Speaker 1: A diagnosis of breast cancer can cause a life-changing ripple effect of impact affecting those we love the most, and those upon whom we lean for comfort and strength in the most challenging of times. My name is Ashley Hurley. I'm the CEO O of Breast Cancer, Ireland, and you're listening to More Than A Lump, a podcast where we discuss the personal experiences of our guests with breast cancer. As we conclude this third season, and take a little pause, we thought it would be a good idea to look back and reflect on some of the standout moments throughout this past season. We have had the privilege of talking to a diverse group of guests about their experiences with breast cancer, from the emotional impact of the diagnosis to the practical aspects of treatment and recovery. We've explored it all through these conversations. One thing was very clear. Breast cancer is more than a lump. It has the power to impact every aspect of a person's life and the lives of those around them, including their families, their relationships, and their own hopes for the future. But what our guests also taught us is that we are stronger than we know resilience, power, and hope can be found in the face of adversity.

Speaker 1: Before we begin, we'd like to thank our sponsors Care Plus Pharmacy, for their support throughout this season. As Arlen's leading community pharmacy brand, they offer expert advice and services to help people lead healthier and happier lives. In the first episode of this third season, we took a look back at the year that was, and we shared our plans for the year ahead. Then we jumped straight into a great conversation with mental health advocate, Nile, Breslin, brei, as you all know him, who shared his personal experience of facing his own health challenge. And he gave us some great tips on using our breath as our superpower.

Speaker 2: So when you're, you are overwhelmed, right? Mm-hmm. Here's the key is you need, you need to get out of your head the last place you want to be. When the mind is running, riot is in the mind. It isn't gonna solve their problems yet. Mm-hmm. <affirmative>, it's skip, get into the body. So what I do is I started, I, so, and you can't see this, what do you might the camera there, but I start rolling my finger, my thumb and my finger, uh, beside my thumb. See the next finger, isn't it? Mm-hmm. <affirmative>. Start rolling the two of 'em together really fast, and I start pretending. That's my mind. It's really busy. Really, really busy. Look how fast my mind is. So you're acknowledging you have a busy mind and you start to breathe. And really what you're trying to do is just be wary of the contact between the two fingers.

Speaker 2: Just focus on the contact between the two fingers and breathe. And you're really just focus. And then start to slow it down. Start to slow the circles down, as if the mind, you're, you're actually asking the mind to slow down when you're getting outta the body and into the, into the, out the mind, into the body. And you can do this when you're lying in bed. If you wake up in the middle of the night, if you're, if you're having a bit of a night nightmare, acknowledge the mind is busy. Mm-hmm. <affirmative>, don't pretend otherwise, and but to start to slow it down. But what you're doing is you're getting into the body and that's slowing down the brain. Yeah. The brain's getting into what we call the neocortex, which is the rational thinking you're getting out of the Olympic system. Yeah. Or the amygdala hijack.

Speaker 2: I know this is all a bit, you know, brainy, but it's good to know this stuff. And the other one I do that is really effective is when you're lying in bed, take 20 breaths and with each breath, imagine the body getting heavier and heavier and heavier and heavier. I mean, you're bed into the bed now you're, you're like led by the 20th. You're sunk, you're sunk into the bed. Then take 20 breaths and imagine the body getting lighter and lighter and lighter and lighter until you're almost floating. There's 40 breaths and you're focusing on the weight and the light. And what you're doing is you're getting out, you're getting into this present moment functionally, and you're stopping this overwhelmed. So the next time you feel overwhelmed and you go, might that work for me last time? Yeah. I can use that again. Mm-hmm. <affirmative> and I can use that again.

