

LIVE AFTER BREAST CANCER

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Abstract

Today, breast cancer is no longer a fatality! Not only have screening activities and early diagnosis significantly reduced the number of new cases, but multiple therapeutic advances have made it possible for many people with breast cancer and being treated to expect to live long years. But for these cancer survivors, returning to normal life is not always easy. Caring for a survivor of breast cancer should not be limited to doing everything to avoid a relapse. It is really about accompanying him to a new life!

Keyword: (breast cancer, treatment, Socio-professional reintegration)

1. INTRODUCTION

Women who have had breast cancer can still count on long years of life; some will be definitively cured, others will have to follow other complementary treatments ... Anyway, the return to normal life remains a challenge for many of them.

In fact, after having gone through the different phases of treatment and management of breast cancer, the patient and her relatives still often experience many psychological, family and social difficulties. Once treatment is over, it is often difficult to resume a life as in the past. When the treatment is finished, the patients feel some relief in having reached a goal, but expectations concerning the future are omnipresent and they are scary.

At the end of treatment : Struggling to heal from breast cancer is one of the most important fights in life, when treatments end and the fight against the disease stops, it is not uncommon to feel great fatigue and stopping treatment can be accompanied by a form of mental decompression and a more or less depressive state. After returning home, patients who are cured or in

remission may feel isolated and disoriented. Most of them saw the hospital as a reassuring place where they were safe. Once outside its walls, they can have the impression of being forgotten, thinking that nobody is more concerned about their health, that there is nobody left to answer their questions and their needs. In addition, very often people who have recovered or are in remission are happy to return but sad to leave the nursing staff. So they have to find new benchmarks.

2. THE SELF IMAGE

The choice of treatment can be influenced by the patient's age, her body image, her hopes or fears and her position in life. For example, some women may opt for conservative surgery with radiotherapy more than for mastectomy for reasons of body image and aesthetics. Others opt for mastectomy and want the affected area to be removed without consideration for the effects on their body image. They may also be more concerned about the side effects of radiation therapy than their body image. Losing one breast, or more importantly, both breasts, is traumatic and normal. In our culture, breasts are considered an essential part of beauty and femininity. The healing : Never really healed ... Women who have had breast cancer should be followed up regularly and long after they are discharged from hospital. These checks are as scary as those carried out during the illness. They tend to rekindle painful memories: the fear of recurrence is present at the slightest pain, as if the person had discovered that it was fatal. Under these conditions, it is difficult to feel healed. It will often take several reassuring examinations for patients to see the disease go away and begin to taste the joys of existence because often they know better the value of life

3. WORK

Women who have had breast cancer and who are in remission are still considered and mentioned as sick or people with cancer, "as if they were still in the sick state. For this reason, returning to work is often frightening, former patients fear that their work station will no longer be suitable, that colleagues will reject them. Most often, they feel different from others. They also feel physically different. If for example, the person had to undergo an ablation, he must integrate this change, this difference. It is a real work of mourning. Some experience it painfully and others find it rather rewarding. For some, the period of remission or healing is synonymous with renewed energy. This period sometimes leads to questioning: professional change, reassessment of priorities.

4. SEXUALITY

the physical changes linked to treatment and / or surgery modify the relationships of the couple, or even the family (hair loss, scars, sexual difficulties). Couples need time to absorb these changes and reorganize their married life. Surgery or radiotherapy of the breast does not alter sexual desire in itself. They do not affect genital sensation, vaginal lubrication or the ability to reach orgasm. Some recent studies have shown that most women who are operated on at an early stage of breast cancer regain normal sexual pleasure about a year after their surgery. They recognize, then, having a quality of life comparable to that of women who have never had cancer.

5. CONTRACEPTION

the method of contraception after treatment will be different due to the hormone dependence of breast cancer.

The usual birth control pills are formally contraindicated. Pills containing only a progestin lower the estradiol level but contain a high dose of progestins, urging caution. The mini-pills containing a progestin warn you to be very careful because an induced hyperestrogenism is sometimes detected.

IUDs: a study of 17,360 Finnish women showed that IUDs had no impact on the incidence of breast cancer. Other studies have revealed that there is no difference

between levonorgestrel-releasing intrauterine devices (IUD-LNG) and those using copper. The IUD-LNG is contraindicated. The copper IUD is an option and some specialists recommend placing it as soon as possible rather than the patient being young. Ovarian function is quickly restored after chemotherapy before the age of 40.

6. THE PREGNACY

studies have not shown an increased risk of death or recurrence in patients who are pregnant after breast cancer, including those with hormone receptors, regardless of the time between the end of treatment and the beginning of pregnancy. In addition, data from studies confirm that there is no over-risk of malformation in pregnancy occurring after treatment for breast cancer. The times currently proposed before considering pregnancy are as follows:

- One to two years after carcinoma in situ
- Two to three years after an invasive carcinoma with good prognostic factors (without lymph node involvement, grade I SBR, HER2neu negative); in the case of positive hormone receptors (RH +), the logic would be to wait 5 years, that is to say at the end of hormonal treatment, if it is offered
- Three to four years after invasive carcinoma without lymph node involvement
- At least four years, in the event of lymph node involvement because we have very little data These delays are empirical and take into account the risk period for the most serious relapses on the metastatic level, the first peak of which occurs within three years following initial treatment.

