



The GHA Breast Clinic Service

Discharge from routine
follow-up after breast cancer
treatment

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Why have I been given this leaflet?

This information leaflet has been given to you because you have now reached 5 years after your breast cancer treatment. It means that you will no longer need to attend routine appointments; instead you can quickly gain access to the breast care team and hospital should you need to. It is based on evidence showing that there are no advantages to longer term follow up and repeat tests in hospital clinics for well women after treatment for breast cancer.

Open access

You will have open access to the breast clinic if you have concerns or symptoms and would like to be seen by a doctor or nurse at the hospital.

Mammogram Breast Screening

Return to breast screening mammography will be arranged at your last breast clinic appointment. When or if you are over 70 please contact the radiology department to arrange your screening mammogram every 2 years as the current programme stops sending the invitations for mammography screening at 70 years. You can do this by attending the radiology department on the ground floor or by calling 200 72266 Ext 2214

Hormone treatment

How does it work?

The hormone oestrogen can stimulate some breast cancers to grow. Hormone treatment will only be prescribed if your breast cancer has receptors within the cell that bind to the hormone oestrogen. This is known as oestrogen receptor positive or ER+ breast cancer. Invasive breast cancers are tested for oestrogen receptors using tissue from a biopsy or after surgery. When oestrogen binds to these receptors, it can stimulate the cancer to grow.

Endocrine therapy which is taken as a tablet works on the whole body (known as systemic treatment) and blocks the effects of oestrogen on these receptors. This helps to stop oestrogen from encouraging any breast cancer cells to grow.

How is it taken?

The treatment is taken as a tablet. Occasionally it may be prescribed as a liquid for those who have difficulty swallowing. It's best to take it at the same time every day. If you miss a dose, you don't need to take an extra tablet the next day. The level of the drug in your body will remain high enough from the previous day. If, for any reason, you want to stop taking it talk to your specialist first. This is because not taking the drug for the recommended time may increase the risk of your breast cancer coming back.

Extended Hormone Treatment

There are on-going studies looking into having hormonal treatment for up to 10 years. Your specialist team will have discussed this with you and advised on length of treatment. Hormones are used to treat breast cancer in both pre-menopausal women (women who have not yet gone through the menopause) and post-menopausal women. It can also be taken by men who have breast cancer.

It's a type of hormone therapy (also known as endocrine therapy).

If you are having a 10 year course you will need a bone density scan every two years. Your GP can arrange this for you.

Side Effects

Everyone reacts differently to medication. Some people will experience more side effects and some will have none at all.

Menopausal symptoms

The most common side effect that people have are menopausal symptoms. These include hot flushes, night sweats and sleep disturbance. Some foods can be a trigger so reducing spicy foods, caffeine and alcohol may reduce the number of hot flushes. Loss of sex drive (libido) and mood changes are also common menopausal symptoms.

Vaginal symptoms

Vaginal dryness, itching and irritation are also a very common side effects caused by low oestrogen levels. This can be very distressing and can make sex and intimacy difficult and painful. There are some treatments that can help including vaginal lubricants and moisturizers. Some of these can be prescribed by your doctor or bought at the chemist.

Vaginal discharge

Vaginal discharge is common when taking endocrine therapy but let your GP know if you experience this so that any infection can be ruled out.

Effects on periods

Women who are still having regular periods may find that their periods change. For example, they may be lighter and/or irregular or they might stop altogether. This may also be because the menopause has occurred naturally during this time or because other treatment such as chemotherapy has caused an earlier menopause

Fluid retention

Some women find they put on weight during treatment. Although there is no clear evidence linking weight gain to treatment it can sometimes cause fluid retention, which may affect weight.

Indigestion or nausea

Some people experience indigestion or mild nausea. This is usually most noticeable when they begin; these symptoms generally improve or become easier to manage over time and may be helped by taking the tablets with food.

Effects on bone health

If you are pre-menopausal there is evidence that endocrine therapy slows down the process of bone loss, reducing the risk of osteoporosis (thinning of the bone). This is unlikely to lead to osteoporosis unless treatment has been given to stop the ovaries from working as well.

However, endocrine therapy may slightly increase the risk of osteoporosis for post-menopausal women. We can provide you with more information on your medication please speak to your specialist nurse for further advice.

Bone health and osteoporosis

Bone health is important throughout life. It becomes more important as we get older or if illness or treatments increase the risk of bone problems. Around the age of 35, we start to lose bone density as part of the natural ageing process and this can lead to osteoporosis.

