

VITA

The breast cancer magazine
Issue 50 Winter 2025

SECONDARY BREAST CANCER

'I want to show
you can live well'

TACKLING INEQUALITIES IN BREAST CANCER

**'I DIDN'T KNOW WHAT
IT WAS UNTIL I GOT IT'**
Living with lymphoedema

COPING WITH RADIOTHERAPY SKIN CHANGES

**Why I model
my scars to
help others**

**BREAST
CANCER
NOW** The research &
support charity

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The events are a chance
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We look at topics like
menopausal symptoms,
sexuality and intimacy,
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with change and uncertainty,
all with the help of experts
and specialists.

One recent attendee said:
“I was nervous coming in as
I didn't really know what to
expect, but the event was
fantastic. We had a really good
mix of time where we were
receiving information but also
time to be able to share and
hear other people's stories,
which was incredible.”

To find out more about dates and where the
events are held, scan the QR code or visit

breastcancernow.org/YWT



WELCOME TO VITA

We're excited to bring you the 50th issue of Vita, packed full of real-life stories, lifestyle tips and groundbreaking research.

In this issue you'll meet Tess, who – after struggling to choose which breast cancer surgery to have in 2023 – now models her scars and reconstructed breast to help others facing the same decision. Turn to page 4 to read her story.

And on page 12 you'll hear from Rachel, who shares how focusing on the present and trying new things help her live well with secondary breast cancer.

Breast cancer research doesn't just happen in the lab. Turn to page 6 to find out about how research we fund is tackling inequalities in breast cancer care, from making breast screening more accessible to better supporting people with secondary breast cancer.

You can also find features on the benefits of journaling for wellbeing, coping with radiotherapy skin changes, managing lymphoedema and more.

We hope you enjoy reading this issue! We can't wait to bring you more inspiring stories in 2026.

Isobel Sims and Rachel Baxter, Vita Editors

Get in touch: vita@breastcancernow.org

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Vita Editors: Isobel Sims and Rachel Baxter. 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. Find out more at breastcancernow.org. Designed in partnership with www.juice-design.net

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Why I model my scars to help others with breast cancer

Tess Lamacraft was diagnosed with lobular breast cancer in 2023 when she was 52, following a routine mammogram.

I never felt a lump

“The tumour I had was nearly 10cm (98mm) and I couldn’t feel it,” recalls Tess. “I remember looking at a satsuma on the kitchen table and thinking, ‘It’s as big as that, how can I not have noticed it?’”

The way lobular breast cancer grows means a lump can’t always be felt. Other symptoms can include nipple changes, a change in skin texture, and changes in breast size and shape.

Tess had surgery followed by radiotherapy and hormone therapy.

Choosing my surgery

Tess decided to have immediate DIEP flap breast reconstruction surgery when her breast cancer was removed. This involves taking a flap of skin and fat from the lower tummy (abdomen) to create a new breast shape.

“I was really wavering between an implant and DIEP flap. At one point I even considered going flat if it meant I could have the mastectomy quicker,” says Tess.

To help her decide, Tess’ breast care nurse invited her to a hospital Show and Tell event run by the charity Restore, where women who’d had breast cancer surgery spoke about their experiences and modelled their bodies and scars.

“That was a massive game changer for me,” says Tess. “The women were so honest and inspiring. It helped me decide that the DIEP flap would be the best option.”

Tess also spoke with one of Breast Cancer Now’s Someone Like Me volunteers.

“The volunteer I was paired with was an amazing match,” says Tess. “She was very calm, had a very similar outlook on life to me and had had DIEP flap surgery the previous year. I was able to ask her questions and that really helped prepare me.”



“It was a major operation – I was in surgery for 8 hours – but it all went smoothly,” adds Tess. “I’m so glad I did it because I’m very pleased with the results. The surgeons did a great job.”

Moving forward after surgery

“My physical recovery was really good,” says Tess. “By far the hardest part for me was the mental recovery.”

She was prescribed the antidepressant sertraline to help manage her anxiety. She also saw a psychologist through her hospital. “It was so helpful to talk through my feelings and worries,” Tess says.

“Lifestyle changes have definitely helped me too.”

Tess exercises regularly – she enjoys Pilates, BODYPUMP and walking with friends, and finds meditation helpful.

