



Canadian Breast Cancer Network
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The Price Beyond Treatment: *Finances and Breast Cancer*



INTRODUCTION

Time away from work, changes in income, insurance challenges, and out-of-pocket expenses are just some of the ways breast cancer can put pressure on your financial stability.

The Price Beyond Treatment brings together practical information and personal perspectives on these financial realities. Through these articles, we hope to help you anticipate some of the financial considerations that might arise and connect you with resources and supports along the way.

More resources from CBCN

Cancer and Work Webinar

Learn about navigating employment during and after breast cancer, including workplace considerations, accommodations, and available supports.

Advocacy Guide: Navigating the Financial Burden of a Cancer Diagnosis

Find practical information to help you understand and advocate for your financial needs.

FinancialNavigator

Search CBCN's **FinancialNavigator database** for financial assistance programs and resources available to people affected by breast cancer across Canada.

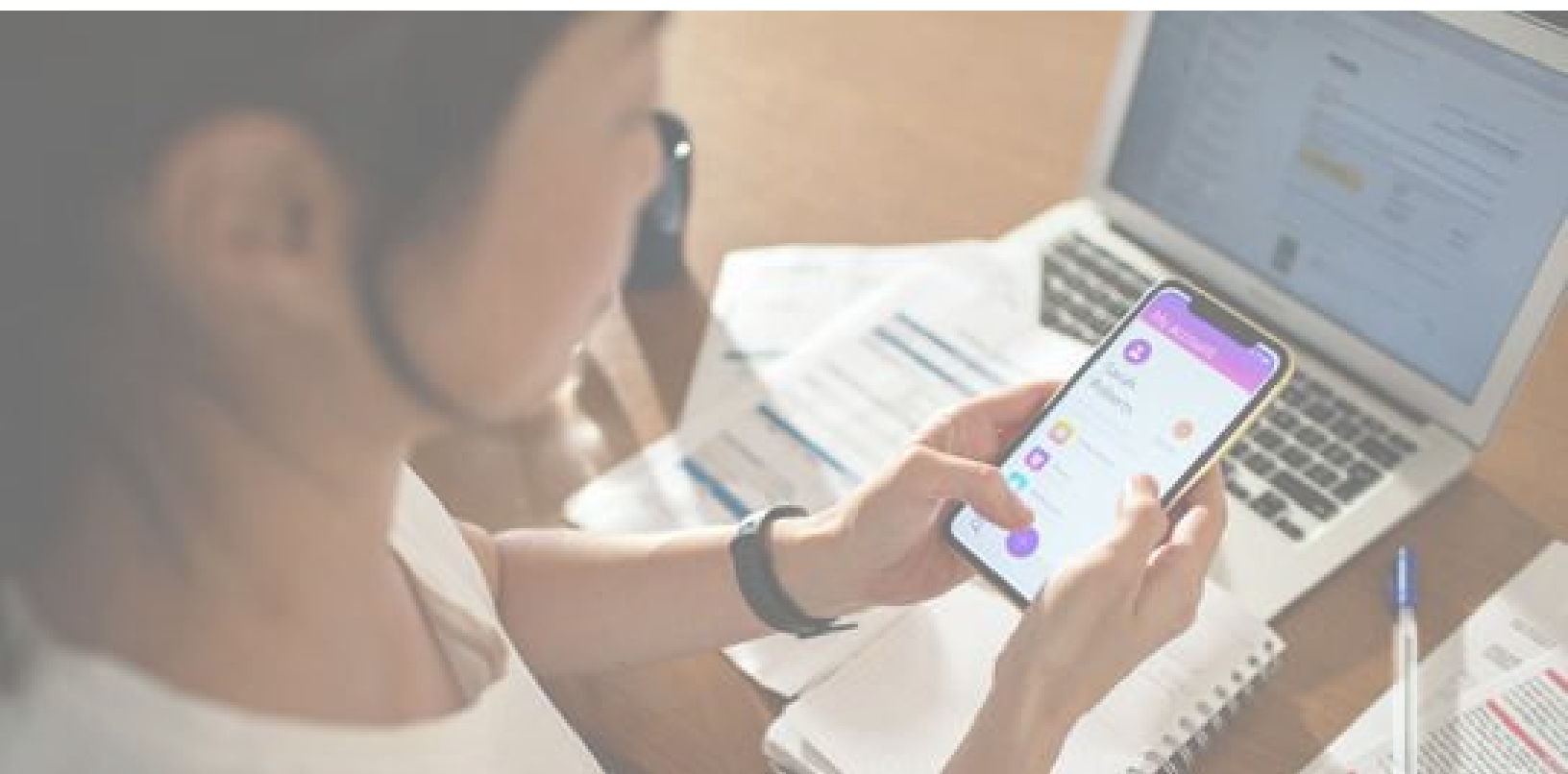


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The Bills You Don't See Coming

When you are diagnosed with breast cancer, a stack of parking receipts, pharmacy bills and missed days of work is likely the last thing on your mind. But for so many, these hidden costs are a reality during treatment and recovery.

We know our healthcare system covers most **medical services**, which is why many people are surprised to learn just how many expenses can pop up during treatment. Some things may seem relatively minor on their own, but they can add up quickly, causing something small to turn into a mountain over time. Others can have a much bigger impact, especially if treatment affects your ability to work or care for your family. These are enormous burdens that can be hard to see past.

Having a better sense of what these costs might look like can make it easier to plan ahead and find support before the financial stress starts to build up.

Transportation and Parking

One of the most common unexpected expenses is getting to and from treatment. There are often many appointments with your doctors, imaging tests, consultations, surgery, chemotherapy, radiation, follow-ups and more. Traveling to all of these appointments, or relying on family to help you get there, can put mileage on your vehicle, add to already high gas bills, or require time navigating public transportation.

If you're driving, then you have to consider the parking costs at hospitals or medical offices, which are often not free. Costs can vary across Canada. Some hospitals in larger cities may charge upwards of \$25 per day, while others may charge be around \$10. Either way, frequent appointments can mean hundreds, if not thousands, of dollars in out-of-pocket expenses over time.

If you live in a rural or remote area where treatment is not close to home, you may find yourself paying for air travel, accommodations, taxis and meals to access the care you need.

