



Sexuality and Intimacy: Issues Addressed, Questions Answered *A Young Perspective Teleconference* June 21, 2006

RANDI ROSENBERG: Good evening to everyone. Welcome to "Sexuality and Intimacy: Issues Addressed; Questions Answered," a Young Perspectives Teleconference hosted by the Young Survival Coalition. As many of you may be aware, the YSC is the only international non-profit organization that's wholly dedicated to the critical concerns and issues that are unique to young women and breast cancer. My name is Randi Rosenberg and I'll be your moderator for tonight's call. I'm one of the founding members of the Young Survival Coalition and the immediate past president of the board of directors. I also want to mention that I am also a young survivor, diagnosed eight years ago at the age of 32. This particular topic is something that's very near and dear to my heart and, I think, a very important issue. So I'm glad to be with you.

Firstly, I'd like to take the opportunity to thank our partners, Pure Romance, for their generous support and for making the promotion of this event possible. We're really pleased that you've joined us this evening. I'm sure you'll find a very open and candid discussion on the impact of a breast cancer diagnosis on a young woman's sexuality and intimacy. So you're in for a great treat tonight and some very educational content. This program is for you no matter what your current phase of diagnosis and treatment, your partnership status or your sexual orientation. I'm confident that everyone on the call will find the information that they can really use to better their situation.

There are a multitude of short and long-term effects of a breast cancer diagnosis. So those of you who are on the call, you know that a variety of these effects relate to how a young woman functions sexually and also how our intimate experiences unfold. You probably have lots of questions like, how do you find or define your new sexual self, whether you're with or without a partner? What are some of the physical, emotional and social side effects of cancer treatments and how are they going to impact my intimate experiences? Most importantly, you're going to want to know what

resources can be used to address the concerns that you have on a personal level.

So tonight we're hoping that this Young Perspective teleconference will address many of these issues and many of the questions that you have as it relates to a young woman's breast cancer diagnosis and treatment. The other thing I want to mention is that we will have a second teleconference in our sexuality series, which will be held on September 26th. So make a note in your calendars, and more information will be forthcoming as the weeks go by.

Before I introduce the fabulous panelists who have graciously taken the time to join us this evening, and that would be Sage Bolte and Patty Brisben, I want to give you a little bit of our housekeeping and give you an idea of the logistics of tonight's call. Firstly, the call will be recorded, and we will be offering a transcription on the YSC web site within the next four weeks. Of course our web site is www.youngsurvival.org, where you'll be able to find this transcript and, likely, transcripts from some of our past events as well.

The format of our call will progress like this. The first part of the call we will have presentation by Sage Bolte and then by Patty Brisben. Then we'll open up the call to your questions, because I think that the most important aspect is making sure that you get some time in to address the issues that are on your minds. We won't have much time to do that, about 20 minutes or so. So hopefully you'll be able to keep them as brief as possible. You can also submit any questions you've got via e-mail during the teleconference to rsvp@youngsurvival.org. We'll try to answer all of the questions we can prior to the end of the call this evening. If we do happen to run out of time and we have questions that have not been addressed, we will try to do our best to get answers to you after the call.

The last thing I want to note is that this call is operator-assisted, and we have our operator Beth standing by. So when we open the line for questions, Beth will give you the instructions on how you can get your question through and participate in some polling questions that we have at the end of the evening. So what I'd like to do is give you background on our two fabulous presenters who are joining us this evening, starting with Sage Bolte.

Sage developed a very strong interest in the impact that chronic illness had on sexuality and intimacy while she was working on her master's degree in social work, and she never looked back. She practiced clinical oncology social work and research at the Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins University in Baltimore, where she continued to develop her work on the impact of cancer on sexuality and also on the ways in which oncology professionals can assess and address sexual health issues of their patients.

Sage left Johns Hopkins to work for Life with Cancer, which is a not-for-profit program of Inova Health System, where she's helping to develop a program that specifically addresses the needs of women, men and families that are affected by metastatic breast cancer. Sage provides individual and family counseling. She facilitates cancer support groups and partner support groups, all while working to complete her PhD in social work at the Catholic University in Washington, D.C. So Sage is a very busy lady.

One of the things, I think, that makes Sage one of those unique contributors to this field is that she's working to raise awareness on the importance of taking a real holistic approach to medical care, looking at the whole person along with standard treatment to patients and families as they redefine their lives, their sexual and intimate relationships, in the context of a chronic illness. Sage, thank you for taking the time to be with us tonight. Sage, I'd like to turn the floor over to you. So please take it away.

SAGE BOLTE, MSW, LCSW: Sure. I want to say thank you to the Young Survival Coalition for allowing me the opportunity to come on to this teleconference and speak to all of you women out there. Thank you for this opportunity. Thanks for all of you who are giving up watching "So You Think You Can Dance" to talk about sex. I think that's a good tradeoff. I wish I could play the theme song right now of, "Let's Talk About Sex, Baby."

I want to first start tonight talking about what to expect from my piece of the segment. I know Patty and I are really going to complement each other, I think, well. Both of our expertise will be used in this segment. So I'm going to start with talking about what sexuality and intimacy mean,

because I think there are some myths associated with what cancer and the impact that cancer and its treatments have on our sexual selves and what it doesn't, looking at the impact and the effects of cancer treatments and then hopefully provide you with some options, tips and ideas for maintaining intimacy. I always think it's important to address the causes of possible sexual dysfunction and really educate the women I work with about what their treatment may have done to their sexual function and possibly their body image, because the more you know, I believe knowledge is power.

So what is sexuality? When I talk about sexuality and your sexual self, I'm not just talking about sex, although that's part of it. But what sexuality means to myself and what I think it means to women in general (and men) is it's the way that we feel about ourselves as a man or a woman, specifically how we identify ourselves as a partner, wife, mother friend, who we are attracted to men or women, how we identify ourselves as an employer or an employee, etc. . Our cultural and religious values definitely impact our sexuality, and cancer can also have a huge impact on that. So sexuality is the way we feel about ourselves as sexual beings and the many ways in which we express our sexuality.

Intimacy is really a human need, and this can mean that an intimate relationship includes sex, but it also means that we have a lot of intimate relationships in our lives that are somewhat changed through the cancer experience. So I'm going to talk about how we can enhance our intimate relationships as well. According to the American Cancer Society, this number for me was pretty staggering, that 2.3 million in 2002, 2.3 women who were walking this earth had a history of breast cancer, young women.

And in 2005 it was estimated that 1,660 in situ breast cancer cancers and 9,510 invasive new breast cancer cases would be found in women under 40. That's a lot of women. And what we know about cancer treatments is, unfortunately, 40 to 100 percent of people that are treated with cancer will experience some form of sexual problem. And what we know about breast cancer is about 50 percent of all breast cancers will experience some form of sexual dysfunction.

Now, I don't give you those statistics to discourage you, but I really want you to walk

away thinking, gosh, maybe the problems I've been having or the troubles I've been kind of trying to find answers to are normal.

So sexual dysfunction really is multifactorial. It's not just about the function or the act of sex. Again, it can be physical and biological, psychological, social and spiritual. What I mean by that is psychologically there are some misbeliefs about the origin of our cancer that can lead to guilt. Sometimes we have guilt about having surgery, having our breasts removed, having maybe a healthy breast, we opted to have a bilateral mastectomy and we have guilt related to that, which then impacts our sexual self, how we feel about ourselves. The changes in body images or stresses to personal relationships can have a profound impact on sexual function. All of that impacts intimacy and also impacts the four phases of sexual response, which are desire, arousal, orgasm and resolution. I know Patty is going to talk about some products that specifically address those issues.

