



Young Survival Coalition and Bright Pink Present
Forging Connections, Fortifying Relationships:
Dating, Relating and Living Fully
June 14, 2010

Speakers:

Karen Hurley, PhD
Jaclyn Jensen
Stefanie LaRue

[START RECORDING]

OPERATOR: Ladies and gentlemen, thank you for standing by. Welcome to the Forging Connections, Fortifying Relationships: Dating, Relating and Living Fully conference call. During the presentation, all participants will be in a listen-only mode. Afterwards, we will conduct a question and answer session. At that time, if you have a question, please press the one followed by the four on your telephone. If at any time during the conference you need to reach an operator, please press star zero. As a reminder, this conference is being recorded Monday, June 14, 2010.

I would like to turn the conference over to Melissa Snyder. Please go ahead, ma'am.

MELISSA SNYDER: Hello, everyone, and welcome to our teleconference, Forging Connections, Fortifying Relationships: Dating, Relating and Living Fully, which is hosted by Bright Pink and Young Survival Coalition. My name is Melissa Snyder, and I am the Senior Program Manager for YSC. I'll be moderating our call tonight along with Sarah Halberstadt, the National Programs Manager for Bright Pink.

YSC and Bright Pink are so excited to be working together on this teleconference. This is our second major national collaboration. We have a really wonderful group of speakers lined up for tonight's call: Dr. Karen Hurley, attending assistant psychologist in the department of Psychiatry and Behavioral Sciences at Memorial Sloan-Kettering Cancer Center, Jaclyn Jensen, a high-risk young woman and advocate, and Stefanie LaRue, a young breast cancer survivor and advocate.

Before we start, I'd just like to go over a couple of brief housekeeping items and reminders. Tonight's call is being recorded, and a transcript will be made available on the YSC and Bright Pink websites. You probably already have those, but if you don't you can find us at www.youngsurvival.org and www.bebrightpink.org. YSC and Bright Pink offer many other programs and services for young breast cancer survivors and those at high risk for developing

breast or ovarian cancer. So if you would like to find out more, please do visit our websites.

The format of tonight's call will be as follows: Our presenters will be featured first, and then we will open up the line for questions afterward. To queue up for questions, press one and then four at any time and the operator will assist you.

It is now my pleasure to introduce our first speaker, Dr. Karen Hurley from Memorial Sloan-Kettering Cancer Center. Karen Hurley, PhD, is an attending assistant psychologist in the department of Psychiatry and Behavioral Sciences at Memorial Sloan-Kettering Cancer Center in New York City. Her research and clinical work for the past ten years is focused in psychological aspects of hereditary risk for cancer. She received her AB in psychology from Bryn Mawr College in 1983 and her PhD in clinical psychology from Temple University in 1998.

Dr. Hurley has received several research grants from the National Cancer Institute and the Department of Defense breast cancer research programs to study risk management decisions in individuals with BRCA1 and 2 mutations as well as other hereditary syndromes. She is also a licensed clinical psychologist and conducts consultations and psychotherapy for distress about cancer risk, decision-making about testing and surgery, bereavement and family communication issues. She has given lectures nationally and internationally at research conferences, universities, medical centers and [to] lay audiences and conducted workshops on providing psychological support to individuals with hereditary cancer risk. She is a member of several national advisory boards for high-risk individuals, including FORCE, Bright Pink, the City of Hope National Medical Center's Cancer Genetics Career Development program and the National Cancer Institute's PDQ Cancer Genetics Editorial Advisory Board.

Dr. Hurley, I will turn the call over to you now.

OPERATOR: Dr. Hurley, your line is open.

KAREN HURLEY, PhD: Thanks so much for having me. I'm very enthusiastic about tonight's presentation and what you all have put together.

For tonight's talk, I'm going to be touching on a few broad areas. We're going to be talking about body and self image, getting back into dating, communication issues, dealing with fears about rejection and feeling like you have baggage and supporting your partner in dealing with your cancer-related issues.

I just want to make a couple of general comments. Most of my remarks, when I'm referencing partners, I may mostly be talking about male partners. But I also want to recognize, for anyone who's listening who has a female partner, that most of what we'll be talking about will apply to them as well. Just on a numbers basis, the people who at least have come in to see me are going to have male partners. Okay?

Let's start with body image, because women will express a lot of fears when they're going through cancer treatment or if they're contemplating a prophylactic procedure how their body is going to change and how that will affect their sexuality, how it will affect their attractiveness in

the eyes of a partner. With partners that I've talked with, particularly younger male partners, they will readily acknowledge that they're highly visual, that they're really focused on how women look.

Now, older guys will tend to look back on their younger selves. They even refer to themselves as stupid guy, thinking of that visual orientation as shallow. As they get more mature, they can get more reflective and more interested in connecting to their partner as a whole person. The younger guys will also acknowledge feeling some peer pressure to be with the most attractive girl possible to score points with their friends. Again, that's sort of a phase that guys will talk about having gone through and then growing out of. So, if you're in the situation where you're afraid of what they're thinking, instead of focusing on maybe finding that rare, sensitive guy who's not so visually oriented and fighting that, remember that really what's going to turn them on is feeling and appreciating your other attributes and that your enthusiasm is really going to balance all of that out.

From the guys' perspective, actually their bigger fear is not so much how you're going to look if you wind up with a scar or something like that. They fear that a woman is going to feel so bad about her appearance that she's going to go into a shell and no longer feel like being sexual. As you're going through your process, they're going through a lot of uncertainty, and one of the things that they're worried about is if you're going to have emotional scars from what you're going through. They want to know that you're going to reconnect with them through your sexuality and they want to feel wanted. One guy put it really beautifully when he said, "Look, there are a thousand and one ways for us to pleasure each other. If after this we're down to 999, that's still really great odds."

One thing that you can do to really engage in kind of a post-treatment or post-surgery adjustment is to be actively curious and allow and explore with your partner what your body's like now, what turns you on, what turns him on, recognizing that that's changed. Let them be problem solving and find workarounds for things that are different now.

In general, that takes us to the idea that after any kind of surgery or treatment there is a transition period. You will really need a time to say goodbye to your body as it was. Acknowledge it as a loss. Even if you're feeling good about the treatment that you chose, still acknowledge that and that the feeling of loss doesn't take it away. Then experience the transition. There may be feelings of sadness or anger, and you just need to allow that expression and to let them pass. If you stay too long dwelling on negative thoughts, such as, "I'm never going to feel the same way again," or, "My life was perfect and now it's ruined," what that's going to do is take up mental space and block your adjustment.

