



information

Salisbury Breast Care Self Support Guide

Your guide to life after breast cancer

PIFU Co-ordinator
☎ 01722 425137

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Date written: November 2015

Last reviewed: July 2017

Review due: May 2020

Version: 1.3

Code: PI1324

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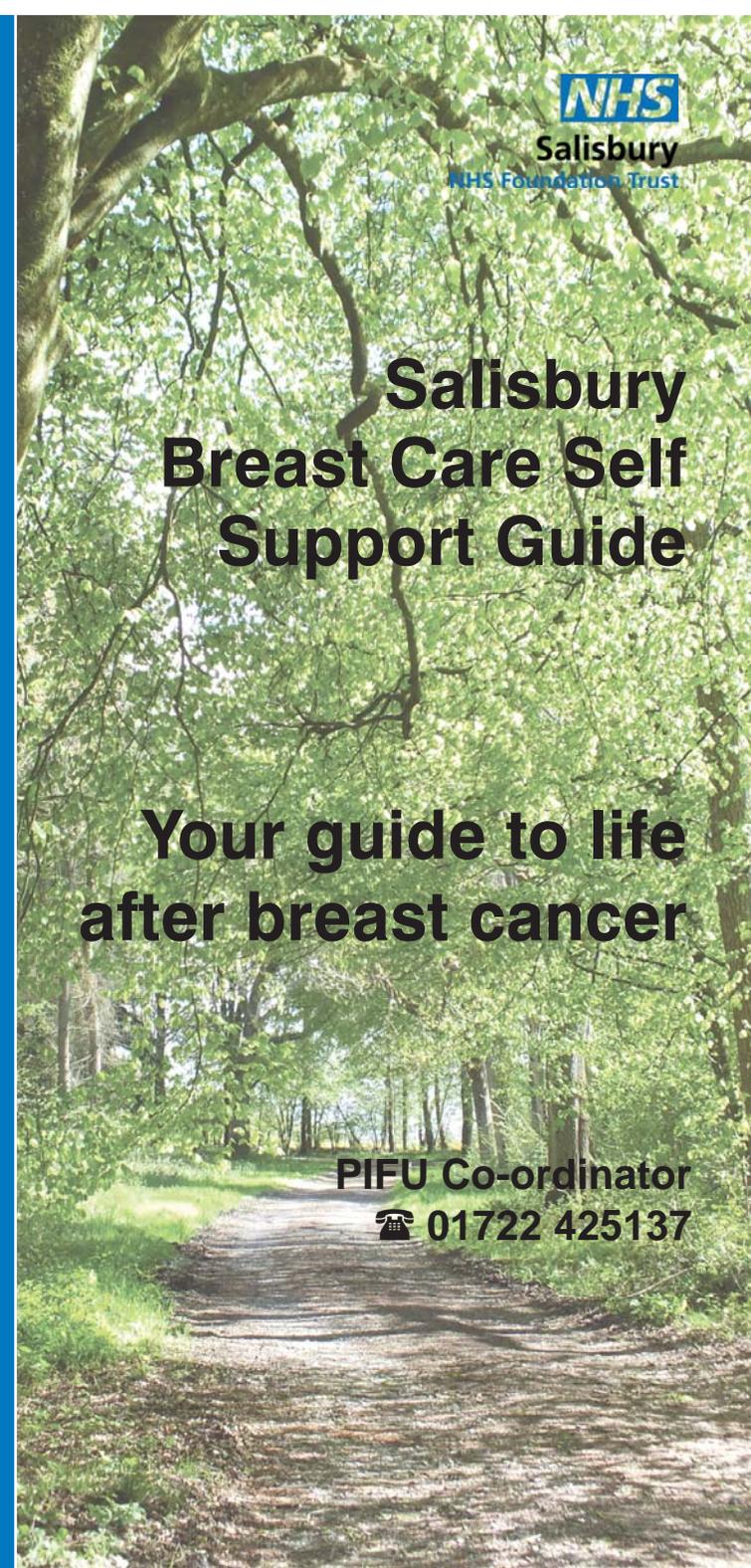
You are entitled to a copy of any letter we write about you. Please ask if you want one when you come to the hospital.

