

Melissa: 00:00 It is so normal. It is so frustratingly normal. That's a big one. I don't think that people talk about sex and cancer enough, because that's the first thing that you notice, like, right out the bat. If you're, like, having sex and then you get cancer, you're going notice real quick what changes, if you're going through chemo or if you're, like, in a postmenopausal, like, limbo because of hormone blockers, or you've had an oophorectomy—which I have had. I think that the other thing that comes into play is communication a lot with your partner.

00:31 So being as open about it as possible [laughter] helps a lot. And then, even kind of bringing things up with your oncologist, they probably won't. I was like, "Dude, at some point, you're my doctor. You're going to have to talk to me about it. If we can have Ob/Gyns who can ask us all kinds of questions, I think that we can have a doctor say, how is your sex life? If you have one—if you want to have one, how's it going? Can I make it better?" Hi, I'm Melissa, and I am a filmmaker, and I have metastatic breast cancer.

Caitlin Kiernan: 01:08 Cancer is not pretty. The side effects can impact not only how you feel, but also how you see yourself. Whether you want help learning how to create eyebrows from scratch, need to know how to treat a radiation burn, or just looking for wig shopping tips you've come to the right place. Welcome the *Feel More Like You* podcast, presented by Walgreens and *Pretty Sick: The Beauty Guide for Women with Cancer*. I'm the book's author and your host, Caitlin Kiernan.

01:38 In each episode, we'll breakdown the important information to help you look and feel more like you. In this episode, "It is so normal. It is so frustratingly normal." It's like, "We have questions" [laughter]. Like, "What the hell, you know. It's, like, where do I even begin with my questions?"

Ann: 01:58 You know, really, sexuality and intimacy is an important part of everyday living. It's not just, you know, sexual intercourse.

Ashley: 02:05 Having the baby was amazing and the best thing in the world. If anything mattered in the world, it's him.

Caitlin: 02:12 The views, information, and opinions expressed in this podcast are those of the individuals involved and do not necessarily represent those of Walgreens and its employees. While we care about you and your health, this podcast is meant for informational purposes only and is not intended to be a substitute for professional medical advice, diagnosis, or treatment from a qualified healthcare professional.

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Caitlin: 02:52 On today's episode, we're going to discuss sexual wellness and fertility. It tends to be a topic that is often considered taboo or too embarrassing, and we want to change that. Please welcome Walgreen's pharmacist, Emily Shafer, and health editor, Emily Ornberg. Hi ladies.

Emily Ornberg: 03:08 Hello.

Emily Shafer: 03:08 Hi.

Caitlin: 03:09 So when I was diagnosed with cancer and then going through chemotherapy, I wasn't having sex. I did not feel sexy. I had had my breasts removed, my hair was falling out. Like it wasn't, uh, you know, it wasn't like—I didn't have any mojo. And then, by the time that I got to the end of treatment, I was like, "All right. Let's do this. I'm back. My girl. My lady girl was not back." And I was a little surprised. You know, I hadn't taken her out for a spin, so I wasn't aware of the changes. And because nobody had talked to me about it, it was so mortifying.

03:46 Like, I, at first, was like, "Okay, well, maybe this is going to take a minute to just like get back to where I was, but that didn't happen; and it was really embarrassing. I was mortified to talk to my partner. I was—I-I just—I just felt—I don't know. It was really a depressing moment.

Emily O: 04:03 You feel really alone.

Caitlin: 04:04 Yeah, I really—

Emily O: 04:05 It's tough. Yeah.

Caitlin: 04:06 —really did. I was like, "This is embarrassing." I think of myself as like—I try to think of myself as a sexy person, as a sexual person. You know, we all have that side of ourselves; and you're already dealing with a disease that changes your view of yourself and really how-how society views you. And then, you're dealing with something that is so personal and so intimate, it's hard to grapple with.

04:32 And I never had one doctor that brought it up to me. And I-I had great doctors; I love my doctors. My medical team was wonder. But the fact that nobody said to me, "Hey, listen, this is going to

come at you and let's be prepared for it", I felt at an awful disadvantage, and I don't want any other woman to feel that way. I want every woman to be completely equipped with what's going to come at them. I'm sure Emily Ornberg, when you were talking to survivors, you heard the same thing, right? What did you hear?

