

Breast Cancer – A Useful Guide

The purpose of this guide is to provide a greater understanding of breast cancer and the various treatment options. It is the information I wish someone had handed to me when I was first diagnosed.

The information provided was correct and current at the time of production. This information contained in this guide is intended to be educational and not for diagnosis, prescription or treatment of any health disorder whatsoever. This information should not replace consultation with a competent health care professional. The content of this guide does not replace the need for a rational and responsible healthcare program prescribed by a professional healthcare practitioner. The author and publisher are in no way liable for any misuse of this material.

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What is Breast Cancer?

In 2006, 12,614 women in Australia were diagnosed with breast cancer. This number is expected to increase to approximately 15,400 by 2015.¹ Early detection is critical and has a significant impact on treatment options. Every woman should regularly self-examine, and once over the age of 40 have a regular mammogram. Under Australia's health-care system, a woman over the age of 40 can have a free mammogram every two years at BreastScreen.

However, once diagnosed with breast cancer, this free option is no longer available. The mammogram services provided by BreastScreen are screening x-rays only. The specialist care required to diagnose symptoms is outside the scope of the BreastScreen program.

Depending on the severity of your cancer and your treatment, your surgeon may want to conduct a review anywhere between 3 and 12 months. These tests can be done as a private patient at an x-ray clinic and require a referral from a specialist. It costs approximately \$330 to have a mammogram done privately. This includes both breasts and an ultrasound. The Medicare rebate is around 50 percent.

The breast is comprised of fatty tissue, a nipple, lobules (sacs that hold milk) and milk ducts. Milk travels from the lobules, through the ducts, to the nipple. Cancer is the name of a group of diseases that develop when the body's cells grow in an uncontrolled way and spread into the body's tissues. Breast cancer starts in the breast.

Non-invasive cancer (cancer that is contained within the breast) can develop in either the ducts or the lobules. This cancer is known as ductal carcinoma in situ (DCIS) or lobular carcinoma in situ (LCIS), respectively. The 'in situ' means that the cancer is contained within the area in which it has been located, and has not spread to other areas.

Some 1200 women are diagnosed with DCIS each year in Australia.² DCIS accounts for approximately 85 percent of carcinoma in situ.³ The concern with DCIS is that, if left untreated, it may develop into invasive cancer. DCIS is usually treated with a combination of surgery, radiation and/or hormonal therapies. (Chemotherapy is only used to treat invasive breast cancer.)

If DCIS is left untreated, it is not known what percentage of women, or which women, will then develop invasive cancer, nor how long this will take to occur. There are no obvious symptoms of DCIS or LCIS; these are usually detected via routine screening, either a mammogram or ultrasound.

LCIS does not have to be treated if there are no other abnormal changes to the breast; however, it does increase the risk of developing breast cancer. A woman diagnosed with LCIS needs to ensure that she has yearly check-ups which include a physical examination by a doctor, a mammogram and an ultrasound of both breasts.

¹ AIHW. *Breast cancer in Australia: an overview*, 2009. Cat. no. CAN 46. Canberra.

² Cancer Australia website <<http://canceraustralia.gov.au/affected-cancer/cancer-types/breast-cancer/about-breast-cancer/types-breast-cancer/what-ductal-carcinoma-situ-dcis>>

³ National Breast and Ovarian Cancer Centre (NOBCC), *Breast Cancer Risk Factors—A Review of the Evidence*, July 2009, p. 17. <<http://canceraustralia.gov.au/publications-resources/cancer-australia-publications/breast-cancer-risk-factors-review-evidence>>. In July 2011, NOBCC amalgamated with Cancer Australia; the single agency is now called Cancer Australia.

What is Breast Cancer?

There is more than one type of invasive breast cancer. Some 75 to 80 percent of invasive breast cancers involve the ducts and 5 to 10 percent involve the lobules.⁴

Early breast cancer is an invasive breast cancer contained within the breast. (The cancer cells have spread from the milk ducts to the surrounding breast tissue.) It may or may not have spread to lymph nodes in the breast or armpit. Some cancer cells may have spread outside the breast and armpit area but cannot be detected.

Locally advanced breast cancer is an invasive breast cancer that has spread from the breast to other nearby areas, such as the chest wall.

Advanced (also called metastatic or secondary) breast cancer is an invasive breast cancer that has spread from the breast to other parts of the body. The most common places to which it spreads are the bones, liver, lung and brain. The secondary cancer site is formed of breast cancer cells that have travelled, either through the lymphatic or blood systems, to the secondary location. If you have secondary breast cancer, it does not mean that the cancer will spread to all these locations.

Paget's disease of the nipple and inflammatory breast cancer are rare forms of invasive breast cancer. Paget's disease affects the nipple and the area around it (the areola). Inflammatory breast cancer affects the blood vessels in the skin of the breast, causing the breast to become red and inflamed. Usually women diagnosed with Paget's disease also have another type of breast cancer. Less than 2 percent of the women diagnosed with breast cancer in Australia each year have inflammatory breast cancer.⁵

The stages of breast cancer are numbered from 0 to IV. These stages are used to describe how big the cancer is and which parts of the body are affected. Stage 0 refers to pre-invasive breast cancer (that is, DCIS and LCIS). Stage I, Stage IIA and Stage IIB (Early) refer to early breast cancer. Stage IIB (Advanced), Stage III and Stage IV refer to advanced breast cancer (locally advanced or secondary).

For more information on breast cancer, its symptoms and various treatments go to the Cancer Australia website.

⁴ NBOCC *Breast Cancer Risk Factors*, p. 5.

⁵ Cancer Australia website <<http://canceraustralia.gov.au/affected-cancer/cancer-types/breast-cancer/about-breast-cancer/types-breast-cancer/what-pagets-disease-nipple>>

Hormonal Therapies

Cancer cells that contain oestrogen receptors may be stimulated to grow and multiply by the presence of oestrogen. Their presence can be determined by pathology testing on cancerous cells removed during a biopsy.

There are a number of hormonal therapies available to treat oestrogen receptor positive cancer. For pre-menopausal women, the only drugs that are considered suitable are anti-oestrogens. These can be used to treat post-menopausal women as well. The most commonly used anti-oestrogen is a drug called Tamoxifen.

Tamoxifen acts as a hormone inhibitor to prevent oestrogen binding to the cancer cells and stimulating the cancer's growth. Before menopause, one of oestrogen's functions is to trigger the proliferation of the cells that form the inner lining of the milk glands in preparation for possible pregnancy. However, this process is accompanied by an increased risk of abnormal cell changes, which could possibly lead to cancer.

Because Tamoxifen counteracts the effect of oestrogen in the body, it can produce the same symptoms as menopause. This can be accentuated in pre-menopausal women. Common side-effects are hot flushes, changes in periods (including cessation), weight gain, vaginal discharge, nausea, indigestion, joint pain and thrombosis. (Women who have previously experienced blood clots may not be able to take Tamoxifen.) To be effective, it is considered necessary to stay on the drug for five years.

Taking Tamoxifen long term (five years) may increase the risk of developing cancer of the uterus, as it stimulates the proliferation of cells lining the uterus. It is recommended that you avoid pregnancy while taking Tamoxifen. Studies in animals have indicated that it may harm the foetus. There is also an increased risk of stroke and blood clots.

Other types of hormonal therapies are ovarian treatments and aromatase inhibitors (such as anastrozole, letrozole and exemestane). Ovarian treatments work by stopping the ovaries from producing oestrogens. This treatment includes radiotherapy to the ovaries, oophorectomy (removal of the ovaries) and injection of drugs (LHRH analogues) under the skin on your abdomen. These treatments are generally used for pre-menopausal women.

Aromatase inhibitors work by stopping oestrogens from being produced. These drugs are generally prescribed only for women who have reached menopause. The side-effects of these are similar to those for anti-oestrogens. However, the risk of stroke, blood clots and cancer of the uterus appears to be less.

All hormonal therapies are called systemic treatments because they work on the whole body (not just the primary site) to control cancer. Systemic treatments aim to destroy cancer cells that could have spread from the breast or armpit area but cannot be detected.

Radiation

Radiation is only used to treat a localised area. It is not a systemic treatment (unlike hormonal therapies or chemotherapy).

Ian Gawler⁶ states that radiation is his least favoured form of treatment because of the extensive irreversible damage it causes. I decided that the radiation wasn't right for me but this does not mean it isn't right for others. Maybe if my cancer had been more advanced, my perspective might have been different.

I spoke to my good friend Alex* about her experience with radiation. Her immediate response was: 'Others told me, that after chemo, radiation would be *soooo* easy. Well it's not easy. It's a bit spooky and weird. You don't have a drain in your arm but you do feel like a piece of meat on a slab: very impersonal.'

People react differently to radiation treatment. Although Alex did everything she was told to do, she blistered and was badly burnt. It ruined her skin. She used gentle creams to try to stop the burning. These worked, but only up to a point. She found the best products to use were Thursday Plantation aloe vera gel and a non-synthetic vitamin E cream.

She told me: 'During the radiation treatment, you can't use commercial soap, only Dove soap or just water...but there is a list of instructions you get. I found waiting in the waiting room very depressing and upsetting. The wait always took ages, no matter what time I went there. People either smile gently at you or try to avoid all eye contact. I found it a pretty sad place really. I could never settle down to read anything, but always took something light to read, or to at least look like I was reading. I wanted to avoid staring at other people who were also trying to look away.'

⁶ Ian Gawler, *You Can Conquer Cancer*, Michelle Anderson Publishing, South Yarra, 2001, p. 195.

* To learn more about Alex's story refer to the *Quietly Courageous* chapter in *Drink the Wild Air*, dtwa.com.au.

Chemotherapy

If your lymph nodes are affected, usually your surgeon will recommend a course of chemotherapy and possibly radiation as well.

Chemotherapy can lower the risk of recurrence, or of the cancer spreading to other parts of the body. It can increase the chance of surviving cancer. However, chemotherapy kills normal cells as well as cancer cells. It's the damage to these normal cells that causes the side-effects of chemotherapy.

Whatever form of treatment you decide to have, it's all about personal choice. It is never right or wrong; it is just what you decide to do with your body.

Chemotherapy is usually administered by injection into a vein, although some chemotherapy drugs are administered orally. Women may have either form of treatment, or a combination of both. There are several groups of chemotherapy drugs and it is quite common to have a combination of these groups. Each group works in a slightly different way. Your oncologist will prescribe a particular cocktail of drugs depending on what other treatments you are undergoing; your age; and the type, stage and grade of your breast cancer. Refer to canceraustralia.gov.au for further information regarding the various types of chemotherapy.

Common side-effects include nausea, hair loss, weight gain or loss, mouth ulcers, skin and nail changes, fatigue, early menopause, depression, swelling in the limbs and sexual difficulties. Many of the women I spoke to also talked about 'chemo brain', which they described as being in a fog, or feeling vague.

