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WELCOME

from one survivor to another

Know Your Knockers

Welcome to the second edition of the Breast Cancer Pocket Guide. Whilst I understand you don't necessarily want to be reading this booklet, you have come to the right place.

A breast cancer diagnosis is absolutely devastating and almost forces us to learn a whole new language. It also creates a sense of desperation as we look for more and more information to ease our worries or answer our overwhelming number of questions.

This year's guide I am proud to say brings together so many qualified professionals, service providers and products in the breast cancer field to support us on our journey, both during treatment but also as we catapult back into 'normal', everyday life.

I hope this guide can answer some of your worries and can continually act as a source of inspiration and knowledge as you progress through your journey.

We all must continue to move forward on this path, with the best information, research and support that we can find. This guide is a good place to start.

Kat

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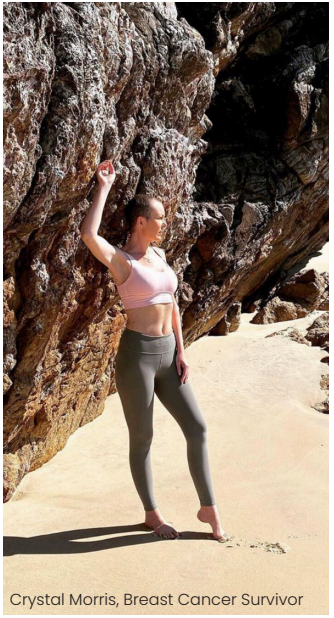

Crystal Morris, Breast Cancer Survivor

GET IN TOUCH
info@knowyourknockers.com
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LOCAL SUPPORT AVAILABLE

McGrath Breast Care Nurse Megan Lynch

Megan Lynch is the McGrath Breast Care Nurse at Hervey Bay Hospital. McGrath Breast Care Nurses are highly-trained and are a critical part of the complex medical team managing and coordinating the care of people with breast cancer. Megan provides support to both the person diagnosed with breast cancer as well as their family, and the service Megan provides is free of charge.

"As a McGrath Breast Care Nurse, I'm a constant source of support for my patients and a central contact point. I'm just a phone call away and can answer questions, explain medical jargon and provide vital emotional support.

"A breast cancer diagnosis can be challenging, so my role is wide-ranging. I assess wounds and change dressings, as well as empower patients to make informed decisions about their treatment. If I can't provide something that a patient needs, I find the service which can."

Megan also works closely with the local cancer care physio to run gentle exercise programs suitable for people with breast cancer.

"Exercise is so important, especially for people with breast cancer. It helps with mood management, treatment side effects and promotes general wellbeing. I work with patients to find a form of exercise that suits their individual circumstances. There are both land-based and hydrotherapy classes available.

"These classes can also enable people with breast cancer to connect with others in the same situation.

They provide to opportunity to connect and form friendships, which in turn can be a great outlet for emotional support.

People with breast cancer in the Hervey Bay and Maryborough area, including Torbanlea, Howard, Tiaro, Poona and areas in between, can contact Megan for free and without a doctor's referral on megan.lynch@health.qld.gov.au or 0447 049 308.

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BREAST CANCER TREATMENT IN **NORTH QUEENSLAND**

Dr Michael Collins, Radiation Oncologist at Icon Cancer Centre Mackay

There are many different types of treatment for breast cancer, including surgery, radiation therapy, chemotherapy and hormone therapy. The treatment you receive will depend on a number of factors, including your cancer, physical health, preferences and whether you have undergone any previous cancer treatments.

One of the most common forms of treatment for breast cancer, following surgery and chemotherapy, is radiation therapy. Radiation therapy can improve the success of your treatment and reduce the risk of your cancer returning. In North Queensland, we are lucky to have the latest in radiation therapy treatment available for our local communities at Icon Cancer Centre in Mackay, Townsville and Cairns.

With advances in technology, radiation therapy has now evolved to include volumetric modulated arc therapy (VMAT), a highly accurate technique which reduces overall treatment time from six weeks to just three weeks (sometimes slightly longer). Even shorter radiation treatments are under study and if proven as safe and effective as three week treatments, will be adopted too.

Alongside shorter treatment times, there are other great benefits to modern radiation therapy including high precision and a more comfortable treatment experience. For example, as VMAT delivers radiation continuously while the treatment machine rotates, radiation can be delivered rapidly and precisely to directly target the cancer while protecting surrounding healthy tissue.

People with left-sided breast cancer can also now use the Deep Inspiration Breath Hold (DIBH) technique, which protects the heart during radiation therapy treatment. The technique involves holding a certain number of breaths for short bursts during treatment, which allows the heart to move backwards into the chest while the breast is exposed to radiation.

At Icon, we are proud to provide advanced radiation therapy treatment such as VMAT and DIBH and save people with breast cancer from travelling long distances to access the care they need.

Icon Centres	Chemotherapy	Radiation
Cairns		✔
Townsville	✔	
Mackay	✔	
Toowoomba		✔

MY BREAST CANCER JOURNEY
IN REGIONAL AUSTRALIA

Jill Tucker, Breast Cancer Survivor, Wagga Wagga

In 2006 my family and I were having a wonderful holiday overseas while attending my son's wedding in Wales. Four weeks into our holiday I discovered a lump in my breast. With two weeks to go (including a trip to Venice) I thought, lets continue and enjoy ourselves and worry about 'the lump' when we arrive home.

Six weeks later I was in hospital having my right breast removed. Visits to the local Cancer Centre for some chemo, then radiation and more chemo saw me 12 months later ready to move on.

I live in a regional NSW town with a Cancer Care Clinic. The Clinic services a wide rural population and I felt it was 'unfair' that women did not have ready access to the bras, prostheses etc that they needed. Also, during that decade, the country was in severe drought and I wondered how women could afford to travel to nearby cities to purchase what they needed.

I knew that this was something that I could do – build a business that could help women locally and be on-line to help those who could not travel.

It was meant to happen as the process of training, resourcing and financing happened quickly and smoothly.

Now over the past 11 years since Erilan began, I, and the Erilan Team, have been able to help countless women, hear many stories and share private tears. People often ask if and how Cancer has changed you and the answer will be different for everyone.

For me, it presented opportunities that have enriched my life. Fortunately, I was rarely ill during my 12 months of treatment. I was still able to work full time, meet with friends and enjoy my family. At that time, I was a speech and drama teacher and I was able to model to the children that cancer is not an automatic death sentence and that your life needs to be lived.

Through Erilan I meet so many brave women and feel privileged that they allow me to be a small part of their lives and to help them in their journey.

'Journey' may be becoming a clichéd word, but it is true that discovering you have cancer, and all that it entails is a journey. For me, it was a journey highlighted by many blessings which has enabled me to help other women.

Life is for living and I intend to live and enjoy every day.

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WHAT IS AN **ONCOPLASTIC** BREAST SURGEON?

By Dr Ben Lancashire, Oncoplastic & Reconstructive Breast Surgeon

You may have noticed that some breast cancer surgeons call themselves an 'Oncoplastic Breast Surgeon'.

It's important for women seeking breast cancer treatment to understand what this term means, and whether or not their breast surgeon has this qualification.

Oncoplastic breast surgery is a combination of optimal cancer surgery with traditionally plastic surgical techniques to achieve the best oncological and aesthetic outcome after breast surgery.

Oncoplastic breast surgery provides women with more options for:

- *improved aesthetics following breast-conserving surgery ("lumpectomy"), and*
- *breast reconstruction following mastectomy*

The aim of oncoplastic breast surgery is to improve women's long-term quality of life and body image after breast cancer treatment.

Oncoplastic breast surgery is technically challenging, and often the procedure takes much more time than conventional breast surgery. Oncoplastic breast surgeons undertake additional training after their specialist surgical training to learn and master a wide range of special techniques including:

- moving breast tissue from one place to another to fill a space where a cancer has been removed ('reshaping' of the breast)
- removing your cancer while also performing a breast reduction (reduction mammoplasty) or breast lift (mastoplexy) within a single operation
- procedures to preserve breast symmetry
- implant-based breast reconstruction following mastectomy

Potential benefits of oncoplastic breast surgery as compared to conventional breast surgery include:

- removing larger cancers with a lumpectomy that would have traditionally required a mastectomy
- reduced re-excision rates (returning to theatre to take more tissue)
- reduced breast cancer recurrence rates
- reduced deformities associated with radiotherapy
- the ability to perform breast reconstruction when appropriate

Not everyone needs, or is a suitable candidate for, oncoplastic breast surgery. A complex interplay of patient factors, breast cancer pathology, and prescribed treatments determine whether or not oncoplastic breast surgery is appropriate.

An oncoplastic breast surgeon can discuss this with you following your diagnosis and is well-placed to outline the full suite of surgical options available to you.

To book a consultation with Dr Ben Lancashire contact his rooms on (07) 3054 0694 or visit his website at www.breastendocrine.com.au

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CHEMO TIPS

Katrina Houghton,
Breast Cancer Survivor, Redcliffe

I am not going to lie Chemotherapy was certainly not the easiest part of my journey. I will say however, that not everyone's chemo experience will be terrible. Everyone walks or crawls a different path and what one patient may experience may not be the same as your own.

Despite my chemo ride being rough, there were a few things that I did to minimise side effects.

Stay hydrated. Drink lots of water, lemonade, ginger ale, juice whatever takes your fancy. It's really important to continue clearing out toxins and staying in control of your hydration.

Listen to your oncologist and stay ahead of the nausea. Take your tablets on time and be consistent. The minute I stopped following medication instructions, things started to turn pear shaped. I learnt very early that I do not know best and my oncologists' instructions were critical.

Do some exercise. Even if it means walking to the end of the driveway!

Get your body moving. I found sweating really cleansing. After day 7 when the fog would lift I would start daily walking till my next infusion to try and stay motivated and focussed. I was also mindful of the importance of exercise to help minimise depression and reduce some of my anxiety around my diagnosis.

Rest. When you are tired, sick or dizzy it is important to listen to your body and rest. Try to avoid pushing yourself too hard by setting the bar to high with unrealistic expectations. This is a long fight and you need to be kind to yourself.

Eat when you can. While chemo only made me a little nauseous, I did however find that I very quickly lost my appetite, which lead to weight loss. In this instance my family had to continue to remind me to eat and take in nutrients.

This helps with recovery and sleep.

Pack a chemo bag that brings you comfort. This can include your favourite book, blanket, button up tops, devices, head phones, snacks, water bottle and best friend! Treatment can be long and arduous and this will help to keep you busy and distracted while treatment is occurring.

