Living Beyond Cancer

Intimacy and Sexuality After a Cancer Diagnosis

Guests: Dr. Roberta Renzelli-Cain, Dr. Kristin Phillips, and Dr. Megan Burkart

Welcome to Living Beyond Cancer. I'm Lauren Hixenbaugh, the coalition manager for Mountains of Hope. Living Beyond Cancer is a series of podcasts created for cancer patients, survivors, and their caregivers. This series is sponsored by the West Virginia Cancer Coalition, Mountains of Hope, and is produced by the WVU Cancer Institute's Cancer Prevention and Control. Today is a little different as we are recording in multiple locations occasions, so please forgive any of our tonal differences. We still have a great episode planned. Today's topic is intimacy and sexuality after a cancer diagnosis and today ours guests are Dr. Kristin Phillips, Dr. Megan Burkart, and Dr. Roberta Renzelli-Cain. I'm really thrilled to have this amazing team of professionals with us today to talk. This is a topic that isn't often discussed, but it's so important to the quality of life of our patients. But the first thing we'll start out with today is just, can you introduce yourselves and tell us a little bit about your background and your roles at the cancer institute and maybe a little bit about your great story, how you all became a team.

Dr. Roberta Renzelli-Cain (01:11):

Well, my name is Dr. Roberta Renzelli-Cain. I am an obstetrician gynecologist and a certified midlife and sexual health specialist. I am part of a larger collaborative team at WVU Medicine, which includes the Cancer Institute, and I see patients on a regular basis at the University Town Center of WVU Medicine. I collaborate frequently with Dr. Kristin Phillips and Dr. Megan Burkart; and more so lately as we have recently presented at a national meeting.

Dr. Megan Burkart (01:53):

I'm Megan Burkart. I am a clinical professor in the division of physical therapy. Being clinical, I spend most of my time in the clinic. I'm an oncology specialist. I'm board certified, the first in the state and one of few in the nation. I work directly with the patients of Mary Babb Cancer Center. I'm here to provide all PT needs to the oncology population. I don't specifically treat cancer related sexual dysfunction, but I talk about it and I think that that's an important first step. And that's my main role in this team is I get the ball rolling.

Dr. Kristin Phillips (02:39):

And I am Dr. Kristin Phillips. I am also clinical faculty in the division of physical therapy at WVU. My clinical practice is also at the University Town Center of WVU Medicine in the same clinic as Dr. Renzelli-Cain. I am board certified, specialist in women's health physical therapy. When I met Roberta, I knew that we would be helping to take care of this population together. Then I knew that we needed Megan to also help us find out where the needs were because we knew that there were patients and people who weren't being sent to us. So Megan can tell our story

a little bit better of specifically how we became a team, but it did happen organically based on all of our specialties and interests.

Dr. Megan Burkart (03:41):

So how we came together was I was presenting at a national conference a year ago with Kristin in the audience about lung cancer survivorship. We have a lung cancer survivorship clinic that is multidisciplinary and patients will see multiple providers. But first they fill out a questionnaire about what areas they have concerns in, whether that be nutritional balance or strength. And there is a question about intimacy and Kristin had noticed that absolutely none of the patients had remarked that they had any concerns about intimacy or sexuality, which she found very interesting because we know that if we can't breathe, then we can't really have sex. So we started to talk about that and how that was possible and what was unique about West Virginia that would make that possible and decided that we wanted to get a little bit deeper with it and to educate not only ourselves but physical therapists around the country about the needs of cancer survivors. And so this dream team was put together for that purpose, but out of it has come some really wonderful patient collaboration and some really nice, very streamlined ways for patients to get the help that they need and it's been a very powerful thing for me to watch as patients open up about their concerns and their needs and they get what they need from these two beautiful women.

Lauren Hixenbaugh (05:24):

I love the last thing that you just said, that patients get what they need. So often when we do these podcasts, the question is, patients don't often know what they need and so for you guys to be working together and doing this collaboration for patients and that they're getting what they need is a pretty great outcome. So I'm really glad you guys are here with us today. I was really excited to do this and while I had already asked you about your story, I'm glad that you told it so that other people know how this came about and how you're working together. But the first thing, I think the first question is pretty obvious, which is just how does the cancer diagnosis really affect sexuality? It's something we don't talk about. So that is why we decided to do this today.