- Emily O: 05:06 Absolutely. I think the fact that it doesn't come up often with doctors, it makes it even more embarrassing and-and lonely and vulnerable to have to say, "Oh, what's happening down here; and I feel less of a woman. I feel less me. I feel less sexy." And it's—it hugely impacts their quality of life.
- Caitlin: 05:25 Yeah, it's like, "Okay, I lost my breasts. I—you know, I'm losing my hair, and now I have dry vagina." Like, what? Is-is li—it's-it's no good. While it's a challenge, there are so many things you can go. And I want to bring you in, Emily, to talk about some of the clinical—and I don't even want to use the world clinical, but ways to help on-on the—on the physical side of those with those challenges.
- Emily S: 05:52 Absolutely. And I'd actually start with saying it's clinical, because it's not you, it's the medicine that's doing this to you. So it absolutely is a side effect. This is normal to experience this. This is normal to want to be able to have sex with your partner that is—supports mental health. It supports you being able to get through this crazy, challenging time in your life. So realizing that there are medications that can help with that, topical products—whether they have hormones in them or not, a lot of option.
- Caitlin: 06:23 And you mean, like, estrogens, because there' a lot—
- Emily S: 06:24 Right.
- Caitlin: 06:25 —like, estrogen, lubricants—
- Emily S: 06:26 Sure.
- Caitlin: 06:27 —like vaginal moistures.
- Emily S: 06:28 Yeah.
- Caitlin: 06:28 —and then, there are ones that one have that.
- Emily S: 06:30 Yeah. Absolutely. So—
- Caitlin: 06:31 So depending on what type of cancer you have will determine what you can—

Emily S: 06:35 Sure.

Caitlin: 06:36 There's-there's estrogen rings that help. There's just—

Emily S: 06:38 Mm-hmm.

Caitlin: 06:39 —there's a—right.

Emily S: 06:40 No, absolutely. And grant it, some options may not be appropriate for everyone while they're undergoing treatment, but it's not something to be ignored. And I think that everyone instantly, you're going to be very embarrassed about this. You don't want to bring it up.

Caitlin: 06:52 Yeah.

Emily S: 06:53 And if your healthcare team doesn't initiate that conversation, just as Emily said, you're going to feel embarrassed about it, maybe even shameful. Because as we've talked about even with beauty, people are embarrassed to say that they care about their physical appearance or their hair. God forbid someone wants to have sex an-and they can't. And—

Caitlin: 07:10 Yeah.

Emily S: 07:11 —so it is critical that healthcare professionals initiate that conversation. All too often, as we've heard from survivors, they're not initiating that conversation.

Caitlin: 07:18 Yeah, yeah.

Emily S: 07:19 So here's a great opportunity for patients to be their own advocates and bring it up before they start treatment. So how is—how is this plan going to affect my libido or my ability to have sex, and how I feel; and your doctor should have that information.

07:36 Then, as you're going through it, how are you feeling? Has-has your libido changed? And totally fine if you're too tired or you have no interest in it. Yet some people want to have interest who don't. And so, it's important to, kind of, get this figured out so that you're not experiencing those feelings of just embarrassment or-or shame of bringing this up, in addition to everything else you're dealing with.

Caitlin: 07:58 Yeah. It really is astonishing. What I was hearing back from people, and even from sexual health experts after the fact, it's like so many—most-most cancer—female cancer patients are going to deal with some level of sexual dysfunction. It is nothing

to be embarrassed about. And if you are proactive in talking with your team and trying to get a head of it, I think you will be the happier for it.

