GUIDE TO UNDERSTANDING

Fear of Recurrence

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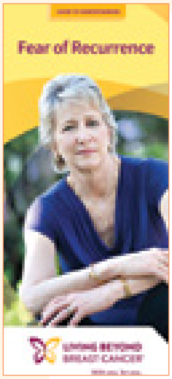


Fear of Recurrence

Tell us what you think of the *Guide to Understanding Fear of Recurrence.*

Thank you

for helping Living Beyond Breast Cancer improve our programs and services.

Dear Friend:

Fear of recurrence touches almost every person who has been diagnosed with breast cancer. If you are struggling to find someone who understands, or you just can't stop thinking about the possibility of cancer coming back, you are not alone. We understand what you're going through, and we have written this guide to help you cope with your feelings and take steps to embrace your future.

This booklet will help you sort through your fears and find practical ways to manage them. First, understand what causes your concerns to increase or resurface. Then learn how your worries may change as you transition out of treatment and into the months, years, and decades beyond diagnosis. Finally, get concrete ways to cope, find support, and move forward.

Living Beyond Breast Cancer is here to help when you're ready to talk about your emotions. We encourage you to contact our **Breast Cancer Helpline** at **lbbc.org/helpline** or toll-free at **(888) 753-5222** to talk with someone who understands.

Warmly,

Jean A. Sachs, MSS, MLSP
Chief Executive Officer

LIVING BEYOND
BREAST CANCER®

Toll-Free Breast Cancer Helpline
lbbc.org/helpline
(888) 753-5222

All people pictured in this guide are LBBC volunteers whose lives have been affected by breast cancer. We thank them for sharing their experiences.

TABLE OF CONTENTS

SECTION 1

SECTION 2

SECTION 3

SECTION 4

SECTION 5

SECTION 6

SECTION 7

SECTION 8

Understanding Fear of Recurrence

Along with a fear of dying, **fear of recurrence**, or fear of the cancer coming back, is one of the most common worries among people with breast cancer. This fear can have a powerful effect on the quality of your life. Virtually all people who have had breast cancer worry about this possibility.

If you fear recurrence, you may worry sometimes or often that cancer will come back in your affected breast, your other breast, or in other parts of your body. You may have concerns about having to go through treatment again and fears of experiencing pain or discomfort from more surgery, chemotherapy, radiation, or other treatments. You may feel stressed about the impact of another diagnosis on your appearance, relationships, social life, family, or career. And no matter what stage of cancer you had, you may be afraid of dying from cancer.

You are not alone. Knowing what triggers your fears and how to manage your feelings can help you cope.

Why You Fear Recurrence

Many factors influence your fears of cancer coming back. Your feelings are shaped by your personal coping style, situations impacting your life now, past mental health, support systems, and many other factors. For example, if you are a person who tends to worry or who has had anxiety or depression in the past, you may slip back into negative thought patterns.

> I worry more because I was diagnosed at age 31 with two young children, and I feel the cancer got a head start because of my age."
>
> —ANGELA

Your feelings also depend on where you are in your life (raising small children, in an intense work situation, partnered, single, retired), whether you feel you have a support system to fall back on, and whether you have family members or friends who had cancer recurrences. If you are used to playing the role of caregiver, you may hesitate to share your concerns with your partner, family, or friends.

> My personal statement has been 'Not if, but when.' I feel this way because I am 72 and because I have several chronic illnesses. Being a longtime professional nurse, I have seen way too much to be blind to the possibilities."
>
> —DARYL

> My husband does not want to hear about my fear. I think he is also scared and does not want to be reminded of the possibilities."
>
> —EDITH

You may struggle to talk about your fears of recurrence if others are unwilling to listen to your fears or do not understand what you are going through. In most cases, your loved ones care deeply about what you have been through, and your treatment has been traumatic for them too. They want to focus on the fact that you are done with treatment and feeling better, and they want to believe you are physically and emotionally well. They may hope and assume you are relieved, happy, and "moving on."

Your family and friends do not see you going to many medical appointments anymore. Without these physical reminders, they may forget that you are still struggling. Those close to you may not know that you feel your support has disappeared. Share your thoughts and concerns in a direct way that feels comfortable to you. Read more about communication on page 28.

> I have a few friends who haven't been supportive, especially when it comes to my fears of recurrence. They want to go back to the way things were before my diagnosis."
>
> —CONSTANCE

Your History and Diagnosis

The specifics of your breast cancer diagnosis and your family or personal history may influence how much you worry about a recurrence. Although it is never possible to predict the exact risk of the cancer coming back, you may have been given statistics about your risks. If you know you have a breast cancer gene mutation or you were treated for a more advanced or aggressive breast cancer, you may be especially frightened.

