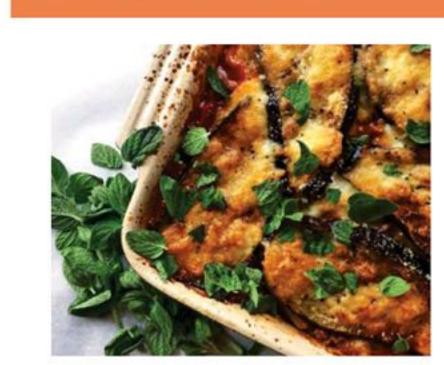
Make your own... PASTA-FREE LASAGNE



Although carbohydrates are a key part of a healthy diet, cutting out refined carbs like pasta and white bread is a good way to kick-start weight loss. In this low-carb version of the family favourite, I've swapped pasta sheets for slices of aubergine and I also cut out the creamy sauce.

1 large white onion, chopped 2 cloves garlic, minced Fresh oregano, chopped 400g minced beef 400g tin chopped tomatoes 1 tsp tomato puree 40g grated parmesan cheese 1 mozzarella cheese ball 1 tsp dried parsley 2 aubergines, sliced 1cm thick

Olive oil and seasoning to * Pre-heat oven to 180C. * Place aubergine slices on a baking tray and drizzle with olive

oil. Place in oven for 25 mins. *Brown the onion and garlic in a pan with some olive oil. When almost done, add chopped oregano, leaving some for garnish. Add minced beef. *Once the meat has browned, add tinned tomatoes and tomato

puree. Simmer for five minutes. *In a medium baking dish, spoon half of the beef and tomato mixture and smooth flat into a bottom layer. Add a layer of aubergine and sprinkle with

*Then add another layer of beef and another layer of aubergine, putting the crumbled mozzarella on top. Bake for about 30 mins until golden brown.

Frederick Faulkner



THE BLOG: My Experiments In The Pursuit Of Happiness And Good Habits. gretchenrubin.com

THE BLOGGER: Self help author Gretchen Rubin, 51 from Kansas City, Missouri WHAT'S IT ABOUT? Rubin has written several books, including Better Than Before and The Happiness Project, and her blog (which includes podcasts) mixes popular science and think-pieces on how we can choose happiness by changing our habits.

USED to think that breast cancer announced its arrival with a lump, a dimple or a rash. But for me, there were no visible signs of anything wrong. So when I got a letter from my local hospital calling me in for a mammogram, just 12 months after my previous breast scan, I almost ďidn't go.

The NHS recommends that women over 50 (I'm 54) have a mammogram every three years, so it was probably a clerical error.

What was the point in putting myself through an unnecessary and uncomfortable procedure?

My appointment fell on a hot sunny Tuesday afternoon in April, last year. I wasn't working and the idea of sitting in the garden with a book was tempting. But then I did the maths.

One in two of us will get cancer at some point in our lives; two of my closest friends had had mastectomies; two other BBC presenters, Sian Williams and Victoria Derbyshire, had recently gone public with their battle against breast cancer. So, I went.

The receptionist in the breast unit looked stressed. 'Do you want the appointment or not?' she asked. There were only two women in

front of me, so I decided to stay. Thank God I did. Just over two weeks later, follow-

ing another scan, a biopsy and several sleepless nights, I was diagnosed with invasive ductal breast cancer. The surgeon wanted to operate as

soon as possible. The tumour, the size of a one pence piece, was fast growing – a grade three.

'You mean it's aggressive?'

'We don't like to use that term any more,' he said.

But they had caught it early and would get to keep my breasts. That was a huge relief, like having a near-miss car accident.

I was to have the standard operation for early stage breast cancer a lumpectomy.

The surgeon explained how he would cut the tumour out and remove a couple of lymph nodes glands in the armpit – to make sure it hadn't spread. Once the wound healed I would have to have six weeks of daily radiotherapy.

As a freelance presenter at the BBC, I don't get paid if I'm off sick. How was I going to carry on with my job at Radio 4 if I had to go to hospital every day for six weeks?

HAT night I rang a friend who had had breast cancer five years earlier. 'I've got to have radiotherapy every day for six weeks. Will I be able to work?"

There was a long pause at the other end of the phone. 'You might. But it won't be easy.'

I felt my heart sinking. I was frightened. Frightened about dying, and about paying my mortgage.

That's when she mentioned intraoperative radiotherapy (IORT), a treatment that her mother had been through It involves a single 20 to 30 minute

dose of radiation administered via a special device while in the operating theatre immediately after the tumour is removed.

