

Breast Cancer Information

Follow-Up Care Plan

► PART 2 OF 3

Information and resources for breast cancer patients in Manitoba after completion of treatment.



Moving *Forward*



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Welcome

Moving Forward after Breast Cancer

This booklet is Part 2 (of 3) of the Follow-Up Care Plan package. It provides breast cancer specific information about:

- follow up care
- side effects you might be experiencing and what the best course of action might be
- post treatment programs you may be interested in

Part 1 - the Personalized Follow-Up Care Plan and Treatment Summary outlines your personal follow up schedule (including necessary tests and appointments, what symptoms to watch for, and a summary of the treatments you received to treat your breast cancer). If you misplace your Part 1, please call your oncologist's office. A new copy can be provided for you.

Part 3 - the Moving Forward after Cancer booklet is a general resource focused on wellness and health promotion, the reduction of future risk, and resources and supports available in Manitoba after being treated for any type of cancer.

Part 2 and 3 are available online at **movingforwardaftercancer.ca**.

Please go to www.movingforwardaftercancer.ca for additional information that you may find helpful, such as videos and links to various websites.

Breast Cancer Patient and Family Educator

Call 1-866-561-1026 or Direct 204-787-4130

- Helps you find your way as you move forward after treatment
- Provides information and support
- Answers questions
- Connects you to programs and resources in Winnipeg and across Manitoba

Moving Forward after Cancer Treatment



Follow-Up Care Plan

►PART 3 OF 3



Information and resources for
cancer patients in Manitoba
after completion of treatment.



Moving Forward
after Cancer Treatment

Proudly supported by:
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COMMUNITY ONCOLOGY PROGRAM

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Important Caution: This summary document does not prescribe or recommend any particular medical treatment or care for cancer or any other disease and does not substitute for the independent medical judgment of the treating professional.

Follow Up Care

CancerCare Manitoba's Follow-Up Recommendations for breast cancer patients were adapted from the latest American Society of Clinical Oncology (ASCO) guidelines, which are considered the most stringent guidelines based on the best research from around the world.



How often should I see my family doctor?

You should see your family physician* for a visit and physical exam at a minimum every six months for five years, then yearly. *When we refer to family physicians in this booklet, we are also including primary care nurse practitioners.



Don't have a family physician or nurse practitioner?

Family Doctor Connection Program - Ph: 204-786-7111 or 1-866-690-8260

What changes should I see my family doctor about?

For many people finishing cancer treatment, one of their biggest concerns is the worry that the cancer may return someday. They also want to know what to watch out for. Here are some basic guidelines.

See your family physician/nurse practitioner **as soon as possible** if you notice:

- vaginal bleeding or spotting
- pelvic pain
- abnormal vaginal discharge
- breast lumps
- swelling of the arm (lymphedema)
- changes near or along the surgical scar such as skin nodules or bumps

See your family physician/nurse practitioner if these **symptoms last more than two weeks:**

- a new pain that won't go away
- a loss of appetite and weight loss together
- bone pain
- a cough or shortness of breath
- fatigue or a tired feeling that won't go away
- a tingling or numbness in the arm or hand if you have had radiation to the lymph nodes
- pain in the abdomen, nausea, vomiting
- headaches, vision changes
- any new or unusual symptoms that do not go away

What is my follow up plan?

Refer to your personalized treatment summary and follow-up guidelines (Part 1 of the Follow-Up Care Plan). Your plan will tell you

- which health care provider to see for the follow up
- when your next mammogram is due
- what symptoms to look for and to see your doctor if you have them.

If you do not receive a treatment summary/follow-up care plan from your cancer treatment team, please contact the CancerCare Manitoba Breast & Gyne Cancer Centre of Hope and speak with the Breast Cancer Patient and Family Educator who can assist you.



CancerCare Manitoba Breast & Gyne Cancer Centre of Hope

Breast Cancer Patient and Family Educator

Direct 204-787-4130 or toll-free 1-866-561-1026

Follow Up Care

What can I expect at each visit?

In addition to routine medical tests and screening for your overall health, your primary care provider will ask if you have any concerns or changes since your last visit and should examine your: breast, chest, surgical scars, abdomen, lymph nodes in the armpit and collarbone areas, and the arm or hand of your affected side for swelling (lymphedema).

What tests do I need after breast cancer? Who books the necessary tests and who provides the results?

A yearly mammogram is recommended, typically in the same month every year. The date is chosen by your last mammogram, which was done at the time of your diagnosis. Example: If you were diagnosed in March with your mammogram, then the next March will be your annual mammogram due date. If you had radiation to your breast, your mammogram should not be done sooner than 6 months after radiation therapy. Your breast needs to heal. Please check with your family physician to ensure your mammogram has been scheduled well in advance of your annual due date. Mammograms are not needed on a reconstructed breast.

Mammogram results go directly to the doctor who ordered the test. Each doctor has his/her own method of sharing these results with you; check with your doctor to see how your results will be shared with you.

Unless your family physician has specific concerns or you have symptoms that require further investigations, other tests such as x-rays, scans, and blood work, as well as tumor markers, are not required on a routine basis.

If I find a lump in my reconstructed breast, who do I go to?

There is a small risk of having a cancer recurrence after a mastectomy in a reconstructed breast. If you had breast reconstruction using your own tissue, it is fairly common to get “fat necrosis” lumps. These are lumps of fat that have hardened. If you find a lump in your reconstructed breast, don’t panic. Call your plastic surgeon’s office to get it checked. Let your primary care provider know when you see him/her next.

I have been started on anti-hormonal therapy. Why?

Anti-hormonal therapy is used to treat estrogen receptor (ER) and/or progesterone receptor (PR) positive breast cancer. Most breast cancers are hormone receptor positive. This means that the cancer was fed or grown by the female hormones.

Note: If your cancer was negative for estrogen receptors (ER) and progesterone receptors (PR) then your cancer was not fed by these hormones and the anti-hormonal therapy would not work for you.

When women are premenopausal (having periods), the ovaries make the hormones estrogen and progesterone. Women are considered postmenopausal when they have not had a period for over one year. A blood test can confirm menopause and this means the ovaries do not make the female hormones anymore. Menopause can happen naturally with age, sometimes after chemotherapy or immediately after you have had your ovaries surgically removed.

Your body makes an enzyme called aromatase. Aromatase changes the male hormones that you have (called androgens) into the female hormone estrogen. This is how estrogen is made in postmenopausal women. Estrogen is made in many tissues in your body such as the adrenal glands, fat, muscle and breast tissues. Post-menopausal women make enough estrogen to feed breast cancer.

Anti-hormonal therapy is not chemotherapy. It is usually a pill taken daily that is used to slow or stop breast cancer from growing. This treatment can reduce the risk of:

- the cancer from coming back in the area where the cancer was
- a new breast cancer in the other breast
- the breast cancer spreading to other areas of the body.

Men with male breast cancer usually have hormone positive breast cancer too and can benefit from anti-hormonal therapy.

These medications are recommended for a minimum of five years to greatly reduce the risk of your breast cancer

Follow-Up Care

from coming back. It may be recommended to use anti-hormonal therapy for up to 10 years. Your oncologist will discuss with you how long you will need to take it.

Examples of anti-hormonal therapy include:

- Tamoxifen - blocks estrogen from attaching to your breast cells. It can be used by premenopausal or postmenopausal women since it does not matter where the hormones come from. Men with breast cancer would use Tamoxifen.
- Anastrozole, Letrozole or Exemestane: stops the aromatase enzyme from changing the androgens into estrogens. Since this is how postmenopausal women make their estrogen, aromatase inhibitors can only be used by postmenopausal women.

Tips:

- Some medications are better tolerated more than others. Most medications will often have several brands available. This means that trying a different brand of your medication (made by a different company) may make a difference with side effects.
- Time of day: Some find that if the anti-hormonal medication is taken before bed, they may sleep through the symptoms. Others find that they wake up a lot through the night, maybe due to hot flashes, and they feel very tired the next day. If this continues for a long period of time, many people find they have increased fatigue, more aches and pains, brain fog, low mood etc. Try gradually switching the time of day that you take the medication. Once you find the time of day that works best, the medication should be taken at the same time each day.

I am on anti-hormonal therapy. What tests do I need and what should I watch for?

When you are taking Tamoxifen:

Tamoxifen is generally well tolerated. Side effects may include hot flashes, vaginal discharge or dryness and some may find their mood a little low.

There is a small risk of developing uterine (womb) cancer when using Tamoxifen, in particular for postmenopausal women who still have a uterus. Having an annual gynecological exam is advised.