What is osteoporosis?

Osteoporosis literally means 'porous bones' and is a weakening or thinning of the bone. As the bones become fragile they can break (fracture) with little or no force. Often osteoporosis isn't found until the time of this first fracture. Although osteoporosis cannot be cured, treatments are available to try to keep bones strong and less likely to break.

How can breast cancer treatment affect bone health?

Both women who haven't yet gone through the menopause (premenopausal) and women who have gone through the menopause (post-menopausal) may have an increased risk of osteoporosis related to breast cancer treatment.

What can I do to maintain bone health?

Exercise can help keep your bones strong and reduce the risk of developing osteoporosis. Regular weight-bearing exercise helps to stimulate growth and strength of the bones. Good weight-bearing exercises include taking a brisk walk, skipping, aerobics, tennis, dancing and weight training. You should consult your specialist team before starting any new exercise.

It is also essential to eat a balanced diet to give you the nutrients that are important for strong, healthy bones. Include sources of calcium in your diet, such as dairy foods like milk, cheese and yoghurt. Drinking too much alcohol and smoking can have a damaging effect on bones.

Physical activity

Being physically active (or exercising) during and after treatment for breast cancer can be difficult, especially if you have side effects such as fatigue, or you feel unwell. Regular physical activity has many benefits and there's evidence to show that being active and maintaining a healthy weight after treatment may reduce the risk of breast cancer coming back.

Regular physical activity can

- help avoid or reduce some side effects of cancer treatment – such as fatigue, weight gain, osteoporosis and lymphedema
- improve your long-term health, reducing the risk of heart attacks and strokes and may reduce the risk of the cancer coming back
- help your mental wellbeing by reducing anxiety, stress, depression and improving your overall mood
- prevent or reduce the loss of muscle tone and aerobic fitness that can happen during treatment

Before you start any exercise, discuss it with your GP or breast care nurse, and then begin gently and build up gradually. If you've had reconstruction surgery, check with your specialist team when you can start exercising and which exercises are safe.

How much exercise should I do?

It's recommended that adults should do at least 150 minutes (2 hours 30 minutes) of moderate-intensity activity a week. You can split this however you like. For example, you could do 30 minutes of activity on five days a week, or if you want to do shorter periods of activity, you could do 10 minutes three times a day on each of these days. You should build up to this amount gradually, especially if you're not used to exercising.

Moderate-intensity activity should make your heart beat faster. You'll feel warmer and breathe slightly harder, but you should still be able to hold a conversation. Any amount of activity is better than none; if you struggle to do 150 minutes, start by trying to reduce the time you spend sitting down or being inactive and gradually increase this over time. Setting realistic goals and keeping a record of how much activity you do may help you stay motivated.

What type of activity should I do?

Some examples of moderate-intensity activities are:

- Brisk walking
- Cycling
- Hiking or hill walking
- Water aerobics or swimming
- Gardening or housework
- Dancing

A combination of different types of activity can be more interesting and will also exercise different parts of your body. If you're new to exercise, you should build up your activity levels gradually. There are many ways to include physical activity in your daily routine.

The following tips may help

- If you enjoy walking, try to increase the amount of time you walk for and the number of times you walk each day. You could also try increasing your pace as your energy returns.
- A pedometer (or pedometer app for your phone) can help you monitor your progress.
- Energetic housework can help increase your daily activity levels.
- If you drive to work or the shops, park your car a little further away and walk the rest.
- Get off the bus a stop earlier than you need to and walk.
- Use the stairs instead of taking the lift.
- Try to sit less and stand more, for example when talking on the phone.

Muscle strengthening activities

As well as activities like walking, aim to do muscle-strengthening activities at least twice a week. These activities can help strengthen your muscles after treatment, and include:

- Sitting to standing
- Squats
- Press-ups against the wall

- Lifting light weights, such as tins of food or small bottles of water
- Gardening
- Activities that involve stepping and jumping such as dancing
- Using fitness equipment such as a static bike or cross trainer
- Yoga or Pilates

Physical activity if you have osteoporosis

If you have been diagnosed with osteoporosis, avoid high-impact exercises such as jumping, running, jogging or skipping.

Physical activity if you have lymphedema

It is thought that exercise doesn't cause or worsen lymphedema and may even lessen symptoms. The type of exercise that's best for you depend on the severity and cause of your lymphedema and whether you have any other medical conditions, such as heart disease or arthritis. Speak to your lymphedema specialist for more information.