Dr. Roberta Renzelli-Cain (06:17):

I think it's a no brainer that a woman's sexuality is changed with a cancer diagnosis because I tend to think of cancer as the dirty little six letter word that never leaves your mind. It's always in the back of your head. A cancer diagnosis will change a woman biologically, psychologically, socially and that's really the beauty of our program because we try in a very integrated fashion to meet all of those needs. As a physician, initially I tend to focus on the biologic. There is this internal driver that kicks in as soon as women hear cancer and that driver is for survivability. They tend not to think about other concerns and so when they present to their oncologist, the farthest thing from their mind is to ask them, "Hey, how's my orgasm going to be after I have my breasts removed?" They're not thinking like that at that point in time. They're focused on finding out what's wrong with them and really getting a prognosis. And that's okay. It's very understandable that a woman's desire for sex is going to plummet when she is focused on

survival. After a patient goes through a cancer diagnosis, I can say as an obstetrician gynecologist, many women will have to have a hysterectomy or at least an oophorectomy, breast cancer patients alike. What happens is there is a sudden surgical menopause or in the case of younger women who want to maintain their fertility, there is a chemical menopause and that is so much different than mother nature's menopause.

Dr. Roberta Renzelli-Cain (08:34):

Perimenopause and menopause is a time of many changes in a woman, but a lot of those changes happen in a woman's brain and their neuronal map, so to speak, their fiber neurons actually change and lengthen. When a woman goes through these changes, either chemically or surgically, there really isn't time for those changes. And what happens is really, for lack of a better word, this ferocious time of visomotor symptoms and untoward new changes that no one ever discussed with them. No one ever told them. We talk about our birth experiences as women. We talk about perhaps the first time we had sex or as young girls, when we're going to have a period. But somehow there's the shame about talking about menopause in our culture. So women have no idea and quite frankly, many women come in very concerned that they are... I have patients say, "I'm losing my mind. I can't sleep." Women don't understand that not only are there hot flushes keeping them awake, but there is change in their REM cycle. They can fall asleep, but they cannot stay asleep. We also know that there are many changes that occur as a result of losing estrogen and progesterone. Estrogen and progesterone play a role in the brain that's not well understood. We know that in part serotonin, dopamine, norepinephrine hormones are happy hormones of our brain are in part effected by hormones because we know all about women with premenstrual dysphoric disorder or PMS or postpartum blues or postpartum depression. No one really talked about that that happens with menopause. So there is this real depression that occurs because they have this life-changing diagnosis, but there's also a very real biologic basis and women need to know, you know what, you're not crazy. We can help you with this.

Dr. Megan Burkart (10:45):

I think that's probably one of the things that's really lacking at the forefront of all of us because people aren't very open, especially in West Virginia about talking about sex. We're very private people. And so the studies show that only about half of cancer survivors are going to experience sexual dysfunction. Only about 10%, 10 to 12% are going to get treated for it. Only half of all patients are going to actually talk to a healthcare provider about their sexual health and only 25% of those conversations are going to be initiated by the doctor. Because there's a lot of other stuff going on that they have to talk about. And it's almost an assumed collateral damage. Cancer treatment takes a lot from the body. It leaves you with scars. It leaves you with possibly missing body parts. It takes away your safety. It takes a lot from you. A lot of survivors feel like if it's not brought up by the physician, then it's just a known casual damage that this is just what's going to happen and what's going to be. And it's not necessarily there. There's a lot of help that is available to them. And not just biological, but also psychological to help with body dysmorphia because sometimes it's very hard to accept the changes that have occurred because of surgery and things like that. So I think it's very important to realize ahead of time

that what everybody is going through is normal and that they're not alone and this is happening to everybody else. Just nobody else is talking about it. So being brave and bringing it up and asking your doctors about it is a very important first step.

