

Addressing Women's Sexual Health after a Cancer Diagnosis

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Non-Disclosure Statement

With respect to the following presentation, there has been no relevant (direct or indirect) financial relationship between above (and/or spouse/partner) and any for-profit company, party listed which could be considered a conflict of interest.



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Objectives

Assist healthcare professionals in oncology integrate women's sexual health in their practice by:

- Increasing knowledge regarding impact of cancer and cancer treatments on women's sexual health.
- Discussing evidence-based interventions for common cancer related sexual health issues.
- Discussing resources and referrals that are available to patients experiencing cancer related sexual issues
- Learning evidence-based assessment models to facilitate communication with patients about their sexual health



Why is it important?

- Sexual health is an important aspect of life and an area of concern consistently identified by women after treatment for cancer.
- Discussing sexual health should become a routine part of conversation with patients before, during, and after cancer treatment.
- ASCO's clinical practice guidelines

Barriers to Addressing Sexual Health

Health Care Provider Perspective

- Not comfortable discussing topic
- Lack of training (experience and knowledge)
- Time (patient load and clinic flow)
- Privacy

Patient Perspective

- Feeling embarrassment/uncomfortable
- Topic is a taboo subject
- Topic is a private/personal matter
- Perception that HCP is not interested in this topic

Park, Norris, & Bober, 2009

Attitudes and Biases

Studies suggest that clinicians may make assumptions on the basis of factors such as:

- Age
- Presumed interest
- Overall prognosis
- Whether they have a partner

Park, Norris, & Bober, 2009

Factors Influencing Sexual Functioning

- Cancer Treatment (Surgery, Chemotherapy, Radiation, Hormonal changes)
- Other medications
- Fatigue
- Stress
- Pain
- Changes in body-image
- Relationship Factors
- Psychological Factors (Anxiety, Depression)

Sadosvky, Basson, Krychman, Morales & Schover, 2010

Medications that may cause sexual issues

- Diuretics
- Antihypertensives
- Antihistamines
- Antidepressants
- Parkinson's disease medications
- Antiarrhythmic
- Tranquilizers
- Muscle relaxants
- NSAIDS
- Histamine H2-receptor antagonists
- Hormones
- Prostate cancer drugs
- Anti-seizure meds
- Alcohol
- Amphetamines
- Barbiturates
- Cocaine
- Marijuana
- Methadone
- Nicotine
- Opiates

Finger, William W., et al., 1997

Sexual Side Effects of Treatments: Breast Cancer

Surgery: Mastectomy/Lumpectomy

- Body image issues
- Pain

Chemotherapy

- Side effects: N/V, diarrhea, fatigue, weakness, hair loss = Low desire
- Can cause amenorrhea or early menopause= vaginal dryness, vasomotor symptoms, reduce libido
- Lubrication issues
- Dyspareunia

Sexual Side Effects of Treatments: Gynecologic Cancer

Surgery:

- Oophorectomy: commonly performed for ovarian cancer
 - Vaginal thinning, compromised elasticity, atrophy, and dryness= dyspareunia
- Hysterectomy:
 - Direct anatomical changes to vaginal vault = dyspareunia

Radiation:

- Short term: incontinence, irritation, pain = low libido, dyspareunia
- Long term: fibrosis → vaginal stenosis

Sexual Side Effects of Treatments: Colorectal and Bladder Cancer

Chemotherapy

- Fatigue,
- Low-libido

Surgery

- Can cause nerve damage
- Painful sex
- Ostomy bags: can cause body image issues/embarrassment

Radiation

- Painful sex

Sadosvky, Basson, Krychman, Morales & Schover, 2010

Ostomy Pouch: Sexual Considerations

- Remind importance of being careful of how much food or water is consumed
- Change ostomy pouch even if not full
- Make sure pouch is empty and flat
- If experience discomfort, change positions
- Ostomy deodorant spray to help eliminate odors
- Ostomy pouch covers
- Ostomy support groups

Junkin, & Beitz, 2005

Interventions

ASCO Recommendations on Interventions

- It is recommended that there be a discussion with the patient
- Psychosocial and/or psychosexual counseling should be offered
- Medical factors should be identified and addressed first.
- In women with symptoms of vaginal and/or vulvar atrophy
- lubricants vaginal moisturizers may be tried as a first option.
- Low-dose vaginal estrogen, lidocaine, and dehydroepiandrosterone in some cases.
- Patients experiencing vasomotor - behavioral options such as cognitive behavioral therapy, slow breathing and hypnosis, and medications