Genetics and Family History

A strong family history of breast or ovarian cancer, diagnosis before age 50, or diagnosis with triple-negative breast cancer (see page 12) before age 60 are all signs that you may have inherited a **mutation**, or change, in certain genes, such as ***BRCA1*** or ***BRCA2***. These mutations are known to make developing breast cancer more likely. If any of these are true for you, your doctor or an expert called a **genetic counselor** may suggest you have **genetic testing**, to look for mutations in your DNA that may have led to breast cancer. But, you may worry that learning you have a mutation will increase your fear of recurrence.

Studies show that people with BRCA gene mutations are not more likely to have a recurrence than other people diagnosed with breast cancer. This means you have the same chance of the cancer coming back as someone with a normal gene, even if you test positive for a mutation.

People who carry BRCA gene mutations do have a higher risk of developing a new breast cancer unrelated to the first one, called a **second primary breast cancer**. If you test positive for a *BRCA1* or *BRCA2* mutation, your doctor and genetic counselor can speak with you about ways to lower your risk of a second breast cancer and other cancers. A genetic counselor can also help you find resources to cope with the worry you might feel.

Ongoing Hormonal or Targeted Therapy

If you have **hormone receptor-positive** or **HER2-positive** disease, you will likely receive **targeted therapy**, which lowers risk of recurrence by looking for cancer cells with specific features, attaching to them, and destroying them. Hormone receptor-positive breast cancer can be treated with up to 10 years of a daily **hormonal therapy** pill. HER2-positive breast cancer can be treated with up to 2 years of targeted therapies given by vein, as a shot, or as a pill to lower the risk of recurrence. These treatments may help you feel that you’re doing everything possible to protect yourself. But they also may remind you of your diagnosis.

Hormonal and targeted therapies can cause side effects that interfere with the quality of your life. Keep taking pills or getting treatment as your doctor prescribed them, but do not be afraid to talk about side effects. Your doctor can help you manage them or may be able to switch your medicine. You may be very excited to finish hormonal or targeted therapy and end any side effects that came along with them. But the end of treatment sometimes takes away the feeling of actively fighting the cancer and may bring up more fears.

Triple-Negative Breast Cancer

Unlike some other types of breast cancer, **triple-negative breast cancer (TNBC)** does not grow because of the hormones estrogen or progesterone, or because of a protein called HER2. If you have triple-negative breast cancer and you had surgery or chemotherapy, you took the best treatments available to you. Triple-negative breast cancers are sensitive to chemotherapy. Still, since there aren't ongoing treatments available today for triple-negative breast cancer like there are for hormone receptor-positive or HER2-positive breast cancers, your fear of recurrence may be intense.

> "Being triple-negative is frightening all by itself, knowing there is nothing I can take for 5 years to decrease the chances of my cancer recurring."
>
> —CONSTANCE

There are things you can do to decrease your risk and lessen the intensity of your feelings. Talk with your healthcare provider about whether you can participate in clinical trials or follow-up studies. **Clinical trials** are research studies in humans that are used to develop new and better treatments.

Common Fear Triggers

Certain events, anniversaries, or activities in your life could remind you of cancer and bring out your concerns about recurrence. You may feel more fearful at these times than at other times, whether you're months, years, or even decades from your diagnosis.

Fears sometimes arise as more of a vague sense of dread. You may link those feelings to other parts of your life to explain why you feel unsafe or vulnerable. Understanding and naming these concerns — and connecting your emotions to your experience with breast cancer — can be very helpful in managing them.

Occasions

Birthdays, anniversaries, holidays, or other milestones could trigger fears of recurrence because the emotions, stresses, and memories you associate with those days remind you of feelings you had about your diagnosis. Sometimes anticipating these occasions can cause even stronger emotions than you feel during the occasions themselves.

The anniversary of your diagnosis or of the beginning or end of treatment could be a day of celebration, or it could bring back memories of the emotions and fears you felt when you were diagnosed. Maybe you were diagnosed close to the holidays, and the activities you associate with that holiday remind you of the worries you felt and the joys that you missed that year.

You might fear that you will not reach a milestone birthday or other personal or family life event like a promotion, graduation, or wedding. While reaching these milestones can be exciting and rewarding, marking them also may bring back strong emotions. You may even feel like all life occasions are bittersweet. Sometimes you may be fearful during these events but not even make the connection between these feelings and breast cancer.

