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Breast Cancer Awareness Month

Cancer survivor Sade Weekes is a reminder that breast cancer does not discriminate and has many faces.
PHOTO COURTESY SADE WEEKES

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Next month cancer survivor Sade Weekes will graduate from UTT with a bachelor of fine arts degree in the performing arts with specialisation in music, with a GPA of 3.26. **PHOTOS COURTESY SADE WEEKES**

Sade's triumph:

cancer survivor earns degree during agonising treatment

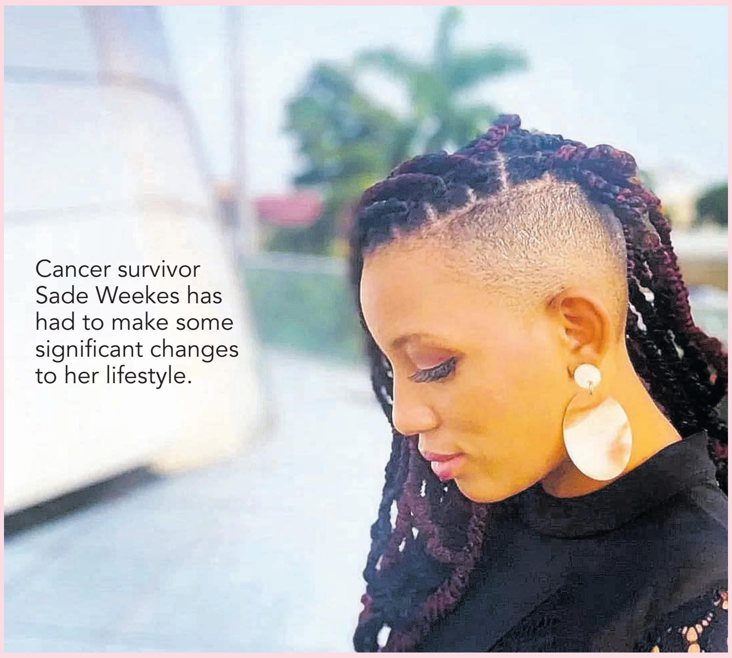
CHERYL METIVIER

The face of cancer is not usually that of a vibrant young woman at the peak of her life, but Sade Weekes is a reminder that breast cancer does not discriminate and has many faces.

Thankfully, hers has been a tale of triumph, and her journey, the stuff of inspiration.

Born in 1990, Weekes exhibited a passion for music early in life. Her admission into the bachelor's degree programme at the University of TT was a dream come true for her.

So in 2018, when during her routine monthly breast examination, she happened upon a lump in her left breast, she feared the worst. For her, lumps meant cancer, and cancer meant death.



Cancer survivor Sade Weekes has had to make some significant changes to her lifestyle.

"Escaping this spiral of depression took the love and support of my village, my MVPs and of course, my unshakeable faith in God," Weekes told Newsday.

After a lumpectomy, muscle from under Sade Weekes's shoulder blade was used to fill the cavity and preserve the breast shape and size.

Her first biopsy report gave a diagnosis of Stage 0 cancer – no evidence of cancer cells or non-cancerous abnormal cells breaking out of the part of the breast where they started, or getting through to or invading neighbouring normal tissue.

This, doctors said, could be corrected with a lumpectomy. To preserve the breast shape and size, muscle from under her shoulderblade was removed to fill the cavity left by the lumpectomy. She said the healing process was painful and a total loss of her independence.

But at least it wasn't life-threatening, right?

Four months later, still in pain, a costly private consultation showed she was at Stage 3B. The tumour had spread to the skin of her breast or chest wall.

"This was absolutely insane! Enduring this period of pain, misdiagnosis, bureaucracy, fundraising, consultations, probing, injecting, cutting and draining over the ensuing two years had been dizzying."

Her only distraction was the demands of school, which offered the balance that divided her focus and was something she welcomed when things became overwhelming. She was also thankful for the compassion and empathy she received from medical professionals, and the thoughtfulness of classmates, family, church members, friends and lecturers. And of course, her constant companion, her mother.

"People just went above and beyond."

Never one to shy away from a challenge, Weekes has left her job to pursue her calling and had frequently encountered financial hardship. GATE covered tuition, but the daily commute from San Fernando to Port of Spain, and other related expenses had to be creatively financed. From selling kurma and food to tutoring on weekends and cleaning homes and offices, she did what she had to, to make ends meet.

"As I contemplated this new situation I constantly reminded myself of how much I had already overcome, and that failure was not an option."

Weekes said she finalised her medical plan, part of which was making the tough decision to take a leave of absence from school.

"As I left the campus with the paperwork I was overcome with grief."

But a ray of hope came from an unexpected place.

"Days before I was expected to do the first of 16 rounds of chemotherapy, came news of TT's first covid19 case, and soon thereafter the nationwide lockdown. This was the best news for me because the next national conversation became online school. No leave of absence required!"

She started her treatment and neither the steroids nor the chemo affected her too badly, because, she believes, she and her prayer team had "rebuked" all those side effects in advance.

SADE continues on page 4

'Live a life of moderation'

SADE from page 3

But, she said, the job of chemotherapy is to attack the nuclei of newly formed cells – good and bad – which leaves patients with compromised immunity and low platelet counts. After each chemo session she was given a cooler with syringes full of plasma to be injected approximately five times a week.

