

Breast Cancer Survivorship Care Plan



BC Cancer Agency
CARE + RESEARCH

An agency of the Provincial Health Services Authority



northern health
the northern way of caring

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This care plan was created for cancer survivors living in rural and remote communities in northern British Columbia.

The views expressed in this publication do not necessarily represent the views of the Public Health Agency of Canada.

This care plan links to third-party information. As of April 13 2012, all links to other websites are correct. It cannot be guaranteed that links to external sites will work at all times. The information in this care plan is intended to assist your transition from treatment to survivorship and should be used in combination with direction from health care professionals.

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Cancer Survivorship Care Plan

Breast Cancer

This plan is prepared for:

[Patient name]

on:

[Today's date]

by:

[Name of overseeing HCP]

[Contact information]

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* Indicates work sections within the care plan for you to fill-in

+ Indicates words defined in the Glossary at the end of this care plan

Part 1: Medical and Treatment History

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My Patient Information

My Health Care Team

My Treatment History

Surgery

Systemic Therapy (Chemotherapy or Hormonal therapy)

Radiation Therapy

Breast Reconstruction

Additional Therapy



Part 1: Medical & Treatment History

You and your health care team should fill out this section together. Keep a copy to help you and your team ensure you are well looked after. **Health care professionals should copy pages 1-3 for their records.**

<u>My Patient Information</u>		
Name:	DOB:	
PHN:	Phone:	
Breast cancer site: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Bilateral (both sides)		
Centre(s) that treated:		
Cancer diagnosis:	Age at diagnosis:	Date:
Have you filled out a health care directive: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, where is it kept?
Clinical stage before treatment: T N M		
Histological grade: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		
Receptor Status at diagnosis: <input type="checkbox"/> ER+ <input type="checkbox"/> ER- <input type="checkbox"/> PR+ <input type="checkbox"/> PR- <input type="checkbox"/> HER2+ <input type="checkbox"/> HER2-		
Menopause status: <input type="checkbox"/> Premenopausal <input type="checkbox"/> Perimenopausal <input type="checkbox"/> Postmenopausal		
Disease status at the end of treatment: (check all that apply)		Other notes:
<input type="checkbox"/> All evidence of disease was gone		
<input type="checkbox"/> Possible recurrence based on Imaging		
<input type="checkbox"/> Evidence of persistent/recurrent disease		
<u>My Health Care Team</u>	Name	Phone Number
Family Physician		
Primary Nurse		
GP- Oncology (GPO)		
Radiation Oncologist		
Medical Oncologist		
General Surgeon		
Reconstructive Surgeon		
Dietitian		
Pharmacist		
Social Worker		
Psychologist		
Physiotherapist		
Occupational Therapist		
Massage Therapist		
Counsellor		

*The primary cancer physician is likely the main contact for cancer related matters.

<u>My Treatment History</u>		Treatment was: <input type="checkbox"/> Intent to cure <input type="checkbox"/> Palliative	
Surgery		Date (yyyy/mm/dd)	
<input type="checkbox"/> Biopsy			
<input type="checkbox"/> Lumpectomy			
<input type="checkbox"/> Sentinel lymph node biopsy			
<input type="checkbox"/> Mastectomy			
<input type="checkbox"/> Other _____			
Systemic Therapy (Chemotherapy or Hormonal therapy)			
Pre-operative treatment: <input type="checkbox"/> Yes <input type="checkbox"/> No		Post-operative treatment: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Treatment on clinical trials: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, name(s):	
Anthracycline administered: <input type="checkbox"/> Yes <input type="checkbox"/> No			
BCCA Chemotherapy protocol(s):		Dose Delays <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did you receive hormonal therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which one(s):			
<input type="checkbox"/> [drug name]	Start date: (yyyy/mm/dd)	End date: (yyyy/mm/dd)	
<input type="checkbox"/> [drug name]	Start date: (yyyy/mm/dd)	End date: (yyyy/mm/dd)	
<input type="checkbox"/> [drug name]	Start date: (yyyy/mm/dd)	End date: (yyyy/mm/dd)	
Systemic Therapy Notes:			Other notes:
Were any of the above stopped early because of toxicity? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Were you hospitalized for toxicity? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Radiation Therapy			
Did you receive radiation? <input type="checkbox"/> Yes <input type="checkbox"/> No		Completion date (yyyy/mm/dd)	
Radiation location(s): <input type="checkbox"/> Breast only <input type="checkbox"/> Breast and lymph nodes		Notes:	
<input type="checkbox"/> Partial breast <input type="checkbox"/> Palliative <input type="checkbox"/> Other: _____			
Breast Reconstruction	Date (yyyy/mm/dd)	Notes	
<input type="checkbox"/> Implant <input type="checkbox"/> Tissue Flap			

Additional Therapy

Other medications and procedures:

Additional medical information:

Part 2: Information for Breast Cancer Survivors

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Part 2: Information for Breast Cancer Survivors

After cancer treatment many survivors experience a wide range of emotions, thoughts and concerns both medical and otherwise. Excitement, for example, can be mixed with anxiety and uncertainty about your future. You may also have many questions about your health and other issues. This care plan will make this time of transition easier – helping you know what to expect in the months and years ahead.

The information is specific to breast cancer survivors including details on medical follow-up, recurrence, and medical and non-medical side effects of breast cancer.

Who Provides Care?

Changing health care providers once treatment is over can be challenging and unsettling. Many patients come to rely on their oncologist, for example, and are nervous about leaving his or her care. This transition is necessary, however, to ensure you are cared for in a timely manner. Depending on the situation, you may continue to see an oncologist for follow-up visits, but your long-term care should be managed by your local family doctor or nurse practitioner.

Medical Follow-up

Medical follow-up includes appointments with medical professionals, physical exams, and various tests (such as mammograms). The main goal is to detect new or recurrent disease. Another goal is to determine the effectiveness of the treatments you have already had. The BC Cancer Agency recommends the following guidelines for breast cancer follow-up:

- All women who experienced breast cancer should have a physical examination every 6 months for the first five years and then annually after that.
 - The following areas should be examined: the affected breast or mastectomy⁺ site, the chest wall, regional lymph node drainage areas, and the opposite breast. The spine should be checked for bony tenderness, the lungs listened to with a stethoscope, and the belly examined for an enlarged liver.
- A diagnostic mammogram should be done annually on remaining breast tissue. If you had a bilateral mastectomy, imaging is likely not needed.
- Know how your breasts look and feel so that you notice any changes. Schedule a monthly reminder to check your breasts. If you had a mastectomy, check the post mastectomy chest wall the same way you would have examined your breasts.

Blood work, chest x-rays and bone scans are not recommended in the absence of symptoms or signs.

Your Breast Cancer Follow-up Schedule

The schedule below is based on the BCCA breast cancer follow-up guidelines. The dates are a suggested timeline which your physician may adjust to fit your needs. If you were diagnosed with Ductal Carcinoma In-Situ (DCIS⁺), the recommendation for follow-up is an annual physical exam. In addition to yearly mammography, and intermittent breast self exam, be aware of your own breasts.

	Procedure	Recommended Schedule	Target Date
Year 1	Medical History/Physical Exam	Every 6 months	6 months: 12 months:
	Post-treatment Mammography	One year from your pre-treatment diagnostic mammogram	
	<i>Breast Self Exam</i>	<i>Once a month</i>	
Year 2	Medical History/Physical Exam	Every 6 months	1yr + 6 months: 2 years:
	Post-treatment Mammography	Once a year	
	<i>Breast Self Exam</i>	<i>Once a month</i>	
Year 3	Medical History/Physical Exam	Every 6 months	2yrs + 6 months: 3 years:
	Post-treatment Mammography	Once a year	
	<i>Breast Self Exam</i>	<i>Once a month</i>	
Year 4	Medical History/Physical Exam	Every 6 months	3yr + 6 months: 4 years:
	Post-treatment Mammography	Once a year	
	<i>Breast Self Exam</i>	<i>Once a month</i>	
Year 5	Medical History/Physical Exam	Every 6 months	4yr + 6 months: 5 years:
	Post-treatment Mammography	Once a year	
	<i>Breast Self Exam</i>	<i>Once a month</i>	
Beyond	Mammography and <i>Breast Self Exam</i>	<i>Annually</i>	

*Adapted to the BCCA guidelines.

Medical Side Effects

Treatment for breast cancer is rapidly changing. With the development of new medications and therapies, it is hard keep up with all the long-term side effects. Further, every person is unique and so are the side effects that each will experience. Be an active participant in your care and share news of any changes in your health with your physician. This section covers common side effects.

Treatment-Specific Side Effects

Most women experience mild, short-term side effects – rarely all of them. Here are some common side effects from radiation and/or chemotherapy.

Physical Changes from Radiation of the Breast Area:

- Changes to skin around the breast.
- Breast shape changes
- Soreness or pain
- Restricted arm and shoulder movement

Heart

There is a small risk of heart damage in women with left-sided breast cancer who receive radiation therapy. This risk is very low. Some forms of chemotherapy can also damage the heart. Your routine physical exams should include a cardiac exam.

Lungs

A small number of women receiving radiation therapy can develop breathlessness, fever, dry cough or chest pain. These symptoms can appear months to years after therapy and are usually temporary. Sometimes, however, they can become long-term side effects. Problems can be worse if you smoke or have asthma. If you develop a dry cough and fever after radiation, contact your radiation oncologist.

Bones

Radiation can, on rare occasion, cause bone damage in the area receiving therapy (such as your ribs). Your bones can thin and become more brittle with a slightly increased risk of rib fracture (about 1-2%). Your bones can also thin as a result of hormonal therapy⁺.

Arm

You may experience numbness, pain or weakness in the arm especially if you had surgery. This is usually due to nerve damage⁺ in the armpit. These nerves are known as the brachial plexus⁺ and the long-term side effect is called brachial plexopathy. If you feel any of these side effects, contact your doctor. Swelling in the arm can indicate lymphedema (See section on lymphedema).

Liver

Some chemotherapy drugs and hormonal therapies⁺ can have a negative effect on your liver. These include: methotrexate, mercaptopurine, thioguanine, BCNU (carmustine), plicamycin and tamoxifen. Most liver toxicities⁺ resolve over time, but some can result in long-term liver problems. There may be no symptoms other than abnormal blood test

results. Liver toxicity can cause liver failure.

Some chemotherapy drugs can cause specific side effects. For a listing of these side effects visit the BC Cancer Agency website specific to Breast Cancer Chemotherapy Protocols. You can also look up specific drugs using the BC Cancer Agency Drug Index where you will find a handout on each drug listing cautions and side effects.

Resources:

www.bccancer.bc.ca/HPI/ChemotherapyProtocols/Breast/default.htm

www.bccancer.bc.ca/HPI/DrugDatabase/DrugIndexPt/default.htm

Hormone Therapy

The hormones⁺ progesterone and estrogen can promote the growth of breast cancer cells. Breast cancer treatment includes hormonal therapy (e.g. tamoxifen, Anastrozole or Herceptin) which blocks estrogen from reaching breast cells or reduces the levels of estrogen in the body. This same treatment can cause menopausal symptoms such hot flashes and sweats, vaginal dryness and irritation, passing urine more often, lower sex drive, tiredness, sleeplessness, osteoporosis, heart disease, dry skin, aches and pains, mood swings, poor concentration, loss of confidence and memory. If you experience any of these treatment-specific side effects and have concerns, please discuss them with your doctor in more detail.

For more information on Tamoxifen, Aromatase Inhibitor (Anastrozole) and Trastuzumab (Herceptin), see Appendix A

Fertility and Pregnancy

Some cancer treatments affect a woman's reproductive capabilities. Surgery to remove the ovaries or radiation to the pelvis or brain, for example, can cause early menopause. Chemotherapy can also cause early menopause and resulting infertility⁺. Chemotherapy drugs that are strongly linked to infertility are: cyclophosphamide, cytarabine, vinca alkaloids, and bortezomib.

Becoming pregnant once you have completed anti-cancer treatments does not increase your risk of breast cancer recurring.

What are some symptoms of infertility?

Some survivors do not realize that their fertility has been affected until they find they are unable to get pregnant. The following are some symptoms of infertility. If you experience any of these symptoms, it does not always mean that you are infertile. They can also be caused by other medical conditions.