Non-Occasions

Words, sights, tastes, sounds, or smells can bring on fears. Sometimes these triggers appear so quickly that you do not have time to prepare yourself. You may smell a familiar chemical or cleaning solution that you smelled during your treatments; you could see a woman wearing a headscarf; a friend might serve you a food that you ate or avoided during your treatment; you may hear the song that was playing when you learned about your diagnosis; or you may unexpectedly see the words "breast cancer" in a magazine or book or on TV. These experiences can be very startling if they happen in parts of your life where you go to "get away from cancer," like enjoying a favorite TV show or reading the news.

> The fear is especially vivid when I hear about someone else being diagnosed with or dying from cancer."
>
> —KELLY

You may be frightened by a friend's remark about cancer, reading an obituary, or learning that a "treatment buddy" has had a recurrence or passed away. If you hear that a friend, family member, or celebrity has been diagnosed with or died of cancer, your feelings also can surface.

You may even be reminded of your experience if you see pink ribbons on cars, jewelry, clothing, or food products or if you see breast cancer commercials on television. Sometimes these experiences build feelings of solidarity with others affected by breast cancer, but sometimes they remind you of your treatment and bring up worries that cancer could recur.

> My fears are primarily triggered by cancer commercials or news stories."
>
> —CONSTANCE

Physical Symptoms

Fears are common when you have certain physical symptoms like fatigue, headache, pain, cough, or other sensations that you associate with cancer or you had when you were in treatment. These physical symptoms are, usually, part of normal life, but they may be especially distressing to you because they can signal a more serious problem. Most doctors practice the **2-week rule**. If a symptom lasts longer than 2 weeks, call your doctor about it. If you have persistent intense pain, chest pain, or symptoms that interfere with your breathing or coordination, go to the emergency room immediately.

It is common for some worries to arise when you perform a breast self-exam. You may feel lumpy breast tissue or scar tissue from surgery or radiation and wonder whether it is cancer. Talk to your doctor about your concerns. Your provider can often address your worries and help calm your fears.

> I think about recurrence when I have a pain that I don't have an explanation for at the moment."
>
> —EDITH

Follow-Up Testing

The anxiety you may feel during follow-up appointments and tests or while waiting for test results may provoke fears of recurrence. Perhaps you are calmer when an appointment is not in the near future. But weeks or days before, the emotions creep into your mind. You may wonder what your tests could uncover and think more about your health because you want to remember to report your symptoms. Write down your symptoms to get them off of your mind but also to make sure you don't forget them. Often problems are found only because you report a physical symptom and your doctor looks into it.

> Just knowing I will be seeing the oncologist again can send me into a panic. I calm myself by reminding myself of all the follow-up appointments where all of the symptoms turned out to be nothing."
>
> —MELINDA

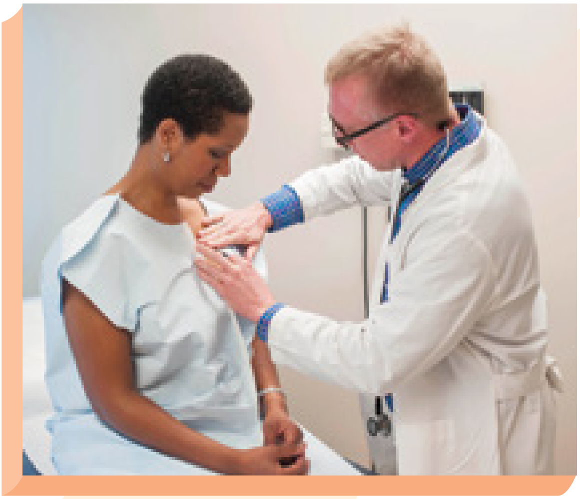
The waiting you do around follow-up appointments and tests may produce anxiety and bring back the same kinds of feelings you had during treatment. Sitting in waiting rooms, whether you are waiting to meet with your doctor or you are waiting for a test, can make you feel especially nervous and fearful. The anticipation of needing to visit a doctor or calling for test results also can provoke these feelings.

Make sure to take music, a friend, or something to read with you to appointments for distraction. If there is a TV in the waiting room, find out if it's OK to change the channel. Plan something rewarding to do after your appointments to move your attention away from your fears and anxieties.

Your most intense fears may come while waiting for test results. Sometimes test results take days or weeks to come back. You might find yourself wondering what your life will be like if the test results are bad. Depending on your personality, you may feel the need to prepare for the worst.

