

# BREAST CANCER IN YOUNGER WOMEN

BREAST  
CANCER  
NOW The research &  
support charity

---

We're here

---

**2** Call our helpline on **0808 800 6000**

## About this booklet

If you've been diagnosed with breast cancer as a younger woman, you'll probably have lots of questions and be feeling all sorts of emotions.

Your care and support needs as a younger woman are often different to those of older women diagnosed with breast cancer.

This booklet covers topics younger women have told us are important to them, including:

- Treatment and care
- Fertility and talking to your treatment team about fertility before you start treatment
- The possibility of early menopause
- Relationships and talking to children
- Work and finances
- Where to get more support

You'll also see quotes from other younger women who've experienced breast cancer.

You don't have to read this booklet from cover to cover if you don't want to. You can pick out the sections that are helpful to you now and come back to the other sections when you feel ready.

And if you have any questions or need more support, you can call our free helpline on **0808 800 6000**.

You can order or download any of the Breast Cancer Now publications mentioned in this booklet at  
**[breastcancernow.org/publications](http://breastcancernow.org/publications)**

# Being told you have breast cancer

Being diagnosed with breast cancer can be overwhelming and you may struggle to take in what you're being told.

At your hospital appointments, it may be helpful to:

- Take a family member or friend
- Take notes on what's said
- Record your appointment on your mobile phone (remember to ask permission first)

When you have breast cancer at a younger age, you may have to make difficult choices about your future sooner than you expected, for example about having children.

You might feel shocked, scared, angry and upset. All these feelings are normal. It might help to talk them through with a friend, relative or your breast care nurse. And you can always call our helpline to speak to one of our nurses about your concerns or worries.

Our booklet **Diagnosed with breast cancer: what now?** contains tips on coping in the weeks or months after diagnosis and getting the information and support you need.

Our **Treating primary breast cancer** booklet has information about the treatments you may be offered as well as types of breast cancer and making treatment decisions.

"The first thing I thought when I was diagnosed was 'Why me? I'm too young!' I felt scared and the first thing I said to my breast care nurse was that I did not want to leave my 2 small children without a mum." **Claire**

**4** Call our helpline on **0808 800 6000**

## Telling people about your diagnosis

You might be worried about telling people about your breast cancer diagnosis and how they may react.

You might find it hard to talk about your diagnosis or feel like you do not have all the information to give people just yet. But talking about your cancer can sometimes help you cope with what's happening and make it easier for people around you to support you.

Who you tell and how you tell them is up to you and there's no right or wrong way.

Other people might be shocked when you tell them, especially if they didn't know that younger women can get breast cancer.

Sometimes people say insensitive, hurtful or incorrect things without meaning to, or do not say anything at all. Some people may withdraw from you or distance themselves. This is usually because they feel upset, awkward or do not know what to say.

Friends and family will probably want to help but they might not know how. It can help to give them specific tasks, like coming to appointments with you or looking after younger children.

"I didn't want to share my diagnosis with everyone. My parents told family members, and I told some friends. They were shocked and naturally upset but a great source of support." **Lianne**

"I messaged a lot of people online and told them. I didn't want to make a big deal out of it, I just wanted to carry on being me who happened to be in cancer treatment." **Lisa**

## Tips for telling others about your breast cancer

- Only tell who you want to. You might only want to tell those close to you at first. If you do not want them to pass it on to anyone else, let them know.
- Choose a time and place that works for you, when you feel comfortable and where you're not distracted.
- Tell people the basic facts about your diagnosis and treatment options and let the conversation progress naturally. It's OK to tell people that you do not want to talk about it beyond the basic facts.
- Give people one of our information booklets, for example **Diagnosed with breast cancer: what now?**, to read or point them towards our website.
- Ask a close friend or relative to help you tell people. Asking someone you trust to tell other people may take away the burden of having to keep going over the same information.
- Think about different ways of telling people. Some people prefer to do it by phone, email, text or WhatsApp message, or posting about it on social media, especially if they feel too emotional to have a face-to-face conversation.
- Ask your breast care nurse for support if you're worried about telling your family and friends.

## Talking to your children

Many younger women who are diagnosed with breast cancer say their first thoughts are about their children.

You might worry about what to tell your children and how they will react.

Deciding when and what to tell your children can be difficult, but you know your children better than anyone.

Evidence suggests that children are less frightened if they know what's happening, even if they do not fully understand.

Children are very good at sensing when something is wrong and can usually tell when you're upset or worried. They can often tell if something seems different, and may start worrying and guessing what it might be.

