

# Young and Strong



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# Welcome to Young and Strong,

a program for young women with breast cancer. We have created these materials to focus on **YOU**, a young woman with newly diagnosed breast cancer.

You may feel scared and overwhelmed right now, but know that you can live a full and active life during and after breast cancer treatment!

Your doctor, nurses, and other care providers will help you understand the specifics of your breast cancer diagnosis. They will also go over your treatment options and help you make a plan. Young and Strong will give you extra information *beyond* this.

As a young woman, your questions and issues may be different from those of a woman who is older when she's diagnosed. Your interest in some of these issues, such as future fertility or genetics, may affect your treatment decisions. Young and Strong is designed to help you understand and manage these and other concerns.

Young and Strong is not meant to cover every issue you may face, but it can help you understand what the questions are and where to go for answers and support. If you have any study-related questions, please contact us using the information below.

On behalf of the Young and Strong study team, thank you.



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# Why did this happen?

Was it genetics, my environment,

**WOMEN WITH BREAST CANCER OFTEN ASK,** “Why did this happen to me?” Some find the answer in a family history of cancer, which is the strongest risk factor for developing breast cancer at a young age. Some breast cancers have a hormonal link, while some women get breast cancer because they were exposed to a carcinogen (cancer causing agent), such as radiation. For most women, though, there is no clear answer.

Younger women are at much lower risk of developing breast cancer than older women, but it is diagnosed in women of all ages.

## Family history

The biggest risk factor for developing breast cancer at a young age is family history. This is especially true if a close relative (mother, father, sister, daughter) had it at a young age. About 15% to 20% of all breast cancers seem to have a family link. About 10% of breast cancers in younger women are the result of inherited *mutations* (changes) to genes called BRCA1 and BRCA2. A woman who has certain mutations of these genes can have a 50% to 85% chance of developing breast cancer in her lifetime. She also has a higher risk of ovarian cancer.

Women more likely to carry one of the BRCA mutations include those who:

- are diagnosed with breast cancer at a young age
- have a personal or family history of ovarian cancer
- have had breast cancer in both breasts
- are from certain ethnic backgrounds, such as Dutch or Ashkenazi Jewish ancestry

# bad luck, or what?

All young women with breast cancer should consider testing for BRCA1 or BRCA2 mutations. On rare occasions, they might also choose to be tested for other genetic disorders that increase risk. Your doctor or a genetic counselor can help you decide which, if any, tests are right for you.

## Genetic counseling and testing

If you think the results of genetic tests might affect decisions about your treatment, you should probably undergo genetic counseling and testing early on. For example, if your treatment includes breast surgery and you learn that you have a genetic mutation, it means you are also at higher risk of developing new breast cancers in any breast tissue that remains after the surgery. To address this increased risk, some women choose to have additional surgery. They might have both breasts removed, or have their ovaries removed if they don't plan to have children (or any more children).

Every woman's situation is different. Talk with your doctor about whether genetic counseling and testing is right for you, and if so, when it should be done.

Visit [www.youngandstrong.org](http://www.youngandstrong.org) or ask your doctor for more information.



# Coping

Being diagnosed with breast cancer can bring up a wide range of emotions.

**IT'S NORMAL** to go through stress, denial, guilt, fear, and anxiety, and to feel like you've lost control. Allow yourself to feel whatever comes up, and make sure you have a strong support network.

## Comfort and support

Support can mean many different things, but it usually involves staying connected to others. Family and friends can help, as well as the people you meet in one-to-one programs, or through work, hobbies, or leisure activities. You might connect with others through your spirituality or faith. All of these people can listen to your concerns and share experiences.

Professionals can also be a vital source of support. They can help you learn more about breast cancer, about treatment options, and what to expect. The important thing is to try not to go through this experience all alone.

- Don't be afraid to ask for help when you need it and accept it when it's offered. Just be sure you're saying yes because it will really help you, not because it will make the helper feel better.
- If family and friends want to help, let them. They can pitch in with errands, housework, meals, and childcare.
- If you usually work through things by yourself, think about expanding your circle.
- Look for opportunities to express your feelings and share the weight of your diagnosis with others going through the same thing. Most women find this essential.
- Websites and online discussion groups can be helpful, but try not to read too much. There's a

lot of inaccurate and misleading information out there. Go to trusted sites, and only read what's helpful to you! (See "Resources" on page 23.)

- Trust yourself to find comfort in ways that work for you.

## Control

Some women diagnosed with breast cancer feel a loss of control over their lives. Some feel overwhelmed by all the decisions they have to make. This is normal. Knowing what to expect is key to staying in control. Learn as much as you can (or as much as you want to) about breast cancer, and learn how to advocate for yourself. In addition:

- Build an honest, open relationship with your doctor. Ask about clinical trials, treatment options, and potential side effects. Working as a team will help you trust each other. Remember, doctors can make treatment *recommendations*, but you will need to make *decisions* together.
- Work with your doctor to include other professionals in your team. Social workers or counselors can listen and lend a shoulder. They can teach you how to manage breast cancer issues and how to cope with your feelings.
- Continue to do everything you can in your daily life—at your own pace. You may find stability in going to work every day or by keeping your

daily routine as normal as possible. Today, you might be able to manage household chores, errands, grocery shopping, or childcare just fine. However, if these things get tougher over time, ask for help!

## Asking for help

Be specific about what you need. For example:

- Instead of saying, “Can you come with me to some doctors’ appointments?” say, “I have appointments every other Tuesday at 10. Which Tuesdays work for you?”
- Let a friend set up a schedule for meals, dog walking, etc. ([www.lotsahelpinghands.com](http://www.lotsahelpinghands.com)).
- Tell people about specific days when they could cook or bring in meals for you.
- Ask a close relative or friend who lives nearby to pick up your child from school on days when you have medical appointments.

