

HAIR LOSS DURING BREAST CANCER TREATMENT

FACT SHEET

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This fact sheet was produced by Breast Cancer Network Australia

Because it's visible to others, hair loss (alopecia) can be one of the more distressing aspects of your treatment for breast cancer.

Your hair may be very much part of your self-image and femininity, so losing your hair can affect your confidence and the way you see yourself. Some women who are about to undergo treatment, and believe that they are prepared to lose their hair, still find it very upsetting when it actually occurs.

'You know, I didn't mind losing my breast as much as I minded losing my hair. I know that might sound odd but it's how I felt – I cried and cried. Losing my hair made my breast cancer so public.' – Sarah



This resource has been developed with input from women who have experienced hair loss as a result of undergoing breast cancer treatment. We hope you'll find this information helpful.

What can I do to prepare myself for hair loss?

Hair loss from chemotherapy treatment occurs because the chemotherapy kills not only the cancer cells, but also healthy cells, including the cells in your hair follicles. After chemotherapy treatment is finished, the healthy cells repair themselves and hair grows back.

Whether or not you lose your hair depends on the types of chemotherapy drugs prescribed for you.

Some types of chemotherapy cause complete hair loss, some cause the hair to thin out, while others may have no effect on your hair at all. You may also find that your eyebrows and eyelashes fall out, and that you lose the hair on your legs, arms, underarms and pubic area. This may occur at different stages of your treatment. You can ask your medical oncologist or oncology nurse how your chemotherapy may affect your hair. On the last two pages of this fact sheet, you will find a list of common combinations of chemotherapy drugs used to treat breast cancer, along with their likely effect on your hair.

Some women who take the breast cancer hormonal treatments tamoxifen, Arimidex, Femara or Aromasin may also experience hair thinning because of the oestrogen-lowering effect of these treatments. These treatments are unlikely to cause complete hair loss however. Hair thinning usually improves after the first year of taking these medications. However some women will experience hair thinning for as long as they take these medications. If you are still experiencing hair thinning, you may like to discuss with your doctor whether switching to another one of these medications would be possible, as they may not all equally affect your hair.

Being prepared and talking with others about how you feel can help you adjust to the temporary change in appearance. If you have children, it's important to prepare them also for this change, and to let them know that your hair will grow back. The website www.myparentscancer.com.au can be helpful for young people aged 13 to 19 years as it covers a range of issues including hair loss. The book 'My mum has breast cancer – a family's cancer journey' may be useful for younger children, as it also touches on hair loss. More information about this book and others can be found by visiting www.bcna.org.au > News > Resources > Reviews books and other resources > Books for children.





What can I do to prevent or reduce hair loss?

As a way to help prevent or reduce hair loss from chemotherapy, some oncologists offer cold caps (scalp coolers) to women. A cold cap is a strap-on cap, which has come from the freezer at a very low temperature, and which you wear while you are having chemotherapy. The cooling effect of the cap is thought to prevent or reduce hair loss. Some women find cold caps uncomfortable to use, and they increase the time spent in the chemotherapy unit. They need to be used with each chemotherapy treatment, and there is still some uncertainty about whether they are safe and effective.

They are only available in some centres across Australia. If you would like to learn more about cold caps, it's best to get in touch with your oncologist.

If your hair is likely to thin

- Use a gentle shampoo and conditioner.
- Dry your hair naturally or use a cool setting on the hair dryer.
- Brush or comb hair gently (one of the reasons for hair loss is the hair breaking off at the scalp).
- Some women prefer to cut their hair into a short style as this can give the appearance of greater hair volume.
- Other women prefer to grow their hair during the months of treatment so that if the hair does thin, it can be pulled back and secured with a hair fastener, allowing 'strategic' covering of the scalp.
- Protect your scalp from the sun.
- Avoid heated rollers or curling wands.
- Avoid perming or straightening your hair.
- If you colour your hair, ask your hairdresser to use/recommend a vegetable hair colour rather than a chemical dye. These may have to be ordered in for you.
- If you're considering a hair piece, be careful that it doesn't put too much pressure on the hair at the scalp or that the clasp doesn't cause the hair to break off.

