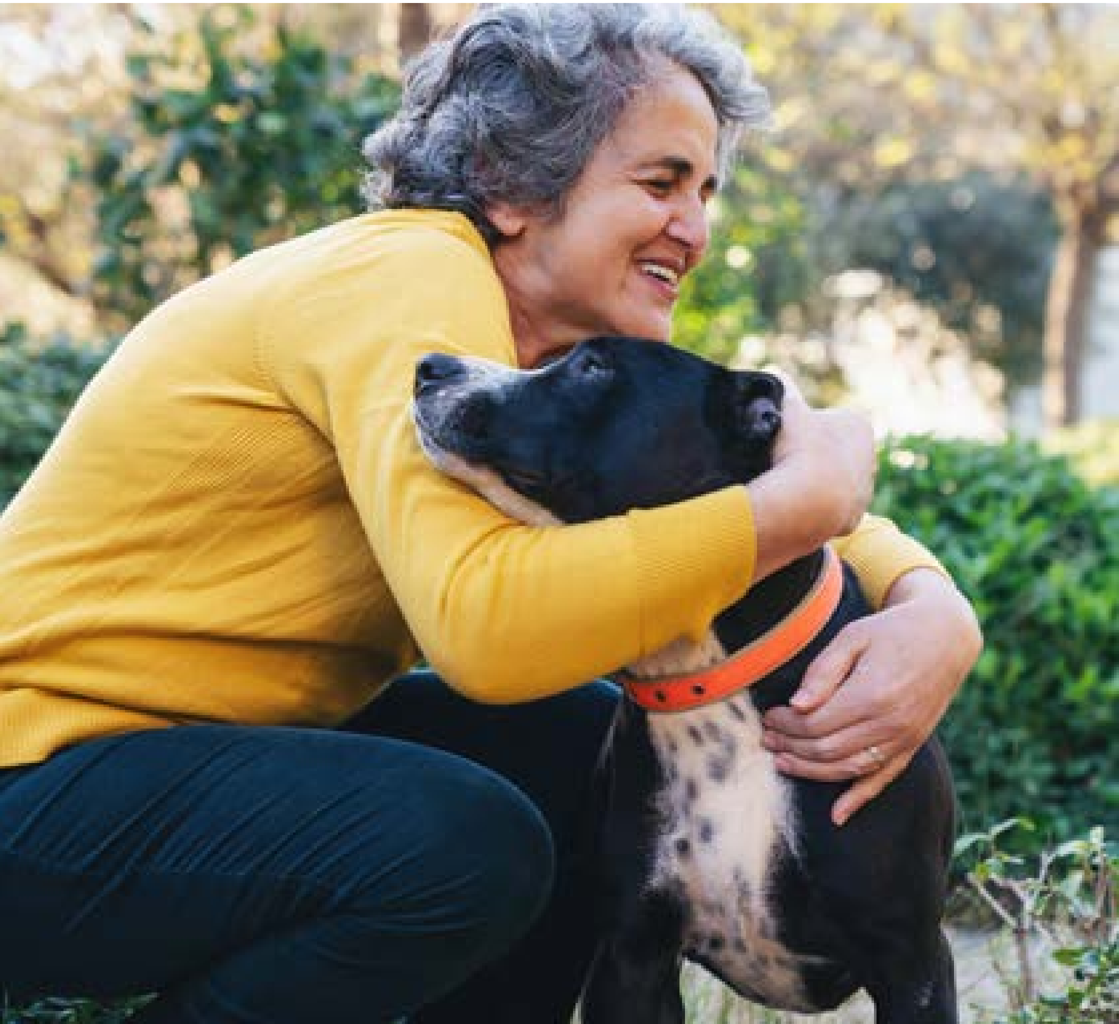
MACMILLAN CANCER SUPPORT

Managing the late effects of breast cancer treatment



About this booklet

This booklet is about the possible long-term or late effects of breast cancer treatment. These are side effects that last for 6 months or longer after treatment, or develop months or years after treatment.

In this booklet, we use the term late effects to describe long-term and late effects.

The booklet describes the possible effects of treatment and how they can be improved or managed. It includes information on positive lifestyle changes, which can help reduce the risk of developing some late effects. There is also information about coping with some of the sexual and emotional difficulties that you may experience.

Although this booklet is written for women, some of the information may help anyone who has late effects of breast cancer treatment. We have separate information for women and men on our website. Treatments for breast cancer are similar for men and women. So men may experience some of the side effects described in this booklet.

If you are transgender (trans) or non-binary, you may find the information in this booklet useful. We also have information about cancer for trans and non-binary people on our website. Visit macmillan.org.uk/transgender

If you have late effects, we hope this booklet will help explain who can help you and what can be done. It also suggests some positive ways to help yourself.

How to use this booklet

This booklet is split into sections to help you find what you need. You do not have to read it from start to finish. You can use the contents list on page 3 to help you. It is fine to skip parts of the booklet. You can always come back to them when you feel ready. At the end of the booklet, there are details of other organisations that can help.

If you find this booklet helpful, you could pass it on to your family and friends. They may also want information to help them support you.

Quotes

In this booklet, we have included quotes from people who have had treatment for breast cancer. These are from people who have chosen to share their story with us. To share your experience, visit macmillan.org.uk/shareyourstory

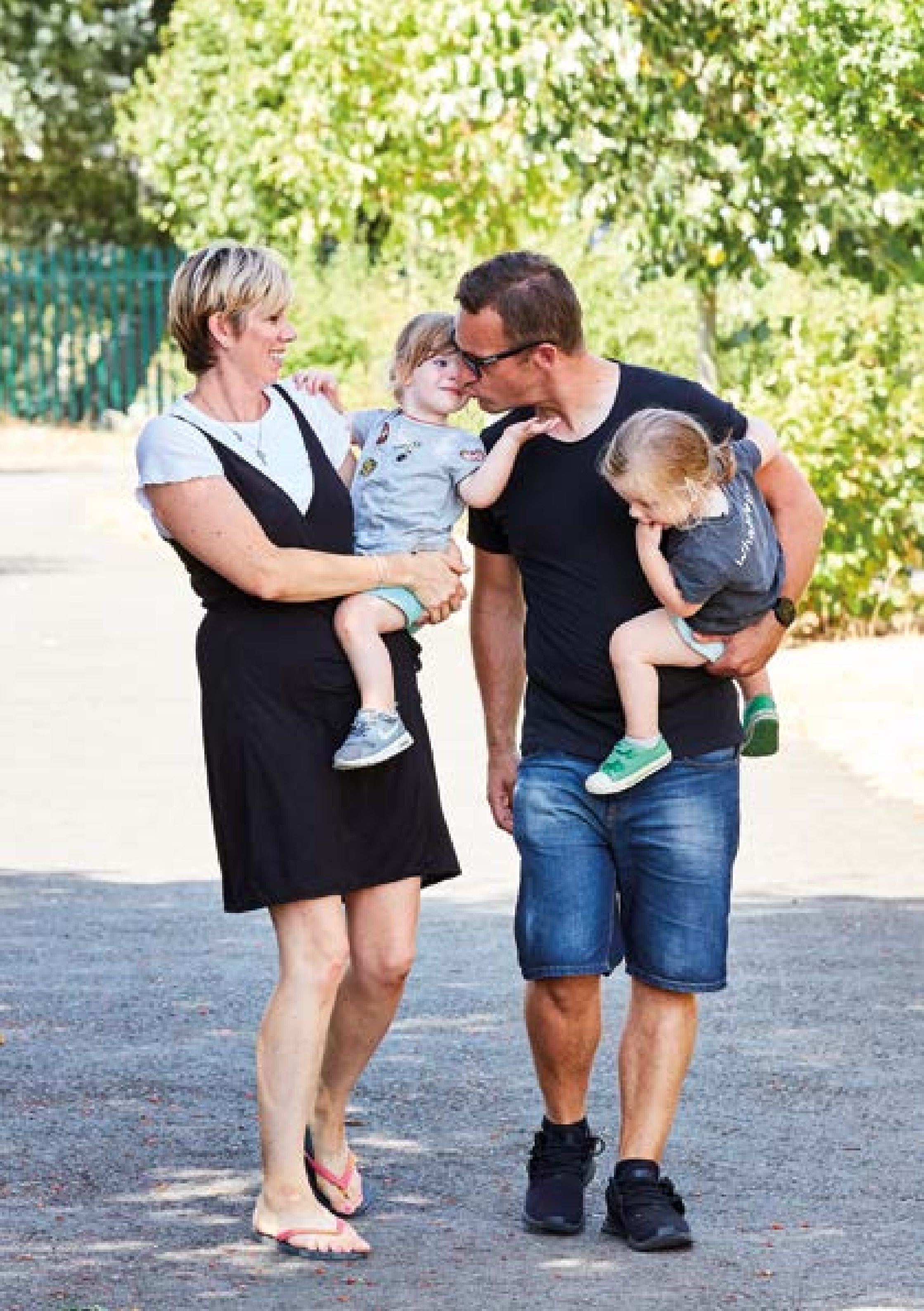
For more information

If you have more questions or would like to talk to someone, call the Macmillan Support Line free on **0808 808 00 00**, 7 days a week, 8am to 8pm, or visit macmillan.org.uk

If you would prefer to speak to us in another language, interpreters are available. Please tell us, in English, the language you want to use. If you are deaf or hard of hearing, call us using Relay UK on **18001 0808 808 00 00**, or use the Relay UK app.

We have some information in different languages and formats, including audio, easy read, Braille, large print, interactive PDF and translations. To order these, visit macmillan.org.uk/otherformats or call **0808 808 00 00**.

Contents



Late effects and breast cancer treatment

Long-term and late effects

Most people have side effects during treatment for breast cancer and for a few weeks after treatment ends. Usually, these side effects get better slowly and then stop. But sometimes side effects do not go away. Or they can develop months or years after treatment.

There are 2 commonly used terms for these side effects:

- long-term effects – if they begin during treatment or shortly after treatment has ended, and last for months
- late effects – if they begin months or even years after treatment.

In this information, we use the term late effects to include both long-term and late effects of treatment.

Late effects may be minor and not affect your daily life much. Or they may be more difficult to live with and affect your daily life more.

There are many things that can be done to help manage or treat late effects. It is important that you get support to help you cope with them and live life as well as you can. Some late effects improve over time and may eventually go away on their own.

We have more information in our booklet Understanding breast cancer (previously called **Understanding breast cancer in women**).

Talking to your doctor

Always tell your cancer doctor or specialist nurse if any side effects do not go away after treatment, or if you develop late effects.

Give them as much information as you can about your side effects. The more they know, the better they can help you. You may feel embarrassed talking about some effects, such as urinary problems or difficulties with your sex life. But doctors and nurses are used to talking about these things.

Some late effects may be similar to the symptoms you had when you were first diagnosed. This can be scary, and you may worry the cancer has come back.

The breast care team will assess your symptoms. They will explain whether the symptoms could be caused by treatment. They will talk to you about what can be done to manage late effects. They may also refer you to a doctor who specialises in the late effects of treatment.

Sometimes symptoms are caused by other conditions not related to the cancer or its treatment. Your doctor may arrange tests to find out more about what is causing your symptoms.

Remember that you can contact your specialist nurse at any time if you have any concerns. You can also contact your GP.

You may need support from your family, friends or a support organisation. You can also talk to one of our cancer support specialists on **0808 808 00 00**.

Late effects from breast cancer treatment

The main treatments for breast cancer are:

- surgery
- radiotherapy
- chemotherapy
- hormonal therapy
- targeted therapy
- immunotherapy.

Surgery and radiotherapy

Surgery and radiotherapy to the breast, especially involving the armpit, can cause:

- pain in the breast, chest, arm and shoulder
- limited movement of the shoulder or arm
- swelling of the breast, chest or arm (lymphoedema).

If you had part of your breast removed and radiotherapy, you may find the treated breast shrinks slightly over time. If this happens, your breasts will be different sizes. You may also have some skin changes, such as tissue hardening in the area. We have more information about this.

Rarely, having radiotherapy to the left breast can cause changes in the heart. Radiotherapy can also sometimes cause mild changes to the lungs. Your cancer doctor will discuss this with you and explain the techniques used to reduce the risk. For example, there is a breath-hold technique which your doctor may suggest during radiotherapy to help reduce the risk.

Chemotherapy

Chemotherapy may cause:

- an early menopause
- changes in sensation, such as pins and needles or numbness in your hands and feet
- effects on the heart, but this is rare
- very rarely, it can cause another cancer, for example leukaemia.

> **"What I've noticed is that although chemo ended months ago, I'm still having side effects from time to time. The day I went out for my first walk, I came home, and the fatigue hit me like a wave."**
>
> Sophia, who had late effects from breast cancer treatment

Hormonal therapy

Hormonal therapy can cause:

- side effects similar to menopausal symptoms, including hot flushes, vaginal dryness and feeling less interested in sex
- joint pain – this is most common with a type called aromatase inhibitors
- thinning of the bones (osteoporosis).

Some hormonal therapies may cause vaginal bleeding and changes to the womb lining. But this is not common. Tell your cancer doctor or nurse if you have any bleeding.

Very rarely, tamoxifen can cause womb cancer. Tell your cancer doctor or nurse if you have been through the menopause and develop any vaginal bleeding.

Targeted therapy

Targeted therapy drugs such as trastuzumab, trastuzumab emtansine and pertuzumab can sometimes cause changes in the way the heart works. Some can also cause changes to the lungs.

We have more information about these drugs at macmillan.org.uk/treatments-and-drugs

Immunotherapy

Immunotherapy drugs can cause inflammation in different parts of the body. This can include the:

- liver
- lungs
- heart
- bowel
- kidneys
- brain
- skin
- joints.

They can also cause changes in how the thyroid and pituitary glands work. These glands produce hormones that have different functions in the body. Your cancer doctor or specialist nurse can check the levels of these hormones with blood tests. If your levels are low, they can give you medicine to help. For example, you may be given thyroid hormone drugs.

Your cancer doctor or specialist nurse will explain how the immunotherapy drugs may affect you. They will explain what symptoms to check for and who to contact if you have any problems. They will monitor you for signs of any problems during and after your treatment.

If you have any of these symptoms, it is important to contact the hospital straight away. There are medicines you can have to help manage the symptoms.

We have more information about side effects of immunotherapy drugs at macmillan.org.uk/immunotherapy

Bisphosphonates

Bisphosphonates are bone-strengthening drugs. They can cause problems with the teeth and jaw. Tell your dentist if you are taking bisphosphonates. This is especially important if you are due to have any teeth taken out. If you are having any dental work, your cancer doctor may need to adjust your treatment around it.

If you have any problems with your mouth or jaw after treatment, let your dentist and cancer doctor know.

Other changes

Cancer treatments can also cause more general changes, such as:

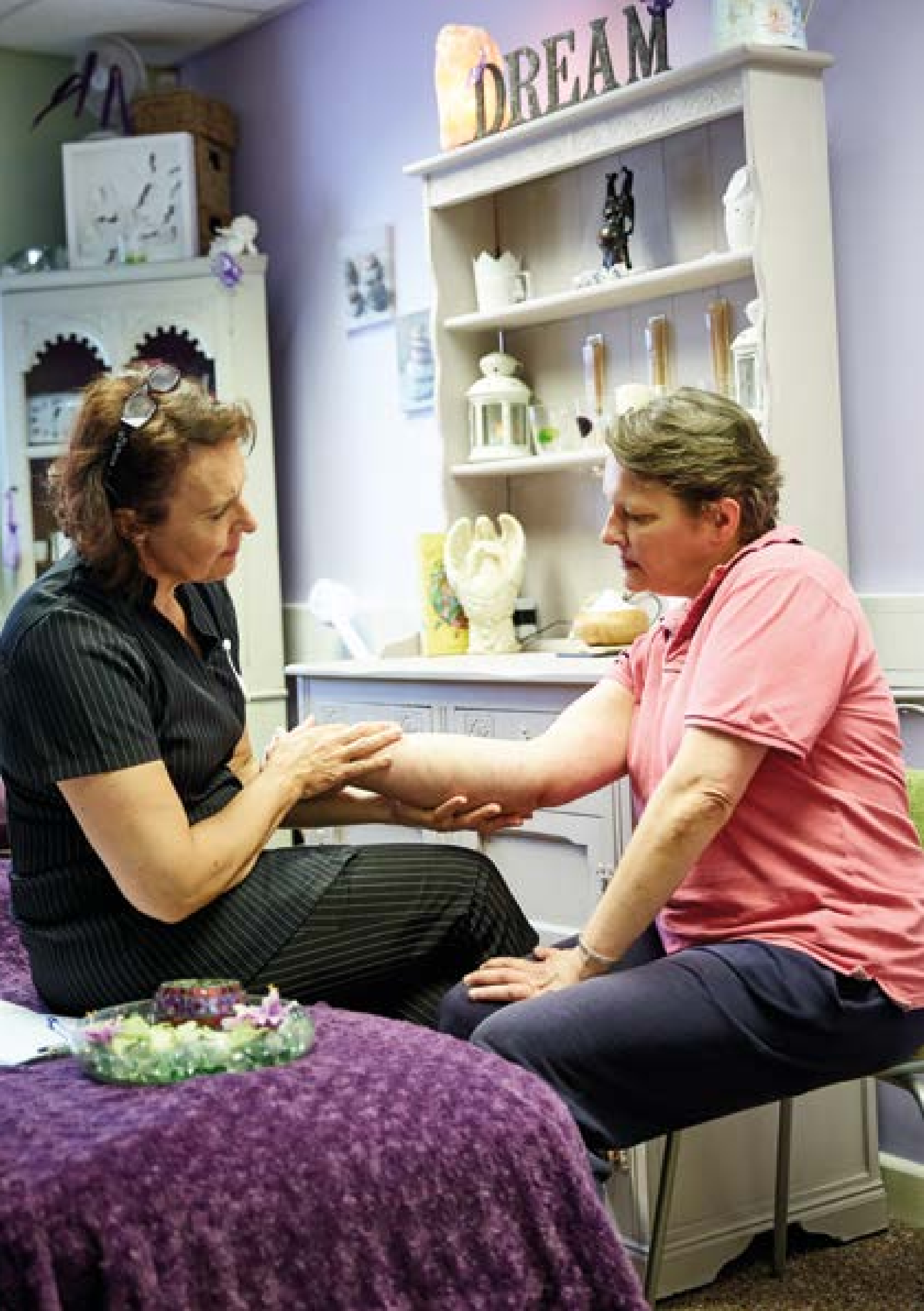
- being more tired than usual for several months after treatment
- having difficulty concentrating or remembering things.

