

Sensuality, Sexuality, Survival

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Current SSS Events

Our SSS Consultants have been getting involved with breast cancer awareness events all over the country. From Race for the Cure in Green Bay, WI to a Sexuality and Cancer lecture in Seattle, WA the SSS Consultants are working to spread the word about intimacy related issues after breast cancer. To have a SSS Consultant come to your area please contact us at sss@pureromance.com.

Pure Romance will also be sponsoring the Young Survival Coalition Conference in February in Denver, CO. Over 1,000 breast cancer survivors will be attending and will have the opportunity to learn about the impact SSS is making in their communities. To learn more about YSC and their annual conference please visit www.youngsurvival.org.

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 Product



Fresh Start

Selling Features:

- An estrogen-free vaginal moisturizer
- Provides safe, instant and long-lasting relief from vaginal dryness.

Price:

\$20.00

Benefits:

Vaginal dryness is a common condition that can result from such things as tampon use, childbirth, taking antihistamines, stress, and natural or induced menopause. Fresh Start provides soothing moisture for vaginal itching, burning and soreness that is associated with vaginal dryness. It can be applied to the source of discomfort for immediate relief. Fresh Start does not replace the use of a lubricant for intercourse. We recommend that you use a water-based lubricant every time you participate in intimate activities to relieve dryness and painful intercourse.

Application:

Fresh Start should be used approximately every two to three days and is safe for long-term use. Six applicators are included for comfort and accurate application and should be discarded after each use. Fill the applicator to the 1 _ mark with Fresh Start and insert liquid into vaginal cavity. We recommend using Fresh Start before bedtime for the best results

Three's (Featured Article)

3's

Life always seems to run in three's. Good things come in three's, bad things happen in three's and breast cancer has its three's.

First is the three ages of breast cancer. There is the young survivor age that is anyone who is diagnosed before the age of 45. These women not only face all the fears of a breast cancer diagnosis, but also usually are the ones with the poorest prognosis as their cancers are usually not estrogen receptive and are very aggressive. Add this to a young adulthood just starting a marriage, career and family and the psychological impact results in intense support needs, which often are lost due to the abnormal reversal of roles in parental/child care giving.

The second age is 45 to 60, the peri-menopausal breast cancer patient who may either have an aggressive non-estrogen receptive diagnosis or may have a cancer easily deterred because it is estrogen receptive. Add to this a woman who also is experiencing the physical, psychological, and emotional changes of menopause that is intensified with treatment for her cancer. Also changing is her support system as she is experiencing empty nesting as her children leave for college, careers and lives of their own as well as uncertainty about the future in regards to her career, marriage now that it is just the two of them again, and financial security.

The third age is the post-menopausal breast cancer patient who has a slow growing tumor, usually present for 8 to 10 years before it even gets to a point where it can be detected. These tumors most usually are estrogen receptive because of the long span of estrogen bombardment years, which occurred from start of menses to post-menopause. This cancer usually has a survival rate of 97.5%, one because we can offer oral medications to ward off recurrence and secondly, the life span is at a point where other medical factors will become more detrimental than a diagnosis of breast cancer. This is the age when women start to accept their mortality, their families can accept and support them through the disease process and usually the woman is alone as we still live in an age where women outlive men.

The next three's of cancer are the seasons of survival. Penned by Dr. Fitzhugh Mullan in an article written in the July 25, 1985 issue of the *New England Journal of Medicine* entitled "Seasons of Survival: Reflections of a Physician with Cancer" survivor hood is marked by three distinct stages. Dr. Mullan notes that cancer does not follow the usual pattern of "cure versus noncure", but instead rearranges the patient's life into a complex set of events that will someday redefine a "new normal".

The first season is "Acute Survival" and is the most medical of the stages. It encompasses the diagnosis and subsequent treatment modalities. This is the phase where one's own immortality is blatantly faced as well as the new role of patient, whether actually being sick or simply by the ever-present calendar of doctor/hospital/clinic visits. Disruption of every aspect of "normal" life is experienced and depending on which age of cancer this has occurred offers a rippling effect over the lives of all involved with the patient's daily life.

Once treatment is finished the patient and their support system roll over into an "extended survival" period. A "waiting game" period to see if the right chemotherapy/radiation recipes were used, if the cancer was receptive to the treatments, if the normal 18 to 36 months post last treatment will show that the cancer was really destroyed or put into remission. This is the hardest period on the patient. They are experiencing the latent effects of the treatments, fatigue, weight gain, acceptance of their changed body image, the re-growth of hair, the changes their lives must accept from limitations set by their diagnosis and treatment. Their support systems are often in a quandary during this phase as the patient is no longer acutely ill or undergoing treatment and family members, spouses, co-workers often do not understand why the patient hasn't "bounced back to normal". Every headache, bloody nose, ache or pain is a constant reminder to the patient that their once perceived control over their life never really existed and a palpating fear that their cancer has returned. Each day in one way or another they are reminded of their diagnosis and its ramifications on their life and the lives of those they love.

