

Intimacy and Sexual Health

A Conversation for Women with Cancer

Don S. Dizon, MD, FACP, FASCO

Director, Women's Cancers, Lifespan Cancer Institute
Founder, Oncology Sexual Health First Responders Clinic
Rhode Island Hospital



Joanne K. Rash, MPAS, PA-C

Co-Founder, Women's Integrative Sexual Health Program (WISH)
University of Wisconsin Carbone Cancer Center
Division of Gynecologic Oncology, Department of Ob/Gyn



Disclosures - None

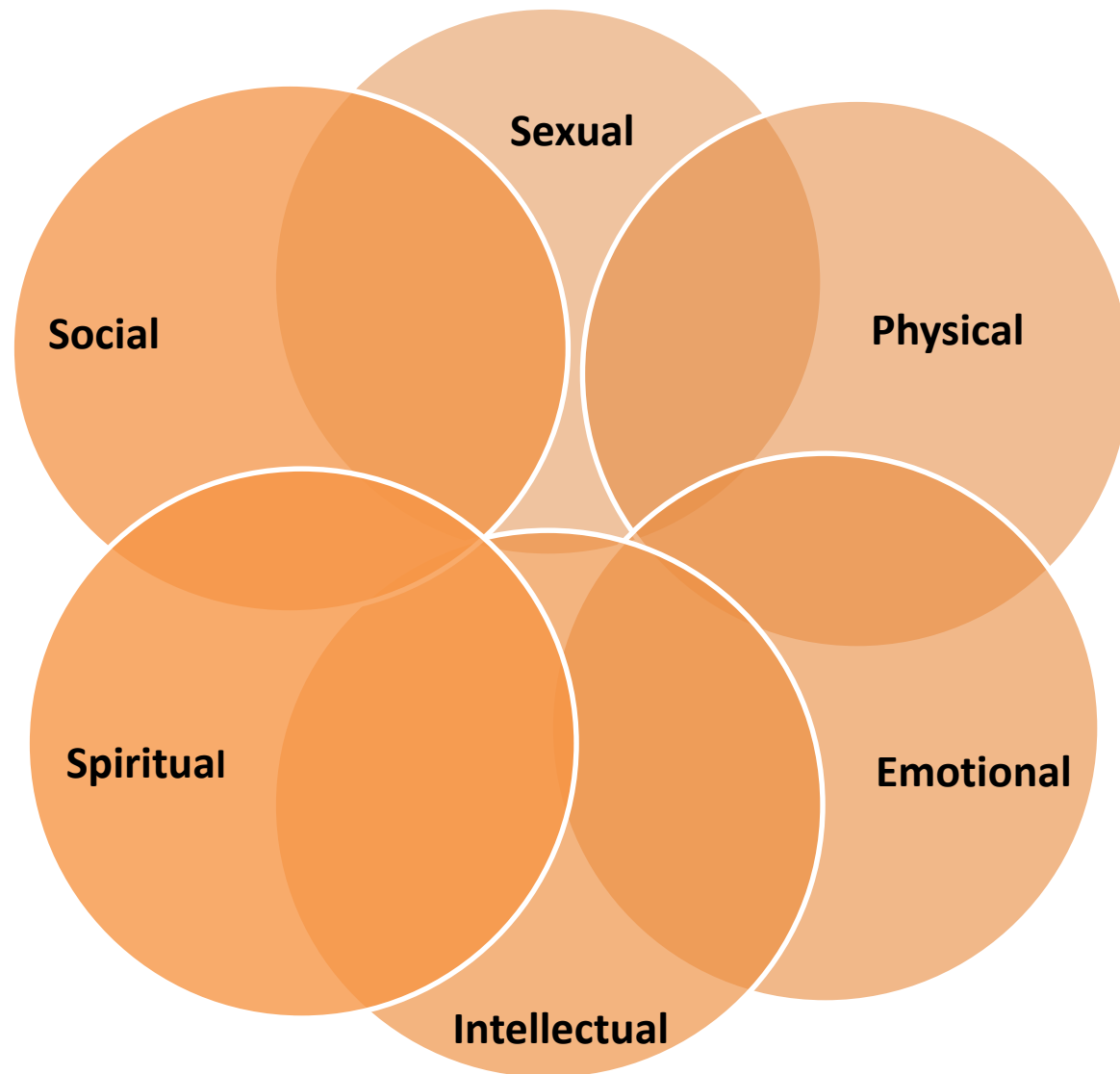




Why Do People Have Sex?



- Pleasure (alone or with a partner)
- Intimacy
- Procreation
- Fun
- Bonding
- Stress relief
- To please a partner





Variables Affecting Sexual Satisfaction

- General well-being
- Previous sexual experiences
- Relationship with partner
- Personal health
- Health of partner
- Cultural influences
- Family influences
- Self-image
- Media Influence





Physical Features Important for a Healthy Sex Life

- Healthy blood flow to small vessels
- Normal nerve function to feel touch and pleasure
- Muscular tone in pelvic floor
- Sufficient energy
- A pain-free body
- Reliable lubrication, arousal and orgasm





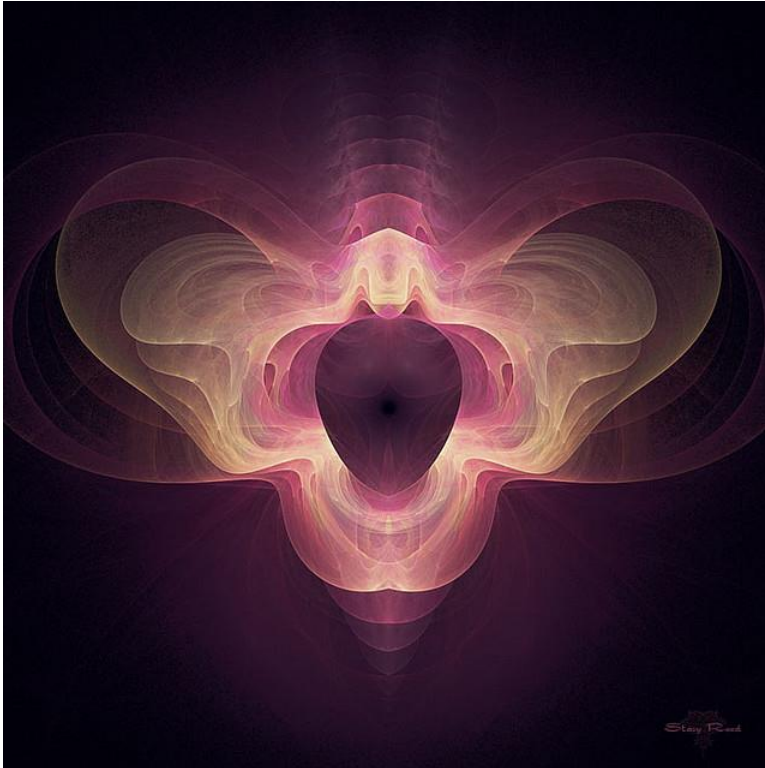
Important Mental and Emotional Features

- Ability to be present in your body
- A sense of safety
- Trust in your partner
- Acceptance of and trust in your body
- Sense of attractiveness to yourself & partner
- Seeing yourself as someone worthy of attention and pleasure