Transitions are hard, because once the pain of loss starts to pass, there's this kind of neutral zone, a gray zone, where the new self hasn't really had a chance to fully emerge and flower yet. So you need to kind of hang in there and float with it a little bit and be in a space of being more exploratory and curious about allowing your new identity to emerge.

This period of loss and transition when you're adjusting may be particularly difficult for certain people. For example, if you're coming into this and you've been through other losses,

particularly some of our high-risk women who've had deaths in the family due to their BRCA status, or if you come into it with other body issues that may not even be related to cancer, such as having had prior surgeries for other reasons, having some kind of defect or problem, any other kind of disability you might have, if you got teased as a kid about some physical attributes or you're coming in with an eating disorder, that whole period of transition may take you back in time to those earlier difficult situations and set up kind of a reverberation, so then you're dealing with the old feelings and the current feelings. You have to allow yourself a little bit of extra time to allow all of that to process.

Another thing in terms of body and self-image is that one reflexive way that people use to get through the rigors of treatment is that they tend to dissociate from their body, sort of see it as an object, because you've been handled, you've been dealing with all of these invasive procedures or mammograms where you're feeling sort of mashed around, or chemotherapy, which really is just a total assault, or even just growing up feeling at risk. That fear can make somebody feel that their body is an enemy. So it can, in the short run, get you through these difficult times. Especially if you've been feeling sick, it's almost a primal urge to crawl under the porch, like when dogs are sick, they'll kind of go off by themselves. Part of that isolation is normal. But then there needs to be a reconnecting with your body, a reconnecting with your physicality, your sensuality, to explore how does your body feel good now. What can you do now? How can you inhabit your physicality and express it? And that sense of sensuality and aliveness will help you in recovering your sense of sexuality and it will show up in your sexual response with another person.

This process, in some ways, may be irritative. And what I mean by that is: Say you start to do something like dance or yoga or something that starts getting you back into your body. Then maybe that being in the moment can start bringing up more feelings of anger and sadness. So, instead of feeling that as a setback or as a reason not to explore, just realize that being in touch with your body is helping you get in touch with your feelings at an even deeper level. It might cycle back and forth for a while. Anything that gets you in touch with your sensuality, whether it's some kind of movement, working with your hands, music, even something like travel, which awakens your senses, because if you're someplace unfamiliar, you're paying attention, you're more in the moment, that can help you sort of experience your physicality in the now and help you with that reconnecting process.

Another thing to think about in body image is that people also use avoidance to short circuit anxiety. Some people can have reactions to cancer, cancer risk and its treatment, almost like a post traumatic stress disorder, to have kind of a flashback or feeling really upset when you see a reminder of what you've gone through. And that can include what happens in an intimate situation. If you're having sex, being physical with a partner and they're paying attention to your body right where the scar is, if that sets off a PTSD-like reaction you may become avoidant. It's really important in those cases, if that sounds like it's happening for you, that you want to seek out some specialized psychotherapy about that, to address those intrusive memories, that flashback, upset kind of feeling, so that you don't wind up getting into a negative cycle of avoidance.

Overall, in terms of dealing with body and self-image, it's kind of easy to get into this sort of

scarcity and competition model, thinking that potential partners are scarce and now you're less, quote, competitive out there in the market. And that can make you feel helpless and less than compared to other women who are out there. Rather, you want to put the focus on your emotional recovery, on reconnecting with your physical joy that will then allow you to connect with somebody else.

In terms of dating and getting back into dating, if you have been feeling decreased desire, either to date or feeling desire sexually, you need to go into a diagnostic mode and find out. Is this due to hormonal changes, based on treatment such as tamoxifen or if you've had an oophorectomy? Is it depression? Is it the effect of a medication that you've started, an antidepressant that can affect your sexual desire? Or is there some kind of anger or communication issue that you're having with a partner, which can certainly put a wedge and make someone feel less desire? A good way to flush out if you're having sort of an anger/communication issue is to just ask yourself, "During this process that we've been through, is there anything that I need to forgive my partner for?" If you're holding onto something and you feel like there's something to forgive and you can't, that's something that's going to interfere with your ability to connect physically as well as emotionally.

In terms of getting back to dating, you need to balance between not setting yourself up for failure by going out there too soon, before you've really had a chance to do some of that emotional recovery work, against holding back out of avoidance and fear. The thing that is key, that is going to tell you when you are ready to start getting out there, is realizing two important points. Number one is being able to acknowledge that potential partners have free choice and free will, that they can make choices to be with you or not be with you on whatever basis, and that their choices are not about your self worth.

That's going to be hard, particularly at the younger end of the spectrum where you may be encountering people who have yet themselves faced any serious life difficulties. They may not be ready for the news that life can be hard and that it can touch someone they know, and there you are, in the flesh, having been through something that's quite challenging. Some people may not be willing to invest in someone where they know that they have a health condition or a health risk. Even though that may feel really harsh in the moment, you have to be willing to allow someone to say that they're not ready for that and to let them go. That may stimulate in your feelings that what you have to face is unfair and that other women who are out there haven't had to deal with this yet. But try not to get stuck there in terms of throwing your experience away to make yourself acceptable to others.

In terms of some tools that can get you to that place where you can really act in that knowledge of moving around in free will, your best friends, number one, could be social support, and two, having a couple of catchphrases that you can use to remind yourself not to put your self-worth on the line when you're out there dating. This is advice that goes for dating regardless of whether you have health challenges or not. It's just more so in the kinds of situations that we're talking about tonight.

You can be active in using your friends to help you stay positive. One technique that's very effective is called bookending. When you're going into a situation that you know is going to be a

little stressful, like you're going on a first date or a blind date or something like that, have somebody lined up who's a support person. Right before you go into it, you text them or call them and say, "Okay. Here I go." Then, right at the end, you get back in touch with them and say, "Okay, I did it," and process a little right there, so that you're not isolated with those feelings, so you feel like somebody's with you, kind of being a spotter or a cheerleader as you're going through this.