Sometimes it can be difficult to find a suitable vein to inject into. The chemotherapy itself can make the locating of a vein difficult and painful. If this happens, a long-term access device such as a Portacath can be used. This enables the drugs to be directly inserted into your bloodstream without using a needle. If your surgeon is going to operate to remove more lymph nodes, you may want to ask him about inserting the Portacath at the same time.

Chemotherapy is usually given in cycles. Each cycle involves a short period of treatment followed by a recovery period. The number of cycles and the length of both the treatment and the recovery period will depend upon the stage and grade of breast cancer and the type of chemotherapy.

I asked Alex about her chemotherapy treatment. Her response was: 'I used to love the smell of lavender. But, if I smell it now, it takes me back to that time and I feel very weird, sick to the gut.' In the hospital she attended, they used a warm lavender pack to bring up her veins and keep her arm warm. Alex smiled a wry smile as she thought about that time. She gave me the following advice:

Alex's Top Ten Chemo Tips

Tip 1: Take an iPod with you and something easy to read, things that are like 'comfort food'. Alex found this helped to distract her. She didn't play quiet music, but music she liked: 1970s disco hits, played over and over again. Her comfort reading was trashy magazines, the sort of stuff she never had time for in real life, but secretly found quite enthralling.

Chemotherapy

Tip 2: Take someone with you: not a chatty friend but someone quiet who'll just 'be there'. Alex said she didn't want to talk, and she noticed others nearby also seemed to hate chatty people while, as she said, 'all this yucky stuff is happening.' A pal was great for Alex, as she really didn't feel like driving afterwards; her mind was elsewhere.

Tip 3: Eat and drink before you go; it helps to bring up the veins. Alex used to have the cup of tea that was offered while she was there, or she would take in a coffee. She found the warm drink comforting.

Tip 4: Send out a very simple email to friends updating them on your treatment. This saves having to repeat the same story over and over again, which can be very draining.

Tip 5: Indulge yourself. Alex ate anything and everything. Some people go vegan and super healthy but with everything going on Alex just wanted to be kind to herself and, as she said, 'not stress out about how many veggies I was putting in my mouth'. Hot chips became her passion, not exactly health food but in Alex's words: 'It was yummy and made me feel good.'

Tip 6: For people who lose weight, Sustagen® (hospital strength) is recommended, although women undergoing chemotherapy for breast cancer may find they gain weight, not lose it. This is due to the steroids that may be included in their particular cocktail of drugs.

Tip 7: Paint your nails in very dark reds / black / blue (very fashionable these days). Alex found her toe nails became very loose; a few even fell off during her treatment. Apparently, it was a combination of the chemotherapy and sun exposure that caused this to happen.

Tip 8: Prepare for constipation. The anti-nausea drugs that are usually prescribed to stop vomiting can completely block you up. Alex described it as 'the weirdest feeling'. She told me that by day five she was desperate to go to the toilet. She tried lots of over-the-counter stuff from the chemist as well as things her oncologist recommended but she never found a satisfactory solution.

I have found a combination of aloe vera juice (40 millilitres) and a tablespoon of slippery elm powder mixed with warm water taken first thing on an empty stomach works well for chronic constipation. This works best if begun a few days before taking any medication likely to induce constipation.

Tip 9: Schedule your treatments on the same day, at the same time. Alex had chemotherapy once every three weeks for six months. She chose a time when most people didn't want to come. She wanted the peace and quiet. She found most people seemed to

Chemotherapy

like going first thing, or after lunch. She preferred to go late morning and work her day around that. It was less crowded; she didn't want to be in a room full of sick people.

Alex liked the fact that she had 'her' chair. She recognised the nurses that were always on at that time and they knew her. She said that this made a difference. Once she had to go at a different time, and she didn't like it at all.

Tip 10: Suss out who is the best nurse at finding veins. Alex had tiny veins and now has none visible at all in her arm. For all her numerous surgeries, they looked for veins in her hands, feet or toes. She was prodded so many times in the search for a vein that this exacerbated the problem: more veins collapsed. Eventually, she found a senior nurse who could locate a vein the first time, every time. Alex always asked for her and hoped like hell she was on shift.

Mastectomy

There are four different types of mastectomy:

1. *Radical mastectomy*: All the breast tissue is removed as well as the lymph nodes under the arm and the muscle. This type of mastectomy is rarely carried out these days.
2. *Simple mastectomy*: All the breast tissue is removed as well as the nipple and a small part of the overlying skin.
3. *Partial/Segmental mastectomy*: Enough breast tissue is removed to ensure that the area of the resected specimen is free of cancerous cells. This is more commonly referred to as breast-conserving surgery. In some ways, it is similar to a lumpectomy, only on a larger scale. Depending on the amount of breast tissue removed, reconstructive therapy or the use of a partial prosthesis may be considered.
4. *Subcutaneous/Skin-sparing mastectomy*: The breast tissue is removed, while preserving the overlying skin and possibly the nipple and areola as well. This type of mastectomy is becoming more common for early-diagnosed patients, or for those patients who choose to have the breast removed prophylactically (that is, because they are at high risk of recurring cancer).

For early-diagnosed patients, whether or not the nipple and areola can be spared depends upon the size and location of the cancer. The larger the margin (the area free of cancer) to the nipple, the greater the likelihood that you may be able to keep the nipple. However, many cancer surgeons prefer to remove the nipple to minimise the risk of recurrence.

The type of mastectomy a surgeon recommends will depend upon the size, location, stage and type of cancer, and whether or not this is a recurring cancer. Different surgeons have their own preference for the location of the mastectomy incision. This, again, may be influenced by the location and type of cancer and the type of mastectomy.

If cancer recurs in a patient who has previously had radiation or a lumpectomy with one or more re-excisions to remove cancer—or if the patient has the BCRA gene, or Her2 (fast-growing cancer)—it is highly likely that the surgeon will recommend a mastectomy.

For women with early breast cancer or DCIS, options may be to have a lumpectomy and radiation, or to have a mastectomy and no radiation. Sometimes your surgeon may decide that a lumpectomy alone is sufficient. This is particularly likely if the cancer is non-invasive, if it is in its early stages, if the affected area is small and well contained, and if the margins are clear. If you have DCIS and have a mastectomy, you are unlikely to need radiation after your surgery.

When the cancer is invasive or close to the chest wall your surgeon may recommend radiation, even after a mastectomy, due to the likelihood of recurrence.

In some instances, surgeons will recommend lumpectomy and radiation as opposed to a mastectomy. They see this as being less invasive and assume that a mastectomy is the last thing a woman would want. My wonderful friend Jen—who had a lumpectomy, her lymph nodes removed, radiation and chemotherapy—later asked her surgeon why he never discussed the option of a mastectomy with her. He said that he didn't consider it necessary.

Mastectomy

If a mastectomy is recommended, it may be helpful to get a second opinion. Asking your surgeon what all your treatment options are—the pros and cons of each and why he recommends a particular treatment—may assist you in making an informed decision. It may also be useful to discuss with your surgeon the chance of recurrence which may vary by treatment option.

Several women I spoke with, who had undergone radiation and a partial mastectomy or lumpectomy, did not have the option of a mastectomy discussed with them. Some of these women felt that their partial mastectomy or lumpectomy left them disfigured. With hindsight, they would rather have had a mastectomy (and possibly reconstructive surgery) particularly if it meant that they could have avoided radiation.

Once a mastectomy is being considered, there is also the issue of whether to have only the affected breast removed (unilateral) or both breasts (bilateral). Generally, cancer surgeons will recommend treating only the cancerous breast, especially if this is the first occurrence of cancer and there is no family history.

From a reconstructive perspective, particularly when implants are being used, a plastic surgeon may advise that you will achieve a more symmetrical outcome by removing both breasts simultaneously. A bilateral mastectomy and reconstruction means that there is less likelihood of the variation between each breast increasing over time. Removing both breasts also reduces the risk of recurrence.

One woman I know decided to have a unilateral mastectomy when her cancer recurred. She felt that to have a bilateral mastectomy was defeatist and giving in to the fear that cancer would return yet again. She was determined that she would beat it. She felt that by having only the affected breast removed, she was taking a fighting stance against cancer.

The range of possible reactions to breast cancer, to the surgery itself and to the potential aftermath is huge. No-one else can possibly know what any woman's preference might be without first discussing it with her. I know that if someone had told me the first time around that in six months I would choose to have a bilateral mastectomy, I would never have believed it.

One study states that 98 percent of women with DCIS who have a mastectomy are free of DCIS or invasive cancer four years after a mastectomy. The equivalent figure for women who have breast-conserving (lumpectomy) surgery alone is 84 percent, and for women who have breast-conserving surgery and radiation, 91 percent.⁷

Several studies have been conducted into whether the timing of a mastectomy and oophorectomy (removal of the ovaries), in relation to the menstrual cycle, has any significant impact of the survival rates of pre-menopausal women.

⁷ National Breast Cancer Centre, *Ductal Carcinoma in Situ—Understanding your Diagnosis and Treatment*, 2004, pp. 3-4.

Mastectomy

The main study⁸ concluded that women who are undergoing a simultaneous mastectomy and adjuvant hormonal treatment (Tamoxifen and/or oophorectomy) had better disease-free survival rates if the surgery was conducted in the luteal phase. (The luteal phase is the second half of the menstrual cycle; it starts once ovulation has occurred.) For women having only a mastectomy and no other hormonal treatment, the timing of the surgery appears to have no impact on survival rates. Adjuvant hormonal treatment is usually only undertaken when the cancer tests positive to oestrogen.

There is also some belief that there is a direct link between the central nervous function and ovarian hormones. This would support the theory that women feel less pain during the luteal phase (due to higher progesterone levels), aiding their recovery from any surgery conducted in this phase.

Oestrogen levels are higher in the follicular phase. This may potentially increase the risk of oestrogen binding to and stimulating the growth of any abnormal cells stimulated by the surgery.

When I was scheduling my mastectomy, I asked my cancer surgeon about this study. He wasn't that fussed and told me not to worry about it. I spoke to my GP and she endorsed it. I figured it certainly wasn't going to do me any harm to schedule my surgery in the second half of my cycle.

If you are having a lymphoscintigraphy (nuclear x-ray to determine which lymph nodes are affected), I would recommend having this done in advance of your surgery date.

⁸ G Hortobagyi, 'The Influence of Menstrual Cycle Phase on Surgical Treatment of Primary Breast Cancer: Have We Made Any Progress over the Past 13 Years?', *Journal of National Cancer Institute*, vol. 94, no. 9, 2002, pp. 662-9.

Reconstruction

I can understand why a woman might want to delay (or have no interest in) reconstructive surgery. She might be unable to cope with thinking about it. Her immediate physical, mental and emotional concerns, as well as ongoing treatment, might take all of her energy. For some women, their physical appearance is far less important than the cost, time or effort involved in undertaking reconstruction.

However, there is no medical reason why a woman who will undergo chemotherapy cannot start reconstruction at the same time as the mastectomy. It is only if radiation is scheduled immediately after surgery that the reconstruction needs to be delayed.