The evidence used in the preparation of this leaflet is available on request. Please email patient.information@salisbury.nhs.uk if you would like a reference list.

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Salisbury District Hospital, Salisbury, Wiltshire SP2 8BJ

www.salisbury.nhs.uk



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Important notice

If there is any change of your address or your GP, please inform the Breast Care Department at Salisbury NHS Foundation Trust on 01722 336262 ext 5910/5913

Cancer backup

(Freephone) 0808 800 1234

Cancer link

Information and list of support groups
0170 8332451

Wiltshire Macmillan Citizens Advice Service

Free, confidential welfare entitlements and money advice
01722 421277

www.citizensadvice.co.uk/pages/macmillan_cancer_support

Health and wellbeing

A free programme for all patients going through or having completed cancer treatment, consisting of educational sessions, group support and physical activity on a group and individual basis - 01722 425085

Salisbury Hospital contacts

Breast Specialist Nurses:

01722 336262 ext 5910/5913

Oncology secretary: 01722 336262 ext. 2785

Breast Consultant Secretary: 01722 336262 ext 5910/5913

Breast Specialist Reconstruction Nurses:

01722 336262 ext. 4475

Radiology: 01722 336262 ext. 4205

For any further information or signposting onto relevant services:

PIFU co-ordinator, Macmillan Support Worker:

01722 425137

Macmillan Clinical Nurse Specialist:

01722 425137

Gym Team Leader:

01722 425085

Macmillan Cancer Support

Emotional and practical support for people with cancer, information about cancer types and treatments.

Helpline: 0808 808 0000

www.macmillan.org.uk

NHS Choices

Includes all NHS online service and information, to help you make choices about your health.

www.nhs.uk

Relate

The relationship people

www.relate.org.uk

Turn2us

UK charity helping people access money that may be available to them – through welfare benefits, grants and other help.

0808 802 2000

www.turn2us.org.uk

Penny Brohn

Life changing complementary cancer care

Helpline: 0845 123 23 10

www.pennybrohncancercare.org

Local contacts

Salisbury Breast Cancer Support Group

01722 335 616

Wessex Cancer Trust

023 8067 2200

www.wessexcancer.org.uk

Wessex Cancer Trust Counselling Service

017103 672255

Your personal details

Name:
Hospital No.:
Date of diagnosis:
Pathological diagnosis:
Surgical treatment and dates:
Medical treatment and dates:
Radiotherapy treatment and dates:
Surgical consultant:
Oncology consultant:
Named specialist breast care nurse:

Breathlessness/ cough

Increasing breathlessness, which is not related to a recent cold or flu, recurrent chest infection that lasts longer than 3 weeks and a persistent cough are symptoms suggestive of a breast recurrence affecting the lungs and will need investigating with a chest X-ray or CT scan.

Head symptoms

Persistent headaches (particularly in the morning), double vision and a feeling of sickness are symptoms suggestive of a breast recurrence affecting the brain and will need investigating with a CT Scan.

Arm, hand, breast swelling

Swelling of part/whole affected limb is called lymphoedema. If you notice swelling you will need to have an assessment and to be given advice on how to care for it long term. Initially the swelling may come and go, but it is important to seek advice early either from your Breast Care Nurse via our PIFU coordinator or your GP.

Symptoms that require urgent assessment

These are symptoms that may occur suddenly or change quickly and it is important that you seek urgent medical advice. If they occur during office hours, Monday to Friday 9am-5pm, please contact our PIFU coordinator.