All women on Tamoxifen should see their health care provider promptly if they have any vaginal spotting or bleeding, abnormal discharge, pelvic pain or other pelvic symptoms. In this instance, it would be recommended to have a more detailed gynecological assessment including a pelvic ultrasound, possible uterine biopsy and a referral to a gynecologist should be considered.

Tamoxifen can increase your risk of developing blood clots (deep vein thrombosis) by 2-3% and a slight increased risk for stroke. Watch for pain, redness, or swelling in your legs or shortness of breath and seek medical attention immediately. When travelling, change your position and walk around frequently. Avoid crossing your legs when sitting. Make sure you stay hydrated.

Tamoxifen is associated with a small increased risk of early cataract formation. Manitoba Health covers the cost of basic eye exams every one to two years. The eye doctor can bill Manitoba Health directly or if you pay, you can submit the bill for a re-imburement.

****Please note that it is not safe to become pregnant while taking Tamoxifen.**** If your period stopped as a result of chemotherapy, you are still at risk for getting pregnant. Do not use any type of birth control that contains any hormones. Discuss non-hormonal methods of birth control with your health care provider. Example: condoms and spermicidal jelly.

Follow-Up Care

When you are taking Anastrozole, Letrozole or Exemestane (these are called Aromatase Inhibitors):

Aromatase Inhibitors are generally well tolerated. Side effects may include hot flashes, joint pain and stiffness, vaginal dryness and rarely hair thinning, nausea, diarrhea, headaches, fluid retention, low energy and rash.

Aromatase inhibitors have an increased risk of osteopenia (thinning of the bones), osteoporosis (thin bones) and fractures (breaking of bones). Have a baseline Bone Mineral Density Scan (DEXA). The bone density scan should be repeated every two to three years while taking an Aromatase Inhibitor. If there are signs of bone loss you should have treatment with a bisphosphonate (bone building medication). Talk with your health care provider about the treatment options available.

It is recommended to take Calcium and Vitamin D supplements. Be sure to get 1200mg of calcium and 800-2000 IU of Vitamin D per day. Aim to get the majority of calcium through your diet and supplement as needed.

These medications may increase your cholesterol and blood pressure. Have your cholesterol and blood pressure monitored by your health care provider and treat if elevated.

Do you need more information or help with side effects?

It is important to know that most people tolerate anti-hormonal therapy quite well. Side effects can interfere with your quality of life. These medications are an important part of your treatment plan for your breast cancer. If you experience side effects it is important to talk to someone on your health care team about them.

The Breast Cancer Patient & Family Educator at the Breast & Gynecology Cancer Centre of Hope can help you understand about your cancer and treatments including anti-hormonal therapy. As a nurse, the educator can help you with side effects and make suggestions that may help you. Call 204-787-4130 or Toll-Free 1-866-561-1026.

Who writes the ongoing anti-hormonal therapy prescriptions?

Anti-hormonal therapy medications are free for patients and covered by the Home Cancer Drug Program. They must be prescribed by an oncologist and then your family physician will be able to write your ongoing prescriptions.

Reducing Your Risk of Recurrence

Being fearful of recurrence is very common for anyone who has been treated for cancer. Many wonder what they can do themselves to stop the cancer from coming back. While there are no guarantees, there are some things you can do that research has shown to reduce your risk of recurrence of breast cancer, developing another cancer, or a chronic illness.

No one knows more than you that there are some things in life that are not within our control. But healthy lifestyle behaviours have been shown to improve physical, emotional, social, and spiritual health over and over again, and those behaviours are something we can control!



Please see the section in this book on diet and exercise for specific information on breast cancer. In **Part 3** of this package called “**Moving Forward After Cancer Treatment**” which is also available on our website at www.movingforwardaftercancer.ca, you will find recommendations to help you stay healthy and information on resources to help you whether it is maintaining a healthy body weight, quitting smoking, exercising regularly, reducing your alcohol intake, or eating a healthy diet. It also provides recommendations for sun safety to reduce your risk of skin cancer. As the clever marketing ad says, “Just do it!”. Start small, set realistic goals, and reach out for help.

Fertility

Fertility & Menopause

Some women consider pregnancy after their treatment for breast cancer. There are no studies that suggest that pregnancy increases a risk of breast cancer recurrence. It is important to talk to your oncologist and family physician about wanting to get pregnant before you try and get pregnant. There are some things to think about and you will want to know when it would be safe to try to become pregnant. This is important for women taking the anti-hormonal treatments such as Tamoxifen as this treatment is taken for 5-10 years.

****Please note that it is not safe to become pregnant while taking Tamoxifen. Do not use any type of birth control that contains any hormones. Discuss non-hormonal methods of birth control with your doctor. Example: condoms and spermicidal jelly.****

It is helpful to know that sometimes your menstrual cycle (period) can stop during chemotherapy treatment. The younger you are, the more likely your periods will return following treatment. If your periods have not returned, you can still get pregnant. Remember to use a non-hormonal method of birth control.

The older you are when your period stops due to chemotherapy, the more likely they will not return. You need to be without a period for a year with supporting blood tests to say you have become post-menopausal. Remember to use a non-hormonal method of birth control.

If you are not taking anti-hormonal therapy and are considering becoming pregnant, talk to your family doctor or oncologist to find out what timing might be right for you.



If You Are Having Difficulty Getting Pregnant

Ask your doctor for a referral to the **Heartland Fertility and Gynecology Clinic** in Winnipeg at 204-779-8888.

Fertile Future - provides information on fertility, cancer, and financial assistance options for fertility treatments www.fertilefuture.ca

Genetics

“If I had breast cancer does that mean that my daughter will get it?”

Breast cancer is a common condition with a lifetime risk in women approaching 1 in 9 (11%). Family history is only one of the known risk factors. Having a mother or sister who has had breast cancer increases a woman’s risk up to 20%.

The general guideline for family members with a first degree relative (mother, sister or daughter) who has had breast cancer is to begin breast screening 10 years prior to the age of the person when they were diagnosed with breast cancer. i.e. if you were diagnosed at 53, then your daughter should start breast screening with mammograms by age 43. It is important for everyone to be aware of how their breasts look and feel. Know what changes to look for and see your family doctor if you notice:

- a new lump
- puckering of the skin
- change in the size, shape, and colour
- change in the nipple
- new or bloody nipple discharge
- thickened, hardened skin

“How do I know if my cancer was inherited?”

The possibility is small, only about 5-10% of all breast cancer is actually the result of an inherited predisposition (gene mutation). An inherited predisposition is suspected in individuals with a personal history of:

- breast cancer at a young age (35 years or younger) with or without a family history
- bilateral breast cancer (cancer in both breasts with the 1st diagnosis prior to age 50)
- both breast and ovarian cancer
- male breast cancer
- high grade serious ovarian cancer (with or without a family history of breast or ovarian cancer)
- breast cancer and Ashkenazi Jewish ancestry
- breast cancer at age of 50 or under and several family members diagnosed with breast cancer and/or ovarian cancer
- breast cancer and a male blood relative with breast cancer

“What options are there for genetic testing?”

If you are worried that you may have an inherited predisposition (gene mutation), speak to your doctor or call the **Hereditary Breast and Ovarian Cancer Clinic**. Genetic testing for BRCA1 or BRCA2 gene mutations is offered to individuals and/or families who meet specific eligibility criteria based on personal/family history, ethnicity, and the availability of a blood sample from an affected family member. People qualifying for genetic testing will be counselled before testing occurs and after the results are known. Deciding whether to test or not is a very personal decision.

“What if I am a BRCA1 or BRCA2 gene mutation carrier?”

If you carry a BRCA gene mutation, it does not mean you will develop breast and/or ovarian cancer. It means your risk is much higher than the average person. Women who inherit a BRCA1 or BRCA2 gene mutation have an estimated lifetime risk of 50-80% for developing breast cancer and 20-60% for ovarian cancer. Men who carry a BRCA2 gene mutation have an increased risk for developing breast cancer (10% compared to the general population risk of about 0.1%). BRCA1 or BRCA2 gene mutation carriers have a 50% chance of passing the gene mutation to their children.

Genetics

“Is there a way to reduce my risk of getting another breast cancer and/or ovarian cancer if I am found to have a BRCA mutation?”

There are many considerations when deciding how to proceed once a BRCA mutation is found. Some choose to undergo careful monitoring using mammograms and MRIs. Others consider surgeries like having both breasts removed (mastectomies) and both ovaries removed (oophorectomies) to lower their risk of developing either of these cancers. This is a personal decision. What is right for one person may not be right for someone else.

