Sexual Health in Cancer Survivorship

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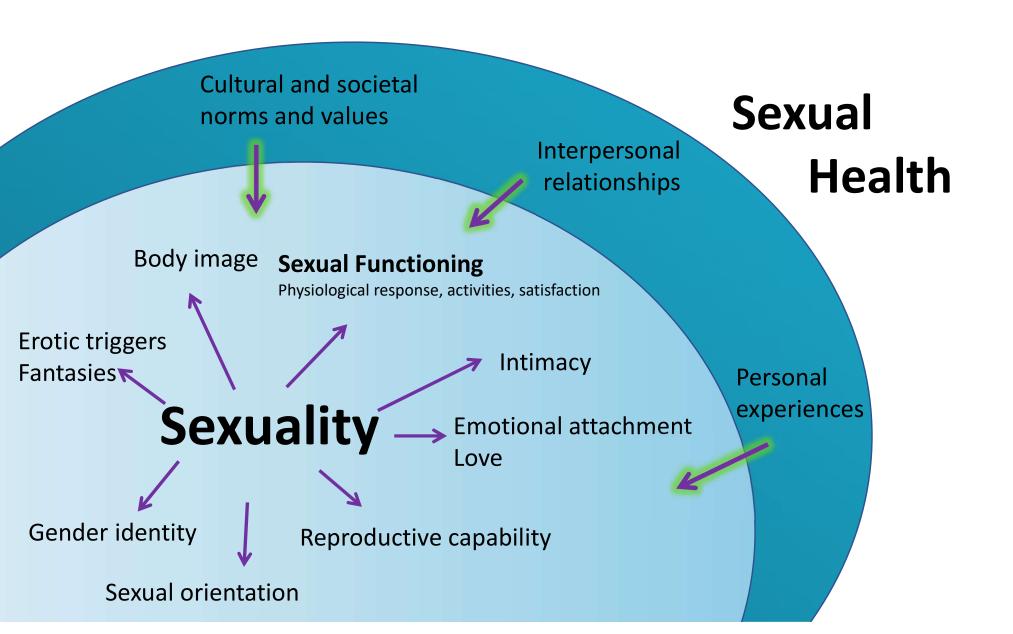
Disclosures

- I have no financial disclosures
- I am not a prescribing provider

Objectives

- Define sexual health
- Identify the unique physical and psychosocial impacts of cancer and it's treatment on survivor sexual health
- Describe the role of both biomedical and psychosocial interventions for survivors with sexual concerns
- Demonstrate understanding of a clinical approach to integrating sexual health as a part of routine survivorship care
- Review patient and clinician resources available on the topic of cancer and sexuality

Sexu-what?



Cancer and Sexual Health

 Sexual problems are common in the oncology population, often persist years after diagnosis, can worsen with time, and can lead to significant distress and altered quality of life (Bober & Krapf, 2022; Dizon & Katz, 2021; Harrington et al., 2010)

Prevalence of Sexual Problems in the Oncology Population

Authors	Study	Prevalence	Duration
Esmat Hosseini et al. (2022)	Systematic review and meta- analysis of SD in female cancer survivors	 Female cancer survivors (colorectal, gynecological, breast) – 66% 	
Harrington et al. (2010)	Systematic review of long-term symptoms in cancer survivors	 Breast – up to 51% Gynecologic – up to 71% Prostate – up to 70% Colorectal – female (77%); male (52%) 	 Breast – up to 5 years Gynecologic – up to 27 years Prostate – up to 5 years Colorectal – up to 13 years
LaVignera et al. (2019)	Systematic review of hypogonadism and SD in testicular cancer survivors	• Testicular – up to 40%	Testicular – up to 70 months
Maiorino et al. (2016)	Systematic review and meta- analysis 27 studies	 Gynecologic – 78.44% Breast – 65.54% Colorectal – 65.06% 	
Pizzol et al. (2021)	Systematic review and meta- analysis of ED in male cancer survivors	 Male cancer survivors – 42.7% post-treatment (in comparison to 28.6% baseline) Colorectal – 90.4% Anal – 80.5% Prostate – 78.3% Hematological – 77.0% Testicular – 32.7% 	
Akil et al. (2017)	Cross-sectional comparison of sexual function in post-surgical male laryngeal cancer patients	 Partial laryngectomy – 35.4% Total laryngectomy – 52.9% 	