The final phase according to Dr. Mullan is permanent survival. Some equate it to "cure", but unlike the common cold or gall bladder disease that is treated and then never returns, cancer is a permanent mark. As Dr. Mullan states, "The Humpty Dumpty idea of "as good as new" – a powerfully appealing notion for cancer patients – simply does not pertain." Long-term survivorship means cracks in the shell, secondary illness from initial treatments, or changes in professions or even geographic based on new limitations from the disease. Changes in family status with inability to reproduce and difficulties acquiring health and life insurances may all become part of the "new normal" for the cancer survivor.

Now take all of these three's and add in the three's of a healthy and satisfying sex life and you have a patient dressed to the nine's for frustration and dysfunction. The Johns Hopkins Center for Sexual Health and Medicine states that unless all three of the components of a healthy sex life are present it is impossible to maintain any form of stability. If a person is not biologically or physically well they do not have the psychological ability to perform which causes the relational component of the triad to crumble making the spouse or lover feel they are at fault or feeling helpless and useless. Cancer causes a myriad of physical problems that can result in the patient either not wanting sex or wanting it but are too fatigued to perform or unable to perform. Psychologically the alteration in self-image can render the patient fearful of rejection or guarding their loved one from what they perceive as repulsive. Both of these combine to whittle away the comfort of a once loving and satisfying sexual relationship.

Couples are all too often reluctant to talk with each other more less to a professional about problems in the bedroom. Our society has yet to reach enlightenment that would entitle the cancer patient to find a remedy for this, the most simple of problems of their diagnosis that could be solved so easily through communication and opening their minds to new venues of pleasure.

Three's...life always happens in three's.

Jan Simpson, RN, BLA, CBHS

My Story

My name is Dawn Reinhart and I am a Pure Romance Consultant. I am also a breast cancer survivor. In January of 1999, upon having pain in my chest wall, I found that which every woman fears: A lump in my left breast. After a mammogram, an attempted needle aspiration, and a biopsy, I was diagnosed with Stage II Invasive Ductal Carcinoma at the age of 34.

When you are diagnosed, your primary focus is beating the disease. I found at this time that I was reading everything I could get my hands on so that I could be more informed and therefore be more of an advocate for myself. As I am somewhat of a “control freak,” it was the only way for me to maintain my sanity in a situation over which I had little control. For me, knowledge is power, and it somehow gave me strength to deal with what was to come.

For an entire year I followed a course of treatment which included preoperative chemotherapy to shrink my tumors so that I could have breast-conserving surgery, partial mastectomy (lumpectomy,) removal of the first and second level axillary lymph nodes, 5 weeks of radiation, followed by more chemotherapy. Just dealing with treatment and its immediate effects, plus dealing with my everyday life certainly took its toll on me. As the effects of treatment are cumulative, there were days when I was so fatigued that I had to concentrate all my energy on getting through the day. I assure you, I did have good days too, and I learned to take each day, each moment, as it came. Going through cancer treatment is far from easy, but it is doable, especially with lots of love and support.

In February of 2000, I had completed a year of treatment and my doctor pronounced me “in remission” and told me to “get on with the business of living.” The problem is, while the doctors can give you the tools to fight the disease, they are oftentimes at a loss regarding the tools for survivorship.

When you begin treatment, the doctors tell you of all the side effects you may experience during and afterward; but your primary focus is beating the disease, so you really don't think about things that may affect your life while in remission; you just want to rid your body of the cancer. When you have achieved that goal, it is then that you truly realize the toll that cancer and its treatment have taken on your body. In young women particularly, chemotherapy can induce weight gain, premature menopause, and hormonal treatments such as Tamoxifen can change the amount of lubrication a woman produces making sex difficult or even painful.

As your life begins to return to some sort of normalcy, you begin to think about things that might have been put on the

back burner during your treatment. However, I found that sex still wasn't really high on my list of priorities. Of course, the loss of all my body hair and the new scars I was sporting didn't exactly make me feel like singing a chorus of “I Feel Pretty” either, although my wonderful, patient, and caring husband insisted I was still the most beautiful woman in the world. I just didn't have the libido I had prior to cancer, and even several years in remission didn't change that.

Fortunately, two years ago, I went to my first Pure Romance Party, where I discovered some wonderful products that helped bring the spark back to my relationship. These products have made sex more comfortable and yes, fun, again. It was just the boost that I needed to have a happier, more fulfilling life, to truly be alive and enjoy my womanhood again, scars and all. I became a Pure Romance Consultant because I truly believe that our products made this metamorphosis possible. I only wish I had these products while I was undergoing my treatment.

Now, with the advent of the Pure Romance SSS Program, breast cancer patients and survivors can discover products made especially for us. Products that can help us deal with some of the difficult side effects of our treatment, and are gentle enough to use even when we are at our most sensitive. Products that can help us get back in touch with the sensual being that is still inside waiting to reemerge.

To those of you who are facing treatment, know that the SSS program is here for you, and I leave you with this thought:

“When I look in the mirror I see: A wife, mother, daughter, friend, teacher, and mentor. I see a woman, who although her body may not be perfect, her spirit is indomitable. She shines.

I see someone who through her pain has learned to greater appreciate the pleasure, and to whom nothing is mundane. I see someone who possesses strength, courage, and grace beyond her wildest dreams. Someone who loves, and is loved more than she ever imagined.

I see me, only better. I see a survivor.”

Dawn Reinhart, 6 year breast cancer survivor and Pure Romance Consultant

October
Breast Cancer Awareness Month