Do You Have Questions About Genetic Testing and Hereditary Cancer?

Resources you can contact:

Hereditary Breast & Ovarian Cancer Clinic Genetic Counsellor 204-787-8860

CancerCare Manitoba Breast & Gynecology Cancer Centre of Hope 204-787-2970 or toll-free 1-866-561-1026

Hereditary Breast & Ovarian Cancer Foundation - A Canadian organization that provides information on BRCA 1 & 2 gene mutations and information on risk-reducing strategies including prophylactic mastectomy and oophorectomy.

www.hboc.ca 1-514-482-8174



Side Effects

Side Effects After Treatment

We usually think of side effects as physical problems, but there is also an emotional and psychological impact from cancer and treatment.

You may (or may not) experience some of the following side effects after surgery and treatment for cancer. Some of these problems can start immediately or can take months before appearing. Everyone's experience is different.

It can take time for side effects to improve and you may need to work with your health care team to try different things, medications, or therapies. Some side effects will improve on their own with time, while others may go on for a while.

Take heart! If any of these side effects (or others not mentioned) are a problem or are affecting what you are doing day to day, there may be things that can be done to ease or get rid of them. Do not automatically think that they are just something you have to live with!

“Moving Forward after Breast or Gyne Cancer” Information Session

You are invited to an information session to learn, share and ask questions to help move forward after your cancer. Topics include:

- Side effects left behind from treatment
- Sexuality, intimacy, dating
- Emotional impact of cancer treatment
- Living with hope, and the fear of recurrence
- Getting back to work
- Follow up care plan
- Role of your family doctor

There is no cost to attend. Family and friends are welcome. If you live outside of Winnipeg you may be able to join by MBTelehealth. **For more information or to register** call 204-787-2970 or 1-866-561-1026.



Cancer Chat Canada

Offers an excellent on-line course for improving sleep for cancer patients.

To learn more go to www.cancerchatcanada.ca or call toll-free 1-800-663-3333 ext. 4965 or ext. 4966.

Fatigue

“I am so tired. Is this normal?”

Fatigue is the most common side effect left behind from treatment. It can be the most frustrating and life-disrupting, and it can take a long time to regain your energy. It is not a sign of laziness and it is not the same “normal” tiredness that others experience. See “Improving Fatigue and Sleep Problems” box in **Part 3** of the **Follow-Up Care Plan**.

Sleep

“I am not sleeping well. Why and what can I do about it?”

Sleep problems can be related to fatigue but also can be from stress, change in activity levels, altered sleep patterns, or menopause. There are ways to improve “sleep hygiene”. Please review the suggestions in the “Improving Fatigue and Sleep Problems” box in **Part 3** of the **Follow-Up Care Plan**.

Side Effects

Brain Fog

“I am so forgetful and I can’t seem to concentrate. Is this normal?”

“Cancer-related brain fog” is the name for a common problem following cancer treatment. This can include issues with memory, concentration, organization, and multi-tasking. The cause is unclear but may be a result of the cancer itself, treatment, menopause, depression, anxiety, fatigue, and sleep issues. Brain fog usually improves with time and most symptoms will resolve by 2 years.

You can try:

- Reducing stress
- Focusing on one thing at a time
- Activities such as puzzles and games which train memory and attention skills. The brain has the ability to develop new connections.
- Eating a well-balanced diet
- Improve sleep
- Exercise

“Brain Fog” Education Program

In eight weekly sessions, people with cancer can learn how to improve their brain function. This program will help participants to:

- Understand more about the brain
- Learn about “neuro-plasticity”
- Learn and practice memory skills, task management skills, and more

Sessions are held in a group of 8-10 people through Patient and Family Support Services. If you live outside of Winnipeg you may be able to join by video conference through MBTelehealth.

For more information and to register, call:

204-787-2109 or toll-free at 1-866-561-1026

Hair

“Will my hair grow back? Will it be the same?”

Your body takes three to four weeks after the last chemotherapy treatment before starting to re-grow hair. Hair will start growing slowly and eventually will return to a normal rate – approximately ½ inch per month. It varies between people how quickly you will have a full head of hair. When the hair re-grows it can be different from what you previously had – curly or straight or even gray! Initially, the hair is fine like baby hair and around six months there is often a texture change to normal, adult hair. For this reason, it is recommended to wait six months from the end of chemotherapy before colouring your hair as it may not tolerate dye well.

A very small number of women may have long term thin hair on the top of their heads. Ask your doctor about this. Seek support from the Breast Cancer Patient and Family Educator.

Growth of eyebrows and lashes tends to be slower than your head hair. Some women find their eyebrows do not grow in as full as they were and will consider a make-up tattoo. Some women find their facial hair is more noticeable and may choose to do waxing or sugaring. Note: Sometimes the aromatase inhibitor anti-hormonal therapies can cause thinning of the hair.

Side Effects

Fingernails and Toenails

“My nails are not the same as before treatment. Is this normal?”

Treatment for breast cancer may cause changes to fingernails and toenails. Nails may be brittle, discoloured or have lines. Nails may become loose and fall off. This is not permanent and nails will re-grow. Lines will grow out of the nail with time. Keep nails trim and clean. Watch for signs of infections such as redness, swelling, pain, discharge, and odour. **See your family physician if signs of infection are present.**

Neuropathies

“My hands and feet are numb or tingling; sometimes I can’t feel what I am holding. What is this?”

Some chemotherapy treatments, in particular Docetaxel (Taxotere) or Paclitaxel (Taxol), can cause peripheral neuropathies or nerve damage in the fingers/hands and toes/feet. This usually settles with time; however, there have been some patients who have ongoing issues. There may be treatment options available. Talk to your family physician or to the Breast Cancer Patient and Family Educator at the CancerCare Manitoba Breast & Gyne Cancer Centre of Hope.

Anti-Hormonal Therapy

“What are the side effects of anti-hormonal therapy?”

Side effects of anti-hormonal therapy often feel similar to menopause-type symptoms because the goal of the treatment is to stop or block the hormones in your body. If you have side effects that are difficult to manage, talk to your family physician or the Breast Cancer Patient and Family Educator about them. Please **do not** stop taking your anti-hormonal therapy. Anti-hormonal therapy is an important part of your treatment to reduce the risk of a cancer recurrence. There are often ways to help you manage any side effects. Depending on your menopausal status, you may be able to try a different medication. Talk to your family physician or the Breast Cancer Patient and Family Educator for help.

“I am having difficulty with my medication to treat my hormone positive breast cancer. Is there anything I can do to ease these side effects?”

Try changing the time of day that the medication is taken. Be sure to eat well (see Canada’s Food Guide), exercise, and do your best to get enough rest. Some women may need to change the medication they are on and this can depend on their menopausal status. If you have side effects that are difficult to manage, talk to your family physician or the Breast Cancer Patient and Family Educator about them. There are often things to help.

Hot Flashes

“How do I manage those crazy menopause hot flashes?”

Chemotherapy, anti-hormonal therapy, surgical removal of ovaries, or stopping hormone replacement therapy when diagnosed with breast cancer leads to a sudden drop in the female hormones estrogen and progesterone. This can make the symptoms of menopause in breast cancer patients sudden and bothersome. Hormones are not recommended to treat menopause after breast cancer, but there are ways to help ease your symptoms.

- Venlafaxine (Effexor) is a prescription anti-depressant that is helpful in treating hot flashes. For those on Tamoxifen, Effexor is thought to be one of the safe choices of anti-depressants that your family physician can prescribe. Other antidepressants may interfere with Tamoxifen. Talk to your pharmacist and family physician if you take an antidepressant and Tamoxifen.
- Clonidine is a blood pressure medication that can be an option for hot flashes.
- Other medications may be helpful
- Getting regular exercise, yoga, mindfulness and acupuncture may be helpful

Side Effects

Lymphedema

“What is lymphedema?”

Lymphedema is a lifelong condition that can appear at any time after breast cancer surgery. Lymphedema occurs when there is a breakdown in the movement of lymph fluid within the body. Lymph fluid builds up and collects in an area and causes swelling that can be decreased with manual lymph drainage and compression bandaging. Lymphedema can be managed with proper care and a healthy lifestyle.

“What can cause lymphedema?”

Breast cancer-related lymphedema can occur when sentinel and/or axillary lymph nodes and lymphatic vessels are damaged or removed during surgery. Other common causes are radiation therapy, cording or axillary web syndrome, trauma or injury, infection, malignant tumor, immobility and/or obesity.

“What are the signs and symptoms of lymphedema?”

