

**Negative equity  
What if your cancer is oestrogen receptor negative?**

**Women diagnosed with breast cancer generally fall into two categories – those with oestrogen receptor positive cancer and those whose cancer is oestrogen receptor negative. In this report Christina Relf considers the treatment options available for women with oestrogen receptor negative cells.**

It seems a new treatment is announced almost every day for women whose breast cancer is hormone receptor positive. But what about the small but significant group whose cancer is hormone receptor negative? What is the science behind the headlines, and are there any new

treatments in the pipeline?

While the exact causes of breast cancer are still unknown, oncologists are at one in their understanding of what it is – an uncontrolled growth of cells within the breast. They also know that some cancers – around 5-10% of them – are actually hereditary, while in around 90% of cases the abnormalities occur as a result of the ageing process and other ‘life factors’.

Treating breast cancer was much more of a hit-and-miss affair before scientists achieved a significant breakthrough several years ago, when they noticed that some breast cancers respond to hormones and others do not. The cancers that do respond have receptors on the cells that are stimulated by hormones, with the result that the hormones actually feed the cancer cells. They found that breast cancers have receptors to two female hormones – oestrogen and progesterone, and that approximately 70% of breast cancers are oestrogen (or ER) positive. This percentage is higher in older women (post-menopause) and lower in young women, but a woman of any age may have an oestrogen receptor negative tumour.

This discovery transformed breast cancer treatment – although the benefits have mostly been to those women whose cancer is hormone receptor positive. All breast tumours are now routinely tested for hormone receptor status following surgery. Hormone receptor status gives doctors information about how the cancer will behave, and how to treat it. Only ER-positive cancers respond well to the common hormone treatments such as tamoxifen. However, studies have shown that ER-negative tumours may respond better to chemotherapy. This is reassuring indeed for women with ER-negative tumours, who may not be offered any other type of therapy following their surgery.

**On the plus side**

In terms of targeted treatment, then, it would seem that women whose breast cancer is ER-positive have much to be thankful for. Research findings hit the headlines on a

regular basis, and it seems that new drug treatments are becoming available all the time. And, while no-one would pretend that a diagnosis of ER-positive breast cancer is a good thing, women who know that oestrogen is a major factor for them can at least choose to take some steps that could help them recover.

Tamoxifen, hailed as a wonder drug in its early days, is still the most widely prescribed hormone treatment following breast cancer surgery. Tamoxifen is an anti-oestrogen drug which works by blocking the stimulating effects of oestrogen on cancer cells, thereby stopping these cells from growing. Another bonus is that it has also been shown to reduce the risk of breast cancer returning or a new tumour developing, which could explain why it is also sometimes prescribed as a prophylactic for women whose cancer is ER-negative. New drugs called aromatase inhibitors (like Femara), which may prove even more effective than tamoxifen, directly block the production of oestrogen, and have been shown to dramatically reduce the chances of recurrence in certain circumstances.

Some women choose to have their ovaries removed or undergo radiotherapy to stop their ovaries working. This will further reduce their exposure to their own hormones, as well as eliminating the risk of ovarian cancer – often high among women who have ER-positive breast cancer.

But currently there is no equivalent to these preventative measures for women with ER-negative cancer.

Understandably, this state of affairs both confuses and angers women in the ER-negative minority, who often feel they have been given far too little information about their particular type of breast cancer. Amoena Life reader Kate Ashby, 60, whose surgery was in 1999, says: “I believe that only 15% of breast tumours are oestrogen negative but this is still a sizeable minority deserving of research in its own right. I don’t think I have seen or heard of any research focusing on negative tumours in the press, on the radio or on television. It would be interesting to know more about the possible causative factors for my type of tumour, and what preventative measures, if any, can be taken to avoid another. Are women with this type equally susceptible to hormone-related cancers? Or to other cancers in the body? Are any genetic factors involved?”

For Kate and others like her there is some good news. Research is taking place, much of it in America but some in Europe; drug trials are underway, and some key findings have emerged – although a new targeted treatment has yet to be developed.

### **Negatively speaking**

If a woman has ER-positive breast cancer the message is clear – reduce her exposure to oestrogen and cut the cancer’s chance of growing, spreading or recurring. But the news is, at first sight, less encouraging for those who are negative.

If oestrogen is not feeding ER-negative cells, clearly something else must be driving their growth and spread – but scientists haven’t yet discovered what it is. Surely, then, it would seem natural to assume that once they discover the factor at the root of ER-negative breast cancer, scientists should be able to devise designer drugs that could treat them?

Actually, it might not be that simple. We talked to Cancer Research UK, whose cancer information nurse manager, Martin Ledwick, explained that in understanding how scientists are approaching ER-negative breast cancer, we probably need to change the way we think of it. A simple way of putting it would be that when comparing ER-positive and ER-negative breast cancer, it's not like comparing white bread with, say, wholemeal bread. Rather, think of it like comparing white bread with every single other item on the supermarket's shelves! "ER negative breast cancer is not a **type** of breast cancer – it just means that it doesn't respond to hormone treatment, so there is one less weapon that can be used to treat it," he says.

"If someone is ER-negative, they just don't happen to have oestrogen receptors on the cancer cells. But this just tells you what they haven't got, rather than what they have got. In research we look at what things do have rather than what they don't have.

"It would be wrong to say that there's not much research going into ER-negative breast cancer. It's more about the fact that we are researching breast cancer in general and trying to find different ways of treating it," continues Martin. "We might find that in the future there is another kind of receptor on breast cancer cells that could be on both ER-negative and ER-positive cells. If you have one kind of receptor it doesn't exclude any other kind."

The bottom line, says Martin, is that "ER-negative is not necessarily a specific group – if you treat it like that you could miss something. It is best to look at each individual person according to the characteristics of her cancer."

### Plus points

So what *do* we know about ER-negative breast cancer? In researching this article we found that there is information out there, but it isn't easy to find and it isn't all in one place. No wonder women feel confused and under-informed.

Recent research published by the Dana-Farber institute in the US corroborates the findings of Cancer Research UK, concluding that ER-negative breast cancer may actually be several different types of cancer, each stemming from a different abnormality in the cells. This means that the search for causes and, ultimately, treatments may lead in many directions.

Also from the US come three more pieces of information. As regards causative factors, smoking may be a culprit. A study recently published in the *International Journal of Cancer* found that female smokers who develop breast cancer are twice as likely to develop ER-negative breast cancer than women who do not smoke – which is another good reason for giving up. The study suggested that women who smoke or have smoked might want to undergo more frequent screening for breast cancer in order to detect it early, when it is most treatable.

