

## GMSB 212

[00:00:00] **Antony Whitaker:** Welcome to the Grow My Salon Business podcast, where we focus on the business side of hairdressing. I'm your host, Antony Whitaker, and I'll be talking to thought leaders in the hairdressing industry, discussing insightful, provocative, and inspiring ideas that matter. So get ready to learn, get ready to be challenged, get ready to be inspired, and most importantly, get ready to grow your salon business.

[00:00:27] **Antony Whitaker:** Hello and welcome to today's episode of the grow my salon business podcast. I'm your host, Antony Whitaker, and it's great to have you here with us today. Now, some podcasts episodes that I do, I'm really excited about others. I'm a little bit nervous about today's episode. Definitely falls into the nervous category.

[00:00:46] **Antony Whitaker:** In case you don't know, October is breast cancer awareness month. And so I wanted to devote an episode to talk about breast cancer, partly because this is a predominantly female led industry, but also [00:01:00] because as hairdressers, we're also often involved with that very personal and intimate time in a woman's life.

[00:01:06] **Antony Whitaker:** If they are unfortunate enough to have breast cancer and they're losing their hair, et cetera. So most of us, myself included will have someone in our life who has been directly impacted by breast cancer, whether it's a family member, grandmother, mother, sister, close friend, colleague or perhaps indeed yourself.

[00:01:25] **Antony Whitaker:** Breast cancer is the most common form of cancer. But the good news is that whereas 20 to 30 years ago it was a death sentence for many people, today, survival rates have improved dramatically and they continue to do so. So, before this podcast, I did a little research and I found myself listening to an excellent podcast, which I'm happy to refer everyone to go and listen to.

[00:01:47] **Antony Whitaker:** And that podcast is called, And Then Along Came Breast Cancer. And it's hosted by a UK based TV personality, a lady by the name of Victoria Derbyshire, who is also a survivor of breast cancer. And anyway, before I knew it, I had listened to several episodes, which. Was definitely a huge education for me. And on one of those podcast episodes, it was titled breast cancer and hair, and there were three guests on it.

[00:02:13] **Antony Whitaker:** And one of them was a young lady by the name of Nicky Elkington. Now, Nicky is not only a hairdresser, but she's also a survivor of breast cancer. So I think that she is the perfect person for me to talk with today. Now, I'm also aware that this is a deeply personal and intimate subject for many people.

[00:02:32] **Antony Whitaker:** So, I reached out to Nicky and I asked her, she'd be a guest on the show and share her experiences and she's very happy to. Obviously, I'm not a doctor and neither is Nicky. And I don't mind saying that I'm feeling totally out of my depth. Now, obviously Nicky can only talk about her experiences as a survivor.

[00:02:53] **Antony Whitaker:** of breast cancer, but she can also talk about it in the context of being a hairdresser. But as is often said, every woman's journey is unique to them. So, in today's podcast, we're going to discuss how Nicky dealt with the initial impact of finding out that she had breast cancer, the treatments and dealing with hair loss and so much more.

[00:03:15] **Antony Whitaker:** So, without further ado, welcome to the show. Nicky Elkington.

[00:03:19] **Nicky Elkington:** Hi, thank you for having me. I'm very nervous, but also happy to be here today.

[00:03:24] **Antony Whitaker:** Good, good. So, I'll tell you what, Nicky, let's start off with just to settle things down a little bit. Obviously, there's going to be some people that listen to this who already know who you are, but 99 percent of the audience have not heard of you.

[00:03:35] **Antony Whitaker:** So, let's just start off. I've given a little bit of an introduction. Uh, but who is Nicky Elkington? Give us your sort of, you know, 60 second, uh, backstory.

[00:03:47] **Nicky Elkington:** Hi, yeah, I'm Nicky. I'm 44 years old. I've been a hairdresser since I was 15 years old. I started as a Saturday girl, um, and went full time from leaving school.

[00:03:55] **Nicky Elkington:** And it's always been a huge passion of mine. I love it. And I did get married when in 2014 to Richard, who was my husband, and he sadly died suddenly at the end of 2019. So, Not only having to deal with

breast cancer that year, I also had to deal with the sudden loss of my husband, which has been horrific, but I'm kind of at a point now where I'm just starting to live life again.

[00:04:25] **Nicky Elkington:** Um, I have wonderful friends who I spend a lot of time with. I love going to concerts. Kylie Minogue is my one love of life. Um, I've loved her since I was seven years old, I love going to the gym. Fitness is a huge thing for me. It always helps me, especially, especially post, um, cancer. And I love my cat and TV.

[00:04:47] **Nicky Elkington:** I'm just quite, you know, just a regular girl who goes to work and just enjoys socializing with my friends and just, yeah.

[00:04:53] **Antony Whitaker:** Having a good time, enjoying life. Okay. That was interesting, actually, that I mentioned the podcast, um, the Victoria Derbyshire podcast, um, that I was listening to that and it was, I mean, on this podcast, it's just you and me talking, uh, on the Victoria Darbyshire podcast, she often had three or four guests and all of those guests were survivors of breast cancer.

[00:05:17] **Antony Whitaker:** And one of the things that really stood out in almost every podcast is there was a lot of laughter. There was a lot of laughter. There was a lot of sort of sisterly, uh, love and, and sharing. And it really sort of came across to me, um, you know, because I suppose there's no male equivalent to that sort of thing.

[00:05:35] **Antony Whitaker:** You know, like you, I said in the intro that one in seven women will get. Breast cancer. That is a, you know, a terrible statistic to have to live through as a woman. So look, before we, um, start talking about your personal journey, can we start off by just a little sort of overview about breast cancer?

[00:05:57] **Antony Whitaker:** Because, you know, I don't even know what causes breast cancer and we were having a little chat before we started recording and, and I loved how you phrased it. So over to you, just talk about what causes. breast cancer. Why are breasts susceptible?

[00:06:13] **Nicky Elkington:** Um, I mean, I don't know, like you said before, I'm not a doctor, um, but I got, get all my information from this amazing lady who is a doctor.

[00:06:20] **Nicky Elkington:** Her name is Liz O'Riordan, and she was a breast surgeon who got breast cancer, and she's recently just had a secondary occurrence, and she makes fantastic videos on YouTube, on Instagram, and explains everything so clearly. And so you understand it in normal language or medical language, and she said the reasons you get breast cancer, one, you have boobs and two, because of hormones.

[00:06:44] **Nicky Elkington:** Most breast cancers are hormone driven. Um, there are, there are so many different types of breast cancer. There's like, it's just a complete minefield, really. There's so many different types. Um, yeah, different causes you can have. Yeah. You could be triple negative, you could be estrogen, progesterone, HER2 positive, HER2 negative, there's lobular, this, that and the other.

[00:07:07] **Nicky Elkington:** There's so many different types of breast cancer.

[00:07:09] **Antony Whitaker:** Yeah. Well, that was the other thing I noticed is that there's a whole language around breast cancer. A lot of the words you've also just thrown out. And, um. Uh, I want to come back to talk about that later, but I think that one thing a lot of people might've heard about is the BRCA gene.

[00:07:25] **Antony Whitaker:** And one of the reasons that they may have heard about the BRACA gene and the publicity around it is because Angelina Jolie, um, when she had a double mastectomy, et cetera, you know, she, she bought a lot of, um, you know, a lot of press to what the BRCA gene is, et cetera. Um, do you know anything about that?