Breast cancer-related lymphedema can affect the arm, hand, chest, armpit, and/or the trunk on the side of your body you had your surgery on. Signs and symptoms of lymphedema may include:

- Swelling
- Heaviness
- Tightness
- Aching
- Feeling like your clothing or jewelry is becoming tighter on the side of your body you had surgery/treatment

See Your Family Physician...

as soon as possible if you have a change in the size, colour, temperature or sensation of arm, hand, chest, armpit and/or the trunk on the side of your body you had your surgery on. Have an assessment of the new symptoms and get a referral to a certified lymphedema therapist for treatment.

Side Effects

Infections (cellulitis)

Infections can be an urgent medical situation. Signs may include redness, warmth, pain, chills/fever and a feeling of overall illness or flu-like symptoms.

See your family physician quickly if you notice any of these signs or symptoms.

“How can I reduce my risk of developing lymphedema?”

It is not known why some people with the same risk factors develop lymphedema and others do not. Here are some practical suggestions that will reduce the risk of developing lymphedema and precautions to consider if it does appear.

Skincare: Avoid trauma/injury to reduce the risk of infection. Clean small cuts in the skin with soap and water and apply an antibiotic cream. Serious cuts should be seen by a doctor. Pay attention to nail care: avoid cutting your cuticles to reduce the risk of infection. Keep your arm clean and dry and apply unscented moisturizer daily. Protect exposed skin with sunscreen and apply insect repellent when outside. Wear gloves when gardening or cleaning.

Avoid arm constriction: Whenever possible, use an uninvolved or not-at-risk arm for blood pressure tests, bloodwork, and intravenous use. Do not wear tight-fitting jewelry or clothing. Do wear a supportive, properly fitted bra with no underwire.

Activity/lifestyle: Maintain a healthy body weight by following a well-balanced diet and exercising. Gradually build up the duration and intensity of exercise. Take frequent rest periods during activity. Limit repetitive motions (rubbing, scrubbing, pulling, or pushing). Avoid heavy lifting with your arm until you have build up strength. Consult your family physician before starting an exercise program. More information about exercises and lymphedema can be found in the “Exercise and Activity” section of this booklet.

Temperature extremes: Avoid exposure to extreme heat or cold that can cause tissue damage (burns or frostbite). Limit prolonged exposure to topical heat and cold, which may include hot/cold packs, hot tubs, saunas, steam rooms, and sweat lodges.

Breast Health Centre - Lymphedema Program

The Breast Health Centre provides treatment and management of upper body lymphedema as a result of breast cancer at no charge. A physician's referral is required for an appointment. If you have any questions, you can contact a **Certified Lymphedema Therapist** at the centre.

204-235-3684 or 204-237-2034

Toll-Free: 1-888-501-5219

Let's Get Physical: An exercise program for breast cancer patients with arm, chest or breast lymphedema. Call 204-235-3691 for more information.



Side Effects

Pain

“I have pain or a funny sensation in my breast, armpit or back of my arm. What is this and will it improve?”

After surgery, it is common to experience pain in the breast, in the armpit, or down along the back of the arm. This can occur soon after surgery or any time down the road. It can feel snappy, burning, twinge-like, and overly sensitive. It can improve over time, or for some, it may never go away. This is related to the breast or lymph node surgery and is not related to the cancer itself.

Some women may experience chest wall pain (muscle, rib or fascia - connective tissue) after surgery and radiation. Massage and physiotherapy treatment may help. See your family physician for an assessment first.

Arm Movement

“I have trouble raising my arm. What can I do about it?”

See your family physician for an assessment and a referral to either a physiotherapist or certified lymphedema therapist. Physiotherapy and myofascial release are treatments that can be used to help with this.

Scar Tissue

“My mastectomy scar is tight and tender. What can I do?”

Scar tissue forms as part of the healing process after a skin injury (surgery/radiation). If scar tissue is causing stiffness, pressure, or pain, ask your doctor if physical therapy could help. Some people use creams, ointments, or gels to fade or lighten scars. Gentle massage and touching the sensitive area may help. Some complementary techniques have been shown to ease the pain.

Pain and Symptom Clinic

Following breast cancer and its treatment, some people experience symptoms that may be difficult to manage. You can ask your doctor to refer you to the CancerCare Manitoba Pain and Symptom Management Clinic.

Reconstruction and Prosthesis Options

“I had a mastectomy, what are my options so that others won’t be able to tell?”

Women can choose to wear a breast prosthesis or have breast reconstruction surgery.

The Manitoba Breast Prosthesis Program is available for Manitoba women who have had a mastectomy or surgical procedure resulting in a significant loss of breast tissue. Prostheses come in different styles, sizes, and shapes. Some can be worn in a brassiere with a pocket while others can stick directly onto the skin. It is important that your skin has had time to heal from surgery, radiation, or any other treatment you may have experienced. The Manitoba Breast Prosthesis Program brochure is available on the CancerCare Manitoba website or contact the CancerCare Manitoba Breast & Gyne Cancer Centre of Hope for further information.

“I had a lumpectomy and my breast is noticeably smaller. Is there anything I can do to correct this?”

There are breast prostheses available for women who have had a lumpectomy resulting in a significant loss of breast tissue. They are called “balance” prostheses which are specifically designed for this purpose. Plastic surgery may also be an option for you. Ask your family physician for a referral to the plastic surgeon to discuss options if this interests you. Call the CancerCare Manitoba Breast & Gyne Cancer Centre of Hope at 1-866-561-1026 or Direct 204-787-4130 for more information.



Breast Prostheses and Bras

For more information on a prosthesis, bras, listings of fitters and suppliers, and benefits available through the Manitoba Breast Prosthesis Program, call the **CancerCare Manitoba Breast & Gyne Cancer Centre of Hope** at 1-866-561-1026 or Direct 204-787-4130.

You can also visit: www.cancercare.mb.ca/mbpp

“How does reconstruction work if I didn’t choose to do it when I was diagnosed?”

Some women choose to delay having breast reconstruction until after they have completed their treatments. Get a referral from your family physician to see a plastic surgeon at Health Sciences Centre as soon as possible. It may take a while to be seen which will give you time to learn more about breast reconstruction options. Not all options are available from every plastic surgeon. You can meet with the Breast Cancer Patient and Family Educator to review the breast reconstruction options. You can also attend an information session. There are peer supporters who have had different reconstruction options that you can talk to. If you have had breast reconstruction surgery and have issues or questions about your results, please call the Breast Cancer Patient and Family Educator for information and support.

Breast Reconstruction Information Session

Topics include:

- Types of reconstruction
- Getting ready for surgery and recovery
- Your hospital stay
- Support services

Breast & Gyne Cancer Centre of Hope - 675 McDermot Avenue

To register call: 204-787-2970 or 1-866-561-1026



Sexuality and Intimacy

“I am having difficulty accepting how my breast(s) look and feel – how can I get through this and feel better about it/them?”

Women are often upset about what their breast(s) look like after surgery – the scars and different shape after surgery can be surprising and can make them feel less feminine. Many women also experience changes in sensation – including numbness, heightened sensitivity, sharp sensations like an electric shock and the breast(s) may also not respond like before which can be very upsetting. It can take time and a lot of reassurance from the woman’s partner for her to accept the new reality of her altered breast(s). Women also tend to judge themselves harshly and hold themselves to a high standard (often influenced by media messages). While loving words from her partner can help, ultimately it is the woman who needs to come to a place of acceptance and this can take a long time. It may take time and patience to become accustomed to the changes and to regain comfort with your body. Take good care of yourself and engage in activities that make you feel good, such as exercise, manicure (avoid cuticle cuts), pedicure, or massage. Slowly become more familiar with your “new” body by looking at it directly or in a mirror, touching it, and learning what feels “normal”.

“I feel like less of a woman after the surgery – what can I do to feel like I used to about myself?”

It is common to feel less feminine after surgery to remove one or both breasts – after all, our breasts are the outward symbols of being a woman. However, what defines you as a woman is your brain and heart, and how others think of you, as well as the roles that you play in your family, friendships, work, etc. Those who love you and who value your place in their lives don’t think of you as any less of a woman. The opposite may be true – you are a survivor who has managed to get over so many challenges.

It’s also important to talk to your health care providers about whether these feelings are suggestive of depression, which is common among cancer survivors, and can be treated. If you think you may be depressed, talk to your family physician or call CancerCare Manitoba Patient and Family Support Services for an appointment with one of the counsellors at 204-787-2109 or 1-866-561-1026.

