward course said having their hospital treatment come to an end was harder than having a breast removed or going through treatment like chemotherapy or radiotherapy.

## Lurline's story...

Lurline was a fit and healthy 54-year-old, when she was diagnosed with breast cancer after a routine mammogram. Having experienced no symptoms at all, it came as a complete shock.



“The diagnosis was shattering. I simply wasn't prepared to be told I had breast cancer. It was a bombshell in my life – and my family's life.

**MENTALLY IT WAS REALLY HARD. I HAD SO MANY QUESTIONS SWIRLING AROUND IN MY MIND ABOUT THE TREATMENT, WHAT TYPE OF CANCER I HAD, WHETHER IT WOULD SPREAD AND WHAT THIS WOULD MEAN FOR MY WORK. CANCER STRIPPED ME OF MY CONFIDENCE AND MADE ME ANXIOUS.**

The Moving Forward course came along at just the right time. While I was happy that treatment was almost over, I worried that my regular contact with health professionals would soon stop. It felt like I was losing a safety net and I didn't know how to start navigating my life again.

The course helped me to unite with other women who had the same worries and anxieties, it reassured me I wasn't the only one struggling to adjust and showed me recovery is a gradual process, which varies from person to person.

Across those four weeks I built a new safety net. I received help with my lymphoedema and advice on looking after myself and managing the pain and discomfort I'd been left with.

The Moving Forward course helped me to understand my body and mind after the shock of breast cancer and gave me the foundation to get on with my life.

**ONE OF THE SIDE EFFECTS OF MY TREATMENT WAS LYMPHOEDEMA (SWELLING) AND THE CHRONIC PAIN BECAME ARTHRITIS, WHICH MADE MY JOB AS A DENTAL HYGIENIST IMPOSSIBLE. I WAS FORCED TO RETIRE, WHICH LEFT ME FEELING EVEN MORE APPREHENSIVE ABOUT MY FUTURE. I HAD WORKED IN DENTISTRY FOR 30 YEARS – IT WAS MY LIFE – I FELT LOST.**





# BETWEEN NOW AND 2025, WE WILL:



## Make big strides forward in supporting everyone who needs us by making our services more widely available and increasing awareness of them

We're already making good headway in this area via our wide range of high-quality **health and patient information**, written by experts and available in print and online, to help people make informed decisions about their treatment and care.

Our **nurses**, and other highly trained staff continue to offer free and confidential support for anyone affected by breast cancer. While our **award-winning Moving Forward courses** give people with breast cancer the chance to share their experiences in a supportive environment in partnership with hospitals across the UK.

In addition, our **Someone Like Me service** and our **Younger Women Together events**, continue to prove that people don't have to face breast cancer on their own. All of these services are now available online, after we adapted to keep them up and running during lockdown.



## Better meet the needs of primary and secondary breast cancer patients by further personalising and tailoring our on- and off-line support services

For example, our **breast cancer support app, Becca**, which provides personalised content for people affected by primary breast cancer based on each person's interactions, has recently been made available in the Welsh language.



## Ensure that everyone diagnosed with breast cancer receives a swift and personalised referral to our services by improving and coordinating all of our information and support, and working more closely with breast care teams and other referrers

For example, we are pioneering a new personalised referral service to introduce patients to our support services much earlier in their breast cancer experience; something many people tell us would have proved invaluable.

Working in partnership with healthcare professionals, **Here For You** connects each patient to one of our trained volunteers, who introduces Breast Cancer Now and explains the support we can provide. Onward referrals can then be made to services such as our Helpline and Someone Like Me service. The volunteer will then check in again three and six months later to suggest additional relevant services.

As well as increasing access to support for patients, Here For You will complement the work of nursing teams, helping them to save time and resources as they will no longer need to make specific referrals or keep up with ongoing improvements to our services.



## Drive progress in treatment, care, and patient experience by continuing to invest in our improvement work with NHS hospitals, by sharing what we learn with decision-makers, and by using our knowledge to campaign for change

For example, we will continue to support the **We Are Undefeatable campaign**, created in collaboration with other members of Richmond Group of Charities, to encourage people with a range of long-term health conditions – including breast cancer – to find ways to be active that work for them.