Talk to your doctor if:

- Your menstrual cycles are not regular
- You are having hot flashes
- You have been trying but are unable to get pregnant
- You have had several miscarriages

Birth Control Options

You can still get pregnant even if you are not having a period. If you plan to use the birth control pill, you need to discuss this with your doctor as the hormones in 'the pill' can cause breast cancer cells to grow. Other birth control methods to consider are condoms, femidoms (female condoms) or a diaphragm. A non-hormonal IUD (intrauterine device) can also be used once you have discussed it with your doctor. Sterilization techniques such as a tubal ligation or tubectomy are more permanent options.

Resources:

www.livestrong.org/Get-Help/Learn-About-Cancer/Cancer-Support-Topics/Physical-Effects-of-Cancer/Female-Infertility

www.breastcancercare.org.uk/breast-cancer-information/impact-breast-cancer/pregnancy-fertility-menopause

For more information on fertility and pregnancy after treatment see appendix B

Intimacy and Sexuality

Breast cancer surgery may lessen your sex drive. The fear that your partner may be put off by the scars and the change in your physical appearance may make you nervous to engage in sexual activity. You may also feel differently about your body. Your sex drive can also be affected by medical and/or emotional issues such as feelings of sadness, depression, stress and overall low self esteem.

Symptoms to talk over with your doctor, social worker or counsellor:

- Vaginal dryness and tightness
- Pain during sex or when your genital area is touched
- Loss of desire for sex
- Negative thoughts and feelings during sex
- Difficulty reaching climax

Lymphedema

Lymphedema is a swelling of the arm and hand caused by surgical removal of lymph nodes or by radiation to the armpit. Lymphedema is usually mild and develops slowly months to years after treatment. This side effect can make daily activities difficult. You may experience stiffness and awkwardness in your hand and arm, for example, that limits your ability to get dressed or prepare food.

Once lymphedema occurs it rarely goes away, but can be managed. There are many ways to lessen the condition.

Reducing your risk of lymphedema:

- Obesity increases one's risk for lymphedema. Maintain a healthy body weight
- Avoid injections in the arm and having your blood pressure taken
- Keep the skin on your arm clean and avoid injuring your arm
- Use a compression sleeve for your arm during strenuous exercise and while lifting heavy weights
- Enjoy massage therapy

Special safety measures should be taken with the swollen arm as it can be prone to infection. Tips to prevent infection:

- Wear gloves when cleaning and gardening.
- Use an electric razor if you shave your armpits.
- Keep your skin clean and dry, use moisturizing cream daily to keep skin supple.
- Cut your nails with nail clippers instead of scissors and never push back or cut cuticles.
- Treat even small scrapes and cuts with antiseptic⁺ and keep the injuries clean until they are healed.
- See your doctor at the first sign of infection (i.e. area feels warm and tender).
- Avoid sunburns and too much time in the sun.
- Do not use insect repellents containing DEET as this may be harmful to sensitive skin. Instead, use a repellent with natural ingredients like citronella. Do not apply repellent to any skin that will be under your compression sleeve as this can cause irritation.

Scar Tissue Massage

About one month after your surgery - when the scars have healed and are no longer tender - start daily scar tissue massage both to loosen the scar and improve the way it looks. Using your finger tips and aloe vera (or another) body lotion, move your fingers in a circular motion up and down the length of your scar. Use the pads of your fingers. This will help to loosen up scar tissues and you should massage daily for one to two years after surgery.

Fatigue

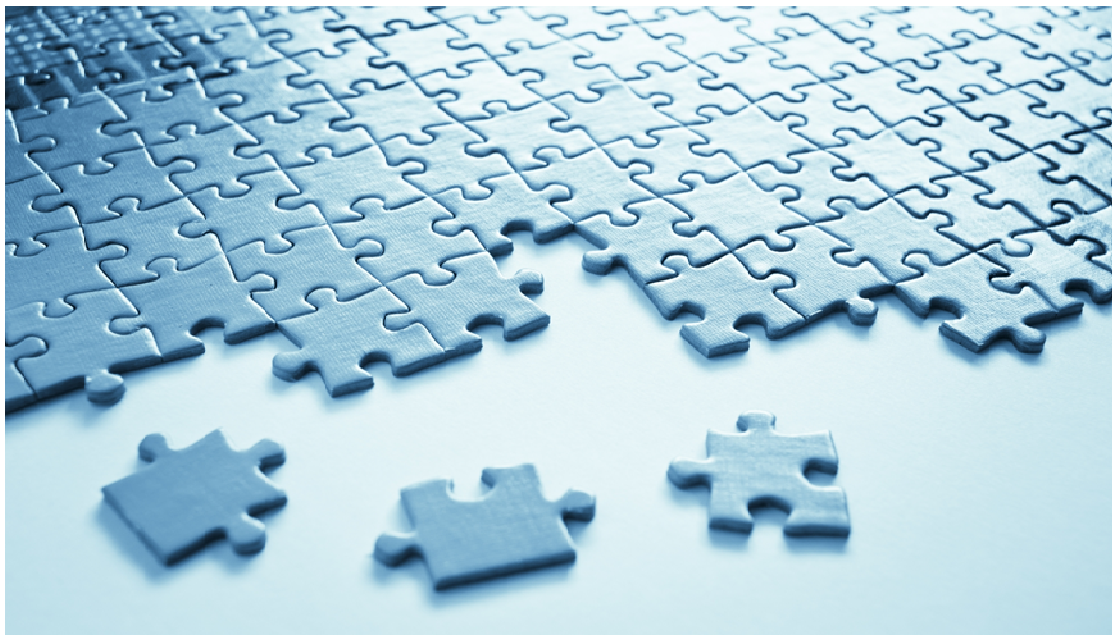
Fatigue is one of the more common side effects of cancer treatment. Friends and family may expect your energy levels to return to normal once treatment is over. You, however, may feel exhausted for months and sometimes years after treatment. Fatigue can have many causes and you should be aware of changes in your energy level. If you experience new or worsening symptoms talk them over with your doctor. Fatigue can also be caused by dehydration, diarrhea, anemia, fever, infection, nausea, vomiting, pain and depression.

To help manage your fatigue, try planning your days in advance and avoid hectic schedules. If you are going to have a full day, be sure to set time aside to eat and rest between activities. Light exercise can also help improve energy levels and enhance your quality of life.

Sudden or severe fatigue can be caused by an infection or it could be due to the cancer treatment you received. If you suffer from this type of serious fatigue, be sure to discuss it with your doctor.

Memory, Concentration and ‘Chemo-Brain’

Serious memory or concentration problems are less common side effects of cancer treatment. Many women do notice minor changes, however, the sources of which are various. Chemotherapy, for example, can directly affect your brain causing lapses in memory and concentration - ‘Chemo Brain’. Such problems can also be due to the fatigue and stress caused by the cancer treatments. In rare cases, they can also be a sign of a more serious problem, such as the spread of your cancer, and should be discussed with your doctor.



Possible Causes of Memory Problems and 'Chemo Brain':

Medications

Chemotherapy drugs that weaken your immune system (Immunosuppressive drugs), antibiotics, steroids, pain management drugs, nausea/vomiting drugs, and other cancer-related symptoms can affect your thinking and memory causing symptoms of 'Chemo Brain'.

Metabolic Problems

Certain cancers produce hormones that affect the brain. The thyroid gland, if it is not working properly, can affect thinking and memory and cause a depressed mood. If the liver or kidneys are not functioning right, toxins can build up in the blood and lessen mental sharpness.

Unhealthy Diet

The lack of a well balanced, healthy diet also contributes to memory and concentration problems.

Symptoms of Memory/Thinking Problems in Cancer:

- Difficulty understanding complex information
- Easily distracted
- Exhausted by tasks requiring mental energy

"Chemo Brain" represents a lack of clear thought:

- Not remembering what you are talking about
- Failing to remember what you are doing
- Forgetting phone numbers
- Asking questions only to repeat them 15 minutes later

For information and tips on memory & concentration see Appendix C

Potential Treatment Related Side-Effects

My current side effects	My side effect management plan
1.	1.
2.	2.
3.	3.



Recurrence

If you experience a second cancer in the breast in the same area as the first, it is called a **recurrence**. When a recurrence of the original cancer occurs in a new area, it is called a **metastasis**. If the recurrence shows up in multiple areas, it is known as **metastases**.

Recurrences are grouped by the area in which they "come back". **Local** recurrence appears in the same breast that was originally diagnosed which includes the skin and surrounding tissues - even if the breast has been removed. **Regional** recurrence appears in the lymph nodes around the breast that was first diagnosed. **Metastatic** or **Distant** recurrence is when the breast cancer appears in another area particularly the lung, liver, bone, or brain, and lymph nodes other than those near the breast.

Breast cancer is known to reoccur in the following areas:

Local: The breast (if not removed) and the chest wall.

Regional: The lymph node regions near the breast, including in the armpit (axilla), above the clavicle (supraclavicular fossa), and behind the breast bone (the internal mammary chain).

Distant: Spread of cancer outside of local or regional areas (above): bones, lungs, liver and brain.

It is uncommon for a cancer from another part of the body to spread to the breast or chest wall. If your breast cancer reoccurs, it will likely occur in the lymph nodes, lungs, liver, bones or brain. What this means, for example, is that if your first diagnosis was breast cancer, but your second diagnosis is cancer in the liver, it will still be classified as a breast cancer recurrence (to your liver) also known as metastasis and not as a new primary liver cancer.

What is the chance I will have a recurrence?

Your oncologist will evaluate your risk for recurrence which depends on factors such as your age, the stage of your cancer, and the treatment you received. Discuss these risks with your oncologist.

Signs and Symptoms of Recurrence

The symptom of breast pain does not always indicate breast cancer. Tenderness in the breast can occur in women just before a period or can be a side effect of surgery and radiation. Some types of non-cancerous breast lumps can be painful.

Breast signs to watch for cancer recurrence include:

- Breast lump
 - Dimpling of the skin of the breast
 - Thickening of the breast tissue
 - Nipple becoming turned in
 - Change in the size or shape of a breast
 - Lump or thickening behind the nipple
 - Rash (like eczema) affecting the nipple
 - Blood stained discharge from the nipple (this is rare)
-

If you experience the following general symptoms, discuss them with your family doctor. They could be a sign of breast cancer recurrence:

- Loss of appetite
- Persistent pain
- Nausea
- New breast or armpit lumps
- Change in sleep patterns
- Shortness of breath
- Weight loss
- Persistent cough
- Unusual bleeding (anywhere)
- Swelling in the legs
- Persistent headaches
- Chest pain

Signs and Symptoms to Watch for and When to Seek Advice	
Sign/Symptom	Who to Contact
1.	1.
2.	2.
3.	3.



Genetic Counseling

Some tumors are considered as hereditary cancer meaning they can be passed down from family member to family member. Talk with your doctor about hereditary cancer and whether genetic testing is needed for you or your family.

The following criteria indicate the possibility of a hereditary cancer:

- Unusually early age of cancer diagnosis (i.e. premenopausal breast cancer)
- Multiple cancers in a single individual (i.e. colorectal and endometrial cancer)
- Bilateral cancer in paired organs (i.e. both breasts found to have cancer)
- Clustering of the same cancer type in close relatives (i.e. mother, daughter and sisters with breast cancer)
- Cancers occurring in multiple generations of a family
- Occurrence of rare tumors (i.e. retinoblastoma, adrenocortical carcinoma, granulosa cell tumor of the ovary, ocular melanoma or duodenal cancer)
- Unusual presentation of cancer (i.e. male breast cancer)
- Uncommon tumor histology
- Rare cancers associated with birth defects
- Geographic or ethnic populations known to be at high risk of hereditary cancers



Screening Recommendations

The Screening Mammography Program of BC recommends that women without a strong family history of breast cancer have an annual screening mammogram from ages 50-79. If you have a family history of breast cancer, then screening for your family members can start before the age of 50. As more research occurs in this area and more evidence becomes available, these recommendations may change.