Speaker 2: You're going for lunch with your kids and you don't get, you know, and it's an hour and you're putting all this pressure on yourself. I, you know, going for lunch with the kids, they're probably worried about me. I have to do all this stuff and I have to make sure just get present with them. Yeah. Get present with them by doing these types of techniques. And the last breath that is, I call it the tranquilizer breath. Um, which is probably a terrible name for it, but it's because it really makes me sleepy and it makes me very, very, very relaxed. So I have two more breaths. I can give you way too much. 4, 7, 8, breathing. Breathe in for four, hold for seven and out for eight. And do that 10 times. And you will feel like slightly drunk. It's the best way to describe it. You're all this oxygen going through the brain. You're becoming very functionally present. And it's just enter the nose for four, hold for seven, and now for eight,

Speaker 2: Even doing that, I feel when Tommy feels relaxed, 10 of them. So start building these into your every day. And the other one is cadence. Breathing, slow your respiratory rate down to, to six breath a minute. So we usually take about 14 breaths, 16 breaths a minute. If you're anxious, you're gonna take about 20 breaths a minute. So when you start to cadence, breathe, which is six. So all you have to do is I do this watching TV at night, cuz I have to really calm myself down before I go to bed. Cause I have a, I have a very racy head. Mm-hmm. <affirmative>. So I breathe in for five in my left hand. Can I breathe out for five in my right hand? And I just do that for 10 minutes. No one even knows I'm doing it. Do that for 10 minutes. And what you're doing is you're settling down the respiratory rate, you're settling down the mind and the brain, the body, the body knows it's now getting ready to rest.

Speaker 1: I didn't think I would, but I have been trying out some Nile's breathing techniques myself over the past few weeks. And they actually do really work with an all's permission. We've created a little infographic to share these techniques with you. Check out our Instagram grid and our website for more. In episode three, we explored a tricky subject of the impacted diagnosis can have on relationships, dating and intimacy. And we were joined by psychotherapist and psychosocial oncologist, Ivon Mara, hosted by a great friend of breast cancer Ireland, Claire McKenna, along with our friend and impatient Ambassador Teresa Kolo, who was diagnosed in her early thirties.

Speaker 3: The main thing is, is that somebody going through breast cancer and treatment is still human with needs for fun and a time to push what they're going through to the back of their mind and just, you know, forget about it for a bit. So when, when I was going through my chemo, um, the, you know, guys did ask me out and I did go out on dates. Nothing serious, but it, it all, it, it opened my eyes to the inherent goodness in people. And the good guys don't care. They're connecting with a person and everything else falls into place. You know, if, if a per person can be absolutely fantastic looking, fantastic looking, standing in front of you if they are not nice that you can't see their beauty anymore. So that's, that's where like, that's a, a lesson that I've learned. And like with Tom, when I met him, he knew I had breast cancer and it was never really, uh, there was never really an issue.

Speaker 3: He, my hair was short at the time and I, I hated my hair short. And uh, like he sometimes flagged me now going, remember I went out with you when you were short here <laugh>. But we joke about a lot of things. There's no, we, we've a good friendship. He's a good person. Um, you know, we, we have a, a a good relationship and it's, nothing matters. Like the, the fact I had breast cancer doesn't matter. The fact that I have had a mastectomy doesn't matter. You know, we have a very healthy, good relationship and, you know, we work together as a team, we're compatible. And, you know, he, like, there is times, and I, I do feel sorry for him at times because I can't have bouts where I can get like a sense of fear that comes over me. That I'm going, you know, life is good and do I deserve this? Something bad's gonna happen. Like, will I get a recurrence? And, you know, that's, that can be tough on him watching me go through one of those phases. But, you know, like it's, it's, uh, it was an unusual place to get together with somebody. But you know, you have to take these opportunities when they come to you girls. Yes, certainly do.

Speaker 4: And have your eye open for opportunity.

Speaker 3: Opportunity.

Speaker 1: The fabulous. Rachel McKenna was our guest in episode four. Rachel is living with cancer and the face of our Metastatic Matters campaign. Her story was truly powerful and we thank her for sharing it with us.