- 08:27 I mean, for me, it was like I wasn't really having sex during my treatment, but when I got my mojo back, I was like, "Oh, my mojo isn't back." Like, I was ready, but like, she wasn't ready.
- Emily S: 08:38 Like, your body wasn't—yeah.
- Caitlin: 08:40 She was not ready, and it came as a real shock. And then I was, like, so mortified an-and I just really started talking to a lot of other female survivors and they all said the same thing. So I want to say, like—to reiterate your point—it is super-important to have the conversations, bef—even before you're dealing with it, and just plan, an-and don't be embarrassed. Like, let's blow the lid off this thing.
- Emily S: 09:09 In the eyes of your healthcare professional, this is no different than talking about your skin changes, your hair changes—
- Caitlin: 09:14 Yeah.
- Emily S: 09:15 —they're just all side effects. So, um—
- Caitlin: 09:18 That's a great point.
- Emily S: 09:19 These are all—these are all issues—
- Emily O: 09:20 They've seen it, they deal with it.
- Emily S: 09:21 —and you deserve answers.
- Emily O: 09:22 Correct.
- Emily S: 09:23 You deserve someone to have someone to have that conversation with you, and it can be super-embarrassing if it's not something that you're normally comfortable talk about. But for your healthcare professional, head-to-toe, you're covered. It's all—it's all normal for them to discuss.
- Caitlin: 09:36 Yeah. The other challenge that cancer patients have to deal with are fertility issues. You know, when you're young enough—I was not young enough to do egg retrieval. I-I literally was diagnosed and I had to start chemotherapy pretty quickly after I was diagnosed. And on—it's-it's really a devastating loss, because you always—you know, for me, I always thought I'd be a mother at some point. And then I was like, "Oh, that's not

really going to happen.” You talk to survivors, Emily, what-what did they say about that?

- Emily O: 10:10 Well, especially, some of the young survivors were surprise that some of their doctors didn't bring that up either. And the ability to choose whether or not you want to have children—maybe not when you're 23 or, you know, right at this moment—is a huge part of also our quality of life. That being—that power of saying, “I want to have a family one day,” and you go through chemo not realizing maybe you could have saved and frozen you eggs before starting treatment. You don't have that option sometimes anymore.
- 10:39 So giving them that power to know, going to chemo might impact your ability to have kids. Think about—make a decision, is this something that you want to do, and then talk to people like your pharmacist, doctor, other resources that could help you. Maybe it's super-expensive, but there are programs out there to, you know, afford it.
- Emily S: 10:58 Absolutely. There's going to be a lot of resources that, you know, when we talk about that financial side and financial toxicity associated with the cancer treatment, things like, fertility preservation is not at the top of the list of things that you have to deal with. But when your doctor brings that up, depending on your age—even for males—that's important to know that-that your treatment can affect your ability to, you know, father children later. So have that conversation.
- 11:26 Um, but as far as your pharmacist goes as a resource, we have so many programs that we can direct you to or help you with that can, um, you know, help cover that cost if that's something that's an option for you.
- Caitlin: 11:38 Wow, that's great. That really is. [pause]
- Emily S: 11:51 Let's hear from our survivor sisters. How did treatment impact your sexual wellness or fertility?
- Christine: 11:56 Hi, my name is Christine. I'm a high school science teacher and I have ovarian cancer. Um, I mean, it definitely—like, you dry-off down there and it's uncomfortable; and you're explaining to me, like, that the cancer spread everywhere and you have to take out part of my liver and part of diaphragm and part of my gallbladder and my appendix and the inside layer of my abdominal.
- 12:17 And it's like, “Okay, I get it.” And then you say, like, “Do you have any questions?” And it's like, “Well, yeah, I have questions.

Like, what the hell, you know. It's like, Where do I even begin with my questions?" I think from a doctor's perspective, it's very clinical, it's very medical, it's very scripted. And from a human perspective, like, I'm a person and these things are happening to me that are literally changing the rest of my life.

12:43 So I think as women we need to just stick up for ourselves and have conversations and ask questions, especially with your doctor. Because, I mean, you have to advocate for yourself and you have to—if you don't say anything, then nobody knows to help you and nobody knows what you need.

12:58 You know, it's nothing to be ashamed of. Uh, your body is going to go through changes and there's going to be some things that happen that you're like, "Wow, this is awful." And I think, you have to humble yourself and get over being uncomfortable with uncomfortable conversations because you're going to have a lot of them with cancer.

Deanna: 13:15 Hi, my name is Deanna. I am a beauty writer in New York, and I've had cancer three times. I didn't really know it would be a thing I'd have to think about. Uh, I feel like with cancer treatment people think of, like, losing your hair getting really weak, but no one talks about fertility so much. Off the bat, before I even started treatment, I had to talk with a fertility specialist about my options for freezing my eggs.

13:43 And it's not something that I, personally, found was covered by insurance at the time; and I think is kind of overlooked as-as an issue and a unique one that doesn't get much attention, but it is something that when you're 20-something and you're dating, and it's a big investment to make and, kind of, a tough conversation if you don't have like a husband or wife.