American research has also revealed that ER-negative breast cancer does occur more frequently in certain groups. It disproportionately strikes younger, pre-menopausal women; those with a strong family history of breast cancer, and those who have inherited the mutant BRCA1 gene (while most tumours in women with the

mutant BRCA2 gene are ER-positive).

We also know that ER-negative tumours are often more aggressive than the ER-positive type. Some express another growth-factor receptor, called HER2, which causes those tumours to grow faster and resist standard drugs. In the US, Herceptin, which is known to block the HER2 receptor, has been used in the past few years along with conventional chemotherapy drugs to battle these cancers. However, Herceptin is still the subject of much controversy in the UK, and although at the time of writing it has just been licensed for use in treating early stage breast cancer, NICE (the National Institute for Clinical Excellence) has yet to finalise its recommendations to the NHS.

One Amoena Life reader, Jill Roseman, told us she was so convinced that Herceptin could help her that she successfully campaigned to have it via her medical insurers: "I was diagnosed with Grade III, oestrogen and progesterone negative and HER2 positive breast cancer in September 2004. It had also moved to my lymph glands," she said.

"In September I had surgery at the Harley Street Clinic. This was followed by 5 months' chemotherapy and then 5 weeks of daily radiotherapy. Because the cancer was not hormone receptive it seemed as though that was going to be the end of my treatment, as tamoxifen was not appropriate for me.

"In May 2005 it was all over and I awaited my six week follow-up. When I arrived my oncologist immediately asked if I would be interested in starting a course of the new magic bullet Herceptin. It had just been announced in America that trials had shown that Herceptin improved the chances of breast cancer NOT returning by 51%. Of course I jumped at the chance even after she told me that my medical insurance would not cover it. I started the course in July. It is a 12 month course given every 3 weeks, administered intravenously. It does not have the awful side effects that the original chemo had, just a little nausea. The best part of it was the BUPA have agreed to pay for the treatment. I have recently had a PET scan and there were no unusual cells visible. Hopefully things will continue as well as they are."

As well as its tendency to exacerbate heart problems in some patients, another of the controversies surrounding Herceptin is that it is an expensive drug. Those not lucky enough to be able to afford medical insurance will have to rely on the health authority in their area allocating sufficient budget to its use, even now that it is licensed.

### **A positive outlook?**

So much for what we already know. What's needed is research to find out more about ER-negative breast cancer and how to treat it. Breakthrough Breast Cancer has several projects underway with this aim.

Much In one study, scientists at the UK's Breakthrough Toby Robins Breast Cancer Research Centre research is focus are focused on a type of tumour called a 'basal tumour'. These are generally classified as ER-negative and are, says Professor Alan Ashworth Dr Helen Farrington, the charity's director of research science communication manager, "associated with a poor prognosis – that is, greater risk of spread and recurrence." Breakthrough's scientists are currently studying how they

can best treat there are currently no tests for these tumours, but, says Professor Ashworth, “these tumours.”

Another way in which Breakthrough Breast Cancer is targeting ER-negative breast cancer is through its work on the hereditary breast cancer genes, BRCA1 and 2 (the former of which is known to be frequently found in can lead to ER-negative tumours). The Work at the Breakthrough Research Centre charity, which has world-class expertise on hereditary breast cancer, currently has led to two clinical trials two drugs under clinical trial in its research centre. One is a type of chemotherapy, while the other is the first targeted treatment for hereditary breast cancer. “What is interesting is that BRCA tumours look very much like basal tumours,” continues Professor Dr Farrington Ashworth. “There are suggestions that these targeted therapies may be beneficial for the basal ER-negative tumours, which is one reason why classifying these tumours may be of importance.”

In other work, Breakthrough scientists aim to match changes in genes that occur in breast cancer with their clinical properties. Their ultimate goal is to be able to predict, from the ‘genetic signature’ of a cancer in individual patients, the likelihood of the cancer growing aggressively and spreading to other organs, the risk of late recurrence after apparently successful treatment, and the best chemotherapeutic drugs with which to treat the cancer. The charity hopes that if they succeed it will have a major impact on the way breast cancer is managed by doctors.

Further Breakthrough research which may benefit all women, including those with ER-negative breast cancer, is looking at how or and why breast cancer spreads to other parts of the body. “Breast cancer when confined to the breast is not usually treatable lethal,” explains Dr Farrington Professor Ashworth. “Only when it spreads elsewhere in the body is the chance of survival reduced. Breakthrough scientists have found a protein called Endo 180, which is involved in the spread of cancer cells away from the original tumour. Understanding how cancers spread is the key to removing the fatality from the disease.”

## Helping yourself

Since scientific evidence is currently so inconclusive on the subject of ER-negative breast cancer, the apparent reticence of doctors to discuss it is perhaps understandable. At least Jill Cotton’s oncologist was honest: “I didn’t really feel that I received an adequate explanation regarding the type of cancer I had,” she says. “I asked lots of questions (had a long list!) at every appointment. The oncologist could not help with many of my queries, because he said he didn’t know the answers.”

Meanwhile, Jo Richardson felt that she was left completely in the dark. “I feel the whole attitude is ‘well, there is nothing we can do now so we have cut out your cancer – please just go and get on with your life, and don’t bother us again unless you really have to.’ Nobody has explained whether it is a good thing it was negative or a bad thing. There has been no advice as to whether I should change my diet or my lifestyle.”

Lifestyle changes will probably benefit all of us to some extent, and eating more healthily and taking more exercise is good all-round advice for anyone with cancer. Improving your nutrition can both help your body to fight the disease and strengthen

your immune system to ward off recurrence, so it makes sense – whatever type of cancer you have. These days you can't open a newspaper or magazine without being given a step-by-step guide to healthy eating, but just in case you've spent the last few years on Mars, here are some general guidelines.

Try to introduce a wide variety of fresh – preferably organic – foods into your diet to limit your exposure to potentially harmful chemicals. Variety is the key to ensuring you get a balanced intake of all the essential nutrients, as well as helping to stave off boredom! Whole foods – those with as little added or taken away as possible – are best. Stick to unprocessed foods if you can – so that's no ready meals, and eat unrefined grains such as wholemeal or granary bread, wholewheat pasta and brown rice. We've all heard the '5-a-day' recommendation on fruit and veg, but try upping your intake to around 8 to 10 portions of vegetables a day, and at least 3 of fruit. Nuts, grains, seeds and oily fish are great sources of 'healthy' (non-saturated) fats – minimise the margarine and butter, say 'no' to deep-fried anything if you can, and to refined sugar and starch (white breads, cakes and biscuits). Try to avoid or cut right back on caffeine, reduce your alcohol intake and drink plenty of filtered water – at least 1.5 litres a day. Sipping it throughout the day is better than suddenly gulping down several glasses – and remember fruit and herbal teas are another good way of getting your daily water supply.