Prepare for hair loss. Most patients who undergo chemotherapy will lose their hair. Being prepared can sometimes minimise your emotional response. You may consider cutting your hair or shaving your head in preparation. It may also include purchasing wigs and/or gorgeous headwear.

Stay positive. I hated when people would say this to me but I'm not sure how else to say it. Chemotherapy is not only tough physically but it can also be a mental nightmare. Try to seek the positives in your day and stay as focused as you can on the intention and the ultimate outcome... to be cancer free!

If you find this is still difficult contact the cancer counselling service. They are an amazing support service during a very confronting time.

Good luck – you can do this!

Kat

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Dr Robyn Box, MPhty PhD APAM
APA Cancer & Lymphoedema Physiotherapist

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BREAST RECONSTRUCTION IN A NUTSHELL

Dr Heidi Peverill

As much as we try and save breasts, sometimes a patient may need a mastectomy (removal of the breast). This may because of widespread DCIS, a high-risk gene or a larger cancer in a difficult location. After mastectomy, the breast can be reconstructed and this is an important discussion for every patient to have with their surgeon, to find out the options available to them.

Reconstructions can be broadly grouped into;

1: **Implants - or**

2: **Autologous (your own tissue)**

Implants are the most commonly performed reconstruction procedure within Australia and worldwide. We have gained significant amounts of knowledge around the use of implants, as they have been in use since the 1960s.

It is important for patients to understand that an implant reconstruction is higher risk than having a cosmetic breast enlargement, so don't compare yourself to friends who may have had breast enlargement.

Sometimes a temporary expander may be necessary before the implant; your surgeon will discuss with you the safety and practical considerations of this option.

Sometimes implants may not be suitable, particularly for smokers. For some women, using their own tissue is their preferred option.

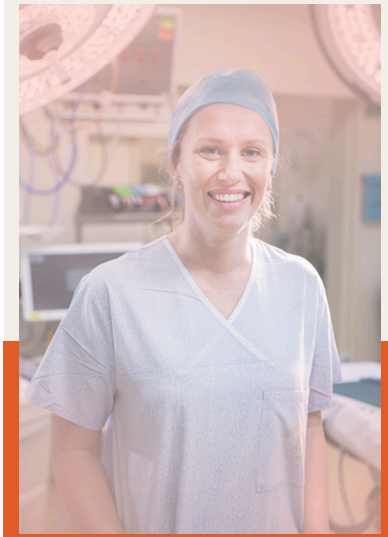
Autologous reconstruction refers to using your own tissue and most commonly this would be from the abdomen (tummy) and could include skin, fat or muscle.

Some patients prefer this for a more natural feel, while other patients would prefer to avoid an operation on another part of their body. Using your own tissue means the reconstruction is likely to change as you do – with age or change of weight – so has a durable long-term outcome. Again, this is not suitable for smokers and may require a longer stay in hospital.

We know that not all women choose to take up reconstruction and that is perfectly normal too. After the stress of the diagnosis, some people want to get out of hospital as quickly as possible and use an external prosthesis in their clothing, or not at all.

All of these options are available, and the only right decision is the **right decision for YOU.**

We do know that more women choose reconstruction when this is discussed with them, so make sure you discuss this with your doctor.



Dr Heidi Peverill

Specialist Oncoplastic Breast Surgeon

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MANAGEMENT OF Breast Cancer

DR ANDREW ONG, BREAST & ENDOCRINE SURGEON

Modern treatment of breast cancer has evolved significantly compared to a decade ago.

Traditional treatment involved surgery first followed by a combination of chemotherapy and radiotherapy. Surgery offered limited choice and minimal (if any) options for breast reconstructions were offered.

Advances in the last 5-10 years have made this traditional model obsolete.

Advances in Surgery

Thankfully, surgical techniques have expanded to include more reconstructive options during the initial diagnosis period – the rise (and rise) of oncoplastic breast surgery.

- Skin and nipple-sparing mastectomy (SNSM) can result in improved cosmetic outcomes and allow the patient to retain the look of their breast. This can be single-stage (i.e. direct-to-implant) or staged with tissue expanders which can allow the skin to stretch and prepare for an implant.
- Immediate or delayed reconstructions can be performed with silicone implants or the patient's own tissue.
- And for those wanting to remain flat, flat closure is also an option.

It is important to work with your breast surgeon to find your most appropriate pathway.

Your breast surgeon can discuss the type of reconstruction desired, balancing first and foremost oncological priorities with reasonable and realistic expectations of the final cosmetic result.

Advances in Oncology

Pre-surgery (neo-adjuvant) chemotherapy is a technique that can potentially "shrink" cancers to make breast-conservation possible. This is an alternative to patients when originally mastectomy was the only option.

In a recent Australia-wide clinical trial (WINPRO) patients were prescribed double anti-hormone therapy two weeks leading up to surgery. The early results have shown decreased activity of tumour cells which may result in better results in the future.

Results from another recent trial (AMAROS) showed axillary radiotherapy can be an alternative to more surgery in some patients with positive sentinel nodes.

Example of decision-making process for a newly-diagnosed breast cancer patient:

Jane is 52, recently diagnosed with a 25mm breast cancer. Examination revealed the breast to be likely for removal. The patient would prefer not to remove her breast and is hoping for minimal surgery.

The breast surgeon takes into consideration her results and recommends 3 options:

1: breast-conservation surgery but accepting a 15-20% risk of positive margins requiring completion mastectomy;

2: trial of pre-surgery chemotherapy for tumour downsizing and better-chance of clearing the cancer with lumpectomy; or

3: skin and Nipple sparing with staged reconstruction.

Jane opted for option 3 with tissue expander and was enrolled in the WINPRO trial to maximise benefit. After surgery, she underwent chemoradiation and 9 months later, underwent exchange of the expander for a permanent silicone implant.

Throughout this period, she was supported by the McGrath breast nurses.

Conclusion:

Modern management of breast cancer is complex and involves a multitude of health care professionals. The responsibility of the Breast Surgeon is to discuss all options with the patient to optimise cancer outcomes while at the same time, provide a satisfactory cosmetic result.

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"Allow others to ***help*** you"

By Natasha Keir, Nurse Practitioner Breast Oncology

St Andrew's War Memorial Hospital, Brisbane

A few years ago we asked our phenomenal women of St Andrew's War Memorial Hospital for a 'little piece of advice' they would want to share with someone newly diagnosed with breast cancer and the quote above featured many times in our survey.

Women will often put themselves last behind their loved ones, friends and even pets and will do everything for everyone else first. Following a diagnosis of breast cancer it's time to put yourself first. Know that it is okay to ask for help because after all wouldn't you do the same thing for your loved ones in the same situation? Your family and friends really want to help you but sometimes don't know how.

Tell them exactly what you need from them and even give them a list of things you would find helpful. This might be as simple as some meals in the freezer (caution...you will receive a lot of lasagne), house cleaning, grocery shopping, transporting of children or perhaps even a roster for people to take you to your treatment or appointments. Not only does this assist you, it also makes your family and friends feel good that they can be of some help during what is a really difficult time for you. As one beautiful lady I had the pleasure of supporting once said...

"Let yourself be held by those who love you, hold close those that you love and embrace yourself" (Mellissa, 37).

As a Nurse Practitioner in Breast Oncology, I am just one member of the team who is also there to offer support and guide patients. My role is not only to provide expert nursing care but to help our patients navigate their way from diagnosis through treatment and to help them transition into survivorship. Your Breast Care Nurse is also really valuable to not only give support but to provide resources and put you in contact with services that can help you during treatment and recovery.

Be kind to yourself ×××

My **SURVIVAL GUIDE** for Breast Cancer

Bec Pene, Breast Cancer Survivor, Sydney

1) The very top thing on my list is Do Not Google. You will spend pointless hours worrying over something that is wrong. Call you doctor instead.

2) Accept the help from your friends and family. Especially in the early days you will need it.

3) Have someone document your appointments so you can then remember what was said. Rather than your mind making up what you 'think' you heard.

4) Take a support person to EVERY appointment at the start of your journey especially. This is not only important because of the difficult news you are receiving, but also because it's someone who hears parts you don't hear. Usually the positive because you are remembering the negative.

5) Journal your story. Whether that be by social media or in a private journal. It helps to get all your feelings out.

6) Find your A team. You are the CEO and they work for you.

7) Find a superstar psychologist, someone that makes you feel like you can conquer the world when you leave their session

8) A positive mindset towards treatment and visualising the good it is doing. Chemo kicking cancers ass and radiation beam blasting hidden cells.

9) Take anti-nausea meds BEFORE you feel unwell from chemo. Sugar free cordial, fruit tingles & fresh veggies help too.

10) Meditate! 30 minutes a day. I really like the Oprah & Deepak meditation.

11) Unfollow any social media or Facebook groups that induce anxiety. They are so unhelpful. Connect with positive people who you can relate too.

12) Exercise when you can even if it's just to the letterbox and back. Moving your body and listening to a podcast is very relaxing. Not to mention reduces recurrence risk by approx 30%

13) Eat the rainbow every week but also treat yourself. Ignore any fad diets.

14) Document the positives. I have a list in my phone of all the good things my docs have told me that I read when I feel anxious.

15) Seek out positive stories of long term survivors

16) Read the book "breast cancer taking control" by Prof John Boyages

17) Find a hobby that is not cancer related. Knitting, puzzles, drawing, painting, baking.

18) Last but not least, cry when you need to. Your feelings are valid. You will feel better after you have a big cry and get it all out.

KNOW YOUR **TEAM** & KNOW YOUR **TOOLS**

Dr Susannah Graham and Dr Nipu Jayatilleke,
Breast Cancer Surgeons, Integrated Health Clinic

One of the most intimidating aspects of a new breast cancer diagnosis is keeping track of the roles of the many health professionals who will care for you, as well as the bewildering array of treatment tools they use.

As Oncoplastic Breast Cancer Surgeons, we hope that this two part series - ***Know Your Team and Know Your Tools*** - helps to simplify and demystify this.

KNOW YOUR ***TEAM***

Did you know there are just as many health professionals "behind the scenes" that you may never meet who are as integral to breast cancer treatment as the "face to face" team. These are (most) of the members of our multidisciplinary team that you may (or may not) meet along the way.

General Practitioner

Your GP is one of the most important specialists in this team; they know you and your general health best and are integral in coordinating your treatment. We always have open communication with our patients' GPs to ensure best care.

Oncoplastic Breast Surgeon

Breast Surgeons are specialist General Surgeons, who after achieving Fellowship of the Royal Australasian College of Surgeons, go on to further sub-specialise in breast cancer treatment and surgery. Oncoplastic Breast Surgeons have further training in combining cancer surgery techniques with techniques traditionally used by plastic surgeons, in order to achieve the best possible oncological and aesthetic outcomes after breast surgery.

