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# UNDERSTANDING AND ADDRESSING SEXUALITY ISSUES IN FEMALE CANCER PATIENTS

# Presenters & Disclosures

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- Nothing to disclose.

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# Sexual Health and Sexuality in Cancer Patients



## Sexual Health:

The World Health Organization defines sexual health as a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity.

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

(WHO- 2006a)

## Sexuality: Consensual sharing of Physical Body

“...a central aspect of being human throughout life encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction.

(WHO – 2006a)

## Identity, Independence, & Intimacy- all impacted by Cancer and Cancer Therapies

Often focus on Life at diagnosis but

Long term Quality of Life starts with Diagnosis, Therapy Choices, Care Management and Survivorship

**80% of cancer patients have sexual health impacts**

**“Don’t Ask, Don’t Tell” didn’t work in the Military -**

**and it doesn’t work for High Quality Cancer Care**

# Why ask about sexual health before, during and after treatment?

- Sexual dysfunction is one of the most common and distressing side effects of cancer treatments for female survivors.
- All treatments have potential to negatively affect physical sexual function in females, including sexual desire, arousal, and body function including stenosis and pain.
- Additionally sexual health impacts from altered body image, low self-esteem, sexual satisfaction, psychosocial distress, and lack of openness in communication can lead to lower quality of life.
- The type and incidence of sexual dysfunction may differ based on the underlying malignancy, the treatment(s) a woman gets, her baseline sexual health issues and new relationships during survivorship.



# Common Sexual Health Impacts for Women From Cancer and Cancer Therapies

## Individual With/After Cancer



- Fertility
- Body Image
- Body Sensitivities (breast specific sensation)
- Libido/ Desire (Pleasure)
- Cancer impact (physical, emotional other)
- Menopause Impacts      Click to add text
  - Dyspare-unia
  - Vulvo-Vaginal: Atrophy, Redness, Soreness, Stenosis, Sensitivity
  - Hot Flashes, Vasomotor symptoms
  - Sleep Disturbance
  - Weight Gain
- Psychology: Anxiety, Fear, variable prioritizing of sexual health in risk/benefit discussions
- Existential Issues:
  - Life/Death, Meaning/Purpose, Opportunities

## Couple/Partner(s)

- Desire
- Communication
- Pre-Cancer Sexual Health
- Partner Sexual Health
- Psychology-collaborative, dependent, independent

## Background Sexual Health Issues

- Sexual Health pre Cancer
  - Couple/Partner/ Solo issues
  - Preferences
  - Trauma/Abuse history
  - Social, Psychological
- Cognitive Aspects
- Religious/Cultural Messages and Norms



# Dyspareunia (painful vaginal intercourse) is the most common side effect in female cancer survivors. Mucosal, Dryness, Sensory, Physical and Psychological Causes



## Breast and Gynecologic Cancers:

- The rate of dyspareunia is 45% or greater
- Vaginal Stenosis, dryness vaginal and/or rectal pain from radiotherapy, surgeries and chemo therapies
- Lack of estrogen impacts vulvovaginal tissue health, lubrication, atrophy and sensation
- Sexual dysfunction can approach 90% for gyn ca survivors

• Huffman, Gyn Onc 2016, Onujiogu, Gyn Onc 2011,

## Hematologic or blood cancers:

Allogeneic hematopoietic cell transplant brings risk for severe mucosal diseases such as:

- vulvovaginal graft vs. host disease (pain, soreness, redness, inflammation)
- lichen sclerosis (can progress to vulvar atrophy)

Chung, Biol Blood Marrow Transplant, 2015

## Colon & Rectal Cancers

- Vaginal stenosis, vaginal and/or rectal pain from surgery and/or radiotherapy
- Vascular and Sensory Impacts: decreased vaginal lubrication, sensation, epithelial health
- Vaginal Dryness: 35% rectal cancer, 28% colon cancer
- Dyspareunia: 30% rectal cancer, 9% colon cancer

(Averyt, J GI Onc, 2014)



# Vulvar and/or Vaginal Tenderness, Atrophy and Stenosis +/- Urinary Frequency and Urgency = Genitourinary Syndrome of Menopause (GSM)

Vulvo Vaginal Atrophy (VVA) Impacts >50% of healthy midlife and older women from low estrogen levels THEN:

VVA: 60% postmenopausal and 40% premenopausal woman. <50% Oncologists discussed this with patients. (Biglia, Clin Br Ca Dec 2017)

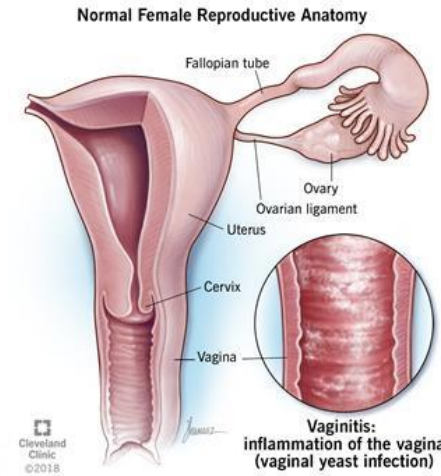
Vagina, Vulva, Trigone and Bladder all impacted as have estrogen receptors.

GSM: Urinary frequency, urgency and other symptoms

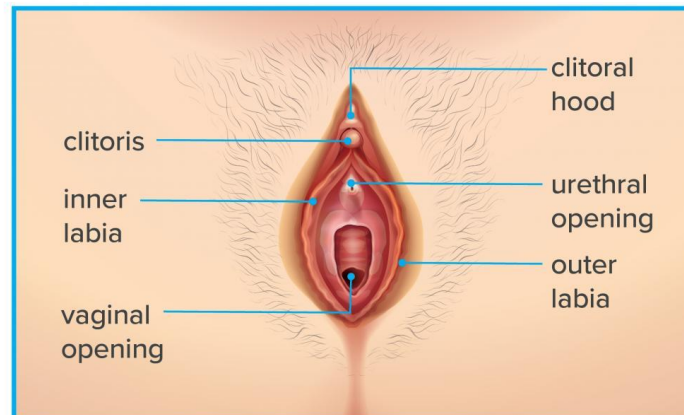
Exacerbated by hormone therapy blockade given for breast cancer therapy

VVA Progression: Dryness, Thinning epithelium, retraction of labia minora, reduced vaginal elasticity, decreased lubrication, possible actual loss of tissues and stenosis

Associated sensation loss, often with associated pain from touch or penetrative sexual activities



The Vulva



# Female Cancer Therapies: 2 Examples of Treatment Option Discussions



## Mastectomy, Bilateral Mastectomy and Breast Conserving Surgery:

Pros: Reduces local recurrence rates, BCS

BSM-symmetry +/- Reconstruction, Lack of f/u Mammogram/MRI

Nerve sparing mastectomy and nipple reconstructions options

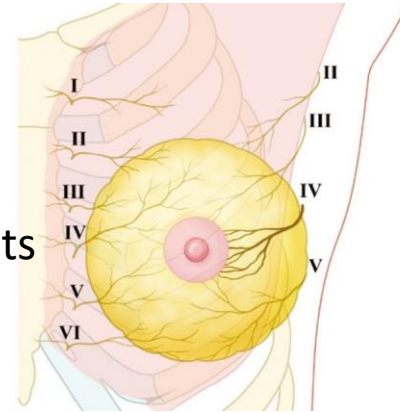
Cons: Nerve impacts on breast specific sensuality- also varies pre cancer

May be important to maintain sexually, especially with cancer therapy impacts

Sensation and Sexual arousal altered, decreased or lacking: 40-60%

Post Mastectomy (and some lumpectomies) pain syndrome: 20-30%

Cancer panic generally lessens at 6-12 months and choice not reversible



(Rosenberg, JAMA Surgery 2020)

## Hormone Therapy to lower Estrogen levels in Low Risk ER+/PR+ Breast Cancer

Disclose benefit of adjuvant hormone therapies 5 & 10 years (<https://breast.predict.nhs.uk/tool>)

Disclose toxicities: including sexual, emotional and physical side effects:

Hot Flashes, Osteopenia/osteoporosis, Arthralgias,

Vaginal Dryness: dry to sore, severe atrophy, regression of anatomic parts

Low Libido, Weight Gain, Sleep disturbances

When Treat: ask and address toxicities, follow up. Use or refer for available therapies

Large % of women (20-40%) stop hormone therapy due to toxicities, many of which can be managed





# Therapies for Menopausal Symptoms



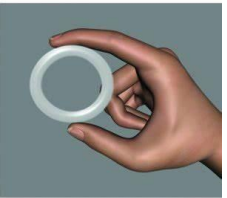
## ■ Non-Hormone Therapies:

- ☐ Low-dose paroxetine, venlafaxine, and gabapentin options
- ☐ Systematic review suggests modest improvement in hot flashes and vaginal dryness with soy products (Taku, Menopause, 2012;(systematic review), Dizavandi, Post Reproductive Health, (systematic review) 2019; Barnard, Menopause 2021,
- ☐ Acupuncture has been shown to reduce hot flashes and other menopausal symptoms (Deng, JCO 2007; Deng, Sup Care Cancer 2013; Chien, Climacteric, 2020)
- ☐ Small studies suggest clinical hypnosis significantly reduces hot flashes (Elkins, J North American Menopause Society, 2012)



## ■ Hormone Therapies Options with Shared Decision Making and Risk/Benefit Discussions

- ☐ Non Breast Cancers:
  - Estrogen is the most effective treatment for hot flashes, and vulvovaginal symptoms and atrophy
  - Uterus in: estrogen plus progestin, or estrogen and the SSRM bazedoxifene
- ☐ After Breast Cancer:
  - Evidence from RCT, Observational trials and Met-analysis is not conclusive to demonstrate increased breast cancer recurrence with hormone replacement. Option to use with informed consent, may allow continued Tam/AI (Ugras, Molec & Cellular Endocrinology, 2021)



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Hill, Am Family Physician 2016  
Ugras, Molec & Cell Endocrinology 2021

### 3 Recommendations to Improve Provider-Patient Communication



- “As part of clinical practice, **screening and assessment of sexual functioning** should be included early in treatment for all patients and continue during all stages of care” (Bober, J Clin Onc, 2012).
- “Patients may be reluctant to raise the topic of sexual functioning during appointments. Initiating conversations about sexual functioning as part of standard clinical care can help to facilitate discussions about these issues”. Patients consistently state that they feel **more comfortable if providers bring up the topic** of sexual functioning (Flynn, Psychoncology, 2012).
- “Maintain **referral resources and information** regarding treatment options for sexual dysfunction for patients and their partners”. Health care providers report that lack of knowledge about treatment options and concerns about treating sexual dysfunction within their scope of practice may limit their ability to discuss these issues with patients (Traa, Support Care Cancer, 2014).

Averyt JC, Nishimoto PW. Addressing sexual dysfunction in colorectal cancer survivorship care. J Gastrointest Oncol 2014;5(5):388-394.

# Vaginal Dryness

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## Moisturizers

Moisturizers help vaginal lining stay moist and reduce discomfort

## Lubricants

Lubricants are used during sexual activity and when inserting a device or toy

# Pomegranate Oil



- Hormone-free, paraben-free, alcohol-free
- Use 2-3 times a day if possible
- NOT compatible with condoms or latex

**Not recommended:** coconut oil as this may cause yeast infections

# Vaginal Moisturizers



- Inserted into vagina with an applicator or as a suppository
- Can reduce vaginal dryness, burning, itching, and inflammation
- May need to try several to find the right fit
- Check ingredients

Revaree Available at COH Positive Image Center

# Lubricants



## Silicone-based

- Last longer than water-based lubricants
- NOT compatible with silicone devices/toys



## Water-based

- Safe
- **Ideal for sensitive skin or vaginal irritation**
- Compatible with penetrative sex, masturbation, devices/toys
- Requires frequent re-application



## Oil-based

- Lasts longer than water-based lubricants
- NOT compatible with latex condoms/device





# Estrogen and Other Hormone Based Therapies



## NCCN Guidelines Version 2.2020 Survivorship: Hormone-Related Symptoms (Female)

Vaginal dryness



- Non-hormonal treatments
  - Vaginal moisturizers, vaginal gels, oils (category 2B)
- ~~Lubricants for sexual activity<sup>n</sup>~~
- Local estrogen treatment<sup>o</sup> (ie, rings, suppositories, creams) (category 2B)
  - Limited data in breast cancer survivors suggest minimal systemic absorption with rings and suppositories. Therefore, if estrogen-based treatment is warranted, rings and suppositories are preferred over creams for survivors of hormonally sensitive tumors.
- Other topical hormones (ie, testosterone,<sup>p</sup> DHEA<sup>o,q</sup>)
- Consider referral to appropriate specialist for management
- For vaginal pain or discomfort, [see SSF-2](#)

