

Resilience in the Face of Recurrence



Canadian Breast Cancer Network
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TABLE OF CONTENTS

- 2** Introduction
- 3** The Mental Health Impacts of a Breast Cancer Diagnosis
- 7** Can You Prevent a Breast Cancer Recurrence? No, But There are Six Steps You Can Take That Can Help
- 12** Coping With Scanxiety
- 14** Lifestyle and Nutrition Considerations for Breast Cancer Patients Series Part 3: Links Between Alcohol and Breast Cancer Recurrence: Can Beer and Wine Increase Your Risk?
- 20** Breast Self-Exams: Why You Still Need to Do Them Even with a Cancer Diagnosis
- 23** Don't Let the Fear of Recurrence Define You
- 26** Understanding Metastatic Breast Cancer Recurrence

INTRODUCTION: WHY TALK ABOUT RECURRENCE?

For many people who have had breast cancer, the end of treatment doesn't mean the end of cancer. Whether it's the lingering fear of it coming back, the ongoing side effects, or the uncertainty of every new ache and scan, recurrence can cast a long shadow.

This magazine was created for people living in that in-between space: after diagnosis, after treatment, but not “after” cancer. It's for those wondering what more they can do to protect their health, and for those living with a recurrence now. It's also for anyone who's ever asked: *Is this normal? Is it just me?*

Inside, you'll find practical guidance on topics like reducing risk, managing anxiety, understanding metastatic recurrence, and making confident decisions about your care. You'll hear from other people who have been there, sharing what it's like to live with the unknown. From breast self-exams to the emotional toll of scanxiety, these pages are filled with hard-earned knowledge and hope.

Following your treatment plan—whether it's taking medication, attending follow-up scans, or sticking to a schedule of check-ins with your care team—can play a big role in reducing the risk of recurrence. Even when side effects make it tough, staying on course gives your body the best chance of staying cancer-free. And if something isn't working for you, speak up. Your care team can help you adjust the plan in a way that still supports your long-term health.

Want more information about recurrence? Visit our [recurrence section](#) for additional resources on the signs, risks, and management of breast cancer recurrence.

Want help managing side effects from treatment? Read our [Side Effect Management magazine](#), or watch our [webinar](#) on navigation side effects from systemic therapy.

Want to talk to someone who has been there? Join our private Facebook group, [the Canadian Breast Cancer Patient Network](#).

Want help preparing for life after treatment? Use our [PatientPath](#) tool to find resources, follow-up care plans, and questions to ask your doctor.

The Mental Health Impacts of a Breast Cancer Diagnosis

Experiencing a breast cancer diagnosis is overwhelming and while the overall physical impacts of the disease are well-known, the mental health impacts are often less discussed. The shock of being diagnosed, the fear of recurrence, and the anxiety that comes with living with a breast cancer diagnosis, among other mental health effects, are not considered. As far as the public knows, breast cancer is a physical disease that lasts only as long as its treatment. However, we know that is nowhere near the truth. To highlight this, we asked community members to comment on what impact their breast cancer diagnosis and experience has had or continues to have on their mental health.

Below we provided some of those responses.

Breast cancer can cause PTSD

I've never felt so alone in my own battle. Chemotherapy brought me to the brink of death, it felt like I lost part of my memory. I have PTSD, but I'm still here 7 years later. – Grace



Treatments and a series of medical mistakes left me with Major Neurocognitive Disorder and medical PTSD. I'll never work again. It literally destroyed my life and made my husband my caregiver for life when I was 46. No one talks about this. The neuropsychologist who did my assessment said this is actually typical in breast cancer patients but minimized and dismissed as "brain fog" and depression/anxiety. The psychiatrist and social worker at my cancer centre insinuated I was malingering. It took a 9-hour assessment to stop them from pushing me back to work. – Olivia

I was diagnosed with PTSD after my second breast cancer diagnosis. I had two years of therapy with a psychologist, but I still suffer from PTSD. There is not much mental health support for cancer patients in Newfoundland. Once treatment is done, the rest is just in your mind. – Judy

Stress, worry, and anxiety are constant

The anxiety is huge. I've never had panic attacks before but once a month or so, I wake in the middle of the night with incredible anxiety, and I have to talk myself down. – Jennifer

I developed depression and anxiety. It has been over three years since my diagnosis, and I still struggle with both. – Becky

Lots of anxiety and stress. – Katharina

On the plus side, I'm so incredibly grateful for every day and this thing called life! On the negative side, I definitely experienced anxiety over things that didn't cause me anxiety before. – Lisa

Trying to maintain a positive outlook is important

Of course, it completely challenges every ounce of mental stability you once had. But truthfully, that challenge has pushed me to be more aware of my thoughts, and work on manifesting positivity. Understanding what your mind and body need at different moments has also helped me accept that I can cry, and not let my whole day be bad or sad. I can smile, and it doesn't mean I accept or succumb to my disease. My mental state is stronger than it ever would have been without this journey because I choose that to be true. – Wendy

It's been 15 years for me now. I'm thankful that constant worry lessens and eventually even goes away. – Debbie

It's been a year and I still have anxiety. My mind is sometimes still foggy and still very emotional. Hearing about other people's experiences helps me a lot. It shows that it's not only me that is suffering and going through this. It also gives me hope that someday we are all going to get better. I try to be positive. I pray to God to heal all of us suffering from disease. – Amy

Having a support group makes things more manageable

The mental impact is a collision of your world as you know it at that very moment of diagnosis. The trauma that your mind goes through instantaneously is guttural betrayal by your very own body. My mind was racing with a million questions and fears. Those first few weeks were awful as it's so hard to understand what will happen next. Telling family was difficult to see their own fears and sadness. I needed a connection with others who have experienced this and sought out online breast cancer support groups on Facebook. This was and continues to be a lifeline of support. Reaching out to other women and reading their experiences has helped me better understand that what I feel and think is not uncommon, and I am not alone. I have come to realize that the physical side effects are managed and will start to subside. The mental side effects may fade from the initial shock of diagnosis but will continue to be there under the surface because the fear of dying was and is so very real and you cannot unring that bell. It becomes life before and life after cancer. – Dawn

I was diagnosed stage IV from the start, back

***"Reaching out to other women and reading their experiences has helped me better understand that what I feel and think is not uncommon, and I am not alone"
- Dawn***

in February 2019. I went through every emotion possible. I was anxious and could not sleep and lashed out at everyone. Educating myself helped, as well as joining stage IV groups on Facebook helped. We are now in 2022 and I've learned to live with it but it's something that is always on mind. It's not something that I can forget about, as much as I try to carry on with my day-to-day living. – Vicenza

The negative mental impacts never go away

I thought I would just jump back into my life after a year-long battle. That wasn't the case. – Christine

It challenged my mental health like nothing before it. Even after treatment is complete, I still struggle with the anxiety and worry of what tomorrow brings. – Joycelyn

