This booklet describes what secondary breast cancer in the lung is, what the symptoms are and the treatments used.
This information is by Breast Cancer Care.

We are the only specialist UK-wide charity that supports people affected by breast cancer. We’ve been supporting them, their family and friends and campaigning on their behalf since 1973.

Today, we continue to offer reliable information and personal support, over the phone and online, from nurses and people who’ve been there. We also offer local support across the UK.

From the moment you notice something isn’t right, through to treatment and beyond, we’re here to help you feel more in control.

For breast cancer care, support and information, call us free on 0808 800 6000 or visit breastcancercare.org.uk
Secondary breast cancer in the lung happens when cancer that started in the breast has spread to the lung.

We hope this booklet answers some of your questions about your condition and helps you discuss your options with your specialist team.

We suggest you read this booklet with our Secondary breast cancer resource pack which contains a lot of information that may be useful from the time you’re diagnosed and throughout your treatment and care. It also covers the physical and emotional impact of living with secondary breast cancer and the support available.

**What is secondary breast cancer in the lung?**

Secondary breast cancer occurs when breast cancer cells spread from the primary (first) cancer in the breast to other parts of the body, such as the lung. This may happen through the lymphatic or blood system. The lymph nodes in the centre of the chest may also be affected.

Secondary breast cancer in the lung is not the same as having cancer that starts in the lung. The cells that have spread to the lung are breast cancer cells.

When breast cancer spreads to the lung it can be treated but cannot be cured. Treatment aims to control and slow down the spread of the cancer, relieve symptoms and give you the best quality of life for as long as possible.

You may hear this type of spread described as metastatic breast cancer, metastases, advanced breast cancer, secondary tumours, secondaries or stage 4 breast cancer.

**Outlook**

After a diagnosis of secondary breast cancer in the lung, many people want to know how long they’ve got to live. As treatments improve, more and more people are living longer after a diagnosis of secondary breast cancer. However, life expectancy is difficult to predict as each person’s case is different and no two cancers are the same.
Your specialist can talk to you about the likely progression of your secondary breast cancer. You may worry if their answers are vague, but it’s difficult to accurately predict how each person’s illness will respond to treatment.

**How do the lungs work?**

**The lungs**

To understand some of the symptoms described in this booklet it may help to know how the lungs work.

The lungs take up most of the chest area, extending from the collarbone down to the waist. They are protected by the ribcage. When we breathe in, our chest expands, our lungs inflate and air is drawn in.

The lungs are attached to the inside of the chest wall by two thin layers of tissue called the pleura. There’s a small space (sometimes called the pleural space) between the two layers of tissue that’s filled with a small amount of fluid. This fluid stops the two layers rubbing together when we breathe.
Each lung is made up of sections called lobes. The air we breathe in is carried to our lungs by the trachea (windpipe), which divides into tubes known as the left bronchus and right bronchus (or bronchi when talking about both). The bronchi then divide into smaller tubes called bronchioles. At the end of the bronchioles are millions of tiny air sacs (alveoli). It’s here that oxygen from the air we breathe in is absorbed into the bloodstream and carbon dioxide is passed from the bloodstream into the air we breathe out.

**Symptoms**

Sometimes secondary breast cancer may be found in the lung before it causes any symptoms. This might be the case if your breast cancer has come back elsewhere and your specialist team wants to check whether or not it has spread to the lung(s).

However, you may have a number of symptoms of secondary breast cancer in the lung. They can range from very mild to severe, depending on how much of the lung is affected by the cancer. It’s important to report any new or persistent symptoms to your specialist.

Symptoms include:

- breathlessness
- a cough that doesn’t go away
- pain or tightness in the chest that doesn’t go away
- loss of appetite and weight loss
- fatigue (extreme tiredness)

Some people may have a build-up of fluid between the lung and chest wall (known as a pleural effusion), which can cause symptoms such as breathlessness or a cough.

These symptoms are explained in more detail on page 12.

**What tests might I need?**

Your specialist will examine you and discuss any symptoms you have. You may need one or more of the following tests to help confirm a diagnosis of secondary breast cancer in the lung.
Chest x-ray
A chest x-ray is often the first investigation that will be done.

CT (computerised tomography) scan
You may also have a CT scan. This uses x-rays to take detailed pictures across the body. It’s also known as a CAT scan.