[00:07:43] **Antony Whitaker:** Do you have that? Cause it's a hereditary gene, isn't it?

[00:07:46] **Nicky Elkington:** The BRCA gene. Yes. Thankfully, no, I don't. I was tested for it. Um, because I've got a family history of breast cancer. My mom had breast cancer. My nan had breast cancer. Um, but they only actually test in the UK 10 percent of women that have breast cancer because it's such of you having it.

[00:08:04] **Nicky Elkington:** And the only reason they tested me is because my mom had breast cancer premenopausal, which can make a difference. The younger you are, um, which is why they test you. But we all carry BRCA, so it's

BRCA1 and BRCA2, we all carry it, it's just whether we have the gene mutation. Yeah, thankfully I don't have it, um, it was horrible actually, it's a 12 week wait on the blood test coming back from that, as to whether you have it, um, because if you do, the chances are you have about an 85 percent chance of getting breast cancer, about a 60 percent chance of getting ovarian cancer, and a few other cancers.

[00:08:36] **Nicky Elkington:** Um, so I was very grateful I didn't carry it, but I do know people that have, um, I lost a very dear friend to breast cancer, uh, back in 2012, she was diagnosed at 25, her mum had had breast cancer, she, uh, she did, she carried the BRCA gene, her sister carried the BRCA gene, she had her preventative double mastectomy six, seven years ago, um, and her odds now

[00:09:00] **Nicky Elkington:** have gone back down to someone who hasn't, you know, to someone that's never had breast cancer and not got the gene, I've had another friend, The whole side of her dad's family, Carry BRCA, she's 30 years old and just had a preventative double mastectomy to try and help herself reduce her odds of getting it.

[00:09:16] **Antony Whitaker:** That, that was another thing that surprised me when I was researching this is if you'd said to me beforehand, what's the average age that someone gets breast cancer, I would have said, I don't know, probably in their fifties. Um, and I don't know if that is the average or not, you know, on this other podcast that I was listening to, there's a lot of young women in their twenties.

[00:09:36] **Antony Whitaker:** They get breast cancer. I mean, you're still a young woman. I mean, you're not in your 20s, but what is the the average age or the most common age for when people will get breast cancer? Or isn't there such a thing?

[00:09:47] **Nicky Elkington:** In your sixties, I think it is when you're older, if you get past 50, you're considered young.

[00:09:53] **Nicky Elkington:** Um, I think, I guess the thing is we hear about younger people more because younger people and rightly so put it out there on social media and reach out for help because there isn't the, you know, you, you can't relate as much when you're young to someone who's 65, you know, you get, you get given leaflets and pictures are all of older, older women.

[00:10:15] **Nicky Elkington:** And when you're young, you think that's not me. And I think that's where social media is great because younger people do put themselves out and then you can find each other. There's an amazing community to be able to support and help each other. Um, but I'm pretty sure it's, it's mid sixties is the average

[00:10:30] **Antony Whitaker:** age.

[00:10:30] **Antony Whitaker:** Right. Okay. So, um, for yourself, you said your mom, uh, had breast cancer. Your nan had breast cancer for you when you were in your thirties. Were you sort of thinking this is probably going to be an inevitability here? Were you thinking along those lines that it's not a matter of if it's a matter of when?

[00:10:47] **Nicky Elkington:** I suppose so. Yeah. I mean, when I was 30, I did go to the doctors. I had a bit of a health crisis. I was like, oh, 30. I've been on the pill half my life. Um, so I went, got referred to a local unit that deals with family history. They checked me over and said, you're fine. Um, you're not high risk, but you're not low risk.

[00:11:06] **Nicky Elkington:** So maybe when you get to 40, come back and we'll start screening you. Yeah, because I think that's where the issue is in the UK. We don't start mammogram until women are 49 50.

[00:11:16] **Antony Whitaker:** Yeah. Yeah. My wife has told me that we lived in Australia for a while and in Australia that people have a lot more access to get mammograms, I think pretty much whenever you want whereas here it's quite a palaver to get one, um, unless you're a certain age.

[00:11:29] **Antony Whitaker:** And obviously, um, the one of the things I've learned about breast cancer or cancers in general is that the survival rate is so much higher if it's detected, you know, early on. So if you can't get mammograms until you're in your fifties or whatever, then that can be a problem, can't it? Um, one of the things I wanted to ask you about, you alluded to the fact you love going to the gym and all that.

[00:11:53] **Antony Whitaker:** How important is health and lifestyle? Uh, in terms of not getting breast cancer, is there anything you can do to, you know, reduce your chances?

[00:12:02] **Nicky Elkington:** The thing is, you can't, you can't, cancer proves your life. I just think it's kind of comes down to common sense a lot of the time with all kinds of health issues.

[00:12:10] **Nicky Elkington:** If you keep your weight, a healthy weight, you don't smoke, you, you know, you drink alcohol, but not ridiculously. And if you exercise, you're doing everything you can to keep your body fit and well. And then I think if you then were to get cancer, you're in a better position to be able to cope with treatment.

[00:12:31] **Nicky Elkington:** Hmm.

[00:12:32] **Antony Whitaker:** Okay. So you've got, had a little bit of, you know, knowledge through family, et cetera, and friends. Um, but when you found out that you had breast cancer, can you talk to us about that? Like how did that sort of impact on you? What was that moment like when you got that news?

[00:12:50] **Nicky Elkington:** I thought I knew, but I didn't have a clue.

[00:12:52] **Nicky Elkington:** Right. I really, I didn't, I didn't know any, you know, I thought I knew stuff, but I really didn't know anything. It was just, it's, you know, you're just, your world changes. And you just all of a sudden, you're just thrown into this, it's almost like having a full time job, having cancer, you know, the doctor's appointment, the test, the scans, uh, it's, it's yeah, a whole nother world, it's a club that you don't want to ever be part of, and you always hope that you're not going to be, but it just changes there and then that in that, in that moment.

[00:13:22] **Antony Whitaker:** Yeah, it's interesting before you were, you were dropping a whole lot of terminology. Um, that because you've had cancer, you know what all those things mean. And, um, I know that there is a language around cancer, and sometimes doctors use that language when they're talking to you in a deep state of shock that you've just been told, yes, you've got cancer, and then they start throwing all those words at you, like you've just said, you said her to positive or something, and, you know, Different stages and different levels.

[00:13:55] **Antony Whitaker:** And I mean, there's just so many things. It's like, it is like another language. So were you, I mean, how do you take all that in and process it? Because it must be a bit numbing when someone gives you that.

Because it, it, I mean, the word cancer, I think full stop makes people really face their, you know, mortality does it forces them to face up to their mortality.

[00:14:18] **Antony Whitaker:** It's like, Oh my God, what if, I mean, talk to us about that.

[00:14:21] **Nicky Elkington:** Yeah, because I think like you said, you know, it's not a death sentence anymore, but you hear it and you just think, Oh my God, well, that's it. I'm gonna die. And I think that's the thing. There's so much information when you get your diagnosis, there is so much information you get all these books, these leaflets and you're thrown into a world of appointments and scans.