Some catchphrases can be really useful to help keep you focused on being positive. Some that I've seen work, there's a phrase: This or something better. If you get focused on one particular person and you think that's the right person for you, he or she may or may not be. You might think that that's the right person, but the universe might have something better in mind, if you can let go of that particular choice. Another one is: Rejection is God's protection. Whether or not you're religious, you may not want to use that word, God. But the idea is that if you're rejected, it actually may turn out to be a good thing because it means that this person is not ready, so not to take it personally and to put it back out there that it may be better off in the long run. Another one is: Don't give up five minutes before the miracle. So, if you're starting to be discouraged, be able to stay in that state of readiness and openness rather than shutting down.

A core dilemma in this situation that really fits the younger women who are facing breast cancer and breast cancer risk is that it's developmentally normal to be thinking about mortality issues later in life, 40s, 50s, 60s, 70s. That's the time when that's the key issue you're facing in life. Unfortunately, cancer triggers thoughts of mortality in other people regardless of all the treatment advances that are out there and regardless of your own status and identity as a survivor and your own feeling of empowerment, of dealing with your health challenges. This fear of cancer and mortality can be threatening to others, and if you're out there when your own sense of adjustment and identity as a survivor is still fragile, that can kind of trigger a sense of fear. It's almost like, having had to deal with cancer and mortality in yourself, it sort of hits a fast forward button developmentally to make you feel a little out of step with your peers. Just knowing that that's a challenge can help frame for you what you're trying to do for yourself.

You have to be aware that people at the lower end of the age spectrum are going to differ pretty dramatically in terms of whether they're ready to let go of denial and the illusion of invulnerability in terms of dealing with the hard facts of life. People may be intimidated by the fact that you've had to make big decisions that they can't imagine that they could make themselves.

A good way to build up your strength to be able to be out there and interacting in the world in this context is to ask yourself: What are you most proud of in this process? What advice do you have in your wisdom from what you've been through to pass onto someone else? This is going to help you tap into the place where you feel the most empowered and you feel your strength. That can help you stay positive and carry that sense out into your other interactions.

Let's move on to talk a little about communication. A big question that we hear over and over is: How do I tell somebody? When do I tell somebody? Do I tell someone on our first date about my cancer experience or my cancer risk? Especially talking with partners and asking them to reflect on this, what they say is that it's better not to go there right away because it sets a trap for the

person that's kind of subtle. If you just meet somebody and you're not quite clicking and the other person decides that you're not the person for them, and they know what you've been through, they're going to assume that you're being rejected because of the cancer or the cancer risk, and that might not necessarily be the case. But they're afraid that they're going to look like a heel because they're rejecting somebody who's dealing with cancer. It puts a lot of pressure on them that makes it very difficult.

If you're out there and you're talking about this too soon with people and looking for reassurance, that can actually backfire on you. It's best to do it kind of in the context of getting to know somebody. You'll start to get a sense when things are getting a little deeper, certainly before you're about to get physically intimate, a quiet time before you're in that situation, so that the person doesn't have any visual surprises and knows something about how you're feeling and what might or might not work for you. You have to kind of have a sense that the relationship is going to be moving forward before entrusting somebody with this and giving them the responsibility of reacting sensitively to you.

With existing partners, in terms of communication, I think the most important thing is to remember that one of the most difficult things they're dealing with is a sense of helplessness. They're watching you go through all of this and they can't stop it. That is highly distressing, and people will react in all different kinds of ways to try to regain a sense of control over what's going on. If you don't recognize that that's what they're trying to do, deal with their helplessness, that can lead to a certain sense of friction. Partners may go really into fix-it mode, and when you tell them, "No, really, I need you to just listen to me," that's not satisfying to them. It's going to take a more dedicated dialogue so that they can really understand how important listening is. Some people respond to anxiety by becoming highly factual. If you're either already sick of the numbers or you want to talk about something besides the numbers, that may also cause some friction.

I think it's also important to know that guys especially will acknowledge your autonomy even though it leaves them feeling helpless. There's a certain sense of a code of honor about being supportive of their partner, and that's something that can help them feel strong, if they know that they're staying there for you.

Sort of a special topic in the arena of dating is dealing with that fear of rejection and feeling that you're coming into a situation with baggage. We've already touched on that somewhat, that it's important not to take rejection personally, that it just may be a signal that the person is not ready to deal with the same life issues that you're dealing with. Baggage takes that even a step further. This idea that you have baggage is basically a fundamental misattribution that the hard facts of life are somehow your fault. Mortality, cancer, the rigors of treatment, the whole idea of random inheritance of mutations, these are not things you came up with. This was not your idea. You didn't set the rules of existence. You've been given these steep challenges and you're meeting them.

But people may be threatened to know that these things can happen and may doubt their own ability to function if they faced something similar. I've heard a lot of women express, when people say, "Oh, you're so strong," that that doesn't feel very satisfying, because really what the

person is saying is kind of putting you off in—it's almost like you're in a separate category, as if you're facing these difficult things and they are kind of off somewhere else where those hard facts of life don't apply. It's more about their anxiety than what they're saying about you. The reality is that we don't know why some people in life are given more challenges than others. It's important not to take it personally when someone reacts in fear to the facts of life that you've already had to start facing and dealing with.

Let's move onto our final topic area, which is supporting your partner and how to be with them in the process. Many partners won't admit to needing any support at all because they feel the strong pressure that they need to be totally there for you. The code is that they have to focus on you and that their needs are secondary. The tricky part is that dealing with the cancer and cancer risk; it's a marathon, not a sprint. They are going to need to take care of themselves to take care of and be there for you. The tricky part is to convey to them that they are indeed entitled to have their own perspective while still supporting your autonomy and having their own feelings about what you're going through, and that also the two of you may have different coping styles and ways of approaching the situation.

One metaphor that I use a lot when I'm talking with couples is—I turn to the support person and I say, “You know when you're flying on an airplane and they do the little video, if the pressure drops put your own oxygen mask on first before you go to help someone else?” That means that the support person's needs are important in terms of keeping themselves in a good, stable place so that they can be supportive. A way to start out, instead of just going right in there and saying, “Okay, go join a support group,” which may not really mesh with their coping style, is doing something like giving permission, that it's okay for a partner to go do their daily workout, to have some downtime, to say, “Go do that, recharge and come back.” Another thing is to respect the need to approach things logically or do research and to let them kind of dig into the numbers a little bit and to explore the issues further.