Sharing my experience

Tess, who is a part-time TV journalist and part-time postnatal doula, sometimes writes about her breast cancer experience on her Substack blog “T with Tess”.

“Writing and sharing is my way of dealing with stuff,” she says. “I also hope it might help people who are going through this. One of the pieces is ‘A year since my mastectomy: 13 wins I didn’t expect,’” Tess explains. “It was really nice to reflect on some of the positives that have unfolded.

“I’ve pretty much cut out all alcohol and feel so much better for it and made an effort to eat healthier foods. I’ve also learned how much support is out there.”

Tess has 2 children and at the time of her diagnosis, her daughter was about to start university.

“It’s so hard because your instinct is to protect your children,” she says. “But we’ve been quite open about everything and they’ve been really amazing.”



From patient to model

Since recovering from surgery, Tess has modelled with Restore, sharing her experience with women awaiting mastectomies and showing them her scars and reconstructed breast.

“Restore was a huge help to me and I wanted to give that back,” Tess explains. “It brings the surgery and options to life in a way that no books or online pictures can.

“We always get really great feedback from the women who come to the sessions.”

Meanwhile, one of Tess’ breast care nurses read her blog and passed it on to a senior colleague.

“A director of nursing ended up reading it and was interested to hear more about the modelling with Restore,” says Tess.

“Earlier this year she invited me to speak at a hospital board meeting with healthcare professionals from a number of London hospitals. I told them how invaluable Show and Tell sessions are.

“The ideal scenario would be that every woman facing breast cancer surgery would have access to similar sessions.

“Not only did Restore help me decide which reconstruction to opt for, it also introduced me to a whole community of wonderful women affected by breast cancer,” Tess adds.

“They’re a great support network and I now feel like I’ve got this massive safety blanket around me at all times. When I’m having a wobble, I always know I can talk to them.”

You can read Tess' blog
“T with Tess” on Substack at
tesslamacraft.substack.com

See more about Restore's work at restore-bcr.co.uk

You can also find more information about breast cancer surgery, breast reconstruction and our Someone Like Me service on our website breastcancernow.org



Tess volunteering with Restore at St Thomas' Hospital

TACKLING INEQUALITIES IN BREAST CANCER

When you hear the word “researcher”, what do you picture? You might think of someone in a long white lab coat, safety goggles on, hunched over the lab bench conducting experiments. But this isn’t always the case.

In fact, some of the researchers we fund never even set foot in a lab. That’s because their research isn’t all about looking at cells under a microscope. Instead, they zoom out to try to understand more about how best to support people with breast cancer.

Our latest funding round, called Improving Public Health Equity and Wellbeing (IPHEW), is all about tackling the inequalities in breast cancer care.

IMPROVING ACCESS TO SCREENING

We know breast screening can save lives. But right now, too many people face barriers to attending their appointment. The latest NHS figures revealed that across the UK, breast screening uptake among those invited in 2023 and 2024 was at 70%. And while this was more than the 64.6% of invitees who attended their appointment the year before, there’s still a lot of room for improvement.

That’s why we’re funding 2 exciting new projects aiming to make breast screening more accessible.

For many women, one of the biggest things stopping them attending their appointment is the worry that it may be painful.



Dr Judith Offman

At Queen Mary University of London, Dr Judith Offman is investigating the experiences of women from all ethnic backgrounds to find ways to reduce pain. To do this, her team will interview women living across northeast London, review existing research and speak with the clinicians who carry out breast screenings. This will help them find a reliable way to measure how much pain someone might be experiencing during a mammogram.

Based on their findings, they’re designing a training course for staff carrying out breast screening, to make the entire process more comfortable. Not everyone finds breast screening painful. But this research could help to remove some of the negative stigma surrounding screening.

While Judith’s project focuses on physical comfort during screening, Dr Jihong Zhu is tackling a different barrier. Jihong, a roboticist at the University of York, is creating a robotic assistant to support posture during screening.



Dr Jihong Zhu

To make a mammogram accurate, the person having the scan needs to have a certain amount of physical strength to position themselves correctly. But for some people this can be difficult, due to factors like age, injury or disability.

