Speaker 1: A diagnosis of breast cancer could 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 Ash Ashley Hurley. I'm the CEO of Breast Cancer Ireland. And you're listening to More Than A Lump, a podcast that talks openly and honestly to a selection of guests about their very personal connections to breast cancer, be it through their career choice, their own firsthand experience of the disease, or through sharing the experience of close family members. My conversations will center on how breast cancer has informed their perspective on life, love, family health, their goals and indeed aspirations. Although each story is utterly unique, the one common thread that runs through each one is that breast cancer is more than a lump. This episode of More Than a Lump is proudly supported by Care Plus Pharmacy.

Speaker 1: CarePlus is Ireland's leading community pharmacy brand offering expert advice and services for healthier and happier you. You can find your nearest CarePlus on Care plus.ie. Or follow them on social media for daily health and wellness tips. Breast cancer has been an unwelcome presence in the life of Ann Nolan, a member of the singing group, the Nolan Sisters who shot to fame in the eighties with the hit. I'm in the mood for dancing. Tragically Ann's sister Bernie died from breast cancer in 2013, aged just 52 years. And two years ago, both Anne and her sister Linda revealed that they were both diagnosed with cancer. Over the past couple of years, Anne has connected with us here in breast cancer Ireland. And indeed last October we were so privileged to have her perform at the start line of our 12th annual great pink run in Leopardstown. I'm so pleased to be joined by Anne from her home in Blackpool this morning, and even more delighted that Anne will be over here in Ireland to join us for our race day fundraiser in Leopardstown in early April. Anne, welcome to More Than a Lump podcast, and thank you from all of us here in the charity, for all you have done in the past couple of years to help us raise funds for breast cancer research and raise awareness of the signs and symptoms of this disease.

Speaker 2: Thank you.

Speaker 1: I'm and, and we're delighted to have you. And, and I mean, when I think back to Leopardstown in that awful wind and rain and you performing so brilliantly and having everybody, regardless of the rain out dancing in front of the stage, you were tremendous.

Speaker 2: Well, it, well, it was a pleasure to be there. It was a really, I was absolutely honored to be asked to be fair. And yeah, it was a great day. I mean, the, I thought, oh my gosh, it's raining. Nobody's gonna come. Nobody's gonna join in. So I thought, well, we'll just go on and see what happens. And they were fantastic. The crowd were just brilliant. They were all, like you said, they were all standing in front of me waving and dancing to, to up to my music and stuff. And I thought, wow, this is fantastic. And afterwards, you know, they all were coming up to me and saying, oh, I remember you when I was like, 16 <laugh>.

Speaker 1: Yes, exactly. But you just got, you just lifted the whole mood before everybody was hovering for shelter, and then all of a sudden you started to sing some of the great songs that we all know and everybody was just bopping about.

Speaker 2: Yeah, no, it was really, it was, it was really fabulous. I was absolutely amazed, actually. Like I say, I didn't think anybody'd, um, turn up, let alone stand out in the rain and dance <laugh>, but they did. It was fabulous. It was a really, really uplifting morning for me anyway, you know, even if it wasn't for anybody else, but it was for me, it was fabulous.

Speaker 1: And Anne, before we take stock of your, I suppose, your cancer journey and the cancer that has hit your family, tell us a little bit about your, your Irish links.

Speaker 2: Yes. So I was born in Dublin in, um, was it Hollis Street? I think Hollis Street Hospital. Mm-hmm. <affirmative>, I think it was Holl Street. Um, and we lived in Fless for the, for like the first four years of my loving, four or five years of my life. Um, I actually put my arm when I was a kid in Finless. That's one of the, my memories of f <laugh> <laugh>. Um, and then we moved to, uh, RA St. Anne's Estate in ra. And I went to school there, um, in St. Anne's primary school. I don't call 'em primary schools in Ireland. Do they? It the same?

Speaker 1: Yeah, they do. Yeah, yeah, yeah, yeah. National school or primary school. Yeah.