## Concerns about side effects

The goal of breast cancer treatment is to offer you the best possible chance of long-term health. However, treatments often have side effects, and each woman experiences them a little differently. Some side effects come and go quickly, while others last longer.

Your clinical care team will review the risks and benefits of recommended treatments in detail. Talk with them about your concerns and how to manage the side effects that worry you the most. Treatment often causes short-term symptoms and can (rarely) cause serious problems. The benefits of treatment usually far outweigh the risks.



## Silver linings

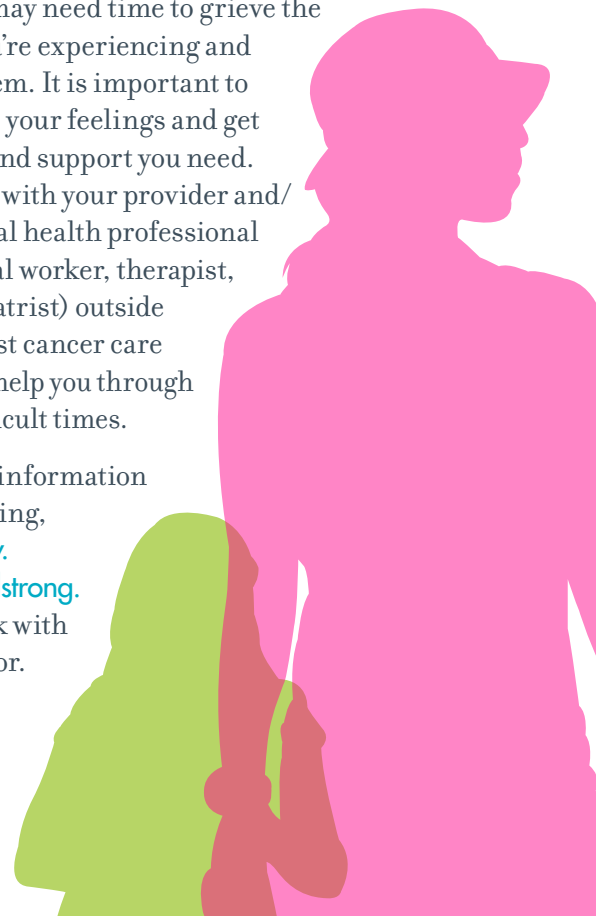
Being diagnosed with breast cancer can be a devastating experience for some women, especially in the beginning. Over time, however, things will calm down, and you will move forward and likely feel better. Some women even find that positive things come from their experience.

Many survivors say that, in time, their diagnosis has given them a new appreciation for life or the courage to make changes they might not otherwise have made. Some say support networks have had a profound impact on them. Some make new friendships, rekindle old ones, and find unexpected inner strength. Many survivors even channel their positive energy to help others cope with breast cancer.

## Grief and loss

Breast cancer and its treatment can change your body and your life in ways that make you angry or sad. You may need time to grieve the losses you’re experiencing and accept them. It is important to recognize your feelings and get the help and support you need. Speaking with your provider and/or a mental health professional (e.g., social worker, therapist, or psychiatrist) outside your breast cancer care team can help you through these difficult times.

For more information about coping, visit [www.youngandstrong.org](http://www.youngandstrong.org) or talk with your doctor.





# Having children

**MANY YOUNG WOMEN** with breast cancer wonder how cancer and its treatment will affect their *fertility* (ability to become pregnant).

Considering pregnancy after a breast cancer diagnosis can be very difficult for a woman and her loved ones. If she does decide to try to get pregnant, it may be harder after breast cancer treatment than it otherwise would have been.

This section answers some of the most common questions on this topic. It can also be helpful to speak with your cancer doctor, a fertility expert, a social worker, or another counselor.

## Safety

*Is it safe for me to become pregnant after breast cancer?*

Yes, we believe it is safe. Studies show that becoming pregnant after your breast cancer treatment ends does not increase your chances of dying from breast cancer. However, studies are limited and some experts remain concerned. It is important to remember that women with a history of breast cancer are still at risk of *recurrence* during and after a pregnancy. (Recurrence means breast cancer coming back in the breast area or in other parts of the body.)

*Is it safe for my future child if I become pregnant after breast cancer?*

Yes. Your history of breast cancer treatment should not increase the risk of birth defects in your future child(ren). This is true as long as treatment medications have been out of your system for at least three to six months before you get pregnant.





# after breast cancer

Exposure to both chemotherapy and hormonal therapy during pregnancy can cause birth defects to a *fetus* (unborn child), especially during the first trimester. We strongly recommend that you use contraception to avoid getting pregnant during these treatments.

If you think you might want to get pregnant after your treatment is done, be sure to talk with your doctor as early as possible.

## Treatment and its effect on fertility

Each woman's situation is different. Talk with your doctor about your disease, the best treatment options, and what fertility means to you. You should also discuss whether to be proactive about preserving your fertility through treatment. A fertility specialist can do tests to see if you are likely to be able to get pregnant or not. For more information, read "Protecting Fertility" on the next page.

The two main treatment options for young women with breast cancer are hormonal therapy and chemotherapy.

## Hormonal therapy

Hormonal therapies, such as tamoxifen, do not damage the ovaries, although they can make periods irregular. Over the standard five years of treatment that's recommended, however, your fertility will decrease naturally.

For example, if you are diagnosed at age 30, you will be less fertile at 35, with or without hormone therapy.

Some women decide to stop hormonal therapy early, so they can try to become pregnant. This may reduce the potential benefits of completing the treatment. Talk with your doctor to weigh the benefits and risks.

## Chemotherapy

Chemotherapy *does* damage the ovaries directly and reduces fertility. Some types are more damaging than others. While some women continue to have regular cycles throughout chemotherapy treatment, many may experience *amenorrhea* (ay-MEN-eh-REE-uh)—when menstrual periods stop temporarily—or menopause, when periods stop permanently.