Radiologist

These doctors specialise in imaging the human body. They are responsible for interpreting your mammogram, ultrasound, and MRI, and can also do other image-guided procedures (like biopsies). Radiologists work with a team that includes technicians like radiographers and sonographers, who are responsible for "taking the pictures".

Nuclear Medicine Physician

These specialists use radioactive materials to diagnose and treat disease - you will meet them when/if you are having lymphoscintigraphy (lymph node mapping) as part of your surgery.

Nurses

There are so many different types of specialist nurse that you will meet; from the operating theatre to the wards. Breast Care Nurses are essential members of the team, as they support people with breast cancer and their families through the entire process.

Surgical Assistant

These are doctors who assist the surgeon. They are intrinsic to help your surgeon do your operation safely.

Anaesthetist

These are highly skilled, highly trained doctors who specialise in "getting you to sleep" , and keeping you safe during surgery; they also manage your pain relief afterwards.

Plastic Surgeon

Specialist surgeons who we work closely with when caring for patients who require detailed and very specific types of reconstruction.

Medical Oncologist

These are the doctors that treat cancers with medications, such as chemotherapy.

Radiation Oncologist

These doctors use ionizing radiation (a bit like x-rays) to treat cancer.

Lymphoedema Therapists

These Allied Health practitioners specialise in the early detection and management of patients with lymphoedema.

Pathologists

These specialist doctors examine laboratory samples of body tissue for diagnostic purposes. You may not meet them in person, but their skills are central to your diagnosis and care!

KNOW YOUR *TOOLS*

It is important to understand at the outset that it is not only scalpels that are at the disposal of your medical team. Your surgeon will work as a team to decide which tool, and when to use it, based on each patient's individual needs and the specifics of the cancer. Here is a peek inside our toolbox!

Imaging

Whether you, or someone else, has felt a lump in your breast, or you have had imaging for screening, a breast cancer diagnosis is almost always made after imaging and a subsequent biopsy. Mammogram/3D Tomosynthesis, and ultrasound, are the most common imaging modalities used for diagnosing breast cancer. Increasingly Breast MRI is being utilised for diagnosis and monitoring. Imaging also allows tiny metal "clips" to be placed in the breast tissue. These serve as markers that help your surgeon monitor/remove the correct area.

Imaging is also integral in surveillance after cancer treatment. Most women will have yearly imaging, in conjunction with a physical examination, for monitoring.

Surgery

Breast cancer surgery includes removing the cancer in the breast, as well as surgery on some or all of the lymph nodes located in the axilla, or armpit.

Other "tools", such as chemotherapy, radiotherapy, hormonal therapy, and targeted therapy are sometimes recommended in addition (or adjuvant) to surgery. These may be used before (neoadjuvant) or after (adjuvant) to surgery.

Most women with breast cancer can be treated with either:

Breast Conservation Surgery (BCS)

Removal of the cancer with a healthy margin of normal tissue around it (Wide Local Excision). If your operation requires a guidewire localisation (a procedure which marks the breast cancer with a tiny wire), this will be performed before surgery. BCS is almost always combined with radiation treatment to the breast.

Mastectomy (with or without reconstruction)

Surgery to remove the whole of the breast gland. In oncologically appropriate circumstances, Oncoplastic Breast Surgeons can perform this whilst preserving your own skin and nipple to facilitate reconstruction. Radiotherapy is sometimes required after a mastectomy.

Sometimes, unfortunately, the nature of a cancer dictates what kind of breast surgery is possible for a patient. As oncoplastic breast surgeons, we always aim to offer our patients techniques that are extremely safe in terms of cancer removal, whilst maximising the cosmetic outcome as well. However, as women, we know how intensely personal a woman's relationship with her body is; our goal is to empower you with the knowledge to help make a surgical choice together.

Chemotherapy

These are the group of medicines used to destroy cancer cells that may be present in the bloodstream or elsewhere in the body. Traditionally, chemotherapy was given after surgery (adjuvant), but now, we will often use chemotherapy before surgery to not only to shrink the tumour, but also to optimise the destruction of the cancer by monitoring its reduction before surgery.

Radiotherapy

Radiotherapy is a treatment that uses radiation to destroy cancer cells. It helps reduce the chance of cancer returning to the area after surgery, and in breast cancer, radiotherapy can be given to the breast, chest wall, or lymph nodes.

Hormonal therapy

This is a group of medicines used to treat breast cancers that are hormone receptor positive. These cancers have receptors for the hormones oestrogen and/or progesterone (ER and/or PR positive cancer). Most breast cancers are ER positive. Hormonal therapy essentially 'starves' breast cancer cells of the hormone (oestrogen) that makes them grow. This lowers the risk of breast cancer coming back, or a new breast cancer developing in the treated breast or in the other breast.

Targeted therapy

These drugs "target" specific parts (receptors, proteins or enzymes) of cancer cells that play a role in cancer growth. They are only used when cancer cells display these specific target sites, so are not suitable for everyone.

Using Nutrition to **Support your Journey**

Dr Liz Isenring // Nutritionist

Nutrition is an important part of the cancer journey. Nutrient requirements can vary between individuals and also at different stages of treatment. Meeting these nutritional requirements can help minimise the side effects from treatment and improve or maintain your energy levels, muscle strength, quality of life and immunity.

People with cancer often need more protein than usual. Protein is used to maintain and repair tissues and muscles and support our immune system. When your body does not get enough protein, you may feel weak and sick. It can also make your body take longer to recover from surgery and treatment.

Below are some healthy eating tips to prepare for and have during treatment:

- Good sources of protein include fish, poultry, meat, eggs, legumes, tofu, nuts and seeds, milk, yoghurt, and cheese. Try to include these foods in your daily meals and snacks. If you have a poor appetite – start with your protein foods before you move onto other food groups.
- Omega 3 fatty acids are the good fats found in oily fish like salmon, algae, walnuts, chia and flaxseeds. Aim to have foods rich in Omega 3 fatty acid most days.
- Plenty of vegetables of different types and colours (ideally 5 serves or more a day. If you are unintentionally losing weight focus on high energy and protein foods and have smaller amounts of vegetables but still a variety of colours).
- Fruit of different colours. Berries and watermelon are often well tolerated even when not feeling your best.
- Wholegrains such as breads, cereals, rice, pasta, noodles, polenta, couscous, oats, quinoa and barley. These are good sources of carbohydrate which help with sustained energy and

Make sure you chat with your experienced Accredited Practicing Dietitian (APD) for tailored nutrition advice. **Dr Liz, LINC Nutrition:** drliznutrition.com

LINC NUTRITION
Be Healthy

LINC Nutrition Support includes:

- What to eat:
  - To prepare for treatment
  - During treatment
- Reconditioning following treatment
- Healthy lifestyle for best quality of life, energy and vitality.

Please know that you are not alone in your journey and that Dr Liz and the LINC Nutrition team provide the best nutrition support for those impacted by cancer.

Dr Liz is one of the world's leading oncology dietition and nutrition researchers. She was motivated to start LINC Nutrition in 2019 after supporting two friends with cancer. Seeing the medical system through the eyes of her friends, Dr Liz wanted to to help fill the gaps in the existing excellent care.

Therefore LINC Nutrition provides a "LINC" to support you with the best nutrition care for improved quality of life at every step of the journey.

Online group programs and one-on-one appointments available
Covered by most Private Health Insurers
Please contact Dr Liz on DrLiz@lincnutrition.com.au
0434 635 090
www.drliznutrition.com

can help ease any nausea.

- Milk, yoghurt, cheese and/or alternatives like soy (may need to limit depending on the type of cancer) or nut milks.

  Unless you are trying to regain lost weight then choose mainly reduced fat options.

- It's best to avoid or at least limit your intake of alcohol. Instead enjoy things like kombucha, herbal teas, fruit juice mocktails and ginger beer.

- Use herbs and spices to add flavour to meals. Ginger may help with nausea and fatigue and turmeric is a powerful anti-inflammatory that can help with aches and pains.

Always discuss taking any supplements with your doctor and/or dietitian as some can reduce the effectiveness of treatment.

During treatment it is recommended to try and maintain weight. If you are over or underweight then after treatment and during rehabilitation is the time to work on this. A good nutritional strategy will help support you through treatment. After treatment is completed, a plan for nutrition and physical activity should be made to ensure your best quality of life and health.

Embellish Me Beautiful

Cosmetic & Paramedical Tattooing

Welcome to Embellish Me Beautiful, a beautiful space where beautiful things happen.

I designed this special work studio to reflect the care and passion I have for my work as a Cosmetic and Paramedical Tattoo artist and in recognition of the need to provide such a specialised service for so many extraordinary clients.
As a Registered Nurse, the need to provide a safe clinical environment is uppermost but that doesn't have to mean cold, impersonal and unwelcoming. Instead I have created a space where my clients will feel comfortable, reassured, nurtured and in safe hands.

Over the past years I have developed my own style of creating natural looking 3D areola and nipple (NAC) repigmentation and given back confidence, self esteem and femininity to those looking to complete their individual journey to recovery.

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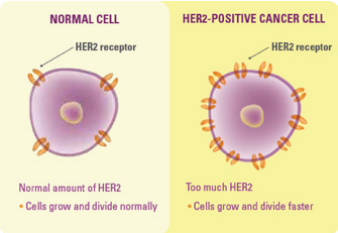
HERCEPTIN

The game changer in Her 2 Positive Breast Cancer

Dr Maree Colosimo, Medical Oncologist, is based at
St Vincent's Private Hospital Northside, Brisbane.

Targeting the Her2 receptor in Her2 positive breast cancer has changed the outcomes for patients with this type of breast cancer.

HER2 (human epidermal growth factor receptor 2) is a gene that can play a role in the development of breast cancer. It was first discovered in 1987. The Her2 gene makes Her2 proteins which are receptors on breast cells. Her2 receptors help control how a healthy breast cell grows, divides and repairs itself. In 15 -20% of breast cancers the Her2 gene doesn't work correctly and makes too many copies of itself (known as Her2 amplification). All these extra Her2 genes tell breast cancer cells to make too many Her2 receptors (Her2 overexpression). This makes breast cells grow and divide in an uncontrolled way.



TESTING

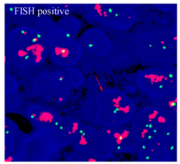
Breast cancer with Her2 overexpression are called Her2 positive in the pathology report. The most common tests to find out if a breast cancer is Her2 positive is IHC (immunohistochemistry) and FISH/DISH test. (fluorescence in situ hybridization).