Speaker 2: Yeah. So I went to St. Anne's Primary school there and, um, made my first communion and, and then when I was about 10, I was taken, I used to suffer with pains on my legs all the time I was living. They couldn't find anything wrong with me. So they, I think they assumed I had rheumatic heart fever or something. So they, they took me into, um, a hospital called St. Gabriel's in <inaudible>. It was like a convalescent home. I went in there with my sister Maureen, and actually she was, um, I think she was seven and I was probably nine or 10. I was ten seven. I was 10. Um, and I ended up staying there for two years without coming home at all.

Speaker 1: Wow.

Speaker 2: Um, and um, and whilst I was in there, um, in the June my family, um, immigrated to Ireland and left me at hospital. I think they're trying to get rid of me, actually, but they couldn't <laugh>. I'm kidding. They did, they did actually immigrate to Ireland. And I, I went over to W England then about six months after they had been there. And then I was, you know, I went to the hospital. My mom took me to the hospital and um, we went, I was examined everyone, they just couldn't find anything wrong with me. And I thought, why have I spent two years in a, in a hospital for, you know? But I, you know, it was really weird because once I was there, I, I've had a really good time, you know, the staff were lovely and I got on look at the kids and um, I actually went on a pilgrimage to Lords um, wow. With, with, with the sick. You know, my mom always says that's why they couldn't find anything wrong with me later on. Cause I was cured at Louis.

Speaker 1: You had been cured.

Speaker 2: <laugh> firmly believed that. Yeah. My mom and actually she, it was amazing cuz she said no, after that she, she went to mass every single day from then on till she died. Wow. And so, you know, some good came out of it, I guess <laugh>. Mm. Um, but yeah, so my memories of Ireland, my childhood, my early childhood were fantastic. You know, we used to play like they don't do that anymore here. They anywhere do they kids, they don't play out in the street and play kick the can and skipping and throwing two balls against the wall, you know? That's right. And

Speaker 1: Hopscotch and all those things. Yeah. Yeah.

Speaker 2: It all out in the street till it was dark. I remember I'd go in, have a slice of bread and run out again. You know, that was my tea sometimes cause I just didn't wanna be indoors. And so my, my early childhood of Ireland was fantastic. We used to go to Scars for, at the weekends with my dad on the train, you know, a steam train then as well. Wow. And, um, we used to go to Scar's and house and um, yeah. And we had a, we went to, I remember when we were all very little, we used, my mom used to pack us some sandwiches and we'd have a bottle of water, which we thought was great. And we'd go down to Dolly Mountain and stay on, on the beach all day, you know. So, um, my memories of, of, uh, of Ireland and my early childhood are fantastic. Yeah. Had a great time. Mm.

Speaker 1: And then you moved to Blackpool?

Speaker 2: Yes, we moved to Blackpool in 1961, I think it was. Yeah. Right. Um, my mom and dad were singers. They sang in Ireland. My dad had his own radio show in Ireland and my mom used to sing at the, uh, Capitol. Wow. In between the, she used to sing in between the, the two films cuz they used to have an a film and a b film on. And she used to sing in between them at the Capitol. And, uh, the Royal, she actually won a, a scholarship from the, um, Dublin College of, I can't get, I'm not quite sure, but it's either the Dublin College of Music or the Irish College of Music, something she was 17 to go on to be, cause she was in Fantastic Soprano. So they wanted her to go on and train. And, and it was, she was the youngest person ever to receive it at that time.

Speaker 2: Wow. Um, but she didn't wanna do that kind of music. She loved, uh, musical comedy, you know, musical shows and stuff. And, um, then of course she got pregnant very early as well and went on to have eight kids. So that kind of put a damper on that. But they, my mom and dad sang all their lies. That was their profession. That's what they did for a living. So when we moved to Blackpool, they actually, we had in Blackpool what they called working men's clubs, which were fantastic. They were likely small theaters, most of them. And my mum and dad sang there and they used to bring us along just as a treat, you know, to, for a night out sort of thing. And we had, we all ended up joining there sort of at, um, and at the end there was 10 of us singing called the Singing Nolans eight Kids, and my mom and dad. And we toured all around Great Britain for about 10 years as the singing Nolans. Wow. Wow. Yeah. So really

Speaker 1: Like the Von Traps <laugh>.