Sometimes periods re-start when chemotherapy ends, especially in women 40 or younger. Sometimes they do not re-start. The older you are, the more likely you are to experience full menopause and/or infertility after chemotherapy.

Most current studies show a strong relationship between long-term amenorrhea and *infertility* (not being able to get pregnant). However, if a woman has amenorrhea after cancer treatment, it does not necessarily mean she is infertile. On the other hand, if a woman does have menstrual periods after breast cancer treatment, her ovaries might still be damaged, and she may be infertile.

For more on sex and menopause, see pages 14 and 15. You can also speak with your doctor or visit the "Fertility" section of the Young and Strong website, [www.youngandstrong.org](http://www.youngandstrong.org).

# Protecting fertility

**IF YOU THINK** you might want to become pregnant in the future, talk with your doctor. Some fertility procedures may require you to make decisions and take action fairly quickly, to avoid delays in your cancer treatment.

You should decide if you want to see a fertility specialist soon, or if you want to wait and think more about your options.

Some procedures may increase your ability to have a future pregnancy. However, each one has risks and considerations. For example:

- some are expensive and unlikely to be covered by insurance
- some are highly experimental and may pose additional risks to you
- some are only available in a few locations

None of the following methods guarantee pregnancy, but one of them might be just right for you. Talk with your doctor and a fertility specialist to make a plan.

## Cryopreservation

*Cryopreservation* (cry-oh-prez-er-vay-shun) refers to procedures that involve freezing.

### Freezing a fertilized egg (also called *embryo freezing*)

1. A fertility doctor gives you hormones to make your ovaries produce lots of eggs.
2. The unfertilized eggs are removed from your body then fertilized with a man's sperm (from a partner or a donor).
3. Fertilized eggs (*embryos*) are frozen and stored for later use.
4. After your breast cancer treatment is over, embryos can be thawed and put into your uterus or someone else's (a *surrogate*).

### Freezing an unfertilized egg

1. A fertility doctor gives you hormones to make your ovaries produce lots of eggs.
2. The unfertilized eggs are removed from your body, frozen, and stored for later use.
3. After your breast cancer treatment is over, the eggs can be thawed and fertilized with sperm.

*Note:* This method is much less successful than embryo freezing. However, if you don't have a male partner now and don't want to use a sperm donor, this may be right option for you.



### Freezing ovarian tissue

1. Before your cancer treatment begins, a piece of your ovary is removed and frozen. This helps to protect the tissue from damage during chemotherapy.
2. Once your treatment is done and you are ready to try to get pregnant, the tissue is put back in your body.

*Note:* This method is highly experimental and there have been only a few successful pregnancies to date using this technique.

### Medical ovarian suppression

You get hormone shots during your cancer treatment to shut down your ovaries. This may protect them from damage by chemotherapy.

*Note:* This option is still being studied. We do not know for sure if the injections can help protect you from ovarian damage or future infertility.

### Donor options

#### Donor eggs or oocytes (oh-oh-sites), after breast cancer treatment

1. After you finish your breast cancer treatment, you can use eggs donated by another woman if you become infertile.
2. These eggs are fertilized with a man's sperm (from a partner or a donor).
3. The resulting embryo is put into your uterus.

#### Donor embryos

1. After you finish your breast cancer treatment, you can use a fertilized embryo from an egg donor and sperm donor if you are infertile.
2. The donated embryo is put into your uterus.

### Other options

Other ways to bring a child into your life after breast cancer include:

- adoption (domestic or international)
- adoption from within the foster care system
- sponsoring foster children

### Grief, acceptance, and moving forward

Fertility after breast cancer can be a very difficult issue. Perhaps you were planning to have a child soon. Maybe you've been told to wait or that pregnancy may not be possible in the future. Dealing with this potential loss can lead to intense emotions, like sadness and anger. It may take time to adjust and accept your situation, but be patient with yourself. Getting good, clear information and a realistic sense of what may or may not be possible often helps. Speak to your provider about your concerns. Find a counselor, a therapist, or other women who have been through this process.

For more on coping, see page 6, go to [www.youngandstrong.org](http://www.youngandstrong.org), or visit the "Resources" section at the back of this booklet.

# Lose the cancer, not your style!

## Beauty during and after breast cancer

**TREATMENT FOR BREAST CANCER** may change the way you look, which in turn can affect how you feel about yourself. You might have feelings of loss, sadness, or stress. But take heart. There are many ways to soften the impact of these changes, to look and feel better.