So how does breast cancer, in particular, impact intimacy and sex drive? I want to talk about the physical, the psychological and the social impacts that both treatment and the emotional side effects are impacting. So let's look at the basics and give you a brief overview on how the cancer treatments can impact your sexuality and intimacy. I'm going to mostly list these just to kind of get it out of the way. Then we'll get into the meat of what can do about it.

So the side effects of treatment, whether you've had a mastectomy or a lumpectomy, although some of the side effects are different, there are always sensation changes and physical changes that impact your sexual relationships or how you feel about yourself as a woman. There may be nipple sensation changes, which for some of you may be a huge source of loss, because the nipple was a big part of your sex life or maybe your identity. It could have been the thing that turned you on the most.

The pain from surgery, the risk of lymphedema or lymphedema itself can sometimes impact how you feel about yourself as a woman. The range of motion changes may alter your ability to be able to have sex in certain positions or to maintain relationships that involve certain activities. The daily visual reminder that surgery leaves. And the loss of a breast or the loss of breast tissue,

which sometimes leads to guilt. Sometimes it leads to sadness. I'm going to hopefully give you tips on how you can work through that loss.

Looking at radiation, the fatigue is probably one of the first things we think about from radiation, just pure fatigue. Then the skin discomfort and irritation that occurs from radiation also has a profound impact on your ability to interact both physically with your friends and sexually with your partner or with yourself. Looking at chemotherapy, what we know we've heard a lot of lately is this whole concept of chemo brain, which isn't new. It's just finally being talked about.

Chemo brain really seems to have a profound impact on many, many women, because the way that we identify ourselves, and even if we pride ourselves on being extremely intelligent and working, when we can't remember where we put our keys, it is so frustrating and embarrassing at times when you can't remember a person's name or you're asking the same question over and over again and you're not retaining. That has a big impact on your sexual self and your identity as a woman.

The hormone changes that occur, and I know there were a couple of questions that we received about hormone changes and menopausal symptoms, hot flashes and the libido changes that happen from the hormone changes due to chemotherapy or if you're taking any of the aromatase inhibitors or tamoxifen. The physical changes that happen due to chemotherapy, like hair loss, weight loss and weight gain, vaginal dryness, the nausea or smell sensitivity, mucositis or mouth sores or taste problems. All of those can have a profound impact on, again, your intimate relationships, whether you want to go out with your friends and sit around a big table full of food, probably not. As well as your intimate relationships.

The infertility issue can have an impact on even your desire to want to be sexually active if you know now that you can't have children or you're worried about how that might impact future relationships. When your counts are low or you have neutropenia, if you're currently on treatment, then there may be some fears that you have about how can you be intimate. Is it possible to be intimate? Then again the fatigue that we experience. When you're tired and more than just tired,

you just can't get out of bed or you just can't function and you don't have the energy that can have a really big impact as well on your relationships.

... I just bombarded you with all of these side effects of treatment, so how do they all impact your sexuality and intimacy? The loss of libido is emotional and physical. It's not just physical, because when you don't feel good about yourself, that's typically an emotional response. That can definitely have an impact on your libido. Again, looking at some of the surgery and skin irritation that can alter previous sexual desires or routine, like the loss of nipple sensation. Or if you had a hot spot somewhere on your chest that has been altered because of a surgical procedure, then that hot spot or place that got you excited has been removed, and that can be a big loss.

It's important, too, to look at if you're experiencing fatigue or depression. And if you're not sure if it's depression or fatigue, because they look so similar, and sometimes fatigue can cause depression, it's important to talk to a counselor or a social worker or someone that you trust to know the difference, because they would be treated differently. And both can have a profound impact on your sexual function.

One thing you should know, too, is people with cancer are 15 to 20 percent more likely to experience depression. Unfortunately the medication we prescribe to help with depression also decreases libido, so it's a double-edged sword. But I'm hopefully going to give you some options that you can use, if you need to be on an antidepressant, that won't cause the sexual dysfunction.

Then of course the side effects exacerbate the amount of losses that we feel when we hear the word cancer: the loss of fertility, the loss of feelings of sensuality, some of the role changes that occur. If we've had to move back home or our parents have had to come and take care of us or our spouses or our partners are suddenly now having to take care of us or our children are not being able to be cared for as we wish, that's a big loss and also can have a profound impact, again, on how we view ourselves as women and our intimate relationships.

Our social lives are greatly impacted because of treatment, the amount of time that you spend at the doctor's office, fear of exposing yourself to germs or just, in general, the lifestyle of

young adults. We can't stay out until midnight. We're tired. All of these impacts of how you feel about yourself, your sexual self and intimacy.

Also, I do want to just touch briefly, if there are any of you who are smoking or using alcohol excessively, that definitely can impact other quality of life issues and can impact your sexuality and intimate relationships. So it's important to kind of keep that assessed in the back of your mind as I'm talking.

So now what? I just threw out all these grueling details of how cancer can knock out your sex drive, impact your relationships and, gosh, that really sucks. What do I do about it? First I think we have to dispel a few myths. I've worked with many, many single women who have walked into my office saying, "No one will ever want me. No one will ever want me again because I'm mutilated," is what one woman said, or because I have these breasts that don't feel real.

I've got to tell you, there is hope. Many of these women have walked into successful relationships. As time has passed and they've reclaimed their bodies and their new normal, they have walked into successful, wonderful relationships. Now, whether they lead to marriage or long-term relationships or they just get dating again, they have reclaimed their bodies and walked into satisfying relationships.

I think, again, it's important to look at the myths. I just want to throw these out there to make sure that if any of you are thinking these that you can put them out on the table and get rid of them as I'm talking. One, if we can't have intercourse, it isn't worth getting aroused. Two, this should be the last thing on my mind. Unfortunately, in the medical community we do hear that a lot, that the healthcare professionals are saying, "Well, gosh, aren't you just glad that your cancer is gone or that we treated your cancer?" Or, "We didn't have time to talk about fertility. We had to get you treated."

That's just not true. You have a right to grieve your loss. You also have a right to want to be sexually satisfied, whether you're in the middle of treatment or post-treatment. You also have a right to ask questions about fertility, no matter where you are in the process.

"It doesn't matter. I'm single, so sexuality doesn't apply." Again, sexuality is not about

being partnered. Sexuality is how you feel about yourself, whether you're single, partnered or in a long-term relationship. All physical contact must lead to sex is also not true. And, "No one will want me if they know I've had cancer." The other one, too, is "I will never be able to have children." Although you may not be able to physically bear children, and there are some new options that are coming out that are giving women hope again, you can become a parent, it just may be not the way that you had initially intended.

So what are the common concerns that come up when I'm talking to young adults, whether they're breast cancer survivors or other survivors? Specifically, questions about sex before, during and after treatment, some of the safety concerns they have and performance changes and concerns. We will talk about that next. The identity and appearance changes, what do you do about that? The dating and relationship fears, fertility concerns, social isolation and withdrawal that takes place, both during and after treatment, since a lot of your relationships change through the process of treatment. Then how do I maintain intimacy if I have children or with my friends or with my family?

So can I have sex on treatment? That's the first one I'm going to address. Yes, you can have sex on treatment. It may be a huge part of resuming your normal routine. It also may not be important to you, because you may not feel good. That's okay. But if you have any concerns, you need to ask your doctor or a nurse that you trust. It's obviously not recommended if you're severely immunosuppressed or you're having very low blood counts, because you're at risk for infection, or if you're in the first weeks of recovery from surgery, please avoid having sex. By sex I mean intercourse or oral sex at that point.

