Understanding Secondary Breast Cancer

Caring for people with cancer
Understanding secondary breast cancer

This booklet has been written to help you understand more about secondary breast cancer. It has been prepared and checked by surgeons, cancer doctors, nurses, radiation therapists and patients. The information in this booklet is an agreed view on this cancer, its diagnosis and treatment and key aspects of living with it.

If you are a patient, your doctor or nurse may wish to go through the booklet with you and mark sections that are important for you. You can also make a note below of contact names and information you may need.

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This booklet has been produced by Nursing Services of the Irish Cancer Society to meet the need for improved communication, information and support for cancer patients and their families throughout diagnosis and treatment. We would like to thank all those patients, families and professionals whose support and advice made this publication possible.

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**Contents**

4 Introduction

**About secondary breast cancer**

5 What is primary breast cancer?
6 What is secondary breast cancer?
6 What causes secondary breast cancer?
8 What are the symptoms of secondary breast cancer?
10 How is secondary breast cancer diagnosed?

**Treatment and side-effects**

15 How is secondary breast cancer treated?
21 Research – what is a clinical trial?
22 Hormone therapy
27 Chemotherapy
36 Radiotherapy
38 Biological therapies
41 Bisphosphonates
42 Surgery
43 How can my symptoms be treated?
51 Will treatment affect my sex life and fertility?
54 What follow-up do I need?
55 Cancer and complementary therapies

**Coping and emotions**

57 How can I cope with my feelings?
58 How can my family and friends help?
60 How can I talk to my children?
61 What else can I do?
63 Caring for someone with secondary breast cancer

**Support resources**

65 Who else can help?
66 Health cover
73 Irish Cancer Society services
77 Useful organisations / Helpful books
84 What does that word mean?
86 Questions to ask your doctor
87 Your own questions
About secondary breast cancer

What is primary breast cancer?

Breast cancer is a tumour that first starts growing in the cells in your breast. A cancer that begins in the breast is called a primary breast cancer.

For many women their breast cancer is cured, but sometimes treatment does not remove all the cancer cells and the cancer comes back.

Local recurrence: When breast cancer returns to your chest or breast area, or in the skin near the original site or scar, it is called a local recurrence. This means the cancer cells have remained in the local area and have not spread to other parts of your body.

Doctors do not believe that this is an actual spread of cancer, but rather the cancer was not completely removed by the first treatment. Even though you will need more treatment, a local recurrence can be treated successfully.

Regional recurrence: Breast cancer can also come back if it has spread beyond your breast and armpit lymph nodes. This is called regional recurrence. It can occur in the tissues and lymph nodes around your chest, neck and under your breastbone. The treatment for this varies and will depend on what treatments you had previously. It might include surgery, radiotherapy and/or drug treatments. In most cases it is cured but not always.

Remember that having a local or regional recurrence of breast cancer is not the same as having secondary breast cancer. Contact the National
Cancer Helpline on 1800 200 700 for more information on primary breast cancer or if you have any worries or concerns. Ask for a copy of the booklets, *Understanding Cancer of the Breast* or *Younger Women and Breast Cancer*.

**What is secondary breast cancer?**

Secondary breast cancer is cancer that has spread from the first (primary) tumour in your breast to another organ in your body. This can occur through your lymphatic or blood system. It is also known as metastatic breast cancer, advanced breast or stage 4 cancer.

The secondary cancer is made up of the same cells as the primary cancer. It may not grow into a tumour straight away but might stay inactive or dormant for many years. The most common parts of your body that the cancer spreads to are your bones, liver and lungs, and sometimes the brain. Secondary breast cancer may affect one part of your body, but it can also affect more than one place.

When you have secondary breast cancer, it means that your cancer can be treated but not cured. For some women, living with secondary breast cancer is like living with a chronic disease. The aim of treatment is to relieve your symptoms and improve your quality of life by slowing down the growth of the cancer. There are many treatments that can keep the cancer under control, sometimes for many years. Your specialist will tell you about the likely progress of your cancer and what you might expect.

**What causes secondary breast cancer?**

The cause of secondary breast cancer is cancer cells breaking away from the cancer in the breast. In your body, your organs and tissues are made up of tiny building blocks called cells. All cancers are a disease of the body’s cells. When a tumour is malignant, it can spread to other parts of your body. This happens when a cell or group of cells breaks away and is carried by your bloodstream or lymph vessels to form a new tumour somewhere else in your body. It is called a metastasis or secondary tumour.

Lymph vessels are part of your lymphatic system, which helps your body defend itself against infection. Like your bloodstream, it carries waste material around your body from your tissues. It is made up of a network of tiny tubes that pass through most of the tissues in your body. These tubes carry lymph, a clear watery fluid that is leaked into your tissues and returned to your body. Along the network are hundreds of small glands and nodes that remove the lymph. These lymph nodes can trap cancer and help to spread it.

This can happen before or after treatment for breast cancer. Doctors and scientists do not know why this happens.

**To sum up**

- Cancer is a disease of the cells of your body.
- A cancer that starts in the breast is a primary breast cancer.
- Secondary breast cancer is breast cancer that has spread from the breast tissue to another part of your body.
- The most common parts of your body that breast cancer spreads to are the bones, lungs, liver and brain.
- The aim of treatment is to relieve your symptoms and improve your quality of live.
- Treatments can keep the cancer under control, sometimes for many years.

National Cancer Helpline 1800 200 700
What are the symptoms of secondary breast cancer?

The symptoms of secondary breast cancer might appear years after your first cancer diagnosis. Or more rarely a secondary cancer might be the first sign that you have breast cancer. The symptoms of secondary breast cancer depend on where the breast cancer has spread. You might have general symptoms at first. This can include feeling more tired than usual, unwell or losing your appetite.

There are specific symptoms of secondary breast cancer depending on which part of your body is affected. For example:

- Bone pain that does not go away
- Loss of power or weakness in your arms or legs
- Unexplained weight loss and loss of appetite
- A constant feeling of nausea
- Discomfort or swelling under your ribs or across your tummy
- Feeling constantly tired
- A dry cough or breathlessness
- Severe headaches

It is hard to list all the symptoms of secondary breast cancer because different parts of your body may be affected. But remember you will not have all or even most of the symptoms discussed. Some symptoms may be due to common illnesses and will still need to be checked out by your family doctor (GP) or cancer specialist. Do tell your doctor about any new symptoms or ones that do not go away or get worse, especially if they last longer than 2 weeks. You may like to keep a note of how often your symptoms occur or for how long they last.

Cancer in bone: A sign of secondary breast cancer in your bone can be an ache in the affected bone. If you get a new pain that lasts longer than about 2 weeks, talk to your doctor. Not every new ache or pain means that breast cancer has spread to the bone but all persistent pains need be checked out.

If breast cancer spreads to your bone, it can damage the bone and weaken it. Sometimes breaking a bone is the first sign of secondary breast cancer. These fractures can happen after a minor injury because the bone is weakened. The level of calcium in your blood can increase when bone is damaged. Too much calcium in your blood is called hypercalcemia. It can cause symptoms such as tiredness, constipation, nausea, thirst and confusion. Often hypercalcemia is found during blood tests before symptoms develop.

Sometimes breast cancer can spread to your spine and put pressure on your spinal cord. This can cause loss of feeling or power in your limbs or loss of control over your bowels or bladder. If this happens, visit your doctor immediately. But remember secondary breast cancer in a bone can be treated. For most women, treatment starts long before the bone becomes weak enough to break or cause a lot of pain.

Cancer in liver: If breast cancer has spread to your liver, you might complain of loss of appetite, tiredness, nausea and discomfort on the right side of your tummy. This is where your liver is found. The liver works by making bile to help digest food. If the drainage channels leading from your liver are blocked by secondary cancer, bile can build up in your blood. This can cause jaundice and turn your skin and the whites of your eyes yellow. Your skin can feel itchy as a result. It can also make your urine darker and your stools paler in colour.

Sometimes cancer can make your liver bigger or cause fluid to build up in your tummy. This fluid is called ascites and can make your tummy swell up. But your liver will continue to work when part of it, or even most of it, is out of action.

Cancer in lungs: One of the first signs of secondary breast cancer in the lungs is shortness of breath or a persistent dry cough. The space between your lungs and ribcage is called the pleural cavity. If cancer cells enter this space, they can cause fluid to build up and put pressure on your lungs.

Cancer in brain: Symptoms of cancer in the brain can include headaches and nausea. Sometimes it causes changes in the part of your body controlled by that part of the brain. For example, an arm or a leg may be weaker than usual or there may be a feeling of numbness,
tingling or pins and needles. Cancer in the brain can also cause seizures and in rare cases confusion or a change in personality.

To sum up

- Secondary breast cancer is cancer that has spread from the breast to other parts of your body.
- The most common places that breast cancer spreads to are the bones, liver, lungs or brain.
- Secondary breast cannot be cured, but treatments can control the cancer and relieve symptoms.
- For some women, living with secondary breast cancer is like living with a chronic disease.
- It is not known what causes cancer to spread.

How is secondary breast cancer diagnosed?

Many different tests are used to find out if the cancer has come back. The test will depend on where the cancer might have spread. The type of tests usually depends on your particular symptoms. Your cancer specialist will do a full physical exam first and check your glands.

Tests to diagnose secondary breast cancer

Different tests are used to examine different parts of your body, for example, your bones, liver and lungs or sometimes your brain. As these are the most common places that breast cancer spreads to, you are more likely to have tests on those parts of your body. The following tests may be used:

- X-rays
- Bone scan
- Blood tests
- Ultrasound scan
- CT scan
- MRI scan
- PET scan
- Breast biopsy
- Biopsy of liver, lung or bone, or other sites of concern
- Pleural aspiration
- Bone scan
- CT scan
- MRI scan
- PET scan
- Breast biopsy
- Biopsy of liver, lung or bone, or other sites of concern
- Pleural aspiration
- X-rays: Some X-rays of your body may be done. A chest X-ray may show if there is any breast cancer in your lungs and any build-up of fluid between the membranes on the outside of your lungs. These membranes are called the pleura. An X-ray of your bones can give a picture of the general condition of your bones. But it may not spot small secondary tumours.

Bone scan: This test is more sensitive than an X-ray and shows up any abnormal areas of bone more clearly. A bone scan can show your entire skeleton. For the test, a small dose of a radioactive substance is injected into a vein, usually in your arm, a few hours beforehand. If there is anything unusual, more of the radioactive substance will be seen in the affected bones.

The scan does not hurt but you will have to lie flat and still for about 30 minutes. This is while the scanner moves over you and takes pictures of your body. The dose is safe but you will be radioactive for about 12 hours after the test. You will be asked to stay away from pregnant women and small children at this time. Do ask your doctor and nurse for more advice.

Other bone conditions like osteoporosis and arthritis may give a positive bone scan result without having secondary bone cancer. For this reason, a more detailed scan may be needed, such as a CT or MRI scan.

Blood tests: Blood tests can check different things. A liver function blood test can show if your liver is working properly. But it cannot show if the problem is due to secondary cancer or something else. In this case, you might need another test called a liver ultrasound. A blood test can also check the amount of calcium in your blood to see if you have too much. A full blood count can check the number of blood cells in your blood and how well your bone marrow is working.
Ultrasound scan: This scan uses sound waves to look at your liver or other organs in your body. It only takes a few minutes and does not hurt. Some gel is first put on your tummy, which is then scanned using a device called a probe. It looks for any abnormal changes or signs of cancer.

CT scan: This special type of X-ray gives a detailed picture of the tissues inside your body from different angles. It may be used to look for cancers in different parts of your body. Preparation for a CT scan can vary but your doctor and nurse will let you know in advance. You might have to fast beforehand or be given a special drink or injection to help show up parts of your body on the scan. The test is usually done as an outpatient. During it you lie on your back on a table which passes through a doughnut-shaped machine that takes pictures of inside your body. The scan itself is painless. Some people feel anxious about this test and are afraid they may feel claustrophobic during it. If you are anxious about this, contact the radiographer the day before. They may be able to give you medication to relax you on the day.

MRI scan: This special scan uses magnetic energy to build up a picture of the tissues inside your body. You will be asked to lie inside a tunnel-like machine that takes the pictures. It does not hurt, though the machine can be very noisy. But you will be given earplugs to wear during it. A small amount of dye may be injected into a vein before the scan to show up certain parts of your body. During the scan, you cannot wear metal jewellery. If you have any medical device implanted, like a pacemaker or pin, you are usually not suitable for the test. Once the scan is over, you can go home.

PET scan: Sometimes a PET scan may be needed to check for cancer in your body. PET stands for positron emission tomography. First, a small dose of a mildly radioactive sugar is injected into a vein usually in your arm. You will then be asked to lie on a scanning table that will move through a scanning ring, which takes pictures of the inside of your body. The scan will show where cells are more active than usual. For example, fast-growing cancer cells will absorb more of the sugar. The scan is painless. PET scanners are not available in all hospitals, only specialised centres.

Pleural aspiration: If you have a build-up of fluid around your lungs, your doctors may drain the fluid. You will be given a local anaesthetic first and a small needle will then be placed between your ribs to the space around the lungs where the fluid has collected. The fluid is then drained and sent to the laboratory to be examined.

Breast biopsy: If secondary breast cancer is your first diagnosis of cancer, your doctor will take a small piece of tissue (biopsy) from your breast. The area is numbed with a local anaesthetic first, then the sample is removed and sent to the laboratory to be examined. This can confirm your diagnosis and will find out what receptors are on your breast cancer cells. Some breast cancer cells have receptors that allow particular types of hormones or proteins to attach to the cancer cell. For example, the hormone oestrogen or the protein HER2.

If you have been diagnosed with breast cancer before, you might have a repeat biopsy to test for changes in receptors since your original cancer was tested.

Other biopsies: If the breast cancer has spread elsewhere, you might need a biopsy of your liver, lung or bone, or other sites of concern. Your doctor and nurse will explain this in detail to you.

Waiting for results
It may take some time for all the test results to come back. Naturally, this can be an anxious time for you. You may worry that the cancer has come back or spread but without the results you cannot be sure. Often the worst part is not knowing. Coming to terms with a cancer diagnosis can be harder the second time around. It may even be devastating for you. It may help to talk things over with the specialist nurse or with a relative or close friend. You can also call the National Cancer Helpline on 1800 200 700 to speak to one of our specially trained nurses. Or if you prefer, you can also visit a Daffodil Centre if one is located in your hospital.
How is secondary breast cancer treated?

The aim of treatment for secondary breast cancer is different from primary breast cancer. It focuses on control rather than cure. The aim is to control the growth and spread of cancer, relieve your symptoms and improve your quality of life. There is no standard treatment as such and will depend on:

- The location and extent of your secondary cancer
- If your breast cancer cells are positive or negative for hormone receptors or HER2
- Your age and if you have reached the menopause or not
- Your previous cancer treatments and response to those treatments
- How the cancer affects your everyday living and quality of life
- Your personal choices or issues you might want to consider

Types of treatment

There is a range of treatments available to manage secondary breast cancer. You may receive more than one type. They include:

- Hormone therapy
- Chemotherapy
- Radiotherapy
- Biological therapies (targeted therapies)
- Bisphosphonates
- Surgery
- Treatment of symptoms and palliative care

Hormone therapy: The female hormones oestrogen and progesterone can cause the growth of some breast cancer cells. By changing the level of these hormones in your body, it can slow down or stop the growth of secondary breast cancer. Hormone therapy is suitable if you have oestrogen-receptor positive or progesterone-receptor positive cancer. It is usually used as the first treatment for secondary breast cancer and may be used alone or with other treatments. See page 22 for more details.
Chemotherapy: Chemotherapy is the use of drugs to cure or control cancer cells. It is usually advised if your secondary breast cancer is growing quickly or has affected your liver or lungs. It might also be given if you do not have hormone receptors on your breast cancer cells or if you have stopped responding to hormone therapies. Chemotherapy may be given on its own or with other treatments. See page 27 for more details.

