TOGETHER WE CAN FIGHT CANCER

Be prepared: Your comprehensive guide to understanding and coping with cancer.

A brighter future
The new research offering hope to thousands

Inspiring real people
‘It’s 15 months since I lost faithful friend, my prostate...’

20 years of making a difference in the fight against lung cancer

Research • Prevention • Support

www.roycastle.org
Beating cancer is a huge challenge. But greater research, improved understanding and better working methods have improved prospects for many cancer patients – and prevention, awareness and early detection are key.

Cancer refers to a growing clone of cells, unresponsive to the checks and balances (the homeostatic mechanisms) of the normal body. Growth is often relentless, either only at the site of origin, or here and at distant sites where sub-clones have travelled, usually via lymphatics or blood. One of the major killers of the Western world, cancer’s cause is not fully understood but observational epidemiology is enough to persuade public health bodies to give advice – for instance, the avoidance of tobacco smoke, and clinical geneticists are able to assess risks in some individuals.

An issue for everyone

According to Cancer Research UK, there are more than 293,000 new cases of cancer (excluding non-melanoma skin cancer) diagnosed each year in the UK, and more than 1 in 3 people will develop some form of cancer during their lifetime.

There are more than 200 different types of cancer, but four of them - breast, lung, large bowel (colorectal) and prostate - account for over half (54 per cent) of all new cases. Breast cancer is the most common cancer in the UK, even though it is rare in men.

Be pro-active

Prevention is the best method of avoiding death by cancer. Doctors will consider extensive prophylactic surgery for those at genetic risk; for instance, mastectomy for those with the BRCA gene mutation. Drugs such as tamoxifen may forestall the development of cancer; also, non-steroidal anti-inflammatory drugs such as aspirin reduce the chance of pre-cancerous colonic polyps. Vaccination against hepatitis B and HPV, reduce the later development of childhood hepatoblastoma and cervical cancer respectively.

Know your options

If you can’t prevent it, pick it up early. Screening for cervical cancer is established – particularly good for this disease where there is a long period of pre-cancer (in situ phase), but also for breast cancer where mammography on a whole population basis picks up in situ and early invasive disease, both of which save lives.

There is more controversy over the use of serial computed tomography (CT) scanning of lungs of heavy smokers and virtual colonography (both now with less radiation exposure per study) and faecal occult blood testing or colonoscopy on a population basis and the PSA testing for early detection of prostate cancer - but individuals may well choose to have these tests.

For established cancer, the new era of personalised therapy has dawned with the recognition that some cancers are ‘driven’ by specific genetic mutations and their downstream effector protein messenger pathways may be inhibited by a new breed of molecularly targeted drugs (for instance, drugs such as Herceptin, Glivec, Sunitinib) that have led to therapies with higher specificity and less toxicity than previously. These complement standard radiotherapy and chemotherapy, which are themselves improving. The future is much brighter for many patients with cancer.
HCA CancerCare is the largest provider of cancer care in the country outside the NHS. Our network includes nine hospital locations and six diagnostic outpatient centres. Our clinical trials unit, unique in the private sector, draws on HCA’s extensive experience in the US and supports research in an academic setting.

450 cancer consultants work with our teams of specialist nurses and other highly experienced healthcare professionals to deliver the highest level of care. They have at their disposal the newest cancer drugs, as well as the most advanced diagnostic and treatment technology available anywhere in the UK. We offer truly holistic care for our patients, who also have access to a variety of complementary services.

Every one of us at HCA CancerCare is acutely aware that being diagnosed with cancer creates enormous anxiety. But we can promise our patients that we will deliver the highest quality of care through every stage of treatment and during follow-up, at any location in our expanding network.

**Appointments**
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**Professional enquiries**
cancercare@hcahealthcare.co.uk
www.hcacancercare.co.uk

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**10 reasons to choose HCA CancerCare**

01 Outstanding expertise  
02 Accessible centres  
03 Rapid referral  
04 Highest quality care  
05 Innovative technology  
06 Latest treatments  
07 All cancers  
08 All ages  
09 Holistic care  
10 Continuing expansion

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HCA CancerCare
World class expertise. Closer to you.
An Advertising insert by MediAplAnet

The power of progress

INSPIRATION

Question:
Why is it so important to know more about cancers of the blood?