Once a breast has been radiated it is not possible to have a reconstruction using implants. An alternative form of reconstruction is to use tissue taken from elsewhere in the body. The most commonly performed procedures involve taking tissue from the stomach or back. Less common is to have tissue transferred from other areas of the body such as the buttocks, or the other breast. The latter option is not suitable for small-breasted women.

There are two main types of reconstructive surgery that use the stomach area: a TRAM (transverse rectus abdominus muscle) flap or a DIEP (deep inferior epigastric perforator) flap. The DIEP flap differs from the TRAM flap in that it avoids using stomach muscle and uses mainly skin and fat from the stomach. There are advantages and disadvantages of both procedures, which should be discussed with the surgeon.

Reconstructive surgery that involves transferring tissue from the back is called a latissimus dorsi flap. There are different techniques for conducting this transfer and anyone considering this type of surgery should discuss the advantages and disadvantages of each with their surgeon. The back is much leaner than the stomach, so back muscle transfer usually involves the use of an implant as well. The implant is placed under the new mound of tissue to increase the size of the new breast and, in the case of a unilateral reconstruction, make it as close as possible in appearance to the remaining breast. The implant is covered by the flap of muscle, skin and fat, so the reconstructed breast looks and feels more natural than a breast with only an implant.

Generally, surgeons prefer the abdomen as a tissue source as it is possible to take more tissue (fat) from this area. This enables them to create a more natural looking breast and may eliminate the need to use implants as well. So if you are carrying additional weight in the abdominal area, you get a tummy tuck as well as a new set of breasts! However, if you are quite lean, the preferred option may be to use your back or buttocks as a tissue source.

Some surgeons may not discuss the option of simultaneous mastectomy and reconstruction. They may hold the view that the cancer should be the only focus and concern. This is despite the fact that women who have immediate reconstruction cope better psychologically with the mastectomy and are less likely to feel grief over the loss of their breast(s).⁹

⁹ ABC Radio National broadcast, *Reconstructive Breast Surgery after Mastectomy*, 18 February 2008.<<http://abc.net.au/radionational/programs/healthreport/reconstructive-breast-surgery-after-mastectomy/3170602>>.

Reconstruction

If you opt to use a plastic surgeon for a reconstruction, it's always helpful to ask your cancer surgeon if there is anyone he wouldn't work with. A friend of mine had to reschedule her surgery after her cancer surgeon and plastic surgeon refused to work together.

Nipple reconstruction

Nipple reconstruction is usually done as a separate surgical day procedure, a minimum of three months after reconstruction. This ensures that all the swelling has subsided and any implant(s) has settled into its natural position. This allows your surgeon to most accurately position the nipple.

There are many different ways to create a nipple; each surgeon will have a preferred method. Some like to take flesh from the inner groin for that pinker flesh; some like to use cartilage from the ear to create a nub or even tissue from the other nipple (in the case of a unilateral reconstruction). Most involve follow-up cosmetic tattooing for colour purposes after the surgery.

I discussed this with my plastic surgeon and I really liked her approach to nipple reconstruction. Her view was that women at this stage of breast reconstruction had already been through enough. She preferred to keep the procedure as simple as possible. She created a lifelike nipple (based on the photos I viewed) by creating several incisions and overlapping the skin of the breast at its peak. She then used cosmetic tattooing to reproduce an areola colour as consistent as possible with the original nipple. When viewing her photographic portfolio, I could not see any difference between the original and recreated nipples.

After mastectomy and reconstruction, some women do not want, or cannot afford, to undergo further surgery. Instead, they choose to wear a nipple prosthesis. These come in different shapes, sizes and colours and are usually attached to your breast using skin-friendly glue.

Post-operative care

To help minimise scarring, it's advisable to keep the incisions on the breast(s) taped for at least six weeks. Taping for up to three months can provide even more benefit.

Sheree also recommended using a silicone gel; this can be used on old or new scars. Two silicone gels currently available are Kelo-Cote® and Dermatix®. Some surgeons have these available at their rooms or they can be purchased directly from the manufacturer. The silicone gels are relatively expensive (about \$90 for a 100 millilitre tube); however, only a miniscule quantity is required with each application.

Other women I spoke with liked to use a non-synthetic vitamin E oil or cream, or vitamin A (rosehip oil). Lavender, calendula and St John's Wort are also good for scarring. Other products marketed for scarring include 'bio-oil' and 'scarless healing cream'. I did mention these to my reconstructive surgeon but she did not think that they would have any impact on scarring.

Reconstruction

It's also important to avoid extremes of heat and cold. From a dietary perspective, a protein-rich diet combined with zinc, magnesium, omega-3 and glutamine supplements will assist in scar minimisation.

In 2008 my out-of-pocket costs for the mastectomy and reconstructive surgeries were approximately \$15,000. Although these procedures are covered by Medicare (and therefore private health funds), the schedule fees are extremely low, leaving a large percentage of out-of-pocket expenses.

It is estimated that only 6 to 12 percent of women who undergo a mastectomy in Australia choose to have reconstructive surgery. Currently, there is no systematic collection of data on breast reconstruction.¹⁰

¹⁰ABC Radio National broadcast, *Reconstructive Breast Surgery after Mastectomy*.

Legal Matters

A legal will documents who you wish to inherit your belongings (beneficiaries,) and who you want to be responsible for the execution of your wishes (executor). The executor could be one of your beneficiaries, or you could appoint a professional such as a lawyer or accountant. A solicitor could draw up your will; alternatively, 'Do it yourself' will kits are available at newsagents for around \$30 or you can download one from the Internet*.

You may also decide to complete an advanced health directive (AHD) and a power of attorney (POA).

An AHD ensures that the hospital has clear guidelines for any medical treatment should there be unforeseen complications. An AHD specifies your wishes if you have a terminal, incurable or irreversible condition. It is necessary to complete the form with a medical practitioner. It must also be witnessed by a qualified person (not necessarily at the same time): someone over the age of 21 who is a justice of the peace, a commissioner for declarations, a lawyer or a notary public. It can't be your attorney, a relative, or a beneficiary under your will.

There are two types of POA: enduring and specific. An enduring POA gives someone the legal power to make decisions about finances, health care or both, in the event that you become incapacitated or unable to communicate your wishes.

An enduring POA is valid only while you are alive. Upon death, a POA has no power or ability to direct your affairs; your executor and next of kin would take control. Your POA should sign a legal document which is called 'Consent to Act as POA'. You should also complete a revocation of all previous POAs to ensure that the current one is the only one that can legally be acted upon.

Free pro formas of these documents can be downloaded from the state specific website. (The legislation varies from state to state.)

It may be worthwhile to take a copy of your AHD with you on the day of your surgery. When I arrived at the hospital, they still had the incorrect person listed as my next of kin and couldn't locate the copy of my AHD that I had already provided.

* The requirements to ensure that a will is properly executed vary from state to state. In general though, two people (preferably not beneficiaries) must witness the signature on each page of the will.

Stress

Stress suppresses the ability of the immune system to fight disease. This is why we are more likely to catch a cold or the flu when we are run down and tired. I chose to remain in highly stressful situations for a number of years without doing anything to alleviate the cause. This, undoubtedly, adversely affected me.

Instead, I chose to put my body under even more pressure through physically demanding exercise and by ingesting potentially harmful substances. This, combined with poor nutrition and a lack of sleep, was a recipe for disaster. Many of these behaviours could have been eliminated from my lifestyle. We always have a choice as to how we respond to any situation. Unfortunately, I didn't always make the smartest choices. Cancer was my wake-up call.

My gut problems were the first symptoms of the seriousness of the 'dis-ease' within my body. Effective bowel function is essential to eliminate excess oestrogen from the body. There is no scientific evidence indicating bowel dysfunction is a precursor to breast cancer. However, there is a high correlation between stress and gut disorders. There are also scientific studies linking chronic inflammation and cancer.¹¹

Research indicates that there is a strong relationship between gut disorders and depression. Up to 94 percent of people clinically diagnosed with IBS suffer from some form of psychiatric disorder, especially major depression, anxiety and somatoform disorders.¹²

Jill Thomas states in her book *Healthy Gut Guide*: 'The way in which stress affects us depends upon our sensitivity to stress, the severity of the stress and the length of time we have been exposed to it...During stressful periods of our lives, not only do we become adrenally exhausted and have difficulty fighting infection, but we also experience escalating digestive disorders and gut discomfort...Anxiety and stress are also considered to be significant contributors to the conglomeration of symptoms that are given the umbrella term IBS.'¹³

There is also evidence to show that the typical psychological profile of a cancer patient is strongly linked to the way in which they deal with stress. Dr Bernie Segal discusses this concept in his book *Love, Medicine & Miracles*. Drawing on the work of Elida Evans (*Psychological Study of Cancer* 1926), he makes the following statement: 'This book clearly spells out the cancer risk incurred by the personality type for whom life's meaning comes entirely from things or people outside the self. When that connection is disrupted, illness follows.' Segal goes on to state that the illness will generally show up within two years of the time when that person's psychological mainstay has disappeared. He estimates that 80 percent of his patients were unwanted children, or treated indifferently in their childhood.

¹¹ For more on this topic, see David Servan-Schreiber, *Anti-cancer: A New Way of Life*, Viking, New York, 2008, Chapter 4.

¹² WE Whitehead, O Palsson & KR Jones, *Systematic Review of the Comorbidity of Irritable Bowel Syndrome with Other Disorders: What Are the Causes and Implications?*, *Gastroenterology*, vol. 122, no. 4, 2002, pp. 1140-56.

¹³ Jill Thomas, *The Healthy Gut Guide*, Penguin, Australia, 2007, pp. 22-24.

Stress

In his book *You Can Conquer Cancer*, Ian Gawler discusses the physiological profile of a cancer patient. He describes a basic life history in stages, the first being a 'Childhood Stress' that relates to the child's interaction with their peers or parents. This stress may be the product of the child's feeling that they have little worth, either through lack of love or encouragement. Later in life, a major climactic stress occurs, which changes the person's whole life circumstances and threatens their sense of self-worth or purpose. The person feels unable to cope and develops feelings of helplessness; the body then mirrors this feeling of helplessness.

Ian concludes that most of the cancer patients he has worked with have observed this scenario in their life. Most can identify a climactic, stressful event occurring three months to two years before their cancer symptoms appear. In his experience, the most common interval is 18 months. He believes that it takes this long for the body to produce the external symptoms of the internal state.

In my case, my career fell apart in November 2006 and the most significant relationship in my life ended two months earlier, in September. The first hint that I might have cancer surfaced in February 2008.

Health Retreats

In dealing with the psychological and physiological impacts of cancer, I used health retreats as part of my recovery programme. I was 29 when I first went to a health retreat (Camp Eden Now known as Eden Health Retreat), and since then I have become a health retreat junkie.