Speaker 2: Well, kinda, yeah. <laugh> fantastic. It was tough because we were doing work men's clubs at night and then going to school the next morning, so, okay. It was kind of, um, it was a bit, a bit tough and there was no motorways then. We used to have to just go over, you know, over the hills. Yeah. It was a bit like long traps, <laugh>. Um, but we all enjoyed it. So, you know, it wasn't something we're being forced to do or we didn't like doing. We all enjoyed it. Mm-hmm. <affirmative>. And then after 10 years, um, myself and my two, the three elder girls decided we didn't wanna do it anymore. And just as we decided that, that was when we got our sort of break, that was when somebody Wow. Discovered us, if you like <laugh>. Wow. And we became the Nolan sisters then, rather than the singing Nolans.

Speaker 1: Yes. Yeah. Wow. Wow. And I suppose, Anne, take us through, if you can, the first time that breast cancer impacted your family and how your sister Bernadette first found out that she had the disease.

Speaker 2: Well, I actually had it first, um, 20 years ago in, um, uh, the turn of the century actually. We just had the, the millennium. So it was the year 2000. And, um, in April of that year, I discovered a lump in my right breast. And I was told it was cancer. And I went through chemotherapy and radiotherapy. I had a lumpectomy. And after six months I was, you know, I was fine. I got on with my life. My kids were, um, when my daughter was about 19, I think, and the other one was about 14, 13 or something like that. Um, so it was hard telling them, you know, but yes, so I, so I had it first 20 years ago, actually 20 years ago, to the date, to my second one, in fact. Wow. And then Bernie, um, Bernie got cancer. Hers was, um, hers wasn't a lumpectomy, hers was, hers wasn't a lump brother, it was, um, calcified.

Speaker 1: Okay.

Speaker 2: So they kind of knew it was, you know, it was a bad cancer. And, um, but a for a year they told her it was, um, you know, they could treat it. And it, and, and after a year they thought she was gonna be okay. But then it came back and it was, it was kind of everywhere. It metastasized into her brain and her liver, her lungs, and her, um, there was four places. Her brain, her liver, her lungs,

Speaker 1: Maybe bones or spine.

Speaker 2: Um, no, it didn't go on her spine actually, or I bought her bones. It did go on her bones. The bones. Yeah. Yeah, yeah. So, um, but she know, she fought for ages and ages and ages and, um, eventually she just couldn't find any longer, you know, just took her life. And that's a really, really hard time for us. And Linda, I, I, I, I'm really bad at dates. I can never remember dates, remember instances, but not dates and not, you know, so I think Linda got cancer after Bernie, and somebody probably corrected me about this. She also got it in her, in her breast. And she had, they both had, um, mast mastectomies, uh, both breasts and, and reconstruction as well. Um, and then Linda again was fine for a while. You know, I think hers was 2007 or something, but she was fine, you know, for years and years.

Speaker 2: And then we went, we did a, a cruise in 2009. We, we were televised as an olands doing this cruise around the Mediterranean and lockdown happened at that time. And when we came back, um, I discovered a lump and went to the doctor straight away, and they discovered it was cancer in the left breast. This time it's, but it was almost to the day for 20 years since the first one. You know, it was really weird. Wow. And then Linda discovered that her cancer had metastasized into her hip. She had a fall and they thought she'd broken her hip and she, they were treating her for that. And then just that she had a, a tumor. And, um, again, they said it, it wasn't, um, curable, but it was treatable. And it then went into her, her, um, I think it's in her liver as well, but she just been for scan last week actually. And, um, they said it's fine. There's no more, no more tumors are there. And the ones that she has haven't got any bigger. So that was fantastic.

Speaker 1: That, that's great news. Mm-hmm. <affirmative>.

Speaker 2: Yeah. She still has treatment, but she has to go back every three months for, um, scans, which is like, you know, you can imagine every time she goes through the scans, so worry

Speaker 1: Mm-hmm. <affirmative>

Speaker 2: Waiting to have the result. Yeah. So it's, it's a worry. Yeah. Yeah.

Speaker 1: Yeah. And tell me,

Speaker 2: But my, my cancer to say is, um, is more or less gone.