Speaker 5: I felt I needed to apologize for it because I felt so, it's hard to explain, but I just was thinking, oh, I don't want to have to put this hassle or this worry on anyone, or particularly on somebody who I love, like my friends and family. I don't want to have to put them in a position where they're upset and they're worrying. Um, and I was just like, yeah, I'm so sorry. I've got cancer. And but you really didn't know the full extent at that time. We had absolutely no idea. Um, it was a following day. I was admitted to, um, a hospital. They started doing tests, which was excruciating cuz I couldn't lie. So it was MRI and CT scans and, um, then there were biopsies and everything done. The next two days was just an absolute whirlwind, if I'm honest. Um, and I remember then they came and I can't even remember who it was.

Speaker 5: I think it was my consultant. And he said, it's breast cancer. And I remember thinking to myself, oh, that's okay. That right. You know, it's cancer, but it's breast cancer. There's loads of innovations. And I was just thinking, you know what, cut it off. The bad boys have had their run, you know, get rid of it. We'll reconstruct we'll do whatever. It'll be fine. And then, um, I remember ringing Hayden, he was like, it's breast cancer. And he was like, okay. Oh right, that's grand. We can deal with that. And then, um, it was like, okay, so we're gonna operate, what's the story? And then it was like, no, because, um, it's actually traveled to your bones. And, um, so it's kind of, they don't give you, well I certainly didn't get the exact prognosis or diagnosis at that time. I just got told, I suppose because there's so many, they're waiting on so many test results and mm-hmm.

Speaker 5: <affirmative>, I think we had spoken about it before, it's like a jigsaw. Like you're waiting for all of the pieces to come together until you can see that clear picture. Um, so yeah, they, they didn't operate or anything like that. And uh, they, I remember the consultant came and told me, and then there's an oncology nurse who sat down and I remember she was saying, she had said like, yeah, uh, the cancers had a, it's had, um, uh, good run for it's money, uh, in the body at that time. And it was kind of then when I realized, okay, this isn't, this isn't something simple. This isn't just, uh, you know, cancer, let's rip it out, get on with life. This is something that's a lot more. Um, and then I suppose over time, um, you go, you meet your consultant and I remember asking him, I said, what's the exact diagnosis? And he said, it is stage four metastatic breast and bone cancer. And he says, I need to make you aware that this is very, very serious and it's very aggressive. Back in season one mom of three Paula McClean came into our studio to

Speaker 1: Talk about her story about being diagnosed with stage two invasive breast cancer at the age of just 42. She spoke to us about the decision at the time to have the lump that she found just before a friend's wedding checked out. She talked about her subsequent treatment journey and the impact on family life. She joined us again in season three, episode five as a guest host. She digs deeper talking about the emotional scars that remain with her. 11 years later, Paula was joined by the effervescent, Lisa Cony, a fellow breast cancer survivor, who, despite her anxieties about doing the podcast and having traveled across the country from county Mayo to be with us, told her story for the first time to us here in breast cancer Ireland. And my goodness, what a journey Lisa has been on. Lynn Buckley's story was equally emotional, diagnosed with aggressive breast cancer at just 33 years of age and 26 weeks pregnant. She shared her experience of simply getting on with things.

Speaker 6: One thing I have thought about, you know, I do, some parts of it do make me really think about life. Would I be as strong as I am now if I hadn't been through it? Um, would my family be different? Would my relationships with my kids and family and everybody have been, um, different. Um, probably there were those couple of years that, um, I don't remember a huge amount of it because you're in survival mode really, even though the kids were so small and you're doing your best boxes Yeah. To look

Speaker 7: After it. And when you're in active treatment, you know, you kind of have treatment keeping you going. Mm-hmm. Like I remember finishing chemo and walking out the door bawling, crying like, I don't wanna leave you. And they're like, this is a good thing. Your chemo is finished. It's

Speaker 6: Like in free fall. Yeah.