Over the years, I have attended Eden Health Retreat (EHR), Golden Door, Chiva-Som (in Thailand), Living Valley Springs (LVS), Fountainhead and Gwinganna Life Style Retreat (The G). Some retreats focus more on the indulgence and relaxation side of things, and some on physical exercise and challenge. Others take a more intense approach to cleansing, detoxification and health issues.

Every time I go to a health retreat, inevitably the conversations come around to a comparison with other retreats. People ask: 'What was it like?' or 'How does it compare with here?'

I would happily recommend EHR, LVS, Chiva-Som and The G to anyone and am most likely to return to the first two.

Camp Eden

When I first attended EHR on the recommendation of a work colleague, it was a revelation. It opened my eyes to a whole new world. It was an uplifting and joyous experience. Returning there some 15 years later was like completing the circle and I am pleased to say that, although many things have changed over the intervening years, the essence of EHR is still intact. There is something magical, almost mystical, in its setting. It is a place where nature generates and offers an environment of healing and peace.

EHR lies in the Currumbin Valley on the border between New South Wales and Queensland. It is about 40 minutes' drive from the beach and Coolangatta Airport. The property is built in rainforest. It has many beautiful walks, some with stunning views all the way to the Coast, particularly the walk to the Garden of Eden. I am sure that, on some level, my early experiences at EHR cemented my attraction to this part of the world and influenced my decision to move to the Gold Coast when I wanted to heal.

EHR runs a seven-day calendar of activity that repeats each week. You can choose to do a five- or seven-day programme, or any multiple thereof. However, don't expect any new material to be introduced into the lectures after the first week.

Other aspects of EHR that I enjoy are:

- There is no mobile reception whatsoever, and there are no phones in the rooms.
- Some of the rooms have beautiful big bathtubs in which you can lie at night (CE provides Epsom salts for the bath).
- Some of the activities, such as the power pole, are mentally as well as physically challenging.
- There are smaller groups (usually around 20 to 25), fewer couples, and a higher proportion of males compared with some of the other retreats.
- How much time you spend quietly on your own, or in participating, is totally at your discretion.

The food at EHR is delicious, although, sadly, none of it is currently grown on the property. You will get some meat and fish during the week although not a great deal. The

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food is nutritious, healthy and astonishingly yummy. EHR is great at catering for specific dietary requirements.

The day starts with some gentle tai chi and a walk before breakfast. The gym and activities areas are down the hill and the accommodation and dining room are up the hill. This ensures that you get the maximum incidental exercise. There are activities structured throughout the day; these include group exercise, stretching, yoga, cooking classes as well as more challenging activities such as the power pole, the flying fox and brave heart. On Friday mornings, it's tai chi and breakfast at the beach, followed by kayaking on the Currumbin Estuary.

At 4.00 pm each day there is 'The Eden Programme'. This comprises a series of classes designed to help participants achieve personal growth and well-being. These are followed by a meditation before dinner. After dinner most nights, there is a lecture or an activity which usually concludes somewhere between 8 and 8.30 pm.

All activities are optional; participants receive an individual daily schedule depending on what treatments have been booked.

EHR regularly runs specials so it is worth checking out its website for any promotional offers. It also offers a rewards programme for frequent visitors. As well, you can accrue points for new referrals, which can be used towards the cost of your next visit.

Gwinganna Lifestyle Retreat

The G is probably the most indulgent of the health resorts in Australia and has an extensive menu of pampering and therapeutic treatments. The spa has to be seen to be believed. It has been constructed to fit in with the environment. To get there, you walk through a rainfall doorway; the water flow automatically stops as you pass through. There is an amazing steam room, an outdoor shower and a huge, glassed-in circular lounge. It contains one of the largest couches I have ever seen, a perfect spot to spend reading a book on a lazy, rainy afternoon.

If you want pampering and indulgence, the G can certainly deliver. However, you do pay a premium for any additional treatments. The first time I went to the G, the bill for my treatments was more than what I had paid for my package!

The retreat is in the Tallebudgera Valley, the next one over from the Currumbin Valley (where EHR is located), so it is also in rainforest. It's a shame, though, that the car park is located in the middle of the resort so one sees and hears cars coming and going.

The G offers a range of differing programmes, from weekend getaways to a seven-day detox. Three- and five-night programmes are also scheduled at various times. The seven-day detox programme (unlike the shorter stay programmes) excludes any meat, gluten or dairy but you will get plenty of fish and organic fruits and vegetables. The food at the G is good, with some of it grown on the premises. On most programmes (except the detox), organic wine is also available.

Usually physical activities are offered during the morning with a choice between yin (that is, yoga) and yang (that is, gym-based) activity. Each morning, there is a lecture on topics such as health, nutrition and exercise. After lunch is 'dreamtime': you can

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indulge in all the various pampering and beauty treatments on offer, relax and laze by one of the pools, or just hang out in the spa.

The group sizes at the G can be quite large. The last time I went, there were over 50 guests. I found this a little off-putting; there wasn't the same camaraderie that is usually generated within a smaller sized group.

Living Valley Springs

LVS is located on the north coast of Queensland, about 30 minutes inland from Noosa.

The accommodation is quite basic and there is some variation in the size and standard of the rooms. It is definitely worth paying a bit more for one of the better quality rooms.

The food is delicious and plentiful for the few meals that you do get to eat during your stay. It was at LVS that I learnt to make the most wonderful ice cream using only frozen fruit and nuts.

LVS runs a 10-day programme that starts on a Sunday and finishes on a Tuesday. The programme alternates between three-day juice fasts (with protein shakes as well) and eating days, although on the eating days only broth is served for dinner. LVS subscribes to the old adage: eat breakfast like a king, lunch like a prince and dinner like a pauper. This is a serious detox programme, although the retreat does happily cater to those who don't wish to fast, or have special dietary requirements. LVS has recently introduced shorter seven- and five-day programmes.

LVS holds to the philosophy that the body is designed to heal itself. The resort has very knowledgeable naturopaths in situ and offers a wide range of alternative treatments. Colonics and other cleansing processes are included in the core programme.

There is less emphasis on physical activity than at the EHR or the G, and the gym is more basic than the ones at these other two retreats. However, there are some lovely walks on the property and around the local area. There is also an excellent personal trainer in residence. Early on the Saturday morning, there is a wonderful climb of the local mountain at Pomona (Mt Coorooa); this is optional but well worthwhile. For some, who didn't think they could possibly attempt a mountain climb, it will be the highlight of their stay. If you are quick enough, you will be able to watch the sunrise from the top of the mountain.

One of LVS's greatest assets is its staff. Most have been there for many years and are completely committed to the quality of the programme. They are extremely accommodating and will cater to all your needs with a smile. No request is too difficult or too demanding. When I returned to LVS after my first two surgeries, I had not been there for six years. Yet my records were still on file and many of the staff remembered me. I was treated like a long-lost friend and felt like a valued member of this very special community.

I have had some amazing massages, facials, scrubs and body wraps at LVS, as well as some interesting alternative treatments such as a fever bath. If you have serious health concerns and want specific advice and treatment, this is the retreat that I would choose.

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One word of warning, though: LVS is heavily into supplementation. In your final consult, it's worthwhile to take the time to understand the purpose of each supplement, and whether it is suitable for your particular condition, as opposed to a generic recommendation.

LVS also runs occasional specials, particularly for last-minute bookings, so check out its website for details.

Chiva-Som

It is over 10 years since I stayed at Chiva-Som. This resort is located in Thailand near Hua Hin on the Gulf of Thailand, 185 kilometres south of Bangkok. This is the *crème de la crème* of indulgence.

The ratio of guests to staff is extremely low and the facilities are first class. There is a fully equipped Pilate's studio, a gymnasium and an indoor and outdoor pool. The spa hosts petal-topped plunge pools; flotation tanks; a quiet, dark room with heated beds for sleeping; and a general relaxation lounge area.

Once you enter the spa, you don't have to worry about the time or when your next treatment is scheduled. No matter where you are, your therapist will come and find you and lead you to your next appointment. The quality of the therapists and the attention to detail are outstanding. You can also organise treatments such as a milk and rose-petal bath in your room.

Going down to the outdoor pool, an attendant will be by your side before you reach your chosen lounge. He will offer you fresh towels, a chilled facecloth and a cold bottle of water. Freshly made cocktails and snacks are on offer as well. The attendant will adjust your pool umbrella to your required position and help you disrobe. Throughout your laze by the pool, his eagle eye will observe the angle of the sun and regularly readjust the position of your umbrella. Your facecloth and bottle of water will be frequently refreshed.

The food is first class. There is an *à la carte* menu as well as a buffet. It is also possible to do a three-day juice detox if you wish. The resort caters to rest and relaxation as well as to pure indulgence. It also offers a weight loss programme.

The Gawler Foundation

The foremost retreat in dealing with cancer in Australia is The Gawler Foundation, located in the Yarra Valley in Victoria. This retreat was established by Ian Gawler a mind-body pioneer in the treatment of cancer. The foundation is a non-medical, not-for-profit organisation.

After he was diagnosed with bone cancer, Ian had his right leg amputated in 1975. He successfully used holistic treatments to deal with his cancer. The foundation offers a 10-day live-in programme called Life and Living for people with cancer. It teaches people with cancer and other serious illnesses how to get the best from any treatment and how to maximise their immune system using self-healing techniques. The course is based around a self-help approach that is intended to work with and reinforce effective medical treatments, as well as complementary therapies.

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Participants are encouraged wherever possible to attend the programme with a support person. This has the added advantage of allowing supporters the time and space they need to deal with the issues they face in their caring role.

The programme is based on the body's inherent capacity to heal itself. It aims to teach attendees how to relax effortlessly and meditate deeply, develop and sustain a positive state of mind, use a healthy diet and nutrition for healing, overcome obstacles to peace of mind, find meaning and purpose in life, and draw upon effective support.

Meditation, nutrition, exercise and emotional well-being are all covered in the programme which focuses on the mind-body connection. Many of the program participants (as well as Ian himself) have survived what was regarded as an incurable or terminal cancer. To get the most out of this programme, participants are encouraged to view it as a lifestyle change rather than a short-term fix.

In dealing with my cancer, I chose not to attend Ian's programme. I felt that by attending, I would be over-dramatising my situation. I would have been embarrassed when mingling with other guests who had far more serious conditions than I did. With the benefit of hindsight and the recurrence of my cancer, I would now have chosen differently. I have spoken to others who have attended the programme, and both they and their support partners found it to be enormously beneficial.

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From the perspective of general health and well-being, nutrition is integral to the body's ability to win. When dealing with chronic disease, this is a critical issue; the quality of the outcome depends upon the quality of the fuel that goes in.

Sam Queen, founder of the Institute for Health Realities <healthrealities.com> has developed a health model. Its underlying premise is that every degenerative disease has six subclinical defects. The model is based upon treating the cause(s) of the disease rather than the symptom(s). These defects are:

1. pH imbalance—acid or alkaline stress
2. anaerobic metabolism
3. free calcium excess
4. chronic inflammation
5. connective tissue breakdown
6. oxidative stress (lack of protective antioxidants).

