



## CANCER OF THE MONTH: Breast Cancer

October marks Breast Cancer Awareness Month. The National Cancer Institute estimates that breast cancer will be diagnosed in over 182,000 women in 2008, and in almost 2,000 men. Risk factors for breast cancer include:

- Age (it is more common in women over 60 years of age)
- A personal history of breast cancer (if a woman has had breast cancer in one breast she has a high risk of getting it in her other breast)
- A family history of breast cancer
- Reproductive history (women who have never had children, or had their first child at an older age)
- Menstrual history (women who had their first menstrual period before age 12, or went through menopause after 55, are at an increased risk for breast cancer)



This is by no means a complete list of risk factors for breast cancer, but rather some of the more commonly known factors.

The National Cancer Institute recommends that all women over the age of 40 have a mammogram (X-ray of the breast) every one to two years. Women under 40 who have a high risk of breast cancer should talk to their health care provider about their screening recommendations. Women should also have a clinical breast examination, done by a health care provider, during their routine health check-ups (for example, during their annual gynecologic exam). It is also recommended that women perform monthly breast self examinations to check for any changes to the feel or appearance of their breast(s), and to also learn what is normal for their breasts. For more information about breast cancer, please visit the National Cancer Institute's Web site at [www.cancer.gov](http://www.cancer.gov).

## SSS UPDATES & CURRENT EVENTS

On September 14, almost 200 Pure Romance Consultants, Corporate Office staff, friends, and family participated in Cincinnati's Race for the Cure! Over \$520,000 was raised during the event, and everyone involved with Pure Romance had a great time! Pure Romance was a sponsor of Cincinnati's Race for the Cure for the second year in a row, and the event proved to be a huge success!

SSS Consultants in Knoxville, TN, will gear up for Susan G. Komen's Race for the Cure on October 11, helping to raise money for breast cancer awareness and research. SSS Consultants in Atlanta, GA, will be involved in Make Strides Against Breast Cancer on October 25. October is a busy month for breast cancer awareness and fundraising events. Please check the SSS Web site at [www.pureromance.com/sss](http://www.pureromance.com/sss) for other events. You can also check Web sites for various breast cancer organizations, including Susan G. Komen ([www.komen.org](http://www.komen.org)) and Young Survival Coalition ([www.youngsurvival.org](http://www.youngsurvival.org)), to find events in your area.

October 17 marks National Mammography Day. The day is sponsored by the National Breast Cancer Awareness Month organization. During this day (and throughout October), many radiologists will provide free or reduced-cost mammograms to women across the country. You are encouraged to have a mammogram, and to encourage other women in your life to have one as well. To find a mammography center in your area, please visit [www.nbcam.org](http://www.nbcam.org).



The above picture is courtesy of Karen Monroe, who had an event in July for the Young Survival Coalition in San Diego. There were approximately 15 women in attendance, most of whom are breast cancer survivors. Karen gave away lots of product to the woman and donated all proceeds to the YSC.

SSS Consultant Cheri Patterson donated 10 inches of her hair to Locks of Love! Locks of Love is an organization that provides hairpieces to disadvantaged children in the United States and Canada who have lost their hair from illness. If you would like to know more about the organization, please visit [www.locksoflove.org](http://www.locksoflove.org). Way to go Cheri!

## FEATURED ARTICLE: Breast Cancer Around the World

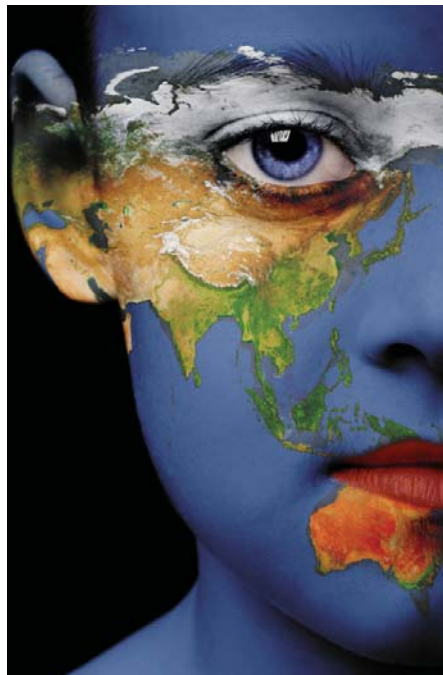
An estimated one million women in the world are diagnosed with breast cancer each year. Breast cancer is the deadliest form of cancer among women around the globe. In some emerging countries, however, they are diagnosing their first cases of breast cancer. It is estimated that by 2020, 70% of the world's breast cancer cases will be in developing countries. While breast cancer affects women across the globe, it affects these women in different ways. This article will examine breast cancer statistics across the world, and will discuss how and why some women are affected by breast cancer differently compared to women of European ancestry in the United States.