Flexibility exercises can minimise skin scarring and joint contractures (shortening of a muscle or tendon) that may obstruct the lymph flow.

There is on-going research into many types of exercise for people with lymphedema. However, Pilates, yoga, Tai Chi, Qigong and swimming might be of benefit.

Always wear any compression garments you've been given while exercising as they help increase lymph and blood flow.

Healthy Eating

Diet

Eating healthily is important for everyone, but when you've had breast cancer you may become even more aware of what you eat and drink. To achieve a healthy, balanced diet, you should eat a variety of foods from each of the four main food groups every day. Some breast cancer treatments, such as chemotherapy or hormone therapies, can affect your bones, which can increase your risk of osteoporosis.

It's important to get enough calcium, which is vital for healthy bones, from your diet. Our main source of calcium is dairy produce. Dairy foods that are rich in calcium include milk, cheese and yoghurt. If your diet doesn't include dairy foods, make sure you eat other calcium-containing foods such as:

- Fish with edible bones such as sardines
- Green leafy vegetables such as broccoli and curly kale
- Pulses, beans and seeds such as kidney beans, green beans or baked beans
- Nuts and seeds
- Calcium-fortified cereals
- Dried fruit such as apricots or figs
- Okra

Vitamin D is needed to help your body absorb calcium. The best source is sunlight, which your body uses to make this vitamin in your skin. Other sources of vitamin D include oily fish, margarine and breakfast cereals such as bran flakes.

Some women choose to adopt a dairy-free diet after a diagnosis of breast cancer. However, there's no evidence that this reduces the risk of breast cancer recurrence.

What are alternative diets?

Some people who've had breast cancer consider following an alternative diet. This may be because they believe an alternative diet could reduce the risk of cancer coming back.

Alternative diets usually encourage eating or avoiding certain types of food. There's no conclusive scientific evidence that eating an alternative diet will stop the cancer coming back.

Evidence shows that maintaining a healthy weight, exercising and eating a balanced diet have benefits for people who've had breast cancer. Alternative diets can often be very restrictive, expensive and sometimes do not provide you with the nutrients you need, which may result in other conditions such as anaemia (lack of red blood cells) or osteoporosis.

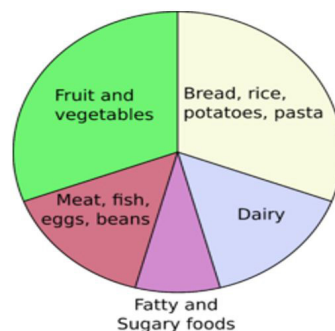
The eat well 'plate' shows the different types of foods we should eat and in what proportions, including:

- Plenty of fruit and vegetables
- plenty of bread, rice, potatoes, pasta and other starchy foods – choose wholegrain varieties whenever you can
- Some milk and dairy foods
- Some meat, fish, eggs, beans and other non-dairy sources of protein

In addition to this, you should:

- Avoid having sugary foods and drinks too often
- Avoid eating fatty foods too often
- Drink alcohol only in moderation.

Unless you're having problems recovering from treatment, supplements such as iron or multivitamins are not needed. Supplements have the potential to do harm as well as good, talk to a dietician or your specialist team before taking them.



Alcohol

Drinking within the recommended guidelines is not thought to have any effect on the risk of breast cancer recurrence. But regularly drinking more than the recommended amount of alcohol may increase the risk. It's recommended that men and women shouldn't drink more than 14 units of alcohol a week, and that this should be spread evenly over three days.

Continuing to be breast aware

The majority of women will make a full recovery but a certain number of women will develop secondary cancer. Whether you've had breast-conserving surgery or a mastectomy (with or without reconstruction), it is important to be aware of any changes to the breast, chest or surrounding area after your treatment, even if you're still having follow-up appointments or regular mammograms.

After treatment for breast cancer it can be difficult to know how your breast or scar area should feel, particularly as the area can change overtime as it repairs and heals. You will need to get to know how it looks and feels so you know what is normal for you. This will help you feel more confident about noticing changes and reporting them early to your GP or breast care nurse. It's also important to be aware of any new changes in the other breast and surrounding area and to report these as soon as possible to your hospital team.