Modern lifestyles and a Western diet are conducive to our bodily fluids being too acidic. According to Sam, acid stress sets the stage for infection and underlies 80 percent of all diseases.

I discussed this concept in more detail with Graham Taylor, one of the naturopaths at LVS. Graham has an abundance of knowledge and over 15 years' experience in working with people as a nutritionist. The LVS programme is devised along principles that are not dissimilar to those of Sam Queen's health model.

Graham explained that our blood can tolerate only a very narrow pH range: between 7.35 and 7.4. (The pH scale extends from 0 to 14. A pH of 7 is neutral; a pH above 7 is called alkaline and below it, acidic.) Most foods naturally contain acids. Very few foods have a pH above 7; for example, the pH of rainwater is 5.5 to 6.0. You can measure the pH of your bodily fluids (usually saliva or urine) with a litmus paper specially designed for biological purposes. Your body is busy detoxing overnight so the first urine passed on waking is generally acidic and not the most accurate indicator of your health.

All biological systems (including our bodies) function in, on or around fluids. If the fluid environment (that is, our blood) is too acidic, or too alkaline (less likely), the system begins to malfunction. Our bodies will work to restore balance. Just as air must have the right proportion of oxygen to support life, so our bodily fluids must have the right acid-alkaline balance. This balance is called homeostasis.

Excess acidity in our blood must be 'buffered'. This is the technical term for attempting to return a solution to neutral. To do this, the body releases phosphate which will react with excess acidity to neutralise it and restore an acceptable pH level. However, to do this, the body also releases calcium. This acts as a transporter for the buffering agent (phosphate).

The calcium is like a taxi cab, only once it has dropped off its 'passenger' it has nowhere to go. It cannot return to our bones and so becomes a freely circulating agent that can cause all sorts of problems. For example, the plaque in our arteries is approximately 90 percent calcium. Graham believes that this is the primary contributing factor in cardiovascular disease.

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The major cause of acidity in our body is inappropriate dietary and fluid intake. Cancer, like many diseases, appears to thrive in a low pH environment; that's why nutrition is so important in managing any disease. Graham's explanation made sense.

A good book to read in this regard is *The pH Balance Diet: Restore Your Acid-Alkaline Levels to Eliminate Toxins and Lose Weight* (by Bharti Vyas and Suzanne Le Quesne). This book explains how to reverse acid build-up and provides a list of the top 80 alkaline foods.

Another excellent book on the topic of nutrition and cancer is *Anti-cancer: A New Way of Life*, by Dr David Servan-Schreiber. David was working as a medical resident in the field of neuroscience when he was diagnosed with brain cancer. His book looks at the role of nutrition in tackling and avoiding cancer.

Ian Gawler also stresses the significance of diet in his book *You Can Conquer Cancer*. He advocates a dietary approach that has been modified over many years of clinical experience; it is based on current research and the nutritional approach developed by Dr Max Gerson. Ian views it as a treatment plan rather than a diet and strongly urges people not to undertake this type of approach unsupervised.

There are five basic principles to Ian's approach:

1. The body must be detoxed.
2. Any vitamin and mineral imbalance needs to be corrected.
3. The digestion needs to be restored and flooded with fresh, vital, pure and suitably prepared food.
4. The patient needs to develop and maintain a positive attitude, both in a general sense and towards their diet in particular.
5. The diet needs to be regarded as an integral component in an overall plan.

Chapters 7, 8 and 9 of Ian's book cover his approach to diet in some detail.

Nutrition plays an important role in the treatment of and recovery from cancer, and also in preventing its recurrence. Eating more healthily may have other health benefits as well.

According to the Breast Cancer Institute of Australia, eating a diet that is high in fats and low in fresh fruits and vegetables increases your risk of cancer, as does being overweight or consuming too much alcohol. Regular exercise may reduce the risk of breast cancer by 30 percent or more.

I am not qualified to—and nor do I wish to—provide nutritional advice. Those wanting assistance in this area should seek the advice of a professional. However, to provide some food for thought (pardon the pun), I have summarised below general dietary guidelines that are based on all that I have read and the advice of the many and varied health professionals I have consulted.

These guidelines are:

1. Avoid processed food (including wheat/unfiltered water).
2. Avoid/minimise sugar.
3. Eliminate caffeine (excepting green and white tea as they have a relatively low caffeine level and the flavonoids they contain are a great source of antioxidants).

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4. Eat good fats and eliminate trans fats (artificial man-made fats; anything containing the words 'hydrogenated vegetable oil').
5. Use only heat-stable oils in cooking.
6. Consume good-quality dairy in moderation (goat- or sheep-, not cow-milk produce).
7. Eat only hormone-free, organic eggs and meat (red meat in moderation and the appropriate portion size). Commercially grown meat products can contain hormones used to fatten the stock for sale. Whenever possible, eat grass-fed produce (meat and dairy) rather than grain-fed produce.
8. Eat lots of fresh (preferably organic) fruit and vegetables.
9. Drink alcohol in moderation, if at all.

If you are going to drink alcohol red wine is probably the best choice as this at least contains high levels of resveratrol which has potent antioxidant and anti-inflammatory effects. Resveratrol is also found in grape skins blueberries and cranberries. According to the American Cancer Society, women who consume more than one drink per day have a 20 percent higher risk of breast cancer than those who don't drink. This risk increases with the number of drinks consumed.

Sugars and carbohydrate

There are two types of carbohydrate (carbs): complex and simple. The simple ones are absorbed readily into the bloodstream and provide an immediate energy hit. Apart from associated health issues, the energy boost quickly fades leaving a person tired and craving more. Furthermore, if the energy is not immediately used, it will be stored as fat. Being overweight can increase the risk of breast cancer. Excess oestrogen can be stored in the fat cells and excess oestrogen is often associated with an increase in the likelihood of breast cancer.

Simple carbohydrates (carbs) are typically found in sugar, soft drinks, processed food, white bread and rice. Complex carbs, such as found in fresh fruit, vegetables, whole grains, legumes and beans, take more time to break down and digest; hence, they provide longer lasting energy that is less quickly stored as fat and has a far greater nutritional value.

As a general guide, one should eat until the stomach is two-thirds full. Ideally, at the end of a meal, a feeling of contentment not fullness should be achieved. It takes about 20 minutes for the brain to receive the message from the stomach that one is no longer hungry. The more slowly one eats, the less chance that one will over eat.

According to Dr David Servan-Schreiber, a diet high in sugar and refined carbs 'directly fuels the growth of cancer'. As well as promoting inflammation, sugar also causes levels of glucose in the blood to rise rapidly. A Nobel Prize in medicine was awarded to Otto Heinrich Warburg for his discovery that the metabolism of malignant tumours largely depends on glucose consumption. In the days when our ancestors were still hunters and gatherers, refined sugar did not exist. By the end of the twentieth century, average human consumption of sugar (per capita) had risen to 70 kilograms a year. (In

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1830, this figure was 5 kilograms.)¹⁴ A natural sweetener, such as stevia or xylitol, can be used instead of refined sugar.

Oils ain't oils

How much fat and oil we should have in our diet, and what type, can be controversial topics. For a while, a low-fat diet was all the rage, particularly if the goal was losing weight. The Heart Foundation guidelines currently state that a reduction in kilojoule intake, rather than a reduction in fat intake alone, is the major determinant of weight management.

Fats play a vital role in maintaining healthy skin and hair, insulating body organs against shock, maintaining body temperature and promoting healthy cell function. Not all fats are bad and some fat is essential.

There are two main types of fats: saturated and unsaturated. The unsaturated group can be further divided into monounsaturated and polyunsaturated fats. The difference between the types of fats results from their differing molecular structure.

Some fatty acids are essential nutrients. This means that they can't be produced in the body and need to be consumed in appropriate quantities. Essential fatty acids are omega-3 and omega-6. These are polyunsaturated fats. Polyunsaturated fats can mostly be found in nuts, seeds, fish, algae and leafy greens. Polyunsaturated fats can help protect against heart disease. Monounsaturated fats are mainly found in nuts, olives and avocados. Olive oil is 75 percent monounsaturated fat.

Some nutritionists or dieticians will recommend minimising the consumption of saturated fats because of the increased risk of heart disease. Saturated fats and trans fats in the diet raise levels of 'bad' LDL cholesterol in the blood, which causes narrowing of the arteries and is believed to increase the risk of heart attacks and stroke.

However, some naturopaths and alternative health practitioners believe in the benefits that some saturated fats can provide, particularly fats such as extra virgin coconut oil. 'Extra virgin' means that an oil is unprocessed. The less processing, the less damage to the oil, so extra virgin is good. This should not be confused with extra light, however, which means the oil has been highly processed.

Heating can damage oil and cause rancidity which renders it harmful to health; that's why it is important to use a heat-stable oil when cooking. An oil starts to become unstable (and decompose) when it starts to visibly smoke. Different brands of the same oil will have differing smoke points. The smoke point will also be affected by the amount of processing involved in producing the oil. Generally, an extra virgin oil is less heat stable than a more refined version of the same oil (that is, extra light). Saturated fats are the most heat-stable oils. Polyunsaturated oils are generally the least heat stable and should not be used for cooking. Olive oil (extra virgin) is a great oil to include in your diet as a dressing but there are other oils that are more heat stable such as coconut oil (predominately a saturated fat)

¹⁴ David Servan-Schreiber, pg. 66.

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Trans fats

The most dangerous fat source—and one that has no health benefit at all—is trans fatty acids. Trans fatty acids are unsaturated but behave more like saturated fats. However, unlike saturated fats, trans fats also lower the level of good cholesterol (as well as increasing levels of bad cholesterol) further increasing the risk of heart disease.

Trans fats can be found in meat and milk from certain animals; however, most of the trans fats consumed today are created by the processed food industry. They are manufactured by a process called hydrogenation. This involves adding hydrogen to an unsaturated plant fat (generally vegetable oil). This helps to improve the stability of vegetable oil; when it is used in manufacturing food, it creates a longer shelf life and reduces the requirement for refrigeration. Hydrogenation also helps convert liquid oils into the solid fats needed to get the right consistency in foods such as cakes and pastries.

Trans fats are used in food outlets as a cheaper alternative to butter or lard. They are also usually contained in the oil used to deep fry fast foods as they last longer than most conventional oils before becoming rancid. This is yet another good reason to avoid processed and deep fried foods.

There are suggestions that the risks of trans fats go beyond heart disease. They have been linked to an increased risk of Alzheimer's disease, cancer, diabetes, obesity, liver dysfunction and infertility, although there is less scientific consensus on these studies.

Unfortunately in Australia, the Australia New Zealand Food Standards (ANZFS) Code does not require manufacturers to label the trans fats content of food, unless a claim is made about cholesterol, polyunsaturated, monounsaturated fats, omega-3, omega-6, or omega-9 fatty acids. The ANZF Authority says consumption of trans fats is low compared with that of saturated fats. This means saturated fats are more of a problem to the health of Australians. However, the National Heart Foundation of Australia says that trans fats are at least as dangerous, weight for weight, as saturated fats, and possibly more so.