The fear of recurrence is real

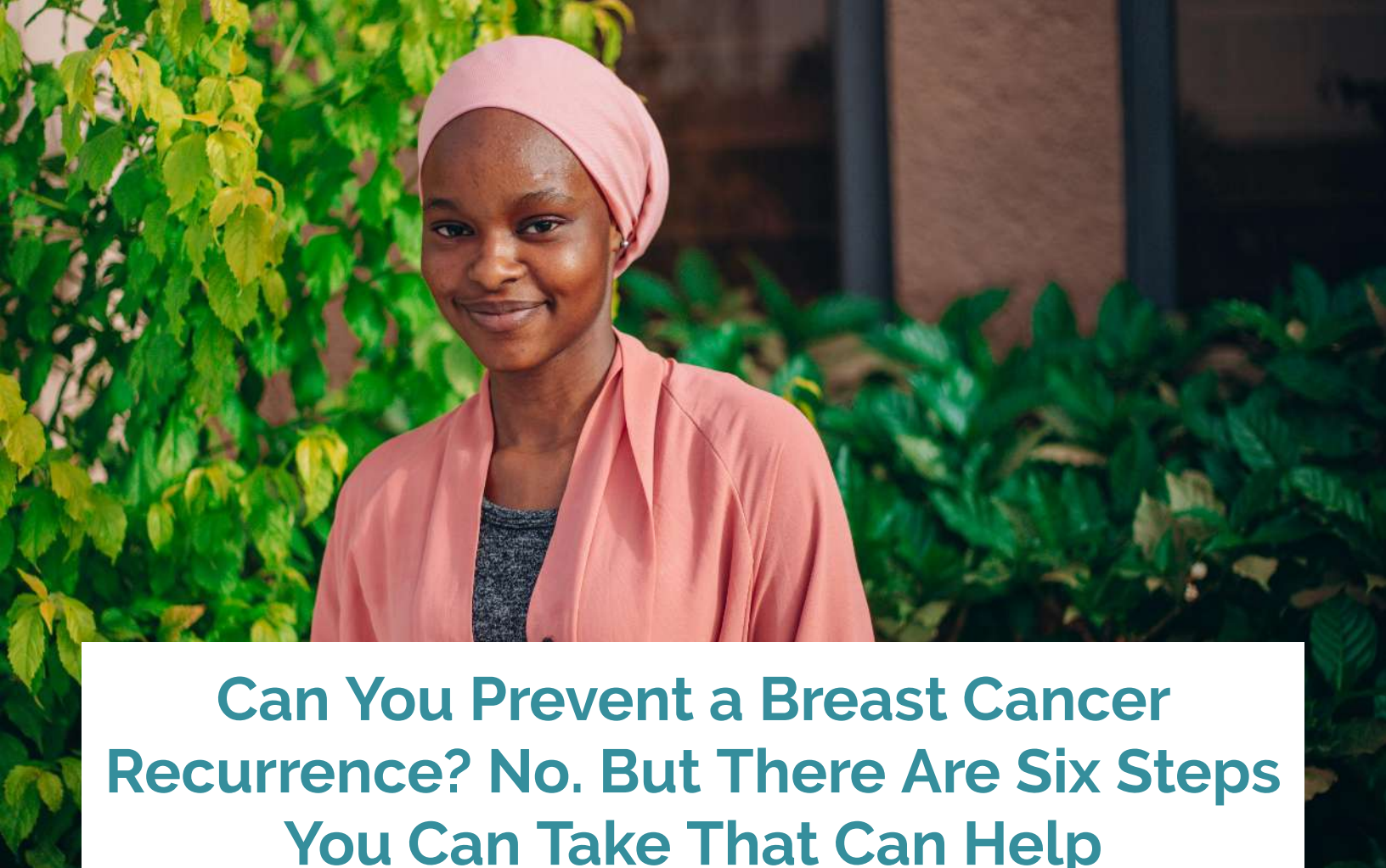
You now live in constant fear of it coming back! That and the complete lack of help in dealing with the pain caused by the side effects from treatment. Dealing with surgeons in Ottawa not supporting the choice to be flat or not providing decent surgical results. It's like they tried to make PTSD a part of cancer. – Missy

Very afraid of it coming back. – Silvana

7 years past my diagnosis on February 9th, I still live with the fear of it returning. I once had a health nurse tell me that I had to be prepared to give up a year of my life to gain back the rest of my life and that thought helped me get through it the first time. – Cheryl

It's been 7 years for me. One of my oncologists said it would take a while to recover. I thought it was great advice to remember on those low days that come with breast cancer and treatment. I also live in fear of it coming back; I wonder if I would have the strength to fight again. – Jennifer

*Comments have been edited for clarity



Can You Prevent a Breast Cancer Recurrence? No. But There Are Six Steps You Can Take That Can Help

By Adriana Ermter

Man, I'd be rich if I was a scientist and discovered a way to prevent a breast cancer recurrence. But I'm not. Instead, I'm a normal woman who is often riddled with worry that I'll one day have one. I'm not thinking about this 24/7, but I am thinking about a potential recurrence often enough that the thought is a constant in my life, lurking in the back of my brain. It's normal; I had breast cancer, I could have it again. These nagging thoughts always seem to resurface and escalate right before I'm scheduled to see my doctors for a mammogram or ultra-sound screening. And so, because I've been counting down the days until my next breast cancer-screening appointment, I'm having them now.

Waiting for testing

I booked a screening appointment four months ago, and then, when I was told I'd have to wait for nine months for this screening, I fought to have it rescheduled to an earlier date. Having to wait nine months for testing when I'm a breast cancer survivor did not fly with me. I get it that hospitals are still, relentlessly, backlogged with patients from the overflow of Covid, but I

have to advocate for myself and my health. Thankfully, my appointment is in 10 days and, yup, I'm nervous. More so than normal. I always have a touch of anxiety around my oncology appointments. But because I've been experiencing a dull ache in both boobs, mostly the right one where the pain extends into my right armpit, I'm on high alert, wondering if I have a recurrence.

The pain isn't debilitating or even a stabbing pain, it's more like a dull throbbing sensation that comes and goes. It's regular though and I need to know why. And no, I'm not always rational about this. Sometimes I think it could be a build-up of scar tissue, not that I can feel any or any lumps for that matter. I have dense breasts so I can never really feel anything when I do a breast self-examination except, well, my dense breast tissue. I also wonder if maybe it's an adhesion, which can form when a band of scar tissue connects to another surface or tissue and sort of fuses together, even though it shouldn't. The throbbing might also be my monthly hormones kicking in. But, and this is the big but, it could also be a breast cancer again, which is the thought I try not to focus on until I have my testing and know all the facts.

Breast cancer recurrence facts

I've read the facts about breast cancer recurrences. Pretty much every reputable breast cancer organization, such as the Canadian Cancer Society, Rethink Breast Cancer, and the Canadian Breast Cancer Network all state that one in eight Canadian women will be diagnosed with breast cancer and one in 34 women will die from it. What's lesser known or maybe we just don't talk about it as much, are the stats surrounding a breast cancer recurrence.

According to [BreastCancer.org](https://www.breastcancer.org), 40% of people diagnosed with early-stage triple-negative breast cancer, and up to 50% of people diagnosed with inflammatory breast cancer, are more likely to have a recurrence.

Additionally, estrogen receptor-positive cancers have a higher risk of recurring 10 or more years after the initial diagnosis, while hormone receptor-negative cancers have a higher risk of recurring in the first 5 years after diagnosis. Realistically, if you've had breast cancer before, you are predisposed to potentially have it again. Stark stats for sure.