Radiotherapy: Radiotherapy uses X-rays to destroy cancer cells. The aim of radiotherapy in secondary breast cancer is to reduce the size of the cancer in some parts of your body and relieve symptoms such as pain. It is mostly used when the cancer has spread to your bones, lungs or brain. Or it may be given to control the cancer coming back in your skin or armpit. See page 36 for more details.

Biological therapies: These are a newer group of drugs that use substances usually found naturally in your body to fight cancer. For example, antibodies. They are also called targeted therapies. They work by stopping specific ways that breast cancer cells divide and grow. Different types of targeted therapies work in slightly different ways. The most well-known targeted therapy is trastuzumab (Herceptin®), which can treat breast cancers that are HER2 positive. See page 38 for more details.

Bisphosphonates: Drugs called bisphosphonates are used to treat the effects of secondary breast cancer in your bone. They work by relieving bone pain, reducing the risk of fractures and controlling the level of calcium in your blood. See page 41 for more details.

Surgery: Surgery is rarely an option for most people with secondary breast cancer. It is unlikely to remove all the cancer, whereas drugs tend to be a better treatment option. But if your cancer is confined to a small area, your doctor may consider surgery. See page 42 for more details.

Treatment of symptoms and palliative care: Some of your symptoms of secondary breast cancer may need to be treated straightaway. For example, bone pain or breathlessness. Treating symptoms is also called supportive care. See page 43 for more details.

Palliative care is care that aims to control your symptoms and give you the best quality of life possible. The goal is not cure but control of your disease. During or after your anti-cancer treatment, your doctor may discuss palliative care with you. See page 49 for more details.

Deciding on treatment

Treatment options: Your doctor and nurse will explain your treatment options to you. Do ask as many questions as you like, no matter how small or trivial you think they are. All questions are important. You could use the fill-in page at the back of this booklet for your questions and answers.

Time to think: When faced with a life-threatening illness again, it can be hard to decide what the right treatment is for you. It may feel as if everything is happening too fast. You may feel under pressure to make a decision. You might want more time to think things through. But remember there is always time for you to consider what sort of treatment you want.

Second opinion: You might also find it reassuring to have another medical opinion to help you decide about your treatment. Your doctor will refer you to another specialist if you feel this would be helpful.

Accepting treatment: You have the right to find out what a treatment option means for you, and the right to accept or refuse it. If you wish to refuse treatment, let your doctor or nurse know your concerns first. It may help to talk to your GP as well. The important thing is that you are fully aware of the benefits and risks.

Giving consent for treatment

You may be asked to sign a consent form saying that you give permission for the treatment to take place. No medical treatment can be given without your consent. Before treatment, you should know:

- The type of treatment you are advised to have
- The benefits and risks of the treatment
- Any other treatments that may be available
- Any major side-effects of the treatment
If you are confused about the information given to you, let your doctor or nurse know straight away. They can explain it to you again. Some treatments can be hard to understand and may need to be explained more than once. You can always ask for more time to decide about the treatment, if you are unsure when it is first explained to you.

**Individual treatment**

You may notice that other women with secondary breast cancer are not getting the same treatment as you. This does not mean that you are not getting the best treatment. Remember everyone’s treatment needs will be different. Do ask your doctor about your own treatment.

### Who will be involved in my care?

Some of the following health professionals may be involved in your care. Usually, a team of cancer care doctors will decide your treatment.

- **Surgeon** A doctor who specialises in surgery and who can remove a tumour from your body.
- **General practitioner (GP)** Your family doctor will be medically responsible for your care at home.
- **Medical oncologist** A doctor who specialises in treating cancer patients using chemotherapy and other drugs.
- **Radiation oncologist** A doctor who specialises in treating cancer patients using radiotherapy.
- **Clinical nurse specialist** A highly trained nurse who cares for patients who have secondary breast cancer.
- **Liaison oncology nurse** A specially trained nurse who works in a special cancer care unit. She or he gives information and reassurance to you and your family from diagnosis and throughout treatment.
- **Palliative care team** This team is specially trained in managing pain and other symptoms. They can help you and your family cope with any emotional distress. They are sometimes known as the ‘homecare team’ or the ‘hospice homecare team’. A specialist palliative care service is available in most general hospitals also.
- **Radiation therapist** A radiotherapist who specialises in giving radiotherapy and related advice to cancer patients.

### To sum up

- The treatment of secondary breast cancer focuses on control rather than cure.
- The aim of treatment is to control the growth and spread of cancer, relieve your symptoms and improve your quality of live.
- Your treatment will depend on the location and extent of the cancer; if your breast cancer cells are positive or negative for hormone receptors or HER2; if you have reached the menopause or not; your previous cancer treatments and response to those treatments; how the cancer affects your everyday living and quality of life; and your personal choices or issues you might want to consider.
- Secondary breast cancer can be managed by hormone therapy, chemotherapy, radiotherapy, biological therapy, bisphosphonates, surgery, treatment of symptoms, and palliative care.
Research – what is a clinical trial?

Research into new ways of treating secondary breast cancer goes on all the time. Many patients take part in research studies today. In fact, it is the only way to improve the outcome of women with secondary breast cancer. Even though the word ‘research’ or ‘new drug’ sometimes scares people, there is no need for fear. Before a drug or treatment is used on patients, it goes through many stages to make sure it is safe to use.

Your doctor will let you know if you and your type of cancer are suitable for a trial.

Phases of research

There are many stages or phases when research is done. If a drug or treatment looks as if might be useful in treating cancer, it is given to patients in research studies called clinical trials. If early studies suggest that a new drug may be both safe and effective, further trials are carried out. These aim to:
- Find out if the treatment is better than ones already in use.
- Find out if there are more benefits when the new treatment is given together with current ones.
- Compare the new treatment with current best standard treatments.

Taking part in clinical trials

Your doctor may ask you to try a new treatment. There are many benefits to this. You will be helping to improve knowledge about cancer and new treatments. There is no need for worry as you will be carefully monitored during and after the study.

You cannot be included in a clinical trial without your permission. You can only give this consent if the trial has been fully explained to you, so that you understand what it is about. This is called informed consent. You will also need time to think about it and discuss it with your family or friends. If you decide not to take part, you will still be given the best proven treatment available. Even after agreeing to take part in a trial, you can still withdraw at any time if you change your mind. As part of research into the causes of cancer, your doctors may ask your permission to store some samples of your cancer cells or blood.

For a copy of our factsheet on clinical trials, call the National Cancer Helpline on 1800 200 700 or visit our website www.cancer.ie/cancer-information/treatments/clinical-trials
Hormone therapy

Hormones are substances that occur naturally in your body. The female hormones oestrogen and progesterone in particular can affect the growth of breast cancer. By changing the level of these hormones in your body, it can slow down or stop the growth of secondary breast cancer. They can also relieve your symptoms. Hormone therapies are often used as the first treatment for secondary breast cancer and can be used alone or with other treatments. The benefits of hormone therapy can sometimes last for several years.

Who is suitable for hormone therapy?

Hormone therapy only works if your breast cancer is oestrogen-receptor positive. This information is usually found out after doing a breast biopsy. If you were prescribed one type of hormone therapy after your first cancer diagnosis, you might now need a different type to treat secondary breast cancer. Indeed some women may need several types of hormone therapy and have them one after another to keep their cancer under control. The choice of hormone therapy will also depend on whether you have had the menopause or not and if other hormone treatments have been used in the past.

If you have not yet reached the menopause (premenopausal) and have secondary breast cancer, you may be offered hormone treatment with an anti-oestrogen drug. Or you might be offered treatment to stop your ovaries making oestrogen. This is known as ovarian ablation. If you have had the menopause (postmenopausal), you may be offered hormone treatment with either an anti-oestrogen or an aromatase inhibitor drug.

Hormone therapy after the menopause

Aromatase inhibitors: Aromatase inhibitors are a group of drugs that are used if you have reached the menopause or along with ovarian ablation before the menopause. They prevent oestrogen being made in your body. They do this by blocking hormones called androgens that are changed into oestrogen by an enzyme known as aromatase. This enzyme is found in your liver and the fatty tissues of your body. The names of drugs in this group are:

- Anastrozole (Arimidex®)
- Letrozole (Femara®)
- Exemestane (Aromasin®)

They are usually given in tablet form once a day. Aromatase inhibitors are also becoming more widely used after a diagnosis of primary breast cancer. In this case, tamoxifen or a different type of aromatase inhibitor will be prescribed if the cancer comes back. You might have several types of hormones one after another to keep your disease under control.

The drugs cause few side-effects and tend to be mild if they do occur. They can cause vaginal dryness, nausea, and muscle and joint pain. Bone density scans may be done before starting treatment and regularly during treatment, as the drug can increase bone loss. Treatments are also available that can improve your bone strength.

Other anti-oestrogen drugs: Tamoxifen is an anti-oestrogen drug that can be used if you have or have not reached the menopause and if you are oestrogen-receptor (ER) positive. It works by blocking the uptake of oestrogen by the receptor on the cancer cells. Tamoxifen has been the most widely used hormone therapy for breast cancer and can control secondary breast cancer very well. It is usually given in tablet form once a day.

If you have secondary breast cancer in a bone, you may find that tamoxifen makes the bone pain worse for the first few days. This is known as tumour flare but it eases after a while. Do let your doctor know if it happens. In general, the benefits of taking tamoxifen far outweigh the risks if you are oestrogen-receptor positive.

Fulvestrant (Faslodex®) is another newer anti-oestrogen drug. It is given as an injection once a month. The side-effects are like those for tamoxifen (see page 25). Do talk to your doctor or nurse if you need more information.

If you would like more information on the different types of hormone drugs, call the National Cancer Helpline on 1800 200 700.
understanding secondary breast cancer

24

an anti-oestrogen drug used if you are oestrogen-receptor (ER) positive. It works by blocking the uptake of oestrogen by the receptor on cancer cells. Tamoxifen can control secondary breast cancer very well. It is usually given in tablet form once a day.

Ovarian treatments before the menopause
If you have not gone through the menopause and your secondary breast cancer is ER positive, your doctor might suggest a treatment that stops your ovaries making oestrogen. The treatment can be temporary or permanent. It is called ovarian suppression, where your ovaries stop making oestrogen temporarily. Ovarian ablation is where your ovaries stop making it permanently.

There are three ways to stop your ovaries working:
- Drug treatment – used for ovarian suppression
- Surgery – used for ovarian ablation
- Radiotherapy – used for ovarian ablation

These treatments are usually given in combination with an aromatase inhibitor or fulvestrant. They are less commonly used on their own.

Drug therapy: Certain drugs, known as pituitary down-regulators, can switch off your ovaries. This is done by changing the levels of hormones released in your brain that control how your ovaries work. One example of this type of drug is goserelin (Zoladex®). The drug has the same effect as surgery or radiotherapy but it can be reversed. This means that when the drug treatment is stopped, your periods may return.

One of the side-effects of ovarian suppression is an early menopause. Coping with this side-effect can be very distressing if you are a young woman. If you find these side-effects a problem, talk to your doctor or nurse. There is also a useful factsheet available called Understanding and Managing Menopausal Symptoms. Call the National Cancer Helpline on 1800 200 700 for a free copy.

Surgery: Surgery involves removing your ovaries. In this case, your periods will stop immediately. The operation is called an oophorectomy. It may be done using keyhole surgery usually under general anaesthetic. Your surgeon uses a thin flexible tube with a light and magnifying lens at the tip to look into your tummy (abdomen). A few small cuts are first made in the skin and muscle of your tummy and the tube is put in. Usually you stay in hospital for a day or two.

Radiotherapy: Radiotherapy involves giving high-energy X-rays to your ovaries to stop them working. Normally you have one more period, which may be heavy and then your periods stop completely.

Both surgery and radiotherapy will bring on a permanent menopause. This can be very distressing for a young woman. See page 52 for more advice. Or call the National Cancer Helpline on 1800 200 700 for a copy of the factsheet on ovarian ablation.

What are the side-effects of hormone therapy?
Hormone therapy may cause short- or long-term side-effects. As with all drugs, side-effects can vary. It also depends on whether you have had the menopause or not. Side-effects include:
- Periods may change or stop
- Osteoporosis
- Thickened womb
- Bone loss and pain

Changes to periods: For younger women who are still having periods, hormone therapy may cause periods to become irregular, lighter or stop altogether. The physical effects of this may include hot flushes, night sweats, dry skin, and dryness of your vagina. These can make sex uncomfortable and cause a decrease in sexual desire. Usually the side-effects are mild and may reduce over time. For more information, contact the National Cancer Helpline on 1800 200 700 and ask for a copy of the factsheet, Understanding and Managing Menopausal Symptoms.

Infertility: Treatment with hormone therapies can sometimes cause a permanent menopause. This means you will be unable to have children after treatment. It is not easy to come to terms with infertility. It can be very distressing if you are already coping with secondary breast cancer. See page 52 for more about infertility.

Osteoporosis: If you have not yet had the menopause, you should be aware of the risk of osteoporosis (brittle bones). This is due to less oestrogen in your body caused by hormone therapy. It happens particularly if a drug like goserelin (Zoladex®) is given. Discuss with your doctor or nurse how it can be prevented. Tamoxifen may have a
Understanding secondary breast cancer

Chemotherapy

Chemotherapy is a treatment using drugs that kill cancer cells or keep them under control. These drugs travel through your bloodstream to almost every part of your body. The aim of chemotherapy for secondary breast cancer is to stop the cancer from spreading. Chemotherapy on its own is unlikely to cure it but can relieve your symptoms and improve your quality of life. For some people, chemotherapy can make the cancer smaller and keep it under control. The benefits of treatment with chemotherapy can sometimes last for years.

Who is suitable for chemotherapy?

Chemotherapy is usually an option if you are not responding to hormone therapy or if your breast cancer is hormone negative. It might also be used in cancers that are growing quickly or affecting your liver or lungs. You might also receive your chemotherapy or any other treatment as part of a clinical trial. See page 21 for more details.

How is chemotherapy given?

Chemotherapy is usually given into a vein or as a tablet. If given into a vein, it can be as an injection or through a drip (infusion). Usually you receive the treatment as a day patient at the hospital. You doctor will let you know how many courses you need.

Because these drugs cannot tell the difference between cancer cells and normal cells, they may cause unwanted side-effects. Normal cells recover quickly so most of these side-effects do not last long. For this reason, chemotherapy is given in cycles. You will have a rest period between each course to allow time for the normal cells to recover.

Blood clotting: Tamoxifen is good at reducing cholesterol but can cause increased blood clotting. Even so, the risk of blood clots is very rare. For this reason while on tamoxifen, you should be closely watched and report any vaginal bleeding, chest pain, swelling, or tenderness in your legs or arms to your doctor.

Thickened womb: Tamoxifen can affect the lining of your womb and thicken it. There is also a tiny risk of developing cancer of the womb while on tamoxifen. For this reason, you should report any vaginal bleeding to your doctor.