To determine whether foods contain any trans fats, read the ingredients list. Avoid all foods containing partially hydrogenated vegetable oil, hydrogenated vegetable oil, and shortening.

If they have the Australian Heart Foundation tick of approval, foods contain less than 1 percent trans fats. The World Health Organization considers less than 1 percent trans fats to be a safe level of consumption.

Canada, Switzerland, Denmark, New York City, Philadelphia, Boston, Chicago and California all have restrictions or bans on the use of trans fats in processed food and in restaurants. Several other American cities and states are in the process of enacting similar legislation.

Some major food chains and manufacturers in the US have voluntarily chosen to remove or reduce trans fats from their products. Some related legal action has generated a lot of media attention. In 2003, a not-for-profit corporation filed a law suit against Kraft Foods, in an attempt to force Kraft to remove trans fats from the Oreo cookie. The law suit was withdrawn when Kraft agreed to work on ways to find a substitute for the trans fats.

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Essential fatty acids

Omega-3 and omega-6 are polyunsaturated fats. Omega-3 is the main type of essential fatty acid that we need today. Our modern Western diet is severely lacking in it, and our bodies cannot manufacture it. Omega-3 is mainly found in fish. To limit the consumption of mercury, it is better to eat the smaller species of fish. Freshly ground flaxseed (linseed) is also an excellent source of omega-3.

There are studies that show a link between a reduction in breast cancer and intake of omega-3. Omega-3 has also been shown to be beneficial in treating depression, bipolar disorder, heart disease, type 2 diabetes, inflammation and arthritis.

Omega-6 is found in most vegetable oils and therefore in many processed foods. Over the years, the ratio of omega-6 to omega-3 fats consumed by the average human has changed dramatically: it has increased from a ratio of 1:1 to a ratio of upwards of 25:1. This is because we now eat less fish and seafood and more processed foods that are high in omega-6 oils such as corn, soya bean and safflower.¹⁵

Omega-6 oils, as they occur in their natural state in nuts and seeds, are good for you. The problem with the omega-6 found in processed food (apart from consuming too much of it) is that the refining and production process creates oxidisation and turns the fat rancid.

The imbalance between omega-6 and omega-3 in today's typical Western diet can cause inflammation. Part of the reason our diet is so much higher in omega-6 today than it once was is that much of our cattle and poultry are grain fed.

Produce from grass-fed cows and chickens has a more balanced omega-3:omega-6 ratio. Grains such as corn, soy and wheat (commonly used for feed) are rich in omega-6 but contain practically no omega-3. Buying meat, eggs and dairy products from animals that have been grass fed (rather than grain fed) will help to ensure that the omega-3:omega-6 ratio is in the right proportion.

Butter versus margarine

Some nutritionists advise that margarine is better than butter because it is higher in polyunsaturated or monounsaturated oil and lower in saturated fat. Therefore, it does not increase the risk of heart disease as much as butter, which is usually 50 to 55 percent saturated fat.

However, margarine is usually high in omega-6 and low in omega-3. It is also highly processed and may contain trans fats. Australian manufacturers have, however, made efforts to produce margarine that contains minimal trans fats. Check the ingredients on the product label, or look for the Heart Foundation tick of approval.

Dairy

One of the problems with commercially produced cows' milk produce (apart from issues of intolerance) is that it contains extremely high levels of the female sex hormone. Some

¹⁵ Omega-3 Centre, < <http://omega-3centre.com/>>, May 2010.

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studies have shown a link between the consumption of dairy and hormone-dependent cancers. Cows are now milked far more frequently than they were in previous generations and for most of that time they are pregnant. A pregnant cow has far more oestrogen (up to 33 times more) in her milk than a cow that is not pregnant. Dairy accounts for 60 to 80 percent of oestrogens consumed in our diet.¹⁶

Soy

There is much controversy surrounding soy: is it a super food or a nasty? Should it be avoided by women with breast cancer or can it help prevent cancer?

Soy is a legume, meaning it grows in a pod like peas, broad beans or chickpeas. Soy contains goitrogens, as do many other healthy foods such as pine nuts, broccoli, strawberries and peaches. These goitrogens block the uptake of iodine and enzyme inhibitors that prevent the absorption of a range of minerals. However, these anti-nutrients are destroyed in the cooking and processing of raw soya beans into tofu and soy milk (the most commonly consumed forms of soy).

The main problem with soy is that it is used as a filler in many processed foods today, so we may be consuming far higher quantities of it than we realise. Much of this soy is also genetically modified.

Soy does contain phytoestrogens that mimic the oestrogen produced by the body. However, the jury is still out as to whether this is a good thing or not. Potentially, it could bind to the hormone receptors on cancer cells, in place of the stronger oestrogens produced by the body, and limit their growth; alternatively, instead of protecting the body against cancer, it may stimulate its growth.

The current Cancer Council recommendations state that a moderate consumption of soy foods, along with an overall healthy eating plan, is unlikely to have any adverse effects. However, the Council does recommend that women with breast cancer avoid soy or phytoestrogen supplementation. Further studies on the link between soy and breast cancer are ongoing.

If you wish to consume soy, it is probably best to eat good-quality organic soy in a fermented form (which is the traditional way) such as tempeh or miso. The fermentation process inactivates the enzyme inhibitors. Modern soy such as tofu, soy milk, soy yoghurt, soy bread and soy cereals are not fermented and may come from genetically modified sources.

Anti-cancer foods

According to Dr David Servan-Schreiber, some great anti-cancer foods to include in your diet in appropriate proportions are berries; dark chocolate; freshly ground linseeds; turmeric; mushrooms; cruciferous vegetables (broccoli, cabbage, bok-choy, brussels sprouts, cauliflower etc.); ginger and garlic; onions, leeks and shallots; fresh rosemary,

¹⁶ C Ireland, 'Hormones in milk can be dangerous', *Harvard University Gazette*, 7 December 2006.

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thyme, oregano, mint and basil; and vegetables and fruits rich in carotenoids (orange, red, yellow and green fruits and vegetables such as apricots, sweet potatoes, beetroot etc.).¹⁷

Detoxification

One of the most common methods of detoxification is a juice fast. The theory is that this can assist in preventing disease: the more frequently you juice fast, the more frequently you remove congestion and stagnation within the body and increase your vitality.

I know from my own personal experience (at LVS) that juice fasting—combined with steaming, sunlight and plenty of rest and relaxation—can leave you feeling wonderfully refreshed, revitalised and, surprisingly, not that hungry.

As fresh juices take far less time (approximately 15 minutes) and energy to digest than solid foods (four to six hours), the body can focus its efforts on healing. To maintain optimum health, a periodic juice fast may be of benefit. The specific combinations of juices are important and the fresher the juice the better. It is not recommended to juice fast longer than three days unsupervised.

¹⁷ David Servan-Schreiber, Chapter 8.

Supplements

Some women diagnosed with breast cancer choose to use supplements as part of their recovery programme. Others believe that supplements only create expensive urine and that one should be able to source all the nutrients needed from a healthy diet and quality food. Whatever your perspective, supplementation should be done under the supervision of a qualified practitioner. A little knowledge can be a dangerous thing, so it is best to seek professional advice.

There is some concern that some supplements (for example, antioxidants) can interfere with or create an adverse reaction when combined with conventional treatments such as radiation and chemotherapy. For these reasons, anyone considering supplementation, in addition to consulting a qualified naturopath or doctor, should ensure that their treating surgeon and oncologist are aware of any supplements they are taking or intend to take.

The information below details some of the supplements that may be of benefit to breast cancer patients. It is not a comprehensive list of options available, nor is it intended as a recommendation. It is included for information purposes only.

Estrosense

Estrosense® is made by MD Nutritionals. It is designed to assist with female health conditions associated with oestrogen dominance. It contains Indolplex®, which is a brand name for indole-3-carbinol (an anti-cancer substance commonly found in cruciferous vegetables) as well as iodine, vitamin D3 and selenium.

Selenium is vitally important for appropriate thyroid function, antioxidant defence and immune function. It is also often used to combat depression. However, selenium can be toxic in high doses.

MD Nutritionals is a practitioners-only range and Estrosense® should not be taken unless advised by a medical practitioner. Use of this supplement in conjunction with aromatase inhibitors is not recommended although it can be taken in conjunction with Tamoxifen.

Probiotics

Good intestinal health is essential for maintaining optimum well-being. A healthy bowel minimises inflammation in the body and ensures that you can appropriately excrete excess oestrogen.

Vitamin D

Adequate levels of vitamin D are essential in preventing breast cancer. Studies have also shown that women with adequate levels of vitamin D who are diagnosed with breast cancer have a better prognosis than those with an inadequate supply.

The sun is the primary source of vitamin D. Vitamin D levels can be quite easily checked with a blood test. If you are overweight, you are more likely to be deficient in vitamin D.

Other supplements commonly taken to assist in fighting or preventing cancer are antioxidants, indole-3-carbinol, vitamin C, Coenzyme Q10 and vitamin B. However, before

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adding any of these supplements to your regimen, it is vital that you consult with a qualified medical practitioner.

Cancer-free Beauty

Almost all commercially sold shampoos, deodorants, soaps and cosmetics contain paraben or phenoxyethanol. These are xenoestrogens. The prefix 'xeno' means foreign. These manufactured oestrogens can mimic the function of the oestrogen that your body produces but at much higher levels (at about 100 times the impact). Elevated levels of oestrogen increase your risk of breast cancer.

Oral substances are 90 percent filtered by the liver. Skin-absorbed substances are 100 percent absorbed by the body; thus, a skin dose is ten times stronger than an equivalent oral dose. Look for skin care products at your supermarket, pharmacy, department or health food store that don't contain xenoestrogens. A product will usually indicate on its label when it is paraben free.

Miessence (which produced the world's first certified organic range of products for the skin, hair and body) has a handy hazardous-ingredient glossary on its website which details the chemical 'nasties' found in various cosmetic products and their potential side-effects. <<http://mionegroup.com/miessenceStory/ingredientsWeShun.jsf>>

If you are considering using an organic brand of beauty product, make sure to do the following:

1. Look for the stamp or logo of the certifying body. There are over 380 certifying bodies worldwide, each with different criteria, so it is worthwhile to research those as well.
2. Buy from companies you trust, whose values align with yours, and which are willing to stand behind their marketing claims.
3. Check the ingredients list. Natural and organic products should not have a synthetic fragrance added to them; if perfume or fragrance is listed as an ingredient, the product will most likely be synthetic.

I use organic shampoo and conditioner and have tried many brands that I like. I tend to change brands regularly. Find a hairdresser that stocks organic shampoos and conditioners and ask their advice as to which product is best suited to your hair.

The range of organic skin care and cosmetics are increasing all the time. Check out your local health food store or go to an online site. Vitale Natural <vitalenatural.com.au> is an excellent site their product range is extensive and their customer service is outstanding.

