

Breast Cancer Care is the UK's leading provider of information, practical assistance and emotional support for anyone affected by breast cancer. Every year we give direct support to over 22,000 people with breast cancer or breast health concerns through our helpline, peer support and other direct services. In addition, we are contacted almost two million times a year through our publications, website and outreach work. All our services are free.

We are committed to campaigning for better treatment and support for people with breast cancer and their families.

For more information call the Breast Cancer Care helpline free on 0808 800 6000 (for Tynetalk prefix 18001) or visit www.breastcancercare.org.uk.

Chemotherapy for breast cancer

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For more information visit www.breastcancercare.org.uk or call the Breast Cancer Care helpline free on 0808 800 6000 (for Tynetalk prefix 18001). Calls may be monitored for training purposes. Confidentiality is maintained between callers and Breast Cancer Care.

A large print version of this booklet can be downloaded from our website, www.breastcancercare.org.uk. It is also available in Braille on request. Call 0845 092 0808 for more information.

Contents

Introduction	2	Will my sex life be affected?	18
What is chemotherapy?	3	Are there other side effects?	18
How does chemotherapy work?	3	Can I take other medicines and drugs?	19
When is chemotherapy given for primary breast cancer?	3	Can I use complementary therapies?	19
When is chemotherapy given for secondary breast cancer?	4	Do I have to pay for my chemotherapy?	20
How much will I benefit from chemotherapy?	5	Can I go abroad during chemotherapy treatment?	20
What should I expect?	5	Vaccinations	21
How is chemotherapy given?	6	Coping with chemotherapy	21
Intravenous chemotherapy	7	Finding out more	23
Skin-tunnelled catheter	7	Further support from Breast Cancer Care	23
Peripherally inserted central catheter (PICC)	8	Free telephone helpline	23
Implanted port	8	Volunteer support	23
Ambulatory chemotherapy	9	Online forums and live chat	23
What side effects might I experience?	9	Ask the nurse	24
Nausea and vomiting	10	Publications	24
Hair loss or thinning	11	Useful addresses	24
Sore mouth (mucositis)	12	Cancer organisations	24
Tiredness (cancer-related fatigue)	13	Complementary therapy organisations	26
Bone marrow suppression	13		
Menopausal symptoms	15		
What about fertility?	16		
Do I need to use contraception?	17		
Can I have chemotherapy while I am pregnant?	17		

Introduction

This booklet is for anyone who would like more information about chemotherapy. It explains what chemotherapy is and its possible side effects. The booklet also discusses some frequently asked questions about chemotherapy. We hope that it will help you talk with your cancer specialist (oncologist) or chemotherapy nurse about any concerns you have about chemotherapy and to feel included in planning your treatment. You should also be given relevant information about your particular chemotherapy by your own treatment team.

In addition to this booklet Breast Cancer Care produces factsheets on individual chemotherapy drugs and common drug combinations.

What is chemotherapy?

Chemotherapy is a treatment using anti-cancer (also called cytotoxic) drugs. The aim is to destroy breast cancer cells. It is known as a systemic treatment because the whole body is exposed to the drugs.

Many different types of chemotherapy drugs are used to treat breast cancer. They can be given in different ways and in different combinations, according to an individual's situation.

How does chemotherapy work?

All normal cells divide and grow continually in an orderly and controlled way. Cancer cells grow by dividing in a disorderly and uncontrolled way. Chemotherapy destroys cancer cells by interfering with their ability to divide and grow. Different chemotherapy drugs work in different ways and interfere with the cancer cells at different phases of their growth. This is why a combination of drugs is often used.

When is chemotherapy given for primary breast cancer?

Primary breast cancer is breast cancer that is found in the breast and/or lymph nodes (glands) under the arm and which has not spread anywhere else in the body. Whether or not you are offered chemotherapy for primary breast cancer

depends on your individual situation. Various factors are taken into consideration, such as the size of your breast cancer, whether lymph nodes are involved and the grade of your breast cancer (how active the breast cancer cells are). Sometimes your age is also considered, as chemotherapy is more often given to younger people.

Chemotherapy is commonly given in addition to surgery and/or radiotherapy for primary breast cancer. This is known as adjuvant chemotherapy. In most situations chemotherapy is given soon after surgery and before radiotherapy, although this can vary depending on individual circumstances.

