

Women's Cancer & Sexuality

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CANCER SURVIVOR DAY

P A R E N T A L

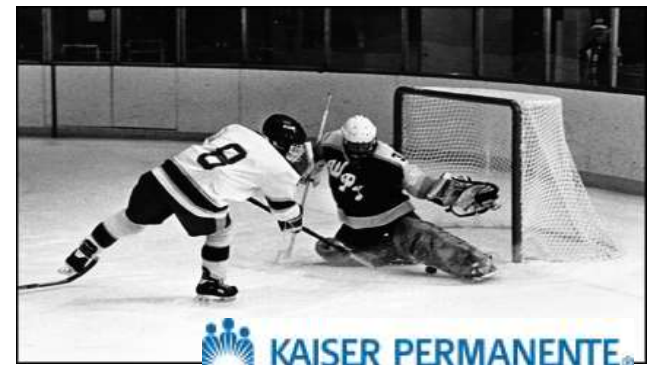
A D V I S O R Y

E X P L I C I T C O N T E N T

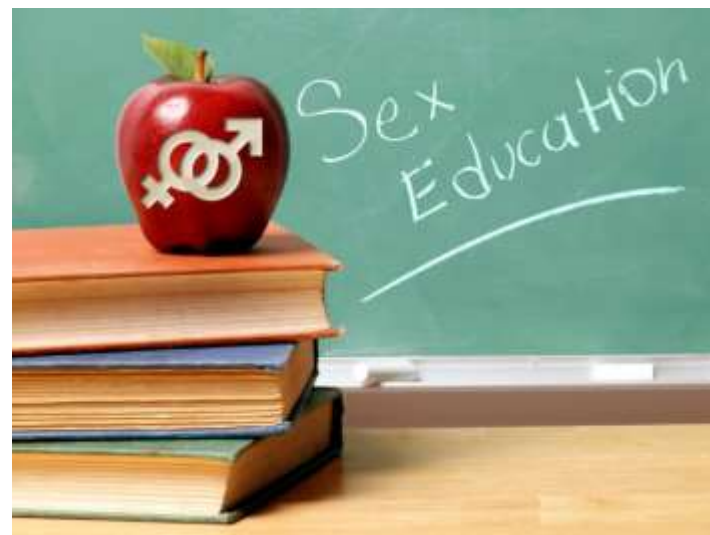
- Explicit diagrams & anatomy drawings will be used in this lecture
- Specific treatment techniques will be discussed for sexual problems
- Information may cause discomfort or be triggering to some individuals

Goals/Topics

- Talk a bit about sex & how cancer treatment can impact your sex life
- Review who can potentially help
- Talk about possible solutions
- Specifically review approaches to most common symptoms
 - ✓ Vaginal dryness
 - ✓ Pain with Intercourse
 - ✓ Vaginal Narrowing (stenosis)
 - ✓ Decreased Libido
 - ✓ Anorgasmia



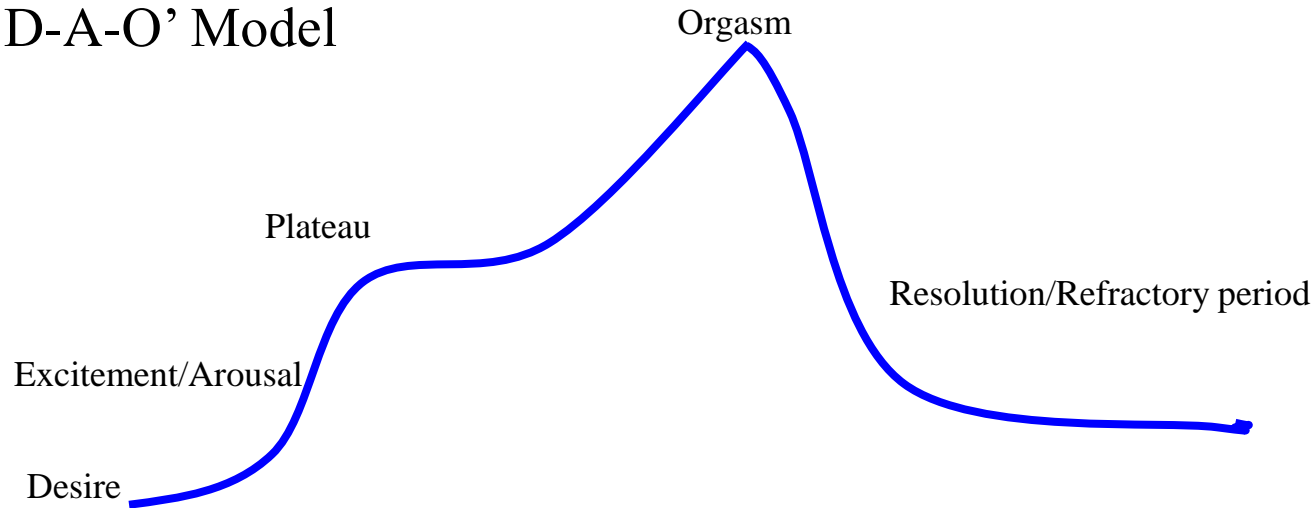
- Over 50% of women treated for gynecologic & breast cancers experience long term sexual problems
- Most cancer survivors were sexually active before their cancer & value sexuality after cancer
- What is sex?
 - Can mean different things to different people
 - Can change for one person over his/her life stages
 - Can be different for each partner