These changes are usually mild and get better over time. But they can be permanent.

Treatments for breast cancer are always improving, and people are living longer. As treatments develop, doctors and nurses are learning more about late effects and how they can be managed.

> “I had some short-term side effects, and after a year they were reducing. But some side effects remained. I still had fatigue, joint and muscle pain, ‘chemo brain' and low immunity, among some other issues.„

Nicola, who had late effects from breast cancer treatment


DREAM

Breast and arm changes

What changes might happen

Surgery and radiotherapy to the breast can cause changes. These can include:

- changes to the how the breast or chest looks
- pain and changes in sensation
- problems with movement or strength
- swelling of the arm (lymphoedema), if the armpit is treated.

Always tell your cancer doctor or specialist nurse if you have any of these symptoms. They can check your symptoms and give you advice on ways to manage them. They may also refer you to other specialists who can help.

> **"One of the biggest challenges for me has been to feel my way back to the confident, active person I was before my diagnosis. Learning not to feel defined by cancer has been a big part of this."**
>
> Heather, who had late effects from breast cancer treatment

Changes to how the breast looks

After breast cancer treatment, there may be some changes to how the breast or chest looks. The changes may depend on which treatments you had. Talk to your cancer doctor or specialist nurse if you are finding these changes difficult. There are different ways of helping improve how the breast looks, and ways of helping you cope with the changes.

Changes caused by surgery

After any type of breast cancer surgery, there will be a scar. The amount of scarring will depend on the type of surgery you have and how well it heals. Most scars fade with time and become less obvious.

Stretching and massaging the scar area every day during the first year after surgery can help to reduce scarring. Ask your cancer doctor or specialist nurse for more advice.

After surgery, you may find it hard to accept the changes. It may change how you feel about yourself (your body image) and affect your sex life. You may need support adjusting to the changes.

If surgery for breast cancer has changed the shape or appearance of your breast or chest, it may be possible to have further surgery. This is called reconstruction. Surgery can be done soon after the first breast cancer operation or years later. You can discuss this with your cancer doctor or specialist nurse. They can also arrange a referral to a plastic surgeon for more advice.

Breast reconstruction

Breast reconstruction is an operation that may help you find a shape that you are comfortable and confident with.

Breast reconstruction can help to restore self-confidence and feelings of sexual attractiveness. There is no time or age limit on when the operation should be done. But you will need to be fit enough for the surgery. Your cancer doctor or specialist nurse can discuss this with you. They can also arrange a referral to a plastic surgeon. This may be in another hospital.

You may have dents or uneven areas of breast tissue after cancer surgery. It may be possible to fill in these dents using fat cells removed from the tummy area (abdomen) or thighs. This is called lipomodelling.

We have more information about breast reconstruction at macmillan.org.uk/breast-reconstruction

Breast prosthesis

A breast prosthesis is a false breast made from silicone. You wear it inside a bra. They come in different skin tones.

A prosthesis that fits well helps some people feel more confident about their body. If you use a prosthesis but it is no longer a good fit, you can have a reassessment. You can have this even if your prosthesis is still in good condition.

You can also get prosthetic (false) nipples which can be made in different sizes, shapes and skin tones.

Some styles of bras, swimwear and underwear work better than others with a breast prosthesis. Breast Cancer Now has helpful information about this.

Changes caused by radiotherapy

Radiotherapy to the breast or chest can cause changes in how the treated area looks and feels. Tell your cancer doctor or nurse if you notice any changes.

Colour

After radiotherapy, the skin in the treated area may change colour. It may sometimes become darker. It may also be more sensitive. It is important to protect the area from strong sunlight by:

- covering up with clothes
- using suncream with a high sun protection factor (SPF).

Blood vessels

Sometimes blood vessels under the skin become enlarged (dilated). This is called telangiectasia. It can cause lots of thin red, blue or purple lines. This changes how the breast area looks, but it should not cause any other problems.

Rarely, prominent blood vessels in the skin of the breast or chest can be a sign of more serious conditions. Always talk to your cancer doctor or specialist nurse about any changes.

Appearance and size

After radiotherapy, the breast tissue can sometimes harden or thicken. This is called fibrosis. The breast tissue may also shrink slightly over time. Shrinkage is worse if you smoke. Your cancer doctor may strongly advise you to stop smoking. Sometimes after radiotherapy, the breast may become swollen. It usually goes back to normal over a few weeks or months.

If you notice changes in how your breast looks or feels, it is best to get checked by your cancer doctor or specialist nurse.

Breasts often get bigger with age or weight gain. But if you have had radiotherapy, the treated breast will not always grow to match the other breast. Keeping to a healthy weight can help them stay similar in size.

If the breasts are very different sizes, it may be possible to have surgery to reduce the size of the larger breast. Fat injections may also help smooth out any uneven areas. This is called lipomodelling. Your cancer doctor or specialist nurse can tell you more about this.

Some people choose to use a partial breast prosthesis called a shell. This can help make the breasts look more even under clothing.

Pain and changes in sensation

Breast cancer treatment can cause changes in how the breast feels. If you notice any changes, tell your cancer doctor or specialist nurse. They can give you advice on how to help manage this.

Changes caused by surgery

Surgery can cause changes in sensation in the chest area and in the armpit, shoulder and arm on the treated side.

Symptoms can include:

- sharp, shooting or burning pain
- aching pain
- sensitivity to touch or to the cold
- numbness or pins and needles.

These symptoms happen when the nerves in the chest area or armpit are cut or injured during surgery. They are common, particularly after surgery to remove all the lymph nodes in the armpit.

Symptoms usually improve with time, but sometimes they may take months or years to get better.

If you have an aching pain in the breast, it may help to wear a supportive sports bra during the day and a soft bra with no underwire at night. You may find that bras with adjustable straps, soft seams and full cups are more comfortable.

Describing your symptoms clearly will help your cancer doctor to prescribe the right painkiller for you. Simple painkillers such as paracetamol, or anti-inflammatory drugs such as ibuprofen, can often control the pain. But if you have nerve pain, you may need other types of painkillers. Nerve pain can feel like a shooting or burning pain.

Changes caused by radiotherapy

Very rarely, radiotherapy to treat breast cancer can damage the nerves in the shoulder. This is called brachial plexus neuropathy. It can cause pain and numbness, often in the fingers and hands. In extreme cases, it can cause loss of movement. Because radiotherapy techniques have improved, this problem is now very rare.

Although this condition cannot be reversed, the symptoms can be improved with drugs and physiotherapy. A physiotherapist can show you exercises to strengthen the muscles and keep them supple. They will also show you how to use slings or splints to support your arm, if needed.

If you are unable to work because of damage to your arm, you may be entitled to some benefits. You might find these booklets useful:

- Help with the cost of cancer
- Self-employment and cancer
- Work and cancer
- Working while caring for someone with cancer
- Your rights at work when you are affected by cancer.

Movement and strength in your arm and shoulder

Radiotherapy and surgery, especially to the armpit, can affect the range of movement and strength in your arm or shoulder. This may change your ability to do daily activities, such as household tasks or your work. It may also interfere with some types of exercise, such as swimming or tennis.

After surgery, a physiotherapist usually gives you exercises that will help you recover shoulder movement. Doing these will help your arm and shoulder movement slowly improve after treatment. The hospital may also give you written information explaining how to do the exercises.

Tips to help improve movement and strength

See a physiotherapist

Ask your cancer doctor or specialist nurse to refer you to a physiotherapist. They will assess you and show you some exercises to improve movement and strength. If your problems continue, they may be able to give you different exercises. Having good posture is also important.
Your physiotherapist can give you advice about this.

Tell your doctor if you have pain

Talk to your cancer doctor, specialist nurse or GP if you have pain. Problems with pain may mean that you are not using your arm or shoulder properly. This can make things worse. Your doctor can also prescribe painkillers to help improve movement and stiffness.

Relax your muscles before exercising

Take painkillers half an hour (30 minutes) before you exercise, or have a warm bath. This can help relax your muscles. If you still cannot do your exercises, or you find them painful, then stop.

Avoid doing things that cause pain

Avoid lifting or carrying heavy things with the affected arm and shoulder if it hurts. Use a shopping trolley instead of a basket, or shop online and get heavy things delivered. Try to make sure that objects you use often are easy to reach.

See an occupational therapist

If you are having difficulty doing daily tasks, ask your specialist nurse or your GP to refer you to an occupational therapist (OT). They can assess your needs and suggest aids or equipment to help you.

Accept offers of help

Let people know what kind of practical help you need. This may include shopping, taking the rubbish out or mowing the lawn.

Ask about complementary therapies

Complementary therapies such as relaxation or deep breathing exercises may be helpful. Ask your cancer doctor, specialist nurse or physiotherapist for advice on complementary therapies before you start.

Cording

If you have had surgery to remove lymph nodes in the armpit, you may develop cord-like structures under the skin on the inner arm. This is called cording or axillary web syndrome. Doctors do not know exactly why cording happens. It is thought to be caused by inflammation and scarring of the tissues that surround the lymph vessels, blood vessels and nerves.

Cording is more common if you have had most of the lymph nodes removed from the underarm. This is called axillary lymph node dissection (ALND) or axillary node clearance (ANC). It is less likely to happen if you have had only 1 or 2 lymph nodes removed. This is called a sentinel lymph node biopsy (SLNB).

You may be able to see or feel the cords when you lift your arm to shoulder height or above your head. There may be 1 thick cord or several smaller cords. They can cause a painful sensation and tightness. This can reduce the range of movement of your arm and shoulder. This can affect your ability to do many daily activities.

Cording may develop a few days after surgery, but it can develop a few weeks after. Sometimes it appears many months later.

Cording usually gets better slowly over a few months. But it can take longer. Sometimes it can come back, but this is rare. If the cording continues, you may be able to have surgery to improve symptoms.

There are lots of ways to help manage cording.

> “I'd had my lymph nodes removed and now have cords that limit movement in my arm. That means I couldn't do any heavy lifting, which is hard going when you have children who want a cuddle.”

Lindsey, who had late effects from breast cancer treatment

Managing cording

It is important to keep your arm and shoulder moving when you have cording. This helps prevent further tightness, which can cause more serious problems with movement.

The following tips may help:

- Ask your cancer doctor or specialist nurse to refer you to a physiotherapist. They can teach you exercises to gently stretch the cords and improve movement. Your specialist nurse may also be able to help you.
- Gentle massage to the area may help reduce pain and tightness. Your physiotherapist or specialist nurse may do this for you. They can also show you how to do it yourself.
- Apply a warm, moist heat pad. The physiotherapist may do this for you. It is important not to use a heat pad for too long each time, as heat can increase the risk of lymphoedema.
- If you have pain that stops you moving the arm and shoulder, ask your cancer doctor or GP for some painkillers. They may give you an anti-inflammatory painkiller, such as ibuprofen.

Lymphoedema

Lymphoedema is swelling of the arm, hand, breast or chest area. It can develop at any time after treatment for breast cancer.

Surgery to remove the lymph nodes in the armpit, or radiotherapy to these nodes, can change the way that lymph fluid drains from the arm. When fluid builds up, it causes swelling.

Lymphoedema is more likely to happen if you have had all or many of your lymph nodes removed. This is called axillary lymph node dissection (ALND) or axillary node clearance (ANC). It is also more common if you have also had radiotherapy to the armpit.

It usually develops gradually. It can develop months or years after treatment.

The risk of developing lymphoedema is low if you have had only 1 or 2 lymph nodes removed. This is called a sentinel lymph node biopsy (SLNB). If you are not sure what type of lymph node surgery you had, your specialist nurse can tell you.

Lymphoedema is a life-long condition, but there are lots of ways to help manage it.

> **"I still have lymphoedema treatment and massages for the build-up of lymphatic fluid, which has difficulty draining away on the left side."**

Caroline, who had late effects from breast cancer treatment

Reducing the risk of lymphoedema

There are some things that may cause swelling in someone who is at risk of developing lymphoedema. For example, an infected cut or sunburn on your treated side may increase the risk.

The following things could help reduce the risk of infection and help prevent lymphoedema. If you already have lymphoedema, these things may stop it getting worse.

Look after your skin

It is important to keep your skin clean and well moisturised. This reduces the risk of inflammation and infection. It is also important to protect your skin from cuts and grazes, insect bites and sunburn.

Look out for early signs of infection

See your GP straight away and let your specialist nurse know if you develop any signs of infection. Signs include having a high temperature, or your arm becoming hot, swollen or red. The redness may be harder to see in black or brown skin. It may look purple or darker than your usual skin.

Try to keep active

Regular exercise and physical activity will help encourage lymph fluid to drain. Ask your physiotherapist or specialist nurse for advice about exercise.

Keep to a healthy weight

The risk of lymphoedema is higher if you are overweight. Your GP can tell you what your ideal weight should be. You can also ask your GP or a dietitian for advice and support on eating healthily.

Using your affected arm

In the past, there was concern that having blood tests, injections or your blood pressure taken increased the risk of lymphoedema.

If you have only had a sentinel lymph node biopsy (SLNB), you can use your arm as normal.

If you have had an axillary lymph node dissection (ALND), axillary node clearance (ANC) or radiotherapy, you can have your blood pressure taken on your treated arm. You can also shave the armpit of your treated arm without increased risk.

It is best to use your untreated arm for blood tests, vaccinations, drips and cannulas where possible. You may have had surgery to both sides. In this case, you can use either arm instead of other parts of the body – as long as you do not have lymphoedema in that arm.

Take care when travelling

It is safe to fly. It can help to use a suitcase on wheels so you do not have to carry a heavy bag. Protect your skin from the sun by covering up with clothes or using suncream with a high sun protection factor (SPF). Use an insect repellent to prevent bites.