There are a few ways to reduce these costs:

- Ask your cancer centre whether they offer discounted parking passes
- Keep your receipts related to any medical travel, as some may be eligible for tax deductions
- Research grants, programs or volunteer services **available** in your community through provincial or local support organizations

Medical and Treatment-Related Expenses

It's an unfortunate reality in parts of Canada that some medications prescribed for treating breast cancer may not always be fully covered. Newer medications may not yet have completed the complex **drug funding process** needed for public coverage.

Even when a medication has completed the approval process, not all provinces choose to add it to their public drug plans.

Coverage can vary depending on your province, age, income and private insurance plan. Many people assume that all cancer treatments and related



medications are fully covered, but it is not always true. In some provinces, certain oral cancer medications taken at home may not be covered in the same way as treatments administered in a hospital. As a result, some people face significant out-of-pocket costs unless they have private insurance or qualify for provincial drug programs. Adding to this, you may need other medications to help manage side effects like nausea, pain, infection or sleep difficulties.

Reviewing your prescription drug coverage early can help you plan for these gaps. Determine what is covered by your private insurance, if you have it, and what you are eligible to receive through public drug plans. Your pharmacist may be able to suggest lower-cost options, while your hospital may have drug access navigators available to assist with reimbursement.

Finally, speak with your healthcare team about any financial concerns you may have. Social workers, patient navigators and pharmacists may be aware of patient assistance programs or other financial support options.

Recovery Supplies and Services

Following surgery, you may need a mastectomy bra or **breast prosthesis**. You might also need compression garments to help manage lymphedema or physiotherapy to reduce your risk of developing it. You may also choose to buy wigs, scarves or other head coverings if you experience hair loss during systemic therapy.

These can significantly improve your day-to-day life, but the costs can add up quickly. Before purchasing any supplies, check whether your private insurance provides coverage. Many plans offer at least partial reimbursement for prostheses, compression garments or



physiotherapy. **Certified fitters** at mastectomy boutiques are often familiar with government funding programs and insurance requirements. Finally, reach out to local charities or community programs that may also provide financial assistance.

Lost Income

While parking, recovery supplies and prescriptions add up, the added burden of losing your income can have one of the biggest impacts on your finances.

Side effects, treatment schedules and recovery might make it especially difficult for you to continue working at the same capacity as before. Some people take medical leave, while others may reduce hours or adjust their workload.

If you are employed, explore the benefits available through your workplace. You may be able to access short-term disability, long-term disability or sick leave. **Employment Insurance (EI) Sickness Benefits** may also be available for eligible people who are unable to work due to illness.

Planning Ahead

Every story is different, and every financial challenge comes with its own unique impact. How it affects you and your family will depend on multiple circumstances, including your treatment plan, where you live and what kind of support is available to you.

Start by asking questions, reviewing your benefits, keeping receipts, creating a budget and discussing it with your healthcare team. You may not see it, but there may be more support available than you realize.

Money, Your Money, and Breast Cancer

By Adriana Ermtter

Money was not my first thought when I was diagnosed with breast cancer. To be fair, I never used to think about money when it came to my health. I mean, I live in Canada. I pay taxes that feed into our healthcare system. What was there to consider? Turns out a lot.

Like many Canadians, I grew up believing our universal healthcare system would protect me if I ever became seriously ill. And Canada's publicly funded healthcare system does provide essential and life-saving care. Provincial healthcare plans cover medically necessary hospital and physician services, including most breast cancer surgeries, radiation and chemotherapy treatments, but cancer care extends beyond these capacities and hospital walls. It affects every aspect of daily living, from employment and transportation to mental health, fertility, rehabilitation, nutrition, prescription medications and quite simply, paying the bills. Those expenses can add up quickly, especially during a time when many of us are unable to work consistently or, even, at all.



Only when it came to my career and ability to work did I stop and think about money. I was single, the ink on my divorce papers barely dry. My company didn't offer short-term disability, so not working wasn't an option. And I didn't meet the requirements for financial aid. While there are great foundations like [Cure Foundation](#) and [Breast Cancer Support Fund](#) that support women financially through breast cancer, I was too young, earned too much money, did not have dependents and I wasn't sick enough. I get it. There's only so much money to go around and if I had to choose who to give it to, too, I would also pick the single, underpaid woman with children and stage 3 cancer. It's the right choice. But it doesn't make the money worries go away.

The Medical Costs Canadian Universal Healthcare Covers

Fortunately, in most provinces and territories, medically necessary services related to a breast cancer diagnosis are publicly funded. This includes appointments with family doctors, oncologists, surgeons, radiologists and other specialists. Diagnostic imaging such as mammograms, ultrasounds, MRIs, CT scans and biopsies are generally covered, as are hospital stays and surgeries, including lumpectomies and mastectomies. Radiation therapy and intravenous chemotherapy administered in hospitals or cancer centres are also publicly funded. Follow-up appointments and many laboratory tests are included as well. These services are considered critical and lifesaving, and we have access to them without direct billing at the point of care.

Your Out-of-Pocket Costs

However, there are many costs associated with breast cancer that fall outside this bubble. Prescription medications taken at home are one of the largest gaps in coverage. Oral cancer drugs, anti-nausea medications, pain management prescriptions, hormone therapies and supportive treatments may only be partially covered depending on a person's age, income, employment benefits or provincial drug plan eligibility. I had drug coverage through my workplace, thankfully, so for the first year, my prescription medications were 80 per cent covered. When I left that job, however, the insurance coverage stopped. My Tamoxifen, anti-nausea, anti-anxiety and pain medication prescriptions alone cost over \$500 each month. For people like me, without private

insurance, these out-of-pocket costs are overwhelming.

Beyond medication, expenses such as wigs, breast prostheses, post-surgical bras, physiotherapy, psychotherapy, fertility preservation, complementary therapies, childcare, parking, accommodations during treatment and transportation to and from cancer centres are often paid for personally. Organizations like [Look Good Feel Better](#) and [Kelly Shires Foundation](#) offer support in these many of these areas, while some hospitals provide services such as volunteers to talk to for insight and understanding or free transportation to and from treatment.