To ensure your results come quickly, avoid scheduling tests right before a weekend or holiday. Explain to your doctor or nurse that you feel anxious waiting for test results, and ask whether you should call or make an appointment to make certain you receive your results as soon as possible. After the test, be proactive. Call your doctor to find out if the office got your results. Your phone call can prompt the office to look them up.

> Since I travel far for treatment, I experience more fear around the time of making travel plans. Then the fear comes back when I'm traveling, while I wait for test results, and on the day of the doctor visit."
>
> —JUDY



Reconstruction

After a **mastectomy**, surgery to remove the affected breast, many women choose to have **reconstruction**, surgery to rebuild the breast. Depending on the type of surgery you choose, parts of your body will feel and function differently. You also need time to heal, and during that time you may have to remain less active than usual.

If you have complications or multiple reconstructive surgeries, the constant cycle of surgery and healing can be very taxing and make you fear recurrence. After surgery, you may worry tests won't be able to find a recurrence in your reconstructed breast. But women who have reconstruction do not have a higher chance of recurrence than women who have not had reconstruction. If the cancer does come back, studies show that reconstruction does not seem to delay the diagnosis or treatment.

Most changes after reconstruction can be felt through physical exam. Tell your doctors about your worries, and make sure you get a thorough exam each time you visit for follow-up care.

Life After Treatment

Moving forward may be hard, but remembering you did everything you could to treat the cancer can help you gather strength. You chose the treatments you felt were the most appropriate for you at the time, and many of those treatments continue to work for many years after you finish receiving them.

Talking with other people who are finishing their treatment and who share your diagnosis may help you cope during this period of transition. If you would like to speak to someone with an experience similar to yours, find our **Breast Cancer Helpline** at **lbbc.org/helpline** or call toll-free at **(888) 753-5222**.

Transitioning Into Life After Treatment

As you approach the end of treatment, you may worry that you will become vulnerable to recurrence. Up until this point, you made treatment decisions, managed new symptoms and side effects, and worked hard to balance treatments with your other obligations. Now you have more time to slow down and process your experience. You may ask, “How will my life change? Will I be able to stop thinking constantly about cancer? What do I do next?”

> When treatment ended, I was almost paralyzed with the fear of lingering cancer and recurrence. Finding a local group of women who understood that fear helped.”
>
> —MARJORIE

You may feel emotionally overwhelmed and exhausted from your diagnosis and treatments. Probably you look different than you did before cancer. You have been through a traumatic experience, and the thoughts of going through it again are hard to bear.

The weeks at the end of treatment are very challenging because your life is changing quickly. Along with your relief that treatment is almost over may come worries about moving forward and losing the close monitoring and attention you had during active treatment. You may feel that you are no longer being proactive, or that you lost control of your health, especially if you do not take a long-term hormonal or targeted therapy. Since you do not see your doctors as often as you did before, you may lack support or a point person to answer your questions.

For at least several months after your treatment, you will likely deal with fatigue and other lingering treatment side effects. These ongoing side effects do not mean that your treatment did not work. Recovering from treatment can take at least as long as treatment itself did, and sometimes longer.

On top of these physical issues, you now must deal with a changing social environment. Your family and friends are coping with their own concerns. Some may still want to take care of you, and you may or may not feel you need that attention. If loved ones took over roles for you during treatment, you may feel uncomfortable asking to take those roles back.

Some people will expect you to bounce back to “normal” quickly, but you may need to adjust slowly. Experts sometimes call this changed life a “new normal.” Cancer can affect the way you view your body, your life, or the world in general. It also may have changed how you interact with the world physically, mentally, or spiritually.

In this kind of environment, you may feel like discussing your concerns is not OK. But you always should have the chance to share your feelings with a close family member or friend, a mental health provider, or another person affected by breast cancer. Turn to page 28 for resources on finding someone to talk to about your experiences.

1 to 3 Years After Treatment Ends

During the first few years after treatment ends, you will have many follow-up tests and visits. Every 3 to 6 months you will visit your doctor, and follow-up tests like mammograms may be routine twice a year for the first couple of years. During this time, anxiety around testing and cancer returning can be strong.

> It's been two-and-a-half years since my diagnosis, but every time I see my doctors and answer the same health questions at the hospital, it feels just like that day when the world came crashing down."
>
> —KELLY

Take charge of your care by bringing concerns and questions to your doctor at your scheduled appointments. Along with your doctor, create a **survivorship care plan**, a written report with details about your breast cancer treatment, follow-up care, and how to maintain your health (learn more at LBBC.ORG). Knowledge can help you feel more in control. If your doctor does not take time to listen to your questions and answer them to your satisfaction, consider switching doctors.