Chemotherapy usually starts within six weeks of surgery, giving your body some time to recover from the effects of the operation.

In certain circumstances chemotherapy is given before surgery. This is known as primary or neo-adjuvant chemotherapy. For example, it may be used to slow the growth of breast cancer that is growing rapidly or to shrink a larger breast cancer before surgery. If you are offered primary chemotherapy your specialist and/or breast care nurse will explain the reasons why.

When is chemotherapy given for secondary breast cancer?

Secondary, or metastatic, breast cancer is when breast cancer cells have spread from the breast to other parts of the body, such as the bones or lungs.

Chemotherapy can be given to shrink or control the growth of secondary breast cancer. It can also be given to reduce

some symptoms. Your oncologist may also try other treatments before or alongside chemotherapy. For example hormone therapy (if the breast cancer is oestrogen receptor positive), or radiotherapy may be given before or instead of chemotherapy depending on the site of the secondary breast cancer. Speak to your oncologist for more information or you might find our booklet **Secondary breast cancer** useful.

How much will I benefit from chemotherapy?

The amount of benefit will depend on several factors, including your age, whether lymph nodes are involved and the type, size and grade of the breast cancer. In some circumstances the benefits of chemotherapy are clear. In others they are less certain or quite small and it can be difficult to decide whether or not to have chemotherapy. You will need to weigh up the likely benefits against any potential side effects. Your decision may be influenced by factors such as your personal priorities, your family and your work commitments. It is important for you to feel you can discuss these issues openly with your cancer specialist or breast care nurse, who will answer your questions and support you with your decision.

What should I expect?

Chemotherapy for breast cancer is most commonly given as a series of treatments at intervals of three to four weeks over a period of four to six months. This can vary depending on the type and grade of your breast cancer, your general health

and the combination of drugs used. The period between each chemotherapy treatment gives your body time to recover from any short-term side effects. The exact type and dose of chemotherapy will be tailored to suit your individual situation.

You will normally be given your treatment as an outpatient, so you will be able to go home the same day. On each day you have chemotherapy you should expect to be at the hospital for most of the day. This allows for waiting time and the treatment. With some types of chemotherapy you may be given your first treatment as an inpatient so you would need to stay in hospital overnight.

A member of your breast care team will explain to you which chemotherapy drugs you will be having and which days you will have them on. You may hear people refer to your chemotherapy 'regime'. This means the chemotherapy drugs used, their dose, how often they are given and the number of cycles overall. If you have treatment every three weeks, for example, each three-weekly chemotherapy is a cycle: you have cycle 1, then cycle 2 three weeks later, cycle 3 three weeks after that, and so on.

Some chemotherapy regimes, such as Adriamycin Cyclophosphamide (AC), may be given every two weeks instead of every three. This is known as 'dose dense'.

How is chemotherapy given?

Chemotherapy can be given in several ways. For breast cancer, the drugs are most commonly given:

- into a vein (intravenously)
- by mouth (orally) as a tablet or capsule.

Intravenous chemotherapy

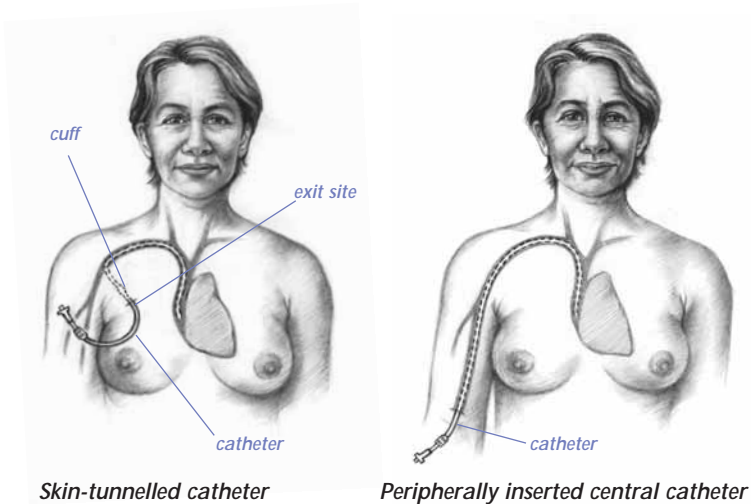
This involves inserting a small plastic tube called a cannula into a vein, either in the back of the hand or lower arm, and slowly injecting the diluted drug. If a large volume of fluid is used it can be given as an infusion (drip) through the cannula over a period of several hours.