Speaker 1: Really. Thank God. Thank God. That's great news. Yeah. And genetically were, were the family tested over the years?

Speaker 2: No, I was the first in our family to have cancer and, uh, we'd never been tested before. And even at the time, like when I said my daughters were younger, I gave them the choice. I said, you can be tested. It's up to you. I'm not forcing you to, it's probably wise to be tested, but then you have to make a decision. If you have the BRCA gene, um, you may want to have your breasts removed and, you know, a hysterectomy. Um, and then live with the fact that you might get cancer in the future, or you cannot get tested and hope that you never get cancer. And that, that's what they did. They didn't get tested. They just thought, I, they didn't think that they could live with that. They were so young. They both wanted to have children. Sure. You know, and they just thought, we'll kind of take our chances.

Speaker 2: I think now that they're old and they both had children, they'll be more, um mm-hmm. <affirmative>, you know, they more want to have been tested now, I think. Sure. Although they haven't been yet. But, um, yeah. But our family don't have the BRCA gene. We have what they call a rogue gene. Apparently there are 30 rogue genes and we've got one of them, which in a way is kind of worse because they can't actually detect it. You know what I mean? If you've got the BRCA gene, I think they can tell straight away. Yeah. They can't. So it's, um, it's a bit of a, more of a worry, I guess. Mm-hmm. <affirmative>.

Speaker 1: Mm-hmm. <affirmative>. And I suppose

Speaker 2: We've been, we've been lucky though.

Speaker 1: You have been. You have been. And please God, you know, Linda, I mean, it's fantastic that Linda's is curtailed. Yeah. And that, you know, she's living healthy enough with the disease, which is great. I mean, research has come a long way. We've a lot of new treatments. We have a lot of new clinical trial drugs that are available for a lot of metastatic disease in the likes of the bones, the liver, the spine, the lymphs. I suppose the most challenging part is the brain. And that's the one we're really, as breast cancer Ireland, we're really, um, invested in, which is really key because we're seeing, we have a new clinical trial that we funded, um, into her two positive breast cancer and its recurrence in, in, in patients. And what we're looking at is a fourth generation drug that is really cool. We're gonna do it initially with chemotherapy for about a month, and then deescalate chemotherapy, completely let the drug do work. Its, its, its work. And then hopefully we estimate having a full response rate for that particular breast cancer, which is fantastic. That's great. So that's the ultimate endgame, you know, that's where research and investment in research is so key to trying to get, I suppose it from being an often fatal disease into a long-term treatable illness.

Speaker 2: Yeah. That's amazing. That's why I'm so into it, like research as well, because I think that's the only way we're actually gonna find a cure is to keep researching, keep finding new ways of dealing with it. And eventually, you know, maybe getting rid of it altogether. Not getting rid of it, but being able to have it like we do with like, things like, like if you think about hundreds of years ago, things like typhoid, smallpox, they were killers in their day. Absolutely.

Speaker 1: And

Speaker 2: Have protection or, you know, and it's, you're fine. So let's hope that's what happens with cancer, you know, in the near future.

Speaker 1: Yeah. And a lot of, a

Speaker 2: Lot of people do that research, won't we? You know?

Speaker 1: Well, well that's, is it, and I mean, I often say to people, you know, the world rallied around for covid to get us a vaccine, and we got three or four vaccines and, you know, now we're looking, which is great. At the, um, the, the vaccine produced the by, uh, Pfizer, which now was initially as a cancer drug, we're now looking a cancer vaccine. We're now looking at that and having it slightly tweaked in, in relation to a lot of cancers and how it might help. I think it would be lovely if we could in time come up with a vaccine to, to, to, you know, to, to safeguard people against breast cancer. Yeah. You know, that would, that would, it would be, it would be fantastic. And I suppose in your, in all of your treatment and all down through the years when you found out you had breast cancer, how did you, I suppose, psychologically cope with that?

Speaker 2: Um, well, it was totally different. Both cancers were, they were both the same as medically. They were both the same. Well, my second breast cancer was a bit more aggressive than the first one. The first one I think. Cause my kids were young, and I kind of, um, and I was with my husband then. I'm not with him now. Um, he was fantastic. He helped me through it 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've 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 for meals, go for walks.