Treating and managing lymphoedema

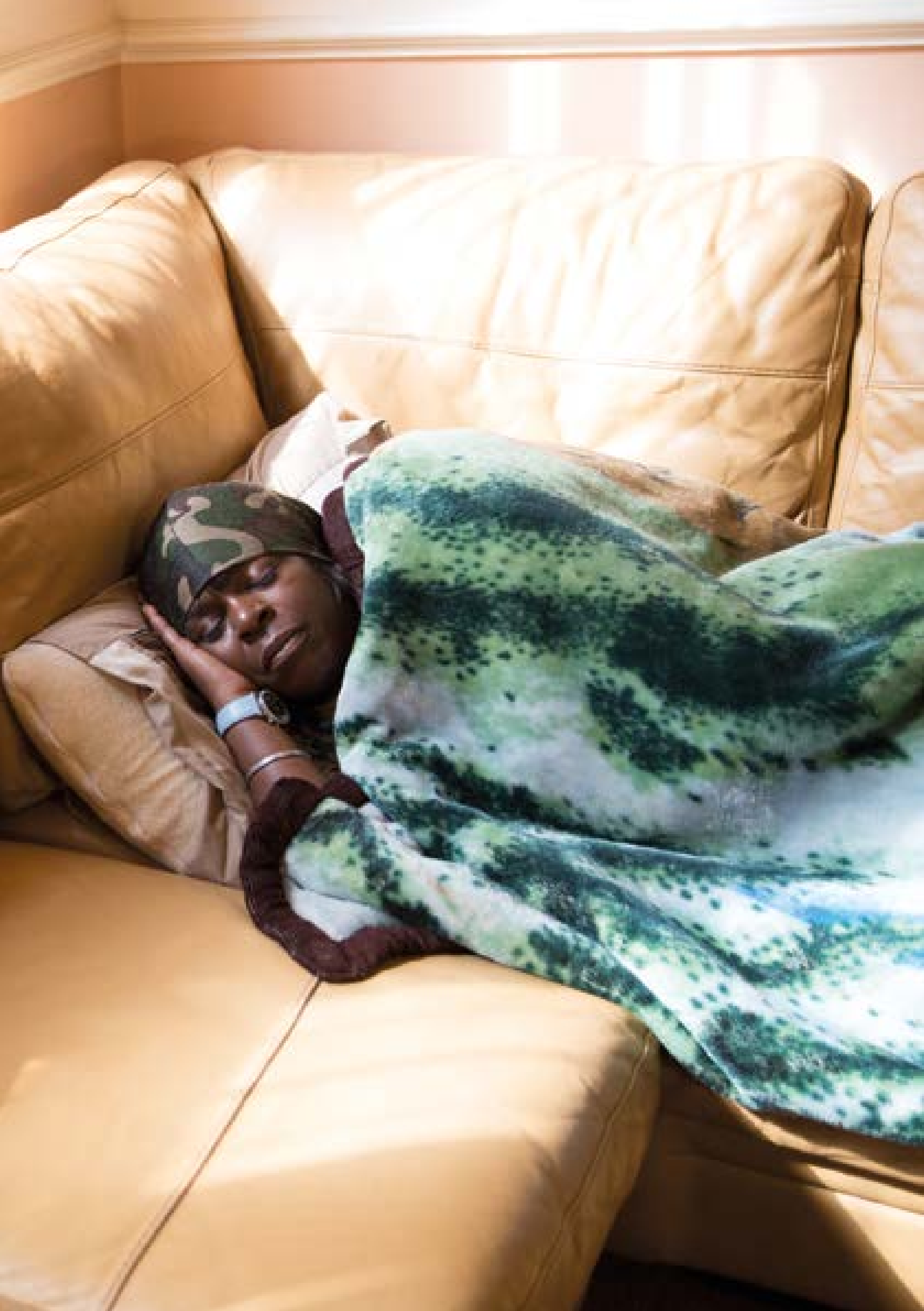
Lymphoedema is a long-term condition. But the earlier it is diagnosed, the more effective and straightforward treatment is. If you notice any swelling in your hand, arm, chest or breast, get it checked by your cancer doctor or specialist nurse. There are different ways to help manage lymphoedema.

If lymphoedema is diagnosed, you will be referred to a specialist lymphoedema nurse, specialist breast cancer nurse, doctor or physiotherapist for an assessment. You may have to go to a specialist lymphoedema centre.

Treatment aims to reduce and control swelling, relieve discomfort and prevent more build-up of fluid.

Treating lymphoedema involves:

- skin care to prevent injury and infection
- exercises, including limb positioning and movement to help drain fluid
- support using compression sleeves or bandages that help stop fluid from building up
- self-massage or a specialised type of massage called manual lymphatic drainage.



Other common physical effects

Tiredness or fatigue

Tiredness is probably the most common side effect of breast cancer treatment. It may start during treatment, or after treatment has ended. It is common for tiredness to last for months after treatment. For some people, it may last much longer.

Some people feel very tired and exhausted most or all of the time. This is called fatigue. We have more information in our booklet and audiobook Coping with fatigue (tiredness).

Some of the more common effects of fatigue include:

- difficulty doing simple things, such as brushing your teeth or getting dressed
- feeling you have no energy or strength
- difficulty concentrating and remembering things
- difficulty thinking, speaking or making decisions
- feeling breathless after light activity
- feeling dizzy or lightheaded
- difficulty sleeping (insomnia)
- losing interest in sex
- feeling low in mood and more emotional than usual.

Fatigue can affect the way you think and feel. Even things you usually enjoy, such as reading or watching TV, can be difficult.

You may find fatigue affects your relationships. You may need to rest more, meaning you might spend less time with friends and family. Or you may avoid going out or being with friends because it makes you very tired. But there are things you can do to improve fatigue.

Possible causes of fatigue

Recovering from cancer treatments can take time. For some people, tiredness continues while they are taking hormonal therapy. Hormonal therapy may be given for several years.

Sometimes fatigue is related to problems such as:

- depression
- insomnia
- pain
- anaemia (a low number of red blood cells)
- thyroid problems.

The most important thing is to tell your cancer doctor or specialist nurse how you are feeling. Do not pretend everything is okay. Tell them what your fatigue is like when it is at its worst.

It is important to find out if there is something causing your fatigue. This will help find a suitable treatment. Your GP can take blood samples to find out if you have anaemia. Anaemia is a low number of red blood cells. Blood samples can also show if your thyroid gland is underactive. Anaemia and thyroid problems can be treated with medicines.

Fatigue is a common symptom of depression. It is not unusual to feel depressed, anxious or stressed after treatment for cancer.

If you think you are depressed, talk to your specialist nurse or your GP. Together you will be able to work out if your fatigue is caused by depression. They can then refer you to a counsellor to help you with how you are feeling. They may also offer you antidepressants.

Sleep problems or pain may be causing your fatigue or making it worse. Improving these will help you feel better. Coping with pain is tiring and affects the quality of your sleep. Always let your doctor or nurse know if you have pain that is not controlled.

> **“Yoga has become a new passion for me. It started with arm exercises to deal with cording in my right arm after surgery. I then decided to practise at home, with books and apps on my phone.”**
>
> Diana

Tips to help with fatigue

Maintain a sleep routine

Going to sleep at the same time every evening and waking up at the same time every morning can help. Try not to sleep late into the day, even after a sleepless night.

Eat a healthy diet

Eat as healthily as possible. This can help you feel better. It may also give you more energy.

Get support

Accept help from family, friends and carers. It is useful if you can tell them what would help you most.

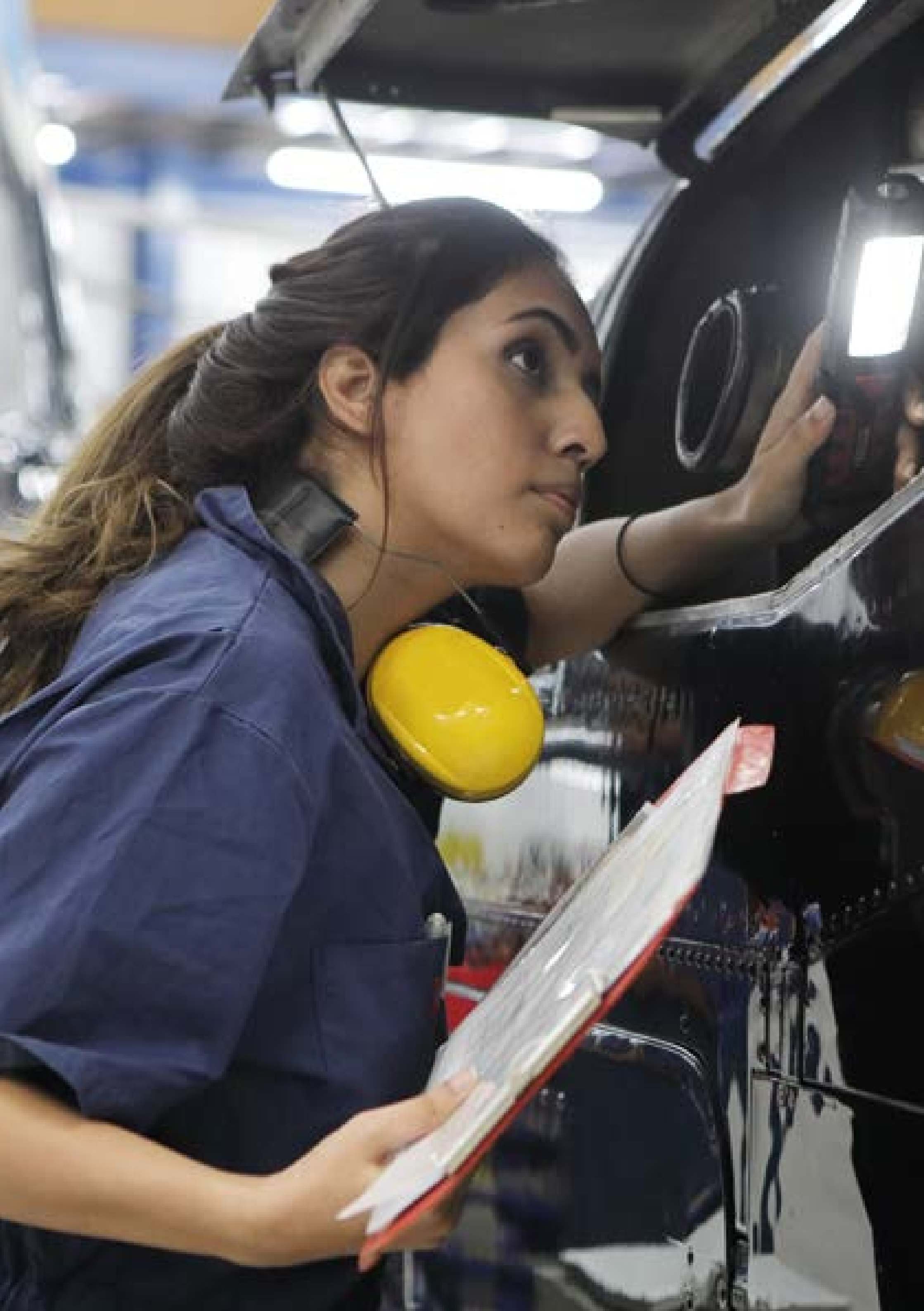
You could make a list of tasks you would like help with. This could include practical help such as housework or help with childcare.

Keep active

Regular exercise may help to:

- reduce fatigue
- increase your energy levels
- improve your sleep
- improve anxiety and depression
- reduce the risk of breast cancer coming back.

If you have not been very active in the past or for a long time, it is best to start slowly. Try to get a balance between being active and getting some rest. You could start by going for short walks and gradually build up.



Ask your doctor about complementary therapies

Complementary therapies may help to reduce stress and anxiety, and may improve fatigue. Relaxation, counselling and psychological support are available at many cancer treatment centres. We have more information in our booklet Cancer and complementary therapies.

Find ways to cope with concentration problems

Problems with concentration and memory are common when you have fatigue. This can be frustrating to deal with. But there are ways of coping with concentration and memory problems.

Talk to your children

If you have children, it can be difficult to cope when you are feeling very tired. You may sometimes feel that you are letting your family down. It might help to explain to your children that you feel tired often and will not be able to do as much with them as before. Try to plan activities that you can do sitting down. If they are old enough, you could involve them in some household tasks.

Ask for and accept help from people you trust to look after your children sometimes. For example, a friend might be able to take them to and from school or childcare.

Talk to your employer

It may be helpful to talk again with your employer. There may be things they can do to help. This could include a phased return to work, changing your hours, or other reasonable adjustments. If your job is physical, they might be able to find you lighter work within your role. We have more information about your rights at work.

Peripheral neuropathy

Peripheral neuropathy (also called neuropathy) is damage to nerves that carry messages between the brain, the spinal cord and the rest of the body. Nerve damage can cause symptoms such as pins and needles, numbness or pain in the hands and feet. For some people, this may lead to problems with balance and walking.

Treatment with the chemotherapy drugs docetaxel or paclitaxel is the most common cause of peripheral neuropathy in breast cancer. Some types of targeted therapy can also cause peripheral neuropathy. Surgery and radiotherapy to the breast may also cause nerve damage on the treated side.

After treatment has stopped, these symptoms usually get better as the nerves recover. This usually takes several months. But sometimes the nerves do not completely recover, and some nerve damage is long term. The symptoms may still get better over time.

> **“I had neuropathy for a while and I still have menopausal symptoms and pain. I am starting to feel like myself a little bit more. I still have side effects, but I am more like me again.”**
>
> Hannah, who had late effects from breast cancer treatment

Managing nerve pain

There is no treatment that can repair damaged nerves. But there are different ways of managing nerve pain (neuropathic pain). There are also things you can do to help yourself.

Non-steroidal anti-inflammatory drugs (NSAIDs) are often used. This includes drugs such as ibuprofen.

Some drugs change nerve impulses. This helps relieve nerve pain. Drugs that can do this include:

- some antidepressants, such as duloxetine or amitriptyline
- some anticonvulsants (drugs used to treat epilepsy), such as gabapentin
- morphine.

If your pain is difficult to treat, you can ask to be referred to a pain clinic for expert help from specialist doctors and nurses.

We have more information about ways of controlling pain at macmillan.org.uk/pain

You may also find our booklet Cancer and complementary therapies.

Other support

A physiotherapist can offer treatment and advice for problems with balance or walking. If you are having difficulty doing daily tasks, you can ask your GP to refer you to an occupational therapist (OT). They can assess your needs and suggest aids and equipment to help you.

You may be able to get financial help if:

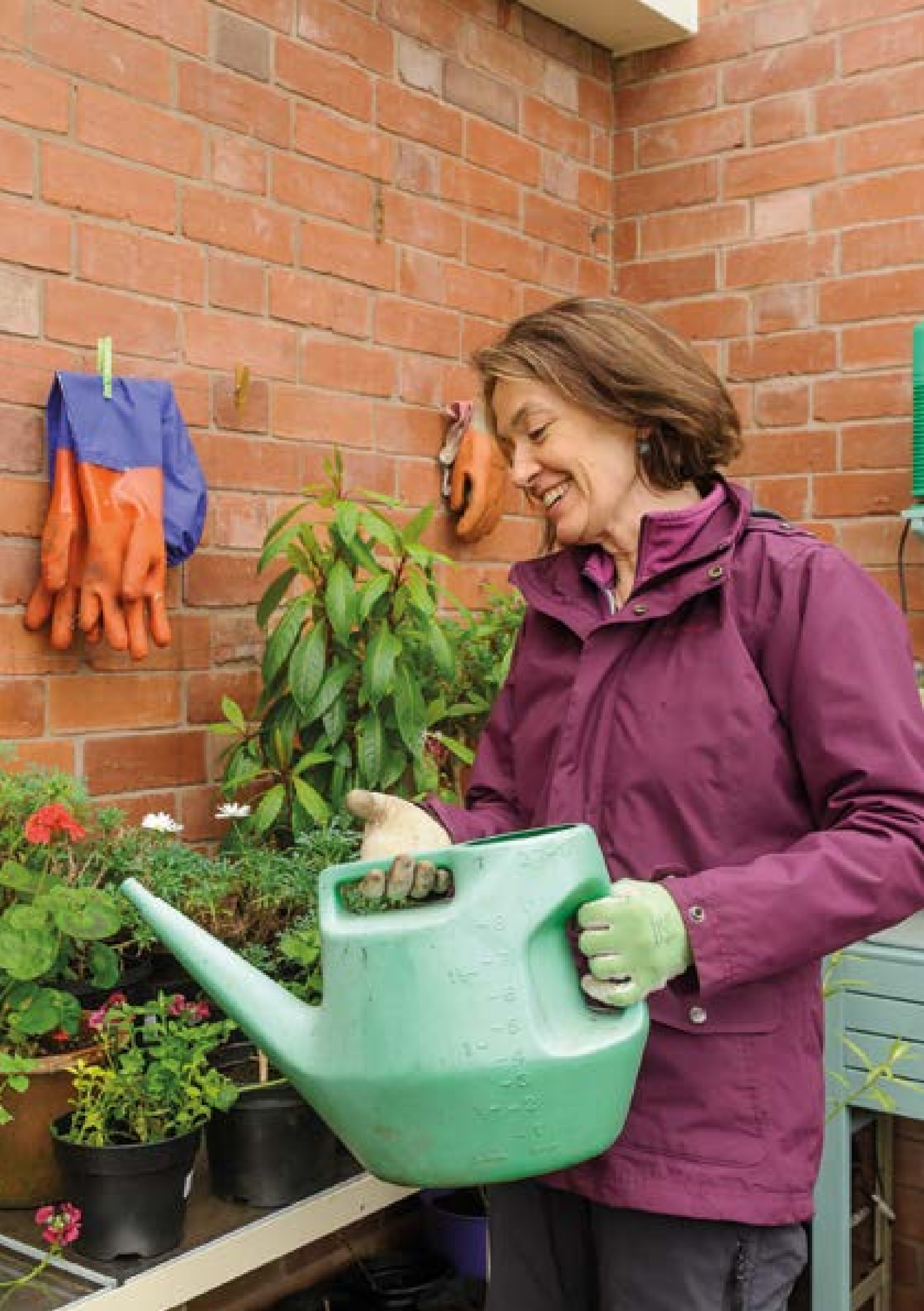
- your symptoms continue for more than 6 months
- you find walking or doing daily tasks difficult.