If you'd like to know more about how you can improve your diet to help your immune system, contact the Bristol Cancer Help Centre. The charity's 'Bristol Approach' works hand-in-hand with medical treatment, offering a unique combination of physical, emotional and spiritual support – using complementary therapies and self-help techniques, including practical advice on nutrition. Its services are available to everyone across the UK, and it publishes a wide range of factsheets, books and CDs (see Contacts below).

A lot of women try supplements or herbal remedies alongside their medical treatment to help boost the immune system. One of these is white mistletoe, sometimes known as Iscador. A licensed medicine that is prescribable on the NHS and used by all homeopathic hospitals in the UK, clinical research has shown that Iscador helps to relieve the symptoms often suffered by cancer patients by bolstering the body's defences. Recent studies even suggest that Iscador might also help reduce the risk of recurrence.

The Royal London Homeopathic Hospital, which is part of the University College of London hospital group, uses mistletoe therapy as part of its Complete Cancer Care programme "to enhance the lives and care of the individual living with cancer and to offer additional support". This well-respected NHS hospital group believes that the therapy "enhances immune system responses".

Another tried and trusted remedy is Rene Caisse herbal tea, also known as essiac. A blend of four herbs – sheep sorrel, burdock root, turkey rhubarb root and slippery elm bark – it can be obtained from Clouds Trust in Liss, Hampshire, who say that it is "known to gently support the body during cancer, each herb providing specific benefits." Call them on 01730 301162 or visit [www.cloudstrust.org](http://www.cloudstrust.org) for more information.

For the women who've used them successfully, these and similar complementary

therapies cannot be praised highly enough. However, it's important to remember that there are no clinical proofs that they are effective. If you are thinking of supplementing your current medical treatment it's vital that you do your research thoroughly, and always talk to your doctor before trying something new.

### **Just around the corner?**

While nobody knows the exact cause of breast cancer, at least women with ER-positive tumours can feel that tamoxifen and other hormone therapies represents a 'safety net' that will help ward off a recurrence, while those with ER-negative tumours do not.

However, everyone has to finish their treatment at some point. According to Martin Ledwick of Cancer Research UK this is the most difficult time for most women: "The lack of a safety net is often a real issue for women, whenever their treatment finishes – and that includes those who have been on tamoxifen for several years. What most people are left with is a feeling of uncertainty. No-one can tell them for sure that the cancer is not going to come back and it sometimes takes them a long time to come to terms with that." And at the end of the day, this is true for women with both types of tumour.

And while less is known about the characteristics of tumours that do not have hormone receptors on their surface, much research is being done. As we've learnt, hormone receptor status is just one – albeit very significant – characteristic of a breast cancer cell. Many others exist and scientists are committed to finding out more about them so that they can come up with tailored treatments. As Jill Mould, who had her surgery in 2001, said: "It would be nice to feel that as much research was being done to find new treatments for hormone receptor negative breast cancer as for positive breast cancer. Perhaps a new breakthrough is just around the corner and it is just that the time is right for new hormone receptor positive tablets at the moment."

One thing is certain. The research that is currently underway into the causes and characteristics of breast cancer is dedicated to helping everyone suffering from the disease, whatever their tumour type.

## In Contact

**Do you have a story you'd like to share or some words of encouragement for other readers? Send your letters and photographs for inclusion in Amoena Life to: Rhoda White, Editor, Amoena (UK) Ltd, FREEPOST, Eastleigh, Hampshire, SO53 4BJ or e-mail [agrwhw@amoena.com](mailto:agrwhw@amoena.com)**

### Join the club!

In July 2002 I was diagnosed with breast cancer and had a mastectomy and lymph gland removal in August. Unfortunately it was a level 3 tumour and 9 out of the 11 lymph glands taken were cancerous.

Before starting chemotherapy in September, I agreed to take part in clinical trials and was quite poorly. However, any self-pitying thoughts went out the window when my husband visited our GP because of slight bleeding and was diagnosed with bowel cancer.

His operation took place on February 16th. A date forever imprinted on my mind. You know how they say that things can't get much worse? Well they did. Our beloved staffie dog had an epileptic fit from which he never recovered and had to be put down, and worse our lovely daughter, who was pregnant, was told she could be carrying a damaged baby.

My sister Frances was staying and looking after us (forever afterwards called 'matron' on account of her following instructions to the letter, and for her nursing skills) and was a tower of strength. My daughter had the amniocentesis test and the first good news of 2003 was that it was negative, and our second grandson was born perfectly fine in July. In the meantime, Keith was coping with a colostomy bag and an operation that left him looking like a hot cross bun.

At the end of April I finished three weeks' radiotherapy as Keith started his first 30 sessions of chemotherapy. If ever a couple had empathy for one another it was us. We called ourselves the 'buy one get one free' couple!

By now the staff at the oncology unit had become like old friends. Fortunately Keith just had the 5FU treatment (or as we called it the FU2) and did not lose his hair, although it made him feel pretty ropery. We then both followed the usual pattern of hospital appointments but always accompanied one another at the examinations – then if we forgot a question or an answer, one or other of us could usually remember.

We neither of us look the prettiest sight when undressed but we are just thankful to be here. In a way we feel privileged because having this disease we no longer take anything for granted and appreciate every day as it comes.

I've been heartened by the many articles in Amoena Life and the strange thing is that if I have been worried about some aspect of breast cancer, there has always been an answer in the following issue! In a way it's like being part of a huge club. We never asked to join but the company is great.

Neither of us say we are cured but we are both in remission and we don't think we

could have had better care anywhere else in the world. To our doctor, our surgeons, the nursing staff, our mates in oncology and our friends in the village who formed our very own support group, a huge heartfelt thank-you.

Yours 'chesitcally' challenged

**Beryl G**

### **Thank heaven for humour!**

I just wanted to write to say a big thank you for your excellent magazine. I have come to think of it as an old and very dear friend. My spirits are always raised when I open the envelope and see the front page. I find it impossible to put down again until I have read it from cover to cover.

I was so cheered to read the Back Chat feature by Dianne Armitage. It was so nice to realise that just maybe we spend too much time beating ourselves up, unnecessarily, about trivial issues.

This disease carries with it an enormous guilt factor, especially for women like me, whose cancer has recurred and spread to other organs. I have felt so guilty at times, blaming myself for not having done enough to keep myself healthy and cancer-free. I have had many sleepless nights worrying that not only have I been unable to cure myself with a dairy free, fat free, sugar free, totally organic diet, but I'm fat and ugly too!