The Reality of Lost Income

Still, lost income due to recovery is an issue. Many patients reduce their working hours or leave work entirely during treatment and recovery, creating additional financial strain at exactly the wrong time. After two months working full time through treatment with only one week off for my surgery, my doctor put me on part-time leave. The workload at the office combined with the mental and physical stress of major surgery and cancer treatments had made me sicker. My body was regressing, not healing. I was too tired to cook, clean and, on many occasions, even to brush my teeth. I needed to rest, but not working full time riddled me with anxiety. The bills piled up.

Statistics Canada's updated [research](#) on the economic burden of breast cancer highlights how significant these costs can become. According to recent findings, healthcare costs increase substantially depending on the stage of disease at diagnosis and the complexity of care required. Patients diagnosed with later-stage breast cancer often face more aggressive treatments, more appointments, longer recovery periods and increased supportive care needs. While publicly funded services absorb a large portion of direct medical costs, patients themselves still carry many indirect and uninsured expenses. For newly diagnosed women, this reality can be shocking. The emotional devastation of hearing a cancer diagnosis is quickly followed by the practical fear of how to pay for everything that comes next.

The Financial Toxicity is Real

This is where the term “financial toxicity” enters the conversation. It refers to the harmful financial distress experienced by patients because of medical treatment and its associated costs. It is not simply about paying a few extra bills. It can mean draining savings accounts, accumulating debt, delaying mortgage payments, postponing retirement, relying on family members for financial support or choosing between medications and household expenses. For younger women, it may also affect fertility decisions, career advancement and long-term financial security. For older women living on fixed incomes, it can mean impossible choices between food, transportation and supportive care.

"But I needed physiotherapy desperately. The weekly appointments cost \$80. A price tag I couldn't afford, yet, also, a service I couldn't afford not to do. Not if I wanted to use my right arm. So, I maxed out my credit card."

What makes financial toxicity particularly cruel is that it often lingers long after active treatment ends. Survivorship itself can be expensive. Ongoing medications, reconstruction procedures, physiotherapy, counselling, surveillance imaging and managing chronic side effects can continue for years. About eight months after my surgery, I began experiencing pain in my right armpit. The cancer wasn't growing back, but scar tissue was. I was extremely protective of my right armpit and right breast area and didn't want anyone to look at it or touch me. But I needed physiotherapy desperately. The weekly appointments cost \$80. A price tag I couldn't afford, yet, also, a service I couldn't afford not to do. Not if I wanted to use my right arm. So, I maxed out my credit card.

Some women never fully recover financially from their diagnosis, even if they recover physically. I feel like that some days. I'm still paying off my credit cards. The stress of mounting expenses can also impact mental health, relationships and your overall quality of life. I know it has mine. I've exchanged travelling to sunny vacation spots for weekly psychotherapy appointments, I "Like" my friend's Instagram posts at fancy restaurants instead of joining them and walking the neighbourhood has long replaced my spin membership.

Breast cancer changes our lives in so many ways and way beyond the actual diagnosis. Yes, we are fortunate to have access to publicly funded cancer care (and I continue to be grateful for this), but we must acknowledge the gaps that leave so many of us vulnerable during one of the most difficult periods of our lives. We need to talk about the true costs of breast cancer—to reduce stigma around financial hardship and encourage conversations about policy improvements, workplace protections, drug coverage and supportive care funding. It's why I advocate for charities and foundations like [Canadian Breast Cancer Network](#) who are making a difference by creating awareness. It's why I prefer to see donor money go towards creating policy change for greater access to scanning for early diagnosis and prevention, and to charities who support individuals like you and me. Because no one facing a life-threatening disease should also have to fear financial ruin simply for trying to survive.



To Work or Not to Work?

If you are still in the workforce when diagnosed with breast cancer, it is important to understand how it may affect this aspect of your life. Breast cancer is on the rise in **women under the age of 50**. You may have been diagnosed during a time when you were making meaningful progress in your career or reaching a major professional milestone.

It can be a difficult choice to either stop working or continue on throughout your treatment. Treatment, whether it's **surgery, chemotherapy, or radiation**, can impact the way you perform your job. This is especially important if you have a physically demanding job, where it may not be possible to continue for health or safety reasons.

Working can bring a sense of fulfillment and purpose. It can be a motivating factor because it gives you something to **focus on or look forward to**. Having a job could help maintain some sense of routine and normalcy as you are going through cancer treatment. A **survey** conducted by Pfizer found that over 70% of women with breast cancer, including those with early and advanced disease, said that working helped in their recovery.

But the **physical and emotional effects** of breast cancer can also last for a long time. One study in the **Journal of Clinical Oncology** found that one out of five breast cancer patients still had not returned to work after two years. The decision whether to continue to work full-time, part-time, or take time off is an individual one.



If you would like to continue working, have a discussion with your healthcare team about your current abilities and any sort of challenges you could expect to face in the workplace. You would also need to speak with your manager or your company's HR department to determine what job modifications you may require. This could include time off for medical appointments, any recovery time from surgeries, flexible hours or what **private insurance benefits** are available. Under the Canadian Employment Equity Act, your employer is required to make **reasonable accommodations** to help you perform your job.

If you need to take time off work because of your diagnosis or treatment, you may be eligible for **Employment Insurance (EI) Sickness Benefits**. These benefits provide temporary income support to people who are not able to work for medical reasons, including cancer. You can receive up to 26 weeks of benefits. To apply, you must have worked a minimum number of hours in the last year and have a medical certificate from your doctor.

Some people may not have the financial stability to leave their jobs for an extended period of time, even if they want to. Private and public insurance coverage may not be available (or may not be enough) to support the out-of-pocket costs that come with a cancer diagnosis. If your treatments are not publicly covered, and you are managing household expenses, travel or parking costs for appointments or other financial demands, it can put pressure on your **decision to stay in the workforce**. If you find yourself in this position, consider searching for **financial aid programs** that could help reduce the amount of hours you may be required to work in order to keep you stable.

Remember that having and treating breast cancer isn't a straightforward process, and you and your workplace will need to be flexible. Cancer and Work has a **10-step assessment plan** for people who are returning to work after treatment, but the basics of this plan can also be applied to those who are still in active treatment.