You can call our cancer support specialists on **0800 808 00 00** for more information.

Managing peripheral neuropathy

It is important to protect your hands or feet and try to reduce your risk of accidents and falls. Here are some tips:

- Keep your hands and feet warm. It may help to wear gloves and warm socks in cold weather.
- Do not walk around barefoot. Check your feet regularly for any problems.
- Always wear well-fitting shoes or boots.
- Wear gloves when doing household chores, gardening or DIY.
- Always use oven gloves to avoid burning your hands when cooking.
- Before baths or showers, test the temperature of water with your elbow to make sure it is not too hot.
- Make sure rooms are well lit. Always put on a light if you get up during the night so you do not trip.
- Keep areas that you walk through free of clutter so you do not trip.



Weight gain

After breast cancer treatment, you may find you have gained weight. This can happen because:

- chemotherapy or another treatment has caused an early menopause
- you took steroids during chemotherapy
- you are having hormonal therapy
- you may have been less active and less able to eat a healthy diet during treatment.

Losing weight can be difficult. And keeping to a healthy weight can also be hard. But there are lots of benefits. Keeping to a healthy weight reduces the risk of getting heart problems and other illnesses, such as diabetes. There is evidence that staying a healthy weight after the menopause helps reduce the risk of breast cancer coming back.

> **"Initially after my diagnosis I did not change the way I looked after myself. Then I began to discover fresh food and joined a yoga class. Changing my lifestyle helped me regain control over my life, which in return gave me so much hope."**
>
> Dani, who had late effects from breast cancer treatment

What you can do to help manage your weight

Try to keep your weight within the normal range for your height. Your GP or practice nurse can advise you on your ideal weight.

Eat a healthy diet

If you want to lose weight, try to reduce your calorie intake by eating less fat and sugar. It is important to eat a balanced diet to make sure you get all the nutrients you need to keep your body healthy. Ask your GP or a dietitian for advice and support. We have more information in our booklet Healthy eating and cancer.

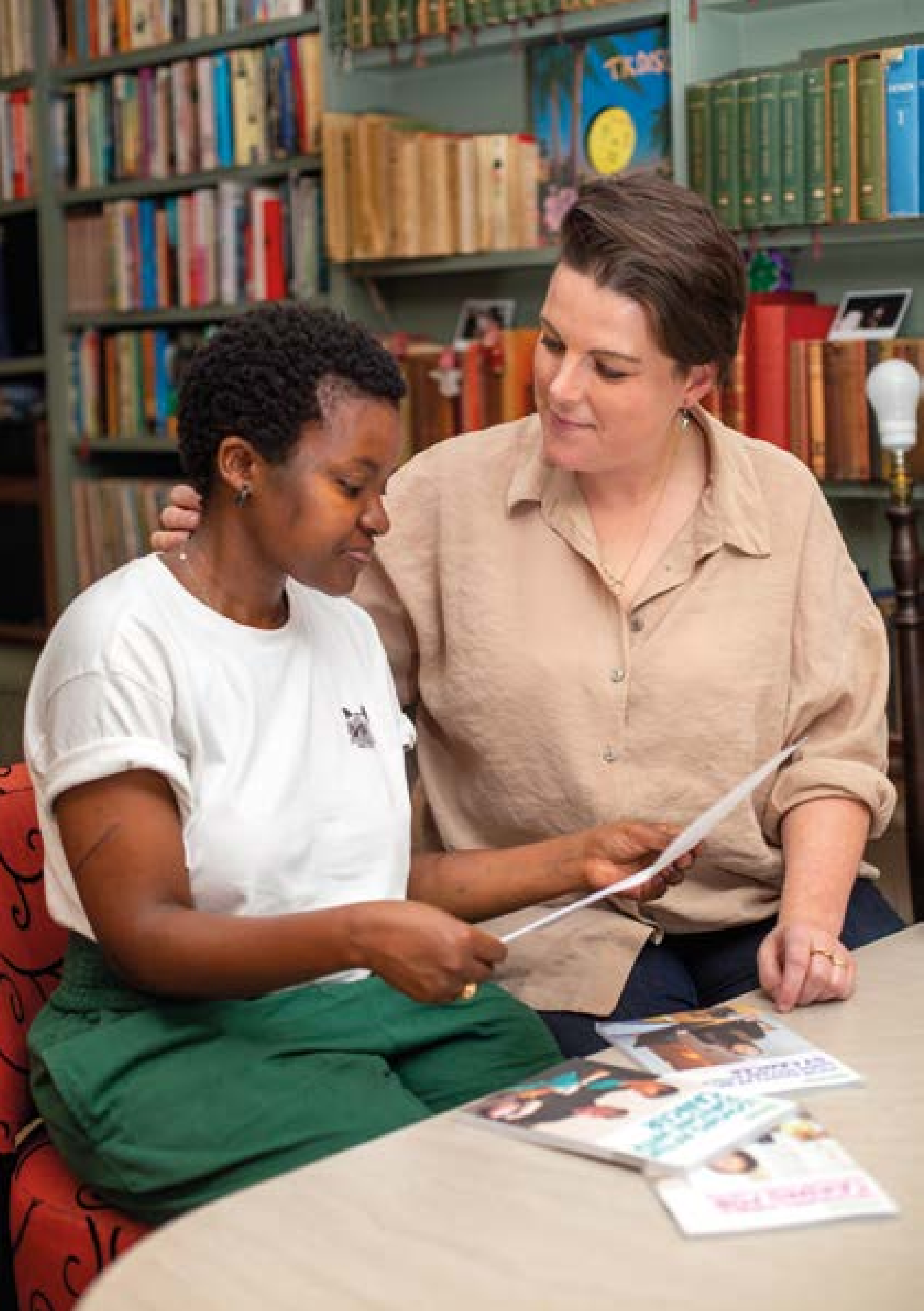
Keep active

Choose a type of exercise you enjoy. For most people, it is safe to do exercise. But get advice from your GP before you start. They may be able to refer you to exercise groups run by fitness trainers. If you are a member of a gym, you can ask for supervised help from a trainer.

Keep to a healthy weight

Avoid losing weight too quickly to help maintain a healthy weight. Losing weight slowly and eating well is healthier. This way you are more likely to stay a healthy weight in future. Aim to lose 1 to 2 pounds (0.5 to 1kg) a week. Be patient with yourself. To help you lose weight, try to:

- only eat as much food as you need
- eat a balanced diet with lots of fruit and vegetables
- eat less fat and sugar
- drink less alcohol or stop drinking, if you drink
- be more physically active.



Menopause, fertility and sex

Menopausal symptoms

Some breast cancer treatments can affect the way the ovaries work. This can cause an early menopause.

Before the menopause, the ovaries produce the hormones oestrogen and progesterone. These control monthly periods. During the menopause, the ovaries stop producing these hormones and periods gradually stop. This usually happens naturally between the ages of 45 and 55.

Chemotherapy may cause an early menopause. This is more likely to happen if you are close to menopause age.

Hormonal therapy may cause menopausal symptoms or a temporary menopause. This is because it blocks the effects of oestrogen on breast cancer cells or reduces oestrogen in the body.

Surgery that removes the ovaries will lead to a permanent menopause.

If you are having difficulty with menopausal symptoms, talk to your cancer doctor or specialist nurse. They will explain the different ways to help manage symptoms.

Managing menopausal symptoms

There are different ways to reduce menopausal symptoms. Choosing the right method for you will depend on:

- your personal preferences
- the possible risks and benefits of each method
- the type of symptoms you have
- how severe your symptoms are
- other treatments you are having.

We have more information about menopausal symptoms at macmillan.org.uk/menopausal-symptoms

> **"I have induced menopause symptoms from hormonal therapy drugs. At 47 I feel I have aged 10 years, and my bones and joints are sore."**
>
> Gina

Hot flushes and sweats

This is the most common menopausal symptom. Hot flushes can vary from a mild feeling of warmth in the face to a heavy night sweat.

It is difficult to stop hot flushes and sweats. But there are ways to help reduce how often they happen and how bad they are. Using more than 1 method often works best.

Ways to manage hot flushes include:

- writing down when you have flushes to see whether something triggers them – this can help you avoid them
- dressing in layers so you can remove clothes when you need to
- using natural fabrics, such as cotton clothes and bedsheets
- having layers of bedding that you can easily take off during the night
- keeping the room temperature cool or using a fan
- having cold drinks rather than hot ones
- drinking less alcohol
- trying to stop smoking, if you smoke
- losing weight, if it is suitable for you to
- trying complementary therapies, such as controlled breathing or yoga.

Medicines for hot flushes

There are different medicines that your doctor can give you for hot flushes. These can help you have fewer and less severe hot flushes and sweats. These include:

- low doses of some antidepressants – for example, venlafaxine and citalopram
- the anti-epilepsy drug gabapentin
- clonidine, which is used to treat high blood pressure or migraines.

These medicines are not always suitable for everyone. They may affect how your breast cancer treatment works. Your cancer doctor or specialist nurse can give you more information.

Hormone replacement therapy (HRT)

HRT is not usually recommended after breast cancer because it contains oestrogen. Oestrogen may increase the risk of the cancer coming back. Breast cancer guidelines also do not recommend non-oestrogen types of HRT, such as tibolone (Livial®). Low-dose progestogens such as megestrol acetate, norethisterone and medroxyprogesterone acetate are not recommended either.

If you are finding the symptoms difficult, tell your cancer doctor or specialist nurse.

Complementary therapies for hot flushes

Some people find that complementary therapies help reduce hot flushes. We have more information in our booklet Cancer and complementary therapies and at macmillan.org.uk/complementary-therapies

Some complementary therapies may interfere with your breast cancer medicines. Talk to your cancer doctor or specialist nurse if you are thinking of starting a complementary therapy.

Acupuncture

This is the practice of putting sterile needles through the skin at specific points in the body. There is some evidence that it may help reduce the number and severity of hot flushes. The needles should not be used on the arm of the treated side.

Hypnotherapy

This is the practice of encouraging a positive state of mind. It may help reduce the length and severity of hot flushes, but it is unlikely to be available on the NHS.

Controlled breathing techniques

This is the practice of paced breathing or a yoga technique called sheetali. It can be an effective way of managing hot flushes.

Evening primrose oil

This is an oil made from the seeds of primrose flowers. It may be helpful, but it is expensive. A few small research studies have shown that it might help. But there is no strong evidence that it works.

Sage

The sage plant can be used to make tablets or tea. Some people find taking sage tablets or drinking sage tea helps reduce hot flushes. But there is no strong evidence that it works.

Homeopathy

This is the practice of using tiny amounts of substances that would normally produce the symptoms being treated. Some find it helpful, but there is no strong evidence that it works.

Plant oestrogens

Plant oestrogens (phytoestrogens), such as black cohosh, red clover and soy, can have a weak oestrogen-like effect. Doctors do not recommend having black cohosh or red clover if you have had breast cancer. They may also suggest reducing the amount of soy that you eat.

> “I recovered from the operation, but the hormone treatment gives me a lot of menopausal symptoms. I was referred for cognitive behavioural therapy and counselling through Macmillan. It's helping me to cope with it all. ”

Lindsey, who had late effects from breast cancer treatment

Vaginal dryness

Having a low level of oestrogen can cause vaginal dryness and itching. It can make having sex uncomfortable or painful.

Tell your cancer doctor or nurse if you have vaginal dryness. They will usually recommend vaginal creams or lubricants (non-oestrogen types). These can help to rehydrate the walls of the vagina. They can reduce discomfort, especially during sex. Not all products are the same. You may need to try more than 1 product to find out which works best for you. Some products may cause skin irritation. Your cancer doctor or specialist nurse can give you more information about which products are safe and suitable for you. You can buy them in chemists or online.

Some creams may damage condoms and diaphragms, so you may need to use another form of contraception to avoid pregnancy.

Hormone-based treatments

Some vaginal treatments contain a small amount of oestrogen. The long-term risks of using products containing oestrogen after breast cancer are unknown. Your cancer doctor may consider prescribing hormone-based treatments, but usually only if:

- you have tried non-oestrogen treatments and they have not helped
- you are finding the symptoms difficult.

It is important to talk to your cancer doctor or specialist nurse before you use any products containing oestrogen.

Urinary problems

During the menopause, you may pass urine (pee) more often. You may also have some urine leakage and be more likely to get urine infections. Urine infections are also called urinary tract infections or UTIs.

Speak to your doctor if you develop symptoms of a UTI.
Symptoms include:

- cloudy or smelly urine
- pain or discomfort when passing urine.

It is important to drink enough fluid each day to keep your bladder healthy. You should try to drink at least 2 to 3 pints (1½ litres) of fluid a day. If you do not drink enough, your urine will become concentrated. This can irritate the bladder. You will also be more likely to develop a UTI.

If you have problems with urine leakage, doing regular pelvic floor exercises can help. These exercises strengthen the muscles that hold urine in the bladder. Your nurse or doctor can explain how to do these exercises. Or you can get information from the Bladder and Bowel Community.

Difficulty sleeping

You may have difficulty sleeping because of hot flushes, sweats or anxiety. It can help to try the following:

- Have a warm drink or read in bed for a while. This can tell your brain that it is time to sleep.
- Sleep for the right amount of time without oversleeping. Too much time in bed can affect the quality of your sleep. Wake up and go to bed at the same time each day.
- Get out of bed if you cannot sleep, and try reading or listening to some soothing music. Wait until you feel tired again, and then go back to bed.
- Try breathing exercises and relaxation techniques, or listening to relaxation podcasts.

Your GP can prescribe sleeping tablets for a short period of time. These may help you get into a better sleep pattern.

Psychological effects

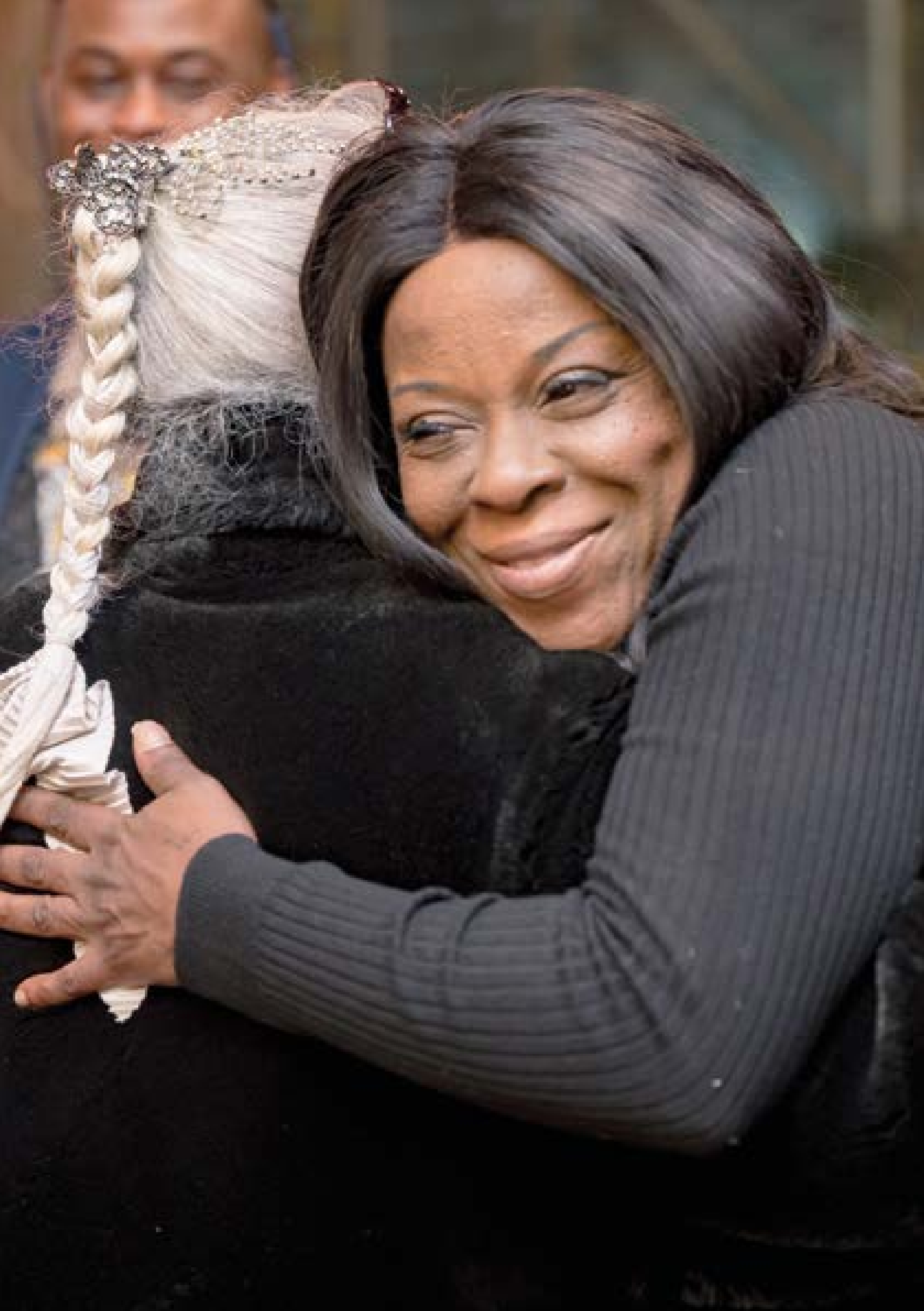
The psychological effects of menopausal symptoms can be hard to cope with when you are already dealing with cancer.