Therefore, telling them sooner rather than later is best.

Fruitfly Collective is an organisation that produces activity kits and other resources to help support children, adults and families affected by cancer. See "Useful organisations" at the end of this booklet for how to get in touch.

Your children's school or nursery can also help provide stability and support at a time of change at home, so it might help to talk to their teacher or key person. And you can speak to your breast care nurse for more support around telling your children or call our helpline to speak to one of our nurses.

"Telling my children was one of the hardest things I have ever had to do. I explained that I had a lump and that my whole breast was going to be gone. I was completely open and honest with them both but neither had many questions, other than if my breast was going to grow back." **Claire**

# Treating breast cancer in younger women

You may be offered a combination of treatments including:

- Surgery
- Chemotherapy
- Radiotherapy
- Hormone (endocrine) therapy
- Ovarian suppression (stopping the ovaries from working either temporarily or permanently)
- Targeted therapy
- Bisphosphonates (these may be offered with ovarian suppression or if the ovaries have been removed)

The treatments you're offered will depend on the type of breast cancer you have and the features of your cancer.

Your treatment team will meet to discuss your treatment options. This is called a multidisciplinary team (MDT) meeting. Your treatment team will then discuss your treatment plan with you. This will be based on your individual situation so may look different to someone else's treatment plan.

You may be offered a choice of treatments. It can be hard to decide what's best, but you can discuss any questions you may have with your treatment team.

You can find more information about breast cancer treatments on our website at **breastcancernow.org** and in our booklet **Treating primary breast cancer**.

**8** Call our helpline on **0808 800 6000**

## Clinical trials

You may be able to take part in a clinical trial if you're eligible. If this is something you're interested in, talk to your treatment team and they can advise you.

You can find out more about the trials that are available on the Be Part of Research or Cancer Research UK websites. See "Useful organisations" at the end of this booklet for how to get in touch.

## Outlook (prognosis)

After a diagnosis of breast cancer many people will naturally start to think about what their outlook (prognosis) might be. Some people might want as much information as possible about their prognosis, while others might not want to think about it. You can speak to your treatment team if you want to know more about your outlook. And you can call our helpline on **0800 800 6000** to talk things through.

## Fertility and pregnancy

### Your fertility and breast cancer

Some breast cancer treatments, such as chemotherapy, can affect your ability to become pregnant (your fertility).

It's important to discuss any fertility concerns with your treatment team before you begin your treatment.

You can read our booklet **Fertility, pregnancy and breast cancer** for more information about how breast cancer treatments can affect your fertility,

### Chemotherapy and fertility

Chemotherapy causes changes in your ovaries, reducing the number and quality of your eggs which can affect your ability

to become pregnant. It can also stop your periods. This may be temporary or permanent.

The likelihood of chemotherapy having lasting effects on your fertility will depend on the drugs you're given, the dose, your age and what your fertility was like before cancer treatment.

Your periods might restart months or sometimes a year or more after your treatment has finished.

If your periods return after chemotherapy, it's still likely you will go through an earlier menopause.

In general, the younger you are when having treatment, particularly if you're under 35, the more likely it is that your periods will return.

If you're over 35, your fertility may be reduced after chemotherapy due to a combination of your treatment, age and number of eggs.

If your periods return it doesn't always mean you'll be able to get pregnant. It's important to speak to your treatment team if you have any concerns.

## **Hormone therapy and fertility**

Hormone therapy may cause your periods to stop.

Your periods should start again once you stop taking hormone therapy as long as you have not gone through the menopause naturally while taking the drug.

Hormone therapy is usually taken for 5 to 10 years.

While you're taking hormone therapy, you'll be advised not to get pregnant as it may harm a developing baby. Even if your periods stop while you're taking hormone therapy you could still get pregnant.

## Fertility preservation

Before you start breast cancer treatment, you'll need to decide if you want to try to preserve your fertility. It can be difficult to decide what options are best for you and making a decision might feel overwhelming.

Not all younger women having breast cancer treatment will have fertility problems in the future.

Some women know what they want to do, while others have a harder time making a decision. Your religious or moral beliefs may also affect your decision making about fertility preservation.

It's important to choose what's right for you.

Your treatment team should offer you a referral to a fertility specialist to discuss the option of preserving your fertility. This should be as soon as possible after diagnosis to prevent any delays in your treatment.

There are several fertility preservation options. You can read about them in more detail in our booklet **Fertility, pregnancy and breast cancer**. The Human Fertilisation and Embryology Authority (HFEA) has more information about fertility preservation. See “Useful organisations” at the end of this booklet for how to get in touch.