PET (positron emission tomography) scan
This type of scan shows how effectively parts of the body are working. It’s not often used for diagnosis but may help your specialist team see how far the cancer has spread and how well it’s responding to treatment.

PET-CT scan
This combines a CT scan with a PET scan in one test to create a more detailed picture.

Lung biopsy
Sometimes a biopsy of the lung is taken. This involves removing a small piece of tissue from the lung, usually while you are sedated, to be looked at under a microscope. If you have a build-up of fluid in the space around the lungs (pleural effusion), a sample of fluid can also be taken for testing.

Bronchoscopy
The most common procedure for taking a lung biopsy is a bronchoscopy. A tube called a bronchoscope is passed through the mouth and down into the lungs. A small piece of lung tissue can then be removed and examined under a microscope.

CT-guided lung biopsy
Sometimes a biopsy can be taken from the lung through the skin with a needle using a CT scan for guidance.

EBUS (endobronchial ultrasound)
This test involves passing an ultrasound probe attached to a bronchoscope into the lungs. It allows the doctor to see the lungs and lymph nodes and take a sample of tissue if required. EBUS is a relatively new test so is not yet widely available.
Blood tests
You may have blood tests although the type of test can depend on your symptoms and any treatment you are currently having. Your specialist team will discuss what tests they are doing and why you are having them.

Tumour marker tests
Some people have a blood test for tumour markers. These are proteins found in the blood that may provide more information about how you’re responding to treatment or if the cancer is progressing. There is some debate about the accuracy of measuring tumour markers so they are not used by all specialists.

What treatments might I be offered?
Your treatment may include:
- hormone (endocrine) therapy
- chemotherapy
- targeted (biological) therapy
- radiotherapy
- surgery

These treatments can be given alone or in combination.

When making decisions about how best to treat you, your specialist team will consider factors such as:
- how extensive the cancer is within the lung
- whether the cancer has spread to other organs
- any symptoms you have
- what treatment you’ve had in the past
- the features of the cancer
- whether you have been through the menopause
- your general health

Your specialist should discuss any recommendations for treatment with you and take into account your wishes. They will talk with you about your options, explain what the aim of treatment will be and help you weigh up the potential benefits against the possible side effects you may have.
You may also be referred to the respiratory team, who specialise in treating people with breathing difficulties. They can help plan your treatment or manage your symptoms. Your care would continue under your usual breast oncologist, but with involvement or advice from the other team.

**Hormone (endocrine) therapy**

Hormone therapy is used to treat breast cancers that are stimulated to grow by the hormone oestrogen. These cancers have receptors within the cell that bind to the hormone oestrogen, and are known as oestrogen receptor positive or ER+ breast cancers.

The tissue from the biopsy or surgery for primary breast cancer will have been tested to see if it is ER+. However, your specialist may discuss taking a sample of tissue from your lung to retest the hormone receptors.

If you’d like more information about these treatments, we have booklets about individual hormone therapies.

**Chemotherapy**

Chemotherapy is treatment aimed at destroying cancer cells using anti-cancer drugs (also called cytotoxic drugs). It aims to slow down and control the growth of the cancer and to relieve symptoms.

You may be offered a course of a single drug or combination of chemotherapy drugs. This will depend on any chemotherapy you had in the past and how long ago you had it.

For more general information about this type of treatment, see our *Chemotherapy for breast cancer* booklet or our booklets on individual chemotherapy drugs.

**Targeted (biological) therapies**

This is a group of drugs that block the growth and spread of cancer. They target and interfere with processes in the cells that cause cancer to grow.

The most widely used targeted therapy is trastuzumab (Herceptin). Only people whose cancer has high levels of HER2 (called HER2 positive) will benefit from having trastuzumab. HER2 is a protein that makes cancer cells grow. The tissue from the biopsy or surgery for your primary breast cancer will have been tested to see if it is HER2 positive. If you have had
a biopsy of your secondary breast cancer in the lung then this will be tested to find out if it is HER2 positive.

For more information, you can read our booklet Trastuzumab (Herceptin) or visit breastcancercare.org.uk for information about other targeted therapies.

Radiotherapy
Radiotherapy uses high energy x-rays to destroy cancer cells. It’s sometimes used to treat symptoms caused by secondary breast cancer in the lung, for example if large lymph nodes in the centre of the chest are affected. It can be given as a single dose or divided into a number of doses over a few days.