"This has been my most painful anything ever, and no painkillers brought relief. I just curled into the foetal position as my mother held me while I wailed in pain…every day."

Weekes said it wasn't until after her second session of chemo that the physical reality of the cancer hit.

"As I washed my hair, it began to fall out in clumps. I could feel a huge bald spot, and by the end of that week I was completely hairless. I wept.

"I decided at that point to begin sharing my journey with my social media family on WhatsApp, Instagram and Facebook."

And all during this phase, she kept up with her online classes and assignments as best as she could.

With chemo completed, a PET scan was now required to determine if the size of the tumour had been reduced.

"Twelve thousand dollars in donations later, I had confirmation that the chemo had worked and so did the prayers."

Weekes was then in the fourth year of her degree. Classes were still online, as the nation and the world continued to grapple with the pandemic. Her classmates were winding up projects and preparing to graduate in November 2021.

But she was approaching her 30th birthday and focusing on the second phase of her treatment – the mastectomy.

"Once the chemicals from the chemo were out of my system, surgery was scheduled for a skin-sparing single-breast mastectomy (to remove the breast tissue, while preserving the skin around her breast), and the removal of the two affected lymph nodes. The procedure was successfully done at San Fernando General Hospital."

Anxious to take advantage of her recuperating time to complete outstanding assignments, she successfully did her vocal recital, in pain, with her body still not fully recovered from the rigours of surgery.

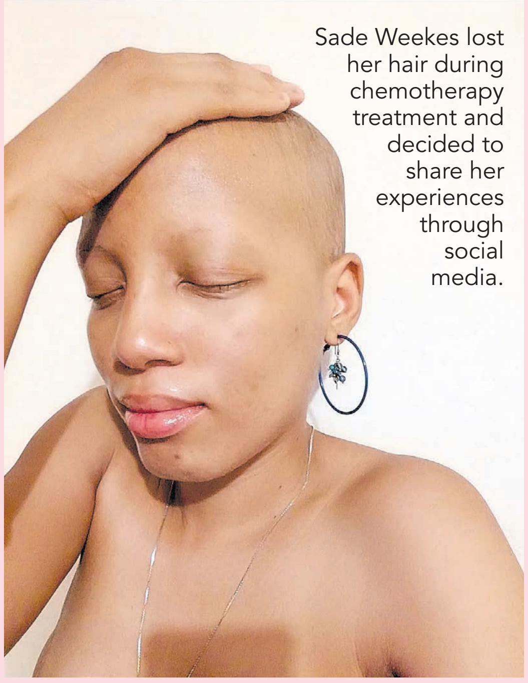
January 2021 brought her to the third phase of her treatment – radiation – to be done over 15 consecutive days.

"This was not a painful procedure, and thankfully, I had no side effects. In fact, I often attended online classes before and after these sessions. The only detectable effect I identified was some discolouration at the site where the radiation was administered, but it cleared up after a few months."

The final phase of her treatment is ongoing and involves oral treatment for the next five-eight years. Weekes insists that throughout this journey she has received "uncommon favour." She said from her interactions with medical staff, to having all procedures completed in the space of a year, she is mindful that many cancer patients have not survived the wait time, and many have not experienced the kindness and compassion that she has.

She credits all of this to God, whom she has learned to trust fully, the "village" who supported and carried her, and her mother, who never left her side.

She has had to make some significant changes to her lifestyle, and encourages people to live lives of moderation, and balance. Next month she will graduate with a bachelor of fine arts degree in the performing arts with specialisation in music, with a GPA of 3.26.



Sade Weekes lost her hair during chemotherapy treatment and decided to share her experiences through social media.

Artist: Antonio Figuero, *Pink Showers*, 2021

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‘Make it a reportable disease’

Cancer Society: TT needs better statistics

CAROL QUASH

Chairwoman of the TT Cancer Society (TTCS) Dr Asante Le Blanc believes cancer should be a mandatory reportable disease in TT.

She said from what she has noticed as a physician, and based on the statistics from the clinic, it’s mainly women between their early 40s to late 60s who are being diagnosed with breast cancer. But she said although data is being collected nationwide and the national registry is being revamped, this is not accurately represented in the the national figure for a number of reasons, including the fact that it’s not mandatory to report cancer.

“But note, this is a small clinic, and based on who shows up to our clinic for screening… We are trying to work on national data in this manner as a matter of epidemiology, and this is also a reason we are pushing for cancer to be a mandatory reportable disease in TT.”

She said this will create a bigger picture, allowing for true and accurate reading of the needs of the nation as a whole.

“It will unite the private and public sectors as we address this disease, allowing for a more comprehensive view of the epidemiology of this disease, and hence allows for much more efficient and effective strategic planning for the national cancer policy with more efficient allocation of the limited resources.

“(It is) something we have been pushing for as part of the TTNCDA (TT Non-Communicable Diseases Alliance).

“From our clinic, we see, on average, a 50- 60 per cent positivity rate in women screened. This mirrors our worldwide stats: they say that every 14 seconds, a woman somewhere in the world is diagnosed with breast cancer.”

She said looking at international statistics is important because what is happening locally cannot be viewed in isolation.

“The world is connected, much more than we understand, and this is displayed in the epidemiology of this disease worldwide.”