These effects can include:

- a low sex drive
- mood swings
- lack of confidence
- loss of concentration and memory
- feeling very emotional or anxious.

It can be helpful to talk through your feelings with family and friends, or your doctor or nurse. Many organisations provide support to people going through the menopause, including the Daisy Network and the Menopause Charity.

You may find counselling helpful. Your doctor or nurse can give you more advice.



Effects on fertility

Some breast cancer treatments can affect your ability to get pregnant. This is called your fertility.

Before starting any cancer treatment, talk to your cancer doctor or specialist nurse if fertility is important to you or may be important to you in the future.

Fertility problems will not affect everyone. They may be temporary, but for some people they will be permanent. Before you have treatment, your cancer doctor or specialist nurse can explain your risk of having fertility problems after treatment. This may depend on:

- the types of cancer treatment you have
- your age.

Losing your fertility can be hard, whether or not you already have children. It can be particularly hard when you are already coping with cancer. You can ask your cancer doctor, specialist nurse or GP for information and support. You may find it helpful to talk through your feelings with a trained counsellor.

It can be difficult to talk about fertility, but your doctor and nurse are used to having these conversations. They want to help you. To give you the right information and support, it is helpful if they understand your sexual orientation, sexual activity and gender identity. You may have some specific questions about how these will affect your fertility options.

Starting a pregnancy

You should not get pregnant during and for some time after having hormonal therapy, chemotherapy, targeted therapy or immunotherapy. They may harm a baby developing in the womb.

Doctors usually advise that you wait at least 2 years after cancer treatment before trying to get pregnant. This is usually because:

- for some cancers, the risk of the cancer coming back is higher in the first 2 years after diagnosis and treatment
- it gives you time to recover from treatment
- it gives your fertility time to recover
- if the cancer is ER positive, you will be able to have some hormonal therapy before trying to get pregnant.

Being pregnant raises your natural hormone levels, so it is important to talk to your specialist nurse if you are planning to get pregnant. But recent research has shown that pregnancy after breast cancer does not increase the risk of the cancer coming back. This is true even if the original cancer had hormone receptors (was ER positive). Your cancer doctor or specialist nurse can advise you on the risk of the cancer coming back and how safe pregnancy is in your situation.

Tamoxifen is usually prescribed for up to 10 years. Depending on your age when you start taking tamoxifen, this may be an issue if you want to get pregnant. It is important to talk about this with your cancer doctor.

It may be possible to stop taking tamoxifen for a short time to try and get pregnant and have a baby. Tamoxifen can affect an unborn baby, so it is not safe to get pregnant while taking it. You must have stopped taking it for 3 months before trying to get pregnant. Your cancer doctor or specialist nurse can give you more information about this.

Referral to a fertility clinic

If you are having difficulty getting pregnant, ask your cancer doctor, specialist nurse or GP to refer you to a fertility specialist. The fertility specialist will talk to you about possible options for you.

There are different ways to become a parent, such as fertility treatment, surrogacy or adoption.

If you had eggs or an embryo frozen and stored before treatment, you may be able to have fertility treatment later on. This may result in a pregnancy. There are rules about fertility treatments, and these can be different across the UK. Your cancer doctor or fertility doctor can give you more information about this.

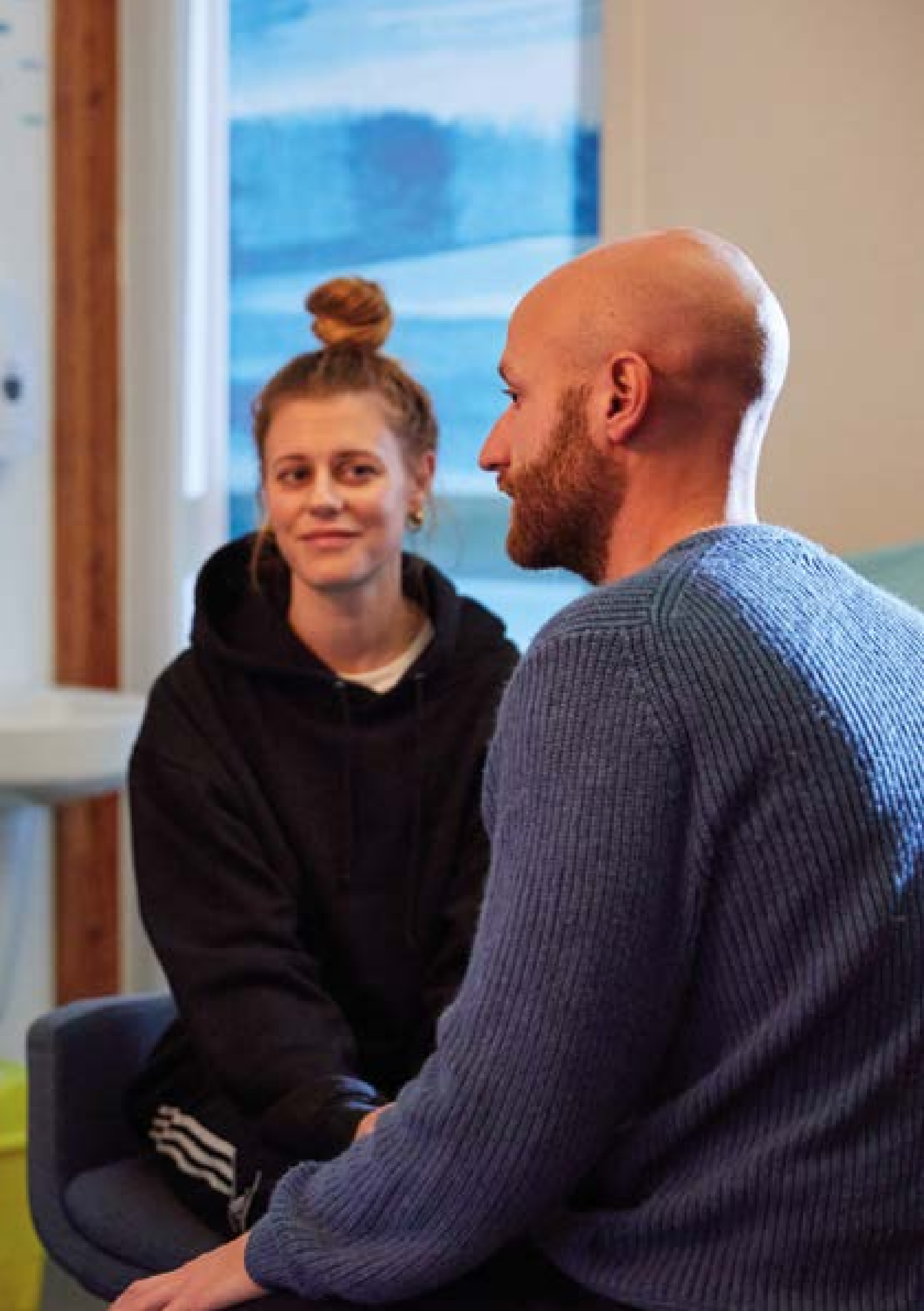
We have more information about fertility in our booklet Cancer and fertility and at macmillan.org.uk/fertility

Contraception after treatment

Check with your cancer doctor or specialist nurse if you are not sure whether you need to continue using contraceptives to prevent a pregnancy.

If you use the pill or other hormonal contraceptives

You will be advised not to take the contraceptive pill or use coils (IUDs) and other contraceptives containing hormones. This is because they could encourage breast cancer cells to grow. Your cancer doctor or specialist nurse will give you more advice about this.



Sexual well-being and body image

Breast cancer and its treatment can affect your sex life and your body image. Body image is how you think and feel about your body. We have more information in our booklet Body image and cancer.

Problems can happen as a result of the physical and emotional effects of cancer and its treatment. Things like feeling tired, pain and menopausal symptoms may affect your sex life.

You may find our booklets Coping with fatigue (tiredness) and Managing cancer pain useful. We have more information at macmillan.org.uk/pain and macmillan.org.uk/fatigue

You may have a lower sex drive (low libido) or be adjusting to a change in how your body looks or feels. You may worry how this will affect your sex life or relationships. For some people, these problems continue after treatment has finished.

You may feel insecure and worry about your current or future relationships. If you have a partner, it is important to let them know how you are feeling. It can be helpful to try to discuss how you both feel. You may both need some time to adjust.

Partners are often concerned about how to express their love physically and emotionally after treatment. Cuddles, kisses and massages can show how much you care for someone, even if you do not have sex.

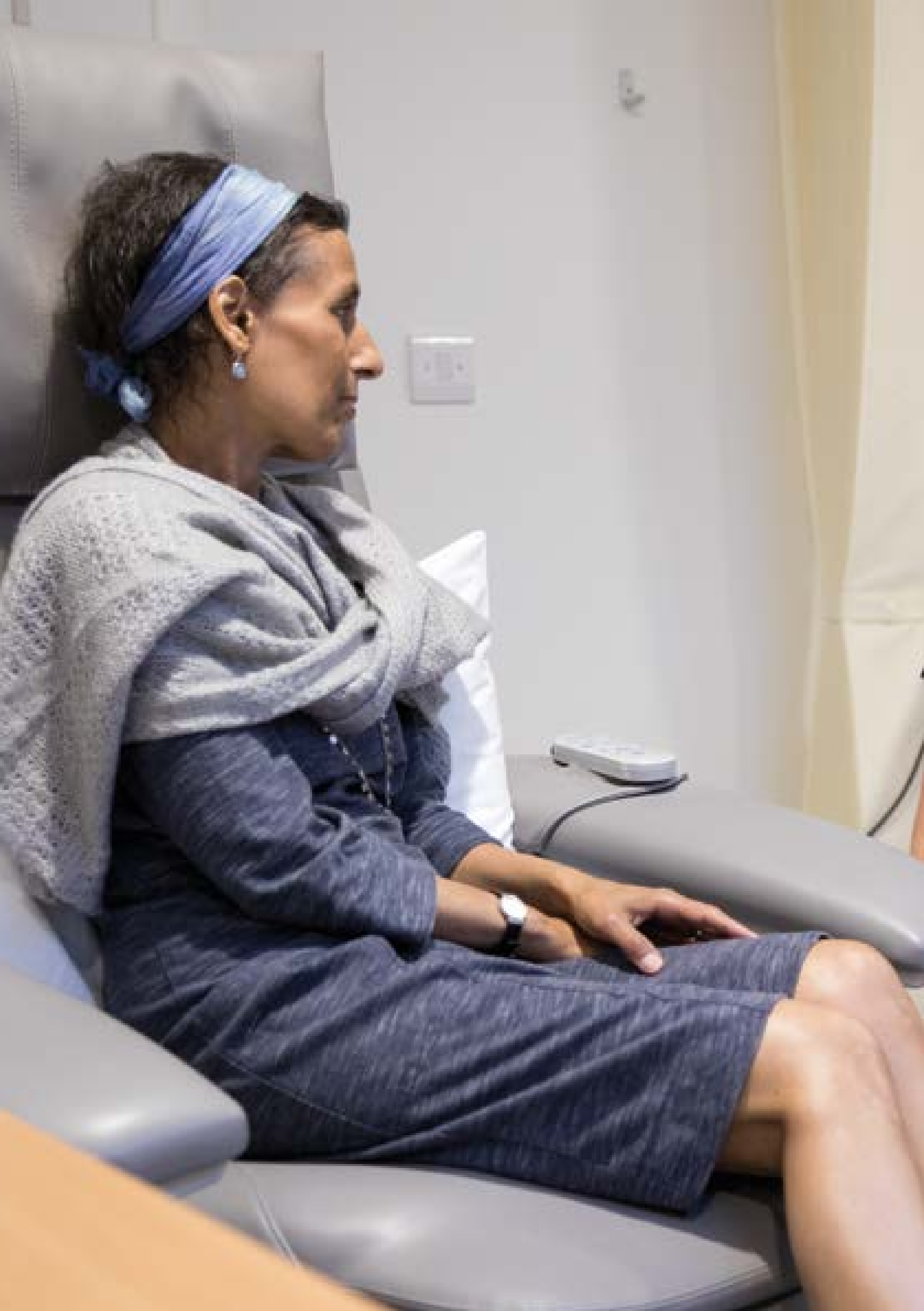
There can be ways to improve your sexual well-being and to manage any problems. But sometimes this gets forgotten because there are other things to cope with when you have cancer. It may also be ignored because you feel embarrassed or worried when talking about sex.

Your healthcare team is always a good place to start if you are worried. They may be able to reassure you about your concerns or get you some help. Try not to let embarrassment stop you from asking for help. It is important to get the right information when you need it.

If your sexual well-being is affected before, during or after cancer treatment, this does not mean your sex life is over. There may be advice, support or treatments that can help.

You can also call us for a confidential chat on **0808 808 00 00**.

Some people may find it helpful to talk to a sex therapist. You can contact a therapist through the College of Sexual and Relationship Therapists.



Other physical effects

Effects on the bones

Breast cancer treatment can increase the risk of bone thinning. Your cancer doctor may recommend treatment to help reduce the risk.

Bone thinning

After breast cancer treatment, you may be at a greater risk of bone thinning. This is called osteoporosis. It happens because some treatments can reduce the amount of oestrogen in the body. Oestrogen helps to keep bones healthy and strong.

Treatments for breast cancer that can increase the risk of osteoporosis are:

- chemotherapy, especially if it causes an early menopause
- hormonal therapy with aromatase inhibitors such as anastrozole, exemestane or letrozole
- drugs called LHRH analogues, such as goserelin (Zoladex®) and leuprorelin
- ovarian ablation (surgery to remove the ovaries).

Most people are usually offered drugs called bisphosphonates. These help to reduce the risk of breast cancer coming back and help to strengthen the bones.

You may have these drugs if you:

- have been through the menopause
- are taking drugs to make you post-menopausal.

Your cancer doctor or specialist nurse will discuss if they are suitable for you. We have more information at macmillan.org.uk/biphosphonates-breast-cancer

Your doctor may arrange scans to check your bone health (density). This is called a DEXA scan. It uses an x-ray with a very low dose of radiation.

The scan only takes 10 to 20 minutes. You lie on a couch while the scan is done. You do not need to have any injections for this scan. You also do not have to undress, as long as there is no metal in the area being scanned, such as zips.

Your doctor can monitor your bone density during and after treatment. If the results show osteoporosis, you may be prescribed calcium and vitamin D supplements. If you are not already taking bisphosphonates, you may be offered them to help strengthen your bones. These all help to minimise the risk of problems.

If you have a family history of osteoporosis, ask your cancer doctor or specialist nurse about using bisphosphonates to help prevent osteoporosis.

Radiotherapy damage to bones

Rarely, radiotherapy weakens the bones in the treated area. For example, it may weaken the ribs and collarbone.

Radiotherapy can reduce the blood supply to bones. This makes them thinner and increases the risk of a bone breaking. This is very rare. If you have any bone pain, tell your cancer doctor or specialist nurse. Usually, the pain is caused by something else. But it is important to get it checked.

Treatment may involve taking painkillers or anti-inflammatory drugs. Sometimes calcium supplements, vitamin D or bisphosphonates and antibiotics are given.

What you can do to keep your bones healthy

Regular exercise, a healthy diet and stopping smoking can help to keep your bones healthy. The Royal Osteoporosis Society can give you more information about the prevention of osteoporosis and about treatments. Breast Cancer Now also has a helpful leaflet.

Keep active

Physical activity makes your bones stronger. Regular weight-bearing exercise is best. Examples of this kind of exercise are:

- walking or hiking
- climbing stairs
- dancing
- gentle weight-lifting.

Swimming is good for general health, but it is not as good for bone health as these other activities. This is because your bones are not supporting your weight while you swim.

If you already have osteoporosis, avoid exercises that put too much strain on your bones, such as jogging.

A physiotherapist or your specialist nurse can give you more advice about exercise after breast cancer.

Get enough calcium and vitamin D

It is important to make sure that you get enough calcium and vitamin D in your diet.