Bone loss and pain: Aromatase inhibitors may increase bone loss and cause pains and aches in your muscle or bone joints. As a result, bone density scans may be done before starting treatment and regularly during it. You should also stop smoking, take regular exercise, and take calcium in your diet. Ask your doctor about taking calcium supplements. Drugs may be prescribed if there is serious bone loss (osteopaenia or osteoporosis). There are also other ways to lessen the side-effects of hormone treatments.

Managing side-effects

Ask your doctor or nurse what side-effects you can expect and how to manage them. Usually these side-effects are mild and may reduce over time. But if you continue to find them a problem, talk to your doctor or nurse. For more information about side-effects, contact the National Cancer Helpline on 1800 200 700. Or if you prefer, you can also visit a Daffodil Centre if one is located in your hospital.

To sum up

- Hormone therapy only works for women who have oestrogen-receptor positive (ER+) cancers.
- The choice of hormone therapy will depend on whether you have reached the menopause or not.
- Hormones tend to cause mild side-effects and often are not serious.
- The benefits of treatment with hormone therapies can last for years.
What drugs are used?

Many different chemotherapy drugs are used to control secondary breast cancer. They can be used either on their own one after another or together in combinations. If you have had chemotherapy before, it is unlikely that you will have the same drugs again.

Your doctor will decide which type of chemotherapy is suitable for you. He or she will also discuss the benefits and possible side-effects with you. Most side-effects of chemotherapy can be managed with medical care.

The chemotherapy drugs most commonly used for secondary breast cancer are:

- Epirubicin (Pharmorubicin®) or doxorubicin (Adriamycin®)
- 5-fluorouracil (5FU), capecitabine (Xeloda®), gemcitabine (Gemzar®)
- Cyclophosphamide
- Paclitaxel (Taxol®) or methotrexate or docetaxel (Taxotere®)
- Vinorelbine (Navelbine®)

For more information on chemotherapy, call the National Cancer Helpline on 1800 200 700 and ask for a copy of the booklet Understanding Chemotherapy. For more about specific drugs, visit www.cancer.ie/cancer-information/treatments/chemotherapy/drugs

What are the side-effects of chemotherapy?

The side-effects of chemotherapy vary from person to person and depend on the type of drugs used. Your doctors and nurses will let you know what kind of side-effects to expect and how long they will last. Chemotherapy usually affects the parts of your body where normal cells divide and grow quickly. This includes your bone marrow, mouth, digestive system, skin and hair.

You may experience some of the following side-effects:

- Tiredness and fatigue
- Peripheral neuropathy
- Nausea and vomiting
- Skin and nail changes
- Hair loss or thinning
- Sore mouth
- Diarrhoea and constipation
- Infection
- Anaemia
- Bleeding and bruising
- Kidney changes
- Changes in hearing
- Sore eyes
- Loss of appetite
- Feeling confused or memory problems
- Early menopause
- Infertility

Tiredness and fatigue: You might feel very tired during chemotherapy, especially the later months of treatment. Ongoing tiredness not eased by rest is called fatigue. It is a common symptom of cancer as well as a side-effect of treatment. You may find it hard to concentrate or make decisions. It can also be caused by the worry of having cancer and the added stress of treatment. A useful booklet on fatigue is available called Coping with Fatigue. If you would like more information or a free copy, call the National Cancer Helpline on 1800 200 700. See page 48 for more about fatigue.

Peripheral neuropathy: Some drugs like vinorelbine and paclitaxel can damage the nerve endings in your limbs. They may cause numbness, tingling or a burning sensation in your hands and feet, making it difficult to do up buttons or other tricky tasks. This is known as peripheral neuropathy. The side-effect is usually temporary and goes away after treatment stops, but it might take several months or longer to go away completely. Do tell your doctor if you experience these symptoms, as your treatment may have to be changed slightly.

Nausea and vomiting: Some chemotherapy drugs might make you feel sick (nausea) or vomit. Nowadays this side-effect is well controlled. You will be given drugs along with your chemotherapy to help prevent it. These are called anti-emetics and can be taken regularly. Even so, you may experience some nausea and vomiting during the first few days after treatment. If you feel sick, fizzy drinks may help or nibbling on dry biscuits and toast.

Skin and nail changes: Some drugs can affect your skin. They may cause it to become dry, itchy, slightly discoloured or darker. Report...
In some cases, it is possible to get financial assistance towards the cost of a wig. Ask your medical social worker or nurse for more information. If you have a medical card, you are entitled to 1-2 free or subsidised wigs every year. Some private health insurers will also cover a certain amount of the cost of a wig. If you would like more details on hair loss, contact the National Cancer Helpline on 1800 200 700 and ask for a copy of the factsheet, *Hair Loss and Cancer*, or the booklet, *Understanding Chemotherapy*.

**Sore mouth:** Some drugs can cause a dry, sore mouth that can lead to mouth ulcers and infections. Your mouth will gradually clear up but your doctor can prescribe mouthwashes or painkillers to help in the meantime. Avoid alcohol mouthwashes as they can irritate your mouth even more. Cleaning your teeth regularly and gently with a soft toothbrush will help to keep your mouth clean. For very sore mouths, there are gels, creams or pastes available to reduce the soreness. Your doctor may also prescribe medication, like mycostatin, to help prevent or clear infections. Do ask your nurse for advice.

Chemotherapy can also cause your sense of taste to change. Some foods may taste more salty, bitter or metallic when on treatment. A booklet called *Diet and Cancer* has some helpful advice on what to eat. Call the National Cancer Helpline on 1800 200 700 for a free copy.

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**Tips & Hints – mouth care**

- Gently brush your teeth with a small, soft toothbrush five or six times a day, especially after meals and before bedtime. It may help to soften the brush in warm water before brushing.
- Use a mild fluoride toothpaste only.
- If you have dentures, remove them every night and if your gums are sore.
- Use special mouthwashes to keep your mouth clean, fresh and to ease mild soreness or pain.
- Only use mouthwashes recommended by your dentist or nurse. Some mouthwashes contain alcohol and are too harsh.
- Keep your lips moist by using Vaseline® or a flavoured lip balm.

any rashes to your doctor, who can prescribe something to help. In general, your skin will improve once treatment is over.

If you are taking capecitabine, you may experience soreness and redness of the palms of your hands and soles of your feet. This is known as hand-foot syndrome or palmar plantar syndrome. Usually the symptoms are mild and do not interfere with your daily activities. But for some women, the symptoms can be very painful, and walking or using your hands can be difficult. Your skin can look like sunburn with skin beginning to peel off. This is temporary and will improve once treatment stops. It can help to avoid friction and heat, so do not rub your skin or put pressure on it. Ice packs may help too. Contact your doctor or chemotherapy unit for advice. They may need to adjust your treatment and can also prescribe medication to relieve any pain.

Your nails may grow more slowly and become brittle and flaky. Sometimes the shape and colour of your nails may change too. These nail changes usually fade once treatment is over.

**Hair loss or thinning:** Chemotherapy can cause temporary hair loss or thinning. This is known as alopecia. It is more likely to happen if you are taking chemotherapy drugs such as paclitaxel and doxorubicin.

The hair loss usually happens about 3 weeks after the start of treatment. You may lose all your body hair, including your eyelashes and eyebrows. But this can vary from person to person. You might experience tingling or sensitivity of your scalp just before your hair starts to fall out. This may last a day or so. But your hair will grow back once you have stopped treatment. It usually takes about 6 weeks to grow.

It is natural to feel upset, sad, angry or embarrassed at the thought of losing your hair. It might be particularly distressing if it brings back memories of previous chemotherapy treatments and losing your hair.

Don’t be afraid to talk to your nurse or medical social worker about your feelings. They will help you to find ways to cope with your hair loss. You can get a wig or hairpiece when it happens, or you may prefer to wear a hat or scarf. Talk to your medical social worker or nurse if you would like a wig or hairpiece. Arrange this before your hair starts to fall out, so that you can get a good colour match to your own hair.
Anaemia: If your number of red blood cells is low, you may become tired and weak. Because the amount of oxygen carried around your body is less, you may also become breathless. These are all symptoms of anaemia. You might also feel dizzy and light-headed and your muscles and joints can ache. Once the chemotherapy is over, the tiredness will ease off gradually. But you may still feel tired for a year or more afterwards. Remember to take plenty of rests and breaks, especially if you are feeling tired. Regular blood tests will be taken during treatment. A blood transfusion can be given if your red blood cells are low. This will help you to feel more energetic and less breathless.

Bleeding and bruising: Bruising is caused by a reduced number or platelets. Platelets help to make your blood clot and to stop bleeding when you hurt yourself. During your treatment, you might suffer from nosebleeds or bleed more heavily than usual from minor cuts or grazes. Bleeding may develop under your skin, usually as blood spots on your legs, feet, trunk and arms. Bleeding gums is also a common sign of low platelets. Do let your nurse or doctor know at once if you

Diarrhoea and constipation: Some chemotherapy drugs can affect the lining of your gut and may cause diarrhoea for a few days. Passing watery bowel motions more than three times a day is known as diarrhoea. You may also have cramping or abdominal pain. If this happens, drink lots of clear fluids (1½ to 2 litres a day) to replace the fluid you are losing. You must tell your doctor or nurse if you have diarrhoea for more than 24 hours. There is medication that can stop this side-effect of treatment. Again, it might be useful to talk to a dietitian who can offer advice and support at this time.

On the other hand, chemotherapy may slow down your bowels and your regular bowel habit may change. You may have difficulty passing a bowel motion. This is known as constipation. If this happens, let your doctor or nurse know as soon as possible. You may need to drink more clear fluids, eat a high-fibre diet, or take a laxative. In some cases, your doctor may have to adjust your treatment.

Infection: Chemotherapy may affect your bone marrow and make you more prone to infection. Infection is caused by having fewer white blood cells. This means that your immune system cannot fully fight infections. By not having enough white blood cells, even minor infections such as a cold or sore throat could make you ill. If you have a temperature at home, feel shivery or unwell or have flu-like symptoms, you need to go to hospital and possibly will need antibiotics into a vein. Do talk to your doctor or nurse, who will give you more advice.

Tips & Hints – infection

- Avoid crowds and close contact, such as hugging or kissing, with people who have colds or flu and other infections. This includes chickenpox, shingles or measles.
- Let your doctor know if you have a sore throat, cough, pain passing urine, or redness or swelling on your skin.
- If your temperature goes above 38°C (100.5°F), or if you suddenly feel shivery or unwell, contact your doctor or the hospital immediately.
- Wash your hands often during the day, especially before you eat and after going to the toilet.
- Avoid unpasteurised milk, soft cheeses, undercooked meats and poultry, the skin of raw vegetables and of fresh fruit.

Drink 1½ to 2 litres of fluid a day if you have diarrhoea or constipation.

You may feel tired and weak if you have anaemia.
have this symptom. You may need a platelet transfusion to help reduce any bleeding or bruising.

Also, use a soft toothbrush when brushing your teeth and an electric razor when shaving. In women, periods can be heavier and longer than usual during the first few chemotherapy cycles. Take care to prevent injury and avoid contact sports. Do not take aspirin as it can increase your risk of bleeding.

**Kidney changes:** Some chemotherapy drugs can damage your kidneys. For this reason, fluids may be given to you before and after treatment. Do drink plenty of fluids, about 1½ litres a day, when at home. If you notice any pain, discomfort or blood on passing urine, tell your doctor at once. The drug epirubicin will make your urine red for up to 24 hours after you have your treatment. This can be alarming but is a normal side-effect of the drug.

**Changes in hearing:** Some chemotherapy drugs can cause a continuous sound in your ears. This is called tinnitus. These buzzing or ringing sounds can be very distressing. Let your doctor know if there is any change in your hearing, as changes can be made to your treatment.

**Sore eyes:** Some drugs can make you feel as if you have grit in your eyes. Eye drops may relieve this soreness. Your doctor can prescribe suitable eye drops for you. Do ask your doctor or nurse for advice, as some over-the-counter eyes drops are not always recommended.

**Feeling confused or memory problems:** You might feel ‘vague’ or mildly confused or have memory problems while having chemotherapy. This is sometimes called ‘chemo brain’ or ‘chemo fog’. Symptoms can last for some months after treatment is over. Do talk to your doctor or nurse if you feel this way. Or call the National Cancer Helpline on 1800 200 700 for a factsheet called *Short-Term Memory Loss and Cancer*.

**Early menopause:** If you are a younger woman, you may experience menopausal symptoms during chemotherapy. For example, hot flushes, dry skin, dryness of your vagina and less interest in sex. For more information on this side-effect, contact the National Cancer Helpline on 1800 200 700. Ask for a copy of the factsheet, *Understanding and Managing Menopausal Symptoms*.

**Infertility:** After chemotherapy, infertility can sometimes be permanent in younger women but it more usually affects women nearer their natural menopause.

Infertility can be very hard to come to terms with. Do talk to your doctor about your concerns and feelings. See page 51 for more details on sex and infertility.

**Other changes**

If you have a side-effect or symptom that is troubling you or not listed above, do let your doctor or nurse know. There are ways to help make your life easier and more comfortable. If you would like more information about the general side-effects of chemotherapy, contact the National Cancer Helpline on 1800 200 700 and ask for a copy of the booklet, *Understanding Chemotherapy*. Or if you prefer, you can visit a Daffodil Centre if one is located in your hospital.

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### To sum up

- Chemotherapy is a treatment using drugs to cure or control cancer.
- Chemotherapy can be given in tablet form, directly into a vein as an injection or through a drip (infusion).
- The side-effects vary from person to person and depend on the drugs used.
- Some common side-effects are fatigue, nausea and vomiting, sore mouth, peripheral neuropathy.
- Most side-effects are well controlled with medication.
Radiotherapy

Radiotherapy uses high-energy X-rays to kill cancer cells and so reduce the size of the tumour. Only short courses of radiotherapy are needed to treat secondary breast cancer.

Who is suitable for radiotherapy?
Radiotherapy may help if your secondary breast cancer has spread to your bone, skin, lymph nodes or parts of your brain. It is a localised treatment, which means it only treats the area of your body that it is aimed at.

If cancer has spread to your bones, the aim of radiotherapy is to improve your mobility, decrease pain and prevent any possible fractures or spinal cord compression. It should also make you feel more comfortable. If the cancer has spread to other parts of your body, it is used to reduce the cancer in size and relieve pain or swelling.

How is radiotherapy given?
Radiotherapy is often given as external beam radiation. This is where a beam of radiation is aimed at the cancer directly from a machine. The treatment itself only takes a few minutes and does not hurt. Your doctor and radiation therapist will tell you exactly when to come for treatment each time. Usually for secondary breast cancer a short course of radiotherapy is only needed. It is aimed at specific areas of your body as a single dose or divided over a few days. Radiotherapy works by killing off most of the cancer cells in the treated area. It shrinks the tumour and so relieves pressure and pain.

Radiotherapy is not painful and only takes a few minutes each time. But you might find it uncomfortable to lie still in the same position while the treatment is being given. If you think it might help, ask your radiation therapist if you can take a painkiller half an hour before your treatment.

Your doctor or nurse will discuss any special precautions with you before you go home. Remember not everyone is suitable for this treatment. Your doctor will advise you on this matter. If you would like more information, call the National Cancer Helpline on 1800 200 700 and ask for a copy of the booklet, Understanding Radiotherapy.