You may also need to get creative with new positions, because what worked before doesn't work again. There are some great resources on positioning in the American Cancer Society's booklet on sexuality and the woman with cancer. You want to make sure that you avoid any surgical areas. You can do that when you're far enough out of surgery. If you're still a little concerned about the breast area, you can place a pillow on your breast. Or it may be worth trying to switch, if you are with a male partner, having him behind you so that your breasts are protected or with you being on top.

Make sure that you also use condoms around the time of your chemotherapy, usually within 48 hours of receiving chemotherapy, because you want to just make sure ... you're not going to pass cancer or chemotherapy onto him or her. But you want to make sure that you're protected, because they can get a rash either on their mouth or their genitalia. So you just want to make sure that they're safe and that you're safe. Make sure that you practice safe sex. I hear some women that are out there having sex because they don't think they're fertile that they're not using protection. You are still at high risk for, obviously, for contracting STDs because your immunosuppression is low and you are not unlike your peers as you are still capable of contracting STD's. You want to make sure that you protect yourself.

So now that we get the "Can you have sex?" out of the way. Yes, you can have sex. If you're not, you can. What about vaginal dryness?, which is really the number one complaint I hear about most, because chemotherapy as well as menopausal symptoms can create an uncomfortable vaginal dryness. What really happens is the vagina becomes very dry and thin and in the internal part, you can sometimes get vaginal stenosis, where narrowing of the vaginal canal happens. That can happen with aging, with menopause and, unfortunately, chemotherapy can create that problem.

So what you can do?, and Patty's going to touch on some really great products that I've tried that I thought were fantastic that you can use yourself. But there are two different kinds of lubrication: one you want to use externally, and those are things like Astroglide or KY Jelly that are water-based; and then one that you use internally. So if you're having pain with sex internally because you're dry internally, something like Replens, which is a suppository that you insert internally every three days or so can really help with that.

The dilators are also a good option. If you're having vaginal dryness but you're also having pain, it's possible that its not just because you're dry. You may also be very tight due to the chemotherapy or the changes in the vaginal wall integrity. So you can ask your GYN or your oncologist or someone you trust (or order them online) for dilators. Dilators can be used within the context of your own home, they usually come in different sizes, that allow you start small and as you

get more comfortable you can increase the size. It is very simple, and directions are typically included or you can ask your health care provider, but just putting lubrication on the dilator and inserting it into the vagina, usually ten minutes three times a week is all you need. If you are having sex, sex can replace dilators.

But really and truly, if you're not sexually active, you should be using dilators if you're at any risk of having any kind of menopausal symptoms, because even for a palpable pelvic exam, when you go in for your yearly gynecological exam, that could be uncomfortable if you are not stretched. So it can help maintain the patency of your next exam.

When you get the dilator, again, you can sit in front of the TV, and no one would know it's there. You can place it inside, sit and watch your favorite soap opera or Oprah or whatever it is that you want to do. Keep it in there for ten minutes. You can insert it slowly, so if you experience pain as you're inserting, just slowly insert it, get it as far as you can, and breathe through it. You want to never push it to a place where it creates pain. If you're having pain with a dilator then I would recommend you see a gynecologist. It can be used with an anesthetic gel to prevent pain in tender vulvar areas, but if you are having pain and it's beyond because you're vaginally tight, you probably want to see your gynecologist. Again, never push further if you are having pain .

So what about the libido and orgasm? I wish there were a quick fix to this. But unfortunately there is not. You want to look at re-exploring pleasurable body sensations. Get to know your body again. Reclaim your body. Do this alone, so there is no pressure. You want to find places on your body that are still sensitive. You may find that the nape of your neck is just as sensitive as your chest once was or that the inside of your thigh is as sensitive as your chest once was and gives you the same sensation as what your nipple used to feel like.

There are certain options that you can ask your doctor about, like the Estring, the testosterone patch, Premarin. Some of these are estrogen based or hormonally based, so they may not be appropriate. But you can ask your doctor, your gynecologist and your oncologist, about these. Other things that you can do to help increase your libido are using fantasy or erotica or other

visual/physical stimulators. You and your partner can use this as some of your foreplay. You may just need to take longer than you did before.

That's this whole idea of the "new normal". What used to work before may no longer work for you again, so you need to find something that works. If you're lacking in your orgasm, practicing Kegel exercises, which is basically when you stop the urine flow, when you're going to the bathroom and you stop urine flow, that is the muscle that you would use to help enhance your orgasm. You can actually practice that exercise while you're driving your car, and nobody knows that you're doing it.

You can practice it as much as you want. You want to squeeze that muscle and release. You can also use it with a dilator or a dildo and it will enhance your orgasm, because you'll be working that muscle again. Again, really that whole idea of "use it or lose it" is very true. You need to use this muscle to keep it alive and working. Teasing exercises, where you become very aroused and then you try to pull back from the activity that you're doing so that you're teasing each other in the process, where you're almost about to have an orgasm or come and then you pull yourself back and you don't. That can help enhance your orgasm and it can also help increase your libido as well as sometimes be a little exciting.

Again, Patty is going to cover more on how to enhance your orgasm and use of vibrators. There is one product that I like to mention called the Eros-C, which is likened sometimes to what a penis pump does for men. You attach it to the clitoris and it helps enhance the blood flow down to the clitoris. Your desire is enhanced and you're physiologically responding to that. It's been very successful. You can only order it online right now, but it is a helpful product.

You need to be careful of any over-the-counter medication or herbal supplements. Go over them with your doctor to make sure they have no hormone or treatment interference problems. It's also important to note that narcotics may inhibit your ability to have an orgasm or may make it more difficult. Chemotherapy initially may make the sensation of the orgasm less intense. Over time, that will go away, you will get the sensation back and you will reclaim that. But unfortunately a lot of

these treatments have some short-term and long-term impact.

Some of the oral medications, if you are taking an antidepressant, one antidepressant that does not have the sexual side effects is Wellbutrin. It may be worth asking your doctor about that. There are also medications that you can ask your doctor about in addition to your antidepressant that may help counteract the side effects. One of those is BuSpar. Make sure that you have someone that you trust assessing your depression and anxiety, because that also could impact your loss of desire or your libido.

Encourage activities in your relationship that don't involve sexual intercourse, so that you're not feeling a constant pressure or you're not feeling like you've failed. Try to just spend time touching your partner, using sensate focus exercises, which are a wonderful way to connect with your partner where sex is really ruled out. It's just focusing on the touch, the eye contact. You're not allowed to touch genitalia or breasts for the first few weeks of this exercise. But you lay naked, you practice massage and you just work on connecting again.

Then you might want to ask the question of “are there any hormone options?”. If there are, that might be one option for you that could increase your libido. Remember, it is so normal to experience a loss of desire and changes in body image with the menopause symptoms as well as the side effects of treatment and that they will get better and they will start to resolve themselves, but you may need to educate yourself a little on some of your options.

Pain and fatigue is an issue that comes up often, especially with the bone achiness or bone pain that can happen either with metastatic disease or some of the aromatase inhibitors that cause pain. So you may want to take a warm shower before you're going to be intimate so that your body is relaxed and open to activity and feels more ready. Using lubricants and vaginal dilators, as we talked about, can really help with pain. And encouraging foreplay and/or massage prior to intercourse can also really help. One thing that helps patients, too, is using pillows to protect any of your joints. So if you're having hip pain or shoulder pain or just not really comfortable because your joints ache, use pillows to support those joints, and that can help.