[00:14:37] **Nicky Elkington:** And it's like, hold on a minute. One minute I was okay. And now I'm laying in a scanner having my whole body checked to see if I've got, you know, metastatic breast cancer. Now, if it's spread, it's scary. It's daunting. It's lonely. It's horrible. It's horrible.

[00:14:51] **Antony Whitaker:** Yeah. I mean, I was just thinking about it. Yeah.

[00:14:54] **Antony Whitaker:** From, you know, the thing that you always hear is that you should check your breasts, obviously. Um, and you often hear about people have got a lump, they've found a lump, or sometimes you might hear about a, you know, discoloration or dimpling or whatever it is. But another thing that I was surprised about was that not all breast cancers are noticeable.

[00:15:14] **Antony Whitaker:** There is no lump. There is no discoloration. It's something that's just going on. You know, as you said at the beginning, there's not just the breast cancer isn't just one thing. It's multiple different diseases. And that is why, from what I gather, mammograms are so important and having your regular mammogram is a good way to, you know, if it is invisible symptoms.

[00:15:37] **Antony Whitaker:** No lumps, no, um, discoloration, no cyst or whatever it is. The mammogram will still sort of show you what's going on. Am I on the right track there? Yeah,

[00:15:48] **Nicky Elkington:** a lot of people will have their counts found during mammograms, especially if you've got big boobs. Sometimes you can't always



feel properly. You know, even people that check correctly, they can't always feel them.

[00:16:00] **Nicky Elkington:** And that's why mammograms are so important. And people must go for them because it can save your life. Because if you can pick up something that's deep nearer, you know, to the back of your boob, near your chest wall, and it can detect, you know, tiny, tiny cell changes. So it's so important to go for them.

[00:16:18] **Nicky Elkington:** And I think when you're younger as well, they will do you an ultrasound as well. The reason why they don't like to mammogram you too young is because the younger you are, the more dense your breast tissue is. So it's harder to see. So they will often do ultrasounds as well to have a look. I think they can see a bit more clearly with an ultrasound.

[00:16:35] **Nicky Elkington:** Yeah.

[00:16:35] **Antony Whitaker:** Yeah. Well, that was interesting. You know, when I was listening to some of these other podcasts, the amount of girls in their twenties, I was shocked. I didn't think that was a thing at all. Um, uh, at least one of them that I listened to was pregnant, nine months pregnant, found out she had breast cancer and it was at the time of COVID in the UK.

[00:16:54] **Antony Whitaker:** So, I mean, talk about like, you know, cause you're nine months pregnant, you can't have any treatment. Um, yeah. You're going to have the baby and, and then you go in for all the treatment. This particular young lady survived and got through it all. But yeah, I was, I was, uh, you know, stunned about, you know, the likelihood of people at a range of ages, but cancer knows no sort of demographic, so to speak.

[00:17:19] **Antony Whitaker:** Um, what about when you had to tell people? You know, so you got told and obviously that was a shock to whatever degree you go home. You have to tell your mom, your family, et cetera. What's that like? How do you do that? That must be the hardest conversation you ever have.

[00:17:35] **Nicky Elkington:** I think so, because you have to manage other people's emotions.

[00:17:38] **Nicky Elkington:** I think when you kind of, when it's you in a situation, you just have to deal with it. You don't have a choice. It's like, right, this has happened to me and I suppose I was just like, yeah, this is, this is it. But it's the one thing I just held onto that my consultant said when she told me I'd got breast cancer, it's the first thing she was like, it's treatable, it's treatable.

[00:17:57] **Nicky Elkington:** And I was like, right. I'm not going to die. We can treat this. It's going to be a hell of a journey to get there. A lot, you know, a long eight month path to go down, but it's treatable. And I think when I first found out as well, I didn't, I wasn't aware of all of those things to start with. So I'm just like, you know, I went for this rapid diagnosis and I left there and they said to me, you know, they'd taken biopsies, had done all those sorts of things and said to me, we're very concerned.

[00:18:25] **Nicky Elkington:** This is breast cancer. you know, but we just kind of need to know what it's done. I think those consultants, uh, radiologists, they know what they're looking at. They see it day in, day out. They can't say to you, it's 100 percent cancer because they need, you know, to clinically check it. But I walked out of there and I thought, yeah, I've got breast cancer, but a lot of my friends would be like, oh, but you might not, it might be okay.

[00:18:47] **Nicky Elkington:** Because I think nobody wants to see their friend. Nobody is this really scary thing, isn't it? The thought of having cancer because you, no one wants to, you know, you hear people that have cancer. Everybody knows someone that's had cancer, but no one wants to see their friend go through it. Nobody. It's terrifying.

[00:19:03] **Nicky Elkington:** And I think people were sort of like, Oh, no, but you might be right. It might be okay. And it's like, nah, I've got cancer. But you know what I think for me was the worst part was when I, when I first, when I went to the first, initially went to the doctors and the doctor confirmed there was a lump there. And we have this two week pathway in the UK.

[00:19:21] **Nicky Elkington:** So once they refer you to the breast center and within two weeks, you'll be seen for rapid diagnosis. I got the, I went on the Monday, I got the letter, you know, the minute I walked out of that doctor's, I thought I've got breast cancer, you know, I could, I could feel a lump at that point. It had grown. I was like, this is it.

[00:19:40] **Nicky Elkington:** So I think for me, it's a kind of thing. Okay. Okay. And I didn't really tell me, I told a couple of my friends and my husband and, you know, close people, but I didn't tell my client that I went to work for that 2 weeks. And I had to wait to exactly 2 weeks for my appointment and going to work every day and trying to pretend I was okay.

[00:19:57] **Nicky Elkington:** I think my body then. I was going through that kind of like, grieving process, that kind of realization of shit, I know what's, I know what's coming. So I think by the time I got to the hospital for my diagnosis day, I said to my husband, if we walk out of here, and I don't have breast cancer, that'll be brilliant.

[00:20:15] **Nicky Elkington:** But I could in that couple of weeks going to work and, you know, being a hairdresser, you're kind of on stage, aren't you? You have to be like, yeah, yeah. And inside I was just screaming. So I'm thinking, oh, my God, you know, I'm having to stand here and pretend I'm okay. That was one of the worst points, I think, and that was for me, I think, the realisation of, I think, yeah, I know what they're going to tell me.

[00:20:39] **Nicky Elkington:** So I kind of went in the day I got my diagnosis, I was prepared for it, I think. Yeah.

[00:20:45] **Antony Whitaker:** How would you advise other people to approach those conversations. So whether you're the person with breast cancer, who's going to have to go home and tell their partner, husband, boyfriend, you know, mother, father, whatever, how would you advise people?

[00:21:03] **Antony Whitaker:** Is there a right way? A best way? I mean, because you're obviously in a state of shock when that happens as

[00:21:08] **Nicky Elkington:** well. Yeah, and I think that's the thing as well. When you first know that you don't know anything. Like when we walked out of there that day and I sort of, you know, messaged my friends, you know, it got to midday and my friends are like, are you okay?

[00:21:19] **Nicky Elkington:** Like, we've not heard from you and it's like, yeah, this isn't good news. People just, it's natural. They want to ask you loads of questions. And at that point I didn't know anything, you know, and you start getting, my phone was going mad. I was getting like bombarded with people that they care, you know, wanting to know.

