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Sexuality, Intimacy and Menopause for Cancer Survivors

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Disclosures

- No relevant commercial relationships to disclose

Learning Objectives

At the conclusion of this session, participants should be able to:

1) Describe the ways that cancer treatment can impact sexual health

2) Describe the hormonal changes associated with various cancer treatments including surgery, radiation and chemotherapy

3) Employ techniques to discuss sexual health with cancer survivors

4) Discuss hormonal and non-hormonal interventions for cancer-related side effects related to menopause and sexuality

Cancer Survivorship

Survivor: A person who has been diagnosed with cancer

Co-Survivor: A person who has cared for a loved one with cancer

Previvor: A person who has had surgery to reduce his/her risk of developing cancer

Phases of Survivorship

- Acute survivorship: diagnosis through end of initial treatment
- Extended survivorship: period at the end of initial treatment
- Permanent survivorship: years after treatment

ASCO.org
Cancer.net

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Cancer Survivorship

Common Themes of Survivorship:

Pride

Fear

Empowerment

Uncertainty

Guilt

Fatigue

Relationship challenges

Disconnect from non-survivors

Post-traumatic stress

Post-traumatic growth

Shifting priorities – living “in the now”

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Sexuality: The way people experience and express themselves sexually

Sexual activity	Sexual function	Sexual/gender identity

Sexual Health and Dysfunction

- Sexual Health as defined by WHO:
  - “A state of physical, mental, and social well-being in relation to sexuality”
  - Ability to be intimate
  - Communicate about sexual needs and desires
  - Maintain sexual function and obtain sexual fulfillment

- Sexual Dysfunction:
  - Diminished or absent feeling of sexual interest or desire, sexual thoughts or fantasies and lack of responsive desire
  - Sexual Desire Disorders (Hypoactive, Hyperactive)
  - Sexual Arousal Disorders
  - Orgasmic Disorder
  - Sexual Pain Disorder

Alexandre M, Black J, Whicker M, Minkin MJ, Ratner E. The management of sexuality, intimacy, and menopause symptoms (SIMS) after prophylactic bilateral salpingo-oophorectomy: How to maintain sexual health in “previvors”. *Maturitas*. 2017. 105; 46-51.

Sexual dysfunction can be multifactorial

Emotional factors:

Relationship stress
Fertility issues
Body image, self-esteem, and femininity/masculinity
Depression
Fatigue
Anxiety about sexual activity
Negative feelings about erogenous zones (pleasure → pain)
Changing roles (sexual partner → caregiver)
Vulnerability
Fear of rejection
Embarrassment

Sexual dysfunction can be multifactorial

Physical factors:

- Hair loss
- Pain
- Loss of sensation
- Scarring
- Lymphedema
- Medical devices (port, ostomy, implants)
- Weight changes
- Elimination problems
- Medication side effects (e.g. mucositis, nausea/vomiting)
- Decreased flexibility, range of motion, and strength

Sexual dysfunction can be multifactorial

<u>Hormonal factors:</u>

Vasomotor symptoms
Sleep disruption
Decreased libido
Erectile dysfunction
Vulvovaginal atrophy
Dyspareunia
Difficulty achieving arousal/orgasm

Identifying the Problem

Research has shown…

- If we don't ask, they don't tell
- Lack of time to address sexual health during routine visits (complexity of cancer care)
- Providers believe that patients will bring up the topics of sexual dysfunction and menopause
- Patients may not feel comfortable discussing their symptoms

Multiple surveys are available for assessing sexual function

Alexandre M, Black J, Whicker M, Minkin MJ, Ratner E. The management of sexuality, intimacy, and menopause symptoms (SIMS) after prophylactic bilateral salpingo-oophorectomy: How to maintain sexual health in "previvors". *Maturitas*. 2017. 105; 46-51.

Assessing Sexual Function is Guideline-Driven

NCCN Guidelines Version 2.2020

Survivorship: Hormone-Related Symptoms

- Screen for menopausal symptoms disruptive to quality of life at regular intervals

Survivorship: Sexual Function

- Ask about sexual function at regular intervals
- Discuss treatment-associated infertility if indicated
- Refer to sexual health specialist, if survivor is interested
- Re-evaluate and discuss potential impact of treatment on sexual function at future visits

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NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®)
Survivorship. Published July 14, 2020.