And we are already innovating in this area via our **Service Pledge for Breast Cancer**, which brings together patients, healthcare professionals and Cancer Alliances to work in partnership to design and deliver improvements in services.



## Better meet the physical and psychological needs of those living with breast cancer by investing in research that grows our understanding

For example, at the University of Leeds, Dr Rebecca Beeken is investigating whether offering a diet programme that has already proved successful in other healthcare settings could **help women with breast cancer to lose weight and improve their chances of survival**.

We already know that being overweight increases the chances of breast cancer returning. But even when you know the facts, losing weight isn't easy. That's why Dr Beeken wants to see if this programme can effectively support women with breast cancer to lose excess weight, bringing improved health outcomes – and a better quality of life.

Strategic objective:

# TO DEVELOP KINDER, SMARTER TREATMENTS FOR PEOPLE WITH BREAST CANCER AND IMPROVE ACCESS TO TREATMENTS FOR THOSE AFFECTED



While the most commonly reported long-term side effects of breast cancer treatment are fatigue and pain, the **hidden effects** – such as menopausal symptoms, loss of fertility, anxiety, and depression – can affect women’s quality of life, **day after day after day.**

### Why this matters so much:

While advances in science and technology are transforming how we think about breast cancer and delivering new treatments, those in current use come with wide-ranging side effects, which can be debilitating.

This can be traumatic, painful, and emotional; not just for those who are having the treatment, but for their loved ones too.

That’s why we’re so determined to deliver new treatments that are not only more effective but also kinder to patients. And as Professor Andrew Tutt explains, this determination is central to our research strategy.



### An insider’s perspective...

From Professor Andrew Tutt, Director of the Breast Cancer Now Toby Robins Research Centre at The Institute of Cancer Research:

All of our research starts from the real problems faced by people with breast cancer. Patients’ perspectives therefore guide us at every step to ensure our research addresses real need – and has ongoing relevance.

As researchers, we are seeking to understand breast cancers in all their complexity and to find weaknesses that we can then exploit with new targeted treatments.

This will not only make for more successful treatment, but by identifying which tumours have these targets, we can also determine who will benefit from each approach – and spare people from having unnecessary treatments which cannot help them.

Over the next five years, the Breast Cancer Now Toby Robins Research Centre at The Institute of Cancer Research and our Research Unit at Kings College London will investigate the fundamental biology that drives risk and why different people have such different outcomes.

We will have a specific focus on understanding more about secondary breast cancer and how cancers become resistant to treatment. And by 2025, we want to have found at least two new drug discovery targets and undertaken work that leads to the running of at least four early-stage clinical trials to test breast cancer drugs and associated predictive tests.

It’s simply not acceptable that people who need long-term treatment for these diseases should have to endure such a gruelling regime. So, while we cannot possibly explore all avenues ourselves, what we do discover we will stick at until we realise its full impact in clinic – for real people like Jodi, Heidi, Anna and David.

‘I was told I needed an urgent double mastectomy, followed by chemotherapy. The treatments I went through left me so broken. I was crippled with hot flushes after every treatment. But above all of that, my heart was breaking as I was missing out on precious time with my son.’

JODI, DIAGNOSED WITH BREAST CANCER AGED 25, JUST AFTER GIVING BIRTH

‘My chemo liked to leave its mark. I could see its signature across my skin, stomach, hips, and face, which was puffy and tight. While I may get my immune system back, the long-term effects can be hard. This includes ageing, so I will look older than I should.’

HEIDI, DIAGNOSED WITH BREAST CANCER IN 2020

‘After being diagnosed with breast cancer in 2012, I underwent surgery, chemotherapy, radiotherapy, reconstruction, IV infusions and daily pills for five years. Treatment is traumatic, painful, and emotional, not least for the loved ones that watch us go through it. And while I wish I could say that I came out of the other side with the all-clear, four years ago, I was told that my breast cancer had spread – and it’s currently incurable.’