Resources

Treatment Specific Side Effects

- BC Cancer Agency – *Breast Cancer Chemotherapy Protocols*
www.bccancer.bc.ca/HPI/ChemotherapyProtocols/Breast/default.htm
- BC Cancer Agency – *Drug Index*
www.bccancer.bc.ca/HPI/DrugDatabase/DrugIndexPt/default.htm
- National Lymphedema Network – *Cool Tips for a Hot Summer*
www.lymphnet.org/lymphedemaFAQs/riskReduction/summerTips.htm

Intimacy and Sexuality

- BreastCancer.org – *Intimacy* www.breastcancer.org/tips/intimacy/
- National Cancer Institute – *Coping with issues related to sexual health and cancer*
1-800-4-CANCER [422-6237]
- Livestrong – *Female Sexual Dysfunction* www.livestrong.org/Get-Help/Learn-About-Cancer/Cancer-Support-Topics/Physical-Effects-of-Cancer/Female-Sexual-Dysfunction

Recurrence

- BreastCancer.org www.breastcancer.org/symptoms/types/recur_metast/
- Mayo Clinic – *Recurrent breast cancer*
www.mayoclinic.com/health/recurrent-breast-cancer/DS01078/DSECTION=symptoms
- Public Health Agency of Canada – *Mammography for women age 40 and over*
www.phac-aspc.gc.ca/cd-mc/mammography-mammographie-eng.php
- Breast cancer.org – *Where Breast Cancer Might Come Back and How to Detect it*
www.breastcancer.org/symptoms/types/recur_metast/where_recur/

Screening Programs

- BC Cancer Agency Hereditary Cancer Program
www.bccancer.bc.ca/PPI/Prevention/Hereditary/Default.htm
 - Hereditary Breast and Ovarian Cancer Society of Alberta www.hbocsociety.org/
 - FORCE – *Hereditary Breast & Ovarian Resources* www.facingourrisk.org
-

Part 3: Quality of Life and Healthy Living After Cancer

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Physical Activity

Sun Exposure

Tobacco Use

Alcohol

Part 3: Quality of Life and Healthy Living After Cancer

This section includes information on factors that affect your quality of life including the emotional and psychological effects of cancer and cancer treatment and lifestyle factors such as diet, physical activity and tobacco use. Additional information on this subject is included in the resource section.

Living Beyond Cancer

You finally made it. You survived your treatment and are ready to continue with your 'normal' life. Many patients and their loved ones expect life to return to normal. This expectation, however, sometimes brings disappointment. You have just gone through a physically, emotionally, and perhaps spiritually changing experience and the idea of life returning to the way it was before your diagnosis can be unrealistic. As time passes, your side effects and symptoms will lessen and you will be able to start returning to a more normal routine. It is important for you, and for those around you, to realize, however, that this takes time and not to expect that you will feel wonderful right away. You may want to ponder the journey you have just completed and how this finds you in a new situation. You may have to make some changes to daily living, work or how you spend your free time, but this is not necessarily a bad move. You are not alone and there are many resources and support services to help. Networks, such as the Canadian Breast Cancer Network (www.cbcn.ca) and Living Beyond Breast Cancer (www.lbbc.org) can be very useful.

Stress, Anxiety and Depression

Stress

Stress can affect you in many different ways - physically, emotionally and/or behaviorally. Review the list of symptoms below and ask yourself if any are having a negative effect on your life? When they affect your day-to-day living, you need to seek professional help.

Physical	Emotional	Behavioral
Muscle tension	Anxiety	Change in appetite
Cold sweaty hands	Fear	Sleep disturbance
Facial ticks	Irritability	Forgetfulness
Fatigue	Hopelessness	Physical Violence
Tension headaches	Helplessness	Decline in productivity
Indigestion	Impatience	Social withdrawal
High blood pressure	Depression	Indecisiveness
Heart palpitations	Nervousness	Misuse of alcohol-drugs
Back pain	Feeling overwhelmed	Misuse of caffeine
Jaw tension	Loss of concentration	Misuse of tobacco
Nervous stomach	Anger	Use of addictive methods of coping such as:
Nausea	Sadness	Gambling
Diarrhea	Disbelief	Hoarding
Teeth grinding	Indifference	Excessive spending
Appetite change	Frustration	



Exchange your Stresses

Understanding the types of stress you are faced with can help you handle them better. For example, you may be able to deal with your stress level by "exchanging stresses". This means that you rank your stresses (make a list of your top 5 or 10) so that you are dealing with the most important ones. Ask yourself 'What is one thing on this list I can take care of today? What steps can I take to remove this stress from my list?' Decide on a step you can take to remove a stressor (refer to SMART goal setting on page 63). This will help to avoid piling up all of your stresses until you are unable to cope. Sometimes the process of listing stressors also helps one to organize and de-stress.

Develop a "Tool Box" for Dealing with Stress

Once you have identified the types of stress in your life, you can begin to try different ways of dealing with them. These can then become part of a 'tool box' that you go to for help during times of stress. What are some of the common ways you already use to cope? New tools might include deep breathing and active relaxation. Learning about ways and tools to reduce stress means that you can use them whenever you need to. You will learn what works best for you and to seek help from others when needed.

For more information on ways to deal with stress see Appendix D

Anxiety

Ongoing physical problems associated with cancer can result in anxiety. Anxiety often stems from feelings of loss of control, feeling alone and uncertain about your health. These feelings can be handled by using helpful tools and seeking support when needed.

Feelings of anxiety during treatment usually continue into survivorship despite the belief that when treatment is over the anxiety will lessen. Situations like returning to work and dealing with health benefits details are sources of anxiety for survivorships.

We all experience anxiety at some time in our lives and there are ways to reduce and manage it. Identifying anxiety is the first step. From there, you can learn the cause of your anxiety and decide on ways to cope. Counseling, support groups and relaxation techniques can also be helpful. Anti-anxiety medication may be another option to talk over with your doctor.

Managing your Anxiety

Learning about the causes of your anxiety is the first step to help you to manage that which makes you feel anxious. Try keeping a diary of moments when your anxiety level increases so that you can measure your improvement. You may need to talk with a counsellor at the beginning. Try methods like deep breathing, muscle relaxation and others until you find what works for you.

Sadness

Your views on how your family is affected by your cancer or whether you will be able to return to your old job may create feelings of sadness. It is important to work through your emotions and express them rather than keeping them to yourself. Identify supportive people in your life whom you feel will be helpful in sorting through your emotions with you.

Normal Sadness

- Is common during your illness as you experience losses
- Can impact sleeping and eating and cause irritability
- Is experienced in waves that come and go
- Doesn't stop your ability to look forward to the future and enjoy life
- May create temporary withdrawal from social activities

Depression

Depression is an affliction different from sadness. The duration is longer and the symptoms are different and more serious. You may experience any number of these symptoms.

Symptoms of Depression

- Persistent sad, anxious, or 'empty' mood
 - Feelings of guilt, worthlessness, helplessness
 - Don't feel like your usual self
 - Nothing cheers you up or lifts your mood, feelings of hopelessness
 - Loss of interest or pleasure in hobbies, activities and relationships you enjoy
 - Decreased energy or increased fatigue
 - Difficulty concentrating, remembering, making decisions
 - Insomnia, early-morning awakening, or oversleeping
 - Appetite and/or weight changes
 - Restlessness, irritability
 - Thoughts of death or suicide, suicide attempts
 - CALL CRISIS LINE 1-800-784-2433
-

Depression can reduce your quality of life. The stage at which you were diagnosed with cancer and treatment you received both have an effect on your risk of depression.

If you feel any of these symptoms, see your doctor or a counsellor to learn how you can better manage them. You may just need someone to talk with who will help you explore your emotions and provide suggestions to help you cope. The **BC Crisis Line** is also available for 24 hours a day, 7 days a week **1-800-784-2433**.



Financial Information

Programs and resources are available through the federal and provincial governments to lessen the financial impact of cancer.

Prescription Drug Expenses

Cancer survivors living in rural or remote regions of Canada are often self-employed or not employed with an organization offering group health benefits. Provincial programs exist to help lower the cost of prescription drugs for such people. For more information contact:

B.C. Pharmacare: Information: www.health.gov.bc.ca/pharmacare/plans/index.html

Application: <https://pharmacare.moh.hnet.bc.ca>

Telephone: 1-800-554-0250

Fair Pharmacare: Telephone: 1-800-663-7100 (Patients must self-register)

Financial Support Drug Program:

www.bccancer.bc.ca/RS/CommunitiesOncologyNetwork/Emergency+Aid+Drug+Program/default.htm

BCCA Financial Information Pamphlet: available online and hard copy

http://www.bccancer.bc.ca/NR/rdonlyres/7CCFB161-512A-4F12-9788-0532912516F2/63558/BC_Cancer_financial_brochure_2012.pdf

Travel Assistance

The federal government of Canada offers Canada Revenue Agency's *Travel Expenses Tax Credit and Medical Deductions* - for those with receipts from travel expenses incurred during or as a result of treatment such as meals and vehicle expenses (gas, km).

Canada Revenue Agency:

Telephone: 1-800-959-8281

Visit: www.cra-arc.gc.ca/tx/ndvdl/tpcs/ncm-tx/rtrn/cmpltng/ddctns/Ins300-350/330/llwbltrvl-eng.html

The Ministry of Health *Medical Travel Assistance Program (TAP)* - helps to alleviate the cost of certain travel expenses with a medical referral and by completing a Travel Assistance form stating the need for out-of-town treatment.

Telephone: 1-250-952-1587 or 1-800-661-2668

Visit: www.health.gov.bc.ca/cpa/1-800.html#travel

The provincial government of British Columbia offers a *Medical Travel Accommodation Listing* of hotels and inns in regions of B.C. that provide discounted rates of medical-related travel available at: <http://csa.pss.gov.bc.ca/medicaltravel/>

Northern specific, there is the *Northern Connections* bus:

www.northernhealth.ca/YourHealth/NHConnectionsmedicaltravelservice.aspx

The Canadian Cancer Society (CCS) also helps with financial assistance for certain medications and travel as well as information on wigs and prosthetics.

www.cancer.ca or call 1-888-939-3333.

Child Care Benefits

The federal government of Canada offers *The Universal Child Tax Benefit* - a tax credit paid on a monthly basis for child care related expenses specifically for children under the age of six. www.cra-arc.gc.ca/bnfts/uccb-puge/menu-eng.html

The Canada Child Tax Benefit - a monthly payment offered to low and middle income families to aid in the financial costs of raising children based on a family's net income. Under this benefit, *The National Child Benefit Supplement* provides additional monetary support for low-income families. www.cra-arc.gc.ca/bnfts/ncb-eng.html

The provincial government of British Columbia offers *The Child Care Subsidy* - a monthly payment offered to families based on their circumstance such as income, family size and children's ages. This services is available by telephone at 1-888-338-6622 or online www.mcf.gov.bc.ca/childcare/subsidy_promo.htm

Employment and Pension Plans

The federal government of Canada offers *Employment Insurance Sickness Benefits* - available to those who are unable to work due to an illness, have 600 insured hours of accumulated work over the last year (previous to diagnosis) and have medical confirmation (from a doctor) regarding their illness. This program will provide 55% of your average insured earnings.

www.servicecanada.gc.ca/eng/sc/ei/benefits/sickness.shtml

Canada Pension Plan Disability Benefits - available to those who have contributed four out of six years to CPP with a 'severe' and 'prolonged' illness as deemed by a select medical adjudicator.

www.hrsdc.gc.ca/eng/oas-cpp/cpp_disability/index.shtml

The provincial government of British Columbia offers *BC Employment Assistance* - to help those who are 'temporarily or permanently' unable to acquire basic necessities due to financial hardship. This program is available based on the individual's income and asset levels.

Hardship Assistance can be accessed on a month to month basis if one is denied BC Employment Assistance.

BC Employment and Assistance for Persons with Disabilities can be accessed if an individual

is significantly restricted in their ability to perform daily activities as documented by an authorized health care practitioner.

Available from the *BC Ministry of Housing and Social Development* at: 1-866-866-0800 or www.hsd.gov.bc.ca/bcea.htm

The information found in this subsection of the care plan was taken in part from: Canadian Breast Cancer Network. (2011) *Breast Cancer Survivor to Financial Survivor Rural and Remote*. www.cbcn.ca/index.php?pageaction=content.page&id=6582&lang=en



Returning to Work

For some breast cancer survivors, returning to work offers the opportunity to resume 'normal' routines, to be back in control, to focus on other challenges, and to reconnect with friends and co-workers.

Deciding When to Return to Work:

Discuss with your health care team when would be best for you to return to work. The ideal time is unique to each woman. If your job is physically demanding, stressful or increases your chance for infection - such as nursing or child care - you may need to wait for a longer time before returning.

Before Planning a Return to Work:

1. Discuss the physical and mental challenges you may experience with a health care professional and have that professional write a letter for your employer outlining the situation including possible solutions.
2. Discuss your follow-up care with a health care professional including how it may affect your ability to do your job.
3. Discuss flexibility and options with your employer including employee assistance programs, transitional plans and extended medical coverage. You can also ask for help from the human resources department, the return to work coordinator, union representative, and insurance vocational rehabilitation consultant if available.