If you're likely to lose all of your hair

'My scalp was tender for a few days when my hair was falling out. I found that a satin pillowcase was more comfortable to sleep on.' – Julie

'I chose to have my hair shaved off. That way I felt I had some control.' – Ellena

Hair usually starts to fall out about two to three weeks after the first chemotherapy treatment, and it generally happens quickly. First, your scalp may become tender or itchy. The tenderness may cause discomfort when you're resting your head on a pillow or against a hard surface. If necessary, you might want to take some mild pain relief tablets such as paracetamol.

For some women, the first sign that they're about to lose their hair is finding large amounts of hair clogging the drain after a shower. Others notice hair on the pillow when they wake up or find that they can pull hair out in clumps with gentle pressure.

- At this stage, some women choose to shave the rest of their hair. This way, you'll have less mess to deal with, and it gets the hair loss process over and done with in one go. You might find you look better with no hair than with wispy bits of straggly hair on a bald scalp. If you shave your hair, your scalp might feel a bit



'prickly' for a few days, which could make a wig uncomfortable. Wig suppliers and some oncology units sell 'chemotherapy caps' to be worn under a wig to ease this discomfort.

- Rather than shave your hair, you could wear a turban to contain the hair and wait until most of it has fallen out on its own. Once there is just a little hair left, you may want to shave this off. If you decide to have your hair shaved off, your oncology nurse or hairdresser might be able to do it for you. You might want to see if this can be done in a private place – some hairdressers will come to your home. They will need to use electric clippers to prevent cuts or nicks to the skin. For most women, this is a very emotional time. Be sure you have the support you need.

Dealing with hair loss is a very individual thing. Some women don't want to wear a wig or cover their heads at all. Others couldn't imagine being seen by others without a wig, hat, turban or scarf. There are no rules – just decide what's right for you.



As hair loss usually happens over just a few days, it helps to have arranged appropriate head covering before your hair begins to fall out. Apart from how you look, keep in mind that hair helps the body retain heat in the cold and protects the scalp from the sun.

You'll probably need some head covering during winter at night or when you're in the sun. Options for covering your head include wigs, hats, scarves, beanies and turbans. If you prefer not to cover up, remember the sunscreen.

'I thought I was emotionally prepared to lose my hair although I never truly understood how much it was a part of my identity until it was gone.' – Helen

Wigs

Wigs can be made from synthetic fibres, real hair or a combination of both. They vary in price from around \$80 to many hundreds of dollars. The most expensive are not necessarily the best. Remember that hair loss is temporary – you may only need the wig to last for six to 12 months. There are many specialty wig suppliers who are experienced in fitting wigs for women receiving chemotherapy. For more information, talk to your oncology doctor or nurse, call the Cancer Council Helpline on 13 11 20 or talk to other women who've had chemotherapy.

When you go to try on wigs, you might want to take someone with you whose opinion you trust.

Wigs are deliberately made with too much hair so that you can have the wig styled to suit your face. This can be done by a specialist wig supplier or your hairdresser.

Even if you think you won't want to wear a wig, it's a good idea to have chosen one in case you change your mind. If you don't feel like trying wigs on, keep some of your hair so that you can match the colour if you do change your mind.

Wig accessories

- You will probably require a wig brush.
- Wig shampoo is available, but generally baby shampoo works just as well.



- Many women find that putting their wig over a bottle at night has the same effect as a wig stand.
- A thin 'chemotherapy cap' worn under a wig should help reduce any itching.

Hats, scarves and turbans

'At 26 and single, losing my hair was overwhelming. How would I cope? Wigs, beanies and scarves became my accessories. And they were fun. I could be someone different everyday! I didn't look too bad bald either!' – Jo

You may not always want to wear your wig so it's good to have other options ready. In the warmer months, hats or scarves may be cooler than a wig. In the cooler months, you might need to wear a turban to bed.