If it is difficult to find a vein a special device to make accessing veins easier, called a central venous access device, is sometimes used. This stays in place throughout the course of the treatment and the chemotherapy is given through it. Various types of central venous access devices are described below.

Skin-tunnelled catheter

A skin-tunnelled catheter (commonly called a Hickman line or Groshong) is a fine silicone tube that is inserted into a large vein through a small cut in the chest wall. It can stay in place for several months, which means that you don't need to have a cannula put into the vein each time you are given the chemotherapy drugs. Blood samples can also be taken from the catheter.

The catheter can be put in under a local or general anaesthetic. A tunnel is made under the skin and the catheter is inserted into a large vein that leads to the heart. Along the outside of the catheter is a small cuff that lies immediately under the skin at the opening. Tissue eventually grows around the cuff, which helps to keep the catheter firmly in place. Care must be taken to keep the opening clean to minimise the risk of infection. Your chemotherapy nurse will explain what you need to do to take care of your catheter. After the treatment has finished the catheter will be removed under a local anaesthetic.



Skin-tunnelled catheter

Peripherally inserted central catheter

Peripherally inserted central catheter (PICC)

Alternatively you can have a catheter inserted into a vein in your arm, at or above the bend in your elbow, which extends into the large vein leading to your heart. This is known as a PICC and, like a skin-tunnelled catheter, it stays in place until your course of treatment is finished. It is usually put in under a local anaesthetic in an outpatient department or on a ward. While you have a PICC it will be covered by a dressing and you will be given instructions on how to care for and change this dressing. When it is no longer needed, the PICC will be carefully removed by a nurse or doctor.

Implanted port

An implanted port (portacath) is a small chamber inserted under the skin, usually on the chest or in the arm. A catheter attached to the port is inserted into a vein either in the chest or arm. Chemotherapy drugs can be given directly into the port by puncturing it each time with a special type of needle. Unlike a skin-tunnelled catheter or PICC, the port is hidden. It can be put in and removed under a local anaesthetic, although a general anaesthetic is more commonly used.

This procedure is done in a hospital operating theatre either by a surgeon or radiologist.

When it needs to be removed a small cut is made over the site of the port. The port is then removed and the catheter is taken out of the vein. The wound is stitched and covered with a dressing. You should be given instructions on the care of your dressing and advice if you should feel sore or bruised following removal of the port.

Ambulatory chemotherapy

Some chemotherapy drugs are given through a central venous access device, usually a type of skin-tunnelled catheter that is attached to a battery-operated portable pump. The pumps vary in size but are usually small enough and light enough to carry around in your bag or on your belt. The pump is programmed to give you a controlled amount of the drug continuously over a given period. This means that you can have your treatment at home and will need to visit the hospital only when the drug has finished. Your chemotherapy nurse will advise you how to take care of the pump.

What side effects might I experience?

Chemotherapy drugs work by destroying cancer cells, which grow and divide rapidly. However normal cells may also be affected and this can result in side effects. The aim is to give a sufficient dose to kill breast cancer cells while causing the least damage possible to normal cells. Breast cancer cells are unable to repair themselves but normal cells can repair themselves quickly. This means that side effects are usually temporary.

Chemotherapy affects people in different ways. The side effects can depend on your individual situation and the drugs you are receiving. Two people receiving the same combination of drugs may feel completely different during the course of their treatment. Some people experience very few side effects and are able to continue with their usual activities while others find their lives are affected to varying degrees. Some of the most common side effects are nausea and vomiting, hair loss or thinning, sore mouth, mouth ulcers, tiredness and menopausal symptoms. Sometimes chemotherapy can affect your bone marrow (see page 13). Your hospital should give you information about the drugs you are having and details of any specific side effects they may cause.

Any side effects you have can usually be controlled. Talk to your chemotherapy nurse or cancer specialist about any particular concerns you may have so that they can discuss with you what might help you.

Nausea and vomiting

The likelihood of experiencing nausea and vomiting following chemotherapy will depend on the type and dose of drugs received. Other factors can also influence how people respond to chemotherapy. For example, people who are very anxious or prone to travel sickness or morning sickness in pregnancy may experience vomiting.