Stereotactic radiotherapy (also known as radiosurgery)
Stereotactic radiotherapy (SRS) is a very precise radiation treatment that may be considered for people with a single or a small number of secondary cancers in the lung. This treatment allows high doses of radiation to be delivered with extreme accuracy to targeted areas, avoiding the surrounding healthy lung tissue.

Stereotactic radiotherapy may be delivered using a number of different types of treatment machines, for example CyberKnife. Stereotactic radiotherapy is a specialist treatment that is not available in all hospitals – you may need to travel to a different centre. Your specialist team can tell you if it may be suitable for you.

Surgery
Although surgery will not cure secondary breast cancer in the lung, occasionally an oncologist may ask the opinion of a specialist lung surgeon. This is more likely if the area of secondary breast cancer in the lung is very small, can be easily accessed by the surgeon, and there is no other secondary breast cancer elsewhere in the body.

Video-assisted thoracoscopic surgery (VATS)
Video-assisted thoracoscopic surgery (VATS) is a type of operation that allows doctors to see inside the chest and lungs. Under general anaesthetic, a thin tube with a built-in camera (known as a thoracoscope) is placed through a small cut in the side of the chest to
help the surgeon see inside. One or two other small cuts are made in the skin, and surgical instruments can be passed though these. It can be used to take tissue from the lung for a biopsy or to treat a pleural effusion (see page 14).

**Radiofrequency ablation**
Radiofrequency ablation (RFA) involves inserting a needle into individual tumours in the lung and destroying them with heat. RFA is a specialist treatment and is not widely available. It can be used alone or in combination with other treatments. Your specialist team can tell you if it may be suitable for you.

**Availability of treatments**
Some treatments for secondary breast cancer may not be routinely available. You may still be able to access these treatments in other ways.

Macmillan Cancer Support has information about what you can do if a treatment isn’t available. You can find it on their website macmillan.org.uk or by calling 0808 808 0000.

It can be frustrating and distressing if a treatment you and your cancer specialist feel could benefit you isn’t routinely available. For help and information about accessing a treatment, you can speak to your specialist team. You can also call our Helpline on **0808 800 6000** to talk through your concerns.

**Clinical trials**

Many breast cancer trials look at new treatments or different ways of giving existing treatments, such as surgical techniques, chemotherapy, targeted therapies or radiotherapy. Your specialist may talk with you about a clinical trial, or if you are interested in taking part in clinical research you can ask them if you are eligible for a clinical trial.

For general information on clinical trials see our website or cancerresearch.org.uk for listings of current clinical trials.
Palliative and supportive care

Palliative and supportive care focuses on symptom control and support. It’s an extremely important part of the care and treatment for many people with secondary breast cancer and can significantly improve quality of life for them and their families.

Palliative care is usually associated with end-of-life treatment. However, people value having it at any stage of their illness, alongside their medical treatment, to help prevent and relieve symptoms such as pain or fatigue. It can also help with the emotional, social and spiritual effects of secondary breast cancer.

You can be referred by your specialist team, GP or breast care nurse depending on your situation.

Managing symptoms of secondary breast cancer in the lung

If you have secondary breast cancer in the lung you may have a number of different symptoms.

Breathlessness

One of the more common symptoms of secondary breast cancer in the lung is breathlessness. The medical term for this is dyspnoea.

Breathlessness does not cause harm but can be distressing and frightening, which can make your symptoms worse. You may find breathing is uncomfortable, or feel that you can’t get enough air into your lungs. You may experience breathlessness when you are still or lying down, but it is often more noticeable when you are moving. However, it’s still good to be as active as you can. See ‘Physical activity’ on page 17 for more information.

Breathlessness can happen for different reasons. For example, sometimes the lymph channels in the lung are affected by the cancer, and can become inflamed and blocked. This is called lymphangitis. Steroid drugs such as dexamethasone or prednisolone can sometimes help reduce this. Secondary breast cancer in the lung can increase the risk of chest infections, which can also cause breathlessness. In this case you may be treated with antibiotics.
There are several practical things you can do to help ease your breathlessness. Cooling your face with cold water, using a hand-held fan or sitting near an open window can be helpful.

You may also find exercise can help relieve breathlessness (see page 17).