To tackle this, Jihong and his team are developing a device called the MammoBot to gently support and position people accurately during their scan. By removing barriers that those with limited mobility may face during breast screening, this project aims to help more people feel in control of their health.

BETTER SUPPORTING PEOPLE WITH SECONDARY BREAST CANCER

We know we need to do more to understand how people with secondary breast cancer feel, what inequalities they face, and how we can best support them. Understanding these things will help make sure everyone receives the best care.

People with secondary breast cancer face many challenges related to poor physical and emotional wellbeing that can lead to them feeling isolated or excluded.

But in the UK, we lack accurate data on people living with secondary breast cancer.

At Queen's University Belfast, Dr Charlene McShane is working closely with people living with secondary breast cancer to develop a deeper and wider understanding of what inequalities people diagnosed with secondary breast cancer face in Northern Ireland.

Charlene and her team will be analysing data on diagnosis and treatment and speaking directly with people living with secondary breast cancer. In particular, they want to understand the impact of factors like education, income, disability and mental health. Ultimately, they hope to develop a resource to address the key areas where needs are not being met.

By identifying who would benefit most and providing support and access to health services, Charlene and her team hope to improve treatment and wellbeing for people living with secondary breast cancer. And while this study is happening in Northern Ireland, what we learn could be applied across the UK.

REACHING OUR 2050 GOAL

Breast cancer research comes in many different forms. Through their work, these researchers will help us understand how we can best support everyone during their diagnosis and treatment for breast cancer. This will bring us one step closer to our goal that by 2050, everyone diagnosed with breast cancer will live and be supported to live well.

"I DIDN'T KNOW WHAT IT WAS UNTIL I GOT IT" - LIVING WITH LYMPHOEDEMA

Lymphoedema is swelling caused by a build-up of fluid in the body's tissues. It can happen after surgery or radiotherapy to the lymph nodes under the arm. It usually affects the hand or arm on the side you had treatment, also known as your at-risk side, but it can also affect the breast, chest, armpit or shoulder.

While it's a long-term condition with no cure, lymphoedema can be managed and doesn't have to stop you living life to the full.

"I do have discomfort every now and then but other than that, I live my life as usual," says Moke, who's lived with lymphoedema since 2019. "It doesn't define me or stop me from doing what I want to do."

MY LYMPHOEDEMA DIAGNOSIS

Moke was diagnosed with breast cancer after finding a lump in her breast. A mammogram and an MRI scan confirmed she had 2 tumours in her left breast and she had a mastectomy in December 2018.

While getting ready for a wedding in February 2019, Moke realised that she couldn't

put her wristwatch on. She'd been warned about the risk of lymphoedema but didn't think it could happen to her so soon after her mastectomy.

"I saw my consultant and told him I thought I had lymphoedema, but he told me it was too soon after my surgery! I insisted though and they measured my wrist and found it was bigger than the other one," says Moke.

She was referred to a specialist clinic who diagnosed her with lymphoedema in her hand and arm on her left side.

"Initially my hand and wrist were really big and I had to have daily compression treatment for 2 weeks," remembers Moke. "They'd wrap it up a bit tighter each day and that helped bring the swelling down."



MANAGING LYMPHOEDEMA

Although there's no cure for lymphoedema, it can be managed using self-care techniques. These can be taught by the lymphoedema clinic.

Exercises using the muscles on the affected side and wearing compression garments (usually tight sleeves or gloves fitted by a specialist) can help move and drain fluid from the affected area.

Self-massage techniques can also help with fluid drainage.

"I have a compression sleeve and glove now, which I wear almost every day," Moke explains. "If I don't wear it for a day, I'm always massaging my hand."

"I was first given a light cream compression sleeve, which was very conspicuous. I asked if I could get a brown one, but I was told the provider of the compression garments didn't make them in my skin colour. Eventually I was able to get one from a different provider, which is what I've used ever since."

"I DON'T HIDE MY LYMPHOEDEMA"

Many people worry about how lymphoedema might affect them and if it will stop them doing what they enjoy.

But Moke wants people to know that despite her lymphoedema, she still travels, has an active social life and loves going to parties and dancing.