"My treatment team really helped to put my mind at ease and supported me to make an informed decision. I went ahead and had fertility preservation. It gave me hope for my future and I don't regret it. My tip would be to have those conversations as soon as you can." **Lianne**

## Contraception during treatment

It's important to avoid getting pregnant while having breast cancer treatment, as treatment can harm a developing baby.

You'll usually be advised to use a barrier method of contraception, such as condoms.

It may also be possible to use a coil (IUD or intrauterine device). Speak to your treatment team as not all types are suitable for women with breast cancer.

The contraceptive pill is not advised after a diagnosis of any type of breast cancer.

This applies to both the "combined" pill and the progestogen-only "mini" pill.

You can still use the morning-after pill in an emergency as it's a single dose of hormones and unlikely to affect your breast cancer.

It's important to use reliable contraception throughout your treatment.

## Diagnosed during pregnancy

If you're diagnosed with breast cancer during pregnancy, you can usually have effective treatment for your breast cancer without it affecting your baby's development.

Most women continue their pregnancy while having breast cancer treatment.

Your treatment team and obstetrician (doctor who specialises in pregnancy and birth) or midwife can give you information and support.

Our booklet **Breast cancer during and after pregnancy** has more information about pregnancy, breastfeeding, and treatment options.

Being pregnant or caring for a new baby while having treatment for breast cancer can affect you both physically and emotionally.

Mummy's Star is a charity that supports women affected by cancer during pregnancy or shortly after birth and their families. See "Useful organisations" at the end of this booklet for how to get in touch.

## **Considering pregnancy after breast cancer**

It's hard to know exactly how breast cancer treatments will affect your fertility.

Generally, you should assume you could still get pregnant unless:

- You're 40 or over and have not had a period for at least a year after finishing your treatment
- You're under 40 and have not had a period for at least 2 years after finishing your treatment

This is a general guide though and will be different for each person.

You may be able to have tests around 3 to 6 months after you've finished treatment to check your fertility. This could include having blood tests to check your hormone levels and having a transvaginal ultrasound to look at your ovaries, where a scan probe is gently placed inside the vagina and sound waves are used to produce an image.

If you're able to get pregnant and have a baby after your breast cancer treatment, there's no evidence that you're at increased risk of the cancer returning. There's also no evidence that there are any health risks for children born after breast cancer treatment.

Many treatment teams advise waiting for 2 years after treatment has finished before becoming pregnant. This is because the possibility of the cancer coming back can reduce over time, and you may be at greatest risk in the first 2 years after diagnosis.

If you would prefer not to wait for 2 years, speak to your treatment team. They can help you make an informed choice, taking into account your individual risk of the cancer coming back and your own circumstances.

## Pregnancy after hormone therapy

If you're offered hormone therapy, you'll usually take it for between 5 and 10 years. By this time, you may have a natural menopause.

Some women choose to take a break from hormone therapy if they want to try to get pregnant. They can then restart treatment after the birth of their baby if they're able to get pregnant.

An ongoing study suggests a temporary break from taking hormone treatment to have a baby is safe for some women. If this is something you'd like to consider, speak to your treatment team.

If you're planning to get pregnant after you've finished taking hormone therapy, it's best to wait at least 3 months to allow time for the drug to leave the body completely.

## Pregnancy after targeted therapy

It's not fully understood whether targeted therapy drugs affect fertility. You should avoid getting pregnant while taking targeted therapy drugs as they may cause harm to a developing baby.

If you're considering trying to become pregnant when you've finished any of these treatments, discuss this with your treatment team. This is because the length of time you should wait before trying for a baby varies with each treatment and can be at least 7 months after completing the treatment.

## Other ways to grow a family

If you cannot conceive naturally because your breast cancer treatment has damaged your ovaries, you may be able to become pregnant using donated eggs. The eggs are fertilised with sperm from your partner or a donor and the embryo is transferred to your womb.

Some women choose other ways to grow their family, such as adoption, fostering or surrogacy, and others choose not to become parents. See "Useful organisations" at the end of this booklet for details of organisations that can provide information and support.

## Family history, genes and breast cancer

Sometimes, someone's family history suggests they and other family members could be at increased risk of developing breast cancer. This is known as having a significant family history.

A significant family history may mean there's a chance that there's an altered gene in that family that increases the risk of breast cancer.

Around 5 to 10% of women with breast cancer have inherited an altered gene.

Having breast cancer at a younger age can also mean there's an increased chance of having an altered breast cancer gene.