Once again, deciding whether to keep working or take time off after a breast cancer diagnosis is deeply personal. For some, staying on the job offers a sense of routine, purpose, and connection. For others, stepping back allows space for healing, rest, and focusing on treatment. Whatever decision you make, it is important to listen to your healthcare team, understand your rights at work, and access all the support programs you may be eligible for to relieve some of the pressures that may be influencing your choice.

What Freelancers and Gig Workers Should Know about Breast Cancer Treatment and Self-Employment

In Canada, there are **roughly** 2.5 million people who are self-employed. Yet only about 52,700 are registered and paying into the Employment Insurance (EI) Program, which means only a small portion are eligible for EI sickness benefits or disability benefits. At the same time, only about **half** of self-employed individuals have private health insurance.

This means that millions of people in Canada who work for themselves may not have access to public or private insurance programs to help offset income loss during a health crisis like breast cancer.

Breast cancer can affect many aspects of daily life, including the ability to work. For those who are self-employed, managing work during treatment can bring additional financial and practical challenges. Understanding what supports may be available can help reduce financial stress during treatment.

What are the challenges of self-employment during a breast cancer diagnosis?

Being self-employed can offer flexibility and autonomy, which is often the **reason** millions of people choose this type of work. But it can also mean fewer protections when a serious illness affects your ability to work.

People who work for themselves, including those running a small business, working freelance, consulting, or earning income through gig platforms, often do not have access to:

- Sick leave
- Job-protected leave
- Workplace accommodations
- Employer disability insurance



For many people, taking time off for treatment may mean losing income or clients. Unlike those who work in traditional workplaces, there may be no human resources department to help with leave or accommodations. Instead, you would have to navigate these decisions on your own.

Work can also be closely tied to personal identity and financial stability. Some people may choose to continue working during treatment to maintain income or stay connected to their work, while others may need to work only for financial reasons. Others may need or be able to pause their business activities temporarily. Every situation is different and decisions about work depend on personal health, treatment schedules, financial needs and available support systems.

Managing work during treatment

If you are choosing or needing to continue working through treatment, there are strategies that may help. While self-employment can come with uncertainty, it can also offer flexibility in how and when work gets done.

Treatment **side effects** like fatigue, nausea, or difficulty concentrating can make it hard to keep up with a full workload. It may not be possible to maintain your usual amount of work. Adjusting expectations during treatment is often necessary.

Some approaches that may help include:

- Prioritizing essential work and focusing on the most important tasks
- Adjusting your schedule around treatment, or planning work during times when your side effects feel more manageable

- Building in extra time between deadlines to allow for rest
- Breaking work into smaller, more manageable tasks
- Using templates or AI tools to reduce repetitive work

Communicating with clients can also be important. You do not have to share personal medical details with anyone you are not comfortable with but letting clients know when timelines may be longer, or projects need adjustments can help preserve good relationships.

If you can, connecting with freelancers or hiring short-term help to reduce your workload can also make a difference.

Returning to work

If you have taken some time off or reduced your workload, you may need to gradually **rebuild your capacity**. Consider options like:

- Starting with smaller projects or fewer clients
- Adjusting working hours while energy levels recover
- Setting realistic expectations about timelines

Recovery can look different for everyone, and it may take months or years to return to your previous working patterns.

Financial planning considerations

Because income can be unpredictable for self-employed individuals, planning for potential disruptions can be important.

Some steps people consider are:

- **Reviewing** savings or emergency funds
- Exploring disability insurance **coverage** (if available)
- Checking **eligibility** for government programs
- Seeking financial advice for managing income interruptions

Explore our **FinancialNavigator database** for available financial assistance or community supports.



Decoding Life and Health Insurance Policies: A Simple Guide

By OmbudService for Life and Health Insurance

When diagnosed with breast cancer, having a life and health insurance policy can be an important tool to help you offset the financial toll it can take on your life. But these policies can be confusing. Unless you work in the sector, all the industry-specific language, details, and different clauses and subclauses might sound like a foreign language.

But don't worry! You're not alone in this. This guide will help you make sense of your insurance policy.

What's in your policy?

1. Policy benefits: Your journey begins with the benefit details of your coverage. This section's title varies from company to company. Typically, it is titled Benefits Schedule, Policy Specifications, Policy Details, or a similar term. A Policy Benefits section summarizes your policy. It includes details like your policy number, coverage amounts, policy duration, and premium amounts.

2. Definitions: Every policy includes a definitions section. Understanding these

terms is critical to making sense of your policy. For example, 'beneficiary' in a life insurance policy refers to the individual receiving the payout upon the life insured's death. Read the Definitions section carefully. If you find terms you don't understand, consult this comprehensive [glossary](#) of insurance terms or contact your insurer for an explanation.

3. Coverage: The Coverage section explains what your policy covers and for how much. Health insurance coverage might include hospitalization, medication, and surgical procedures. Life insurance coverage usually includes the death benefit and may also encompass situations like terminal illness. Disability insurance coverage usually makes monthly payments to replace income if you become disabled and are unable to work.

4. Exclusions: Exclusions clarify what a policy won't cover. A close read of this section will prevent unfortunate surprises later. Never assume you have coverage for a particular situation or service – read the Exclusions to know what not to expect.

5. Limitations/Restrictions: Limitations are conditions or procedures covered under a policy but at a benefit level lower than the norm. Restrictions are conditions or procedures covered but with some conditions.

6. Premiums: Premiums are the amount you'll pay to keep the policy active. Knowing how much you must pay every month and what day payment is due is crucial. For example, if you default on a life insurance payment, you lose your coverage if you don't make the payment within the grace period.

7. Beneficiaries: For some types of policies, like life, annuities, critical illness or disability policies, you'll need to designate who will receive the benefits in the event of your death. The beneficiary is often, but not always, a spouse or partner. Make sure this information is correct and update it when your circumstances change.

8. Claims: Lastly, your policy will explain how to file claims. Familiarizing yourself with this process can prevent complications during a challenging time.