BreastCancer.org also states that breast cancer can come back in another part of the body months or years after an original diagnosis and treatment. This is called metastatic recurrence or distant recurrence and nearly 30%

of women diagnosed with early-stage breast cancer develop metastatic disease.

These numbers are mind boggling and downright frightening and are basically out of my control, which I hate. There are though, 6 steps every survivor, including myself, can take to help minimize the risk of a breast cancer recurrence. Knowing this helps me stay sane and refocus on the positive, because honestly, reframing my fear into proactive actions keeps me encouraged, optimistic and feeling good feels instead of falling into the deep end.

Six ways you can help to prevent a recurrence

Step 1: Make good choices

Getting seven to eight hours of zzzs at night, drinking lots of water, moving your body with regular exercise, eating a balanced diet loaded with fruits and vegetables, and maintaining a healthy weight are all good choices. I strive to do these things. Although I don't eat of ton of fruit, I balance this out by eating more veggies. I eat less cheese, which I love so this is hard and I'm fairly consistent at walking past the chips aisle at No Frills. Managing my weight, a.k.a: losing the Tamoxifen 40, still kills me. I do my part, mostly, by walking briskly and frequently, and I'm in bed by 9:00pm like clockwork and then up again at 5:30am. Could I be better at all of these things of course, but I'm not a robot and what I'm doing works for me and makes me feel more in control of my good choices, which I like.

Step 2: Advocate for your post-cancer appointments

Post-treatment follow-up care is the safety net. Period. Regular medical check-ups, mammograms, and other recommended screenings are essential. These appointments not only monitor your health but also provide an opportunity to discuss any concerns with your healthcare team. Remember, knowledge and vigilance are key components of your arsenal against recurrence. You may have to advocate for these appointments, which can be time-consuming and frustrating, but it's always worth it.

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Step 3: Know your hormone receptor status

Breast cancers are categorized based on hormone receptor status to determine their responsiveness to hormonal therapies. If your cancer was hormone receptor-positive, adhering to prescribed hormonal therapies, such as tamoxifen or aromatase inhibitors, can significantly reduce the risk of recurrence. Now, I'll be honest, I was not good at this and stopped taking tamoxifen at the two-year mark, three years short of the finish line, as my quality of life was in the negative. I didn't just randomly dump the pills into the toilet and flush though, despite really wanting to. I consulted my oncology team and weighed the odds. I don't regret my choice, because it was my choice and I had been on a two-year merry-go-round of let's-try-this-and-see-if-it helps-with-tamoxifen's-side-effects solutions, but to no avail. I'm happier and higher functioning off the drug for sure. There are moments, however, when I wonder if I made the right decision to quit or if I've put myself at an even higher risk for a recurrence.

Step 4: Go to therapy

Thinking about my choice to **quit tamoxifen** early sometimes comes up in my weekly therapy sessions. As a whole, cancer survivors face heightened stress levels and anxiety about life in general, which can impact our overall health so therapy, in my opinion, is a great support. The National Institutes of Health agrees, stating that approximately 25% of cancer survivors experience psychological distress, which can manifest as anxiety, panic attacks, PTSD,



Breast cancer is definitely a part of my life story. But it's not the whole narrative and it does not define me.

cancer worry, and more. Having a resilient mind is a powerful ally in the fight against recurrence. So are activities that bring you joy, like meditation, walking outside with friends, reading a good book, rewatching a favourite show on Netflix, and joining support groups or talking about your feelings with family or friends.

Step 5: Be aware of the genetic factors

Some breast cancers are linked to genetic mutations, such as BRCA1 and BRCA2. If you have a family history of breast cancer or carry these genetic mutations, discussing risk-reducing strategies with a genetic counselor can be life-changing. Your oncology team can point you in the right direction to connect with a counselor too, so all you have to do is ask. Prophylactic surgeries or increased surveillance may be options to also consider, empowering you to make informed decisions about your future health.

Step 6: Remember, your diagnosis does not define you

Breast cancer is definitely a part of my life story. But it's not the whole narrative and it does not define me. I may have to remind myself that I am strong, independent, and a damn good cat mom, and every time I do it's worth it. When I remember who I am, it gives me comfort and a reality check that I am more than a woman with an ice cream scoop of flesh missing from my right armpit and breast. I am resilient, I am armed with knowledge, and I possess the strength to navigate any uncertainties and challenges that come my way. By embracing a healthful lifestyle, staying committed to my follow-up care, understanding my needs and managing stress, and doing the things that bring me joy, I am actively doing my part.

Coping With Scanxiety

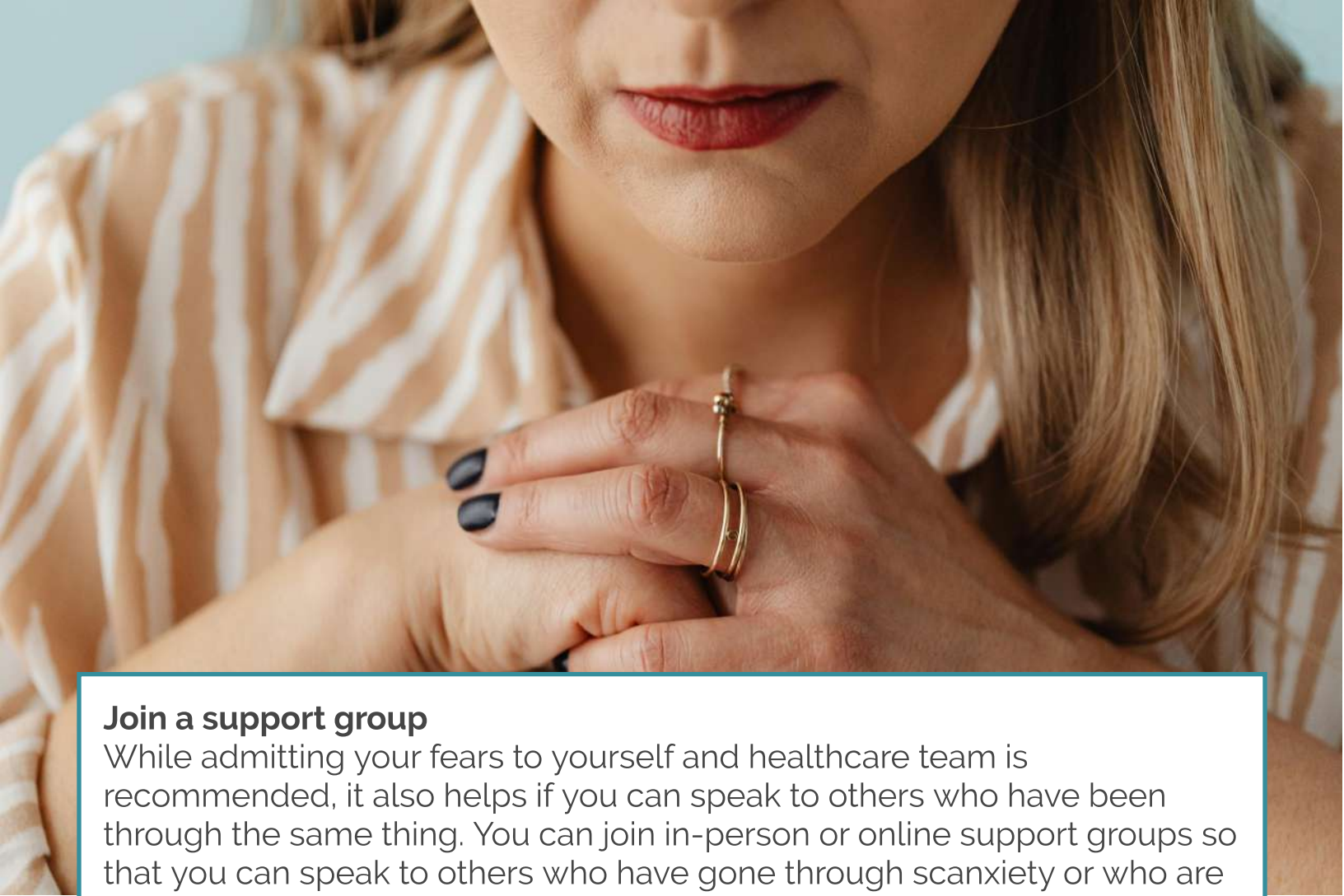
Scanxiety may not officially be a real word, but the feelings it brings about are real. [Very Well Health](#) defines scanxiety as the term used to “describe the anxiety people with cancer feel while waiting for scans”. Regardless of whether the scans are for diagnostic purposes, monitoring treatment, checking recurrence or as a check-up, individuals can experience apprehension before, during, and while waiting for the results of their scans. The apprehension and fear that is felt can range from feeling claustrophobic in the scan machine to imagining the worst-case scenario of the scan results. Many people experience scanxiety so it is important to learn coping techniques that help eliminate the anxiety.