If they occur out-of-hours, please contact out-of-hours service via your GP or visit the Accident and Emergency department at Salisbury District hospital:

- sudden onset of breathlessness
- coughing up blood
- weakness in your legs or arms
- drowsiness or confusion
- sudden swelling of an arm or leg.

Introducing self supported management

In the past, it has been traditional for patients who have completed their treatment for early breast cancer to be seen at regular intervals by their oncologist or surgeon/specialist nurse for follow-up purposes. Although some patients find these pre-arranged visits useful and reassuring, many patients find these hospital visits a source of great anxiety and not particularly helpful, unless they have a particular concern they wish to discuss.

There is now very good evidence to show that following-up patients in this way does not really help. Like many other breast units in other parts of the UK, Salisbury breast unit now uses a system which allows you to arrange follow-up appointments as and when you need them, for up to 5 years after the end of your treatment.

This booklet aims to explain what self supported management is and how it works. It contains all the information you need to contact the breast unit and arrange follow-up appointments for yourself. It also contains details about your own type of breast cancer, the treatments you have received so far and any medication and investigations you will need in the future, – your treatment plan. This booklet also contains information we think you may find useful as you recover from your treatment for early breast cancer.

What is self supported management?

Self supported management puts you in control of your hospital follow-up.

Once you have received this booklet, you will no longer be given routine follow-up clinic appointments at regular pre-set intervals. Instead, you will be able to contact your PIFU co-ordinator directly to arrange a follow-up appointment with the breast team as and when you feel concerned.

Moving Forward Clinic

You will receive a date of in the post a month prior to the clinic. This will be a two hour session run by the Breast team to cover medical topics such as: menopausal symptoms, scar management, breast awareness and also cover the psychosocial impact of cancer such as: fatigue management, anxiety management, diet, exercise and support services.

When should I be seen by the Breast Team?

You should arrange a review by a member of the Breast Team if you have concerns about any of the following issues:

- Your ongoing hormonal treatment
- Possible side effects from your chemotherapy or radiotherapy treatment
- Problems related to your original breast surgery or questions about breast reconstruction
- New changes in your breasts, chest wall region, neck or under your arm
- New medical symptoms that you are worried could represent a spread of your breast cancer (see page 23).

Who do I call to arrange a review?

You can contact the Patient Initiated Follow Up (PIFU) co-ordinator on:

01722 425137

Please leave a brief message and a contact telephone number on our answer phone. You will be contacted within 2 working days. We will briefly discuss the nature of your concern with you and if necessary arrange a clinic appointment with either your surgeon or your oncologist. We will aim to see you within 2 weeks of your telephone call. Your GP can also use this number to contact us if he or she feels you need to be seen by the Breast Team.

with life”. Some people find it useful to have some additional support in dealing with these feelings and benefit from counselling. You can be referred on to relevant services.

Symptoms that require referral back to the specialist team

Breast cancer cells can sometimes reappear in the tissue of the breast or chest wall. If breast cancer cells are going to cause a problem somewhere else in the body, the most likely places are the bones, the lungs, the liver or very occasionally the brain.

All of the symptoms described below can be caused by other conditions but if you are worried please contact us via our PIFU co-ordinator.

Gradually worsening symptoms

These are symptoms that may be suggestive of breast cancer recurrence and develop over days to weeks. If they occur, please contact our PIFU co-ordinator Monday to Friday 9 - 5.

Local recurrence

A new lump or swelling in your breast, neck, above your collar bone or under your arm. Skin changes or raised spots on the breast or chest wall.

Bone pain

Pain in your back, hips or ribs that lasts consistently for 2 weeks, does not respond to pain killers and keeps you awake at night then this pain may be a pain that need investigating.

Abdominal symptoms

Loss of appetite, weight loss, feeling sick and bloated, persistent diarrhoea and pain in the upper part of your abdomen are all symptoms suggestive of breast recurrence in the abdomen and will need investigating with blood tests and a CT Scan.