The most common inherited altered genes associated with breast cancer are BRCA1 and BRCA2. Other altered genes, including TP53, ATM, CHEK2 and PALB2, can increase your risk of breast cancer if you inherit them, although they're much rarer.

If you're worried about your family history or your risk of having an altered gene, talk to your treatment team.

## Family history assessment and genetic testing

If you have a significant family history of breast or ovarian cancer, your treatment team may refer you to a family history or genetics clinic for further assessment. If the assessment shows you're at high risk, you'll be offered genetic counselling and testing.

Your own diagnosis of breast cancer could also mean you're eligible for genetic testing, even if you do not have a significant family history.

Finding out whether you have an altered gene can help your treatment team in planning your treatment and follow-up.

If you're found to have an altered gene, you'll be given information on the options available to you, including risk-reducing surgery and follow-up screening.

You can read more about these options in our booklet **Family history of breast cancer: managing your risk**.

## Relationships

### Your relationship with your partner

A breast cancer diagnosis can affect relationships in different ways.

You may find that an existing relationship changes after you've been diagnosed with breast cancer.

Some couples become closer and their relationship gets stronger. But a relationship can also become strained.

A cancer diagnosis and treatment may mean you and your partner take on different roles in the relationship compared to before your diagnosis. This can be difficult to cope with.

It might help to talk openly about your feelings and what impact the cancer and treatment has on both of you.

Counselling can be very helpful, and discussing your feelings with someone impartial can help you both to see things more clearly. Organisations like Relate offer relationship counselling. Many hospitals also have counselling services, some specialising in cancer, and there may be services in your local community too.

The organisation Cancer Care Map has a directory of cancer services that you can find in your local area. See "Useful organisations" at the end of this booklet for how to get in touch.

It may be helpful for your partner to read our booklet **When your partner has breast cancer** for more information, including support they can access. And you or your partner can always call our helpline to speak to one of our nurses.

## If you're single

Being diagnosed with breast cancer if you're single can bring its own challenges, particularly if you live alone and are used to being independent.

Some people will reach out to family members and friends for support. Others might not have family nearby or do not have regular contact with them. Or you might feel that you do not have anyone you're close enough to or comfortable enough with to talk about how you're feeling.

Speak to your treatment team if you need more support, either emotionally or with your day-to-day tasks.

## Dating and new relationships

If you're not in a relationship when you're diagnosed with breast cancer, you may worry about dating again or starting a new relationship after your diagnosis.

Meeting someone new may mean telling them about your breast cancer. Deciding when and how to do this can be difficult.

You may feel there isn't a right time to talk about this, or you might be unable to find the words you want to use. But as you get to know someone and feel more comfortable with them, you may find it easier to talk about all aspects of your life, including your breast cancer.

## Relationships with parents, family and friends

You might feel able to lean on your friendship group for support. Or you might find that your relationships with friends change after your diagnosis.

Some friends may withdraw because they feel awkward or do not know what to say, which can feel hurtful. You might feel like you do not have as much in common with your friends anymore.

Relationships with parents and your wider family, if you're in touch with them, can change as well. Parents may find it very difficult to see their child go through a breast cancer diagnosis.

They might pull away and become more distant. Or they might feel protective of you and want to be very involved with your treatment and care.

You might find that old friends and acquaintances want to reconnect when they hear about your diagnosis. This can feel overwhelming and tiring, especially if you're getting lots of messages that you feel you have to reply to.

It can help to be open with family and friends about how you're feeling and how they can best support you, whether that's practically or emotionally. For example, you might want to ask people not to call in to visit unannounced if you're feeling very tired during or after treatment.

"Friends and family sharing their normality with me, including their troubles, helped me massively. Some people felt like they had to change how they talked to me but my advice to anyone wanting to support someone with breast cancer is to just be normal." **Claire**

"A supermarket shop that just arrived at the house was the best thing ever. Much more useful than another bunch of flowers. I would recommend creating a list of jobs that you actually need doing and sending those to people when they ask." **Kate**

## Your body after treatment

Breast cancer and its treatments can cause changes to your body and the way you look.

You may have scars after surgery.

If you've had a mastectomy and chose to delay or not have breast reconstruction, you'll have to get used to how your body looks without one or both breasts.

If you've had reconstruction, getting used to your new breast shape can take time, and the look and feel will be different to a natural breast.

You may have lost your hair if you had chemotherapy. It's also common for your weight to have changed during or after treatment.