Speaker 2: The second time around, it 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. Um, I got horrendous anxiety because my, my, um, oncologist said that if you, 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, oh, <laugh>, I can't eat that. And she'd go, I'm not that bad of cook. Really? <laugh> <laugh>. So I used to be sorry for her as well, you know.

Speaker 2: Um, but yeah. So it was totally different the second time. It was nobody there. Right. Except for Maureen. 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.

Speaker 1: Particularly hard. Yeah. Yeah. Really hard. I, I did a podcast there recently with, um, Nile Breslin Brey. And he talked about, you know, um, anger and the fear and, you know, not being afraid to cry and not being afraid to, you know, have a good shout about why it has happened to me at this time. And, you know, and he gave our listeners, I suppose, some really helpful tips in relation to, I suppose, breathing and mindfulness. Something that I don't do. And I've often been told, you know, well actually breathe aling because I often, you know, I'm there and I'm, I'm always on <laugh>. So, but listening to him, it made me sort of a lot calmer. And it made me realize, well, look, there is methods to actually taking stock and just breathing. Mm-hmm. And, you know, seeing, you know, the more you breathe, the, that overwhelming sensation does dissipate, which is great.

Speaker 2: Yeah. Yeah. My, my, my eldest daughter is, was really into all of that. She gave me a fabulous book about the mind and how it affects sins, you know? And, and I'm like, I'm not really into that. I've never been into any of that kinda thing. I always think that's a lot of rubbish. But anyway, I started reading this book and I thought, oh my gosh, I thought that really is making sense to me, you know, about your mind and how, how you can, like you said, dissipate things by just thinking about different way, you know, viewing women in a different way and, and stuff like that. And the thing is with cancer, that everybody, um, everybody views it a different way. And that's fine. Some people don't wanna talk about it, which is fine. Although it does help if you do talk even to just one person.

Speaker 2: You don't have to go to meetings and stuff. But I think if you talk to with your doctor or your best friend, or one of your member of your family or whoever you feel is gonna help you, you know mm-hmm. <affirmative> and talking about it does help. But in my case, I did talk, I talk about it like whenever anybody wants to talk about, I do. But then I kind of like to get away from it as well. You know? I like to get on with the rest of my life and think cancer is a part of my life, or it was a part of my life and I don't want it to define me. I don't want it to be my life.

Speaker 1: Absolutely.

Speaker 2: Absolutely. I think that, I think that can be for, for your mind if, if you dwell on it all the time and talking about it all the time. I don't think that's really good initially to talk. I mean, the one woman came up to me during our treatment and she said to me, I'm, I'm about to have chemotherapy. She said, does it hurt? And I thought, what a great question. Nobody ever has asked me that before. Does it hurt? And I said, I was so glad to be able to say to her, no, it doesn't hurt at all. You don't really feel anything. You know, you probably, you might be. It is,

Speaker 1: It is amazing though, because people often say, is it going to hurt? And you're dead. Right? Yeah. I mean, they don't understand the process. Yeah. Of what chemotherapy. It's like, oh my God, you're, I'm, I'm going to be in this chamber. I'm gonna be, you know, zapped, I'm going, you know, everything's gonna hurt me. Whereas it's l as you can describe in a moment, it is sitting in a chair with a, a drip in your arm and

Speaker 2: Yeah. Are people feeding it tea biscuits and, you know, reading your favorite book or having a sleep if you want to, you know. Yeah. But it is before you have, before you know, all that. It is scary when somebody says you're going to have chemotherapy. It's the same with radiotherapy, you know? Um, my radiotherapy was fine. I didn't have any after effects at all. I was a bit tired. Again, it wasn't painful, but I didn't know people who've had it where it was painful. Um, but, uh, but like I say before, you know, before you do, it's a scary process thinking that well go and have this thing, I dunno anything about it, you know? So it's best again to ask like, this lady, did you know, does it hurt? What happens? How do you have it? How is it, you know, it, it's, um, and sometimes people are frightened of asking their doctor or their oncologist, so they, they, they feel easier, don't they asking a friend or asking somebody who's had cancer who can actually explain it all to them, you know? Yeah. So I think that's a good thing to do, to ask people who have actually been there, you