[00:21:34] **Nicky Elkington:** And in the end, I have to say, just put your phone down. Like it's too much. You don't need to be answering all these people's questions because it's only coming from a point of people caring, but until you know where you are and what you're doing and what your, you know, your cancer pathway is going to look like, it's really hard because you just don't know.

[00:21:54] **Nicky Elkington:** And it's the one thing I would say to anybody is just don't Google anything because it's terrifying. Just stay the hell away from Google. It's not your friend.

[00:22:04] **Antony Whitaker:** Yeah, it's interesting. I was hearing other people say that as well. That, um, that that is what we've got used to doing. Now we Google. For every answer we need and that there's so much misinformation and so many, you know, snake oil salesmen on, on there that all make sure they're at the top of page one.

[00:22:24] **Antony Whitaker:** So everything you read is bad news, so to speak. And, uh, and that, again, that was interesting. Took me by surprise. Don't use Google, use the experts. Yeah.

[00:22:33] **Nicky Elkington:** And I think that's one thing my oncologist said to me, one of the first things he did to me is. You know, nowadays cancer, we treat everybody's of cancer to their own histology of their cancer.

[00:22:43] **Nicky Elkington:** So it's not a case of, you know, years ago it was box standard chemotherapy, radiotherapy, and that was it. But now he said, you know, please stay off Google, stay off forums, because you could have this similar cancer to four other women, but you could all be on different treatment because of your own histology.

[00:23:00] **Nicky Elkington:** So that's how advanced treatment is nowadays, which is great. So yeah, don't compare. He said, cause I'll have people say to me, well, she's, we've got the same cancer and she's having this. Why aren't I having this? And it's just a case of just advocating for yourself like that and thinking, as you know, I don't need to, I don't, I don't need, I don't need to be reading stuff.

[00:23:17] **Nicky Elkington:** And you're right. You do, you get the horror stories on Google and it's all stats. And at the end of the day, we're not stats. We're

human beings. And it's really hard to not do it, but you, you can't, you'll naturally, you know, you put in one question and then all these questions start coming up, don't they?

[00:23:31] **Nicky Elkington:** What's the worst type of breast cancer? How many people die from breast cancer? And it's just a minefield and you know, within a few clicks you'll be, you know, you'll be dead. So it's stay away from it.

[00:23:40] **Antony Whitaker:** Yeah. Okay. And another thing that I, I sort of touched on this before when I said, it's sort of like a bit of a sisterly, it's a club that you don't want to be a member of.

[00:23:50] **Antony Whitaker:** But because you're going along to hospital doctors, you're meeting other women that have also got cancer. And so all of a sudden you're in this community. That's what I really felt when I was listening to this podcast series, that it was like this community of women that all understood each other. that their friends and family who didn't have cancer didn't necessarily understand each other, but they all understood each other and could all talk openly about, you know, their emotions and mental state and, and what their biggest fears and stuff were.

[00:24:22] **Antony Whitaker:** And I found that interesting. Is it, is it like, um, you know, sometimes when they talk about death, they talk about the different stages of death. When someone dies, the different stages of grief that you go through. I think the first stage is denial. That, you know, that can't be true. Um, I can't off the top of my head think of all the stages of grief, but I know the first one's denial.

[00:24:45] **Antony Whitaker:** I think the last one's acceptance, you know, and there's these other stages in it. I know one of them is anger. Is it, is it like that, you know, emotionally? Did you go through these stages of, you know, denial? Oh, no, it can't possibly be me. And then being angry about it. And then eventually. Accepting that.

[00:25:02] **Antony Whitaker:** Okay. This is what I've got. And this is what I've got to move on

[00:25:04] **Nicky Elkington:** with. Okay. Yeah. Well, I mean, coming from somebody who has experienced quite a lot of grief in my life, I don't care for the stages. I don't, I think that's rubbish in the order of the stages that grief

happens. I think you can experience all those feelings within 10 minutes of each other.

[00:25:22] **Nicky Elkington:** It doesn't, it doesn't work like that. It just doesn't, it kind of, but I think people think it does. Yeah, it just doesn't. Um, but I think when I first found out I'd got cancer, all I heard from my consultant was it's treatable. It's treatable. And I think that's kind of what I went with. I just, I just thought, right, okay, she's not said I'm going to die.

[00:25:47] **Nicky Elkington:** I'm not going to die. We can treat this. I didn't really think above that, like past that. And I think there's so much that comes with a diagnosis, um, in the sense of, you know, appointments and scans and tests and this and that. And you're looking at kind of like, you know, eight, nine months' worth of active treatment.

[00:26:07] **Nicky Elkington:** And then you're moving on to, you know, immunotherapy. So you're looking at potentially a year to 18 months sort of a treatment before you even get into sort of realms of a chemical menopause. So I kind of just looked at it and thought, right, I need to get, I need to get, you know, knowing how to have chemotherapy.

[00:26:23] **Nicky Elkington:** I need to just deal with chemotherapy. I need to break it down into kind of stages like that. All I kept thinking was, I need to get back to work. This happened in March. I can be back at work by Christmas. Kind of like my focus, really. I think I just sort of dealt with each part as it come. And I think it's, it's easy to want to run away with yourself and kind of look towards the end, but there's so much.

[00:26:44] **Nicky Elkington:** That rather, and it's all consuming and it's overwhelming. So actually, just to deal with it in tiny little bit, like stage by stage in that sense of, yeah, let's do chemo. Once chemo is done, we move on to the surgery and like that. And you just kind of, you just don't have a choice. You're thrown into this world.

[00:27:02] **Nicky Elkington:** You have no control, no choice. You kind of just have to go with it. I think except like it's often not till you finish treatment. That I think you start to kind of process what's happened because you're just, yeah, you just very quickly, you're thrown into this world and it's chaos and it's scary and there's so much to deal with.

[00:27:24] **Nicky Elkington:** You don't have time to stop and think about it. You don't have a choice. You're there, you deal with it and you just kind of, but that's the advice I would say to somebody else. You just try and like, don't look at it as a whole, look at it sort of step by step because it's sort of, then you feel like you're getting somewhere as well, I think.

[00:27:41] **Antony Whitaker:** Hmm. Okay. Okay. Got it. Um, tell me about cancer ghosting. That was something that was a new term to me that I'd never heard of. And, uh, I was quite surprised by it. So talk to us about that. Well,

[00:27:55] **Nicky Elkington:** I don't really think I was ever cancer ghosted. Um, I think that's just other people not being able to cope with it.

[00:28:03] **Nicky Elkington:** because it frightens them. I think whenever anything happens, cancer and illness, another grief. Um, it makes people look and question their own mortality and how they would cope with it. And it frightens people. And I think you really learn when you go through something traumatic or a hard time in your life, who your friends are and who your support network is.

[00:28:26] **Nicky Elkington:** And I think people really show their true colors when it comes to things like that. I've got one friend that couldn't, like, I'd be friends with her for years and she didn't do illness. She couldn't cope with illness. And it's like, you're not the one that's going through chemotherapy. You're not the one that's dealing with this.

[00:28:42] **Nicky Elkington:** I didn't feel bad at her for that because she just clearly couldn't cope. And I thought, you know what? I don't need, I don't need people like that around me. I need people that are going to support me and come to chemo with me and sit through the hard times and deal with the shit that I'm facing.