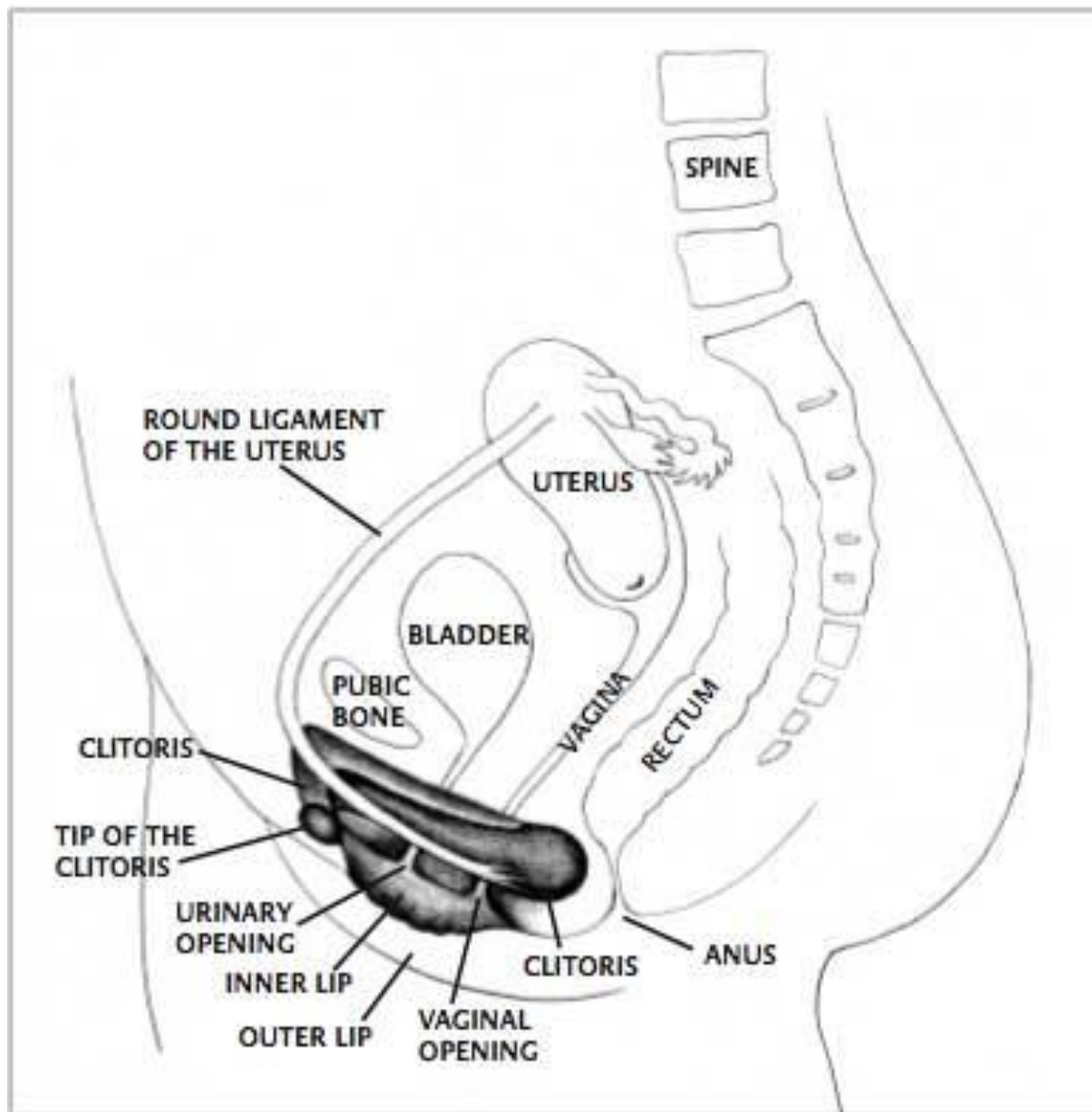




Female Sexual Anatomy

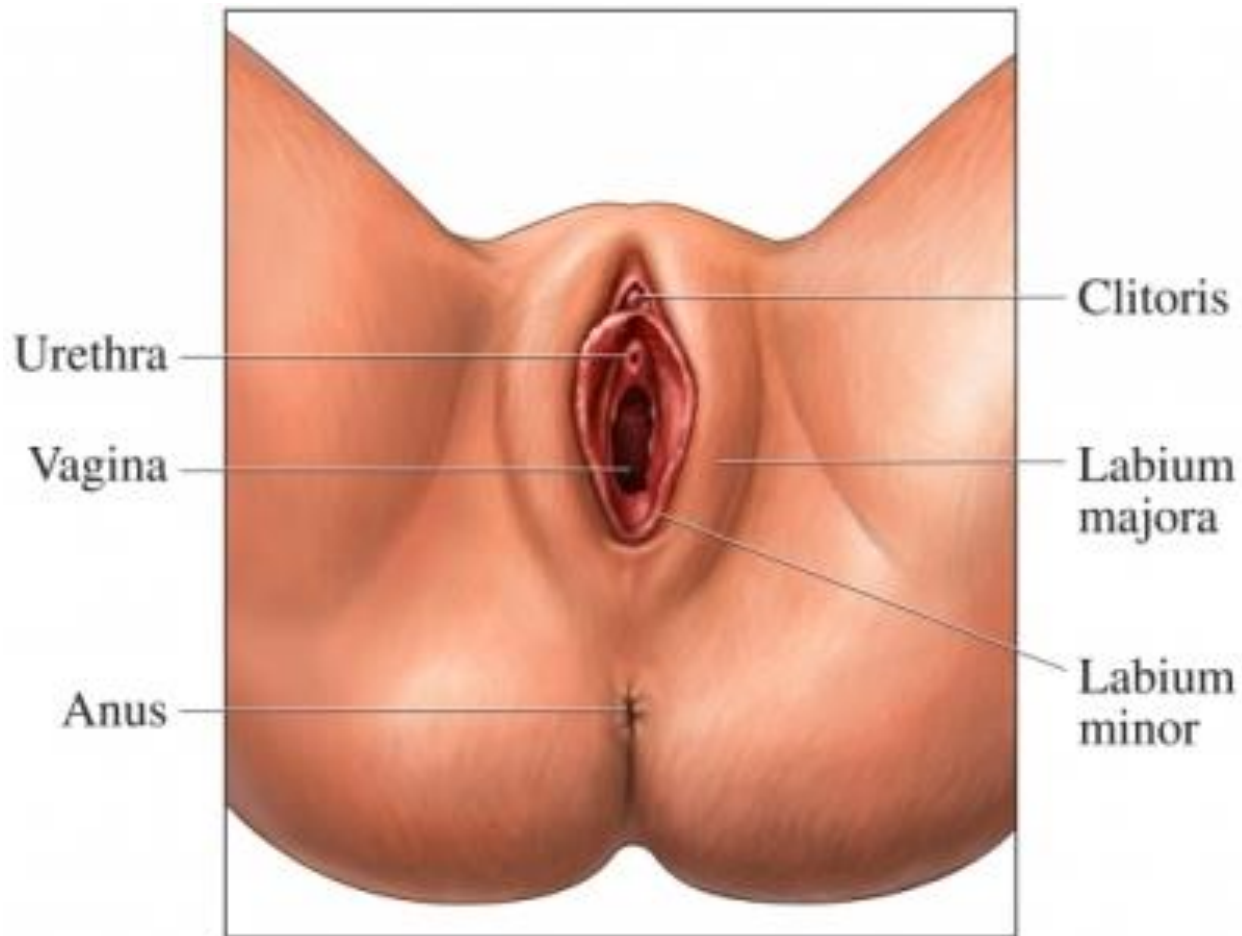


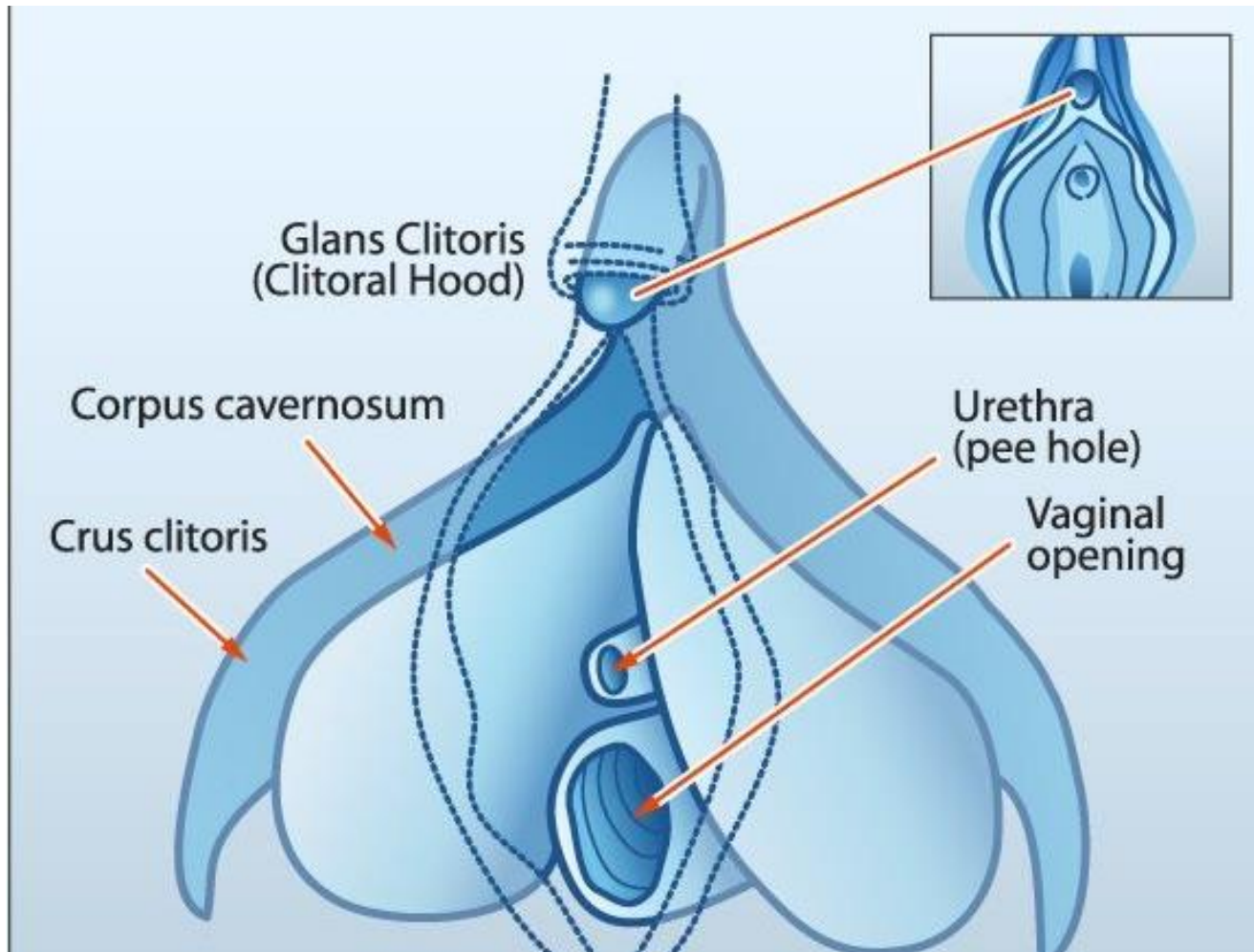
- Mons pubis
- Labia majora
- Labia minora
- Clitoris
- Vagina
- Cervix
- Uterus
- Ovaries
- Breasts