You may also want to consider using an organic sun-block, based on zinc and titanium dioxide, rather than one absorbed by the skin.

I started using the skin care brand Phyts several years ago after having a facial with it at the G. Phyts is certified organic and contains 100 percent natural ingredients: no synthetic preservation, no artificial fragrance, no colouring agents and no synthetic ingredients. Nor are the products tested on animals.

The exfoliant and milk cleanser are my favourite products. I also adore the body lotion, which not only leaves my skin feeling soft and dewy, but also smells good enough to eat. See <phyts.com.au> for further information and details of stockists.

Mineral make-up has become all the rage. However, the mineral make-up range released by many commercial brands often contains 'nasties' such as paraben, propylene glycol, talc, mica and aluminium. Make sure you ask whether the range is 100 percent mineral, and check the label.

Cancer-free Beauty

Three of the top mineral make-up brands in Australia are YoungBlood, Jane Iredale and ID Bare Essentials. I have tried the first two and, of those, I preferred YoungBlood. I really liked the YoungBlood Mineral Primer; it just glides on your skin. (See YoungBlood's website for details of stockists <youngbloodmineralcosmetics.com.au>).

To ensure that you get the right product and colour match for your skin, it's best to seek the advice of a trained consultant when choosing the product.

Home Hygiene

One of my pet hates is microwaves. I refuse to have one in my house. If you are going to use a microwave to cook your food, you may as well eat cardboard. The microwaving process significantly changes the molecular structure of the food and destroys its nutritional value. It might be quick and easy, but is it worth it?

For those sceptics who don't believe me, try this simple test. Plant two seeds in separate pots; water one with cooled microwaved water and the other with tap water. The seed watered with the microwaved water won't sprout.

Plastic (including cling wrap) should be used sparingly and never for heating purposes. This includes drinking water from plastic bottles that have been left sitting in sunlight or in the car. Once the plastic heats up, it releases xenoestrogens.

Cleaning products can contain many chemical 'nasties' that are not good for you, your family or the environment. You can make your own products using lemon juice and bicarbonate soda. However, if you are like me and want the convenience of ready-to-use products, there are many environmentally and family-friendly options that are commercially available.

I use a lot of Tri nature cleaning products. These can be ordered directly through the Tri nature website <trinature.com>. Tri nature is a 100 percent Australian owned company. Although it offers a network marketing scheme, you don't have to participate in this. I don't and many of the people I know who use their products don't either.

I particularly like the Supre kitchen spray, the Sphagnum moss or Tropicana disinfectant and the Angelica fabric softener. My all-time favourite product is the Chamomile liquid dishwashing detergent. The smell of these products is delicious and they do a fantastic job. They may seem expensive, but most of the products require dilution so, in the long term, they are economical.

I buy my clothes washing detergent at the supermarket. I favour the Earth Choice brand. I use both their regular powder and the liquid form (for delicates). They are reasonably priced products, and I like the fact that the powder comes in recycled packaging. I also use Earth Choice's dishwashing machine detergent, as this is the only 'green' dishwashing tablet I have found that comes in an individual biodegradable wrapper.

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Just before my re-diagnosis with cancer, I met Alex at Living Valley Springs. She shared with me the strategic plan she wrote when she was first diagnosed with cancer. After reading it, I thought *Here is a woman who has suffered so much more than most but is still determined to spend every moment embracing life.*

The conversations I had with her formed the basis for the following top ten tips:

- Tip 1 – Acceptance, ownership and gratitude
- Tip 2 – Trust your gut
- Tip 3 – The 10/10/10 rule
- Tip 4 – Ask
- Tip 5 – Tell others what you need
- Tip 6 – Psychological support
- Tip 7 – Seek second opinions
- Tip 8 – Live in the now
- Tip 9 – Be kind to yourself
- Tip 10 – Ask again.

Tip 1 - Acceptance, ownership and gratitude

When dealing with cancer, there are many things that you will (hopefully) come to terms with: the fear and the anger about the disease and the treatments; your physical, emotional and mental limitations; and the decisions you will need to make along the way.

Acceptance is essential to finding gratitude and taking ownership. As long as you have ownership, you have hope. For most people, getting well isn't the only goal. Learning to live without fear and to be at peace with both life and, ultimately, death are equally as important.

Ownership is the first step in finding your authentic self and becoming an 'exceptional patient'. Dr Bernie Segal¹⁸ states that: 'Exceptional patients refuse to participate in defeat or become victims. They demonstrate that the mind can dramatically affect the body. They manifest the will to live in its most potent form. They demand to be treated as an individual not a disease.'

Bernie discusses the characteristics of survivors of illness based on his own work with cancer patients and the studies of certain psychologists.¹⁹ He describes these survivors as being intelligent, self-reliant, receptive, creative but sometimes hostile, and as having strong egos and a sense of their own adequacy. They have a high degree of self-esteem and self-love and a strong sense of reality. They seek solutions rather than lapsing into depression. They are the ones who read or meditate in the waiting room rather than staring forlornly into space. As one of Bernie's patients once put it, 'Pessimism is a luxury I can't afford.'

¹⁸ Bernie Siegel, *Love, Medicine & Miracles*, Rider, London, 1986, p. 24.

¹⁹ Bernie Siegel, pp. 163-164.

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Tip 2 – Trust your gut

When it comes to dealing with cancer and making decisions, there is no ‘right’ or ‘wrong’ decision. Everyone’s journey through cancer is different. What works for one person won’t necessarily be right for another.

What you feel is the right course of action today might be different from what you thought it would be last week and what you will think it should be tomorrow. You have to be comfortable with every decision you make.

Bernie states, ‘The most important thing is to pick a therapy you believe in and proceed with a positive attitude.’²⁰ He believes that many patients will heal themselves no matter what treatment they choose, *if* they have hope and some control over the therapy. He believes it is best for patients to focus their energy on the one or two approaches they believe in most strongly.

To access a patient’s subconscious belief about their treatment, Bernie has his patients draw pictures. Often the patient will be saying ‘this treatment is good for me’ yet the picture they draw will display an unconscious attitude that ‘this is poison’. Affirmation aids the body; fear is destructive. Therefore, treatments chosen out of fear are unlikely to be helpful. Bernie believes that in these cases either the treatment must be stopped, or the attitude (through being made conscious and dealt with) changed.

In considering alternative treatments, Dr David Servan-Schreiber²¹ suggests avoiding practitioners who:

1. refuse to work in collaboration with an oncologist and recommend stopping conventional treatment
2. suggest a treatment that has not been proven to be effective and that has proven risks
3. suggest a treatment where the price is disproportionate to the expected benefits
4. promise that their approach is guaranteed to work, as long as you have a true desire to heal.

Tip 3 – The 10/10/10 rule

Alex summarised her approach to dealing with all aspects of her treatment as the 10/10/10 rule. This consisted of asking the following questions when she was faced with a decision:

How will this treatment affect me in the next ten days?

How will this treatment affect me in the next ten months?

How will this treatment affect me in the next ten years?

She made decisions taking into account both the long- and short-term impacts. When things were really rough, she would remind herself of the outcome she was focusing on: life. She would then ask herself:

What do I need to do to get through the next ten minutes?

What do I need to do to get through the next ten hours?

What do I need to do to get through the next ten days?

²⁰ Bernie Siegel, pp. 129-131.

²¹ David Servan-Schreiber, p. 103.

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Sometimes she could only focus on the next ten minutes. She would focus on surviving that and then the next ten minutes after that and so on until she could take a longer term view. She never lost sight of the future. She never gave up hope, or felt that she had relinquished her control.

Tip 4 - Ask

Ask your medical practitioner everything you need to know and everything you don't understand. Ask about all your treatment options. What are they recommending and why?

Write a list of questions that you want to ask and take this with you to your appointment. Take notes that you can review later, or better yet, take someone with you to your appointments and have them write notes while you ask your questions. If you forget something, or you think of another question afterwards, don't be afraid to ring or email your medical advisor.

Tip 5 - Tell others what you need

Sometimes it's hard for the people around you to know what to do and what to say to help you. Some may be comfortable to ask you directly; others may avoid you for fear of seeming awkward or not knowing what to do.

It is your responsibility to communicate your needs. As Dr Jane Turner (a notable Brisbane psychiatrist) once said, 'The stench of burning martyr can be very unpleasant.'

The Breast Cancer Network Australia produces an excellent pamphlet entitled *Helping a Friend or Colleague with Breast Cancer*. You may find this useful for family and friends.

The Cancer Council Queensland also produces a booklet entitled *Understanding Emotions*. This can be downloaded from its website or you can request a free copy to be posted out via the Helpline.

Tip 6 - Psychological support

Ensuring you have psychological support as well as physiological support is important. You may feel that no-one around you understands what you are going through and this is likely to be true. No matter how compassionate or empathetic someone might be, unless he or she has also suffered with cancer, it's difficult for them to imagine the overwhelming mass of emotions that a cancer patient experiences. At times, these emotions are seemingly contradictory, illogical and irrational.

Every woman diagnosed with breast cancer will have her own unique responses but sometimes talking to a fellow traveller can provide validation and lessen her sense of isolation. I was fortunate enough to come into contact with some amazing women. It was easy to cry and to laugh with these women. I could share my worst fears without being concerned about protecting them.

You may feel that you don't want to burden those close to you any more than you already have. Talking to someone independent can help. This may be a psychiatrist, psychologist, counsellor, minister or support group.

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The Cancer Council Australia has a Helpline staffed by professionals. They also offer a free face-to-face short-term counselling service and will help you find longer term professional support if necessary. Asking friends or any of your medical team can also be an excellent way to locate professional help, particularly someone experienced in dealing with cancer patients.

If you do decide to seek professional support from a psychologist, counsellor, or psychiatrist and find you do not get what you want from the interaction, try another person or a different form of support. If something doesn't resonate with you, don't let it waste your precious time and energy, but don't give up.

Tip 7 - Seek second opinions

If you are not comfortable with your primary care-giver (surgeon, oncologist) or any of your treatment team, consider getting a second opinion. In terms of feeling that you are in control, it is critical to remember that you have a choice as to who is on your treatment team. A level of trust and communication that promotes asking any questions and receiving honest answers is vital.

I had one inquisitive friend who would continually go to her oncologist appointment armed with questions. The oncologist would often respond to the questions with comments such as 'You don't need to know that.' Sometimes the oncologist would openly deride her by saying, 'Have you and those women in your support group been comparing notes again?'

Despite this oncologist being reputedly one of the best in her field, my friend felt demeaned, dismissed and devalued as a person. At first, she decided to take her husband to all her appointments. She hoped having a witness would eliminate some of her oncologist's arrogance.

However, ultimately, she realised that she dreaded these appointments, and that her oncologist's manner wasn't going to change. The added stress and discomfort she felt were too high a price to pay for this doctor's supposed medical excellence. She chose to see another oncologist, with whom she is far more comfortable and who treated her with the respect that any patient deserves.