Even the “professionals” have different thoughts on “how sex works” & how men & women might be different

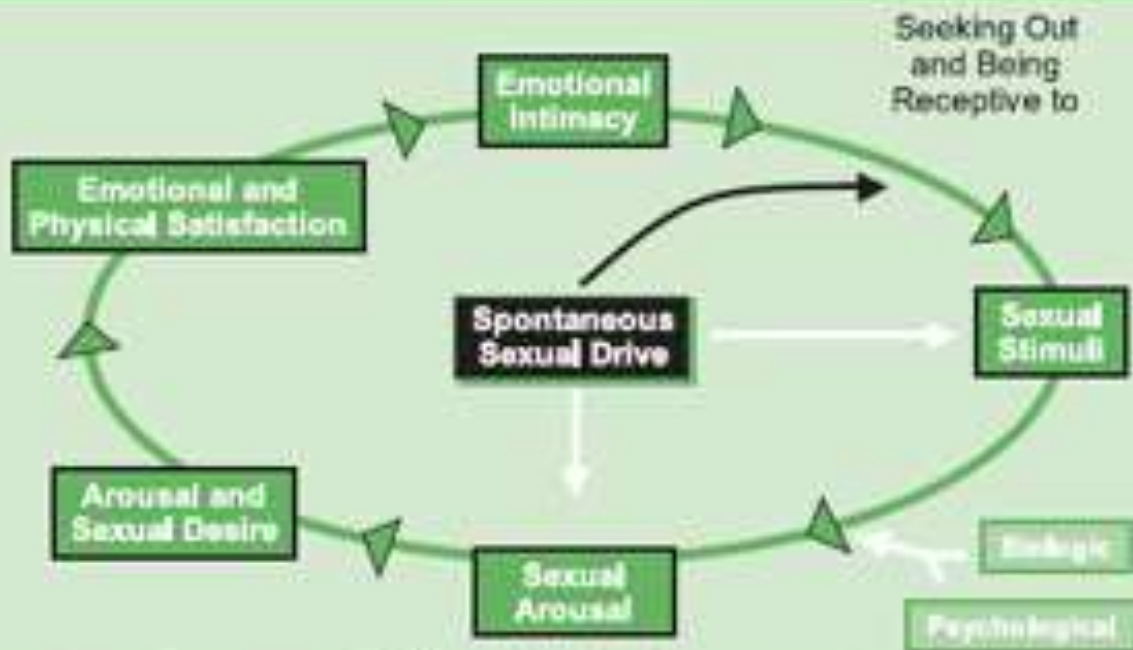
Masters & Johnson + Helen Singer-Kaplan MODEL :