ANNA, DIAGNOSED WITH SECONDARY BREAST CANCER IN 2017 AND MUM OF TWO

‘A lot of people don’t understand that with secondary breast cancer, you will be on treatment forever... when I say I’m on my 35th cycle of chemo it really makes them realise that this is ongoing. There’s no finish line as such; you’re playing for time.’

DAVID, DIAGNOSED WITH BREAST CANCER IN 2015



# BETWEEN NOW AND 2025, WE WILL:



## **Increase our understanding of how best to treat breast cancer by investing in research into the cellular and molecular changes that cause it**

For example, at the Beatson Institute for Cancer Research in Glasgow, Dr Seth Coffelt and his PhD student are investigating the potential of a type of immune cell called gamma/delta T cells to better understand their ability to kill breast cancer cells.

Dr Coffelt's project will build on his earlier discoveries that gamma/delta T cells can help prevent breast cancer spread. As well as furthering our understanding in this area, this project will also directly inform ongoing clinical trials.

Our hope is to boost the effectiveness of immunotherapies for women with triple negative breast cancer, a form of the disease that can be very aggressive.

Meanwhile, at the University of Birmingham, Dr Paloma Garcia is investigating how we can target a type of breast cancer cell, known as cancer stem cells, to stop breast cancer returning and spreading, and to prevent tumours becoming resistant to treatment.

This work could hold the key to developing new life-saving treatments.



## **Accelerate the development of targeted, personalised treatments for breast cancer by investing in research to find effective new drugs with fewer side effects**

Recent research findings from the Breast Cancer Now Toby Robins Research Centre at the Institute of Cancer Research, are already driving clinical trials. Among these are findings that suggest the breakthrough repurposing of a lung cancer drug called crizotinib could provide a new targeted therapy for thousands of women with lobular breast cancer.

Plus, research has shown that a new drug based on a natural compound found in broccoli and kale could reverse or even prevent breast cancer becoming resistant to hormone therapy.



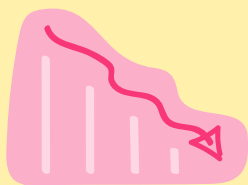
## **Campaign to ensure that people across the UK can access the most effective treatments for breast cancer**

For example, we input into all breast cancer drug appraisals by the National Institute for Health and Care Excellence (NICE) and the Scottish Medicines Consortium (SMC). We have also campaigned to reverse decisions that would have seen patients unable to access clinically effective drugs. And we continue to influence a significant review into the way that NICE assesses drugs for use on the NHS to ensure it works for breast cancer drugs in the future.



Strategic objective:

## TO IMPROVE DETECTION AND DIAGNOSIS OF BREAST CANCER



While 99% of women diagnosed at Stage 1 will survive for five years or more, this figure drops to **just 27% of women** who are diagnosed at Stage 4.

### Why this matters so much:

While prevention strategies can help, they cannot eliminate all cases of breast cancer. Early detection therefore remains the cornerstone of improving patient outcomes.

Currently, for around 5% of women, their breast cancer has already spread by the time it is diagnosed. If we are to change this picture and save more lives, people – and especially healthcare professionals – must be made aware of the early signs and symptoms, so that suspected cases of breast cancer are referred promptly for diagnosis and treatment.

Raising awareness is also vital to counteract the many factors that may otherwise conspire to prevent people seeking help. For example, thinking they are too young to get breast cancer, especially if there's no family history of the disease, or that their healthy lifestyle means they are less at risk.

However, breast cancer can affect any of us. And as Amaya's story shows, it's always wise to consult a GP with any worries – however small.

### Amaya's story...

When she found a lump in her breast, nurse, and mum of three Amaya wasn't initially worried. Like many women, she thought she was 'too young' to be diagnosed with breast cancer. But thankfully, she still made an appointment with her GP to get it checked out.



I'm embarrassed to say that growing up, I never really checked my breasts regularly. I had a healthy diet, exercised, and just assumed I was too young to be diagnosed with breast cancer.

In July 2019, I found a lump in my right breast close to my armpit. I didn't feel worried but after showing my mum, I booked a GP appointment to get it checked and when the test results revealed I had breast cancer I couldn't believe it.