[00:28:58] **Nicky Elkington:** Someone that's crying and can't cope is no, no good to me. But you hear it a lot of the time you hear it with grief as well. You know, people will, people actively will cross the road. To avoid you rather than face you because they can't deal with it. And I think that's a really selfish thing. It's mm-hmm.

[00:29:14] **Nicky Elkington:** That's a them problem, isn't it? Is something. Yeah, it is. Yeah. You know, you just need, you need to show up for people. Showing up for people when things are bad is what you need to do. Mm-hmm.

[00:29:24] **Antony Whitaker:** Yeah. I, I heard someone talking about it and they said, even if you say, I have no idea what to say, it's better than nothing.

[00:29:32] **Antony Whitaker:** Do you know what I mean? And what you shouldn't say Yes. Is all those, all those little things like. Don't worry, you're going to power through it. You're going to, this isn't going to beat you. Is that correct? That you shouldn't say that, that you're better off just to say, look, I don't know what to say.

[00:29:47] **Antony Whitaker:** Yeah. I'm just here for you sort of thing. How does that sit with you?

[00:29:50] **Nicky Elkington:** Definitely. I think that because what can you say, you know, there's nothing, there's nothing you can say to someone to make them feel better in that moment because it's shit. You don't know what's going to happen. You can be being treated with a curative treatment plan, but that doesn't mean that's going to necessarily.

[00:30:06] **Nicky Elkington:** happen. You know, it's scary. Nobody knows. Nobody can say to you, you're fine. You've got this, this whole fight talk, this battle talk. And it's this positivity. And it's like, you know, if only positivity cured things, it would be amazing. But I think a positive mindset helps. It can help you get up. It can help you deal with days, but it doesn't cure it.

[00:30:29] **Nicky Elkington:** You know, this, yeah, people are very quick to start telling you to do these sorts of diets and drink this juice and do this and take turmeric or take this, do that. If that all worked, then people would be doing it already. Um, yeah, and I've learned that through a lot of things in my life as well. I think you're better to just say to someone, do you know what?

[00:30:50] **Nicky Elkington:** This is really shit and I'm sorry and I'm here to support you because you can't say anything. I think it's that nobody likes to see anybody. ill suffering in pain. It's a natural human reaction to want to make things better. But sometimes you can't make things better. You just have to, you know, acknowledgement is one thing I've learned.



[00:31:10] **Nicky Elkington:** Acknowledgement is so important and it's just, yeah, being there and showing up. And that's, that's the best thing you can do. You cannot, you can't, if only we could take the cancer away, but you can't. You just have to be as supportive as you can. And the worst thing as well is the pity head tilt. When you see people, they're like, Oh, I'm going to keep my head straight.

[00:31:30] **Nicky Elkington:** Child that I hate that. Oh my God, it's awful. It's just like, Oh, I'm so sorry. It's like, it's very patronizing. And I know people mean well. But it's like, just think sometimes about what you're saying. I think it is frightening and it is scary. And yeah, but sometimes it's just, just, just be real and just say, I really don't know what to say to you, but I'm here.

[00:31:54] **Nicky Elkington:** And that's all you can be. Sometimes you can just sit with someone. You don't have to say anything, but it's acknowledging that moment, isn't it? And not making it about them. I think that's what a lot of people do. Oh, I don't know how I'd cope with this. Or, or they'll say things like, Oh, Yeah, my, my friend's mom had breast cancer.

[00:32:09] **Nicky Elkington:** She died. I mean, that's great. And it always comes from a good place. I know that. But sometimes it's like, just don't even just don't go there. Just be like, yep, I'm here watching, you know, and the thing is, as well, I think a lot of people will say, Oh, I'm here if you need me. You know, let me know. And I think sometimes you don't know what you want.

[00:32:27] **Nicky Elkington:** You haven't got a clue, you know, practical, I think practical help is one really good thing for people to suggest for people to do for someone like that, rather than, you know, cause you don't know, you've got so many things happening. You don't know what's happening tomorrow. You don't need.

[00:32:43] **Antony Whitaker:** Yeah. What do you mean?

[00:32:44] **Antony Whitaker:** Cook a meal, clean the house. Pick you up, drop you off, do a shop for you, that sort of stuff.

[00:32:51] **Nicky Elkington:** Definitely, you know, if you've got children and you can pick their kids up from school or do something like that, yeah, cook dinners, do their laundry, clean, little things like that, offer lifts to hospitals, stuff like that.

[00:33:03] **Nicky Elkington:** That is a sort of help that is just priceless to somebody. Yeah. And the thing is, we are very proud, you know, especially being British. British people as well are very proud and we don't like to ask for help. Mm-hmm and I think a lot of the time people don't like, you feel like a burden. You don't want to say that to people or can you do this, can you do that?

[00:33:19] **Nicky Elkington:** And mm-hmm. I think that's, it's just show up and do it rather than be like, oh, I'm, yeah, I'm here. Let me know what I can do for you. It's so insincere. You're, you're not gonna ask that. Of that person. Yes. But actually, exactly right. What do you need me to do? I'll go and walk your, I'll go and walk your dog for you.

[00:33:34] **Nicky Elkington:** I'll go and do your weekly shopping. Perfect. Yeah. That's the sort of help people need.

[00:33:38] **Antony Whitaker:** Okay. As a hairdresser, let's turn it not on the attention, not on you now, but on the, the client, because everyone listening to this, or the majority of them are hairdressers, um, as a hairdresser. Uh, I certainly have had to, you know, shave someone's head because of cancer, um, uh, on more than one occasion.

[00:33:57] **Antony Whitaker:** And it's, uh, difficult to put it mildly. Uh, but as a hairdresser, what are some of the things that you can do to help? Or is there nothing? If a client comes into you and you know, they sit down and they look, they say, listen, I'm, I'm on chemotherapy or whatever, and I'm starting to lose my hair and you know, maybe they're in tears or whatever, but what is the approach?

[00:34:20] **Antony Whitaker:** I mean, I, I had a, the situation like that in my salon once and I was getting someone else was shampooing her hair and this kid was just sobbing. Because I've never seen this before. The client was like, I've been there before. It's not the first time. It's not the end of the world. Let's just get the clippers out.

[00:34:36] **Antony Whitaker:** She went and sat at the backwash with a, a Bob with blonde highlights. She got up with 90 percent of it here. Left in the basin, and then she went and sat down in the chair, leaving most of the staff in tears and proceeded to get the clippers and asked me if I could finish it for her,

which I did. And it's, you know, that was my first sort of baptism of fire to tell you the honest truth about it.

[00:35:03] **Antony Whitaker:** I've never forgotten it. That was over 30 years ago. So, so what are some things in a professional capacity that you should do? Um,

[00:35:13] **Nicky Elkington:** it's hard. Um. Hold on. I need to think about this. Um,

[00:35:20] **Antony Whitaker:** let me ask you some questions then. Can you, can you do color? Can you color someone's hair when they're on chemotherapy? Or is that just a stupid suggestion?