Thinking of some of the thoughts of "I don't feel attractive," you need to include feel-good activities like massage, a facial, a manicure, a pedicure. Go back to feeling feminine. Some of the things that made you feel feminine beforehand; try to incorporate those into your life. Wear clothing, hair or a wig or makeup that helps you feel confident. Use some of the image care resources like "Look Good, Feel Better" or "Shop Well With You" to enhance that.

Some women find that using crotchless panties helps enhance their feeling of femininity, because they're nervous about their scars. They've had a TRAM flap or a DIEP procedure, so you may want to think about that, that they covers the scars, or maybe a silky lingerie that you can fit your prosthetic in. There are a lot of prosthetics that now can be slipped into lingerie without a problem, or wearing your bra and panties. Whatever is going to enhance your sensuality is going to help you feel better about yourself. Making sure that your prosthetics fit appropriately obviously is going to help enhance how you feel about yourself.

If you feel like you're really struggling with the sexual side, it may be worth trying to contact a sex therapist. You can find them using the AASECT, aasect.org website. They listed all the certified sex therapists who are well trained and certified. Remember to be patient with the physical effects, because as you get well you will feel well and you will start to look better and feel better about yourself. Although cancer may have changed the way you look, it doesn't have to change the way you feel about yourself.

There is one neat exercise that I think helps acknowledge some of the loss with cancer, and that is writing down all of the losses about the sensual and sexual self that you lost, maybe the lost of your breast and what that meant to you, and really grieving that loss. Then tear that paper up or burn it and plant it in a planter with some seeds and watch as those seeds start to regrow and bring this new life and this new birth, and remember, look at that plant every day as the seedlings are popping up into new growth that your life will regrow, that you will gain yourself and you will gain your body again.

Practice positive affirmations like, "I accept my body, and I will do everything I can to

love and help it heal." Focus on the things that haven't changed about you. Get affirmations from your friends and your family. Celebrate the person you are and the body you have. It's really important to identify the negative thoughts and try to replace them with positive thoughts and affirmations. Again, a counselor might be the best one to help you with that.

Thinking of some of the mastectomy and lumpectomy interventions, again, using a prosthetic in the lingerie, alternating positions for intercourse to withdraw the attention from the breast or scar and reduce the tension to the shoulders. You can also go to Nordstrom to have some great resources and specialists to help you get fit for a prosthetic or lingerie.

So let's talk, before we have to wrap up, about the fear of rejection. When do I tell someone I'm romantically interested and have had cancer? I wish I had a magic wand for this answer, and if I had a penny for every time I get asked this question, I'd be a rich woman. Unfortunately I don't. What I can tell you is my best friend is a cancer survivor of seven years, and her rule of thumb is by date three. The reason that she says date three is because by date three she knows she wants to go on date four, and date four could lead to five, and by that time she's probably getting emotionally invested. So she knows it's safe enough that by date three they know each other a little more and they feel comfortable that she's willing to say, "I had breast cancer," and she'll give them whatever her speech is.

Now, she's someone that will just frankly come out and say it. So how do you bring up your perky breasts or breast scars? Well, obviously you want to do it before you become intimate. Every woman has her own style. Some incorporate it as some of their history when you're talking about your life story. Or some people state it just very matter of factly. In fact, I have a couple of women that I worked with who have said it very matter of factly on the first date of what they've been doing the last five years, they've been going through cancer treatment.

Other women will use humor or make jokes about the fact that when they're 80 years old they'll still have the breasts of a 20-year-old. It's something that you'll have to decide for yourself. Use your friends or your male friends or your female friends to rehearse a script or to talk to your

support group about what works for them. Because there are, again, people out there that will accept you for you. And if they don't, then they aren't worth your energy.

If your partner isn't interested, remember, most of the time this isn't about you. This is about them. Sometimes partners are extremely afraid of approaching the woman. So you need to tell them that your needs are not being met. There are ways you can do that specifically. You want to state a fact, a feeling and your desired response. So you can say that very simply by saying, "It seems like since my breast cancer, you haven't approached me or you don't feel attracted to me. I feel hurt by that and saddened by the lack of connection. What I really need from you is that you initiate sex or you initiate a date on Tuesday and Thursdays or more often," whatever is going to work for you.

You state a fact, that you feel that he's pulled away or she's pulled away. You state a feeling, that makes you sad. And you tell them what you need, because unfortunately, as much as we would like them to be mind readers, they're not. And remember that unless you try, you'll never know.

So how do we maintain intimacy with our friends, our families? We want to make sure that we obviously choose wisely, getting rid of any toxic relationships that are not helpful to our physical or emotional health. Surround yourself with people who lift you up, who support you, who bring you support. If your needs aren't being met, ask, saying, "It's not helpful when you say to me, 'Everything is going to be okay' or 'Everything happens for a reason.' What I need for you to do is to listen or tell me this frustrates you, too." You need to give them direction.

If you have children at home, small children, find ways to connect with them with the energy level that you have. Find ways to connect with your friends on your own turf, on your own space. So if you can't go out to dinner, invite them over on your "on time". Your on time may be at ten in the afternoon, so it may mean that an early lunch is possible. And the same with any kind of sexual interaction. Your partner may need to come home for an early lunch break. I don't know too many people that would oppose that.

You need to get to know your body again and what makes you feel good. Schedule time with your friends to talk about your worries and your fears. They do want to hear it; they just

aren't always sure how to respond. And go to a day spa or spend a day pampering yourself and reconnected with yourself and your friends. Get a strong team on your side. Discuss your concerns with your oncologist and your gynecologist. Find a gynecologist who has a physical therapist on staff to help with things like pelvic floor exercises or can address other sexual function questions or concerns. Really and truly discuss all of your medications you're taking with your primary care physician or your oncologist or your gynecologist to see if there are any sexual side effects. Inquire about alternatives.

So in closing, there are two books I would recommend that you pick up that are really empowering and can help you learn, again, just about the female body and what we need. One is *Sex Matters for Women* and that's written by Sallie Foley and a couple of her colleagues. There are some great exercises in there on improving your libido, improving orgasm, just getting to know your body again. Then the American Cancer Society again has a great resource called "Sexuality and the Woman with Cancer and Her Partner." It's great to pass that booklet on to your partner as well.

Remember, you are your best advocate, and you know your body best. Reclaim that and reclaim the control. Get to know your body, feel things on your body. Stand in the shower, watch what it feels like for the water to touch it and get to know what it feels like to touch your own chest, to touch your own body. Because your partner isn't going to know what feels good unless you let them know. You're going to need to get to know that "new normal" for you. You have the right to ask and get second opinions. If you don't feel your questions are being answered, you have the right to ask. Thank you so much for your time. I wish you the best in enhancing your sexual self and your intimate relationships. Again, I'm available for questions at the end of this call.

RANDI ROSENBERG: Sage, that was terrific. I really think that you did a superb job of laying out the landscape of all of the various issues that young women are facing. Quite frankly, I think you hit upon almost all of the questions, or I should say, all of the questions that were submitted most frequently to us prior to the call, those questions about pain and dryness and getting your mojo back and really wanting to be a sexual being and all those things.