What are the side-effects of radiotherapy?
The side-effects of radiotherapy vary and depend on which part of your body is being treated. Because secondary breast cancer usually only needs a short course of radiotherapy most women have few side-effects.

Nausea: Radiotherapy to your stomach area or brain may make you feel sick. This can be prevented or relieved by taking anti-sickness drugs before your treatment. Your doctor will prescribe these for you.

Skin changes: You may get some redness of your skin or lose body hair on the treated area. But it is rare to have skin reactions. Do ask the radiotherapy staff in your treatment centre for skin care advice and how to feel more comfortable.

Hair loss: If you have treatment to your brain, you are likely to have hair loss to your head. The hair usually starts to grow back within 2 to 3 months of the treatment finishing. If hair loss happens in other parts of your body, it will only be on the treated area.

If you would like more information on radiotherapy, call the National Cancer Helpline on 1800 200 700. Ask for a copy of the free booklet Understanding Radiotherapy or a DVD called Radiation Therapy: A Patient Pathway. Or if you prefer, you can also visit a Daffodil Centre if one is located in your hospital.
Biological therapies

Nowadays a newer kind of treatment is used for secondary breast cancer. It is called biological therapies and uses substances that usually occur naturally in your body, like antibodies, to destroy cancer cells. There are many types of biological therapies. Targeted therapies is the one most commonly used in secondary breast cancer. They work by locking onto specific proteins that are present in particular cancer cells. Unlike chemotherapy, the cancer cells are targeted directly and there is no harm to normal cells. For this reason, they are known as targeted therapies. They can be used alone or together with chemotherapy or hormone therapy.

Who is suitable for targeted therapies?
These drugs may be suitable if you have HER2-positive breast cancer. They target cancer cells that ‘overproduce’ or make too much of a protein called HER2. This protein is found on the surface of some cancer cells. The drugs work by attaching to the HER2 protein and slowing down or stopping the cancer cells growing.

A sample of breast cancer cells can be tested for the presence of HER2. It usually takes 3 weeks to get the results. About 1 in 5 women with breast cancer are HER2 positive. These cancers tend to grow faster than those that are HER2 negative and like many breast cancers can recur.

Remember if you had cancer before, the HER2 receptors on your cancer cells can change. Your doctor will not know if they have changed until he or she does a new biopsy.

What drugs are used?
The targeted therapies used in the treatment of secondary breast cancer are:
- Trastuzumab
- Lapatinib
- Bevacizumab

Trastuzumab (Herceptin®): This drug is part of a group of drugs known as monoclonal antibodies. It is only suitable if you have HER2-positive breast cancer. For a free factsheet on Herceptin, call the National Cancer Helpline on 1800 200 700.

Lapatinib (Tyverb®): This is one of a group of cancer drugs called tyrosine kinase inhibitors. It too only works if you have HER2-positive breast cancer. Like Herceptin, it blocks the action of the HER2 protein. Whereas Herceptin works on the surface of the cancer cells, lapatinib works by preventing a protein inside the cell sending signals for the cancer cell to grow. If your cancer has stopped responding to chemotherapy or Herceptin, you may be suitable for lapatinib.

Bevacizumab (Avastin®): This targeted therapy works differently but is also a monoclonal antibody. It may sometimes be used for secondary breast cancer. It can be given if you have either HER2 positive or negative breast cancer, as it does not target the HER2 protein. Instead, it blocks the growth of new blood vessels that supply oxygen and nutrients to the cancer cells. As a result, the cancer cells cannot grow and die off.

How are the drugs given?
Herceptin is usually given into a vein through a drip or central line. You may have to attend the hospital as a day patient while receiving the drug. The first dose usually takes about 90 minutes to give. But if you tolerate this, it is reduced down to 30‒60 minutes in later doses. Herceptin can be given once a week or every 3 weeks. Your doctor will let you know how long you need it. It can be given for as long as it keeps the cancer under control.

Lapatinib is a newer drug and taken daily as a tablet. It can also be given with the chemotherapy drug capecitabine (Xeloda®), which is also a tablet. For more information on these drugs, visit www.cancer.ie/cancer-information/treatments/biological-therapies

What are the side-effects of targeted therapies?
Your doctor and nurse will let you know if you can expect any side-effects. The following side-effects can occur:
- Allergic reaction – fever and chills
- Flu-like symptoms
- Nausea
- Headaches
- Diarrhoea
- Fatigue

The above side-effects are mild and your doctor and nurse will help ease any discomfort. Herceptin has very few side-effects but there is
If the secondary breast cancer is affecting your bones, you might be treated with a group of drugs called bisphosphonates. These can slow down or prevent bone damage and may reduce the spread of cancer. They can also lower calcium levels in your blood if you have a condition called hypercalcaemia. This occurs when too much calcium escapes from the damaged bone into your bloodstream. High calcium levels can cause problems, such as nausea, vomiting, thirst, constipation and drowsiness.

Bone can be seriously weakened by the cancer. In this case, bisphosphonates can help to strengthen the bone and reduce the risk of fractures. Bone pain can be reduced as well. In fact, the drug can help reduce pain that has not responded well to painkillers or is too widespread for local radiotherapy.

How are bisphosphonates given?
Bisphosphonates can be taken orally as tablets or as an injection into a vein. The tablets are taken one or twice a day, whereas the injection is given once a month. This happens in the hospital day ward and takes a couple of hours. Usually bisphosphonates are a long-term treatment and given as long as you are benefiting from them.

What are the side-effects of bisphosphonates?
There are several side-effects to bisphosphonates but many women experience none. Some mild side-effects happen at the start of treatment. For example, bone pain and flu-like symptoms. The tablets can sometimes cause diarrhoea, constipation and heartburn. Very rarely, bisphosphonates can cause jaw problems. Do let your dentist know if you are being treated with bisphosphonates and experience any problems. If you would like a factsheet on bisphosphonates or more information, call the National Cancer Helpline on 1800 200 700. Or if you prefer, you can visit a Daffodil Centre if one is located in your hospital.
To sum up

- Bisphosphonates can prevent bone damage in bones affected by secondary breast cancer.
- They can help reduce pain that has not responded well to painkillers or is too widespread for local radiotherapy
- Bisphosphonates can reduce high calcium levels in your blood.
- The long-term use of bisphosphonates reduces the risk of bone fractures and may delay the spread of the bone cancer.

Surgery

Surgery is generally not an option for most people with secondary breast cancer. It is unlikely to remove all the cancer, and drug treatments tend to be better options. But surgery might help to control your disease and reduce your symptoms. Your doctor might advise having surgery in the following situations:

- **First diagnosis:** If secondary breast cancer is your first diagnosis, you might only have a biopsy (sample) of breast tissue to confirm your breast cancer diagnosis. Or if you have a small amount of disease, your surgeon may remove the primary breast cancer.

- **Bone:** If the cancer has spread to your bone, surgery can treat the fracture or replace a joint damaged by cancer.

- **Lungs:** If the cancer has spread to the lining of the membrane outside your lungs (pleura), or to the lungs themselves, there are different types of surgery to manage the cancer.

- **Brain:** If the cancer has spread to your brain, surgery can be used to remove small areas of cancer or drain fluid from your brain.

- **Liver:** If the cancer has spread to your liver, surgery can work well if the area is just an isolated area.

- **Other reasons:** Surgery can help if the cancer has grown out through your skin, or is pressing on nerves and causing pain or a blocked bowel.

What are the side-effects of surgery?
The side-effects of surgery will depend on the type of operation. Do ask your surgeon or nurse to explain why the surgery is recommended for you and what will be involved. You can also call the National Cancer Helpline on 1800 200 700. Or if you prefer, you can also visit a Daffodil Centre if one is located in your hospital.

How can my symptoms be treated?

Some symptoms of secondary breast cancer can be linked to the cancer itself or due to treatment. Your symptoms will depend on how the secondary breast cancer has affected you. You may experience symptoms such as:

- Pain
- Nausea and vomiting
- Breathing problems
- Difficulty in sleeping
- Swelling of the arm (lymphoedema)
- High calcium levels in blood
- Bone pain and weakened bones
- Constipation
- Fatigue

It is very unlikely that you will have all of these symptoms or even most of them. If you have any symptoms that are troubling you, let your doctor or nurse know. Sometimes radiotherapy and chemotherapy can be used to help symptoms. But there are other treatments that can help to make your life easier too.

Pain

Many people with secondary breast cancer do not have pain, but still fear getting it. If you do get pain, it can be helped by cancer treatments or one of the many painkillers available. Sometimes different treatments such as radiotherapy can relieve pain. Do tell your doctor or nurse immediately if you do get pain. Your doctor will try to find out what is causing it. Pain can also be due to other medical conditions that have nothing to do with your cancer.

Your doctor will decide which painkiller is best suited to the type of pain you have. If the medication does not kill the pain, tell your doctor or nurse. A specialist who manages pain and other symptoms may also be able to help you. He or she can arrange for you to try out different painkillers to see which suits you best. Beside painkillers, a number of
other drugs can be helpful in reducing pain. If the pain is due to secondary breast cancer in the bone, anti-inflammatory drugs can be helpful. Other drugs known as bisphosphonate can also help to relieve bone pain. See page 41 for more about bisphosphonates.

Radiotherapy is very good for treating bone pain from secondary breast cancer. It can be given as a single dose or divided over a few days. It usually takes at least 2–3 weeks to work. There are a number of non-medical ways to control pain too. These complementary therapies can be used on their own or with medical treatments. For example, gentle massage and aromatherapy can ease aches and pains or relaxation techniques can help you feel more comfortable. More information is available in a free booklet from the Irish Cancer Society called Understanding Cancer and Complementary Therapies: A Guide for Cancer Patients. Call the National Cancer Helpline on 1800 200 700 for a copy.

### Nausea and vomiting

With secondary breast cancer, you might be sick or feel sick at some point during your illness. This can make everyday life very difficult to cope with. If you are having problems with feeling sick or vomiting, do tell your doctor or nurse. There are ways to control sickness, depending on what is causing it. Nausea can be due to the cancer itself, side-effects of drugs such as painkillers, constipation, too much calcium in your blood, and treatments such as chemotherapy. There are many anti-sickness drugs available to treat nausea and they work in different ways. If the drug you are taking is not working, let your doctor know and a different treatment can be prescribed. You may need a combination of drugs to help prevent nausea and vomiting.

### Tips & Hints – nausea

- Eat small amounts of food regularly.
- Avoid fatty foods.
- Avoid foods that make you feel sick.
- Avoid taking a lot of fluid just before you eat.
- Take ginger or peppermint to ease the nausea.
- Take plenty of fluids in small amounts throughout the day.
- Try a complementary therapy, like acupuncture. It may help nausea. Ask your doctor for advice first.

### Breathing problems

Shortness of breath can be very uncomfortable and distressing. This symptom may be caused by a tumour in your lung or in the lining outside it. There are ways to relieve the problem causing shortness of breath. For example, you may have extra fluid on your lung that is making it hard for you to breath in a relaxed way. This is known as a pleural effusion. By removing this fluid, your lung can re-expand and breathing becomes easier. It is done by putting a small tube into your chest under a local anaesthetic. The tube can then be removed once all the fluid has drained.
If you notice a swelling anywhere on your arm, hand or breast area, tell your doctor or nurse. The swelling might come and go but still report it. The best treatment for swelling of the arm is a programme of exercise, massage, skin care and a properly fitted compression sleeve or multi-layer bandaging. Your doctor will refer you to a trained lymphoedema specialist for assessment and treatment. The treatment aims to restore limb size and function and reduce the swelling caused by the build-up of lymph. Early treatment is always advised when the swelling is soft and easily managed. For further information and a factsheet giving advice for those at risk of lymphoedema, call the National Cancer Helpline on 1800 200 700.

**High calcium levels in blood**

With cancer in the bone, more calcium is absorbed into your bloodstream from your bone. A high level of calcium in your blood is called hypercalcaemia. It can cause excessive thirst, vomiting, drowsiness and confusion. To be treated, you will need to spend a day or two in hospital to get your calcium levels down. This is done by giving you drugs called bisphosphonates to stop further damage to your bone. Drinking plenty of fluids will help too. With treatment, you should feel much better after a few days.

**Bone pain and weakened bones**

Secondary cancer in the bone can cause bone pain. It also makes your bones weaker with a risk of fractures. Bisphosphonates can help to relieve bone pain as well as help strengthen them and reduce the risk of fractures. See page 41 for more information.

Radiotherapy is very good for treating bone pain due to secondary breast cancer. The treatment kills off the cancer cells and can be given as a single dose or divided over a few days. It can take 2–3 weeks to work.

If a bone is very weak, you may need surgery to strengthen it. This is done in hospital under a general anaesthetic. Your surgeon will put a pin into the centre of the weakened bone and might fix a metal plate to hold the bone firm as well. You will need to stay in hospital for a week or so to recover after this surgery.

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**Tips & Hints – sleep problems**

- Have a regular routine at bedtime.
- Take a warm milky drink before bed, but not coffee or tea.
- Have a warm bath with a few drops of lavender oil in it or sprinkle a few drops on your pillow.
- Listen to music or the radio if you cannot sleep. Or get up and watch TV or read a book.
- Play relaxation tapes, or audiotapes with stories, to help you get back to sleep.

**Swelling of the arm (lymphoedema)**

Lymphoedema is a swelling that happens when your lymphatic system is disrupted. This can occur if lymph nodes are removed during surgery or radiotherapy to treat cancer. The lymph fluid can build up and cause swelling.
Understanding secondary breast cancer

Palliative care

During or after your anti-cancer treatment, your doctor may discuss palliative care with you. This is care that focuses on your physical, psychological and spiritual needs rather than trying to cure or control the cancer. It helps you get the best quality of life available to you by relieving suffering and controlling pain and symptoms, as well as any emotional distress.

A team of doctors, nurses and other health professionals will be responsible for your care. Your GP, public health nurse or hospital can refer you to the specialist palliative care service close to where you live. Palliative care can be given in a hospice or community hospital or in your own home. You can attend a hospice for managing your symptoms as well. Nowadays hospices are places that specialise in symptom control and you can spend a day or two there receiving treatment. In later stages, palliative care can also help people to prepare for death. Do talk to your doctor and nurse for more advice. Or if you do not feel well enough, your family can do so.

Constipation

Constipation can be a common problem if you have secondary breast cancer, especially if you are taking painkillers. If you are suffering from it, do talk to your doctor as soon as possible. He or she will want to assess it and find the cause before advising you on the best treatment. Constipation might also be linked to a low-fibre diet, not drinking enough fluids, not eating enough, or being less active. Do talk to your hospital dietitian to help you plan a diet high in fibre with plenty of fluid. Gentle exercises can help to keep your bowel movements regular, so talk to your doctor or nurse for advice on what exercises you can do. Whatever the reason, bowel problems can be distressing especially when they affect your daily life.

Fatigue

Fatigue is a common symptom of cancer and usually described as an overwhelming tiredness. Often it is not relieved by rest. You may find it hard to concentrate or even make decisions. The reason for the fatigue can sometimes be hard to identify. It can also be due to anxiety over a cancer diagnosis or the added stress caused by treatment. Whatever the reason, there are ways to ease it.

For many patients, treatment may help by relieving symptoms such as pain and nausea, allowing you to get back to your normal routine. Ask your doctor before you start treatment what side-effects you can expect. If you are feeling very worried, you may find it hard to sleep at night. Do tell your doctor or nurse, who may be able to help. Also, try talking to your family or close friends about your concerns. If you find this difficult, ask to see a counsellor. He or she will help you to find ways to cope.