Answer:
They are now on the rise but are relatively easily to treat, with treatment improving all the time - detecting them early helps prospects greatly.

The Beatson Oncology Centre Fund

The Beatson Oncology Centre Fund allows the beatson West of Scotland Cancer Centre to improve patient comforts and undertake research and development projects.

This is actively improving treatment and care of cancer patients within the West of Scotland.

Kidney Cancer UK (KCUK) is a registered charity which is run by volunteer patients, carers and a medical oncoligist. It exists to inform and support people affected by kidney cancer. Kidney cancer is often thought of as being one of the rarer forms of cancer, but it is not really all that rare, since it accounts for 3700 UK deaths per annum, now significantly more than are killed each year on the roads. As two of its most important activities, KCUK lobbies for newly developed drugs to be financed by the NHS and for measurers to improve early diagnosis of the disease.

Please see our website www.kcuk.org for further details.

We are proud and pleased to be launching our new website and logo this year to celebrate our 10th Anniversary.

The Beatson Oncology Centre Fund

The Beatson West of Scotland Cancer Centre • 1053 Great Western Road • Glasgow G12 0YN
Tel: 0141 017694 • Fax: 0141 017689

Kidnecanceruk.org is one of the leading sources of information of kidney cancer in the UK.

Kidney cancer is one in people under 50 and affects many more men than women.

This could be because in the past men smoked cigarettes.

Nearly 2 out 3 people diagnosed are over 65 years old.

Some of the risk factors we know about are:

Smoking could double your risk.

Chemicals at work - people working in some industries have a higher risk.

Faulty genes - some people inherit a tendency to develop kidney cancer. Certain inherited conditions also increase the risk.

Being obese.

Having kidney disease that needs dialysis.

Other risk factors that may increase risk include high blood pressure and the use of mild painkillers, such as paracetamol, and "non steroidal anti inflammatory drugs" (NSAIDs), such as ibuprofen.

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How early detection won my fight

**Question**: How did farmer Peter Barton cope with prostate cancer?

**Answer**: Quick diagnosis and rapidly received treatment meant that only a little over a year since his surgery to remove his prostate, Peter is now healthy and well - and living without cancer.

**How I Made It**

“It is now 15 months since I lost faithful friend, my prostate. Most of us men have little idea what a good friend is until we lose it - and most of us know little of this walnut-sized gland just below our bladders.”

Peter’s prostate cancer was caught just in time: “My prostate gave me a rapid warning that it was unhappy just before it decided to release its cancerous cells around my body. I was very ill with a urinary tract infection in hospital and the urologist decided to run further tests to identify the cause - and discovered the tumour.”

“This was a considerable shock to a strong farmer and his wife and family, and the subsequent investigation of options was rather depressing as none of the experts could really give the answer we were seeking - would I survive, and without serious side effects?”

Peter eventually settled on robotic-assisted laparoscopic surgery undertaken by Mr Chris Ogden at The Royal Marsden Hospital in London. “The procedure was quick and I was home in 48 hours, sore but pain-free. Chris Ogden is a delightful and honest surgeon and had informed us about the likely side effects and the risk of both incontinence and sexual dysfunction,” explains Peter.

“Immediately after surgery the incontinence was very poor and quite distressing, however, within a few weeks this had reduced to one pad during the day and one at night for protection - this has worked well for the past 15 months, provided there is no severe activity such as squash,” he says.

“The other vexed question is impotence. Incontinence and impotence together are a big thing and I long for the day when urologists can offer something less damaging to the prostate patient. I am taking part in an interesting patient research study which will hopefully shed some light on this important subject.”

Today, Peter is feeling well and has a PSA of less than 0.05, which equates to being undetectable. “I can do most things men of 66 can do except be wholly continent and father children - I consider myself to be very fortunate to have been diagnosed and treated quickly by an excellent team. I lost two good friends to prostate cancer during the week before last Christmas and this helped me to put things in perspective.”