If you are hoping to have children after treatment for breast cancer, please make an appointment to discuss this with your consultant. They will be able to advise you about the best time to start trying.

Dealing with worries about breast cancer returning

Am I cured?

You will find that most doctors do not use the term “cured”, as this implies that they can give you a 100% guarantee that your breast cancer will never return. Unfortunately, we can never make this promise to any patient.

What is the chance of my breast cancer returning?

The risk that your breast cancer will come back is different for every patient. However, by having the treatment recommended by your surgeon and oncologist you have minimised your personal risk of having any further problems from breast cancer as much as possible.

Will I have any tests to check that the cancer hasn't returned?

You will continue to have regular follow up mammograms. Research studies have shown that doing regular blood tests, X-rays or CT scans on women who have no symptoms are not helpful in diagnosing recurrent breast cancer and cause unnecessary anxiety. However, if you develop any new symptoms, the appropriate test or scan will be organised for you once you have been reviewed in the clinic.

I am constantly anxious that my breast cancer will return - what can I do?

It is entirely natural to feel anxious that your breast cancer will return, and we recognise that this can make you feel very uncertain about the future and lead to difficulties in “getting on

Recovering from your surgery

Is it normal to still get aches and pains in my breast/ chest several months after my surgery?

Many women continue to get aches and pains in their breast or underarm area for many months after their surgery. These can be made worse by radiotherapy and can continue for a year or more. If, however, you develop a new pain worsening over 2 to 3 weeks then contact us to arrange a review.

Why do I have a strange sensation on the inside of my arm?

This is usually due to surgery interfering with the nerves in the under arm area, resulting in a changed sensation (often numbness) affecting the underside of the upper arm. This altered sensation can be either temporary or permanent.

My scar feels hard and lumpy. Is this normal?

Post-operatively this may be due to the healing process and formation of scar tissue. Gently massaging the scar with a moisturising cream can help to break down the hardened area and even out the scar line (the moisturising cream you usually use is suitable). Any new lump in or around the scar should be checked by your surgeon.

What is this ‘tight pulling’ sensation stretching down my arm?

This is a common post-operative problem known as ‘cording’. It is thought to be caused when the lymph vessels harden and tighten due to the surgical procedure (particularly axillary surgery). This side effect can either settle by itself or be encouraged to ‘ease’ by massaging and stretching the affected area.

Can I wear deodorant?

Yes, there are no proven studies to suggest otherwise.

I've developed swelling of my arm. Is this normal?

Some women who have had surgery to remove lymph nodes from their armpit develop swelling of this arm in the weeks or months following their surgery. This is known as lymphoedema and is due to disruption of the normal channels the lymph fluid flows through, away from the arm. If this happens to you, please contact the PIFU co-ordinator (01722 425137) who will be able to refer you to a lymphoedema clinic for further advice. You may, for example, benefit from wearing a compression sleeve or from special massage.

If, however, you develop swelling of an arm many months or even years after your original surgery, you should contact the breast care unit to arrange a review by your consultant.

What about breast reconstruction?

There are various options for breast reconstruction. Breast Specialist Reconstruction nurses are available to discuss with you any information you may need regarding breast reconstruction. They are available on 01722 336262 ext. 4475. Regular clinics are also held jointly with the breast and plastic surgeons in Salisbury and any member of the clinical team can refer you to these clinics.

Remaining breast aware

What is my chance of developing a cancer in my other breast?

This risk varies according to the type of breast cancer you had. Studies show that the 10 year risk of women who have had an invasive ductal cancer developing a breast cancer in the other breast is approximately one in 66 patients per year. Women who have had a lobular cancer have a risk of approximately one in 50 patients per year for 10 years.

What about sex?

