



Sensuality Sexuality Survival

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CANCER OF THE MONTH: Ovarian Cancer and Gynecologic Cancer Month

September marks not only Ovarian Cancer Awareness Month, but also Gynecologic Cancer Awareness Month. Ovarian cancer is the eighth most common cancer in women; it accounts for 3% of all cases of cancer among women. Ovarian Cancer Awareness Month is recognized by many local and state governments, as well as the federal government. The goal of the month is to raise awareness about ovarian cancer, as well as the symptoms of the disease. There are several organizations that have events planned this month, including the Ovarian Cancer Research Fund (www.ocrf.org), the National Ovarian Cancer Coalition (www.ovarian.org), and the Ovarian Cancer National Alliance (www.ovarian-cancer.org). Please visit the Web sites for each organization to find awareness events in your area.

SSS UPDATES & CURRENT EVENTS

The above photos are from the Bikers for Boobs event that took place at the end of July in Austell, Georgia. SSS Consultant Michele French provided cancer and sexuality information to the 650 bikers and hundreds of visitors in attendance. The money raised from the event went to Bikers Battling Breast Cancer and the Atlanta Two Day Walk for Breast Cancer.

SSS Certified Consultants are involved in several events this month! SSS Consultants in Cincinnati will gear up for Susan G. Komen Race for the Cure on September 14. Consultants in the area will also join staff from the Pure Romance Corporate Office to raise money for breast cancer awareness. Look for pictures of the event in October's SSS Newsletter! On September 21, SSS Consultants in Portland, Oregon, will participate in the Susan G. Komen Race for the Cure. Consultants in Mason, Ohio, are going to be apart of the Ride to Live-Live to Ride event on September 27. The event benefits the Breast Cancer Alliance and will involve almost 300 motorcycle riders! Consultants in Chattanooga, Tennessee, will join thousands of other participants on September 28 in the Susan G. Komen Race for the Cure event there.

There are several events taking place this month in support of Ovarian Cancer Awareness Month, including Walk to Break the Silence on Ovarian Cancer, sponsored by the National Ovarian Cancer Coalition. For more information about the Walk to Break the Silence on Ovarian Cancer, please visit www.ovarian.org. You can also search for other events supporting ovarian cancer, as well as other gynecologic cancers, through their Web site and through www.pureromance.com/sss.

September 16 marks Take a Loved One for a Check-Up day. Take a friend, family member, or yourself for a check-up. Maintaining regular check-ups is just one of the ways that you can take care of yourself and sustain a healthy lifestyle. The day is sponsored by the U.S. Department of Health and Human Services and is celebrated with various events across the country. Do a local search to find what your community is doing to observe the day.



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FEATURED ARTICLE: Gynecologic Cancers

Gynecologic cancers affect reproductive organs in women, including the ovaries, uterus, vulva, cervix, fallopian tubes, and vagina.

Uterine Cancer

Uterine cancer will affect an estimated 40,000 women in the US in 2008, making it the most common gynecologic cancer. Having pelvic radiation and being African-American put women at higher risk for uterine cancer. Obesity and never having children may also increase a woman's risk for the disease.

Ovarian Cancer

It is estimated that over 22,000 women were diagnosed with ovarian cancer in 2007. Ovarian cancer is most common in women over the age of 55. Other risk factors for ovarian cancer include being overweight, never having children, and having a family history of the disease. Recent studies have shown that taking birth control pills can act as a protective factor against ovarian cancer. Research has also shown that having a tubal ligation ("tubes tied") may reduce the risk for ovarian cancer.

Cervical Cancer

The American Cancer Society predicts that there will be about 11,000 new cases of cervical cancer in the United States in 2008. When found early and treated, cervical cancer can almost always be cured. Women should have yearly pap smears to help diagnose cervical cancer early on. There are new vaccines available for women that help protect women against common strains of human papillomavirus (HPV), which is one cause of cervical cancer.

Vaginal Cancer

An estimated 2,200 women will be diagnosed with vaginal cancer in 2008, accounting for approximately 3% of cancers in the reproductive system. Risk factors for vaginal cancer include age (most women are over 60 years of age when diagnosed), having HPV, having cervical cancer, and smoking. Having a yearly gynecologic exam can help with detection, and the new HPV vaccine may also reduce a woman's risk for vaginal cancer.

Vulvar Cancer

The American Cancer Society estimates that 3,400 women will be diagnosed with vulvar cancer in 2008. This accounts for 4% of all cancers of the female reproductive system. Vulvar cancer most often affects the labia minora and majora. Age (almost 85% of women diagnosed with vulvar cancer are over 50), having HPV, and smoking are some of the factors that can increase a person's risk for cancer of the vulva. Having regular gynecologic examinations can help detect vulvar cancer early.

Fallopian Tube Cancer

This is the least common reproductive cancer in women, affecting approximately 350 women in the United States each year. It is more common for cancer to start in other areas of the pelvis and metastasize (or spread) to the fallopian tubes. Cancer of the fallopian tubes typically is diagnosed in women 50 to 60 years of age, and is most common in Caucasian women who have never had children. Little is known about the causes and risk factors for this disease, but it is thought that genetics may play a role.