Assessing Sexual Function is Guideline-Driven

NCCN Guidelines Version 2.2020

Consider use of a screening tool:

- Brief Sexual Symptom Checklist for Women
- Arizona Sexual Experience Scale
- Female Sexual Function Index
- Sexual Health Inventory for Men
- Sexual-Quality of Life-Men
- PROMIS Brief Function Profile-Male

Asking about Sex

"Many women who have gone through similar cancer treatment notice changes in sexual function or vaginal health."[1]

"Do you have questions or concerns about your sexual functioning?"

"Are you able to be intimate comfortably?"

"How are you doing with intimacy in your relationship?"

Keep in mind:

- No sexual partner doesn't mean someone is not a sexual person
- Sexual partners may also have medical or psychological issues affecting intimacy
- Avoid assumptions about sexual activity and sexuality

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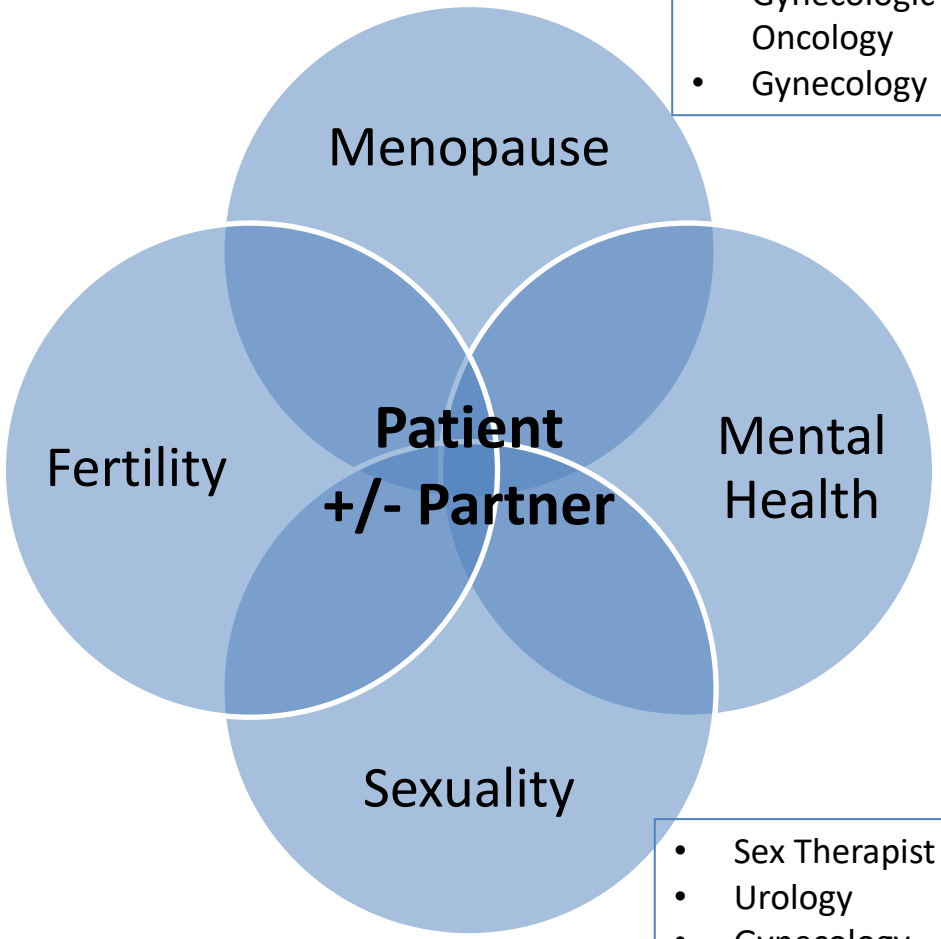
Bober SL, Kingsberg SA, Faubion SS. Sexual function after cancer: paying the price of survivorship. *Climacteric*. 2019;22(6):558-564.