7. WEIGHT GAIN

is one of the concerns of patients, many studies have shown that nearly half of women treated for localized breast cancer gain weight in the order of 3 kg, but gain weight of the order of 8 to 10 kg are not exceptional. Risk factors are not clearly individualized, but patients receiving chemotherapy seem to be more concerned, especially before menopause. In addition, anxiety promotes snacking. The return to normal life must be accompanied by good eating habits and a healthy lifestyle.

8. SPORTS ACTIVITY

it is an aid for resocialization. Brutal movements should be avoided which place too much stress on the shoulder and the arm on the side of the breast treated, the risk being the appearance of lymphedema in the arm. The best sports are walking and swimming. They will help regain self-confidence.

All the studies confirm the benefits of resuming physical activity after the end of treatment, on physiological parameters, body composition, physical and psychological functions and quality of life.

9. RECOMMENDATIONS.

- Support by psycho-oncologists: They offer different ways of supervising the patient, family and loved ones.
- Individual support: an individual interview allows the patient to talk to the psycho-oncologist about his personal life.
- Various themes can be tackled there, in particular the future of the person and the fear of the risk of recidivism and the problems of socio-professional reintegration. After the illness, if the patient wishes, he can ask for regular interviews, which can even extend into psychotherapy. Groups, open to everyone, allow you to make connections, share experiences, and feel less alone. In general, the themes are not predefined and the leader is a psycho-oncologist. Former breast cancer patients can participate and share their experience. This place of speaking allows them to reintegrate.
- Adequate psychological support can help former patients to integrate all the physical and psychological upheavals caused by the disease.
- Physical activity: helps you feel better, regain self-confidence and manage stress. It is therefore beneficial for people who have suffered from breast cancer, if they feel the strength. For people who have undergone a mastectomy, some sports associations offer adapted sports. If playing a sport is not possible, there are milder activities like yoga and relaxation.
- Physical activity is seen as a non-pharmacological way to combat the psychological and physiological effects of cancer treatment. Qualitative and

quantitative studies have shown that physical activity increases physical fitness during and after cancer.

- Associations of former patients and volunteers can provide support through their experience and contacts.
- Internet discussion groups and discussion forums are also rich sources of information.
- For people who have survived breast cancer, the lack of behavioral changes plays a significant role in the development of new cancers, and for previously treated diseases, it increases the risk of relapse.
- Integrative oncology uses techniques aimed at empowerment, individual empowerment and behavioral changes that can prevent cancer from coming back. "Integrative" oncology is both a science and a philosophy that takes into account the complexity of the health of people with cancer and offers a multitude of approaches accompanying conventional therapies, such as the use of natural products, physical exercise (relaxation, tai chi, yoga, etc.), taking food supplements.
- The body / mind approach, patients who have experienced breast cancer experience all kinds of disorders, yoga, relaxation, meditation, and other disciplines that work both body and mind, can influence on the progression (or non progression) of the disease.
- However, they point out that research should be carried out to assess the long-term effects of this type of practice
- The doctor, dietitian or psycho-oncologist can help former patients to find suitable - solutions regarding their diet.
- Dietary supplements, the properties of nutrients, would make them great ways to prevent cancer. However, the findings of epidemiological studies should be interpreted with caution as the role of food supplements is not yet well understood and is subject to controversy.
- The role of plants is even less clear than that of food supplements. Some would be considered as possible cancer inhibitors such as turmeric, ginseng and green tea; the use of plants is still a subject of controversy.

10. CONCLUSIONS

Today, breast cancer is no longer a fatality! Not only have screening activities and early diagnosis significantly reduced the number of new cases, but multiple therapeutic advances have made it possible for many people with breast cancer and being treated to expect to live long years. But for these cancer survivors, returning to normal life is not always easy. Caring for a survivor of breast cancer should not be limited to doing everything to avoid a relapse. It is really about accompanying him to a new life! Faced with this paradigm shift, it therefore seems appropriate to pursue the development of new initiatives focused on the one hand on patients and their loved ones and on the other hand on the needs linked to their lifestyles by helping each other including appropriate models of health education and promotion. Particular attention must be paid to the psycho-social dimension which must not only be integrated as soon as the diagnosis is announced, but also well beyond taking charge of the pathology. Finally, it is important to note that the patient in remission, or even completely healed, always seems to be considered as having breast cancer. It is often cited as such. As if she could never really be related to a normal, healthy being. It is challenging and it testifies to the fact that the patient having had breast cancer is still considered to have a disease on the biological level and that it cannot therefore be taken into account as a whole as a person who has experienced some thing and that must be reborn.

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