



Better together

If there is one positive thing to come from a diagnosis of breast cancer, it's that there's a huge support network available out there. As research scientist Dr Pam Evans' experience of the disease shows, no woman need suffer alone **WORDS CATHERINE TURNER PHOTOGRAPHY ANNA GORDON MAKE-UP ESTÉE LAUDER**

When she was a research scientist working at one of the first biotech companies in California, Dr Pam Evans project-managed the creation of drugs to support immune systems in cancer patients. With no history of the disease in her family, she didn't suspect that one day she would become one of around 150 people in the UK to be diagnosed with breast cancer each day.

Yet, in 2006 at 47 years old, she found herself as a patient in a hospital consulting room looking at her own mammogram, recognising the tiny black dots with jagged edges as cancer cells. She was about to embark on a bumpy road to recovery. There would be many lessons along the way, the knowledge from which she eventually put in a book, *The Cancer Journey* (Antony Rowe, £11.99), along with two other cancer sufferers.

What surprised her most was the amazing support from those around her, and how much hope and help is available. Inspired by her experiences, we gathered those closest to her in her recovery to give us the very best advice on living with and overcoming cancer.

THE SURVIVOR, PAM:

“All of us who get cancer are more aware of our mortality. You know that life is definitely not a dress rehearsal”

The human psyche is clever, it only lets you deal with what you can cope with at the time. When I was diagnosed, I was calm. I wasn't feeling ill, and certainly wasn't expecting bad news, so had gone to my appointment with the consultant, Anne Stebbing at Hampshire's Basingstoke Hospital, on my own. My husband David was away on business, and when I phoned him to come home, I played things down, even though I knew it was cancer and I would need a mastectomy.

The diagnosis hit David hard. He was in bits, didn't want to tell anyone. This was a big problem he couldn't fix and that made him feel so bad he didn't want people to know. But I knew we needed to tell people, especially his parents who lived nearby and could help with our seven-year-old, Molly. I left it for a day, then called his mum, a retired nurse, who was incredible, particularly since I'd lost my mum a few years before. She came to one appointment David couldn't make and I asked her to be there when we told Molly so she knew Grandma would be around when I was in hospital.

Though David was reluctant, I also rang Max, a friend who >>>





From left: Anne Brember, breast nurse specialist; Max Warren, Pam's friend who had breast cancer in 2004; Pam; and Polly Noble, holistic health coach. The women took tea at Aubaine Restaurant and Patisserie, Mayfair, London (aubaine.co.uk)



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>>> herself had recently had reconstructive surgery for breast cancer. She and her husband were the life and soul of the party – we would spend New Year’s Eve together. We didn’t get to see each other often, but spoke on the phone all the time. She told me about her reconstruction, what to expect. Flashing me her boobs just before I went in for my surgery to show me how great they looked was the funniest thing. The idea that my boobs would be more pert afterwards made me feel positive in a very negative situation.

Max and I made sure we had things to look forward to and met for a spa day as soon as I’d recovered enough. Reconstructive surgery is huge – I had latissimus dorsi flap surgery where a section of back muscle is used to create a new breast. I was black and blue initially, with drains to remove excess fluid from the wounds, but I’m pleased with the results.

I was very lucky, it was a quick recovery – in six months I got the all-clear, with check-ups every six months after that. Then the enormity of it hit me. I was crying all the time, physically sick, I couldn’t sleep – I wasn’t coping. I went back to my GP, Dr John Rose, who had been so brilliant initially. He got in touch with the consultant and made an appointment with the Breast Cancer Care nurse within 24 hours.

I hadn’t seen Anne since that first diagnosis meeting when I remembered thinking I wouldn’t need her – now I realised why I did. I’d been holding my breath during the whole thing, just dealing with it practically. Appointments, surgery, recovery, the day-to-day stuff. All the feelings had come up in a rush. Anne helped me analyse my emotions, to rationalise them. I was afraid that the cancer would come back, that I was going to die and leave Molly in her teens. It was Anne who recognised that David’s initial not wanting to share things had really bugged me and still did – she even persuaded him to have a one-to-one session, which totally changed his opinion on counselling. I also realised that not having my mum around was a really big deal. After a few sessions, I’d acknowledged my feelings, and re-packed them. I felt like I could move on.