Interdisciplinary Approach to Management of Sexual Dysfunction



- Gynecologic Oncology
- Gynecology

- Reproductive Endocrinology
- Genetics
- Gynecology

- Psychiatry
- Psychology
- Social Work

- Sex Therapist
- Urology
- Gynecology
- Pelvic Floor PT

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Management of Sexual Challenges

Treatment	Examples
Education	Discuss side effects before initiating cancer therapy
Validation and Support	Assess and treat side effects during cancer therapy
Psychological Interventions	Cognitive behavioral therapy Mindfulness-based therapy Sex therapy
Non-pharmacologic therapies	Lubricants Moisturizers Vaginal dilators Medical devices Pelvic floor physical therapy
Pharmacologic therapies	Herbal remedies Hormonal preparations SSRI/SNRI Anti-depressants PDE5 inhibitors
Community Referrals	Behavioral health Urologist, menopause provider Sex therapist or sexual health counselor Survivorship program Integrative medicine

Psychological Interventions

- Grief and loss
- Anxiety and negative patterns of thinking
- Dating and communicating about sexuality and intimacy
- Relational issues/conflicts
- Develop relaxation skills useful in achieving more satisfying sexual encounters
- Embracing a “new normal”
- Supporting quality of life and intimate relationships
- Partner engagement and support

Behavioral Interventions

Lifestyle modifications

Kegel exercises

Positioning during intercourse

Pelvic floor PT

Experimentation and exploration

American Cancer Society: Sex and the Adult Female with Cancer. https://www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/fertility-and-sexual-side-effects/sexuality-for-women-with-cancer/problems.html

Sex Therapy

The American Association of Sexuality Educators, Counselors and Therapists (AASECT)

Certified Sexuality Counselor:

- Assists patients to resolve sexuality concerns
- Provides suggestions for specific exercises and techniques in sexual expression
- Can be from a variety of professions (including medical providers)

Certified Sex Therapist:

- Licensed mental health professionals who focus on sexuality
- Assess, diagnose, and provide in-depth psychotherapy

Locate a Professional: https://www.aasect.org/referral-directory

Medical Interventions for Women

Lubricants

Vaginal Moisturizers

Medications

Vaginal Dilators

Sexual Devices

Genitourinary Syndrome of Menopause (GSM)

- Lubricants
- Vaginal moisturizers
- Vibrators/clitoral stimulation devices
- Vaginal dilator therapy
- Pelvic floor PT
- Vaginal estrogen
  - Creams (17β-estradiol, conjugated estrogens)
  - Suppositories (17β-estradiol, estradiol hemihydrate, prasterone)
  - Ring (17β-estradiol)
- Ospemifene
- Topical lidocaine 4% gel
- Systemic estrogen

Bober SL, Kingsberg SA, Faubion SS. Sexual function after cancer: paying the price of survivorship. *Climacteric*. 2019;22(6):558-564.
NCCN Guidelines Version 1.2020. Survivorship: Hormone-Related Symptoms (Female). 03/17/2020.

Vasomotor Symptoms

- Menopausal hormone therapy if appropriate (*refer for management)
  - Oral, transdermal, vaginal ring, or IUD
  - Estrogen + Progestin if intact uterus
  - Estrogen alone if without a uterus
  - Conjugated estrogens/bazedoxifene (Tissue-selective estrogen complex)
  - Oral contraceptives in young cancer survivors
- Anti-depressants
  - Venlafaxine 75mg preferred
  - Paroxetine 7.5mg only FDA-approved alternative to HT (caution with tamoxifen)
- Anti-convulsants
  - Gabapentin 300mg 3 times daily
- Clonidine 0.1mg transdermal
- Oxybutynin (extended release, 15mg daily)
- +/- Acupuncture, yoga, CBT
- Exercise, weight loss

NCCN Guidelines Version 1.2020. Survivorship: Hormone-Related Symptoms (Female). 03/17/2020.

Menopausal Hormone Therapy (MHT)

- Can be safely used in women with many cancer types:
  - Hematologic, colorectal, cervical

- Low-dose vaginal estrogen for localized symptoms
- Systemic HT for vasomotor symptoms, bone health, cognition, etc.