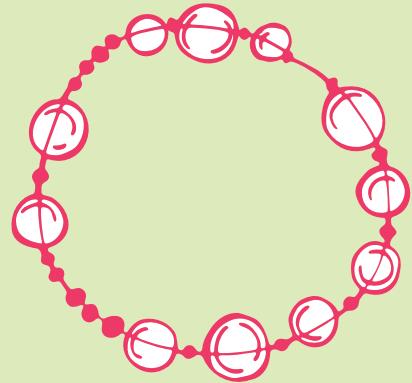
"It has changed my life in terms of my wardrobe – I can't wear clothes with long sleeves anymore. But I don't hide my lymphoedema. When I'm dancing, I raise my hand up so people can see it," says Moke.

"I even got a bracelet made specially to fit over my wrist and compression sleeve because I love my jewellery."

Over the years, Moke has found ways of managing her lymphoedema that work for her, and she doesn't shy away from telling others about it.

"Sometimes when people see me in public they say, 'Are you ok? Your hand is swollen!' I don't have a problem with it, I just tell them it's lymphoedema. A lot of people don't know what it is, and neither did I until I got it."

"You can only do your best and follow the advice of your clinic. You'll find your own methods over time."



REDUCING YOUR RISK

We don't know why some people develop lymphoedema after breast cancer treatment and some don't, but there are things you can do to reduce your risk:

1. Look after your skin on the side you've had treatment. Keep it clean and moisturised and avoid cuts, grazes and insect bites as much as possible
2. Watch out for signs of infection. Speak to your GP or treatment team as soon as possible if you notice redness, a rash, heat, swelling, tenderness or pain on the at-risk side
3. Try to maintain a healthy body weight. Eating healthily and staying active can help you keep to a healthy body weight, which reduces your risk of lymphoedema
4. Use your at-risk arm. Keep your arm and shoulder moving as much as possible and do any exercises that your treatment team have recommended after surgery

WORDS & wellbeing

How journalling can help us make sense of our stories

After being diagnosed with breast cancer at the age of 26, Alice-May Purkiss found writing helped her better understand her feelings and process her diagnosis.

Studies show that journalling can be a useful wellbeing tool for people going through cancer treatment. It can help reduce stress levels, make you feel more resilient and improve mental health. And if you've had breast cancer, it's a great outlet for reflecting on what you've been through and feeling more confident and in touch with yourself.

Processing through writing

Alice was diagnosed with breast cancer in 2015 after finding a lump in her breast. She wasn't worried about it as she'd had fibroadenomas (non-cancerous smooth lumps that usually don't need treatment) before.

"I was told on 7 July that I did have breast cancer," says Alice.

"I had a mastectomy, 6 cycles of chemotherapy and 15 sessions of radiotherapy."

Having studied journalism and worked in marketing, Alice knew she wanted to write about her experience of having breast cancer at a young age.

"I knew how impactful sharing my story could be," Alice recalls. "Not for myself necessarily but for those who might find my writing and feel less alone, or get a symptom they were worried about checked out."

Through writing, blogging and other creative outlets, Alice began to process and better understand her experience.

"Over time, I came to realise that writing about cancer, or any trauma for that matter, has research-backed benefits for emotional wellbeing," Alice explains. "There's tonnes of data that demonstrate how powerful writing and creativity can be for mental health."

"I started working with others to help them utilise these skills to experience the benefits."



Alice-May Purkiss

Now working as a mindset and wellbeing coach, Alice helps people improve their wellbeing and work through problems using creativity.

What is journalling?

The word "journalling" might bring to mind an image of a dated diary that you have to fill in every day. But journalling can look however you want it to.

You could buy a beautiful new notebook to write in, but any blank page in a notebook will do. Or you could use a piece of scrap paper or make a note on your phone.

Knowing what to write can feel daunting when you start journalling. It might help to think about what you want to get out of it. You might want to use it as an outlet for thoughts and feelings, a space to reflect on what you've been through, or somewhere to record what you're grateful for.

"Journalling is particularly helpful for making sense of complex experiences," Alice explains. "It can be a safe place to unpick things that feel especially knotty."

"It can help us spot recurring themes or patterns and start to see where we want to make changes."

Getting started

Alice recommends starting small and setting a 2-minute timer.

"Don't give it too much thought, just see what comes up for you and get it on the page," she says.