Acknowledge your feelings

The first step to reducing your fears is admitting that they are there, to yourself and your healthcare team, if needed. It's important to admit that you are in fact feeling anxiety and to know that you're not alone in what you are feeling. If the fears are overwhelming, letting your healthcare team know about it is helpful. They can help make the experience as smooth as possible.

Do research and make plans

If you're feeling anxious before your scans, finding out what will happen during your scans can be helpful. Visit highly reputable websites, read brochures, or ask questions about your upcoming scan. You'll want to know what the machine looks like, how the scans are done, how long it is expected to take, and whatever else you can gather. By being aware of what will happen, you leave little room for being anxious about the unknown. It also means that you can make plans for the day of your scans. Some places give you headphones to wear. By knowing this, you can make a playlist of your favorite songs to calm your nerves during the process. You might also be able to bring someone with you. Knowing this beforehand will be helpful so that you can speak to who you want to have with you about your fears beforehand. While doing research is helpful, do not go overboard with it as this may lead you right back to where you started.



Join a support group

While admitting your fears to yourself and healthcare team is recommended, it also helps if you can speak to others who have been through the same thing. You can join in-person or online support groups so that you can speak to others who have gone through scanxiety or who are currently going through it. People who are going through the same thing can help validate the fact that you are not alone and share coping strategies that worked for them. They will also be able to provide a balance between acknowledging the reality of your fears and providing positive support and reassurance.

Our [Canadian Breast Cancer Patient Network](#) is an online Facebook group and is a great place to get started.

Distract yourself

If the anxiety you feel is before the scan or while waiting for the scan results, find a positive avenue to distract yourself. Watch TV, read a book, surround yourself with family and friends or pick up a new hobby. Simply keeping yourself busy and distracted means that you'll spend less time worrying about things out of your control. Meditating, practicing mindfulness, doing yoga or light exercise are great ways to distract yourself while also promoting good mental health. While our [Complementary Therapies](#) magazine is geared towards individuals in active treatment or those dealing with the side effects of treatment, it is a great place to get started.

Links Between Alcohol and Breast Cancer Recurrence: Can Beer and Wine Increase Your Risk?

By Cathy Leman, MA, RD, CPT

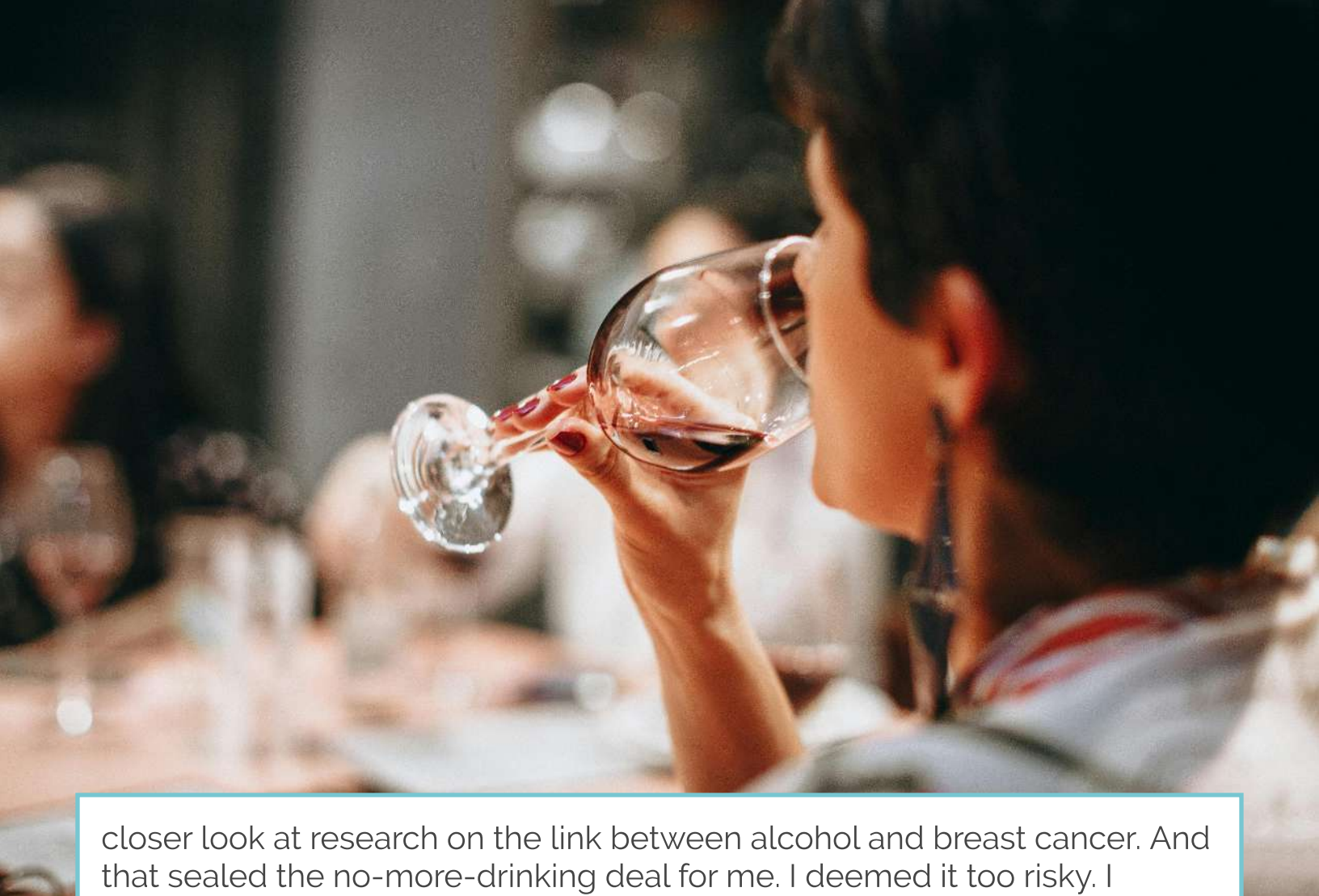
Want to meet me for a drink? Grab a glass of wine and discuss the day and life in general? In my pre-breast cancer days, I loved my red wine. Whether catching up with a friend or sharing a meal with my husband, a glass (or two) of a robust red was *de rigueur*. Occasionally I'd sip dry Chardonnay, but those peppery, heavy Zin's stole my heart. On two separate trips to Europe, wine figured prominently in the itinerary. Visiting Burgundy, France and the Tuscan region of Italy, how could it not? One glorious afternoon in Italy, my husband and I toured an obscure winery. We tasted a variety of wines with a group of folks we'd met at a cooking class earlier that day. Someone suggested this hidden gem, and we eagerly tagged along. We all knew each other only from the few hours we'd cooked pasta together. It's a memory I'll treasure forever. In this precious life there are so many simple pleasures to enjoy. A glass of really good wine is one.