- Take a trusted, creative friend with you when you go shopping for hats and scarves. Play around with different styles and looks.
- The Look Good Feel Better program (see below) can help you with creative ideas for wearing turbans, hats and scarves.
- Scarves should be made from cotton or similar non-shiny material so they don't slide around.
- Stockists:
 - Turbans are available from many wig suppliers and from most State and Territory Cancer Councils
 - Hats and scarves are available from department stores and markets.
 - Scarves can be bought or simply made yourself by edging a piece of fabric you like.

What will it cost?

If you have private health insurance, check with your insurer – some policies cover the cost of wigs and accessories. If you are covered, you will need a letter from your doctor stating that you require the wig on medical grounds. Make sure your receipt is itemised.

Some hospitals have arranged for their patients to receive a discount from specialist wig suppliers – check with your oncology doctor or nurse about this.

Some state and territory Cancer Councils or large oncology units offer wigs at no cost as part of a wig library program. Ask your oncology nurse or contact 13 11 20 for details.

Eyelash or eyebrow loss

Many women are very distressed at losing their eyelashes and eyebrows.

'I was devastated by the loss of my eyebrows and eyelashes. I looked featureless. I attended the Look Good Feel Better program and quickly learned to love eyeliner. I was really excited when they started to grow back. I swear I'll never take my eyelashes for granted again.' – Pam

Eyelashes normally protect your eyes from grit and dust – without them it's a good idea to wear glasses or sunglasses when you're outdoors. Artificial tears (available from pharmacies) may help to keep your eyes lubricated.

If your eyes are not feeling sore, you may like to try using makeup or false eyelashes to replace your own eyelashes. You can buy false eyelashes from pharmacies and make up counters at department stores. Check with your oncology nurse if you are thinking about this option.

Some women choose to 'create' eyebrows with an eyebrow pencil or eyebrow powder. You may like to visit the makeup counter at your local pharmacy or department store to find out more.

You also may like to try wearing fake eyebrows, which are available for purchase from the US website *Headcovers Unlimited* at www.headcovers.com.



During treatment



After treatment finished!

Looking good, feeling good

For most of us, our hair is an important part of our identity and influences our self image. For many women hair is their 'crowning glory'. It can be a real challenge to feel good when you don't have any.

We encourage you to do whatever you need to do to feel good.

Some women find that by wearing lipstick and/or earrings the attention of others is drawn away from the scalp.

Look Good Feel Better programs help you to learn about skin care during treatment, makeup and wigs, hats, scarves and turbans in a safe, supportive and fun environment. They're free, and they run throughout Australia. Call 13 11 20 for details of the program nearest to you.

What to expect when your hair grows back

The length of time that it takes for hair to grow back varies from person to person, but it's important to remember that hair loss from chemotherapy *is* temporary. Your hair will grow back once treatment is finished.

While it's different for everyone, you may feel a fine 'fuzz' on the scalp five to six weeks after your final treatment. Some women find that they have a short but thick covering of hair over their entire scalp around 12 weeks after their final treatment, but again everyone is different and it may take a little longer, or a little less time to reach this point. At this stage it helps to leave the wig off as much as possible to encourage hair growth. Occasionally hair will start to grow back before treatment has finished. This does not mean that the treatment is less effective.

Your hair will continue to grow at its normal rate – which for most people is about 1cm a month. Some women have also found that using a shampoo that promotes hair growth can be beneficial. These shampoos can be purchased by pharmacies and department stores. Some women find that gently massaging your scalp can also help stimulate hair growth.

Sometimes the hair comes back a different colour – and sometimes it's curly when it used to be straight. These curls may be temporary or permanent.

'I know I should be grateful to have hair after six long, mostly cold months without it, but I'd give anything to have my old hair back. It's now curly. People who I haven't seen for a while don't recognise me until I speak and then they can recognise me by my voice. No-one ever prepared me for that.' – Jenny

Some people recommend avoiding chemical dyes or perms in the first few months. There's no real evidence that these will damage the hair or cause it to fall out, but you may prefer to forego the perm and use more gentle vegetable dyes for a while. You could also ask your hairdresser to test a small area of hair before colouring your whole head.