3 or More Years After Treatment Ends

As you move further away from treatment, you may develop mixed feelings about the future. You might want to forget about what you have been through, but sometimes ignoring your feelings can make them resurface more strongly later. Your fears may return when you encounter milestones or other triggers. If someone you know has a recurrence and you do not, you could feel guilty that you are doing well but scared at the same time that you, like your friend, will have a recurrence.

> The 5-year mark is hard for me. Now that I don't have to see the specialist, I feel like I am the only one 'looking' for cancer. I don't feel equipped to go it alone."
>
> —JUDY

You may find that new aches and pains make you fear the cancer is back, but most of the time these are normal and may just be part of aging. Remember the 2-week rule, and don't hesitate to contact your doctor if the symptoms persist for longer than 2 weeks. Going to the doctor doesn't mean you have cancer. You will feel empowered when you take charge of your care and make sure that your doctors pay attention to what you're feeling.

> Being 10 years out, that intense initial fear has slinked back into the shadows. Over time, I have learned to accept the unknown and embrace it."
>
> —MARJORIE

Getting Support

Talking about your fears will help you process them. Still, you may struggle to find someone you can trust with everything. Try starting conversations with friends and family members to assess how comfortable they feel sharing with you. Follow your instincts about their feelings.

> “My boss went through treatment a couple of weeks ahead of me, so we did a lot of chatting.”
>
> —JUDY

Depending on the personalities of your supporters and your own needs, you may benefit from sharing your feelings with more than one person. Consider talking with one person about your follow-up testing concerns and asking this person to come with you to your appointments to help you manage your anxiety. Another person could help you cope with feelings that arise from fear triggers.

You may worry that you will burden others by bringing up such a serious, personal, and possibly upsetting subject. But remember that most of your loved ones really want to help you, even though they might not know what to do. Be clear about what you need from them, whether you just want someone to listen or you need someone to take a more active role. Turn the page for some ideas on what to say.

> “I firmly believe that giving voice to our fear removes much of the power it might otherwise wield over us.”
>
> —MARJORIE

SIX WAYS TO START A CONVERSATION ABOUT YOUR FEELINGS

1. “I am feeling better physically, but I’m afraid my cancer will return. Sometimes I feel like nobody wants to hear that I’m not completely better, but I need to talk about my concerns.”

2. “I’m worried that my fears about cancer returning are affecting my mood and my relationship with you.”

3. “All the follow-up tests and appointments make me anxious. It would be helpful if you would talk with me about my worries and go with me to some of my appointments.”

4. “I’m approaching my (month, year) anniversary (or any occasion), and because it is reminding me of everything I went through, I may need some extra support.”

5. “Cancer commercials on TV and pink products in stores just make me worry more about cancer returning. Since you went through cancer with me, do these things bother you too?”

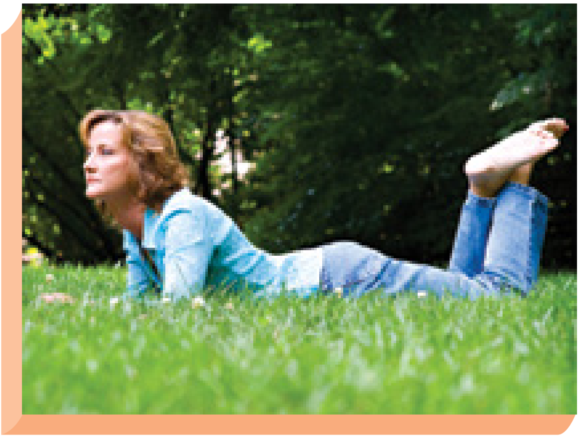
6. “Do you ever worry that the cancer could return?”

Talking With a Mental Health Provider

A mental health provider can help you and your family find ways to identify, manage, and communicate your fears. If you do not already see someone, talk about your feelings with your primary care doctor, oncologist, nurse, social worker, or other members of your treatment team. They can advise you about the possible benefits of a mental health professional. You can also seek out a mental health provider on your own.

If you are weighing the benefits of a mental health professional, consider seeking one out as part of your self-care. It's important to find someone who specializes in people with cancer. Your hospital or cancer center may be able to direct you. You might even find one available where you get medical care. Other people with breast cancer are also great resources for recommendations.

If your feelings prevent you from carrying on with your daily routine, affect your sleep or eating habits, or keep you from doing things you used to enjoy, you should talk with a mental health provider to find out if you have an anxiety or depressive disorder. These conditions can be treated with talk therapy or medicines.



