

'Sally uses her humanity and her unique approach to life to enlighten people in how to approach and take charge of their cancer treatment choices. Lifting the lid on integrative medicine, Sally leads the way in utilising lifestyle and healing modalities to triumph over cancer.'

Patricia Peat, RGN, Dip Pall C Dip UTR, Founder of Cancer Options

'Sally bravely tells the story of her encounter with breast cancer – the physical and emotional difficulties, the psychological challenges and all the inherent risks to her public career. And we are all the richer for it.

This is Sally's journey through an inhospitable land tragically being visited by more and more of us every year. And, crucially, Sally is the one in the driving seat, the one deciding at each junction which is the right direction for her. Many of her decisions might not be right for you, but that is immaterial – they were the right ones for Sally, and she was at pains to gather the support and expertise she needed around her to empower her with sufficient choice and control to make them.

Supporting people with cancer in making their own choices is precisely the mission of Yes to Life, and so we are absolutely delighted that Sally has generously chosen to support the charity through sales of her book.'

Robin Daly, Chairman and Founder, Yes to Life

Actress, author and presenter Sally Farmiloe-Neville has worked in every field of the entertainment industry, and is currently senior presenter for B WELTV and W6 STUDIOS and Editor in Chief of Hot Gossip magazine. She is also a member of MENSA. Sally lives in London with her husband and children, and is one of the city's top society hostesses and charity auctioneers. She is the British Chairman of Food Relief International and a Patron of Against Breast Cancer. Over the years she has raised hundreds of thousands of pounds for countless charities and worthwhile causes.

MY LEFT BOOB

A Cancer Diary

Sally Farmiloe-Neville

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To Adele Bloom, who suggested I write this book, to  
Dr Anna, Lady Brocklebank, for her kind advice at  
all hours, and to Jade, my reason for living.

Foreword by Professor Ian E. Smith, MD, FRCP, FRCPE

Consultant in Medical Oncology, Professor in Cancer Medicine, Head of the Breast Unit, Royal Marsden Hospital.

Treatment for breast cancer today is more effective than ever before, but it comes at a price. It can be long and difficult, and both physically and emotionally draining. This is the day-to-day story of how one remarkable woman coped, with cheerfulness, courage, good humour and great strength of spirit. It is packed with practical advice on all the many issues that inevitably arise during treatment, and her account of going through the rigours of chemotherapy will be of great interest not just to the public but to cancer doctors themselves. What comes through most strongly is the support of friends and family and of the dedicated nurses involved in her care. It is a story to warm the heart.

## Medical Consultants

Professor Ian E Smith, MD, FRCP, FRCPE,  
Consultant in Medical Oncology, Professor in Cancer Medicine, Head of the Breast Unit, Royal  
Marsden Hospital.

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Dr Miriam Dwek, BSc, PGDip (HE), PhD

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MONDAY 14TH MAY 2012:  
*'Off With Her Breast!'*

'You have cancer in your left breast and we recommend a mastectomy.' Those were the words that turned my heart to stone that rainy May morning at London's Charing Cross Hospital. I was so shocked I burst into tears. Addie, the kindly blonde cancer nurse, rushed forward with a man-size box of Kleenex, and the doctor – who I later learned was a surgeon, so a 'Mrs' not a 'doctor' – said: 'Oh, was this not expected?'

Is it *ever* expected? No, I did not expect to get cancer. I was not that old, ate sensibly, didn't smoke, didn't drink too much and kept pretty fit with my tennis, cycling and workouts with weights. In fact I was a beauty, health and fitness writer and presenter, so I thought I knew a thing or two about it. However, my main income comes from playing glamorous acting roles and 'mature' modelling so I knew immediately that I would have to think about the aesthetic implications of losing a breast as well as the health side.

At the time, though, when I only had a ten-minute appointment, I was so numb that I couldn't think of anything to say. I just stared at the good-looking Asian lady doctor who was so calm about it all, and hoped I could bond with her. I can't remember what happened next. I was supposed to go to my tennis coaching but I couldn't face it so I stumbled home.