'My hair was growing back but I wanted instant length. I decided to have hair extensions and was rapt with the result. I figured I'd saved so much over the months not needing colours or cuts; this was my treat to myself.' – Jo

'When my hair grew back, it was very grey, being only 40 and having had no grey hairs before chemotherapy, it was a bit distressing. My hair dresser just smiled and said we can fix that, so I had my first hair colour at 40! This gave me the confidence to head out in public with no hats and a short trendy hair style.' – Sharon



Many Australian women experience hair loss as a result of treatment for breast cancer each year. You can make contact with other breast cancer survivors or a breast cancer support group through the Cancer Council's Cancer Helpline (13 11 20). You can also search for a support group in your area by visiting www.bcna.org.au > Sharing and support > Find a face to face support group in your area.

If you would like to share your experiences and talk to others about hair loss (as well as anything else relating to your breast cancer journey) you may like to join BCNA's online network by visiting www.bcna.org.au > Sharing and support > Join our online network.

Chemotherapy treatments and hair loss

Treatment	Amount of hair loss to expect	When hair is likely to fall out
AC (Adriamycin, Cyclophosphamide) or (EC) Epirubicin, Cyclophosphamide or TC (docetaxel cyclophosphamide)	<ul style="list-style-type: none"> • Complete hair loss on scalp. • Possible loss of eyebrows, eyelashes and pubic hair. • Hair under the armpit and on the legs tends not to fall out. 	<ul style="list-style-type: none"> • Usually starts within two to three weeks of 1st chemotherapy treatment. • The hair falls out rapidly over the course of a few days



Treatment	Amount of hair loss to expect	When hair is likely to fall out
CMF (Cyclophosphamide, Methotrexate, 5FU)	<ul style="list-style-type: none"> • Most women will experience some degree of hair thinning of head hair over the course of the treatment. • About 10–15% of women will experience hair loss significant enough to warrant a wig or head covering. • Loss of eyebrows and eyelashes is not common. 	<ul style="list-style-type: none"> • Gradual hair thinning over the course of treatment.
AC followed by Taxotere (docetaxel) or Taxol (paclitaxel)	<ul style="list-style-type: none"> • Complete hair loss on scalp. • Complete loss of eyebrows, eyelashes, pubic hair, and hair on legs, arms and armpits (axilla) is common. 	<ul style="list-style-type: none"> • Usually starts within two to three weeks of 1st chemotherapy treatment. • Hair falls out rapidly, over the course of a few days.
Abraxane (used in the treatment of secondary breast cancer)	<ul style="list-style-type: none"> • Complete hair loss on scalp. • Complete loss of eyebrows, eyelashes, pubic hair, and hair on legs, arms and armpits (axilla) is common 	<ul style="list-style-type: none"> • Usually starts within two to three weeks of 1st chemotherapy treatment. • Hair falls out rapidly, over the course of a few days.
Caelyx (used in the treatment of secondary breast cancer)	<ul style="list-style-type: none"> • Most women will experience some degree of hair thinning of head hair over the course of the treatment. • About 10–15% of women will experience hair loss significant enough to warrant a wig or head covering. • Loss of eyebrows and eyelashes is not common. 	Gradual hair thinning over the course of treatment.
Navelbine (Vinorelbine) (used in the treatment of secondary breast cancer)	<ul style="list-style-type: none"> • Most women will experience some degree of hair thinning of head hair over the course of the treatment. • About 10–15% of women will experience hair loss significant enough to warrant a wig or head covering. • Loss of eyebrows and eyelashes is not common. 	Gradual hair thinning over the course of treatment.
Gemzar (Gemcitabine) (used in the treatment of secondary breast cancer)	<ul style="list-style-type: none"> • Most women will experience some degree of hair thinning of head hair over the course of the treatment. • About 10–15% of women will experience hair loss significant enough to warrant a wig or head covering. • Loss of eyebrows and eyelashes is not common. 	Gradual hair thinning over the course of treatment.