Four Things Often Overlooked in Insurance Policies

The sheer volume of information can be overwhelming when reading an insurance policy. Here are four common things consumers often overlook when reading a policy:

- **Policy Exclusions and Limitations/Restrictions:** When you buy an insurance policy, it's easy to focus on what is covered and miss important information about the exclusions, limitations, or restrictions. For example, some health insurance policies might exclude pre-existing conditions.
- **Waiting Periods:** Insurance policies often have waiting periods during which you are not covered/paid even though you've started paying premiums. Waiting periods are especially common in disability insurance. It's essential to know how long this period is to better plan your disability period.
- **Definitions:** Consumers sometimes make incorrect assumptions about what the terms mean in their policies. Review the "Definitions" sections before you incur any expense you think should be reimbursed by your insurer. Besides the main "Definitions" section, there may also be specific definitions within the policy's descriptions of each type of coverage.
- **Updating your address:** As the policy owner, you must inform the insurance company of any change to your mailing address. It is also helpful to provide the insurer with your email address as so much of modern business communications are performed by email rather than by Canada Post. Not updating basic personal information like your address can have severe consequences on the outcome of a claim or when it is time for renewal of the policy and there is a change in the premium amount.

What to do if you have a life or health insurance complaint?

Disputes between consumers and insurers do happen. If you disagree with your insurance company's decision about your claim, you can ask them to take another look. Every insurer in Canada is required to provide consumers with a process to deal with complaints.

And if you are still not happy at the end of your insurer's complaints process, OLHI is here to help. You can submit your complaint to OLHI for a free, fast, independent and impartial review. Learn how the process works [here](#).

The image shows a close-up of a document, possibly a form or a contract, with a light blue sticker that says "Sign here" with an arrow pointing to a line. The document is resting on a dark surface. A teal-colored banner is overlaid on the bottom half of the image, containing the title in white text.

Seven Progressive Steps to Appeal a Denied Insurance Claim

You have the stress of a breast cancer diagnosis, and now your insurance company has denied your claim. Hang in there: you don't have to accept the insurance company's initial decision as the final word. You can appeal your denied claim by following these seven steps.

1. Review your insurance policy. See if it indeed covers the denied benefit. See also if you need to provide more information to support your claim, such as more detailed medical information. Or perhaps the problem is simply a data-entry or clerical error, such as a misspelled name or wrong procedure code. If you don't have the full policy, request a copy from your employer or insurance broker.

2. Find out the insurance company's appeal process and contact information. Find out to whom you should address your complaint, what documentation is necessary, and what the process is. It's also very important to know the deadline for appeals. You can get this information by calling the insurance company or by reviewing its website. For a list of websites for most insurance companies, click [here](#).

3. Telephone a customer service representative. Have your policy number on hand. Refer to the appropriate section of your policy, and any new and pertinent information that you didn't include in your previous claim, state why you think your claim should have been approved. Whenever you speak to a representative of the company, write down that person's name and job title, take notes as to what's being said, record the date and time of the call, and get a call reference number.

4. If your issue is not resolved, file a written complaint. Write a letter to the insurance company or use the company's standard appeals form, available on its website. State what went wrong and when, as well as what solution you are looking for. Reference the relevant statements in your insurance policy and show how your claim fits within these parameters.

5. Appeal to a higher authority in the insurance company. This could be the manager of the claims department or the company ombudsman. The ombudsman can give you a "final position letter," which you need for Step 6.

6. Appeal to the OmbudService for Life and Health Insurance. This is a free complaint resolution and information service that is funded by its member insurance companies. It will review documentation from you and the insurance company, and may also talk to you, the insurance company, and others who have given reports, such as your doctor. To request a review of your case by the OLHI, submit a request [here](#). For more details on how the OLHI can help, call 1-888-295-8112 or visit the website: olhi.ca.

7. Hire a lawyer. You can do this at any time during the process. Be aware of the insurance company's deadline for bringing in a lawyer. Look for one who specializes in appeals of your type of insurance claim. Ask friends, family, your dentist, your accountant or another professional for a referral, or try one of the provincial or territorial resources below to help you find a lawyer:

- [British Columbia](#)
- [Alberta](#)
- [Saskatchewan](#)
- [Manitoba](#)
- [Ontario](#)
- [Quebec](#)
- [Prince Edward Island](#)
- [Nova Scotia](#)
- [New Brunswick](#)
- [Newfoundland and Labrador](#)
- [Yukon](#)
- [Northwest Territories](#)
- [Nunavut](#)

Lawyers charge fees by the hour or as a percentage of your settlement of your insurance claim. Be sure to ask about fees at your first consultation. Also, the legal process can last a year or more. If you are appealing a long-term disability claim, you could be laid off from your job during this time for failure to fulfill your contract. Consider your options carefully.

Understanding Breast Prostheses, Mastectomy Bras, and Financial Coverage Across Canada