If your illness allows you to do physical exercise, get some on a regular basis. For example, a 30-minute walk 3–5 days a week might be a realistic goal and will boost your morale when you achieve it. Get others to help you around the house, with travelling to hospital, at work, with childcare or with shopping. Use the extra free time to do something that you especially enjoy. A helpful booklet called Coping with Fatigue is available from the Irish Cancer Society. Call the National Cancer Helpline on 1800 200 700 for a free copy. Or if you prefer, you can also visit a Daffodil Centre if one is located in your hospital.

Constipation

Palliative care

Tips & Hints – fatigue

• Build rest periods into your day. If you are going somewhere special, have a rest before you go out.
• Keep your energy for eating. Eat little and often and use ready-made meals or snacks.
• Wear clothes that are easy to put on and take off.
• Sit down when getting dressed or doing household jobs such as ironing, etc.
• Do some gentle exercise each day. Ask your doctor or nurse for advice.
• Ask for help at work or around the house, especially with cooking, housework or childcare.
• Make sure your bedroom is quiet and not too hot or cold.
• Go to bed each night at the same time. Each morning get up at same time and do not lie in.
• Avoid stimulants before bedtime, such as alcohol, coffee, tea, coke or chocolate.
• Use relaxation techniques to get to sleep, like gentle exercise, relaxation tapes, etc.
Will treatment affect my sex life and fertility?

Sex and sexuality
Coming to terms with the fact that you have secondary breast cancer can take quite a while. It may even affect your sex life. For some people sex is an important part of their relationships, while it is less so for others. Your emotions are likely to be turned upside down, making it hard to relax when you have many worries on your mind. You may also be feeling tired or have a lower sex drive from the effects of treatment or from your symptoms. As a result, you may lose interest in sex. Do not worry about this, as it is quite normal.

If you have a supportive partner, you may find that talking about your feelings may ease your anxiety. Even if you do not feel like having sex, you can still enjoy a close and loving relationship with your partner. If you find it hard to express your feelings to your partner or a close friend, especially about changes in body image or survival, talk to your doctor or nurse. They may refer you for specialist counselling if you feel that would be helpful.

There is no set time for you to be ready to have sex again. It varies from person to person. Once you return to your usual routine, your interest in sex should return too. If you have any queries about how treatment may affect your sex life, do talk to your doctor.

Some people fear that cancer can be passed on to a partner during sex. There is no truth to this. It is quite safe for you to resume having sex with your partner. Do talk to your doctor and nurse for advice. Or you can call the National Cancer Helpline on 1800 200 700 and ask for a factsheet on sexuality and breast cancer.

Contraception
It is important not to get pregnant during treatment. Chemotherapy, if needed, is only given after the first trimester (three months) of pregnancy as it may harm your unborn child.
Remember to use a reliable contraceptive so that you do not become pregnant. If your periods stop while on treatment, you will still need to use contraception if you are sexually active.

Fertility
Some drugs used to treat secondary breast cancer can cause either short-term or lasting infertility. It all depends on your type of treatment and your age at diagnosis. Your doctor will explain this in more detail to you before treatment begins. Bring along your partner when meeting your doctor so both of you can discuss your concerns.

Pregnancy
Controlling the cancer or cancer symptoms during pregnancy can be a challenge for your doctor. Some treatments are not suitable if you are pregnant when diagnosed with secondary breast cancer. Do talk to your doctors about your options at this time and the timing of treatments.

The issue of pregnancy for women with secondary breast cancer is quite complex. You might worry about having a child for fear that you might not live long enough to raise the child. Or else you may believe that even if you do die, you can still give your child the love and care it needs in the meantime. Talk to your doctor if you are concerned about this issue.

Women and infertility
Chemotherapy and other treatments can damage your ovaries and reduce the amount of hormones made. This means that you cannot get pregnant. This infertility may be temporary or permanent. It will all depend on the type and dose of drugs used in your treatment and your age. Your periods may become irregular or stop altogether but continue to take contraceptive precautions during and after treatment. Do discuss any fertility issues with your doctor.

Early menopause
The nearer you are to the menopause, the more likely that chemotherapy will stop your periods permanently. An early menopause can also be a side-effect of hormone therapy or ovarian ablation if you are fertile. Your periods may become irregular or stop altogether. This can lead to uncomfortable menopausal symptoms, including:

- Hot flushes
- Night sweats
- Generalised aches and pains
- Vaginal dryness
- Lower sex drive
- Mood swing
- Poor concentration

As the early menopause has been caused by treatment, any symptoms may appear far more suddenly than if it were a natural menopause. Some symptoms can be quite severe in some women and very mild in others. If you have a side-effect or symptom from those listed above and it concerns you, tell your doctor or nurse straight away. He or she will tell you what to do. They may prescribe hormone replacement therapy (HRT) for you.

You may find it helpful to get support from a counsellor who specialises in sexual issues. How you feel about yourself as a woman can be affected if you have menopausal symptoms. Do call the National Cancer Helpline on 1800 200 700 and ask for the factsheet called Understanding and Managing Menopausal Symptoms.

Coping with infertility
It is not easy to come to terms with infertility. It may be very distressing if you are already coping with secondary breast cancer. You may feel devastated if told that you can no longer have a child in the future. It can bring deep feelings of sadness, anger and loss of identity. You may find it helpful to talk openly to your partner or a friend about these feelings. It is important to talk to your doctor or nurse too. He or she may arrange for you to speak to a trained counsellor or a specialist, especially if you cannot deal with any strong emotions that you might have. Do seek professional help if infertility is likely to trouble you.
Cancer and complementary therapies

There is great interest today in complementary treatments for cancer. Some people find them very helpful during their illness. The way cancer is treated often depends on the culture of the country you live in. In Ireland, cancer treatments are based on scientific research, which allows the response to treatment, side-effects and the general effect of treatment to be predicted. You may hear about the following types of treatments or therapies.

Conventional therapies

Conventional therapies are treatments that doctors use most often to treat people with cancer. These include surgery, radiotherapy, chemotherapy, hormone therapy and biological therapies. They are tried and trusted methods where there is a long history of use. Many of the treatments have been tested in clinical trials.

Complementary therapies

Complementary therapies are treatments that are sometimes given together with conventional treatment. They include therapies such as:

- Meditation
- Relaxation
- Visualisation
- Gentle massage
- Aromatherapy
- Reflexology
- Music, art and dance therapy
- Nutrition therapy
- Shiatsu
- Yoga
- Acupuncture
- Hypnotherapy

Many people find that complementary therapies are very helpful in a number of ways. You may feel more positive about yourself and your illness. You may be better able to cope with the physical side-effects of cancer and the distressing emotions that it can often bring. Some complementary therapies also focus on the spiritual dimension of a person to aid healing.

Alternative therapies

Alternative therapies are generally treatments that are used instead of conventional treatments. These therapies include diet therapy, megavitamin therapy and herbalism. The diet therapy can often be

What follow-up do I need?

No matter what treatment you receive, you will still need to come back for regular check-ups. This is called follow-up. At each outpatient visit, your doctor will examine you and blood tests may be done. Other tests, like X-rays and scans, can be arranged if needed. The visits will allow your doctor to monitor your progress and follow up on any ongoing side-effects that you may have. He or she can also check for new side-effects that may develop. It is better to be aware of these as early as possible so that further treatment can be given.

If you are between check-ups and have a symptom or problem that is worrying you, let your doctor know. Make an appointment to see him or her as soon as possible.

Staying healthy

Taking exercise: Try to remain active and exercise both during and after cancer treatment, even if you do not feel like it. Remember to get a good balance between being active and taking time to rest. Regular exercise usually means 30 minutes of moderate activity at least 3–5 times a week. For example, going for a brisk walk or general gardening. Exercise can help reduce fatigue and the side-effects of cancer treatments, while improving your overall quality of life. Ask your nurse if there are any exercise programmes available or call the National Cancer Helpline on 1800 200 700.

Diet: Remember to eat a balanced and varied diet. Do eat food that you can enjoy and in the company of family and friends. If you develop any eating problems, do discuss them with your hospital dietitian. At these times, it can help to eat smaller meals and more often. It is best to reduce your intake of alcohol or at least ask your doctor for advice. Be careful about avoiding certain foods because you think they are harmful. For example, red meat. If you avoid dairy products such as milk, yoghurt and cheese, you will exclude the main sources of calcium in your diet. Avoid them only if advised by your doctor, nurse or dietitian.

See page 61 for more about what you can do to stay healthy.
Coping and emotions

How can I cope with my feelings?

You may think your feelings and emotions are not such a serious matter when being treated for cancer. But remember your emotional well-being is just as important as your physical well-being. There are many reactions when told you have secondary breast cancer. Reactions can often differ from person to person. In fact, there is no right or wrong way to feel. There is also no set time to have one particular emotion or not. Some reactions may occur at the time of diagnosis, while others might appear or reappear later during your treatment.

Secondary breast cancer can bring a lot of uncertainty into your life. It can be very difficult to face an uncertain future and feel you are no longer in control. No one knows how long anybody will live, but having a secondary breast cancer is likely to shorten your life than if the cancer had not spread. One way to reduce the stress of uncertainty is to make your plans day by day. Letting go of the past and not worrying about the future allows you to live fully in the present.

If you decide to have complementary or alternative treatments...

Before you decide to change your treatment or add any methods of your own, do talk to your doctor or nurse. Some methods can be safely used along with standard medical treatment. But others can interfere with standard treatment or cause serious side-effects. For that reason, do talk openly with your GP or cancer specialist if you are thinking of having treatment with either a complementary or alternative practitioner. Don’t be afraid that your doctor will be offended by your wish for other treatments. In fact, he or she may be able to recommend therapies that could be safe and useful for you.

Be cautious in selecting a practitioner. Don’t be misled by promises of cures. At present in Ireland, this area is not fully regulated. Make sure that the practitioners you plan to visit are properly qualified and have a good reputation. Check to see if they belong to a professional body or not. If you are unsure but would like to know what other patients have found helpful, contact your doctor or a patient support group. Also, it is important to make sure that the practitioner is charging a fair price for your treatment.

More information is available in a free booklet from the Irish Cancer Society called Understanding Cancer and Complementary Therapies: A Guide for Cancer Patients. If you would like a copy or more advice, call the National Cancer Helpline on 1800 200 700. Or if you prefer, you can also visit a Daffodil Centre if one is located in your hospital.

National Cancer Helpline 1800 200 700

restrictive. This means it does not allow you to eat foods that could be nutritious for you. Some restrictive diets can harm your health and may even cause malnutrition. Most doctors do not believe that such treatments can cure or control cancer.
Sometimes a cancer diagnosis can bring greater distress and cause anxiety and depression. A helpful booklet which discusses them in detail is called *Understanding the Emotional Effects of Cancer* and is available from the Irish Cancer Society. Call the National Cancer Helpline on 1800 200 700 for a free copy.

**Learning to cope**

It can take some time to come to terms with your emotions, having being diagnosed with secondary breast cancer. Coping with the physical effects of treatment can also add to the burden of dealing with cancer.

While it is true that some treatments can have some unpleasant side-effects, many women can live a normal life during treatment. In fact, some women with secondary breast cancer find their daily lives are not affected very much. They treat their cancer like a long-term illness causing problems from time to time. Having cancer has been described as ‘riding an emotional rollercoaster’. Sometimes you feel very low, while at other times you feel very positive and hopeful.

You will need to take some time off for your treatment. Just do as much as you feel like and take plenty of rest. It is not a sign of failure to ask for help or to feel unable to cope on your own. Once other people understand how you are feeling, they can give you more support.

**How can my family and friends help?**

Your family and friends can support you through your cancer journey in different ways. Some family members and friends can offer a listening ear and give you advice if needed. Some may gather up-to-date information on secondary breast cancer to know what you can expect and what you are going through. Others may prefer to help you in a practical way with travelling to and from the hospital, with childcare, cooking, shopping or housework. It may take time to know which way suits you and your family or friends best.

**How to talk to someone with cancer**

When someone close to you has cancer it can be hard to know what to do. Their welfare may be a priority for you, but you might still be unsure when to visit or what to talk about. It can be all the more harder when faced with a second cancer diagnosis. You may be afraid of upsetting them or saying the wrong thing. So it may seem best to pretend that everything is okay and carry on as normal. Sadly, by not talking to your friend or loved one, it can make them feel even more lonely and isolated. Try not to withdraw because you are afraid of their illness or what might happen in the future. Although some people do die from cancer, many can live with it for years. Be honest with your own feelings too.

Often those with cancer do not wish to burden their family and friends with their worries and concerns. Gentle encouragement can sometimes help. But don’t rush into talking about their illness – knowing that you are always ready to listen and give help may reassure them. You may think you are not doing much by just listening. In fact, it is one of the best ways to help.

**Be patient**

Sometimes your friend or relative may get cross or irritable for what may seem to be no good reason. These feelings are completely normal. Be as patient and understanding as you can. Give them the space and time to adjust to the changes in their life. Above all, let them know that you are there, if they want to talk or need help. In time, life will begin to be normal again.

*Lost for Words: How to Talk to Someone with Cancer* is a useful booklet written for relatives and friends of people with cancer. Call the National Cancer Helpline on 1800 200 700 for a free copy.
Understand secondary breast cancer

How can I talk to my children?

From your experience with cancer the first time you may find discussing your diagnosis with children difficult or perhaps easier. As you know a cancer diagnosis can affect an entire family. You know the kind of changes it brings. You may feel that you do not want your illness to upset family life again. Or feel guilty that you cannot do activities with your children or that you are letting them down. These are all natural feelings to have at this time.

Even so, it is best to keep family life as normal as possible. Continue with activities, with birthdays and celebrations or work commitments. It may take a while but families can learn to adjust to big changes in their lives again.

Be honest

Every family deals with cancer in its own way. The main thing to remember is that being honest with your family really helps. Keeping your illness a secret may not be the best thing for your family. It can put added pressures on them and lead to confusion. If you have very young children, they can be very sensitive to stress and tension. And if you try to protect them by saying nothing, they may feel isolated. In fact, they may have greater fears if told nothing.

It is best that you or your partner tell your children about your cancer diagnosis. If this is not possible, then someone else close to your children should break the news. Do prepare your family for the side-effects of treatment before they happen and answer their questions simply and honestly. For example, if you get hair loss due to treatment.

What if I don’t get better?

Most parents dread to hear the question ‘Are you going to die?’ Because your natural reaction is to protect your children, you may be tempted to say that everything will be fine. But in the long run, it is best not to give your children false hope.

If there is any chance that you are not going to recover, it is still important to balance hope with reality. By helping your children face death together as a family, you are likely to help them adjust and recover from their grief quicker. At this time you will want to consider what is important for you, how you want to spend the time, and how your children can be involved.

If you need extra help in dealing with young children, talk to your nurse or medical social worker. The booklet Talking to Children about Cancer: A Guide for Parents gives practical advice on talking to children and what to do if you do not get better. If you would like a copy, call the National Cancer Helpline on 1800 200 700.

What else can I do?

Everyone experiences cancer in a different way. And how each person copes with cancer varies too. There is no right or wrong way to cope, only your way. During your illness there are many things that you can learn, not only about cancer itself but also about you as a person. Here is a list of things to help make you feel more involved and more in control of your illness. They can help to boost your self-esteem and well-being, making it easier to deal with cancer. A useful booklet called Understanding the Emotional Effects of Cancer has also been written for people with cancer and is available from the Irish Cancer Society. Call the National Cancer Helpline on 1800 200 700 if you would like a free copy.