Now?

I no longer drink.

It's not that I've developed an aversion to my beloved red wine. Rather, I've developed a violent aversion to breast cancer. Anything I can do to reduce my risk of recurrence, I'm in. Lest you think I'm some kind of alcohol saint, I assure you, I'm not. I continued to drink wine even after my diagnosis. I drank wine during radiation. I drank wine after I finished all my treatment. My "pours" were minimal, and not every day. But I didn't quit. I never did quit outright. Didn't declare an "I quit drinking" day. My wine drinking simply faded away. As did my tolerance level, which was when I began to randomly feel crappy after a single glass of wine. That's so unfair! But between sub-optimal post-menopausal alcohol metabolism and a dwindling tolerance to booze, **it happens**.

I hated not knowing if I'd wake up clear or foggy. My days are too precious to spend in a haze, waiting desperately to feel better. I have people to help, for heaven's sake! Around the time my tolerance began to tank, I took a



closer look at research on the link between alcohol and breast cancer. And that sealed the no-more-drinking deal for me. I deemed it too risky. I wondered if there was a link between red wine and breast cancer, but I found there is a link between all types of alcohol and breast cancer. Even beer and breast cancer!

What the research says about the link between alcohol and breast cancer

Besides maybe soy, I don't think any food or beverage causes more controversy or confusion than alcohol.

Here's the bottom line:

There's strong evidence that alcohol consumption **increases the risk** of an initial diagnosis for both pre- and post-menopausal breast cancer. But I have already been diagnosed and treated for breast cancer. This does not concern me, right?

With mass volumes of research on this topic (current as well as ongoing), I couldn't possibly cover it all here. To reign this topic in, I answer the six most common questions I get regarding alcohol and breast cancer recurrence.

1. Do I have to stop drinking after a breast cancer diagnosis?

No. You don't have to do anything you don't want to do. Some thoughts from the breast cancer trenches re: drink/don't drink:

"Life is short. Drink the wine."

"Life is precious. Live it up and enjoy it."

"I won't miss out on all the things I love."

"I want to enjoy life and that means drinking."

"It doesn't matter whether you drink or not. Some people never drink and get cancer. Some drink a lot and don't get it. I don't believe the studies."

People have strong opinions about their alcohol! And they're entitled to them. But please know this, **alcohol is carcinogenic**. To reduce risk of an *initial breast cancer diagnosis*, there is no safe level of alcohol intake.

There's a **risk relationship** between alcohol and breast cancer, even at low levels of consumption. The World Cancer Research Fund's (WCRF) **alcohol and cancer report** (a gold standard reference) indicates a *confirmed link* between alcohol consumption and pre- and postmenopausal breast cancer initial diagnosis.

2. What about risk of alcohol and breast cancer recurrence? Or a second primary breast cancer?

One systematic review looked at six databases and 16 studies, of which 11 assessed breast cancer recurrence. About half of the 11 studies showed a modest, but significant association between alcohol consumption and *increased risk of breast cancer recurrence*. Two of the included **studies** suggested the association was stronger in postmenopausal women. This same study observed that the association between alcohol and second primary breast cancer is less clear. However, the WCRF report on diet, nutrition, physical activity and breast cancer survivors *does not at this time find evidence strong enough to make specific recommendations for survivors on alcohol and recurrence risk*.

As a dietitian, I'm trained to use research in making nutrition recommendations for others. As a breast cancer survivor, I make personal nutrition and diet decisions based on my diagnosis AND the research. I believe alcohol may have contributed to my cancer. Of course, I have no

If you're conflicted, consider experimenting with not drinking and see how that feels.

way of confirming that. But who's to say continuing to drink wouldn't negatively influence my recurrence risk? I just couldn't discount the connection found in the review (as well as other studies and professional articles). And research is ongoing. Because the evidence isn't strong enough NOW doesn't mean it won't be in the future.

I understand how findings like those in the WCRF report make it easy to dismiss the concerns around alcohol. And should you choose to? There's nothing wrong with that. You get to decide where you stand on the issue. You get to decide whether or not you want to take that risk, or even whether or not to choose to believe the studies. As evidenced above, without alcohol, some people don't consider life worth living, can't imagine living life to the fullest. Other people live fulfilling, wildly satisfying lives without touching a drop. There's no judgment either way.

If you're conflicted, consider experimenting with not drinking and see how that feels. If it doesn't work for you? Pour yourself a glass of something and enjoy it guilt free.

3. Does alcohol raise estrogen levels?

Yes.

Drinking alcohol increases the serum level of endogenous estrogens. Serum is the clear liquid that can be separated from clotted blood.

"Endogenous" means *produced or grown in the body*. Even drinking small amounts of alcohol, say 1.25 to 2.5 standard drinks per day, raises the level of estrogen. Why is estrogen a problem? In estrogen receptor (ER)-positive human breast cancer cells, alcohol increases ER-dependent gene expression. This results in cells being reproduced **quickly and at high speed**. If you had or have ER-positive breast cancer, the goal now is to keep estrogen levels low. You're likely taking medication to do that. Since alcohol raises estrogen levels, drinking can be counterproductive to that effort.

4. Does the TYPE of alcohol matter?

No.

It doesn't matter your drink of choice. A juicy red wine, icy cold beer or fancy cosmopolitan all deliver alcohol to your system. Wine, beer, and spirits contain **ethanol**, which **appears to cause the damage**. Ethanol is a clear, colorless liquid found in all types of alcohol, and the main active ingredient in all alcoholic beverages.

5. What's a SAFE amount of alcohol to drink?

Depending on which research you read, or from whom you get your information, you're likely to get conflicting and confusing messages on how much alcohol is safe to drink after you've been diagnosed. Because of the inconsistencies and variations in research, it's difficult to draft concrete guidelines. Remember, the WCRF hasn't issued specific alcohol guidelines for people who have been diagnosed with breast cancer.