A Q&A with Julia Basden, Owner of Naturally You Boutique

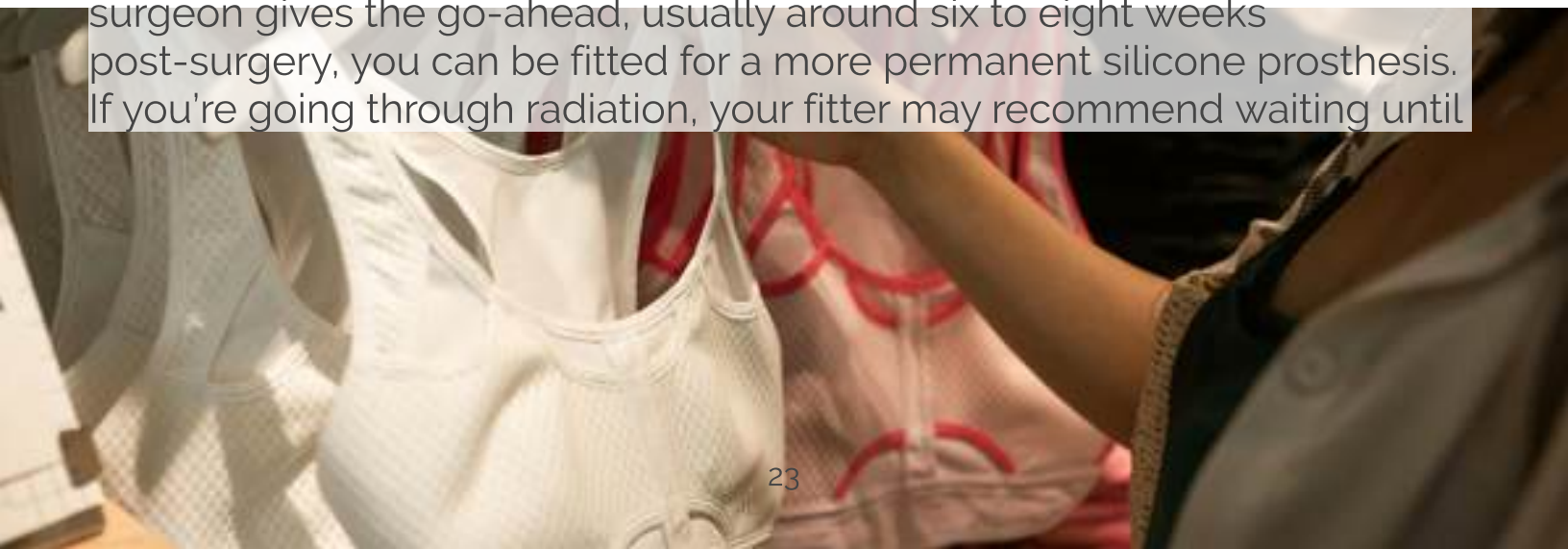
Navigating life after a mastectomy or lumpectomy comes with decisions that can feel overwhelming, especially when it comes to something as personal as your appearance and comfort. To help answer some of the most common questions, Julia Basden, owner of Naturally You Boutique and a Certified Mastectomy Fitter with years of experience helping patients find the right prostheses and bras, shares her guidance on the questions patients ask most.

Q: What is a breast prosthesis and who might consider using one?

A breast prosthesis (sometimes called a breast form) is a wearable insert designed to replicate the look, feel, and weight of a natural breast. It's worn inside a specially designed pocketed bra called a mastectomy bra. Anyone who has had a mastectomy, lumpectomy, or other breast surgery that changed the shape or size of their breast may consider using one. Some people use them right away, while others come to them months or years later. There's no wrong time.

Q: When can someone be fitted for a prosthesis?

Timing depends on your healing. In the early weeks after surgery, most people start with a lightweight temporary form, often a soft fibre-filled or foam prosthesis, while swelling goes down and incisions heal. Once your surgeon gives the go-ahead, usually around six to eight weeks post-surgery, you can be fitted for a more permanent silicone prosthesis. If you're going through radiation, your fitter may recommend waiting until



treatment is complete, since your shape and skin sensitivity can continue to change during that time.

Q: What types of prostheses are available?

There are more options than most people expect. Silicone prostheses are the most common for everyday wear. They closely match the weight and movement of a natural breast, which helps with posture and balance. Lightweight and foam forms are a good option for active days, warmer weather, or anyone who prefers less weight against their body. Swim forms are made to resist chlorine and salt water and dry quickly, so you can feel confident at the pool or beach. And partial prostheses (also called shapers or equalizers) are designed for those who've had a lumpectomy or partial reconstruction and need to even out a difference in size or shape. Many people end up with more than one type to suit different activities and situations.

Q: How much do prostheses and mastectomy bras typically cost?

Costs vary depending on the type and brand. A quality silicone prosthesis generally runs between \$200 and \$500, while custom-made options can be significantly more. Lightweight and foam forms tend to cost less. Mastectomy bras typically range from \$50 to \$120 each. These costs can add up over time since both prostheses and bras need to be replaced periodically, which is why understanding your coverage options is so important.

Q: Is financial assistance available?

Yes. Most provinces offer some level of government funding for breast prostheses, though the amounts and what's covered differ quite a bit. Many private or employer-sponsored extended health insurance plans also cover prostheses and mastectomy bras. On top of that, breast prostheses and mastectomy bras are tax-exempt at the point of

"These costs can add up over time since both prostheses and bras need to be replaced periodically, which is why understanding your coverage options is so important."

purchase and can be claimed as a medical expense on your income tax return. Organizations like the [Canadian Cancer Society](#) also operate prosthesis banks in some regions, providing forms to those who can't afford them.

Q: Does coverage vary by province?

Significantly. Because health care is managed provincially, funding programs differ across the country. For example, British Columbia covers up to \$450 per side for a mastectomy prosthesis through Fair PharmaCare, while Ontario's Assistive Devices Program provides \$195 for a full prosthesis. Quebec offers up to \$525 per prosthesis annually, and Alberta covers prostheses through the Aids to Daily Living program with a 25% client cost-share (waived for seniors and low-income residents). Nova Scotia provides up to \$300 every two years, and Manitoba covers up to \$400 every two years plus a small amount for a pocketed bra. Some provinces, like Saskatchewan and New Brunswick, currently offer no provincial reimbursement at all. It's one of the most confusing parts of the process, and exactly why we put together a detailed [provincial funding guide](#) at [Naturally You](#) - so patients can quickly find what applies to them.

Q: What about private insurance coverage?

Most employer-sponsored extended health plans cover breast prostheses, and many cover between one and four mastectomy bras per year as well. The key is to check your specific plan details, including coverage amounts, whether you need a prescription or a referral, and whether they require you to purchase from a certified fitter. Your plan may also cover post-surgical compression bras if they're prescribed. A Certified Mastectomy Fitter can often help you understand what your plan covers and provide the documentation you need.

Q: What documentation should patients keep for reimbursement?

Keep everything. At a minimum, you'll want to hold on to your doctor's prescription (most programs and insurers require one), your itemized receipts with the product names and prices, and any claim forms from your provincial program or insurer. Some provinces have submission deadlines. Nova Scotia, for example, requires claims within 180 days of

purchase. I'd recommend keeping all of your documentation for at least five years, and making digital copies as a backup. If you're not sure what forms you need, bring your questions to your fitting appointment and a certified fitter can walk you through the paperwork.

Q: What questions should I ask before my fitting appointment?