[00:35:30] **Nicky Elkington:** Yeah, no, I wouldn't, I mean, I guess it all depends if not on chemotherapy, you lose your hair. Mm. It's, yeah. It's not every type of chemotherapy. People that you go, your hair's going to shed anyway. Even if you are on a chemo that doesn't attack your hair. I personally, I wouldn't, I wouldn't, I would not put more chemicals on it.

[00:35:52] **Nicky Elkington:** Um, you could probably still have your hair cut, I guess, if you're not losing your hair. Um, but I guess pre, pre, I've only ever had people come in pre chemotherapy and say, I'm going to lose my hair. So therefore, can you just cut it either really short or shave it off for me? And I do. I agree. I think that's one of the most distressing things I had to do with my friend, Emily, when she when she first got diagnosed and she she went for chemotherapy.

[00:36:23] **Nicky Elkington:** She tried the cold cap. She didn't like it. And she came into me and her hair was just like a matted mess. Where chemotherapy really dries your hair out and I gently washed it and I remember just putting the comb in and Her hair just came out and like you said I was sobbing. I was just like this is just awful It's so distressing to do it to see someone like that And I just think it screams it screams cancer patient as well.

[00:36:51] **Nicky Elkington:** And that's what yeah, people don't like, you know It's just

[00:36:53] **Antony Whitaker:** no when I heard you on this other podcast that you With the lucky one out of the three ladies that were being interviewed,

because you didn't lose your hair, um, you lost a little bit of it. Apparently, I think I heard you saying that, you know, you'd shed some hair, but you certainly didn't lose all your hair or have to have it shaved off.

[00:37:12] **Antony Whitaker:** And you said something that really took me back. And I wasn't sure if it was a sort of a bit of a throwaway line or if you really meant it and what you said was, I would never, you know, I would, I would never want to lose my hair. I would rather lose a breast than lose my hair. Just tell me what you meant by that, because that sort of rocks you back on your feet a little bit.

[00:37:36] **Antony Whitaker:** Okay. The hair is going to grow back. Uh, as far as I know, the breast is not going to, um. Tell me, tell me about that because that's, you know, I, we've had a little bit of a conversation about this before, uh, before we started recording and it was intriguing your response to that. Well, I think

[00:37:55] **Nicky Elkington:** for me, the thought of throughout the years having to shave people's hair off and do all that sort of stuff.

[00:38:01] **Nicky Elkington:** I'd always thought that, you know, if I ever was unfortunate enough to have cancer, I thought of losing my hair. I was just distraught by it. I thought that must be the, one of the worst things to happen. And like. Before I started chemotherapy, I mean, my hair was down to my waist. I just liked my hair. It just, it's so much your hair, isn't it?

[00:38:19] **Nicky Elkington:** It's your identity. It's your femininity. It's so much. And I just, the thought of it. And I think as soon as I got my diagnosis, I knew I had to have a mastectomy straight off. And I kind of guessed at that point, I kind of just completely, my boob wasn't part of me anymore. I thought it's trying to kill me.

[00:38:39] **Nicky Elkington:** It's got to go. So I suppose I just kind of just, I did, I sort of, I just, yeah, dissociated myself with it because I thought it's, it's going and I'm going to be reconstructed. And yes, of course, I know my hair's going to go back. I'm a hairdresser, but actually it was of everything. Obviously, other than dying, I was like, I can't lose my hair.

[00:39:00] **Nicky Elkington:** I cannot lose my hair. No way. You don't want to.

[00:39:03] **Antony Whitaker:** Okay. Well, one of the things that I've, I've learned is lots of terminology, radiotherapy, hormone therapy, chemotherapy, immunotherapy, mastectomy, um, all sorts of alternative therapies, you know, reconstruction. But there's another one called cold cap, which I hadn't heard of.

[00:39:19] **Antony Whitaker:** Um, which is probably my naivety, but I know that you're quite an advocate. Of the cold cap. So what exactly is it? Give us a little bit of detail on it because it seems to be one of those things you either love or hate.

[00:39:32] **Nicky Elkington:** Okay, so the cold cap, the cold cap has been around for a long, long time. Um, it basically you wear a cold cap during chemotherapy and it has a number of things going on, which basically reduces the blood flow.

[00:39:46] **Nicky Elkington:** to your hair follicles to protect them from the chemotherapy. Chemotherapy at the moment can't, it attacks your fastest dividing cells first, which is your hair is the second one. And at the moment it can't tell the difference between good cells and bad cells. So it just destroys all of them, which often results in hair loss.

[00:40:06] **Nicky Elkington:** So by restricting the blood flow to your follicles, it protects them and doesn't allow as much chemotherapy in. So therefore you can maintain your hair. Um, not all of it. There's a, you basically, you have a 50 percent chance of retaining 50 percent of your hair, depending on your drug regime. There's two, there's loads of different combinations of drug regimes.

[00:40:28] **Nicky Elkington:** There's two different types of drug groups. One is a little bit harsher than the other. Um, and yeah, we all know as hairdressers, we shed hair. We shed what? 100 to 150 hairs a day. And when that happens, you don't notice it. I mean, I never used to think anything of getting out of the shower and pulling a plug full of hair out of the sink when my hair was long, but when you're looking at shed, when you see your hair shedding, I mean, in that in itself is quite distressing.

[00:40:54] **Nicky Elkington:** Um, but it's going to shed, but I would say I maintained, I reckon I probably lost about 25 percent of my hair. I mean, I did. I cut my hair off. I cut my hair into a really short little bob. I donated it to the,

um, Little Princess Trust, which is a, uh, a charity which makes wigs for children's hair. It's fantastic.

[00:41:14] **Nicky Elkington:** So I thought, you know, I had 12, 13 inches I cut off my hair. So that felt good by doing that. And I think there's a real thing with hair loss and cancer, and it's about taking control. And I think people, you know, you feel very helpless. You lose so much through cancer and you have very little control. And I think a lot of people will say, I'm going to take control of this by shaving off my hair, which I applaud.

[00:41:37] **Nicky Elkington:** And I think that's great. But for me, I was like, I'm going to take control. Because I don't want to lose my hair. It's the one thing I can try and keep my boobs going, my life's going for the next eight, nine months, but you know what, if I can get up every day and I can look in the mirror and I can still look like me, then that will be great.

[00:41:56] **Nicky Elkington:** And I have to say, I can categorically say if I had have lost my hair, I think my whole cancer experience would have been a lot different. It really, it really helped me. It really did. I mean, it's hard work. You have to, you have to maintain your hair very different. Um, you can't wash your hair as much. You have to wash it very gently, but you get into a routine of doing it.

[00:42:16] **Nicky Elkington:** Um, but, and I was very, very like, so grateful. I mean, Paxman, who are the company. Uh, the, at the scout calling machine, they're the global leaders. It's in, in the uk it's in 98% of col of hospitals. Okay. Free to use. Mm-hmm. And I know they're global. You know, they're, they're in America. They're in about 60 countries.

[00:42:36] **Nicky Elkington:** And I know in America that there's one insurance company that have just registered recognized them so you can get it on the insurance. 'cause I remember when I was going through my treatment, looking on Instagram and talking to a few girls, that they were having to pay \$500 a go for the cold cap. Which, well, you know, you think we've got that sitting in our hospitals and it's just not, it's, there's a lot of negativity around it.