Once at Work:

Once you have returned to work, you may face challenges that did not affect you before your diagnosis. Do not ignore these difficulties as your body may need more time to recover. Be sure to:

1. Take small breaks throughout the day and be realistic about your workload. Try not to be overwhelmed with work tasks.
2. Eat a healthy diet.
3. Know what time of day you have the most energy and adjust your routine and meetings to fit.
4. Be sure to book your follow-up medical appointments near the end of the day or the work week so that you have time to recover before returning to work.
5. Discuss any challenges with your employer including potential solutions.
6. Track employment issues. Although employment discrimination happens rarely to cancer survivors, be sure to protect yourself. A helpful resource is the BC Human Rights Coalition, www.bchrcoalition.org

If you would like information, support and counseling related to remaining or returning to work call the Provincial BC Cancer Agency Vocational Rehabilitation Counsellor at 1-800-663-3333 67-2189.

Self-Image and Appearance

Breast cancer surgery can be very traumatic. Many women see their breasts as part of their identity and femininity. After undergoing a partial or whole mastectomy, many women have a hard time coping with their changed body image. Grief, fear, anger, resentment, depression and shock are all emotions that you may go through - and this is normal. Many women may also experience early menopause as well as weight gain. These effects may change how you view your body and because they can happen so suddenly, it can be a lot to deal with in addition to the cancer and its treatment.

Breast reconstruction may be an option for some people. Vancouver Coastal Health provides information about the process and procedures of breast reconstruction after a mastectomy (see resources at the end of this section).

Healthy lifestyle choices can help you to regain a sense of control and are also key to improving body image:

1. Healthy eating can help control your body weight and promote healthy skin, hair and bones.
2. Regular exercise, including aerobic exercise and weight training, can help increase muscle, reduce body fat and build strong bones. Such activity also boosts self-esteem and energy.

For more information on self-esteem see Appendix E



Breast Reconstruction

Reconstruction can be done with implants (see section below) or using your own tissue (such as your abdominal muscle and skin), which is called an autologous reconstruction. Breast reconstruction can also be done either during the mastectomy (immediate) or after (delayed). An implant reconstruction is often done in two stages; the first stage is when the surgeon inserts a tissue expander to stretch your skin, allowing for the expander to be replaced by an implant for the second stage. It is common for modifications in a breast reconstruction to be done at a later date. The cost of reconstruction is currently being covered by the Medical Services Plan (MSP). This includes the procedure, hospital stay, follow-up treatment and typically covers procedures done to the opposite breast for balancing if needed. Depending on the procedure you will have, there are different stages, and whether or not you have immediate or delayed surgery, described earlier.

Implants

A popular choice is *saline-filled* which is salt-water surrounded by a silicone shell. This option was originally preferred over silicone filled implants in case the implant breaks, however there have been improvements in silicone implants to use a thicker gel that would not leak and they were approved by the FDA in 2006. Other types of implants may be available, though you should discuss with your plastic surgeon.

Tissue expander

This technique is used when a space needs to be created before the implant can be inserted. A tissue expander is a balloon that is placed under the muscle and skin in the chest and is gradually inflated over a period of 4-6 months usually with saline solution to create space for the implant. After the skin in the area of the breast has stretched, either another surgery is done to replace the expander with an implant, or in some cases the expander becomes the implant and is left in place.

Tissue Flap Procedures

There are many different types of tissue flap procedures that vary based on where the tissue is taken from on the body (tummy, back, thighs, and buttocks) in order to create the new breast tissue. One specific type of tissue transfer is TRAM flap which uses tissue and also muscle from the tummy (tummy tuck) which can be enough to shape the breast on its own without the use of an implant in some cases.

Questions to ask the Plastic Surgeon:

- What type of breast reconstruction would be best for me?
 - When and where will I have the surgery?
 - What does the breast look like after surgery? A month later? A year later?
 - Will my breasts match?
 - Can I see before and after photos of your previous patients?
 - How does a reconstructed breast affect screening for cancer?
 - What is needed for a good recovery; is there anything I absolutely should not do?
 - What are the complications, risks and benefits?
-

Family Relationships

You may need to work at rebuilding your relationships with those who supported you during your breast cancer journey particularly if you feel less close than before diagnosis. In many cases, family members do not talk about the effects of the treatment in effort to protect their loved ones. It is important that you talk openly about your experience. This will help bring back the closeness of your relationships so that you can work towards recovery together. The BC Cancer Agency Patient and Family Counseling are also available at 1-800-663-3333 extension 2194.

Resources:

- Empower (2010). Education and Support for the family of Cancer Survivors. <http://www.bccancer.bc.ca/NR/rdonlyres/76F9BC19-E2F9-4E5C-8F28-0CB6BDCFB81/56127/Empowerparticipantworkbook.pdf>

How to move forward every day:

- Be honest and caring with each other, laugh often
- Keep a regular time and place or outing when you don't discuss cancer
- Talk about each other's goals and dreams
- Find ways to exercise together
- Relax together and do activities that you both enjoy
- Try something new

Spirituality

Cancer may leave you with a new outlook on life. You might find yourself searching for meaning and wanting to make the best of the time you have. There are many ways to bring new meaning to your life and to help make sense of what you have gone through. Some people find their religion or faith helpful in this regard while others prefer to volunteer their time for various causes. You may decide to change your own priorities or try new activities like meditation or expressing yourself through art. Recovery includes making our experiences a part of who we are and who we have become.



Healthy Eating

Making positive changes to your lifestyle and diet are important to help you better manage the side effects of cancer treatment, improve your energy and quality of life and gain more personal control. Healthy eating also helps prevent or manage health conditions such as heart disease and diabetes and decreases your risk of breast cancer recurrence. Research shows that the most important lifestyle changes you can make include achieving and maintaining a healthy body weight, increasing physical activity, and limiting or avoiding alcohol.

Many women question whether their diet played a role in their breast cancer diagnosis. Breast cancer is a complicated disease – and the risk of developing it is related to many factors some of which are dietary. Breast cancer has been linked to obesity, alcohol consumption and possibly a higher fat diet. At the same time, diet does not account for all of the cancer risk factors. Women with healthy diets can still develop breast cancer.

This section includes an overview of risk factors⁺ you can reduce including tips on how to handle each one. These suggestions are intended for women who have recovered from treatment and are interested in healthy eating. If, however, you are dealing with side effects that limit what you can eat, these suggestions (including the emphasis on eating more fruits, vegetables and high fiber foods) may not be the right choice until your symptoms are gone.

Some side effects of breast cancer treatment include a change in appetite or taste in food, nausea, vomiting, trouble digesting or eating certain foods. If you are dealing with side effects that affect your ability to eat a healthy diet, talk with your doctor or the dietitian at your treatment centre (also see the resources below). You may also want to call a dietitian at HealthLinkBC (Dial 811) or read the Canadian Cancer Society's "Eating Well When You Have Cancer" for help in regaining your appetite right after treatment. Their publication, "Eat Well, Be Active, What You Can Do" provides advice for when you are feeling well enough to start improving your diet. You can also speak with one of their Cancer Information Specialists (1-888- 939-3333).

Food First

Some foods are rich in anti-cancer qualities such as vitamins, minerals and dietary fiber. Include the following as part of your diet one at a time so it is easier to manage.

- Eat a minimum of 7 servings of fruit and vegetables daily
 - Eat a minimum of 3 servings of whole grains per day
 - Eat lentils and beans 4-5 times per week
 - Eat mostly whole foods and less processed foods
 - Choose a variety of brightly colored fruits and vegetables such as leafy green vegetables and berries
 - Eat a healthy balance of fats such as fish, flaxseeds, nuts, avocados, olives, olive oil and canola oil
-

About one-third of all cancers are linked to diet. Early research suggests that some of the same foods that protect against cancer are also the best choices for cancer survivors. Plant-based diets are rich in qualities that reduce the risk of cancer.

We recommend women eat a plant-based diet using *Eating Well with Canada's Food Guide*. This guide lists the number of servings and portion sizes for foods within each food group - according to age and gender to meet the nutritional needs for good health. Using the Internet, you can create your own food guide using the "my food guide" feature of *Eating Well with Canada's Food Guide*. The Dietitians of Canada website also features the *Eatracker* tool (See www.eatracker.ca) which allows you to enter your daily food intake to help track your food choices and exercise to help meet your goals. A dietitian can also help you tailor a plan to meet your specific needs (call 811 or visit www.healthlinkbc.ca).

Many communities in Northern BC have registered dietitians who will work with you to create a plan to improve your health. There is also a cancer dietician based in Prince George that provides services throughout Northern BC. Use the 'find services' tool within HealthLinkBC (www.healthlinkbc.ca/servicesresources) to contact these dietitians.

Managing Some of the Side Effects of Breast Cancer and its Treatment

Body Weight

Achieving and maintaining a healthy body weight is important for all Canadians not just cancer survivors. A healthy body weight (a Body Mass Index – BMI – between 18.5 and 24.9) lowers your risk of cancer recurrence and reduces the risk for many other diseases including heart disease, diabetes, stroke, high blood pressure, arthritis and dementia. Excess body fat is also associated with higher levels of the hormone, insulin, and insulin resistance which can increase risk for breast cancer recurrence.

Use the BMI chart to see if your weight is in the healthy range. Another way to assess body weight is to measure your waist. Women with a waist measuring over 88cm have an increased risk of disease. If weight loss will improve your health, aim for 1-2 pounds per week in order to reduce safely. The best method to lose weight is to eat fewer calories than your body uses on a daily basis. Combining exercise with a calorie-reduced diet will help maintain a healthy weight.

It is also important to look at the reasons people eat the foods they do. Keeping a food journal to track what you eat, how much, when and how you are feeling can be a helpful tool to explore your eating habits. As with any change, when trying to lose weight, you will face setbacks. This is a normal part of the change process. Feelings of guilt or failure will not help you move closer to your goals. Focus instead on feeling empowered by the positive changes you are making and talk with your doctor if you have concerns.

For an outline of the food journal see Appendix F

Daily Calorie Intake

	Light activity	Moderate activity	Very active
19-30 yrs	1900	2100	2350
31-50 yrs	1800	2000	2250
51-70 yrs	1650	1850	2100
71 yrs +	1550	1750	2000

*adapted from www.healthcanada.gc.ca

- Determine your activity level and match it to your age group to establish your recommended daily calorie intake

Light activity: An average daily routine of light tasks such as housekeeping, groceries, laundry)

Moderate activity: An average daily routine and 30-60 minutes of activity such as walking 5-7 km/h

Very active: Average daily routine and 60+ minutes of activity such as walking 5-7 km/h

Resources:

EatWise – find out what is in your food choices: www.eatwise.ca/

Weight Management – HealthLinkBC:

www.healthlinkbc.ca/kb/content/special/aa122915.html

For a chart to determine your BMI see appendix G



Bone Health and Osteoporosis

You may be at a higher risk for bone loss after breast cancer depending on your age, whether you have treatment induced menopause, or had cancer treatments such as Aromatase Inhibitors. Bones depend on calcium and Vitamin D to stay strong and healthy. For ideal bone health, women should take 1000 IU of Vitamin D daily .

Foods rich in Vitamin D include several types of fish (mackerel, salmon, sardines, tuna) and fortified foods such as milk, soy beverages, margarine (check the label) and eggs. You may also want to consider taking a Vitamin D supplement or a multivitamin containing Vitamin D. Your overall intake, however, should not exceed 4000 IU per day. The Canadian Cancer Society recommends a daily supplement of 1000 IU of Vitamin D for the prevention of cancer. There is no evidence despite, however, that such a supplement will prevent breast cancer recurrence or improve survival. The best evidence for Vitamin D is that it keeps your bones strong.

Calcium is also important for strong bones. Women aged 19-50 need 1000 mg of calcium per day while women over age 50 need 1200 mg per day. A calcium supplement may be required if you are not getting enough calcium from your food on a daily basis (from milk and other dairy products, leafy green vegetables, broccoli, fish and nuts such as almonds). Calcium supplements are most effective at doses of 500 mg or less and taken with food. Calcium intake from all sources should not exceed 2500 mg for women aged 19-30 and 2000 mg for women over age 50.

Protein also plays an important role in maintaining strong bones. Caffeine and salt, however, are not good for bone health. Limit your caffeine by drinking less than 4 cups of coffee (or tea, soft drinks or energy drinks) per day and keep your salt level down to under 2400 mg per day.