A few good ones to start with:

- Is the fitter a Certified Mastectomy Fitter?
- How long should I expect the appointment to take?
- Do I need to bring a prescription?
- Can they help me with my insurance or government funding paperwork?
- Will they let me try on different types of prostheses and bras before I decide?

A good fitting is not rushed. It should feel like a conversation about your needs, your comfort, and your lifestyle. Don't be afraid to ask anything. This is about you.

Q: How often can a breast prosthesis or mastectomy bra be replaced, and is replacement covered?

Most provincial programs and insurance plans allow replacement of a silicone prosthesis every two years (24 months from the date of purchase). Lightweight and foam forms wear out faster (typically around six months with regular use) but provincial programs generally don't cover them separately. Mastectomy bras may be replaced more frequently depending on your plan. A prosthesis may also be eligible for early replacement if your body changes significantly, for example after a major weight change or further surgery. Your fitter and your provincial program can help you determine when it's time.

For a detailed breakdown of coverage by province, visit the Mastectomy Bra & Prosthesis Provincial Funding Support Guide at naturallyyou.ca.

Cancer Care for Our Whole Selves, But at What Cost?

By Jaclyn Carter

Despite access to a social healthcare system that's meant to cushion all of us who make an unintended stop in Cancerland, I learned very quickly following my breast cancer diagnosis that the financial hits we take as patients differ drastically. No, we're not shopping around for an oncologist who will accept our health insurance; we're not left to file appeals with our insurance providers or risk paying out of pocket when they reject our oncologists' requests for critical scans; we're (usually) not



begging for compassionate access to experimental drugs approved for treatment elsewhere; and we're not weighing the cost of life-extending treatments against bankruptcy. But we're also not all undergoing treatment with the same financial means, and this can have a substantial impact on our physical and psychosocial health outcomes.

My breast cancer diagnosis, when I was just thirty-three, was a complete and utter shock to my system. I didn't know panic until I went toe-to-toe with it that day in the biopsy room. I didn't know anxiety until I stopped sleeping and started doom-scrolling the #breastcancerunder40 hashtag in the middle of the night. I didn't know grief until I walked into the hospital during the height of a global pandemic to undergo a double mastectomy by myself. I didn't know fear until a new zap of pain—from stress or surgery or chemotherapy or radiation—had me convinced that my cancer had taken up residence at a new site in my body, and that this time it would for sure kill me. But I did know that I was privileged to have access to excellent benefits through my employer—**benefits** that supported sick time and long-term disability, not to mention job security, partial coverage of expensive fertility-preserving medications, and

rehabilitation services for my body and mind long after active treatment ended.

I accessed my benefits with a level of desperation that was rooted in the debilitating fear my diagnosis incited. I explored every complementary tool at my disposal because the aforementioned doom-scrolling, and a very toxic and predatory wellness industry, told me that the standard of care was insufficient to supporting my full recovery. One avenue I explored was **naturopathic support** to complement my oncological treatments. To be clear: I didn't and still don't believe they have any business touting themselves as replacements for the standard of care, but many folks I shared the infusion room with at the naturopath's office clearly did, and at my most vulnerable I wondered if they knew something I didn't.

In this vulnerable state, I felt empowered to have found a naturopath who was treating other young women with breast cancer. I valued her perspective and expertise and felt comforted by the regimen she suggested—biweekly vitamin C infusions on my weeks off from dose-dense chemotherapy, and daily intake of a few supplements to help support my body during treatment. Depending on who you ask, vitamin C's impact ranges from softening the side effects of chemotherapy to improving its efficacy to zero benefits whatsoever. It is not standard of care, and thus it is not covered by Canadian healthcare. A single infusion while I was undergoing treatment cost me \$200 per dose. But choosing to use my family's health spending account in this way felt like a necessary step in my survival—like if I didn't do it when I knew it might have some benefit, I would somehow be doing a disservice to my longevity.

When I got to my first appointment in the infusion room—a cramped area with floor-to-ceiling windows that gave the illusion of vastness despite side-by-side leather recliners with less space between them than pedicure chairs at a run-of-the-mill nail salon—the naturopath started referring to my infusions as “weekly.” I remember thinking, *I thought we discussed biweekly infusions...* When I asked her about the sudden change, she said she had always recommended weekly doses. I chalked up the error to my own anxiety and exhaustion and proceeded to show up every week for the duration of my chemotherapy treatments.

"I have never felt less like a patient or more like a paycheque than I do right now."

When I arrived for my final vitamin C infusion, I was thrilled—one less appointment, one less painful needle poke, one less visit to a place I had grown viscerally averse to. And then the naturopath mentioned that since I would start radiation in only a few weeks' time, and since vitamin C had also

shown benefits for reducing symptom burden from radiation, I might as well just keep coming every week to best prepare my body for this next step, and then keep coming weekly during and after radiation to help temper its negative side effects. As the words "I'll have to check what my insurance will pay for..." came out of my mouth, I remember thinking *I have never felt less like a patient or more like a paycheque than I do right now*. I never returned to her office, and not once after that last dose did she reach out to check in on me or ask why I hadn't come back.

Whether the experience was inherently predatory or just appears to me that way looking back on it, I feel such empathy for the girl who made decisions about her treatment plan that were rooted in fear. In hindsight, they were also rooted in the fact that I had access to funds that wouldn't force me to choose between vitamin C and rent. I was immensely vulnerable when I turned to this person for help, and in all likelihood, I was knowingly taken advantage of when they learned I had a pool of funds to pull from. And though my vitamin C debacle is a poignant example of the potentially predatory "care" that complementary medicine can morph into, it's also a striking reminder that financial inequities can still greatly impact one's journey through the healthcare system, even if we're not walking out of our local cancer centre with a hospital bill.

Many of the recommended supports that help us get through treatment are covered only through employer or private insurer benefits, if they're covered at all. **Acupuncture** might help with the crippling bone pain that chemotherapy can cause. It might also temper hot flashes. Deep tissue massage can help break up the fascia that radiation hardens and renders permanently painful. Physiotherapy can help you return to full mobility

following surgery. Long-term disability benefits can give you time to properly recover from multimodal treatment before you head back to work. **Psychology** can help you manage your **fear of recurrence** or process the trauma you experienced or the rubble of the relationships ruined by your diagnosis.