Nausea can start immediately after chemotherapy, a few hours after or up to five days later. For some people it can last for several hours and for others it can carry on for several days. However, it can usually be controlled or at least lessened. Several types of anti-sickness (also called anti-emetic) drugs are available and these can be tailored to your individual needs. Sometimes it might be necessary to use a combination

of drugs to get relief. This may include taking a low dose of steroids for a short time. Talk to your chemotherapy nurse or cancer specialist if this is a continuing problem, as your anti-sickness drugs can be changed to find the best ones for you.

Some people find complementary therapies, such as relaxation therapy, hypnosis or aromatherapy, helpful. For more information, see our **Complementary therapies** publication or the list of complementary therapy organisations at the end of this booklet. Some people also find it helpful to use a Sea-Band – a wristband that is thought to relieve nausea by stimulating a particular acupressure point in the wrist.

Hair loss or thinning

Hair loss can be one of the most distressing side effects of chemotherapy but it may be easier to cope if you know in advance that losing your hair is a possibility. Not all chemotherapy drugs cause complete hair loss. Some cause thinning while others may not affect the hair at all. The likelihood of losing your hair depends on the type of chemotherapy drugs you are given and the amount used. Some women with longer hair choose to cut it shorter before starting chemotherapy to reduce the impact of hair loss.

If you lose your hair it usually happens gradually and begins within two to three weeks of starting treatment. Occasionally it may be much more sudden. You may lose all your body hair, including pubic hair, eyebrows and eyelashes, which can be quite a shock. You may find that you lose your body hair at a slower rate than the hair on your head. Hair loss is temporary and your hair will grow back after chemotherapy has finished. Sometimes hair will start to grow back before the end of chemotherapy.

Your chemotherapy nurse will be able to advise you on how to obtain a wig, free on the NHS if you are an inpatient. This can be organised before your chemotherapy starts. Many hospitals have an appliance officer who is specially trained to advise you about wigs. Breast Cancer Care provides a free hair loss advisory service throughout the UK called HeadStrong. For more information, contact your local Breast Cancer Care centre using the contact details in the back of this booklet.

For some people scalp cooling may be appropriate to prevent or minimise hair loss. This involves wearing a 'cold cap' before, during and after you have the chemotherapy drugs. The aim is to reduce the blood flow to the hair follicles in the scalp to prevent the drugs from reaching and damaging them. This does not work with all types of chemotherapy and is not available in all areas, so ask your specialist or chemotherapy nurse if this treatment would be suitable for you and if it is available.

For more information, see our **Breast cancer and hair loss** booklet.

Sore mouth (mucositis)

Some people may develop a sore mouth or gums. Mouth sores can also become ulcerated or infected and good mouth hygiene is important during treatment. If you already have dental problems, cavities, fillings or gum disease, it is advisable to see your dentist so that this can be treated before chemotherapy begins.

Other ways you can help to minimise problems are :

- cleaning your teeth/dentures after each meal
- using a soft toothbrush
- using a mouthwash (alcohol free)
- avoiding spicy or acidic foods such as citrus fruits.

If you have any mouth problems let your GP (local doctor) or chemotherapy nurse know as soon as possible as there are medicines that can help.

Tiredness (cancer-related fatigue)

You may become very tired during your treatment and some people find this fatigue lasts for several months after their treatment has finished. If you become anaemic (have low red blood cells) you may be more prone to fatigue but it can occur even if your blood levels are normal. Gentle to moderate exercise can help relieve fatigue. Your hospital specialist or breast care nurse will be able to give you advice about resting and doing gentle exercise while receiving chemotherapy.

You may also find that the chemotherapy affects your ability to concentrate or think clearly, which can be frustrating. This generally improves following completion of treatment.

Cancerbackup produce a booklet called 'Coping with fatigue' which you may find useful. See *Useful addresses* on page 24 for their contact details.

Bone marrow suppression

Bone marrow is the spongy material found in the hollow part of bones. It is here that blood cells are made before being released into the bloodstream as:

- white cells (responsible for fighting infection)
- red cells (responsible for carrying oxygen around the body)
- platelets (responsible for helping the blood to clot).

Chemotherapy can affect the bone marrow, reducing its ability to make these cells. Before each course of chemotherapy begins you will have a blood test to ensure that the levels of these cells are within safe limits. Between courses you need to

let your specialist know about any of the following signs that might mean you have a low blood count.