Even though many of the effects of treatment can be temporary, they can still have an important effect on how you see your body, not least because they can be an outward sign of having cancer.

How you feel about your body may affect how you relate to the people around you, such as a partner.

Our booklet **Your body, intimacy and sex** explores how these changes can alter your body confidence, and how they may affect sex and intimacy.

If you've had a mastectomy, you might find it useful to read our booklets **Breast prostheses, bras and clothes after surgery** and **Breast reconstruction**

## Support for getting used to changes to your body

Flat Friends has information and support for women who have had a mastectomy without reconstruction.

Keeping Abreast offers support and information to women who've had or are thinking about breast reconstruction.

Look Good Feel Better offers free workshops to help people deal with the visible side effects of cancer treatment.

See “Useful organisations” at the end of this booklet for how to get in touch.

## **Menopausal symptoms and the possibility of early menopause**

The menopause is the time when a woman stops having periods and is no longer able to get pregnant. This usually happens naturally between the ages of 45 and 55, and on average at the age of 51.

Some treatments may cause an early menopause in women who have not already been through the menopause naturally (premenopausal women). This may be distressing if you were hoping to have children. See page 8 for more information about breast cancer treatment and fertility.

Some treatments will not cause an early menopause but may cause the symptoms associated with it.

Treatments such as chemotherapy and hormone therapy can cause menopausal symptoms like hot flushes, night sweats, vaginal dryness, joint pain, poor concentration and mood changes.

Talk with your treatment team if you have menopausal symptoms. They may be able to help you manage them or refer you to a specialist menopause clinic for further advice and support.

The organisation Menopause and Cancer has resources and support for women going through menopause after cancer treatment. See “Useful organisations” at the end of this booklet for how to get in touch.

Our booklet **Menopausal symptoms and breast cancer** may be useful too.

## Bone health

Some treatments for breast cancer can affect your bone health, which can increase your risk of developing osteoporosis.

Osteoporosis is a condition where your bones lose strength (density) and are more likely to break.

An early menopause, before the age of 45, means you'll have lower levels of the hormone oestrogen in your body. This can increase the risk of osteoporosis.

Some hormone therapy drugs can also lower the amount of oestrogen in the body and increase the risk of osteoporosis.

If your treatment team is concerned about your risk of osteoporosis, they may suggest a type of x-ray called a DEXA scan to check your bone health before you start treatment. You might also need follow-up DEXA scans every 2 years. Your treatment team will discuss this with you.

In premenopausal women, taking the hormone therapy drug tamoxifen may slightly increase the risk of osteoporosis. This is unlikely to lead to osteoporosis unless you've had ovarian suppression as well. Your risk of osteoporosis may be higher if you're 45 or under and your periods have stopped for at least a year.

If you're worried about your risk of osteoporosis, speak to your treatment team or GP.

## Financial and practical support

### Benefits and breast cancer

A breast cancer diagnosis and treatment can put a strain on you financially. For example, it may affect your ability to work or mean you have extra costs like childcare.

This can be something else to worry about at an already stressful and difficult time.

You may be able to claim benefits if you have breast cancer. Several factors will be taken into account, such as your age, income and savings, and how much National Insurance you've paid.

Organisations that can help you understand what financial support you may be entitled to include:

- Maggie's
- Macmillan Cancer Support
- Citizens Advice
- Turn2us, a charity that helps people access welfare, grants and support services

See "Useful organisations" at the end of this booklet for how to get in touch.

You can find more information on financial support on our website.

## **Work and breast cancer**

You might continue working during some of your treatment or you might want to take time off. Many people worry about taking time off for appointments and treatment, and what their rights are at work.

You do not have to tell your employer that you have cancer, but it could help them to be more supportive and flexible. You have the right for any information you do provide about your breast cancer to be kept private and only discussed with other colleagues with your permission.

You may choose to tell your colleagues about your diagnosis so that they can have a better understanding of any changes to your work pattern or physical appearance. It could be helpful for 1 person at work to know what's happening and keep others updated, with your permission. But you do not have to tell anyone at work if you do not want to. Who you tell and how much you tell people at work is up to you.

If you're self-employed, you'll have to make decisions about how you run your business during treatment.

Working during treatment might help you feel more like yourself and let you focus on something other than the cancer. How you feel and how much you're able to do will depend on your health, the type of work you do, how far you have to travel and the side effects you have from treatment.

Macmillan Cancer Support has more information about work and finances. See “Useful organisations” at the end of this booklet for how to get in touch.