Carter, Lacchetti, & Rowland, 2017

Interventions

Sex therapy/online counseling and education

- Time and behavioral changes
- Develop short term goals and realistic long term goals
- Address body image issues
- Sensate Focus

Vaginal Moisturizers and Lubricants

Rx treatments

Vaginal Dilators

Pelvic Floor Therapy

Carter, Lacchetti, & Rowland, 2017



Changes in Body Image: Interventions

Encourage:

- Exercise
- Massages
- Getting comfortable with changes in body
- Sexual triggers
- Combating negative thoughts
- Communication

Psychosocial counselling should be offered to patients experiencing changes in body image.

Carter, Lacchetti, & Rowland, 2017

Vaginal Care: Do's and Don'ts

AVOID:

- Douches, Feminine hygiene sprays
- Perfumed soaps
- Deodorant panty liners
- Lasers for vaginal rejuvenation* (Mona Lisa, FemTouch)

ENCOURAGE:

- Drinking a lot of water
- Vitamin E
- Vaginal moisturizer as indicated
- Use of lubrication for sexual activity

Li, Picard-Fortin, Maheux-Lacroix, Nesbitt-Hawes, McCormack, Abbott, 2020

Vaginal Moisturizers

- Vaginal moisturizers are not only used before having sex, but are intended to be used several times a week (often before bed) to keep the vaginal lining moist and hydrated even in non-sexual situations

Vaginal Lubricants

- Recommended before and during sexual activity
- Avoid Parabens, Glycerin, flavors, warming and tingling lubricants
- Water, Silicone, and Oil Based Lubricants
- Suppositories (Lubrin)

Carter, Lacchetti, & Rowland, 2017

Prescription Treatments

- Vaginal estrogen cream: Inserted with an applicator, usually at bedtime
- Vaginal estrogen or DHEA suppositories: Low-dose suppositories inserted into the vaginal canal daily for weeks
- Vaginal estrogen ring: A soft, flexible ring inserted into the upper part of the vagina
- Vaginal estrogen tablet: A disposable applicator is used to place a tablet in the vagina
- Prescription drug to treat vaginal dryness and pain after menopause. It is a pill taken once a day (Osphena)
- Topical pain relief (i.e 2% topical Lidocaine)

Giebink, & Alexander, 2015

Vaginal Dilators

- Vaginal dilators (aka vaginal trainers) are tools to help restore or expand the pelvic floor muscles and vaginal tissues. They are key for treating vaginismus and can help patients begin or resume vaginal penetration, whether for sexual activity, use of tampons, or tolerance of a gynecological exam and serve an important function in cancer treatment to treat or prevent vaginal stenosis caused by radiation to the genital area or chemotherapy.

Carter, Lacchetti, & Rowland, 2017

Pelvic Rehabilitation

- Trained physical therapists who treat pelvic floor disorders such as:
 - Bowel incontinence
 - Pelvic pain
 - Sexual Dysfunction
 - Urinary incontinence
- Services offered:
 - Biofeedback therapy
 - Electrical stimulation
 - Pelvic floor exercises
 - Massage therapy
 - Dilator education

Carter, Lacchetti, & Rowland, 2017

Sylvester Comprehensive Treatment Center - Online Resources

Workshops in English and Spanish - Sylvester Comprehensive Cancer Center Youtube

- Sex After Cancer – A Virtual Workshop for Women (multi-d)

<https://www.youtube.com/watch?v=E56Nw0FIRRRQ&feature=youtu.be>

- Sexo Después del Cáncer: Un Taller Virtual Para Mujeres (multi-d)

<https://youtu.be/Tj9-Nyv5czo>

Dr. Kristin Rojas M.D., F.A.C.S., F.A.C.O.G.