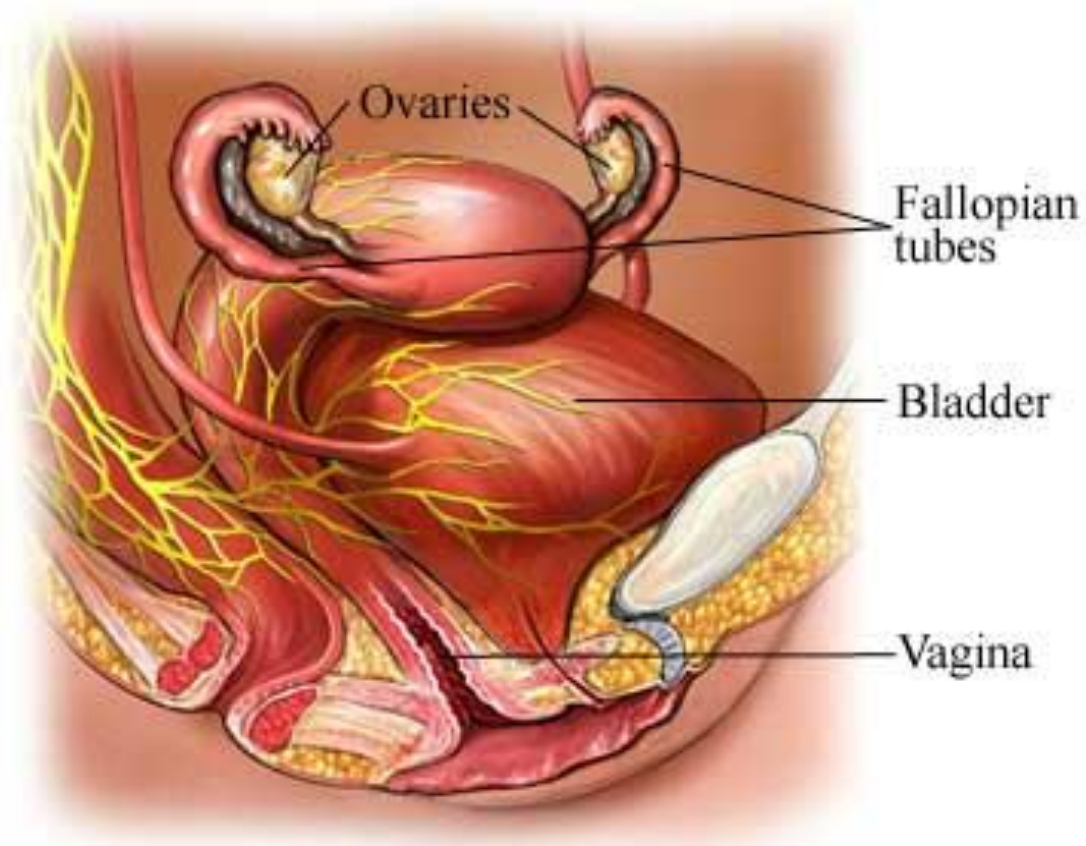
External Female Anatomy





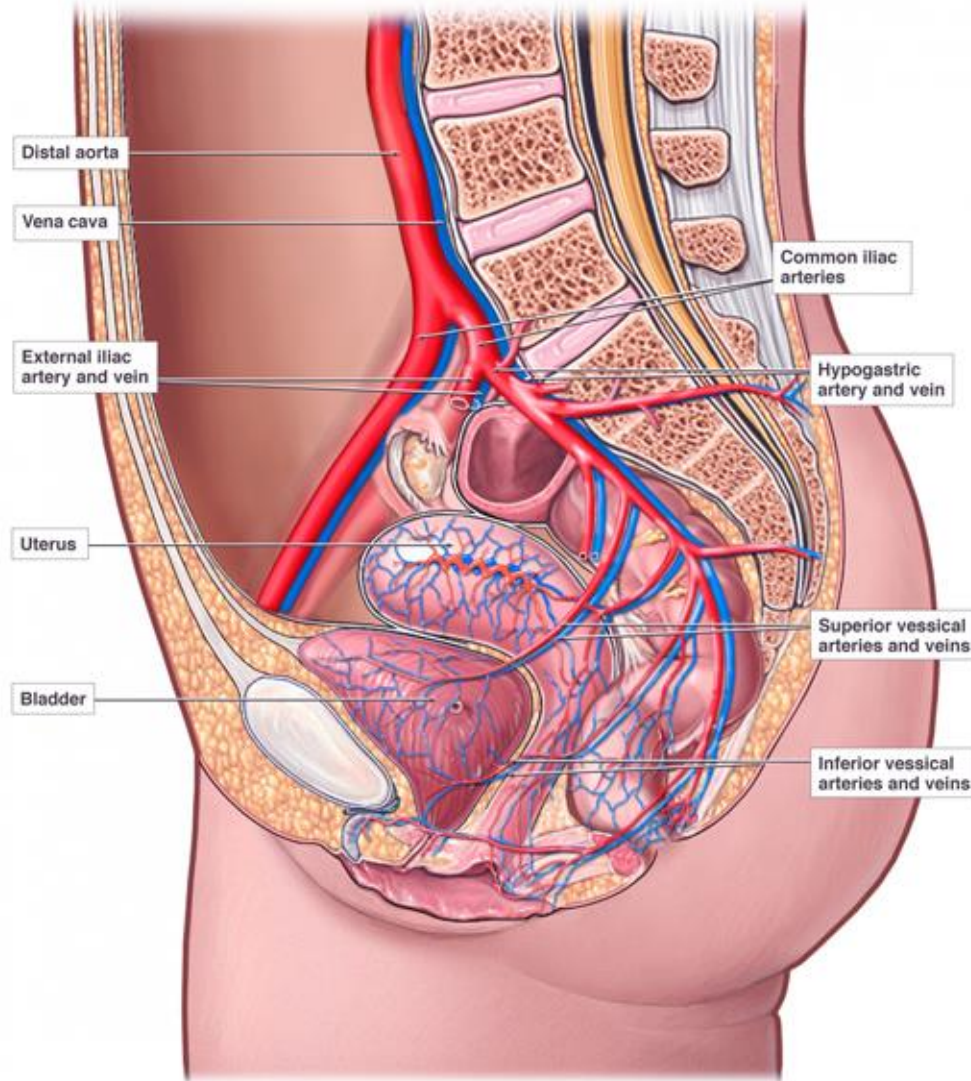


Nerve Supply to Pelvic Organs

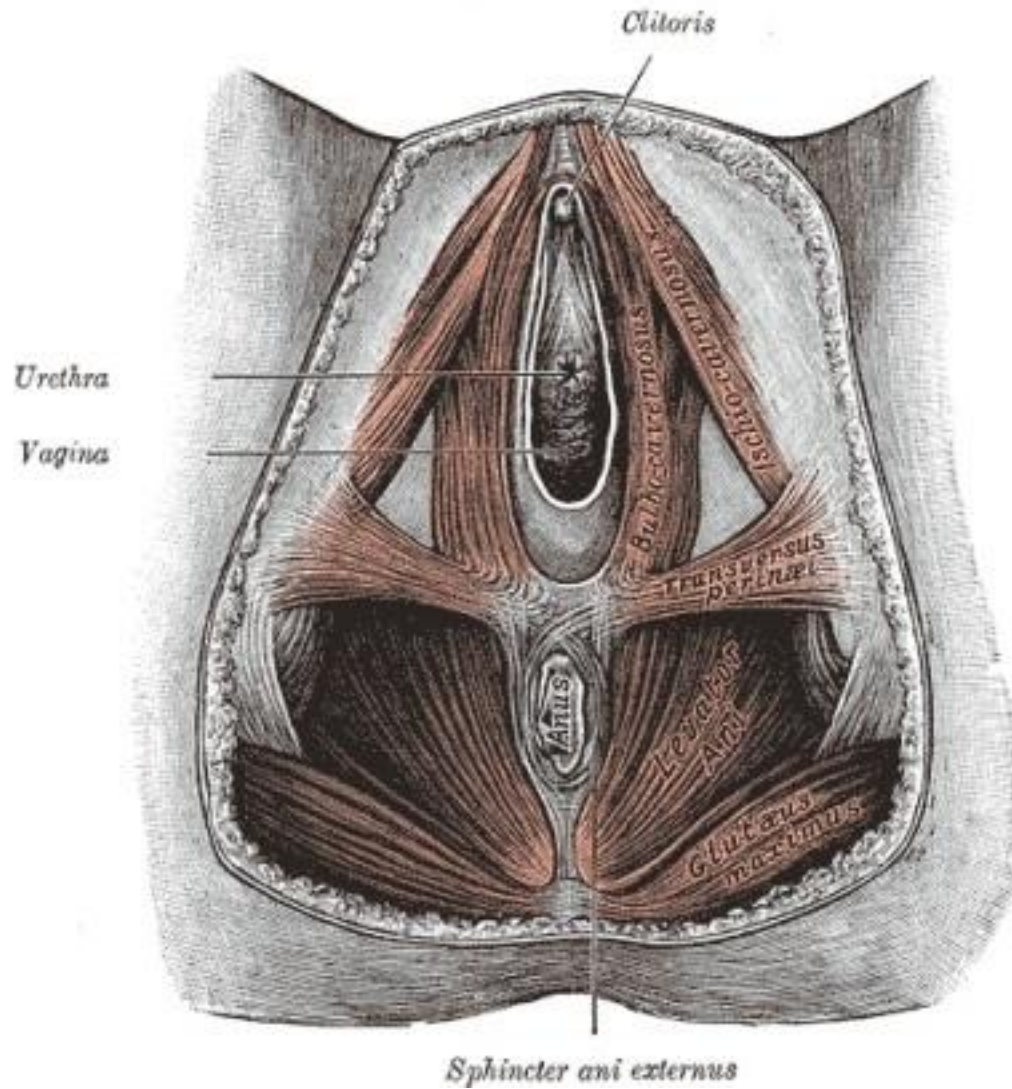




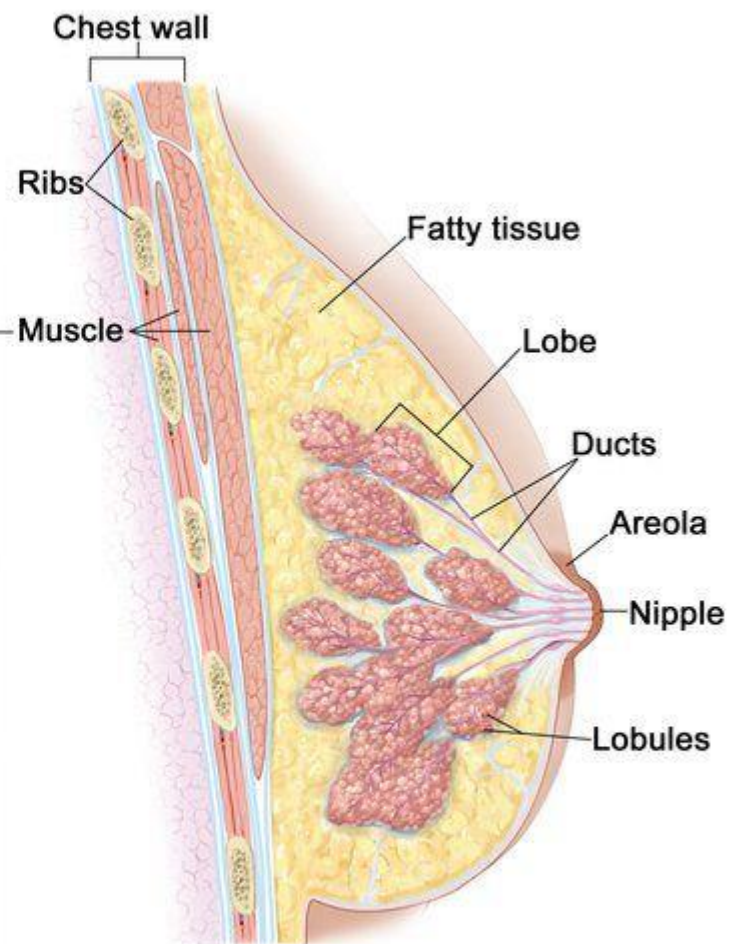
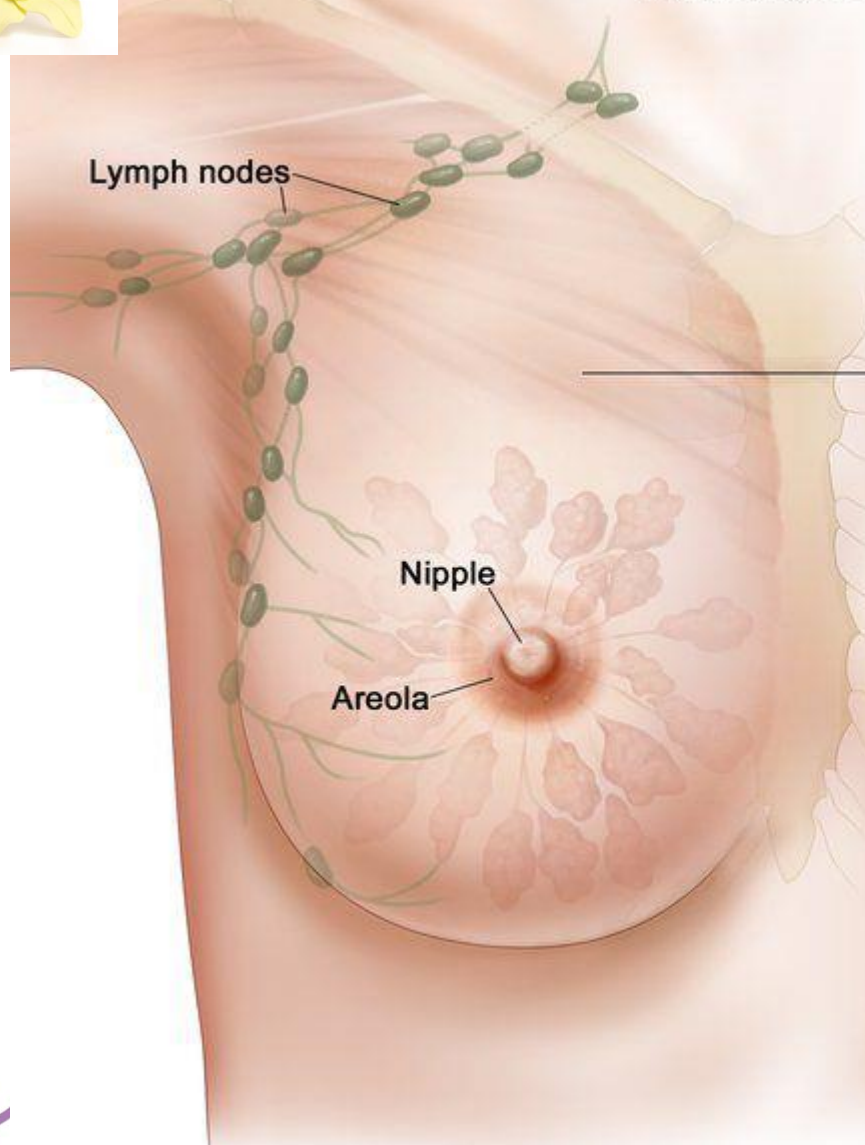
Blood Vessels of Pelvic Organs



Side cut-away view



Anatomy of the Female Breast









Sexual Arousal & Response

- Erotic feelings
- Swelling in vulvar and vaginal tissues
- Clear fluid seeps through the vaginal wall - slightly slippery, acts as lubrication