The United States spends an estimated \$8.1 billion each year to diagnose and treat breast cancer. In other parts of the world, that amount is much lower. For example, in Pune, India, where 3.5 million women live, there is only one place that women can turn for comprehensive breast cancer services. Half of all women in India spend the entire length of their disease with no treatment. For women in some countries, the cost of mammograms prevents them from having the potentially life-saving procedure. In Egypt, the average cost of a mammogram is \$50, which may be a month's income, and in Kenya, the \$20 cost for the procedure is difficult for people who live on less than \$1 a day. This makes diagnosing and treating breast cancer much more challenging in these areas of the world.

Women in developing countries are diagnosed with breast cancer at fewer rates compared to women in the United States, but have a great likelihood of dying from the disease. Most of the women with breast cancer in the U.S. are diagnosed with a type that is partly stimulated by exposure

to estrogen, making it more likely to develop in middle age and also treatable with drugs that starve the tumor(s) of estrogen. Asian women and women of African descent in both the United States and around the world, however, have a greater chance of being diagnosed with a more aggressive form of breast cancer that is estrogen-receptor negative. This means that the drugs that are commonly used to treat the majority of women with breast cancer, such as tamoxifen and Herceptin, do not work for these types of cancer. Having an estrogen-receptor negative tumor also makes a woman more likely to be diagnosed with cancer at an earlier age (usually in their 40s), which is true for women of both Asian and African ancestry.

Other issues affecting women around the world are the screening guidelines for breast cancer, which are based on studies that primarily looked at Caucasians. The current guidelines of having an annual mammogram starting at age 50 does not help with



early detection in Asian and African populations, both in the U.S. and elsewhere. Another similar issue that may affect treatment is that dosing guidelines for chemotherapy are based on the Western body; it has since been discovered that certain ethnic groups may absorb the chemicals differently. Caucasian patients may require higher doses per pound of body weight than non-Caucasians, and doctors across the world have had to adjust quantities and change guidelines for

many of their patients to avoid adverse side effects.

### Why are breast cancer rates so high around the world?

One of the reasons that women in other parts of the world are thought to be diagnosed with breast cancer at higher rates is because of their longer life expectancy. The average life expectancy in developing nations has increased from 50 years of age in 1965 to 65 in 2005. Another reason is that breast cancer is still considered a shameful secret, which is a vast difference compared to the United States, where breast cancer awareness walks take place on a regular basis and pink ribbons can be seen everywhere. In some countries, like Egypt, women are



afraid that their husbands will leave them if they find out their wife has breast cancer. In other countries, such as Nigeria, it is feared that men will not want to marry the daughters of women who have breast cancer. This fear leads many women to not seek out medical treatment if they find a lump in their breast(s). Some women in other countries do not seek medical treatment for lumps because they do not hurt or cause pain, which is typically a sign that something is wrong. This misconception can make it more difficult to treat certain tumors, and may increase the risk for death.

The Western way of life may also be affecting breast cancer rates across the globe. Women in some countries are switching to a diet that is high in fat, which may contribute to an increased risk of breast cancer. For example, scientists examined the diet of 3,000 Chinese women and found that those who had a Western diet (of red meat, candy, desserts, bread, and milk) had a 60% greater risk of developing the most common kind of breast cancer compared to the women who had a traditional Chinese diet (of tofu, vegetables, sprouts, beans, fish, and soy milk). Another part of the traditional Western way of life is the reproductive habits: many women in the Western world have fewer children than women in other parts of the world. Studies have shown that women who have fewer than two children have a higher risk for breast cancer than women with more children. In some developing countries, women are having fewer children due to increased demands to work; this increases their risk for breast cancer. A final issue for women is a lack of exercise, which is a growing problem in not only the Western world, but across the globe. In many developing nations, women have shifted from working in the fields to working in an office, meaning they get less exercise. Studies have shown that strenuous activity can reduce a woman's risk for breast cancer.