**WHEN I THEN TESTED POSITIVE FOR THE FAULTY BRCA1 GENE I WAS IN TOTAL DISBELIEF; IT WAS LIKE BEING DIAGNOSED WITH CANCER ALL OVER AGAIN.**

Being diagnosed at such a young age was incredibly isolating, so I started a blog about my experience so others wouldn't have the same feelings of loneliness.

I want to spread as much awareness of breast cancer and checking your breasts as possible, particularly in young black women. It's so important to make the time for breast checking and to learn what's normal for you.

**MY LIFE TURNED UPSIDE DOWN IN THAT VERY MOMENT. MY FIRST THOUGHT WAS OF MY THREE BEAUTIFUL BABIES; WOULD I GET TO SEE THEM GROW UP?**



# BETWEEN NOW AND 2025, WE WILL:



## Raise awareness of the signs and symptoms of primary and secondary breast cancer, so that more people can access treatment and support services as soon as possible

This will build on the work of our **'Touch, Look, Check' bespoke breast awareness messages**, which already reach millions of people with vital information on breast health and the importance of early detection.

Our brilliant team of **Public Health volunteers** also raise awareness by championing our work in their local communities and we consistently look for new ways to work creatively with our partners to amplify our breast health messages.



## Identify and dismantle the barriers to early detection and diagnosis of primary and secondary breast cancer

We recognise that a one size fits all approach to designing awareness-raising campaigns, providing accessible services, information and support will not work to meet the varying needs and cultural sensitivities of different groups within the UK. That's why we are working with the real experts – people with lived experience of breast cancer – to keep driving change.

We already support and work alongside organisations who are raising awareness among women who might previously have been overlooked, excluded or discriminated against. This includes Black Women Rising, a creative platform that showcases stories and provides vital support for black cancer patients and survivors, founded by Leanne Pero, who was herself diagnosed with breast cancer at the age of 30.

We have also organised focus groups in Bradford, Sheffield and London to better understand the barriers that prevent underrepresented groups from accessing information about breast cancer. We have trained volunteers from Black, Asian and other Minority Ethnic communities to deliver early detection messages to boost our cut through. Our partnerships have also allowed us to run breast awareness events for targeted groups during Breast Cancer Awareness Month to ensure we reach a diverse range of audiences. We are continuing to use a test and learn approach, including running breast awareness sessions in South Asian languages to further bring down barriers.



## Address inequalities in access to information and support, by challenging healthcare providers and empowering them to improve their services by ensuring they have access to tailored materials for primary and secondary breast cancer



## Improve the detection and diagnosis of primary and secondary breast cancer at the earliest stage by investing in research

For example, Karina Cox, from Maidstone and Tunbridge Wells NHS Trust, is investigating whether a **special ultrasound technique** can help specialists discover if breast cancer has spread to lymph nodes in the armpit, without the need for surgery.

Currently, lymph nodes must be surgically removed as there is no other way to examine them. This new technique instead uses ultrasound to guide a needle biopsy to check for any signs of breast cancer cells. If these initial investigations prove promising, a clinical trial will be designed to test it further.

We're also encouraged by recent research findings which show that **a new personalised blood test**, developed by researchers led by Professor Nicholas Turner at the Breast Cancer Now Toby Robins Research Centre can detect the return of breast cancer in women nearly 11 months before it shows up on hospital scans or the women develop any symptoms.



## Campaign for evidence on risk-stratified screening (which considers a woman's individual risk) to be taken into account by the NHS breast screening programme, when available

## Campaign for appropriate UK-wide access to family history services



## Find new ways to ensure that all those with breast cancer symptoms or signs of secondary breast cancer receive timely referrals and diagnosis

For example, we are working with GatewayC, a free online cancer education platform for healthcare professionals, to support the development of **a course to help GPs more confidently spot cases of secondary breast cancer**.