*Information provided by the American Cancer Society
www.cancer.org and the UCSF Medical Center
www.ucsfhealth.org.*



Cancer and Sexuality: Cancer and Fertility

Having a child (or more than one) is something that many people consider in their life. While not everyone decides that having children is the right decision for them, many people would still like to have that option. Having cancer and going through cancer treatment, though, can sometimes take this choice away from many people. Some, but not all, cancer treatments can affect a person's fertility and ability to have children. This article will discuss fertility and its association to cancer.

Infertility means that a person is unable to have children. The medical definition for infertility is the inability to have a child after one year of trying. Women cannot have children if their ovaries cannot produce eggs, if there is damage to their reproductive systems that prevents eggs from being fertilized, or if the fertilized eggs cannot implant and grow in the uterus. Men are considered infertile when their testicles no longer produce sperm, and if the pathways that carry sperm out of the penis are blocked or cut off.

If someone is interested in having children and has been diagnosed with cancer, it is important for the person to discuss this with their doctors before starting treatment. If the treatment is known to interfere with fertility, there are several options available to men and women to preserve their fertility. For example, freezing sperm and eggs, called cryopreservation, is an option for men and women to ensure their fertility following cancer treatment.

Fertility and Women CHEMOTHERAPY

Many chemotherapy drugs cause damage to the ovaries and to the developing eggs, leading to fertility problems for some women. There are a number of factors that will affect the likelihood of infertility for women undergoing chemotherapy, including the woman's age, the types of chemotherapy drugs being used, as well as the dose of the drugs. Women under the age of 30 have a much greater chance of becoming pregnant following chemotherapy. However, there are women of all ages who experience premature menopause as a result of chemotherapy, and are unable to have children as a result.

RADIATION THERAPY

The high-energy rays used during radiation therapy can affect a woman's fertility, especially if those rays are directed towards her pelvic area, where they have a greater chance of being absorbed by the ovaries and causing damage to the developing eggs. Sometimes, radiation to the brain may affect the pituitary gland, which signals the ovaries to produce hormones and make eggs. Whether radiation therapy will affect fertility depends on the dose and the location of the cancer.

SURGERY

Surgical treatments for cancer can affect a woman's fertility if the areas of the body have a direct relationship to pregnancy. For example, a hysterectomy (surgical removal of the uterus) can affect a woman's ability to become pregnant. Removing both ovaries (called an oophorectomy) stops egg production, and causes premature and induced menopause. If possible, doctors may try to keep one ovary in tact, which will help maintain a woman's fertility. Scarring, which is a common side effect of surgery, can block the passage of eggs traveling into the uterus, or block sperm from entering the uterus, leading to infertility.



Fertility and Men CHEMOTHERAPY

Because the testicles produce sperm at a rapid rate, they are an easy target for chemotherapy drugs. The higher the dosage during treatment, the higher the risk that damage will be done to sperm and the testicles. Risk also increases with the location of the cancer and the man's age, although this has a lower effect than in women. During and after

treatment, sperm production slows or stops. Typically, a man's body begins producing sperm one to four years after treatment, although sometimes it can take as long as 10 years for production to resume. Research has shown that if the testicles have not started sperm production after four years, it is likely that it will not start.

RADIATION THERAPY

Like women, if radiation is directed towards the pelvis, there is a greater likelihood that the testicles will be affected, which may result in fertility problems. This is especially true when radiation is targeted directly on the testicles. Radiation to the brain may affect the pituitary gland, which can affect hormone production in the testicles, interfering with sperm production. Whether radiation therapy will affect fertility depends on the dose and the location of the cancer.

SURGERY

There are certain types of surgical treatments that can affect a man's fertility, some affecting it more than others. An orchiectomy is the surgical removal of a testicle and is a common treatment for testicular cancer. Men with one testicle are still able to produce sperm and have children. Prostate cancer treatments may involve the removal of the prostate gland and the seminal vesicles, both of which are important components of semen production (the fluid that carries the sperm out of the body). Without semen, sperm cannot leave the body, although it is still produced in the testicles. In this case, a man may be able to have sperm surgically removed from his testicles and used for fertilization in a woman. Some surgeries can damage the nerves in the pelvis necessary for ejaculation; semen and sperm are not able to leave the body, but can be surgically removed and used for fertilization.

Starting a Family When Fertility Preservation is Not an Option

Some couples do not take steps prior to cancer treatment to preserve their fertility. The stress of the diagnosis and thoughts of recovery may cause some people to not consider fertility preservation and other options. There are several options for couples who have not taken action to preserve their fertility.

NATURAL PREGNANCY

Some men and women find that following cancer treatment their bodies fully recover and return to their pre-treatment fertility. This means that women may begin producing mature eggs, and men may begin producing sperm. Many doctors suggest that couples wait for at least two years following cancer treatment to become pregnant. The main reason for this is that the highest rates of reoccurrence are within the first two years.

