

Sexual Health in Cancer Survivorship.

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10-17-2019

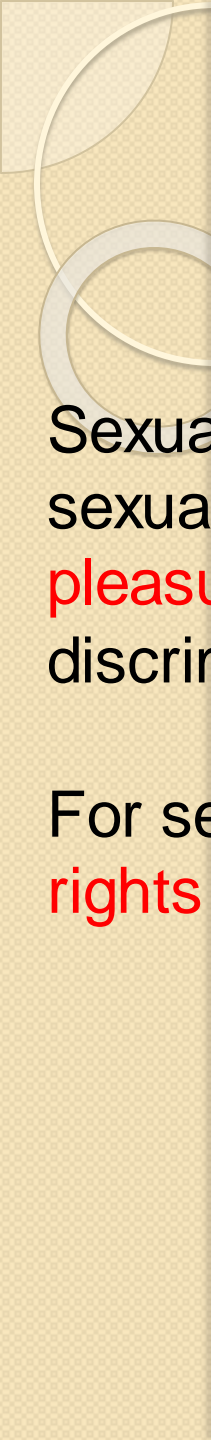
WHO Definition of Sexual Health

- Sexual Health is a state of complete physical, mental and social well-being and **not merely the absence of disease or infirmity..**





Inextricable element of
human health



Sexual health requires a **positive and respectful** approach to sexuality and sexual relationships, the possibility of having **pleasurable and safe sexual experiences**, free of coercion, discrimination and violence.

For sexual health to be attained and maintained, **the sexual rights** of all persons must be respected, protected and fulfilled.”

World Health Organization(2006)

Sexual Rights are Human Rights!

- **Balance** of both safety and pleasure in your relationships with protection of your sexual rights
- 16 sexual rights –(WAS)- World Association of Sexual Health-1997-fundamental freedom.



Shared
Values

Honest

Mutual
Pleasure

Protected from
STI's,
HIV
and
unplanned
pregnancy

Non-exploitive

Consent

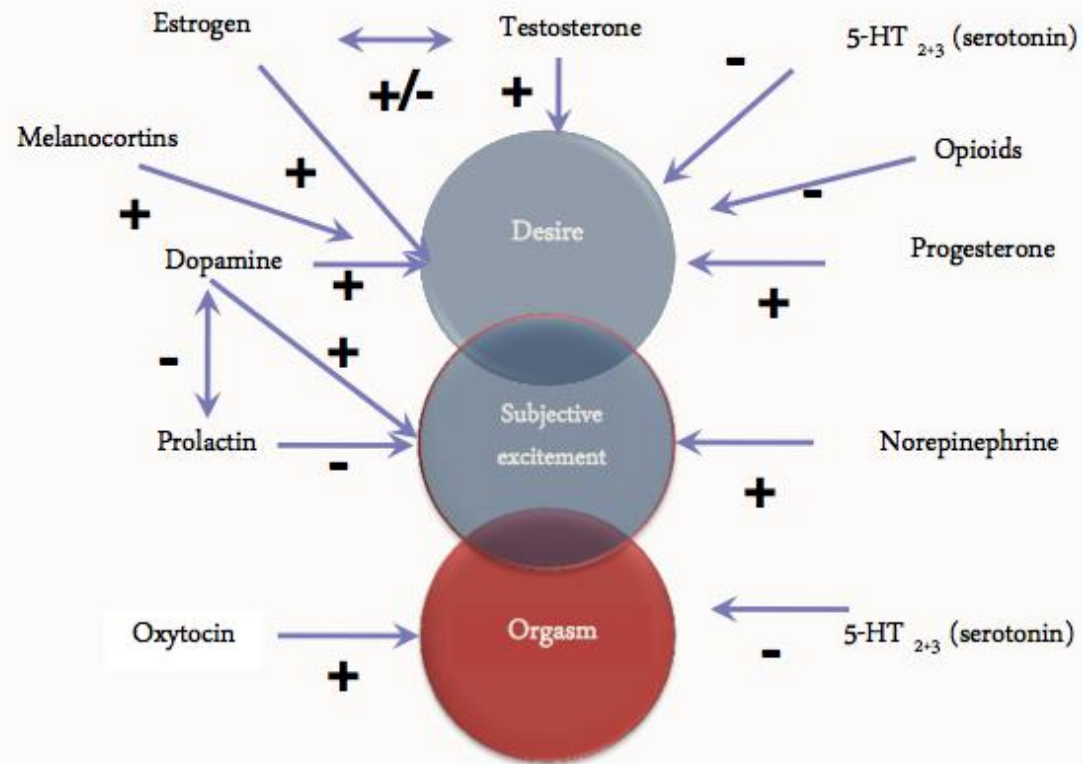
Sexual Health



Your sexuality lives forever!