She also suggests making it a habit by "stacking" journalling with another activity that you do every day. For example, doing it after you brush your teeth at night or while drinking your first cup of tea in the morning.

"We often think journalling should be done in a particular way or by a specific type of person. We can sometimes feel like it's a bit too teenage or angst!" Alice says.

"But if there's a voice telling you to try it, it's worth listening."

Here are some other tips that might help:

- **Use prompts.** Think about questions you want to ask yourself, like "What am I grateful for this week?" or "How am I prioritising self-care at the moment?" You can also search online for prompts on different topics to get you started
- **Try different things.** You could write poems, letters to yourself or lists. Try doodling or collages. Or try tapping into your senses to explore a particular moment – thinking about what you could see, hear, smell, taste or feel
- **Don't overthink it.** You don't need to write anything profound, have perfect handwriting or worry about what other people might think. Your journal is yours alone

If you're struggling with your feelings about breast cancer, there's more information on coping emotionally on our website at **breastcancernow.org** Or call our free helpline on **0808 800 6000** to speak to one of our nurses.

Find out more about Alice's work at alicemaypurkiss.co.uk



I WANT TO SHOW YOU CAN LIVE WELL WITH SECONDARY BREAST CANCER

After completing treatment for primary breast cancer, Rachel was ready to put it behind her and focus on the future. But a diagnosis of secondary breast cancer in 2021 made her see her treatment in a new light. Now, she shares how staying connected to the present helps her live well with her diagnosis.

LOOKING TOWARDS THE FUTURE

Rachel continued to work during her diagnosis and treatment.

"I was teaching horticulture in a prison at the time, and that proved to be a much-needed distraction," she recalls. "Some of the students even shaved their hair in solidarity, which was lovely!"

"We bought a horsebox in August 2016 and began converting it into a campervan while I was having chemotherapy. Instead of posting

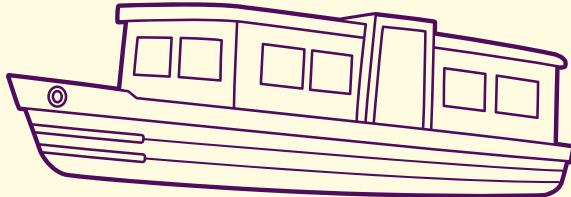
personal updates, I used the horsebox progress to keep everyone informed that I was doing well.

"During Easter 2017, we had a launch party for the horsebox campervan. We named it BoobyDo – a reference to the boobs making us do it!" Rachel explains. "Around 70 people came, and we charged an entry fee for them to camp for the weekend.

"We laid on food and had other small events and competitions. We raised around £2,000, which we split between Breast Cancer Now and my local cancer support centre."

Throughout her primary breast cancer journey, Rachel was focused on the end goal of finishing treatment.

"After my last treatment of Herceptin (a targeted therapy) in September 2017, I viewed my breast cancer as being behind me. I even had a tattoo of a pink ribbon on the back of my neck to symbolise it."



NAVIGATING A SECONDARY BREAST CANCER DIAGNOSIS

After experiencing pain in her ribs in 2018, Rachel was started on the drug denosumab to strengthen her bones. She also had regular CT scans to check the area.

Then, in 2021, she contacted her oncologist after she noticed a new pain in her ribs. Her regular appointment was brought forward. After a CT and a bone scan, Rachel was diagnosed with secondary breast cancer in the bones, which spread to her liver and lungs.

"I feel very fortunate that I knew the signs and symptoms of secondary breast cancer to look out for, and that I was having regular scans," Rachel says.

FOCUSING ON THE PRESENT

"There's been a huge change in how I view my treatment for secondary breast cancer compared to how I viewed my treatment for primary breast cancer," Rachel explains.

"Treatment for primary breast cancer was like doing a triathlon, with stages to get through and a goal of the final treatment date to focus on. But treatment doesn't finish in the same way when you have secondary breast cancer, so I've found it's more important to focus on how you feel day to day."

Rachel uses a range of techniques to connect her to the present while she travels the UK's waterways with her husband on the narrowboat they now call home after taking the decision to sell their house.

"I'm fortunate we live on a narrowboat because we're always surrounded by nature, which I find very grounding. Things like going for a walk or calling a friend can really help too," Rachel explains.