Impacts of Cancer Treatment on Sexuality

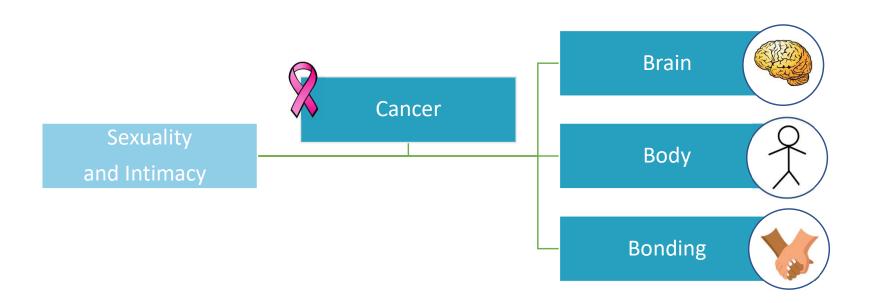
Treatment Side Effects

- Structural/anatomical changes to genitalia and reproductive organs after surgery
- Changes in physiological sexual response
 - Damage to blood vessels and/or nerves that supply sexual organs
 - Impaired arousal (vaginal lubrication, erectile difficulties)
 - Changes in orgasm and ejaculation reflexes, sensation
 - Hormonal changes
 - Hypogonadism r/t disruption of hypothalamic-pituitarygonadal axis (local vs systemic treatments)
 - Temporary vs. permanent

Treatment Side Effects

- Fatigue, loss of energy
- Pain and mobility issues, altered sensation
 - Post-operative pain or numbness, arthralgias/myalgias, neuropathies
- Alterations in GI functioning, elimination patterns
 - N/V, diarrhea/constipation, incontinence, climacturia, stoma/ostomy
- Mucosal damage (oral/vaginal/rectal)
 - Chemotherapy
 - Radiation therapy
- Chronic GvHD
- Immunosuppression
- Medication side effects
 - Opioids, SSRIs

Biopsychosocial Implications of Cancer on Sexuality



Management of Common Complaints

Dyspareunia

Pain with sexual activity is the most common sexual complaint in female survivors

- Vulvovaginal atrophic changes/Genitourinary Syndrome of Menopause (GSM) related to estrogen loss
- Vaginal canal and tissue changes (shortening, stenosis, adhesions) related to surgery or radiation
- Pelvic floor dysfunction (vaginismus)

Dyspareunia

OTC and non-pharmacologic management

- Vulvovaginal Moisturizers (for Maintenance)
- Vulvovaginal Lubricants (for Lovin')
- Vaginal dilator therapy
- Pelvic floor physical therapy
- Vaginal laser therapies are not recommended at this time
 - Mension et al. (2022) systematic review including 64 studies

Pharmacologic management

- Topical anesthetics (4% aqueous lidocaine)
- Local hormonal treatments
 - Low-dose vaginal estrogens
 - Safety not established for individuals with hormonally mediated cancers
 - Minimal systemic absorption with rings and suppositories, vs creams
 - Vaginal androgens (DHEA, testosterone)
 - Limited evidence for efficacy; safety profile uncertain in oncology populations
- Oral medications (ospemifene)
 - Contraindicated for survivors of estrogen-dependent cancers