Based on her observation, Le Blanc said more women are being screened earlier and the early detection rate is higher.

But, she said, “We can also appreciate a dip secondary to the pandemic (covid19), which we are still traversing, so we urge all women and men to ensure they are aware of their breast health and get screened promptly.”

A woman having a mammogram. TT Cancer Society chairwoman Dr Asante Le Blanc says the society is trying to debunk the myth that mammograms cause cancer, and to encourage women and men to make breast health a priority by using the services offered by the TTCS. **SOURCE: EVERYDAYHEALTH.COM**

She said the society is working overtime to debunk the myth that mammograms cause cancer, and to encourage women and men to make breast health a priority by using the services offered by the TTCS.

“We want to reassure the public that our gold-standard tool for breast-cancer screening to date is a holistic package of monthly self-breast examinations, annual clinical breast examinations, annual mammograms, and, if needed, breast ultrasounds.”

She said a proactive approach is needed and the TTCS will continue to advocate and fight for equitable access to these screening services.

“At our clinic, we offer the most affordable, state-of-the-art, and up-to-date services for screening, thanks to corporate sponsorship and our continued support from the Ministry of Health of TT via our annual subvention.”

On treatment, Le Blanc said thanks to ongoing research, there have been advances in the treatment regimen. She said fundraisers plays a major role in facilitating research, more of which is needed in TT.

“Our oncologists in TT need to be credited for the continuous thirst for knowledge and fight to ensure the best available treatment for patients here. It should be noted that treatment in any country is very costly, and this is why we continue to reinforce and reinforce the need for screening and adherence to healthier lifestyles.”

This, she said, is two-fold: screening allows for early detection and much better chances of survival, and it also puts less of a financial burden on patients or the public health care system for successful treatment.

She said the survival rate depends on many different factors, among them the stage at which the disease was diagnosed, the age of the patient, the type of tumour, whether or not the patient has comorbid conditions, the health system and economics and socio-economic status.

“In general the five-year survival rate for breast cancer ranges from 68-90 per cent. We do not have these precise statistics at this time, as we are currently working on being able to do research to have precise data for our country and region.

“What we do know is that we have to unite to fight this disease.

“Survival is possible and is determined by different factors, and again comes back to what I have mentioned before – screening, screening, screening!”

Le Blanc said the TTCS is always coming up with new initiatives to help support those who have already been diagnosed with breast cancer. In addition to the services provided by its clinic in Port of Spain, she said members of the society “go out into remote and under-served communities to assist with screening,” thanks to its sponsors.

“We continue to also educate in these areas. We have found that as we traverse these new times of this pandemic, we have had difficulty engaging with some of the leaders of the communities in some areas.”

Dr Asante Le Blanc, chairwoman of the TT Cancer Society. **FILE PHOTO/ JEFF K MAYERS**

Le Blanc said one of its most recent initiatives – the Show You Care...Donate Some Hair support programme, which encourages people to donate hair to be made into wigs for women and girls who have lost their hair due to cancer and other hair-loss conditions, has received a great response.

“In cases where people’s hair was not yet at the desired length, many people have committed to growing their hair to the 12 inches needed to donate. This is an ongoing initiative and we expect to engage in a lot more activities to promote it in the coming months.”

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15 inches to help hair loss from cancer

Maya Nanan is well known for her spirit of giving – her latest being the donation of 15 inches of her hair to the TT Cancer Society's recently launched Show You Care...Donate Some Hair support programme.

The aim of the initiative is to encourage people to donate hair to be made into wigs for women and girls who have lost their hair due to cancer and other hair-loss conditions.

Nanan, 19, said it's something she has always wanted to do, and she jumped at the opportunity when she heard about he initiative.

"I've been growing it for quite some time now just to do something like this. During the July/August vacation I saw the ad for the hair drive, I e-mailed and asked about the requirements, and I cut it and dropped it off.

"It felt really good to do this for such a worthy cause," Nanan told Newsday.

She said the last time her hair had been this short was when she was in pre-school, but she is embracing the new look.

"I've actually taken the opportunity to try some colours in my hair – blue, green and purple," she said with a laugh.

She encourages other people to consider donating their hair even if they have not been directly or indirectly affected by the disease.

"I actually don't know anyone with cancer, but that shouldn't stop a person from donating to a cause."

Nanan has taken part in other TTCS initiatives, such as the annual Bubble for Life fundraising event.

"And last year the Cancer Society had a video competition. I did a video on vaping and how it's bad for your lungs, and I won second place."

Nanan is a full-time student at UWI Open Campus, where she is studying for a diploma in youth development work.

"I want to be able to train more youths to be able to work with persons with special needs. I also want to be able to create more opportunities for youths to attend more training programmes from professionals.

"Remember, youths are the future of the country. They are the next prime minister, president, ministers. So when they learn from a young age, we will be able to have a national change in policy.

"I want to eventually be the Minister of Youth," she said. "I really believe I can make a difference."

Her brother Rahul is autistic and when she was 12 she started the Siblings and Friends Network, the youth arm of Support Autism TT, for which she received the 2020 Diana Award. The award was established in memory of Diana, Princess of Wales, and is given out by the charity of the same name.

Nanan is the first person from TT to receive the Diana Award.

She said the network recently opened Rahul's Club House, a centre in Marabella for people on the autism spectrum to access services at low cost. She said she accessed a grant from an organisation in the UK to run the clubhouse for a year.