[00:42:59] **Nicky Elkington:** I think a lot of people, again, it's not understanding it. I think, you know, until you, you know, the amount of people now I talk to that have never heard of the cold cap and unless you've had cancer or, you know, been in around someone that has, you might not know

about it. And I think it's the, we need to have more education on it because it does work and it is now scientifically proven as well.

[00:43:22] **Nicky Elkington:** It's not, you know, some of these harsher drug systems, maybe you'll lose 70, 80 percent of your hair, but they have proven that if you cold cap, your hair will regrow. Twice as fast and thicker in about 12 weeks. I was going to

[00:43:37] **Antony Whitaker:** say, there's a thing that they sometimes talk about with, with cancer curls or chemo curls.

[00:43:44] **Antony Whitaker:** As your hair grows back, it's sometimes softer and a little bit curly. Is that a thing? I do know someone who said that they had that, you know, like curly hair, whereas before I hadn't had straight hair, but it was a temporary thing. It did straighten out eventually as well. Is that, is that something that is a thing?

[00:44:00] **Nicky Elkington:** Yeah, well, chemotherapy temporarily changes the DNA of your hair, so therefore, when it comes back, it might come back. Some people, when they're grey, they'll lose, their hair comes out and then it'll come back like brown or blonde. It can come back curly, it can come back straight. It often will go back to what it was, but that is the chemotherapy that's temporarily changing that DNA.

[00:44:21] **Antony Whitaker:** Yeah. Okay. That's interesting. So, um, tell us about life after cancer. Um, you know, you go through these different stages and now, uh, are you in remission? Are you cancer free?

[00:44:34] **Nicky Elkington:** Well, yeah, I mean, you don't, you never get told that, you know, it's not sort of how you see it on TV or on the films. Like you don't skip off.

[00:44:42] **Nicky Elkington:** That's it. It's all done. You know, we don't have, we don't have scans. You don't have scans afterwards. As far as they're concerned, they've given you the best treatment you can have. You get onto, um, I've been put into a chemical. I had immunotherapy for a year to help stop the cancer coming back. I've been put into a chemical menopause, which again stops the issues in my body.

[00:45:05] **Nicky Elkington:** So hopefully that will stop it coming back. Um, the further down the line you get your, I think reoccurrence often can be within the first year to two years. Um, Yeah, I've actually just got to the point. I'm four years post-surgery. So, I think I've done quite well in that sense. I'm essentially, I'm four years cancer free.

[00:45:29] **Nicky Elkington:** Um, which is great. But it's not a case of I mean, this is a sentence to say, but a primary diagnosis doesn't frighten me. It's a secondary And I think secondary breast cancer is not, is not spoken about enough. 30 percent of primary breast cancer comes back as secondary and 31 women a day die of secondary breast cancer.

[00:45:55] **Nicky Elkington:** And that's the thing that people need to be aware of. You know, it can come back in your liver.

[00:46:00] **Antony Whitaker:** Right. So, so what does that mean that it spreads from the breast to, you know, like you just said your bones or your liver or

[00:46:06] **Nicky Elkington:** whatever? Yeah. Yeah. Secondary breast cancer, it's breast cancer, but it's gone to another part of your body.

[00:46:14] **Nicky Elkington:** So it's gone to you. Often breast cancer will come back in your brain.

[00:46:20] **Nicky Elkington:** And that would be other terms. It would be called metastasize stage four. So it's treatable, but it's incurable. So therefore, it's life limiting. Um, but that's something that needs a lot more attention on and a lot more, um, funding and, you know, medicine and that to make, to be able to prolong people's lives a lot longer.

[00:46:45] **Nicky Elkington:** Yeah. And that frightened me because one of my friends is, one of my friends is 10 years younger than me. And she, she was about a year behind me in treatment and she was 18 months out of treatment and she got diagnosed with secondary breast cancer in her brain. She's 36 years old and it's horrible. It's just, it's heartbreaking to see.

[00:47:05] **Nicky Elkington:** And we actually, um, you know, there is a massive community, massive, massive community of, uh, you know, cancer community. She only yesterday. A real, you know, poignant figure. Nicky, her name was in



the cancer community. She died yesterday and she'd been living with metastatic breast cancer for five and a half years.

[00:47:23] **Nicky Elkington:** And it's just, it really brings it home. Just how, how fragile life is and how, you know, just how frightening it is. It kind of puts you back to that thing. Oh my God. You know, when you're, when you, when you, when you have a diagnosis and you're, you're involved in that community, yes, you are, you do see more of it.

[00:47:42] **Nicky Elkington:** Then somebody that wouldn't, but it just every single time you just think, God, it's just, it's such a cruel disease. And it's something that we just need to, people just need to be so aware. I think nowadays it's about prevention more than anything. It's making sure that you. You check your boobs and your body, not just your boobs.

[00:48:00] **Nicky Elkington:** You know, just generally it's just doing little health checks. Keep an eye on yourself and anything that's not your normal. Don't be frightened to go and check it out. Yes, it is scary, but actually it's scary if you don't do it and you leave it.

[00:48:13] **Antony Whitaker:** Yeah, sure. Um, we need to start wrapping up in a few minutes, but I want to ask you a couple of things.

[00:48:18] **Antony Whitaker:** Um, you have been through a lot of dark moments over the last four or five years, losing your husband, breast cancer, all of this stuff. It's, you know, it's, it's dark to put it mildly. Um, I want to ask you the opposite to that. What's been the most uplifting moment for you? Is there anything that stands out that maybe someone has done or said or some experience that you've had and you've just thought, wow, that's, you know, special.

[00:48:47] **Antony Whitaker:** It doesn't have to be a big thing.

[00:48:49] **Nicky Elkington:** But I got to meet, I mean, my friends, I'm so grateful for my friends. I've got the most. Wonderful group of friends, which I just love and adore and have just been amazing. Um, and I think as well, like, you know, future dreams, meeting, you know, getting involved with them and meeting a community of people.

[00:49:09] **Nicky Elkington:** And I've got to meet, I've got to meet some people that I've wanted to. I've got, I got to meet a girl called Lauren who does a podcast. Well, she used to do a podcast here. You meet Big C. Cancer podcast, which is a brilliant listen to anyone who wants to, I got to meet her at a charity event and that I was really humbled by that.

[00:49:28] **Nicky Elkington:** And I got to tell her how, how her podcast made me feel. And that made me feel really good. And I think just being able to help, I've spoken to, spoken to quite a few women since, you know, anyone now whose friends get diagnosed with cancer and they're scared about losing their hair. I'll speak to them, talk them through the cold cap and most people now have managed to keep their hair and I feel for me that's a real passion now.

[00:49:53] **Nicky Elkington:** I feel we need to educate. I'd love every hairdresser to be able to know about the cold cap and to be able to, you know, next time someone comes in and says, Oh God, I've got to start chemotherapy, shave off my hair for your hairdresser to say, have you heard about the cold cap? You know, I think we have such a good relationship as a hairdresser.

[00:50:11] **Nicky Elkington:** I think people trust us. They come into us. They confide in us. They tell us, you know, their darkest, deepest secrets sometimes. And actually for your hairdresser to be able to give you that information and as a hairdresser to be able to see your client. Not have to go through that, you know, and I'm not saying the hairdresser, you know, learns what to do or anything like that, but it's just knowing about it and just saying, look, check your hospital, see if you've got a cold cap.