Peter Barton
Diagnosed with prostate cancer a year ago

**FACTS**

- Prostate cancer kills one man every hour in Britain.
- Overall, the lifetime risk of a man developing prostate cancer is now around 10%.
- The PSA test is not a perfect test but is the best available at present and is considered extremely useful by most urologists, especially if it is expertly evaluated and taken together with a digital rectal examination (DRE). A raised PSA can be an important sign of prostate cancer and in this setting it can save lives. The Department of Health has recently sanctioned PSA tests in informed men aged 50–70; your GP will be able to discuss this.
- Perhaps even more important is what we don’t know. What causes it: is it something in our diet, our genes or a combination of both? Prevention is always better than cure.

**QUESTION & ANSWER**

**Professor Maitland**

- What are the most important things to know about prostate cancer?
  - Prostate cancer is described as a disease of old men. In fact it occurs in younger men but most men who die from it are in their late 60s and above. It may start even earlier and there are chemoprevention trials (taking a drug which blocks cancer development) starting in men of 40.
  - If your father or another first-degree male relative developed or died of prostate cancer under 60 it is important to have a regular check, as you may have an inherited susceptibility.
  - Perhaps even more important is what we don’t know. What causes it: is it something in our diet, our genes or a combination of both? Prevention is always better than cure.

- How can prostate cancer be prevented?
  - The established blood test detects a protein called Prostate Specific Antigen (PSA).
  - When this reaches a certain level (levels increase as a man gets older) it is an indicator, but not an infallible one, of a problem in the prostate.
  - Further tests are required to confirm, and whether or not it is dangerous. The issue here is the fallibility of the PSA test (only a proportion of men with a raised PSA actually have cancer) and what to do when a tumour has been detected.
  - Men are simply not pro-active enough when it comes to their health. As with most cancers, early detection - before the tumour has been detected - is really beneficial, as the treatment regime changes for metastatic cancer, and the prognosis, is not so good.
Keep needing a pee?

Constantly needing to urinate could be a sign of prostate disease which affects one in two men at some stage in their lives. Early detection vastly improves the chances of successful treatment so it pays to be aware of the signs.

Ask your doctor or visit www.prostateuk.org for more information.

Prostate UK

Help us stop prostate disease ruining lives
LEARN THE SECRETS OF SURVIVAL

1. **Question:** Why is cancer a frightening diagnosis than ever before?

2. **Answer:** With greater knowledge, life with cancer can now be lived better and for longer.

One in three of us will get cancer during our lifetime and there are more than 200,000 cases of cancer (excluding non-melanoma skin cancer) diagnosed each year in the UK. But the chances of survival have remained fairly constant. And of course innovations in treatment and increasing recognition of early diagnosis and screening. The more we learn and the more we know, the more people are surviving cancer than ever before.

Early detection is crucial. National screening programmes run by the NHS such as those for bowel, breast and cervical cancer, are designed to spot the symptoms and encourage people to be proactive and get into a routine of regular checks, judging the importance of self-awareness, seeking advice and quick diagnosis.

And of course innovations in technology and treatment now offer increasingly more effective therapies and prognostic factors. For instance, the improved outcomes in haematologic disease is a direct reflect of the improved therapies, in general, for malignancy, and the enormous benefit of drug development and clinical trials which have been all pervasive in the last 20 to 30 years, points out Professor Anthony Goldstone CBE, consultant oncologist and haematologist at University College Hospital London.

**EXAMPLE**

**It was ovarian cancer and I had a hysterectomy with my lower back and groin.**

**I was just coming up to my 40th birthday and didn't feel right. No other symptoms.**

**I explained my symptoms to my GP and a medical student - there followed an almost comic moment, where the student began suggesting various ailments by which time nothing would have checked out!**

**The student examined me and I could see (and feel) that she had found something; at that point my GP took over and I knew that there was something wrong.**

**I can't really remember much more of what she said - all I could intuitively know that something was wrong. I wasn't right I might never have gone to my GP - I really had no other killer and I can see why.**