The ‘D-A-O’ Model



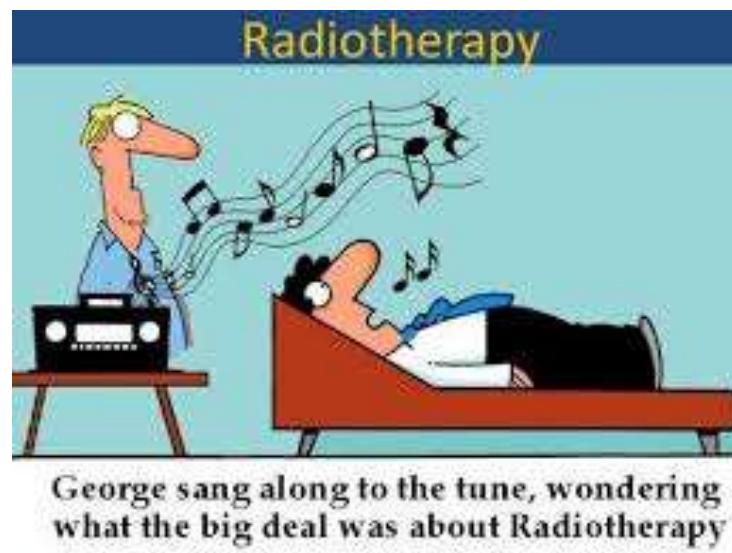
Sexual Response

FIGURE 3. Non-linear Model of Female Sexual Response
Developed by Basson⁶



Basson's non-linear model acknowledges how emotional intimacy, sexual stimuli, and relationship satisfaction affect female sexual response.

- Tools used to treat cancer change us
- Surgery, radiation, chemotherapy & hormonally based meds
 - Removal of body parts
 - Treatment induced menopause
 - We look different
 - Skin changes
 - Nerve damage
 - Pain
 - Weight gain or loss
 - Nausea
 - Fatigue



Physical Impact of Cancer

- Medications such as aromatase inhibitors, pain meds, depression meds can impact energy levels, desire, sexual response etc..
- Sex Dysfunction:
 - ✓ *Dyspareunia*: due to decreased lubrication/genital swelling, reduction of vaginal length/elasticity
 - ✓ *Low Desire*: nausea, vomiting, fatigue, pain, postcoital bleeding
 - ✓ *Other*: inorgasmia, dissatisfaction with sex life

Emotional/Psychological Effects

Brain = our most important sex organ!

- Fear/Anxiety - yours & your partner's
- Depression/Grief
- Pain
- Fatigue
- Changes in appearance & body image



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A new you physically/mentally /spiritually



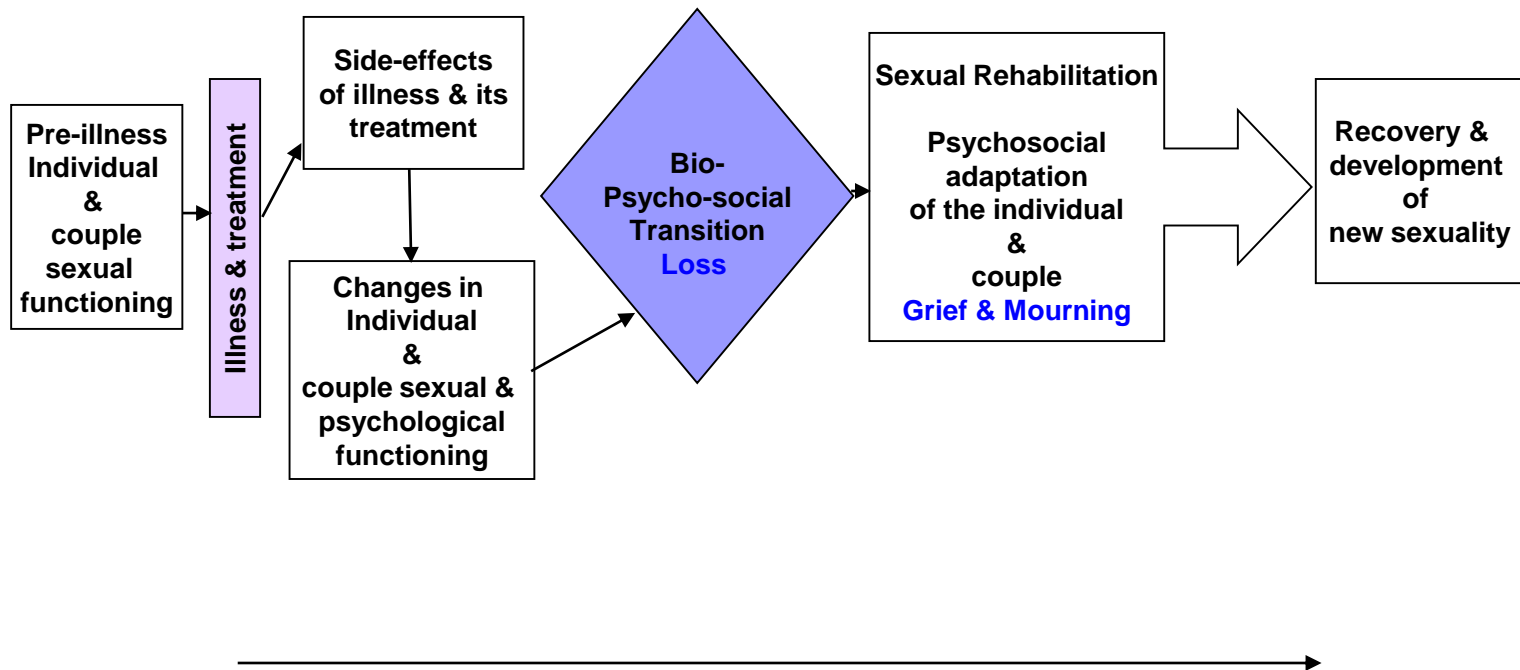
- Feelings about the new self-image
- A new perception of self in sexual partnership
- Accommodation of new body parts into a comfortable, non-interfering part of sexual activity
- Incorporation of aids to sexual functioning