"I had 6 weeks off work after surgery and then returned to working from home. The structure gave me a reason to get up in the morning and something else to focus on. Work was really supportive and allowed me to work my hours flexibly, so that I was able to rest in between. Do what feels right for you and always listen to your body." **Lianne**

## Your rights at work

Your rights as an employee are protected by the Equality Act 2010. Under the Equality Act, anyone who has or has had cancer is classed as disabled. This protects people with breast cancer from any discrimination at work, including the recruitment process.

Your employer has to make reasonable adjustments to help you continue to work or return to work.

Reasonable adjustments might include:

- A phased return to work
- Temporary changes to your work hours
- Time off for medical appointments
- Adjustments to your role, such as reducing your workload

## Returning to work

If you've had time off while having treatment, you could talk to your employer about creating a return to work plan to ease yourself back into your working environment. You might also consider a phased return to work, where you slowly build up to your working hours. This can help if you're still experiencing the side effects of treatment, such as fatigue and having trouble concentrating.

If you're self-employed, this might be more difficult. But if you can, try to gradually build up your working hours and prioritise the most important tasks.

You might also feel that your current job doesn't suit you anymore and decide to look for a new one.

The organisation Working With Cancer offers coaching sessions and career advice to people who've had a cancer diagnosis to help them with their return to work or in changing careers. See "Useful organisations" at the end of this booklet for how to get in touch.

You can find more information and support for returning to work on our website.

"I was a self-employed window cleaner, so work was out of the question for a few months after surgery. I applied for employment and support allowance and did a gradual return after 3 months. It's definitely worth seeing what benefits you can apply for. I learned how important it is too to have income protection or good health insurance to cover wages. I had neither at the time." **Kayleigh**

## Follow-up

You'll continue to be monitored after your hospital treatment has finished. This is known as follow-up.

People are followed up in different ways. How you're followed up after treatment will depend on:

- How likely you are to have side effects from treatment
- The risk of your cancer coming back
- Arrangements at the hospital where you've been treated

You'll usually be offered regular mammograms, depending on the type of surgery you've had. You may or may not also have regular appointments.

You'll have a follow-up mammogram every year for at least 5 years. However, you may have these for longer depending on your age. At around the age of 50, you'll be invited to take part in a national breast screening programme.

If you had breast-conserving surgery, you'll have a mammogram on both breasts. If you had a mastectomy (with or without reconstruction), you'll have a mammogram on your other breast. If you had a double (bilateral) mastectomy, you will not have mammograms.

You can read more information about follow-up in our booklet **After breast cancer treatment: what now?**

## Worries about recurrence

Most breast cancers don't come back after treatment, but it's very common to worry about breast cancer returning.

If breast cancer does come back, it's known as recurrence.

It's important to know what signs and symptoms to look out for.

Talk to your GP or breast care nurse about any symptoms that:

- Are new or unusual for you
- Don't have an obvious cause
- Don't go away

Be aware of any changes to your breast or chest area including:

- Swelling on your chest, in your armpit or around your collarbone
- A change in shape or size
- A change in skin texture, such as puckering or dimpling
- The nipple has become pulled in (inverted) or looks different, for example changed position or shape
- Liquid (discharge) that comes from the nipple without squeezing it
- Swelling in the arm or hand
- Redness or a rash on the skin, in or around the nipple or in the area of the scar line of your treated breast
- A lump or thickening that feels different (with your treated breast this could be on or away from the scar line)

It can be difficult to know how your breast or scar area should feel, especially as the area can change over time as it repairs and heals.

You'll need to get to know how the area looks and feels so you know what's normal for you. This will help you to feel more confident about noticing changes and reporting them early to your GP or treatment team.

A lot of women find that fears about recurrence get better over time, but sometimes particular events can trigger worries. The days or weeks leading up to your follow-up appointments, for example, or finding out that someone you know has been diagnosed with cancer.

**26** Call our helpline on **0808 800 6000**

If you're finding it difficult to cope, you can talk to other women on our online forum at **breastcancernow.org/forum**

You can find more tips on managing anxiety on our website too, or call our helpline to talk through your concerns with one of our nurses.

You can find out more about follow-up after treatment and signs and symptoms of recurrence in our booklet

**After breast cancer treatment: what now?**

"I initially felt scared when active treatment stopped. My team has really taken care of me and listen to any concerns I have. Over time, that sense of fear has reduced and I no longer think about recurrence on a daily basis. I know I have access to my treatment team should I need them." **Lianne**

"I would advise people to get to know their body after surgery and treatment, and don't be shy about ringing the nurses if you notice anything different. I've also used the **Ask Our Nurses** function on the Breast Cancer Now website quite a few times when I've had questions. It's so reassuring!" **Kayleigh**

# Moving forward after breast cancer

Many people expect to feel relief once their hospital-based treatments for breast cancer have finished, and for some people this is the case. But it can also be a difficult and emotional time for several reasons.