This is where you must decide what's comfortable for you. Some evidence suggests any alcohol consumption, even at levels as low as 6 grams per day moderately increases the risk of recurrence, **particularly in postmenopausal women**. That's about 1.2 teaspoons of pure alcohol, or less than half of a **standard drink**. If that information gives you pause, but you're not ready to give up drinking completely, think about what matters most to you.

If enjoying a special, fine dining meal means drinking good wine; consider drinking only at special meals.

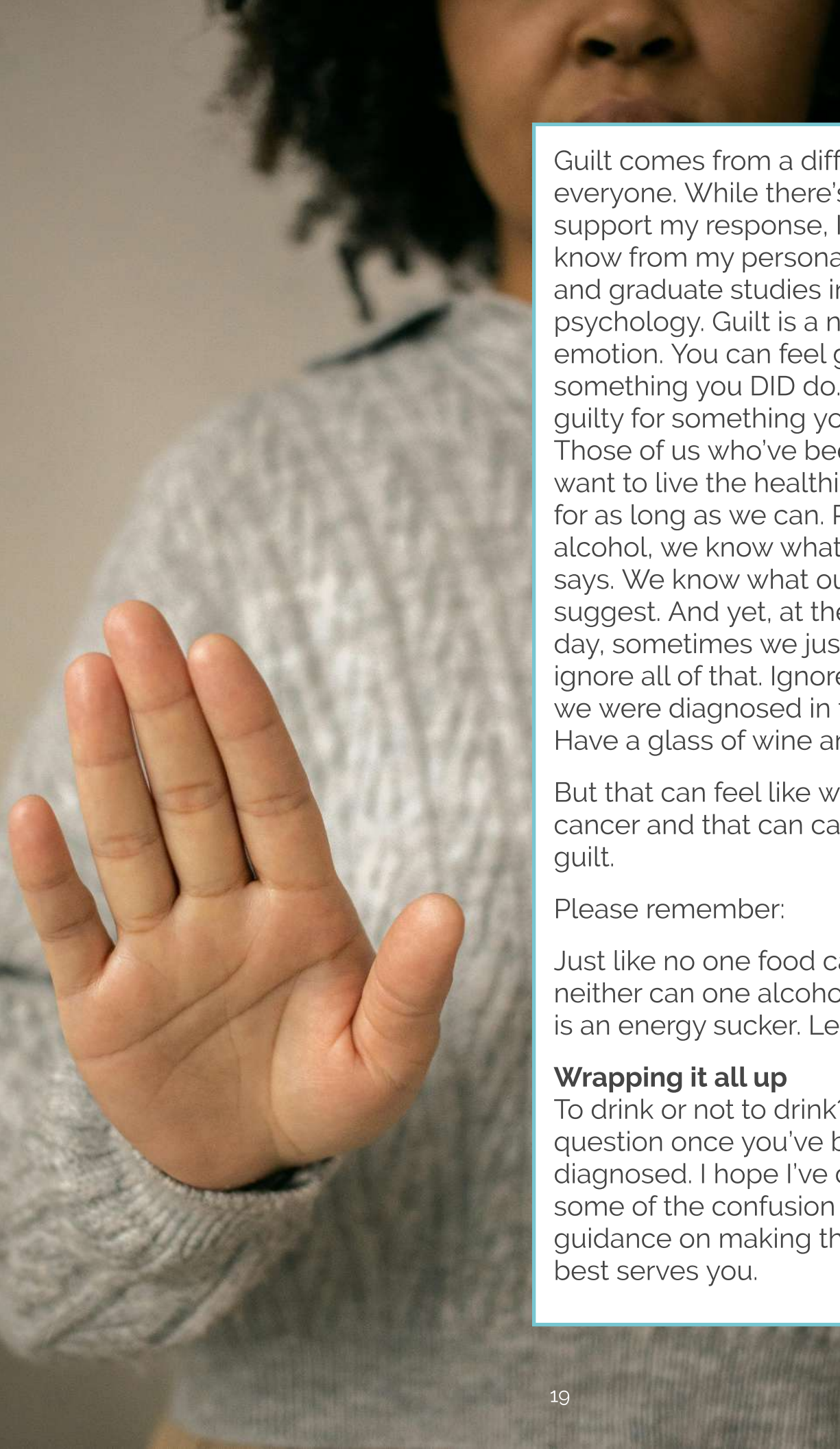
If holidays aren't the same without your traditional fancy drink; continue to enjoy alcohol on those annual occasions.

If the best part of your monthly book club is wine with friends; treat yourself to a glass once per month.

There are guidelines specific to alcohol consumption re: reducing risk of an initial breast cancer diagnosis and not guidelines for risk of recurrence or for those living with breast cancer.

6. Why do I feel guilty when I drink?

I'm not sure.



Guilt comes from a different place for everyone. While there's no data to support my response, I'll share what I know from my personal experience and graduate studies in health psychology. Guilt is a negative emotion. You can feel guilty for something you DID do. You can feel guilty for something you DIDN'T do. Those of us who've been diagnosed want to live the healthiest life we can, for as long as we can. Regarding alcohol, we know what the research says. We know what our doctors suggest. And yet, at the end of the day, sometimes we just want to ignore all of that. Ignore the fact that we were diagnosed in the first place. Have a glass of wine and forget.

But that can feel like we're inviting the cancer and that can cause feelings of guilt.

Please remember:

Just like no one food causes cancer, neither can one alcoholic drink. Guilt is an energy sucker. Let. It. Go.

Wrapping it all up

To drink or not to drink? That is the question once you've been diagnosed. I hope I've cleared up some of the confusion and given you guidance on making the decision that best serves you.

Breast Self-exams. Why You Still Need to Do Them Even with a Cancer Diagnosis

By Adriana Ernter

Feel it on the first. Know your lemons. Check your boobies. Get in touch with them apples. I never noticed these catch phrases written on social media to inspire women to do monthly breast self-exams until after I was diagnosed. Well after too, like, when I was recovering from having had breast cancer surgery and treatment. Irony, isn't it? More irony is the fact that I never really did regular breast self-examinations on my boobs and when I did, they were always half-hearted, like an afterthought.

Checking in with your breasts is always a good idea

The reality is though, these self-check-ins are crucial. According to this [study](#), 43% of diagnosed breast cancers are detected by women who feel a lump themselves. Sure, mammograms are important in helping detect cancer, minus the fact that they don't screen the armpit area where many breast cancers, like mine, can occur, yet they're also highly restricted and often can't detect tumors in dense breasts.

If that isn't enough, several provinces in Canada don't even allow women to receive their first mammogram until they are 50 years of age despite, according to [Breast Cancer Canada](#), the rates of diagnosis in women under 50 has dramatically increased in the last 35 years.. This is a hard and sad fact, considering breast cancer screening can save lives. One that I am way too familiar with, as I'm one of the 23%, as noted by the Ontario Health Study, who are under the age of 50 years when diagnosed. And no, a mammogram didn't find my lump—I was too young to receive mammogram screening. I found it. When I was soaping up my right armpit in the shower and feeling it for hair in case I needed to shave.