- Own your sexuality to enjoy a healthy sexual life during cancer survivorship.
- YOU must be ready to do the work to maintain your sexual health and your partner intimacy during survivorship.

Central effects of neurotransmitters and hormones on sexual functioning



Clayton A. JSM 2007;4260-268

Cancer survivorship

- Survivorship starts at the time of diagnosis.
- By 2026- there will be over 20 million cancer survivors alive in US.
- Right now 13 million people in USA and 30million people globally are living beyond cancer.

Sexual Health-Unmet Need!

- Remains an unmet need for women with cancer
- 3.1 million or nearly 40% of U.S. women are now alive after a breast cancer diagnosis
- 8% of uterine and colorectal cancer patients are alive after diagnosis

Vulvar, Vaginal, Cervical, Uterine, and Ovarian Carcinoma

Danger threat of the disease



Surgery



Loss of innervation and blood supply; loss of fertility, hormones

Radiation



Loss of functional tissue, scarring, change of anatomical structures

Chemotherapy



Hair loss, gastrointestinal side effects, neuropathy, iatrogenic loss of ovarian function

The Impact of Diseases on Female Sexual Function

Danger	Subjectively experienced threat
Destruction	Destruction of sexual organs
Disfigurement	Visible bodily changes
Handicap and pain	Loss of mobility, chronic pain
Dysfunction	Loss of neurologic or muscular function
Dysregulation	Hormonal and central nervous disruptions
Disease load	Associated symptoms (incontinence, etc)
Drugs	Secondary effects

Tamoxifen/Aromatase Inhibitors

- Aromatase inhibitors have higher rate of sexual dysfunction reported compared to SERM
 - Lubrication issue- (74% vs 42%)
 - Painful sex (57% vs 21%)
 - Global dissatisfaction with their sex life (42% vs 14%)

◦ **Baumgart et al-menopause 2013;20:162-168*

Sexuality and Cancer: Associations and Beliefs

Reproduction

Life

Pleasure

Relationship

Sexuality

Cancer

Destruction

Death

Suffering

Loneliness

Misconceptions

- Sexuality is a luxury one cannot afford in fight for survival
- Sexuality not possible in a diseased body
- Sexuality is dangerous for a diseased body
- A partial loss of sexual function means that sexuality is lost
- Intercourse and sexuality are identical
- Capacity to have intercourse defines one's sexual identity

Beyond “at least you are alive”

- Multiple data sets- sexual dysfunction in cancer survivors- 30-100%.
- Goes beyond intercourse- emotional intimacy, body image, desire, arousal, orgasm and relationship satisfaction

Gaps in Sexual Health Cancer Care

- Women affected by cancer:
 - Feelings of sadness
 - Guilt
 - Inadequacy
 - Anxiety
 - Depression
- Providers:
 - Lack of training and experience to talk about sexuality
 - Misconception that sexual function is not important
 - Time and resource constraints



Taking a Sexual history

- **DOUPE**
- Description
- Onset
- Understanding
- Past experience with treatment..
- Expectation

Evaluation tools in sexual health

- Become more comfortable discussing and screening for sexual health.
- Questions for sexual history- **PLISST model.**
- PLISSIT- Permission /limited information/ specific suggestion/ Intensive therapy.



Sexual Health Dysfunction in female Cancer Survivors

- Premature menopause
- Painful sex
- Arousal/dryness and Sexual Desire disorder
- Absent or muted orgasms.