“I find it difficult to undress in front of my partner - will I always feel this way? What can I do to change this?”

Our partners tend to love us regardless of what we look like naked – as we love them despite the changes in their bodies over time. When we deny our partner the opportunity to see us semi-clothed or naked, we deny them an important and pleasurable sensual experience and they miss that. This is something that you can approach in baby steps – darkened room, some protection of the parts you don’t want to show initially and then a slow reveal...just talk about what you are feeling and let your partner tell you what he/she is thinking and appreciating. You may find strength and courage in his/her words.

“I have no desire to be sexual anymore – is this normal and when will it get better?”

There are a number of reasons why sexual desire goes away during/after cancer treatment. It is very common and normal – and it may get better – but why wait and wait? Make an appointment to see a sexuality counselor and get some help!

Sexuality and Intimacy

“How can I get my interest in intimacy and sexuality back?”

You may feel like your body is less attractive, or you may have less sensitivity to arousal. Sometimes people feel less “connected” to their body after having many health care providers examine them so often. Or your partner may be worried about hurting you. Start with lots of closeness and make a “date” to explore your ‘new’ body and how it responds. Ensure you communicate your needs and concerns to your partner.

“I find that the sexual touching of my genitals is unpleasant – why is this happening and is there anything I can do to make the pain go away?”

This may be happening for all sorts of reasons including hormonal changes, anxiety, side effects of chemotherapy, etc. Finding help for this depends on the reason for the “unpleasant” feeling. Consult your primary care provider to rule out any infection and to identify the source of the problem. Seeing a sexuality counselor may also be helpful.

“What are my options for vaginal dryness?”

With breast cancer, hormonal products are not recommended by some oncologists. Vaginal dryness is a result of a lack of estrogen. This can lead to inflammation of the tissues and pain or discomfort. Products like Replens or Repa Gyn can help restore vaginal moisture and elasticity. It is recommended for use every 3 days for 3-4 weeks to help heal and restore the vaginal tissues. You may experience a bit of burning if your tissues are quite “raw”, but this should settle. If this does not help, see your doctor. These products are not intended to be used just before intercourse. Lubricants like Astroglide Naturals or Astroglide Diamond are recommended for intercourse. Lubricants mimic natural body fluids and may make sexual touch and/or penetration more comfortable. Scented or flavoured products may increase irritation and should not be used.

If you have questions please call the Breast Cancer Patient and Family Educator at 204-787-4130 or toll-free 1-866-561-1026 or Dr. Anne Katz, Sexuality Counselor at 204-787-4495.

Help for Intimacy & Sexuality Problems

If you are noticing any of the changes listed below, help and support is available to you:

- Changes in body image or how you see yourself as a woman
- Changes in physical or emotional feelings related to sexuality or sexual activity
- Sexual pain (pain with sexual touch or sexual activity)
- Concerns about the relationship(s) with your partner(s)
- Concerns about dating and/or sexual activity/touch
- Questions about having children in the future

An expert nurse counselor is available at CancerCare Manitoba to meet with you and/or your partner to talk about any concerns you have about sexuality, and help you renew your sex life after cancer. To make an appointment with Dr. Anne Katz, Sexuality Counselor, call:

204-787-4495 or 1-866-561-1026 ext. 4495



Emotional and Psychological Impact of Cancer and Treatment

Living With Hope and Uncertainty

Experiencing a breast cancer diagnosis and treatment can be an overwhelming life event and moving forward can be challenging. Women may be affected in many ways including emotionally, physically, spiritually, and mentally. Professional support is available to patients and families free of charge and without a referral, even after being discharged from the cancer clinic. You can call Psychosocial Oncology at 787-2109.

Patient and Family Support Services

Patient and Family Counselling

Cancer affects not only the physical body, but also the emotional, social, and spiritual needs of a person and their family or loved ones.

- Many individuals and families have found it helpful to talk to a professional counsellor.
- The counsellors at CancerCare Manitoba have experience, training, and knowledge to help you and your family cope with cancer, its treatments and moving forward after treatment.
- A counsellor can meet with you, or together with you and your family. Family and loved ones are also welcome to meet on their own.

“I worry about the cancer coming back – particularly when I have aches or pains. What will help?”

Many people worry about the cancer returning – the good news is the worry usually lessens over time.

- Practice a healthy lifestyle (physical, mental, emotional, and spiritual)
- Maintain a good relationship with your health care provider
- Maintain a sense of hope, optimism, and humor
- Seek support from family, friends, support programs, and professionals
- Stay up to date on breast cancer resources

“I think I may be depressed. Is this normal? Why now?”

Many women feel sad, fatigued, scared, angry, or overwhelmed after treatment. Some develop depression. Ensure you talk with your doctor about how you are feeling. Many people benefit from counselling and/or medication. Getting adequate sleep, activity, and social interaction can be helpful. Ironically, the same things you don't feel like doing when you are is the thing that helps improve your mood.

Make sure you let someone close to you know how you are feeling and consider counselling through Patient and Family Support Services. **If you have any thoughts about harming yourself or are in crisis, call Mobile Crisis at 204-940-1781, call 911 or go to the nearest emergency room immediately.**



Emotional and Psychological Impact of Cancer and Treatment

“I’m feeling anxious. Is this common?”

It is very common to experience increased anxiety during and after treatment as you cope with many life changes, decisions, and challenges. Counselling and/or a combination of medication and counselling have shown to be very effective in helping with anxiety. Strategies known to be helpful include:

- Learn what triggers your anxiety and what helps you relax
- Talk to your family physician about your concerns
- Seek support from family, friends, spiritual or religious groups, support groups, and counsellors
- Practice mind/body activities such as breathing techniques, restorative yoga, meditation, guided imagery, soothing music, and mindfulness.

“Did stress cause my cancer?”

We really do not know what causes breast cancer. Medical researchers are still exploring the relationship between stress and the function of the immune system.

Stress is a normal part of life and can occur during both difficult and joyous times. Stress can never be eliminated, but reducing it will likely help you feel calmer and more in control of your life, which will lead to a greater sense of health, well being, and happiness.

“My family and friends think I should be “over it” by now, but I’m not. Is this normal?”

People don’t often know what to expect once treatment is over and just want you to be well. It may take much longer than everyone expects. Let others know how you are feeling and what you need.

“I have noticed some of my relationships have changed. What can I do?”

It is very common to find some relationships may have deepened while others are less close. You may feel hurt or disappointed in some people and pleasantly surprised by others. Consider letting others know how you feel, or perhaps it is enough to know they did the best they could.

“Now that I am feeling better, my family seems to be struggling. Is this normal?”

Now that your family can be less worried about you they may need time to deal with their own feelings. Counselling is available to your close friends and family.

“When should I return to work?”

It is normal to need time following treatment to recover psychologically and physically. Communicate with your healthcare team and workplace/disability provider to determine the right timing for you. A gradual return to work may be recommended. Patient and Family Support Services offers many supports and programs to aid in your recovery. A helpful website is cancerandwork.ca.

Emotional and Psychological Impact of Cancer and Treatment

Finding your “new normal”...

After putting a lot of energy into treatment and healing, some people find it difficult to adjust to life after cancer treatment.

Your family and friends may be expecting you to be back to your old self. They are likely looking forward to life returning to normal. The reality is that things have likely changed for you. You may feel different or look at life differently than you did before cancer. This can be confusing and frustrating for everyone involved.

The completion of the cancer journey is often a time when people begin to recognize the emotional impact of the experience. This may be the first time you have actually had the energy to process what you have just been through. This may be a good time to seek additional support from other cancer survivors or supportive care professionals.

It will likely take time for you, your family, and your friends to discover your new normal. Permit yourself to ask for help. Try your best to be honest with people about how you are feeling, and don't forget to be patient and kind to yourself.



Support Groups

Professionally led face-to-face and online support groups provide an environment for those living with cancer with an opportunity to interact with others in similar situations.



CancerCare Manitoba - Breast Cancer Support Groups:

- **Breast Cancer Support Group** (for women who have been treated for primary breast cancer)
204-787-4645
- **Younger Women with Breast Cancer**
204-787-1325
- **Young Adult Cancer Support Group (YACS)** (for people ages 18-35 with any type of cancer)
204-787-2191



Online Support Groups

- **Cancer Chat Canada** – professionally facilitated online support groups for people affected by cancer
www.cancerchatcanada.ca
- **Couplelinks** – a professionally facilitated online workshop for couples affected by breast cancer
www.couplelinks.ca



For information on breast cancer support groups in your community, call CancerCare Manitoba Breast & Gynae Cancer Centre of Hope at 204-787-2970 or toll-free 1-866-561-1026.