More than one person I know was obligated to work through active treatment because they couldn't afford to live or support their children otherwise, or who had zeroed out their savings or turned to crowd funding to cover their living expenses while they couldn't work and had no other sources of income. We don't all have access to the same long-term disability, to job security, or even to intermittent, paid sick time when cancer interrupts our regularly scheduled programming. We don't all have access to the same prescription medication coverage, whether because of differences in employer benefits (if we have these at all) or discrepancies in drug coverage from province to province. We don't all have access to reasonable transportation to and from appointments, or to healthy food that supports us when we're depleted, or to childcare or costly fertility preservation. We don't all have caregiver support. We don't all get the same psychosocial assistance or oncological rehabilitation support, if we get access to these services at all. And when our medical providers recommend treatments like acupuncture or massage therapy or physiotherapy to help us manage our symptoms or recover from major

"We don't all have access to the same long-term disability, to job security, or even to intermittent, paid sick time when cancer interrupts our regularly scheduled programming."

surgical procedures—to literally preserve or recover some of our quality of life—not all of us will be able to access these services with the regularity or consistency that's typically needed for efficacy, if we can afford one appointment at all.

No two cancer experiences are the same. Yes, this is in large part due to the fact that no two cancers behave the same way. But it's also due in large part to the financial means cushioning us in the boxing ring when cancer takes the first punch, and then the second, and then the third... Our fights entail more than the killing of cancer cells; they're about protecting our humanness and our quality of life. And unfortunately, access to these protections isn't based solely on whether we had a complete response to treatment. I don't regret those weekly vitamin C infusions—not because I believe they somehow gave me a leg up in my fight against breast cancer, but because they've shaped the kind of advocate I want to be. One who supports data-driven decision making and the cultivation of trust with reliable medical providers. One who advocates for financial assistance to, at minimum, preserve the dignity of those in need. And one who believes cancer care affects our whole selves, not just a cluster or two of rogue cells.



Wills, Finances, and Advanced Care Directives



The topics of financial planning and preparing your will can be complicated and distressing especially at a time when you'd rather focus on your family and your wellbeing. As difficult as tackling these tasks may be, many people describe feeling relieved when they have their financial affairs in order and feel that they can more fully enjoy time with loved ones without worrying about the to-do list in the back of their minds. Today we are breaking down many of the confusing terms that come up when preparing a will and your finances for end-of-life.

Wills

A will is a legal document that outlines how a person wants their property and finances to be divided after death. Things you may want to consider including in a will are:

- **Division of property:** In most cases, houses automatically get passed on to a partner. But if you do not have a partner or have other properties that are in your name it is important to identify who or how you would like these properties divided.
- **Cash or investments:** If you would like your savings or investments passed on to your partner, children, other family or charity, outlining specifically how you would like it divided should be included in your will as well. Many of these accounts also allow you to name a beneficiary as well.
- **Personal possessions:** Other assets like your car or furniture can be



included if there is a specific person you would like to inherit them. People often include items of sentimental value, like jewelry, as well to be passed on to loved ones.

- Guardianship of children: Another important yet sometimes difficult decision is determining who will take care of your children. Even if you have a healthy partner, it may be helpful to have these discussions now so that you can continue to have a voice when it comes to raising your children.

A will also identifies who you would like to name as executor. An executor is the person who is legally responsible for carrying out the terms of your will. Choose an executor whom you trust and has an understanding of how to work with your family and your assets. It may also be helpful to name someone as a back-up in case your first choice cannot take on the responsibility when it comes time. Some people also choose to hire a lawyer to help the executor with some of the administrative duties.

Advanced Care Directives

Often referred to as a living will, an advanced care directive allows your family and healthcare team to know and be able to carry out your wishes at end-of-life when you may no longer be able to voice your preferences out loud. Things to consider including in your directive can include:

- Pain management
- Physical care
- Psychosocial or spiritual support for you and your family
- Choosing between a **home or in-facility death**

Choosing who will speak for you is commonly referred to as a substitute decision maker or Power

of Attorney. Like your executor, this person should be someone you trust. They should also be someone who you think will be able to handle the responsibility of this task.

[Advancecareplanning.ca](https://advancecareplanning.ca) offers a step-by-step guide to helping you create your directive and dives deep into what you should consider including.

Fees and taxes

One of the most confusing aspects of financial planning for end-of-life has to be the fees and taxes. If you are planning for all of your investments and bank accounts to go to your partner, adding their name directly to your accounts may be the easiest way as it will allow your assets to go directly to them instead of through probate. If you do not have a partner, naming a beneficiary on each account, loan or policy will help identify who is responsible for what.

Some fees and taxes your estate may be responsible for include probate fees, income tax and capital gains tax. Probate is the process of legally validating your will and with it comes fees from the province. Each province has different fees for this process. You can find out how much probate your estate may owe [here](#).

Other taxes your estate may be required to pay include capital gains tax, which is owed on half of any interest or profits from your investments or secondary properties. Income tax may also be owed. These taxes are taken before your beneficiaries receive their inheritance. When your final income tax return is filed with the Canada Revenue Agency (something that your executor is responsible for filing) a clearance certificate will be issued and all final assets from the estate will be divided properly.

Here are some additional resources to help you better understand the process of wills, financial planning and taxes:

- CBCN's FinancialNavigator [Support Resources](#)
- Canada Virtual Hospice: [Wills](#)
- [Advance Care Planning Canada](#)



Stories matter

Our Voices is a place for breast cancer patients to share their experiences in their own words and to inspire others. The best stories focus on one specific aspect of the cancer journey. For example, you may want to talk about tips for dealing with cognitive difficulties that come from chemotherapy, or organizing a team of friends and family to support you during treatment. The choice of topics is yours and the length can be as short as one page.

Before you start writing, send a brief description of your story idea to us at cbcn@cbcn.ca, and we'll give you some more specific writing guidelines. Interested in sharing your story but don't know how to get started? Use our [submission template](#) and we'll put your story together for you.

The breast cancer community will look forward to reading your story!

Order Our Resources

Finding reliable information on breast cancer can be overwhelming. We have produced various reports to help you understand your breast cancer diagnosis better. These resources are available online.

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