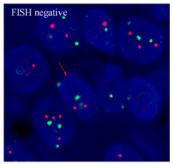
IHC – result will be expressed in 0, 1+, 2+ 3+ with 3+ being positive

FISH – result will be expressed in positive or negative.

In Australia Her2 is considered positive if the FISH or DISH test is positive.

Research has shown that some breast cancers that are Her2 positive can become Her2 negative. Likewise, a Her2 negative breast cancer can become Her2 positive over time. If breast cancer does come back as advanced disease, it is important to consider retesting with another biopsy.





TREATMENT

Targeting the Her2 receptor is important in both early (curative intent) and advanced disease. There are now many treatments available specifically for Her2 positive breast cancer. These can be given alone or in combination with chemotherapy.

Herceptin.
(chemical name: trastuzumab).

Works by blocking the ability of the cancer cells to receive chemical signals that tell the cells to grow. It can be given through IV or subcutaneously. It is a monoclonal antibody. Side effects can include fever, cough, headache, rash and more rarely but importantly heart dysfunction. Heart monitoring is important part of follow up whilst on Her2 based treatments.

Perjeta.
(chemical name : pertuzumab).

Like Herceptin, Perjeta works against Her2 positive breast cancers by blocking the cancer cells ability to receive growth signals. It is often given in combination with Herceptin. And is now first line treatment for advanced Her2 positive breast cancer.

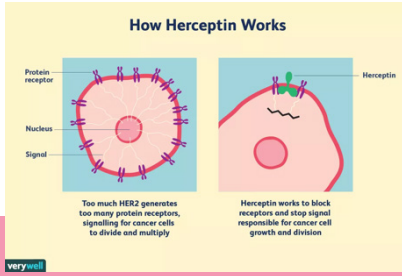
Kadcyla (chemical name: TDM-1 or ado- trastuzumab emtansine).

Kadcyla is a combination of Herceptin and chemotherapy emtansine. It is designed to deliver the chemotherapy to cancer cells in a direct and targeted way by attaching emtansine to Herceptin. Herceptin then carries the emtansine to the Her2 positive breast cancer cells. Side effects can include cough, fatigue, low platelet counts, fever, and changes in liver enzymes.

Tykerb (chemical name: lapatinib) and Nerlynx (chemical name: neratinib).

Tykerb and Nerlynx work by blocking the cancer cells ability to receive growth signals. They are given in tablet form. Side effects can include rash, diarrhea and nausea.

The landscape for Her2 positive breast cancer has changed dramatically over the past 15-20 years. With many new and exciting treatments on the horizon patients can now be cured of their disease in the early setting or have advanced disease that can be managed and treated for many years with good quality of life.



MASSAGE TO SUPPORT **YOUR TREATMENT**

Amy Tyler, Therapeutic Massage Therapist

ONCOLOGY MASSAGE

This is a safe, therapeutic massage that can be enjoyed during chemotherapy, radiation, pre & post surgery and into recovery.

Oncology massage takes into consideration your risk of lymphoedema, white cell and platelet count, medical devices, bone density and fatigue levels along with any other side effects of treatment you are experiencing. It can help ease constipation, alleviate pain, anxiety and depression, reduce peripheral neuropathy and create an overall feeling of wellbeing.

SCAR MASSAGE

No matter how successful your surgery, sometimes scars just do their own crazy thing and recovery may be slower due to the addition of adjuvant therapies. Tension within the scar tissue can cause a range of motion issues in surrounding joints, pulling sensations through nearby soft tissue and can even disrupt nerves causing tingling, pain or numbness. Releasing tension in the scar can ease these irritating side effects, giving quality back to your post cancer life.

MANUAL LYMPHATIC DRAINAGE

Post surgery and radiation, swelling may linger during the recovery phase or lymphoedema may appear. The first signs of lymphoedema are often a heaviness in the limb or cushy feeling in the chest wall or armpit. Manual lymphatic drainage can be used to move this fluid from the congested area, so it can re enter the circulation pathways in the body. Scar tissue can also restrict fluid movement, so using scar massage in conjunction with manual lymphatic drainage can deliver an even greater benefit.

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- Anxiety
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The clever combination of negative pressure with rolling and folding technology gently lifts and massages the body, while pushing excess fluid away from your limbs. The result is a lymphatic treatment that is equally relaxing as it is effective, with clients dropping cm's in their limbs, increasing range of movement, reducing pain and heaviness.

Treatments range from 30mins - 1hr and start at just $55! Book your FREE consultation to see how we can help lighten the load (mind the pun!).

The perfect addition to your lymphoedema management!

love,

the ftf team *xx*

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TAKING **TAMOXIFEN**

Josie Kelsh, Josie's Journey, Breast Cancer Survivor, Adelaide

When I was diagnosed with breast cancer I knew Tamoxifen was likely in my future. It is routinely prescribed for many people who have hormone receptive cancer. My doctor told me at that first appointment that Tamoxifen has saved more lives in the last twenty years than any other breast cancer treatment. How correct that statement is, I'm not sure exactly, but it did impress on me the importance of giving this treatment a go.

Tamoxifen is scary though. As soon as I started to read about it, it was immediately clear that there were some pretty horrible side effects that commonly occur. From bone pain and hot flushes to depression, hair thinning and loss of libido, the list was long. I soon discovered many women ended up preferring the added risk that their cancer would come back rather than deal with the decreased quality of life that taking Tamoxifen can cause.

Most of the side effects are because often Tamoxifen causes our body to think it has gone into menopause. That's not actually the case, our bodies still produce oestrogen as it normally would. Tamoxifen works on the cancer cells in a way that stops them from being able to use the oestrogen as food to help them grow. Unfortunately it also works the same way on other parts of our body that use oestrogen, and when they can't get it, they start to act like they would after menopause.

With trepidation I took my first dose of Tamoxifen. It's now eight months down the track and I can happily report I have had very few side effects. I can't relax quite yet though. I have seen many reports that it's not entirely uncommon for side effects to kick in months or even years after starting Tamoxifen.

If you are one of those people who have been told by their doctors to take Tamoxifen but are worried about the side effects, at least give it a go! Learn about the side effects, but realise that not everyone gets them. You just might be one of the lucky ones!

Here are some tips that have helped me, I've read have helped others and hopefully might just help you too;

If you are having side effects, try changing brands of Tamoxifen. While the main ingredients are the same, the "additives" are not, and they can make side effects worse.

- Change the time of day you take the tablet. Some people have different results when they switch from morning to night or vice versa.
- Exercise regularly, even if only a walk each day. This seems to help with aching bones.
- Stop drinking, or cut back on, alcohol. Some people have reported much worse side effects with alcohol.
- Try Magnesium – of course check with your doctor first that it is okay.

To read more about Josie's experience taking Tamoxifen, follow here https://josiesjourney.com/taking-tamoxifen/

OVERCOMING **SCANXIETY**

Lynieve Neilen, Mammography Co-ordinator at Queensland Xray Services & Radiographer -in-Charge at Mater Women's Centre

As a radiographer specialising in Women's Health for the past 20+years, a mammogram is my "bread and butter"; but for my patients, the experience is often very confronting and potentially life-changing.

So it is perfectly understandable for ladies to be anxious when they arrive at an imaging department for a mammogram and/or breast ultrasound, particularly if you have already faced Breast Cancer.

Anxiety has many presentations – tears, tremors, tense muscles and the inability to understand instructions, amongst others – all detrimental to obtaining a good mammogram.

These manifestations arise for many reasons – concern about radiation, dread about whether the mammogram will hurt following surgery, apprehension because of known family history of breast cancer and fear of recurrence.

If you are attending for your first mammogram following breast surgery, your apprehension about the imaging being painful is very real and perfectly understandable.

It is my job to try to alleviate some of these anxieties when I invite you into my x-ray room. To this end, my belief is that you should feel informed and in control.

My motto is "A Good Mammogram is a Quick Mammogram" so my aim is to always position you well and have you compressed in the machine for the shortest possible time. Your job is to relax and let me take the lead!

Relaxation is often difficult to achieve but here are a few suggestions that might work for you....

- If you have questions about the imaging, please ask them! Most radiographers who work in this field are passionate about their work and are more than willing to take the time to listen and help (if possible) with your concerns.
- Breathe deeply and evenly (but please don't hyperventilate!)

- Think about softening each of your muscle groups, starting from your head and working downwards – I will often ask my patients to go "soft and floppy like a ragdoll"
- Employ "mindfulness" techniques that work for you; or in other words ***"Go to your Happy Place"*** – think of a place where you feel calm and in control...the rainforest, beach or simply your own lounge room!

A patient recently told me that when she is faced with a challenging situation, she focusses on a colour – scanning the room to find items that are that colour - and that helps to calm her.

Early detection with mammogram/ ultrasound can save your life so please don't delay due to Scanxiety!

DID YOU KNOW?

Queensland Xray offers mammography at 2 dedicated Women's Diagnostic Centres.

Mater Private and Sunnybank – and a number of other sites across Brisbane, the Gold Coast and regional services in Cairns, Townsville, Mackay and Toowoomba.

SELF-ESTEEM AND BODY-IMAGE AFTER MASTECTOMY

Ash Mondolo, Breast Care Nurse, Mater Private Hospital Brisbane

Our self-esteem is not something that we 'choose'. Our self-esteem is something that is years in the making, woven over time and often something that we can't necessarily control. Throughout our lifetime as women, we live through puberty, physical changes, some of us experience pregnancies, struggle through menopause... there is never a dull moment transitioning through adolescence to womanhood.

Some women feel secure and have strong self-esteem that underpins their identity but for others, struggling with body-image is an age-old tradition. We can be so critical in how we see ourselves. Too fat, too skinny, bad skin,... almost every woman has one or more aspect of their bodies that they do not like or wish they could change.

A mastectomy or mastectomies is a life-saving yet cruelly disfiguring surgery that many women undergo in order to stop the growth of cancer in their breast; choosing surgery is one way women take control in a situation where they often feel helpless. Immediately after a mastectomy, women may find their self-esteem suffers and insecurities relating to their body-image are amplified.

To most women, breasts are an important part of our identity that can represent femininity, sexuality, beauty and motherhood. So, it's no wonder that about half of women with breast cancer struggle with body image after a mastectomy.

Below are 5 tips that I have for women who have undergone a mastectomy or mastectomies:

1. Talk it out.

Share how you're feeling with your support person(s). Find someone who will be supportive and understanding of your feelings and insecurities. This might be your partner, a friend, your Breast Care Nurse, a relative or someone who's faced similar struggles.