Speaker 7: And you're kind of put out. And then I remember finishing, um, radium and I remember meeting a lovely lady that was finished as well. And she said, my mother told me something when you're finished treatment. And it, this always stuck at me. She said, it's nearly like you come out of the tumble dryer. Cuz she was like, watch yourself now after this because just because the treatment is finished doesn't mean everything's okay. You know? And she said, it's like you come out, nearly come out the tumble chair, you know, where you kind of have to, you have to be spun around and now you need to straighten yourself out. Yeah. And she said, that takes a long while. And it, it always stuck at me because you couldn't describe it better. Really. You know, it's the

Speaker 8: Hardest I think after Yeah. Because you feel like your safety net is gone and, and you

Speaker 7: Believe you a little as well because I think, okay, well your treatment is done, you're okay. And then I find, you know, that was the hardest part, you know, the years after it are what their hardest, you

Speaker 6: Know, the hardest part. And you know, I I, I really thought about that a lot as well after that. And the people who love you, this is what I feel wish you well and want you to be well. And it's very hard then to keep having that conversation going. Yes. Because you love them, your husband, your parents, your kids. You kind of go, yeah, I'm doing great. I'm brilliant and I'm super and finished treatments and I'm gonna feel a million dollars and my hair is going back. But deep in your heart. Yeah. That's not how you feel at all. No, no. How, how did you, how did you deal with that?

Speaker 7: I had panic attacks. I had nightmares. I would break down the shower crying when I was by myself. I'd hear any story, sad story of someone passing away with cancer and I was in a more good. And I went and I saw counselor, you know, fairly soon after my treatment finished. Um, but I wasn't ready. It didn't work. I didn't gel with them because I think it was too soon. I did it about a year later and I don't think I was in the right head space. And I did it about maybe 15, 18 months ago. And actually it was great. And I've kind of, I learned to leave it out and to accept what happened to me. And I think that was the biggest thing, accepting it. You still don't like it. <laugh> happen to me. Yeah, of course. But you know, I've, I've accepted it and I, I think I've dealt with it and it's made me a lot stronger.

Speaker 7: And as I said, I don't sweat the small stuff. I'm not around people that, that don't, you know, you kind of cut out all day. You do, you cut out that drama and you just don't need that. You know? And I think it has made me way stronger as a person, you know? Mm-hmm. <affirmative>. Um, my main priority is my family. My kids making memories with them, um, and just enjoying life, making the most of it, you know? And my nightmare all the time was, my daughter was only three, um, when I was diagnosed and she was starting school the following year. And it, it was, am I gonna see her even start school? Yeah. Nevermind my baby start walk or walking around thing, you know, will I see her start school? You know, now she's in third class, you know, so, um, it's, it's great. Yeah.

Speaker 1: In episode six, we discussed the difficult subject of bereavement with breast cancer, Ireland board member Paul Gallagher and his daughter Kate. It was quite an emotional conversation, but we were heartened by their fond memories of their beloved Marie.

Speaker 9: This is like a person. Marie was, there was a young girl in, and, um, I saw always wear the blue pin strip suits at the time, part of the, part of the job gone in and outta different customers and I'd have their pin strips suit on. So a lot of people thought, um, and I bring me work with me, a lot of people used to say, hello, professor, hello doctor to me, <laugh> when I'd be going in and out the hospital ward and the nurses all be saying, hello, how are you? And they thought I was a consultant or whatever. And so I used to go in, but there was this young couple and there were canoeing for the want of the better ward. Uh, six, six beds in the, in the ward. And, um, they were kissing and hugging. I said, what's going on there?

Speaker 9: And Marie says, do you know what, they're only, they only got married. And, uh, anyways, uh, and I said, Jason, and, uh, she's not well. Like, you know, I said, fair enough. So Marie had been talking to them about, um, the girl, I can't remember her name was, but she was an AIB from head office and aib, uh, staff member and Marie sister, do you know what you should do now? She says, uh, between now and your next treatment, she says, you need to get away to the sun. You need to get away to the sun. I said, we haven't, we haven't had a honeymoon yet, you know, blah, blah, blah. So, um, about two or three weeks later, I'm looking at Marie and I said, into the hospital, and I said, eh, what's this on my visa card? <laugh>, uh, this, uh, booking of Floyd's? Are we gone somewhere? And, uh, and some apartment in, uh, in VE over in Spain. Oh, I don't mind that. I said, I have to mind it. She said, what's going on? And she said, do you know the couple that's over there? She said, I booked her and her husband to go to Spain before they had their next treatment.