In other words, it's over and done with by the time you come round from your op.

And there are none of the usual unpleasant side effects such as fatigue and sore skin.

All radiotherapy involves using beams of high energy X-rays that destroy hidden cancer cells that may be lurking after surgery. It's the gold standard treatment for pre-

venting breast cancer recurrence. But as with so many cancer treatments there is a trade off. The

beams also harm healthy tissue. In a very small number of cases, there can be damage to the heart, and women with left-sided breast cancer, like me, were particularly at risk. Armed with this information I

Six weeks of radiotherapy or 30 minutes with the new breast cancer blaster...well. which would YOU choose? By KIRSTY LANG

PRESENTER OF BBC RADIO 4'S FRONT ROW

If it works, give women the choice

MILLIONS of women with breast cancer have had radiotherapy after surgery – doctors know it gives the best possible odds for a cure. But it's not easy to go through, disrupting life and with serious side effects.

So IORT would be revolutionary, cutting treatment time from months to a single 30-minute session, and with fewer consequences.

But trials have thrown up questions that, rightly, mean health chiefs are cautious. For those with small, early

emailed my surgeon. Was I suitable

My cancer was too fast-growing,

my tumour was too large and this

was a new treatment, even though

the first treatment was done in 1998.

The jury is still out, he said, which

But 30 years in journalism has

made it risky.

for IORT? The answer was: 'No.'

fewer than one in 200 who have a lumpectomy and EBRT will suffer a COMMENT local recurrence, while one in every 15 who choose IORT will develop breast cancer again. A mastectomy n these cases will offer a cure. A growing number of specialists HEALTH EDITOR

stage, low-grade tumours, it seems IORT is comparable to normal external beam radiotherapy (EBRT) in terms of breast cancer recurrence. But for women with higher-risk tumours,

taught me not to accept the first

answer I get. I decided to seek a sec-

ond opinion, which all NHS patients

The medical team who pioneered

IORT are based at University Col-

lege Hospital, London. So I con-

A couple of days later I found

tacted them directly.

myself sitting in a consultancy room with two doctors whom trusted instinctively: Jeffrey Tobias, Professor of Cancer Medicine, and Jayant Vaidya, Professor of Surgery and Oncology at UCL.

are calling for IORT to be offered to

lowest chances of recurrence. But as

the individual to decide, weighing up

with all treatment, it will be down to

breast cancer patients with the

the risks they are willing to take.

The Mail on Sunday JANUARY 29 • 2017

Mr Vaidya explained how, working as an oncologist in India and Dundee, he was struck by the long distances many of his patients had to travel every day for their radiotherapy treatment. Some chose a mastectomy instead.

Having reviewed my notes, they said I was eligible. My tumour was small – at an early stage – and oestrogen receptive positive, which means it responds well to hormone medication such as tamoxifen or letrozole, which I was already on.

the evidence. They were also not convinced my tumour was grade three (tests after it was removed revealed it to be grade two at the time of my operation, which could have been a result of the drug treatment I was put on immediately after diagnosis) However, I would have to go pri-

vately to get IORT as the NHS watchdog, the National Institute for I went Health and Care Excellence (NICE), has yet to approve IORT due to 'too much uncertainty in the evidence of its long-term benefit'.

Perhaps this should have put me

off. But it didn't. I like skiing off-piste and I'm a former foreign correspondent. Everything we do in life, and all cancer treatment involves risk.

Another woman with an identical diagnosis might choose a double mastectomy 'just to be sure' These decisions are down to the individual, having weighed up

I went ahead and had the operation on a private ward of an NHS trust. Luckily I had taken out health insurance years earlier thanks to a BUPA discount scheme for BBC employees. There are six hospitals in the UK equipped with the right machinery, one of them is the Great Western Hospital in Swindon where

My operation went so smoothly that I felt like a bit of a fraud. I went under the knife at lunchtime and by late afternoon I was told the tumour had been successfully

Blow dry? That's my £1,500 wig!

CAUGHT EARLY: BBC presenter Kirsty Lang last week

DURING chemotherapy, I opted to have cold-cap treatment. This is a closely fitting rubber and fabric hat that has cool fluid pumped through it by a machine. The effect minimises the amount of chemo drugs that get to the scalp, meaning you have about a 50 per cent chance of keeping your hair. In the end about half of mine fell out. So I invested in a very good,

natural hair wig which cost £1,500 and was fitted by Jennifer Effie Hair Solutions.



