

The Impact of GYN Cancer on Sexuality and Intimacy

AMY HARVEY O'KEEFFE, MD, FACOG

NOVEMBER 19, 2015

GYNECOLOGICAL CANCER SYMPOSIUM:

STRIVING FOR A HEALTHIER TOMORROW TODAY



DISCLAIMER AND DISCLOSURES

I have no financial disclosures or disclaimers for this lecture regarding pharmaceutical products or manufacturers

Amy Harvey O’Keeffe, M.D.
Center for Women’s Health
540 North Woodbourne Road
Langhorne, PA

What do women
want to talk about?



Sexual Health and Intimacy

Sexual Health is...

An important and natural part of the human experience involving more than the sexual act and incorporates both our physical and emotional health

Intimacy is...

A close, affectionate, and loving personal relationship with another person



Why is Sexual Health so important?

Our general health, well-being and overall quality of life are affected both positively and negatively by illnesses and stressors effecting our sexual health

Diseases and treatments that affect our sexual health negatively have been reported to have the greatest impact on our quality of life and are often the most distressing consequences or side effects reported by patients

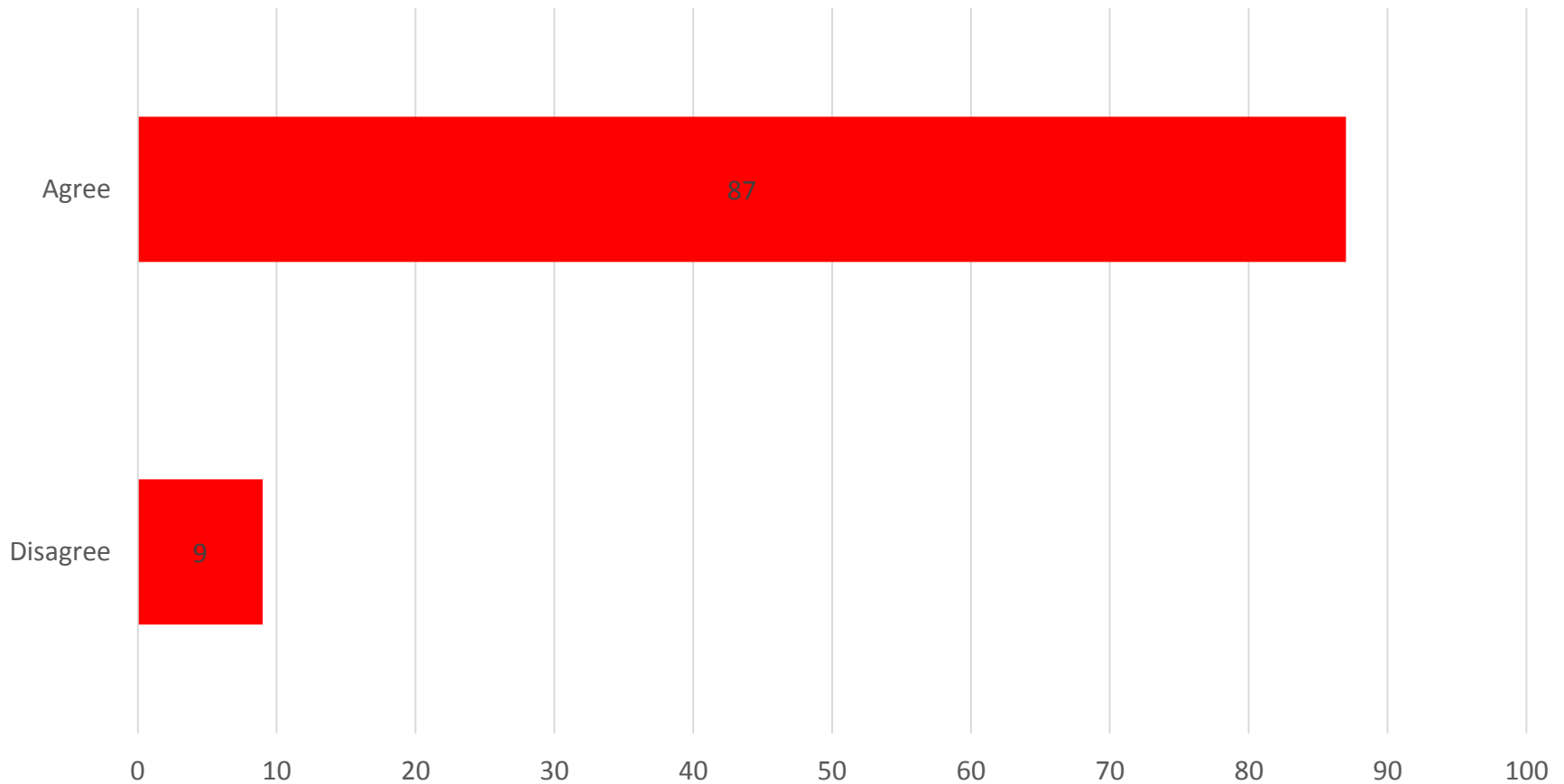
REVEAL Study

Market research survey of 1,006 Postmenopausal women (age 45-65 years) not on hormonal therapy, asked questions related to their sexual health