14:10 In retrospect, I'm glad I did, because I'm turning 30 and I don't feel any sort of pressure because I know I have eggs frozen. But it was a really-really hard process. You have to give yourself shots or be on a lot of different, expensive medications and hormones at once. I found it difficult because you kind of lose control of your own body before you even start chemo.

Brianna: 14:34 Hi, I'm Brianna. I'm a writer, and a survived Hodgkin's lymphoma. I wrote for the *Chicago Reader* about being on Tinder when I was sick, and that was actually a super-interesting experience to live, because I would only do it—I think a lot of people probably only go on dating apps when they're, like, at home and know they're not actually going to meet any other people [laughter].

- 14:58 So going on dating apps when I was, like, very sick and knowing I couldn't even, like, get out of bed that day, but that I could, like, connect with the world in some way was really fun, and I just started, just like lying to people about what was on in my life [laughter]; and just, like, trying on different characters—like, every person I would talk to, and just be like, “Okay, bye” and, like, delete the app really quickly [laughter].
- 15:20 So, yeah, that's something I—that was an interesting experience for me [laughter]. But there's so many, um, fictional stories about, like, romantic connections built during times of sickness or when people have cancer, and that is not [laughter] my experience at all. Like, I wouldn't want to get involved with someone who's going through that, like, unless I was already a part of their lives.
- 15:43 And everyone that I met at the hospital was like, at least, like, 30 years older than me. Like, there were no, like, hunks in chemotherapy or anything [laughter]. So we need to shut down that narrative [laughter].
- Melissa: 15:54 Hi, I'm Melissa. I like things that I know what's in them, so I actually have been successful with coconut oil [laughter]. As weird as that is [laughter]. Um, I guess not linear. I feel like I still—we still—I'm still experiencing issues. I'm still looking for like that magic, like, fix-it-all solution, or cream, or boil, or whatever, and it's just—it's not out there.
- 16:16 I think it's a lot of trial and error, and a lot of talking to your friends; and then, a lot of talking to your partner, and your oncologist. If for nothing else, say, “Hey, I want to try this weird-ass lube. Is it safe? [laughter] Like, Can I use it?” Especially for women who have cancers that are driven by hormones. So if you're, you know, using an estrogen-based lubricant, is that safe? Is it not safe? Your onco can answer that.
- Emily S: Hi, it's pharmacist Emily. The incidence of sexual dysfunction among female cancer survivors ranges anywhere from 30 to 100 percent. So if you're facing this issue yourself, you're not alone. But why is this happening? Certain cancers and cancer treatments can cause your hormone levels to change. Normal levels of estrogen help keep the walls of your vagina healthy and lubricated. But low levels of estrogen, can lead to vaginal pain, dryness, or thinning of vaginal tissues.
- 17:14 Radiation, surgery, or other medications can also affect your vagina and sexual function. Talk to your doctor or healthcare team if you are experiencing such symptoms. They might be

able to work with you to find something to help, such as safe lubricants to use before or during sex, moisturizers for dryness or atrophy, or possible hormone treatments to help with thinning.

- Adam Walker: 17:44 Hi, I'm Adam Walker, the host of *Real Pink*, a podcast from Susan G. Komen. Over the last year, I've had the opportunity to meet so many people affected by breast cancer. I've interviewed thought leaders, celebrities, doctors, and men and women living with breast cancer. Their stories are so inspiring and really informative. We're taking conversations from the doctor's office to the living room. Please join us by looking up Susan G. Komen's *Real Pink* on your podcast app and subscribe today.
- Emily O: 18:19 We talked to Dr. Guy Winch, psychologist, and author of *Emotional First Aid* to learn how to maintain your confidence and control. If your sex life is affected by cancer treatment, you're not alone. In fact, your oncologist could have predicted it.
- Dr. Guy Winch: 18:33 What's interesting there, is that the doctors know that. They might know that with certain chemotherapies a huge percentage of people will get this sexual side effect and yet they don't bring it up.
- Emily O: 18:43 So why not? Dr. Winch says your oncologist might be more focused on eradicating the cancer, or they don't want to plant a seed.
- Dr. Winch: 18:50 Because they don't want to introduce it as a suggestion, as a placebo effect. Once they tell you, "Oh, you might get the side effect," you might be primed to notice it and to get it where you might not otherwise."
- Emily O: 19:02 If they ignored the subject entirely, it can be hard to bring up, but you never know they might be able to help. Dr. Winch says no matter what you're facing, if it's a side effect, address it.
- Dr. Winch: 19:12 It is super-important to speak up because it can be sexual side effects, it can be pain, it can be all kinds of different things; and some people just feel like, "I guess that's what comes with the treatment. There's no point in me calling a doctor and say, hey, what's going on with this?" Oh, actually there's a cream we can give you for that one, or there's something we can give you for that. So you have to learn to be an advocate for yourself.
- Emily O: 19:35 Plus, if you're facing an uncomfortable side effect, you're probably not alone.