Resources:

Calcium Calculator

<http://bcdairyfoundation.ca/interactive/calcium-calculator/>

Food sources of Calcium, Iron, Zinc and Vitamin B12:

www.healthlinkbc.ca/kb/content/special/zx3391.html#zx3395

For answers to common nutrition questions see appendix H, for information on the big picture of healthy eating see appendix I and recommended cookbooks see appendix J

Physical Activity

Physical activity is an important part of healthy living. It can improve how your body works, build your strength and fitness and add to your quality of life. It can also help you better manage symptoms and reduce anxiety, depression, and fatigue. Further, physical activity can also help with stress and weight management and give you with a more positive body image.

Check with your doctor before increasing your physical activity. If you have anemia (low blood count), a weakened immune system or problems with nerves that affect your balance, you may need to take special precautions. You should be aware that pain medications, such as anti-inflammatory medications, can mask pain related to physical activity. Injuries should be taken seriously and looked after right away.

When beginning any form of physical activity, consider your starting level and set a timeframe with short and long-term goals. *Exercise for Health* recommends at least 30 minutes per day of moderate exercise, 5 days a week OR a primary goal of 150 minutes per week more than your current amount of physical activity. People who have been inactive for some time, however, should start with 10 minutes per day (or less) and increase as their fitness improves. As your fitness improves, you can increase your activity 10 minutes at a time.

Measure your level of exertion based on your breathing. In moderate exercise, you should be able to talk in full sentences. In vigorous exercise, you will only be able to talk in short phrases. If you feel that you are working, you probably are. It is important to listen to your body and be aware of your how much it can take.

Exercise and Healthy Living

You might find yourself anxious to return to good health after treatment. The recommendations for cancer survivors are the same as those for anyone wanting to live a healthier lifestyle.

Small changes such as taking the stairs instead of the elevator, or walking a few blocks instead of driving are great ways to introduce more activity into your routine. Make sure you get your doctor's okay before starting an exercise program.

Benefits of Exercise:

- Improved sense of well-being, mood and self-esteem
 - Better memory/reduce 'Chemo Brain'
 - Quicker recovery and lower chance of recurrence
 - Improved strength, endurance, muscle and bone strength
 - Increased life expectancy
 - Decreased depression, anxiety and fatigue
 - Decreased symptoms of menopause and arthritis
-

Research shows that exercise benefits the heart, lungs and other organ systems and can reduce the risk of cancer recurrence and the possibility of dying from cancer. Ease into any new routines to allow your body to adjust. This will also ensure that the changes become a part of your life and not just a phase.

Strengthening

4-6 weeks after axillary dissection you can use light weights (1-2 lbs). Six weeks after surgery you can use 5-10 lbs weights. With the recommended weights, start with bicep curls, 8-12 times in one set, about two times per week and gradually involve all major muscle groups. Whatever form of strength training you choose, the recommended guidelines are at least 2 days per week. Many other strengthening exercises exist and are highlighted in the online tools provided in the resource listing at the end of this section. The *Exercise for Health Guidebook* is specific for breast cancer survivors, and includes helpful tips, for example, exercising in cold climates, and goal-setting. *Exercises after Breast Surgery* includes basic exercises and stretches for increasing mobility after surgery.

Home and yard duties are also strengthening activities. Heavy weight training is anything more than 10 lbs. Strenuous activities for the upper body include cross-country skiing, canoeing, kayaking, tennis and bowling. Wear a compression sleeve to reduce swelling in your arm. You can buy these at medical equipment stores or pharmacies where trained staff will ensure you are fitted properly. If you experience swelling of the fingers while wearing your sleeve, you may also require a glove or gauntlet which can likely be purchased at the same store where you bought your sleeve.

Aerobic and Conditioning Exercises

Aerobic exercise targets your cardiovascular fitness which helps to maintain an ideal body weight and increases your sense of well-being. Studies show that women who get 3-5 hours a week of aerobic exercise (it can be as easy as a fast paced walk) were significantly less likely to suffer cancer recurrence or to die from breast cancer.

Resources:

Exercise for Health: www.behaviouralmedlab.ualberta.ca/ForCancerSurvivors.aspx

www.mayoclinic.com/health/cancer-survivor/CA00070

www.bccancer.bc.ca/PPI/TypesofCancer/Breast/RehabExercises/OngoingRecovery.htm

Sun Exposure

Avoid overexposure to the sun and sunburns. Skin that has been radiated may remain sensitive to the sun after radiation treatment has ended.

Be Sun Smart:

- Use sunscreen of at least SPF15. Check the expiry date on the bottle as old sunscreen will not protect you from sun damage
- Re-apply at least every two hours or after swimming or sweating
- Seek shade especially between 10 a.m. and 3 p.m.
- Cover yourself with clothing and wear a hat
- If you are outdoors on a sunny day in the winter, you still need sunscreen

Tobacco Use

Tobacco use (including smoking and chewing tobacco) is the single most preventable cause of death, disease and disability. All tobacco users have a higher risk of numerous chronic diseases and tobacco use is responsible for 30% of all cancer deaths. The harmful effects of smoking on health is widely known and there are several programs to help you quit. If you smoke, please ask your doctor for help in quitting. Provincial programs (British Columbia) exist to provide you with different stop smoking products free of charge. Visit www.health.gov.bc.ca/pharmacare/stop-smoking/

Northern Health Tobacco Reduction Program - visit:

<http://www.northernhealth.ca/YourHealth/EnvironmentalHealth/TobaccoReduction.aspx>

Alcohol

Research shows that alcohol increases the risk of cancer specifically in the mouth, throat, larynx (voice box), esophagus (swallowing tube from mouth to stomach), liver and breast. As the amount of alcohol a person drinks increases, the risk of developing cancer increases. The link between alcohol consumption and breast cancer recurrence is not as strong. Moderate alcohol consumption can even be good for your heart and studies that have looked at survival after breast cancer as opposed to breast cancer recurrence may show a benefit. To determine whether you should avoid alcohol completely, however, talk with your doctor to weigh the benefits and risks for your individual health needs.

To reduce your risk of cancer, limit the amount of alcohol you drink. Women are recommended to limit alcohol to less than one drink per day. Men should have less than two drinks per day. One drink is considered to be:

- 350mL (12 oz) bottle of beer- at 5% alcohol
 - 45mL (1.5oz) of spirits- at 40% alcohol
 - 145mL (5oz) glass of wine- at 12% alcohol
-

Healthy Living After Cancer

Lifestyle change suggestions (ie. quit smoking, weight management)	Suggested Programs
1.	1.
2.	2.
3.	3.



Resources

Living beyond Cancer

- Breast Cancer Information Kit www.bccancer.bc.ca/PPI/TypesofCancer/Breast/breastcakit.htm
- Sharing Strength <http://sharingstrength.ca>
- Breast Cancer, Now What? www.breastcancernowwhat.ca
- Willow Breast Cancer Support Canada www.willow.org
- Cancer Connection – *Canadian Cancer Society Peer Support* (telephone or online) 1-888-939-3333
www.cancer.ca/british%20columbia-yukon/support%20services/bc-cancerconnection.aspx
- Canadian Cancer Society- *Life after Cancer* (online and hard copy available at CCS)
<http://www.cancer.ca/~/media/cancer.ca/CW/publications/Life%20after%20cancer/Life-after-cancer-2009-EN.pdf>

Stress, Anxiety and Depression

- Depression
www.bccancer.bc.ca/PPI/copingwithcancer/emotional/dealingemotions/depression.htm
- Anxiety
www.bccancer.bc.ca/NR/rdonlyres/9E1A20D0-F427-4B88-B774-72C8EEA48CF2/19437/Anxiety1.pdf

Fatigue

- American Cancer Society – *Fatigue*
www.cancer.org/Treatment/TreatmentsandSideEffects/PhysicalSideEffects/Fatigue/index
- Cancer.Net- *Coping with Cancer – Fatigue*
<http://www.cancer.net/all-about-cancer/treating-cancer/managing-side-effects/fatigue>
- Chemocare.com – *Fatigue and cancer fatigue*
www.chemocare.com/managing/fatigue_and_cancer_fatigue.asp

Memory, Concentration and ‘Chemo Brain’

- BC Cancer Agency – *Memory/Thinking Dysfunction*
<http://www.bccancer.bc.ca/PPI/copingwithcancer/symptoms/memorydysfunction/default.htm>

Returning to Work and Financial

- BC Cancer Agency – *Work related Issues*
www.bccancer.bc.ca/PPI/copingwithcancer/emotional/Work+Related+Issues.htm
-

- Canadian Cancer Society www.cancer.ca/canada-wide/about%20cancer/coping%20with%20cancer/life%20after%20cancer/work%20and%20cancer.aspx?sc_lang=en
- Financial Assistance www.bccancer.bc.ca/PPI/copingwithcancer/practical/financial.htm

Self Image and Appearance

- Vancouver Coastal Health – *Breast reconstruction* <http://breastreconstruction.vch.ca/>
- Look Good, Feel Better <http://www.lgfb.ca/>

Breast Reconstruction

- American Cancer Society – *Breast reconstruction after mastectomy* <http://www.cancer.org/cancer/breastcancer/moreinformation/breastreconstructionaftermastectomy/index>
- Health Link BC – *Breast Implant Surgery for Breast Reconstruction* www.healthlinkbc.ca/kb/content/surgicaldetail/tb1923.html
- Vancouver Coastal Health – Breast Reconstruction Program <http://breastreconstruction.vch.ca/whatis.htm>

For Family Members (children ages 8-12)

- Cancer in my family – *My anything but ordinary journey* www.cancerinmyfamily.ca/#/landing-page

Tobacco

- Northern Health Tobacco Reduction Program <http://www.northernhealth.ca/YourHealth/EnvironmentalHealth/TobaccoReduction.aspx>
- Canadian Cancer Society <http://www.cancer.ca/en/cancer-information/cancer-101/what-is-a-risk-factor/tobacco/quitting-smoking/?region=on>

Nutrition

- American Cancer Society - *Nutrition recommendations* <http://www.cancer.org/treatment/survivorshipduringandaftertreatment/nutritionforpeoplewithcancer/index>
- Nutrition Guide for Women with Breast Cancer – *BCCA and Healthlink BC* http://www.bccancer.bc.ca/NR/rdonlyres/70099430-B9EF-43C5-83B1-9EB2970850A3/56233/NutritionGuideforBreastCancer_ebooklet2011Revised.pdf
- Health Link BC 8-1-1 toll free, ask for cancer specialized dietitian

Body Weight

- Carry Fitness www.carryfitness.com/ideal-weight

Physical Activity

- Exercise for Health – An exercise guide for breast cancer survivors
http://www.alcoa.ca/e/cancer_project/pdf/exercise_for_health.pdf
- Exercises after Breast Surgery
<http://www.cancer.ca/~media/cancer.ca/CW/publications/Exercises%20after%20breast%20surgery/Exercises-after-breast-surgery-2011-EN.pdf>
- American Cancer Society- *Staying active*
<http://www.cancer.org/treatment/survivorshipduringandaftertreatment/stayingactive/index>

Alcohol

- Canadian Cancer Society – *Alcohol*
<http://www.cancer.ca/en/cancer-information/cancer-101/what-is-a-risk-factor/alcohol/?region=on>

Sun Exposure

- Cornell University - *Breast Cancer and Environmental Risk Factors*
<http://envirocancer.cornell.edu/>

For information on other resources survivors found helpful and a list of recommended books, see Appendices K and L

Part 4: Resources Specific to Northern BC

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Rural and Remote Survivorship

Oncology Clinics in Northern BC

Tele-Health Locations

Additional Resources



Part 4: Resources Specific to Northern BC

Rural and Remote Survivorship

Individuals living in rural, remote and northern regions of Canada can face different breast cancer survivorship issues than urban populations including higher travel costs and distances, challenging terrain and/or weather, less access to services and social support, cultural differences, loss of income, lifestyle risks, and other issues related to being away from home. The following outlines some specific helpful resources for these groups:

Northern Health Website: www.northernhealth.ca

Northern Health Connections

Medical transportation: www.northernhealth.ca/nhconnections

Telephone: 1-888-647-4997

The Northern Cancer Control Strategy

The Northern Cancer Control Strategy is focused on enhancing support programs throughout the North for cancer patients and their families.

www.northerncancerstrategy.ca/

Regional Oncology Social Work Program

This program provides counseling, information about resources, and support with practical matters for patients and their families across Northern BC. Additionally, it focuses on helping communities with knowledge of the emotional and mental aspects people living with cancer face. They can be reached at (250) 645-7342.