# Dilators



- For vaginal tightness causing painful sex
- Progressive vaginal dilation
- Match to desired size
- Glass vs. Silicone vs. Plastic
- Water-based lubricant recommended
- Vaginismus, vaginal stenosis, vaginal atrophy, dyspareunia, post-cancer treatments
- 15-min sessions every day ideal
- Compliance is key

**Available at COH Positive Image Center**

# Collision Aids



- Protective bumpers that rest around the base of a penis or dildo
- These aids assist with pain during deep penetration due to structural limitations stenosis, shortening, insufficient dilation or partner size mismatch



# Clitoral Stimulation Devices



Hands free vibrator



Clitoral suction



- Promotes blood flow and increases temperature of external genitalia
- Can increase sexual arousal and desire in premenopausal and postmenopausal women
- Be cautious with hyper/hyposensitivity

Finger vibrator



# EROS- CTD Clitoral Therapy Device

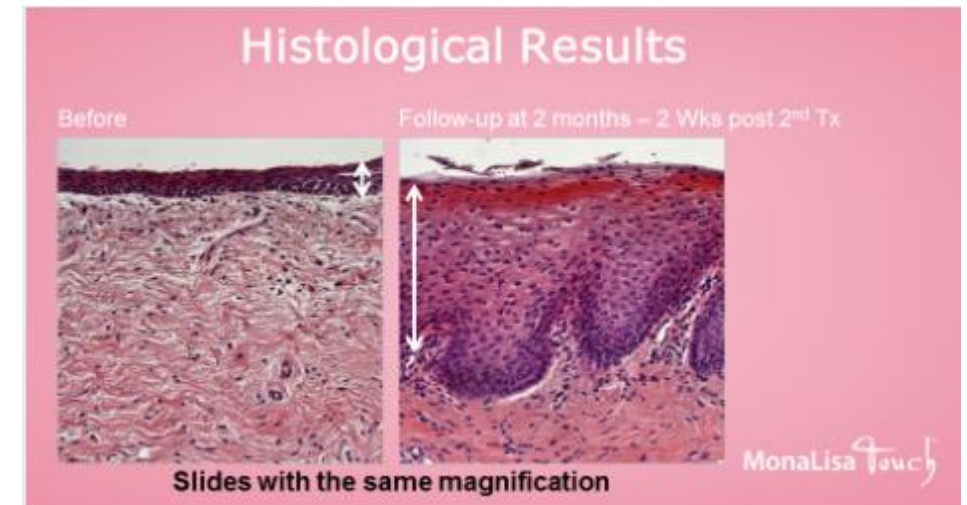


- FDA-approved prescription treatment for sexual dysfunction
- Small, handheld, battery-operated
- Soft cup fits over clitoris
- Gentle vacuum increases blood flow
  - Increases vaginal lubrication
  - Increases ability to reach orgasm

# MonaLisa Touch



- Medical procedure that delivers fractional carbon dioxide laser energy to soft tissues. Makes small abrasions in the vaginal wall to stimulate growth of new blood vessels in vulvovaginal atrophy
- Side effects: Itching, burning, redness or swelling
- Three sessions total
- FDA approved in 2014
  - No data in cancer