Dr. Winch:	19:38	But you have to assume that if you have that side effect, and this is an oncologist, plenty of their other patients have had this side effect. You have to assume you're not going to be the only one and that therefore their experience with it, and they may be able to tell something about it.
Emily O:	19:54	Instead of focusing on the stress of the conversation, think of it this way; your doctor's goal is to help you feel better. Why not take care of anything that's getting in the way of that?
Dr. Winch:	20:03	Cancer treatments are expensive, whether you have insurance is paying for them, whether you're, you know, paying for them—so, you're paying a lot of money for this. Don't hold back. It's a part of the service. It's a part of what you're supposed to get is the ability to talk to a doctor and get answers to questions.
	20:17	And I think it's super-important to think of yourself—like, I'm advocating for myself, "I need to ask any question I have about my health, about my functioning—sexual or otherwise." [pause]
Emily O:	20:38	As a cancer survivor, Anne Scalia can relate. And as an oncology nurse, she wants to use her experience to help other survivors.
Ann Scalia:	20:45	I think it's heighten my awareness, really, of what patient's need even more. You can think you understand what a patient is going through, but until you've gone through it yourself—and just the fact that you're a cancer survivor, that doesn't mean I know what everybody else is going through.
	21:01	But, however, there's common issues that patients have, like how to bring up questions to their physician? Because oftentimes, they're waiting for the physician to bring it up and, you know, that doesn't always happen.
Emily O:	21:15	While it often goes unmentioned by doctors, Ann says treatments impact on a survivor's sex life can affect their ability to maintain normalcy.
Ann:	21:23	They have a whole host of like physical issues. Patients could have painful sex, sexual dysfunction, menopausal symptoms; and oftentimes, the quality of life issues that patients go through, you know, aren't often brought up. The decreased sexual interest or intimacy, that's another problem too.
	21:41	And when I'm saying sexuality, I don't mean it as-as far as intercourse, but really it's, like, how you view yourself. Like, your self-image, your zest for living. And so, basically, that—

these all can affect them resuming their old life, or their life prior to cancer.

- Emily O: 21:59 Ann says changes to your appearance are one of the main disrupters to a survivor's sexuality.
- Ann: 22:04 Body image distress can impact their cancer treatment. Sometimes they isolate themselves, you know, depending on the body issues that they have. Then they have the anxiety and depression—that piece. And then, who wants to have sex or intimacy?
- Emily O: 22:17 Ann suggests you keep a journal with all the side effects you're having, and talk openly about them with not only your doctors, but your partner too.
- Ann: 22:24 A cancer survivor may also worry that it's going to affect their relationship. You know, oftentimes, they try to shield each other. You know, they know that their partner is worried about them. You know, oftentimes, they feel like their partner's burden. But the partner may also be anxious about putting pressure on-on-on the patient by initiating. So it's, kind of, like, you're walking about mad.
- Emily O: 22:47 Keeping that closeness with your partner is important for your relationship, but there are ways to maintain that intimacy without actually having to have sex.
- Ann: 22:55 We all need caring, touch, closeness with other individuals and, you know—you know, really, sexuality and intimacy is an important part of everyday living. It's not just, you know, sexual intercourse. So experiment with, like, other forms of intimacy. Like, learn to touch and hold hands, kiss, hug, cuddle, you know, massage; or every day, even just making a point to say, "I love you". It doesn't have to be spontaneous.
- 23:20 So if they're through a treatment, they can schedule relax time together, like a date night. And if they're having a lot of fatigue from their cancer treatment, plan a nap before. You know, try and take medications for side effects, like, if you're nauseous or if you have pain. Talk about ways with your physician. There's a lot of things he can do to help; it's really going back to having the conversation.
- Emily O: 23:42 Another conversation to have with your doctor is about your eggs. Having a baby some day in the future could be more difficult after going through treatment. So it's important to ask your doctor about your options to preserve your fertility.