- **Communicate with your family and close friends**: Do not keep your worries or symptoms secret from the people closest to you. This includes physical or emotional problems. Ask the person closest to you to come with you when visiting the doctor and when treatments will be discussed.

- **Live one day at a time**: Do not think about the future too much. Concentrate on the present and getting through each day of tests or treatment. That way, you may find it easier to cope with your illness.

- **Live well**: Try to eat as well as you can. Eat little and often, using lots of different types of foods with plenty of fresh fruit and vegetables. Do some regular exercise that you enjoy. Take it easy at first, building up the amount you do as you feel stronger.
■ **Spiritual care:** When faced with a secondary cancer diagnosis and treatment, you may start thinking about the meaning of life and the afterlife. For some people spiritual and religious beliefs can bring comfort and hope. Prayer or meditation can help you to focus on what has value and meaning in your life. Even if you do not consider yourself a religious or spiritual person, it is still possible to take comfort and support from these practices. Some complementary therapies that have a spiritual dimension may also help you to focus on being positive and hopeful.

■ **Express yourself:** Keep a diary or journal if you need to express yourself without holding back. It can help you to make sense of your cancer journey and can bring great healing and relief. Other forms of creative expression, such as music and art, may help too.

■ **Putting your affairs in order:** If your condition is not getting any better, it may be time to think about putting your affairs in order. Do talk to your family and friends about this. You may want to make a will or have religious or spiritual needs that need addressed or want to say goodbye to friends. A helpful booklet is *Time to Care: Caring for Someone Seriously Ill at Home*. Call 1800 200 700 for a free copy or advice.

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### Caring for someone with secondary breast cancer

Being a carer of someone with cancer can be both a challenging and a rewarding experience. In practice carers provide all sorts of emotional and physical support. It is true that caring for a loved one can bring great personal satisfaction. But there can be times when it is tiring, frustrating, distressing and isolating.

You may become a carer overnight and feel that you are not experienced enough to handle the care of your relative or friend. You may also be worried or anxious about the future and have fears about the effects of treatment. To keep your strength and spirits up, it is important to take good care of yourself. And remember to ask...
and accept help when you need it. If you would like advice, call the National Cancer Helpline on 1800 200 700. Ask for a copy of the free booklet, A Time to Care: Caring for Someone Seriously Ill at Home.

### Support resources

#### Who else can help?

There are many people ready to help you and your family throughout treatment and afterwards.

- Medical social worker
- Cancer nurse specialists
- Psycho-oncology services
- Family doctor (GP)
- Community welfare officer and community health services
- Cancer support groups and centres
- Irish Cancer Society helpline nurses

#### Medical social worker:
The medical social worker in your hospital can help in many ways. He or she can give support and counselling to you and your family and give advice on practical or financial supports and services available when you go home.

#### Cancer nurse specialists:
Some of the major cancer treatment hospitals have oncology liaison nurses and/or cancer nurse coordinators. These specially trained nurses can support you and your family from the time of diagnosis and throughout treatment. These nurses along with other members of your medical team work together to meet your needs.

#### Psycho-oncology services:
In some larger hospitals there are special units that provide psycho-oncology services. This means that you can receive psychological care and support during your diagnosis, treatment and recovery by a team of experts. Usually the team consists of psychiatrists, clinical psychologists and nurses working closely together.

#### Family doctor (GP):
You may feel comfortable talking to your family doctor (GP) about your cancer too. He or she can discuss any of your queries and offer advice and support.

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#### Tips & Hints – for carers

- **Information:** Find out as much information as possible about secondary breast cancer, especially its symptoms, treatment and side-effects. Talk to the doctor, nurses, National Cancer Helpline, and so on. Get information too about financial supports and community services from the medical social worker or see the back of this booklet for details.

- **Emergencies:** Find out who to call if you are particularly worried or in an emergency.

- **Physical care:** Being a carer may involve helping your relative or friend with mobility, bathing and dressing, giving meals and medication. Ask the nurses for advice with any of these tasks.

- **Eating and drinking:** Gently encourage your relative or friend to eat but do not push them. Pre-prepare snacks for the times when they feel like eating.

- **Help:** Take up all offers of help, especially with finances, cooking, housework, shopping. Do not get weighed down by all your friend or relative's needs. Expect ups and downs with treatment. If you find it hard to cope, get help. There are many healthcare professionals to advise you. Find out about self-help groups too, especially those for carers of people with cancer.

- **Caring for yourself:** Look after your own health too. Take regular meals and exercise. See your doctor sooner rather than later if you have any health concerns of your own. Talk to your doctor about any worries you have about caring for your relative or friend.

- **Time for yourself:** Make sure you share your worries with someone else. Stay in touch with your own friends. Get out when you can – even if you don’t feel like it. Make time for a break each day: a walk to the shops, a trip to the library or cinema, or an evening out with friends. Give yourself little treats at home. Read a favourite magazine, sit down for a leisurely cup of tea or coffee, or have a relaxing soak in the bath.
Community health services: When you go home, there are various community health services available from your local health centre. These centres have public health nurses (who can visit you at home), welfare officers and home-help organisers. If you live far from your hospital, your community welfare officer can also help with practical issues such as financial problems or exceptional needs. All these people in community health services can provide advice and support. More information on the services is available either from the medical social worker in the hospital before you go home or at your local health centre.

Cancer support groups and centres: Joining a support group can put you in touch with people who have been in a similar situation. For example, Reach to Recovery. They can give you practical advice about living with cancer. Cancer support centres and groups are found in most counties in Ireland and can offer a wide range of services. Some are listed at the back of this booklet.

Irish Cancer Society: The staff of the National Cancer Helpline will be happy to discuss any concerns you or your family may have, at any stage of your illness. This can range from treatment information to practical advice about your financial matters. Call 1800 200 700 for information about any of the services outlined above or for support services in your area.

Health cover

Health cover falls into two categories – cover for medical card holders and cover for all other categories. Details of the following are given here:

- Hospital cover
- Outpatient cover
- Medical card
- GP visit card
- Drug Payments Scheme (DPS)
- Private healthcare cover
- Benefits and allowances

At the end of this section there are also some useful telephone numbers and addresses for further help.

Hospital cover

At present, everyone is entitled to hospital inpatient services in a public ward in all public hospitals. There is a €75 a night charge up to a limit of €750 in 1 year. These charges do not apply to medical card holders. Higher rates apply for semi-private or private care.

Outpatient cover

If you go to the outpatients or A&E unit of a public hospital, without being referred there by a GP, you may be charged €100. There is no charge if you have a medical card or are admitted to hospital because of attending the A&E unit first.

Medical card

A medical card usually allows you, your spouse and any child under 16 to free GP services, prescribed drugs and medicines, inpatient public hospital services as well as outpatient services and medical appliances. You may have to pay a prescription charge of 50c per item up to a limit of €10 per family per month.

To qualify for a medical card depends on a means test regardless of age. If you are over 70 and your weekly income is €700 or less, you can still apply for a card. Financial guidelines are set out each year and are available from your local Health Service Executive (HSE) office. If your means are above but close to the guidelines, you should apply for a card anyway as a card may be granted in some situations. For example, if you have a large amount of medical expenses. Also, you may qualify for a medical card because you have a cancer diagnosis. In this case, your spouse and children will not be covered if your means are over the limit.

GP visit card

If you do not qualify for a full medical card, you may be eligible for a GP visit card. This card covers visits to your doctor only and you will have to pay for drugs, outpatient/inpatient charges and medical appliances yourself. It is means tested but will take into account your after-tax income and certain expenses like childcare, rent/mortgage and travel to work. Check with the medical social worker at the hospital or your HSE office to see if you are eligible.
Drugs Payment Scheme
Under the Drugs Payment Scheme (DPS), individuals and families, including spouses and dependent children, pay a limit of €132 each month to cover the cost of prescribed drugs, medicines and appliances. You can apply for cover under the scheme by contacting your local HSE office. You can also register for this scheme by filling in a registration form at your local pharmacy.

Private healthcare cover
Private health insurance pays for private care in hospital or from various specialists in hospitals or in their practices. In Ireland, this is available through the VHI, Laya Healthcare, AVIVA Health and other schemes. They provide cover for day care/inpatient treatment and hospital outpatient treatment. Before attending hospital, do check the level of cover provided by your insurer, both for inpatient and outpatient services.

If you have private insurance, your tests might not get done as quickly as you would like. Your health insurer has to approve some tests in advance, for example, MRI and PET scans. Sometimes it might take 24–48 hours to get approval from your health insurer.

Benefits and allowances
Information on the following is given in this section:

- Illness Benefit
- Disability Allowance
- Invalidity Pension
- Carer’s Allowance
- Carer’s Benefit
- Carer’s Leave
- Appliances
- Travel to hospital
- Appliances
- Travel to hospital

For a free copy of Managing the Financial Impact of Cancer: A Guide for Patients and Their Families, contact the National Cancer Helpline 1800 200 700.

Illness Benefit
This is a benefit for insured people. Your eligibility will depend on your PRSI contributions. You must be under 66 and unable to work due to illness. Each week you must send a social welfare medical certificate signed by your doctor to the Dept of Social Protection, PO Box 1650, Dublin 1. Tel (01) 679 7777. These certificates are available from your GP and from the hospital you attend during inpatient care. You should send your claim to the Department within 7 days of becoming ill and unable to attend work. A delay might result in loss of payment. The benefit lasts for 2 years.

Disability Allowance
You might qualify for disability allowance if you are not eligible for illness benefit and not able to work for at least 1 year. Disability allowance is a weekly allowance paid to people with an injury, disease or a disability who are aged between 16 and 66. For this allowance, you must satisfy a means test, live in Ireland and be medically suitable. To be medically suitable, you should have an illness that has continued or may continue for at least 1 year.

You are also allowed a free travel pass and will get extra social welfare benefits, like the household benefits package. This includes allowances for gas, electricity, telephone rental and a free television licence. You are also entitled to a medical card and assistance under the Supplementary Welfare Allowance Scheme. Application forms are available from post offices, social welfare offices or the Disability Allowance Section, Social Welfare Services Office, Government Buildings, Ballinalee Road, Longford. Tel: (043) 334 0000 or Local call 1890 927 770.

Invalidity Pension
This is a pension paid instead of an illness benefit or disability allowance, if you are unable to work permanently. There are three cases where you can be eligible. (1) If you have been incapable of work for at least 12 months and likely to be incapable for at least another 12 months. (2) If you are permanently incapable of work. (3) If you are over the age of 60 and have a serious illness or incapacity.

Your eligibility will also depend on your PRSI contributions. You are also allowed a free travel pass and will get extra social welfare benefits, like the household benefits package. This includes allowances for gas, electricity, telephone rental and a free television licence. You are also entitled to a medical card and assistance under the Supplementary Welfare Allowance Scheme. Application forms are available from the Invalidity Pension Claims Section, Social Welfare Services Office, Government Buildings, Ballinalee Road, Longford. Tel: (043) 334 0000 or Local call 1890 927 770.
Carer’s Allowance
This is an allowance for carers on low incomes who look after someone who needs full-time care and attention. You must be aged 18 or over, live in Ireland, satisfy a means test, not be self-employed or work more than 15 hours a week outside the home, and not live in a hospital or nursing home. You are also allowed a free travel pass and will get extra social welfare benefits, like the household benefits package. This includes allowances for gas, electricity, telephone rental and a free television licence. You are also entitled to a respite care payment every year. For more advice, talk to your medical social worker and/or the Dept of Social Protection.

Application forms are available from your social welfare office or from the Carer’s Allowance Section, Social Welfare Services Office, Government Buildings, Ballinalee Road, Longford. Tel: (043) 334 0000 or Locall 1890 927 770.

Carer’s Benefit
If you are employed but wish to care for a sick relative full time, you might qualify for a carer’s benefit. This is a payment made to insured persons who leave the workforce to care for someone in need of full-time care and attention. You must be employed for 8 weeks in the 26-week period immediately before applying for the benefit. You must be aged 16 or over, live in Ireland, not be self-employed or employed while caring for the person, and not live in a hospital or nursing home. More information is available from the Carer’s Benefit Section, Social Welfare Services Office, Government Buildings, Ballinalee Road, Longford. Tel: (043) 334 0000 or Locall 1890 927 770.

Carer’s Leave
By law you may be entitled to unpaid temporary leave from your employment. Carer’s leave allows you to leave your employment for up to 104 weeks to care for someone in need of full-time care and attention. The leave will be unpaid, but you will have your job kept open for you while you are on leave. You do not need to be eligible for carer’s allowance or carer’s benefit to apply for carer’s leave. You must have worked for your employer for a continuous period of 12 months to be eligible to apply for carer’s leave. The person you are caring for can be a partner or family member, friend or colleague.

The family doctor (GP) of the person you are caring for will also need to fill in part of your application form.

You can work while you are on carer’s leave for up to 15 hours a week. But you must make sure your income from employment or self-employment is less than a weekly income limit set by the Department of Social Protection. For more information, contact the Carer’s Benefit Section, Social Welfare Services Office, Government Buildings, Ballinalee Road, Longford. Tel: (043) 334 0000 or Locall 1890 927 770.

Appliances
For patients who have medical cards most appliances are free of charge or subsidised.

Travel to hospital
You may be faced with many expenses including travelling to and from hospital. If your travel costs are very expensive, discuss it with your medical social worker at the hospital. Limited help may also be available from your community welfare officer. Some HSE areas provide transport services to hospitals for outpatient appointments and day centres. Sometimes the HSE may assist with transport costs for a person who has to travel a long distance to a hospital.

In general, those who do not have a medical card may be charged for the service. However, the practice varies between HSE areas and often depends on personal circumstances. Charges may be waived in certain cases, like hardship.

See page 75 for information on the Care to Drive and Travel2Care schemes run by the Irish Cancer Society. Some local communities may also provide volunteer transport services.

Further information
Depending on your circumstances at the time of your illness, there are many other benefits and entitlements that may be relevant to you. Always have your PPS number (old RSI number) to hand when you are enquiring about entitlements and benefits. The most direct way to check your eligibility is to contact:

- Your community welfare officer in your local health centre
- The medical social worker in the hospital you are attending.
The Irish Cancer Society funds a range of cancer support services that provide care and support for people with cancer at home and in hospital.

### Irish Cancer Society services

- **Cancer Information Service (CIS)**
- **Daffodil Centres**
- **Cancer support groups**
- **Survivors supporting survivors**
- **Counselling**
- **Night nursing**
- **Oncology liaison nurses**
- **Cancer information booklets**
- **Financial support**
- **Care to Drive transport project**

### Cancer Information Service (CIS)

The Society provides a Cancer Information Service with a wide range of services. The National Cancer Helpline is a freefone service that gives confidential information, support and guidance to people concerned about cancer. It is staffed by specialist cancer nurses who have access to the most up-to-date facts on cancer-related issues. These include prevention of cancer, risk factors, screening, dealing with a cancer diagnosis, different treatments, counselling and other support services. The freephone helpline can also put you in contact with the various support groups that are available. The helpline 1800 200 700 is open Monday to Thursday from 9am to 7pm, and every Friday from 9am to 5pm.