- Contraindications: hormonally mediated cancer, abnormal vaginal bleeding, recent/active history of VTE, pregnancy, active liver disease

"Primary care providers and gynecologists charged with coordinating survivorship care are uniquely positioned to provide informed recommendations regarding the use of MHT for female cancer survivors with bothersome menopausal symptoms."

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Kuhle CL, Kapoor E, Sood R, Thielen JM, Jatoi A, Faubion SS. Menopausal hormone therapy in cancer survivors: A narrative review of the literature. *Maturitas*. 2016;92:86-96.

Medical Interventions for Men

Lubricants

Medications

Devices

Implants

Erectile / Orgasmic dysfunction

- PDE5 inhibitors (sildenafil, vardenafil, tadalafil, avanafil) cause nitric oxide-induced vasodilation to initiate and maintain an erection
- Testosterone if total morning testosterone <300 ng/dL
  - Contraindicated if breast cancer or prostate cancer on ADT and/or active surveillance
- Exercise, weight loss, smoking cessation, reduced alcohol consumption
- Pelvic floor PT

NCCN Guidelines Version 1.2020. Survivorship: Hormone-Related Symptoms (Female). 03/17/2020.

Vasomotor Symptoms

- If on androgen-deprivation therapy, consider dosing modifications
- Hormone therapy (*refer for management)
  - Testosterone
  - Medroxyprogesterone acetate
  - Estrogen
  - Cyproterone acetate
- Anti-depressants
  - Venlafaxine 75mg preferred
- Anti-convulsants
  - Gabapentin 300mg 3 times daily
- Clonidine 0.1mg transdermal
- +/- Acupuncture, yoga, CBT
- Exercise, weight loss

NCCN Guidelines Version 1.2020. Survivorship: Hormone-Related Symptoms (Female). 03/17/2020.

Gynecomastia

- Prophylactic radiation
- Tamoxifen
- Reduction mammoplasty

NCCN Guidelines Version 1.2020. Survivorship: Hormone-Related Symptoms (Female). 03/17/2020.

Special Population: Prostate Cancer

Considerations:

- Large prevalence of survivors
- Fear of sexual consequences impacts treatment decisions (surveillance vs. active treatment)
- Abrupt change in erectile function, as opposed to slow decline with age
- Concern that lack of erectile function may be perceived as lack of interest in partner
- Penis size associated with self-worth, masculinity
- Resistance to psychological interventions

Hilger C, Schostak M, Neubauer S, Magheli A, Fydrich T, Burkert S, Kendel F. The importance of sexuality, changes in erectile functioning and its association with self-esteem in men with localized prostate cancer: data from an observational study. *BMC Urol*. 2019;19:9.

Special Population: Prostate Cancer

Prostate cancer treatment has sexual consequences:

- Prostatectomy
  - Penile shortening
  - Decreased libido
  - Erectile and ejaculatory dysfunction (“incomplete” orgasm)
  - Urinary incontinence
- Radiation/brachytherapy
  - Rectal irritation, diarrhea
  - Erectile dysfunction (increases over time after treatment)
  - Urinary incontinence, frequency, urgency, nocturia
- Androgen Deprivation Therapy (ADT)
  - Feeling of “female menopause” / “castration”
  - Body image changes (weight gain, gynecomastia, loss of muscle tone)
  - Decreased libido, erectile dysfunction, hot flashes, bone loss
  - Emotional lability, depression/anxiety
- Chemotherapy
  - Fatigue, neuropathy, hair loss

Hilger C, Schostak M, Neubauer S, Magheli A, Fydrich T, Burkert S, Kendel F. The importance of sexuality, changes in erectile functioning and its association with self-esteem in men with localized prostate cancer: data from an observational study. *BMC Urol*. 2019;19:9.