Peer Support

It can be helpful to talk with someone who has had breast cancer and finished treatment. A Peer Support Program can offer a match with a trained volunteer that has had a similar experience with breast cancer. All information is confidential. Volunteers do not provide medical advice or counselling. Peer support is offered by phone or in person.

To arrange to talk with a peer support volunteer, call:

- **CancerCare Manitoba Breast & Gynae Cancer Centre of Hope - Peer Support Program**
204-787-2970 or 1-866-561-1026

Emotional and Psychological Impact of Cancer and Treatment

Expressive Arts Group for People with Cancer

A CancerCare Manitoba Patient and Family Support Services program for people who have been treated with any type of cancer in the past two years. Use creativity and art-making in supportive group therapy to explore your cancer experience. Please call 204-787-2062 for more information and to register.

Mindfulness Practice

A CancerCare Manitoba Patient and Family Support Services eight week program for people living with cancer and their families interested in mindfulness. Please call 204-787-2109 for more information and to register.

In addition to breast cancer support groups and programs listed there are many other programs and groups for all types of cancer available through CancerCare Manitoba Patient and Family Support Services.

Other Resources

To find information on other programs and group sessions check:

- Navigator newsletter
- CancerCare Manitoba website www.cancercare.mb.ca
- Call CancerCare Manitoba, Patient and Family Support Services at 204-787-2109 or 1-866-561-1026 ext #72109 and ask to speak to a counsellor who can help you sort out which programs may be the best fit for you.

All CancerCare Manitoba Patient and Family Support Services programs are offered at no cost to the participants.

After Treatment Programs

Moving Forward after Breast & Gyne Cancer Information Session is a free, one-time session, to help those who have completed treatment for breast and gynecological cancer in their recovery. Topics discussed include:

- Side effects left behind by treatment and surgery
- Menopause, sexuality, intimacy
- The emotional impact of cancer
- Living with hope and uncertainty, fear of recurrence
- Getting back to work
- What is follow up care, the role of the primary care provider

For more information, call the Breast & Gyne Cancer Centre of Hope at 204-787-2970 or toll-free at 1-866-561-1026.

“Eat Well. Get Fit. Live Well.” is a free education group for people struggling with physical activity, healthy eating, and weight changes after breast cancer treatments. Get empowered and educated about changes you can introduce to improve your health. (8 weekly sessions)

Please call the WRHA Breast Health Centre at 204-235-3646 for more information and to register.

“Moving Forward after Cancer Wellness Program” is a free workshop series for patients with all cancers following treatment. The focus is on taking control of your survivorship and getting back to wellness. It is also a chance to meet others who have been through similar experiences.

Please call CancerCare Manitoba Patient and Family Support Services at 204-787-2109 or 1-866-561-1026 extension #72109 for more information and to register.

“Get Better Together” is a free 6-week workshop designed to help Manitobans with ongoing health conditions take control of their health. Topics include healthy eating, communication, physical activity, and pain management. Supported by Manitoba Health and Regional Health Authorities. Please call 204-632-3927 to register.

Diet and Nutrition

“How much calcium do I need?”

Osteoporosis Canada recommends 1000mg/day of calcium for adults less than 50 years of age, while the recommendation for adults 50 years of age and older is 1200mg/day. You are encouraged to obtain your calcium through diet if possible. If you are not getting enough, a calcium supplement may be needed.

“How much vitamin D do I need?”

Osteoporosis Canada recommends adults under 50 years of age take 400-1000 IU of supplemental vitamin D daily. For adults who are 50 years of age and over, the recommendation is to take 800-2000 IU/day. Osteoporosis Canada recommends Canadian adults get their vitamin D through supplementation year-round. This is because it is not possible to get enough through diet alone and many things can interfere with the production of vitamin D from the sun.

If you are taking a multivitamin, check the label for the amount of vitamin D and calcium it contains. For further information, contact your health care provider or registered dietician.



Calculate the calcium intake in your diet at www.osteoporosis.ca/osteoporosis-and-you/nutrition/

“Bone Health After Breast Cancer”

A free education session for those who have had breast cancer and want to reduce their risk of developing osteoporosis. Facilitators including a physiotherapist, clinical dietitian, and pharmacist discuss:

- What osteoporosis is and how to reduce your risk
- How osteoporosis is diagnosed and how it is treated
- Recommendations for calcium and vitamin D and how to meet them
- What role supplements have and how to choose them
- Exercises to promote strong bones



To register call the Breast Health Centre at 204-235-3646

“Do I need to follow a low fat diet?”

The findings of the studies on fat intake and survival after the diagnosis of breast cancer have been inconsistent. A large clinical trial was restudied recently, after 19 years of follow-up. In postmenopausal women, it showed that following a low fat way of eating which included increased vegetable, fruit and grain intake, may reduce the risk of dying from breast cancer.

“Can I eat soy food?”

Soy beans like other legumes are an excellent source of protein and fibre. With the earlier research in the lab, there was concern about having soy because of its plant estrogen content. In these studies, the plant estrogen part only was studied, not the soy food. It has now been shown that breast cancer survivors can safely eat soy foods as part of a healthy diet. That may be because soy foods have cancer protective properties. For now, soy supplements and soy protein powders should be avoided since their safety, as related to breast cancer, needs more research. More information is available by contacting the dietitian at the Breast Health Centre.

Diet and Nutrition

“Can I add flaxseed to my diet?”

Flaxseed is a good source of fibre and omega 3 fat and can be part of a healthy diet. By grinding it, the body is better able to digest it. Like soy foods, ground flaxseeds contain plant estrogens. With our current knowledge, flaxseed appears safe to have, even if you have had breast cancer when it is used in moderation (1-2 tablespoons a day) as part of a healthy diet.

“Should I avoid milk products because they contain estrogen?”

Milk and milk products are an important part of a healthy diet. They provide calcium, vitamin D, phosphorous and protein which help keep bones healthy. In Canada, milk does not contain large amounts of hormones since milking cows are not given hormones. The research has not been agreeing about the safety of having milk or milk products after breast cancer. This causes confusion. Looking at all the research to date, there is not enough evidence to recommend restricting milk and milk products in the diet.

“Does alcohol increase the risk of breast cancer recurrence?”

Based on the best available evidence, it may be best to avoid alcohol or limit to no more than 2 drinks per week. A serving size (14 grams alcohol) is 12 fluid ounces (360ml) of regular beer, 5 fluid ounces (150ml) wine, and 1.5 ounces (45ml) hard liquor.

“What about growth hormones in meat?”

Growth hormones are not approved for use in Canada in chickens or pigs or added to their feed. However, hormones may be used in beef cattle. One of the growth hormones used is a form of estrogen that occurs naturally in animals and humans. By choosing leaner cuts of meat and trimming visible fat, the intake of residues can be reduced since they are thought to be stored in the fat part of the meat. People are encouraged to have a variety of meat and meat substitutes including chicken, fish, legumes, eggs, nuts, and nut butter.

“I need to lose weight. What can I do?”

Achieving or maintaining a healthy weight may be one of the most important things you can do as a breast cancer survivor. Experts agree the best way to lose weight is to eat less and move more. You will be more successful by making gradual, simple changes in the way you eat, as well as increasing your level of physical activity. Think of what I can do rather than what I should do.

For more recommendations and information about maintaining a healthy body weight and eating well, please refer to the Moving Forward After Cancer Treatment Part 3 booklet and Canada's Food Guide.

Try This Simple 4 STEP Approach to Weight Loss

STEP 1: Eat less higher-calorie foods and foods that are very concentrated in calories. Include more vegetables, fruit, whole grains, and legumes (dried beans, peas, and lentils) in your diet.

STEP 2: Cut back on portion sizes.

STEP 3: Be mindful or aware when, how much, what and why you are eating.

STEP 4: Get regular physical activity. Slowly increase your level of activity over time, and try out different activities until you find something that you enjoy.

Diet and Nutrition



Talk with a Registered Dietitian

Breast cancer survivors may have specific concerns about their diet and nutrition. If you have difficulty with eating a healthy diet, keeping a healthy weight, or if you have questions about nutrition, make an appointment with a registered dietitian at Breast Health Centre at 204-235-3646 or toll-free at 1-888-501-5219.