If you have queries about health and social services, contact the HSE office in your area: HSE Dublin North East, HSE Dublin Mid-Leinster, HSE South, and HSE West. For more information contact:

- **HSE infoline**: 1850 24 1850
- **Email**: info@hse.ie
- **Website**: www.hse.ie

### If you have financial worries...

A diagnosis of cancer can sometimes bring the added burden of financial worries. You may find that you have a lot more expenses, like medication, travel, food, heating, laundry, clothing and childcare costs. If you are not able to work or unemployed, this may cause even more stress. It may be hard for you to recover from cancer if you are worried about providing for your family and keeping a roof over your head.

There is help available if you find it hard to cope with all these expenses. Contact your medical social worker in the hospital or your local health centre for advice. The Irish Cancer Society can also in certain cases give some assistance towards travel costs and other expenses because of your illness. See page 75 for more details. You can also call the National Cancer Helpline on 1800 200 700 and the nurse will suggest ways to help you manage.

If you feel you are getting into debt or are in debt, there is help available. Contact the Money Advice and Budgeting Service on the MABS Helpline 0761 07 2000. This service can help you work through any financial issues you have. They can assess your situation, work out your budget, help you deal with your debts and manage your payments. The service is free and confidential. See page 77 for contact details. A useful book for preparing low-budget nutritious meals is *101+ Square Meals*. See page 83 for more information.

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### Daffodil Centres

Daffodil Centres are located in a number of Irish hospitals. These have been set up by the Irish Cancer Society in partnership with each hospital and are an extension of the Cancer Information Service.
Night nursing
The Society can provide a night nurse, free of charge, for up to 10 nights if you need end-of-life care at home. The night nurse can also give practical support and reassurance to your family. You can find out more about this service from your GP, local public health nurse, a member of the homecare team or the palliative care services at the hospital. Homecare nurses can offer advice on pain control and managing other symptoms.

Oncology liaison nurses
The Society funds oncology liaison nurses who can give you and your family information as well as emotional and practical support. Oncology liaison nurses work as part of the hospital team in specialist cancer centres.

Cancer information booklets
These booklets provide information on all aspects of cancer and its treatment. They also offer practical advice on learning how to cope with your illness. The booklets are available free of charge from the Society.

Financial support
A diagnosis of cancer can bring with it the added burden of financial worries. In certain circumstances, the Irish Cancer Society can provide limited financial help to patients in need. You may be suitable for schemes such as Travel2Care or Financial Aid.

Travel2Care is funded by the National Cancer Control Programme (NCCP) and managed by the Irish Cancer Society. The scheme can help with your travel costs if you have genuine financial hardship due to travelling to a designated cancer centre or approved satellite centre. It will help with the costs of public transport, such as trains or buses, private transport costs, or petrol and parking.

Travel2Care: If you would like to request this kind of help, contact your oncology nurse or the Irish Cancer Society at (01) 231 6643 / 231 6619 or email travel2care@irishcancer.ie

They are generally found near the main entrance of the hospital and are open during the day. Staffed by a specialist nurse and trained volunteers, they provide a range of information, advice, help and support on all aspects of cancer, free of charge.

Daffodil Centres give you a chance to talk in confidence and be listened to and heard. If you are concerned about cancer, diagnosed with cancer or caring for someone with cancer, you are welcome to visit the centre. Do check to see if there is a Daffodil Centre in your hospital.

Cancer support groups
The Irish Cancer Society funds a range of support groups set up to support you and your family at time of diagnosis, throughout treatment and afterwards. See page 78 for more details.

Support for secondary breast cancer is available at many cancer support centres. Some centres run special programmes in particular. Contact your local centre for advice about these programmes.

Survivors supporting survivors
Being diagnosed with cancer can be one of the hardest situations to face in your lifetime. Survivors Supporting Survivors is a one-to-one support programme run by the Irish Cancer Society. It provides emotional and practical support to newly diagnosed patients as well as those with secondary cancer, including breast cancer. All of the volunteers have had a cancer diagnosis and have been carefully selected and trained to give you support, practical information and reassurance when you need it most. You can speak to someone who really knows what you are going through. If you would like to make contact with a volunteer, please call the National Cancer Helpline on 1800 200 700.

Counselling
Coping with a diagnosis of cancer can be very stressful at times. Sometimes it can be hard for you and your family to come to terms with your illness. You might also find it difficult to talk to a close friend or relative. In this case, counselling can give you emotional support in a safe and confidential environment. Call the helpline 1800 200 700 to find out about counselling services provided by the Irish Cancer Society and services available in your area.
Financial Aid: For this kind of help, contact the medical social work department in your hospital. You can also speak to your oncology nurse or contact the Irish Cancer Society at (01) 231 6619.

See our website for more information: www.cancer.ie

Care to Drive transport project
Care to Drive is a scheme operated by the Irish Cancer Society. It provides free transport for patients to and from their treatments using volunteer drivers. All of the volunteers are carefully selected, vetted and trained. You are collected from your home, driven to your appointment and brought back home again. Call (01) 231 0522 for more information.

For more information on any of the above services, call the National Cancer Helpline on 1800 200 700.

Useful organisations

Irish Cancer Society
43/45 Northumberland Road
Dublin 4
Tel: 01 231 0500
National Cancer Helpline: 1800 200 700
Email: helpline@irishcancer.ie
Website: www.cancer.ie

Reach to Recovery
Irish Cancer Society
43/45 Northumberland Road
Dublin 4
Freephone 1800 200 700
Email: support@irishcancer.ie
Website: www.cancer.ie

The Carers Association
Market Square
Tullamore
Co Offaly
Tel: 057 932 2920
Email: info@carersireland.com
Website: www.carersireland.com

Citizens Information
Citizen Information Service: 0761 07 4000
Email: info@ciboard.ie
Website: www.citizensinformation.ie

Irish Hospice Foundation
Morrison Chambers (4th floor)
32 Nassau Street
Dublin 2
Tel: 01 6793 188
Email: info@hospice-foundation.ie
Website: www.hospice-foundation.ie

Irish Oncology and Haematology Social Workers Group
Website: http://socialworkandcancer.com

Lymphoedema Ireland
C/o Irish Cancer Society
43/45 Northumberland Road
Dublin 4
Freephone helpline: 1800 200 700
Mobile: 087 693 4964
Email: info@lymphireland.com
Website: www.lymphireland.com

Money Advice and Budgeting Service (MABS)
Commercial House
Westend Commercial Village
Blanchardstown
Dublin 15
Tel: 0761 07 2000
Email: helpline@mabs.ie
Website: www.mabs.ie

Plurabelle Paddlers
Dragon boat team of women diagnosed with breast cancer and also volunteers
Tel: 087 280 6048
Email: info@plurabellepaddlers.com
Website: www.plurabellepaddlers.com

Health insurers

AVIVA Health (formerly VIVAS Health)
PO Box 764
Togher
Cork
Tel: 1850 717 717
Email: info@avivahealth.ie
Website: www.avivahealth.ie

Laya Healthcare (formerly Quinn)
Eastgate Road
Eastgate Business Park
Little Island
Co Cork
Tel: 021 202 2000
Local: 1890 700 890
Email: info@layahealthcare.ie
Website: www.layahealthcare.ie

Voluntary Health Insurance (VHI)
IDA Business Park
Purcellsinch
Dublin Road
Kilkenny
CallSave: 1850 44 44 44
Email: info@vhi.ie
Website: www.vhi.ie
National support groups

ARC Cancer Support Centres
Dublin and Cork (see pages 79 and 80).

Brain Tumour Support Group
Medical Social Work Department
St Luke’s Hospital
Highfield Road
Rathgar
Dublin 6
Tel: 01 406 5163

I’ve Got What?! [Support for young adults affected by cancer]
c/o Cross Cause Charity Shop
Blackrock
Co Louth
Tel: 086 339 5690

Lakelands Area Retreat & Cancer Centre
Multyfarnham
Mullingar
Co Westmeath
Tel: 044 937 1971
Callsave 1850 719 719
Email: info@larcc.ie
Website: www.larcc.ie

St Luke’s Breast Cancer Support Group
Highfield Road
Rathgar
Dublin 6
Tel: 01 406 5163

Connnaught support groups & centres

Athenry Cancer Care
Social Service Centre
New Line
Athenry
Co Galway
Tel: 091 844 319 / 087 412 8080

Ballinasloe Cancer Support Centre
Society Street
Ballinasloe
Co Galway
Tel: 090 964 5574 / 087 945 2300
Email: ballinasloecancer@yahoo.co.uk

Cancer Care West
Inis Aolbhinn
University Hospital Galway
Costello Road
Galway
Tel: 091 545 000
Email: info@cancercarewest.ie
Website: www.cancercarewest.ie

Cara Iorrais Cancer Support Centre
2 Church Street
Belmullet
Co Mayo
Tel: 097 20590
Email: caraiorrais@gmail.com

East Galway Cancer Support Centre
The Family Centre
John Dunne Avenue
Ballinasloe
Co Galway
Tel: 087 984 5574 / 087 945 2300
Website: www.eastgalwaycancersupport.com

Gort Cancer Support Group
The Hawthorn
Ennis Road
Gort
Co Galway
Tel: 086 312 4220
Email: gcsupport@eircom.net
Website: www.gortcs.ie

Mayo Cancer Support Association
Rock Rose House
32 St Patrick’s Avenue
Castlebar
Co Mayo
Tel: 094 903 8407
Email: info@mayocancer.ie
Website: www.mayocancer.ie

Roscommon Cancer Support Group
Vita House Family Centre
Abbey Street
Roscommon
Tel: 090 662 5898
Email: vitahouse@eircom.net

Sligo Cancer Support Centre
44 Wine Street
Sligo
Tel: 071 917 0399
Email: scscseircom.net
Website: www.sligocancersupportcentre.ie

Tuam Cancer Care Centre
Cricket Court
Dunmore Road
Tuam
Co Galway
Tel: 093 28522
Email: support@tuamcancertcare.ie
Website: www.tuamcancercentre.ie

Leinster support groups & centres

ARC Cancer Support Centre
ARC House
65 Eccles Street
Dublin 7
Tel: 01 830 7333
Email: info@arccancersupport.ie
Website: www.arccancersupport.ie

ARC Cancer Support Centre
ARC House
559 South Circular Road
Dublin 8
Tel: 01 707 8880
Email: info@arccancersupport.ie
Website: www.arccancersupport.ie

Arklow Cancer Support Group
25 Kingshill
Arklow
Co Wicklow
Tel: 085 110 0066
Email: arklowcancerssupport@gmail.com

Balbriggan Cancer Support Group
Unit 23, Balbriggan Business Park
Balbriggan
Co Dublin
Tel: 087 353 2872

The Bellarose Foundation
Women with Cancer
Merry Maid House
West Park Campus
Garter Lane
Citywest
Dublin 24
Tel: 086 879 3242
Email: thebellarosefoundation@gmail.com

Bray Cancer Support & Information Centre
368 Main Street
Bray
Co Wicklow
Tel: 01 286 6966
Email: info@braycancersupport.ie
Website: www.braycancersupport.ie

Cuisle Centre
Cancer Support Group
Block Road
Portlaoise
Co Laois
Tel: 057 868 1492
Email: info@cuislecentre.com
Website: www.cuislecentre.com

Dóchas: Offaly Cancer Support
Teach Dóchas
Offaly Street
Tullamore
Co Offaly
Tel: 057 9328268
Email: info@dolarffalley.ie
Website: www.dolahffalley.ie

Dundalk Cancer Support Group
Philipstown
Hackballs Cross
Dundalk
Co Louth
Tel: 086 107 4257

Éist Cancer Support Centre Carlow
The Waterfront
Mill Lane
Carlow
Tel: 059 913 9684
Mobile: 085 144 0510
Email: info@eistcarlowcancersupport.ie
Website: www.eistcarlowcancersupport.ie
Understanding secondary breast cancer

Gary Kelly Support Centre
George's Street
Drogheda
Co Louth
Tel: 041 980 5100 / 086 817 2473
Email: phil@gkcancersupport.com
Website: www.gkcsupport.com

Greystones Cancer Support
La Touche Place
Greystones
Co Wicklow
Tel: 01 287 1601
Email: info@greystonescancersupport.com
Website: www.greystonescancersupport.com

Haven Cancer Support and Therapy Group
Haven House
68 Hazelwood
Gorey
Co Wexford
Tel: 053 942 0707 / 086 250 1452
Email: info@thehavengroup.ie
Website: www.thehavengroup.ie

HOPE Cancer Support Centre
22 Upper Weafer Street
Enniscorthy
Co Wexford
Tel: 053 923 8555
Email: mary@hopesupportcentre.ie
Website: www.hopesupportcentre.ie

Kilkenny Cancer Support Services
Walkin Street
Kilkenny City
Tel: 085 721 9280
Email: info@kilkennycaresupport.com
Website: www.kilkennycaresupport.com

Lakelands Area Retreat & Cancer Centre
Ballinalack
Mullingar
Co Westmeath
Tel: 044 937 1971
Callsave 1850 719 719
Email: info@larcc.ie
Website: www.larcc.ie

Rathdrum Cancer Support Centre
34 Main Street
Rathdrum
Co Wicklow
Tel: 087 292 8660
Email: rathcan@gmail.com

Stillorgan Cancer Support
c/o Marsham Court
Stillorgan
Co Dublin
Tel: 01 288 5725

Tallaght Cancer Support Group
Millbrook Lawns
Tallaght
Dublin 24
Tel: 087 217 6486
Email: ctallaght@yahoo.ie

Wicklow Cancer Support Centre
1 Morton's Lane
Wicklow
Tel: 0404 32696
Email: wicklowcancersupport@gmail.com

Munster support groups & centres

Cancer Information & Support Centre
Mid-Western Regional Hospital
Dooradoyle
Co Limerick
Tel: 061 485 163
Website: www.midwesterncancercentre.ie

CARE Cancer Support Centre
14 Wellington Street
Clonmel
Co Tipperary
Tel: 052 618 2667
Email: cancersupport@eircom.net
Website: www.cancercare.ie

Cork ARC Cancer Support House
Cliffdale
5 O'Donovan Rossa Road
Cork
Tel: 021 427 6688
Email: karen@corkcancersupport.ie
Website: www.corkcancersupport.ie

Cúnamh: Bons Secours Cancer Support Group
Bon Secours Hospital
College Road
Cork
Tel: 021 480 1676
Website: www.cunamh.ie

Kerry Cancer Support Group
124 Tralee Town House Apartments
Maine Street
Tralee
Co Kerry
Tel: 066 719 5560 / 087 230 8734
Email: kerrycancersupport@eircom.net
Website: www.kerrycancersupport.com

Recovery Haven
5 Haig's Terrace
Tralee
Co Kerry
Tel: 066 719 2122
Email: recoveryhaven@gmail.com
Website: www.recoveryhavenkerry.org

Sláinte an Chláir: Clare Cancer Support
Tír Mhuire
Kilnamona
Ennis
Co Clare
Tel: 1850 211 630 / 087 691 2396
Email: admin@clarecancersupport.com
Website: www.clarecancersupport.com

South Eastern Cancer Foundation
Solas Centre
7 Sealy Close
Earlscourt
Waterford
Tel: 051 876 629
Email: infosecf@eircom.net
Website: www.secf.ie

Suaimhneas Cancer Support Centre
2 Clonaslee
Gortland Roe
Nenagh
Co Tipperary
Tel: 067 37403
Email: suaimhneas@cancersupport@eircom.net