UNBC Community Care Centre in Prince George offers \$10 supervised counseling sessions facilitated by graduate students from social work and counseling programs. Call 250-960-6457.

Mental Health and Addictions

Northern Health Interior Mental Health and Addictions Screening: Community Response Unit (CRU) Call 250-565-2668.

The BC Cancer Agency Centre for the North

The new Centre for the North in Prince George is expected to open late 2012 and will provide services such as medical oncology, radiation oncology, pharmacy, patient and family counseling, oncology nutrition and volunteer services. The centre will be located adjacent to the University Hospital of Northern BC. More information on the centre can be found at: www.bccancer.bc.ca/RS/north/default.htm

For more information on the difference between the BC Cancer Foundation, the BC Cancer Agency, and the Canadian Cancer Society please see Appendix M

Oncology Clinics in Northern BC:

Dawson Creek and District Hospital

11100 13 Street, Dawson Creek,
BC V1G 3W8
(250) 782-8501

Fort St John Hospital and Health Centre

9636 100 Avenue, Fort St. John, BC
V1J 1Y3
(250) 262-5200

Haida Gwaii, Queen Charlotte Islands General Hospital

3209 Oceanview Drive, BC
V0T 1S0
Tel: 250-559-4300
Fax: 250-559-4312

Kitimat Hospital

Kitimat General Hospital, 920
Lahakas Blvd Kitimat, BC
Tel: 250-632-2121

Prince George University Hospital of Northern BC

1475 Edmonton Street Prince
George, British Columbia V2M 1S2
Hospital switchboard: (250) 565-
2000
Fax: 250-565-2343.

Prince Rupert Regional Hospital

1305 Summit Ave, Prince Rupert,
BC V8J 2A6
Phone: (250) 624-2171
Fax : 250-624-2195.

Quesnel: GR Baker Memorial Hospital

543 Front Street, Quesnel, BC V2J
2K7
(250) 985-5600

Smithers: Bulkley Valley District Hospital

Bulkley Valley District Hospital
3950 8th Avenue, PO Box 370.
Smithers, BC V0J 2N0 Phone: (250)
847-2611
Fax: (250) 847-2446

Terrace: Mills Memorial Hospital

4720 Haugland Ave, Terrace, BC
Phone: (250) 635-7630
Fax: (250) 635-7639

Vanderhoof Ruby Ellen Van Andel Cancer Clinic

3255 Hospital Road
Vanderhoof, BC
V0J 3A2
Tel: 250 567 2211
Fax: 250 567 5684

Tele-health Locations

The following list of locations is available to access through your Health Care Provider. They can book this equipment for your use during your appointments.

Chetwynd
Dawson Creek
Dease Lake
Fort Nelson

Fort St. John
Hazelton
Kitimat
Masset

Prince George
Prince Rupert
Queen Charlotte
Smithers

Terrace
Vanderhoof

Additional Resources

The following list of websites have been compiled and reviewed by BC Cancer Agency librarians according to their established Inclusion/Removal Policy.

Good places to start:

Breast Cancer: American Cancer Society	www.cancer.org/cancer/breastcancer/index
Breast Cancer.Net	www.cancer.net/patient/Cancer+Types/Breast+Cancer
Breast Cancer: MedlinePlus(US)	www.nlm.nih.gov/medlineplus/breastcancer.html
Breast Cancer: National Cancer Institute	www.cancer.gov/cancertopics/types/breast
Breast Cancer Navigation Map:	www.breastcancernavigationmap.com
Canadian Breast Cancer Foundation	www.cbcf.org
What is Breast Cancer?: Canadian Cancer Society	http://www.cancer.ca/en/cancer-information/cancer-type/breast/overview/?region=on

More breast cancer websites:

Breastcancer.org	www.breastcancer.org
Breast Cancer: University Health Network	http://www.uhn.ca/Patients %26 Visitors/health info /topics/b/breast_cancer.asp
Susan Love Research Foundation	www.dslrf.org/

Inflammatory breast cancer websites:

Breast-Inflammatory Cancer: Cancer.Net	http://www.cancer.net/cancer-types/breast-cancer-inflammatory
--	---

Support websites:

Inflammatory Breast Cancer Research Foundation	www.ibcresearch.org
--	--

Practice guidelines:

Questions and Answers on Breast Cancer- A Guide for Women and their Physicians	www.cmaj.ca/content/suppl/2007/06/14/158.3.DC1
--	--

Clinical trials:

National Surgical Adjuvant Breast and Bowel Project	www.nsabp.pitt.edu/
---	--

Books and pamphlets

Guide to Breast Cancer:Cancer.Net	http://www.cancer.net/cancer-types/breast-cancer
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Magazines

Johns Hopkins Breast Centre	www.hopkinsbreastcenter.org/artemis
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Appendix

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BMI Chart and BMI Journal

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The Big Picture on Healthy Eating

Recommended Cookbooks

Listing of Resources Other Survivors Have Found Helpful

Recommended Reading List

BC Cancer Agency, BC Cancer Foundation and Canadian Cancer Society .

Glossary



Appendix

A. Tamoxifen, Aromatase Inhibitor and Trastuzumab

Tamoxifen:

Tamoxifen causes symptoms of menopause such as hot flashes. More serious side effects include blood clots and endometrial cancer. You should consult a doctor immediately if you notice any of the following:

- Pain, warmth or swelling in your leg. This could indicate a blood clot in the leg.
- Fever, shortness of breath that came on quickly, chest pain or a racing heart. This could indicate a clot in the lungs.
- Menstrual irregularities, vaginal bleeding, pelvic pressure or pain or any abnormal discharge that is watery or blood-tinged. This could indicate potential endometrial cancer.

Aromatase Inhibitor (Example: Anastrozole) Anastrozole side effects include (but are not limited to):*

- Peripheral edema
- Hot flashes, nausea
- Hypercholesterolemia
- Fractures
- Osteoporosis
- Arthralgia/myalgia
- Headache
- Vaginal dryness

*Bone density and cholesterol should be assessed by your family doctor.

Trastuzumab (Example: Herceptin) Side effects include:

- Flu-like symptoms shortly after beginning treatment with Trastuzumab: fever, chills, headache, muscle and joint aches, cough, sore throat, stuffy/runny nose.
- Flu-like symptoms should disappear without treatment. You can take acetaminophen (Tylenol) or Ibuprofen or ASA as directed on the bottle.
- If fever and chills occur for more than 24 hours then it could be a sign of infection and you should contact your doctor immediately.
- Tell your nurse or doctor immediately if you feel you are having a reaction (nausea, vomiting, pain, shivering, headache, dizziness, trouble breathing, rash and weakness) during the infusion.

Resources:

<http://www.bccancer.bc.ca/NR/rdonlyres/2E0AE178-B491-4940-A145-3B4B360523F2/13124/BRAJTAMhandout.pdf>

www.bccancer.bc.ca/NR/rdonlyres/257C9CFC-35D9-47B2-B5A5-FC7FF482077F/52224/FinalAnastrozolemonograph_14Jul2011.pdf

B. Fertility and Pregnancy after Treatment

Risk of Harm to the Ovaries	Generic Names of Medicines	Brand Names of Medicine
High Risk	Cyclophosphamide	Cytoxan, Endoxan
High Risk	Chlorambucil	Leukeran
High Risk	Melphalan	Alkeran, Medphalan, Merphalan, Sarcolysin
High Risk	Busulfan	Myleran
High Risk	Nitrogen Mustard	Mustargen
High Risk	Procarbazine	Natulan, Matulane
Intermediate Risk	Cisplatin	Platinol, Platinol-AQ
Intermediate Risk	Doxorubicin	Adriamycin, Rubex
Intermediate Risk	Bleomycin	Blenoxane, Bleomycin
Intermediate Risk	Dactinomycin	Actinomycin D, Cosmegen
Low Risk	Methotrexate	Rheumatrex, Folex PFS
Low Risk	5-Fluorouracil	Adrucil

General rules for determining likelihood of fertility based on return of menstruation:

- Age 40 and over within a year of completing treatment
- Aged 40 and under can take up to two years.

You can have your fertility checked by blood tests and/or ultrasounds. If, however, you are taking a hormone therapy it might have an effect on the accuracy. You may also want to consider using donated eggs (you will need to discuss your eligibility for hormone treatments to prepare the womb for this procedure). Currently, there is a lack of evidence to suggest that your cancer treatment will affect your children. We recommend, however, that you wait two years after diagnosis as that is a period of greater risk for the cancer to return.

C. Tips on Memory & Concentration

Both daily mental and physical activity will increase memory and other mental functions. Training your brain by reading, doing puzzles, learning new skills and hobbies all help to strengthen your brain (think of it as mental housekeeping - unused brain power will collect 'dust'). Physical activity is also important as it increases your blood flow and triggers muscle groups and their various control centers in the brain.

You can cope better with symptoms of memory and concentration by making sure you are well rested, paying attention, organizing yourself and writing reminder notes. Support groups can also help by learning of others' experiences by sharing your own.

D. Ways to Deal with Stress

Start the day by putting yourself on your To-Do list. Make you a priority! Spend time doing the activities you love or try volunteering for a cause you believe in. Deep breathing and active relaxation are healthy and helpful techniques for dealing with stress.

Deep Breathing

Use deep breathing for a calming effect before an event that makes you anxious. Deep breathing is a simple and effective way to relieve tension and increase comfort. It can make you more comfortable if you are experiencing episodes of pain, fatigue or nausea. This method can be used before you go to bed to help ease you into a restful sleep. You can practice deep breathing anywhere.

Deep breathing technique:

1. Place yourself in a comfortable position with legs and arms uncrossed
2. Take the palm of one hand on your chest; place the other on your abdomen
3. Breathe normally. Notice how your hands rise and fall with your breathing
4. Picture your stomach as a balloon as you do this
5. Concentrate on breathing from your stomach silently keeping count
6. Say to yourself 'relax' each time you exhale

Try to practice this method for 5 minutes every day

Muscle Relaxation

By learning how to relax your muscles, you can actively lower your blood pressure, heart rate and breathing rate. Progressive muscle relaxation is the tensing and then relaxing of each muscle group of the body, one group at a time. In a comfortable position, breathe slowly taking deep breaths. The idea is to tense one muscle group at a time and hold for 5-10 seconds (if a part of the body is painful or tender, do not tense in that area). Release the tension and stay relaxed for 10-20 seconds. You can tense the areas of the body in any order and as much as you like. There are also tapes available that can guide you through this process. Examples of this method: clench hands into fists, flex biceps, tense abdomen, eyes (close tight, hold, and release), and arch your back to name a few.

E. Self Esteem

Low self-esteem can have a negative effect on all aspects of your quality of life. People who think poorly of themselves for long periods of time can still make simple changes to improve their self esteem. Here are four steps to start recovering your positive sense of self.

Step 1: Identify the main sources

What lowers your self-esteem? A troubling environment at work or home? Problems in certain relationships? Once you identify the root of the problem you can start targeting your action plan for success.

Step 2: Awareness of your inner voice

Pay attention to your inner voice as you come across situations which make you say negative things about yourself. You will need to decide if you are being reasonable or if you are thinking about it in an unrealistic way. Were you thinking about any positive points or was your inner conversation mostly negative?

Step 3: Challenge negative or unrealistic thoughts

The first thought that comes to your mind in these situations needs to be checked as to whether it makes sense. Your thought process may be so set that it will be difficult at first. You need to question whether your view of situations that leave you with thoughts that lower your self-esteem are based on facts or just your own opinion.

Step 4: Changing the way you evaluate yourself

Now that you have identified the root of your self-esteem issues, your increased awareness of your inner voice and negative thought processes, it is time to start taking a positive outlook.