"It's an autism-friendly space with a sensory room, playroom, we offer yoga, art therapy, dance, sports, and educational programmes for anyone on spectrum."

Hair donor Maya Nanan is encouraging people to consider donating their hair even if they have not been directly or indirectly affected by cancer.

Maya Nanan donated 15 inches of her hair to the TT Cancer Society's Show You Care... Donate Some Hair support programme.

She is hoping government and corporate sponsors will see the value of the club and come on board to support.

TTCS guidelines:

The hair should be clean and thoroughly dried.

It should be at least 12 inches long. Curly hair must be pulled straight to measure the minimum length.

It should not be chemically treated or coloured..

Before it is cut it must be in a ponytail or braided

Hair that has been cut years ago is acceptable, as long as it is clean and in a ponytail or braided.

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This year, we enlisted the help of Dr. Nikki Henry and three cancer patients/survivors: Cheryl, Vikki and Raymond to bravely tell their stories in the hopes of inspiring you to get screened early and often. Check out their stories on Instagram @scotiatt or on the Scotia Foundation Facebook page.

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My great awakening

The highs and lows of cancer survival

JODY VALENTINE

I will never forget August 8, 2013 – the day my doctor confirmed my greatest fear shortly after I had discovered a lump in my breast – breast cancer. To be more precise, ductal adenocarcinoma, which causes abnormal cells growing in the lining of the milk ducts to change and invade breast tissue beyond the walls of the duct.

I was just 28 years old, and I had only ever heard horror stories about cancer – a long-drawn-out treatment process followed inevitably by death.

The chaos I felt churning in my stomach could not have foretold that this devastating news was not the end for me, but heralded my rebirth, my great awakening.

Nine years later, I now look at things from a different perspective, as I now have two of the best reasons to do so – my 11-year-old daughter Ali Julia, who was the reason I found the lump in my right breast in the first place, and my six-week-old son Dax Blaize, who was an unexpected gift.

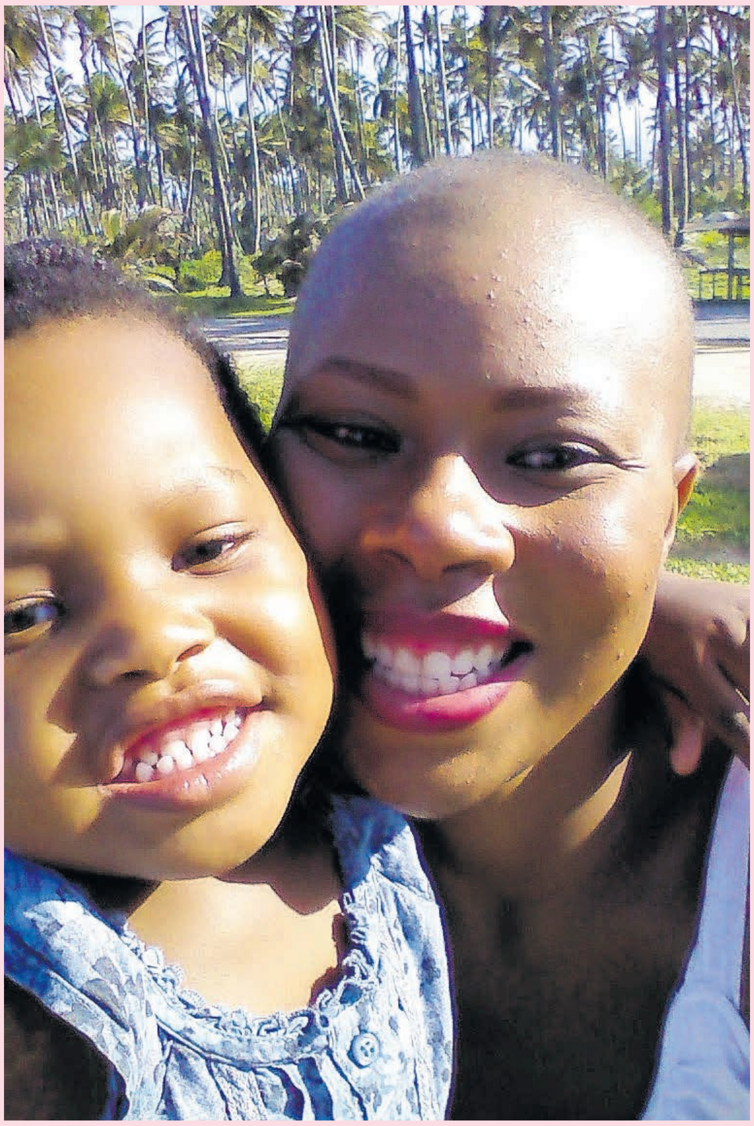
One of the greatest lessons this experience has taught me is to live life to the fullest; that although there are aspects of my life with which I am dissatisfied, I should try not to allow these things to get in the way of my being alive. Coming to terms with my mortality has given me a new appreciation for life. I laugh loudly, I love passionately, I live my life to the fullest.

When I was diagnosed my daughter was two years old, and I had just started weaning her off breastfeeding when I discovered the lump. I was referred to the National Radiotherapy Centre, in St James for treatment, and started chemotherapy in September 2013 with one of four cycles of the dreaded "red devil" – a potent concoction of adriamycin and cyclophosphamide. This was quickly followed by a double mastectomy and more chemotherapy, this time taxol.