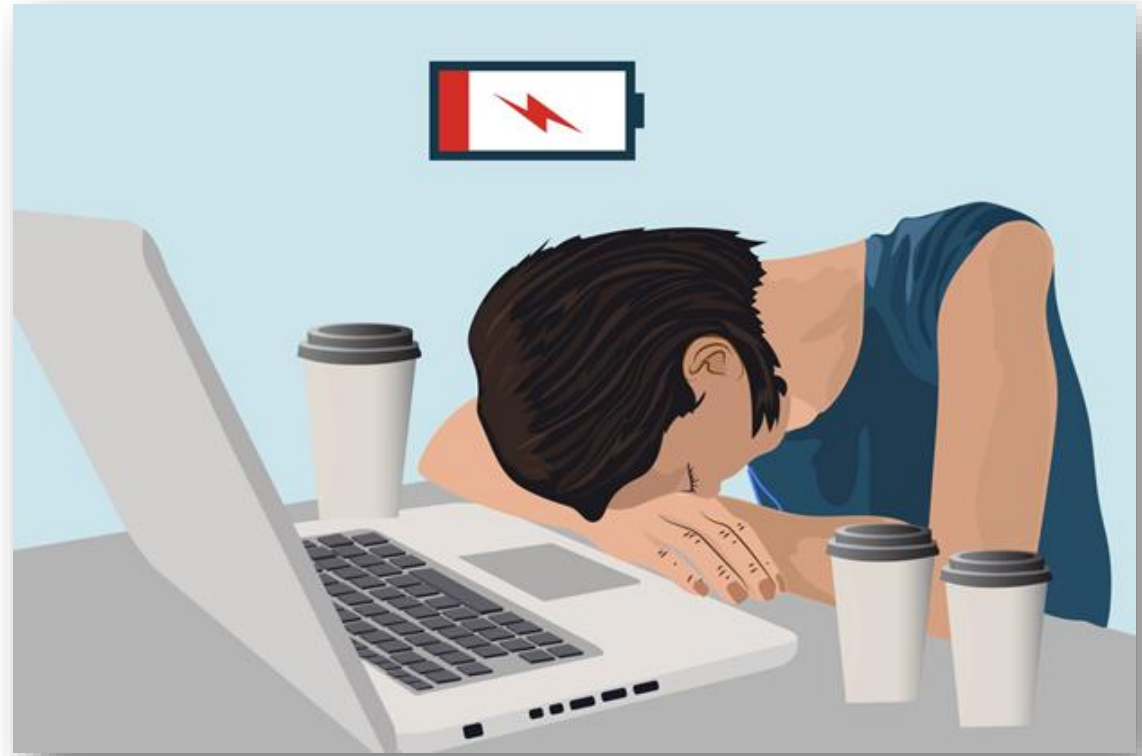


# Fatigue



## How does fatigue affect your sexual health?

- Since treatment –related sexual function is multifactorial, fatigue can have a direct impact on sexual function causing lack of sexual desire and arousal.



# Pelvic Floor Therapy

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- Reconditioning of pelvic floor muscles
- The goal is to improve the strength and function of pelvic floor muscles
  - Alleviate pain, weakness and dysfunction
- Muscles accessed through the rectum or vagina to perform manipulations
  - Stretches the muscles if they are short and contracted or apply resistance to improve strength if they are weak and dysfunctional



# Fatigue Management



## What does the evidence say?

- Exercise
- Cognitive Behavioral Therapy
- Meditation and Yoga



## 4 P's of fatigue management:

- Planning ahead of time
- Prioritizing tasks
- Pacing sexual activity
- Positioning