DONOR EGGS/SPERM

This is an option for men and women whose bodies no longer produce mature eggs or sperm. The eggs and sperm come from donors, and the donor can be either known or anonymous. There is a careful screening process for donated eggs and sperm to check for sexually transmitted infections. The female partner must have a healthy uterus that is able to maintain a pregnancy through in vitro fertilization (IVF). Egg and sperm donation is one of the most successful treatments for infertility.



EMBRYO DONATION

Embryo donation is a choice for couples who may not be able to produce viable sperm or eggs. In this type of donation, a couple who may have gone through IVF and has extra embryos (where the sperm has already fertilized the egg) donates them to another couple. In this situation, neither partner will have any genetic connection to the embryo. This is an option for women who have a healthy uterus and are able to maintain a pregnancy. There is currently no published research on the success rate of embryo donation, so it is important for couples to do research in their area before trying this option.

SURROGACY

This is an option for women who do not have a healthy uterus or are unable to maintain a pregnancy. In gestational surrogacy, embryos are placed into the uterus of the surrogate female. In this situation the carrier has no genetic relationship to the fetus. In traditional surrogacy, a woman is artificially inseminated with sperm of the male partner. She will provide her egg, she carries the fetus, and she is the genetic mother of the child. The success rate of surrogacy is similar to that of IVF. It is important to do research into the surrogacy laws in your area before trying this option.

ADOPTION

Finally, adoption is a choice for anyone who is interested in having a child, whether they are able to naturally or not. Many adoption agencies say they do not rule out cancer survivors as potential parents, but some agencies require a letter from a doctor stating that you are free of cancer. Some agencies want a period of time when both parents are healthy before adoption; the average time period is about five years. The adoption process can take up to two years, and some adoptions can be quite expensive. The average cost for an adoption within the United States is \$3,000, whereas an international adoption can cost up to \$40,000.

(Information courtesy of the American Cancer Society, www.acs.org.)

CONSULTANT OF THE MONTH:



Q What is your name and where are you from?

A Leslie Wukstich. I'm from Seattle, Washington.

Q How long have you been a SSS Certified Consultant?

A This is my first year as an SSS consultant.

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

A In my years with Pure Romance, I have been astounded over and over at the immediate impact I make regarding issues of sexual health and intimacy with women and their partners on almost a daily basis. The training I have received, the continued education and exceptional support offered by the Health Education Department, and the continued education and work I have done with my team has imprinted on my training approach and my personal demos in parties that the more we learn, the more we can offer. I wanted to help further and promote the SSS program in Washington State and help women in their struggles with intimacy and sexuality.

Q What has been your most memorable moment as a SSS Consultant?

A I have done several fundraising parties for clients who have participated in the Race for the Cure, The Komen 3-Day, and the Leukemia and Lymphoma Society Team in Training events here in Seattle. It was very rewarding to help them meet their team goals as well as help support women everywhere fighting cancer.

Q How do you feel you have personally benefited from being a SSS Consultant?

A I feel like I have a better understanding of the changes in a woman's view of her 'sexual self' throughout her lifetime and how our view of ourselves affects different aspects of our intimacy and sexuality. I also feel more equipped to deal with questions about sexual health.

Q What keeps you motivated?

A The desire to help women get to better know their bodies and be more aware of their own sexual health. As a society we should be able to talk openly about sexuality and intimacy without it being a taboo or an uncomfortable subject.

Cancer in the News: Fat Stomach Raises Risk for Pancreatic Cancer

Obese women who carry most of their extra weight around the stomach are 70 percent more likely to develop pancreatic cancer, an international team of researchers reported.

The findings suggest some of the first evidence that the link between obesity and pancreatic cancer is as strong in women as in men, Juhua Luo of Sweden's Karolinska Institute and colleagues reported in the British Journal of Cancer.

"We found that the risk of developing pancreatic cancer was significantly raised in obese postmenopausal women who carry most of their excess weight around the stomach," she said in a statement.

"Obesity is a growing and largely preventable problem, so it's important that women are aware of this major increase in risk."

Pancreatic cancer is the fifth leading cause of cancer death worldwide. It accounts for only about 2 percent of the cancers diagnosed each year but the first-year survival rate is less than 5 percent, according to Johns Hopkins University in Baltimore.

Until now, smoking and chronic pancreatitis were the most well-established risk factors for the disease in men and women, with much of the evidence also pointing to a stronger obesity link for men.

As part of a large study known as the Women's Health Initiative, Luo and colleagues followed more than 138,000 menopausal women in the United States for more than seven years to investigate the links between obesity and pancreatic cancer.

They found that 251 women developed the disease, and of these, 78 had the highest waist-to-hip ratios. After factoring in other risk factors, this was 70 percent more than the 34 women with the lowest excess stomach weight who got pancreatic cancer.

Several studies have shown that obesity raises the risk of several types of cancer including breast and colon as well as heart disease and other conditions.

Source: <http://www.msnbc.msn.com/id/25703096/> July 16, 2008