Well no more! This article in particular made me smile and made me realise there is more to life than being hung up on diet issues and the guilt that comes with it, when maybe you've had a bad day and eat something you think you shouldn't. I can sleep easy now, knowing I can have the old choccie or ice cream!

So thank you again for the magazine. It brings me great comfort and long may it continue.

**Denise B**

### **Emotional Rollercoaster**

I wanted to write to say how interesting your article 'Emotional Rollercoaster' has been to me. I was diagnosed with breast cancer in 1997. I went back to work within six weeks of having the mastectomy but have subsequently retired to enjoy life with my husband.

In the years that followed I have lost my mother and moved house twice. I have always been a positive person and all my friends were amazed at how well I coped with breast cancer. However, last year I found myself becoming more and more irritable and feeling that I couldn't cope. I felt as though I didn't want to go anywhere or have friends round to visit, something that is quite unlike me. In January this year it came to a head and I had to go and see the doctor who was extremely understanding and gave me medication which has made me feel a lot better and more able to cope. Your article helped me to understand that although I suffered

breast cancer several years ago and dealt with it at the time, the feelings are still there and can come back to haunt you several years later.

Congratulations on an amazing magazine.

**Linda K**

### **Don't punish yourself with guilt**

I was particularly impressed with your article in issue 22, 'Emotional Rollercoaster'. It was so well balanced and covered the very wide issue of feelings and frustration.

The 'leave me alone' section so replicated my experience – it was a revelation to realise it was acknowledged that there are others out there with the same 'baggage' because of personal responsibility and problem-solving abilities. I have had to learn to 'shut out' other people's problems and it definitely has not been easy because of my personality. Guilt at not helping is self-punishing, until I came to the conclusion that I was the one who had to put a stop to it for my own survival. I now prioritise and delegate – if others around me will not take up the challenge I say 'tough' (to myself of course) it is their problem set against my well-being. Obviously I still help, if I can, by suggesting steps to resolve the matter. I have been practising this technique for about a year now and find I can live with my conscience comfortably the majority of the time. After all I am the one who has had to cope with a cancer diagnosis and I remind myself that I am important too.

**Patricia S**

### **I feel let down**

I've just read, from cover to cover, your summer magazine.

I was pleased to see that this edition focused on bilateral surgery. Of the people I've met, only I chose bilateral surgery. I had invasive carcinoma in the left breast and lymph and I knew, even before the diagnosis, that I would choose bilateral surgery. No one in my family has ever had breast cancer and I certainly did not know anyone of my age in a similar situation – I felt quite alone.

I had the surgery in January 2005. As I started to recover, I felt like my 9 year old daughter, being flat chested again. My husband was wonderful at that time, but has found it difficult since my recovery. It has affected our relationship and I wonder sometimes whether I should have had a single mastectomy, even though we both know it was the best action, with there being a 75% risk of cancer occurring in the right breast.

Despite that fact, I want to see my children grow up, support them during their school years and beyond. Last month I had Beckers implants inserted and feel worse now than when I had the mastectomy. It's finally sunk in that I will no longer have my natural body and I feel I've been let down. Why should I have these false boobs put in to feel like a woman? Why does my relationship have to suffer? Why should I have

to go through this pain? I've put on weight, no longer have the energy to exercise or go to the gym, and every time the saline is added to the implants I feel I've got a brick wall on my chest.

Your magazine is like a lifeline. Seeing and reading of so many women suffering and getting through breast cancer is inspirational, and the lingerie that is available will certainly help.

Thanks for everything your magazine offers.

**Diane J**

### **So much to be thankful for**

Like your reader Pam (Spring/Summer 06 edition), I had my mastectomy nearly 30 years ago, but at age 50. This followed finding a lump with pre-cancerous cells, no question of any other treatment then! It was carried out by a general but very well-respected surgeon, with no counselling of any sort available. After the operation he came to reassure me that I could lead a normal life – even go swimming. I said he was a miracle worker as I couldn't swim before!

I was sent for my first prosthesis (no after-op soft ones then) to the 'Appliance Department' and had visions of being able to have a new cooker. I was received by a man - not a woman in sight - who eyed me up, got 2 boxes off the shelf and sent me into a cubicle to try them and pick one - on my own thankfully. And that was it, apart from the tears I shed behind that curtain.

However, I never lost my sense of humour or my faith in God. That plus the support of a wonderful husband, son and daughter kept me going. Whenever I had difficulty finding suitable clothes I went and bought shoes instead - resulting in a huge selection!

I have recently had bowel cancer (not connected) and a colonectomy followed by chemo, but am now clear. So I have much to be thankful for.

Congratulations on your publication. It is good to read and I am sure a great help and comfort to women facing breast cancer. Keep up the good work.

**Joyce H**

### **I'm staying cool this summer!**

I just had to write to tell you how much I enjoyed reading the latest issue of Amoena Life. I always find it of interest, but this issue was definitely the best yet, especially the fashion pages which were really bright and cheerful.

As I've always disliked the heat and find this even more of a problem now I suffer from those dreaded hot flushes, your features 'Cool It' and 'Cover Up' were particularly welcome. I will be purchasing a Chillow Pillow and a Tahiti top for the

summer and hope to be able to persuade my breast care nurse to fit me with your new Climate Control breast form.

It was also good to see that you are featuring natural beauty products and deodorants, as I have always been concerned about the possible cancer-causing effects of some chemicals, and it's nice to have readily-available alternatives.

Once again, many thanks for a great magazine.

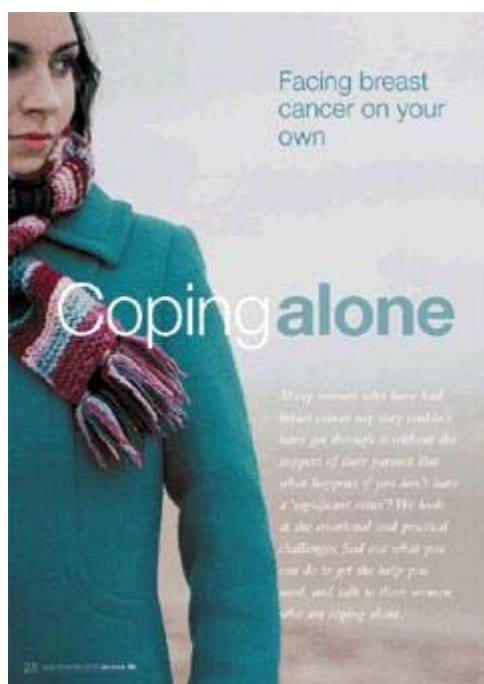
**Elise M**

**Chillow is wonderful**

I have been on medication for breast cancer for five years and have tried lots of different medications and fans to help with the night sweats and hot flushes. Nothing worked until I tried Chillow, it is excellent. I go to sleep much quicker and when I wake up sweating and having a hot flush, I simply move my head to a cool part of the pillow and am soon asleep again.