Another issue is just to acknowledge, especially for the men, that you may be their main emotional support. They may not have a lot of other people that they feel comfortable sharing their deepest thoughts with, and they may not be so facile in talking about their feelings with other people. Even more so, we know that issues of mortality can trigger a very specific kind of anxiety that can be assuaged through sex. There's a psychoanalyst, Irving Yalom, who talks in his book on existential therapy about the deep connection between death and sex, and sex, the life force, being the way to counter anxiety about death. So if your partner is focusing intensely on sex and getting back to sex, it's not necessarily that they're being shallow or obsessed or fixated. It may be that they're having fears that they're having trouble expressing and that sex is a very powerful medicine to them for the anxiety and the fear that they might lose you.

This is a very big challenge for couples, when the partner is needing sex to deal with their deep existential fears and you're feeling least like having it because you're still working through your body image or your body is still feeling really traumatized. It's important to recognize that this is sort of a variation, or this is a problem happening in the health arena, but really every couple sooner or later comes down to an issue that feels like a conundrum, like the sound of one hand clapping, where it's seemingly unresolvable, that your needs are polar opposites. This is a time when this mutual creative solution to this challenge is going to be the key to the vitality of your

relationship, of taking it deeper, of taking it to that higher level of intimacy. So, when you find yourself in that place of feeling like you're going in the opposite direction, that actually means you've arrived at a place where it's kind of like you've gone from the entry level to the advanced placement exam. You're at a point where your relationship can deepen drastically, depending on your creative approach to this.

I want to close with a couple of take-home messages. I know we have a couple of people online who are going to be sharing their personal stories with you. Basically, what it comes down to is that partners and potential partners, they're looking to connect and stay connected and to be with you in all ways, emotionally and physically. They want to know from you what you're looking forward to, what you're living for, what you can share, to really be able to share that sense of vitality and joy in life. Connecting is really the purpose here, much more so than do you still match the magazine image of what women are supposed to look like. Guys, especially as they get older, do recognize the pressure that we're under in terms of physical image, and that becomes less and less important. If you can shift your attention off of that and onto the core image of connecting, that's going to really help you in dealing with sexuality and dating.

Now, if you connect with somebody out of a sense of neediness who's maybe identifying with your pain or your wounded side and who may be more of a fixer, that might feel good in the short run, but that relationship may reach a crisis point as you start to get stronger and feel more empowered and they no longer feel needed. It might give you some confidence, but you may shortchange yourself in terms of room to grow. The best thing you can really do is to put as much effort as possible on turning within and putting as much effort into your emotional healing as you have into your physical healing, into going through treatments, into making all the decisions that you've made to take care of yourself, and to do that emotionally, and to reconnect with ways to enjoy your physicality and your sensuality in the full spectrum—not just with your partner, but in yourself, not blaming yourself for the fact of its existence. That's going to be what really carries you forward into being able to fully partake in the joy of physically connecting with somebody.

With those words, I'm going to turn it back over to Melissa.

SARAH HALBERSTADT: Thank you so much, Dr. Hurley. Good evening, everyone. I'm Sarah Halberstadt. As Melissa said before, I'm the National Programs Manager for Bright Pink. I'm so honored to introduce our next speaker, who's going to share with you her personal experiences with these issues.

Jaelyn Jensen is a high-risk young woman in Chicago who has a strong family history of breast cancer and tested positive for the BRCA2 gene mutation. Jaelyn is a volunteer leader for Bright Pink and also speaks as a high-risk patient advocate around the country. Jaelyn, I'm going to turn the call over to you now.

JACLYN JENSEN: Hi. Thanks, Sarah, and hi, everyone. This is Jaelyn. Well, for me, my story is just kind of about trying to date and be high-risk and how I've dealt with everything thus far. Hopefully I can give everyone a sense that it's definitely not anything to be afraid of, at least not any more than dating for every girl.

When I tested for the genetic mutation, I was in college and I was in a long-term relationship. We'd been together for about two, two and a half years. He was so supportive. He'd been with me through having a cousin diagnosed with cancer, so he'd already kind of seen that side of my health and was going through it with me. He had a lot of stake in what my testing was going to be. When I tested positive, he was so supportive and so great. He would send me articles he thought I would like or tell me about news stories.

After I moved to Chicago, I'd just barely been here for about a month and it was he who actually introduced me to Bright Pink. He found it for me in a new article. He was one of my best supporters and biggest fans, into being proactive with my health and being happy and well despite my high risk for cancer. I thought I was just one of the luckiest girls ever to be dating this great, amazing person who would be there with me and who I talked about surgery plans with and family planning around oophorectomies. I thought it was just going to be so easy and so perfect, and hard to believe anyone could have any problems dating through this.

Then, like most people, I didn't end up with my college sweetheart. We broke up after about four years. Then it was kind of hard for me to think about getting into dating, especially in a city like Chicago. I didn't know if I would be able to tell this information to guys. For a while when I was dating I didn't open up and I didn't tell guys about it because I thought they would get scared off or think something was wrong with me.

But the more dates I went on, the more people I met, I realized, you know, I have to open up about this because it's me. Especially as I got more involved with Bright Pink and doing more speaking events. Also, it's such a big part of my life that I couldn't tell something about me without talking about Bright Pink. And I found that guys were really very supportive. I never had anybody reject me because of that. I actually had one guy get a little over-supportive when I told him. He thought I was opening up so much that he overshared about some of the things in his family that I wasn't ready to hear. Me hearing that wasn't why it didn't work out between us, either, but it was just definitely interesting. So, although I do have a lot of hilarious horror stories for dating, absolutely none of them involve a guy freaking out over my high-risk status or me talking about wanting to get a mastectomy and new boobs or anything like that.

After dating for about two years—this was about nine months ago—I got into my most recent relationship. I actually ended up telling him on the first date. We had this long, wonderful first date and just talked so much, talking about Bright Pink, talking about everything about me. Well, and listening to him, of course, too. He kind of said, “Well, what's the catch? What's with you? What's this Bright Pink? How does this work with you?” So I told him that I was high-risk and that if he kept dating me, he wouldn't be able to keep dating my boobs. I kind of made a joke out of it. He just laughed. He thought it was funny. Later on, he made a funny comment that he likes my boobs but he liked me more. He liked who they were attached to and that's why he was dating me. He wasn't dating my boobs.

That made me feel really good. He was so easy to open up to. I didn't feel like I was bringing any baggage onto him. He was just so receptive to everything.