Special Population: Prostate Cancer

Management of sexual consequences:

- Shared decision-making and patient education
- Psychotherapy and emotional support
- “Early penile rehabilitation”
- PDE5 inhibitors
- Intra-urethral alprostadil cream delivered by applicator into urethral meatus 5-10 min before sex causes vasodilation and smooth muscle relaxation
- Intracavernous injections (alprostadil) 10-20 minutes before sex, causes smooth muscle relaxation in corpus cavernosae
- Vacuum therapy draws blood into penile cavernosae just before sexual activity, occlusive ring prevents venous drainage (may affect ejaculation)
- Penile prothesis surgery using inflatable or semi-rigid implants
- Estrogen, gabapentin, SSRIs for vasomotor symptoms secondary to ADT

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Jones JM, Kohli M, Loprinzi CL. Androgen deprivation therapy-associated vasomotor symptoms. *Asian J Androl.* 2012;14(2):193-197.

Special Population: Testicular Cancer

Considerations:

- Young age of survivors
- May be diagnosed at the time of sexual debut or peak
- Testicles symbolic of masculinity
- Risk of infertility

Special Population: Testicular Cancer

Testicular cancer treatment has sexual consequences:

- Surgery (orchiectomy)
  - "hemi-castration"
  - Body image changes, decreased sexual desire
  - Fertility concerns
- Retroperitoneal LN dissection
  - Erectile dysfunction
  - Ejaculatory dysfunction/retrograde ejaculation, "dry ejaculation"
  - Decreased climax sensation
- Radiation therapy
  - Erectile dysfunction
- Chemotherapy
  - Fatigue, hair loss, cognitive changes
  - Erectile dysfunction

Rossen P, Pedersen AF, Zacharie R, von der Maase H. Sexuality and body image in long-term survivors of testicular cancer. *Eur J Cancer.* 2012;48(4):571-578.
Schepisi G, De Padova S, De Lisi D, Casadei C, Meggiolaro E, et al. Psychosocial Issues in Long-Term Survivors of Testicular Cancer. *Front Endocrinol*. 2019;10:113.

Special Population: Testicular Cancer

Management of sexual consequences:

- Shared decision-making and patient education
- Psychotherapy and emotional support
- Sperm cryopreservation prior to treatment
- Modified/nerve-sparing surgical techniques
- Testicular prosthesis

Faubion SS, Larkin LC, Stuenkel CA, Bachmann GA, Chism LA, Kagan R, et al. Management of genitourinary syndrome of menopause in women with or at high risk for breast cancer: consensus recommendations from The North American Menopause Society and The International Society for the Study of Women's Sexual Health. *Menopause: The Journal of The North American Menopause Society*. 2018;25(6):594-595.

Special Population: Breast Cancer

Considerations:

- Large prevalence of survivors
- Early-stage breast cancer survivorship is common
- Women are living longer with metastatic disease
- Treatment is multi-modal
- Systemic hormone therapy is usually contraindicated

Special Population: Breast Cancer

Breast cancer treatment has sexual consequences:

- Breast surgery
  - Pain, scarring, altered sensation, asymmetry
  - Breast *and* reconstruction/flap sites (abdomen, thighs)
  - Lymphedema
  - Difficulty with sexual positioning, flexibility and comfort
  - Body image changes
- Radiation therapy
  - Pain, scarring, skin changes
  - Fatigue
- Chemotherapy
  - Chemotherapy-induced menopause
  - Side effects, immunosuppression
- Ovarian Suppression and Endocrine therapy
  - Hormonal side effects (vasomotor symptoms, genitourinary symptoms)
  - Joint pain

Special Population: Breast Cancer

Management of sexual consequences:

- Shared decision-making and patient education
- Psychotherapy and emotional support
- Nutrition support, physical therapy, management of side effects
- Systemic MHT is not recommended
- Non-hormonal therapies for genitourinary and vasomotor symptoms
- Local hormonal therapies for genitourinary symptoms: vaginal estrogen and DHEA are likely safe, but may increase systemic estradiol levels slightly/transiently; vaginal testosterone off-label use is controversial (discuss with oncologist)
- Vaginal CO_2 laser therapy – remains investigational

Faubion SS, Larkin LC, Stuenkel CA, Bachmann GA, Chism LA, Kagan R, et al. Management of genitourinary syndrome of menopause in women with or at high risk for breast cancer: consensus recommendations from The North American Menopause Society and The International Society for the Study of Women's Sexual Health. *Menopause: The Journal of The North American Menopause Society*. June 2018. Vol. 25 No. 6, pp. 594-595.