Avoid those who are negative or dismissive about what you've been through and focus on building friendships with those who love you unconditionally.

Having a support person who listens attentively can help process the negative thoughts and feelings that you are experiencing and over time help you learn how to be comfortable with your body after breast cancer surgery.

2. Face it head on – or don't!

Give yourself permission to grieve what you have lost; you have to let go of the old you before you can accept the new you. Some women will wake up after having a mastectomy, look at their scars, feel relieved and automatically accept their new normal.

For others, looking at their scar for the first time can lead to feelings of grief and loss. Don't feel pressured to look at your chest after surgery...choose a time when you are ready, feel comfortable with your surroundings and feel well supported.

3. Be kind to yourself.

After surgery and beyond it is incredibly important to practice self-love. When you're getting ready for the day, be kind to yourself and use positive self-talk and affirmations.

Over time, replacing critical thoughts of one's self with a positive statement and affirmations, such us "I look happy and beautiful today". Little positive body-image comments can lead to intuitive feelings of self-love and work wonders on your self-esteem over time.

4. Fake it till you make it.

You may not feel confident about how you look after a mastectomy, but over time your scars will begin to fade and become less visible. It won't happen overnight, but give yourself the time and space to accept your new body.

Using a breast prosthesis or having reconstructive surgery can often improve self-image and can help you feel more like your old self again. When you are ready, talk with your Breast Surgeon and Breast Care Nurse about using a prosthesis or planning breast reconstruction.

5. Be yourself.

A mastectomy may change you physically, but it doesn't change your identity. Gradually, regaining your regular schedule of family life, work and exercise will help to make you feel more like yourself. Take control of your body again by exercising, eating healthily, meditating etc.

Ask yourself,

{ "what makes me happy?" }

if the answer is a catch up with your best friend, or a trip to your local coffee shop – phone your friend and plan a coffee date.

As a society, we are becoming more open to discussing our body-image issues and challenging the perception of what makes an ideal body.

Accepting your new body will take time but it will happen. Be kind to yourself, be kind to your body, and know that you are never alone.

Challenging My Fear of **RECURRENCE**

Tracy Armstrong, Breast Cancer Survivor, Brisbane

As a child I loved to play hide and seek. That immense sense of anticipation of being found. Now, as a breast cancer sufferer, I hope never to be "found" again.

To go through chemo, surgeries, radiation and try to retain a sense of self can be challenging (to say the least) for most cancer patients. To fear having to go through that more than once can be crippling. The same could be true for those fearing their cancer spreading or getting worse. The fear can also affect the people who love us and others in our lives.

My choice, with the help of an incredible care team, including psychological support, has been not to play the "game" of hide and seek in my general day to day. On those days where I feel myself being pulled in to "play", there are some things that help me overcome my fear of the dreaded cancer returning:

- Put your phone down and don't get into the habit of 'googling' your diagnosis
- Deep breathing exercises
- General exercise is increasingly proving to help recovery and general well-being during cancer treatment and beyond
- Meditation (I love the Calm App but there are also many free options available)
- Get counselling eg Cancer Council offers varying levels of support based on your personal concerns
- Avoid social media groups particularly if you feel they are increasing your concerns rather than supporting your journey
- Let your doctors and breast care nurses know how you're feeling

It's important to acknowledge that each person responds differently to treatment and to side effects. These responses can affect how we feel for a long time even when treatment ends.

Finding a "new normal" is inevitable after cancer treatment. Letting the fear of it returning overwhelm us is a choice. While we can't control when that feeling comes to mind, we can accept it as part of the process and get on with living the best possible life.

NEOADJUVANT TREATMENT
For Breast Cancer

Dr Paul Kalokerinos // Medical Oncologist
Mater Private Hospital Brisbane

Traditionally, chemotherapy and other adjuvant treatments are given after breast surgery. The aim being to eradicate any microscopic disease that has escaped the surgical field and has spread to other locations.

Neoadjuvant treatment refers to systemic treatment given before breast surgery. Like post-operative adjuvant treatment, it usually involves chemotherapy +/- Herceptin. Whilst not regarded yet as a standard approach, there is also increasing interest in consideration of neoadjuvant endocrine therapy for hormone receptor positive disease.

Neoadjuvant treatment does not shorten the course of treatment, it just switches some of the post-surgery treatment to an upfront approach.

The long-term survival rates are equivalent whether systemic treatment is given upfront or after surgery. There are however, a few reasons why you may be offered neoadjuvant instead of adjuvant treatment. These are as follows:

- Downsizing the tumour with the aim to require less extensive surgery ie converting a patient who requires a mastectomy to one requiring lumpectomy only
- To evaluate the effectiveness of systemic treatment ie to see if the tumour responds to treatment with the option to then potentially add or change further treatment after surgery, if the response is suboptimal
- Allow time to get genetic testing results back which may influence surgical treatment plans (often takes 4-5 weeks to get genetic testing results which causes significant delay in treatment)
- Allow research into the changes in tumour biology following treatment (comparing the pre-treatment biopsy to the surgical specimen after treatment under the microscope)

Usually the decision to have neoadjuvant treatment will be determined by your surgeon in conjunction with the rest of your treating team. We look at the original characteristics of the cancer ie the size, grade, extent of nodal involvement as well as tumour surface receptor characteristics, that are noted on breast imaging and biopsy results, to determine whether it is a good idea to proceed down this pathway.

Neoadjuvant treatment can generally begin as soon as the biopsy results are back. After neoadjuvant treatment, surgery can usually be performed within 2-3 weeks, depending on the type of chemotherapy that was given.

Sometimes the cancer may need to be "clipped" prior to treatment, to provide a marker of where the tumour was originally located, as the cancer may totally melt away with treatment and be difficult to identify for surgical resection. Even if there is a very good response to treatment, surgery is still indicated in all cases, to ensure that no residual cells are left behind.

RELAX, RECHARGE, RECOVER WITH **MAGNESIUM**

Elektra Magnesium

www.elektramagnesium.com.au

Magnesium is essential to recover from stress. It is the Master Mineral used by mitochondria to make ATP electrical energy.

This energy is used to detox cells, to support the immune system, and to control calcium channels, and thereby relax and recover. Magnesium is also used to make proteins like hormones, enzymes, collagen structures (bones, ligaments, skin) and elastin. In other words, we can't re-build tissue without enough magnesium.

In recent years foods have become very magnesium-depleted. Our digestive system can also sometimes not work the way it should to extract the nutrients we need – especially when under stress.

Magnesium deficiency is common in the community now. Oral magnesium tablets are not as efficient at delivering the high amounts of magnesium that most of us need. But we can absorb a lot of magnesium – exactly what we need, via the skin, transdermally.

Magnesium spray, oil or natural (chem-free) skin care, is a great way to target more acute areas of pain, muscle or joint stiffness. A magnesium bath can also be used to help detox the body and provide better sleep. Food grade magnesium chloride flakes can also be used to remineralise filtered drinking water, which makes water more hydrating and really nice to drink. Use any combination of these natural magnesium products to support improved health outcomes.

During treatment enjoying a gentle magnesium massage can support muscle relaxation, relief of cramps and support sleep. Magnesium is a natural anti-inflammatory and promotes faster healing.

It also calms the heart and helps to recover from stress. Stoke up on your magnesium reserves BEFORE surgery to bounce back with more resilience, and then follow up with more magnesium support for maintenance.

Just don't apply directly to broken skin... Work around the wound instead.

Before taking any oral supplements including magnesium please consult your treatment team.

WHAT IMAGING DO I NEED TO **FIND MY BREAST CANCER?**

Dr Laurence Gluch, Breast Cancer Surgeon, Strathfield Breast Centre

Imaging for breast cancer comprises conventional imaging modalities, and less conventional imaging modalities. The usual workup for a breast symptom should include a mammogram and breast ultrasound as standard.

(In younger women an ultrasound may be done first, followed by a mammogram if a worrying finding is made.)

Mammography:

- A mammogram is a low radiation dose breast X-ray.
- Ideally used in breast screening, as it is readily available and easy to perform.
- Mammography is limited by the density of breast tissue and thus less useful in younger patients and smaller, denser breasts.
- Up to ¼ of breast cancers may not be visualised by mammography.

3-D Mammography (Tomosynthesis)

- Relatively recent advance on standard mammography.
- By differing the angle of the X-ray beam this allows the machine to acquire imaging "slices" of the breast.
- Allows for more accurate reading of mammogram images leading to earlier detection of cancers.
- Increases the diagnostic accuracy; determines more readily if a finding is likely to be suspicious or not.

Ultrasound:

- Uses high frequency sound waves to image tissues.
- Very useful to distinguish between solid and cystic lesions and to clarify lesion features.
- Is operator dependent; the sonographer needs to see and identify the tissue findings appropriately.

Contrast Enhanced Spectral mammography (CESM)

- Uses intravenous X-ray contrast injection.
- Cancer regions more likely to take up contrast than normal tissue.
- Comparable accuracies to MRI, but more affordable and readily available.

Breast MRI

- Considered the "gold standard" of breast imaging.
- Highest sensitivity for breast cancer detection, i.e. likely to suggest areas of concern; however lower specificity than other imaging modalities, i.e. a moderate number of false positives (enhancing area is not in fact cancer).
- More time consuming and costly to perform biopsies.
- Varying levels of radiologist expertise; requires expensive equipment and routine MRI-contrast administration.

HOW DO I KNOW **WHAT FURTHER SCANS** I NEED?

There are limited quality research studies looking at the value of staging imaging in early breast cancer patients. Current guidelines for management of early breast cancer recommend against the routine use of staging imaging studies as distant metastases are not that common at presentation. The most common sites for metastases in breast cancer are the bones, liver and lungs.

Staging imaging is more useful for those with stage-3 disease (lymph node involvement) or inflammatory cancer. And is certainly warranted prior to commencing neoadjuvant chemotherapy (chemotherapy prior to breast surgery). This will ensure that staging is determined prior to a patient undergoing surgery.

The main imaging tools utilised to determine staging include:

- **Bone Scan -** Radioactive dye is injected into the body. Following a period of time for the body to take up the dye you lie under a gamma camera; areas where cancer has accumulated in the bones may show up as hot spots on the scan.
- **CT Scan -** this can include Chest and Abdomen Scans. You lie flat on your back for just a few minutes while a very fast computerised scanner takes X-Ray pictures of the whole body.
- **PET Scan -** A PET scan is similar to a bone scan, a radioactive dye is also injected into the body, and again you lie under a camera to acquire the image. This time the process measures metabolic activity within the body; cancers consume a lot of glucose energy and may show as hot spots on the scan.

All of these scans require a moderate dose of radiation and therefore their use is quite selective.