- Sexual flush across upper chest, neck and back
- Breast and areola enlarge; nipples become erect
- Clitoris enlarges, becomes more sensitive





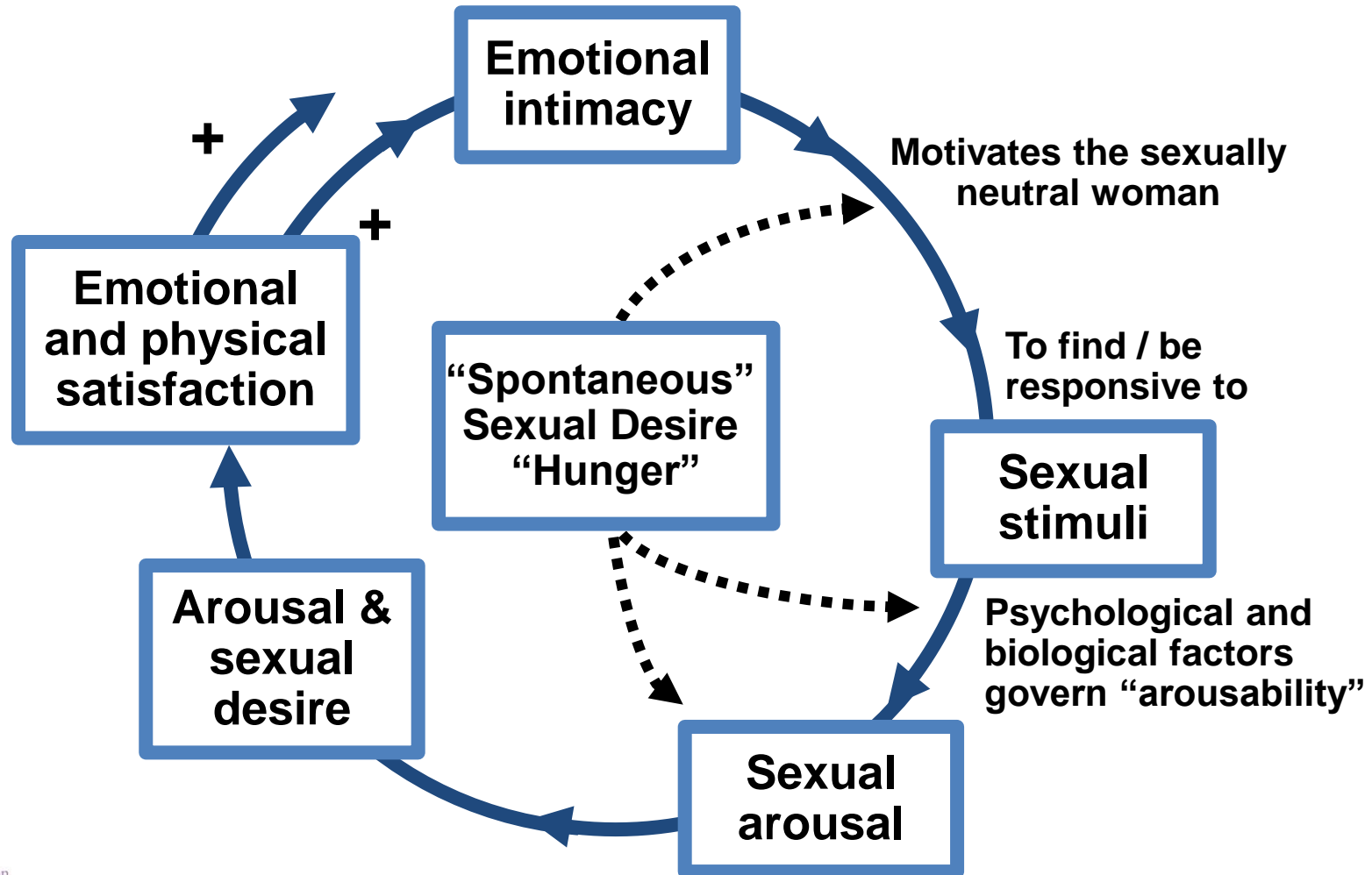
Orgasm & Resolution

- Pelvic floor muscles contract rhythmically as blood is released from the congested areas, which causes intense pleasure
- Women experience more contractions than men during orgasm
- Mental and physical relaxation
- Sense of well-being
- Oxytocin released from the brain known as the “attachment” hormone