### **Hair loss and head covers**

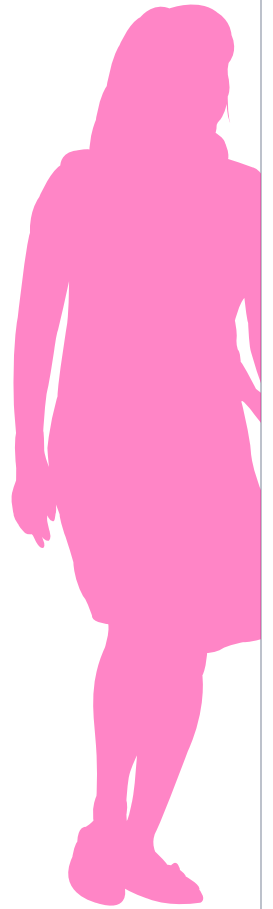
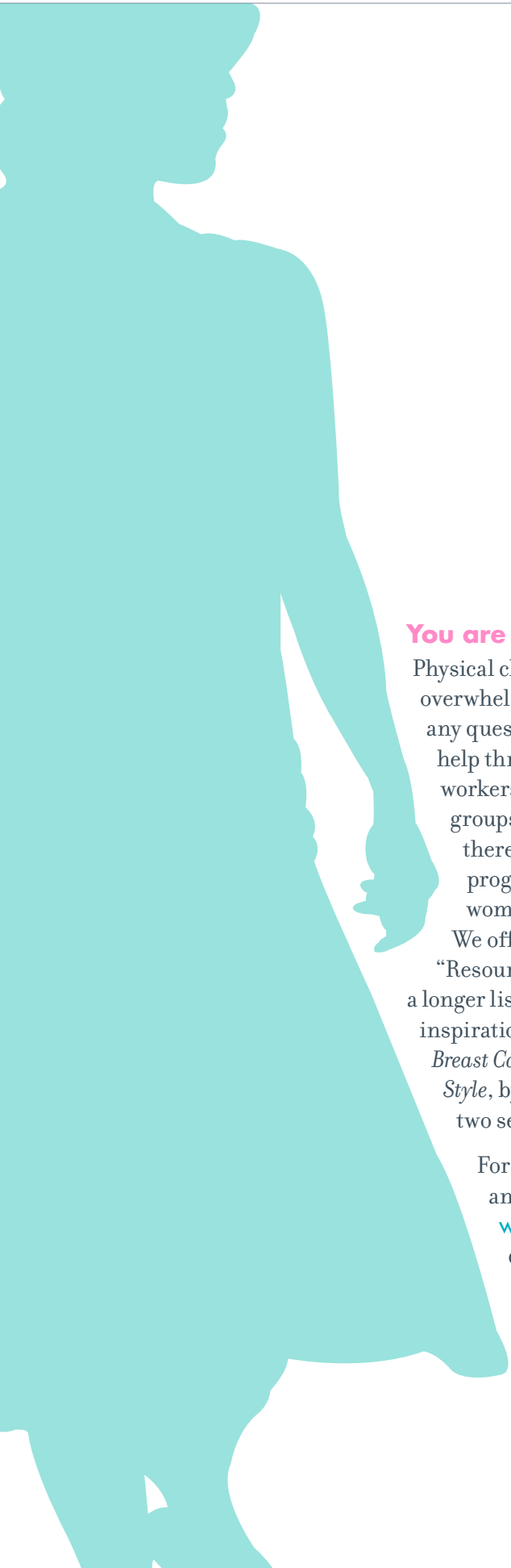
For many women, hair loss can be one of the hardest parts of cancer treatment. Most insurance companies will cover the cost of a wig. If you expect to lose your hair, get yourself a wig, or a great hat or scarf. Any of these can help you feel better and express your personal style.

Chemotherapy can also cause you to lose your eyelashes and eyebrows. Some women find that special makeup techniques and false eyelashes make them feel more like themselves.

### **Mastectomy**

If it's part of your treatment, breast removal (*mastectomy*) can be a major change to your body and how you feel about it. Reconstructive breast surgery helps many women feel better about their appearance and help clothes fit better.

If you are thinking about a mastectomy, be sure to talk about reconstruction options with a plastic surgeon. If you choose not to have reconstruction or need to delay reconstruction, you can ask your doctor to prescribe a *breast prosthesis* (a fake breast, which fits inside a special bra) in the meantime.



### You are not alone

Physical changes caused by treatment can be overwhelming. But you are not alone. Discuss any questions or issues with your doctor. Get help through your clinic; talk with social workers, women in breast cancer support groups, and survivors who have “been there and done that.” Make use of national programs that provide makeup tips for women undergoing cancer treatment. We offer a few of these programs in the “Resources” section of this booklet and a longer list on the website. For even more inspiration, read *You Can Do This! Surviving Breast Cancer without Losing Your Sanity or Your Style*, by Elisha Daniels and Kelley Tuthill, two seasoned survivors.

For more information, visit the “Beauty and self-image” section of our website, [www.youngandstrong.org](http://www.youngandstrong.org) or ask your doctor.



# Sex and intimacy

**BREAST CANCER AND ITS TREATMENT** can lead to a variety of issues related to sexuality and your body's natural cycles.

You may experience sexual side effects like loss of *libido* (desire) and vaginal dryness. The important thing to know is that there are strategies for dealing with these issues if and when they happen.

## Dealing with sexual side effects

Breast cancer treatments can lower the estrogen levels in your body. This can cause vaginal thinning and dryness, and that can make intercourse uncomfortable. If you have vaginal dryness, use a vaginal moisturizer (like Replens) two or more times a week. Lubricants can also make sex more comfortable. Water-based, unscented lubricants like Astroglide, Liquid Silk, and Sliquid Organics are less likely to cause an infection.

Variations in estrogen levels can also cause breast sensitivity or changes in arousal or desire. If you have some of these changes, be gentle and patient with yourself. If you have a partner, be sure to talk about what is uncomfortable and what feels good.

Also, while you are being treated for breast cancer, you should use contraception whenever you have sex. Choose a contraceptive without hormones, like condoms or a copper IUD.

# Menopause

**INDUCED—PREMATURE—MENOPAUSE** happens when health issues cause your menstrual cycle to stop permanently. Two treatments that can cause this in young women with breast cancer are chemotherapy and *oophorectomy* (oh-oh-for-ECK-tuh-mee), which is surgical removal of the ovaries.

## Menopausal symptoms and premature menopause

Most young women *do not* go through menopause right away with breast cancer treatment, even if they've had chemotherapy.

However, it is helpful to know that even if periods continue, chemotherapy can lower estrogen levels and lead to symptoms of menopause. In addition, medications like ovarian suppression shots, or those that block estrogen (like tamoxifen) may also cause symptoms.

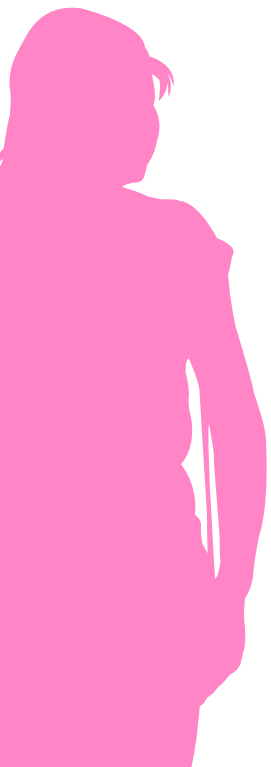
## Managing menopause symptoms

Symptoms of menopause include hot flashes and night sweats, sleep problems, memory problems, depression or anxiety, and urinary and vaginal symptoms.