Of course, then I felt that that was easy because I was strong and I was happy and so he wasn't hearing any scary information, really, because I was okay with it all. Then I had actually kind of a darker, scarier moment when I had something show up on a mammogram and an MRI and I had to go in for a biopsy. I was really scared about how he was going to react, and he was just amazing through all of it. So there I was again, in the long-term relationship. Well, not super long term—but thinking this is the one. We were in love and everything was going to be perfect, and I could again talk about my surgeries and see how that would factor into family planning, because I'm only 25 and I'd be able to have so much time to think about surgeries and kids and everything. And actually just about a month ago we ended up breaking up. So I'm just, again, trying to get back into Chicago dating and being high-risk.

But I'm glad I've had all these experiences. Especially, I kind of see my high-risk status as a bit of a screening tool, because I know that any guy that can't deal with it or isn't supportive definitely isn't worth my time. I know that if I have a problem opening up to him about it, that shows that I obviously have my own issues with trust with this new person. If I can't trust them enough to tell them something about myself that's that big a part of me, then I really shouldn't be wasting time dating them.

I actually have a date coming up this week, so I'm pretty excited. I'm sure I'll end up with more hilarious Chicago horror dating stories for a while, but also some great ones, too, because I definitely don't have anything negative to say about any of the guys' reactions to my high-risk status.

Thank you, everyone, for listening.

SARAH HALBERSTADT: Thank you, Jaclyn. Our final speaker tonight is Stefanie LaRue, a young woman from Los Angeles, California, who was diagnosed with metastatic breast cancer when she was 30 years old. In addition to many other things, Stefanie is a passionate survivor and advocate for young women and has a lot of great insight on this topic.

Stefanie, the call is yours.

STEFANIE LARUE: Yay. Are you guys ready? This is my favorite topic, sex and dating. I love it.

So, piggyback to the picture I was living, here in Los Angeles, being 30 years old, out doing happy hours with friends, single at the time and dating, and found out, unfortunately, that—I was misdiagnosed three different times. Finally, they caught it and said, “Oh, yeah, you do have breast cancer. In fact, it's stage IV metastatic. You have maybe nine months to a year left to live.”

As devastating as that was, and I guess as shocked as I was, my body, my life was turned upside down and started to change. The first thing that went was body image, and I would say self-confidence. Because of the size of this lump, how it was progressively growing, fast and spreading, which we didn't know at the time, my breast started changing. It looked like I had an implant where the lump was, and the other one was just a normal breast. That really made me

feel a little bit insecure.

Then, with that came the port insertion in the arm. You have to start chemo right away, so you lose your hair, of course. You don't lose your hair just on your head. You lose your hair in your eyebrows, your eyelashes, everywhere. Girls, you know what I'm talking about. It was quite devastating, because I felt like I had the cancer patient look. Not to mention I lost 20 pounds, I felt like I had oozing toxins of chemo coming out of my pores, and I just looked sick. So my self-image changed and took a new perspective in my mind, and it was not a good one.

However, during that time when I first started treatment, I had actually met a guy I started dating before I was diagnosed. Then, like Jaclyn was talking about, he was amazing. He was great. I don't know what I would have done without him. I wouldn't be here, certainly, without his good energy and almost tough love and drill sergeant kind of way. The reason I say that is because when you're young and you're diagnosed with breast cancer, not to mention stage IV metastatic and you're given a time period, and fertility, you're dealing with issues like that, surgeries, chemo, radiation, the port stuff, menopause—I've been in menopause for four and a half years now, and it's a good thing I wake up happy and not pissed off every day. But I think it's a choice that you make. Also, you lose your boobs. Typically that's what happens.

The guy that I was dating, who still to this day is the love of my life—and I fell in love, hardcore, never like this before. I've never been married, no children, and this was it for both of us. And it crushed our relationship. But during that time of treatment, his tough love kind of—I don't know, a way of dealing with it. "Are you feeling good today? Okay. Let's go. Let's go do something." I needed that. That was for me. I needed that, because I did not—I didn't have the personality or the energy to stay in bed, and I never cried the poor me pity party. It's okay sometimes, I think, if you kind of venture off in those types of emotional places. But just like Dr. Hurley was saying earlier, don't allow yourself to stay there very long. Find the joy in life. Find the joy in what you have and what you [have in] your life to live for, and not dwelling in something that's happened, so negative and unfortunate and scary as hell, frankly. Don't lose yourself in that.

What I did in my relationship with him during this time and what he did for me was just orgasmic. I mean, talk about live your life orgasmically. This man, I mean, I was always having sex in hospitals with him. It was crazy. He added a big spark to my life, just trying to take my mind off all the morbidity of it. And it got exciting, to tell you the truth. My doctor, my oncologist said one thing to me, "Stefanie," he said—he talked to both of us, actually. He sat us down and said, "Okay, I'm going to tell you this. If you don't use it, you're going to lose it." I kind of looked at him like, "What are you talking about?" and he said, "If you don't use it, you're going to lose it." "Ohhh."

Then he started to ask me questions about our sex life, which I was so appreciative of. People can respond differently to that, but I really appreciated the fact that he was teaching us some things. He was bringing up things that were a little bit difficult to talk about amongst ourselves, I think. We needed somebody to take us there. He basically coached us through, you know, whatever you can do to get yourself in those moods, to get yourself to having intercourse, to be intimate, it is healing. It is healing, it is healing, it is healing, so do it as much as possible. He

wasn't telling us per se to have sex as much as possible. It's what Dr. Hurley was saying earlier, connectivity. You can connect in an emotional way, a mental way, a spiritual way and definitely a physically orgasmic way, for sure.

That's what I discovered and found about myself and my body when I was going through this. I know I picked a kind of a poor time to be diving in deep in all those ways with someone. But I'm so grateful. I'm so grateful that it happened the way it did. I'm so grateful that it boosted my self confidence. Don't get me wrong. I was trying to keep my wig on so many times having sex with him because I was like, "You are not getting behind me and the wig coming off and being bald. Uh-uh. No way."

But I'm speaking realistically. People who know me know I'm pretty blunt and I don't beat around the bush. This is life. These are our lives that we're living, and we're dealing with all these issues. I think the more that we openly talk about it and communicate it, not only with ourselves and among each other but also with our partners and our doctors, you know, make it a collaborative team. Be bold. Be confident. Confidence is the sexiest thing that I've found, not just that men are lured to. It's intoxicating. It's infectious. Sexiness doesn't have to be sexiness. It can be your smile, your infectious laugh, the light in your eyes, your sense of humor, being funny.