[00:50:35] **Nicky Elkington:** It doesn't work for everyone. People might not want to do it, but I feel that now that's kind of where my passion lies. I really want that out there that, you know, there's this product that can really make a difference for you. Yeah. Is

[00:50:48] **Antony Whitaker:** it, is it. Something that has the potential to be a service in a salon, or does it have to be in a hospital, the cold

[00:50:55] **Nicky Elkington:** cap?

[00:50:56] **Nicky Elkington:** No, you can only have it done when you're, you only have it on when you're having chemotherapy. Oh, right, at the same time

[00:51:02] **Antony Whitaker:** as

[00:51:02] **Nicky Elkington:** the drugs. You wear it during your chemotherapy treatment. Yeah, so you just wear it for your, yeah, you wear it for your chemotherapy time. Yeah. So it's in the hospitals.

[00:51:10] **Antony Whitaker:** Yeah, got it.

[00:51:11] **Antony Whitaker:** Okay. Um, let me ask you this before we wrap up. How has it changed you?

[00:51:17] **Nicky Elkington:** Um, I don't care about a lot of things anymore. I think, I think post cancer, I think once I finished my radiotherapy, me and my husband said, right, we've always just worked, worked, worked. We need to get a better work life balance. You know, it's having a health scare like that.

[00:51:36] **Nicky Elkington:** It's terrifying. And it's like, right, we need to live life a little bit more. And I think him then dying, you know, it just completely again, changed my perspective going into COVID. And I just think I just don't care anymore. I just, life's fragile. It's precious. So, we need to go and grab it. We need to live it.

[00:51:58] **Nicky Elkington:** Um. And just, I just don't sweat the small stuff, things that just bother me, I just don't care about now. There's no point in getting stressed. There's no point in getting angry, you know, just spend time with people you want to be with. Like tell people you love them, tell people you care about them and just try and make your life as happy as you can make it because you just, you know, tomorrow's not guaranteed for any of us and we just need to embrace life because we get one, one shot at it and that's it.

[00:52:29] **Antony Whitaker:** They're good final words, but I did have one more final lot of words, and that is what advice would you give to young women or women out there? Because I read a statistic recently that said in the UK, so this is just in the UK, but I'm sure it's similar in the United States and Australia and everywhere.

[00:52:48] **Antony Whitaker:** Is that they're saying in the UK that post COVID that because of the lockdowns and people not being able to get to hospitals, they estimated that there are over 1 million women walking around with undiagnosed cancer. Uh, that's a frightening statistic. I mean, if it's 1 million in

this country and we've got 60 million population, then it's probably 5 million in America.

[00:53:11] **Antony Whitaker:** You know, I don't know, 300, 000 or something in Australia. That's a lot of people. What advice would you give to. You know, a woman listening to this, who maybe hasn't had a mammogram for a while, maybe doesn't, um, you know, physically check herself out, touch her body, find out, you know, go to the doctors on a regular basis.

[00:53:31] **Antony Whitaker:** What advice would you give them as a, as a final thing before we wrap up?

[00:53:35] **Nicky Elkington:** Start doing it. You know, I know we can't have mammograms, which is fine, but check yourself, you know, you don't need to do all the time, but once a month, same sort of time every month, there are tons of videos out there to learn how to do it properly.

[00:53:48] **Nicky Elkington:** But you, you have to, we have to advocate for our own bodies. The same, you'd go for a smear test, you know, these things, it's scary because you think, Oh God, what if I find something that actually you could save your life by doing it. You know, and it's not just lumps. It's looking at a change in your, a change in your skin, a change in your nipple, a swelling.

[00:54:07] **Nicky Elkington:** Uh, it's not just the lump we're looking for, but when you have to check yourself, check it nine out of 10 lumps and nothing, you know, but you, you just have to check your body. You have to be, you have to advocate for yourself and you know your body, know your normal. And if you're worried about something, then go to the doctor.

[00:54:27] **Nicky Elkington:** And yes, it's scary, but actually if you do nothing. It's far scarier and it's all about catching things early. The earlier you catch a cancer, the more chance you've got of walking away from it with a curative, you know, being cured from it. It's just check yourself. You have to check your boobs, check your boobs every month.

[00:54:47] **Antony Whitaker:** Right. Okay. So look, we do need to wrap up for our listeners. I want to give them a couple of resources. Uh, I've talked about the podcast. Um, I'm sure there's lots of good podcasts out there about breast cancer. This is the only one I've listened to. It's called and then along came breast cancer. That's what it's called.

[00:55:04] **Antony Whitaker:** And then. Along came breast cancer. Um, so if you put that in any of the podcast search engines, you will find that. I don't know how many episodes there are, but, uh, you know, I watched probably 10 or a dozen of them, at least they were all fascinating, a great education and something that we should all do.

[00:55:22] **Antony Whitaker:** Um, you can see that I need to get out more often, but, uh, so, so definitely. Definitely have a look at that. Have a listen to that future dreams, uh, podcast and website. Um, the, the future dreams website is future dreams. org. uk. And I'll put a link for that in the show notes for the podcast. And I'll put a link for the podcast also in my show notes because I highly, highly recommend them.

[00:55:51] **Antony Whitaker:** So, um, Nicky, where would you, at a more local level, is there any particular resources? You mentioned a lady a couple of times who you said she has a great YouTube channel. I think you even said she was a doctor or a professor and she does some really common sense, good talking about breast cancer. What was her

[00:56:09] **Nicky Elkington:** name?

[00:56:09] **Nicky Elkington:** Her name is Liz O'Riordan. I think I pronounced that correctly. Um, I can send you a link for her if you want to. She's absolutely brilliant. Um, and the other podcast I would highly recommend is the you, me, big C podcast. Three women who have had different types of cancer. Sadly, two of them have now died.

[00:56:30] **Nicky Elkington:** Um, but it's an absolutely, it was brilliant. They were like my best friends sitting there during my treatment. They were absolutely, it was, it was really helped get me through. That was brilliant. I would definitely. Definitely recommend that

[00:56:44] **Antony Whitaker:** good. Okay. Well, I will also put that link, um, in our podcast. So if you're listening to this podcast with Nicky and have enjoyed it, do me a favor, take a screenshot on your phone, share it to your Instagram stories and get the word out.

[00:56:57] **Antony Whitaker:** So Nicky to wrap up, thank you for being on this week's episode of the Grow My Salon Business podcast. And thank you for being brave and courageous and giving an open and honest, you know,

dialogue about what's been a deeply. Intimate and personal part of your life. And I just want to say I really appreciate that.

[00:57:15] **Nicky Elkington:** Thank you. Thank you for having me on. I really, it's been really good. Thank you. My pleasure.

[00:57:21] **Antony Whitaker:** Thank you for listening to today's podcast. If you'd like to connect with us, you'll find us at [growmysalonbusiness.com](http://growmysalonbusiness.com) or on Facebook and Instagram at [growmysalonbusiness](https://www.instagram.com/growmysalonbusiness). And if you enjoyed tuning into our podcast, make sure that you subscribe, like, and share it with your friends.

[00:57:38] **Antony Whitaker:** Until next time, this is Antony Whitaker wishing you continued success.