To manage hot flashes, avoid common triggers like stress, spicy foods, caffeine, and smoking. If you're seeking more restful sleep, keep your room quiet and dark, and try to go to bed at the same time each night. If you are experiencing anxiety or depression, you may benefit from therapy, medication, or a combination of both. Speak to your doctor about any urinary symptoms, and try Kegel exercises, which strengthen the muscles in your *pelvic floor* (muscles that support the organs inside your pelvis).

Getting regular exercise is also an effective way to manage several menopause symptoms: it's good for your mood, helps you sleep better, and helps you reach or maintain a healthy weight.

Visit [www.youngandstrong.org](http://www.youngandstrong.org) or ask your doctor for more information.



# Helping loved ones cope

## Young children

If you are trying to decide when to talk to your child about your diagnosis, trust your instincts. Some parents know that they will tell their kids right away. Some wait until they have more information. Others wait until their children are a bit older to have this talk.

## Decide what your child needs

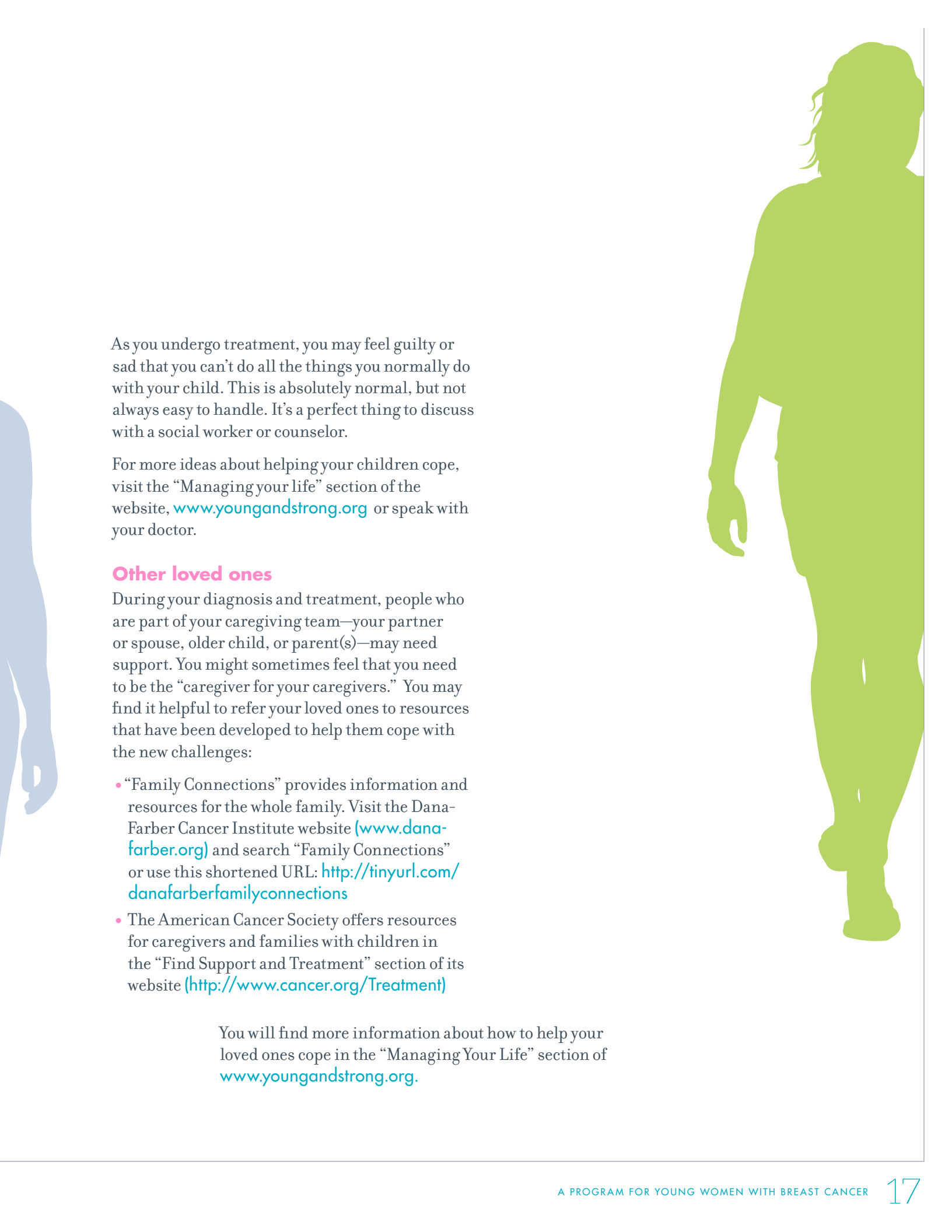
When talking with your child, figure out ahead of time how much you want to share. You don't need to tell kids everything, but what you do say must be the truth. Assure your child that you will answer questions as honestly as you can. If you don't have the answer to a question, say so. But also say that you'll share the answer as soon as you get one. Keep your child informed along the way, and be ready to repeat important information as often as needed.

## Give it time

Your child may not be able to absorb the news of your cancer right away. But it will sink in over time. Be patient and accept his or her reactions. Families often find it helpful to keep things as "normal" as possible. Sticking to your family's regular daily schedule can give your child a sense of stability.

Another way to help your child cope with your diagnosis is to include him or her in the process, especially if your son or daughter is older. You might have a child come with you to a medical visit or help you pick out a hat, if you are going to lose your hair. For younger children, find activities you can do together, like making cards, drawing pictures, or cooking a favorite food.