Physiotherapy can be helpful in treating breathlessness. Learning relaxation and breathing techniques to use when you start feeling breathless can also help. Your medical team may be able to refer you to a physiotherapist or to a palliative and supportive care team to teach you breathing exercises. A number of palliative care services provide groups, classes and clinics for this purpose.

If necessary, your doctors can give you medicines such as lorazepam from a group of drugs called benzodiazepines (which have sedative and muscle relaxant properties), Ventolin (a drug that can relax the airways) or low doses of codeine or morphine to help ease the feeling of breathlessness.

Oxygen has not been found to be a helpful treatment for breathlessness.

**Cough**

A persistent cough is another common symptom that can be distressing and tiring. It may be caused by the cancer itself, or an infection. Phlegm can build up in the chest and throat and may be difficult to bring up.

Cough medicines can help to control coughing, or medicines known as mucolytic medicines may be prescribed to help loosen the phlegm. Your doctors may recommend a nebuliser, which is a device that turns liquid medicine into a mist that can be inhaled through a mouthpiece. Using a nebuliser can also help to loosen the phlegm, making it easier to bring up.

If the cough is very difficult to control your doctors may prescribe a codeine-based drug or low-dose morphine or steroids.

**Pain**

Pain relief is a very important part of the care of anyone with secondary breast cancer. Once their pain is under control, many people feel less anxious and can eat and sleep better.

Although many people with secondary breast cancer in the lung do not experience pain, if the cancer affects the lining around the lungs
(the pleura) it may cause irritation leading to pain or discomfort when breathing. This is often worse when breathing in or coughing.

Most pain can be relieved or controlled. There are a number of healthcare professionals who are experts in pain management and can help. To find the best way of treating your pain, you'll need to describe it to your doctors. They will ask you where the pain is, how it feels, how strong it is and what makes it better or worse.

Keeping a pain diary can help you do this. Your hospital may provide you with a pain diary or you can find one in our Secondary breast cancer resource pack. You can also download copies from our website breastcancercare.org.uk/patient-resources

There are many different types of pain relief and often a combination of drugs may be needed. It’s very important that your pain is assessed regularly by your nurse or doctor to make sure it stays under control. It’s useful to know who to contact if your pain changes or worsens. Let your specialist team, palliative care team or GP know if you experience a change in the type or location of pain, a new pain or long-term pain that gets worse or doesn’t improve with treatment.

**Pleural effusion**

A pleural effusion is a build-up of extra fluid between the pleural layers and will usually be confirmed by a chest x-ray. It may develop if cancer cells have spread into the pleura, causing irritation and producing fluid that can then build up.

It might make you feel breathless but this can sometimes be eased by getting rid of the extra fluid. This can be done in two ways. A small amount can be removed by numbing the area with a local anaesthetic and drawing the fluid off with a needle and syringe.

If there is a larger amount of fluid, a narrow drainage tube can be inserted into the pleural space (see ‘How do the lungs work?’ on page 5), also under a local anaesthetic. It will then be stitched into place and connected to a drainage bottle. This allows the fluid to drain out slowly over time (often a few days). This procedure can be repeated if the fluid builds up again. Sometimes a permanent drain may be inserted so fluid can be drained regularly and more easily at home.

Sometimes after a pleural effusion has been drained another procedure called a pleurodesis is performed. This involves injecting a drug or powder into the drain, then leaving the drain clamped for about one
hour before removing it. This aims to seal the two layers of the pleura together to prevent the fluid building up again.

**Poor appetite and weight loss**

Sometimes people with secondary breast cancer can’t eat as much as usual. This means they have difficulty maintaining their weight as well as providing the body with energy. Poor appetite can be due to the effects of the cancer, treatment or anxiety. A small number of people may have difficulty swallowing.

You might find it easier to eat little and often instead of having set meals. If you still feel you aren’t eating enough, or are losing weight, talk to your doctor or nurse about dietary supplements or ask to speak to a dietitian for specialist advice. In some circumstances you may be prescribed medication to help stimulate your appetite.

**Fatigue (extreme tiredness)**

Cancer-related fatigue is one of the most common symptoms experienced by people with secondary breast cancer. Everyone knows what it feels like to be tired sometimes, but cancer-related fatigue can feel much more severe. It can come and go or be continuous, and this can be distressing and frustrating. It has many causes, from psychological ones such as the stress of coping with the diagnosis, to physical ones such as the side effects of treatment or progression of the cancer.

