



Sensuality, Sexuality, Survival

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Current SSS Events

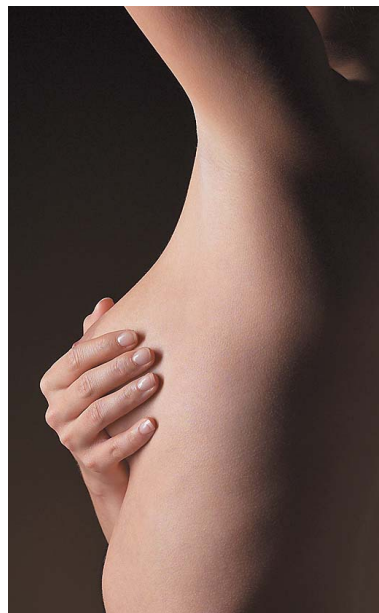
Our SSS Consultants have been continuing the fight against breast cancer and its debilitating effects on female sexuality. With 44 Certified Consultants nationwide, our SSS Consultants are scheduling presentations in an area near you! To view an extensive list of our Certified SSS Consultants, please visit www.pureromance.com/sss. To book an “Intimacy after Cancer” presentation for your support organization in your area, please contact us at sss@pureromance.com.

Pure Romance’s SSS Program has been involved in events all over the country, including a hospital presentation at Magee-Women’s Hospital of UPMC in Pittsburgh, PA, Relay for Life in Wisconsin, Nevada and Ohio, and Komen walks all over the country! Pure Romance had an SSS team at the Cincinnati Race for the Cure, where we had the largest team two years running. With 105 people registered, Pure Romance and SSS really stood out as a ‘Sea of Pink’!

Our Expert Bio

Jennifer (Jan) Simpson is a registered nurse, who currently works at the Franklin Square Medical Center as the Clinical Coordinator for Breast Services. Jan is currently pursuing a Master of Liberal Arts degree in Ethics from Johns Hopkins University. She graduated with Honors in 1997 with a degree in Psychology, also from Johns Hopkins University. Jan has worked as an operating room nurse since 1986 and was the Clinical Coordinator for the Plastic & Reconstructive Surgery of the Breast Center at Mercy Medical Center from 2001 to 2003. Jan has also published many articles on breast surgery as well as speaking for such organizations as the Susan G. Komen Foundation. Jan is also Certified Breast Health Specialist.

We are thrilled to have Jan as our featured “expert.” Her over 30 years of experience as a nurse and her work as a breast health specialist makes her a wonderful addition to *Sensuality, Sexuality, Survival*.



Featured Article: What Do My Breasts Mean To Me?

What kind of impact will my treatment have on my sexuality? Will I still feel like a woman if I choose to remove one or both of my breasts? Will I want to have sex or be intimate after treatment? Sexuality can simultaneously provide both excitement and stress as it pertains to our quality of life. Knowing yourself and being comfortable with your own sexuality will help you answer these questions and feel more confident when choosing among treatment alternatives: i.e. mastectomy versus breast conservation and reconstruction versus no reconstruction.

Goals for Sexual Health

What is a healthy sexuality? Though the media and doctors might hold different opinions, this issue is quite personal and is best defined individually. While the most common belief about a healthy sexuality generally focuses on intercourse, in actuality, the best way to evaluate a healthy sexuality is to consider your sexual experiences in the context of whether or not they are successful. What constitutes successful? The answer to that question lies in the beauty of being able to define your own standards—YOU decide what successful means and whether or not an experience is successful.

For women, sexuality is more than simple biology and involves the entire context of our lives, relationships, and emotions. The World Health Organization (WHO) accurately describes sexual health as: “The integration of the somatic, emotional, intellectual, and social aspects in ways that are positively enriching and that will enhance personality, communication, and love.”

Our own goals for sexuality before, during and after treatment are highly individual and may be incorrectly defined if they are based on stereotypes. For example, do not assume that for all women, breast cancer treatment leads to no interest in sex. While many women may question their body image and withdraw from intimacy as a result of treatment, just as many women will still maintain an interest in intimacy and their sex life. Women may be uncomfortable expressing these feelings and concerns, but they should be recognized as normal. Some women will be perfectly happy removing both breasts and opting for no reconstruction, other women may find it fine to remove one breast and use a prosthetic for “balance”; some women will want to minimize the amount of tissue removed to retain their natural form, while others might remove both breasts and excitedly opt for “larger” reconstruction.