I think the other thing that is fantastic for our listeners tonight is that you were able to provide some really practical how-tos. I think having the transcription of your comments on the Young Survival web site is going to be a great help after the call for everybody to sort of resource back to as a reminder, because those are some really, really practical things. I think the other take-home that I really appreciated listening to was that a lot of women are not comfortable addressing issues of their sexuality and that it's okay, empowering and necessary to feel comfortable addressing them with your medical team and your partners.

SAGE BOLTE, MSW, LCSW: Absolutely.

RANDI ROSENBERG: So thank you so much for all of your comments this evening. We promised our listeners a very, very frank discussion about sexuality and intimacy, and that's exactly what you're getting. I have another person on our panel this evening who is no doubt going to deliver some more frank details for you this evening. I'd like to introduce our next panelist, Patty Brisben, who is the founder and CEO of Pure Romance. I'll give you a little background on this amazing person.

In 1993 , Patty started her in-home business mainly because it gave her financial independence and gave her the opportunity to be a stay-at-home mom. When she initially decided to get involved in the business of relationship enhancement, she was able to draw from both her personal and her professional experience to build the foundation of Pure Romance. As she was researching the benefits of healthy relationships, she discovered that sex not only offers obvious physical pleasure benefits but also can contribute to an overall state of well-being for the relationship and for each individual.

In just a little over ten years, Patty and her colleagues have recruited thousands of consultants nationwide. In 2006 the company has exceeded \$50 million in retail sales, which is a huge success. Pure Romance has become the nation's largest female-owned home party planning company in its industry. And Patty was recently elected the number one female entrepreneur of the year by *FemPreneur Magazine*, which is a pretty cool honor. Specializing in lighthearted and informative in-

home parties, Pure Romance gives women over the age of 18 an opportunity to achieve personal and financial independence.

I can tell you that our attendees at the Young Survival Coalition's Young Survivors Conference rave about Pure Romance and Patty's presentation. So she really gets them fired up. I think the other thing that I want to share with you about Patty is that she's really revolutionizing the field that she's working in and really giving back to the community. Last year she began extensive sexual health initiatives, including a college tour, a breast cancer program, of which you're attending tonight, collaborative research studies with various universities as well as a non-profit sector of Pure Romance entitled the Patty Brisben Foundation.

Patty's charisma and genuine sincerity, which you're about to experience, will help women everywhere. It shines through in just about everything she does. I'm really honored to introduce to you this evening Patty Brisben.

PATTY BRISBEN: Thank you so much. Boy, what an honor that is. Thank you so much. First of all, I wanted to tell the YSC, I absolutely loved speaking to the group when I was in Colorado. It was just an amazing night. It was very empowering for me. It's something that I'll never forget and I hope to experience many, many times after.

I want to tell you how honored I am to be paired with Sage. You're absolutely the bomb! I thought you did a great presentation. But tonight I really want to talk about some of the products that Sage touched on that Pure Romance has to offer. But before I get there, I'm sure many of you are wondering why a company such as Pure Romance has gotten involved with breast cancer. Why have we become so passionate about it?

When I first started into the industry, I was so busy with my career and with my business, I really didn't know too much about breast cancer. It's just like everybody else out there, until it hits home, until it touches you, whether it's a mother, sister, neighbor, best friend, co-worker, it's not going to mean that much to you. What happened was I have a consultant by the name of Sara who had written me many, many times and had stated how much she loved Pure Romance just for the

simple fact she had breast cancer, but at night time it took her away from that particular experience. She got to mingle with other women, talk about her business, her products. So for several hours, she forgot about having breast cancer.

Sara wrote me another letter. We were getting ready for convention. I was extremely busy. She was telling me that her health was not doing so well. I failed to contact her back before this particular convention. When her girls arrived, I had found at that time that Sara didn't make it. I was devastated to the point that I had promised myself that I would never, ever, ever let this go by the wayside again.

I no sooner got back to the office then I had another consultant that was affected by breast cancer, and this happened to be one of my top customer service rep's mom who had been with me since she was 18 years old. Her mother was also a consultant, and she had had her lump and had not gone to the doctor for over a year. I'm happy to say that she is doing quite well, but we walked the walk and talked the talk with her.

At that time, months later, it was a year ago this past December that I had one of my girls that were in our finance department, her and her husband were making love; she's 44 years old. He discovered a lump in her breast. So she's been through a mastectomy. We walked the walk with her, too. So we decided as a group at Pure Romance that we wanted to become passionate. We wanted to offer something more than just money. What was it that we can do?

So speaking with all these women we had found that when you're going through breast cancer there is not always someone out there that you can speak with, because you've got to remember, all of the oncologists and nurses and doctors that you're working with are working for the cure. They're not working with what's happening with your sex life. So that's where Pure Romance wanted to partner and help women have a platform where they could come and ask questions. Even if we didn't have the answers, we were paired with people such as yourself, Sage, and many others, that we could come to and get the answers and pass that word along.

But not only that, but provide wonderful, wonderful products. I realize that women are

very crucial, critical buyers. So I can promise you, we have top of the line products. One of the important things that Sage talked about is foreplay. We forget to put foreplay into our relationship. I want to also state that when I'm talking about these products, I talk in a very heterosexual term. You have to take this whether you are single, whether you are in a long-term relationship or if you're in a same-sex relationship, if I'm describing these products to you, you have to be able to take this product and turn it into what would be great for your relationship.

Speaking of hot spots, Sage touched on that. Our hot spots change on our body, especially after going through breast cancer. When you're rediscovering and reclaiming your body, you want to find your hot spots. We have a wonderful product that is called *Dust Me*. What *Dust Me* is an edible powder. We carry masks, eye masks that you place onto your partner. At this time you take the feathers that come with this particular product and you dust the body completely all over.

Now, I want you to pay close attention to your partner, because as you're dusting his body or her body with this feather, which is going to feel absolutely wonderful. You'll also see through facial expressions or they could be very vocal in letting you know that those are wonderful areas and it feels great. So when you don't have this tool and you want to revisit those hot spots, you'll remember by their visuals on how great it felt. Now, one of the things about this, too, is taking your tongue and tracing the trails on the body. So this feels and tastes absolutely wonderful.

One of the other foreplay items that we have is our *Card Game for Lovers*. Now, sometimes we forget what his favorite color is. We forget how to just spice things up. I love our *Card Game for Lovers* and also our *I.O.U.* game. With the *I.O.U.* game, this will have small messages that you can place in his briefcase. You can place this into his coat pocket, his pants. You can place it into the visor of the car. And these are little messages that would say, "I'm ready for a bubble bath with you later." You might promise a strip tease or, "No TV tonight, just you and I." Or just a special date, so I love these, because, again, we forget how to incorporate that special time with our partner.

The book that we have to offer is *Tickle Your Fancy*. This is a guide to sexual pleasure. I hate it when women say to me, "You know, Patty, he just does not please me. Many times when I sit

and have an open discussion with these women I find that they don't know how to please themselves. They don't know how to communicate to their partners where their particular hot spots are, what they like and what their dislikes are." So I think it's very important, as a woman, to explore your body and to feel comfortable about it. I think that this particular book on *Tickle Your Fancy* is just absolutely wonderful for that.

We have another book that's called *Tickle His Pickle*. Now, I know you're probably giggling out there girls, but I'm telling you, you think you might know everything, but you really don't know everything. This is a way to really learn how to do some neat little tricks without doing too much work. So I suggest *Tickle His Pickle*.

We have the *Erotic Massage* book. Massaging is so wonderful, especially when you ... for just any time. It also helps with your immune system. So many people don't like giving massages; they'll give you gift certificates. But it means a lot more for you to give this particular massage to your partner and vice-versa. In the *Erotic Massage* book is really great, because what happens with this particular book is it takes you from the beginning to the end on different types of massages. So I highly recommend this one.