Ann: 23:53 Well, I mean, no one expects to have cancer, and no one expects the ability to have a baby ever compromised. And if you think about reproduction education, that's the farther thing of their minds. These poor patients have to make a decision: one, they have to get information on top of what their treatment protocol is going to be; and then, this is one more thing that they have to do now or never, in case their fertility potential is affected.

24:17 Women are going on now after a cancer diagnosis; they're surviving. You know, family planning. They want their lives back and they want their quality of life. And it's important that conversation is had so that at least the patient knows that there are options.

Emily O: 24:33 In order to preserve your fertility, you used to need a sperm donor to make embryos. But in 2012, egg freezing became standardized, allowing women to independently preserve their eggs.

Ann: 24:43 In 2012, when egg freezing was no longer experimental, I mean, that was kind of, you know, like, wow. You know, if we could do that, that's going to be a great milestone. And now, you know, the fact that women have the ability to just freeze their eggs makes it a lot easier options for women. They don't have to rely on having a partner or, you know, finding a partner to be able to do this, to preserve their fertility.

Emily O: 25:09 So what's the best option for you? That depends on a few things: like, your type of cancer, treatment plan, hormones and other factors. In addition to embryo freezing, your doctor can help shield your ovaries from harmful radiation.

Ann: 25:21 They can have a minor procedure, a laparoscopy, and they can surgically, kind of, reposition your ovaries out of the way of, like, the radiation field, for example. You know, kind of like when a female is just going to the dentist, they're always kind of shielding, you know, a woman if there's a possibility they could get pregnant. So those are things that are just automatically done. But it is ways that they can protect.

Emily O: 25:44 There's always the chance that your reproductive system will restore after treatment. If not, you still have options.

Ann: 25:50 They do have the option of third-party reproduction where they can have donor eggs. And again, a lot of women chose that option because they want to experience the pregnancy and adoption is-is another option.

Emily O: 26:04 Most importantly, get as much information as you need if you're interested in preserving your fertility. It might be expensive, but there are organizations that can help cover some of the costs, such as the Heartbeat program. Just remember, all survivors deserve to make their own decisions for their future.

Ann: 26:20 They want the choice. They want to know what-what could affect them and they want to know what their options are because it's essentially for their quality of life. [pause]

Emily O: 26:40 Despite fertility being a challenge for many survivors, there's still hope. Survivor Ashley faced thyroid cancer, a cancer that not only affects your ability to get pregnant, but if doing so can be dangerous. I sat down with her to hear how a surprise pregnancy helped her defy the odds. So when you first were told that you would have issues with your fertility, what was that like to hear that?

Ashley: 27:02 It was not good to hear. So when I heard it, it's like, "Wow, you know, you don't expect that; and in my mind, I was just like, okay. This is the card I'm going to get dealt, so next, what am I going to do?" So I always just figured I would adopt, and I was okay with that. And they talked to me about freezing my eggs and things like that, but I wasn't ready at that point to even—I don't know, I guess, take it like, "Okay, yeah."

27:27 I wasn't ready in my life for that anyway, so I didn't really think about it. And then it was like, okay, now it's this new thing of the cancer, so that just kind of went off the table. But, yeah, I did end up having a baby, so that was a surprise—a welcoming surprise.

Emily O: 27:44 And can you talk about when you thought maybe you were pregnant. Can you tell me what that experience was like?

Ashley: 27:50 Yeah. I actually did, like, six different tests or blood tests at the lab, like all in a matter of—then another one at the doctor's offices, all in the matter of a couple days because I just couldn't believe it.

Emily O: 28:01 Yeah. What was going through head when you—when the first one came out positive?

Ashley: 28:05 Um, I think I was just shocked because my problems and my health issues myself. But then, Lance, my boyfriend is 42. He has low testosterone, so, like, between the two of us it's like, "How did this happen?" So, yeah, I think I was just very shocked, but-but so excited too.

Emily O: 28:27 And how did the pregnancy go? Did you have any complications?

Ashley: 28:31 Yeah. I don't know if it was the radiation and the health concerns and things like that, so I was a high-risk pregnancy. And then, they thought that—something was measuring off, and it was a couple weeks behind of what it was supposed to be and things like that. And I didn't know—in my mind, I'm like, "Oh my gosh, was it the radiation that I did that's messing this up?"