As you undergo treatment, you may feel guilty or sad that you can't do all the things you normally do with your child. This is absolutely normal, but not always easy to handle. It's a perfect thing to discuss with a social worker or counselor.

For more ideas about helping your children cope, visit the “Managing your life” section of the website, [www.youngandstrong.org](http://www.youngandstrong.org) or speak with your doctor.

### Other loved ones

During your diagnosis and treatment, people who are part of your caregiving team—your partner or spouse, older child, or parent(s)—may need support. You might sometimes feel that you need to be the “caregiver for your caregivers.” You may find it helpful to refer your loved ones to resources that have been developed to help them cope with the new challenges:

- “Family Connections” provides information and resources for the whole family. Visit the Dana-Farber Cancer Institute website ([www.dana-farber.org](http://www.dana-farber.org)) and search “Family Connections” or use this shortened URL: <http://tinyurl.com/danafarberfamilyconnections>
- The American Cancer Society offers resources for caregivers and families with children in the “Find Support and Treatment” section of its website (<http://www.cancer.org/Treatment>)

You will find more information about how to help your loved ones cope in the “Managing Your Life” section of [www.youngandstrong.org](http://www.youngandstrong.org).

# Work and school

Many young women with breast cancer keep working or going to school during their treatment.

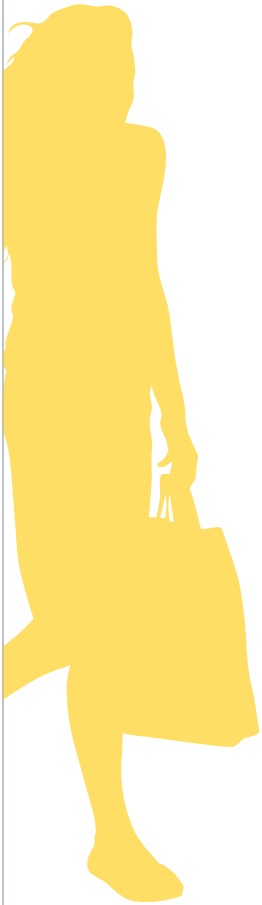
**WHETHER YOU ARE ABLE TO WORK** or go to school depends on your treatments, their side effects, your preferences, and what kinds of activities are involved with your work or studies.

## **Telling your boss and colleagues**

Although you will probably need to tell your boss or supervisor about your diagnosis, there is no right or wrong way to do it. Before you start, decide how much you are going to share—just the diagnosis? Your treatment plan? Other information?

Think about whether you're going to ask for *accommodations* (changes to your work space, equipment, schedule, etc.). If you're not sure yet, say, "Right now I don't know what I will need, but I'll get back to you when I know more."

If you don't want to tell colleagues about your diagnosis, you don't have to. However, co-workers may be a great source of support. People have been known to chip in by raising money, providing personal help, and donating vacation days to their colleagues dealing with cancer.



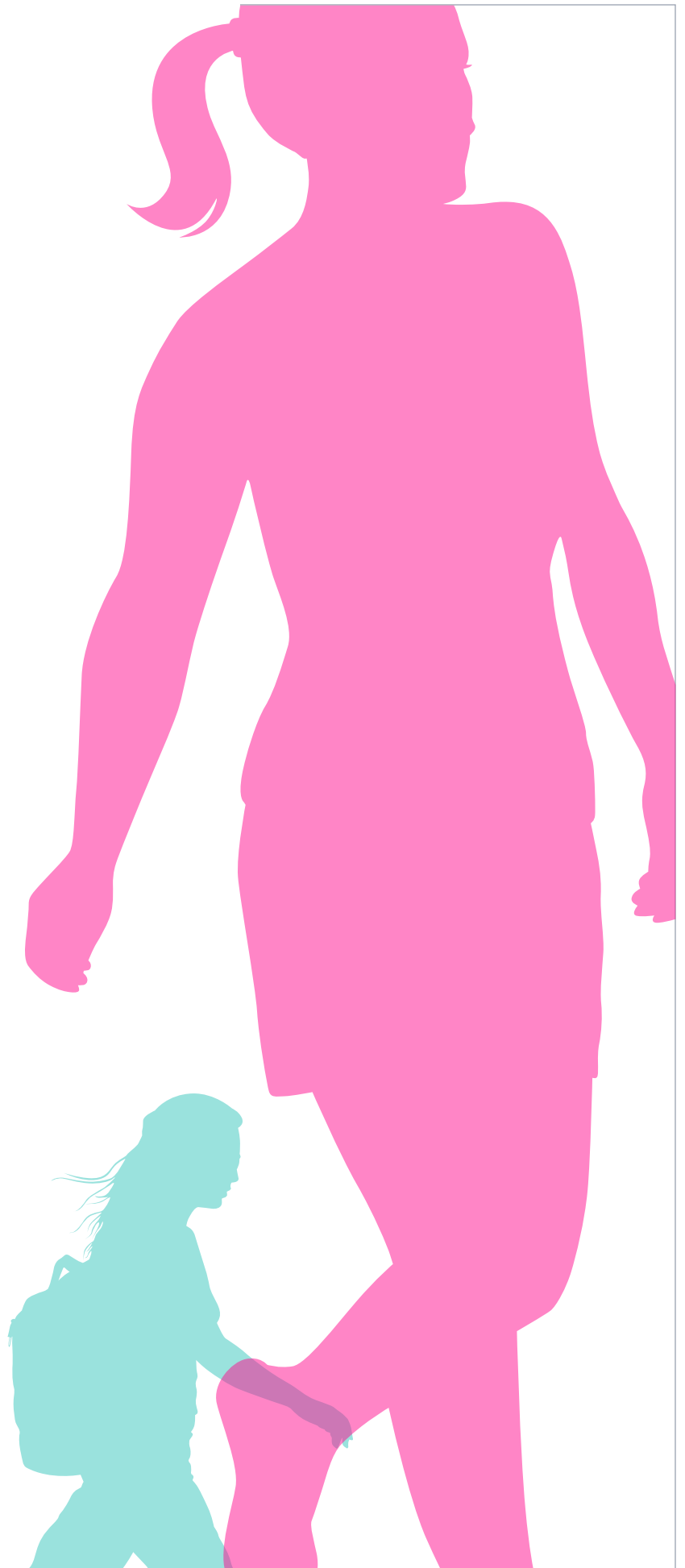
### Asking for accommodations

Federal law requires employers to provide “reasonable accommodations” for anyone who has a disability. According to the ADA, “cancer qualifies as a disability when the disease or its treatment hinders your ‘major life activities.’” Accommodations can vary greatly, depending on a person’s need.