I am sure there are many women like me who would find the wonderful Chillow helpful.

**Barbara S**



## Coping alone

### When you have to face breast cancer on your own

**Many women who have had breast cancer say they couldn't have got through it without the support of their partner. But what happens if you don't have a 'significant other'? We look at the emotional and practical challenges, find out what you can do to get the help you need, and talk to three women who are coping alone.**

If there is a trauma like breast cancer in your life, you'll find that people make a lot of assumptions. They'll assume, for example, that you will have someone to comfort and console you when you receive your diagnosis. That there will be

someone to take you to the hospital for your surgery, who'll be there waiting when you come round from the anaesthetic, and who'll drive you home when you're discharged. That someone will accompany you to your chemotherapy sessions and care for you when you're feeling low. They'll assume that if you can't look after your children for a while, or can't pay the mortgage when you're off work, somebody else will. The list goes on. But for some women this simply isn't the case.

More and more women these days live alone – whether they're busy pursuing their careers, are widowed or newly single following separation or divorce, or just haven't found the right person. And while many of them revel in their single state, their very independence can make them vulnerable when a serious illness strikes. It can be so empowering to know that you are totally responsible for everything that happens in your life – but what if you need to hand over the reins temporarily?

#### I'll be there

Of course, having a partner can be a mixed blessing when breast cancer strikes, and we've looked in previous articles at the devastating impact a diagnosis can have on some relationships. Having said that, there is so much that a loving partner *can* do to help a woman through breast cancer. But assuming you are facing this alone, who do you turn to for the support that a partner would usually give? Families often pull together at a time like this, and you could find that a relative insists on being there for you throughout. But for every family that is close there is another in which people have gone their separate ways – geographically and emotionally. And in these days of smaller family units, if breast cancer is diagnosed in a woman who is an only child and whose parents have died, she might have no close family members on whom she can call.

Many single women we've spoken to have said that friends were their greatest resource, particularly in the early days, when they needed practical as well as psychological support. Friends perhaps score over a partner here in that their help is

given entirely voluntarily – there is no sense of obligation. And you can spread the load by asking different things of different people – one friend might be happy to accompany you to your hospital appointments, for example, while another will do the school run.

Yet if you're used to living alone, it can feel very alien to ask for help. So how do you break the habit of a lifetime? If you're someone for whom 'the buck stops here' is true, taking that step to ask for help can be really difficult. It's so easy to assume that the only person on whom you can *really* rely is yourself; so difficult to admit that you're vulnerable and to place your trust in anyone else. But most of us, no matter how independent, have people somewhere in our lives who we would rush to help if they were in trouble. If we can give to others, we shouldn't exclude others from our lives at a time when it really matters. Not only will we be getting the help we desperately need, but we might also be giving something significant to those who care about us by accepting their kindness.

If you don't know where to start, it might help to make a list of the things you're going to find particularly difficult. Then have a think about who would be the most appropriate person to help in each case. It's a good idea not to burden one special friend with all the responsibility. For example, if you have children, perhaps another mum could collect your child from school and take them to after-school activities. And if you've always been too busy working to build up those 'school gates' type relationships, have a word with the school secretary who might know of any parents' networks in your area. If you've got a computer at home, explore online shopping for your groceries. Think about asking a friend to drive you to your treatments and doctor's appointments, while another might run the Hoover round once a week and help you with your laundry if you're feeling too low to do it yourself.

If you're still working, although this can be the most daunting area to tackle, don't leave it till last. Most employers are very caring and can often be surprisingly accommodating. Show some initiative by making suggestions about how to modify your workload or change your hours while you're having treatment, and talk to colleagues about how they might help.

### **We're in this together**

Even for those who do have a supportive partner, breast cancer can make you feel very isolated. There are so many questions and so many unknowns, particularly at the start of your treatment, that you might find it helpful to talk to someone who knows what you're going through. This is where support groups come into their own.

Whether you choose to attend a local group (you can find out about those in your area from your breast care nurse, GP, or by looking on the internet), or join in with a telephone or online forum like the ones organised by Breast Cancer Care, sharing your problems and concerns with women who are going through a similar experience is something that many women find invaluable in helping them cope.

But perhaps you fear you won't identify with the other women in the group – that they will all be married, younger, retired, or somehow different from you. The trick is to find a group that's right for you. Breast Cancer Care runs several different types of telephone support group consisting of six to eight people who meet once a week, by

telephone, for eight weeks. A therapist facilitates the group with a nurse, to ensure everyone is supported and feels comfortable taking part. The charity says that these groups are particularly useful for people who may feel even more isolated than others. Groups include those for younger women (in their 20s and 30s), women with primary breast cancer, women with secondary breast cancer, and those who have local recurrence.

If you prefer to sit in front of a computer keyboard rather than a telephone, the charity also runs live online chat forums, where you can 'chat' on their website to others like you, as well as online forums on various different topics connected with breast cancer. And if face-to-face contact appeals, younger women can try the Lavender Trust's younger women's forums, which are weekend residential events held across the UK.

### **You've got a friend**

Sometimes women who would shy away from a formalised group feel more comfortable just staying in touch with some of the women they met during their hospital stay. Even if you don't have regular group sessions, just meeting up for the occasional meal, or exchanging telephone numbers for those times when you could do with a sympathetic ear, can be a comfort.

Alternatively you might find that one-to-one sessions with a counsellor, psychotherapist or life coach suit you better than belonging to a group. Counselling is great for people who want the focus to be entirely on them – and if you are someone who is used to getting things done by themselves, or perhaps a businesswoman whose time is precious, this could be of particular appeal. Your hospital or GP might be able to put you in touch with someone suitable, or you could contact 'Counselling' ([www.counselling.ltd.uk](http://www.counselling.ltd.uk)), a charity that aims to put people in touch with registered, qualified, counsellors and psychotherapists in their area. And don't be put off because you think you won't be able to afford it – often counsellors will provide free or discounted services for those with a low income.

### **Making ends meet**

The financial impact of serious illness is something that is rarely at the top of the list of things to talk about with someone who is newly diagnosed. But it's a hugely important topic – particularly for anyone who lives on their own.

Income protection insurance is attractive in theory, but the premiums are often prohibitively high. Yet it is inevitable that you will have to take some time off work if you need surgery, and there will be follow-up appointments, and often chemotherapy and radiotherapy sessions. Even if you manage to carry on working through your treatment, it is likely that you will feel below par a lot of the time, and your productivity might suffer. Sometimes employers are very understanding and accommodating, but if you work for a small organisation that doesn't have many staff to cover your job, or even worse if you are self-employed, you might find yourself on reduced pay for some time, or even having to give up work altogether.