I know it kind of sucks going through the treatment and you don't feel good all the time. But the times that you do feel good, try not to live in that fear. Try not to live in the negative, you know, what's going to happen next or what if I die soon. We're all here for our time period and it's about our journey that we take. But it's really also about—my friend said, "It's not about what happens to you, Stefanie. Sometimes it's about how you respond and how you react to what happens to you." I've always carried that with me, and I always remember to keep the light in my eyes when I'm around people. Be fun to be around. That's important. I think it's really important. When you're sick, you're sick. Tell people, "I'm puking. I'm sick. I don't feel good. Here's the deal."

Try to take your mask off a lot of times, because that's when you really blossom. That's when you really grow. That's when you really evolve and you learn so many things about yourself, when you let your walls down, your inhibitions, and you really connect with your partner or even a friend, whoever that is, and just really share and connect and bond and relate, and cry and laugh and explore, all of that, especially with your partner. That is supposed to be the most intimate person for you in your world like that. You're just going on a rollercoaster ride. But it's up to you. It's up to all of us, but it's not just up to our partners. It's up to us, too, to show up, I believe.

We have to be present. We have to show up and also contribute. I was wearing my wig. I would take my wig off at times. I would throw on the heels and sexy black panties and a little lingerie to get his woot-woot going and do what I could to contribute to our relationship and still turn him on, even when I was in chemo, even when I was sick as a dog. The times I felt somewhat pretty good, I would do things to get myself in the mood, which was take bubble baths, put on sexy music, Maxwell or whatever, light some candles. For me, honestly, it's watching porno. A lot of people watch them and some people prefer them and some don't. That's just my cup of tea. It

helps me get in that mode, not just physically but mentally. I don't feel embarrassed about my body anymore because of that.

There are all kinds of ways that you can help get yourself there. It's just our responsibility, I feel—this is my way of thinking—to help contribute and get ourselves there so that our relationships do work. Even when I was sick and I didn't feel good, when I got diagnosed I still went out and bought cute PJs. I think image means a lot. Yes, men are visual. They really pay attention to the little things physically, I think, with women. So I thought about that and I went out and bought cute little Gap PJs, my little cute Gap pants and little tank tops. They were still cute and still kind of sexy. I felt sexy in them.

That's the thing. You've got to do things that—buy maybe a couple of things or wear some things that you feel sexy in, because when you feel sexy—and it could be a t-shirt and underwear. Who knows? It's something that you feel comfortable in, you feel sexy in, and you feel confident. That is a big turn-on for anybody, and especially for the partners in our lives, because confidence is just that way. Tenderness, sensitivity, sexuality, when you're in that place that you can exude that to others, you reel people in that way. You just do.

She was talking earlier about rejection, and I certainly was rejected, because my relationship also ended after my last chemo treatment. I look at it as it was a fun ride, but the rejection was there. Everybody deals with it differently. But it's knowing that there's something bigger and greater out there in your life—you know, spending time with your dogs, with your friends. If you don't have that special someone in your life, then do other things that kind of fill your time in, and be patient and wait for it. Wonderful men are out there. Jaclyn said she's met two of them. I've met amazing men, too.

Rejection's really hard to take. I've had some not-so-nice guys make fun of me or tease me or call me a dyke when my hair was growing back in an inch tall and I was wearing my little white wife-beater tank tops. So what? I was feeling sexy in my own way. There are some people out there who are not so nice. Just don't let it get to you. It's not worth it. Choose grace, integrity, dignity, humility and hopefully those people will find their way.

I think at the beginning I used to tell people quite a bit, at the beginning of dating them, you know, what my situation was, because it was kind of hard to hide with my port in my arm and wig. I was still out there trying to date. I was still trying to live my life. I didn't care. I spoke to my breast surgeon and demanded that she go back to the drawing board to figure something else out because I did not want my breast cut off. She came back, thank goodness. I fought for my nipples and I fought for the skin, so I had a skin-sparing and a nipple-sparing mastectomy. The only scar I have is halfway around my nipple. I feel very grateful and blessed that that happened.

At the same time, I do have a huge [inaudible 00:57:00] in my right boob. You know what? I just went out—water bra, miracle bra, wonder bra. I own them all. You just throw those little puppies on—maybe you have to do an insert here or there—and go about your day. There are bigger things to be grateful and to live in gratitude for and to go and experience and celebrate. So I lost a boob. So what? I still would like to have reconstruction on it to try to fix it. But what the hell? I've already moved on to other bigger things and joys of life.

I think that's what's most important, for all of you, just as I have on my ride—it's now been almost five years. I'm getting very close to my five year marker that they say young mets girls don't make it past. Well, I'm here to prove them wrong, just as all of you guys are that are on the call. A positive outlook and a kind of go get 'em attitude, having a divine soul and spirit and finding who you are, learning who you are and really acknowledging that and sharing that with others, especially your partner. That's where communication is such an important factor in your intimate relationships. Discuss your fears and discuss how you really feel. I mean dive down deep and talk about it, because it's been lifesaving for me. It's truly been lifesaving for me, to get all of it out, to say anything, say everything that you want to say. Now is the time.

I think I've gone over my time speaking. I get so excited and passionate about this. I appreciate you guys having me on the call tonight. I'm on Facebook, so if anybody wants to connect that way, I definitely always love to meet and speak with people that way as well.

In wrapping up, I just want to say: Remember to live your life orgasmically—emotionally, spiritually, mentally and physically orgasmically. It's too exciting not to be present in it.

A final note: I have a best friend who is at home in hospice, fighting for her life right now. She and I have talked on a lot of these calls, so I would just like to honor her tonight. We were diagnosed six weeks apart and we were both looking forward to getting to our five-year marker together. If everybody could just light a candle for her, because her boyfriend is not leaving her side right now, and he's sitting there right now holding her hand, probably. So if you could just light a candle in honor of [her] and maybe check her out on Facebook and leave her some kind words, that would be wonderful.

Thanks for having me.

SARAH HALBERSTADT: Thank you so much for sharing your story with us, Stefanie. You are definitely an inspiration to all of us.

We are now going to be opening up the line for questions. If you can please queue up your questions by pressing one and then four, an operator will assist you. Operator, we are ready to start taking questions now.

OPERATOR: Thank you. Ladies and gentlemen, if you would like to register a question, please press the one followed by the four on your telephone. You will hear a three-tone prompt to acknowledge your request. If your question has been answered and you would like to withdraw your registration, please press the one followed by the three. If you are using a speaker phone, please lift your handset before entering your request.