What to look for

Changes to look and feel for in the breast, chest area and under the arm:

- Change in size or shape of the breast
- Redness or a rash on the skin and/or around the nipple
- Nipple discharge
- Swelling in your chest, in your armpit or around your collarbone
- Lump or thickening that feels different
- Change in skin texture such as puckering or dimpling
- Your nipple becomes inverted (pulled in) or changes its position or shape
- Pain
- Swelling in the arm

Recurrence

Recurrence is the term used to describe breast cancer that has returned following treatment. At the time of your diagnosis and after surgery, tests will have been done to find out the type of breast cancer you had. The results are used to plan your individual treatment to ensure it is as

effective as possible in reducing the risk of the breast cancer coming back. While most people have no further problems, sometimes breast cancer can come back. This can either be local recurrence or locally advanced breast cancer (also called regional recurrence).

Local recurrence

This is when the breast cancer has come back in the chest/breast area, in the skin near the original site or scar, but has not spread to other parts of the body. Local recurrence is treatable.

If you notice any changes in the skin around your scar line or chest area, contact your breast care nurse or specialist.

Locally advanced breast cancer (also called regional recurrence)

This is when the breast cancer has come back and has spread to the tissues and lymph nodes (glands) around the chest, neck and under the breastbone. How regional recurrence is treated will depend on what treatments you had previously, but could include surgery, radiotherapy and drug treatments.

A new primary breast cancer

Sometimes a new primary breast cancer (breast cancer that has not spread beyond the breast or the lymph nodes under the arm) can develop, either in the same side after breast-conserving surgery or in the opposite breast. People who have breast cancer in one breast are at slightly higher risk of developing a new primary breast cancer on the other side. This would be treated as a new cancer and is not a recurrence.

Secondary breast cancer

Treatment for primary breast cancer aims to prevent the cancer coming back or spreading, but some people will develop secondary breast cancer. Secondary breast cancer occurs when breast cancer cells spread from the first (primary) cancer in the breast to other parts of the body. You may hear this referred to as metastatic breast cancer, metastases, advanced breast cancer, secondary tumours, secondary, or stage 4 breast cancer.

Secondary breast cancer is most likely to develop in the bones, lungs, liver or brain. One or more areas of the body can be affected. A diagnosis of secondary breast cancer means that the cancer can be treated but it can't be cured. As treatments have improved more and more people are living longer after a diagnosis of secondary breast cancer.

Symptoms of secondary breast cancer

It's difficult to list all the symptoms of secondary breast cancer but it's important to report any symptoms you have that are new and persistent and have no obvious cause to your doctor or breast care nurse. Many symptoms of secondary breast cancer may be the same as those of other conditions. For example, aches and pains in the bones may be due to ageing, arthritis or treatment side effects. Breathlessness and coughs can be symptoms of a cold or flu-type illness. If you have any persistent or unexplained symptoms, the best thing to do is to talk to your doctor or breast care nurse.

Symptoms you may want to report

- Pain in your bones (for example in the back, hips or ribs) that doesn't improve with pain relief or persists for more than one to two weeks and is often worse at night
- Unexplained weight loss and a loss of appetite.
- A constant feeling of nausea
- Discomfort or swelling under the ribs or across the upper abdomen or arm
- Feeling constantly tired
- A dry cough or a feeling of breathlessness
- Severe or on-going headaches
- Altered vision or speech

Some of these symptoms, such as tiredness and loss of appetite, can be normal side effects that many people experience after cancer treatment. But if symptoms don't improve, your specialist team may decide to investigate the many possible causes.

Coping with fear of recurrence

Nearly everyone who has been treated for cancer worries about it coming back. At first, every ache or pain can frighten you. But, as time passes, you may come to accept minor symptoms for what they are in most cases – warning signs of a cold or flu or the result of over-exerting yourself.

Some events may be particularly stressful – the days or weeks leading up to your check-ups, the discovery that a friend or relative has been diagnosed with cancer, or the news that someone you met while having treatment is ill again or has died.

We all cope in our own way, and there are no easy solutions.

But keeping quiet because you're worried about bothering people is probably not the best approach. Talking about your fears relating to recurrence may help.

Worries about a family history of breast cancer

Women diagnosed with breast cancer are often worried about whether this will increase the risk of breast cancer for family members, especially daughters. A diagnosis is unlikely to mean family members have significantly higher risk of developing breast cancer. The majority (more than 90%) of cases of breast cancer happen 'by chance' and are not inherited. If you are worried about this, you can speak to a member of your specialist breast care team.