### What is being done?

Various organizations around the world, including right here in the United States, are working to help reduce breast cancer rates worldwide and educate women about breast cancer. Susan G. Komen for the Cure launched their Global



Promise Fund in March 2008. The Fund will provide grants to non-governmental organizations to develop and implement breast health and breast cancer programs and services in countries experiencing high breast cancer incidence and death rates. You can donate to the Global Promise Fund or even join a mission trip to help better understand how breast cancer affects women worldwide. You can visit Susan G. Komen's Web site for more information about their new initiative ([www.komen.org](http://www.komen.org)).

The National Breast Cancer Coalition (NBCC) has worked with other countries to combat breast cancer since the mid-1990s. Their major international focus has been on advocacy and meeting with representatives from many countries to increase involvement in breast cancer research, care, and public policy decision-making. Through NBCC's program Project LEAD, they have trained over 150 people from different countries on how to influence research and public policy in their communities. If you are interested in donating to the National Breast Cancer Coalition, please visit their Web site at [www.stop-breastcancer.org](http://www.stop-breastcancer.org).

The American Cancer Society (ACS) has several initiatives to help fight all types of cancer worldwide, including breast cancer. American Cancer Society University trains emerging leaders in developing countries in key areas of community-based cancer control. They have trained over 500 people worldwide since 2001. ACS has also taken their popular fundraising event Relay for Life internationally, raising funds for cancer in countries such as Brazil, Malaysia, New Zealand, the United Kingdom, and South Africa. The organization has also targeted areas of the world to focus on cancers affecting those places. ACS recently launched One Million Women's Breast Cancer Screening Project in China, with the goal of screening one million Chinese women in six years. For more information about ACS's global initiatives, and to donate to their programs, please visit [www.cancer.org](http://www.cancer.org).

*"The Changing Face of Breast Cancer." October 4, 2007. Kathleen Kingsbury. Time Magazine. [http://www.time.com/time/specials/2007/article/0,28804,1666089\\_1666563\\_1668477-1,00.html](http://www.time.com/time/specials/2007/article/0,28804,1666089_1666563_1668477-1,00.html)*

## Cancer and Sexuality: Breast Cancer and Sexuality

Sexuality is the sum of feelings and behaviors we have about ourselves and others as sexual beings. It includes how we feel in our own bodies, how we feel being touched and touching, our thoughts and fantasies, how we move and what we say. It includes pleasurable and exciting sensations as well as kissing, masturbation and the wide spectrum of expressions of sexual intimacy. Sexuality has very different meanings to each of us; how we think and act sexually may be affected by our religious beliefs, our cultures and our families' attitudes, as well as prior good and bad experiences with sensuality, intimacy and sex.

Sexuality also may change with a breast cancer diagnosis, treatment and recovery. Some women report little or no change in the meaning and acting out of sex or intimacy. This may be true for women with either active or inactive sexual lives. Some women talk about a deepening of intimacy born of the crisis of illness. Many women share experiences of decreased libido (sex drive), a sense of vulnerability in one's body and a feeling of needing to heal from the trauma of diagnosis, procedures and treatment

There are specific symptoms that women may experience associated with treatments that have direct impact on sexual thoughts and behavior. Surgery can be associated with pain, a decrease in mobility and a change in how one's body looks and feels to oneself and/or a partner. Radiation therapy can be associated with breast discomfort and fatigue. Chemotherapy can result in nausea, vomiting, fatigue and symptoms associated with menopause, such as vaginal dryness, hot flashes and sleep disturbance. Some authors have suggested that a change in sex drive may be related to a decrease in testosterone levels as well as to decreasing levels of estrogen. Changes in self and body image may be linked to hair loss, weight gain and loss of or change in the breast(s). Our thoughts and feeling have enormous impact on our sexual selves. Anxiety, fear, depression, worrying and many other feelings may decrease or interrupt sexual expression. It is, most of all, just "human" that our most intimate feelings may undergo big changes sparked by the diagnosis of breast cancer.

Not all of these changes are bad and challenging. The growth and insight that can emerge from exploring sensuality and sexuality may be stunning. Women have told stories of enriched relationships, deepened meaning to touch, and a more powerful, alive and even joyous sense of one's own body.

### What Helps?

- **Talking to your doctor(s) and nurse(s) about symptoms** that you are experiencing may help to decrease or treat them. For example, sexual intercourse with vaginal dryness is very uncomfortable and certainly not pleasurable; vaginal lubricants and some medications may reduce this menopausal side effect. If anyone you speak with is not comfortable or knowledgeable, don't give up; find someone who is.