Why perform breast self-exams post breast cancer diagnosis

So why should you care when you've already been diagnosed with breast cancer? Because if it has happened before, it can happen again and, perhaps more importantly, because you owe it to yourself. The [Cleveland Clinic](#) concurs, stating that women who develop breast cancer before the age of 35 are more likely to get breast cancer again. They also claim that most local recurrences of breast cancer can occur within 5 years of a

lumpectomy and while having radiation therapy can lower this risk there is still a three to 15% chance of recurrence within 10 years. Kind of puts feeling your breasts on the first of every month into perspective, doesn't it. Here are 8 easy steps to follow to perform your monthly breast self-exams. It should only take you about 10 minutes to perform and it will give you a month's worth of peace when you do.

Feel your way towards healthier breasts

Step 1:

Take off your top and bra and stand in front of a mirror.

Step 2:

Put your hands on your hips.

Step 3:

Look at your breasts in the mirror and see if there are any signs of dimpling, swelling, or redness. Touch your breasts to feel if any areas are sore.

Step 4:

Repeat Step 3 with your arms raised above your head.

Step 5:

While you are standing, press into your breasts with your fingers, feeling for lumps. This works best when you use a large area of your fingers and not just your fingertips. Make sure to feel the entire breast area, even under the breasts and across and into your armpits, pressing deeply to feel the tissue inside.

It should only take you about 10 minutes to perform and it will give you a month's worth of peace when you do.

**Step 6:**

Palpate the entire area carefully. It can help to divide your breasts into quadrants, so that you're feeling one quarter area at a time.

Step 7:

Repeat Steps 5 and 6 while laying down.

Step 8:

Check your nipples and the area beneath them; squeeze each nipple to check for any discharge.

Step 9:

If anything looks or feels abnormal, if you feel a lump or if you simply know in your gut that something isn't right, book an appointment with your doctor immediately and talk to them about what you have just experienced. I promise, you're not being paranoid, especially if you have been previously diagnosed with breast cancer.

Still not sure or need a little back-up support? Smart phone apps such as [Know Your Lemons](#), [Feel For Your Life](#) and [Keep A Breast](#) offer DIY assistance and can help get you started. Chock full of beneficial insight, they can also minimize the fear of the unknown. Plus, they provide identifying signs and symptoms of breast cancer along with techniques to help you discover breast cancer at its earliest stage.



Don't Let the Fear of Recurrence Define You

Fear of cancer **recurrence** is a common concern following breast cancer treatment. A recurrence happens when breast cancer returns months or years after you finish treatment. It can be classified as local, regional, or distant, depending on where the cancer reappears. Local recurrence involves cancer returning to the same breast as your original cancer, while regional recurrence affects nearby lymph nodes. Distant recurrence occurs when cancer spreads to other parts of the body, such as bones, lungs, liver, or brain. Sometimes a person may develop a new cancer in the other breast. This is called a **second primary breast cancer**, which should not be mistaken for recurrence, and can vary in type and subtype from the first cancer (ER+ vs. ER-, for instance).

Many people diagnosed with breast cancer experience fear of recurrence. While some level of fear is natural, **excessive and persistent fear** can negatively impact your quality of life. Signs that fears are interfering with your daily life and wellbeing include heightened anxiety, trouble making decisions, difficulty completing daily

tasks, and a greater risk of developing post-traumatic stress disorder (PTSD) or depression. Being able to recognize the intensity and frequency of these fears is necessary to be able to manage them effectively.

There are many things that can trigger these worries including new physical **symptoms**, such as pain or lumps, as well as follow-up medical appointments or scans (also known as **scanxiety**). The anniversary of your original diagnosis or treatment completion can also worsen anxiety. Hearing about others facing a recurrence or dealing with personal stressors, like financial concerns or relationship strain, can also contribute to increased fear. Recognizing and identifying these triggers can help you in developing personalized coping strategies. You may find keeping a journal is a good way to track these triggers and their associated feelings.

Identifying and addressing your fears is a crucial step toward managing them. Writing down your concerns or discussing them with a trusted individual can provide clarity and perspective. Defining specific worries, such as physical changes, financial strain, or concerns about the future, allows you to address them more effectively. Avoiding or suppressing these fears can make them more overwhelming over time.

To help manage fear of recurrence, it is important to seek information and guidance from healthcare professionals. Discussing your risk of recurrence, understanding symptoms to watch for, and developing a personalized follow-up care plan can provide reassurance and a sense of control. Clarifying uncertainties with your healthcare team and learning about preventive steps you can take against recurrence can also help reduce stress and worry.

Building emotional support networks is another important approach. Sharing your thoughts and feelings with family members, friends, mental health professionals, or **support groups** can help you feel less alone. Connecting with other people living with breast cancer who have faced similar fears can offer valuable insights and reassurance.

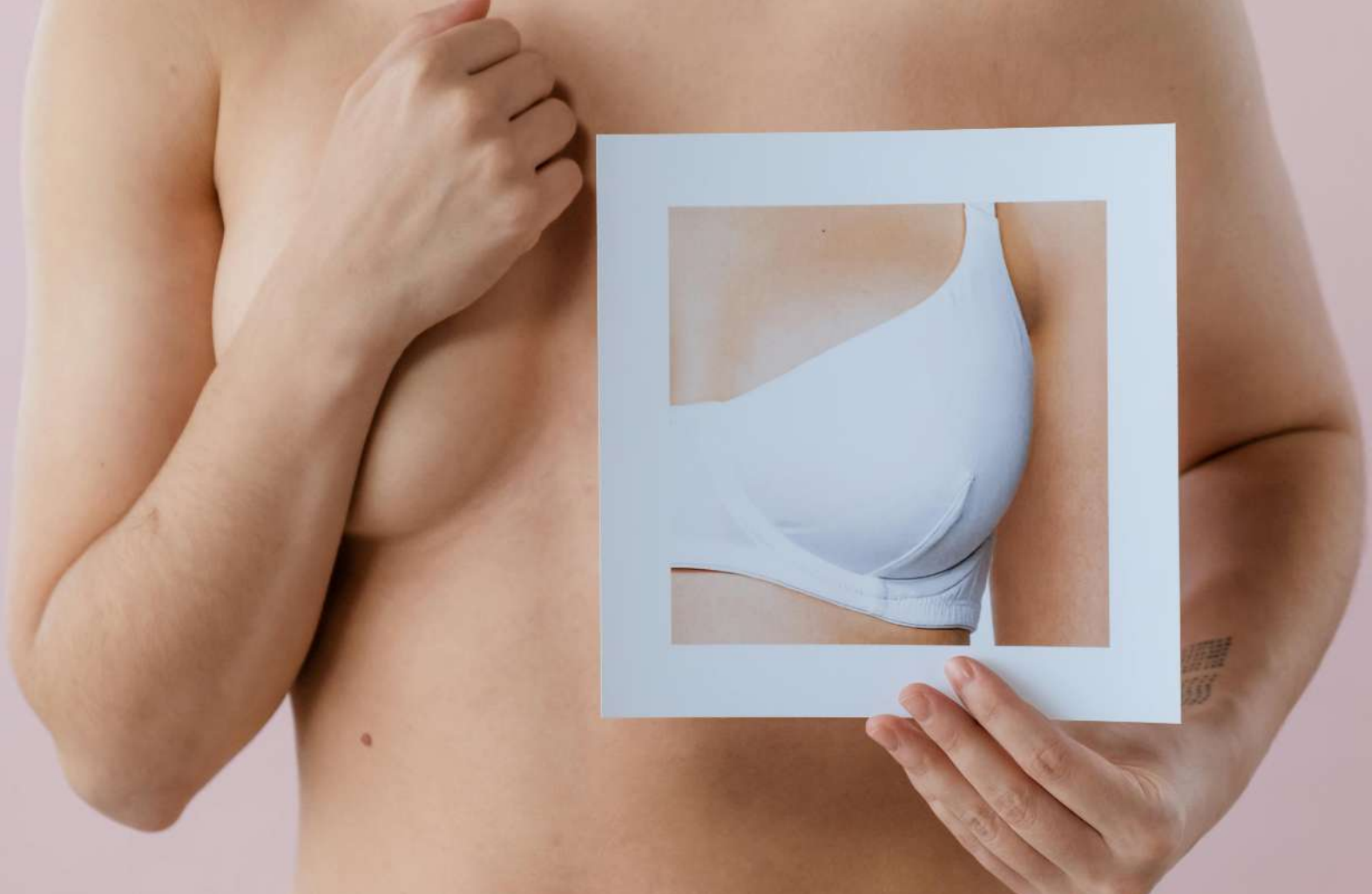
***Recognizing and identifying these triggers
can help you in developing personalized
coping strategies.***