Fatigue may have a significant effect on your ability to cope, your mood and your relationships. Fatigue can also affect your everyday activities and quality of life. Many people find that it stops them working, socialising and generally living life in the way they want to.

Tell your doctor or palliative care team about the fatigue so you can be fully assessed. Causes such as difficulty sleeping or anaemia can be treated and may improve the feelings of fatigue.

Keeping a diary of your activities and energy levels can help you work out your patterns of fatigue. This can be useful when talking to your doctor and when planning for day-to-day life. Your hospital may provide you with a fatigue diary or you can find one in our Secondary breast cancer resource pack. You can also download copies from our website breastcancercare.org.uk/patient-resources
To help you manage fatigue:

- plan your days so you have a balance of activity and rest
- do small amounts of physical activity each day; even just a short walk can help
- accept that you may have good days and bad days
- prepare for a special occasion or days out by planning some additional rest before and after
- try to eat well – if your appetite is poor, it may help to eat smaller amounts more often and drink plenty of fluids to keep hydrated. You could also ask to be referred to a dietitian for advice
- accept offers of practical help from other people to save your energy for things you enjoy

Macmillan Cancer Support has a booklet called Coping with fatigue. Order it free from Macmillan’s website macmillan.org.uk or call 0808 808 0000.
Blood clots

People with breast cancer have a higher risk of blood clots. Their risk is higher because of the cancer itself and some treatments for breast cancer.

You may be at risk of a blood clot forming known as a deep vein thrombosis (DVT). People with a DVT are at risk of developing a pulmonary embolism. This is when part of the blood clot breaks away and travels to the lung.

Blood clots can be harmful but are treatable so it’s important to report symptoms as soon as possible.

If you experience any of the following symptoms contact your local A&E department, GP or specialist team straight away:

• pain, redness/discolouration, heat and swelling of the calf, leg or thigh
• swelling, redness or tenderness where a central line is inserted to give chemotherapy, for example in the arm, chest area or up into the neck
• shortness of breath
• tightness in the chest
• unexplained cough (may cough up blood)

Physical activity

Although there has been little research into the benefits of exercise for people with secondary breast cancer, several studies have looked at its effectiveness for people with primary breast cancer.

The results have been positive and there is no reason to believe that people with secondary breast cancer would not have similar benefits from exercising. However, you may need to take a little extra care.
Regular exercise may help to:

- increase fitness, strength, stamina and flexibility
- control weight (when combined with a healthy diet)
- boost the immune system
- reduce blood pressure
- reduce fatigue

People who exercise, even gently, during and between treatments may tolerate treatments better and experience less pain, sickness, problems sleeping and fatigue.

**What is regular exercise?**

Guidance suggests ‘regular exercise’ means 30 minutes of moderate-intensity exercise at least five days a week. This can be a lot initially if you’re new to exercise, so before starting any exercise it’s important to discuss it with your specialist team. You can begin gently and build up gradually. It doesn’t need to be 30 minutes all at once. There are many ways to include physical activity in your daily routine so joining a gym or attending classes is not necessary.

‘Moderate intensity’ usually means you breathe harder, become warmer and are aware of your heart beating slightly faster than normal. However, you should be able to talk and it should not feel as if you’re pushing yourself too hard.

**Exercise and secondary breast cancer in the lung**

Some people with secondary breast cancer in the lung have no symptoms while others have symptoms such as breathlessness, pain, loss of appetite, tiredness and fatigue. While physical activity may help reduce some symptoms it’s important to listen to your body and not push yourself too hard. Gentle, regular activity is often most effective.

If you’re currently having treatment you may need to exercise at a slightly lower level. Stop if it hurts or feels like you’re working too hard.

When choosing your exercise, try to focus on aerobic-type activities such as walking, swimming or cycling. Activities such as dancing and gardening can also be beneficial. You could also include some light toning or conditioning exercises such as stretching or low-impact yoga. The most important thing is to choose something you can safely enjoy.
Breathlessness, coughing, pain, tiredness and loss of appetite can all be symptoms of secondary breast cancer in the lung. These symptoms are similar to those experienced by people with long-term respiratory diseases such as chronic obstructive pulmonary disease (COPD) and asthma. Research has found that when people with respiratory disease exercise regularly they are less breathless, have more stamina, are better able to perform everyday tasks and have a better quality of life.