"I was also part of a pilot scheme my local cancer support centre ran, so I got to try mindfulness and breathwork. I've even done sound baths," Rachel recalls.

"It's about giving yourself the grace to try new things that might help connect you to the present, even if you've never thought to try them before."

Alongside these techniques, Rachel found crafting brought her joy. She now creates jewellery out of recycled materials like copper, beads and cutlery.

Rachel is also active in online groups for people with secondary breast cancer, where she particularly enjoys supporting and giving hope to people newly diagnosed.

"I go to hospital every 3 weeks for treatment, but I don't see any point in putting our lives on hold until we need to," Rachel explains.

"I want to show that you can live well with secondary breast cancer and that, although I have cancer, cancer doesn't have me."



Visit breastcancernow.org/support-for-you to find out more about our online and in-person support services for secondary breast cancer



Q&A

YOUR QUESTIONS ANSWERED

Breast Cancer Now's experts answer your questions about breast cancer and its treatments

Q

I've been feeling low since my treatment ended. Where can I go for support?

A

Many people are surprised by how emotional they feel when their breast cancer treatment ends. Adapting to life after treatment can be difficult – often you still need support and information.

You may be interested in our online or in-person Moving Forward courses. They're for people who've come to the end of hospital-based treatment for primary breast cancer and give you the tools to adjust to life beyond breast cancer.

Our Someone Like Me service can also match you with a trained volunteer who's had a similar experience to you. You can talk to them over the phone or by email to ask questions and get support. Find out more at breastcancernow.org/support-for-you

And our helpline is here to offer support and information, no matter what you're going through - see the next page for how to get in touch.

Q

I've been prescribed hormone therapy for the next 5 years but I'm struggling with side effects like hot flushes, brain fog and joint pain. What can I do to feel better?

A

Menopausal symptoms are common side effects of hormone therapy. Some women find the side effects ease as their body gets used to the medication, but for some they can persist and impact on quality of life.

Our booklet **Menopausal symptoms and breast cancer** looks at ways to manage hormone therapy side effects.

You can also talk to your treatment team. They can help you manage any symptoms and may suggest switching to a different type of hormone therapy if things don't improve. They may also refer you to a menopause clinic for specialist advice.



ASK US

Questions about breast cancer?

Call the helpline on **0808 800 6000** or visit **breastcancernow.org** for information, to order publications or to find out how to Ask Our Nurses by email.

Q

I'm starting chemotherapy soon and I've heard scalp cooling might stop my hair falling out. What is it and how does it work?

A

Hair loss is a side effect of some chemotherapy drugs used to treat breast cancer. Scalp cooling may stop or reduce hair loss during chemotherapy, but how well it works varies from person to person.

It involves wearing a special cold cap while receiving chemotherapy and for a little while before and afterwards. This means your treatment sessions will last longer. The cold cap reduces blood flow to the hair follicles, which reduces the amount of chemotherapy drug that can reach them.

Scalp cooling isn't available at all hospitals so ask your treatment team if it's an option for you.

Cancer Hair Care has more information on its website at cancerhaircare.co.uk

And we have more information about hair loss at **breastcancernow.org**

Q

I have secondary breast cancer in the skin (skin metastases) and I've been offered electrochemotherapy as a treatment. What does it involve?

A

Electrochemotherapy combines a low dose of a chemotherapy drug with electrical impulses. It's given to help with the symptoms of skin metastases, including bleeding, broken skin (ulceration) and pain. It can also reduce the size of skin metastases.

The chemotherapy is usually given into a vein. It can also be given by injection directly into the area of cancer being treated. Electrical impulses are then given directly to the area using an electrode with the help of a specially designed needle probe. This may be done several times to treat the whole area.

The procedure usually takes about 30 minutes, but this will depend on the size of the area being treated. It's usually given under general anaesthetic (medicine to make you sleep) in the operating theatre. Sometimes local anaesthetic (medication to numb the area) may be used depending on the size of the area and how many areas need to be treated.



Coping with radiotherapy skin changes

Skin reactions are the most common side effect of radiotherapy – a treatment that uses high-energy x-rays to destroy cancer cells. Reactions can include anything from colour changes and dryness to pain, itching and blistering.