Good sources of calcium include:

- low-fat dairy products
- eggs
- green, leafy vegetables, such as kale
- nuts
- whole fish, such as whitebait and sardines.

Vitamin D is essential to help the body absorb calcium. We mainly get it from the sunlight. But it is also found in oily fish, eggs and food with added vitamins.

Your cancer doctor or specialist nurse may test your blood to check the levels of vitamin D and calcium. If your levels are low, they may suggest taking supplements. Your nurse can advise you about this.

Drinking too much alcohol can interfere with the balance of calcium in your body. So it is best to follow drinking guidelines. NHS guidelines suggest that you should:

- not regularly drink more than 14 units of alcohol in 1 week
- spread the alcohol units you drink in 1 week over 3 or more days
- try to have several alcohol-free days every week.

A unit of alcohol is half a pint of ordinary-strength beer, lager or cider, 1 small glass (125ml) of wine, or a single measure (25ml) of spirits. There is more information about alcohol and drinking guidelines at drinkaware.co.uk

Stop smoking

If you smoke, the most important thing you can do is to stop. It is also important to avoid being exposed to other people's smoke. This is called passive smoking. Stopping smoking has lots of benefits.

Effects on the joints

Treatment for breast cancer can cause pain in the joints. Your cancer doctor or specialist nurse will talk to you about managing this.

Pain in the joints (arthralgia)

You may get joint pain and sometimes muscle pain if you:

- take an aromatase inhibitor (such as anastrozole, letrozole and exemestane)
- are having, or have had, ovarian suppression (drugs to stop the ovaries working or surgery to remove the ovaries).

We have more information about these drugs at macmillan.org.uk/treatments-and-drugs

Joint pain is probably caused by a decrease in oestrogen levels. It is also a common symptom of the menopause.

Pain is most common in the hands and feet, but can also happen in the knees, hips, lower back and shoulders. You may have it all the time or it may come and go. You may notice that your joints are stiffer in the morning, when you first get up.

If you have recently started taking an aromatase inhibitor (AI), the pain may get better over the next few months as the body adjusts to changes in hormone levels. AIs are very good at reducing the risk of breast cancer coming back.

You should not stop taking your treatment without talking to your cancer doctor. There is usually something that can be done to improve pain.

Treatment for joint pain

Doctors can prescribe different painkillers for joint and muscle pain. These include:

- simple painkillers, such as paracetamol
- anti-inflammatory painkillers, such as ibuprofen.

We have more information at macmillan.org.uk/painkillers

If the pain is difficult to cope with, your cancer doctor may suggest changing the type of AI you take. If that does not work, they may suggest you take tamoxifen instead. Tamoxifen causes fewer problems with joint pain.

Some studies suggest that if you have lower levels of vitamin D, taking vitamin D3 supplements may improve symptoms. Talk to your doctor before taking a supplement.

What you can do about joint problems

It is important to talk to your cancer doctor or specialist nurse if joint or muscle pain is a problem for you. Your doctor can prescribe drugs to help control the symptoms and find other ways of improving them.

See a physiotherapist or occupational therapist

If you are having lots of problems with pain, your cancer doctor can refer you to a physiotherapist. They can give you more advice and treatment.

If you are having difficulty doing daily tasks, you can also ask to be referred to an occupational therapist (OT). They will be able to assess your needs and suggest aids and equipment to help you.

Keep active

Try doing regular exercise to strengthen the muscles around your joints. This can help to keep them flexible and reduce pain. Some types of exercise may feel more comfortable than others. These include non-weight-bearing exercises, such as swimming and cycling.

We have more information in our booklet Physical activity and cancer.

Ask your doctor about complementary therapies

Acupuncture may help to reduce pain from joint symptoms. Some local charities may offer free acupuncture. Sometimes it may be available on the NHS, but this is not common. The needles should not be used on the arm of the affected side.

Complementary therapies such as massage may be helpful for some people. Some hospitals offer massage on the NHS.

It is very important to talk to your cancer doctor or specialist nurse before starting complementary therapies. They can talk to you about any possible harmful impacts these could have on yourcancer treatment, and about any possible side effects.

We have more information in our booklet Cancer and complementary therapies and at macmillan.org.uk/complementary-therapies

Effects on the heart

Some treatments for breast cancer may increase the risk of developing heart problems. Usually, these problems occur many years after treatment ends. Most people will never experience any effects on the heart. But it may help to understand more about how you can take care of your heart.

We have more information in our booklet Heart health and cancer treatment.

The most important risk factor for developing heart problems is pre-existing heart disease, including high blood pressure. If you are at risk, you will be carefully monitored before and during treatment. This is to find out if your treatment needs to be changed.

Chemotherapy

Chemotherapy treatment for early breast cancer usually includes drugs called anthracyclines. Drugs such as epirubicin and doxorubicin are anthracyclines. Research shows that these drugs are good at reducing the risk of breast cancer coming back.

In a small number of people, anthracyclines may cause slight damage to the heart muscle. Because these changes are small, they usually do not cause any symptoms straight away. But they may lead to an increased risk of developing heart problems much later in life.

Radiotherapy

Radiotherapy to the chest has a very small risk of damaging the heart muscle or the major blood vessels around the heart. This can only happen if you had treatment to the left side. This is because the heart is on the left side of the chest.

Radiotherapy is very carefully planned so that the heart is not in the treated area or only a small part of the heart is in the treated area. This means the risk of developing heart problems is very low.

Hormonal therapy

Hormonal therapy drugs called aromatase inhibitors (AIs) may increase the risk of high cholesterol. This can cause heart problems. We have more information at macmillan.org.uk/hormonal-therapy-breast-cancer

Targeted therapy and immunotherapy

Some targeted therapy drugs, such as trastuzumab, trastuzumab emtansine and pertuzumab, and some types of immunotherapy, can cause changes in the way the heart works. This is particularly the case if you already have heart disease.

You have tests before treatment to check your heart. You also have regular tests during and after treatment.

If heart problems happen during treatment, your treatment may need to be paused or changed. Heart problems are usually temporary. This means they improve with medicine and get better after treatment ends.

An early menopause

Having an early menopause because of your treatment may increase the risk of heart problems. This is because oestrogen and progesterone help protect the heart.

Possible symptoms

Possible symptoms of heart problems include:

- feeling your heart beating fast, hard or irregularly
- pain or discomfort in your chest
- getting breathless – for example, when climbing stairs
- feeling weak or dizzy
- getting tired very easily
- swollen feet and lower legs.

These symptoms can be caused by lots of other things. But it is still important to tell your GP, cancer doctor or specialist nurse straight away if you develop any. If you get symptoms many years after treatment, you may need to tell your doctor or nurse which cancer treatments you have had. This will help them find the right help for you.

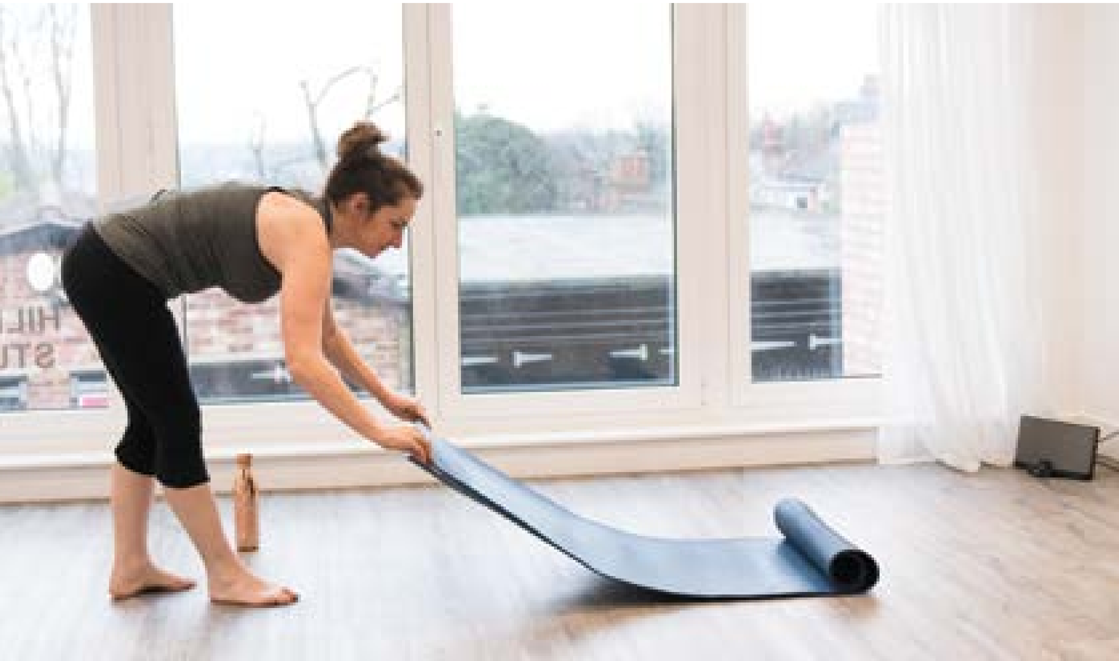
If you have heart problems, your doctor will refer you to a heart specialist (cardiologist).

What you can do to keep your heart healthy

Making small changes to your lifestyle may help reduce your risk of developing heart problems. Here are some things that can help:

- keep active
- eat healthily
- drink less alcohol
- stop smoking.

If you already have heart problems, small changes can help to reduce your risk of further problems. The British Heart Foundation has lots of information and advice about keeping your heart healthy.



Effects on the lungs

Some treatments for breast cancer can have an effect on the lungs.

Signs of lung problems include:

- feeling breathless
- having a cough
- pain in the chest.

It is important to let your cancer doctor, specialist nurse or GP know straight away if you have symptoms. They will check what is causing your breathlessness. They may arrange some tests or scans.

They will give you advice about how to manage your breathlessness. They may give you some medicines to help. If you are still having treatment, it may need to be delayed or changed.

Radiotherapy

Radiotherapy can change the cells that line the lungs. It can cause a hardening and thickening of the tissue. This is called fibrosis. This can cause problems with breathlessness months or years after treatment ends. But this is a rare side effect because radiotherapy is carefully planned and ways of giving it have improved.

The symptoms can be worse if you already have a chest problem such as asthma, or if you smoke.

Inflammation of the lung can occur 1 to 3 months after radiotherapy. This is called radiation pneumonitis. It causes symptoms such as:

- breathlessness
- a dry cough
- chest pain.

But the condition usually improves and the symptoms go away. We have more information in our booklet Managing breathlessness.

You should always talk to your cancer doctor, specialist nurse or GP if you develop new symptoms.

Targeted therapy and immunotherapy

Some targeted therapy and immunotherapy drugs used to treat breast cancer can affect the lungs. You may have tests before, during and after treatment to check your lungs.

Effects on the lungs usually happen within 3 months after treatment starts. Sometimes effects on the lungs can happen up to 1 year after treatment ends.

Side effects can include:

- a cough
- breathlessness
- wheezing
- a fever, with a temperature over 37.5°C (99.5°F).

You should contact your cancer doctor, specialist nurse or GP straight away if you notice any of these changes during treatment or after treatment has finished. You should also tell them if any existing breathing problems get worse.

Treatment for lung problems

Treatment will depend on the cause of your lung problems. You may be given steroids. These can be given as tablets, as an injection into a vein or as inhalers to reduce inflammation. You may be given inhalers that contain drugs to help open up the airways. These are called bronchodilators.

If you have an infection in the lung, you will be given antibiotics. Your breast cancer treatment may be delayed until symptoms are manageable.

You may need to make some lifestyle changes. Stopping smoking and keeping to a healthy weight can help. Your cancer doctor, specialist nurse or GP can give you advice and support about this. They may also refer you to a lung doctor called a respiratory specialist.

What you can do to keep your lungs healthy

Making small changes to your lifestyle can reduce your risk of developing lung problems. Asthma and Lung UK has lots of information and advice.

Stop smoking

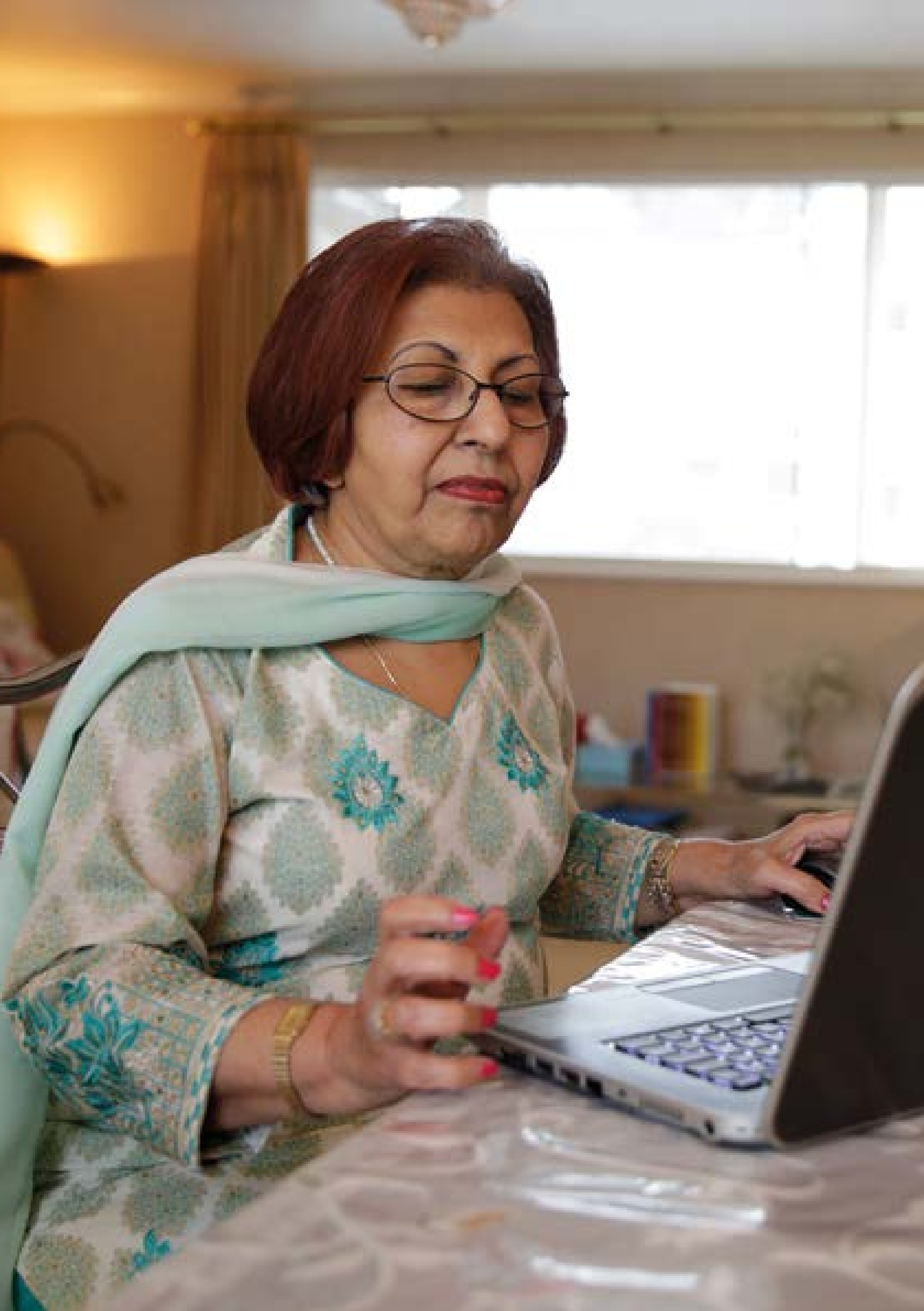
If you smoke, the most important thing you can do is to stop. It is also important to avoid being exposed to other people's smoke. This is called passive smoking. Stopping smoking has lots of benefits.

Keep to a healthy weight

Keeping to a healthy weight improves breathing problems. We have more information in our booklet Managing weight gain after cancer treatment.

Do some breathing exercises

You can ask to be referred to a physiotherapist. They can teach you deep breathing exercises and give you advice on exercise. This can help you breathe better and improve breathlessness.



Effects on concentration and memory

Concentration and memory problems

After treatment for breast cancer, you may have difficulties concentrating and remembering things. Doctors call this cognitive impairment.

It is sometimes called chemo brain or chemo fog. But it can also happen with other cancer treatments, such as hormonal therapy.

Changes in memory or concentration are usually mild. They often get better within 1 year of finishing treatment. But they can sometimes go on for longer or have a bigger impact on your daily life.

Examples of these changes include:

- difficulty concentrating and focusing (mental fogginess)
- feeling mentally slower than before
- trouble remembering things you would usually remember, such as names or events
- mixing up dates and appointments
- not being able to find things
- difficulty doing more than 1 thing at a time (multitasking)
- finding it hard to remember the right word.