### Legal rights

Under the Americans with Disabilities Act (ADA), cancer can qualify as a disability, on a case-by-case basis. Also, the Family Medical Leave Act (FMLA) of 1993 protects the jobs of people diagnosed with cancer. To qualify, you must have worked for the employer for at least 12 months before the FMLA request and worked more than 1,250 hours in that calendar year. Employers with fewer than 50 employees do not have to follow FMLA regulations.

For much more on these topics, visit [www.youngandstrong.org](http://www.youngandstrong.org) or ask your doctor.



# Healthy living

**LIVING WITH BREAST CANCER** presents many challenges. It can affect your body, your mind, and the ways you look after yourself and others.

In general, you should follow the same healthy-living guidelines recommended to *all* women. For example:

- maintain a healthy weight
- eat lots of fruits and vegetables
- avoid fatty foods
- be physically active
- don't smoke

You should also be aware of healthy-living recommendations just for women with breast cancer.

## Weight

Women tend to gain weight with chemotherapy, probably because the effects of chemotherapy can make it hard to stay active. Some evidence shows a link between weight gain and breast cancer recurrence.

If you are overweight when you're diagnosed or gain weight after that, you may have an increased risk of cancer recurrence. As a result, doctors recommend that women with breast cancer try to get to an ideal weight and maintain it.

## Diet and nutrition

A well-balanced diet can help you stay healthy during and after treatment. It can also help you keep your energy up during chemotherapy and radiation.

Young women with breast cancer—like all women—should eat a diet high in fruits and vegetables and low in fat. It's unclear whether eating a certain amount of fruits and vegetables can reduce your cancer risk. It is clear that fruits and vegetables are good for you in general.



You should also be sure to eat healthy (complex) carbohydrates, rather than less healthy (simple) ones. Complex carbs include whole-wheat pasta, brown rice, and legumes like black beans and lentils. Simple carbs include things like cakes, pies, cookies, white rice, and pasta. Along with regular exercise, eating well can help you reach and stay at a healthy weight. In addition, women with breast cancer should pay special attention to several specific types of food and drink.

**Soy.** Soy-based products are a good source of protein. But, soy foods (e.g., soy milk and tofu) often contain *isoflavones* (eye-so-FLAY-vonz). These substances affect the body like a weak dose of estrogen. High levels of estrogen have been linked to increased breast cancer risk.

Some studies suggest that high doses of soy can increase the growth of breast cancer cells. Others suggest that soy products may inhibit it. Research is limited on the subject. It is not clear whether or not the amount of soy a woman might eat in a day can cause breast cancer to grow.

The current recommendation is that it's probably OK to eat or drink soy products **in moderation**. But, you should avoid high amounts of soy isoflavone, including *supplements*, such as concentrated pills or powders.

**Vitamin D.** Studies show that women with breast cancer often have low levels of vitamin D, and researchers are studying why. Low vitamin D levels can contribute to bone thinning and *osteoporosis* (OSS-tee-oh-puh-RO-suss), a disease that causes fragile bones. Some early studies suggest that low vitamin D may also contribute to breast cancer risk.

Women should take a vitamin D supplement, but there is disagreement about how much. Current guidelines recommend 400 IU (International Units) to 1,000 IU per day. Most over-the-counter multivitamins contain this range, but you should talk with your doctor about what's right for you.

You should also be sure to get the recommended amount of calcium, because it helps your body process vitamin D. Before menopause, women should get 1,000 mg of calcium per day. After, they should get 1,500 mg per day.

**Alcohol.** If you drink alcohol, do so **in moderation**. Drinking alcohol seems to increase a woman's risk of breast cancer, but no one is sure why. Some researchers believe women who drink a lot of alcohol may have high levels of estrogen in their blood, and high estrogen levels have been linked to increased breast cancer risk.

Several other studies have explored whether women who drink alcohol after breast cancer have a higher risk of breast cancer recurrence. However, the results are inconsistent. Most studies *do not* show a clear link between drinking alcohol and breast cancer recurrence. However, we still have a lot to learn about the subject.

In addition, young women with breast cancer sometimes go through early menopause, which may raise their risk of heart disease slightly. Alcohol has been shown to protect against heart disease.

Given these competing risks, you should only drink alcohol in moderation (if you drink it at all). On average, this means having no more than 1 serving of wine, or the equivalent, per day.\*

\* A full serving of alcohol is 12 ounces of beer, 5 ounces of wine, or 1.5 ounces of hard liquor.

Also, if you drink alcohol, getting enough of the vitamin folic acid (also called folate) in your diet may help. It may offset the potentially increased risk of breast cancer associated with alcohol use. The recommended daily allowance of folate is 400 mcg (micrograms) per day.

### Physical activity

It may seem strange to think of it this way, but a breast cancer diagnosis can actually give you a chance to grow stronger and live a healthy life. You can make a positive impact on your health right now—by being physically active.

### Why exercise is wise

Research suggests that women tend to exercise less after being diagnosed with breast cancer. There may be many good reasons for this. You may be tired, depressed, or just generally not feeling well. But studies tell us it's important to keep up an exercise routine. This is particularly true for young women with breast cancer, because they are more likely to gain weight during treatment.