- **Think about and explore the kind of emotional support that best works for you.** Some people are benefited by one-to-one therapy. Others find their deepest help in support groups, others blossom in the setting of the creative arts, writing in a journal, going on a retreat, having "heart-to-hearts" with relatives and friends.



- **Read, research and talk to others.** Believing that you are the only person in the world with sad, complicated, or confused feelings, thoughts and behaviors about sex can be isolating and lonely.

- **Understand that it is difficult for most people to talk about sex.** Starting the conversation with friends, other women with breast cancer, health care providers, therapists and spouses,

partners, and lovers is a potentially life changing event. You may feel better; you will probably feel less alone and you may feel more at home with yourself, your body, sexuality, sensuality and intimacy.

- **Don't feel pressured to be any more or less sexual than you want to be.** There is no "right" way to be; what's important is to explore what you want and be able to work with what you want to change.

- **Remember that you deserve pleasure; only you can define that for you.**

- **Talking to a professional.** Talking to a professional about your feelings, as well as any sexual difficulties you may be having can be helpful. To find a certified sex therapist in your area, please visit the Web site for the American Association of Sexuality Educators, Counselors, and Therapists ([www.aasect.org](http://www.aasect.org)).

*Courtesy of University of California, San Francisco, 2007 [http://www.ucsfhealth.org/adult/medical\\_services/cancer/breast/sexuality.html](http://www.ucsfhealth.org/adult/medical_services/cancer/breast/sexuality.html) .*

## Cancer in the News: New Way to Spot Breast Cancer Shows Promise

A radioactive tracer that "lights up" cancer hiding inside dense breasts showed promise in its first big test against mammograms, revealing more tumors and giving fewer false alarms, doctors reported.

The experimental method - molecular breast imaging, or MBI - would not replace mammograms for women at average risk of the disease. But it might become an additional tool for higher risk women with a lot of dense tissue that makes tumors hard to spot on mammograms, and it could be done at less cost than an MRI, or magnetic resonance imaging. About one-fourth of women 40 and older have dense breasts.

"MBI is a promising technology" that is already in advanced testing, said Carrie Hruska, a biomedical engineer at the Mayo Clinic in Rochester, Minn., which has been working on it for six years.

Mammograms are the chief way now to check for breast cancer. MBI uses radiation, too, but in a different way. Women are given an intravenous dose of a short-acting tracer that is absorbed more by abnormal cells than healthy ones. Special cameras collect the "glow" these cells give off, and doctors look at the picture to spot tumors.

Researchers tried both methods on 940 women who had dense breasts and a high risk of cancer because of family history, bad genes or other reasons. Thirteen tumors were found in 12 women - eight by MBI alone, one by mammography alone, two by both methods and two by neither. (The two missed cancers were found on subsequent annual mammograms, physical exams or other imaging tests.)

Looked at another way, MBI found 10 out of 13 tumors, missing three; mammograms detected three out of 13 tumors and missed 10. Using both methods, 11 out of 13 tumors would have been detected.

Mammograms gave false alarms - led doctors to conclude that cancer was present when it was not - in about 9 percent of patients, compared to only seven percent for MBI. The MBI tests led to more biopsies than mammograms did, but they more often revealed cancer.

The next test will be to see how MBI stacks up against MRI. The federal government is paying for a new study Mayo is leading that compares the two in 120 high-risk women with dense breasts.

MRI is often used now for women with dense breasts, but it gives many false alarms that lead to unnecessary biopsies. Doctors hope MBI will prove more accurate and cost less - under \$500 versus more than \$1,000 for an MRI.

"We all know that mammography is, in and of itself, an imperfect tool, and we clearly need to do better in the future," said Dr. Eric Winer of the Dana-Farber Cancer Center in Boston, a spokesman for the oncology group. "It is fair to say that MRI will not solve all problems either."

One drawback of MBI: It uses about 8 to 10 times the radiation of mammograms, a dose that engineers like Hruska are trying to lower with newer technology. Other medical centers also are testing MBI.

"We're just beginning to see what this technology can do," she said.