- If your white cells are low this means that you are more prone to infections. Although it is not always going to be possible, it is worth trying to avoid being in close contact with anyone who has any symptoms of infection, such as coughs and colds, especially around 7-10 days after chemotherapy when the white blood cells may be at their lowest. It is important to tell your GP or hospital where you are being treated as soon as possible about any sign of infection, such as a high temperature, feeling unwell or a sore throat. Antibiotics can be given if you need them. With some combinations of chemotherapy drugs growth factor injections are given as part of the treatment plan. These stimulate the production of white blood cells and reduce the risk of infection. Your specialist will explain more about these injections if you are going to have them.
- If your red cells are low this means that you are anaemic. The signs to look out for include tiredness, generally feeling low or shortness of breath. Although these symptoms can also be related to other causes, it is important to report them to your specialist. Red cells generally recover by themselves, but if necessary you may be given a blood transfusion.
- If your platelets are low you might show signs of bruising or bleeding more easily. A platelet transfusion can be given, although this is rarely needed, as platelet levels usually correct themselves over time.

For some people the blood cells can be affected to such a degree that chemotherapy has to be postponed. This can be a worry or a frustration but it is important to remember that it should not affect the overall outcome of your treatment. The blood cells generally recover enough within a week of the postponement, at which point chemotherapy can start again.

Taking some of the following precautions may help reduce the risk of problems such as infection and bleeding.

- Be careful about personal hygiene and hand washing.
- Try to avoid exposure to people who might have infections when you can.
- Eat as healthily as possible, have a well-balanced diet, drink plenty of fluids and ensure that all food is stored and cooked correctly.
- Avoid unnecessary activities that might cause injuries.
- Be aware that you might need more rest than normal.

The blood cells levels will start to fall some days after the chemotherapy is administered. They are usually at their lowest level 7-14 days after the chemotherapy, although this will depend on the drugs given. The blood cell levels will then start to increase, ready to be given the chemotherapy drugs again.

Menopausal symptoms

Sometimes chemotherapy can result in women experiencing menopausal symptoms because their ovaries (that produce oestrogen) are affected by the treatment. Common symptoms include hot flushes, night sweats, mood changes, joint aches and pains and vaginal dryness. You may find it helpful to talk to your breast care nurse or cancer specialist about ways of coping with any of these symptoms. For more information, see our **Menopausal symptoms and breast cancer** factsheet.

What about fertility?

For some women chemotherapy can affect egg (ovum) development, which in turn can affect fertility. For women of childbearing age fertility can be an important issue that needs careful consideration before chemotherapy begins. While some women are unaffected, others may find that their periods become irregular or stop temporarily or completely, which may mean permanent infertility. This depends on the type of drugs you are having and the dosage given, as well as your age. Although they may return, women aged around 40 and above are less likely to get their periods back after completing chemotherapy than younger women.

If you want children in the future it is important that you discuss the possible effects of the drugs you will be having on your fertility with your cancer specialist or chemotherapy nurse. This will help you make an informed decision regarding your options. For more information, see our **Fertility issues and breast cancer treatment** factsheet.

For men chemotherapy can affect sperm production which can lead to temporary or permanent infertility. If you have not finished your family and are concerned about the effect chemotherapy may have on your fertility talk to your specialist before starting treatment. For more information, see our **Men with breast cancer** publication.

Do I need to use contraception?

Although your periods may become irregular or stop completely it is still important to use contraception. It is advisable to use a barrier method of contraception during chemotherapy, such as condoms, since chemotherapy drugs affect the whole body and may be in body fluids. You can carry on with your usual sex life during your treatment but it is not advisable to get pregnant.

Once your treatment is complete, you may also wish to consider the following methods of contraception:

- diaphragm
- Femidom
- fitted IUD (coil) – but not one that works by releasing hormones.

The contraceptive pill is not routinely recommended for women whose breast cancer is hormone sensitive because of the possible risk of hormonal stimulation of the breast cancer. The morning after pill can usually still be used for emergencies, since a single dose of hormones is unlikely to affect your breast cancer. You may find it beneficial to discuss these with a member of your breast care team.

Can I have chemotherapy while I am pregnant?