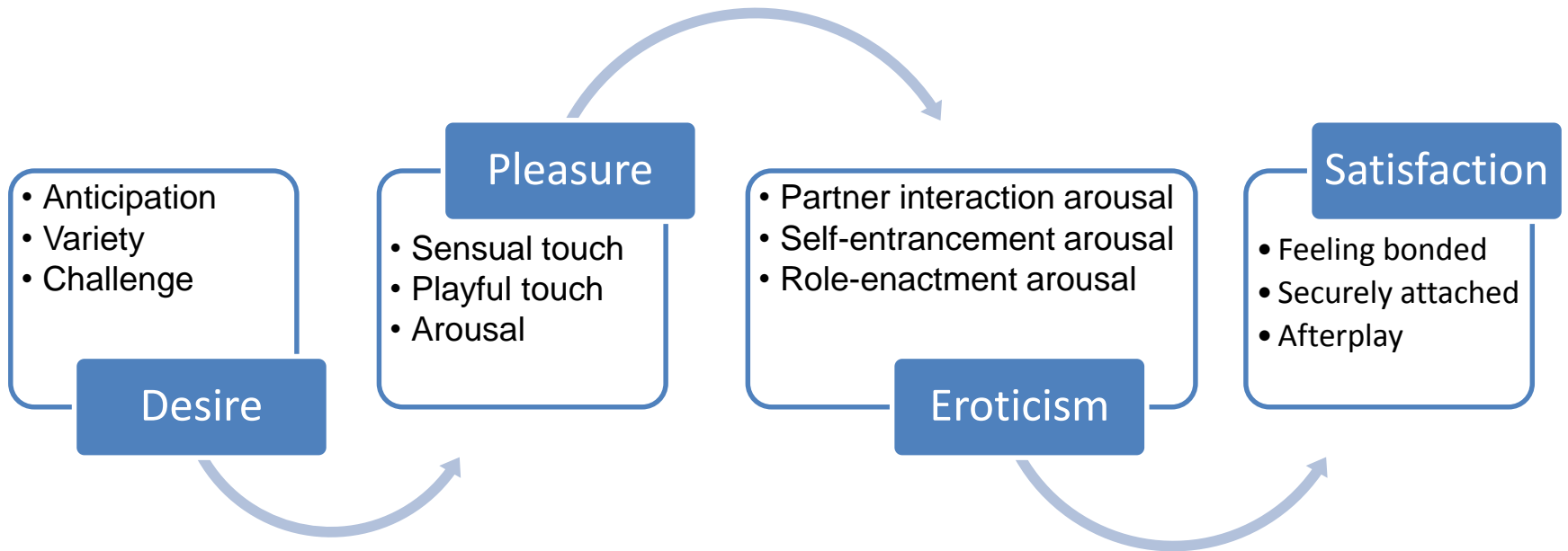


Basson Intimacy-Based Model Of Sexual Response





Sex Therapy Words to Describe Sexual Response





Sexual Complaints in Women are Common





Types of Sexual Complaints

- Lack of interest
- Lack of lubrication
- Takes longer to feel aroused
- More difficult to achieve orgasm
- Painful sex
- Not uncommon to have more than one complaint





Women at All Stages of Life May Have Sexual Complaints

- Young and old
- Premenopausal and postmenopausal
- With children and without children
- Women with a partner and single women
- Heterosexual and lesbian
- Women diagnosed with cancer and those without cancer





Sexual Changes Over the Lifespan

- Sexual arousal and response changes over time for all people – men and women
- Aging
- Disability
- Chronic illness
- Menopause
 - Pelvic symptoms=
**Genitourinary
Symptoms of
Menopause (GSM)**





Menopause

- 12 straight months without a period
- Between age 40 and 58, with average age of 51
- Natural menopause is a gradual process that takes years
- Can occur suddenly through surgery, chemotherapy, radiation, or hormone treatments





Symptoms Due to Aging and Menopause

- Vaginal dryness and/or discomfort
- Pain in the vulva or pelvis
- Incontinence
- Hot Flashes
- Night sweats
- Decreased libido
- Sleep problems
- Stress, fatigue
- Poor self image
- Depression
- Anxiety
- Mood swings
- Irregular cycles



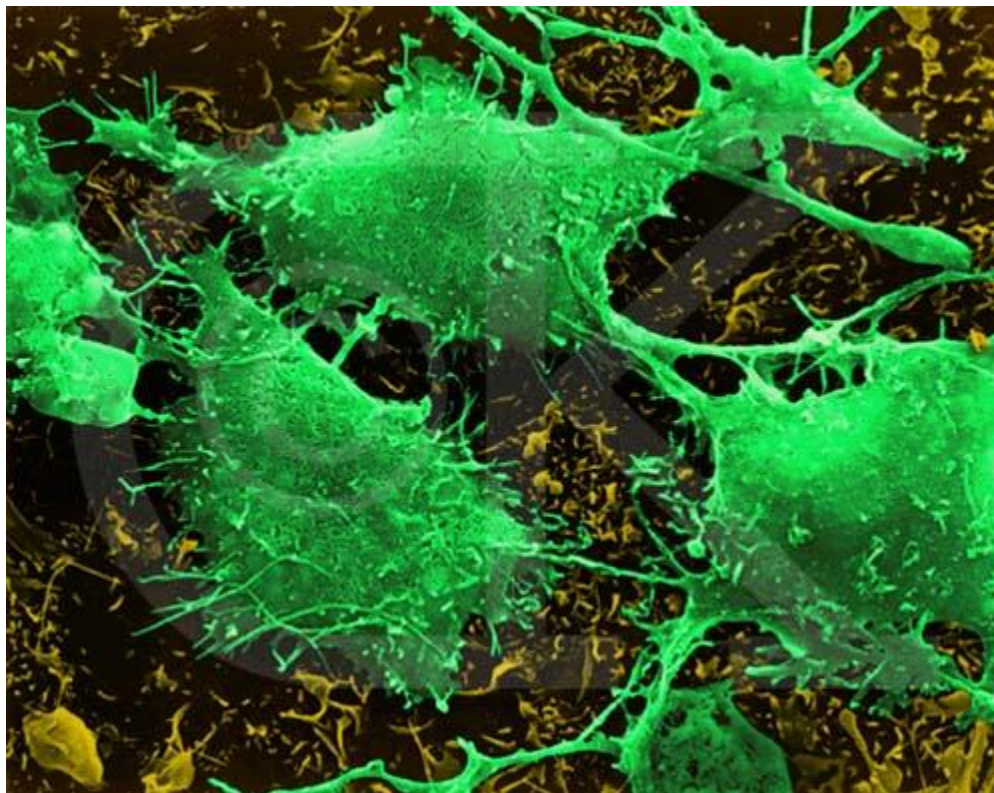
Genitourinary Symptoms of Menopause

- Vaginal atrophy
- Vaginal pH changes
- Reduced vaginal elasticity
- Vaginal dryness
- Reduced muscle tension
- Decreased blood flow to clitoris
- Reduction in breast sensitivity
- Pelvic floor issues: urinary incontinence, greater risk of UTIs
- Reduced physical responsiveness



CANCER

The National Institute of Health estimates that 40-100% of cancer survivors have a sexual problem after cancer therapy.





Does Cancer Impact Sexuality?

- Livestrong 2010 Survey (n= 3129)
 - 63% female, 90% Caucasian
 - 25% with income >100,000
 - 54% with bachelor's or graduate degree
 - Majority diagnosed between 20 and 40 years
- Survivors expressed significant emotional concerns related to sexual health (% rated as a lot/a little):
 - Sadness and depression (9/36)
 - Personal appearance (14/39)
 - Stigma (6/31)
 - Personal relationships (15/56)



Effects of Surgery

- Breast/Mastectomy:
 - Loss of sensuality
 - Scarring
 - Hyperesthesia or Dysesthesia, or anesthesia
- Axillary surgery
 - Lymphedema
 - Numbness
 - Risk of infection
- Colorectal surgery
 - Ostomy
- Gynecologic surgery:
 - Shortening of vaginal vault
 - Reduced sensation in pelvis
 - Accelerated menopause



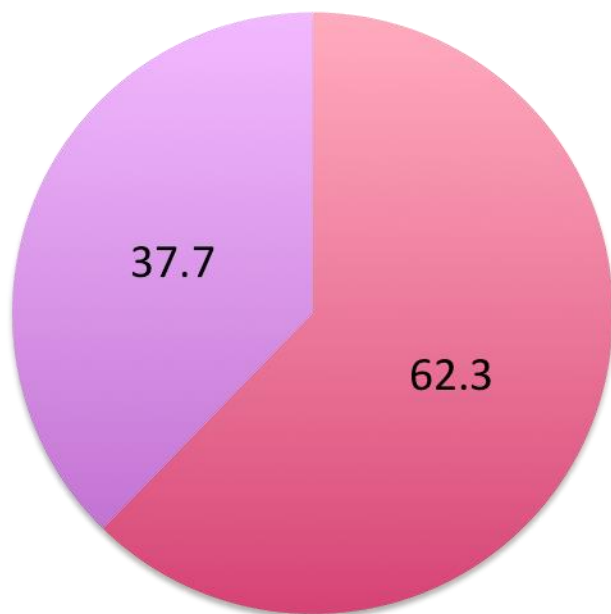
Breast Specific Sensuality

Chest play is a part of my sexuality	BCS	MRM	MRM with Recon
Before surgery	83%	87%	93%
After surgery	73%	59%	76%
I am satisfied with my surgical outcome	80%	48%	67%