We also have *The Complete Manual*. And *The Complete Manual* is a great book. It's also a game, too. They have several positions in this particular book that are numbered. You can take a bunch of these numbers, place them in a hat, and you can also try the different positions that you pull out of the hat. So this is kind of a great way to change things up a bit.

Now, also with *The Complete Manual*, it talks about the Grafenberg orgasm, which is the G-spot. Now, there is a lot of controversy on the G-spot, but if you've ever spoken to a woman who has found hers, she will argue to the pure end that it's a wonderful area and, yes, everybody has one. I really do believe that the G-spot is a very hard area to find, because it takes a lot of stimulation. Most people just don't have the patience for that. When you use a G-spot type of vibrator what happens is that goes in and it breaks down the tissue. When it breaks down that tissue, you're more apt to experience an orgasm with your G-spot area. So the book is wonderful.

Now we're going to talk about lubricants. Some of the lubricants were recommended earlier, I really love our lubricants. And the reason being is because I have really, really worked with chemists. I've talked to a lot of women who have suggested the Astroglide, when they have used this previously, has created a burning sensation. So if you're really sensitive, here are some of the lubricants that I would recommend.

We have one that is called *Sweet Seduction*. This is a water-based lubricant, and it's a very mild lubricant. I like this particular one because it's most like a woman's own natural secretions. So when you rub this on, if you go into the bathroom ... because you don't need to tell your partner every time you're doing something. You rub this on and you come back out and he goes to touch you, he's going to think that he's done something really, really special, because you're going to be nice and well lubricated.

Now also why would we use lubrications? Well, if you are taking any type of medication or any antihistamines, you think even with antihistamines it has a tendency just to dry the orifice of the nose. It doesn't. It drives every orifice on your body. So always keeping in mind, keeping a good lubricant on hand. It's just as important as keeping soap in your house. So *Sweet Seduction* is great.

Now, a lot of women like a little bit more control with their lubricants, so we have one that's more of a gel-based. It is water soluble. It's called *Just Like Me*. This one here is really great if you're prone to yeast and bacterial types of infections. It's also great to use with bedroom toys. This one has also a rewetting quality. This means if you have a tendency to really dry out quickly, even with your lubricants, the least little bit of moisture will rewet the whole area.

People like this one because it's in a pump bottle, so you have a little bit more control. When you are taking the pump and you're pushing down, this is not going to be running in your fingers. This is going to be more of a gel base. So it's a very popular one. Now, our lubricants that I'm speaking of tonight do come in flavors that if you are irritated by flavors or colorings, we also have them in what is called original form. This means we have no food colorings or no flavorings at all.

Our next product that I'm going to talk about is a product that's called *Whipped*.

Whipped is a very emollient-based lubricant. I think this particular product is really good, especially if you're going to use anything that's going to encompass the penis or if you're just a woman who likes a more cream-based lubricant. This one is also a water-based lubricant. It feels wonderful. It does come in flavors, which is orange, strawberry and banana, and I'm going to tell you one of our all-time most popular ones.

Now, if you want to know what women usually come into the ordering room and they purchase, and earlier Sage talked about the teasing exercises. Well, I'm going to talk to you about a product that's called *Sensations*. *Sensations* is a lubricant that gets warm when you rub it and even warmer when you blow on it. So when you place this on the tip of the penis, most people who come to a Pure Romance party for the very first time, this is generally the lubricant that they purchase. The reason is that it has a heightener and it stimulates both males and females.

So what happens is when you place this on the penis and there is friction, both male and female can feel the heat that's created with this particular lubricant. Now, girls, you can get out of another job with this, too. If you hate the thought of oral sex, well, here you go. What you do is you rub this all over the penis. You take your bedroom breath, which would be not "phew," blowing on it, but it would be "ha," huffing on it. Now when you take this he will look like a dog with distemper, just absolutely foaming at the mouth.

They love this. But if you've got a ceiling fan, you can get the whole night off. Just turn that ceiling fan that's on high, pour a little bit of that *Sensations* on him, you can do your nails and watch *Wheel of Fortune*. Just let him know, "Honey, when you're finished, just let me know if you need any more." So *Sensations* is a great one to have for a little fun play. Now, this one also comes in original, but you can also get it in strawberry, cinnamon, hot apple pie, or how about hot butter rum.

Now we're going to talk a little bit about arousal creams, such as the libido. I really believe that we're a nation of low libidos. I think we're under so much stress, we're women who are working 40 to 60 hours a week. We're also women who, if we stay at home, that's the hardest job that

any one person has. If you're going through cancer, any of these issues, it depletes our libido. When I first got into the business, that's what I heard the most. When I would go into the ordering rooms, women would come to me and say, "I'm just not in the mood. What do you have? I push it to telling him that Saturday is a great night. Then Saturday comes and then I say, well, okay, how about Wednesday. Because really my schedule looks a lot less hectic on Wednesday."

I'm a firm believer, if you're going to participate in sex, you might as well enjoy it. What happens is when we get excited it starts in the brain. The brain sends a process through our body and it sends the blood flow into the genital areas. What happens is when it sends that blood flow it engorges the clitoral area, making it very sensitive, making it want to be reactive, making us want to have sex. But sometimes our brains can become very excited but nothing else happens. So when nothing else happens, well, nothing happens.

So what happens with *Ex-T-Cee*, it's a menthol-based product. You take a small amount of this out, rub it into the genitals. What happens is it's air activated. When you rub this on and you take the first couple of steps towards that bedroom, oh, my gosh, girls, you are so ready, you better make sure he's ready, too. This is going to make everything that he does so wonderful, even if he did it wrong.

Now, I thought after I developed this particular product, and this was years ago, this comes in flavors. We were not as smart of a company as we are now. So what happened was I had women that would come to me and say, "Patty, I'm the type of person that when I use Tampax, I have to buy non-deodorant Tampax. I can't buy colored toilet paper. I can't go to Victoria's Secret and buy those cute little panties because I have to buy the Maw-Maw panties with the cotton crotch, because everything I do just irritates me."

I had to go back to the drawing board and work with our chemist, and we have more of an herbal-based product that is called *Nympho Niagra*. Again, this is an arousal cream. This one is wonderful. It works in the same way. Now, we talked earlier about people who are taking antidepressants. Their libido is depleted even more, so therefore we had so many women come to us

and say, "You know what? I've tried the *Nympho Niagra*; I have tried the *Ex-T-Cee*. Neither one of those have worked for me."

And then it was unanimous, when I talked to every single one of these women, I found that every one of them was taking an antidepressant. So therefore I went back with my chemist back to the drawing board and we created a product that is called *X-Scream*. Now, if you're not taking an antidepressant or you've never used an arousal type cream, please, even though I tell you that this one is very potent, don't go and buy this one. Don't let this one be your first one. Because I can promise you, you'll be running around your house screaming your own name. That is how potent this particular product is.

We're going to move on. We talked earlier about vaginal dryness. This past year, this is the best way that I can talk about our product that's called *Fresh Start*. Sometimes a lubricant is just not enough. Let me give you an example. I travel a lot. So I noticed that I kept getting so many sinus infections, and I kept going back to my ENT man and saying, "You know what? I'm in the hotel rooms, which are very drying. I'm on planes, again, very drying. You told me to use saline, not enough." He had to give me a lubricant that was for my nose that went high up in there and lubricated the whole area, so I stopped having so many sinus infections.

