



Leah Hennel/

Jan Collins is a picture of health as she practises yoga in Calgary last summer. Collins finished breast reconstruction three years after a mastectomy.

her relationships and even her desire to return to work.

"These are things that, unless you are talking to the patients and hearing it from them on a daily basis, you don't think it's important," she said. "It has an economic and social impact that I think is measurable and is valuable, and should be considered in the resource allocation."

Jan Collins is an example of that psychological impact.

On a warm spring day, the Calgary woman is a picture of health as she strides into a coffee shop after a yoga class at a nearby studio. But it wasn't always that way. Col-

lins, 55, was diagnosed with breast cancer at 46 and had a recurrence six years later. She had a mastectomy after her second diagnosis in early 2009, but only finished reconstruction last November.

"You feel kind of like a freak," Collins said. "If I wore a V-neck T-shirt and then I went to yoga class and did a downward dog or something, other people might not have noticed, but I would notice."

After her first diagnosis, Collins was given the option of a lumpectomy or mastectomy with immediate reconstruction. Her chances of survival would be the same with

both courses of treatment, she was told, so she chose the less-invasive lumpectomy.

But when the cancer came back and she underwent a mastectomy, she wasn't offered reconstruction. Once she had her breasts removed, it took three years before reconstruction, which was difficult on her well-being.

"If you have to wait a year just to get in to talk to somebody, and then wait several months after that just for surgery, you've always got that anxiety," she said. "It's always in the back of your mind."

studies show women who want and have breast reconstruction have a better psychological and emotional outcome. Reconstruction not only improves a patient's body image, said Van Laeken, but also affects

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