Reaching Out to Others Who Understand

Talking with other people who understand what you're going through can be very helpful. Often, one-on-one conversation can support and validate your feelings. Many people share your fears, and talking helps to process those fears.

> "Whenever I am feeling down or fearful about recurrence, I call my breast cancer survivor buddy who lives across the country. I've never met her in person, but she's one of my biggest supporters."
>
> —CONSTANCE

Contact LBBC's **Breast Cancer Helpline** at **lbbc.org/helpline** or call toll-free **(888) 753-5222** to get matched with a woman who has been there. Also consider attending the annual Living Beyond Breast Cancer Conference. Visit LBBC.ORG for more information.

Support Groups

Consider joining a support group or ask a social worker to help you form one with people who share your concerns. Find a group of people affected by breast cancer who take part in activities or have lunch together.

Some groups are an open forum for everyone to share feelings and questions, while other groups offer education as well as sharing and support. Some groups focus on processing negative feelings, and others search for ways to stay positive and empowered; still others do both things or use other methods.

> I facilitate a weekly support group. Seeing that this group makes a difference in others' lives is an empowering feeling that helps me face my own needs with strength."
>
> —DARYL

Groups can be open for you to drop in when you want, or closed, where you sign up for a set number of weeks and work with the same facilitator and group of people. Some groups are made up of people with breast cancer, some vary by cancer type or stage, and some include friends and family members. Select the format that feels best to you and meets your needs. Ask who facilitates each group, and choose one with an experienced leader.

Try out a couple of groups if you want. Find them by calling your local hospital, cancer center, or place of worship. You can start by just listening to see if this type of support works for you. Think about what kind of group might meet your needs.

Support groups are not for everyone. If you are uncomfortable sharing your feelings or your fears resurface when listening to others, avoid these groups and speak with someone privately.

Online Support

Finding online support groups, message boards, or discussion groups helps you to control the information you receive. You can choose to avoid interactions that could make you sad or uncomfortable, while finding spaces to share your feelings with others and hear how they cope.

Although online support groups are a great source of support, make sure you check any medical information you get before changing your treatment decisions. Print out what you learn and show it to your health-care provider. If you can, also reach out to other people who had breast cancer or to your loved ones for in-person support so you do not feel isolated.

Online resources are available 24/7. You can use them whenever you need them, even in the middle of the night. Access LBBC's resources at LBBC.ORG.

LEARN MORE

Check Living Beyond Breast Cancer's *Guide for the Newly Diagnosed* for a list of support services. Order your free copy at LBBC.ORG.

> By having a huge support group online, I am able to put all my fears out there, and a ton of women tell me their fears or worries. It's an incredible outlet."
>
> —MELINDA

Practical Tools for Coping

> My lifestyle choices help me feel I am in control of my health. I work out, take supplements, watch my diet, and try to keep my stress level low to enjoy every day to the fullest."
>
> —EDITH

> I rarely stepped into the kitchen before cancer, but now I am an author of a healthy cooking blog that shares my original recipes."
>
> —KELLY

> Deep breathing, positive self-talk, and reminding myself that I have not had a recurrence help calm my fears."
>
> —ANGELA

> Logic and a proactive stance are most helpful to me. I try not to sit around brooding, so I get busy and do my research."
>
> —DARYL

> I've found that starting a long-term project is an act of great hope and encouragement. It acknowledges that there's a future and that I'm part of it."
>
> —MARJORIE

10 WAYS TO MANAGE YOUR FEARS

1 **Give yourself a break**. Try to limit your "worry time" to 15 minutes a day. Reflect on your worries by writing in a journal or talking with a friend.

Recognizing that you are getting stuck in a cycle of fear and worry is the first step to making your way through this difficult time. Accept your fears and recognize that with time, many of these feelings diminish.

Give yourself time to breathe. Taking time to relax may be very important to healing in an otherwise rushed world. A mental health provider can help you learn to slow down, breathe, focus on yourself, and turn your negative thoughts into positive ones.

2 **Focus on things you enjoy**. Take time to process your emotions, but know that staying busy at other times may take your mind off cancer. Doing activities you enjoy helps you focus on the present and improve mood. If your emotions stop you from doing activities you normally enjoy, talk with a mental health provider.

3 **Avoid stress**. Stay away from people who make you feel sad, worried, or negative. Don't take on things you don't have to take on, and try to accept help when you need it. Allow yourself to say "no." Turning down activities that you don't like or that you don't need to do will give you more time to spend with your family, friends, or favorite hobbies.