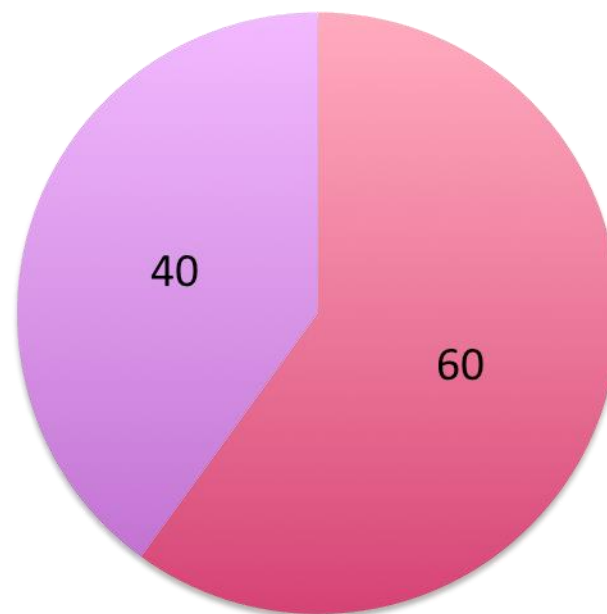


Breast Specific Sensuality

Lumpectomy



Mastectomy and Reconstruction



■ A Part
■ Not A Part

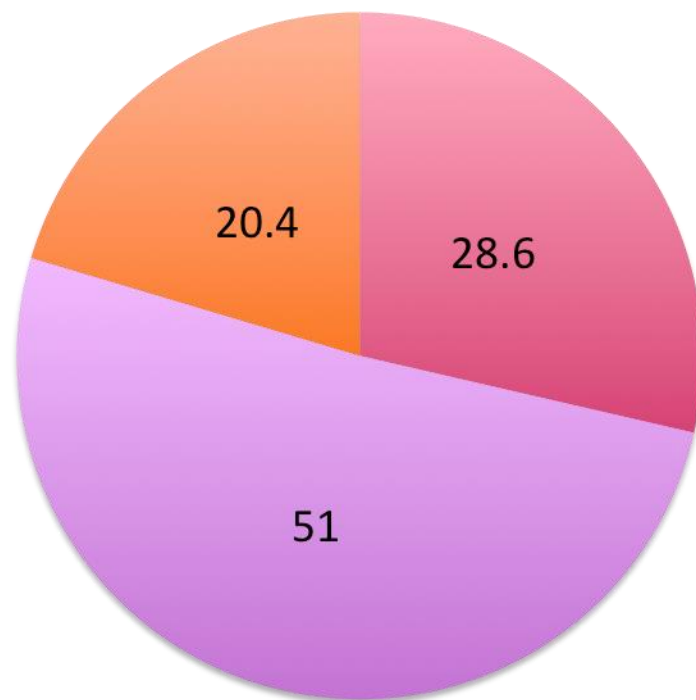
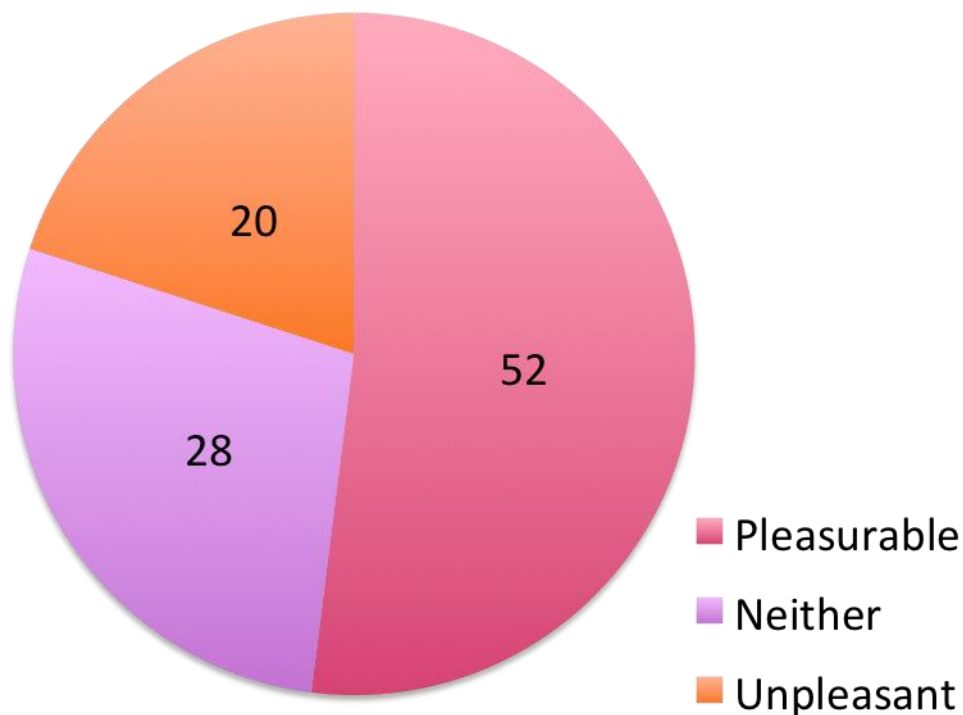
N= 180



Breast Specific Sensuality

Lumpectomy

Mastectomy and Reconstruction



n =174

p=0.007



Effects of Chemotherapy

- Hair loss
- Weight changes
- Nausea/ vomiting
- Diarrhea
- Fatigue
- Nerve damage
- Premature ovarian failure
- Vaginal dryness
- Sexual dysfunction



Effects of Radiation

- Breast RT:
 - Loss of normal sensation
 - Skin discoloration
 - Skin thickening
 - Skin “burns”
- Pelvic RT:
 - Burns
 - Diarrhea
 - Nausea and vomiting
 - Pelvic/LE lymphedema
 - Inflammation
 - Vaginal shortening
 - Hair loss
- Axillary RT:
 - Lymphedema
 - Range of motion difficulties
 - Small bone fractures
- Systemic effects:
 - Fatigue
 - Nausea/Vomiting
 - Pain



Effects of Endocrine Therapy

- Hot flashes
- Mood changes
- Pain
- Depression
- Weakness
- Weight gain
- Difficulty reaching orgasm
- Fatigue
- Loss of desire for sex
- Pain during penetration
- **GSM**



Now what?

Approaching sexual issues after cancer





Sexuality and Intimacy After Cancer

- Intimacy issues will depend on the type of relationship patient and partner had pre-cancer
 - Some couples find that a cancer diagnosis makes existing relationship problems more challenging
 - Some couples grow closer
- Unclear how cancer *directly* impacts sexual health
 - Aging
 - Comorbidities
 - Upbringing (Schema)
 - Past experiences



How Your Partner Might Feel

- It can be difficult to transition from caretaker to partner
- May feel s/he needs to be the strong one
- Concerned about causing you pain
- Don't want to pressure you into something you may not be ready for
- Uncertain if you're interested





How Your Partner Might Feel

- Confused about how to re-initiate an intimate relationship
- Partner may feel guilty for wanting sexual needs met
- May be disappointed that your body and your sexual life is different than it used to be
- Likely will be dealing with own grief





Intimacy is More Than Intercourse

- All people need to feel the kind of closeness that comes from being held, kissed, hugged, and loved.
- Intimacy and sexuality for women are often about feeling whole, loved, and connected to a lover.





To improve sexual health, work on overall health

- Encourage hydration
- Regular physical exercise
- Healthy diet
- Sleep hygiene
- Mindfulness meditation, deep breathing
- Yoga, Tai chi
- Journaling





Vaginal Health

- **Vaginal Moisturizers**
 - Vitamin E capsule or suppository
 - Combination lubricants
 - Luvena
 - Replens
 - HyaloGyn and HyaloFemme





Vaginal Health

- **Estrogen Replacement Therapy**
 - No impact after **ovarian cancer**
 - RCT (N=125): ERT vs no ERT:¹
 - Recurrences (n): 32 versus 41
 - DFS: 34 versus 27 months (p=.79)
 - OS: 44 versus 34 months (p=.35)
 - No impact after **endometrial cancer**
 - GOG137 (N=1200): ERT versus no ERT:
 - Recurrence Risk 1.27 (95% CI 0.92-1.77)
 - Not well studied after **cervical cancer**



Estrogen Therapy after breast cancer

1

Nonhormonal approaches are the first-line choices during or after treatment for breast cancer.

2

Reserve vaginal ERT for women who do not benefit from #1.

- Collaboration important
- Shared decision making critical

3

Data **do not show** an increased risk of recurrence after breast cancer with use of vaginal estrogen



Vaginal Health

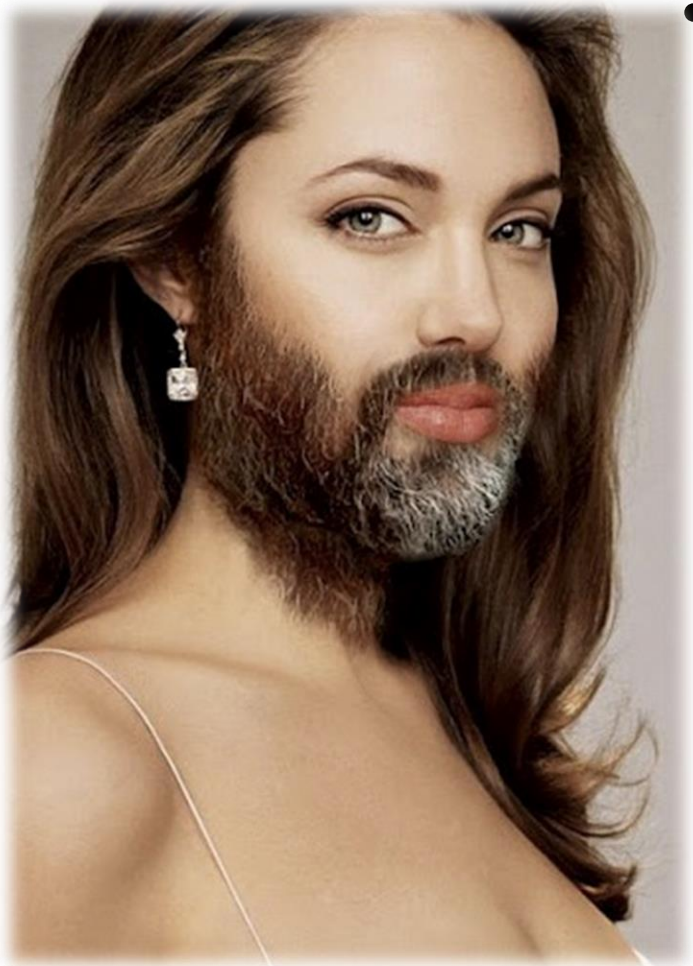
- **Vaginal DHEA?**

- RCT (Alliance N10C1)

- Women with breast or gyn cancer (n=441)
 - Vaginal dehydroepiandrosterone (3.25 v 6.5 mg) versus placebo
 - Results:
 - All 3 arms had improvement in symptoms
 - At 12 weeks, DHEA improved sexual satisfaction significantly
 - » Effect size based on FSFI: +0.3-0.6
 - Side effects with DHEA: voice change, headache