Cancer can impact in many ways and your treatment may have affected your physical ability to give and receive sexual pleasure. It may have changed how you feel about your body, and you might find it difficult to talk to your partner about this. Your partner may also have concerns and talking to each other may help with this. Making love might not be the same as it was before your diagnosis and you may have to find ways of adapting to the changes. It can help to take things slowly at first. Some practical ways to help include trying different positions, and using vaginal lubricants if dryness is a problem. Your breast specialist nurse will be happy to discuss any of these issues with you. If you have lost confidence in your body image and this is affecting your relationship the nurses may suggest a referral to clinical psychology.

What should I do about contraception?

We recommend that you should avoid pregnancy for at least 2 years after completion of chemotherapy treatment and for the duration of treatment with hormonal therapies. Women who have been treated for breast cancer should not use oral contraceptive pills (the 'combined pill' or 'mini pill') or hormonal implants. Your GP will be able to advise you about suitable contraceptive methods which include barrier contraceptives (such as condoms and the cap) and intra-uterine devices (the 'coil').

Further sources of support

College of Sexual and Relationship Therapists - see page 25

Breast Cancer Care – your body, intimacy and sex - see page 25

Relate - the relationship people - see page 26

- eat plenty of fresh fruit and vegetables
- eat plenty of foods rich in fibre and starch
- avoid eating too much fatty food
- avoid sugary food and drinks
- avoid alcohol, or drink in moderation.

These guidelines are suitable for people who don't have cancer and can be followed by members of your family. They may reduce the chances of getting heart disease and diabetes as well as certain types of cancer including breast cancer. A summary of the evidence regarding diet, lifestyle and cancer prevention was produced in February 2009 by the World Cancer Research Fund. There is a lot of information available on healthy eating from organisations such as the Food Standards Agency and NHS Choices.

Can I drink alcohol?

There is no need to avoid alcohol entirely. However, a number of research studies have indicated that increased alcohol intake may be associated with a slight increase in risk of breast cancer. We would always advise that you should not drink in excess of the Department of Health's recommendations (no more than 2 to 3 units of alcohol per day, where a unit of alcohol equals a small glass of wine).

Further reading

Diet and breast cancer - available from Breast Cancer Care - see page 25

Diet and cancer - available from Macmillan Cancer Support - see page 25

Should I still examine my breasts and what should I do if I find a lump or notice a new change in my breast?

You should try to examine your breasts from time to time, so that you are familiar with the way that they look and feel ("breast aware"). If you find a new lump or other abnormality within your breast, or near your mastectomy scar then contact the PIFU co-ordinator on 01722 425137.

We will arrange for you to be reviewed by your surgeon and then, if required, for you to have a mammogram or ultrasound of the area.

Will I have regular mammograms?

All women who have had breast cancer have regular follow-up mammograms. If you are over 50 you will have annual mammograms every year for 5 years. After 5 years you will have mammograms every 3 years via the National Breast Screening Program. If you are under 50 you will continue to have annual mammograms here at Salisbury NHS Foundation Trust until you are 50, then 3-yearly via the Screening Program. Once discharged from self supported management, women over the age of 70 may still request 3 yearly mammograms via the National Breast Screening Program

My breast cancer wasn't seen on a mammogram- what should I do?

The majority of breast cancers are seen on mammograms and these remain the best test for screening and follow-up. We will discuss with you whether other forms of scan would be helpful in addition to a mammogram.

How will I get my results?

We will write to you and your GP with your mammogram results within 2 weeks.

Recovering from your chemotherapy

How long will I remain tired for?

Almost all women feel very tired by the end of their chemotherapy. This can then get worse if they are receiving radiotherapy. Your tiredness should start to improve 1 to 2 months after your last cycle of chemotherapy and then steadily improve. However it can take at least 6 months before your energy levels will return to normal. Some women still feel tired 12 to 18 months after the end of their treatment. Fatigue management will be covered in the wellbeing event (see page 18) and advice will be available. If any further questions contact the PIFU co-ordinator on 01722 425137.

When will my hair grow back and when can I dye it?