Special Population: Gynecologic & Urinary Cancers

Considerations:

- Fertility concerns in young women
- Urostomy after bladder cancers
- Emotional response to cancer of sex organs
- Fear of recurrence from sexual activity
- Dilator therapy becomes tedious, sex less enjoyable
- HPV-associated gynecologic cancer → blame/guilt
- Genital organs are no longer associated with pleasure and fertility; now a source of trauma and pain (sex becomes a negative experience)

Special Population: Gynecologic & Urinary Cancers

Gynecologic and Urinary cancer treatment has sexual consequences:

- Surgery
  - Pain, scarring
  - Difficulty with sexual positioning and comfort
  - Body image changes
  - Lymphedema
- Pelvic radiation / Vaginal brachytherapy
  - Vulvar, vaginal, urinary and bowel symptoms
  - Irritation, swelling, vaginal stenosis, vaginal canal shortening
  - Loss of fertility
  - Radiation-induced menopause
- Chemotherapy
  - Chemotherapy-induced menopause
  - Side effects, immunosuppression
- PARP inhibitors
  - Nausea, anorexia, fatigue

Special Population: Gynecologic & Urinary Cancers

Management of sexual consequences:

- Shared decision-making and patient education
- Psychotherapy and emotional support
- Nutrition support, physical therapy, management of side effects
- Non-hormonal therapies for genitourinary and vasomotor symptoms
- Hormonal therapies for genitourinary symptoms: vaginal estrogen and vaginal DHEA are likely safe but may increase systemic estradiol levels slightly (discuss with woman's oncologist)
- Vaginal CO_2 laser therapy – investigational
- Hormonal therapies for systemic symptoms: systemic estrogen +/- testosterone for non-hormone driven cancers

Special Population: Colorectal Cancer

Considerations:

- Increasing prevalence in younger population
- Fertility concerns in young patients
- Colostomy/Ileostomy
- Bowel symptoms
- Embarrassment
- ? Stigma

Special Population: Colorectal Cancer

Colorectal cancer treatment has sexual consequences:

- Surgery
  - Pain, scarring
  - Presence of ostomy
  - Loss of bowel control, flatulence, odor
  - Difficulty with sexual positioning and comfort
  - Body image changes
- Pelvic radiation
  - Vulvar, vaginal, urinary and bowel symptoms
  - Irritation
  - Loss of fertility
  - Radiation-induced menopause
- Chemotherapy
  - Chemotherapy-induced menopause
  - Side effects, immunosuppression

Special Population: Colorectal Cancer

Management of sexual consequences:

- Shared decision-making and patient education
- Psychotherapy and emotional support
- Nutrition support, physical therapy, management of side effects
- Ostomy fitting and education
- Non-hormonal therapies for genitourinary and vasomotor symptoms
- Local hormonal therapies for genitourinary symptoms: vaginal estrogen and vaginal DHEA
- Vaginal CO_2 laser therapy – investigational
- Hormonal therapies for systemic symptoms: systemic estrogen +/- testosterone for non-hormone driven cancers
- Some data that MHT continued after diagnosis has benefit in all-cause and CRC-specific mortality

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Kuhle CL, Kapoor E, Sood R, Thielen JM, Jatoi A, Faubion SS. Menopausal hormone therapy in cancer survivors: A narrative review of the literature. *Maturitas*. 2016;92:86-96.

Special Population: Adolescents & Young Adults

Considerations:

- Lack of previous sexual and life experience (sexual debut)
- Comparison with peer group “norms”
- Dating and disclosure to potential partners
- Limited coping skills
- Self-esteem during adolescence
- Oncofertility
- Parents often present at appointments
- Fear of recurrence long after disease
- Information sharing/social media

Special Population: Adolescents & Young Adults

Adolescent and young adult cancer treatment has sexual consequences:

- Bone cancers
  - Limb loss
  - Prosthesis
- Brain and spinal cord tumors
  - Neurologic changes
  - Steroid side effects
- Hematologic cancers
  - Stem cell transplant: premature ovarian failure (>90%), GVHD
  - Infection risk, anemia
- Fertility preservation discussion/referral before chemotherapy
  - May lead to delay in initiating cancer treatment

Kuhle CL, Kapoor E, Sood R, Thielen JM, Jatoi A, Faubion SS. Menopausal hormone therapy in cancer survivors: A narrative review of the literature. *Maturitas*. 2016;92:86-96.