Vaginal Health



- **Is there a role for testosterone?**
 - Effective in women **without** cancer
 - Postmenopausal women: It improves interest and satisfaction in sex.(1)
 - Women with HSDD: It is associated with an average increase of 4.4 sexual encounters per 4 weeks.(2)
 - » OR (benefit): 2.4
 - Women s/p TAH-BSO: It increased frequency of activity ($p=.03$) and pleasure-orgasm ($p=.03$). (3)



Vaginal Health

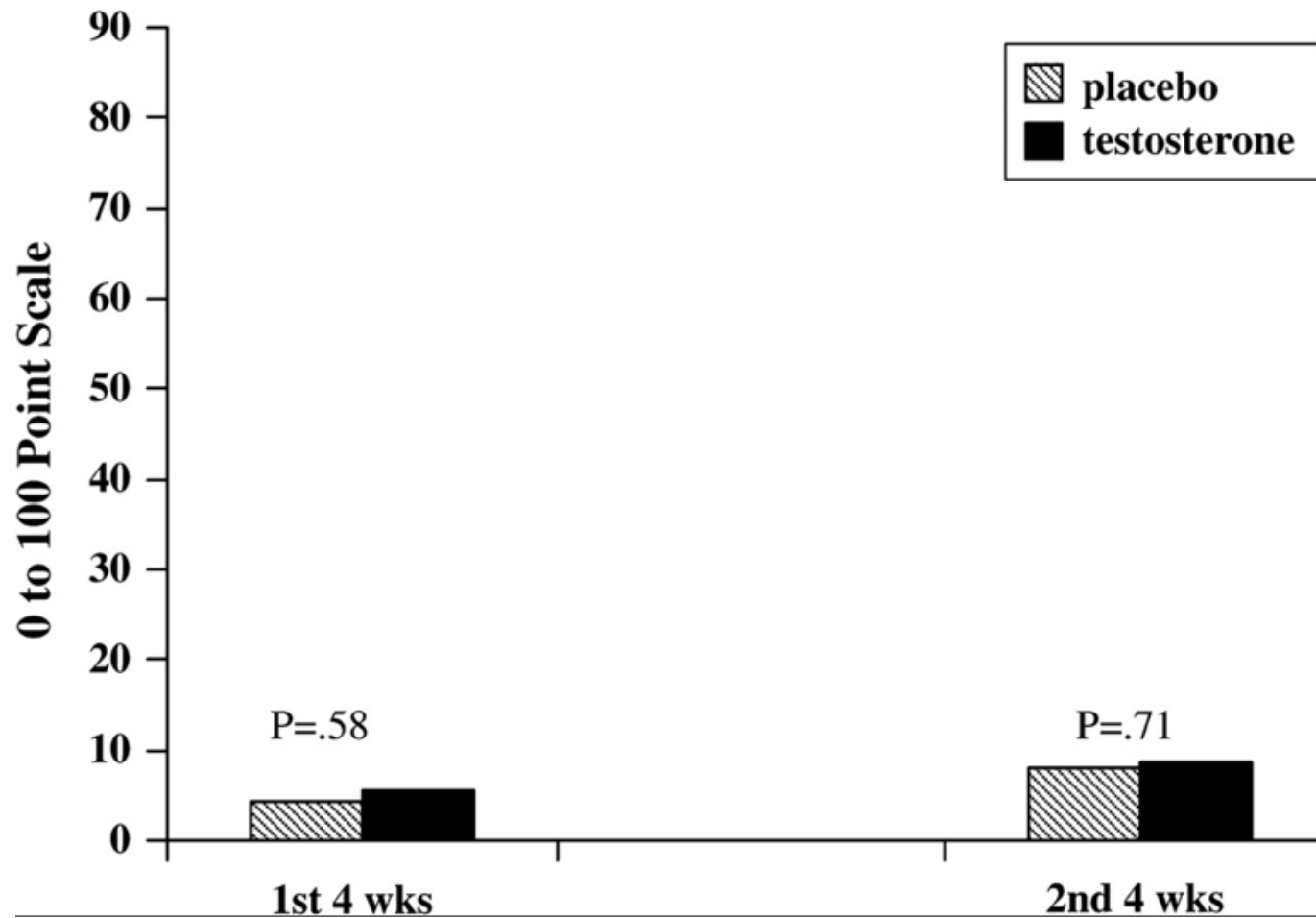
- **Testosterone? No.**

- NCCTG 02C3: Does testosterone treatment improve libido in postmenopausal cancer survivors?
 - n=150
 - 2% testosterone in Vagicream or placebo x 4 weeks
 - Cross-over for 4 weeks
 - Sexual function evaluated BL, 4 weeks, 8 weeks



Vaginal Health

NC02C3: Results





Vaginal laser therapy

Fractional microablative CO2 laser therapy x3

Salvatore, et al:

- Patients: 77 postmenopausal women with vulvovaginal atrophy (VVA)
- Intervention: 3 treatments over 12 weeks
- Comparator: **None**
- 12-week Outcomes with treatment compared to baseline:
 - Significant improvement in function
 - Significant improvement in physical and mental domains in QOL



Vaginal laser therapy after breast cancer

Pieralli, et al, 2016:

Patients: 50 women with dyspareunia associated with an oncologic menopause

Intervention: CO2 laser therapy

Comparator: **None**

Outcomes:

- Significant improvement in dyspareunia (by VAS)
- Significant improvement in vulvovaginal atrophic symptoms (by VHI)
- Satisfaction persisted at 11 months follow-up for 52% of patients



Sexual Comfort

- **Vaginal Lubricants**

- Water Based

- Sliquid H2O
 - Slippery Stuff
 - Good Clean Love

- Silicone Based

- FeMani Smooth
 - Uberlube

- Combination (Water-based with silicone)

- One Oasis Silk
 - Sliquid Silk





Sexual Comfort

- **Natural oils as a lubricant?**

- Coconut and olive oil commonly used, instead of lubricants
- OVERCOME study (n= 25):
 - Pelvic Floor Relaxation Exercises (by PT at W0, W4)
 - Polycarbophil-based vaginal moisturizer
 - Olive Oil during sex
 - Results:
 - Max benefit = 12 weeks
 - PFR Exercises helpful in 93%, Vaginal moisturizer in 88%, Olive Oil in 73%



Dyspareunia

- **Locate source (ie, do an exam)**
 - Pain at entry → vestibular tenderness
 - Pain with spasm → vaginospasm
- **For women with vestibular tenderness- try lidocaine**
 - Goesch: RCT (n= 46 breast cancer survivors)
 - Intervention: 4% aqueous lidocaine
 - Comparator: Saline
 - Outcomes: Compared to saline, use of lidocaine resulted in:
 - Less pain after one month (median score 1 vs 5)
 - After open-label: 17/20 who were abstinent at entry resumed penetrative intercourse.



Vaginismus

- Pelvic Floor Muscle Control
 - Pelvic floor physical therapy
- Vaginal Dilators or Vibrators
 - Vaginal Renewal Program





Desire?

- **PDE Inhibitors**

- No data in this population
- Women without cancer: No more effective than placebo¹
- Cochrane systematic review in 2007:
 - Only data available for men with ED after prostate cancer
 - Poor quality clinical trials

There is no
female Viagra.





Anorgasmia

- **Sexual Devices: Clitoral stimulation**

Prescription required

EROS CSD



No Prescription needed

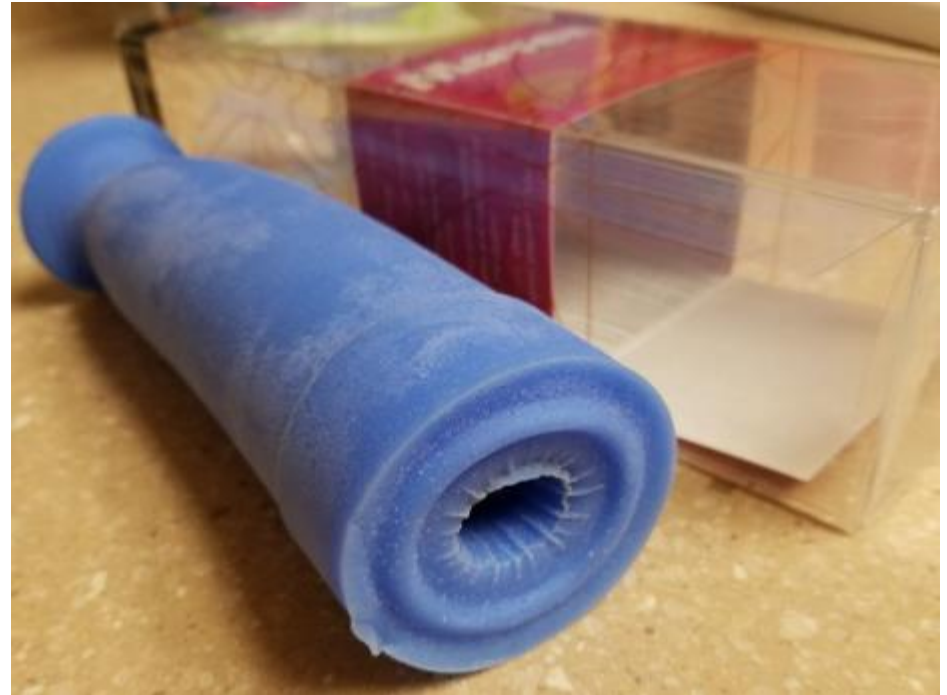
Vibrators





Vaginal Cuff Shortening

- Pain with deep penetration
 - Masturbation Sleeve, example Maven
 - Come Close Ring





The “New Normal”

- You and your partner will need to spend time grieving changes
- Important to “get back in your body”
- Relearning intimacy: Touch can be pleasurable
 - Start with non-sexual touch such as manicure or massage
 - Sensate focus exercises





“Relearn” Intimacy and Sexuality

- Sexual touch that used to be pleasurable might be numb or uncomfortable
- Explore alone to see if new areas might give you pleasure
- Use books or erotica
- You may need to initiate sex based on a signal from your head instead of your body





Adjust Goals

Old Goals

- Vaginal intercourse
- Orgasm

New Goals

- Connectedness
- Intimacy
- Pleasuring
- Playfulness
- Eroticism
- Sensuality
- Seductiveness





Helpful Ideas

- COMMUNICATION
- Education
- Alteration of routine
- Adjust timing to when least fatigued
- Hugging
- Caressing
- Massage





Helpful Ideas



- Fantasy/Erotica
- Games
- Non-penetrative sex
- Oral sex
- Fondling
- Position changes
- Lacy clothing to cover scars or ostomies



Suggestions for talking with a partner

- Talk outside the bedroom
- Know your body
- Know what feels good now
- Use body chart
- Have your partner tell you what they love about you





Where To Go for Help?