At any time you can ask any of your care-givers to provide a referral for a second opinion. You can also ask your GP to provide a referral to another specialist.

Discuss the treatment your primary care-giver (that is, surgeon/oncologist) recommends with others in your medical support team. This proved to be invaluable to me, particularly with my female medical advisors. I would ask them, 'As a woman in my position, what would you do?' My GP said she wouldn't have the radiation; my oncologist said she wouldn't have the hormone drug therapy. , If I hadn't asked them that specific question, I don't think they would have disclosed their personal position.

Tip 8 - Live in the now

Living in the now is probably one of the hardest, but most important lessons to learn. After being diagnosed with cancer, and in the immediate period before surgery, I found it

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hard not to spend a lot of time dwelling on the future, and on all my fears about how I would feel and look.

Before my cancer diagnosis, I had spent much time pondering the fact that I had yet to find my passion in life. I was convinced that once I discovered my purpose for being, and started moving in that direction, I would finally be happy. I would be able to banish my continual discontent.

However, what I learned through cancer is that no matter what traumatic events are happening in your life, a lot of the unpleasantness and stress is caused by worrying about the future or the past, rather than living in the immediate moment.

Living a life with passion is all about appreciating the beauty and the joy in everything that surrounds me, be it an unexpected hug from a child; a belly laugh with a good friend; a shared moment of recognition with a stranger; a flower unfolding in the garden; the caress of line-dried, 1000-thread-count cotton sheets against my skin. It is forgetting about the future and bringing all my focus and energy to the present moment and whatever it may be that I am doing right now.

A good friend gave me this quote, which sums up the essence of living in the now: 'Look not back in anger, nor forward in fear, but around in awareness'.²²

There has been much written on the topic of 'living in the now' by people who can express this sentiment far better than I. Probably one of the most popular recent books is Eckhart Tolle's *The Power of Now*. My personal preference is Jon Kabat-Zinn's *Full Catastrophe Living*.

Core to Ian Gawler's cancer programme is meditation; some people also find solace in yoga or other activities that focus the mind on the here and now. These activities are congruent with the belief that the body is designed to win. It is all about freeing the mind from the distractions of the ego and giving it the power to heal through acceptance, rather than resistance.

Two questions that you can use at any time to assist with this are 'What time is it?' and 'Where am I?'. The answers are 'Now' and 'Here'.

Tip 9 - Be kind to yourself

Nourish your soul. Don't beat yourself up, blame yourself or wallow in feelings of guilt about the past. Don't think: *If only...I wouldn't have got cancer*. Remorse and guilt are not constructive emotions. However, if you can emotionally detach, you may gain some insight into why you have these feelings. This can be useful in helping you to decide what you feel you need to do now (as opposed to what you should've or could've done in the past).

Do the small and big things that you have always wanted to do. Hang up on your mother-in-law. Eat ice-cream for breakfast (a favourite of mine). Stay in your pjs all day. Have a pedicure, manicure, facial, massage, a simple lie down, or whatever is going to help you get through the day or even just the next ten minutes (see Tip 3). Read your novel rather than doing the dishes. Whenever you think *I shouldn't, I don't have the time or*

²² James Thurber (1894–1961), American writer.

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money or *I don't deserve this*, recognise that these thoughts may be a good indication of what you really would like to do. Indulge your inner child. Do something every day that serves only the purpose of making you smile. It doesn't have to be a big thing, or involve a lot of money. It may be as simple as taking the time to watch the sunrise, having a bath, or spending five minutes being consciously grateful for all the good things in your life.

Tip 10 - Ask again

Ask again all the questions for which you didn't quite understand the answer the first time around. Ask again to clarify your interpretation. Given the information you've gleaned over time, ask those questions that you didn't think to previously ask.

It's not about the decisions you make, or second guessing your specialist. It's about recognising that you do have some choice, and that by exercising that choice you retain some degree of control. Your choice may be that you are entirely comfortable with your specialist and want to follow whatever recommendations he or she makes. You don't want or need to know about alternatives. That is entirely okay because you have consciously chosen to this path.

What isn't okay is when patients don't feel comfortable with their specialist. When they don't feel they have the right to ask more questions. Or are confused, or unaware, as to why certain treatments are being recommended and what the consequence and impact of those treatments might be. In these circumstances, the patient is a victim, at the mercy of the medical profession, which can unfortunately sometimes lose sight of the individual in treating the disease.

Resources

Websites and organisations

canceraustralia.gov.au

A useful website with lots of information for those recently diagnosed with breast cancer or those worried about a breast change. Also contains relevant information for partners, families and friends.

Freecall: 1800 624 973

bcna.org.au

Breast Cancer Network Australia (BCNA) website. The BCNA is the national support network for those diagnosed with breast cancer. The BCNA provides useful resources such as:

- 'My Journey Kits' for women recently diagnosed with cancer
- 'Hopes and Hurdles Pack' for women with secondary cancer
- 'My Care Kits' for women's personal care following breast cancer surgery.

BCNA freecall: 1800 500 258

'My Journey Kit' orders: 1300 785 562

'Hopes and Hurdles Pack' orders: 1300 887 340

breastcancertakingcontrol.com

Order the e-book *Breast Cancer: Taking Control* by Prof. John Boyages, MD, PhD from this website. It walks you slowly through the stress and confusion of diagnosis, treatment and life after breast cancer. It is a 368-page, full-colour, high-quality book, written by an international expert, that explains breast cancer in plain English. It includes 75 weblinks, 20 flow charts, over 100 figures and a comprehensive index and glossary. It provides information on up-to-date treatments and is an excellent resource for both patients and care-givers.

cancer.org.au

National Cancer Council website. (There is a link on its home page to other state Cancer Councils.)

Or call 13 11 20 for Cancer Helpline (8 am to 5.00 pm weekdays).

bcia.org.au

Breast Cancer Institute of Australia (BCIA) website. The BCIA supports collaborative clinical trials and research that identify safe and effective treatments for women with breast cancer and prevention strategies for all women.

nbcf.org.au

The National Breast Cancer Foundation raises money to fund breast cancer research.

Freecall: 1800 000 118

Resources

bci.org.au

The website of the Westmead Breast Cancer Institute, one of Australia's leading breast cancer organisations.

breastscreen.qld.au

breastscreen.sa.gov.au

breastscreen.org.au (Vic)

bsnsw.org.au

breastscreen.health.wa.gov.au

BreastScreen is a state-based organisation so each state has its own website.

mcgrathfoundation.com.au

The McGrath Foundation has breast care nurses working across Australia. They are health professionals who are specially trained to manage the care of breast cancer patients throughout the course of their treatment. They are the principal liaison between the patient and the specialists who coordinate their treatment. You can contact the Foundation directly to see if they have a nurse in your area.

ywcaencore.org.au

YWCA Encore is a free eight-week program of specially designed gentle exercise, as well as relaxation, support and information for women who have experienced breast cancer at any time in their life.

Freecall: 1800 305 150

lgfb.org.au

Look Good...Feel Better is a program to help women manage the appearance-related side-effects of chemotherapy and radiotherapy, thereby helping to restore appearance and self-image.

Freecall: 1800 650 960

gawler.org

The Gawler Foundation website

trinature.com cleaning products

youngbloodmineralcosmetics.com.au mineral make-up

phyts.com.au certified organic skin care

acnem.org

Reference site: click on 'products and services' and then 'referrals' for a list of holistic practitioners by state.

healthrealities.com Sam Queen's website

Resources

Health retreats

The Gawler Foundation Residential Programs
Cancer, Multiple Sclerosis and other Illnesses
Phone: 03 5967 1730
gawler.org

Living Valley Springs
Freecall: 1800 644 733
lvs.com.au

Camp Eden
Freecall: 1800 074 157
campeden.com.au

Gwinganna Lifestyle Retreat
Freecall: 1800 219 272
gwinganna.com.au

Chiva-Som
chivasom.com

Silicone gels

kelocote.com
dermatixaustralia.com.au

Recommended Reading

Title and subject	Author	ISBN
<i>Cancer</i>		
<i>Love Medicine & Miracles</i>	Dr Bernie Segal	978 0 71267 046 3
<i>You Can Conquer Cancer</i>	Ian Gawler	085 572 320 3
<i>Anti-cancer: A New Way of Life</i>	Dr David Servan-Schreiber	978 1 92137 208 7
<i>Enrichment</i>		
<i>It's Not about the Bike</i>	Lance Armstrong	978 1 86508 679 8
<i>Salvation Creek</i>	Susan Duncan	978 1 86325 638 4
<i>The House at Salvation Creek</i>	Susan Duncan	978 1 86325 669 8
<i>The Road Less Travelled</i>	M Scott Peck	009 972 740 4
<i>Prescriptions for Living</i>	Dr Bernie Segal	00609 293 675 5140 0
<i>A Life at Work</i>	Thomas Moore	978 0 76792 253 1
<i>The Law of Attraction</i>	Ester & Jerry Hicks	978 1 40191 227 7
<i>Man's Search for Himself</i>	Rollo May	978 0 393333 152
<i>Full Catastrophe Living</i>	Jon Kabat-Zinn	978 0 38530 312 5
<i>When Good Things Happen to Bad People</i>	Harold S Kushner	978 0 33049 055 9
<i>Health</i>		
<i>Optimum Nutrition for the Mind</i>	Patrick Holford	074 992 785 2
<i>Healthy Gut Guide</i>	Jill Thomas	978 0 14300 522 3
<i>How To Eat, Move and Be Healthy</i>	Paul Chek	978 1 58387 006 8
<i>Weight Loss for Food Lovers</i>	Dr George Blair-West	978 0 97751 601 8
<i>The Beck Diet Solution</i>	Judith S Beck	978 1 84529 826 5
<i>The pH Balance Diet</i>	Bharti Vyas & Suzanne Le Quesne	978 1 56975 607 2

About the Author

Fiona commenced her career with PricewaterhouseCoopers and became a qualified chartered accountant despite being told by a senior partner: 'You are a very extroverted young lady. The personality of a chartered accountant lies within certain parameters and your personality just does not fit within those parameters.' Although grossly insulted at the time, she later came to view this as a compliment.

Fiona gained post-graduate qualifications in marketing while working across the eastern seaboard of Australia and, internationally, as an 'agent of change' for companies such as GE Capital Finance, The Brisbane Lions and Wunderman Cato Johnson.

Fast forward 20 years ... on the advice of her 'shrink', she started to write her story to help her deal with the emotional aftermath of her journey through cancer. She rediscovered a deep and abiding passion for writing and consequently decided to step off the corporate merry-go-round and set up her own consultancy. Her portfolio life includes directorships, community work and writing. She writes a blog and is currently working on her second book, *A Risk of the Heart*.

Her blog focuses on the issues of dating as a 40-something single. It provides endless entertainment for both her married and single friends who vicariously live through her exploits and learn from them. Her two favourite foods are ice-cream and chocolate.

For more information and to follow Fiona's blog, visit:

drinkthewildair.com.au