Dr. Kristin Phillips (13:00):

Yeah and I love what Megan said in that the assumption is just like, oh, this is just collateral damage. I think it's a false perception, but it exists that like, oh, this is just the result of me surviving is that I won't have a fulfilled sex life. But I want to remind everyone listening that sex is your right as a human being and it is a very normal human function. So know that you deserve to at least have that talked about. And then the other thing that we talked about, when you talk about that, all these physical changes, biological changes, structural changes, there's also the relationship change and the dynamic of, okay, well, this is someone I married or this is someone I'm in this romantic and sexual relationship with and then a lot of times that turns into a caregiver and patient role and that is intimate in its own way, but not in the same as maybe they once were. And then partners also become scared of hurting their partner or they see their partner as sick and needing help. You can understand how that might also influence both parties then in how they interact sexually then.

Dr. Roberta Renzelli-Cain (14:25):

So I think it's very important for us to understand who we are as women. Women are naturally nurturers. It doesn't matter if you have children or not. Women take care of other people. We take care of our neighbors, we take care of our aged parents, we take care of our neighbors, we take care of pets, we take care of our life partners. And then all of a sudden to have that role reversal, it's quite humbling. It's difficult for women to say, "Will you cook for me? Will you bathe me? Will you help me go to the bathroom?" And they need to feel like they're supported so they can talk about that.

Lauren Hixenbaugh (15:13):

You're absolutely right. We as women absolutely take care of everyone else. So what do we need? What do your patients need after treatment?

Dr. Roberta Renzelli-Cain (15:24):

I think first and foremost, their treatment for the immediate time being. They really just need to know. You would be surprised, but many women still do not have a clear idea of their prognosis and it's very uncomfortable for them. They feel sometimes as though there were changes that happened to them almost without their consent because they don't really understand them. That is the purpose and part of us chatting today. I think also women need a lot of psychologic support and we have to remember though that a cancer diagnosis not only happens to the woman, but it happens to the entire family. Younger children who have a mother go through a cancer diagnosis suffer too. Partners definitely suffer. There is this phenomenon that I hear all the time. It's called walking on eggshells. Many partners say, "I don't know what to say to her because I'm afraid I'm going to upset her or I really want to hug her or I really would love to have sex with her, but I feel ashamed because I should just be

happy that she's on this earth. Why should I want to have sex with her too?" And I really think counseling is so important for women with that diagnosis. There is also a change that Megan talked about a little bit. It's this, I atherogenic if you will, body dysphoria that occurs. I have so many patients that come in and they ask me, they say, "Am I still a woman? I feel like an it" They have lost their breasts. They have lost their uterus. They have lost their ovaries, and somehow they feel that their genitalia is what had defined them as women and no, it's a feeling in your soul that defines you as a woman. It has nothing to do with that. But if we think back, our breasts are the first sign of what show the world that, hey, we're in the club, we're a woman, or the excitement that we had when we got a period and told our girlfriends about it. So all of a sudden these women do not feel like women and it is very psychologically traumatic to them and they need to have support.

Dr. Kristin Phillips (18:25):

Yeah, I couldn't agree more. We just need, and we need permission to feel. Like we need permission to feel like that was unfair and we need permission to feel like I can still be a sexual being. And people, these survivors, these current patients, their partners, they all just need a little bit more permission to feel what they feel and then directed to the right counselor, the right mental health counselor, the right therapist, the right physician, the right dietician. I mean, there are so many people that also support them in, again, re-identifying themselves as woman or however they want to, but also as this sexual being again.

Dr. Roberta Renzelli-Cain (19:17):

Absolutely, in addition to the identity problems that occur, many women for the very first time in their life have basically come face to face with death. They are all of a sudden very much aware of their mortality and let's face it, we're all going to die. But they're faced with the thought that they may have to lose the battle. They may not be on this earth. They may miss their daughter going to the prom. They may miss their grandchildren. And that is very hard. Many women will describe almost a post traumatic stress syndrome from having a cancer diagnosis and yet they're ashamed because they feel like I should just be happy to be alive and there's so much more than that.

Lauren Hixenbaugh (20:16):

Absolutely. They're definitely much more than that. Who do these women turn to? What's the path for them?