Skin reactions are often at their worst 2 or 3 weeks after treatment ends, but they can happen sooner or later than this.

"Radiotherapy continues to work after treatment ends, so that's when you can see skin reactions from treatment start to develop," explains therapeutic radiographer Jo McNamara. "It's nothing to be concerned about."

"You can phone your therapeutic radiographers as soon as you see the reaction, as we can help," adds Jo. "You don't need to wait until you next see your oncologist."

Keep moisturising

It can be helpful to keep the treatment area moisturised by applying moisturiser at least 2 or 3 times a day.

It's best to use a moisturiser that doesn't contain perfume or metals, and that you've used before without any reactions.

"There isn't 1 kind of moisturiser that's better than any other," says therapeutic radiographer Naman Julka-Anderson. "There are hundreds of clinical trials every year and there's still been no conclusive results about 1 specific cream being best for 1 specific skin type."

"Some people use aloe vera-based gels, which are ok if they're 99.9% aloe vera, but they can dry the skin. So, if you're doing a gel-based regime, you need to have a moisturiser as well."

Naman also recommends not using Sudocrem or talcum powder on the treated area during radiotherapy and for at least 3 weeks after you've finished treatment.

"Contrary to popular belief, Sudocrem can actually make the skin reaction a lot worse to the point where we need to intervene with things like pain relief," notes Naman. "So just be mindful of that."

Skin reactions and skin tone

How your skin reacts to radiotherapy can vary significantly depending on your natural skin tone.

"If you have white skin you might start to see it go pinker or redder, even after 1 radiotherapy appointment," says Naman.

"And then it may look a bit like a tan towards the end of treatment or a couple of weeks afterwards. That can continue for a few months afterwards as well, which is quite normal."

"If you have a brown or black skin tone, it could go more pigmented and look darker than the surrounding area," adds Naman. "It might go maroon or purple – so something quite different from what you might see on Google."

Naman and Jo founded a platform called Rad Chat (radchat.co.uk) in 2021 to help educate and inform people about radiotherapy. They share helpful resources and have an award-winning podcast.

Rad Chat also recently launched an image library showing photos of radiotherapy skin reactions across different skin tones, to help educate healthcare professionals and show people having radiotherapy what to expect.

You can see the image library at radchat.co.uk/image-library. You can also submit your own photos to be included by emailing rad_chat@outlook.com

Top tips for looking after your skin

If you're having radiotherapy or have had it recently, these tips may help you take care of your skin:



Washing the skin

Wash the treated area gently with warm water and pat the skin dry with a soft towel



Heat and cold

Avoid exposing the treated area to very hot or cold temperatures like hot water bottles, saunas and ice packs



Sun protection

Avoid exposing the treated area to the sun during radiotherapy and until any skin reactions have settled down. After this, use high factor (SPF) suncream to protect the area. It's important to still use suncream even if your radiotherapy was a long time ago



Swimming

Speak to your treatment team if you plan to swim during or after radiotherapy – chlorine and chemicals in the pool can irritate the skin



Clothing, bras and prostheses

Try to avoid clothes that may rub your skin. Clothing made from natural fibres, like soft cotton bras and vests, may help. Or you may prefer not to wear a bra

If you wear a prosthesis, using the soft, lightweight prosthesis (softie or cumfie) you used after surgery may be more comfortable

Find out more about radiotherapy and its side effects in our **Radiotherapy for primary breast cancer booklet**.

Watch our Facebook Lives about radiotherapy with Naman and Jo on our YouTube channel at youtube.com/@BreastCancerNowCharity

NEWS ROUNDUP

BREAST CANCER NOW TEAMS UP WITH TOMBOLA

Earlier this year, we launched our exciting new partnership with Britain's leading bingo brand, tombola. We're joining forces to raise awareness of breast cancer and encourage more people to regularly check their breasts.

Our "Eyes Down, Check Up" campaign aims to encourage 1 million people to regularly check their breasts and raise up to £1 million to support our work.

As part of the campaign, tombola is running 5 special "Bingo Against Breast Cancer" games, with 50% of all ticket sales being donated to Breast Cancer Now.



USING BREAST BIOMECHANICS TO MAKE BETTER BRAS

Researchers at the University of Portsmouth are looking to improve post-treatment bras by studying how breasts change during treatment.