Speaker 1: And Nolan of the fabulous Nolan sisters joined us for episode seven, sharing her family's experiences with breast cancer.

Speaker 10: First one I think because my kids were young and I kind of, um, and I was with my husband then, not with him now. Um, he was fantastic. He helped me through a lot. My kids were young, so I had to kind of focus on them, not let you know. The first thing I said, it's gonna be fine. I told them what it was, but I said, I'm gonna be fine. Don't, you know, there's nothing to, to worry about. And, and we kind of, and, and, and the, the world was a different place then. You know, I was able to go out, go to the theater, go out with my sisters, go drink for meals, go for walks. The second time around was a totally different scenario because it was during Covid. Okay. So I couldn't go out, I couldn't see my kids, I couldn't see my grandkids.

Speaker 10: Um, I got horrendous anxiety because my, on my, um, oncologist said that if you can't covid, it will be fatal with you having chemotherapy. So I got really bad anxiety. I ended up in the hospital for, uh, 11 days and they couldn't find anything really wrong. It was purely anxiety. And it was because like I, I used to be sitting in my, my sister Maureen moved in with me and she was absolutely amazing. She looked after me and fed me, and she used to make me meals and bring them in and I'd look at them and go, Ugh, <laugh>, I can't eat that. And she'd go, I'm not that bad of cook. Really? <laugh> <laugh>. So to be sorry for her as well, you know? Um, but yeah. So it was totally different the second time. It was nobody there. Right. Except for, for Maureen.

Speaker 10: Really. I've got letters and I got gifts sent through the post. I didn't have human contact, you know, it was, um, it was the same for Linda. She had her, her cancer as well through, through Covid. And we were able to, to comfort each other. We went for chemotherapy together Wow. In the oncology unit together. Yeah. So that, that did help all of that. Um, but yeah, it was, it was a ho as it was for an, you know, millions of people. Mm-hmm. <affirmative>, it was a horrendous time in all kinds of ways. But I think going through something like cancer during Covid was, it was really, really hard. Particularly

Speaker 1: Hard. There are many different breast cancer subtypes and patient advocate, Chevon Freeney was our guest in episode eight. She shared her journey with lobular breast cancer and the advocacy work she does now,

Speaker 5: If lobular represents 15% of breast cancer in women, will then ought we to be looking for 15% of the funding to research it. Mm-hmm. <affirmative>. And we need to put out a, a, a call. Yeah. For lobular breast cancer funding for research mm-hmm. <affirmative>, it's, it's, it's, it's critical really. Mm-hmm. <affirmative>, you know mm-hmm. <affirmative> mm-hmm. <affirmative>, uh, and now's the time. Sure. You know, it's the right time. Yeah. The, the science is there and the research is there and the collaborations are there and there's a a, there's, you can see, you can feel the shift. It kind of gives me a little bit of a, you know, uh, I'm getting a buzz out of it, but Right. I, you know, the hair stands in the back of my neck because when I was, when I was diagnosed, there was nothing Yeah. About lobular breast cancer.

Speaker 1: But it just shows how far things have evolved, which is great. But as you say, it does need that next step. Yeah. We can't stand still. We just need to, we need to keep investing. We need to invest full stop in lobular, because we do invest in triple negative. We do invest in her too. We do invest in other subtypes. But I, I, I hear what you're saying is that investment is needed in the lobular, um, arena. For sure.

Speaker 5: 100%. And I'm so happy to hear you saying that.