Most women find that their hair starts to grow back 3 to 4 weeks after their last chemotherapy session. The hair grows slowly to begin with and can be quite thin and 'fluffy', but over time the hair thickens up and after 6 months most women will have a good head of hair again.

As your new hair will be rather delicate, we recommend that you wait for 6 months before using chemical, permanent or semi-permanent dyes on your hair. However, it is safe for you to use herbal or non-permanent dyes whilst you are waiting.

Why have I put on weight?

It is quite common for women who have had chemotherapy for breast cancer to gain some weight during their treatment. The chemotherapy drugs themselves do not cause weight gain, but the steroid tablets we use as anti-sickness tablets can increase appetite. Many women also find that their diet changes whilst they are on chemotherapy and that they do less exercise than usual because of the tiredness it can cause. For specific advice about exercise contact the Gym Team Leader at the Staff Club on 01722 425085.

Brokers Association (BIBA) may also be able to help with travel insurance.

Further reading

Work and cancer - available from Macmillan Cancer Support - see page 26

Going back to work after treatment - Breast Cancer Care - see page 25

Should I exercise?

Most women feel tired for a number of weeks if not months after they have had treatment for breast cancer. We recommend that once you have completed your treatment, you try to gradually increase your daily activity with the aim of trying to build up to 3 or more 20 minute sessions of moderate activity each week. For more information contact the Gym Team Leader at the staff club on 01722 425085

What diet should I follow?

Enjoying a healthy diet, avoiding excessive weight gain and maintaining a moderate level of physical activity is important if you have had breast cancer. There are conflicting theories about diet and cancer, which can be confusing. Most experts would agree that a healthy diet is balanced and varied and provides all the right nutrients needed. There is evidence that following a diagnosis of breast cancer maintaining a healthy weight and avoiding excessive weight gain is associated with both improved breast cancer survival and overall survival. There is also evidence that maintaining a moderate level of physical activity, for example taking a daily half hour walk, is beneficial too.

The main things to consider in a healthy diet include:

- eat the right amount to maintain a healthy weight

wellbeing programme is a 7 week course, for 2 hours a week, 1 hour information and managing techniques, and 1 hour exercise for patients during or up to 1 year following treatment. We also have a clinical psychology department at the hospital which offers help managing emotions. For more information on these services contact the PIFU co-ordinator on 01722 425137.

When can I return to work?

You can return to work whenever you feel ready to do so. Some women find they can work throughout their chemotherapy and/ or radiotherapy treatment, whilst other women find they need a recovery period of several months after the end of their treatment before they are ready to return to their job. When you return, remember that it will be a big shock to the system to begin with. It can be very useful to return in a 'phased' manner, gradually increasing your working hours.

Further reading

Available from Breast Cancer Care: - see page 25

Adjusting to life after cancer treatment

The emotional effects of cancer

Talking about your cancer

Breast Cancer Care – coping emotionally

Can I travel abroad?

Once you have completed your treatment, there is no reason for you not to travel abroad. Sometimes patients can encounter difficulties in acquiring travel insurance if they have been treated for cancer. Both the Breast Cancer Care and Macmillan website have a list of insurers specialising in the cover of patients who have had cancer and will be able to offer advice. More information is available in the Macmillan Factsheet: Travel Insurance February 2014 available at: www.macmillan.org.uk, and from Breast Cancer Care. The British Insurance

When will I recover feeling in my fingers/toes?

If you have developed pins and needles or numbness of your fingers or toes during your chemotherapy treatment, this should gradually improve in the weeks and months following the end of your treatment. However, you may find it initially becomes worse after your last treatment before it starts to get better. A small number of patients may find the sensation in their fingers or toes remains altered permanently.

Are there any long-term side effects of chemotherapy?