Using sensors and 3D scanning, the study looks at how the biomechanics – size, shape and feel – of breasts change during breast cancer treatment. This is the first time this technology has been used to find out what women need from post-treatment bras.

The researchers hope this will lead to more comfortable and supportive bras that can also help women return to exercise after treatment.



TACKLING LOW BREAST SCREENING UPTAKE IN WALES



Between 2022 and 2023, breast screening uptake in Wales dropped to 69.5% – below the 70% minimum standard and the 80% target.

It's estimated that 154 more breast cancers would have been detected if the target was met.

That's why we're calling on the government to improve uptake and address inequalities that make it difficult for people to access breast screening.

You can find out more on our website at breastcancernow.org and sign our petition asking the Welsh government to take action to get more women screened.

How Asda Tickled Pink is opening doors to breast cancer support

Have you heard of our Access Fund? Funded by Asda Tickled Pink, the Access Fund helps people get to our support services when costs get in the way.

This year, we helped Nicola reach one of our Younger Women Together events in Stirling all the way from the Outer Hebrides after she was diagnosed with primary breast cancer.

Our support services are always free to attend, but we know getting there and booking accommodation can be expensive.

Looking ahead at flights, trains and taxis, Nicola couldn't make the costs work – especially with her young family.

She told us on the phone that there weren't many younger women with primary breast cancer in her hometown. So our Access Fund team stepped in, booking the best travel and hotels to get her to that Younger Women Together event. Trains, planes, hotels, taxis – we made it work for Nicola.

All the plans to get Nicola to the event went smoothly and our Access Fund team worked with her every step of the way.

After the event, Nicola told us: "There was exceptional and diligent initial communication, which carried on after the event.

Nothing was any trouble, and the team kept me informed at each stage of the planning process, which was more complicated, due to me living in the western isles of Scotland.

"The service allowed me to connect with other women who would have been through similar experiences. It honestly provided me with comfort, confidence, reassurance and faith that I am not alone on this post-treatment journey."

That's the power of our Access Fund.

Asda Tickled Pink has already raised £100 million over 29 years for breast cancer charities. The money it's raised powers things like our life-changing Access Fund.

We can't thank Asda enough for their support. Find out more at www.asda.com/tickledpink

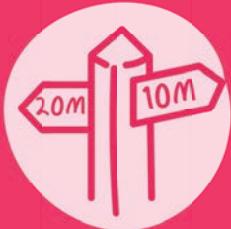
Visit breastcancernow.org/access-fund to find out how we can support you to access our services.



PINK RIBBON WALKS ARE BACK FOR 2026!

From April to June 2026, our Pink Ribbon Walks will be returning to some of England and Scotland's most breathtaking locations. Whether you choose to take on 10 or 20 miles, you'll be creating hope with every step as you walk to help fund world-class research and life-changing support.

Why not do something unforgettable in 2026? Join our community and help us change the future of breast cancer.



FIND OUT MORE

and be the first to register at
breastcancernow.org/PRWvita

- Hampton Court Palace and the Thames Path – 18 April
- Blenheim Palace and the Cotswolds – 9 May
- Chatsworth House and the Peak District – 17 May
- Edinburgh at Holyrood Park – 20 June

NEW FOR 2026

VITA

3 ways to subscribe to Vita magazine

1. Visit breastcancernow.org/vita
2. Email vita@breastcancernow.org
3. Fill in this form and send it to the address below

I'd like to receive Vita magazine 3 times a year

Name _____

Address _____

Postcode _____

Freepost RUHG-GYAY-GHYK, Breast Cancer Now, 10 Whitechapel High Street, London E1 8QS

If you already hear from us, we'll continue to contact you in the same way. From time to time, we may contact you by post to keep you updated on our work and ways you can help. You can change the way you hear from us at any time by emailing us at hello@breastcancernow.org, calling us on 0333 20 70 300 or writing to us at the address above.

To help us work more efficiently, we may analyse your information to make sure you receive the most relevant communications. This may include using publicly available information. You can ask us to stop this at any time, by contacting us using the above contact details. You can read more about how we will use your information on our website at breastcancernow.org/privacy, or contact us if you'd like a paper copy.