Developing your own effective and healthy **coping mechanisms** is essential for reducing anxiety and enhancing overall wellbeing. Regular physical activity, such as exercise, can boost mood and reduce stress. Creative outlets like painting, gardening, or writing provide productive ways to process emotions. Mindfulness practices, including meditation, yoga, and breathing exercises, can help calm anxious thoughts. In some cases, finding a **therapist** trained in **cognitive-behavioral therapy** (CBT) or **acceptance and commitment therapy** (ACT) may be helpful for restructuring negative thought patterns and improving mental resilience.

Contributing to the breast cancer community by **sharing your journey** can also be empowering. Supporting others who are struggling with fear of recurrence or advocating for improved mental health resources can create a sense of purpose and fulfillment, and engaging in breast cancer awareness programs or volunteering for support groups can further enhance a sense of belonging and community.

Finally, incorporating practical strategies into your daily life can be very helpful for not only managing fear of recurrence, but also your everyday wellbeing. Maintaining a healthy lifestyle through balanced nutrition, regular exercise, and adequate sleep can positively impact mental and physical health. Establishing routines, setting realistic goals, and staying actively engaged in activities you enjoy can improve overall mood and reduce anxiety. Participating in group or volunteer activities can provide a sense of social support and belonging. Regular check-ups with your healthcare team are also essential for staying informed and proactive about your overall health.

Managing the fear of breast cancer recurrence can involve a mix of all these actions, or you may find that some methods work better for you than others. Fear of recurrence is very personal, and everyone has different reasons why they feel this way. While acknowledging your fears is key, it is equally important not to let them dictate your future. With the right tools and resources, you can lead a fulfilling and confident life post-treatment.



Understanding Metastatic Breast Cancer Recurrence

When someone has gone through breast cancer treatment, it's natural to hope the cancer is gone for good. But sometimes, breast cancer can come back. This is called a recurrence. When breast cancer recurs, it can be **local, regional, or distant** and the signs and symptoms of a breast cancer recurrence vary, depending on where it comes back. When the cancer spreads to other parts of the body, it's a distant recurrence and it's known as metastatic or stage IV breast cancer.

Metastatic breast cancer may come back **months or even years after** the original diagnosis and treatment. Even after successful treatment, some cancer cells may stay in the body without being detected. This can be a scary and overwhelming experience, but understanding what's happening and what to expect can help you make informed decisions about your health.

These symptoms don't always mean your cancer has returned, but it's important to speak to your doctor if you notice anything unusual or persistent.

How is a metastatic recurrence different?

If the cancer spreads beyond the breast and nearby lymph nodes to distant parts of the body, it's considered metastatic—even if it's the first time it's come back. This kind of recurrence isn't a new cancer; it's the same breast cancer cells that have now traveled to other parts of the body through the blood or lymphatic system. Most often, these areas are the bones, liver, lungs, or brain.

Even though the cancer cells in a metastatic recurrence are from the original tumour, sometimes the characteristics of the recurring cancer can be different. [Breastcancer.org](https://www.breastcancer.org) explains that although it seems logical that a metastatic recurrence would be the same subtype as the original diagnosis, it can differ in its HER2 and hormone receptor status. These differences can affect your treatment options, so your care team will likely test your cancer to determine its biomarker status.

What are the signs to watch for?

Metastatic breast cancer symptoms can present in **different ways** depending on where it spreads. For example:

- if it spreads to the bones, it may cause pain or fractures
- in the lungs, it might cause a cough or trouble breathing
- in the liver, it could lead to fatigue, pain, jaundice, or digestive issues
- in the brain, it might cause headaches, dizziness, changes to your vision, or confusion

Other symptoms like unexplained weight loss, ongoing fatigue, or a loss of appetite, may signal that something isn't right. These symptoms don't always mean your cancer has returned, but it's important to speak to your doctor if you notice anything unusual or persistent.

For people originally diagnosed with lobular breast cancer, it's helpful to know that this type may be more likely than ductal breast cancer to spread

to **less common areas**, such as the gastrointestinal tract, ovaries, or peritoneum (the abdominal lining). While lobular breast cancer can still spread to the common sites mentioned earlier, if it spreads elsewhere, symptoms like digestive issues, bloating or pelvic discomfort may be important signs to discuss with your doctor.

How is metastatic recurrence treated?

While metastatic breast cancer is not considered curable, it is treatable. The goal of treatment is to control the cancer, relieve symptoms, and help you live as well as possible for as long as possible.

Your care team will consider several factors when recommending treatment including your overall health, where the cancer has spread, and how it responded to previous treatments. The primary **treatment option** is systemic therapy, which may include hormone therapy, chemotherapy, targeted therapy, or immunotherapy. Radiation may also be used to treat certain areas, like brain metastases, or to relieve pain caused by cancer in the bones.

Metastatic breast cancer is treated using lines of therapy, meaning you may start on one treatment and move to another if it stops working. It's common for people to get **multiple lines of treatment** (first, second, third, or even later lines over time).

Your care team will monitor how the cancer responds to each treatment by taking routine blood tests or scans. They may use terms like:

- Regression: the cancer is shrinking
- Stable disease: the cancer is not growing but not shrinking either
- Progression: the cancer is growing or spreading

If the cancer is progressing, this is usually a sign that you'll need to explore other treatment options.

Living with metastatic breast cancer

A metastatic breast cancer recurrence can be emotionally and physically challenging. But many people live full lives for years after this diagnosis. Support from your healthcare team, counselors, support groups, and loved ones can help you cope and make informed decisions.

It's important to keep asking questions, staying updated, and taking care of yourself. Advances in treatment continue to offer hope, and ongoing research is leading to new breakthroughs in how this disease is treated.



Canadian Breast Cancer Network
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Discover Our Resources

Finding reliable information on breast cancer can be overwhelming. We have produced various resources to help you understand your breast cancer diagnosis better. These materials are available on our website.

[Explore our resources today!](#)



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