Special Population: LGBTQ Community

Considerations:

- Engrained heteronormativity in the healthcare system leads to unmet sexual health needs of gay patients
- Lack of research and treatment recommendations
- Lack of knowledge about LGBT sexuality
- Fear of disclosing sexual orientation to providers and in patient support groups
- Fear of homophobia
- Fear of sub-standard care
- Missed/late diagnosis due to delay or lack of screening

Rosser BRS, Kohli N, Polter EJ, Lesher L, Capistrant BD, et al. The Sexual Functioning of Gay and Bisexual Men Following Prostate Cancer Treatment: Results from the Restore Study. *Arch Sex Behav*. 2019.
Alexis O, Worsley AJ. The Experiences of Gay and Bisexual Men Post-Prostate Cancer Treatment: A Meta-Synthesis of Qualitative Studies. *Am J Mens Health*. 2018;12(6):2076-2088.
Lisy K, Peters MDJ, Schofield P, Jefford M. Experiences and unmet needs of lesbian, gay, and bisexual people with cancer care: A systematic review and meta-analysis. *Psycho-Oncology*. 2018;27:1480-1489.

Special Population: LGBTQ Community

Considerations:

- Many men have lack of sufficient erection for insertive anal sex (requires greater penile rigidity than vaginal penetration)
- Anodyspareunia in receptive anal sex
- Loss of pleasure from erect penis rubbing against the prostate
- Radiation may lead to rectal irritation and bowel dysfunction
- Erectile dysfunction may lead to men not using condoms → increasing risk of HIV infection
- Lesbian women with breast cancer may choose not to undergo reconstruction after mastectomy

Rosser BRS, Kohli N, Polter EJ, Lesher L, Capistrant BD, et al. The Sexual Functioning of Gay and Bisexual Men Following Prostate Cancer Treatment: Results from the Restore Study. *Arch Sex Behav*. 2019.
Alexis O, Worsley AJ. The Experiences of Gay and Bisexual Men Post-Prostate Cancer Treatment: A Meta-Synthesis of Qualitative Studies. *Am J Mens Health*. 2018;12(6):2076-2088.
Lisy K, Peters MDJ, Schofield P, Jefford M. Experiences and unmet needs of lesbian, gay, and bisexual people with cancer care: A systematic review and meta-analysis. *Psycho-Oncology*. 2018;27:1480-1489.

Special Population: The Single Patient

Considerations:

- Lack of support system/caregiver
- Fear of rejection
- Dating and disclosure
- Fear of sex with a new partner (sexual function, embarrassment)
- Fertility and family planning concerns
- Self-esteem and body image
- Feeling of being “damaged”
- Shifting priorities
- Life expectancy

Special Population: Previvors

Considerations:

- Young, otherwise healthy women
- Emotional challenge of decision-making
- Survivor's guilt
- Surgical menopause → abrupt hormone changes
- Unable to care for young children during recovery

Alexandre M, Black J, Whicker M, Minkin MJ, Ratner E. The management of sexuality, intimacy, and menopause symptoms (SIMS) after prophylactic bilateral salpingo-oophorectomy: How to maintain sexual health in "previvors". *Maturitas*. 2017. 105; 46-51.