- Sexual Health Program at Cancer Center
- Cancer Care Providers
- Pelvic Floor Physical Therapy
- Sex Therapist – especially if communicating with a partner is difficult



One's sex life may have changed,
but with creativity and playfulness and patience,
Still it is possible to re-feel pleasure and stay
connected to one's partner.



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- Woman Cancer Sex. Anne Katz, RN, PhD
- UpToDate

Resource Slide for Q&A



Sensate Focus Exercises

- First step
 - Explore partner (head, neck, chest, belly, back, buttock, arms, hands, legs, feet).
 - Use variety of touches. Use hands, feathers, silk scarf. Kiss the areas.
 - Do not explore genitals and breasts.
 - One partner gives touch, the other receives touch at a time. Take turns.



Sensate Focus Exercises

- Second step
 - Explore and touch areas this time including breasts and genitals.
 - Goal is to understand what feels good. Goal is not orgasm. Again, one partner at a time receives touch
- Third step
 - Mutually give touch to entire body.
 - Together at the same time.
 - Goal is not orgasm or intercourse.

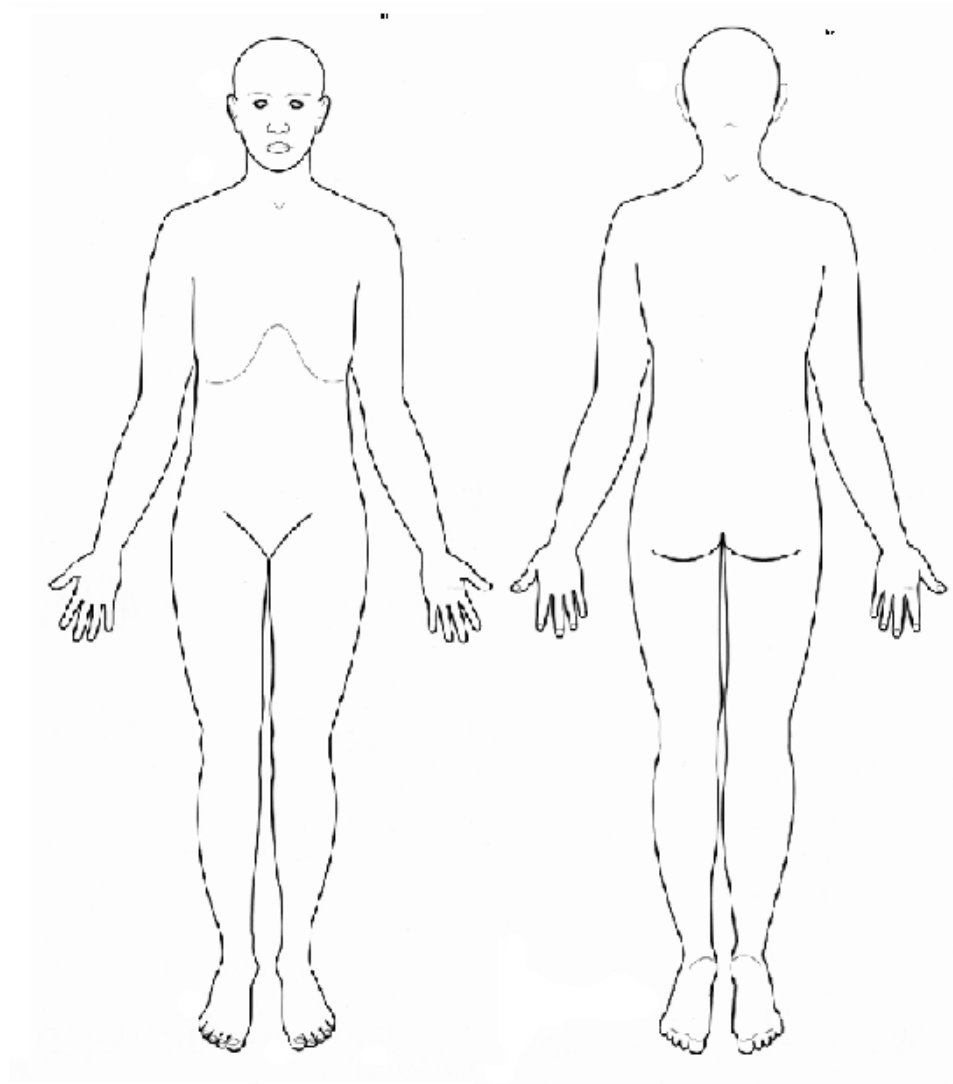


Sensate Focus Exercises

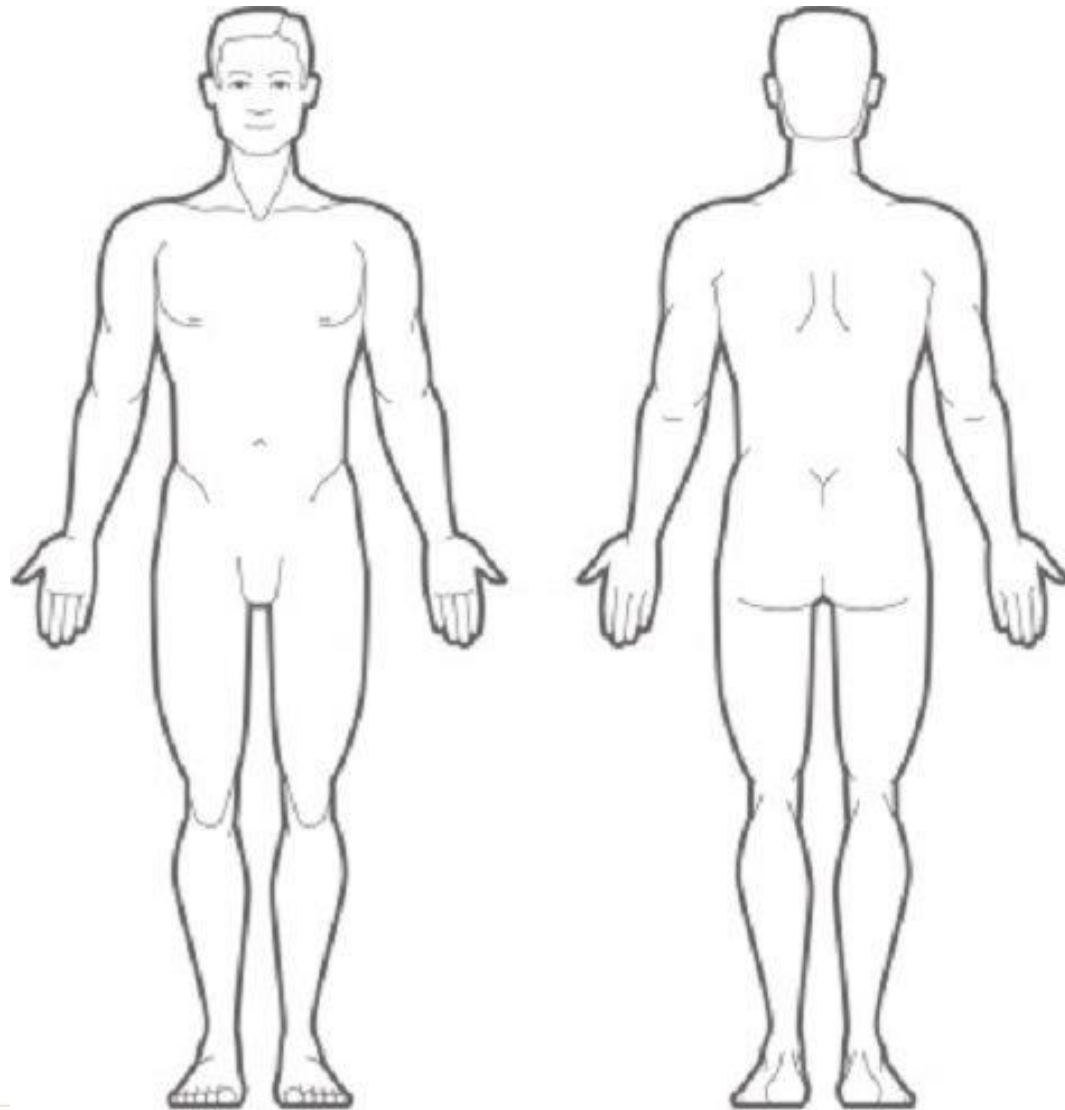
- Fourth step
 - Caress and stimulate whole body, including breasts and genitals.
 - Orgasm and intercourse is okay, as long as it does not cause pain or anxiety.
- Tips
 - Pay attention to relaxing and enjoying touch.
 - Body maps



Body Map - Female



Body Map - Male



Sexuality and the Single Survivor

- 50% of marriages end in divorce and separation
- Reentering the dating scene can be scary
- How to disclose sensitive information concerning mortality and morbidity
- Concerns regarding rejection
- Fertility concerns
- STD prevention
- Safe sexual education



Addyi (Flibanserin)

- FDA approved for ***premenopausal women with hypoactive sexual desire disorder***
- “Significantly” improve the number of satisfying sexual events, sexual desire and distress related to low desire over a 24 week treatment period
- Side Effects: dizziness, somnolence, nausea, fatigue
- Boxed Warning: risk of severe hypotension and syncope when EtOH consumed
- If no improvement in 8 weeks to stop treatment
- Not approved for postmenopausal women
- Not studied in cancer population