Suir Haven Cancer Support Centre
Clougour Road
Thurles
Co Tipperary
Tel: 0504 21197
Email: suirhaven@gmail.com

Yougal Cancer Support Group
161 North Main Street
Yougal
Co Cork
Tel: 024 92353 / 087 273 1121

West Cork Cancer Support
Community Work Department
HSE Skibbereen
Co Cork
Tel: 027 53485 / 086 862 5417

Ulster support groups & centres

Breast Centre Northwest
Geraldine McGregor
Letterkenny General Hospital
Letterkenny
Co Donegal
Tel: 074 910 4600

Cancer Support and Social Club
Tiernaleague
Carndonagh
Co Donegal
Tel: 086 602 8993 / 087 763 4596

Crocus: Monaghan Cancer Support Centre
The Wellness Centre
19 The Grange
Plantation Walk
Monaghan
Tel: 087 368 0965

HOPE Cancer Support Centre
22 Upper Weafer Street
Enniscorthy
Co Wexford
Tel: 053 923 8555
Email: mary@hopesupportcentre.ie
Website: www.hopesupportcentre.ie

Kilkenny Cancer Support Services
Walkin Street
Kilkenny City
Tel: 085 721 9280
Email: info@kilkennycaresupport.com
Website: www.kilkennycaresupport.com

Lakelands Area Retreat & Cancer Centre
Ballinalack
Mullingar
Co Westmeath
Tel: 044 937 1971
Callsave 1850 719 719
Email: info@larcc.ie
Website: www.larcc.ie

Rathdrum Cancer Support Centre
34 Main Street
Rathdrum
Co Wicklow
Tel: 087 292 8660
Email: rathcan@gmail.com

Stillorgan Cancer Support
c/o Marsham Court
Stillorgan
Co Dublin
Tel: 01 288 5725

Tallaght Cancer Support Group
Millbrook Lawns
Tallaght
Dublin 24
Tel: 087 217 6486
Email: ctallaght@yahoo.ie

Wicklow Cancer Support Centre
1 Morton's Lane
Wicklow
Tel: 0404 32696
Email: wicklowcancersupport@gmail.com

Munster support groups & centres

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Mid-Western Regional Hospital
Dooradoyle
Co Limerick
Tel: 061 485 163
Website: www.midwesterncancercentre.ie

CARE Cancer Support Centre
14 Wellington Street
Clonmel
Co Tipperary
Tel: 052 618 2667
Email: cancersupport@eircom.net
Website: www.cancercare.ie

Cork ARC Cancer Support House
Cliffdale
5 O’Donovan Rossa Road
Cork
Tel: 021 427 6688
Email: karen@corkcancersupport.ie
Website: www.corkcancersupport.ie

Cúnamh: Bons Secours Cancer Support Group
Bon Secours Hospital
College Road
Cork
Tel: 021 480 1676
Website: www.cunamh.ie

Kerry Cancer Support Group
124 Tralee Town House Apartments
Maine Street
Tralee
Co Kerry
Tel: 066 719 5560 / 087 230 8734
Email: kerrycancersupport@eircom.net
Website: www.kerrycancersupport.com

Recovery Haven
5 Haig's Terrace
Tralee
Co Kerry
Tel: 066 719 2122
Email: recoveryhaven@gmail.com
Website: www.recoveryhavenkerry.org

Sláinte an Chláir: Clare Cancer Support
Tír Mhuire
Kilnamona
Ennis
Co Clare
Tel: 1850 211 630 / 087 691 2396
Email: admin@clarecancersupport.com
Website: www.clarecancersupport.com

South Eastern Cancer Foundation
Solas Centre
7 Sealy Close
Earlscourt
Waterford
Tel: 051 876 629
Email: infosecf@eircom.net
Website: www.secf.ie

Suaimhneas Cancer Support Centre
2 Clonaslee
Gortland Roe
Nenagh
Co Tipperary
Tel: 067 37403
Email: suaimhneas@cancersupport@eircom.net

Suir Haven Cancer Support Centre
Clougour Road
Thurles
Co Tipperary
Tel: 0504 21197
Email: suirhaven@gmail.com

Yougal Cancer Support Group
161 North Main Street
Yougal
Co Cork
Tel: 024 92353 / 087 273 1121

West Cork Cancer Support
Community Work Department
HSE Skibbereen
Co Cork
Tel: 027 53485 / 086 862 5417

Ulster support groups & centres

Breast Centre Northwest
Geraldine McGregor
Letterkenny General Hospital
Letterkenny
Co Donegal
Tel: 074 910 4600

Cancer Support and Social Club
Tiernaleague
Carndonagh
Co Donegal
Tel: 086 602 8993 / 087 763 4596

Crocus: Monaghan Cancer Support Centre
The Wellness Centre
19 The Grange
Plantation Walk
Monaghan
Tel: 087 368 0965

The Forage Cancer Support Group
The Forage Family Resource Centre
Petitgo
Co Donegal
Tel: 071 986 1924

Good and New Cancer Drop In Centre
Unit 1, Portlink Business Park
Port Road
Letterkenny
Co Donegal
Tel: 074 911 3437
## Helpful books

### Free booklets from the Irish Cancer Society:
- Understanding Cancer of the Breast
- Younger Women and Breast Cancer
- Understanding Chemotherapy
- Understanding Radiotherapy
- Understanding Cancer and Complementary Therapies
- Diet and Cancer
- Coping with Fatigue
- Understanding the Emotional Effects of Cancer
- Lost for Words: How to Talk to Someone with Cancer
- Who Can Ever Understand? Talking About Your Cancer
- Talking to Children about Cancer: A Guide for Parents
- Managing the Financial Impact of Cancer: A Guide for Patients and Their Families
- Journey Journal: Keeping Track of Your Cancer Treatment
- A Time to Care: Caring for Someone Seriously Ill at Home

### Other useful contacts:

#### Killybegs Cancer Support Group
Kille
Kilcar
Co Donegal
Tel: 074 973 1292
Email: riverbankdunne@eircom.net

#### Living Beyond Cancer
Oncology Day Services
Letterkenny General Hospital
Letterkenny
Co Donegal
Tel: 074 912 5888 (Bleep 674/734) / 074 910 4477

#### Solace: Donegal Cancer Support Centre
St Joseph's Avenue
Donegal Town
Tel: 074 974 0837
Email: solacedonegal@eircom.net

#### Yana Cancer Support Centre
Belturbet
Co Cavan
Tel: 087 994 7360

**For other support groups or centres in your area, call 1800 200 700.**

#### Useful contacts outside Republic of Ireland

**Action Cancer**
Action Cancer House
1 Marlborough Park
Belfast BT9 6XS
Tel: 028 9080 3344
Email: info@actioncancer.org
Website: www.actioncancer.org

**Advanced BC.org**
Website: www.advancedbc.org

**American Cancer Society**
Website: www.cancer.org

**Breast Cancer Care UK**
Website: www.breastcancercare.org.uk

**Cancer Focus Northern Ireland**
40–44 Eglantine Avenue
Belfast BT9 6DX
Tel: 048 9066 3281
Website: www.cancerfocusni.org

**Cancer Network Buddies**
Website: www.cancerbuddiesnetwork.org

**Cancer Research UK**
Tel: 0044 20 7242 0200
Website: www.cancerresearchuk.org

**Healthtalkonline**
Website: www.healthtalkonline.org

**Living Beyond Breast Cancer**
Website: www.lbbc.org

**Lymphoedema Network Northern Ireland**
Website: www.lnni.org

**Macmillan Cancer Support (UK)**
89 Albert Embankment
London SE1 7UQ
Tel: 0044 207 840 7840
Email: cancerline@macmillan.org.uk
Website: www.macmillan.org.uk

**Macmillan Support & Information Centre**
Belfast City Hospital Trust
77–81 Lisburn Road
Belfast BT9 7AB
Tel: 028 9069 9202
Email: cancerinfo@belfasttrust.hscni.net
Website: www.cancer.ni.net

**National Cancer Institute (US)**
Website: www.nci.nih.gov

**Northern Ireland Cancer Network**
Tel: 02890 565 860
Email: admin@nican.n-i.nhs.uk
Website: www.cancerni.net

**Holding Tight, Letting Go: Living with Metastatic Breast Cancer**
Musa Mayer
O’Reilly Media, 1997
ISBN 1565922549

**Cancer at Your Fingertips**
Val Speechley & Maxine Rosenfeld
Class Publishing, 2001
ISBN 1859590365

**Challenging Cancer: Fighting Back, Taking Control, Finding Options**
Maurice Slevin & Nira Kfir
Class Publishing, 2002
ISBN 1859590683

Judith McKay, Nancee Hirano & Myles Lampenfeld
New Harbinger, 1998
ISBN 1572240709

**101+ Square Meals** (Budget and nutrition)
Norah Bourke et al
MABS/HSE West/Paul Partnership/Limerick
VEC/SafeFood, 1998
ISBN 187407514X

**Explaining cancer to children**

**The Secret C: Straight Talking About Cancer**
Julie A Stokes
Winston’s Wish, 2000
ISBN 0953912302

**Helpful DVDs**

**Understanding Radiation Therapy: A Patient Pathway**
Call 1800 200 800 for a copy.
Website: www.cancer.ie

**A Guide to Chemotherapy**
HSE/Mid-Western Cancer Centre/ICS, 2008
Call 1800 200 700 for a copy.
### What does that word mean?

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adjuvant treatment</strong></td>
<td>Treatment for cancer given soon after surgery.</td>
</tr>
<tr>
<td><strong>Ascites</strong></td>
<td>An abnormal amount of fluid in your abdominal peritoneal cavity.</td>
</tr>
<tr>
<td><strong>Alopecia</strong></td>
<td>Loss of hair. No hair where you normally have hair.</td>
</tr>
<tr>
<td><strong>Anti-emetic</strong></td>
<td>A tablet, injection or suppository to stop you feeling sick or vomiting.</td>
</tr>
<tr>
<td><strong>Benign</strong></td>
<td>Not cancer. A tumour that does not spread.</td>
</tr>
<tr>
<td><strong>Biological therapies</strong></td>
<td>A treatment that uses your body’s immune system to fight cancer and other diseases. Targeted therapies is one form of biological therapy.</td>
</tr>
<tr>
<td><strong>Biopsy</strong></td>
<td>Removing a small amount of tissue from your body to find out if cancer cells are present.</td>
</tr>
<tr>
<td><strong>Cells</strong></td>
<td>The building blocks that make up your body. They are tiny and can only be seen under a microscope.</td>
</tr>
<tr>
<td><strong>Chemotherapy</strong></td>
<td>Treatment using drugs that cure or control cancer.</td>
</tr>
<tr>
<td><strong>HER2</strong></td>
<td>A protein on a cell that allows a growth factor to bind to the cell, causing the cell to grow and divide.</td>
</tr>
<tr>
<td><strong>Hypercalcaemia</strong></td>
<td>A high level of calcium in your blood.</td>
</tr>
<tr>
<td><strong>Fatigue</strong></td>
<td>Ongoing tiredness often not helped by rest.</td>
</tr>
<tr>
<td><strong>Lymphoedema</strong></td>
<td>Swelling in your arm that can sometimes develop after treatment for breast cancer.</td>
</tr>
<tr>
<td><strong>Malignant</strong></td>
<td>Cancer. A tumour that spreads.</td>
</tr>
<tr>
<td><strong>Medical oncologist</strong></td>
<td>A doctor who specialises in treating cancer patients using chemotherapy and other drugs.</td>
</tr>
<tr>
<td><strong>Metastasis</strong></td>
<td>The spread of cancer from one part of your body to other tissues and organs.</td>
</tr>
<tr>
<td><strong>Nausea</strong></td>
<td>Feeling sick or wanting to be sick.</td>
</tr>
<tr>
<td><strong>Neo-adjuvant treatment</strong></td>
<td>Treatment such as chemotherapy or radiotherapy that is given before surgery to shrink a tumour.</td>
</tr>
<tr>
<td><strong>Oncology</strong></td>
<td>The study of cancer.</td>
</tr>
<tr>
<td><strong>Palliative care team</strong></td>
<td>A team of doctors and nurses who are trained in managing pain and other symptoms caused by cancer. They will also help cope with any emotional distress.</td>
</tr>
<tr>
<td><strong>Prognosis</strong></td>
<td>The expected outcome of a disease.</td>
</tr>
<tr>
<td><strong>Radiation oncologist</strong></td>
<td>A doctor who specialises in treating cancer patients using radiotherapy.</td>
</tr>
<tr>
<td><strong>Radiotherapy</strong></td>
<td>The treatment of cancer using high-energy X-rays.</td>
</tr>
<tr>
<td><strong>Targeted therapies</strong></td>
<td>A treatment that uses your body’s immune system to fight cancer, for example, with antibodies. They belong to a wider group of drugs known as biological therapies.</td>
</tr>
<tr>
<td><strong>Spinal cord compression</strong></td>
<td>If the cancer spreads to the bones in your spine, it can press on your spinal cord and nerves. This can lead to paralysis, incontinence and numbness.</td>
</tr>
<tr>
<td><strong>Staging</strong></td>
<td>Tests that measure the size and extent of cancer.</td>
</tr>
</tbody>
</table>
Questions to ask your doctor

Here is a list of questions that you might like to ask. There is also some space for you to write down your own questions if you wish. Never be shy about asking questions. It is always better to ask than to worry.

- How long will it take to get the test results?
- What type of secondary breast cancer do I have?
- What treatment will I need?
- What is the goal of this treatment?
- Are there other treatment options?
- What can I expect to happen if I choose not to have this treatment?
- What side-effects will I get from the treatment?
- Would I be suitable for a clinical trial?
- Is there anything I can do to help myself during treatment?
- Can my symptoms be controlled?
- How will I know if the treatment is working?
- On average, how long does this treatment usually work?
- What happens if the treatment stops working?
- What problems should I report to you?
- How will this treatment affect my lifestyle (family, work, leisure, sex life)?

Your own questions

1
Answer

2
Answer

3
Answer

4
Answer

5
Answer

6
Answer
Acknowledgements

We would like to extend a special word of thanks to the following for their invaluable contributions to this booklet or for the reproduction of images:
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Would you like more information?

We hope this booklet has been of help to you. After reading it or at any time in the future, if you feel you would like more information or someone to talk to, please call the National Cancer Helpline on 1800 200 700.

Would you like to be a patient reviewer?

If you have any suggestions as to how this booklet could be improved, we would be delighted to hear from you. The views of patients, relatives, carers and friends are all welcome. Your comments would help us greatly in the preparation of future information booklets for people with cancer and their carers.

If you wish to email your comments, have an idea for a new booklet or would like to review any of our booklets, please contact us at reviewers@irishcancer.ie

If you would prefer to phone or write to us, see contact details below.

Would you like to help us?

The Irish Cancer Society relies entirely on voluntary contributions from the public to fund its programmes of patient care, research and education. This includes patient information booklets. If you would like to support our work in any way – perhaps by making a donation or by organising a local fundraising event – please contact us at CallSave 1850 60 60 60 or email fundraising@irishcancer.ie

Irish Cancer Society, 43/45 Northumberland Road, Dublin 4
Tel: 01 231 0500 Email: info@irishcancer.ie Website: www.cancer.ie
The mission of the Irish Cancer Society is to play a vital role in achieving world-class cancer services in Ireland, to ensure fewer people get cancer and those that do have better outcomes. Our goals are focused around prevention, survival and quality of life with three programme areas to achieve them: advocacy, cancer services and research.