Further information available at:



www.sharedhealthmb.ca/bhc

Exercise and Activity

Being active after treatment for breast cancer is important whether you are getting back to activities you enjoy or starting a new healthy lifestyle plan. Research has shown a link between exercise and decreased rates of recurrence and increased rates of survival in breast cancer. Exercise can also combat the side effects of fatigue, sleep disturbances, depression, and anxiety, and can reduce the risk of lymphedema. It can also help you maintain and reach a healthy weight. Always check with your doctor before starting an exercise program.

“When can I start exercising?”

Right away! Please check with your physician or surgeon before starting an exercise program, to know if certain types of exercises that should be avoided. If you were given exercises from your surgeon, continue to build on those exercises in a slow progressive way.

“What should I do to start?”

If you were not active during your treatment, it is important to focus on overall fitness (cardio, flexibility, and strength) at the beginning and slowly increase your activity level. You can start with just 5 minutes a day, with activities, such as walking, swimming, bicycling, mild guided exercise or even dancing in your kitchen! Try to build up to 30 minutes of light, uninterrupted activity. This may take weeks to months. You are also using this time to see how your body reacts to exercise, paying particular attention to the arm where you had lymph nodes removed or radiation treatment. This is in addition to any rehab exercises you were given after your surgery.

Strength training and more vigorous exercises can be attempted once you have build up some general fitness. If you want to focus on building strength in your affected arm and you have had issues with lymphedema, it is recommended that in the beginning you work with a physiotherapist, occupational therapist, athletic therapist, or an exercise specialist who is also a certified lymphedema therapist. Slow, steady, and progressive exercise is recommended to avoid lymphedema flare-ups.

“What can't I do?”

Avoid sudden increases in activity level, endurance activities, or strength training. All exercise should start easy and build slowly and progressively. If you have concerns with lymphedema, you should wear a compression sleeve while exercising, and avoid hot, humid conditions. Notice that there are no activities listed that should be avoided – the key is to use common sense and build up your activity in a safe, slow, and progressive way.

“Someone told me that I am not allowed to lift more than 10 pounds with the arm on my surgery side. Is that true?”

That is an older recommendation based on trying to avoid lymphedema. The latest research and recommendations for breast cancer patients indicate a gradual, slow, progressive building of strength in the arm where the lymph node damage or removal occurred. This may help reduce the risk of lymphedema. If lymphedema is a concern, see a lymphedema therapist and start your strength training under the guidance of a physiotherapist, occupational therapist, or athletic therapist, and wear a compression sleeve. Movement and exercise also improves the “pump” for your lymphatic system, allowing for better drainage.

“Can I do hot yoga?”

If you have increased risk factors for lymphedema, or if you are diagnosed with lymphedema, it is recommended to avoid hot yoga classes. There are many options out there for activity and fitness that you can explore that will not have the same risk of developing or worsening lymphedema. Discuss your plans with your family practitioner before starting activity.

Exercise and Activity

Exercise Precautions Following Breast Cancer Treatment

Following treatment, you may need to take special precautions. Below are some to be aware of:

Low bone density

If you have low bone density, weight-bearing exercise, such as walking, is recommended to help build bone density. Any vigorous exercise that involves jumping, hopping, running or high impact activities should be avoided, as these can lead to a bone fracture.

Cardiovascular issues and heart problems

If you have cardiovascular issues or heart problems (related to cancer or not), a proper medical assessment should be done before you start any physical activity program.

Taking pain medication or anti-inflammatory medications

If you are taking either of these types of medications, be careful not to “over-do-it” and take care of any injuries immediately. These types of medications may hide or “mask” the pain and there is a risk of pushing yourself too far while exercising.

Recently had surgery

If you have recently had surgery, discuss exercise with your surgeon to make sure you are safe to start exercising.

Poor flexibility and/or shoulder pain

If you are having continued issues with your shoulders, such as poor flexibility, frozen shoulder, or shoulder pain, make sure to see a physiotherapist or occupational therapist to properly evaluate and rehabilitate your arm.

Extreme fatigue, anemia, or peripheral neuropathy

If you are having extreme fatigue, anemia, or peripheral neuropathy, talk to your family physician about exercise and get their recommendations for activity. Make sure to tell your physiotherapist, occupational therapist, or exercise specialist about these concerns.



You may need a physician’s referral to access services of a physiotherapist, occupational therapist, or athletic therapist. For individual assessment, you may want to contact:

MB Physiotherapy Association

204-925-5710 or 1-877-925-5701

www.mbphysio.org

MB Society of Occupational Therapists

204-957-1214

www.msot.mb.ca

MB Athletic Therapists’ Association

204-925-5930

www.mata.mb.ca

Exercise and Activity

Cancer Specific Exercise Programs:

“Yoga and Cancer” is a free program for patients on treatment or finished treatment within the past year. For information call 204-787-2109 or toll-free at 1-866-561-1026 extension #72109.

“Let’s Get Physical: is a free program for breast cancer patients with arm, chest or breast lymphedema. Call 204-235-3691 for more information.

The programs listed below may be free or charge a fee to attend.

Cancer Management Exercise Program – Rady Jewish Community Centre Ph: 204-477-7510

Dragon Boat Teams – a non-profit organization of breast cancer survivors that participate in the sport of dragon boat racing.

- **In Winnipeg – Chemo Savvy** Ph: 204-788-8080 or visit www.chemosavvy.ca
- **In Brandon – Waves of Hope** Ph: 1-888-660-4866

Also, refer to the After Treatment Programs mentioned on page 21:

- Eat Well. Get Fit. Live Well.
- Moving Forward after Cancer Wellness Program

Breast Cancer Support and Resources

Breast & Gyne Cancer Centre of Hope



Finished Treatment? Looking for information on breast cancer, managing side effects after treatment, returning to work, etc.?

Breast & Gyne Cancer Centre of Hope offers information and support to help with understanding breast cancer, making treatment decisions, and finding resources.

- Talk with our Breast Cancer Patient and Family Educator
- Attend education sessions
- Speak to a volunteer who has had a similar breast cancer experience (Peer Support)

Appointments are recommended in order to talk with the Breast Cancer Patient and Family Educator.

Are you from rural or northern Manitoba?

You can meet with the Breast Cancer Patient and Family Educator in person, by phone or by telehealth.

Call us and we can mail the information to you. We can also connect you with a community contact volunteer close to home and/or a cancer nurse navigator in your health region.

Phone: 1-866-561-1026 or Direct 204-787-4130

Cancer Navigation Services - Rural Manitoba



Cancer Navigation Services

Cancer Navigation can guide and support you and your family through the entire cancer journey. Cancer Navigation Services provide information and support for patients and families in a timely manner, helping reduce distress and anxiety. Cancer Navigation Services consist of Nurse Navigators and a Psychosocial Oncology Clinician.

What are Nurse Navigators?

The Navigators are Registered Nurses with specialized training in cancer care and navigation. They work closely with your health care team to coordinate your care and help you access resources, referrals, and other supports.

How can Navigation help?

Facilitate timely and appropriate access to the cancer care system

- Access the resources and services you need
- Connect you with psychosocial, financial, and educational resources
- Prepare you for consultations and treatments
- Link you to resources you may need after your treatments
- Listen to your needs, and assist you to find answers to your questions and concerns

What are Psychosocial Oncology Clinicians?

Professionally-trained counsellors who can help you and your family cope emotionally, socially, spiritually, and practically with cancer. They help find transportation and accommodations, link patients with peer support, and help build skills to cope with normal distress.

Breast Cancer Support and Resources



How to contact Navigation Services

Your family doctor, nurse, or any other health care professional can refer you to the Nurse Navigators.

Patients and families can also contact the Nurse Navigator directly for more information about cancer diagnosis, treatment, or follow up care:

Health Authority - Cancer Navigation Services	Toll-Free Phone Number
Winnipeg Regional Health Authority	1-855-837-5400
Southern Health - Santé Sud	1-855-623-1533
Interlake - Eastern Regional Health Authority	1-855-557-2273
Northern Regional Health Authority	1-855-740-9322
Prairie Mountain Health	1-855-346-3710

MBTelehealth for Rural Patients

MBTelehealth is a hospital-based service that provides “live” video conferencing between two or more sites. Rural patients can attend presentations, programs, educational events, meetings, or one-on-one counselling sessions that are being broadcast from another site in Manitoba. Patients can view the speaker or site, see presentation slides or pictures if they are being used, can ask questions or be part of the discussions. Sites are based out of hospitals and health care facilities throughout the province, and if available, will be booked by your primary health care team.



Community Contact Program

Volunteers living in communities across Manitoba can provide information on cancer related programs and resources. For more information in your community, call the CancerCare Manitoba Breast & Gyne Cancer Centre of Hope at 204-788-8080 or 1-888-660-4866.