4 **Get the facts**. A member of your health-care team can help you review your personal risk for recurrence. If you know your real risks and take control of the parts within your power, like follow-up care and general health maintenance, your fears will become more manageable.

5 **Journal**. Put your emotions into writing. Studies show that many people gain emotional and sometimes physical benefit from writing about their deepest feelings. These findings apply regardless of age, gender, or finances. Writing is not expensive, doesn't require special training, and you can do it at any time.

Through writing, you can express your deepest feelings privately, and you can shred them if you want. Or you can choose to share your writing with groups or in a blog. You can write about what you are going through or anything else in your life. You also could use a journal to write poetry, draw, or keep lists.

6 **Employ your creativity**. Channel your emotions into a creative outlet like crafts or movement. Creative arts can help you focus your energy through your hands or your body. Again, you don't have to be trained — just finding another way to express your emotions can help with coping.

7 **Use physical activity**. Moving your body will help improve your mood. The government recommends at least 150 minutes of physical activity each week. Walking 30 to 50 minutes several days a week can decrease anxiety and improve sleep, mood, and energy. Researchers are studying how physical activity impacts recurrence risk. Some studies show that exercise may lower the risk of cancer returning. Exercise also can help reduce your risk for other medical conditions.

Many people say exercise empowers them, makes them feel strong, and helps them view their bodies more positively. Your doctor can help you figure out what types of exercise are safe for you. For more on using exercise to cope, visit LBBC.ORG.

8 **Make lifestyle changes**. Exercising, getting enough sleep, eating a well-balanced diet, and working to maintain your physical and mental health can help you cope. When you do everything you can to protect your overall health, you may feel that you are protecting yourself from a recurrence.

Avoid or quit habits such as smoking or drinking alcohol in excess. Though researchers continue to study how much lifestyle changes impact risk of recurrence, you will feel empowered, and this may help lessen your fears.

9 **Explore your spirituality**. Being spiritual or learning about spirituality is a coping tool for many people. Some people find that being outdoors helps them connect with nature and appreciate the vastness of the universe. If you are a religious or spiritual person, you may find comfort in prayer or meditation, attending services, or talking with others who share your beliefs.

10 **Find meaningful ways to help others**. Getting involved in the community, volunteering your time, or engaging with organizations like LBBC can be a great way to stay busy and develop a new sense of meaning in life. You may even connect with other people who share your feelings.

Make sure you find volunteer work that feels meaningful to you. It should not feel like a chore or a drain on your time. If volunteering at a breast cancer group doesn’t bring you joy, don’t feel guilty. It is OK to remove yourself from the world of cancer to heal and recover. Seek out other organizations or causes that make you feel positive. Feeling a sense of contribution can help you process your experience.

LEARN MORE

Learn more about these and other nonmedical approaches to care in our *Guide to Understanding Complementary Therapies* and at LBBC.ORG.