If you are having these problems, talk to your cancer doctor or GP. They will look for possible causes for your symptoms. They may arrange for you to have tests and scans, such as a blood test. There may be other things that are linked to your symptoms. It might be possible to treat these, which could help.

An early menopause may cause concentration and memory problems, or make them worse.

Hormonal therapy drugs, such as tamoxifen, anastrozole, letrozole and exemestane, may also affect your memory and concentration. We have more information about these drugs at macmillan.org.uk/treatments-and-drugs

Feeling extremely tired (fatigue) is a common side effect of cancer treatment. It can cause concentration and memory problems. Treating fatigue may help improve these problems. We have more information in our booklet Coping with fatigue (tiredness).

Anxiety, stress and depression can all cause concentration and memory problems. Treatment to help anxiety or depression may improve your memory and concentration. We have more information in our booklet How are you feeling? The emotional effects of cancer.

Pain or other symptoms can make it difficult to focus on anything else. Treatment and finding ways to manage pain and other symptoms may improve your concentration. We have more information in our booklet Managing cancer pain.

You can order our booklets and leaflets for free.
Visit be.macmillan.org.uk or call us on **0808 808 00 00**.

What you can do to help with concentration and memory

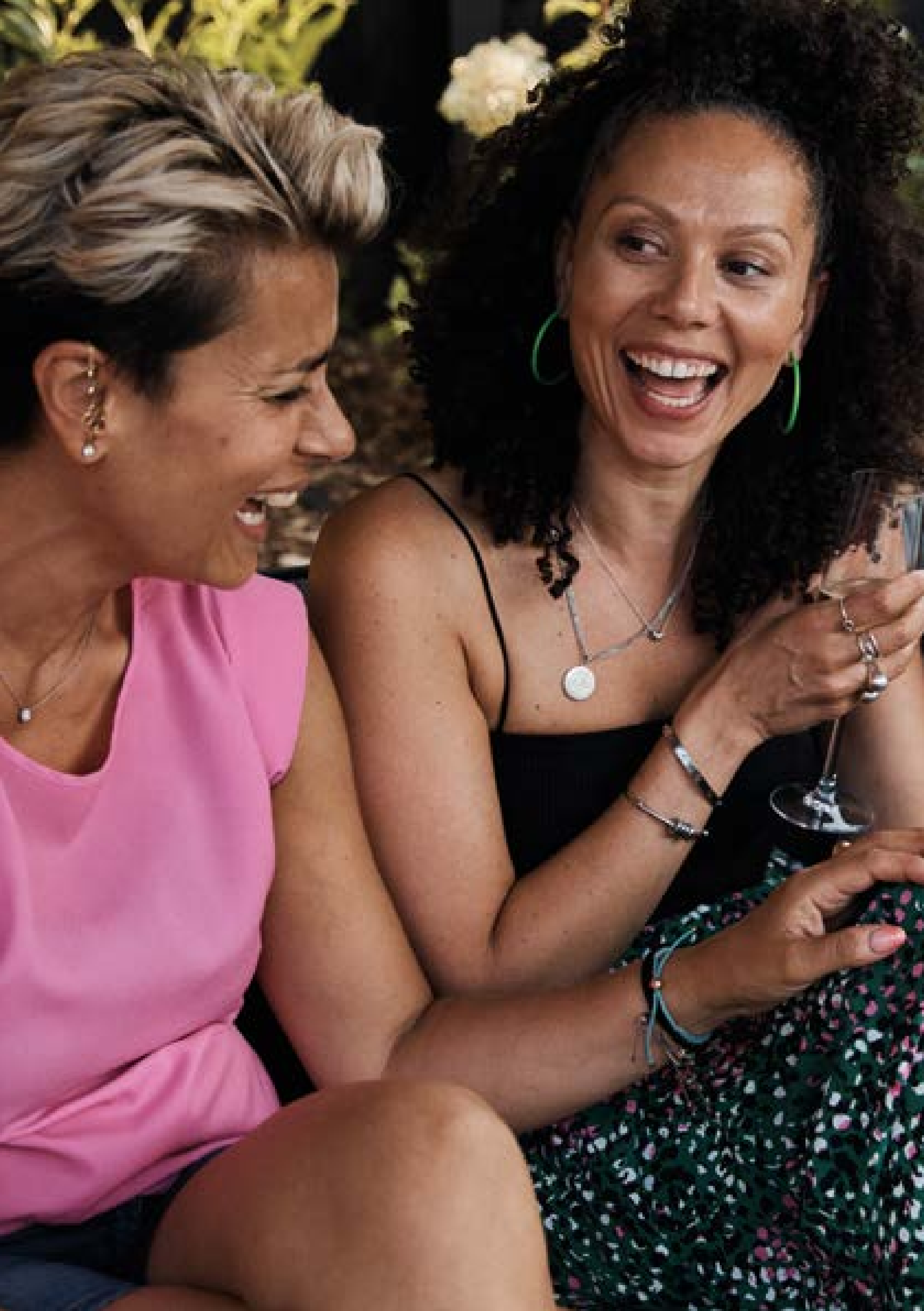
It is important to take care of yourself. Get plenty of rest, but balance this with regular activity. Being more active improves fatigue and sleep problems. Feeling less tired could improve your concentration and memory. Gentle exercise, like walking, is a good way to get started.

Activities such as yoga, meditation, reading and complementary therapies can be helpful. These activities can help you relax and feel less anxious.

Tell your family and friends about the difficulties you are having. They can support you and help you find ways of making life easier.

Here are some things you can do to improve your symptoms:

- Keep notes of anything important. This could include conversations with your doctor or specialist nurse and questions you want to ask them.
- Use tools to help your memory. These could include diaries, planners, calendars, post-it notes or lists.
- Have a daily routine and try to keep to it.
- Keep things in the same place. You are more likely to know where they are, even if you do not remember putting them there.
- Try to do 1 thing at a time. When you are trying to concentrate, minimise distractions such as background noise.
- If you need to take something with you when you leave the house, put it near the front door.
- Use a dosette box (pill organiser) to store your medicines. This will help you take the right dose of medicine.
- Try crosswords, word puzzles or sudoku to help your concentration. Or you could try doing simple maths in your head.
- Keep a diary of times when your concentration or memory problems are worse. You can then plan to do things that need concentration when you will find it easiest.



Your feelings and relationships

Your feelings

It is common to have many different feelings when you are told you have cancer. You may feel shocked, scared, depressed, guilty or angry. This can be difficult to cope with. Partners, family and friends may also have some of the same feelings.

We have more information about emotions on our website and in our booklet How are you feeling? The emotional effects of cancer.

Your healthcare team will usually give you support. But you may feel you need more help. Talk to your cancer doctor, GP or specialist nurse. They can refer you to a specialist doctor, psychologist or counsellor who can help.

You can also call the Macmillan Support Line on **0808 808 00 00** and talk to one of our cancer support specialists.

Talking to family, friends or other people affected by cancer may help. For more information or for help finding local support groups, visit macmillan.org.uk/supportgroups Or talk to other people on our Online Community at macmillan.org.uk/community

There is more information about other ways we can help you.

Relationships

Cancer and its treatment are stressful and may affect your relationships. Your experience of cancer may strengthen your relationships with people close to you. Or it may put a strain on relationships. Any problems usually improve over time, especially if you talk openly with each other.

We have more information about relationships online and in our booklets Talking about cancer and Cancer and relationships: support for partners, families and friends.

If you are a family member or friend

If you know someone with cancer, you might find it hard to talk about the cancer or your feelings. You can support the person with cancer by listening and talking with them.

We have more information about supporting someone on our website and in our booklet Talking with someone who has cancer.

If you are looking after a family member or friend with cancer, you may be a carer. We have more information and practical tips for carers on our website and in our booklet Looking after someone with cancer.

Talking to children and teenagers

Deciding what to tell children or teenagers about cancer is difficult. It can be hard to know what to tell them, and you may be worried about upsetting them. It may be best to start by giving them small amounts of information, and then tell them more when they are ready. Use simple, straightforward language to explain what is happening. You can encourage them to talk to someone they trust, who can support them. They may also find support online.

The website riprap.org.uk offers information and support for teenagers who have a parent with cancer.

We have more information in our booklet Talking to children and teenagers when an adult has cancer.

You can order our booklets and leaflets for free.
Visit be.macmillan.org.uk or call us on **0808 808 00 00**.

Getting help and support

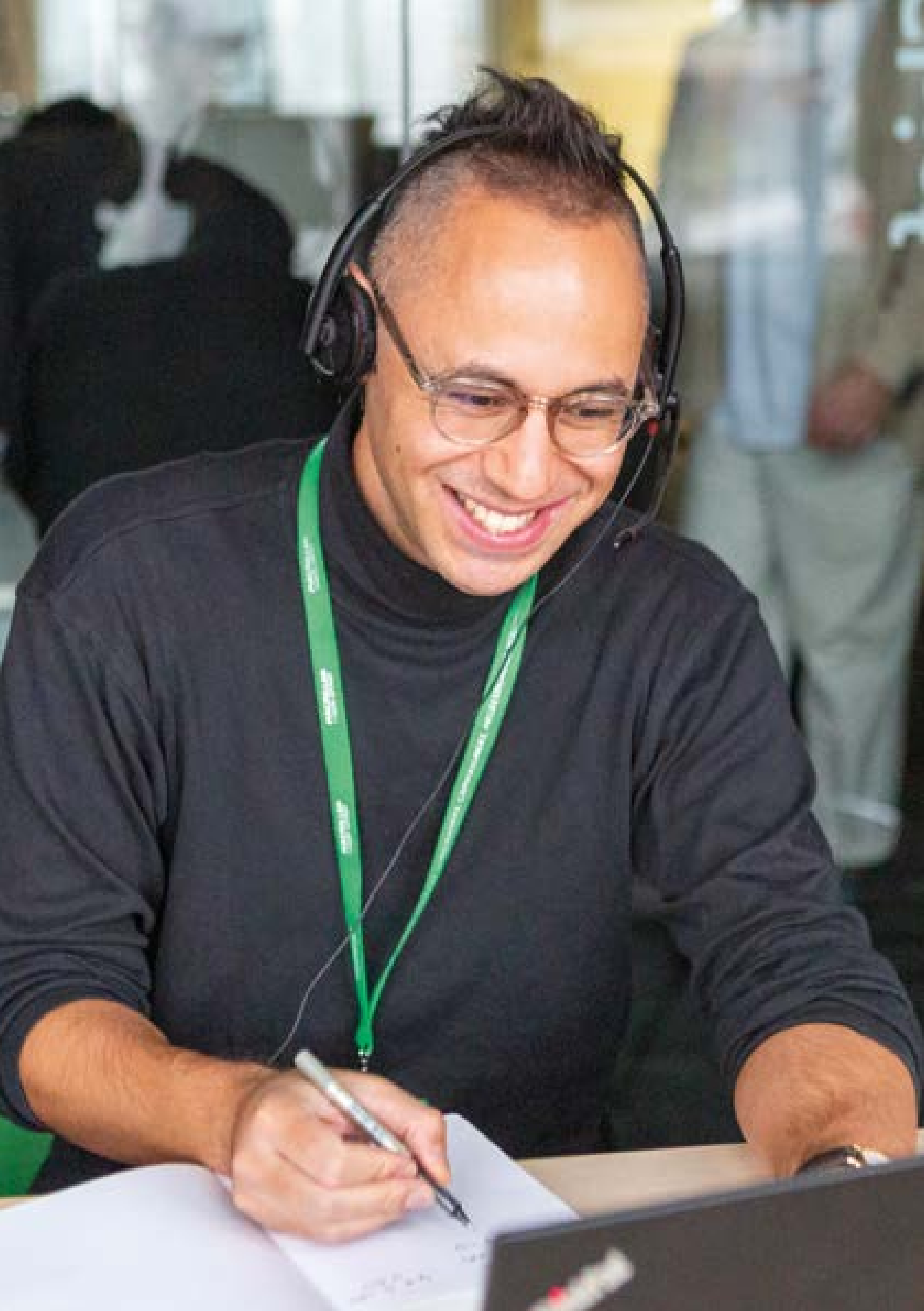
You do not have to wait until your next check-up to contact your cancer doctor, specialist nurse or GP. Tell them as soon as possible if you have any concerns, or if you notice any new symptoms.

You are likely to have different feelings to cope with, as well as managing any symptoms. It is important to get the support you need. You can get support from:

- your healthcare team
- partners, family or friends
- support groups.

Support groups

Self-help or support groups offer a chance to talk to other people who may be in a similar situation and facing the same challenges as you. You can call the Macmillan Support Line on **0808 808 00 00** or visit macmillan.org.uk/supportgroups for information about cancer support groups across the UK.



Work and financial support

Help with money and benefits

When you are affected by cancer, you may need help with extra costs. Or you may need support with money if you have to stop working. We have more information online about Statutory Sick Pay and benefits you may be entitled to. We also have information for carers.

Benefits are payments from the government to people who need help with money. You can find out more about benefits and apply for them online. Go to:

- gov.uk if you live in England or Wales
- socialsecurity.gov.scot if you live in Scotland
- nidirect.gov.uk if you live in Northern Ireland.

The benefits system and other types of financial support can be hard to understand. Macmillan has experienced welfare rights advisers and financial guides. You can speak to them by calling the Macmillan Support Line on **0808 808 00 00**. Please note the opening times may vary by service.

You can also get information about benefits and other types of financial help from Citizens Advice if you live in England, Scotland or Wales, or Advice NI if you live in Northern Ireland.

Our booklet Help with the cost of cancer has lots more information.

Macmillan Grants

Macmillan Grants are small, one-off payments to help people with the extra costs that cancer can cause. They are for people who have a low level of income and savings.

If you need things like extra clothing or help paying heating bills, you may be able to get a Macmillan Grant. A grant from Macmillan does not affect the benefits you are entitled to. It is an extra bit of help, not a replacement for other support.

To find out more, or to apply, call on **0808 808 00 00** or visit macmillan.org.uk/grants

Insurance

If you have, or have had, cancer, you may find it hard to get certain types of insurance.

If you are thinking about buying insurance or making a claim, one of our financial guides can help. You can call them on **0808 808 00 00**.

We have more information in our booklet Travel and cancer.
Our Online Community forum on Travel insurance may also be helpful.
Visit macmillan.org.uk/community

Work

You may not know how cancer will affect your work, now or in the future.

It is a good idea to talk to your manager or human resources (HR) department soon after you are diagnosed. This will help them to support you better.

Your cancer doctor, GP or specialist nurse can help you decide whether you should go back to work, and when.

Our booklets Work and cancer, Working while caring for someone with cancer and Self-employment and cancer have more information that may be helpful. You can also find out more about your employment rights in our booklet Your rights at work when you are affected by cancer.

There is also lots more information online at macmillan.org.uk/work

> **"I am starting work again - just a few hours a week for now, as I still struggle to get through a whole day! I have to rest daily, but I'm good at pacing. "**

Ruth, who had late effects from breast cancer treatment

Further information

About our information

We provide expert, up-to-date information about cancer. And all our information is free for everyone.

Order what you need

You may want to order more booklets or leaflets like this one. Visit be.macmillan.org.uk or call us on **0808 808 00 00**.

We have booklets about different cancer types, treatments and side effects. We also have information about work, financial issues, diet, life after cancer treatment and information for carers, family and friends.

Online information

All our information is also available online at macmillan.org.uk/information-and-support You can also find videos featuring stories from people affected by cancer, and information from health and social care professionals.

Other formats

We also provide information in different languages and formats, including:

- audiobooks
- Braille
- British Sign Language
- easy read booklets
- interactive PDFs
- large print
- translations.

Find out more at macmillan.org.uk/otherformats

If you would like us to produce information in a different format for you, email us at **informationproductionteam@macmillan.org.uk** or call us on **0808 808 00 00**.

The language we use

We want everyone affected by cancer to feel our information is written for them.

We want our information to be as clear as possible. To do this, we try to:

- use plain English
- explain medical words
- use short sentences
- use illustrations to explain text
- structure the information clearly
- make sure important points are clear.

We use gender-inclusive language and talk to our readers as 'you' so that everyone feels included. Where clinically necessary we use the terms 'men' and 'women' or 'male' and 'female'. For example, we do so when talking about parts of the body or mentioning statistics or research about who is affected.

You can read more about how we produce our information at macmillan.org.uk/ourinfo

Other ways we can help you

At Macmillan, we know how a cancer diagnosis can affect everything, and we are here to support you.

Talk to us

If you or someone you know is affected by cancer, talking about how you feel and sharing your concerns can really help.

Macmillan Support Line

Our free, confidential phone line is open 7 days a week, 8am to 8pm. We can:

- help with any medical questions you have about cancer or your treatment
- help you access benefits and give you financial guidance
- be there to listen if you need someone to talk to
- tell you about services that can help you in your area.