Thought processes that are counterproductive:

- All-or-nothing thinking. Pass or fail style of thinking. : “If I can’t do this, I am a complete failure”.
 - Mental Filtering perceiving only the bad side of every situation: “I made a mistake and now everyone will think I’m incompetent”.
 - Converting positives into negatives. You are unable to accept compliments or achievements: “I only succeeded because it wasn’t hard to do”.
 - Jumping to negative conclusions. In the absence of any evidence, you still reach a negative conclusion: “My friend didn’t return my call so they must be mad at me for something I did”.
 - Mistaking feelings for facts Confusing your own opinion with facts: “I feel useless therefore I am useless”.
 - Self put-downs. Combination of overreacting to a situation and undervaluing yourself: “I am not worthy of succeeding”.
-

Thought processes that are realistic and constructive:

- Hopeful statements. Treat yourself how you would treat others. If you feel confident you are capable of the task at hand, you are more likely to succeed: “This isn’t easy, but I can do it”.
- Forgive yourself. Nobody is perfect and mistakes happen, but he or she shouldn’t change your opinion of yourself: “I didn’t do it right the first time, but that doesn’t mean I am incapable of getting it right the second time”.
- Avoid unrealistic goals. If you are constantly placing demands on yourself and others that are not possible, you are only setting yourself up to fail.
- Focus on the positive. If you doubt your abilities and self-worth, remind yourself of your accomplishments and other aspects of your life of which you are appreciative.
- Re-label upsetting thoughts. If your inner voice is saying you can’t do something, think of a way to change the situation to make it more manageable: “How can I make this less stressful?”
- Encourage yourself. You need to compliment yourself. If you feel that something went well, take a moment to acknowledge yourself and use it to inspire your next task.

Don’t feel discouraged if you need to return to step one. Do this as often as you need to. Habits can be hard to break, but if you work at it, you will notice your self-esteem begin to improve and benefit from increased confidence in all aspects of your life. If you are unable to resolve self-esteem issues on your own, or if your self-esteem interferes with your daily functioning, seek professional help.



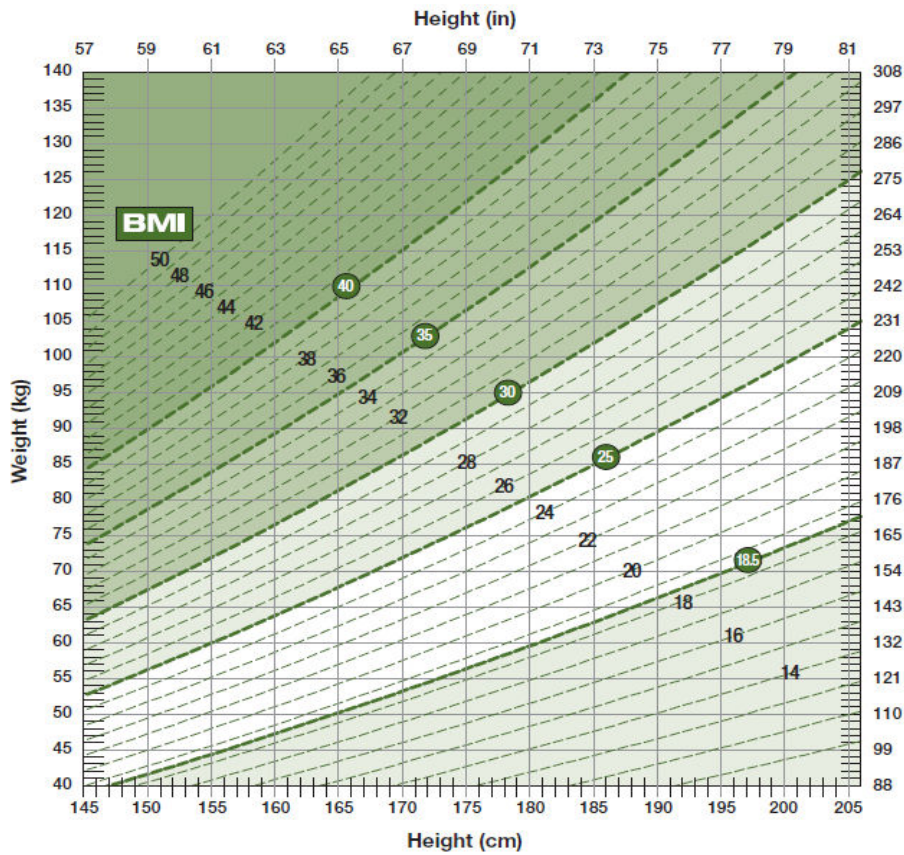
F. Food Journal

Date/Time	Food (amount)	Drink (Amount)	Where I ate	Current emotions/mood

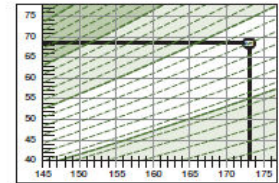


G. BMI Chart and BMI Journal

Canadian Guidelines for Body Weight Classification in Adults



For a quick determination of BMI (kg/m^2), use a straight-edge to help locate the point on the chart where height (in or cm) and weight (lb or kg) intersect. **Read the number on the dashed line closest to this point.** For example, an individual who weighs 69 kg and is 173 cm tall has a BMI of approximately 23.



Refer to the table below to identify the level of health risk associated with a particular BMI.

BMI Formula

BMI can also be calculated using this formula
$\text{BMI} = \frac{\text{weight in kilograms}}{(\text{height in metres})^2}$

Note: 1 inch = 2.54 centimetres and 1 pound = 0.45 kilograms

BMI	Risk of developing health problems
< 18.5	Increased
18.5 - 24.9	Least
25.0 - 29.9	Increased
30.0 - 34.9	High
35.0 - 39.9	Very high
≥ 40.0	Extremely high

Note: For persons 65 years and older the 'normal' range may begin slightly above BMI 18.5 and extend into the 'overweight' range.

Adapted from: WHO (2000) Obesity: Preventing and Managing the Global Epidemic: Report of a WHO Consultation on Obesity.

Conversion of Inches to centimeters	
1 inch	2.5 centimeters
12 inches	30.5 centimeters
5 ft (60 inches)	152.4 centimeters

My BMI Journal

	Height	Weight	BMI	Goal
BMI				
Date:				
Date:				
Date:				

H. Answers to Common Nutrition Questions

Soy?

Some survivors believe that they should not consume soy products because they contain a form of plant estrogen. In fact, soybeans and foods made with soy contain a rich source of plant estrogen called phytoestrogens. Up to 2-3 servings of soy foods per day have been shown to be safe in women with a history of breast cancer whether they had estrogen receptor positive disease or tamoxifen hormone therapy. Soy supplements, however, have been less widely studied and should be avoided until further research is available.

Hormones in the Food Supply?

Confusion exists around the potential harm of hormones in foods specifically milk and other dairy products, poultry and beef. Some women are concerned that the estrogen found in these foods may be linked with higher rates of breast cancer. Regulations in Canada, however, prohibit the use of hormonal growth promoters in dairy cattle to boost milk production. As a result, milk in Canada does not have high hormone content. Milk and many dairy products remain a healthy choice and a good source of calcium along with other foods such as fortified soy beverages.

Hormonal growth promoters are also not permitted in Canadian poultry such as chicken or turkey. Poultry can be eaten as part of a healthy diet and is rich in protein. To make it an even healthier choice, try it without the skin.

Hormonal growth promoters are permitted in Canadian beef cattle, however, though the process is carefully tracked to keep even small levels out of the food supply. To minimize exposure, choose lean meats and trim any fat that you can see.

Supplements?

Most dietary supplements including vitamins and minerals have not been well studied in breast cancer survivors and their effect on recurrence or survival is largely unknown. Breast cancer survivors may require certain vitamin supplements to help prevent or manage the risk of health conditions such as osteoporosis. A supplement of Vitamin D and/or calcium may be needed for women who are unable to eat enough foods rich in these important nutrients. Please talk with your doctor before starting any new supplement plan. He or she will help you determine the right amount for you (see above section on bone health for more detail).

Organic Food?

It has not been possible to accurately measure the difference between regular and organic foods due to varying growing conditions on farms. There is evidence both for and against a link between pesticides, however, and the risk of developing cancer. To reduce your risk, buy locally grown foods that are in season and be sure to peel and wash vegetables and fruits well. Buying organic food is an individual choice based on personal values, availability, and cost.

Vegetarian Diets?

Some women are interested in reducing or removing meat, chicken, eggs, or dairy products from their diet to improve their health. While there are health benefits to following a plant-based diet, it is important that other foods are added to replace what is removed.

Beans, lentils, tofu, nuts and seeds contain protein which can replace animal protein sources. Aim for two servings of meat and alternatives daily from *Canada's Food Guide*. A serving size is $\frac{3}{4}$ cup of beans or tofu, $\frac{1}{4}$ cup of nuts, or 2 tbsp of peanut butter.

Soy milk, calcium-fortified orange juice, sesame seeds, and leafy green vegetables such as kale, broccoli, and bok choy contain calcium that can replace calcium-rich dairy products. Because dairy products are such a rich source of calcium, it may not be possible to get enough calcium from diet alone if these foods are removed. In such cases, a supplemental source may be needed. To find out if you are getting enough calcium from your diet, try the calcium calculator in the resources box on page 36.

Vegetables, fruits and whole grains are healthy foods that should be the base of a balanced diet. Look for ways to include these choices more often. If you have chosen to follow a vegetarian diet that relies on plant foods and excludes meat, fish, poultry, eggs, and dairy products, you will need to pay special attention to ensure you get enough calcium, iron, zinc, and vitamin B₁₂. While some food sources of all of these nutrients are available, a supplement may be necessary to avoid deficiencies. For more information about ensuring adequacy, talk with a registered dietitian.

Saturated Fat?

Saturated fats are solid at room temperature and should not be eaten often. Saturated fat is found mostly in animal products (meat, poultry and milk) and foods that contain animal products. Lower your intake of saturated fat by choosing lean cuts of meat, eating poultry without the skin, and by choosing low-fat milk products. Saturated fat is also found in butter, lard, palm oil and coconut oil. Choose an unsaturated fat, such as a non-hydrogenated margarine or vegetable oil, for cooking and baking and choose low-fat baked goods whenever possible. If you use coconut milk in cooking, choose a low-fat version.

Cholesterol?

Cholesterol is found only in animal foods such as eggs, milk products, meat and shellfish. Choose low-fat milk products and lean cuts of meat. If you have concerns about limiting high cholesterol foods such as eggs and shellfish, talk to your doctor.

Resources:

www.dietitians.ca/Nutrition-Resources-A-Z/Factsheets/Heart-Health/Heart-Healthy-Eating--Cholesterol.aspx

I. The Big Picture on Healthy Eating

This section provides suggestions and tools to help with changes toward healthier eating plus lists ways to identify and remove challenges.

Time

Many people wonder where they will find time to look for recipes, make grocery lists, or go shopping. Having a plan for what you are going to eat for several days or even a week in advance can make this process much easier.

Feeding Others at Home

If you have others in your household, they may not understand or want to change their eating habits in the same way you do. Try involving them in making healthy choices by inviting them to take part in the meal planning by picking a meal or adding a recipe or dish suggestion. While not all suggestions will be healthy choices, there is room for the occasional treat.

Fatigue

If the thought of planning a menu, making a grocery list, and shopping sounds exhausting, you are not alone. Fatigue can be a side effect of cancer treatment that may last for some time. Try breaking tasks into smaller, more manageable steps. People who helped out along your cancer journey are often still available, but may not know how they can help now. Ask friends and family to help with planning meals, picking up groceries or preparing meals.

At the Grocery Store

Check the “Nutrition Facts” label on products you are choosing and avoid items with trans fats (common in processed and packaged foods). Also, be aware of the ingredients. If you are buying an item because it is described as ‘whole grain’, for example, that should be one of the first ingredients listed. Keep unhealthy items out of the shopping cart. If you don’t bring them home, you are less likely to eat them. Also, select a variety of foods from each of the food groups and watch for trendy descriptions like ‘*superfood*’ which may be used as a selling feature. While some foods labeled as ‘*superfood*’ may be nutritious choices, they may be just as nutritious as similar products not advertised this way.

Meal Preparation

As much as possible, prepare meals using low-fat cooking methods such as broiling, baking, steaming, and poaching. When your meal requires frying, use healthy unsaturated fats such as olive oil or canola oil. Also, add herbs and spices for flavoring in place of salt or rich dressings and sauces which may have extra fat, salt and sugar.

Staying on Track

Whether you are trying to be more active, eat more vegetables, or watch your fat intake, setting SMART goals can help you to stay focused.

1. Specific: Have one focus for each goal rather than a general idea.
2. Measureable: Set quantities for your goal.
3. Attainable: Set goals that you can reach! Small goals are more achievable.
4. Relevant: Stay motivated with a goal that matters to you.
5. Time based: Set a timeline for this goal be it daily, weekly or monthly.