# Fatigue Management



Side-by-Side Positions



Use the Edge of the Bed



Spooning



Sex in a Seated Position



Exertion on Top

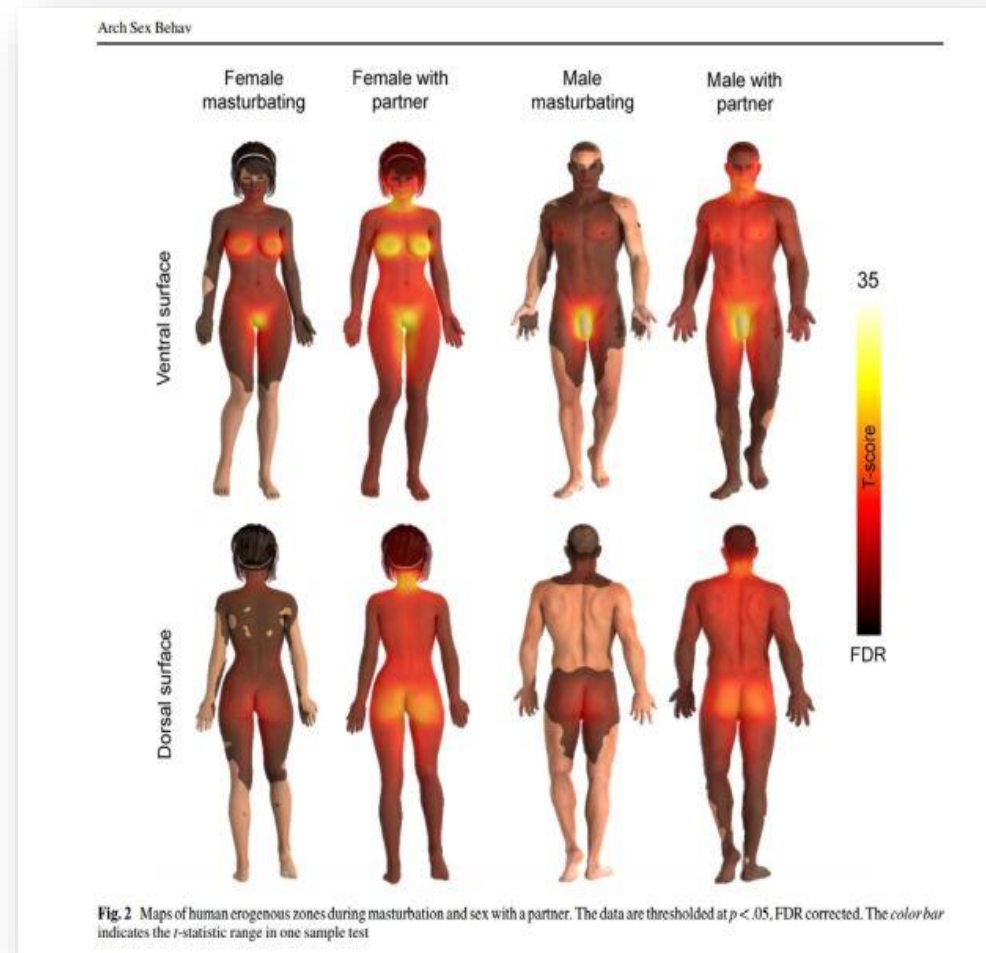


Standing



# Sensation Changes

- Self-exploration/Sensate focus
- Communication with partner regarding changes in sensation
- Erogenous zones and exploring beyond genitals
- Desensitization techniques
- Sensory and stimulation techniques (e.g., pressure, vibration)



# Anxiety and Pain

- Anxiety can occur from anticipation of pain
  - Causes increased tightness of muscles
- Coping Strategies
  - Guided Imagery
  - Deep breathing techniques
  - Progressive muscle relaxation
    - Options tailored to pelvic floor relaxation
- Referral to psychology or counselor as appropriate





The background of the slide features a soft-focus image. In the upper left, there is a dark silhouette of a family: a man, a woman, and a child. To the right, a flag is visible on a pole. The overall tone is light and hopeful.

**“Unless health care providers address sexual issues first – cancer patients rarely reveal their sexual concerns”**

Kang BMC Health Services Research 2018

**We welcome your questions –  
We are here to help you, your patients and their partners live  
well through, with and beyond cancer – Together**

**Thank you!**

City of Hope

# Web Resources for Patients for Sexual Health after Cancer



**Table 3** Web based resources on sexuality and cancer

American Association of Sexuality Educators, Counselors, and Therapists: [www.aasect.org](http://www.aasect.org)

National Institutes of Health, National Institute on Aging: [www.nia.nih.gov](http://www.nia.nih.gov): "Health Information" for Sexuality in Later Life brochure

Wound, Ostomy and Continence Nurses Society: [www.wocn.org](http://www.wocn.org): locate a certified WOC Nurse near you

American Cancer Society: [www.cancer.org](http://www.cancer.org): pamphlets about sexuality and cancer

American Cancer Society United Ostomy Association, Inc: [www.ostomy.org](http://www.ostomy.org)

Fertile Hope: [www.livestrong.org/we-can-help/fertility/risks/](http://www.livestrong.org/we-can-help/fertility/risks/) for information re: risk of infertility

Mary-Helen Mautner Project for Lesbians with Cancer: [Mautnerproject.org](http://Mautnerproject.org)

American Psychosocial Oncology Society: [www.apos-society.org](http://www.apos-society.org)

WOC, wound, ostomy and continence.

Averyt JC, Nishimoto PW. Addressing sexual dysfunction in colorectal cancer survivorship care. J Gastrointest Oncol 2014;5(5):388-394.



## Consider Referral to Occupational Therapy:

- OT Eval and Treat
- Indication: Sexuality

## Consider reaching out to Dr. Bosserman

Available to practitioners to support educational needs

Available by limited video or in person consultation in Newport office by November



<https://www.cityofhope.org/patients/survivorship/sexual-health-after-cancer-treatment>

## Thriving After Your Cancer Treatment

As a cancer survivor, you may face unique physical and emotional challenges that affect your life at home, at work and in relationships. Our experts can help you with:

- Your physical health and wellness
- Your emotional health
- Your sexual health
- Your relationships
- Your practical concerns
- Connecting with our programs and resources