**Had I not gone to my GP - I really had no other choice.**

**There was six weeks that changed my life.**

**Ovarian cancer is called the silent killer and I can see why.**

**I already had a beautiful healthy daughter who I saw as a blessing - I didn't have another? Perhaps not.**

**By the time of the scan was clear. The best Christmas present ever. I had been to the doctor on the 30th of September and on the 1st of October was given my news. Those were six weeks that changed my life.**

**Coping in turbulent times.**

Peter has loved planes all his life but when he was diagnosed both prostate cancer, flying his model plane at the park took on new meaning. **It engages a different part of the brain and is hugely therapeutic.**

Peter also has regulars to his local Maggie's Centre. **At Maggie's we never forget that the person is much more than just a patient. We help people like Peter get past the most turbulent time of their lives.**

**In the last 5 years... we have committed to spending a further £15.6 million.**

Thanks to our work cancer sufferers all over the world have access to some of the best treatments and therapies.
From breast cancer to ovarian and cervical cancers, the key message for women of all ages is the importance of spotting it early – beginning with self-awareness and aided by scientific development.

For ovarian cancer, survival rates are higher the earlier the cancer is diagnosed: women with early stage ovarian cancer have five-year survival rates in excess of 70 per cent, whereas women diagnosed with ovarian cancer at a later stage have much lower survival rates of between 5 per cent and 33 per cent, according to Cancer Research UK.

The recent survey by gynaecological cancer research charity The Eve Appeal showed that a quarter of women would put off going to the doctor, even with a symptom they suspected might signal cervical cancer, in case they might not be able to see a female doctor - while one in five would be too embarrassed to book an appointment.

“We know that earlier diagnosis of cervical cancer can help save lives so our message to women is to start talking, spread the word about signs and symptoms of the diseases and help break down the wall of embarrassment that could put their lives at risk,” says Jane Lyons, The Eve Appeal’s director. “There are 50 new cases of gynaecological cancer diagnosed in UK women every day and 20 women die, so many thousands of women and their families are affected by one of these diseases.”

In the future, most cervical cancers will be prevented by HPV vaccination - but for the next few decades, cervical screening will still be vitally important.

In breast cancer, one of the biggest challenges is detecting breast changes in women under 50, explains Professor Gordon Wishart, consultant breast surgeon and director of breast services at Cambridge University Hospitals NHS Foundation Trust. “Although mammography is currently considered to be the gold standard” technology for the diagnosis of breast cancer its performance is less in younger women and relates to difficulty in imaging dense breast tissue,” says Prof Wishart, who points out that most missed cancers in women occur between the ages of 40 and 50. But a recent study at Addenbrooke’s Hospital, Cambridge, found that infrared scanning picked up almost 80 per cent of breast cancer cases in younger women and while it won’t replace mammography, could work very well indeed when used alongside it, says Prof Wishart.

Question: What’s important to know about cancer found in women?
Answer: From the power of talking to cutting-edge new technology, there are many ways in which the treatment of female cancers can be improved.
We’ve been thinking
precision

If you knew about CyberKnife, a pioneering way to treat cancer. That used a fine stream of radiation to target just the tumours and not the healthy tissue.

That was non-invasive.

That meant you could need at most 5 sessions as a day patient, all completely pain free.

Wouldn’t you make sure you had it? So would we. And we have, in The London Clinic’s new cancer centre. Thinking, we’ve been doing it for 75 years. We’re not going to stop now. For more thoughts, call 020 3219 3218 or visit
cancercareshere.com

the London clinic
inspired care
from drugs to surgery. Better ways of managing cancer, new hope in treatment – and Infirmary, points out, vomiting and row transplant at Aberdeen Royal are having an impact on diagnosis, daunting than the treatment itself. Perception also affects experience, Jeff Horn explains; experiencing terrible oral mucositis (OM) with one cycle of chemotherapy leads to much anxiety in advance of the next cycle, even though the OM may not re-occur at all.

New research sheds light

It’s recently been discovered that the chronic side-effects of radiotherapy for early breast cancer, as reported by women themselves, are not any worse when treatment is given in a lower overall dose in fewer but larger treatments according to a trial part funded by Cancer Research UK and published earlier this year in The Lancet Oncology. The study was part of the 4,451 patient START (Standardisation of Breast Radiotherapy) trials, coordinated by the Clinical Trials and Statistics Unit at The Institute of Cancer Research and funded by Cancer Research UK, the Medical Research Council and the Department of Health.