*ADVICE: If you can, always take a friend or family member with you to important consultations at hospitals. They can ask the sensible questions while you dissolve into hysterics!*

This all started in 2011. In 2004 I had had a letter from the NHS telling me that, now I was fifty (strange, I thought I was thirty nine!), I could have a free mammogram every three years. I knew these tests were a bit uncomfortable but I had had benign lumps in my breasts and under-arms before and decided to take advantage of the regular scans at my local Charing Cross Hospital. The first two had been fine but in 2011 they had spotted a little white speck on the left breast. I'd had a core biopsy, which wasn't painful, and then went in to see the consultant at Charing Cross to get the results. The radiologist hadn't turned up so the consultant, a Scottish gentleman, eventually saw me by myself, as with the other ladies that day. He told me the speck was a 'Level 3' risk and that I should come back for another test in one year's time. Level 3 sounded like intermediate to me and I thought maybe I should come back before that. I asked the doctor what the speck might be exactly – was it calcification maybe? But he didn't seem too sure and was in a bit of a hurry, so I just left.

A couple of weeks later I got a letter from Charing Cross Hospital stating that my 'speck' was 'Level 1'. That is the lowest risk category, so maybe an appointment in a year would be fine. But which was it? Level 3 as the doc had said at my results consultation, or Level 1 as they were now saying? I didn't get much joy ringing the hospital to find out, so my ever helpful and kind GP, Dr McKeown, wrote to them for me. I believe he had to send them a couple of letters but eventually they replied that it was only Level 1.

This sounded better – but why did the consultant tell me Level 3 before? Did he get it wrong because the radiologist was not there? I spoke to my dear friend, Dr Anna, Lady Brocklebank, a specialist at St George's Hospital in south west London, and she said mistakes are often made and that I should go and get a second opinion privately at The Breast Clinic in Harley Street. I often think that I was Level 3 then and that if I had gone to the Breast Clinic at the time, I could have had further tests and might have averted disaster – 'spilled milk' and all that!



By this time, after all the fiddling about with the hospital letters, it was nearly summer 2011. The year before, I had returned to the stage, my first love, after my daughter Jade had left school. I had been rehearsing and playing in draughty theatres and travelling on the Underground, and I was constantly getting colds and coughs which would last for two weeks. Eventually, in July 2011, a cold developed into laryngitis and I had to cancel a performance for the first time in my acting career. This was a huge blow – I hated letting the theatrical company down, so I bit the bullet and went to a very expensive consultant in Harley Street. He sent me off to have several blood tests, again at vast expense, and then told me my immune system was low and put me on ten different supplements (fourteen pills) a day and a no wheat/no dairy diet. I immediately started this but got very irritable and weepy, shouting at taxi drivers and swearing at the other actors if they upstaged me – not good for my career or the general public. I rang the doctor and asked if I was getting withdrawal symptoms from my usual comfort foods. He said, 'Yes, of course – everyone gets that.' Well, he could have blooming well told me! I was more furious than ever but didn't want to take it out on him because he was a sweet old man. So I just did my own thing and gradually cut out wheat and dairy instead of doing it all at once.

I had lost confidence in that doctor but was lucky to remeet nutritionist Peter Cox, who had been one of the contributors to my health and beauty book, *Sensual Pleasures And The Art Of Morphing Into A Health Goddess*, at a party given by my actress pal, Ab Fab's Helen Lederer. He has kept me on the straight and narrow ever since through the immune system diet and now the Cancer Diet.

There are several books on the famous 'Cancer Diet' by various doctors and nutritionists and they do not all agree. I trusted the advice of my own experts and my special friend Adele, who firmly believes in optimum nutrition as the road to good health after a pre-cancerous scare when she was young. Adele kindly gave me all the various books on nutrition for cancer, got me off the dreaded microwave and stuck a list of 'good' and 'bad' foods on the fridge door where I could not miss it!