Speaker 1: Finally, menopause specialist, Dr. Genevieve Ferraris from the Menopause Hub joined us for episode nine. We talked about the impact of breast cancer treatment on the early onset of menopause and the role of nutrition, exercise, and education in managing menopause symptoms. We also spoke about the controversy surrounding H R T treatment and its uses and benefits. And in your experience, when you have younger patients like that, what is your advice? Like is your advice, you know, you know, yes. Go down your treatment route, obviously that you've been prescribed by your team. Um, potentially look at, uh, whatever fertility after that. Do you advise on H R T or other treatments to help them get through that, that early menopausal stage? And indeed, can they reverse it?

Speaker 11: So it depends. Um, if the, uh, if the medication that they're taking is inducing menopausal symptoms, then theoretically the cessation of that medication will reverse the symptoms. Yeah. Um, because something like tamoxifen can give you menopausal symptoms. Okay. Um, however, if your symptoms are as a result of reduced ovarian function because of something like chemotherapy, it's unlikely that you would regain that function. Yeah. Um, and so that's, that's actually a really complex patient because she's young and we know she needs estrogen for her bone health, but if we give her estrogen in the setting of breast cancer, it could make that issue worse. Ab

Speaker 1: Absolutely. Yeah. Yeah.

Speaker 11: Yeah. So typically those patients would need to complete their breast cancer therapy, get the all clear from that perspective, and then we need to have a discussion with their breast surgeon and their oncologist and find out how do we manage this patient going forward so that we are not increasing her breast cancer recurrence, but we also not putting her in excess risk of things like osteoporosis and cardiovascular disease. Yeah,

Speaker 1: Absolutely. Absolutely. And I suppose, um, like most things the H R T treatment has advanced over the years, you know, I'm sure like 30 years ago, I remember my mom went on H R T and she soon came back off it, um, because it didn't agree. But I'm sure that things have moved on. We've made huge advances in so many other ways that I'm sure H R T has become much more tolerable.

Speaker 11: Yeah, absolutely. So 20 years ago, the treatment that was offered to most women was quantitated equine estrogen. So that comes from horses and for a lot of women that would not be an option at this point. Okay. So the way that estrogen is delivered now for most women is what we call bioidentical H R T. So that means that it's um, a molecule which is derived from plants, it has a chemical structure which is very similar and in fact almost identical to our own natural hormones. So it's better tolerated, it has a better side effect profile and seems to have a better long-term safety risk as well. Okay. Safety profile.

Speaker 1: Very interesting. Very interesting. Mm-hmm. <affirmative> and Genevieve, tell me how long should people, should women stay on H R T I? I remember having a conversation Oh, about five, seven years ago. Um, and hearing, you know, well five years is probably enough, whereas now I'm not sure. Maybe people can stay on it a lot longer.

Speaker 11: Yeah, exactly. So again, it depends on the patient. So five years might be enough for her. She might be through her menopause by after five years, no longer have symptoms. And so there's no longer need for her to take H R T. But for some women, unfortunately, they remain symptomatic for many years beyond the, what's considered the five to seven year average of menopausal symptoms. So because the main aim of H R T is to improve the symptoms, if we stopping it and a patient becomes symptomatic again, we are not really treating her problem. Ah-huh. <affirmative>. So a woman should be on it for as long as she needs to be on it.

Speaker 1: Okay. And I suppose, how does the woman know when she's had enough taken or when she should continue to take it?

Speaker 11: So we don't really know. Um, we go on the average of, okay, it's been five to seven years of being on H R T. Theoretically you should be through your menopause. Why don't we wean you off a little bit and see how you feel and say we reduce the dose of her estrogen and symptoms come back. We know she's definitely not ready to come off. Okay. Whereas maybe we ween, she's not getting hot flashes. Okay, let's stop it. Let's see how you feel. And if she feels great and symptoms don't come back, she can then stay off it.

Speaker 1: Mm-hmm. <affirmative>, thank you for joining us for this season three of More Than a Lump. We hope that these conversations have provided comfort, inspiration, and insight to those affected by breast cancer in the words of the late oil burn. We are stronger than we know. This season certainly proves if we were ever in doubt that we are.