It can mean leaving behind the routine and support you have become used to. Having much less contact with your hospital can leave you feeling isolated.

At the same time, family and friends may have moved on and expect you to do the same.

## Moving Forward courses

You don't always feel "back to normal" when you finish hospital treatment for primary breast cancer. Coping with the shock of your diagnosis, treatment and side effects, as well as worries about your cancer coming back, can make it hard to readjust to everyday life.

Moving Forward allows you to connect with people who understand through supportive, open conversations in a safe, confidential space. And you'll find the tools you need to feel more empowered, confident and in control, so you can move forward with your life.

The course takes place over 2 half days on consecutive weeks, either in person or online.

Our **Moving forward** booklet also has lots of information on managing the physical effects of your diagnosis and treatment, coping emotionally and getting more support.

## Where to find more support

### Younger Women Together

Younger Women Together gives tailored support and the chance to meet people who understand what you're going through, in a space that's just for women aged 18–45.

During our 1 or 2 day in-person events in cities across the UK, you'll be able to share your experiences with other younger women with breast cancer. Or join one of our online 4-week courses where you'll meet other women your age in a confidential online space.

There are sessions from expert speakers on topics including fertility, intimacy and relationships, as well as a question-and-answer session with an oncologist (doctor who specialises in cancer).

Younger Women with Secondaries Together is also there for women aged 45 and under who've been diagnosed with secondary breast cancer. Our online and in-person events will allow you to meet other women like you and explore the impact that secondary breast cancer has on your life.

Find out more and register on our website at  
**[breastcancernow.org/support-for-you](https://breastcancernow.org/support-for-you)**

### Someone Like Me

Our Someone Like Me services match people with a primary breast cancer diagnosis to a trained volunteer who's had a similar experience. They'll be a phone call or email away to answer your questions, offer support or simply listen. Whatever you need to talk about. Because there's nothing like finding someone who really understands what you're going through. Find out more on our website or call our helpline on **0808 800 6000**.

## Speaking to someone

You might want to talk to someone who is specially trained in providing emotional support. This could be a counsellor linked to your GP practice or hospital, or a psychiatrist or clinical psychologist at your hospital who works with cancer patients. Your treatment team or breast care nurse can advise you on how to get more help.

You can also call our helpline on **0808 800 6000**, 9am to 4pm Monday to Friday and 9am to 1pm on Saturdays, to speak to 1 of our specialist nurses if you've got any questions or worries.

"You are not alone, even if you think you are. I found the **Someone Like Me** service amazing and it really helped me to talk things through with someone of a similar age that knew and understood what I was going through." **Claire**

"Help is out there if you want it and life can be good again after cancer. I've done a lot of travelling and have experienced some wonderful things, even with the appointments and medication." **Kayleigh**

## Useful organisations

### Being told you have breast cancer

#### Fruitfly Collective

- [fruitflycollective.com](http://fruitflycollective.com)
- Resources, kits and ideas to help parents and carers talk to children and young people about cancer

#### Mummy's Star

- [mummysstar.org](http://mummysstar.org)
- Support for women diagnosed with cancer during pregnancy and in the first 12 months after birth, and their families, through advice, advocacy, and emotional and financial support

#### Shine Cancer Support

- [shinecancersupport.org](http://shinecancersupport.org)
- Support and events for young adults in their 20s, 30s and 40s living with any type of cancer diagnosis

### Treating breast cancer

#### Be Part of Research

- [be part of research.nihr.ac.uk](http://be part of research.nihr.ac.uk)
- A database to help patients find out about and sign up for health and social care research studies that are taking place in the UK

#### Cancer Research UK

- [cancerresearchuk.org/about-cancer/find-a-clinical-trial](http://cancerresearchuk.org/about-cancer/find-a-clinical-trial)
- Search for and sign up to clinical trials

## Fertility and pregnancy

### Adoption UK

- [adoptionuk.org](http://adoptionuk.org)
- Information about adoption and support for adoptive families

### CoramBAAF

- [corambaaf.org.uk](http://corambaaf.org.uk)
- Information on adoption and fostering and works with everyone involved with adoption and fostering across the UK