One moment, please, for the first question. The first question comes from Denver, Colorado. Please proceed.

WOMAN: Hi. I am sort of listening to things tonight with a little bit of a different eye. I am listening to [inaudible 01:00:38] relationships and thinking about non-romantic relationships. My

own situation is one where I was married when diagnosed. My husband's been a terrific and wonderful partner throughout this, but he's the only person who has been in my life throughout this. Neither friends nor family on any side have been there. Because of the nature of the course of the illness for us, that's meant that we're sort of five years through illness and left literally just completely alone.

I've been struggling a lot lately to figure out how to reconnect with people and how to forge more meaningful friendships and relationships. What I find when I start to try to reach out is that it's very, very difficult for me because I either feel like I'm not sharing anything about where we've been for the last five years, which feels dishonest as I get to know people, or alternatively just really struggling with the bitterness and the anger that no one has been there for us. We sort of have this expectation—and I certainly do—of, “Dammit, we deserve somebody to be there for us,” and haven't really figured out how to form new relationships. I'd be interested in people's feedback.

I suppose the other part of this is I'm now working full time with a long commute. We have a 13-month-old son and our time is limited, and we're kind of in a stage of life where it's harder to form relationships, anyway. You've got to make sure that somebody's at home to take care of the little one.

KAREN HURLEY, PhD: This is Dr. Hurley. Just a couple of things that jumped into my head as you were talking: First of all, I want to say that by being on this call, you are reaching out. That's an important step. I hear the sense of anger and bitterness about what's been going on. Also, you have a lot of different factors in your life that are all pushing you in the same direction, towards isolation, between having a long commute and having a young child. Those are all things that naturally pull you in that direction.

What I said earlier about the way to really flush out anger is to think about forgiveness. Not that you have to force yourself to forgive, but just putting those two things together can help to get you unstuck from that. This may be something that maybe you, yourself, or the two of you may want to talk to somebody, a therapist, a clergyperson, a social worker, some place that feels neutral where you can express some of your feelings about this and get some perspective.

OPERATOR: Thank you. Our next question comes from Pittsburgh, Pennsylvania. Please proceed.

WOMAN: I was diagnosed with stage IIC breast cancer in February. I started treatment, TCH, in March. I seem to be responding. I had my MRI. We still have like a three by four lesion there. I guess part of what—when I saw my surgeon today to talk about treatment, and we're going to do a mastectomy and then have a reduction on the other side, I was asking a lot of questions and wanted to see my MRI. I guess he was having a bad day, because he told me, “You have OCD.” I was just trying to ask questions.

I'm actually a physician but not in the field of oncology. I've tried to stay away from over-reading things. I guess I tend to be a more anxious person. Overall I think I've been positive. I think I've been moving on with my life. But this was a post-pregnancy breast cancer that was

really confusing to pick up because I'd been breastfeeding. I put off looking into it because I really was kind of, I think, in some denial. I'm 34, no family history, I was BRCA-negative.

And I guess my question is for, especially the—I'm so impressed by the story of the lovely woman who has beaten stage IV breast cancer—is how do you let go of the worry of what's going to happen in the future. I think I've felt, like this weekend hearing that my younger brother had decided in part not to consider myself and my husband godparents because of the breast cancer. I understand. It's not a big deal. I have other potential godchildren and we have a child. It's fine, and he has the right to do whatever he feels comfortable with. I guess it's just the sense of people looking at you differently.

I guess I should—I tend to be a sensitive person, and I guess that's one of the blessings of this condition, that you really are forced to grow and expand. You can become a stronger person. I'm just wondering what strategies may be helpful. Of course, self talk, and I do have a therapist I have access to. I'm trying to exercise, Pilates. I'm taking time off from work. I guess I just—I'm having a hard time with being in the moment. I've done mindfulness meditation in the past. How do you get away from trying to look forward, saying, "Should I really be putting money in my 403B really heavily, because maybe I should just"—you know?

STEFANIE LARUE: First of all, my response to your brother is shame on him. And I say that with love. I do, but shame on him. You know you have to be forgiving. Forgiveness is a big word. I actually have it tattooed on my body, because, I'm still dealing with that word, too. It's so powerful. But he doesn't know. You can't be mad at him. He doesn't get it.

WOMAN: Yeah. I'm not mad. I understand he's scared.

STEFANIE LARUE: Yeah. He is. But my answer to that question is to plan. You have to have something to get excited about, something to anticipate. A trip, even if it's a weekend trip, going to Disneyland, which I still haven't been go yet, but I went to Six Flags and rode every ride there after I never rode them for 31 years. I did something new. I've been taking risks.

I've been checking off my bucket list, and I was thinking, "Okay. I'm checking off my bucket list because I have the fear I'm going to die soon." Right? I started realizing the more I started living my life like that and allowing myself to go there emotionally, just down, and not up in a positive way, I'm like, "Oh, yeah. I have my bucket list but, hell, everybody should have one," you know? It doesn't matter if you have cancer or not. Everybody should have one.

WOMAN: Right, right.

STEFANIE LARUE: Because you never know. But have something to look forward to. Plan. Plan, plan, plan. One of my doctors, who I fired off my oncology team really fast, said, "You know, you can't really plan anything because you're going to be here or there, you're going to be sick." It's like oh, my god. Where is any positivity out of this? I know they're just giving it to you in a realistic way. I respect that. However, language and the way that you craft language matters a lot to any person who's just hurt and has received a diagnosis like this. It matters so much, and not everybody's perfect at talking the talk and speaking these words to people.

I think having something to look forward to, even if you're in treatment and you're sick and you're not feeling sexy, you're not feeling confident, and you're just feeling blah and you're kind of down and depressed, which we all get at times, it's just learning how to move through it and coming back up, because it's a choice. At the end of the day, we all have choices. Do I want to wake up and get off this side of the bed pissed off, living in sorrow and pity and worry and what if I'm going to die tomorrow? Or do I want to get off on this side of the bed and choose to be happy and choose to be positive and joyful and be enthusiastic and have something to look forward to? Whether it's feeding my dogs and taking them outside to poop or going to work or going out, meeting up with the girlfriends and doing our *Sex and the City* talks or going on little weekend trips, something, something for you as a woman, going to a spa, getting a massage, something. You have to plan.