Lack of Estrogen Changes Sexuality

- Longer time to get aroused
- Decrease in desire
- Orgasms are not as good (Fewer orgasmic contractions, less intense)
- Vulva & vagina are dramatically physically changed
 - Vulvar & vaginal dryness, thinning of vaginal walls, vaginal shrinkage, reduction in tissue elasticity
 - Tissue covering pubic bone may lose some of their firmness
 - ↓ lubrication
 - Clitoris can become highly sensitive, even too sensitive



Sexual Recovery doesn't necessarily happen automatically or right away



So what do we do??

- Recognize you are not alone
- Talk about it with your health care providers
- Include your partner in conversations (Partners are often scared of hurting/causing you pain)
- Use your goals to address your needs & symptoms
- Take care of yourself – lifestyle, self care & vulvar & vaginal health

Talk with your partner

- **What are each of your goals?**
- **Partner may be concerned about pain/how should touch you:**
 - Reassure partner who may be afraid of harming you during sex when/if activity is uncomfortable, can proceed w/ confidence.
 - Include partner in discussions w/doctor.
- **Although you may view yourself as “damaged, unattractive, or unlovable”, partner may not.** Partner may see loss/alteration of breast, changes, or loss in sexual functioning, as less important in comparison w/your survival.

Talk with your partner

- **You bring up the topic of sex:**
 - Partners may not know what to say
 - Fear talking will be painful for you.
 - Discuss what's important to you -fear of rejection, bodily changes.
- **Talking about sex – perhaps in ways you never had to:**
 - Verbal/non-verbal communication to tell partner when/how to touch, kind of touch that feels good.
 - Easier to talk outside bedroom & not during sex.
 - Talk about positions/activities that provide most pleasure/minimize discomfort

Who Can Help? Team Approach

- Primary care provider
- Gynecologist
- Oncologist
- Psychologist
- Sex Therapist
- Pelvic Floor Physical Therapist have subspecialty training in pelvic anatomy & function pain & pelvic floor weakness



Talk with a Professional

- Can help if communication is difficult
- Get support for other mental health issues - depression & anxiety, are associated with an increased likelihood of sexual dysfunction
- Sex therapists - highly trained counselors, with expertise in sexuality



"Eventually, I'd like to see you able to put yourself back together."

Sex Therapy

Purpose

- Resolve sexual dysfunction
- Sex education
- Enhance the sexual relationship
- Increase comfort with giving & receiving pleasure
- Increase emotional, physical, sexual intimacy

How it is accomplished?