If you are employed, you don't have to leave things to chance or the whim of your boss. Although because you've had breast cancer you probably don't feel that you

are disabled, it's well worth noting that cancer does count as a disability under the Disability Discrimination Act 1995 (DDA), and all employers, of whatever size, must comply with this legislation. Under the terms of the act, a 'disabled person' is legally defined as someone with 'a physical or mental impairment that has a substantial and long-term adverse effect on his/her ability to carry out normal day to day activities'. Your employer cannot sack you because of your disability. If you think you are being treated unfairly, call the Disability Rights Commission – the first point of contact for all enquiries pertaining to the DDA (08457 622633, [www.drc-gb.org](http://www.drc-gb.org)).

It is important to know your rights so that you don't miss out on the benefits and support that you are entitled to. Don't be put off by complicated forms, and don't be too embarrassed to ask for help from your breast care nurse, GP, social worker or the welfare adviser at the hospital. The Citizens Advice Bureau (CAB – [www.citizensadvice.org.uk](http://www.citizensadvice.org.uk)) is also a good place to go for guidance, or you can ask your local social security office. The Department for Work and Pensions (DWP – [www.dwp.gov.uk](http://www.dwp.gov.uk)) has a special free benefit enquiry line that can help you (0800 88 22 00). Some of the benefits you might be entitled to are Statutory Sick Pay (SSP), Incapacity Benefit (IB), Disability Living Allowance (DLA), Attendance Allowance (AA) and means-tested benefits. Breast Cancer Care publishes some very useful fact sheets on this and a wide range of other relevant topics – contact them for more information.

### **It's a family affair**

Anyone who has struggled to bring up a child on their own will identify with the feelings of fear, powerlessness and loss of control that a single mother feels when she is diagnosed with breast cancer. For whatever reason, it's just you and your children, and you've been holding it all together very well until now, despite the stresses and the financial pressure. But how will you continue to be the sole provider of everything your children need when you're receiving treatment for breast cancer? Who will look after them if you can't? Friends and family are all very well, but any help they may be able to offer is given voluntarily and by its very nature is not something you can always rely on or base your plans around.

If you have younger children you might have to rely more heavily on playgroups, nurseries, crèches, after school clubs and holiday play schemes. Childminders, nannies and au pairs are another option – but they can be expensive. You might be able to share a nanny with one or more other parents – particularly if it's just for after-school care. Your local council will have a children's information service, where you can find out more about the type of care that's available in your area. Your health visitor may also be a good source of information.

Help with the cost of childcare is available through Working Tax Credit, a means-tested benefit for working people on low incomes which can also be claimed if you are off work due to illness. In addition, a number of voluntary organisations with local networks may be able to help with childcare, for example Home-Start (08000 686 368, [www.home-start.org.uk](http://www.home-start.org.uk)) and Crossroads Carers (0845 4500350, [www.crossroads.org.uk](http://www.crossroads.org.uk)). Your local social services department or the social work department of your hospital can help you find out more about voluntary organisations in your area. Macmillan Cancer Support also provides grants that can be used to pay for childcare, depending on your circumstances.

In some cases of great need, it may be possible for social services in your area to provide a 'care package' that includes childcare. Talk to the children and families team.

### **Can Macmillan help?**

If there's one organisation that stands above all the rest in terms of giving practical, caring support and campaigning for a better deal for people with cancer, it's Macmillan. Recently relaunched as Macmillan Cancer Support, Macmillan provides practical, medical, emotional and financial support and pushes for better care for people with cancer. Once known for its nurses, Macmillan in recent years has changed radically in order to accommodate advances made in medical treatment and care. It now offers a wide range of services to help with a broad spectrum of needs.

Whether it's the need to buy new clothes to cope with weight gain or loss, or paying travel expenses to and from hospital, Macmillan acknowledges that living with cancer can be expensive. The charity helps to make life manageable through its grant scheme and benefits helpline. Last year it distributed more than £7.6m in grants to over 20,000 people on low incomes to help with a wide range of practical needs, such as buying a new washing machine or helping with heating bills. Macmillan will also help you navigate the benefits maze - advisers on its benefits helpline check exactly what benefits you might be entitled to and can help you fill in the necessary forms.

You can call the Macmillan CancerLine to discuss Macmillan grants, or visit its Better Deal website (from the Macmillan homepage) to find out more about the charity's campaign for 'a better deal for people dealing with cancer'.

### **Looking for love?**

Many single people are not single through choice, but through circumstance, and you only need to consider the phenomenal success of dating websites to understand just how many people out there are trying to find the right partner. And hilarious though her experiences may have been, we didn't really need Bridget Jones to tell us what a minefield the dating game can be.

So when breast cancer is suddenly part of the equation it's quite easy to understand how a lot of women are tempted to retire from the fray altogether. But what do you do if you're determined to continue your search for Mr Right? Is the first date too soon to bring up the subject of breast cancer? What exactly should you say? And what do you do if the guy doesn't handle the news very well?

Ronnie Kaye, an American psychotherapist, author and breast cancer survivor, believes that, while it is not impossible, the search for a new man is not the best thing to be doing when you are about to begin or are already going through treatment for breast cancer. "Most often, the treatment and the associated side effects become the focus of your life, which is understandable. At the same time, who you really are—that is, your essence—is often masked by feeling fatigued, nauseated, concerned about losing hair, memory, and libido... in other words, you are just not yourself," she says. The message is clear – don't rush into things, but, continues Ronnie,

“unfortunately, women in this situation tend to forget that treatment does come to an end and that side effects will diminish and most often disappear. As a result, they start to panic about never again being ‘relationship material’. I do not encourage these women to face their fear, get proactive, and hit the internet immediately to find the right man. Instead, I counsel patience and reassure them that they will come through treatment and get to the other side, at which point they will be free to focus on finding love.”

So assuming you are able to focus on your healing and not your love-life until treatment is over, how will you negotiate the challenges that await you in the singles marketplace? “When a woman has finished her treatment and begins to date, she often feels awkward about acknowledging her breast cancer experience to the new man in her life. Unfortunately, there is still a stigma attached to cancer, and breasts (or the lack of them) are a sensitive issue for both men and women. Women feel uncomfortable and become tongue-tied. They don't know how to broach the subject, when to bring it up, and exactly what to say. They fear rejection, especially if they have not yet worked through their own issues around body image and vulnerability. The truth is that anyone searching for a partner risks rejection. That's just part of the dating game. The only reason we continue to play the game is because if we win—if we find the right person—our lives are enriched beyond measure. Some risks are worth taking!”