Then five weeks of daily radiation, followed by reconstructive surgeries.

By April 2015, treatment was finally complete, and I began my journey as a cancer survivor.

But being a survivor comes with a mixed bag of emotions. On the one hand there are feelings of triumph and gratitude, but then the feelings of lingering fear creep up on you from time to time.



Cancer survivor Jody Valentine and her daughter Ali Julia in 2013. She has been in remission for almost nine years.

Every little body ache, if given the chance, can send the mind into a downward spiral thinking of the worst-case scenario – recurrence. Not to mention the survivor's guilt that threatens to overwhelm any time there's news of another warrior lost to this dreaded disease.

But the most unexpected emotion I have experienced is an appreciation for having endured this ordeal. I have come out on the other side with an awareness of what is truly important in life – my loved ones and the joy of just being alive. Prior to my diagnosis, I would allow little things to get to me. I have learned how to take a step back from situations, compose myself and repeat my little mantra, "Will this matter in five years?"

Before starting treatment, I was encouraged to have my eggs harvested and stored in case I wanted more children. A woman's fertility depends on three things: a supply of eggs from the ovaries, suitable hormone levels and a healthy uterus. Chemotherapy can have a temporary or permanent effect on the ovaries, causing production of fewer or no eggs.

The effects on fertility vary from one woman to the next and depend on many factors, including age and the treatment regimen they will have to undergo. With all of this in mind, doctors cannot predict with any certainty how one's fertility will be affected and usually recommend fertility preservation procedures for women who may still want to have children.

I opted not to, for several reasons. For one, the process is expensive. Secondly, my body would have had to be stimulated with hormones to ripen multiple eggs for harvesting. This process takes about two weeks – time I was not comfortable taking to delay my treatment, as well as the possible risks to my body due to the elevated oestrogen levels. I figured I already had a child, and although I wanted more, I did not believe that the risks and cost associated with the procedure was worth it. If I was meant to have more children, I would.

Cancer survivor Jody Valentine with her six-week-old son Dax Blaize.

PHOTOS COURTESY JODY VALENTINE

In addition to the emotional aspect, there were physical changes and side effects that came with my treatment, including hair loss, nausea, mouth sores, neuropathy of my toes, blackened fingernails, fatigue, radiation burns, scarring from surgery, and of course the loss of my breasts.

Of all those, only the neuropathy in my toes, the scarring and the absence of my breasts remain. I still mourn the loss of my "girls," and in as much as I wish I had the ability to grow new ones like a lizard grows a new tail, I choose to fondly recall the years when I was able to wear low-cut tops.

Having come to terms with the possibility of never having any more children, at the start of this year I was in a state of delighted disbelief when I discovered that I was pregnant.

But his birth brought on a new wave of sorrow over the loss of my breasts. I had known that breastfeeding would never again be an option for me but sitting on the maternity ward after he was born looking at other new moms sharing that bond with their babies, I was heartbroken. The signs on the ward proclaiming the benefits of breastfeeding taunted me, highlighting my shortcomings for the world to see.

Patients and staff alike glanced at me, and I imagined the gears turning in their heads wondering what was wrong with me. Some nurses even felt the need to inform me that I should be breastfeeding instead of formula feeding, since "breast is best."

At one point, after a nurse brought me a bottle of formula to feed my son and asked "Why you not breastfeeding your child?" the tears started to flow. It was already difficult enough for me without having to explain why I was formula-feeding my son. I didn't need the judgment.

As a breast cancer survivor, I often feel the need always to present a positive attitude. Yes, I think positive thinking played a role in how my body coped with my treatment, but that also caused me to fall into the habit of pressuring myself always to wear a smile or use humour to conceal my sadness.

I am only beginning to learn that I do not always have to appear positive or happy to make people more comfortable around me. And if I had an opportunity to do it all over again, I would certainly begin counselling immediately after diagnosis so I would learn to deal with my emotions as they relate to my health.

October is Breast Cancer Awareness Month – used to educate the public about the importance of regular screening for breast cancer and early detection.

We all know the cliche "knowledge is power," and where breast cancer is concerned, it can be the difference between life and death. Don't wait! Do your breast self-exam and visit your doctor if you notice anything abnormal. The sooner you know, the faster you can be treated.

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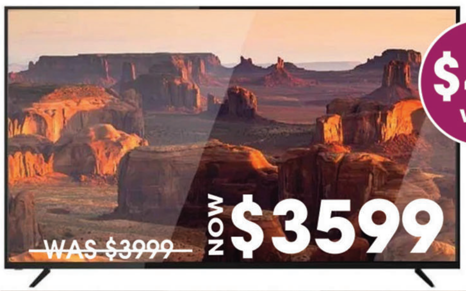

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Breastfeeding may still be possible after a single mastectomy. **SOURCE: THEMIGHTY.COM**

Breastfeeding after cancer treatment

Women who become pregnant after completing breast cancer treatment often assume they won't be able to breastfeed. Though that's true for some women, others will be able to breastfeed.

Breastfeeding after treatment is safe for you and your baby as long as you are not on chemotherapy or taking long-term medicines such as tamoxifen, an aromatase inhibitor or trastuzumab.