- Identify & examine feelings & cognitions
- Skill building: problem solving, communication
- Homework
- Build individual & couple's strengths
- Increase items in your sex basket

Lifestyle changes

- Decrease or stop smoking
- Limit use alcohol
- Fatigue, stress contribute significantly to low libido & sexual problems
 - Stress management - support groups, yoga, breathing exercises or other relaxation techniques or exercise
 - Treatment for depression
 - Get rest
 - Get help - childcare, housework etc



Lifestyle changes

- Feeling better about your body
 - Working out, eating healthy – physical & mental benefits
 - New make-up, perfume, wig/hair cut
 - Get a facial, body treatment, botox...
 - Whatever works
- Expand your sexual repertoire
 - Date nights & weekends away
 - Use of sexual aids....
 - Read erotic books, watch - stimulating to both of you
 - Shop together for sex toys (items designed to increase sexual pleasure)



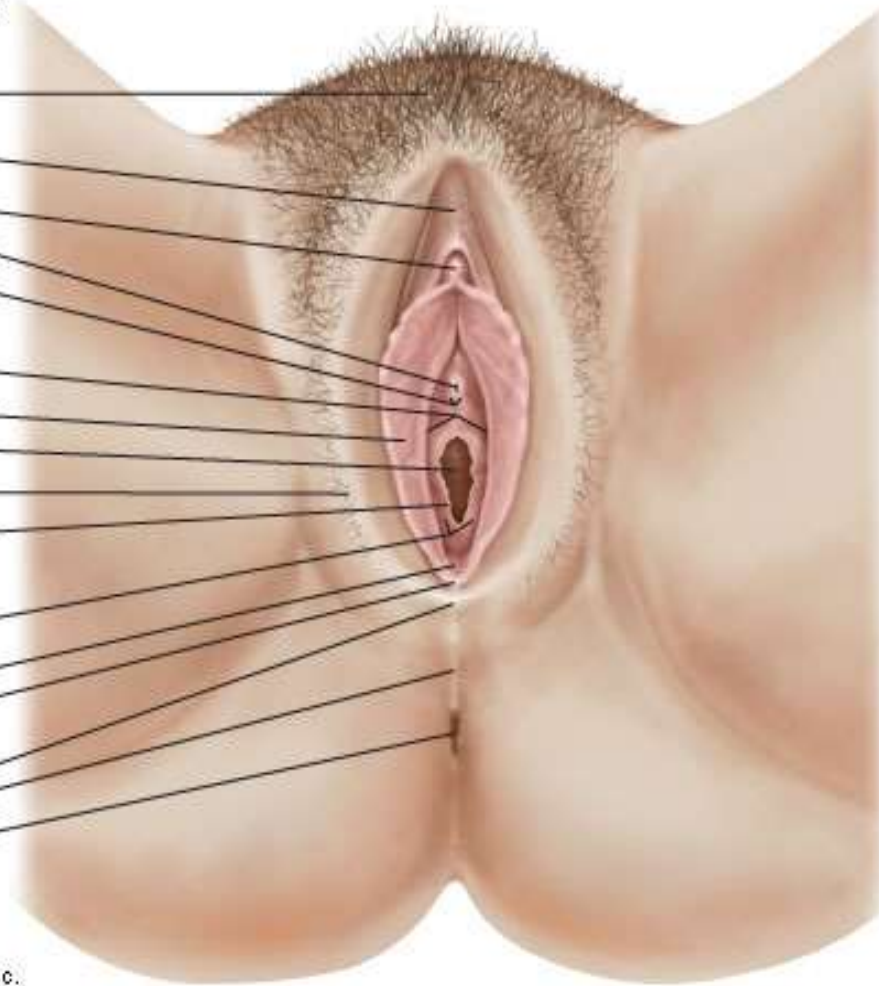
Self care & sexual health care

- Within one's religion/culture, consider healthy benefits of self-exploration/masturbation
- Know your parts
- Practice good vulvovaginal health care –
Lubricate Moisturize Stretch
- Handouts from salliefoley.com
- Can help with dryness, pain, low libido, anorgasmia

Anatomy

Female external genitalia

- mons pubis
- prepuce of clitoris
- glans of clitoris
- urethral opening (meatus)
- openings of paraurethral (Skene) ducts
- vestibule of vagina
- labium minus
- vaginal opening
- labium majus
- hymenal caruncle
- opening of greater vestibular (Bartholin) gland
- vestibular (navicular) fossa
- frenulum of labium
- posterior labial commissure
- perineal raphe
- anus



Managing Vaginal Dryness

- Vaginal Moisturizers
- Vaginal Lubricants
- Hormone Therapy
- Vibrators/Dilators
 - ✓ -Enhance stimulation
 - ✓ -May help decrease anxiety
- Approaches to improve vaginal flora
 - ✓ Fermented foods in diet
 - ✓ Probiotics – Femdophilus®
 - ✓ All about vulvar vaginal self care...