Experts hopeful

A discovery by US scientists late last year could lead to better radiotherapy with fewer side effects: researchers at the University of Pittsburgh School of Medicine and the US National Cancer Institute found that blocking a particular biological pathway can protect healthy cells from the damaging effect of radiotherapy, while also promoting the death of tumour cells.

Beyond drugs, non-invasive treatment and minimally invasive surgery has been one of the biggest developments. Less invasive treatment means a better experience all-round - a quicker recovery, a shorter hospital stay and fewer complications.

A positive outlook

As Jeff Horn, clinical nurse specialist in haematology and bone marrow transplant at Aberdeen Royal Infirmary, points out, vomiting and nausea used to be the most widely known side effects of treatment such as chemotherapy - but in recent years they have become much easier to manage. Perception also affects experience, Jeff Horn explains; experiencing terrible oral mucositis (OM) with one cycle of chemotherapy leads to much anxiety in advance of the next cycle, even though the OM may not re-occur at all.

FACTS

- Despite its name, the CyberKnife® Robotic Radiosurgery System involves no cutting. It’s a non-invasive alternative to surgery for the treatment of both cancers and non-cancerous tumours anywhere in the body, including the prostate, lung, brain, spine, liver, pancreas and kidney.
- It is the world’s first and only robotic radiosurgery system - designed to treat tumours by delivering beams of high-dose radiation with extreme accuracy.
- It provides hope in the form of a pain-free, non-surgical option for patients who have inoperable or surgically complex tumours, or who may be looking for an alternative to surgery.

Question: What difference has research made to many people’s experience of cancer before and after diagnosis?

Answer: Innovation brings new hope in treatment – and better ways of managing cancer, from drugs to surgery.

The thrill of the new
Are you on or about to start cancer therapy?

If so, you may experience a condition of the mouth and throat known as ‘oral mucositis’. Oral mucositis can be a common and debilitating side effect of cancer therapy. It causes symptoms such as redness, swelling and soreness of the mouth. This can be painful, unpleasant and can lead to difficulty eating and swallowing. It may even lead to interruptions in your therapy.

Heather’s story

“In August 2005 I was diagnosed with mouth cancer. My dentist had referred me for a biopsy on what I thought was a mouth ulcer but turned out to be a malignant tumour, a squamous cell carcinoma on the tongue. This was the start of a long traumatic journey which has significantly changed my life. In September 2005 I underwent a major operation to remove the tumour and reconstruct part of my tongue. The operation required a jaw split and subsequent repair with a metal plate. This was followed in January with a six-week course of radiotherapy to ensure all traces of the cancer were removed. Unfortunately, the down side of intensive radiotherapy to the mouth is that oral mucositis will almost certainly develop and that proved to be the case for me. This condition was extremely unpleasant. The oral mucositis caused pain and soreness in my mouth (not unlike being burnt by hot food or drink), together with ulcers, dryness and difficulty in swallowing. The impact of oral mucositis on my ability to eat and drink meant that I had to be fitted with a PEG tube (basically a tube inserted through the neck or stomach wall) – not ideal for dinner parties! This again had a major impact on my life. It was also important to keep my mouth clean due to the ulcers and so normal toothbrushes and pastes were not practical. I had to use sponge sticks and mouthwash. When you add in the fact that normal speech is also affected it all adds up to a pretty miserable experience. I’m obviously grateful that my treatment has been so successful but it would be good to think that other cases like mine could be spared the level of trauma that currently exists.

I have just recently tried Caphosol and my initial impression is good, with Caphosol being very gentle on the mouth.”

You can read more about Heather’s experience and others at www.heads2gether.net. For more information on oral mucositis you should consult your Doctor, Nurse or Pharmacist. Caphosol is available on prescription, in pharmacy or directly at www.caphosol.co.uk

For further information on oral mucositis please go to www.mouthmadegood.com

Caphosol® is a medical device used as an add on to standard oral care in the prevention and treatment of the mucositis that may be caused by radiation or high dose chemotherapy. Caphosol is clinically proven to reduce the occurrence and duration of OM and associated pain. Many patients can prevent oral mucositis altogether with Caphosol®.