Also, young women with breast cancer who go through early menopause are at a higher risk of other health problems, like bone loss and heart disease. Heart disease is the number-one cause of death in women, but regular exercise can help prevent it.

Cancer experts agree that physical activity is one of the keys to good health, both now and in the future. The two main recommendations they make for young women with breast cancer are:

- If your treatment includes surgery, get back to your normal daily activities as soon as possible after surgery.
- If you are *not* having surgery, keep up as many of your daily activities as you can (including exercise) during and after your treatments.

### What kind of exercise?

Exercise is good for everyone. Now that you have been diagnosed with breast cancer, it may be even more important.

If your doctor says exercise is OK, you should get a good amount of moderate, aerobic (cardio) activity during and after your treatment for breast cancer. *Aerobic activity* is any exercise that makes you breathe a little heavier and get a little bit sweaty. Heavier breathing means your body is working harder. This is good for your heart and lungs.

Several studies show that women who exercise after breast cancer feel better and stronger than women who don't. Researchers think that physical activity may even decrease the risk of recurrence in women with breast cancer, but they're not sure. A few new studies have found that women who got 3 or more hours of aerobic activity every week were less likely to have their cancer return (up to 50% less likely).

It may be the exercise that is lowering the risk and causing these women to do better. But there could be other differences between the women who exercised and those who didn't. For example, women who exercise regularly might also be more likely to take all of their tamoxifen pills or eat better.

Experts recommend that all women (with or without a history of breast cancer) get:

- **150 minutes or more** of **moderate**-intensity aerobic activity **each week** (e.g., brisk walking) or
- **75 minutes or more** of **vigorous** aerobic activity **each week** (e.g., running or spinning)

Remember, there is no substitute for your doctor's input. Always check with your health care provider to make sure these general recommendations are right for you. For more information, visit [www.youngandstrong.org](http://www.youngandstrong.org).

Young and Strong is designed to help you navigate the often tricky path of dealing with breast cancer. Reputable information and guidance is also available through many other websites, books, support groups, and organizations. We hope these resources, along with the information in this booklet and/or the website, will help to smooth the road for your journey.

## General support for young women with breast cancer/Coping

**Susan G. Komen for the Cure** Up-to-date information on breast cancer risk factors, early detection, screening, diagnosis, treatment, and support.  
[ww5.komen.org/breastcancer/understandingbreastcancer.html](http://ww5.komen.org/breastcancer/understandingbreastcancer.html)

## Young Survival Coalition: Newly Diagnosed

**Resource Kit** An information kit to help young women with newly diagnosed breast cancer fight feelings of fear and isolation, and to foster connection, support, and hope.  
[www.youngsurvival.org/programs/kit](http://www.youngsurvival.org/programs/kit)

## ASCO (American Society of Clinical Oncology)

Oncologist-approved cancer information.  
[www.cancer.net](http://www.cancer.net)

**Living Well Beyond Breast Cancer** by Dr. Marisa Weiss. New edition ©2010.  
[www.breastcancer.org/about\\_us/press\\_room/press\\_kit/lwbbc.jsp](http://www.breastcancer.org/about_us/press_room/press_kit/lwbbc.jsp)

## Genetics and family history

**Force (Facing Our Risk of Cancer Empowered)** The only national nonprofit organization devoted to hereditary breast and ovarian cancer. They offer support, education, advocacy, and more for people with a BRCA mutation or a family history of cancer.  
[www.facingourrisk.org](http://www.facingourrisk.org)

## National Institutes of Health—Genetics Home

**Reference** Consumer-friendly information about the effects of genetic variations on human health.  
[www.ghr.nlm.nih.gov](http://www.ghr.nlm.nih.gov)

## Fertility

**FertileHOPE** Information, support, and hope for cancer patients and survivors whose treatments may reduce fertility or cause infertility.  
[www.fertilehope.org](http://www.fertilehope.org)

**My Oncofertility** A patient education website created and sponsored by fertility researchers and scientists at Northwestern University.  
[www.myoncofertility.org](http://www.myoncofertility.org)

## Beauty/Sex/Menopause

**Reach to Recovery program** This program from the American Cancer Society provides support for cancer patients from cancer survivors.  
[www.cancer.org](http://www.cancer.org)

**You Can Do This! Surviving Breast Cancer Without Losing Your Sanity or Your Style** by Elisha Daniels and Kelley Tuthill, ©2009. Available through Barnes & Noble and Amazon.com.

## Helping children cope

**Family Connections** A resource program of Dana-Farber Cancer Institute designed for parents with cancer and their families.  
[www.dana-farber.org/pat/support/familyconnections](http://www.dana-farber.org/pat/support/familyconnections)

**Kids Connected** A cancer support and education site founded on the premise that when a parent gets cancer, the whole family is affected, especially the children.  
[www.kidsconnected.org](http://www.kidsconnected.org)

## Work and school

**Americans with Disabilities Act (ADA)** Information and technical help on the Americans with Disabilities Act.  
[www.ada.gov](http://www.ada.gov)

**Family Medical Leave Act (FMLA)** Information about the Family Medical Leave Act of 1993.  
[www.dol.gov/whd/fmla](http://www.dol.gov/whd/fmla)

## Healthy living

**American College of Sports Medicine (ACSM)** Promotes healthier lifestyles for people around the globe, through information about sports, sports medicine, and exercise science.  
[www.acsm.org](http://www.acsm.org)

**Gmaps Pedometer** Google's online tool for mapping walks anywhere in the US.  
[www.gmap-pedometer.com](http://www.gmap-pedometer.com)

## LIVESTRONG at the YMCA

A program that helps people affected by cancer reach their health and well-being goals.  
<http://www.livestrong.org/What-We-Do/Our-Actions/Programs-Partnerships/LIVESTRONG-at-the-YMCA>

**Young**  
**and Strong**

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