Travelling

If you're travelling abroad, having breast cancer won't necessarily affect your arrangements. But planning things in advance can help ensure your trip goes more smoothly.

Travel insurance

Some people have difficulty getting travel insurance after a diagnosis of breast cancer. If you do have problems, it can be frustrating and may make you feel that you are being penalised for something beyond your control. However, there are some companies that specialise in providing cover for people who have had cancer. Be aware that your travel insurance will not cover you for any claim relating to your breast cancer and its treatment or any other pre-existing medical condition if you don't inform the insurance company about it. Breast Cancer Care does not approve specific insurance companies or products because they change on a daily basis. However, you can find recommendations for insurance companies from people affected by breast cancer online on breastcancercare.org.uk (see the 'Work, finance and travel' section in the category called 'Living with and beyond breast cancer').

You can also find information on the Macmillan Cancer Support website www.macmillan.org.uk

Medication

If you're taking tablets, it's a good idea to pack more than you're likely to need in case of travel delays. Carry your medication in your hand luggage so it doesn't get lost. A summary of your medical details may also be helpful.

Radiotherapy and skincare

If you've had radiotherapy, the skin in the treated area may be more at risk from the sun. Therefore, make sure that the skin in the treatment area is covered or apply a high-factor sun cream when you're out in the sun, even when treatment is finished.

Travelling if you have lymphedema

There's no reason why having lymphedema should stop you enjoying holidays, but extra care may be necessary.

- If you've been fitted with a compression garment, wear it during your journey. Wear loose, comfortable clothes when travelling.
- Make sure jewellery or watches aren't too tight.
- Use a suitcase on wheels rather than one you carry and ask for help when moving luggage around.
- Keep your hand baggage light and try to carry it on your back rather than your shoulder.
- Try not to sit for too long in one position. Take regular breaks if travelling by car or move around if you're travelling by air. Gentle exercises can also be carried out while sitting to promote lymph flow.
- A high-factor sunscreen applied regularly is essential to prevent sunburn if you are going somewhere hot. Loose cotton clothes with long sleeves will also protect your swollen arm from the sun.
- Wash your skin after swimming in the sea or in a pool to get rid of the salt from the sea and chemicals from the pool. You may use your compression garment while swimming. Please talk to our breast care nurse about this issue
- Use mosquito repellent every day, particularly in the evening and at night. Mosquito bites can become infected and are very uncomfortable.
- Before you travel, talk to your GP or lymphedema specialist about taking antibiotics with you (in case you develop an infection in the swollen area).
- Try to avoid extremes of temperature – getting too hot then too cold, or too cold then too hot.

If you wear a prosthesis

If you wear prosthesis (an artificial breast form used to restore shape when part or the entire breast has been removed), it can help to have a well-fitting, supportive bra when you're being fitted for your permanent or replacement prosthesis. The person fitting your prosthesis will help you choose one that matches the shape and size of your natural breast and advise you about bras that will hold it comfortably and securely in place.

You are entitled to a new prosthesis every two years please contact your breast care nurse to arrange an appointment.

Air travel and prostheses

It's safe to fly with prosthesis as aircraft cabins are pressurised. If you pack your prosthesis in your luggage, some small air bubbles may appear in the back of your prosthesis. This is because the luggage hold is not pressurised. These small bubbles will disappear shortly after you're back on the ground and will not harm your prosthesis. Some airports use body scanners as part of their security procedures and some of these will reveal a prosthesis. Where body scanners are in use, a random sample of travellers is selected to be scanned, so there's a high chance you won't be scanned. A member of security staff can conduct a body search after viewing someone's scan. However, breast prosthesis does not inevitably lead to a body search. The Department for Transport advises people wearing an external breast prosthesis to notify security staff before being scanned. Although this may be awkward or embarrassing, it will mean you're less likely to be searched than if you haven't declared it.

It may also be helpful to carry a letter from your GP or specialist team, confirming your situation.

Contacts

GHA:

Breast Care Nurses - Tel 200 07248

Open access to breast care services - breastcarenurses@gha.gi

Radiology enquiries - Tel 200 72266 Ext 2285

Support Groups in Gibraltar:

Breast Cancer Support Gibraltar - Tel 58008944
www.breastcancergib.org

Cancer Relief Centre - Tel 200 42312

Bosom Buddies - Tel 56449000

Cancer Research UK Gibraltar Branch -
cancerresearchgib@gibtelecom.net

Referrence:

Breast Cancer Now - The research and care charity
www.breastcancernow.org