As always each case is individual. Please discuss your treatment plan and imaging questions with your medical team.

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Professor Boyages is a Radiation Oncologist at Icon Cancer Centre in New South Wales with over 35 years' experience in the diagnosis and treatment of breast cancer. Learn more at iconcancercentre.com.au

For 50% off any of John's "Taking Control" books (including free delivery), head to breastcancertakingcontrol.com.au and use coupon code **ICON**.

DOES GETTING A MASTECTOMY **INCREASE MY CHANCES OF SURVIVAL?**

Dr Ben Green, Breast & Endocrine Surgeon, St Andrew's War Memorial Hospital

A breast cancer diagnosis is an emotional and often frightening event. Many women say

"if I ever get breast cancer I would take them both off"

However, when faced with the reality of a diagnosis this decision can be hard to make.

Women diagnosed with breast cancer rightfully want to do everything to make sure "the cancer never comes back" and the decision to undergo a bilateral mastectomy can be influenced by experiences of friends, relatives and the media.

Many women in Australia present with small screen detected cancers. Approximately 60% of women in Queensland undergo breast conservation surgery (lumpectomy) followed by breast radiotherapy.

When deciding between a lumpectomy or a mastectomy it is important to understand what the chance of the cancer coming back is for each individual cancer's characteristics. No two tumours are the same and size is only one factor to consider. In most cases the chance of a cancer coming back after a lumpectomy is comparable to having a mastectomy with only 1-2% difference each year.

Larger tumours are often recommended for a mastectomy. In 2020 chemotherapy is increasingly used prior to surgery (neoadjuvant therapy) to shrink the cancer to a size where breast conservation is possible again.

Modern breast surgeons are now trained in 'oncoplastic surgery' which has the advantage of often allowing larger tumours to be removed and maintaining or even improving the shape of the breast. These techniques can allow a woman once thought in need of a mastectomy to have the option of breast conservation.

Unfortunately, some women don't have the option of breast conservation surgery, such as where the cancer is present in multiple parts of the breast. For most women cancers present at a small size and allow a choice between breast conservation and mastectomy.

Listening to your surgeon about surgical options, discussing the risk of recurrence specific to your tumour is essential to help guide your decision.

There are many reasons why a bilateral mastectomy may be considered such as having a strong family history or carrying an inherited genetic risk (eg BRCA1 gene).

For likelihood of having a cancer in the other breast is rare (<2.5% of cases)

Therefore, undergoing a mastectomy on the other breast will have no significant impact on survival and for most women a bilateral mastectomy is not needed. A mastectomy is a more complicated operation then a lumpectomy.

A bilateral mastectomy is a much larger operation with a longer recovery.

Complications can lead to delays in chemotherapy or radiation therapy that could have a negative impact on the survival from breast cancer.

The biggest decision is to determine what surgery is needed for a specific cancer. Treatment should be individualized and the pros and cons of a mastectomy and especially a bilateral mastectomy should be discussed with your surgeon.

There is never a hurry and time can be taken to discuss the options. The other breast can always be considered at a later date.

The priority is accurate information and making a decision that is right for a woman's specific needs.

Dr Ben Green,
Breast & Endocrine Surgeon,
St Andrew's War
Memorial Hospital

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THE MANY FACES OF BREAST CANCER

Dr Maree Colosimo, Medical Oncologist,
St Vincent's Private Hospital Northside, Brisbane

When someone is diagnosed with breast cancer. The information and terminology can be confusing. This article is aimed at clarifying the terms used in breast cancer diagnosis and treatment.

Breast cancer is generally divided into two groups. This determines the type of treatment and whether treatment is aimed at cure or control.

Early/Primary

Includes breast cancer confined to the primary within the breast and local lymph nodes. Treatment is aimed at cure and prevention of recurrence

Late/Metastatic/Secondary

Involves breast cancer that has spread outside the breast to other organs in the body, including bone, lung, liver, pleura, nodes (outside of the local lymph nodes) and brain. Treatment is aimed at control and is not curable, however woman can live many years with secondary breast cancer.

Types Of Breast Cancer

DCIS - non-invasive cancer (pre-cancer) removed as can be a precursor to breast cancer

Invasive Breast Cancer - Arises from the ducts of the milk ducts in the breast. Types include Ductal (NST) most common, lobular, apocrine, tubular, medullary, mucinous, papillary cribriform.

Types of Breast Cancer - Determined by estrogen and progesterone receptor and HER 2 status.

Estrogen Receptor (ER) - 65% - 70% of breast cancer. If a breast cancer is ER positive the female hormone estrogen is an important driver mechanism in the development and spread of this type of breast cancer.

The types of ER positive breast cancer can be divided into Luminal A where the ER has a strong role 40% of breast cancers and Luminal B where the ER has less of a role and other mechanisms drive the development 20-25%

Progesterone Receptor (ER) - The Progesterone receptor works in combination with the Estrogen Receptor. It is not a target for treatment but can help determine the whether a breast cancer is Luminal A or B and effectiveness of endocrine treatment.

HER 2 Receptor (HER2) - 15 - 20 % of breast cancers have an overproduction of the Her 2 receptor on the surface of the breast cancer cell.

This receptor can act as a switch on key on the breast cancer cell to grow and spread. There are now effective treatments against the Her2 receptor.

Triple Negative - 10 - 15% of breast cancers that are described as triple negative. These are breast cancer cells that have no ER/ PR / Her2 activation.

They are driven by other mechanisms within the breast cancer cell which drives the cancer to grow and spread.

Treatment Decisions

In early breast cancer treatment decisions are based on risk of recurrence and benefits of treatments in improving cure. In late breast cancer treatments are aimed at control with both quality of life and improved outcomes.

Stage, grade and type of breast cancer are all important in making these decisions.

Stage

- Based on size, lymph node involvement, spread outside the breast .
- Early stage 1/2/3
- Late stage – metastasis outside the breast

Grade

How fast a cancer is growing. Grade 1 - 3. Grade 1 being slow growing and Grade 3 fast growing.

Types Of Breast Cancer

Estrogen receptor/ Progesterone receptor sensitivity and Her 2 involvement.

Treatment Options

Include chemotherapy, endocrine therapy targeting the estrogen receptor and Her2 based therapy targeting the Her2 receptors.

DISCLAIMER:

Please discuss all medical treatment options with your medical professionals team to decide on the best treatment outcome for you.

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Coolum, QLD, 4573

Want to talk to a clinical psychologist who not only understands cancer, but has lived through it? Someone who has incorporated their breast cancer experience into their professional practice? Someone that has sat in the same chair as you have? Someone who just gets it?

At Stepforth Psychology, we have developed a specialised service that helps to navigate the emotional ups and downs that come with breast cancer diagnosis and treatment. Breast cancer affects us all in different ways, so we take an individualised approach to help support you emotionally through diagnosis, treatment and life after cancer.

We are here to provide psychological support to you no matter what stage of the journey you or your loved one are on. Whether you've been recently diagnosed; weighing up treatment options; looking for ways to cope with anxiety or depression; or transitioning from surviving cancer to living post cancer, we are here to support you. We are here to help you step forth from cancer.

WHAT IS **"CORDING"**?

Matthew Craig // PINC and STEEL Cancer Rehab
Physiotherapist and Bounce Rehab Director

Axillary Web Syndrome (AWS), also referred to as "Cording", is a common symptom following breast surgery and can result in the need for rehabilitation and even further surgery. Cording refers to a rope-like structure that develops mainly under the armpit but can extend into the arm. It usually appears after surgery under the armpit area and can develop from 9 weeks post procedure.

Due to its late presentation, cording may appear after a patient has had their final surgical follow up. As a result, patients often end up seeing a physiotherapist months after the surgery.

COMMON RISK FACTORS FOR CORDING

- Lymph node removal
- Younger age
- Low BMI

WHAT DOES IT LOOK AND FEEL LIKE?

Cording can be seen as a cord of tissue that is made taut and painful with certain shoulder movements. A pull or stinging feeling is experienced under or down the arm and can be described as making you feel like you can't fully extend your arm or shoulder. These limitations cause significant impairments with overhead and forward reaching activities of daily living.

HOW DO I KNOW IF I HAVE CORDING?

- Presence of palpable and visible cords of tissue in the underarm area
- Associated Pain; and
- Limited shoulder and arm movement

TREATMENT FOR CORDING

Trained physiotherapists will provide an initial assessment of cording. Once diagnosis has been established a treatment plan will be provided and include specific measures such as:

- Myofascial release techniques
- Manual therapy
- Active and passive home exercises
- Education
- Skin traction
- Instruction in soft tissue stretching techniques
- Heat (must be approved by your health professional)
- Cord stretching
- Pulley and gentle passive and active ROM
- Deep breathing and postural exercises
- Hooking manipulations
- Scar management
- Lightweight compression garments
- Manual lymphatic drainage

It is important that if you are experiencing or have experienced cording that you visit a physiotherapist or Lymphodema specialist in your area.

Pinc and Steel offer a 'find a physio' service on their website for patients in Australia and New Zealand.

YOU ARE NOT DEFINED BY YOUR PERCENTAGE

Dr. Gishan Ratnayake // Radiation Oncologist

The time following a diagnosis of breast cancer can be a frightening period. One of the first things most women and their family do is to "Google" their diagnosis. While there is helpful information to be found, there is also material that may be inaccurate, harmful and scary. Online breast cancer statistics can be particularly misleading if you are not careful.

Here are some tips when reading online information.

{ In life, you're going to encounter hard times at some point. This means you must be prepared to endure pain and find solutions at any moment. You must develop the mental toughness of a warrior that will enable you to face and overcome any challenge or adversity life throws at you.

DON'TS:

- Don't assume the statistics apply to you. Every breast cancer is different and every woman is unique, so it is not easy to "put someone in a box". Your specialist doctor knows your case best and is in the best position to give you personalised information.
- Don't think that statistics remain the same with time. The treatment of breast cancer is rapidly evolving as technology improves and more effective drugs become available. Your specialist keeps in touch with the latest research and will be able to give you the most up to date information.
- Don't believe everything you read. Though most advice is well-intentioned, a lot of online information is too general, outdated or just completely wrong. Try to read from trusted websites like Breast Cancer Network Australia, Cancer Council Australia, and Targeting Cancer, but always run the facts past your specialist.

DO'S:

- Do take print outs of what you've read online to your doctor's appointments. The specialists job is to work with you, so you have the information you need to "put you in the driver's seat" of your treatment journey.
- Do listen to and read the information your doctor gives you. Write down the advice the doctor gives you and read the take home information. It has been carefully selected and personalised for your case.
- Do pick up the phone and call your doctor to clarify if you have further questions or you need more information. They will be more than happy to help your decision making.