Information provided by <http://www.msnbc.msn.com/lid/26529277/> September 3, 2008



## CONSULTANT OF THE MONTH:



**Q** What is your name?

**A** Shannon Hamaker

**Q** How long have you been a SSS Certified Consultant?

**A** This is my third year as an SSS Consultant

**Q** Why did you decide to become a SSS Certified Consultant?

**A** I talked with friends and guests at my Pure Romance parties who had been through chemotherapy and found out that they had received very little guidance about how to regain their intimate self, as well as how to maintain their sexual health as a part of their recovery. It inspired me to want to help more women just like them.

**Q** Name one thing that you have learned through your experience as a SSS Consultant.

**A** As an SSS Consultant I thought that I was going to have to be much more serious and present in "medical speak", but what I have found is that these ladies appreciate having a little fun and being treated like a friend as opposed to a patient.

**Q** What qualities do you think have made you so successful as a SSS Consultant?

**A** Compassion, persistence, a comfort in talking about a subject matter that is sometimes considered taboo, and a philanthropic spirit.

**Q** What keeps you motivated?

**A** I write my goals down and share them with others, especially my husband. I like to network with people in our community and hear stories of how women have conquered cancer. I also read books! I recommend Slapped Awake by Deborah Lang Hampton; this was a huge inspiration for me to do more as an SSS Consultant.

## The Five Steps of Breast Self Exam

**Step 1:** Begin by looking at your breasts in the mirror with your shoulders straight and your arms on your hips.

Here's what you should look for:

- Breasts that are their usual size, shape, and color
- Breasts that are evenly shaped without visible distortion or swelling

If you see any of the following changes, bring them to your doctor's attention:

- Dimpling, puckering, or bulging of the skin
- A nipple that has changed position or an inverted nipple (pushed inward instead of sticking out)
- Redness, soreness, rash, or swelling



**Step 2:** Now, raise your arms and look for the same changes.

**Step 3:** While you're at the mirror, look for any signs of fluid coming out of one or both nipples (this could be a watery, milky, or yellow fluid or blood).

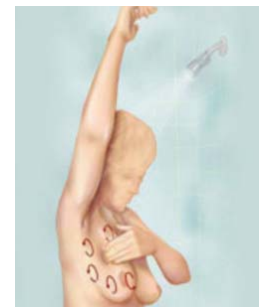
**Step 4:** Next, feel your breasts while lying down, using your right hand to feel your left breast and then your left hand to feel your right breast. Use a firm, smooth touch with the first few finger pads of your hand, keeping the fingers flat and together. Use a circular motion, about the size of a quarter.

Cover the entire breast from top to bottom, side to side - from your collarbone to the top of your abdomen, and from your armpit to your cleavage.



Follow a pattern to be sure that you cover the whole breast. You can begin at the nipple, moving in larger and larger circles until you reach the outer edge of the breast. You can also move your fingers up and down vertically, in rows, as if you were mowing a lawn. This up-and-down approach seems to work best for most women. Be sure to feel all the tissue from the front to the back of your breasts: for the skin and tissue just beneath, use light pressure; use medium pressure for tissue in the middle of your breasts; use firm pressure for the deep tissue in the back. When you've reached the deep tissue, you should be able to feel down to your ribcage.

**Step 5:** Finally, feel your breasts while you are standing or sitting. Many women find that the easiest way to feel their breasts is when their skin is wet and slippery, so they like to do this step in the shower. Cover your entire breast, using the same hand movements described in Step 4.



Information provided by *Breastcancer.org*

## LIFESTYLE: Finding the Right Mastectomy Bra

According to some research, mastectomy rates for breast cancer treatment are on the rise. In 2006, experts at the University of Michigan Health System reported that fewer than 20% of eligible women opt for breast reconstruction following a mastectomy.

As more women decide to have mastectomies without breast reconstruction, there may be a greater need for mastectomy bras and breast prosthetics. Finding the right bra and prosthesis, though, can sometimes be a challenge. According to Joy Jones, co-owner of Busom Buds, a women's boutique in Cincinnati that specializes in cancer wear and other women's accessories, her experience of finding the right mastectomy bra was appalling. That was part of the reason that she and her daughter started Busom Buds: so that other women would not have to go through the same struggle at Joy did when finding a mastectomy bra and prosthesis.

*"They put me in a B when I was a D," Joy said about her experience. A store employee had even commented on her mastectomy scar.*

There are many other boutiques across the U.S. similar to Busom Buds that specialize in mastectomy bra fitting, prosthetics, and other cancer apparel and accessories (such as wigs and "cool" wear for induced or natural menopause).