Ask your doctor how long you must wait after your chemotherapy ends before it is safe to breastfeed.

You should not breastfeed while taking these medicines. If your treatment plan includes long-term treatments like tamoxifen, aromatase inhibitors or trastuzumab, talk with your doctor about

- when you can stop taking them to be able to breastfeed;
- how long you should wait before starting to breastfeed;
- when you should start taking the medicine again.

Feeding your baby milk from your breast or breasts gives him or her important nutrients and boosts their body's ability to fight illness. After breast cancer, some women also find that breastfeeding helps them regain good feelings about their bodies.

Research shows that women who breastfeed for six months or more before being diagnosed with breast cancer have a lower risk of recurrence than women who do not breastfeed. It is unknown whether this is also true for women who breastfeed after treatment.

If you are unable to breastfeed, or choose not to, that's okay. Breastfeeding can be difficult, even for women who have not been treated for breast cancer. You can still give your baby physical closeness and love while bottle feeding. Caring for your baby is about what's in your heart, not your breasts.

If you became pregnant during treatment, were diagnosed during pregnancy or have metastatic disease, talk with your oncologist about how your treatment needs affect pregnancy, breastfeeding and safety for you and your baby.

Breastfeeding after surgery and radiation

Surgery may remove milk ducts and other breast tissue. Radiation therapy may damage them.

Mastectomy removes the entire breast, so women who have a single mastectomy can only breastfeed from the remaining breast. Women who have double mastectomies will not be able to breastfeed because both breasts are removed.

It's often possible to breastfeed after lumpectomy. But, radiation, often given after lumpectomy, may reduce or stop milk flow in the breast that was treated. Even if one breast stops producing milk, babies can be fed by nursing on the other breast.

Breastfeeding after lumpectomy

Lumpectomy removes the tumour and a margin, or rim, of healthy breast tissue, around it. In many cases, breastfeeding from a breast that has had lumpectomy can work.

"The breast is a pretty remarkable organ," says Barbara Wilson-Clay, BS, IBCLC, FILCA, a board-certified lactation, or breastfeeding, consultant. She explains that a breast has lobes much like orange sections. The lobes, which function independently of each other, contain lobules, glands that produce milk.

When lobes are damaged by lumpectomy or biopsy, the lobules within them might fill with milk at first, but dry up over time. The lobules in undamaged lobes in that breast will still produce milk.

Breastfeeding after radiation

Radiation may damage lobules. It can stop them from making milk entirely or change the appearance of breast milk. After radiation, breast milk may look thicker and darker.

While there's no evidence feeding babies this milk is dangerous, some women choose to not feed from the breast treated with radiation.

Breastfeeding from one breast

Breastfeeding usually involves feeding from both breasts. Alternating breasts each time you feed your baby helps your body maintain a good milk supply and helps you avoid nipple irritation. Still, it is possible to feed a baby with only one breast. One breast can even feed two babies by using a little creative management.

When feeding from only one breast, the nipple on the feeding side may become sore from so much use. Gently rubbing a little breast milk on the nipple may relieve it. If you have to feed from your dominant hand side, it may feel awkward to hold the baby on that side. Small pillows can help, or asking someone to assist you.

Using a breast pump between feedings will help keep milk flowing from your breast. Extra milk may be frozen and later fed by bottle. If your milk supply is limited, you may need to supplement breast milk feedings with formula feedings.

Tips for breastfeeding after treatment

This advice may help as you navigate breastfeeding after breast cancer.

- Line up support before you begin to breastfeed.
- Be gentle with your breast or breasts. Sometimes women are advised to "toughen up" their nipples for breast-feeding by rubbing them with a dry towel, loofah sponge or scrubbers. This is not needed and should not be done.
- As breast lobes damaged by treatment adjust and dry up, use cold packs or take ibuprofen to ease discomfort.
- Rent or buy a high-quality breast pump. This can help you get as much milk as possible from one breast or from a breast that's producing a low amount of milk.
- Feeding from just one breast can make that nipple sore. Gently rub a little breast milk on the nipple to help it heal.
- Because nursing bras are sized for two larger, nursing breasts, use a cup insert in your nursing bra if one breast is much smaller.

Support for breastfeeding after breast cancer

Finding emotional and practical support will help you with breastfeeding challenges. You may want to have a certified lactation consultant guide you through the first days and weeks of breastfeeding. Look for a consultant who is experienced with women who have had breast surgery or radiation, and choose someone you can meet with in person, who can examine your breast or breasts.

Talk with your spouse or partner, close family and friends who support your breastfeeding. Having a support person nearby to help with whatever you need, especially during the first few weeks of breastfeeding, can be strengthening.

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Tips for caregivers of people living with metastatic breast cancer

A diagnosis of stage 4 or metastatic breast cancer can send shock waves through the life of the person diagnosed. Suddenly, the landscape of future treatments and even future goals can look different from the way it did before this news arrived.

And of course, the person who has been diagnosed is far from the only one affected. All who care about this person – partners and spouses, relatives, friends, co-workers – often find themselves united by one primary question: "How can I help?"

Supporting your loved one who is living with metastatic breast cancer is, of course, the main priority.

But in order to provide the best help possible, that person's caregivers and supporters will likely need some guidance themselves.