Moving Forward

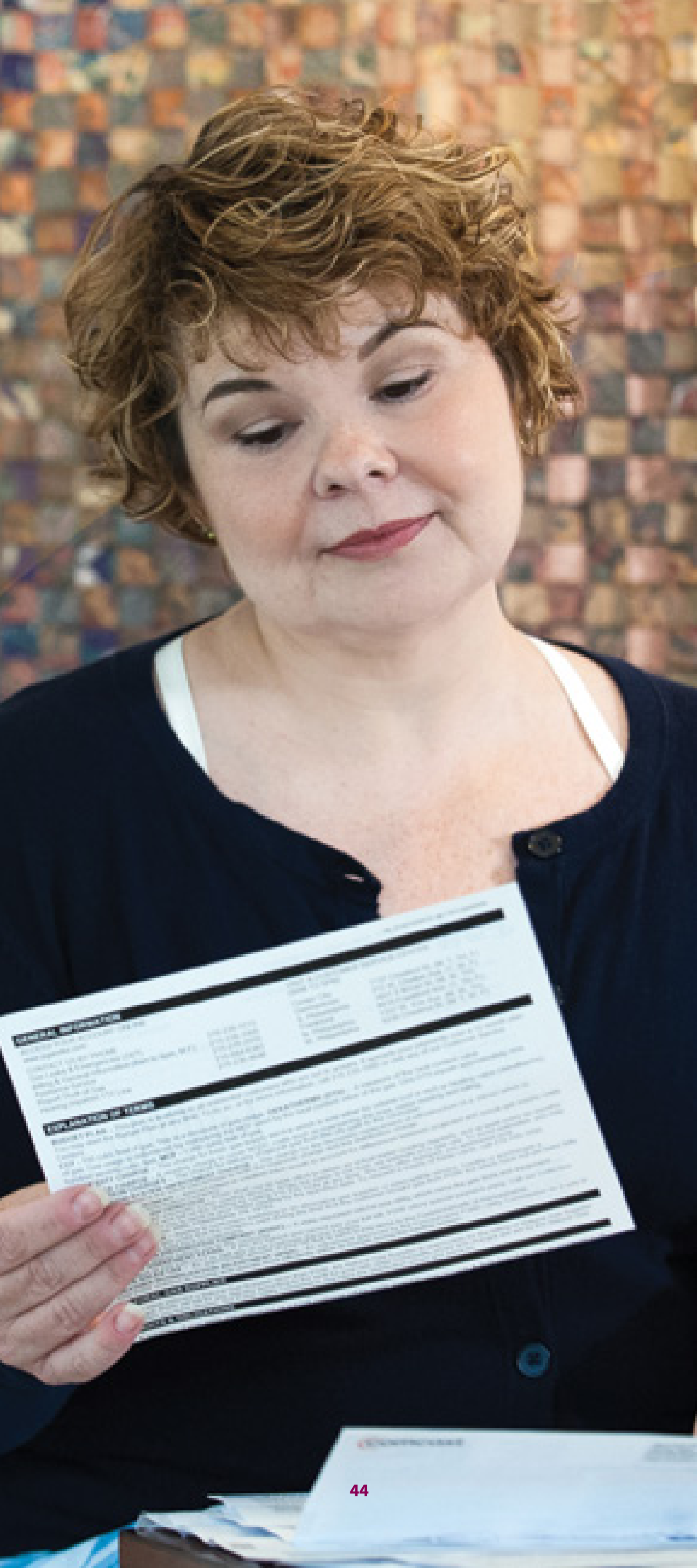
Coping with your fears may help you find a sense of peace and power in a world that seems so unsure after a cancer diagnosis. Addressing your worries will enable you to grow and learn about yourself. Facing your concerns head on will help you take control of them, which is the most important step for moving forward. As time passes, you will cope more easily.

> "Cancer has changed my perspectives, and I no longer take anything for granted, including good health."
>
> —KELLY

Even if you soothe your fears, you may be afraid they will return. To manage your anxieties, continue with the things you did to cope in the past, and use this guide to develop new coping skills.

Acknowledging and taking control of your fears doesn't mean they will go away completely. You might still have them, but you will be able to name and live with them, the same way you're learning to live with a history of breast cancer as part of your life. Integrate your emotional history into your life after treatment so that you can continue to manage and take control of your fears.

If you need to talk with someone about your concerns or you want suggestions on moving forward, get matched with a volunteer through our **Breast Cancer Helpline** at **lbbc.org/helpline** or call toll-free at **(888) 753-5222**.



Resources

Words to Know

2-week rule. If you have a symptom for longer than 2 weeks, call your doctor about it.

BRCA1/BRCA2. Two naturally occurring genes that normally help suppress cell growth. Mutations to either *BRCA1* or *BRCA2* increase a person's risk of developing breast and ovarian cancers, as well as others.

Clinical trials. Research studies in humans that are used to find new and better treatments.

Fear of recurrence. Fear of the cancer coming back.

Genetic counselor. A healthcare provider trained to weigh the risks and benefits of genetic testing and to educate people about genetic test results.

Genetic testing. Tests that look for mutations in your DNA that may have made developing breast cancer more likely.

HER2-positive. When cancer cells make too much of a protein called HER2 that controls how cancer cells grow, divide, and repair themselves.

Hormonal therapy. Medicines that lower the amount of estrogen in the body or change the way the body reacts to estrogen.

Hormone receptor-positive. When breast cancer cells grow in the presence of the hormones estrogen or progesterone.

Mastectomy. Surgery to remove the entire affected breast or breasts after a breast cancer diagnosis.

Mutation. A change, or error, in DNA. Some mutations make developing breast cancer more likely.

Reconstruction. Surgery to rebuild the breast after breast cancer surgery.

Second primary breast cancer. A new breast cancer unrelated to the first one.

Survivorship care plan. A written report with details about your breast cancer treatment, follow-up care, and how to maintain your health.

Targeted therapy. Medicines that identify and attack specific cancer cells throughout the body.

Triple-negative breast cancer (TNBC). A type of breast cancer that grows without the help of the hormones estrogen or progesterone, or the HER2 protein.

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