At the same time, Carolyn Railton, a complementary therapist I’d met through Macmillan Cancer Care, offered me some treatment. It was the first time I’d had Reiki and it turned out to be a pivotal moment. It generated a huge amount of heat around my throat, and between that and the counselling, we worked out my problem with David not wanting me to tell people about my diagnosis. I’m a scientist, I don’t understand how complementary treatments work, but I just knew I felt so much calmer and slept

“In six months I got the all-clear – and then the enormity of it hit me”



better, having had Reiki. That’s why I think we need an integrative approach – surgery, mainstream oncology, with the support of holistic treatments to deal with the side effects.

A few years later, I mentioned to a life coach that I’d like to write a book about my experiences. She put me in touch with Polly Noble and Nicholas Hull-Malham, who wanted to do the same thing. Nick had Non-Hodgkins Lymphoma, and, very sadly, by the time we finished the final draft in October 2010, he died. I greatly admire Polly, who is currently living with a second cancer diagnosis. Her work as a raw food chef and holistic health coach means diet is really important to her, whereas I believe in everything in moderation, but I do now drink green tea, which is all down to Polly!

Max, Polly and I have been to dark places. Sometimes, I don’t know how we’ve come through, maybe it’s built into our personalities – having a positive attitude helps you. All of us who get cancer are more aware of our mortality. You know life is definitely not a dress rehearsal – you have to make the most of every moment.

*‘The Cancer Journey’ is available at cancerjourneybook.com
To read more about this story and for advice on breast cancer, go to psychologies.co.uk*



Pam's journey

1 DIAGNOSIS. The original diagnosis at Basingstoke Hospital, Hampshire, confirms cancer cells present in Pam's left breast.

2 A BIOPSY, FOLLOWED BY A TREATMENT MEETING.

It was decided Pam would have a mastectomy. She had already decided that this was her preferred option rather than a lumpectomy, to be certain all the cancer was gone. Breast Cancer Care nurse Anne Brember was also introduced to Pam at this time.

3 RESULTS FROM THE FINAL BIOPSY and a more detailed mammogram showed the cancer had been caught early. Pam was relieved to learn that she wouldn't need chemotherapy or radiotherapy after her surgery.

4 THE OPERATION AND RECONSTRUCTIVE SURGERY.

Because no further treatment was needed, Pam was told she could have reconstructive surgery at the same time as the mastectomy. Consultant surgeon Ms Anne Stebbing would remove Pam's left breast and then work with the reconstructive plastic surgeon, Mr Ian Whitworth, to rebuild it. Pam was taken through the pros and cons of the different types of surgery. They agreed on a silicone implant (for a quicker recovery) and that she would also need a slight lift in the right breast to even both out.

5 THE ALL-CLEAR. The surgery was successful and Pam was given the all-clear within six months, with check-ups twice a year.

THE MEDICS' VIEW

The team who looked after Pam Evans explain their roles in the cancer treatment stages

DR JOHN ROSE, GP, WAS THE FIRST PERSON TO SPEAK TO PAM ABOUT HER ORIGINAL TEST RESULTS

Every woman presenting with a breast lump will be scared. Change in breast texture is normal across the menstrual cycle, but anything unusual such as new tenderness, pain, or feeling a change in texture can be concerning. Any new or tender lump is worth a check within a week of finding it, unless it's a result of trauma, when it's reasonable to see if it settles over a fortnight.

Referral to a breast clinic is likely: the NHS is set up to see women quickly using a system called the two-week rule. Many women referred with suspected lumps don't have cancer and many of those with cancerous lumps can be cured. When making decisions on treatment, take the long view. Discuss your options with family and friends, and your specialist. The National Institute for Health and Care Excellence (NICE) offers current best evidence for breast cancer at various stages of diagnosis and is the most authoritative and up-to-date source available for clinicians apart from technical clinical journals.