Don't forget your medical team are here to help you, provide as much information as you need and answer all of your questions.

If you feel that you are not coping and finding it difficult to manage your thoughts and feelings, Cancer Council Australia (13 11 20) offers a number of free counselling sessions to support you on your journey.

Take me with you

Mastectomy Hospital Checklist

Know Your Knockers

Clothes

- ○ Button up shirts
- ○ Button up nighties
- ○ Zip up jumper
- ○ Big brief/knickers
- ○ Socks
- ○ Slippers
- ○ Thongs
- ○ _____
- ○ _____
- ○ _____
- ○ _____

Toiletries

- ○ Fast absorbing body lotion
- ○ Lip balm
- ○ Throat lozenges
- ○ Baby wipes
- ○ Lavender/Essential oils
- ○ Soap
- ○ Deodorant
- ○ Toothbrush/Toothpaste
- ○ Regular medications/vitamins
- ○ _____
- ○ _____

Comforts

- ○ Eye mask
- ○ Water bottle
- ○ Snacks/Fruit
- ○ Headphones
- ○ Long phone charging cable
- ○ Back scratcher
- ○ Drain holders
- ○ Boomerang pillow
- ○ Heat pack
- ○ Big fluffy blanket
- ○ Pillow for seatbelt in car

Anything else

- ○ _____
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FROM BALD TO BEAUTIFUL TRESSES

THE CANCER THRIVER'S GUIDE TO HAIR REGROWTH

Anna Crollman, Breast Cancer Survivor , United States
www.mycancerchic.com

The number one thought on most women's minds during and after chemo is how and when will my hair grow back. We can't wait for the day to come and yet as soon as those hairs start to sprout, we encounter a host of new challenges. Having the tools and the knowledge to navigate the regrowth will make a world of difference and help you enjoy and style your hair at each step of the path. So let's jump right in as I share all of my hair "secrets" with you about how to manage and style your hair after chemo.

HAIR GROWTH SUPPLEMENTS

One of the first steps post-chemo is to talk to your doctor to see if you can take a hair growth supplement like Biotin. Without supplements your hair will grow, but why not find out if you can give it a little boost. Always check with your oncologist first before taking any vitamins or supplements and ask which brands he/she would recommend.

Depending on your chemo regimen and your genetics, your pace of growth will differ. Don't panic if your chemo buddy is rocking a full head of hair and your baby hairs are just sprouting. Give it a little time and yours will soon take off too.

EDUCATION & INSPIRATION

For many, hair regrowth after chemo will be the first time we have ever experienced short hair. And with anything new, it helps to have education and "training."

Head online, check out Pinterest or grab a magazine and look for inspiration. Create an idea board with short hair styles. Include a variety of lengths so you have inspiration for each stage of your regrowth. Instagram is an awesome tool as well.

Use hashtags such as #chemohair #chemocurls #hairgrowth to find other women re-growing their hair.

ALL ABOUT TEXTURE

One of the most talked about aspects of hair regrowth after chemo is texture. Hair after chemo can come back with a different texture, a new color and thicker or thinner than you were used to. In my case my hair came back lighter and thicker, but the colour changed over the first few months.

So what about those infamous chemo curls? Chemotherapy kills rapidly dividing cells like hair and that explains why hair follicles are the first to go. When chemotherapy is complete, remnants of the drugs may remain impacting the regrowing hair cells. These altered follicles may appear curly and more coarse. As the hair gets longer, the tight curls may fade to waves, while for others the curls may stick around for the long term. In my experience, my chemo curls appeared at around 6 months and then faded at about 10 months.

COLOURING

Sometimes the pigment of hair can be changed when it returns after cancer. For some people their hair comes back light, more grey or a whole new colour completely.

So when can you start dying your hair? During the first 4-6 months, your hair will be brand new baby follicles that need to be cared for gently. Try not to dye your hair during that time period and give your new hair a chance to strengthen. When you reach the 5 month mark, it's OK to consult with your hairstylist about colouring your hair, preferably with a non-ammonia colour. Try to stay away from strong lighteners until at least 8 months.

STYLING

So, now that you have some inspiration and your hair is starting to grow, how do you style it? Experimentation and finding the right products are the keys to success. Knowing what products and styling tools to add to your arsenal at each stage will help you adapt to the changing texture and length.

I'm not going to lie, it's challenging to adjust to the ever-changing length, but I always try to remind myself that each stage passes. Even at 2 years post chemo there are weeks when I can't stand my hair and wish it was longer (or shorter haha). I have to constantly search for new inspiration, try new styles and experiment with new products.

To see my hair growth progression, including products and tools suggestions – head to www.cancerchic.com

A Helping Hand

There are lots of non for profit organisations that can support you during your treatment. Here are a few that we have come across.

Breast Cancer Network Australia
ww.bcna.org.au

Mummy's Wish
www.mummyswish.org.au

McGrath Foundation
www.mcgrathfoundation.com.au

Gather My Crew
www.gathermycrew.org.au

Otis Foundation
www.otisfoundation.org.au

Look Good Feel Better
www.lgfb.org.au

Cancer Council
www.cancer.org.au

National Breast Cancer Foundation
www.nbcf.org.au

Camp Quality
www.campquality.org.au

Lifeline
www.lifeline.org.au

All Non For Profits have been sourced by Know Your Knockers are in no way affiliated with the Know Your Knockers Breast Cancer Pocket Guide.

UNDERSTANDING YOUR CLAIMS

Tracey G // Mastectomy Bra Fitter and Store Owner

Have you had a mastectomy or Lumpectomy?
Medicare will reimburse you up to $400 per breast every 2 years ($800 for Bilateral). This is an anniversary date.

DVA ladies can claim through DVA with a D904 from your GP for a prosthesis every 2 years and bras every year.

Do you have a Health fund?
Most health funds will assist with the cost of prosthesis and some also assist with bras and your wigs.

Many may ask to prove you have purchased from Medicare first to claim a prosthesis, medicare will send a letter to say you have been paid then you can take that to your health fund.

There are no provider numbers for sellers of mastectomy items so most claims need to be done via mail or in person.

Your docket should clearly state: Mastectomy bra/garment to be able to claim from the health fund.

There are some key questions to ask of your fund:

- Do you cover for external breast prosthesis? What is my yearly allowance?
- Do you cover for post mastectomy/surgical bras? What is my yearly allowance?
- Is this every calendar year or financial year?

MEETING YOUR RADIATION ONCOLOGIST

Dr Tuan Ha, Radiation Oncologist, Rockhampton, GenesisCare

Radiotherapy is a treatment that uses invisible, targeted x-ray beams to kill breast cancer cells. If radiotherapy is recommended for you, it is personalised to each individual's circumstances and chest shape. Radiotherapy occurs after surgery, and after chemotherapy if you require this.

Meeting your radiation oncologist for the first time can be overwhelming. I recommend you write down some questions to ask your doctor, bring a support person with you or ask your doctor for permission to record the conversation. Below are some questions to consider asking your doctor.

1. Why have I been recommended for radiotherapy to treat my breast cancer?
2. How many treatments will I need?
3. Will my treatment be the same here as in the city?
4. How soon after surgery/ chemotherapy will radiotherapy start?
5. What will treatment be like each day and how long will it take?
6. Will I feel anything/is it painful?
7. Can I drive myself or take public transport to treatment each day?
8. Can I request a time of day to have treatment? How flexible is the schedule?
9. What side effects might I experience during my treatment and when will they start?
10. How do I take care of my skin during my treatment and what products can help with skin irritation?
11. What are the possible long-term side effects of my treatment?
12. If I have breast reconstruction after a mastectomy, can radiotherapy effect my reconstruction?
13. Will I need to take any special precautions for myself or my family during treatment?
14. Can I continue to work and/or exercise through treatment?

Here in Australia, radiotherapy is available in both metropolitan and increasingly regional centres. Things to consider in choosing the right path for you can be:

- The importance of multidisciplinary teamwork integrating your surgeon, breast care nurse, medical oncologist and radiation oncologist together.
- Personalised care with one radiation oncologist caring for you throughout your treatment and beyond.
- Flexibility of treatment appointments around work or family needs.

- Technology and options offered e.g. tattoo-free treatment, advanced skin care methods eg Mepitel Film, StrataXRT
- Ease of access and transport options

Radiation skin reactions

Most people undergoing radiotherapy after a lumpectomy or mastectomy develop a gradual, increasing "sunburn" to the skin only in the area being treated. A small percentage of people will get further skin reactions which can blister and peel, causing rawness and soreness towards the end of a course of radiotherapy and for a couple of weeks after you have finished. This skin reaction generally disappears between 4 and 6 weeks after completing your radiotherapy.

While it is not harmful, the skin reaction is often what people remember long-term about their radiotherapy experience. Your radiation oncology team may offer a variety of options to help your skin, including products that can help minimise the radiation burn, and those that help manage the radiation burn.

Silicone based products such as Mepitel Film and StrataXRT can help prevent some of the radiation burn, minimising this common side effect. Mepitel Film is a thin, see-through silicone film which is applied by your skin care nurse to the body area being treated and it stays on all the way through your treatment.

StrataXRT is a silicone gel which you apply twice daily on the skin in the treatment area each day. Both products hydrate and protect the skin, decreasing the overall peak skin reaction. Both are typically used until two weeks after radiotherapy finishes.

Moisturisers are the simple alternative to silicone-based products, and they help you manage the radiation skin reaction. The most recommended moisturisers are simple, non-perfumed, water-based products.

Moisturisers help with skin dryness and itch that can occur through your treatment, making your skin feel more comfortable. Ask your radiation oncologist and nurse which options are available to you and they will assist you in deciding which option is the best one for you prior to you starting your treatment.

Receiving a breast cancer diagnosis and undergoing radiation therapy or other treatments can be incredibly daunting. You may feel overwhelmed, or alone and isolated at times. However, your radiation oncology team are there to support you, as are a host of different networks and support groups that will welcome you at any time.

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Tuan Ha
Radiation Oncologist, Brisbane

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REACHING ARM TO EAR AFTER BREAST SURGERY

Denise Stewart – Occupational Therapist

Breast surgery interrupts different types of tissues at the chest, but being able to easily reach your arm up beside your ear should be achievable by most people by 2 - 4 weeks after surgery.

In these first few weeks, your surgeon or exercise physiologist will guide you as to how far and how many arm exercises you need to do to support your recovery. You may even have received a list of neck stretches and arm stretches from the hospital physio; the most traditional exercise is to walk the fingers up the wall- each time asking the fingers to reach a little higher.