First Nations, Metis and Inuit Cancer Control and Underserved Populations

Toll-Free: 1-855-881-4395

Call if you need assistance with:

- Questions
- Concerns about your follow up plan
- Problem-solving with FNIHB
- What are you supposed to do next?
- Links with interpreters, spiritual/cultural care and advocacy

Information on services and programs not listed below are included by the topic in the previous sections. (refer to the Table of Contents for topics)

Breast Cancer Support and Resources



Shared Health Breast Health Centre

204-235-3906 or toll-free 1-888-501-5219

100-400 Tache Avenue (across from St. Boniface General Hospital)

<https://sharedhealthmb.ca/services/breast-health-centre>



The Breast Health Centre (BHC) focuses on services for women and men throughout Manitoba with:

- Breast health concerns
- Signs and symptoms of breast cancer
- Outcomes for surgery

The BHC provides patients with a breast diagnosis through the diagnostic imaging department, surgical treatment options through a surgical consultation, and treatment of lymphedema and cording/mobility concerns through the lymphedema clinic. The comprehensive clinic also provides clinical breast exams, nutritional services, psychosocial counselling, and patient education and support sessions through a variety of specialized programs. The Centre refers patients for genetic counselling and testing. Referrals and self-referrals are accepted. Please contact the Centre, or visit the website for more information.



Canadian Cancer Society

Winnipeg Office

193 Sherbrook Street

204-774-7483 or toll-free 1-888-532-6982

Fax: 204-774-7500

email: info@mb.cancer.ca



Brandon Office

415-1st Street

204-571-2800 or toll-free 1-888-857-6658

Fax: 204-726-9403

email: info@mb.cancer.ca

www.cancer.ca

Breast Cancer Support and Resources



Cancer Information Service

The Canadian Cancer Society Information Service is a national, bilingual, toll-free service available to cancer patients, their families, the general public, and health care professionals. The information you receive is confidential and tailored to your needs. The service is available Monday to Friday, 9:00 am to 6:00 pm in English and French. For other languages, we can access an interpreter service. Contact 1-888-939-3333.

Newsletters

The Navigator

A monthly newsletter and calendar of cancer-related support groups, information sessions, and other programs. For a copy of the Navigator, call 204-787-2970 or toll-free at 1-866-561-1026. To view or print online, go to www.cancercare.mb.ca under the Patient and Family section.

Websites

It is important to have up to date, reliable information. These are the recommended websites.



Canadian Websites

Canadian Breast Cancer Network	Specialized information for rural women, young women, metastatic cancer, and survivorship issues.	www.cbcn.ca
BC Cancer Agency	Information on treatment and survivorship.	www.bccancer.ca
Rethink Breast Cancer	Support, information, and resources for young women with breast cancer.	www.rethinkbreastcancer.com
Willow Breast Cancer Support Canada	Provides free, survivor-driven support and information and programs to anyone affected by breast cancer.	www.willow.org
Young Adult Cancer Canada (YACC)	For young people with any type of cancer. Includes videos on various issues, online profiles, articles written by young survivors, and information on their annual retreat.	www.youngadulcancer.ca

Breast Cancer Support and Resources

Outside of Canada Websites		
Living Beyond Breast Cancer	Information about breast cancer issues, discussion boards, and teleconferences.	www.lbbc.com
Breast Cancer.org	A non-profit organization that provides information on diagnosis, treatment, side effects, and survivorship.	www.breastcancer.org
Young Survival Coalition	Young women facing breast cancer together.	www.youngsurvival.org
American Society of Clinical Oncology	Provides treatment guidelines based on research from around the world.	www.cancer.net

Breast Cancer Support and Resources

Moving Forward After Breast or Gyne Cancer *Celebrating The End of Treatment*



**Have you finished treatment for breast or gyne cancer?
Do you have questions about what happens next?
Are you still having side effects from treatment?**

You are invited to an information session to learn, share, and ask questions to help move forward after your cancer. This session will be provided by our nurses and a social worker.

Topics at each session include:

- Side effects left behind from treatment
- Sexuality, intimacy, dating
- The emotional impact of cancer
- Living with hope, and the fear of recurrence
- Getting back to work
- Follow up care/role of your family doctor

FOR MORE INFORMATION AND TO REGISTER, CALL:

204-787-2970 or Toll-Free 1-866-561-1026
675 McDermot Avenue, First Floor ON1018

There is no charge for this session.
Family members are welcome to attend.
May be available through Telehealth.

Glossary

Anxiety: a state of being uneasy, apprehensive, or worried about what may happen; concern about a possible future event.

BRCA1 and BRCA2 genes and gene mutations: human genes that produce tumor suppressor proteins. These proteins help repair damaged DNA and, therefore, play a role in ensuring the stability of the cell's genetic material. When either of these genes is mutated or altered, such that its protein product either is not made or does not function correctly, DNA damage may not be repaired properly. As a result, cells are more likely to develop additional genetic alterations that can lead to cancer.

Breast reconstruction: a type of surgery for women who have had all or part of a breast removed. The surgery rebuilds the breast mound to match the size and shape of the other breast.

Chemotherapy: medications with cancer-fighting abilities to treat cancer. Chemotherapy medications are sometimes referred to as anticancer agents.

Depression: a common condition that affects your mood, resulting in feelings of sadness, hopelessness, inadequacy, worry, and dejection. Depression can affect your appetite, your motivation to perform daily activities, and your relationships.

Diagnosis: identification of a disease by means of a medical examination, signs, symptoms, laboratory tests and radiological findings.

Dietitian: licensed professional with specialized training in human nutrition who advises individuals on healthy eating.

Fatigue: physical or mental exhaustion; weariness.

Inherited predisposition: an increased likelihood of developing a particular disease based on a person's genetic makeup.

Lymph nodes: The lymphatic system is part of the body's immune system. It collects fluid, waste material, and other things (like viruses and bacteria) that are in the body tissues, outside the bloodstream. Lymph vessels are a lot like the veins that collect and carry blood through the body. But instead of carrying blood, these vessels carry the clear watery fluid called lymph. Lymph nodes are small structures that work as filters for harmful substances. Cancer can appear in the lymph nodes in 2 ways: it can either start there or it can spread there from somewhere else. There are hundreds of lymph nodes throughout the body.

Medical Oncologist: a physician who specializes in the diagnosis and treatment of cancer with drugs.

Mammogram: an x-ray picture of the breast that can be used to check for breast cancer in women.

Mastectomy: the surgical removal of one or both breasts, partially or completely, in order to treat breast cancer.

Myofascia release: involves applying gentle sustained pressure into connective tissue restrictions to eliminate pain and restore motion.

Neuro-plasticity: the brain's ability to reorganize itself by forming new neural connections throughout life.

Nurse practitioner: a registered nurse with special training in the diagnosis of common medical conditions and chronic diseases.

Occupational Therapist: a specialist in the treatment of physical or mental illness that works to improve a person's ability to perform daily activities.

Oophorectomy: surgical procedure to remove one or both of ovaries. An oophorectomy can aid in decreasing the risk for breast and ovarian cancers, particularly for women with BRCA1 or BRCA2 gene mutations.

Glossary

Osteoporosis: a medical condition in which the bones become brittle and fragile from loss of tissue, typically as a result of hormonal changes, or deficiency of calcium or vitamin D.

Physiotherapy: helps restore movement and function when someone is affected by injury, illness or disability. Physiotherapists help patients through movement and exercise, manual therapy, education and advice.

Prescription: an instruction written by a medical practitioner that authorizes a patient to be provided a medicine or treatment.

Prophylactic: a medicine or course of action used to prevent disease. An oophorectomy can be prophylactic in decreasing a woman's risk for breast and ovarian cancers.

Prosthesis: an artificial device that replaces a missing body part.

Psychosocial Clinician: a person with specialized training to talk with you and help you to regain social, emotional, and spiritual health. They specialize in assisting you with the quality of life aspects of cancer.

Radiation (therapy): use of gamma rays or high-energy x-rays to damage or destroy cancer cells.

Radiation Oncologist: a physician who specializes in diagnosis and treatment of cancer and other diseases through the use of radiation therapy.

Recurrence: the return of cancer after a period of time when the person was considered cancer-free (remission).

Remission: a period of time during a serious illness when there are few or no signs or symptoms of the illness.

Referral: the directing of a patient to a medical specialist by a primary care physician.

Side Effects: non-intended symptoms caused by medicine or treatment, such as nausea, rash, anxiety, or constipation.

Symptom: a sign or indication of a particular disease or disorder.

Notes