WOMAN: Yeah. I've been doing acupuncture. Overall, I feel like—

STEFANIE LARUE: I'm talking about. I'm talking about fun, like something new and exciting that's invigorating, that gets you going.

WOMAN: Yeah. I want to go whitewater rafting this summer—

STEFANIE LARUE: That's what I'm talking about, [inaudible 01:10:11].

WOMAN: —with my husband. He's also been—he was depressed. We had a premature daughter last year who was three months early, so he's finally on treatment. I think I was listening to your orgasmic experiences thinking, "Oh, gosh." It's been an extremely long time. He's had a long time with it.

STEFANIE LARUE: Well, now's the time.

WOMAN: Yeah. Now is a great time. I think he's starting to feel more open to it. I've been waiting and trying to be patient, but I think maybe I just need to take the bold step and get him—because I think I stopped trying after a while because he kind of—

STEFANIE LARUE: Don't ever stop trying. Don't ever stop trying.

WOMAN: Yeah.

STEFANIE LARUE: You can do it. You can do it. If you feel a little uncomfortable at the beginning, then maybe seek some help and have somebody work with the both of you. It's a really special place to get there with your partner. It's a very sacred space and a sacred place where it's just like you're basically balls to the wall. You share everything. You're so connected. It is the most powerful feeling ever.

I say do it now. Do it now. Don't procrastinate something like that and wait until tomorrow because it is the best feeling. You know, the highest feeling we have is being in love. So start working on it. Take responsibility and start working on it. You can do it. It's going to work out.

WOMAN: Thank you.

OPERATOR: Thank you. Our next question comes from New York. Please proceed.

WOMAN: I'm 33, almost 34. I had a mastectomy a year and a half ago. I found out I was BRCA2 positive about two years ago. A lot of what Dr. Hurley was saying resonated with me because I do have a lot of the feelings of anger and resentment because a lot of people in my family died of breast cancer. My sister currently has breast cancer and probably won't survive.

The whole dating issue has been really hard for me because before I even—when I got my genetic test results, I was dating somebody at the time, fairly new but I'd known him for quite some time. I just told him about the genetic test results, and he turned white and almost had a panic attack. I wasn't even crying or anything when I told him, and he totally freaked out. So I haven't told anyone. I just started dating somebody new for the first time since my mastectomy. I've known him for a little while but I haven't told him anything.

Like Dr. Hurley suggested, everyone I've spoken to has said, "Don't say anything because he's going to freak out." But it's a real challenge, because I'm involved with FORCE, and it's a part of my life. If he were even to come in my apartment he would see things in my apartment that are related to FORCE and maybe ask about it, not that he has yet. It's been really difficult. I feel like there's a huge elephant in the room, and I feel like I'm having so much anxiety because all I'm worrying about is how he's going to react. All I'm worrying about are his feelings.

I think I'm feeling really angry because I'm not thinking about my feelings. I even noticed myself on our last date, my anxiety is up. Telling him about this is so strong that I'm saying other things. Today was not a good day.

KAREN HURLEY, PhD: I really hear you and how painful this is. What I want to suggest to you is just to put a little bit of a spin on it. You really said it yourself. In some ways you're making his feelings your job—

WOMAN: Yes.

KAREN HURLEY, PhD: —and worrying about the impact on him. That's something that you don't have control over. What you do have control over is to what extent—you know, working on your feelings about everything that you've been through, and there's so much going on in so many different directions, and really being there for yourself. Then he'll take that cue from you if that's where the two of you are really going towards.

WOMAN: Yeah.

KAREN HURLEY, PhD: The focus is really on you, and he takes the cue from you. Your feelings are your job and his feelings are his job. If you're meant to be together, that's beautiful. If you're not, letting him go, just for gratitude for whatever time you have had and knowing that if he can't hang with you he just can't. It might stimulate feelings of rejection from the previous

person and that might be a little hard to take, but if you can just let that wash through you and keep the focus on yourself and healing and being there for your family. Because of what's going on right now, you're dealing with all the intensity of your feelings, and yet there's someone in your family who's even in more crisis than you. That's sort of a particular challenge for BRCA families. That just adds another layer to it.

That's what I would suggest. The phrase from 12-step actually applies to any challenging life situation, having the serenity to accept the things that you can't change and changing the things you can, and being really clear about what you can and cannot change. You can't change someone else's feelings.

WOMAN: Okay. Thank you.

OPERATOR: We have another question. The next question comes from Boston, Massachusetts. Please proceed.

WOMAN: I just wanted to say that I'm very, very inspired by listening in to your talk this evening. I'm married to an older man. There's a 50-year age difference between us. I've just gone through a double mastectomy. I'm currently going through chemotherapy. I stood in front of the bathroom mirror looking at my shaved head after having had 22-inch long hair. I have to say I was encouraged. My partner's been supportive, and I think it's me having the issues with opening up. I kind of put myself into a cave. I think of myself as acting in a very masculine way. I put myself into a cave. I don't necessarily want to talk about it. My husband has just been fantastic. So I really was thrilled to hear that the behavior is normal and to just hear you distinguish between younger and older men.

KAREN HURLEY, PhD: Yeah. I just want to say you still have a very beautiful gift of self to give to him. If you can really connect with that, the outer appearance, what you see in the mirror, which is, knock on wood, temporary, that's where your real connection is. That's where your real marriage is.

WOMAN: I'm very, very lucky. So thank you to everybody who shared their stories. They're just inspirational to me.

OPERATOR: Thank you. There are no further questions at this time. Please continue with your presentation or closing remarks.

MELISSA SNYDER: We just want to thank you all so much for your participation and your questions. You really helped us make this teleconference a great success. Bright Pink and YSC just really want to thank you for that.

We also want to remind you that we're here to help you as both high-risk young women and young women diagnosed with breast cancer. Please visit our websites—www.youngsurvival.org and www.brightpink.org—where you can find out more information and find out about upcoming programs and events. Don't forget that you'll also be able to access the transcript of tonight's call on both of our websites in the coming months.

That concludes our program for this evening. Again, we'd like to thank your wonderful speakers, Dr. Karen Hurley, Jaclyn Jensen and Stefanie LaRue, for helping to make this teleconference so great and for sharing such important information and your personal stories and experiences with everybody.

Thanks to you all for calling in. Be well and have a great night.

KAREN HURLEY, PhD: Thank you.

OPERATOR: Ladies and gentlemen, that does conclude the conference call for today. We thank you for your participation and ask that you please disconnect your line.

[END RECORDING]