Most people will find Arm to Ear movement is easiest when moving the arm in front of the body however the next step is to move the arm out to the side, from the hip to the ear. Unfortunately, we know from many decades of research that up to 50% of women won't achieve full Arm to Ear in both of these movement directions. Some people maybe 5-15 degrees away from their pre-surgery full movement, and others may have 30-45 degree less movement, especially in Arm to Ear, reaching out the side.

Often little is said about what happens if arm stretches don't work well enough to get full arm movement. The reasons behind not recovering your Arm to Ear movement can be because of changes that occur during the healing stage after surgery. Scars and adhesions form at the chest skin, chest muscles and deep within the breast tissue. And then there is cording and for a few people, temporary damage to the nerves. These all can contribute to difficulty in recovering arm movement and arm strength.

These changes at the chest respond to different rehabilitation approaches. Across the world, therapists have been adapting methods to suit both skin scars and deep chest scar tissue that develops after breast cancer. Techniques include the use of:

- Low-level laser
- Gentle Barrier Release
- Tool-assisted release (eg ASTYM)
- Scenar Device
- Adapted cupping

These techniques can help to reduce local pain and soften and stretch the tight tissues, which then allow the arm to move more freely.

Timeframes for applying these additional treatments are not restricted to the first few months after surgery. Therapists have found that there can be improvements even if it's months and years after surgery.

But why wait? I suggest that you aim to get the best movement recovery you can before you commence radiotherapy. Connect with your cancer care team to get a referral to their physical therapist or find a therapist in this directory.

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www.breastandshoulder-rehab.com

MEET CRYSTAL

Crystal Morris, Breast Cancer Survivor, Gold Coast

What was happening in your world when you were diagnosed?

I had just bought myself an apartment by the water. It was one of my biggest goals and I was over the moon that I had achieved it! I felt so full of gratitude and was on a real high.

Cancer summed up?

An unwanted gift; comes with so many unfathomable things, however also gifts you with some incredible lessons and blessings.

Advice for family and friends of cancer warriors?

Be open with your thoughts and feelings, don't put on a brave face just for us.

The worst part of cancer?

Having to walk into treatment each week knowing exactly what is to come in the following days.

The best part of cancer?

The way it forces you to let go and just go with what is. It is scary but it is also very freeing.

What gets you up in the morning?

Oh there is so much! Life really is beautiful, even when going through cancer! Every day is a blessing and we can make it what we wish. Seeing the sun rise is one of my most favourite reasons to get up each morning.

How has cancer changed you?

I feel more grounded. More in tune with myself. I've learnt to let go of so much and to just allow things to be what they are. I've realised how strong I am and that if I can get through cancer, then I can get through anything.

Advice for new warriors?

Take it one day at a time. Be kind to yourself. Our minds are our biggest weapon so really focus on keeping your thoughts positive.

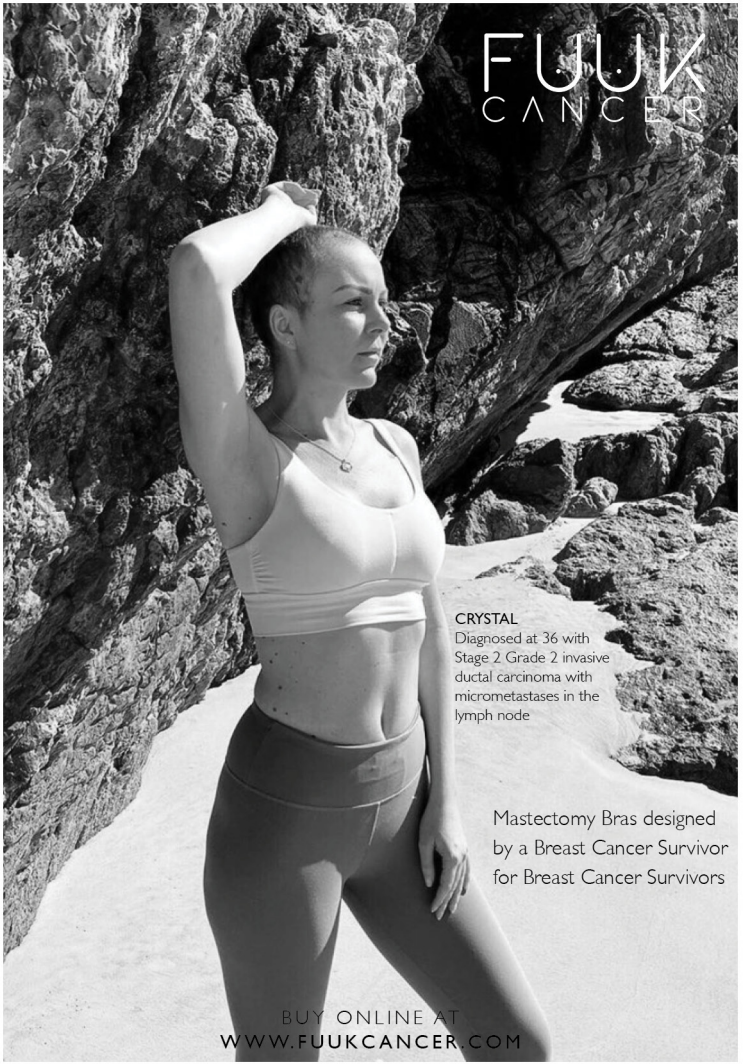
What does the future hold for Crystal?

Oh this is something I am just starting to work on. A simple life. Good food, travel, many more sunrises and lots of laughter! I am currently working on manifesting myself a nice man as well! He,he,he

QUICK ONES

What gets your through in one word or 2?

Person	Myself
Place	Beach
Food	Anything healthy
Book	My journal
Exercise	Walking & yoga
Support group	Friends & family
Quote	Your mind is your biggest weapon



TIPS AND TRICKS TO FIND YOUR **NUTRITIONAL BALANCE** POST-TREATMENT

Cathy Purcell // Nutritionist

Congratulations! You've made the tremendous effort to endure and complete treatment for breast cancer. You may have conquered all three components – surgery, chemo and radiotherapy – and have come out the other side, battle-weary, but relieved and full of hope for the future. Then you stand on the scales. You look in the mirror, and notice the "Buddha Belly" – How?!

It might be the last thing you'd expect, but it is common for most women with breast cancer to gain weight during and after treatment. On average the gain is 2.5 to 5 kg, though a gain of 10 kg or more is not uncommon. You are not alone.

There are several factors that can contribute to weight gain during and after breast cancer treatment, including:

- stress eating;
- less physical activity due to fatigue or treatment-side effects;
- reduced metabolic rate from chemotherapy and medications; or
- treatment-related menopause causing fat gain and muscle loss.

What can I do?

There are a number of things you can do to get your weight back on track post-treatment, but there is no quick fix. Gather all your supports to motivate and encourage you – here are some tips and tricks to get you started!

Know what you are eating.

For 2 or 3 days, log what you eat and drink. Everything you eat. How many choices are core foods like vegetables, fruit, grains, low fat dairy, legumes, fish, chicken? How many choices are high calorie, discretionary foods?

When are you eating?

Is there a structure or planned approach to when you eat? When planned, meal choices are more likely to be healthy. Try to avoid long periods without food to reduce excessive hunger. Are there certain times when you feel hungry during the day? Take note of these times and implement strategies to keep busy or distract yourself.

Why are you eating?

Ask yourself – am I really hungry, or do I just want food? Get in touch with feelings of physical hunger and fullness for your body. Physical hunger comes on gradually and with a willingness to eat a range of foods. Recognise the different feelings of emotional hunger, in the form of urgent cravings for specific food or eating in response to emotions.

How much am I eating?

Think about portion size - know what a healthy portion is. Measure your usual portion sizes and compare with recommendations. For example, chicken, fish or beef (100 - 120g); pasta or rice (½ - 1 cup); Yoghurt (¾ cup). Put leftovers away so you aren't tempted to eat seconds. Also be aware when eating out, as restaurants and cafes do not stick to recommended portion sizes!

No food is off-limits!

Enjoy your favourite treat. The maximum enjoyment is actually in the first few mouthfuls! You only need a small serving of any food if you savour it. Frequency and quantity is key.

Don't forget about exercise!

Physical activity works hand-in-hand with nutrition. Choose an activity you enjoy, and get out and do it regularly. Ask a friend to join you if this makes it happen! Physical activity is great – it stimulates your metabolic rate and encourages loss of body fat, not muscle.

Honest, current & reliable nutrition advice

As an experienced breast cancer dietitian, I assist people to achieve optimal nutritional and health goals so that they can live life to the fullest.

Appointments in-clinic, Brisbane North or by telehealth.

NUTRITION EQUIPPED
CATHY PURCELL

Contact Cathy 0412 850 537
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WE SUPPORT YOU

Australian women and men should put their health and well-being first. Early detection remains the best chance of survival.

It is important women of all ages self-check their breasts, and women aged 40 to 74 years take up BreastScreen Australia's invitation of a free screening. Many women are still not participating in the free screening program, although it could save their lives.

Breast cancer is the most common cancer among Australian women apart from non-melanoma skin cancer. In 2019, it is estimated more than 19,300 Australian women will be diagnosed with breast cancer. More than 3,000 women are expected to die from the disease.

As a result of the huge strides we have made in diagnosing breast cancer early and in treatment, more than nine out of 10 women diagnosed with breast cancer in Australia will survive.

But prevention is always better than cure.

There are known risk factors for breast cancer, and while some such as family history are not modifiable, some are. Every woman (and man) should learn about these to understand their own risk. Information is available on the Cancer Australia's website: https://breastcancerriskfactors.gov.au

The Morrison Government is strongly committed to reducing cancer's toll on Australians. We are increasing our support to women to help them to reduce their risks and to survive breast cancer. From 1 November 2019, Medicare will subsidise breast cancer scans, saving women up to $1,500 per scan, and PET scans for advanced breast cancer, saving up to $1000 per scan.

We have also increased our commitment to McGrath Foundation breast cancer nurses. An additional $27.7 million will see the number of Commonwealth-funded nurses rise from 57 to 98 by 2022–23.

We continue to list the latest proven treatments for breast cancer on the Pharmaceutical Benefits Scheme.

In May, Ibrance® (palbociclib) was listed for patients with inoperable or metastatic hormone receptor positive breast cancer. Around 3,000 women each year will benefit from this decision. Without the PBS subsidy, Ibrance would cost around $55,000 for a year's treatment.

The Government is committed to delivering a healthier Australia and supporting Australians when they need it most.

Our plan for a strong economy continues to deliver record funding for essential health services that save lives.

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