If you are diagnosed with breast cancer during pregnancy, you may be given chemotherapy during the second and third trimesters (between three and nine months into the pregnancy). It is not usually given earlier than this because

the foetus grows very quickly early on and could be affected by the drugs. For more information, see our **Breast cancer during pregnancy** factsheet.

Will my sex life be affected?

You may find that you lose interest in sex during chemotherapy and there may be a number of reasons for this. For example, you may be anxious about your diagnosis and treatment or be experiencing side effects such as nausea, vomiting or menopausal symptoms. You may simply feel too tired. Everybody's reaction is different. For more information, see our **Sexuality, intimacy and breast cancer** booklet.

Are there other side effects?

Different chemotherapy drugs have different side effects and some of these side effects are less common than others. It is important to remember that not everybody is affected to the same degree. If you want more detailed information about the specific drugs you are receiving, ask your chemotherapy nurse or specialist, or call Breast Cancer Care's free helpline on 0808 800 6000 (for Tynetalk prefix 18001).

Breast Cancer Care produces factsheets on many individual chemotherapy drugs and combinations. These are available on our website and you can also get copies by contacting our helpline.

Can I take other medicines and drugs?

It is important to tell your specialist about any other drugs you are taking or additional drugs you would like to take. This includes vitamin and mineral supplements that you buy over the counter. You should also talk to your specialist before taking any herbal remedies to check that they will be suitable for you and will not interfere with your chemotherapy treatment.

Can I use complementary therapies?

Many people find that complementary therapies can help them cope with the side effects of chemotherapy, even though there may not necessarily be the clinical evidence to back this up or measure the 'feel good factor' they can bring. There are many different types including relaxation, visualisation, aromatherapy, reflexology, meditation and hypnotherapy. If you feel you would like to explore one of these, or other options, make sure that you choose something that feels right for you and that you are happy doing.

Many therapies are available in NHS hospitals, so ask your specialist or breast care nurse for details of what is available to you. If you are thinking of trying a complementary therapy, you should go to a recognised practitioner for advice. For more information, see our **Complementary therapies** publication or the list of complementary therapy organisations at the end of this booklet.

Do I have to pay for my chemotherapy?

Within the NHS, any chemotherapy that you receive will be free of charge. However, if you need any additional medication from your GP you may have to pay for this. For example, in some cases, if you require anti-sickness medication.

Prepayment certificates (sometimes called season tickets) available from pharmacies can save you money if you are likely to need a large number of prescribed items. It is worth asking your treatment team for advice about this before you pay for your next prescription.

Can I go abroad during chemotherapy treatment?

If you are planning a holiday, or need to travel overseas for any reason, do check with your specialist first. It is sometimes possible to plan your treatment around your travel plans.

Going abroad may not always be advisable, particularly if you have suffered severe side effects or are going to a country where you need 'live' vaccine injections (see the *Vaccinations* section below).

If you plan to go somewhere hot, take care not to stay in the sun for long periods as you may burn more easily when the chemotherapy drugs are still affecting your system. It is a good idea to avoid the sun during the hottest part of the day (11am–3pm), to use a high-factor suncream and to keep covered with light clothing and a hat.

You may also find that it can be difficult to get travel insurance while having treatment. For more information, see our **Breast cancer and travel insurance** factsheet.

Vaccinations

It is important to tell whoever is giving you vaccinations that you are having chemotherapy. For about six months after the end of your chemotherapy vaccines may not be as effective as usual, since your blood count may still be low.

You should not have any live vaccines while you are having chemotherapy. Live vaccines include measles, rubella (German measles), polio, BCG (tuberculosis) and yellow fever. It is safe to have these vaccines six months after your chemotherapy finishes. If you are in any doubt, talk to your GP or specialist before having any vaccinations.

You should also talk to a member of your breast care team before having an inactivated vaccine, such as diphtheria, tetanus, whooping cough, flu, hepatitis A and B, rabies and cholera. They will be able to advise you on the best time for you to have the vaccines to give you the best protection, based on your individual situation.

Coping with chemotherapy

Being told that chemotherapy is part of your treatment can cause a range of emotions. Many people feel positive and secure in the knowledge that everything possible is being done for them. Others can feel anxious and frightened. This may be because people mistakenly think that chemotherapy is given only when the cancer has spread and is more serious. Chemotherapy is now commonly given in addition to surgery

and/or radiotherapy for primary breast cancer, even when there is no evidence of spread.