Special Population: Previvors

Cancer risk reduction has sexual consequences:

- Chemoprevention (tamoxifen)
  - Vasomotor symptoms
  - Vaginal dryness
- Breast Surgery
  - Pain, scarring
  - Loss of sensation, erogenous zones
  - Difficulty with sexual positioning and comfort
  - Body image changes
- Gynecologic Surgery
  - Pain, scarring
  - Difficulty with sexual positioning and comfort
  - Body image changes
  - Surgical menopause
  - Loss of libido

Special Population: Previvors

Management of sexual consequences:

- Shared decision-making and patient education
- Psychotherapy and emotional support
- Studies suggest that systemic HT after oophorectomy does not further increase risk of breast cancer in *BRCA* mutation carriers over baseline
- Hormonal therapies for genitourinary symptoms: vaginal estrogen and vaginal DHEA
- Hormonal therapies for systemic symptoms: systemic estrogen +/- testosterone

Special Population: Advanced Cancer

Considerations:

- Shifting priorities to end-of-life care
- Fear of abandoning partner and/or being replaced
- Desire for sexual intimacy often remains strong
- Weight loss, malnutrition
- Pain, weakness, fatigue, debilitation limits ability and sexual stamina
- Range of motion and positioning (ex: bone metastasis)
- Shortness of breath, oxygen dependence
- Hospitalization, lack of privacy
- Medical providers not focused on sexual health needs

Bond CB, Jensen PT, Groenvold M, Johnsen AT. Prevalence and possible predictors of sexual dysfunction and self-reported needs related to sexual life of advanced cancer patients. *Acta Oncol*. 2019;58(5):769-775.

Helpful Resources for Patients and Providers

- American Cancer Society

www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/fertility-and-sexual-side-effects/sexuality-for-women-with-cancer.html

https://www.cancer.org/treatment/treatments-and-side- effects/physical-side-effects/fertility-and-sexual-side-effects/sexuality-for-men-with-cancer.html

- The Scientific Network on Female Sexual Health and Cancer www.cancersexnetwork.org
- American Association of Sexuality Educators, Counselors and Therapists www.aasect.org
- North American Menopause Society www.menopause.org/
- Foundation for Women's Cancer www.wcn.org/
- BreastCancer.org www.breastcancer.org/tips/intimacy
- Urology Care Foundation https://www.urologyhealth.org
- Prostate Cancer Foundation https://www.pcf.org/about-prostate-cancer/prostate-cancer-side-effects/

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Take Home Points

- Cancer diagnosis and treatment can affect sexuality in many ways
- Assess sexual function in cancer survivors is guideline-driven
- If we don't ask, patients may not tell
- It takes a team to address psychological well-being, sexual function, fertility, and menopause
- It can get better! There are multiple treatment modalities
- If you don't know how to manage – refer to someone who can help

References

1) Alexandre M, Black J, Whicker M, Minkin MJ, Ratner E. The management of sexuality, intimacy, and menopause symptoms (SIMS) after prophylactic bilateral salpingo-oophorectomy: How to maintain sexual health in “previvors”. *Maturitas*. 2017. 105; 46-51.
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8) Jones JM, Kohli M, Loprinzi CL. Androgen deprivation therapy-associated vasomotor symptoms. *Asian J Androl.* 2012;14(2):193-197.
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Thank you

Feel free to reach out:

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- 203-200-4176

What types of patients do we see?

Women who experience:

- Changes in sexual function as a result of chemotherapy, radiation, or surgery for cancer
- Menopause symptoms as a side effect of their cancer treatment
- Early menopause or sexual changes after surgery for cancer risk reduction

What we provide:

- Menopause symptom management
- Resources for cancer survivors on maintaining sexual health
- Access to complementary and supportive services
- Access to individual and couples counseling

What to expect from your appointment:

Our team will first discuss your medical and cancer history as well as what type of treatment you have had. You will be asked about symptoms of menopause and sexual problems, such as hot flashes, night sweats, changes in sexual desire, painful intercourse, vaginal dryness, or changes in mood or sleep patterns. Depending on the symptoms you are experiencing, you may have a gynecologic exam. The team will then discuss options for management of your symptoms and improvement in sexual health. You will also have the opportunity to talk about emotional and relationship issues affecting your life. After initial evaluation, women can be followed in our program for symptom management and treatment. Women are welcome to bring partners to their appointment.

Appointments:

Patient appointments available on Thursdays

• New Appointments: (203) 785-7385

• Main Clinic Number: (203) 200-4176

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