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The Minivator Group provides the baths and showers in association with Age UK Trading Limited and Age UK (charity number 1128267) and up to 50% of the baths and showers net profits generated from this ad go to the Charity. Exact mechanism for profit-share calculation available in writing upon request. Age UK Trading Limited is a trading company of Age UK which donates net profits to that Charity. If you find the same, or similar product and service level at a lower price, the Minivator Group will happily match it.
Diana Binks, the television presenter who currently presents various programmes on Five, experienced a breast cancer scare which has left her acutely aware of the importance of awareness and early detection.

I was 32 when I found a lump in my breast - it got bigger and then I found that there were more lumps. At first I ignored the lump, thinking that either it was nothing to worry about or that it was just a result of the hormonal changes that naturally occur every month. But when it got bigger and then there were several lumps, I realised it was time to go and see the doctor. In fact it was my partner at the time who pushed me to go and seek advice and help. I was just afraid and in many ways quite ignorant of what the lumps might mean - more than anything I thought it's nothing, and that I don't want to bother anyone!

So, I made an appointment to see my GP, who sent me for further tests with a consultant. I saw the consultant pretty quickly about a month after first seeing my GP. On diagnosis it turned out to be a cyst, and they did a biopsy which thankfully confirmed it was benign. We talked through all the different options and agreed it was best to have the lumps removed.

I was lucky - I did not have breast cancer but nevertheless, faced with that diagnosis, especially at a relatively young age, I really felt quite panicky, even though it was benign. I was unsure about what would happen and wondered if having the operation would make something worse, somehow.

If I'm honest, I had the feeling that something worse could happen after having the lumps removed and that definitely had the effect of shaking me up a bit. I also realised that I had not been aware of how important it is to know how to conduct self-examinations and to be sure to conduct them regularly.

My strategy from then on was to make sure that I took much more care to check myself. It really seemed that everywhere I looked there were stories of terrible things happening around me to other women with regard to their health, which made me realise how lucky I was. After I calmed down and I recognised that having a benign lump did not necessarily mean any more problems. The advice I would give to any other woman facing a possible diagnosis of breast cancer is firstly to seek two separate medical opinions. The next step is to weigh up the options once you have both of those opinions. If both the opinions you've sought are in agreement then you know which way to go and of course, ultimately you have to go ahead with the advice with which you feel most comfortable. And it's vitally important to always be aware of your breast health and to regularly check your breasts by way of self-examination.

I am fine now, physically and mentally. It hasn't stopped me doing anything I wished to, personally or professionally, and I haven't had any other lumps since. I always make sure to check my breasts regularly - part of my subconscious now reminds me to do it, and if I have any concerns I always make sure I see my GP.

About 1 in 10 women will develop breast cancer in their lifetime - it sounds like a large number but is not as large as it sounds, as it is age-dependent. In the age group of 30-39, 1 in 250 will develop breast cancer; over the age of 60, that rises to 1 in 25.

A family history of breast cancer, in your mother or another close relative, is however the primary risk factor. We still don't know much about environmental factors but some dietary factors like alcohol and animal fats have a low association with breast cancer risk. Being overweight when past the menopause is also a risk factor. Regular exercise may be protective.

Women should be pro-active in the self-assessment of their own breasts: check your breasts in a routine way and contact your doctor should you notice any lumps or changes to contour, nipple position or texture. The best time to check is around five days after your period starts. If you have irregular periods or your periods have stopped, then choose a convenient day such as the first of each month.

Quality for Life
At BreastHealth UK our aim is simple: to give all women effective control of their breast health. Our network of private clinics across the country offers innovative, individually tailored breast screening programmes developed in conjunction with leading international breast specialists to provide the most flexible, comprehensive and technically advanced service possible.

Each BreastHealth UK clinic has an experienced team of medical specialists supported by the very latest proven screening technologies including mammography, Digital Infrared BreastScan and genetic testing. This allows women access to the highest quality of treatment and care.

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Lilly Oncology

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