To Create Menus and Grocery Lists:

EatRight Ontario- My Menu Planner www.eatrightontario.ca/en/menuplanner.aspx#

Food on the Table- Menu Planner and Grocery Shopping List Maker (Also an App)

www.foodonthetable.com/grocery-list-tips

Dietitians of Canada- Plan, Shop, Cook www.dietitians.ca/Your-Health/Plan-Shop-Cook/Plan-Well.aspx

Dietitians of Canada- Shop Smart www.dietitians.ca/Your-Health/Plan-Shop-Cook/Shop-Smart.aspx

J. Recommended Cookbooks

Recommended Cookbooks:

- **Lighthearted at home**: The Very Best of Anne Lindsay by Anne Lindsay, 2010
- **Choices Menus**: Cooking for One or Two, by Margorie Hollands, 2011
- **Dieticians of Canada**: Cook! 275 Recipes Celebrate Food from Field to Table, by Mary Sue Waisman, 2011
- **HeartSmart**: The Best of Heartsmart Cooking by Bonnie Stern, 2006
- **Rose Reisman's Family Favorites**: Healthy Meals for Those that Matter Most, by Rose Reisman, 2010

Recommended Websites:

Canadian Living - Nutrition and Recipes www.canadianliving.com/health/nutrition

Heart Healthy Recipes

www.heartandstroke.com/site/c.ikiQLcMWJtE/b.3484019/k.6437/HeartHealthy_Recipes.htm

Mayo Clinic- Heart Healthy Recipes www.mayoclinic.com/health/heart-healthy-recipes/RE00098

K. Listing of Resources Other Survivors Have Found Beneficial

What other survivors have found helpful for moving forward
Services and Resources
The Pharmacist and/or The BC Cancer Agency 'phone the pharmacist' Naturopath Dietitian Physiotherapy and/or Massage therapy and/or deep tissues massage (scar tissue) Vocational rehabilitation Emotional Freedom technique Lymph drainage Home care nurses The Canadian Cancer Society Cancer Connections Cancer Navigator Counseling and/or the use of Spiritual Healers Aquasize BC Cancer Agency Prevention and Education Coordinator Healing Touch and/or Relaxation sessions Support groups Relay for Life
Survivor recommended books
Chicken Soup for the Breast Cancer Soul <i>by</i> Jack Canfield, Mark Victor Hansen and Mary Olsen Kelly The Intelligent Patient Guide <i>by</i> Olivotto, Gelmon, McCready, Pritchard and Kuusk. Emotional Freedom <i>by</i> Judith Orloff Naturally There's Always Hope <i>by</i> Dr. Neil McKinney Love, Medicine & Miracles <i>by</i> Bernie Seigel, M.D. Picking up the Pieces <i>by</i> Sherri Magee and Kathy Scalzo

L. Recommended Reading List

For Survivors:

After breast cancer: answers to the questions you're afraid to ask by Musa Mayer (2003).

"Musa Mayer breaks the silence surrounding recurrence to talk frankly about the feelings of uncertainty and fear that breast cancer patients commonly face when their treatment ends, and for years thereafter. She reviews scientific literature (and debunks some commonly cited myths) by giving survival statistics corrected for current treatments and diagnostic profiles. She explains what is known about the benefits of follow-up visits and testing. Devoting several chapters to emotional recovery, she offers advice about how to tackle these fears through information and support."

After breast cancer: a common-sense guide to life after treatment by Hester Hill, Schnipper (2006).

"Recent changes in the standard of care."

Dancing in limbo: making sense of life after cancer by G. Halvorson-Boyd & L.K. Hunter (1995).

"Offers inspiration, affirmation, and straight-from-the heart talk about the questions that haunt cancer survivors."

Exercise for health: an exercise guide for breast cancer survivors by J. Vallance & K.S. Courneya (2008):

Available online: <http://www.behaviouralmedlab.ualberta.ca/en/ForCancerSurvivors.aspx>

Intimacy after cancer: A women's guide by Sally Kydd and Dana Rowett (2006).

"Proposes solutions for rekindling libido and facilitating open communication, recounts shared personal and intimate stories of cancer survivors, features the voices of wisdom of cancer experts"

Living beyond breast cancer: a survivor's guide for when treatment ends and the rest of your life begins by Marisa C. Weiss and Ellen T. F. Weiss (1998).

"Discusses problems women face after treatment ends, including side effects, health insurance, fears of recurrence, ongoing relationships with healthcare professionals, how to find support, how to become as healthy as possible, how to deal with recurrence, job issues, health insurance, lymphedema, arm and shoulder exercises, helpful organizations, fertility, pregnancy and adoption, menopause and aging, complementary and alternative treatments, love and sexuality, and breast cancer genes."

Living well beyond breast cancer: A survivor's guide for when treatment ends and the rest of your life begins by Marissa Weiss and Ellen Weiss (2010).

"What do I do now? Why am I still so tired? Am I really cured? How do I reduce my risk of recurrence? Is it safe for me to get pregnant? How do I get rid of the hot flashes so I can sleep? This fully revised and updated second edition contains crucial information

about these issues and more - including the revolutionary medical advances in follow-up testing, ongoing treatments, and recovery. “

Love, medicine and miracles: lessons learned about self-healing from a surgeon's experience with exceptional patients by Bernie Siegel (1986).

“Unconditional love is the most powerful stimulant of the immune system. The truth is: love heals. Miracles happen to exceptional patients every day – patients who have the courage to love, those who have the courage to work with their physicians to participate in and influence their own recovery.”

Picking up the pieces: moving forward after surviving cancer by Sherri Magee & Kathy Scalzo (2006).

“Reassuring, insightful and practical, this book presents a unique four-phase process with useful daily practices to support you along your recovery journey.”

Spinning straw into gold: your emotional recovery from breast cancer by Ronnie Kaye (1991).

“Looks at emotional responses to breast cancer treatments, reconstruction, body image and sexuality, and life after treatment. Includes exercises in relaxation, imagery, and inner child work.”

The cancer survivor's guide: Foods that help you fight back by Neal Barnard & Jennifer Reilly (2008).

“Researchers have been investigating how food choices can help prevent cancer and, when cancer has been diagnosed, how nutrition can improve survival...Certain dietary patterns seem to have a major effect, helping people diagnosed with cancer to live longer, healthier lives”

Your brain after chemo: A practical guide to lifting the fog and getting back your focus by Dan Silverman and Idelle Davidson (2009).

“Calling on cutting-edge scientific research and the inspiring stories of survivors, this groundbreaking book will forever change the way you think about your brain after chemo - and give you the coping skills to move on with your life.”

100 questions & answers about life after cancer: a survivor's guide by Page Tolbert (2008).

“Answers questions survivors might have about life after cancer on topics such as communicating with friends and family, workplace concerns, intimacy, spirituality and staying healthy.”

Abreast and the Rest- Free quarterly newsletter

To order call 1-888-939-3333 or www.abreastandtherest.ca

For Family Members of Survivors:

Breast Cancer Husband: How to help your wife (and yourself) through diagnosis, treatment and beyond by Marc Silver (2004).

“Marc Silver is an editor at U.S. News & World report...His wife, Marsha, was diagnosed with breast cancer...after undergoing surgery, chemotherapy, and radiation treatments, she is in good health.”

Help me live: 20 things people with cancer want you to know by Lori Hope (2005).

“When we hear that someone close to us has been diagnosed with cancer, we want nothing more than to comfort them with words of hope, support, and love. But sometimes we don’t know what to say or do and don’t feel comfortable asking. With sensitive insights and thoughtful anecdotes, *Help me live* provides a personal yet thoroughly researched account of words and actions that are most helpful.”

M. BC Cancer Agency, BC Cancer Foundation, and Canadian Cancer Society.

What is the BC Cancer Agency?

The BC Cancer Agency is part of the Provincial Health Services Authority and is responsible for BC/Yukon population-based cancer control program. The agency is concerned with all aspects of care ranging from prevention and screening, to diagnosis, treatment, and survivorship.

Resources:

www.bccancer.bc.ca/ABCCA/default.htm

What is the BC Cancer Foundation?

This is the fundraising partner of the BC Cancer Agency and also the largest charitable funder of cancer research in BC.

Resources:

<http://bccancerfoundation.com/about-us/who-bc-cancer-foundation>

What is the Canadian Cancer Society?

The CCS is a national, community-based organization of volunteers. The CCS exists by the generosity of donors and the work of volunteers and staff. Their particular focus is allocating donations to research, advocacy, prevention, information and support.

Resources:

www.cancer.ca/British%20Columbia-Yukon/About%20us/BC-Mission.aspx?sc_lang=en

My Initial Care Plan Review

During my review we have identified these areas of concern to work on

1.	Action Plan:
2.	Action Plan:
3.	Action Plan:

Goals to achieve before second assessment:



My Care Plan Delivery Appointment Reflection...

Please use the space provided to write down questions that you wish to remember to ask at your next care plan appointment along with any other thoughts or information that you would like to have in this care plan.



Next Steps		
Outcome of today's care plan appointment:	No further face-to-face required:	
	Follow-up telephone call required:	
	Other:	
Care plan is ready to be sent to my family physician:	YES / NO (Please circle)	
Date of next review (if required):		
My review was carried out by:		
Today's date:		

My referrals (if required)			
Complementary Therapies		Lifestyle Advice:	
Physiotherapist		Diet	
Occupational Therapist		Exercise	
Counsellor		Smoking Cessation	
Psychologist		Dietitian	
Work and Finance			
Social Worker			
Others:			

My Second Care Plan Review

During my review we have identified these areas of concern to work on

1.	Action Plan:
2.	Action Plan:
3.	Action Plan:

Goals to achieve before third assessment:

Large empty green box for writing goals to achieve before the third assessment.

My Third Care Plan Review

During my review we have identified these areas of concern to work on

1.	Action Plan:
2.	Action Plan:
3.	Action Plan:

Goals to achieve before fourth assessment:

Large empty space for writing goals to achieve before the fourth assessment.



My Fourth Care Plan Review

During my review we have identified these areas of concern to work on

1.	Action Plan:
2.	Action Plan:
3.	Action Plan:

Goals to achieve before fifth assessment:

My Fifth Care Plan Review

During my review we have identified these areas of concern to work on

1.	Action Plan:
2.	Action Plan:
3.	Action Plan:

Reflection on goals achieved and long term goal setting:

Glossary of Words

Active treatment: directed management and care of a patient to combat or cure a disease or disorder

Antiseptic: A substance that inhibits the growth and spread of microorganisms therefore preventing infection.

Brachial plexus: A nerve network running from the spine, through the neck, into the arm and hand.

Central nervous system: the nervous system consisting of the brain and spinal cord, which is responsible for the integration and coordination of activity to all parts of the body.

DCIS: Ductal Carcinoma In-Situ is a common, non-invasive, breast cancer that originates in the milk ducts, covers or lines the internal organs, and has not spread into surrounding breast tissue. This diagnosis increases your risk of developing other breast cancer types.

Dysfunctional: the malfunctioning, or inability to properly or normally function, of a structure or part of the body.

Hormone: A chemical produced by the body that is released by a gland or cell in an area of the body that signals and affects cells in another region of the body. Responses to hormones depend on the signal sent and can involve, but are not limited to, mood, immune function, metabolism, and reproduction.

Hormonal Therapy: A common method of medical treatment for certain cancers and other conditions that involves the use of hormones for management of the illness.

Infertility: Inability to conceive a pregnancy after one full, consecutive year of trying to conceive.

Immune system: The organization of structures and processes within the human body that protect the body against infection or invasion by a variety of agents that potentially cause diseases.

Mastectomy: surgical removal of the breast tissue to treat or prevent breast cancer

Menopause: The transition leading to the end of menstruation. This process usually occurs naturally but can be a result of medical treatments.

Modifiable risk factors: Risk factors for a disease, which are generally avoidable and unhealthy behavioral or lifestyle choices.

Nerve damage: Damage to nerves or the nervous system resulting in a variety of symptoms.

Recurrent disease: The return of a disease after remission.

Steroid: Examples of steroids include cholesterol, estradiol, testosterone and anti-inflammatory drugs.

Toxicity: The extent or degree to which a substance can damage an organism (or portion of)

Quotes by Survivors, for Survivors

“Feeling I’m an important part of the team, not someone that decisions are made for.”

“What helped me is knowing what to expect later on, who to talk to, questions to ask.”

“Have realistic expectations about your recovery time.”

“Redefining normal is very important to me.”

“Be in charge of your medical care.”

“Read other peoples stories.”

“I have a medical summary that I carry around.”

“People feel empowered when they have information.”

“It would be encouraging to tell other patients to have a goal or vision in mind.”

“I find my connection through books written by those who had experienced cancer.”