Dr. Roberta Renzelli-Cain (20:25):

Well, I think cancer care is one of the best examples in medicine where there is truly an integrative model. And let's face it, when a woman gets a cancer diagnosis, there is at least initially captains of her ship. There's the surgical oncologist, the medical oncologist, and when appropriate, the radiation oncologist. But we also need to remember that there are a lot of sailors to make the ship float and part of that treatment team are our cancer nurses, our specialists, physical therapists that we have joining us today, our gynecologists, our sexual medicine specialists, our primary care physicians, our nutritionists. Our goal for really doing the

podcast is for women to be able to feel supported enough, for them to reach out to any member of this multidisciplinary team and say, "Hey, I'm having a problem." And these providers may not be able to provide solutions, but the goal is that the provider should be able to know where to refer, where to send your women so they can have their needs met.

Dr. Megan Burkart (21:50):

So that's the one thing that's really changed with me and what I do with my patients now is that I don't wait for them to talk to me. I add it into our beginning conversation. I talk about whether I'm seeing them before surgery or I'm seeing them later and they're having issues with radiation fibrosis or whatever. I say, "There's a lot of changes that happen to your body because of cancer treatment." And a lot of women tell me that sex changes and that sex can be painful and if that's something that's happening to you, then I just want you to know that you have somebody to talk to and that I can help you find somebody that can help. If you don't have somebody that's going to say those words to you, then just find the person that you trust the most within the cancer center. And if it's not within the cancer center, there are not many healthcare providers that are not caring, their whole goal in going into a healthcare provider position is that they want to help people. So just be brave and ask, most people will come through and help you find the people you need to get what you need.

Dr. Roberta Renzelli-Cain (23:05):

That's great. I wish every provider would recognize that... I even hate to call it sexual health. I wish we could just call it health because sexual health is part of health. I wish every provider would ask their patients about, "Hey, how are you doing?"

Lauren Hixenbaugh (23:27):

I would think that would be certainly part of a visit. But I think one of the big points I want to go back to that you said was that the goal of this podcast and of your positions is that we make sure that women feel supported and I think that's so important. I'd like to add that not only the women but their families as well. That's a big aspect of what we're talking about today is their family and especially their partner and what should they be talking about with their partner?

Dr. Kristin Phillips (24:00):

So one of my resources where I direct people is a book called Sex and Cancer by Dr. Saketh Guntupalli and Maryann Karinch. They are actually a team. So Dr. Guntupalli is a gynecologic oncologist and Maryann was one of his patients and they share a lot of stories of couples and partners navigating from diagnosis through treatment to survivorship from both sides, both patient and partner. I think it's an easy read. It's pretty short. It's a nice way for partners to even be included. Then from my end, when patients come into the room, typically on the first visit, the partner isn't in there, in the room, but then afterwards, including the partner so that they fully understand what's going on and ways that they can also be helping their partner through this.

Dr. Roberta Renzelli-Cain (25:08):

I think you said a key phrase, and that was talking with your partner. Many patients describe this, walking on eggshells. They're afraid to talk to their partner, their partner is afraid to talk to them and before their sexual intimacy for most people, if you're in the traditional scope of sexuality, it begins with emotional intimacy. Emotional intimacy typically precedes physical intimacy. It is so important to talk to your patients about discussing with their partner, "Hey, I want you to know, I'm really embarrassed right now that I don't have breasts, so I want to have sex not in the middle of the afternoon, or I want to have sex with my top on. Or maybe I don't want to have sex at all. Maybe I just want to focus on the intimacy of our relationship and lie naked and hug each other and kiss each other. I think there needs to be a focus on not looking for the perfect sexual moment, but rather on the intimacy and the experience of being with one another. The sexual part will come with time, but it's really important not to lose that intimacy because patients are afraid to talk to their partners and their partners are afraid to talk to the patients. And what happens? They stop talking. And then if you're not talking, you're sure as heck not having sex.