- SABC: I Kinda Want To, But It's So Painful: Addressing Vulvar and Vaginal Changes

<https://youtu.be/10u558G2E2A>

- Podcast - Sex and Cancer or Lack thereof Podcast

<https://www.kristinrojasmd.com/2020/03/13/thriver-talks-podcast-e20-sex-canceror-lack-thereof-with-kristin-rojas-m-d/>

- Social Media – Follow MUSIC Program on IG @MUSIC_sexaftercancer
- Dr. Rojas on IG @kristinrojasmd

Sylvester Comprehensive Treatment Center – YouTube

“Sex after Cancer” Workshops in English and Spanish



Online Educational Resources for patients and providers

- After Cancer Solutions for Sexual Health - resources for Men, Women, and AYA
www.aftercancer.co/resources
- BreastCancer.org – Intimacy Tips
www.breastcancer.org/tips/intimacy
- Female Sexual Dysfunction
www.livestrong.org/Get-Help/Learn-About-Cancer/Cancer-Support-Topics/Physical-Effects-of-Cancer/Female-Sexual-Dysfunction
- National Cancer Institute: Sex and the Woman With Cancer
<https://www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/fertility-and-sexual-side-effects/sexuality-for-women-with-cancer.html>
- Sexuality and Fertility
<https://www.oncolink.org/support/sexuality-fertility/sexuality>
- The Scientific Network on Female Sexual Health and Cancer (for providers)
<https://www.cancersexnetwork.org/>

Sex Therapy & Online Sexual Health Counseling

- American Association of Sexuality Educators, Counselors, and Therapists
<https://www.aasect.org/find-professional>
- Center for Marital & Sexual Health of South Florida
<http://www.cmshsf.com>
- American Board of Sexology
<https://americanboardofsexology.org/>
- Leslie R. Schover, PhD, is a clinical psychologist internationally recognized as an expert on sexual problems related to cancer
<https://leslie-schover.clientsecure.me/>