That's exactly how our product that is called *Fresh Start* works. You are recommended to use this two or three times a week. You fill a syringe up and you insert it into the vagina. And it's at nighttime and not during the day when you're running around but at night when you're sleeping. This particular product really helps with vaginal dryness, and it really helps to moisturize and repair tissue that some of your therapy that you're taking can really help with.

Now, we talked earlier about the Kegel exercises. We have what is called *Ben Wa Balls*. What I like to say about *Ben Wa Balls* is they're like lifting weights vaginally. It's really funny. Our doctors don't talk to us about exercising. We don't know the importance. But I can promise you, starting even in your early 20s, it's very important to work those muscles. A lot of you might be saying to yourself, "You know what? My orgasms are not as frequent and intense as they used to be."

It's just a law of nature. The older we get, the looser our vaginal walls become. And nobody wants to have to depend on Depends.

I love these because you start off with one ball, you insert it vaginally, and you Kegel. If you don't know how to do that, that's like when you're going to the bathroom and you're tinkling and you have to stop that flow. Many of you can, and there are those of you sitting there on this phone right now that can't. I'm telling you, it's important to start using these. What you're going to do is you're going to hold this ball in. Some people wear it anywhere from 15 minutes to 45 minutes a day. It takes some people one week to be comfortable and even walk across the floor where it may take others three weeks to be able to walk across the floor with just one ball in.

When you're comfortable with that one ball, and you're able to walk around, it's time to start with the second ball. When you've got the second ball in, and it will take you, again, anywhere from ten minutes to 45 minutes a day, one to three weeks, to be able to comfortably be able to hold both balls in. When you stop, like going to the gym, the vaginal walls, the vaginal area loses that muscle control.

What you're going to notice is when you exercise and do this that you're probably going to drop a skirt and a pants size, number one. Because when you're Kegeling, you're properly Kegeling, you're using that tummy muscle. So you're toning the tummy, number one. The next thing that you're doing is you're going to notice he's going to feel a little bit larger to you. That's because your muscles are more sensitive.

RANDI ROSENBERG: Patty, it's Randy. I'm sorry to jump in. I'd love it if you can give us some concluding thoughts. I know there are lots of products that we can talk about, and there are a number of callers on the line. So we'd love to hear your finishing notes, and then we'll give out the Pure Romance web site in a short time.

PATTY BRISBEN: Well, my concluding notes would be that we have a lot of products to offer women out there. We have a great team of experts that we can work with one-on-one. We also have "Ask Patty." So one of the things that I think Pure Romance has to offer is

wonderful, wonderful products. So give us a call. Or you can go online at pureromance.com and ask your questions or find out more about what we do have to offer.

RANDI ROSENBERG: Terrific. Patty, thank you so much for your presentation. I think what I'd like to do, just looking at our clock, is I know that many of you are chomping at the bit to get your questions answered. I think one of the things that we're seeing a lot in the questions that were submitted in advance of the call, and Sage, this might be directed at you, probably, is what do women who are in the process of mastectomy who haven't yet gone through their reconstruction and are sort of breastless for a time being, and also for those who haven't gone through reconstruction, how can we give them some advice on feeling a little bit more comfortable with their body and where they're at at that particular juncture in treatment. What are your thoughts on that question?

SAGE BOLTE, MSW, LCSW: I think depending on where you are in the process, for people that have expanders in right now, obviously they're not comfortable and they don't feel good and they're kind of up high and they're awkward, so there is a different technique that you can use for that than those who have not gone through any reconstruction. Let me start first with those who don't have any reconstruction yet.

Like I mentioned before, I think using some of the lingerie that we have now, teddies can be very sensual. And I think silk in general can be very sensual. So if you want to feel sexy or you want to feel connected to yourself, if you're not comfortable yet without having a breast, use a teddy or a prosthetic in the teddy to help yourself. But one of the things, I think, that you would need to work on in the process is getting comfortable with your skin and yourself. There are some mirror exercises you can do that you can do while you're looking in the mirror and just slowly looking at your body from being fully clothed to being naked and getting comfortable with the changes.

Obviously there are some women who are very comfortable being breastless, and they need to get comfortable then with the new changes in their skin and sensation, then there are women who are very uncomfortable being breastless. For those women, you're going to have to find what works for you. There is not a magic bullet, unfortunately. But using some of the materials like silk or

sensual, silky things can help.

Then wearing a prosthetic or bras, many of the women I worked with who have opted not for reconstruction for one reason or another, who aren't necessarily comfortable being without their prosthetics, wear bras and crotchless panties and feel extremely confident and sexy in that and still feel very feminine. Because again if we're talking about men, really it's all about the visual. They don't really care, ladies, that they're real or not real. So that would be one suggestion.

As far as those for those who are in the process of reconstruction, you may need to just alter some of your positions, really and truly. Because the reconstruction process with the expanders can be uncomfortable. So you may need to figure out ways that you feel sensual. Teddies and other things that you can use to enhance your sensuality or sexuality or femininity are going to be important. Even using some of the sprays or perfumes that we use that make us feel more feminine, setting the mood, lighting candles, giving yourself time. Have a glass of wine, something that's going to give yourself time and your body to kind of trigger, oh, that's right, this is how it's supposed to respond. Sometimes lighting in itself, just darkening the lights a little, won't make you as self-conscious of some of the scars.

RANDI ROSENBERG: I think that's great advice. I have a sneaking suspicion we've got quite a few questions queued up. I think what I might do is ask the audience for an indulgence, since we're running a little bit behind, we do want to get to all of your questions or as many of them as we can. So I'd like to see if we can go maybe another five minutes, ten minutes over our schedule of 9:30 to have you hang on and stick with us so we can get as many of your questions answered as we can. Who's up in the queue for the first question?

OPERATOR: Our first question comes from the site of Emily S. Go ahead, please.

EMILY S: I'm wondering about the "If you don't use it, you'll lose it." Because it's kind of hard. I don't really have a lot of desire, don't have a partner. Am I going to lose everything if I don't try to do something?

SAGE BOLTE, MSW, LCSW: That's such a good question, Emily. If you don't mind,

I'd like to answer this, Randi.

RANDI ROSENBERG: Sure, please.

SAGE BOLTE, MSW, LCSW: The "use it or lose it," I work with a lot of single women, and I've heard that a lot, Emily. I think what you need to remember is whether you have a partner or not, it is important to use that muscle. So using a dildo or a vibrator that you feel comfortable with, if you feel comfortable inserting something into your vagina or using a dilator, something that you can maintain the patency of the vaginal wall is going to be important.

Because what happens with both the side effects and your aging body is if it's not being used and you're not maintaining that muscle, it can become weaker. It won't do anything or go as far as you can't get it back. When I say, "use it or lose it" it's just that you have more of an ability now if you stay proactive with maintaining that muscle and keeping its strength and enhancing both your orgasm ability and the ability for sex to not be painful.

So there are some techniques you can use at home like using a vibrator, inserting a vibrator in. Again, you don't have to do that on a daily basis. You just want to make sure that you're keeping that muscle kind of tight and exercised. Does that make sense, Emily?

EMILY S: Yes. Thank you.

RANDI ROSENBERG: Great. Thank you for your question, Emily. While we're waiting for other questions to queue up, I have another one here. I think that this could be directed at both of you. It has to do with the relationship side. Denise wrote in asking about her sex drive. She's had a hysterectomy and is taking Femara, which, of course, is having a profound effect and is concerned about the lack of sex drive and its impact on her marriage. How can we, as women, address the deep desire that our male partners and female partners have when sexuality becomes threatened?