MS ANNE STEBBING, CONSULTANT SURGEON WHO PERFORMED PAM'S MASTECTOMY

There are two main types of breast cancer: Ductal, affecting the cells of the milk sacs, and Lobular, which is in the lobes. We use mammograms and ultrasound give a picture of what seems to be happening, then look at tissue results. The team discuss all the results twice before recommending treatment at a meeting with the patient, and again after surgery to finalise if there is to be chemo and/or radiation. This is standard for the NHS.

Prognosis isn't about which type, but depends on the size of the cancer, time of diagnosis and whether it has spread to the lymph glands. Medical condition rather than age affects treatment. For example, chemo is used as a 'belt and braces' treatment and is good for people with a lot of years to gain. In elderly patients with other issues, surgery may not be worth the risk.

Deciding on lumpectomy or mastectomy depends on many factors, including if the cancer is in more than one place. Shape and size of the breast also matters – a 5cm lump in a B cup is large – it would be two-thirds of the breast volume. The woman needs to be involved in this decision. If you have a lumpectomy, it usually means radiation therapy will be needed, but with mastectomy it mostly won't. We try to get to know our patients beyond the medical, so we can see what makes them tick. Those who aren't coping, who may be drifting into depression, can be given specific help. I'm optimistic that in the next 10 years we'll have tailored treatments, which are already happening in hematological cancers such as leukemia. >>>



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>>> MR IAN WHITWORTH, PLASTIC/RECONSTRUCTIVE SURGEON WHO DID PAM'S RECONSTRUCTION

Any woman can have reconstructive surgery, after their cancer treatment. It can be done at the same time as a mastectomy, or three or 18 months afterwards – there is no time limit. Immediate reconstruction used to be the norm, but chemo and radiotherapy can 'shrink' a breast, so if those are being used, it is better to wait. It is a tiring op. Full reconstructive surgery can take five to 10 hours if it includes a mastectomy, and involves both breasts.

Now we can work on a microscopic level, we have a better understanding of blood supply anatomy so newer techniques mean we can take the fat and skin on its blood supply which is safer and simpler, less invasive. More often, I am using fewer implants and taking tissue from other areas, such as the inner thigh, buttocks, or tummy.

There was a big mastectomy review 18 months ago, with a drive to offer women reconstruction, but it's a postcode lottery. Not everyone has access to a plastic surgeon. Lots of breast cancer surgeons can do reconstruction, but may not be specialists. Ask your Breast Cancer Care nurse or your GP for an unbiased view on a good surgeon in your region.

KATE JENKINS, CLINICAL PSYCHOLOGIST

How you cope with cancer will be a reflection of your own world view and core beliefs. We see anxiety, loss of body image confidence, low self-esteem, which can lead to relationship problems. Also fears of recurrence, as most patients are cancer-free early on (often after 10 days), maybe followed by chemo and/or radiotherapy, and that's that. They just don't go to hospital any more, and that can be when people feel abandoned. This is why we started a Health & Wellbeing programme for advice on diet and exercise. Control is the other c-word in cancer and by doing these things and managing side effects, we've found that anxiety and depression drops.

There are four levels of psychological support, as per NICE guidelines, ranging from emotional support from a trained health care professional, counselling and CBT, something I or my team would do, through to referral to a clinical psychologist. I've trained more than 1,000 NHS staff in seven years so there is someone on every single tumour team who knows when extra help is needed. Although there aren't enough specialist mental health professionals to go around, nurses give emotional support, and GPs and charities offer counselling.

I tell relatives to ask if they can help, don't sit there in silence. Husbands want to fix things, but they can't. They tend to veer towards the practical, but sometimes it's just about holding their partner's hand while they cry. Be OK with emotion, give yourself permission to do nothing but listen, hug, support and let them offload.