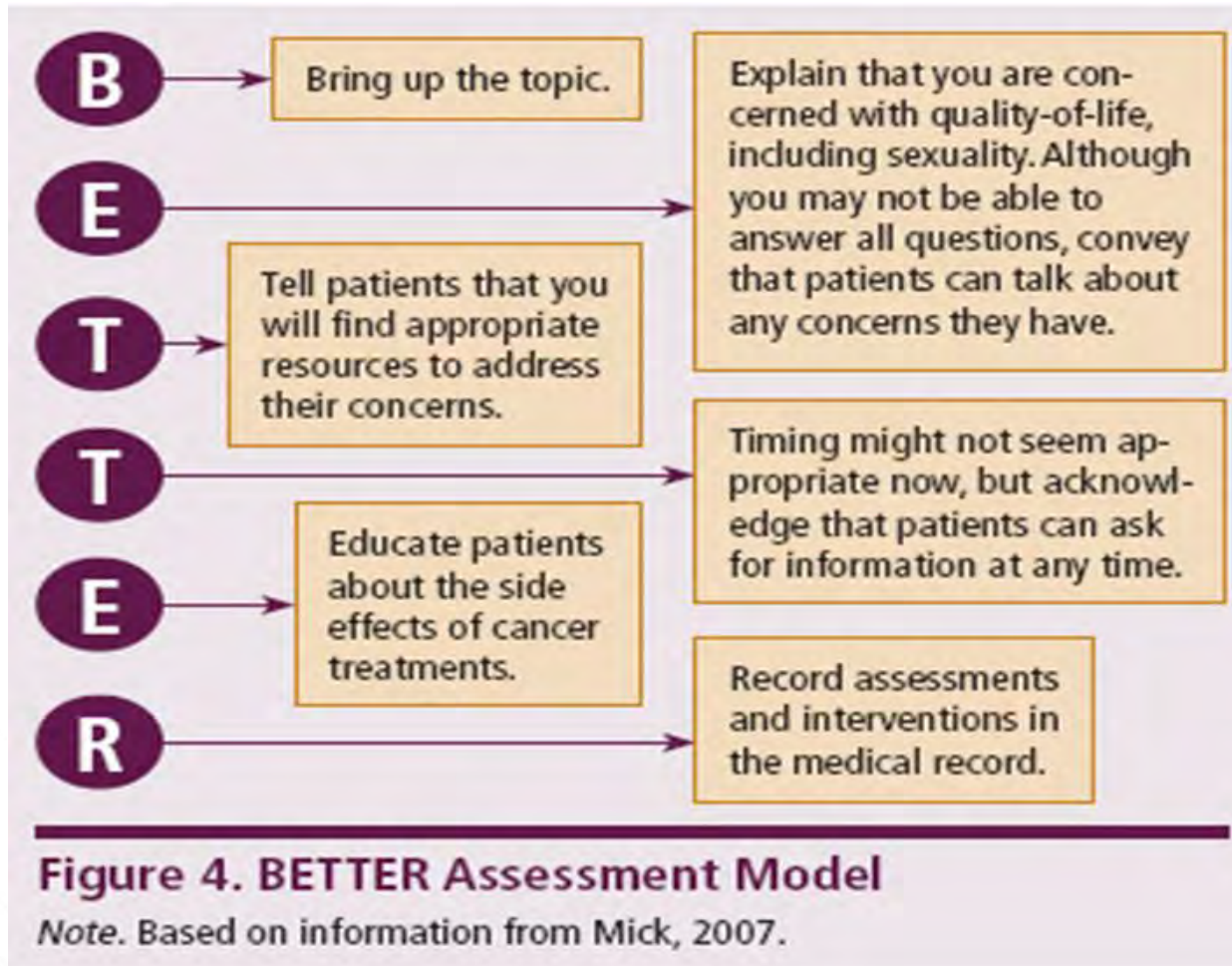
COMMUNICATION

ASCO Recommendations – Communication

- It is recommended that there be a discussion with the patient
- Initial conversation should be held with patient alone
- Subsequent conversations can include patient's partner, if they so desire.
- Sexual health and dysfunction discussed at time of diagnosis and ongoing

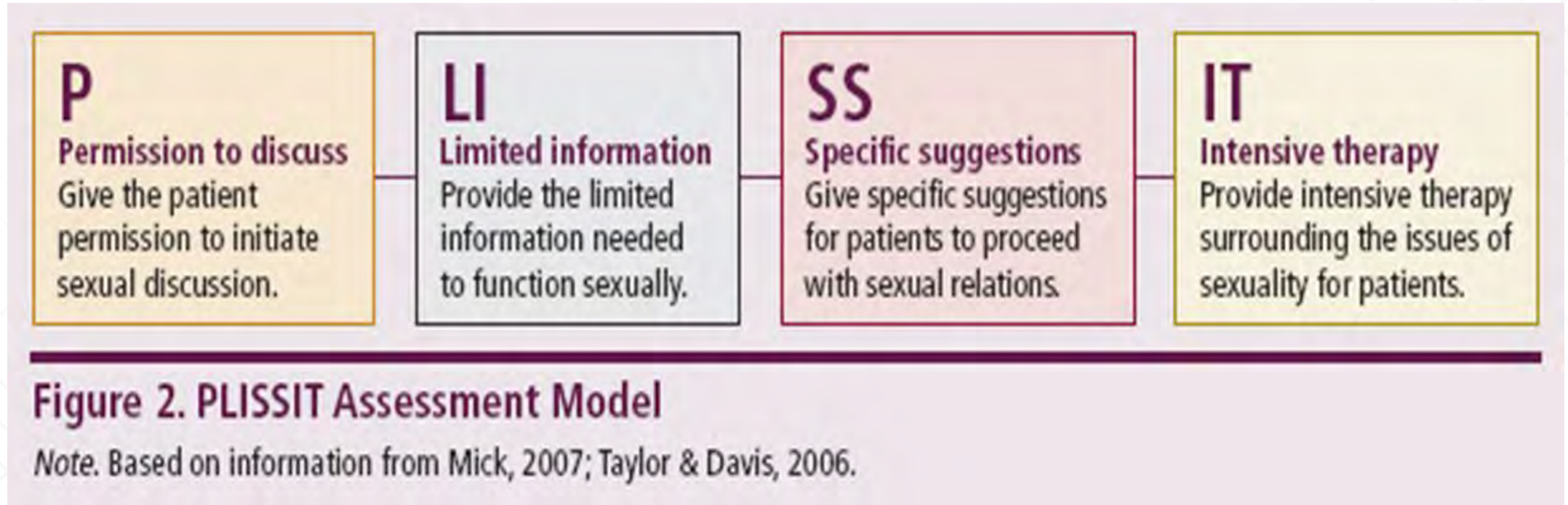
Carter, Lacchetti, & Rowland, 2017

Communication Models: Sexuality



Mick, & Cohen, 2004

Communication Models: Sexuality



Annon, 1976

Did you CARD her?

Cancer treatment can affect your sexual health, which is important to many peoples quality of life.

Ask: Do you have any questions/concerns about
...Sexual health, vaginal dryness, erectile dysfunction, sexual issues?

Resources/Referrals: If you're interested, I can connect you to...

Document: Addressed sexual health concerns, resources/referrals given...

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