Human Sexuality

Sexual behavior is made up of many elements beyond intercourse. Of primary importance is the development of one’s sexual self-image and acceptance of one’s sexuality. A woman’s sexuality is influenced by many factors and may change significantly throughout her life. It may or may not be linked to her ability to have children. One’s view of sexual attractiveness in general, and one’s self-perception, may be primarily rooted in appearance or more strongly associated with personality characteristics.

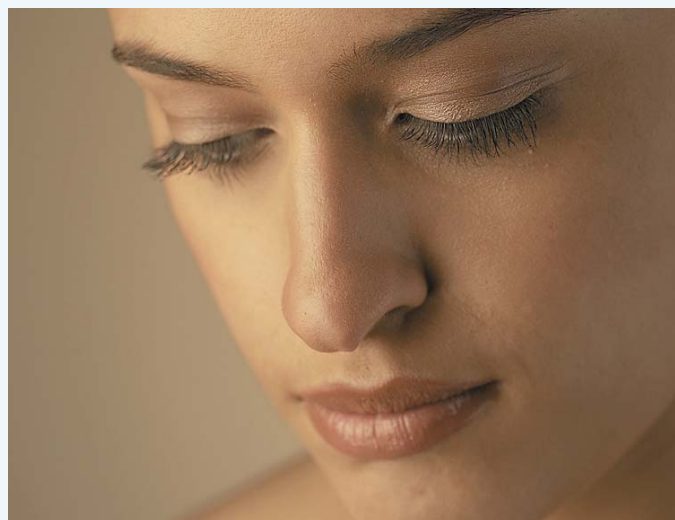
Another component of sexual behavior is choosing a partner. The major task of young adulthood is developing intimacy, learning to give and receive love, and choosing a partner. Sex can be a significant part of that intimacy and can serve as a way of communicating and expressing trust in a relationship.

Sexual activity can range from oral sex to intercourse, while fantasy, masturbation, and foreplay are also elements of normal sexuality.

Each of these elements, sexual self-image, partner selection, and sexual activity, has the potential to be disrupted by breast cancer. It is important to decide what is most important to you to maintain your own sexual health during and after treatment.

Impact of Breast Cancer Treatment on Sexuality

Much of the research related to breast cancer and sexuality has attempted to describe the effects of specific breast cancer



treatments on sexuality and compare the degree of dysfunction among treatment alternatives. These are valid attempts to produce data that would be helpful to women’s decision making; however, these data must be interpreted cautiously given the individual nature of each woman’s unique experience.

Mastectomy vs. Breast Conservation

Historical literature is available regarding women’s perceptions of the impact of mastectomy when it was the standard treatment and when many patients underwent the more disfiguring radical mastectomy. A sizable proportion of women described mastectomy as a mutilating and disfiguring experience. Approximately a quarter of these women described negative effects on sexual adjustment, including decreased frequency of intercourse, decreased sexual satisfaction, and more difficulty in achieving orgasm. Yet most women seemed to cope sexually with the stress of surgery and the loss of a breast, with a majority reporting no change in those same parameters; some women actually described increased sexual satisfaction in their relationship. Other studies report a significant amount of sexual disruption, which continues beyond the treatment phase. Whether it is one woman or a thousand, it is still significant that women frequently have intimacy issues even up to five years after treatment.

Increasingly, women are offered breast-conserving treatment for breast cancer. The principal objective of a breast-conserving procedure is to preserve the integrity of the woman’s body image. This involves an assumption that such a procedure will be less physically and psychologically disabling than a mastectomy. But as previously mentioned, when one considers the many factors that compose sexuality, that assumption may not hold. One must ask, will a breast-conserving procedure affect my sexuality in a less profound way than complete removal of the breast?

Breast-conserving treatment usually includes both limited surgery and breast irradiation. A study by McCormick and colleagues explored women's perceptions of their treated breast in a group of 74 women at least 1 year after treatment. Although the vast majority of women were very satisfied, both cosmetically and sexually, significant changes were noted in comparing the treated versus the untreated breast. Of 64 participants who were sexually active, 48% noted increased breast discomfort, 39% avoided the treated breast, and 20% stated their partners avoided it.

It is important to remember that factors other than the extent of breast surgery may play a larger role in sexual satisfaction, including overall psychological health, satisfaction with the relationship and pre-cancer sex life. Another factor in sexual dysfunction following breast cancer may be the impact of whole-body therapies utilized in addition to breast surgery.

Breast Reconstruction vs. No Reconstruction

Many women are not offered a breast-conserving procedure because of the size, location or multi-focal nature of the tumor; confounding medical conditions; lack of access to radiation therapy facilities; or physician bias. Breast reconstruction following mastectomy can be an alternative to mastectomy alone. Ten years ago, about 10% of women who were eligible for reconstruction chose this option. Most recent assessments indicate that as many as 30% of eligible women opt for

reconstruction. Why do some women choose this option and what impact does it have on sexuality?