There is a very low risk that one of the chemotherapy drugs that we commonly use can affect the heart muscle. Please discuss this with your oncology consultant if you have any concerns. There is also a very low risk that patients treated with chemotherapy for early breast cancer can develop different, unrelated cancer years later. Again, please ask your oncology consultant for further information about this. These issues will have been discussed with you before you began your chemotherapy treatment

Can chemotherapy treatment affect my fertility?

Chemotherapy for breast cancer can bring on the menopause earlier than it would have naturally occurred. This is more common if you are close to menopausal age when you start your treatment. Some women therefore find their periods stop whilst they are having chemotherapy and never come back.

If you do have a premature menopause as a result of chemotherapy, this will affect your ability to have children (fertility). Your oncologist will have discussed this with you before you start chemotherapy.

Further reading

Understanding chemotherapy - available from Macmillan Cancer Support - see page 26

Breast Cancer Care: chemotherapy for breast cancer - see page 25

Recovering from your radiotherapy

How long will radiotherapy side effects last for?

Radiotherapy causes acute side effects which occur during treatment, and tend to peak at the end, or up to 2 weeks after finishing treatment. Most skin reactions resolve and completely heal 4 to 6 weeks after radiotherapy.

Up to half of patients treated may experience rib tenderness or shooting pains in the breast. These generally settle within a few months of radiotherapy treatment, but can persist intermittently longer term.

Many patients feel tired both during and following radiotherapy. This is generally worse if you also received chemotherapy. Tiredness tends to improve about 6 weeks after completing radiotherapy but it can often take several months to recover.

When can I go out in the sun?

Sensible precautions should be taken in the sun and sunburn should be avoided. The treated area may be more sensitive and should be covered.

High factor sun cream should be used, at least factor 20.

Once the skin reaction has settled it is possible to return to activities such as swimming. This is normally possible within a month of treatment finishing.

Alternatively, some women find relaxation type complementary therapies such as acupuncture, hypnotherapy, massage or aromatherapy helpful for their symptoms. For more information about these complementary therapies please contact the PIFU co-ordinator on 01722 425137, who will be able to refer you on to the aromatherapist.

Getting back to 'normal'

Reaching the end of your treatment can be a difficult time for many patients. Although you will feel relieved that your treatment is finally over, you may also experience a feeling of "what now?" and find you miss the security of being seen at the hospital on a regular basis. Most patients will also find it takes rather longer than they expect to recover fully from their treatment.

Further reading

Available from Breast Cancer Care: - see page 25

Menopausal symptoms and breast cancer

Fertility and Breast Cancer Treatment

Bone health and Osteoporosis

Osteoporosis and Breast Cancer Treatment

Ovarian Ablation and suppression

'Tamoxifen', 'Anastrozole (Arimidex)' and 'Goserelin (Zoladex)'

Where can I find support?

You may already have found that people find different ways of living with breast cancer after having treatment. There is no right or wrong way, just what works for you. Some people prefer not to talk, while others like to get support from talking about their experience. Ask the breast specialist nurses about details of local support groups and the wellbeing programme. The

Can I use hormone replacement therapy?

Hormone replacement therapy is not recommended for women who have been treated for breast cancer as it may increase your risk of disease recurrence (particularly if your breast tumour was sensitive to oestrogen), or increase your risk of developing a second breast cancer. However, very occasionally women who have a very low risk of disease recurrence and are experiencing severe menopausal symptoms affecting their quality of life may decide that the benefits of HRT outweigh the risks. This is a decision that should always be made following a discussion with your oncologist or surgeon. If you are suffering from vaginal dryness, vaginal lubricants such as Replens MD or KY-Jelly can be helpful. If these do not solve the problem then a topical oestrogen cream may help. However, this should be discussed with your consultant or GP.

Can I take herbal therapies to help?

Some 'natural' remedies, such as Black Cohosh and Red Clover are often advertised for the relief of menopausal type symptoms. However these contain plant oestrogens (phyto-oestrogens) which are not recommended for use by women who have had breast cancer.