1: Delegate tasks. No one can do it all in regard to caregiving. If you are a patient's primary caregiver, be sure to call on others who are available for assistance that they can offer, such as with meals, rides, errands, or household help.

Be clear and detailed in your requests.

Creating schedules to show the times at which people are free and what they're able to do can be useful.

No-one can do the caregiving on their own. Be sure to call on others who are available for help.
SOURCE: SOUTHERNPAINCLINIC.COM

2: Take care of yourself, too. Caretaking can be physically and emotionally demanding. Make sure you're paying attention to your own needs, so you can better help your loved one.

3: Be proactive. Though it can be difficult to know what to prepare for, there are some guidelines that can help.

For example, it's useful to take notes at doctors' appointments, so everyone can remember what was said. Come prepared with questions to ask; also make sure you're able to tell the doctor which medications the person diagnosed is taking.

Make a list of items that will be needed at a given time or tasks your loved one might need help with. For example, bringing a pillow to place between a woman's chest and seatbelt when she is returning home from the hospital after a mastectomy, or needing post-surgery assistance with washing her hair.

Comfort items from home can ease the burden of a hospital stay; and if prescription medications are being taken at home, make sure they're present at the hospital, too.

These kinds of preparations can help things go smoothly and can bring a greater sense of calm and control to everyone involved.

4: Make room for your loved one's emotions, whatever they are. People with stage 4 cancer want to know that they can express what they're feeling without judgement.

Prepare for moodiness or anger or tears out of nowhere, or all of these things.

If you're able to be the point person for someone who has metastatic breast cancer and who's facing a potentially exhausting or frustrating encounter, that kind of help will frequently be welcome, and will allow them to preserve their energy for the things they want to prioritise.

5: Help keep communication on track. Of course, a caregiver's emotional communication with the person who has cancer should be as open as possible, but there are also logistical issues to address.

How is the person with cancer choosing to communicate with the medical team? Some doctors make their personal phone numbers available; these should be organised and the circumstances under which to use them understood.

Will an online patient portal be used for scheduling appointments or accessing information? If so, make sure to keep track of the passwords.

6: Life goes on. Much may be changing, but a stage 4 diagnosis doesn't block out the personality of the one who has received it. By all means, continue to include her or him in non-cancer events and discussions, as you always have.

Take advantage of times when your loved one is feeling well to pursue enjoyable or important activities, from volunteering for a valued cause to taking a dreamed-of vacation.

Life is to be lived, as fully as possible.

breastcancer.org

Talking to children about breast cancer

Being honest about a breast-cancer diagnosis with children of any age can be very difficult for everyone. But keeping a diagnosis from children can do more harm than good.

Children can sense when something is wrong, especially if they notice changes in your appearance and energy levels or that you're going to a lot of long doctor's appointments.

Sharing even basic information with children can keep them from imagining a far worse situation.

When speaking to a child of any age about a cancer diagnosis, it's a good idea to plan what you're going to say in advance and schedule time so you won't be disturbed.

Some people find it helpful to either include their partners in the conversation or another adult who is important to their children. If you decide to include another adult in the conversation, it's essential that you both provide the child with the same information.

Regardless of how old they are, children need reassurance. It's always a good idea to explain what breast cancer is and how it's treated and any possible side effects, such as hair loss or feeling tired. It's also a good idea to remind children that:

- The cancer isn't contagious.
- It's not their fault if you feel sad, angry, or tired.
- Your doctors are doing all they can for you and you are still there for them, regardless of how you feel.
- They can ask you any questions.

Children younger than nine don't typically need as many details as older children and teenagers. Younger children may feel more supported if they understand that other people may need to step in to take them to school, play with them, or make their meals – ideally someone they know, such as your partner or a trusted family member or friend.

Older children and teenagers who are aware of cancer are more likely to worry about death, so it's important to ask them regularly how they're feeling.

It's also a good idea to ask your children what they've heard from friends and teachers or on social media, so you can correct any misinformation.

Sometimes it's easier for kids to confide in a teacher, school counsellor, or therapist. These adults can let you know how your child is doing, and they can become a source of additional care and support.

Some children may also benefit from in-person or online support groups.

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Feeling the feelings

Coping with cancer affects not only your physical health but brings a wide range of emotions that may be difficult to deal with. **SOURCE: PREVENTION.COM**

Just as cancer affects your physical health, it can bring up a wide range of feelings you're not used to dealing with. It can also make existing feelings seem more intense. They may change daily, hourly, or even minute to minute. This is true whether you're currently in treatment, done with treatment, or a friend or family member. These feelings are all normal.

Often the values you grew up with affect how you think about and cope with cancer. For example, some people:

- Feel they have to be strong and protect their friends and families.
- Seek support and turn to loved ones or other cancer survivors.
- Ask for help from counsellors or other professionals.
- Turn to their faith to help them cope.

Whatever you decide, it's important to do what's right for you and not to compare yourself with others. Your friends and family members may share some of the same feelings. If you feel comfortable, share this information with them.

Overwhelmed

When you first learn that you have cancer, it's normal to feel as if your life is out of control.

Even if you feel out of control, there are ways you can take charge. It may help to learn as much as you can about your cancer. The more you know, the more in control you'll feel. Ask your doctor questions and don't be afraid to say when you don't understand.

For some people, it feels better to stay busy. If you have the energy, try taking part in activities such as music, crafts, reading, or learning something new.