NATURAL: Kirsty's real hair wig is fitted

It looks so convincing people often ask if I've had a blow dry. Synthetic hair wigs cost about £400, and you can get a blend for about £800. It's a lot, but it made me feel so much better about myself. I wanted to carry on working and I didn't want to look like a sick person.

removed and there was no sign of the cancer having spread. I didn't even stay overnight and I

was back presenting Front Row on Radio 4 six days later. For the next couple of weeks, I walked around with a spring in my step. And then I went to see my

oncologist, Professor Paul Ellis. I fully expected to be told that I didn't need any more treatment apart from continuing to take letrozole every day for the next five vears. But a minuscule bit of cancer, a micrometastasis, had been found in one of my lymph nodes.

'There's a 90 per cent chance your cancer won't spread elsewhere,' said Prof Ellis. 'But if you have chemo that goes up to 95 per cent. Again, I was being asked to weigh

ERHAPS it sounds ridiculous, but I really didn't want to lose my hair. On the other hand five per cent seemed a lot. 'It's your decision but, if vou were my wife, I'd tell you

to have chemo,' he added. It was more tolerable than I expected. I had 12 weekly doses and carried on presenting my Radio 4 show until the final two rounds.

By that point I was very tired and could almost feel the poison coursing through my bloodstream, causing violent fluctuations in my body temperature and making every muscle and joint in my body ache. Chemo ended in mid-October. I'll

take letrozole for five to ten years. I'll be monitored. But I am cancer free and I feel my odds of remaining so are as good as

they could be. I have a barely visible scar and, looking at me, you can't tell anything

A fellow breast cancer sufferer recently asked me if I felt angry. I don't. In fact, I feel lucky.

Lucky because I'm alive, lucky it was caught early, and lucky that I was able to avoid weeks of radiotherapy because I had private health insurance.

The thing that does make me angry is that IORT isn't more widely available to women with early stage breast cancer on the NHS.

recommends stretching after wearing heeled shoes. LAST week MPs called for a ban on work dress codes MIND YOUR BUNIONS requiring women to wear high Bunions are bone heels, stating it was gender discrimination and that they deformities at the toe joint. cause physical damage. Science High-heels do not cause bunions (and legions of women) agreed. they're genetic – but the A 2014 UK study found that unnatural positioning of the toes 'persistent' heel-wearing was and pressure put on the ball can linked to development of trigger their development. osteoarthritis in the legs.

STRESS ON KNEES A 2012 study carried out at the University of Southern California, found that stress on the knee joint increased by 90 per cent when a woman wore 3.75in heel rather than flats

BACK STRAIN The plantar fascia – the ligament under the foot - is connected to the calf muscle, which is connected to the hamstrings, which attaches to the lower back and pelvis. Walking on the balls of the feet strains the plantar fascia, with pain felt in the lower back.

OVERSTRETCHED ACHILLES The American Osteopathic Association says long-term use of high heels tightens the calf muscle and shortens the Achilles tendon, which

can lead to muscle pain, and



FRAZZLED NERVES

Morton's neuroma, also

when a nerve in the foot - often

between the toes - becomes

condition is most common

irritated and causes pain. The

among middle-aged women, and is linked to wearing tight-

fitting and pointy shoes and walking on the ball of the foot.

HEEL DEFORMITY

heel bone, in the form of a bony

bump, often accompanied by heel

pain and swelling. It is caused by

tight-fitting shoes with rigid backs

that press and irritate the area.

Haglund's deformity is an

enlargement of a part of the

known as metarsalgia, is

The main cause of ingrown toenails is tight-fitting shoes, as the warm sweaty environment softens the nail, which is then bent and grows into the skin.

> WATCH YOUR STEP In 2015 a team at Alabama University studied A&E records and of admittances

related to falling while wearing heeled shoes had doubled over a decade.

BELIEVE it or not, but until now the scientific community was baffled by exactly why our fingers wrinkle and pucker when soaked in water.

a theory that the phenomenon may have an evolutionary function: to improve the grip on wet objects as water can be channelled in a similar way to how treads in car tyres work. It is often assumed that the wrinkling is the result of water saturating the skin. In fact,

it is the result of blood vessels

constricting below the skin.

or with fingers wrinkled after soaking for 30 minutes. The volunteers were faster at picking up wet marbles with wrinkled fingers than

with dry ones.

Tom Smulders, an evolutionary biologist and co-author of the paper, said: 'Wrinkled fingers could have helped our ancestors to gather food from wet

At last... why fingers wrinkle when wet

In the new study, researchers at Newcastle University asked volunteers to pick up wet or dry objects, including marbles of different sizes, with dry hands Now, lab tests have confirmed

vegetation or streams.'