So, get your treatment over, then feel the fear and do it anyway. But how? Ronnie doesn't believe in rushing in with the news of your breast cancer on the first date, or even during the first few weeks of dating. “That period of time is for people to get to know each other as complete human beings—with careers, hobbies, political convictions, spiritual orientations, hopes, dreams, and aspirations. Once there is some interest on both sides, then it makes sense for a woman to share her breast cancer experience with her date. If that person shuts down or backs away, it was the wrong person to begin with, and it's best to know that early on. If, on the other hand, that person expresses interest, concern, sympathy, admiration, or a host of other positive feelings, by all means pursue the relationship. It has possibilities. The one thing a woman must never do is apologise for her breast cancer experience and the changes in her body. If a woman radiates pride in her ability to meet a challenge, she is much more likely to get that kind of positive energy reflected back at her by her date.” Don't rush in, then, but don't leave it too late: “My one caveat to women is to *never* wait until she and her partner are already in the bedroom and about to become physically intimate before initiating the discussion. That is unfair to both people involved and it's the kind of surprise that can go very badly.”

For some women, though, it's not a case of before, during and after breast cancer. “Treatment has changed over the years, and many women are now living with breast cancer as a chronic illness,” says Ronnie. “I am delighted to say that several of my chronic breast cancer patients have decided to date while they have been in remission and have found wonderful partners. Having a chronic illness does not rule out love and romance. It just means that the partner you find must be very special. The bottom line is that a woman, to be successful in the area of dating and mating, must not define herself in terms of her breast cancer. She must be all she can be, so that her breast cancer experiences simply become only a part of the fabric of her rich and rewarding life.”

**For better or worse**

On the whole, the women we interviewed for this article did not feel their experience of breast cancer had been that much more difficult because they lacked a partner. But it's important not to become isolated by your fears. Many women reported that it helped to be open and honest with friends and family from the first, to minimise any awkwardness and maximise the amount of support available. Keeping some kind of social life going throughout treatment was also important – making an effort to go out when they had enough energy, and ensuring that the talk wasn't always about cancer.

As well as learning a great deal about their own strength and resilience, a lot of women are surprised at the kindness and commitment of their friends. And single mums often say that the experience has brought them and their children even closer together – despite, or perhaps because of, the difficulties they had to face together. Retaining a sense of self is also vital. Breast cancer will undoubtedly strike a blow to your self-confidence – you just need to make sure that it doesn't get to the core of who you really are. That's the person your friends and family know, love and will care about.

**Rachel's story: Staying connected**

Rachel was 42 when she was diagnosed with primary breast cancer. Following a lumpectomy with lymph node removal in May 2004, she had to go back for a full mastectomy in July and in November 2005 had a reconstruction.

Rachel was living alone when diagnosed. "I made sure that I didn't spend too much time on my own. Particularly coming up to the lumpectomy I was busy getting myself organised prior to going into hospital, knowing that I wouldn't really be able to use my arm for some time," she says. "I arranged to spend evenings and weekends with friends. I told work early on, as how I was going to manage work and whether I would suffer financially was a big worry at that time, so it was good to get all that sorted out. The company was very supportive. I also spent a lot of time on the internet, finding out as much as possible about breast cancer."

No matter how many friends you have, though, there is always the moment when the door closes behind them and you are really on your own. This was the time when Rachel found comfort in her dog. "This will probably sound strange unless you have one, but having my dog helped a lot. She's quite a happy little soul and still made me laugh when I was having treatment. She didn't like to see me crying and when I was feeling sorry for myself and saw her getting quite anxious, it made me stop. Also, I'm sure that having to take her for a walk most days gave me some exercise and helped keep me fit."

Rachel decided to be very open about what was happening to her, and found that talking helped her to deal with the emotional impact. But while it's important to confide in people, Rachel found that not everyone in her circle could cope with a lot of raw emotions. "As I told the majority of my friends about my diagnosis, after a while I began to understand which of them could deal with me confiding in them. When I had a run of bad results after the lumpectomy I started to think quite a lot about dying, but I felt that it would just upset people too much if I talked about that.

There was the odd occasion when I had too much to drink and it all came out! During my treatment I felt that my chances of being in a relationship again were pretty slim, but I never really discussed those fears with anyone. After the treatment was over for a few weeks I felt quite anxious about it all coming back, and I did discuss that with a few friends. But I realised that I was upsetting people and I made a conscious effort not to keep going on about it. In a way that helped, because it made me realise that to dwell on it all helped no-one, and I needed to find ways to move my life on.”

During her treatment, although Rachel sometimes felt very alone – for example when attending her chemotherapy appointments and it seemed that everyone else had their family with them – she is adamant that being by herself wasn’t all bad. “My friends and family did rally round. Other women I met spoke of being rather suffocated by partners and family, and were not being allowed to do anything themselves. Of course I had times when I felt a bit sorry for myself, but I had no-one really to indulge those feelings. I think that helped me get through my treatment as well as I did. Also after the mastectomy and when my hair fell out because of the chemo, I really only had myself to worry about and I didn’t have to deal with a partner who couldn’t cope with my changed appearance.”

### **Anne's Story: Charting new territory**

Like all single parents, Anne's first thought on hearing her diagnosis in 2005 was about her ten-year-old daughter. “The surgeon who gave the diagnosis is a fighting talker so, taking his lead, I tried to follow a positive line. I drank a bottle of wine that night to deaden the impact (I haven’t drunk alcohol since then!), and lay awake thinking I had breast cancer but would beat it for my daughter’s sake. When it turned out I had lung secondaries, ‘spots’ which were treatable but not, apparently, curable, I tried to focus on learning to live with it.”

As the single parent of a young child Anne, who is 46, then had a crash course in dealing with breast cancer while at the same time caring for her daughter. “I think the perennial, daily problems of being a single parent – logistical rather than emotional – were brought sharply into focus initially; but once I learnt to accept help from friends, they have been simplified. My biggest fear is not being there for my daughter because she has no-one else but me, and I have no partner to lean on for her care since her father is currently receiving treatment himself [for a breakdown] and lives away from us.”

Anne would be the first to admit that it’s often necessary to ‘think outside the box’ when it comes to dealing with the practical side of breast cancer. When she was first diagnosed, her mother offered to take her daughter back to Cheshire “while I came to terms with it all – alone!” Although she didn’t want her daughter to go, and the hospital advised against it, with hindsight she believes it enabled her to set up a “formidable” support network, and her daughter was able to attend school in the village where Anne’s mother lives, with the agreement of her school at home, which she seemed to enjoy. This six-week period gave Anne time to adjust, as well as getting through the first chemotherapy session.