Dr. Kristin Phillips (27:01):

I recommend, and I know Roberta, you have done this too, but in the past when people say, "I'm just having a really hard time talking about that," I tell them to write it down. So I tell them to write a letter to their partner. Because sometimes this stuff is hard to say. And if you weren't in the habit of talking about your sexual relationship before this, can you imagine how difficult it is now with all these added layers to start talking about it. So it's hard for anyone. So sometimes writing it down is easier. Then I also encourage people to write down what I call a sex menu or an intimacy menu where they list all the intimate acts that they enjoy.

Dr. Kristin Phillips (27:44):

So that can be a bubble bath or I really love when we lay together. Things that maybe you didn't even realize were intimate acts until you sat down to write it down. I usually ask that both partners do that and then look at each other's lists and how many overlaps there are. Or someone might be like, "Oh, I didn't know you liked this. I actually really like that too." And so I do think sometimes writing is easier than verbal communication for a lot of these folks.

Lauren Hixenbaugh (28:13):

I think that's great advice. What a great idea.

Dr. Roberta Renzelli-Cain (28:17):

I think there's also some information on websites about sexual medicine providers in your area. There is a society that I'm very proud to be part of called the International Society For the Study of Women's Sexual Health or ISSWSH, I-S-S-W-S-H, they will provide a list of sexual medicine, physicians or actually physical therapists, psychologists, sex therapists. It is a multidisciplinary society. So you will be able to find out if there are any providers near your home. And the wonderful thing about insurance is if you don't have a provider near your home and you can document you have a specific need, typically, insurances will pay for this service across states. I

can tell you that Megan and Kristin and I have patients from Pennsylvania, Ohio, Florida, North Carolina, DC, Maryland. We are open to seeing everybody, even women who are getting their cancer care in a small rural county of West Virginia at a community hospital. We are the state medical institution and everybody is welcome at WVU even if your small community hospital is not directly affiliated in some way to WVU, You are part of West Virginia and you're welcome.

Lauren Hixenbaugh (30:04):

So I usually ask about resources. So it seems like a good time to ask for additional resources. If there's anything you guys want to add.

Dr. Kristin Phillips (30:11):

So I like the WomanLab. That is an online resource, womanlab.org. Lots of resources, things you should be asking your provider. I think there's also resources on there for partners, ways to have those types of conversations. And then there is also the Scientific Network on Female Sexual Health and Cancer, which is cancersexnetwork.org. So those are two websites that I think can be useful for people navigating all this who might not have access to the three of us or who live outside of West Virginia.

Dr. Roberta Renzelli-Cain (31:00):

I think those are all great resources. I love all of those. If I have to think of a resource that comes to mind, for many patients, when they get a cancer diagnosis for the first time find faith. There are many faith-based support groups for women who have a cancer diagnosis. There are also many support groups for women where women can just share with other women their experiences. I know there are some at the cancer center, there are support groups really throughout town, throughout many hospitals, community hospitals in your area that you may not be familiar with. And it's really helpful for women to hear another woman say, "Hey, I felt like that too."

Dr. Megan Burkart (32:00):

I would say that anybody that's listening to this can then become a resource because if we know that nobody's really talking about it and now you've heard about it, then be brave. Talk to your doctor because they're open to talking to you about it, any of your doctors. Talk to anybody that you're in the cancer center with that seems to be having a little bit more trouble and be that person that's going to listen and be the person that says, "You know what, what you're feeling is normal," because that's what everybody needs to hear is that this is happening to everybody and it is normal. You're not alone and that together we can find help.

Lauren Hixenbaugh (32:44):

I couldn't have said that any better myself. So typically I talk about... I have a question about psychosocial effects and how people deal with that. You guys have touched on a lot of that. The depression and what the cancer takes from you and usually we talk about a fear of recurrence. Is there any other psychosocial effects that we need to go back to and are there any other ways that you feel like people need help?