*ADVICE: 'The Cancer Diet'. The main points seem to be that too much sugar, fat and very processed foods are bad and fresh foods, especially fruit, vegetables and juiced 'smoothies' are good.*

*This is what most experts seem to agree upon:*

*Brown rice is better than wheat as a 'staple'. Dairy is considered by some to be bad for breast cancer patients; soy and almond milk are better although there are some discrepancies about soy in general and the jury is out on this. Red wine is good, white bad. Dark chocolate is good and can be used as a 'treat' instead of milk chocolate. Manuka honey (and, I later discovered, agave syrup) can replace nasty white processed sugar. Dark vegetables are particularly good. Red meat should be cut down – some experts say never eat it, some say only eat it once a week, some say twice a week is fine.*

*Green tea, wheat grass, walnuts, almonds, raw courgettes, turmeric, apricot kernels, broccoli, maitake mushrooms, Iscador (from mistletoe) and soursop (a South American fruit) are all supposed to be cancer fighters.*

*The general thinking is that alkaline foods are healthier and easier to digest than acid ones while a patient is on chemo and/or producing excess stomach acid due to the stress of the disease and treatments.*

*(Please refer to Patricia Peat's list of Acid and Alkaline Foods at the end of this book.)*

The supplements and the diet worked and my colds would disappear after just a day or so. Because of all the blood tests and my new, healthy diet I presumed I was fit all over, breast and all. I hadn't requested any markers for cancer when I had my blood tests because the 'C' word had not been mentioned at that stage. That is why I didn't think I needed to get checked out at The Breast Clinic – and after my recent expensive visits to Harley Street (following previous family skirmishes with PPP and BUPA and having always been pretty

healthy and careful about my lifestyle, I did not have any health insurance) I wasn't really in the mood for any more schlepping up there and wallet lightening!

*ADVICE: Always ask about possible side-effects. Mistakes can be made privately as well as on the NHS and it's never good to go cold turkey on any new health regime as there may be unpleasant side-effects the doc hasn't warned you about. Don't be lazy and don't be cheap where your health is concerned. Your health is your most valuable commodity. Take out health insurance if you possibly can.*

So that's why I hadn't had any more tests since the year before and why I was so shocked to find that I suddenly had a tumour big enough to warrant removing the whole breast. Granted my boob had been feeling a bit sore recently but I had put that down to the core biopsy, which had been very painful this time (should that have been a warning?). I had gone off to Palm Springs to visit my ex and best pal, Steve Rowland and his doggy, Mae Lynn, and had gone swimming every day in my padded, underwired pink bikini, boobies looking perky! I'd had occasional shooting pains but I'd had them in both breasts before and a doctor pal had said it could be just a touch of mastitis. (I later found out that women regularly get completely harmless pains in their breasts.) I did sometimes wonder what I would do if I had breast cancer but as I lounged in Stevie's pool under the brilliant California sun without a care in the world it just didn't seem possible.

I had gone out to visit Steve as soon as I had a break from the play I was doing at the time, Carry On Brighton, to cheer him up after his fiancée, Judy Lewis, had tragically died of a brain tumour. I had only met Judy on the phone but knew she was beautiful and famous, the 'love child' of Loretta Young and Clark Gable, and that her life had been snuffed out far too early. So I wasn't really thinking about my own small – or so I thought – problems.

Back to that unhappy day of my diagnosis... I had to tell my daughter Jade, who is the most precious person in my whole life. This was so hard. Poor Jade had lost her granny to cancer last year, her uncle to cancer four years before that, and her boyfriend had lost his mum to breast cancer two years earlier. So she equated cancer with death and instantly burst into tears when she heard her mumma had cancer. It is such a horrible word.

Those first few weeks after my first diagnosis were awful. Jade and I just lay on the sofa clinging to each other and mindlessly watching The Kardashians and Two And A Half Men (Charlie Sheen is my guilty pleasure but I doubt even the womanising Charlie would fancy a lady with only one bazooka!)

I never thought for a minute to doubt the diagnosis. I was to have a mastectomy with reconstruction at the same time: major surgery to remove the cancer followed by the reconstruction involving an implant, an expander in the bust which had to be pumped up regularly to stretch the skin slowly so it can accommodate the new, reconstructed breast, and muscle taken from my back to cover the implant, thus leaving another scar. All this because I am skinny and don't have enough flesh anywhere else on my body to make a new boob (although I believe a reconstruction with your own flesh is an even longer operation than the implant one). Then, inevitably, radiotherapy – and maybe the dreaded chemotherapy or pills. Those were dark days when I thought I might die because I didn't know if the cancer might have spread. I remembered the surgeon saying that they would do a sentinel lymph node biopsy at the time of surgery to see if it had spread to the lymph glands – the first place it spreads to from the breasts, apparently – but I wouldn't know until after they'd opened me up. However, my lack of knowledge was about to change...