

RADIOTHERAPY given during breast cancer surgery has just been approved by NICE. Lynn Ashman, 59, a former marketing director from Malmesbury, Wiltshire, had the treatment, as she tells LUCY HOLDEN.

THE PATIENT

DURING a routine annual mammogram in September 2014, a shadow was spotted on my left breast.

I'd been having these check-ups for about ten years because my mother had breast cancer, and I'd had a scare five years before — a lump which turned out to be a benign cyst.

This time I was referred to the Great Western Hospital in Swindon, where I had a second mammogram and an ultrasound, which also picked up the shadow. Two biopsies confirmed it was breast cancer.

I'd had no symptoms at all, so it was amazing to me that they had found something. Even when I knew where the lump was, I still couldn't feel it.

It all happened so fast. But my mother and four close friends have survived breast cancer, so I was hopeful that it could be treated successfully.

Luckily, the cancer was still early-stage and small (about half an inch), so I could have surgery and some radiotherapy; I didn't need a mastectomy.

Then, at one of my appointments before the surgery, a nurse mentioned a new treatment the hospital was offering called targeted intra-operative radiotherapy, where a single dose is delivered into the breast straight after surgery, while you're still on the operating table.

It meant I could go home the same day rather than stay overnight, and didn't have to return to hospital for daily radiotherapy sessions for up to six weeks, as is normally the case.

HAVING to go back and forth to hospital worried me almost more than having cancer, because my partner is severely disabled (after a car accident several years ago left him brain damaged) and needs 24/7 care.

It would have been a logistical nightmare to arrange enough care for him, so I was very keen to have the new radiotherapy. Unfortunately, the technique was so new to the hospital that it was still testing the equipment, so I had to wait four months. But I had regular check-ups, which reassured me the cancer wasn't growing.

I finally underwent surgery and radiotherapy in March 2015. It took about 90 minutes. Afterwards I felt fine, if a little woozy, and an hour after waking up I was at home — my good friend Val stayed with me that night to help me look after my partner.

I had a sore arm for a couple of days and a bit of swelling under my arm — they had removed some of my lymph nodes, which are part of the lymphatic system that drains fluid from the tissues; the nodes are checked to see if the cancer has spread.

Two weeks later I went for a scan and was given the all-clear. Two years on, I only need annual check-ups, and there is no sign the cancer has returned.

THE SURGEON

NATHAN COOMBS is a consultant breast surgeon at Great Western Hospital in Swindon.

CONVENTIONAL treatment for breast cancer involves surgery to remove the tumour, followed by daily radiotherapy delivered to the outside of the breast.

But now we can offer targeted intra-operative radiotherapy directly inside the breast, which

Magic ball that spares breast cancer patients gruelling weeks of radiotherapy



silver rod with a detachable ball on the end of it.

The ball — which emits the radiotherapy — is put into the cavity once the tumour is removed, so it needs to be the same size as the tumour. We knew it would be possible to find an applicator the same size as Lynn's tumour.

This treatment might not suit someone with a large tumour, or whose cancer has spread.

We make a small incision in the breast and remove the tumour (plus a rim of tissue to check it hasn't spread). Then we measure the cavity and fix an applicator of the same size on the end of the rod connected to the machine that powers the radiation.

We secure it in place with temporary stitches and place lead screens around the breast to reduce the radiation escaping into the rest of the room.

Then the radiation is emitted directly into the breast area for about 30 minutes.

ME & MY OPERATION

RADIOTHERAPY DURING BREAST CANCER SURGERY

is just as effective but saves women weeks of radiotherapy.

The technique was first trialled in the UK in 2000. It arose from the knowledge that if cancer returned after surgery, it almost always did so at the same site.

This made the idea of treating the whole breast with radiotherapy after surgery ridiculous.

Standard radiotherapy is also stronger, so patients may feel nauseous, and less accurate, so it could damage other tissues and organs. There should be fewer side-effects with targeted

intra-operative radiotherapy because the form used is softer.

Patients can go home the same day and need not spend weeks coming in for daily radiotherapy. It's a one-stop treatment.

It was clear the new technique would suit Lynn. She had cancer in the left breast, which is closer to the heart, so the risk of standard radiotherapy causing heart damage was raised.

Her tumour was also small, which matters because the treatment is given using a device called an applicator, a sort of

WHAT ARE THE RISKS?

■ **INFECTION**, as with any surgery.

■ **ABOUT 15 per cent** of patients will still need normal radiotherapy as well.

■ **THERE is a low risk** of heart and lung damage.

■ **ELINOR SAWYER**, a consultant clinical oncologist, says: 'As radiation is delivered

straight into the cavity left by the tumour, undetected cancer cells in the rest of the breast may be untreated.

'Patients should be selected carefully for this treatment until we know more about it, but for patients with small tumours in only one area of the breast, it might work.'

Under the microscope



UB40 singer Ali Campbell, 58, answers our health quiz

CAN YOU RUN UP THE STAIRS?

YES. I'm on the road a lot doing two-hour shows so I'm active. I've got a stationary bike that I do 20km on several times a week. I'm a couch potato by nature and I love watching telly, so at least if I'm on my bike at the same time I don't feel so guilty.

GET YOUR FIVE A DAY?

I DO try. I've had type 2 diabetes for a few years, so eating healthily is important. I was quite heavily into juicing, having a couple of pints of something like carrot, apple and ginger a day, thinking I was being super-healthy. But I was having so much fruit sugar that it made my diabetes worse, so I scaled it back.

ANY VICES?

CHOCOLATE, especially Maltesers.

EVER DIETED?

I'VE always worried about my weight, partly because I used to be a heavy drinker. I was hypnotised 15 years ago and had aversion therapy, where I had to visualise a giant ten-pint glass getting more and more disgusting. I haven't drunk clear beer since, but I still have the occasional Guinness. I'm 5ft 8in and about 14½ stone.

ANY FAMILY AILMENTS?

TYPE 2 diabetes. My mum's got it too.

WORST ILLNESS?

MY DIABETES, because I've never had any symptoms (it was diagnosed by a random blood test), and I'm never really sure if I'm managing it right.

WORST INJURY?

ON MY 17th birthday I got caught in the middle of a fight and was hit with a glass — I had 90 stitches on the left side of my face. I used my criminal injuries compensation to start UB40.

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TAKE ANY SUPPLEMENTS?

AT THE moment, I'm drinking fresh or powdered turmeric in hot water every morning. A friend in California swears by it. I've also heard it can help type 2 diabetes by reducing blood sugar levels.

EVER HAVE PLASTIC SURGERY?

NO. I don't want to look the same as everyone else.

EVER BEEN DEPRESSED?

I'M PRETTY positive but I used to get SAD (Seasonal Affective Disorder). Even as a child, I'd get very depressed because of the dark winters and horrid yellow lighting inside. It's part of the reason I moved to Jamaica for 17 years in the Eighties. It made a huge difference. I live in Christchurch, Dorset, by the sea now. I still get SAD but it's nowhere near as bad as it was.

WHAT KEEPS YOU AWAKE?

NOTHING, I sleep like a brick.

BIGGEST PHOBIA?

MY ONLY fear is going on stage and everyone ignoring me.

LIKE TO LIVE FOR EVER?

GOD, no.

■ **UB40 featuring Ali Campbell, Astro and Mickey** have a new album, *Unplugged + Greatest Hits*, out now on Universal, price £9.99.

Interview by SARAH EWING

■ **THE treatment costs** the NHS £2,000, or £11,300 privately.