Dr. Kristin Phillips (33:13):

Well, we spend a lot of time talking about or alluding to people who have partners or who have current partners at the time of diagnosis. While that's certainly a lot of what we see, I know Megan has had personal experience with a patient as have I and I'm sure Roberta has too where this patient doesn't have a current partner and is fearful of how they are going to enter the dating world and the sex world again with this new body. And so I do think it's important to touch on the people who don't have a partner and helping them to navigate that because dating this day and age is hard enough as it is with Tinder and whatever else is there and all these other platforms and then you add this other layer of my changed body or the fear that I won't be accepted for this. While, I'm not a mental health specialist. I do think that's something that we need to be aware of and we need to know that just because someone doesn't have a current partner and we always talk about this, you can have sex with yourself. So are we encouraging other intimate moments and talking about all of sex and not just someone who is currently partnered?

Dr. Roberta Renzelli-Cain (34:48):

I think those are all great points. I think another take home message is for all the problems a woman may experience, albeit psychosocial or biological, earlier is better. We want to see these patients as soon as possible. And that's why it's so important to have podcasts like these so we get the message out there. It's heartbreaking when I hear stories of women who have been struggling for years and we don't want that to happen to anyone else.

Dr. Megan Burkart (35:27):

I want to throw in there just because I am a physical therapist that one thing that can really help if you are having some depression and you're having some mood issues, the one thing that helps with almost all the side effects of cancer treatment is really light exercise. Do some things that will make you feel good about yourself to feel accomplished because as we go through cancer treatments, not only are these hormonal changes and structural changes happening, but a lot of times you're not as active as you were before. You're not as social as you were before. So re-establishing an exercise program, even social exercise is better than exercising at home alone, but you can get happy little hormone releases in your head from an exercise that will translate to other areas of your body too. So if nothing else to start feeling good about yourself, ask the questions you want to ask and go for a walk.

Dr. Kristin Phillips (36:40):

Yeah totally and I also want to put my plug in for that we should redefine or be willing to redefine sex. We have this heteronormative idea of sex is penis and vagina. So I also encourage people from that kind of, maybe it's psychosocial, I don't know, but redefining what is sex and knowing that it doesn't have to just be this one thing. There are so many other ways to define that act.

Lauren Hixenbaugh (37:12):

All of those are such great points. Thank you guys so much. So one of my last question as always, I think a good way to get to know all of you a little bit better and to get to know our patients better. So what are some common questions that you guys get?

Dr. Roberta Renzelli-Cain (37:28):

I think many of my patients will ask is, is sex going to hurt? Typically, by the time they get to me, sex is already hurting and sex is not supposed to hurt. Let's face it. Sex is supposed to feel good. But my patients where I am the one that's diagnosing their cancer, I am trying to prepare them and give them as much knowledge as possible. And I think that's a huge message that sex is not supposed to hurt. Another question I get and I've already shared it with you, am I still going to be a woman? Another one is, am I ever going to be able to have an orgasm again? And then basically just woman to woman. I've had many of my friends just share with me, is my husband still going to love me after all of this, which is really hard.

Dr. Megan Burkart (38:37):

So I don't get such serious questions because I usually get the leading questions. To say something funny after what you just said, it's a little bit heartbreaking, but I get the, is it supposed to feel like this? Is it supposed to feel like an elephants butt down there? Or am I supposed to not have any moisture down there? I get lots of down there questions. So those are the ones that I feel like, am I ever going to have sensation back in my breast? Am I ever going to feel the way that I felt before? So I don't get the bigger questions. I get the icebreaking questions of, is it supposed to feel like this? And usually my answer is no. And then I say, "Hold on, let me text Kristin and see what we need to do about that." But those are my most common questions.

Dr. Kristin Phillips (39:44):

I get a lot of the same ones as Roberta as well as some of the maybe more mechanical intricacies of sex about like, maybe someone really enjoyed rear vaginal entry in a quadruped position or all fours. And now they're like, "Well, will I ever be able to enjoy that position again?" But again, as physical therapists, we're really good at working out those things. So I actually like to get some of those questions that challenge me to think in a different way. So there are some of these more nitty gritty questions about the practicality of sex too. Which like I said, it's fun to answer because it makes me use my brain creatively.