28:56 Like, so basically, I had to talk to a genetic counsellor, and I think at that point I was just like, "I'm ready for whatever happens." So you just kind of prepare yourself for that. Like, "If something is wrong, I'm okay with that. You know, I'm accepting this. I was supposed to be pregnant for a reason; however, if anything is—I don't want to say wrong because that's not even the right term for it. If the baby is special needs or anything like that, I'm prepared for it, you know."

Emily O: 29:24 Can you tell what were some of the thoughts that would run through your head, you know, some of the fears you had when you were pregnant?

Ashley: 29:31 Just really scared about losing it in the first trimester, because I knew that some people do miscarry with the thyroid issues. So that was probably number one. But then, thinking that someone was wrong constantly. Like, I wasn't sleeping at night because I was just thinking, "Is something going to go wrong?"

Emily O: 29:49 Can you tell me what then it was like to give birth to your baby?

Ashley: 29:53 Um, it was, I want to say amazing, but also partly a blur. Having the baby was amazing and the best thing in the world, that feeling of when they come out and put him right on your chest is the best thing in the world. But then following the pregnancy, I did have baby-blues very bad, and I think that-that was very much thyroid hor-hormone related.

Emily O: 30:16 Did your baby come out to be healthy?

Ashley: 30:18 Yes, very healthy.

Emily O: 30:20 What's his name?

Ashley: 30:21 His name is Tesla, after Nikola Tesla, the inventor.

Emily O: 30:24 That's sweet.

Ashley: 30:26 [Laughter] That's what we call him, our little miracle baby.

Emily O: 30:29 Aw. Can you give advice to listeners that might, you know, have gotten the news that their chances of having their own child might be slim? What would your advice to them be?

Ashley: 30:42 My advice would be that you make your own story, and just because you hear, or Google says, or a doctor says that you're in the odds of something happening; and people that are going through battling cancer and things like that, they already know that they're—you don't have to be a part of these odds, you know, like, you can go against that.

31:03 So if somebody tells you, you can't have children or that your chances are low, don't believe that. That's like saying your chances of not fighting this cancer are low—like you have to continue fighting, and it's just like that with having a baby.

31:21 Like, if you want one, you—you can keep figuring out, "Well, what can I do? What are my options?" And you work with that. Because no matter what, I mean, whether it's freezing your eggs, whether it's adopting, whether it's having someone else carry the ba—like there's always away. So I would never take no for an answer and keep trying if it's something you really want.

Emily O: 31:42 How has cancer changed your perspective on parenting?

Ashley: 31:45 Oh, wow. I think with parenting, and with having a family, I used to put my career first. But now, after having him, and after going through all that is definitely, like, number one. That little boy is my number one thing in this world. He makes me happy every single day. Nothing else—if anything mattered in the world, it's him.

32:11 And, I think, as far as like if you're talking about does it make me be more strict or anything like that? I just think maybe I—maybe I'm a little bit more lenient because I just want him to just have fun and love life. It's all just too short to not enjoy.

Emily O: 32:30 Thanks for listening. Be sure to rate and subscribe and tune in next time to hear—

Female Speaker: 32:35 People think that this is so minimal. Even if I do your nails now and I'm going to groom your cuticles, I'm taking a risk for your life.

Female Speaker: 32:44 My nails turn black or, you know, they turn flaky and just ugly.

Female Speaker: 32:49 And I had white spots, it was bad.

Female Speaker: 32:51 By the time that happened, I'm like, "Of course. Yeah, yeah. Of course."

Emily O: 32:55 Special thanks to the survivors for sharing their stories. This Walgreens podcast cast was clinical reviewed by Emily Shafer. It was written, reported, and produced by me, Emily Ornberg, with Taylor Banasik, Lauria Locsmondy, and Stefan Clark. It was co-produced by Caitlin Kiernan, author of *Pretty Sick: The Beauty Guide for Women with Cancer*. Follow her on social media @caitkiernan.

33:16 Recording and mixing by Matthew Lejeune, with Connor Boyle, at Chicago Recording Company. For more oncology side effect help, visit Walgreens.com/FeelMoreLikeYou to find oncology-trained pharmacists and beauty consultants in your area.