



IN EVERY ISSUE

Letters from Our Readers

Let's Talk About Sex

In reading "[Prince & the Gun Oil](#)," I knew I had made the right decision to include sexual aids—what we call “intimate solutions”—in our catalogue. I figured our customers needed a little “help” but didn’t want to visit the local sex shop or go to a blushingly erotic website. I can relate, having had prostate cancer and being left with erectile dysfunction. Thanks to Debra Jarvis for sharing her experiences—red face and all—of dealing with the sex part of cancer. Thank goodness we are moving out from under the shame tree. It can be pretty funny—and fun—if we let it.

Lyman Orton

The Vermont Country Store

Weston, Vermont

As a two-year survivor of stage 3B cervical cancer, I can thoroughly relate to Debra Jarvis’ article. Besides the improvement of your sex life, there are other reasons to do this. After chemo, radiation, and brachytherapy, my radiologist gave me dilators to prevent the vaginal tissue from growing together. My gynecologic oncologist also emphasized that regular dilation helps with the required follow-up internal examinations, which have become much more comfortable.

June Silance

Red Bank, New Jersey

'Breakthrough' Billing

I read with interest your Fall 2009 cover, “Breast Cancer Breakthrough,” but ultimately found no breakthrough reported. The clinical trial results for [PARP inhibitors] olaparib and BSI-201, both from a survival perspective as well as looking at impact on tumors, could at best be described as incremental. As for Avastin, survival rates have not been improved for triple-negative breast cancer, as I learned firsthand in my own family. So I don’t agree with the “breakthrough” billing you gave this research.

Mark Lerner

New York, New York

The Fall issue cover line read: “Breast Cancer Breakthrough: Moving past what’s not there—and finding what is—for triple-negative breast cancer.” The breakthrough in the cover story, [“Targeting the Triple Threat,”](#) refers to now having something to target in triple-negative breast cancer—a hard-to-treat

cancer that's immune to the effects of targeted drugs approved to treat other types of breast cancer. The discovery of an enzyme called PARP has led to the development of new targeted drugs that are showing unprecedented effects on inducing tumor responses, delaying time to progression, and improving survival—even greater than hormonal therapy and Herceptin have in TNBC. But, as reported, these results must be confirmed in larger clinical trials, which are currently under way. We'll continue to keep you updated as new research is reported on PARP inhibitors and other targeted agents for TNBC. —Editors

Help for the Journey

I am a lymphoma survivor and battling all the issues of survivorship. The information I received from the [“Surviving Well” supplement](#) is invaluable. I wish I had it when I was diagnosed.

*Kathy Spangler, RN, BSN
Phoenix, Arizona*

I was very pleased to see the insert, “A Patient’s Guide to Rare Cancer,” when I received my Fall issue. It would have been a lot more beneficial to me a couple years ago, but I hope it helps others who are beginning this journey. Many people just don’t understand how hard it is to find a doctor who is knowledgeable about rare cancers. I have much more info now in case of a recurrence.

*Mendy Mullenix-Parker
via Facebook*

Download a copy of “A Patient’s Guide to Rare Cancer” at www.curetoday.com/patient_guides. —Editors