Anger

It's very normal to ask, "Why me?" and be angry at the cancer. You may also feel anger or resentment towards your health care providers, your healthy friends, and your loved ones. And if you're religious, you may even feel angry with God.

Anger often comes from feelings that are hard to show.

If you feel angry, you don't have to pretend that everything is okay. It's not healthy to keep it inside you. Talk with your family and friends about your anger. Or ask your doctor to refer you to a counsellor. And know that anger can be helpful in that it may motivate you to take action.

Fear and worry

It's scary to hear that you have cancer.

Some fears about cancer are based on stories, rumours, or wrong information. To cope with fears and worries, it often helps to be informed. Most people feel better when they learn the facts. They feel less afraid and know what to expect.

Learn about your cancer and understand what you can do to be an active partner in your care. Some studies even suggest that people who are well-informed about their illness and treatment are more likely to follow their treatment plans and recover from cancer more quickly than those who are not.

Hope

Once people accept that they have cancer, they often feel a sense of hope. There are many reasons to feel hopeful. Millions of people who have had cancer are alive today. Your chances of living with cancer – and living beyond it – are better now than they have ever been before. And people with cancer can lead active lives, even during treatment.

Some doctors think that hope may help your body deal with cancer. So, scientists are studying whether a hopeful outlook and positive attitude helps people feel better. Here are some ways you can build your sense of hope:

- Plan your days as you've always done.
- Don't limit the things you like to do just because you have cancer.
- Look for reasons to have hope. If it helps, write them down or talk to others about them.
- Spend time in nature.
- Reflect on your religious or spiritual beliefs.
- Listen to stories about people with cancer who are leading active lives.

Stress and anxiety

Both during and after treatment, it's normal to have stress over all the life changes you are going through. Anxiety means you have extra worry, can't relax, and feel tense. You may notice that:

- Your heart beats faster.
- You have headaches or muscle pains.
- You don't feel like eating. Or you eat more.
- You feel sick to your stomach or have diarrhoea.
- You feel shaky, weak, or dizzy.
- You have a tight feeling in your throat and chest.
- You sleep too much or too little.
- You find it hard to concentrate.

If you have any of these feelings, talk to your doctor. Though they are common signs of stress, you will want to make sure they aren't due to medicines or treatment.

Stress can keep your body from healing as well as it should.

If you're worried about your stress, ask your doctor to suggest a counsellor for you to talk to. You could also take a class that teaches ways to deal with stress. The key is to find ways to control your stress and not to let it control you.

Sadness and depression

Many people with cancer feel sad. They feel a sense of loss of their health, and the life they had before they learned they had the disease. Even when you're done with treatment, you may still feel sad. This is a common response to any serious illness. It may take time to work through and accept all the changes that are taking place.

When you're sad, you may have very little energy, feel tired, or not want to eat. For some, these feelings go away or lessen over time. But for others, these emotions can become stronger. The painful feelings don't get any better, and they get in the way of daily life. This may mean you have depression. Some people don't know that depression is a medical condition that can be treated. For some, cancer treatment may have added to this problem by changing the way the brain works.

Getting help for depression

Depression can be treated. Below are common signs of depression. If you have any of the following signs for more than two weeks, talk to your doctor about treatment. Be aware that some of these symptoms could be due to physical problems, so it's important to talk about them with your doctor.

Guilt

If you feel guilty, know that many people with cancer feel this way. You may blame yourself for upsetting the people you love or worry that you're a burden in some way. Or you may envy other people's good health and be ashamed of this feeling. You might even blame yourself for lifestyle choices that you think could have led to your cancer.

Remember that having cancer is not your fault. It may help you to share your feelings with someone. Let your doctor know if you would like to talk with a counsellor or go to a support group.

Loneliness

People with cancer often feel lonely or distant from others. This may be for a number of reasons:

- Friends sometimes have a hard time dealing with cancer and may not visit or call you.
- You may feel too sick to take part in the hobbies and activities you used to enjoy.
- Sometimes, even when you're with people you care about, you may feel that no one understands what you're going through.

It's also normal to feel alone after treatment. You may miss the support you got from your health care team. Many people have a sense that their safety net has been pulled away, and they get less attention. It's common to still feel cut off from certain friends or family members. Some of them may think that now that treatment is over, you will be back to normal soon, even though this may not be true. Others may want to help but don't know how.

Look for emotional support in different ways. It could help you to talk to other people who have cancer or to join a support group. Or you may feel better talking only to a close friend, family member, counsellor, or a member of your faith or spiritual community. Do what feels right for you.

Gratitude

Some people see their cancer as a "wake-up call." They realise the importance of enjoying the little things in life. They go places they've never been. They finish projects they had started but put aside. They spend more time with friends and family. They mend broken relationships.

It may be hard at first, but you can find joy in your life if you have cancer. Pay attention to the things you do each day that make you smile. They can be as simple as drinking a good cup of coffee, being with a child, or talking to a friend.

You can also do things that are more special to you, like being in nature or praying in a place that has meaning for you. Or it could be playing a sport you love or cooking a good meal. Whatever you choose, embrace the things that bring you joy when you can.

Feelings and Cancer was originally published by the National Cancer Institute. The original article can be found her https://www.cancer.gov/about-cancer/coping/feeling

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