SAGE BOLTE, MSW, LCSW: That's a good question. I do want to refer to Patty on the *Nympho Niagra*. I actually tried all of Patty's products. I use some other products. I really think for some of my women the *Nympho Niagra* has been a lifesaver in a lot of ways, because it does kind of enhance both your own desire and your physiological response. But it also helps you feel like, "Oh,

that can happen. That can be alive down there. I thought it was dead."

But you want to start with the basics. It's not going to necessarily be that you start with sex. You may just need to start with some of the foreplay that Patty was talking about earlier and that I was talking about that you start with some of the basics of getting down to, "Let's start connecting," so that you feel intimately connected with your partner before you just jump into bed. Because I think a lot of times, too, cancer doesn't just rob us of some of the sex drive. It also robs us from those intimate connections. That may be where you start.

The Femara, with the bone pain and the added side effects, you are going to need to be on something pretty much for the rest of the time that you're taking Femara that will help you stay lubricated. So some of the suggestions that Patty offered. Again, Patty, what were those products, that ones that were the more longer-lasting lubricants?

PATTY BRISBEN: Some of the best ones that I would highly recommend would be *Just Like Me*, and *Sweet Seduction*. I have to agree with you. I would say foreplay, foreplay and discovering each other's bodies, just the cuddling, the talking, the holding, the caressing. I think all of those are so important, and being able just to touch one another. Having intercourse isn't everything all the time. You have to start with a basis, and I think the cuddling and reconnecting with one another is very, very important, especially after going through something like a hysterectomy.

It takes time for your body to say, okay, I'm ready for this again. You really have to work on what sparks your libido. It's not going to be the same for every single woman. What I'm saying is our products really, really do help. But you really have to work, too, to find out what it is that's going to reunite and ignite what's happening with your relationship.

SAGE BOLTE, MSW, LCSW: The guilt that a lot of women feel around feeling like they've failed or they're less of a partner because of the lack of quote unquote "sex" in their relationship, is something that really I think I address with couples. I would encourage you, if you are kind of struggling with that in your relationship, to seek out someone who gets that, whether that's an oncology social worker, which there are certified oncology social workers, or whether that's a therapist

that you trust.

I would definitely encourage you to do that, because sometimes it just takes a third party helping you communicate some of those feelings. Your partner might hear you say or your husband might hear you say that you feel guilty about that. He will think, "Oh, my gosh. I don't want you to feel guilty about that. I can be completely understanding that this whole new normal phase has entered our life."

PATTY BRISBEN: I really think, too, that especially after a woman has gone through a hysterectomy or cancer, we expect our partners to read our minds. This isn't any time to be clairvoyant. We really have to be able to communicate with our partner and tell him what we want, what we need, what's happening with us. I think communication is where we lack so many times in a relationship and especially through illness.

SAGE BOLTE, MSW, LCSW: Yeah, absolutely.

RANDI ROSENBERG: I think those are great insights. Denise, thank you for submitting that question. Before I go back to any of our e-mail submissions, do we have any other callers in the queue?

OPERATOR: Yes, our next question comes from the site of Kathy C. Go ahead, please.

KATHY C: Yes, I have a friend who's going through chemo for leukemia. But she has the same symptoms. Can she use the same methods that you're talking about, the *Refresh* and other products to help her?

PATTY BRISBEN: Absolutely.

SAGE BOLTE, MSW, LCSW: Yeah, absolutely. I think the only thing with leukemia, the biggest thing is just being careful of ... she's at higher risk for some of the neutropenia. So she would just need to be careful that her counts were high enough that she was being safe. But absolutely.

KATHY C.: Okay, thank you.

RANDI ROSENBERG: Thank you for your question. I want to go to a last question that was submitted to us via e-mail. It's a question submitted by Courtney. Her question is, "What are some of the safe herbs and products to take to increase sexual interest?" So Sage, you probably have some ideas on this. Patty, you may also have some herbal compounds in your product line as well. So Sage, let's start with you.

SAGE BOLTE, MSW, LCSW: This is a tricky question for breast cancer, unfortunately, because many of you are probably estrogen-receptor positive or progesterone-receptor positive. You have to be extremely careful, because unfortunately there isn't a whole lot of data out there yet. We all are cautioned about anything that could put us at risk for increasing that estrogen or if something transfers from testosterone to estrogen in our bodies. There aren't a whole lot of herbal products that are out there.

The ones that you hear about are ginkgo biloba, which really hasn't gotten the greatest grade on helping libido. But it can be used. However, there is not a consensus on whether that is a risk for breast cancer. But really and truly I think your best bet is on using some of the enhancement aides that Patty talked about. Unfortunately, there aren't a lot of herbal products.

Now, nutrition is a huge component of how you feel about yourself and also your energy level and libido. So if you're not having a good nutritional intake, you probably will find yourself more fatigued and having less of a libido. So that's one thing that you can definitely control and take charge of is making sure that your nutrition is up to par.

PATTY BRISBEN: What I would add to that is when you're taking any type of medications, you're right, you really have to watch what you're using. The lubricants that I spoke about tonight that are water based, all of those are natural to the body. They're not going to butt heads with the medication that you're taking. So our water-based lubricants are going to be absolutely wonderful. As far as our arousal cream that would be more of an herbal base would be the *Nympho Niagra*.

RANDI ROSENBERG: Excellent, thank you. I want to thank everybody for

submitting their questions and also make a note, too, that if you have questions that come up that you think of after you hang up the line, please do submit them to rsvp@youngsurvival.org and we'll do our best to get answers to you. Also you may want to check back in three to four weeks for the transcript and see if some of those questions were answered previously. Thanks to all of you for joining in tonight's call and thanks for taking the time to be with us and ask those questions. We hope you found tonight's call helpful and that your questions were answered. Again, feel free to submit additional questions to rsvp@youngsurvival.org. We'll do the best that we can to answer them for you.

Always know that the Young Survival Coalition is here to provide you with all of the information you need as a young woman with breast cancer or as somebody who is supporting our caring for young women with breast cancer. We serve as a point of contact for anybody who needs to address these issues. If you're registered on YSC's web site, which most of you probably are, you'll continue to receive information about future programs, our newsletters and announcements of issues of interest. If you're not, we strongly hope that you'll visit us as www.youngsurvival.org to register and make sure that you're getting all of the latest information.

I'd like to thank our presenters, Sage Bolte and Patty Brisben, for joining us and taking the time to present their knowledge, their time and their expertise to us. I also want to extend a special thank you to Erin Hoschauer. Erin is the director of health education for Pure Romance, and she's done a great job in supporting this effort, and also to Pure Romance for their generous support of tonight's conference as well as the conference coming up in September.

We heard a lot about some of those great Pure Romance products, and I just want to direct you to www.pureromance.com or 1-866-ROMANCE if you want to learn more about the products or how to host parties with Pure Romance. We hope you'll take advantage of that resource. Again, the transcript of the call should be available on the Young Survival web site within the next three or four weeks.

Again we're grateful to have you join us this evening and hope you'll put on your calendar part two of the Young Perspectives Teleconference Sexuality Series in September. Of course

it's never too early to save the date for our Seventh Annual Conference for Young Women Affected by Breast Cancer, which is February 23rd through 25th in 2007 in Crystal City, Virginia. That concludes our teleconference for this evening. Thank you, again, for joining us. Good night and good health to you.

(End of Transcript)