But as soon as her daughter came back, Anne was careful to get back into their routine. They both adore travelling, and Anne immediately took her on a half term break to Spain. “This seemed risky during chemo, but I felt fine. It also brought us

back together again.” During her early chemo sessions Anne’s daughter went to stay overnight with friends so that she could rest, and she stayed with Anne’s ex-partner’s parents when Anne had her surgery. “The logistics of being a lone parent are exacerbated when hospital treatment is involved – especially surgery, since that involved a seven night stay in hospital, but I was able to draw on support here – a tremendous lift, and one which has taught me a valuable lesson.”

Being alone is something Anne feels we all encounter – whether or not we have a partner – when we experience cancer. “Frankly, everyone going through this is alone really when the chips are down,” she says. But perhaps this very sense of isolation can be empowering: “You discover inner resources which you might perhaps not find if someone else is in tow.” She and her daughter are continuing to live their lives very much as before. During Anne’s treatment, they have sailed to Spain twice, taken a short break in London thanks to a Macmillan grant, and travelled to Dublin.

### **Antonia's Story: A friend in need**

Antonia, who is 74, is twice-divorced and has been on her own for 15 years. She loves living alone, but says she was “made very much aware of her single status” in 2004 when she was told that the large lump she had found in her breast was cancerous. “I decided to go for the radical option, which meant having a double mastectomy, and missed not having a loving partner to talk about it with. On the other hand, I did not have to feel anxious about how someone close to me would react to a breast-less woman.

“As it was, I managed with the help of a few really good friends. Without their support it would have been a very grim time. Apart from being very grateful at the time, it made me value my good buddies even more than before. Although of course I would have liked having a loving partner being there for me in some ways it simplified matters, not having to deal with another’s intimate feelings about the new me!”

Before retiring, Antonia worked as a teacher. She has a son and a daughter but they live abroad, so she has learnt not to rely on them. She chose not to join a support group because, she says, “I find all the empathy I need from reading Amoena Life. It is so comforting to compare other women’s breast cancer experiences with one’s own.”

Antonia’s advice to other women who are facing a diagnosis of breast cancer alone is: “Use your friends. Most women friends are very willing to be asked to do practical things, and even some men!”

### **Contacts**

#### **ChildcareLink**

Freephone: 0800 096 0296

Website: [www.childcarelink.gov.uk](http://www.childcarelink.gov.uk)

National organisation that gives contact details of local children’s information services and information about childcare options in your area. Publishes free factsheets on the different types of childcare and information about help with costs.

**Daycare Trust**

Telephone: 020 7840 3350

Website: [www.daycaretrust.org.uk](http://www.daycaretrust.org.uk)

Email: [info@daycaretrust.org.uk](mailto:info@daycaretrust.org.uk)

Daycare Trust is the national childcare charity, campaigning for quality, affordable childcare for all and raising the voices of children, parents and carers. Produces factsheets and can advise parents and carers on childcare issues.

**Macmillan Cancer Support**

Macmillan CancerLine: 0808 808 2020

Macmillan Benefits Helpline: 0808 801 0304

Website: [www.macmillan.org.uk](http://www.macmillan.org.uk)

Email: [cancerline@macmillan.org.uk](mailto:cancerline@macmillan.org.uk)

Macmillan Cancer Support helps people who are living with cancer through the provision of immediate practical and emotional support. Specialist services include Macmillan nurses and doctors, cancer centres, a range of cancer information and direct financial help. The Macmillan CancerLine provides information and emotional support. Publishes *Help with the cost of cancer* – a guide to benefits and financial help for people affected by cancer.

**Breast Cancer Care**

Helpline: 0808 800 6000

Website: [www.breastcancercare.org.uk](http://www.breastcancercare.org.uk)

Email: [info@breastcancercare.org.uk](mailto:info@breastcancercare.org.uk)



**Growing old disgracefully!**  
 Are shoes the new Botox? Dianne Armitage finds herself wondering how to hold back the years.

**A few weeks ago, I glanced in the mirror and saw Robin Williams staring back at me. For those of you unfamiliar with Mr. Williams, just let me say (a) I'm a woman, and (b) you can substitute any well-known male comedian, let's say Ricky Gervais or Matt Lucas, and pretty much figure out why this would be a bit upsetting.**

**Don't get me wrong. I love Robin Williams. I think he's funny and actually quite attractive. It's simply that I don't want to toddle into old age looking like a very masculine comedian. This line of thinking actually raised another much more important point. Here I am, a**

**woman who has experienced breast cancer, and I'm worried about how I look as I age.**

Have I learned nothing from facing my mortality? If I worry about the same things as women who've never had a potentially deadly disease, does that make me shallow and vapid, or simply human? I thought people who have faced their own death were supposed to return from that precipice matured and much wiser. (But then, I used to think that women over 40 didn't have sex, so I'm no genius.)

The sensible, grateful and intelligent part of my psyche gives thanks daily for simply waking up and breathing. But my ego doesn't seem to understand that I (make that we) were ever in peril. Not for a minute. My ego revolves around staying young and looking good. This realization I've found even more troubling than what I'd seen in the mirror.

I've learned a lot of things from having breast cancer. Certainly I try to pay much more attention to the little things that bring me joy each day. But on some larger scale, I find myself dealing with my fear. On the one hand, I'm scared that the breast cancer will decide to come back, so I have a lot of frantic conversations in my head to reassure myself that the scar tissue is just that, nothing more. Meanwhile, my evil twin goes shopping.

For some reason shoes have become a crucial part of this pattern. If the cancer were to return, my thinking goes, I would still need shoes. Granted, I might be able to get away with only one pair, but that's not a celebration of life! And consider the incredible benefits of having lots of shoes: when you put a pair on you don't have to think about whether you still have breasts; you can eat anything and they still fit; and your feet don't get wrinkles unless your shoes are too tight.

When I'm not obsessing about shoes, I find time to ponder modern age-defying miracles: Botox, liposuction, collagen, tucks, lifts, and dermabrasion (what a pleasant-sounding procedure).

After discovering how expensive this particular sandpaper path could be, I stumbled into wax. Not literally, mind you, but with great results nonetheless! While having my

eyebrows done, the technician accidentally managed to leave quite a bit of waxy residue on my forehead. The results were astounding. I looked quite surprised – and years younger. I am now trying to figure out how to perform this miracle on other body parts without the painful body hair removal that generally accompanies it. So, am I vain, ego-driven and a failure for not having learned enough from facing my mortality? I hope not. Perhaps worrying that I'm starting to look like Robin Williams is a positive sign. As long as I remember all of the good things breast cancer has taught me, it can't hurt to go through life with a surprised look on my face – and a great pair of shoes!