Strategic objective:

# TO FURTHER OUR UNDERSTANDING OF WHY BREAST CANCER OCCURS AND SPREADS, AND USE OUR KNOWLEDGE TO HELP PREVENT BREAST CANCER DEVELOPING

## Why this matters so much:

Breast cancer is the world's most common cancer and, in the UK, it's the second biggest cause of death from cancer in women.

Around 55,000 people are diagnosed with breast cancer every year in the UK and many of them will go on to develop secondary breast cancer.

We need to understand why cancer develops and spreads and find ways to prevent it and empower people to take proactive steps to minimise their risk.

At least **23%** of breast cancer cases in the UK could be **preventable** through making lifestyle changes.



## Sarah's perspective



*As well as being physically active, I take care in what I eat and my alcohol consumption is minimal, as drinking is known to be associated with breast cancer. Being proactive goes a long way to dissipating my anxiety of this disease, which took my mother far too soon.*

SARAH, A 57-YEAR-OLD OPERA SINGER LIVING IN CARDIFF



While nothing can be done to change the biggest risk factors for developing breast cancer, namely being a woman and getting older, there are things people can do to reduce their chances of developing the disease, such as drinking less alcohol, taking regular exercise, and maintaining a healthy weight. Those with a family history of breast cancer can also take certain preventative medicines such as tamoxifen to reduce their risk of developing the disease.

Due to a decade of advances in research, we believe that at least 23% of breast cancer cases could be prevented by 2050. However, progress is stalling and there are several issues that need to be addressed if we are to save more lives.

For example, while individuals like Sarah have been directly incentivised to make healthy lifestyle choices, maintaining this discipline isn't easy and many people need support to make lasting changes to their behaviour.



# BETWEEN NOW AND 2025, WE WILL:



**Accelerate the development of better prevention strategies by investing in research looking at the underlying causes of breast cancer and why it spreads to different parts of the body.**

For example, at the Barts Cancer Institute, Dr Adam Brentnall is working to integrate the latest knowledge and understanding of breast cancer to **improve the model used to predict a woman's risk** of getting the disease.

Dr Brentnall's work could go on to help doctors better identify those women who are most at risk of aggressive forms of breast cancer – meaning it can be detected and treated sooner.

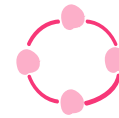
And at the University of Manchester, Dr Sacha Howell is studying samples from UK participants in a large international trial using the drug denosumab, which in laboratory tests has been shown to **stop the growth of cells thought to give rise to breast cancer** in women who have changes in the BRCA1 gene. Currently, 4 in 5 of these women will go on to develop the disease in their lifetime and the only risk-reducing measure available is removal of both breasts.

Clearly, new risk-reducing treatments are urgently needed for this at-risk group and Dr Howell hopes that his work will pave the way.



**Help people reduce their own risk of developing breast cancer by devising and piloting new ways of empowering and encouraging them to adopt healthier lifestyles**

This, and much of our work will be informed by the **Breast Cancer Now Generations Study** – the world's largest study of the genetic, lifestyle and environmental factors that may change a woman's risk of developing breast cancer – which has already helped to identify more than 160 common genetic changes associated with the development of the disease.



**Seek to reduce people's risk of breast cancer, by working collaboratively with health and social care charities, organisations, and other partners to develop, test, and implement public health interventions**



**Hold governments and NHS bodies to account, to ensure they work towards providing all communities with wide and equal access to proven risk reduction strategies**

We are already making an impact in this area. For example, we successfully campaigned to make low-cost osteoporosis drugs called **bisphosphonates** more widely available. These drugs could stop breast cancer spreading in certain cases, and even reduce the number of deaths by 10%, while saving the NHS millions of pounds a year.

NHS England's new plans for 'repurposed' medicines, like bisphosphonates, address the barriers which prevent these drugs being made quickly and consistently available to patients; barriers we had previously highlighted. We are now working with NHS England to improve access to, and uptake of, drugs that were originally developed to treat breast, but could now also be used to reduce the risk of the developing disease in the first place.



**Help improve nationwide screening and public health programmes by sharing the latest evidence and learnings with decision-makers to inform their risk reduction strategies**

# THE 'ACCELERATORS' THAT WILL DRIVE OUR PROGRESS

To see the transformation we are striving for, we must continue to increase our impact. And not only through what we do ourselves, but in how we influence, empower, and inspire others to act alongside us.