Dr. Roberta Renzelli-Cain (40:37):

I also have noticed women who are really committed to get their sexuality back for the very first time in their lives are open to sexual toys to enhance pleasure. And what many people don't know is over 50% of women in the United States have a sexual toy. Yeah and many women will ask me about which one is best, how do I use it? Can you make a recommendation? Tell me one you tried personally. So for many women after they've been through our program, there is a sexual renewal. Just because your body changed, it doesn't mean you're not a sexual being and it doesn't mean you can't enjoy sex.

Lauren Hixenbaugh (41:41):

Well, I'm glad I asked. I feel like those are definitely questions that people are going to send me and I will forward them on to this team. So how would people get in touch with you, with this team particularly I guess I should say?

Dr. Kristin Phillips (41:59):

My email is probably easiest, which is Kristin, K-R-I-S-T-I-N. Phillips, P-H-I-L-L-I-P-S@hsc.wvu.edu. Kristinphillips@hsc.wvu.edu

Dr. Roberta Renzelli-Cain (42:14):

And my email is very creative because it was developed in the middle of a time when we were becoming hacked at WVU, but it's rir0001@hsc.wvu.edu. Also, feel free to discuss anything that we've talked about with your provider. Many of the providers throughout the states will reach out to me in anticipation or in a planning phase for their patients' upcoming visits. So we are here, we are happy, we are willing to connect.

Dr. Megan Burkart (43:03):

So I also have a goofy email address. I'm mburkar1, I didn't want a T, I just got a number one. So it's M-B-U-R-K-A-R1@hsc.wvu.edu. Mburkar1@hsc.wvu.edu

Lauren Hixenbaugh (43:19):

Great. That way folks can get in touch with you guys directly. As we begin to wrap up today, I want to take a moment and revisit with our listeners. If they remembered one piece out of today's podcast, what would you guys hope it would be? What's the most important thing?

Dr. Roberta Renzelli-Cain (43:37):

I think my message would be the whole purpose of why we're here today and that is to keep living. I had a patient about seven years ago, she's since passed and on a Christmas card, she wrote to me and the way I investigated that she had passed was, I didn't get a Christmas card one year. But she wrote the most beautiful message. I'll share it with you. It's, "My oncologists kept me alive and I will forever be grateful, but you kept me living." And that's what we're here for. We want you to live. The cure was not meant to be worse than the disease.

Dr. Megan Burkart (44:36):

I just recently had a very impactful moment from a patient where I was in the process of celebrating that he was two years into survivorship and I made some kind of comments about his cancer survival. He was a cancer survivor and he was like, "I didn't survive my cancer. I survived the treatment of my cancer." And that's such a profound thing to me and it hit me sideways. I've spent a lot of time thinking about that. So my advice is be kind to yourself and to your body because it has been through a lot. Your heart has been through a lot. So there is no new normal. When they talk about new normals and accepting a new normal after cancer diagnosis, that's accepting an impairment. You don't have to accept an impairment, you don't

have to accept that your balance is off and you fall or that you are not no longer able to be intimate. Because a lot of those things are things that can be helped if you just ask the right questions to the right people. So if you're about to accept something as your new normal, then do a little bit of investigating or at least email me and ask me if you need to and I'll probably tell no because you've been through a lot and you deserve to have everything that you wanted before all of this happened.

Lauren Hixenbaugh (46:20):

Kristin, did you have anything you wanted to add?

Dr. Kristin Phillips (46:22):

I agree. Just that permission to still want to have a full life.

Lauren Hixenbaugh (46:30):

Absolutely. Such important messages today. Please, listeners, if you have any questions, comments, thoughts, please make sure that you reach out to either someone on this team or you can reach out to me and I'll get you in touch with them. So important, so important. But to find out more about Living Beyond Cancer, you can go to moh.wv.gov, or you can go to wvucancer.org. We talked a lot about support today and one of the great resources that we actually have is a Facebook page dedicated to Living Beyond Cancer. It's for survivors and caregivers and their families. Please feel free to join and we try to share educational and inspiring messages and it's really a great place for support. But I really want to thank all three of our guests today, Dr. Kristin Phillips, Dr. Megan Burkart, and Dr. Roberta Renzelli-Cain for joining us today as well as our listeners. We really hope you'll continue to join us.