Vaginal laser!?!

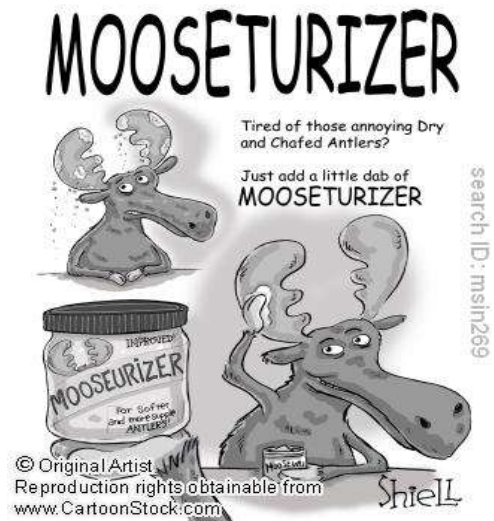
- Potential treatment of vulvovaginal dryness
- Limited data
- Seems to be effective – but unclear how long benefits will last and if more than 1 treatment is safe
- Expensive
- Ongoing trials

Vaginal & vulvar health: Lubricate

- Water based, silicone based & oil based
- Apply to genitals of both partners during foreplay & before penetration (Use right before sex)
- Silicone based lubricants – do not contain water, lasts longer because does not absorb into vaginal mucosa.
- Avoid irritating scents/flavors/parabens
- Unclear if need to avoid glycerin based lubricants, may increase risk of yeast infections
- Many organic options - water & oil based
- May need oil-based (organic oil based = YES brand)
- Suggestions? Slippery stuff, Jason's organic Vitamin E lubrication, etc
- Be willing to experiment.....
- See handout

Vaginal & vulvar health: Moisturize

- Regular 2-3 times weekly, both vagina & vulvar vestibule
- Estrogen or non estrogen?
 - Oral estrogen replacement therapy may be option
 - Low-dose vaginal estrogen therapy – Amount of estrogen that reaches blood stream is minimal
 - low-dose vaginal estrogen ring (7.5 mcg/day)
 - Insert time release tablet (Yuvaferm 10 mcg 2 to 4 times weekly)
 - Minidose of conjugated estrogens cream (0.25 g twice weekly)
- Nonhormonal, over the counter
 - Available in gels, tablets, liquids
 - Sliquid organics
 - Vitamin E, sunflower seed oil
 - Luvena - Used to hydrate vaginal tissues & improve vaginal health (pH)
 - See handout



Vaginal & vulvar health: Stretch

- Regular dilator practice
 - Vaginismus.com
 - 2-3 times/week
 - Introitus & vaginal walls
 - Use it or lose it
 - Part of a shower/bath routine...
- Pelvic floor physical therapy



music driven vibrator-vibrates to music...hmmm....

Self Stimulation

- Within your comfort zone...
- Vibrators, dilators - stimulate clitoris, vagina, both
- Clitoral suction vacuum device
 - Thought to improve local arousal & response by improving clitoral blood flow
 - <http://www.uandmetime.com>
 - Mixed data

Can help with:

- Decreased libido
- Pain with intercourse
- Remembering that “all the parts work”
- Less pressure
- Decrease anxiety

Managing Vaginal Dryness - Hormone Therapy

- Ospemifene (Part of tamoxifen family- selective estrogen receptor modulators)
 - Cannot or prefer not to use vaginal product
 - No increase in risk of uterine cancer
 - May have beneficial effects for bone & breast
 - Disadvantages - need for daily use & systemic side effects (hot flashes, potential risk of blood clots)
 - One study showed improvements in sexual pain, arousal, & desire
- Vaginal dehydroepiandrosterone – DHEA form of testosterone (vaginal prasterone) - estrogen is better choice in terms of effectiveness & safety