Speaker 1: Know, been there. Yeah. And there are a lot of support groups out there, you know, whether they're online or in person. There are lots of support people Yeah. Who can help. You know. And I often find when I talk to different patient ambassadors who say, you know, I didn't want to trouble my oncology team Yes. By asking, you know, okay, so am I going to lose my hair? Possibly? Uh, is it going to grow back? You know, will it grow back? Yeah. The same color. Like all of these, you know, they're just mi things to the person themselves, which is major, but they feel minor to the likes of a medical team. And it is lovely to have somebody there to kind of, you know, be able to say, listen, this happened to me. But on the other flip side, and I always say this is every single person's cancer journey is personal to them. Yeah. No, two people are the same. You know, we can talk about and say, you know, yes, chemo, you know, having chemotherapy is this, this and this. But, you know, everybody's reaction and everybody's treatment plan is so different.

Speaker 2: Yeah, definitely. Definitely. Even with me and Linda, like went in, in the morning at like nine o'clock in the morning and I was there till five o'clock in the evening. Cause I had four different councils because my council was more aggressive than hers. She would join me at lunchtime and she'd bring in sandwiches and books and fruit. My sister to dog give them and said, bring these in and would talk then and have a little chat and stuff. I had a reaction to one of my, um, uh, chemotherapies and it was horrendous. It was awful. I had twice, um, but obviously they took that chemotherapy off me and I was fine after that. But she was with me whilst I had that reaction to the chemo. And she said, oh my God. She said, one moment you were sitting there, the next minute you were like, oh.

Speaker 2: She said it was awful. Um, it lasted for about five seconds because they put the, the cannula in a case. Something like that happens. And then they just, as soon as it starts to happen, they, they put some medication in and everything was fine. But for her sitting there, which her her cancer chemotherapy journey anyway, was quite easy. She'd go in and have chemotherapy. No, no. Sort of af not many after effects. So, so even like you were saying, everybody's journey is different. We were sisters having it at the same time, but our journeys were completely different.

Speaker 1: Completely different. Yeah. Yeah. And, and I, I suppose you speak about Maureen, like you have, what did you say, six, seven siblings?

Speaker 2: I have, well, when Bernie was alive, there was eight kids altogether. So I have seven siblings. Yeah.

Speaker 1: Okay. And so it's you, Bernie, uh, lord, mercy, honor Linda, have you, are the, are you the only three that have been affected by cancer?

Speaker 2: We're the only three in our immediate family. I have two cousins in Ireland actually, who both got breast cancer after I'd had it. Um, a few years after I had my first one. They both got it. One of them died. The other one is fine. She's, she's perfectly fine now. Um, but in our immediate family, no, no. My mom and dad didn't have a, my aunties and uncles. Wow.

Speaker 1: Um,

Speaker 2: Had, um, I think my, on my mom's son, her brother had, uh, bowel cancer, I think, but nobody's had breast cancer.

Speaker 1: Wow. Wow. And as you say, it is that rogue, uh, gene. It is that rogue cancer. Yeah. Which is really, really difficult.

Speaker 2: Yeah. To, to de detect. To detect, apparently. Yeah. They can't uhhuh, you know, it's could probably one of 30. Really. So it's really, wow. Yeah.

Speaker 1: Wow. And one of the things I just want to check with you. So 20 years ago, prior to your second diagnosis, did that breast cancer throw you into early menopause?

Speaker 2: Yes.

Speaker 1: Okay. Can we talk about that then? Yeah,

Speaker 2: Of course. Yeah.

Speaker 1: Because that's something that people really fear. Okay. Um, and Anne, tell me, I have two other questions. I just would love to ask you. So 20 years ago, well now, 22 years ago maybe, when you were first diagnosed, um, did the treatment that you were on at that early age throw you into early menopause?