Evening primrose oil is safe to use and some women do report it is helpful for menopausal symptoms. However, there is no scientific evidence to prove this.

There is no good evidence for the use of vitamin E for hot flushes and Vitamin E supplements may even be harmful, especially for people with heart disease.

What else can I do?

Do tell your oncologist or surgeon if your menopausal symptoms are troubling you. Several prescription drugs can be effective in reducing hot flushes and your doctor will be able to discuss the potential benefits and side effects of these medications with you.

Will I get any long-term side effects from my radiotherapy?

Long term effects are rare but can occur in a small percentage of people.

There may be a change in the appearance of the skin, with the skin within the treatment area being darker and firmer to the touch, and the breast may be smaller in size.

Following a mastectomy the chest wall can feel tight and there may be permanent skin changes if there was a severe skin reaction.

People who have had breast reconstruction with implants may experience contraction of the capsule around the implant. Occasionally it is necessary to remove or exchange the implant.

There is a slightly increased risk of rib fracture in the treated area and also a small risk of heart damage following left-sided treatment. Occasionally, radiotherapy can cause inflammation of a small area of lung tissue. There is a very small risk of a second cancer developing in the treated area as a result of radiotherapy.

Further reading

Understanding radiotherapy - available from Macmillan Cancer Support - see page 26

Breast Cancer Care: Radiotherapy for primary Breast cancer - see page 25

Lymphoedema

Lymphoedema often presents as swelling of the arm or breast/ chest wall on the treated side. This can sometimes be made worse by radiotherapy treatment. If you notice any swelling you are advised to contact the PIFU co-ordinator (01722 425137) for possible signposting on to our lymphoedema clinic.

Hormonal therapy

Why do I have to take hormone tablets?

If your breast cancer was sensitive to the hormones oestrogen and /or progesterone we will generally recommend that you have a course of hormonal treatment for your breast cancer. Taking hormone therapy will significantly further reduce your risk of disease recurrence in addition to the other treatments you have already had.

Are there different types of hormonal therapy?

There are 2 main types of hormone therapy:

1. Tamoxifen is an anti-oestrogen which acts by blocking oestrogen receptors on tumour cells. Tamoxifen is prescribed for pre-menopausal women and some post-menopausal women.
2. Arimidex (Anastrozole), Femara (Letrozole) and Aromasin (Exemestane) are all aromatase inhibitor drugs and work by switching off the enzyme that makes oestrogen in the body. These drugs are only suitable for postmenopausal women.

What side effects may I experience?

All of these tablets can cause menopausal type symptoms such as hot flushes and night sweats. Tamoxifen is associated with a small risk of blood clots and can also rarely cause abnormal thickening of the lining of the womb, which can show itself as post-menopausal vaginal bleeding. You must inform your doctor if you experience any post-menopausal vaginal bleeding whilst on Tamoxifen.

Arimidex, Femara and Aromasin can cause aching and stiffness of the joints and are also associated with thinning of the bones (osteoporosis). Your bones will be monitored for signs of this with regular bone density scans. If you are getting troublesome side effects from your hormone tablets, please contact the breast unit to discuss these with your consultant.

How long will I take hormone therapy for?

This will vary according to the nature of your cancer and how you personally tolerate your treatment. As standard we tend to recommend 5 years of hormone therapy but some patients may benefit from continuing this for up to 10 years. We would suggest that you discuss this with a member of your team during the course of your hormone treatment, perhaps after you have been on the treatment for approximately 4 years to determine what would suit you personally.

Managing menopausal symptoms

Many women who receive treatment for breast cancer develop menopausal symptoms. These can be due to the effect of chemotherapy or hormone therapies on your own hormone levels, or simply due to stopping your usual hormone replacement therapy. Hot flushes and night sweats are the most common menopausal symptoms, but many women also notice weight changes, vaginal dryness, changes in libido and mood swings.