Treating Pain with Intercourse (Dyspareunia)

- Dilator use
- “Sensate focus exercises” focusing on increase mutual sexual pleasure, minimizing importance of orgasm as principal goal of sexual encounters
- Do not have intercourse without appropriate arousal & lubrication
- Use of different sexual positions may help.
- Topical Lidocaine – best for external (introital pain) Need a Rx
- Pelvic Physical therapy – strengthening, biofeedback, education about dilator use
 - Supports sexual structures
 - Helps with urinary incontinence
 - Helps relax scar tissue
 - Contributes to self-efficacy



Search ID: mben5032
"Removing the phone is easy. Getting your head and arms to their original positions will take weeks of physical therapy."

Vaginal narrowing/stenosis

- Pelvic radiation or stem cell transplantation can lead to vaginal shortening, narrowing or obstruction
- Radiation may result in radiation fibrosis
 - Damage to vaginal skin, blood vessels & supportive tissues
 - Excess collagen formation, late effect of RT
 - Dilators often recommended but not used
- Sex therapist/Pelvic Floor physical therapist important
- Dilator use may increase vaginal length or caliber by 1-2 cm
- For severe obstruction (vaginal length of 5 to 6 cm)
 - Alternate positions
 - Incomplete vaginal penetration
 - Use of a hand or thighs to augment vaginal length
- Surgery can sometimes help but given risk is usually late option

Decreased Libido

- Psychotherapy, couples therapy, or sex therapy may be helpful.
- Medications for depression may decrease libido or interfere with orgasm - Prozac family
- Hormonal therapy
 - Estrogens/progesterones
 - Studies inconclusive
 - May help with dryness/pain & so may help
 - Testosterones (Androgens)
 - Controversial & not well studied as far as safety & efficacy
 - Tablets & creams
 - Tibilone
 - synthetic steroid estrogenic, progestogenic, & androgenic
 - not approved by the FDA - concerns breast cancer, endometrial cancer, & stroke
 - used by postmenopausal women in Europe & other areas.

Decreased Libido - Non-hormonal therapies

- Bupropion (Wellbutrin) antidepressant
 - Long-term safety data & risks & side effects are well characterized.
 - Generic formulations are available, so cost is low.
 - Can increase “alertness” so should take in the morning
 - Can cause anxiety, insomnia, & hypertension.
 - increased sexual pleasure, arousal, & orgasm
- Buspirone (Buspar) - Anti-anxiety medication- small studies suggest possible benefit

Decreased Libido - Non-hormonal therapies

- Phosphodiesterase inhibitors (Viagra© family)
 - Some studies showed no benefit
 - But in studies of medication related dysfunction, there was improvement in sexual arousal & orgasm
- Flibanserin (Addyi)
 - 1st drug to be FDA approved (failed twice – black box warning)
 - Has to be taken daily unlike PDE5 inhibitor (Viagra)
 - Only approved for premenopausal women
 - Can not be used while drinking alcohol
 - Common adverse effects sleepiness, dizziness, low blood pressure, fainting

Herbal Approach - MACA

- Member of the Brassica family
- Animal studies consistently show that maca improves erectile dysfunction in men & a recent small study showed that it reversed SSRI-induced (medication) sexual dysfunction in women
- Continue to await additional work
- 3.5 grams/day powdered maca
 - ✓ no effect on serum hormone levels
 - ✓ significantly improve scores related to depression, anxiety & sexual dysfunction (Brooks, 2008)
 - ✓ dose of maca extract=2-4 grams/day taken in 2 divided doses.
 - ✓ no known adverse effects & no known drug interaction



Information Sources

- salliefoley.com
- <http://www.uandmetime.com>
- American Cancer Society
- National Cancer Institute
- Foundation for Women's Cancer
- United Kingdom Cancer Survivorship Initiative
- American Association of Sex Educators, Counselors, & Therapists
- American Association for Marriage & Family Therapy
- Sexuality Information & Education Council of the United States
- Society for Sex Therapy & Research
- The North American Menopause Society (module on Sexual Health & Menopause)

Thank you!

Questions?

References

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