Erectile Difficulties

Erectile difficulties are the most common sexual complaint in male survivors

- Management:
 - Lifestyle modifications, physical exercise
 - Pharmacological treatment
 - Oral PDE5-inhibitors
 - Local therapy with intercavernosal injections or intraurethral suppositories
 - Consider testosterone replacement therapy
 - Mechanical aids
 - Vacuum erectile devices (VED), penile prosthesis surgery
 - Erectile rehabilitation
 - Regularly increasing blood flow to promote tissue healing and health after surgery or radiation

Changes in Desire

- Male individuals:
 - Treat ED
 - Measure testosterone levels and supplement if appropriate
- Female individuals:
 - FDA-approved options for premenopausal individuals with low sexual desire have not been studied in cancer populations (flibanserin, bremelanotide)
 - Off-label use of certain medications for low desire have limited safety and efficacy data (buspirone, bupropion)
 - Barton et al. (2022)
 - Lack of data to support efficacy of androgens or PDE5-inhibitors
- Consider psychosocial etiologies and management!

Changes in Orgasm

- Male individuals:
 - Testosterone replacement therapy, PDE5 inhibitors, if appropriate
- All individuals:
 - Experiment with different types of genital stimulation
 - Vibratory devices (clitoral, scrotum, base of penis)
 - Clitoral therapy devices
 - Pelvic floor physical therapy
 - Medication review
 - Educate, address psychosocial etiologies

Psychosocial Interventions

- Education
- Mindfulness-based interventions
- Cognitive-behavioral therapy (CBT)
- Individual and/or couple's counseling to address:
 - Body image, body confidence
 - Management of anxiety, depression, grief responses, cancer-related distress
 - Relationship challenges
 - Communication, intimacy, coping strategies, adaption of sexual repertoire
- Include partners, per patient preferences

Addressing Sexual Health

Research shows...

- Clinicians often do not routinely inquire about sexual health and are inconsistent in providing teaching or counseling in this area (Carter et al., 2018; NCCN, 2022)
 - Cull-Weatherer et al. (2021): Sexual dysfunction was the only late/long-term effect (of 18 total) that received responses indicating it was discussed "rarely or never" (7.5%), and only 17.5% of respondents reported such discussions "with all or almost all patients"
- Survivors indicate that discussing sexual health with their healthcare team is important to them (Flynn et al., 2011), and identify sexual health as an unmet survivorship need (Burg et al., 2015; Den Ouden et al., 2019)
- Survivors are unlikely to initiate conversations with their healthcare providers even if they are experiencing sexual functioning challenges or distress (Flynn et al., 2012)
- All survivors should be asked about sexual function regularly throughout treatment and survivorship trajectory, and these conversations should be initiated by the healthcare team (Carter et al., 2018; NCCN, 2022)

Clinical Approach to Sexual Health in Survivorship

Screening

- NCCN Survivorship Assessment (NCCN, 2022)
 - 17. Do you have any concerns regarding your sexual function, sexual activity, sexual relationships, or sex life? (Yes/No)
 - 18. Are these concerns causing your distress? (Yes/No)

Assessment

- Brief symptom assessment tools (NCCN, 2022):
 - Brief Sexual Symptom Checklist for Women; Arizona Sexual Experiences Scale (ASEX); Female Sexual Function Index (FSFI or FSFI-BC)
 - Sexual Health Inventory for Men (SHIM); Sexual Quality of Life Questionnaire Male; PROMIS Brief Function Profile Male

Management, Intervention Recommendations, Resources, Referrals

Evaluation

- Care plans should include follow-up and evaluation of interventions
- Reassess needs throughout survivorship trajectory

Froedtert Network Sexual Health Services

- Women's Incontinence and Sexual Health (WISH) Clinic <u>https://www.froedtert.com/womens-incontinence</u>
 - Specially Clinics at Froedtert Hospital Campus, Milwaukee
 - Pleasant Valley Health Center, West Bend
- Men's Reproductive and Sexual Health Clinic https://www.froedtert.com/mens-reproductive-sexual-health
 - Specially Clinics at Froedtert Hospital Campus, Milwaukee
 - Pleasant Valley Health Center, West Bend
 - North Hills Health Center, Menomonee Falls
- Cancer Network Patient Support Services
 - Psycho-oncology services at multiple locations