To find the mastectomy bra that is right for you, it may be best to find a location where employees are certified bra and prosthesis fitters. It may also be helpful to find a store/organization that accepts insurance, as breast prosthetics can be very expensive (up to \$450 for the breast prosthesis). However, this is not necessary because not all stores accept insurance. It may be helpful to talk to your doctor to find the best store/organization for you.

When you go for your fitting, you will want to bring your insurance card (if applicable). The fitter will typically ask what size was your last bra, and will measure around your body and determine your cup size, just to make sure you get the right size bra (having the wrong size bra can cause back, neck, and shoulder pain). The measurement around the body is the number, or band size, in the bra size; for example, 32, 34, 36, etc. According to Good Housekeeping, to find this number, use a soft tape measure and place it underneath your breasts, measuring around your body. Whatever number you find (for example, 31), add five and that is your band size (in this example, it would be 36). The fitter will then determine your cup size. To measure this, place the tape measure around the fullest part of your breasts, across your nipples. You can then subtract the band size (36) from the other number (in this example, it is 39):  $39 - 36 = 3$ . Use the chart below to find what the cup size would be. In this example, the cup size is a C.

0=AA	2=B	4=D	6=DDD
1=A	3=C	5=DD	

Breast prosthetics, however, do not come in cup sizes, but rather in numerical sizes. The range is size four to 10 with the average size being six to eight. According to Joy Jones, a B cup is equivalent to a size five or six breast prosthetic, and a C cup is a seven. This is why it is important to see a certified prosthesis fitter, to make sure that your breast prosthetic is the right size and matches your other breast.

There are many types of breast prosthetics. Most are made of silicone, but some are filled with fiber, making them heavier. Some prosthetics are sticky on one side to adhere to the skin, although this can sometimes feel very hot. One particular type of prosthesis has a cool pack that can be slipped inside. This is a great option for women who are interested in engaging in sporting activities such as golf or tennis. The climate-control pack helps to keep the woman cool. A new type of breast prosthesis is for swimsuits. It is a separate type of prosthesis that is safe to use in salt water. It is important for each woman to decide what type of breast prosthetic is right for them. You can also use the advice of your certified mastectomy and prosthesis fitter.

After finding the right size bra and prosthesis, it is now time to wear it. To use your breast prosthesis, simply slip it into the pocket in the mastectomy bra. This will keep the prosthetic in place. To clean your breast prosthesis, simply hand wash with a special soap (provided upon purchase) and pat dry.

To find a certified mastectomy bra fitter, please visit [www.abcop.org](http://www.abcop.org), the Web site for the American Board for Certification in Orthotics, Prosthetics, and Pedorthics.

*Information provided by the Aquatic Exercise Association ([www.aeawave.com](http://www.aeawave.com)), Positive Aging Resource Center ([www.positiveaging.org](http://www.positiveaging.org)), and WomenFitness.net ([www.womenfitness.net](http://www.womenfitness.net)).*

## SSS PRODUCT OF THE THE MONTH: Pure Pleasure

Pure Pleasure offers long-lasting and silky smooth lubrication for extended love-making sessions. This silicone-based and completely waterproof lubricant is recommended for those who enjoy sensual water play! This slick lubricant retains lubricating properties better and longer than most lubricants and is safe to use with all types of condoms. Pure Pleasure is a recommended lubricant to use during anal play and with your silicone-free toys.

### Product Features

- Pure Pleasure is a silicone-based lubricant that does not absorb into the skin.
- Non-staining, non-sticky formula.
- Gentle, natural feeling.
- Long-lasting.
- Latex-friendly.
- Waterproof.



### Benefits

Pure Pleasure is silicone-based and waterproof, which makes it ideal for underwater use! The slippery texture of Pure Pleasure retains lubricating properties better and longer than most lubricants. Pure Pleasure is safe to use with all types of condoms and is highly concentrated - a little goes a long way! It is an excellent lubricant to use during anal play and with your silicone-free toys due to its long-lasting properties!

Pure Pleasure, due to its waterproof qualities, is also a great tool for a woman's breast self exams while in the shower. The premium qualities of the product allow for a smooth exam of the breast, which may help detect any abnormalities. Please see below for step-by-step instructions for performing a breast self exam.

### Application

Apply sparingly to the area you wish to lubricate.

### Price

\$12.00