To this end, we have considered what we can do to accelerate progress towards each of our strategic objectives.

## We will:

- Amplify the voice of experience
- Unlock the power of our community
- Evolve and adapt our practices
- Generate further funding

## AMPLIFYING THE VOICE OF EXPERIENCE

Drawing on the unique expertise of our founding charities, we will continue to unite the research and support communities with people directly affected by breast cancer. Through this growing network, we will give voice to the issues that matter most and further establish our position as the fully comprehensive breast cancer charity.

### We'll focus on:

- Raising our profile so that everyone affected by breast cancer knows both how we can support them 'the whole way through' – and how they can support us in driving the change they want to see
- Identifying and championing the issues that matter most to people affected by breast cancer
- Fearlessly leading conversations with governments and other policymakers, the NHS, and fellow health charities to boldly challenge and push for change
- Extending our reach through our own activity and in bold and innovative ways with our trusted partners

## UNLOCKING THE POWER OF OUR COMMUNITY

To achieve our vision, we must also harness the passion and insight of our growing community of staff, supporters, volunteers, healthcare professionals, partners, funders and people affected by breast cancer to extend our reach, and to discover fresh perspectives and new ideas for driving progress.

### We'll focus on:

- Improving how we engage, listen, and learn from those affected by breast cancer, including previously unheard groups and individuals, whose perspectives are vital
- Collaborating creatively with our wider network of volunteers, healthcare professionals, supporters and partners and using our collective voices, experiences, time, skills and networks to accelerate positive change
- Building a diverse workforce made up of people committed to delivering and advancing those goals
- Creating and embedding a high-performance culture powered by trust, and with a clear vision and mutual goals to guide us

## EVOLVING AND ADAPTING OUR PRACTICES

As well as bolstering our team and culture, we recognise the need to address our everyday working practices to ensure we keep learning and are able to make the greatest impact.

### We'll focus on:

- **Putting our supporters at the heart of how we communicate** so we can have more informed, timely and effective conversations with them and continue to build positive and mutually beneficial relationships
- **Bringing transformational insight to our decision-making and actions** through improved use of data
- **Having the courage to change course** and adapt to evolving circumstances, drawing on valuable experience gained during the COVID-19 crisis and with an unfaltering commitment to always doing what's best for people affected by breast cancer
- **Identifying and implementing new technologies** to support and enhance team working, inclusion, creativity, and innovation

## GENERATING FURTHER FUNDING

To create the change we want to see for people affected by breast cancer, we must continue to raise vital funds for our research, support and influencing work. This means we must also inspire more people to support us – and each other – and continue to innovate.

### We'll focus on:

- **Testing to find the most successful new routes** for securing long-term sustainable support, reaching new audiences and inspiring more people to engage with us
- **Initiating, connecting and growing our network** by inspiring our supporters and partners to engage their contacts and communities, bringing additional funding, skills and expertise to the task of transforming breast cancer research and care
- **Building on our success and commitment to innovation in digital** to spark curiosity, fire ambition and find new routes for driving income, engagement and community action



# JOIN US IN TURNING THE TIDE ON BREAST CANCER

If you want to see a world...

... where people with breast cancer don't just live but are supported to live well, whether they have primary or secondary breast cancer

... where everyone affected by breast cancer has access to the information and services they need

... where those treatments are more tailored and effective with fewer side-effects

... where people know where to go to share their concerns and are diagnosed as soon as possible, allowing them the greatest chance of survival

... where everyone understands and is supported to reduce their risk of breast cancer

This is where you can make a difference.

## HERE'S HOW...

Every supporter makes a difference. Your gifts, your fundraising energy, your time, your voices, your experiences... they all make us stronger.

To donate now, to find out more about our volunteering, campaigning, and fundraising opportunities, or discover how your company can partner with us, please visit [breastcancernow.org](http://breastcancernow.org)

**BREAST  
CANCER  
NOW** The research  
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