Fear of the unknown is also common so finding out as much as possible about your chemotherapy treatment may help you cope better.

If you are feeling low, tired, irritable or tearful at any point during your treatment, remember that this is not unusual and there are people there to help you. Let other people, particularly your family and friends, know how you are feeling so that they can be more supportive. It can also help to discuss your feelings or worries with your specialist, chemotherapy nurse or breast care nurse. Alternatively, a professional counsellor might be more appropriate if you want to talk through your feelings in more depth over a period of time. Your specialist or GP can usually arrange this.

You might find it easier to share your feelings with someone who has had a similar experience to you. You can do this either one to one or in a support group. For more information on individual support or support groups in your area call Breast Cancer Care's helpline on 0808 800 6000 (for Typetalk prefix 18001).

See the *Finding out more* section below for more sources of information and support.

Finding out more

Further support from Breast Cancer Care

Free telephone helpline 0808 800 6000 (for Typetalk prefix 18001)

Our helpline provides information and support for anyone affected by breast cancer. Everyone on our helpline either has either professional or personal experience of breast cancer. The team is able to talk about clinical, medical and emotional issues relating to breast cancer and breast health. Everyone on the helpline has an excellent knowledge of breast cancer issues and receives daily information on new developments. They can talk through the complexities of different treatments to help you understand your options and explain the best way for you to get different treatments.

Volunteer support

Many people who have breast cancer find it helpful to talk to someone who has been in a similar situation. Breast Cancer Care's peer support service puts you in touch with someone who has personal experience of breast cancer and has been trained to listen and offer emotional support. You can talk to someone at any stage - whenever you feel it would help. Call our helpline or visit our website for more information about this free service.

Online forums and live chat

The Breast Cancer Care website hosts chat forums covering all aspects of the disease and its treatment. This service is available 24 hours a day and allows you to talk to people in a similar situation to you and to share your thoughts and feelings.

All forum users post their messages and responses at any time, however the regular live chat sessions take place among users who are all logged on at the same time. They are hosted by Breast Cancer Care staff or a clinical specialist and give you the opportunity to discuss anything related to your diagnosis. Visit www.breastcancercare.org.uk for more details.

Ask the nurse

This is another service on the Breast Cancer Care website. You can email a question on any breast cancer or breast health issue and our team of specialist nurses will reply within two working days. The service is strictly confidential.

Publications

Breast Cancer Care produces a wide range of publications providing information for anyone affected by breast cancer. All of our publications are regularly reviewed by healthcare professionals and people affected by breast cancer. You can order our publications by using our order form, which can be requested from our helpline. All our publications can also be downloaded from our website.

Useful addresses

Cancer organisations

Cancerbackup

3 Bath Place
Rivington Street
London EC2A 3JR

Office: 020 7696 9003
Freephone helpline: 0808 800 1234
Email: info@cancerbackup.org
Website: www.cancerbackup.org.uk

Cancerbackup is the leading national information and support charity for people affected by cancer. Services include a helpline staffed by specialist cancer information nurses, a website, cancer information booklets and local information centres. All Cancerbackup services are free to people affected by cancer.

Macmillan Cancer Support

89 Albert Embankment
London SE1 7UQ

Telephone: 020 7840 7840
Macmillan CancerLine: 0808 808 2020
Textphone: 0808 808 0121
Email: cancerline@macmillan.org.uk
Website: www.macmillan.org.uk

Macmillan Cancer Support is helping people who are living with cancer through the provision of immediate practical and emotional support. Specialist services include Macmillan nurses and doctors, cancer centres, a range of cancer information and direct financial help. The Macmillan CancerLine provides information and emotional support. Textphone available.

Penny Brohn Cancer Care

Grove House
Cornwallis Grove
Bristol BS8 4PG

Telephone 0845 123 23 10
Email helpline@pennybrohn.org
Website www.pennybrohncancercare.org

A national charity providing complementary care to people affected by cancer. It aims to work alongside medical treatment to help take the fear out of cancer and to give practical tools to improve daily quality of life.

Complementary therapy organisations

Association of Reflexologists

5 Fore St, Taunton, Somerset TA1 1HX

Telephone: 0870 5673320

Email: info@aor.org.uk

Website: www.aor.org.uk

Provides information, news, training and a register of qualified practitioners.