Our trained cancer information advisers can listen and signpost you to further support. Call us on **0808 808 00 00**. We are open 7 days a week, 8am to 8pm.

You can also email us, or use the Macmillan Chat Service via our website. You can use the chat service to ask our advisers about anything that is worrying you. Tell them what you would like to talk about so they can direct your chat to the right person. Click on the 'Chat to us' button, which appears on pages across the website. Or go to macmillan.org.uk/talktous

If you would like to talk to someone in a language other than English, we also offer an interpreter service for our Macmillan Support Line. Call **0808 808 00 00** and say, in English, the language you want to use. Or send us a web chat message saying you would like an interpreter. Let us know the language you need and we'll arrange for an interpreter to contact you.

Information centres

Our information and support centres are based in hospitals, libraries and mobile centres. Visit one to get the information you need and speak with someone face to face. If you would like a private chat, most centres have a room where you can speak with someone confidentially.

Find your nearest centre at macmillan.org.uk/informationcentres or call us on **0808 808 00 00**.

Help with money worries

Having cancer can bring extra costs such as hospital parking, travel fares and higher heating bills. If you have been affected in this way, we can help. Please note the opening times may vary by service.

Financial guidance

Our financial team can give you guidance on mortgages, pensions, insurance, borrowing and savings.

Help accessing benefits

Our welfare rights advisers can help you find out what benefits you might be entitled to, and help you complete forms and apply for benefits. They can also tell you more about other financial help that may be available to you. We can also tell you about benefits advisers in your area. Visit macmillan.org.uk/financialsupport to find out more about how we can help you with your finances.

Help with energy costs

Our energy advisers can help if you have difficulty paying your energy bills (gas, electricity and water). They can help you get access to schemes and charity grants to help with bills, advise you on boiler schemes and help you deal with water companies.

Macmillan Grants

Macmillan offers one-off payments to people with cancer. A grant can be for anything from heating bills or extra clothing to changes needed to your home. Call us on **0808 808 00 00** to find out more about Macmillan Grants.

Help with work and cancer

Whether you are an employee, a carer, an employer or are self-employed, we can provide support and information to help you manage cancer at work. Visit macmillan.org.uk/work

Work support

Our dedicated team of work support advisers can help you understand your rights at work. Call us on **0808 808 00 00** to speak to a work support adviser.

Talk to others

No one knows more about the impact cancer can have on your life than those who have been through it themselves. That is why we help bring people together in their communities and online.

Support groups

Whether you are someone living with cancer or a carer, family member or friend, we can help you find support in your local area, so you can speak face to face with people who understand. Find out about support groups in your area by calling us or by visiting macmillan.org.uk/selfhelpandsupport

Online Community

Thousands of people use our Online Community to make friends, blog about their experiences and join groups to meet other people going through the same things. You can access it any time of day or night. Share your experiences, ask questions, or just read through people's posts at macmillan.org.uk/community

You can also use our Ask an Expert service on the Online Community. You can ask a financial guide, cancer information nurse, work support advisor or an information and support advisor any questions you have.

Macmillan healthcare professionals

Our nurses, doctors and other health and social care professionals give expert care and support to individuals and their families. Call us or ask your GP, consultant, district nurse or hospital ward sister if there are any Macmillan professionals near you.

Other useful organisations

There are lots of other organisations that can give you information or support. Details correct at time of printing.

Breast cancer support organisations

Asthma and Lung UK

Helpline **0300 222 5800**
www.asthmaandlung.org.uk
National charity providing information and advice to people affected by lung disease. Runs support groups and a web community.

Breast Cancer Haven

Tel **0757 263 7588**
www.breastcancerhaven.org.uk
Delivers one-to-one support sessions, healthy eating, exercise and stress reduction classes, and a range of self-help videos and resources. These can be accessed online.

Breast Cancer Now

Helpline **0808 800 6000**
www.breastcancernow.org
Provides information and practical and emotional support to people affected by breast cancer. Specialist breast care nurses run the helpline. Also offers a peer support service where anyone affected by breast cancer can be put in touch with a trained supporter who has had personal experience of breast cancer.

British Heart Foundation

Helpline **0808 802 1234**
www.bhf.org.uk
National charity providing information and advice to people with heart and circulatory problems. Also gives advice on keeping your heart healthy.

Keeping Abreast

Tel **0160 381 9113**
www.keepingabreast.org.uk
Offers support for people having breast reconstruction. Provides a network of dedicated support groups and online support across the UK.

General cancer support organisations

Asian Women Cancer Group

www.asianwomencancergroup.co.uk
Helps Asian women who have been affected by breast cancer. Provides emotional support and financial guidance.

Black Women Rising

www.blackwomenrisinguk.org
Aims to educate, inspire and bring opportunities for women from the BAME community. Shares stories and supports Black cancer patients and survivors through treatment and remission.

Bladder and Bowel Community

Home Delivery Service **0800 031 5406**
www.bladderandbowel.org
UK-wide community that provides information and support for anyone affected by bladder and bowel conditions, as well as their families and carers.

Cancer Black Care

Tel **0208 961 4151**
www.cancerblackcare.org.uk
Offers UK-wide information and support for people from Black and minority ethnic communities who have cancer. Also supports their friends, carers and families.

Cancer Focus Northern Ireland

Helpline **0800 783 3339**
www.cancerfocusni.org
Offers a variety of services to people affected by cancer in Northern Ireland.

Cancer Research UK

Helpline **0808 800 4040**
www.cancerresearchuk.org
A UK-wide organisation that has patient information on all types of cancer. Also has a clinical trials database.

Cancer Support Scotland

Tel **0800 652 4531**
www.cancersupportscotland.org
Runs cancer support groups throughout Scotland. Also offers free complementary therapies and counselling to anyone affected by cancer.

Daisy Network

www.daisynetwork.org
Support group for women who have ovarian failure. The website gives information about premature menopause and related issues.

Lymphoedema Support Network

Helpline **0207 351 4480**
www.lymphoedema.org
Provides information about lymphoedema and what support you can get to help manage it.

Macmillan Cancer Voices

www.macmillan.org.uk/cancervoices
A UK-wide network that enables people who have or have had cancer, and those close to them such as family and carers, to speak out about their experience of cancer.

Maggie's

Tel **0300 123 1801**
www.maggies.org
Has a network of centres in many locations throughout the UK. Provides free information about cancer and financial benefits. Also offers emotional and social support to people with cancer, their family, and friends.

The Menopause Charity

www.themenopausecharity.org
Provides information, advice and support for anyone going through menopause, and education for healthcare professionals.

Penny Brohn UK

Helpline **0303 3000 118**
www.pennybrohn.org.uk
Offers physical, emotional and spiritual support across the UK, using complementary therapies and self-help techniques.

Royal Osteoporosis Society

Helpline **0800 800 0035**
www.theros.org.uk
UK charity dedicated to improving the diagnosis, prevention and treatment of osteoporosis. Offers a wide range of services to people concerned about osteoporosis.

Riprap

www.riprap.org.uk
Developed especially for teenagers in the UK who have a parent with cancer. Has an online forum where teenagers going through similar experiences can talk to each other for support.

Tenovus

Helpline **0808 808 1010**
www.tenovuscancercare.org.uk
Aims to help everyone in the UK get equal access to cancer treatment and support. Funds research and provides support such as mobile cancer support units, a free helpline, benefits advice and an online 'Ask the nurse' service.

Counselling

British Association for Counselling and Psychotherapy (BACP)

Tel **0145 588 3300**
www.bacp.co.uk
Promotes awareness of counselling and signposts people to appropriate services across the UK. You can also search for a qualified counsellor on the 'How to find a therapist' page.

College of Sexual and Relationship Therapists

www.cosrt.org.uk
Has information about sexual well-being and what to expect from sex therapy. Has a directory of therapists to help you find professional support in your local area.

UK Council for Psychotherapy (UKCP)

Tel **0207 014 9955**
www.psychotherapy.org.uk
Holds the national register of psychotherapists and psychotherapeutic counsellors, listing practitioners who meet exacting standards and training requirements.

Emotional and mental health support

Mind

Helpline **0300 123 3393**
www.mind.org.uk
Provides information, advice and support to anyone with a mental health problem through its helpline and website.

Samaritans

Helpline **116 123**
Email **jo@samaritans.org**
www.samaritans.org
Provides confidential and non-judgemental emotional support, 24 hours a day, 365 days a year, for people experiencing feelings of distress or despair.

Financial support or legal advice and information

Advice NI

Helpline **0800 915 4604**
Provides advice on a variety of issues including financial, legal, housing and employment issues.

Benefit Enquiry Line Northern Ireland

Helpline **0800 232 1271**
Textphone **028 9031 1092**
www.nidirect.gov.uk/money-tax-and-benefits
Provides information and advice about disability benefits and carers' benefits in Northern Ireland.

Carer's Allowance Unit

Tel **0800 731 0297**
Textphone **0800 731 0317**
www.gov.uk/carers-allowance
Manages state benefits in England, Scotland and Wales. You can apply for benefits and find information online or through its helplines.

Citizens Advice

Provides advice on a variety of issues including financial, legal, housing and employment issues. Use its online webchat or find details for your local office by contacting:

England

Helpline **0800 144 8848**
www.citizensadvice.org.uk

Scotland

Helpline **0800 028 1456**
www.cas.org.uk

Wales

Helpline **0800 702 2020**
www.citizensadvice.org.uk/wales

GOV.UK

www.gov.uk
Has information about social security benefits and public services in England, Scotland and Wales.

Jobs and Benefits Office Enquiry Line Northern Ireland

Helpline **0800 022 4250**
Textphone **0800 587 1297**
www.nidirect.gov.uk/money-tax-and-benefits
Provides information and advice about disability benefits and carers' benefits in Northern Ireland.

Money Advice Scotland

www.moneyadvicescotland.org.uk
Use the website to find qualified financial advisers in Scotland.

NI Direct

www.nidirect.gov.uk
Has information about benefits and public services in Northern Ireland.

Northern Ireland Housing Executive

Tel **0344 892 0902**
www.nihe.gov.uk
Offers help to people living in socially rented, privately rented and owner-occupied accommodation.

StepChange Debt Charity

Tel **0800 138 1111**
www.stepchange.org
Provides free debt advice through phone, email, the website and online through live chats with advisers.

Equipment and advice on living with a disability

British Red Cross

Tel **0344 871 11 11**
www.redcross.org.uk
Offers a range of health and social care services across the UK, such as care in the home, a medical equipment loan service and a transport service.

Disability Rights UK

Tel **0330 995 0400** (not an advice line)
www.disabilityrightsuk.org
Provides information on social security benefits and disability rights in the UK. Has a number of helplines for specific support, including information on going back to work, direct payments, human rights issues, and advice for disabled students.

Support for older people

Age UK

Helpline **0800 678 1602**
www.ageuk.org.uk
Provides information and advice for older people across the UK via the website and advice line. Also publishes impartial and informative fact sheets and advice guides.

LGBT-specific support

LGBT Foundation

Tel **0345 330 3030**
www.lgbt.foundation
Provides a range of services to the LGBT community, including a helpline, email advice and counselling. The website has information on various topics including sexual health, relationships, mental health, community groups and events.

Live Through This

www.livethroughthis.co.uk
A safe space for anybody who identifies as part of the queer spectrum and has had an experience with any kind of cancer at any stage. Also produces resources about LGBT cancer experiences. LTT runs a peer support group with Maggie's Barts.

Your notes and questions

Disclaimer

We make every effort to ensure that the information we provide is accurate and up to date but it should not be relied upon as a substitute for specialist professional advice tailored to your situation. So far as is permitted by law, Macmillan does not accept liability in relation to the use of any information contained in this publication, or third-party information or websites included or referred to in it. Some photos are of models.

Thanks

This booklet has been written, revised and edited by Macmillan Cancer Support's Cancer Information Development team. It has been approved by Dr Rebecca Roylance, Consultant Medical Oncologist, and Professor Mike Dixon, Professor of Surgery and Consultant Surgeon.

With thanks to: Susan Booker, Macmillan Clinical Nurse Specialist; Dr Russell Burcombe, Consultant Clinical Oncologist; Joyce Graham, Macmillan Nurse Consultant in Breast Care; Laura Lees, Macmillan Specialist Radiographer; Liz O'Riordan, Consultant Breast Surgeon; Dr Elsa Papadimitraki, Consultant Medical Oncologist; and Dr Virginia Wolstenholme, Consultant Clinical Oncologist.

Thanks also to the people affected by cancer who reviewed this edition, and those who shared their stories.

We welcome feedback on our information. If you have any, please contact **informationproductionteam@macmillan.org.uk**

Sources

Below is a sample of the sources used in our information about the late effects of breast cancer treatment. If you would like more information about the sources we use, please contact us at **informationproductionteam@macmillan.org.uk**

Curigliano et al 2020. Management of cardiac disease in cancer patients throughout oncological treatment: ESMO consensus recommendations. Annals of Oncology. Vol 31 (2). Available from: www.annalsofoncology.org/article/S0923-7534(19)36080-6/pdf [accessed November 2021].

Fabi et al 2020. Cancer-related fatigue: ESMO Clinical Practice Guidelines for diagnosis and treatment. Annals of Oncology. Available from: www.annalsofoncology.org/article/S0923-7534(20)36077-4/pdf [accessed November 2021].

National Institute for Health and Care Excellence (NICE). Early and locally advanced breast cancer: diagnosis and management. NG101. Available from: www.nice.org.uk/guidance/ng101 [accessed November 2021].

Can you do something to help?

We hope this booklet has been useful to you. It is just one of our many publications that are available free to anyone affected by cancer. They are produced by our cancer information specialists who, along with our nurses, benefits advisers, campaigners and volunteers, are part of the Macmillan team. When people are facing the toughest fight of their lives, we are here to support them every step of the way.

We want to make sure no one has to go through cancer alone, so we need more people to help us. When the time is right for you, here are some ways in which you can become a part of our team.

5 ways you can help someone with cancer

1. **Share your cancer experience**
   Support people living with cancer by telling your story, online, in the media or face to face.

2. **Campaign for change**
   We need your help to make sure everyone gets the right support. Take an action, big or small, for better cancer care.

3. **Help someone in your community**
   A lift to an appointment. Help with the shopping. Or just a cup of tea and a chat. Could you lend a hand?

4. **Raise money**
   Whatever you like doing you can raise money to help. Take part in one of our events or create your own.

5. **Give money**
   Big or small, every penny helps. To make a one-off donation see over.

Please fill in your personal details

Mr/Mrs/Miss/Other

Name

Surname

Address

Postcode

Phone

Email

Please accept my gift of £
(Please delete as appropriate)

I enclose a cheque / postal order / Charity Voucher made payable to Macmillan Cancer Support
OR debit my:
Visa / MasterCard / CAF Charity Card / Switch / Maestro

Card number

Valid from

Expiry date

Issue no

Security number

Signature

Date / /

Do not let the taxman keep your money

Do you pay tax? If so, your gift will be worth 25% more to us – at no extra cost to you. All you have to do is tick the box below, and the tax office will give 25p for every pound you give.

☐ I am a UK tax payer and I would like Macmillan Cancer Support to treat all donations I make or have made to Macmillan Cancer Support in the last 4 years as Gift Aid donations, until I notify you otherwise.

I understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference. I understand Macmillan Cancer Support will reclaim 25p of tax on every £1 that I give.

Macmillan Cancer Support and our trading companies would like to hold your details in order to contact you about our fundraising, campaigning and services for people affected by cancer. If you would prefer us not to use your details in this way please tick this box. ☐

In order to carry out our work we may need to pass your details to agents or partners who act on our behalf.

If you would rather donate online go to macmillan.org.uk/donate

Registered with
FUNDRAISING
REGULATOR

Please cut out this form and return it in an envelope (no stamp required) to: Supporter Donations, Macmillan Cancer Support, FREEPOST LON15851, 89 Albert Embankment, London SE1 7UQ

This booklet is about the possible late effects of treatment for breast cancer. It is for anyone who has side effects that have lasted for 6 months or longer, or developed side effects months or years after treatment.

The booklet describes the possible effects of treatment and how they can be improved or managed. It also has information about feelings, practical issues and money.

At Macmillan, we give people with cancer everything we've got. If you are diagnosed, your worries are our worries. We will help you live life as fully as you can.

For information, support or just someone to talk to, call **0808 808 00 00** or visit macmillan.org.uk

Would you prefer to speak to us in another language? Interpreters are available. Please tell us in English the language you would like to use. Are you deaf or hard of hearing? Call us using Relay UK on **18001 0808 808 00 00**, or use the Relay UK app.

Need information in different languages or formats? We produce information in audio, easy read, Braille, large print, interactive PDF and translations. To order these, visit macmillan.org.uk/otherformats or call our support line.

Trusted Information Creator
Patient Information Forum