There are a number of things you can do to avoid or reduce breathlessness while exercising. Firstly, avoid exercising in very cold or dry conditions as this makes it more difficult for your lungs to expand. Swimming can be ideal because the pool hall is usually quite warm and the air is damp. Secondly, always start your exercise session with a gentle warm up to get your body ready to exercise and to slowly increase how hard you're breathing so your lungs have time to adjust to the new demands.

Walking can also be helpful. However, it's best to walk somewhere you can take plenty of rest stops.

You could also try ‘pursed lip breathing’. This involves pursing your lips and breathing in and out through the narrowed opening. This reduces the air pressure, making it easier for your lungs to expand and contract.

For more information on exercise and secondary breast cancer see our Secondary breast cancer resource pack.

Living with secondary breast cancer in the lung

Knowing that your cancer has spread to your lung can cause a range of emotions. There may be times when you feel very isolated or overcome by fear, anxiety, sadness, uncertainty, depression or anger.

You may be able to cope with these feelings on your own or with the support of the people closest to you. Some people want support from professionals – you can talk to your breast care nurse, palliative care nurse (who may be a Macmillan nurse), hospice or home care specialist nurse. They will have a good understanding of the specific needs of people with secondary cancers and will be familiar with different ways of coping and adapting to the diagnosis. They also have specialist knowledge in helping with pain and symptom control and can arrange for you to talk to a counsellor or psychotherapist.
If you’re not in regular contact with a palliative care nurse or Macmillan nurse, you can ask for a referral to be made through your hospital team or GP. You could also contact the Breast Cancer Care Helpline on **0808 800 6000** to talk through your concerns and find out what support may be available in your area.

**Finding support**

Breast Cancer Care’s Living with Secondary Breast Cancer meet-ups take place monthly throughout the UK.

Whether you have questions about pain management, treatments and side effects, or just want to talk openly to others who have had a secondary diagnosis, these sessions can provide you with helpful information and support in a relaxed environment.

For more information about Living with Secondary Breast Cancer, visit [breastcancercare.org.uk](http://breastcancercare.org.uk) or call **0345 077 1893**.

You can also chat to other people living with secondary breast cancer on our online discussion Forum [forum.breastcancercare.org.uk](http://forum.breastcancercare.org.uk)
4 ways to get support

We hope this information was helpful, but if you have questions, want to talk to someone who knows what it’s like or want to read more about breast cancer, here’s how you can.

Speak to trained experts, nurses or someone who’s had breast cancer and been in your shoes. Call free on 0808 800 6000 (Monday to Friday 9am–5pm, Wednesdays til 7pm and Saturday 9am–1pm).

Chat to other women who understand what you’re going through in our friendly community, for support day and night. Look around, share, ask a question or support others at forum.breastcancercare.org.uk

Find trusted information you might need to understand your situation and take control of your diagnosis or order information booklets at breastcancercare.org.uk

See what support we have in your local area. We’ll give you the chance to find out more about treatments and side effects as well as meet other people like you. Visit breastcancercare.org.uk/in-your-area
We’re here for you: help us to be there for other people too

If you found this booklet helpful, please use this form to send us a donation. Our information resources and other services are only free because of support from people such as you.

We want to be there for every person facing the emotional and physical trauma of a breast cancer diagnosis. Donate today and together we can ensure that everyone affected by breast cancer has someone to turn to.

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We won’t pass on your details to any other organisation or third parties.

Please return this form to Breast Cancer Care, Freepost RRKZ-ARZY-YCKG, Chester House, 1–3 Brixton Road, London SW9 6DE
About this booklet

Secondary breast cancer in the lung was written by Breast Cancer Care’s clinical specialists, and reviewed by healthcare professionals and people affected by breast cancer.

For a full list of the sources we used to research it:

Phone 0345 092 0808
Email publications@breastcancercare.org.uk

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When you have breast cancer, everything changes. At Breast Cancer Care, we understand the emotions, challenges and decisions you face every day, and we know that everyone’s experience is different.

For breast cancer care, support and information, call us free on 0808 800 6000 or visit breastcancercare.org.uk

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