### Human Fertilisation and Embryology Authority

- [hfea.gov.uk](http://hfea.gov.uk)
- The UK's fertility regulator, providing impartial and accurate advice about IVF, clinics and other fertility treatments

### Surrogacy UK

- [surrogacyuk.org](http://surrogacyuk.org)
- Started by a group of experienced surrogates to help create, complete and support families through ethical surrogacy

## Relationships

### Cancer Care Map

- [cancercaremap.org](http://cancercaremap.org)
- An online directory of local resources to support people with cancer with medical, emotional, wellbeing and practical concerns

### Relate

- [relate.org.uk](http://relate.org.uk)
- Relationship counselling, support and advice to help people build better relationships

## Your body after treatment

### Flat Friends

- flatfriends.org.uk
- Information and support for women who do not have reconstruction after a mastectomy

### Keeping Abreast

- keepingabreast.org.uk
- Information and support for women who've had or are thinking about having reconstruction after a mastectomy

### Look Good Feel Better

- lookgoodfeelbetter.co.uk
- Workshops and online tutorials with advice and support to help people deal with the physical affects of cancer

## Menopausal symptoms

### Menopause and Cancer

- menopauseandcancer.org
- Support and resources for women going through menopause after cancer treatment

## Financial and practical support

### Citizens Advice

- citizensadvice.org.uk
- Help for legal, financial and other practical issues through free, independent and confidential advice

### Macmillan Cancer Support

- macmillan.org.uk
- Helpline: 0808 808 0000
- A wide range of support including information, support centres and online communities

## Maggie's

- [maggies.org](http://maggies.org)
- Individual confidential advice through nurses and advisors based at local Maggie's centres, as well as information and support groups for people affected by cancer and their families

## Turn2Us

- [turn2us.org.uk](http://turn2us.org.uk)
- Information and practical help for people facing financial insecurity

## Working With Cancer

- [workingwithcancer.co.uk](http://workingwithcancer.co.uk)
- One-to-one coaching to help people with cancer return to work, stay in work and look for work. Also offers advice to employers to help employees navigate cancer in the workplace

We're Breast Cancer Now, the research and support charity. However you're experiencing breast cancer, we're here.

## Life-changing support

Whoever you are, and whatever your experience of breast cancer, our free services are here. Whether you're worried about breast cancer, dealing with a diagnosis, working out life with or beyond treatment – or someone you love is.

## World-class research

We support over 290 of the brightest minds in breast cancer research. They're discovering how to prevent breast cancer, live well with the disease, and save lives. Every day, they get closer to the next breakthrough.

## Change-making campaigns

We fight for the best possible treatment, services and care for everyone affected by breast cancer, alongside thousands of dedicated campaigners.

### Could you help?

We don't get any government or NHS funding for our support services or health information. So, we rely on donations and gifts in wills to make our vital work happen. If you'd like to support us, go to [breastcancernow.org/give](http://breastcancernow.org/give)

# ABOUT THIS BOOKLET

**Breast cancer in younger women** was written by Breast Cancer Now's clinical specialists, and reviewed by healthcare professionals and people affected by breast cancer.



For a full list of the sources we used to research it:  
Email [health-info@breastcancernow.org](mailto:health-info@breastcancernow.org)



You can order or download more copies from  
[breastcancernow.org/publications](http://breastcancernow.org/publications)



We welcome your feedback on this publication:  
[health-info@breastcancernow.org](mailto:health-info@breastcancernow.org)



For a large print, Braille or audio CD version:  
Email [health-info@breastcancernow.org](mailto:health-info@breastcancernow.org)

## Medical disclaimer

We make every effort to ensure that our health information is accurate and up to date, but it doesn't replace the information and support from professionals in your healthcare team. So far as is permitted by law, Breast Cancer Now doesn't accept liability in relation to the use of any information contained in this publication, or third-party information included or referred to in it.

## We're here

### Information you can trust, support you can count on

Whatever breast cancer brings, we're here for you.

Whether you're looking for information about breast cancer or want to speak to someone who understands, you can rely on us.

Call **0808 800 6000** to talk things through with our helpline nurses.

Visit **breastcancernow.org** for reliable breast cancer information.

#### Breast Cancer Now

6th Floor  
The White Chapel Building  
10 Whitechapel High Street  
London E1 8QS



Patient Information Forum

Breast Cancer Now is a company limited by guarantee registered in England (9347608) and a charity registered in England and Wales (1160558), Scotland (SC045584) and Isle of Man (1200). Registered Office: 6th Floor, The White Chapel Building, 10 Whitechapel High Street, London E1 8QS.