British Complementary Medicine Association (BCMA)

PO Box 5122, Bournemouth BH8 0WG

Telephone: 0845 345 5977

Email: info@bcma.co.uk

Website: www.bcma.co.uk

Umbrella organisation. Produces a guide and a code of conduct for practitioners, and holds a register of practitioners.

British Herbal Medicine Association

1 Wickham Road, Bournemouth BH7 6JX

Telephone: 01202 433691

Email: secretary@bhma.info

Website: www.bhma.info

Provides an information service and publications on herbal medicine.

British Holistic Medical Association

PO Box 371, Bridgwater, Somerset TA6 9BG

Telephone: 01278 722 000

Email: admin@bhma.org

Website: www.bhma.org

Provides information and produces self-help tapes, booklets and a quarterly magazine.

British Homeopathic Association

Hahnemann House, 29 Park Street West, Luton LU1 3BE

Telephone: 0870 444 3950

Email: info@trusthomeopathy.org

Website: www.trusthomeopathy.org

Provides information and a directory of homeopaths. Produces a booklet called 'How to get homeopathic treatment on the NHS' and a quarterly magazine.

British Medical Acupuncture Society

BMAS House, 3 Winnington Court

Northwich, Cheshire CW8 1AQ

Telephone: 01606 786782

Email: admin@medical-acupuncture.org.uk

Website: www.medical-acupuncture.co.uk

Provides acupuncture information and news, and a list of members who are all registered medical practitioners.

Institute for Complementary Medicine

PO Box 194, London SE16 7QZ

Telephone: 020 7237 5165

Email: info@i-c-m.org.uk

Website: www.i-c-m.org.uk

Provides information, training and a register of professional practitioners.

International Federation of Professional Aromatherapists (IFPA)

82 Ashby Road, Hinckley, Leicestershire LE10 1SN

Telephone: 01455 637987

Email: admin@ifparoma.org

Website: www.ifparoma.org

Provides information and a register of professional aromatherapists.

Natural Health Advisory Service

PO Box 268 Lewes East Sussex BN7 1QN

Telephone: 01273 609 699

Email: enquiries@naturalhealthas.com

Website: www.naturalhealthas.com

Offers specific dietary, nutrition and exercise advice for women with pre-menstrual syndrome, menopausal symptoms, prevention of osteoporosis and other hormone-related problems.

Penny Brohn Cancer Care (formerly Bristol Cancer Help Centre)

Chapel Pill Lane, Pill, Bristol BS20 0HH

Helpline: 0845 123 23 10

Email: info@pennybrohn.org

Website: www.pennybrohncancercare.org

Offers two- and five-day residential courses (led by doctors and therapists) for people with cancer and their supporters offering counselling, relaxation, guided imagery, meditation, art and music therapy, healing and advice on nutrition. Helpline offers emotional support, and information on finding complementary therapists and support in your area.

The Society of Homeopaths

11 Brookfield, Duncan Close, Moulton Park

Northampton NN3 6WL

Telephone: 0845 450 6611

Email: info@homeopathy-soh.org

Website: www.homeopathy-soh.org

Provides information leaflets, news, a register of members and a newsletter.

Central Office

Breast Cancer Care

Kiln House 210 New Kings Road

London SW6 4NZ

Telephone 0845 092 0800

Fax 0845 092 0820

Email info@breastcancercare.org.uk

Centres

Breast Cancer Care Scotland

Telephone 0845 077 1892

Email sco@breastcancercare.org.uk

Breast Cancer Care Cymru

Telephone 0845 077 1894

Email cym@breastcancercare.org.uk

Breast Cancer Care North & Midlands

Telephone 0845 077 1893

Email nrc@breastcancercare.org.uk

Breast Cancer Care London & South

Telephone 0845 077 1895

Email src@breastcancercare.org.uk

For all breast cancer or breast health concerns, call our free, national helpline on 0808 800 6000 (for Typetalk prefix 18001) or visit www.breastcancercare.org.uk.

Breast Cancer Care relies on donations from the public to provide its services free to clients. If you would like to make a donation, please send your cheque to: Breast Cancer Care, Freepost Lon 644, London SW6 4BR. Or donate online via our secure site at: www.breastcancercare.org.uk/donate.

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