THE BEST FRIEND, MAX:

“Being a pair of ears to listen is the most important thing”

‘Having the disease myself allowed me to put things in perspective. I used to get stressed over silly things, now I appreciate life more. Walking the dog, the cool fresh air, the sun on my face. I don't say yes to things I don't want to do, either. Pam and I are closer now – we share a connection, we don't necessarily see each other more often, but we know how each other feels.’

Max's advice:

- **Use positive affirmations.** ‘In my darkest moments, I'd say out loud “I am fit, healthy and strong” in front of the mirror and believe it. It would calm me down.’
- **Get a pet.** ‘My husband bought me a dog. Walking him really helped take the focus off my illness and stopped me over-thinking, especially when the kids were at school’.
- **Talk a lot.** ‘I did, non-stop, and found it good. It was almost like I was talking about someone else and that helped me stay positive.’
- **Speak to those who've been through it.** ‘Mum had a friend who'd had breast cancer in her forties and is now in her seventies. Getting her advice was a huge comfort.’
- **Little things you do to help count.** ‘One of the mums at my son's school made me a casserole for the family, which was a lovely gesture. But being a pair of ears to listen is the most important thing.’
- **Laugh.** ‘Every time I had chemo my husband would take me for lunch, which I'd always throw up later, but we found it funny. We laughed through it, even hair loss.’



THE HOLISTIC HEALTH COACH, POLLY:

“There’s no point in creating stress in your mind”

‘Eating raw natural foods while going through cancer treatment is about self-love, empowerment and giving your body the phytonutrients, vitamins, minerals and enzymes it needs to heal, rather than artificial colours and synthetics which are harder to process.’

Polly’s advice:

- **Stock your freezer with frozen berries.** ‘You can whizz up a smoothie whenever you need something nutritious. Add things like nuts and seeds for energy.’
- **Drink coconut water.** ‘It’s the best for replacing electrolytes and rehydrating. My favourites are Unoco and Cocofina, which comes in different flavours – great if you’re not keen on the coconut water taste like me.’
- **Practise meditation.** ‘The body rests four times more deeply when we meditate than when we sleep.’
- **Use Liquid Stevia as a sweetener.** ‘I believe sugar feeds cancer cells and I avoid it. This is a plant-based alternative which won’t add to glycemic load and is calorie-free.’
- **Check out author/speaker Gabrielle Bernstein.** ‘She offers the tools to help us operate from love rather than fear.’
- **Find a balance with what you eat.** ‘Choose the best possible option at the time. For some people it may mean having one raw meal a day or two green smoothies or juices a week. It’s not always easy and there’s no point in creating stress in your mind.’



THE BREAST CANCER NURSE, ANNE:

“Although I’ll never lie, usually there is no reason to think a person won’t get through it”

‘People ask “Am I going to die?” The answer is usually “as far as we know it’s early stages and we are going to do everything we can to avoid this”. Patients generally make great progress. Coming through they have a new kind of confidence, which gives them a wake-up call. They forget the trivia and do what they really want to do.’

Anne’s advice:

- **Focus on today.** ‘It’s a rollercoaster and a long process. Don’t make rash decisions, take one step at a time.’
- **Ask for help.** ‘Look locally – in Basingstoke we have the Pink Place, offering hair, beauty treatments and complementary therapies, set up by an ex-patient in a hairdresser’s every Monday, a great place to meet people.’
- **Start a journal.** ‘Have one notebook where you write everything down, take it to every appointment with the questions you want to ask written down.’
- **Think about you.** ‘Say to yourself “this year is about me getting better”, then get on with your life.’
- **Use recognised websites for information.** ‘Breast Cancer Care (breastcancercare.org.uk) tells you about every stage and what questions to ask, and The Haven (thehaven.org.uk) is great for all-round support.’
- **It’s normal to be scared, sad or angry.** ‘I’m reluctant to say keep positive – instead focus on how well you’re doing, the good results. Although I’ll never lie, usually there’s no reason to think a person won’t get through it.’ ■