Speaker 2: Oh yes, it did. <laugh>, I didn't realize what was happening at the time, obviously, cuz I rather been thinking about the menopause. Um, and I don't, I, I don't recollect any anybody saying to me that that could happen. That, you know, the chemotherapy could bring on the menopause. And I just started having like, really bad sweats at night. Um, uh, I'd have to put a towel on the, on the sheet. Cause I was soak keen during the night and I thought, I thought that was chemotherapy. I thought that was effects of the chemotherapy. And I'd have, um, I'd be out with my friends and I'd have the hot flushes and then all of a sudden I thought, well, hmm. My friend used to say it again, I think you're going through the menopause. And I thought, no, I'm too young. I'm only 49. I think you're, then I spoke to my doctor and they said, yeah, it'll be, it'll be, the chemotherapy would've brought on You meant the menopause.

Speaker 2: Mm-hmm. <affirmative>. But it wasn't, it wasn't horrendous for me actually, you know, really, I, I remember I had, like I said, I had the night sweats and a few hot flushes and stuff like that. I don't remember being, some, some people get really uptight and, and sort of mentally aggressive and stuff like that. Or not aggressive, but, you know, uptight. But I don't remember, I don't remember having any of that. Maybe because I was going through chemotherapy and that was, I was more focused on, on what was happening with that. Mm-hmm. <affirmative>, you know, I was mm-hmm. <affirmative> quite with my chemo both times. Um, so probably that took away from the, uh, from the, the menopause. Yeah. But yet it did, it certainly did bring it on. Um, wow. Yeah.

Speaker 1: And, and tell me today, now look at, I can see you obviously, and our listeners can't, and they might be able to see you a little bit, a brief snippet, but you look so ha hail and hearty. How are things now for you?

Speaker 2: Um, oh gosh, no. Great. Absolutely great. I've got three grandchildren now. I absolutely adore my two daughters. I'm really close to, we live close together. I'm still close with my sisters. We, we just had dinner together yesterday. We had a, um, I think my sister called a Gallatine dinner for

Speaker 1: Oh, lovely. <laugh>. Yeah.

Speaker 2: So we were all there. Linda was there more in, and Denise and Denise's partner Tom. Um, so we, we all get together with our brothers. Life is, life is fantastic. And I think it's even more fantastic when you, when you go through a life-threatening disease. I know this kind of sounds, sounds cliche and a bit maybe, you know, so, but it does, it makes you look at the things that you have in your life and the things that are important. And you don't dwell on things that are not important. You just wanna be, you just want, you just want life, really. Yeah. Yeah. And life for me anyway, life is great. I'm so grateful and so blessed. Mm-hmm. <affirmative>.

Speaker 1: Mm-hmm. <affirmative>. And you obviously go for regular checkups. You're obviously on, you know, uh, uh, continuous drug therapy at the moment.

Speaker 2: Well, I go, I, I, um, I'm going for my next, um, mammogram. As I said, I think it's in May, but other than that I haven't had any, I don't know if it's because of Covid or anything, but I haven't actually had any, um, I mean, if anything's wrong with me, I had a, I had a colonoscopy actually, funnily enough last week because my bowels, um, were a bit irregular. And I just thought, cause I've had cancer, I need to make sure that, that this is nothing, you know, so anyway, I had this colonoscopy, which is what people should do, you know, when they, when you've had cancer and you get something that's not quite how it should be, just go and get it checked. It just, mine was fine, you know, but I could have gone on. I said, it'll be nothing. It'll just be this or it'll just be that. I thought, no, I'm gonna get it checked. I've had cancer twice, you know? Yeah. And now, again, I'm very, very blessed that it, there was nothing wrong, but I would say to people, you know, if you do think something is different that shouldn't, it's not acting the way it should be. Go and have a check, especially if you've had cancer before. Mm-hmm. <affirmative>, it's, you know, it's worth it.

Speaker 1: Yeah. Yeah. Definitely. It's very sound advice. Yeah. Well, Anne, thank you so much for joining us on today's More Than a Lump podcast. It's been great to chat to you and see you on the screen. I, I'm really looking forward to meeting you in person in April in Leopardstown. And I hope and wish you, um, every Goodwill,

Speaker 2: Thank you so much. It's been, um, a pleasure. Thank you very much.

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