Reasons commonly cited for seeking reconstruction are to be free of the external prosthesis; to "feel whole again"; to reestablish symmetry; to be less inhibited sexually and reduce self-consciousness about appearance; and to be less preoccupied with the underlying threat of cancer. Contrary to earlier concerns, women who pursue reconstruction demonstrate positive coping skills and high self-esteem. Other factors affecting a woman's choice of reconstruction include other health factors, age, social support network, and availability of third-party reimbursement.

In a recent study of women's response to reconstruction, a large majority were very satisfied overall with the results. Comparing pre- and post-operative interviews, women were more comfortable with their sexuality, more satisfied with sexual activity, more willing to show others the surgical site, and less concerned about their health without the mastectomy site, which is a constant reminder of cancer.

When considering your own treatment options, it is important to recognize and accept your own sexuality. Knowing yourself and the value you place on intimacy and your sexuality will help to determine which treatment options will provide you with the most positive outcomes.



Featured Product: Sweet Seduction

Selling Features:

- Original Formula
- Water soluble lubricant
- Premium glycerin gives a naturally sweet taste
- Safe to use with condoms and bedroom toys
- Slippery and lasts a long time
- Does not stain
- Fragrance free and all natural ingredients

Benefits: Sweet Seduction is a water-based lubricant that has a mild, natural taste. It mimics a woman's natural secretions, which can help when experiencing dryness during intercourse. The high quality glycerin used in Sweet Seduction adds to the viscosity of the lubricant, ensuring a long-lasting, comfortable experience.

Application: Apply a dime-sized amount to the area you wish to lubricate.

Shelf Life: 9 Months

Price: \$12.00

My Story: Celebrating Our Mothers

Breast cancer has affected my life ever since my grandma was diagnosed with it when I was a child. I was very close to my grandparents and went over their house all the time. Then my grandma started getting sick and we couldn't stay at her house as much as we used to. I remember going to the hospital several times over the years, and she always tried to have a smile on her face and never let us know she was hurting or doing bad. She ended up having surgery to have her left breast removed and had her bouts with radiation and chemo therapy. She went in to remission for a little while and we were all really happy, but she never seemed to get back to her regular self. I remember how she took tons of pills everyday, and she was always tired and most of the time stayed in her pajamas.

When her cancer came back it was diagnosed as bone cancer at that point and had attacked everything—she was literally wasting away in front of our eyes. She had a plate put in her hip, and in her shoulder; she would break ribs just from coughing spells. We watched her slowly get weaker and weaker and thinner and thinner, and it was very hard to see. I loved her so much and I had to just sit there and watch her die. She finally lost her fight when I was three months shy of sixteen. She was sleeping and turned to my grandpa with a look in her eyes and he knew it was time. He just said “it's okay Mama, it's okay” and she closed her eyes and went back to sleep, never to wake up again. She needed reassurance from my grandpa that it was okay to let go.

My mom was only thirty-eight when she lost her mother and I am thirty-four right now. I can't even imagine losing my mom right now; she is everything to me. Shortly after my grandma passed away, probably only six months later, the doctor found a lump in my mom's breast. I broke down immediately with this news. I had just lost my grandma; I couldn't lose my mom too. I remember I was at my boyfriend's house when I found out and I immediately started crying. His mom was trying to comfort me telling me that everything would be okay, but I kept thinking “no it's not okay my grandma just died, people die from this.” I was so mad at her because she seemed to be taking it so lightly and I knew the seriousness of it. My mom had surgery to remove the lump and I still thank God it was a benign tumor. She didn't need any treatments so she didn't have to go through any suffering like my grandma did.



When I turned seventeen I had a really bad pain in my right breast, just the slightest touch and I was crying, so my mom took me to the doctor and I had a cyst at seventeen. Luckily that was all it was, but now I suffer from cysts in both of my breasts all of the time. They are painful at times (mostly if they get hit or have pressure on them) but it is bearable. Because of my family history though, I have to have ultrasounds yearly to keep an eye on them to make sure they are still just cysts.

Breast cancer has affected my life significantly, and I am really happy that Pure Romance has taken the time to get involved in this awful life-altering disease. Thank you so much for your support and continuing efforts to make our company the outstanding company that it is.

~Trina Whisman – Pure Romance Consultant

Hearing a personal account of someone going through a similar experience can be very helpful and reassuring. If you would like to share your personal experience with breast cancer please submit your story to sss@pureromance.com.