Menopausal change with Cancer

- **64 million** women in USA postmenopausal; 1.1 billion women worldwide by 2025.
- **32 million** women have GSM / VVA or dyspareunia or both.
- **93% fail** to seek treatment- embarrassment, lack of knowledge and cultural attitudes.
- Kingsberg SA J sex med 2013

MCHS Women's Intimacy Clinic

- Pelvic - Physical Therapist at Stettin Center, Wausau
- Sex therapist/mental health professional
- Teaching with vaginal aids, devices (vaginal laser in the future)
- Urology for male sexual issues



Approach to management

- Multidisciplinary- referral to sexual health expert
- GYN/ Physical Therapy / sex therapist/ Urology
- Medications- vaginal estrogen, SERM – Osphena, vaginal DHEA, Addyi.
- Non hormonal– vaginal moisturizers, lubricants, topical lidocaine.
- Vaginal Laser

Laser devices –Mona Lisa /Diva

- Vaginal atrophy-chafing and pain
- When estrogen/hormonal therapy is contraindicated

Management Modalities

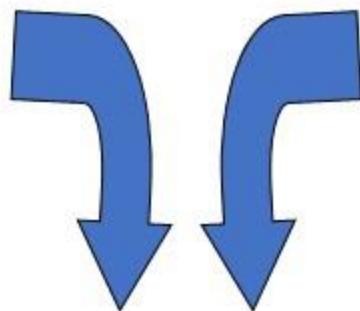
- Pelvic Physical Therapy
- Vaginal dilators (14-38mm), vibrators
- Vacuum devices – **FIERA** –Arousal & orgasm device- FDA approved.
- Neurological injury- gabapentin, duloxetine, lidocaine, steroids, spinal or peripheral neuromodulation.

Developing a Therapeutic Plan

Decision making takes into account:

- Contributing biopsychosocial factors
- Values
- Motivation and aim of treatment (rehabilitation)

- Analgesics
- Physical therapy; dilatation
- Local estrogen
- Moisturizers
- Systemic hormonal treatment
- Anti-inflammatory treatments
- Antidepressants



Individual treatment
strategy

- Supportive psychotherapy
- Couples therapy
 - Communication
 - Conflict resolution
- Coping Counseling
- Psychosexual interventions
 - Sensate focus
 - Video demos

Sexuality Integrated cancer programs.

- Duke University program.
- Dana- Farber Cancer institute- Boston.
- UW Carbone cancer center -WISH program , Madison – **Women's integrative sexual health program.**

PRISM program

- Program in Integrative Sexual medicine (PRISM).
- University of Chicago.
- Manage sexual minorities.-LGBTQ
- Multi-disciplinary clinic



National Scientific Network-Female Sexual Health & Cancer.

- Goals- to create network of **experts** who will focus on prevention or treatment of sexual dysfunction in cancer survivors.
- Advance science by giving **evidence based accurate information and** treatment for such sexual concerns.

SSTAR Society for Sex Therapy & Research

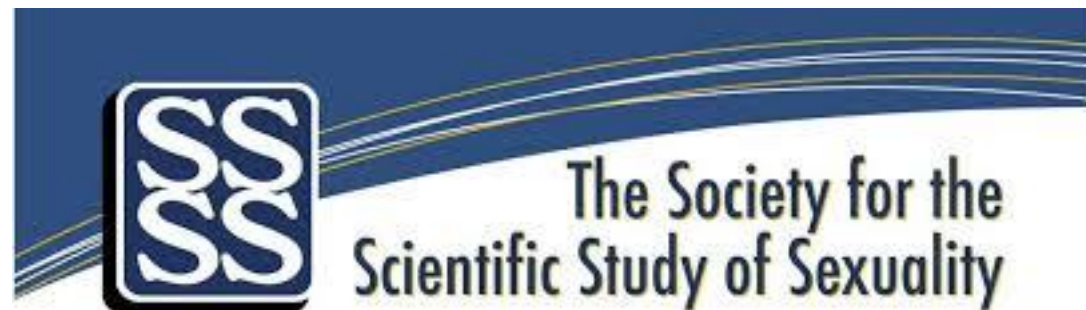
IASR

stands for

**International Academy of
Sex Research**



Abbreviations.com



Take Home Points

- Changes in female/male sexuality **do happen** during your cancer journey
- Please know about it and **ask about it**
- Most sexuality concerns are **manageable**
- Cancer survivors have **the right** to obtain evidence based 'cutting edge' newer/ latest information
- Cancer survivors **should not suffer** in silence
- **Start a conversation** with family and friends



- www.marshfieldclinic.org/womensintimacy