Patient Resources

Free, Downloadable Sexuality Resources:

- American Cancer Society publications, available in PDF online at https://www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/fertility-and-sexual-side-effects.html
 - Cancer and Sexuality
 - Sex and the Adult Female with Cancer
 - Sex and the Adult Male with Cancer
- National Cancer Institute https://www.cancer.gov/about-cancer/treatment/side-effects
 - Sexual Health Issues in Women
 - Sexual Health Issues in Men
- Everything Nobody Tells You About Cancer Treatment and Your Sex Life from A to Z, by Cartherine Graham, PDF available at http://kanwa.org/sexual-health/a-z-guide/
- Sex, Intimacy, and Cancer booklet from Cancer Council, PDF available for download at https://www.cancercouncil.com.au/cancer-information/managing-cancer-side-effects/sexuality-intimacy/
- MacMillan Cancer Support https://be.macmillan.org.uk/be/s-574-audiobooks-pdf-and-ebook-downloads.aspx
 - Body Image and Cancer
 - Cancer and Relationships
 - · Cancer and Your Sex Life
 - Sex and Relationships: Support for Young People Affected by Cancer
- A Woman's Touch https://sexualityresources.com/category/sex-education-relationships/educational-brochures/
 - Sexual Resource Center in Madison, WI owned and run by a sex educator/counselor and a doctor with online educational resources in PDF format, covering a wide array of sexual health issues. Some examples include:
 - All About Libido
 - · Erectile Dysfunction
 - Erectile Rehabilitation
 - Healthy Sexuality After Cancer
 - How to Choose Personal Lubricants
 - Othercourse
 - Vaginal Renewal Program

Patient Resources

Books

- Couples Confronting Cancer: Keeping Your Relationship Strong, an American Cancer Society publication, www.cancer.org/bookstore
- Books by Ann Katz, RN, PhD:
 - Woman Cancer Sex
 - Man Cancer Sex
 - This Should Not Be Happening: Young Adults with Cancer
- Menopause Guidebook, available from the North American Menopause Society at http://www.menopause.org/publications/consumer-publications/-em-menopause-guidebook-em-8th-edition
- Better Sex Through Mindfulness: How Women Can Cultivate Desire, by Lori A. Brotto

Organizations and Online Resources

- American Association of Sexual Educators, Counselors, and Therapists (AASECT), <u>www.aasect.org</u>
- American Sexual Health Association (ASHA) www.ashastd.org
- National LGBT Cancer Network https://cancer-network.org/
- North American Menopause Society (NAMS) <u>www.nams.org</u>
- Scientific Network on Female Sexual Health and Cancer www.cancersexnetwork.org
- SexHealthMatters www.sexhealthmatters.org
- Go Ask Alice! http://www.goaskalice.columbia.edu/category/sexual-reproductive-health

Clinician Resources

- American Association of Sexual Educators, Counselors, and Therapists (AASECT), www.aasect.org
 - Search for local AASECT certified sexuality counselors and therapists
- International Society for the Study of Women's Sexual Health (ISSWSH) https://www.isswsh.org/
- National LGBT Cancer Network https://cancer-network.org/
- North American Menopause Society (NAMS) <u>www.menopause.org</u>
- Scientific Network on Female Sexual Health and Cancer www.cancersexnetwork.org
- Sexual Medicine Society of North America (SMSNA) https://www.smsna.org/

Clinician Resources

- Cagnacci, A., Ramirez, I., Bitzer, J., & Gompel, A. (2019). Contraception in cancer survivors: An expert review Part II. Skin, gastrointestinal, haematological and endocrine cancers. European Journal of Contraception and Reproductive Health Care, 24(4), 299–304. https://doi.org/10.1080/13625187.2019.1604947
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