- 51% agreed that they have learned to live with the vulvar and vaginal symptoms of menopause, such as dryness, as a normal part of getting older (Suffering in silence)
- 25% experience pain with sex at least sometimes – Even though it is painful, 72% engage in sex at least monthly, and 34% engage in sex at least weekly
- 44% of those having painful sex actually initiated a conversation with their health care professionals about their pain

REVEAL Study: Sexual Health

My Sexual Health is Important To Me



REVEAL Study

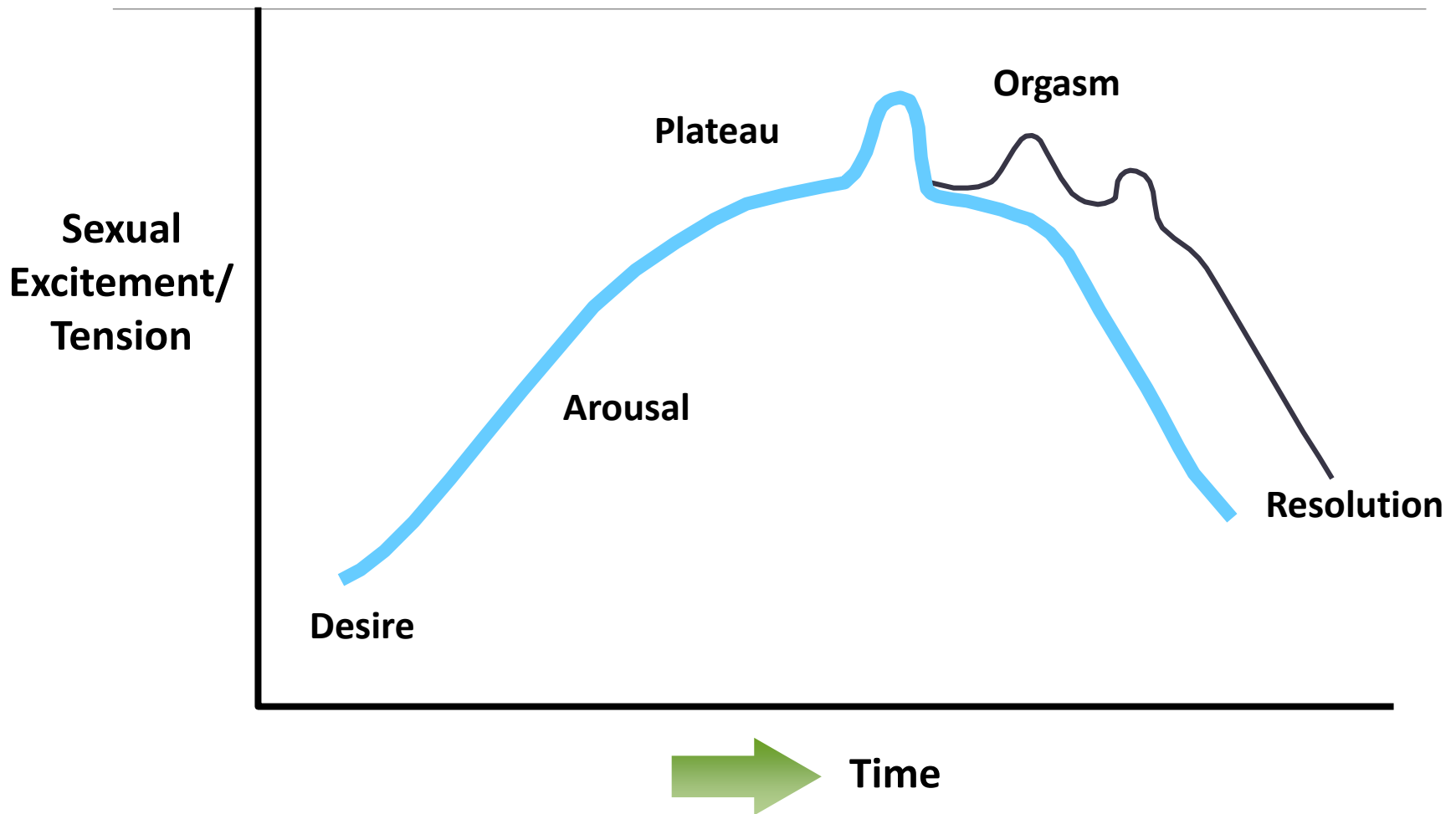
My Sexual Health is Important To Me

Results by ages:

- 45-49 94% agree
- 50-54 90% agree
- 55-59 87% agree
- 60-65 83% agree

What is normal?

Traditional Sex Response Cycle



Man



Billie Levy 1998-2001

Woman



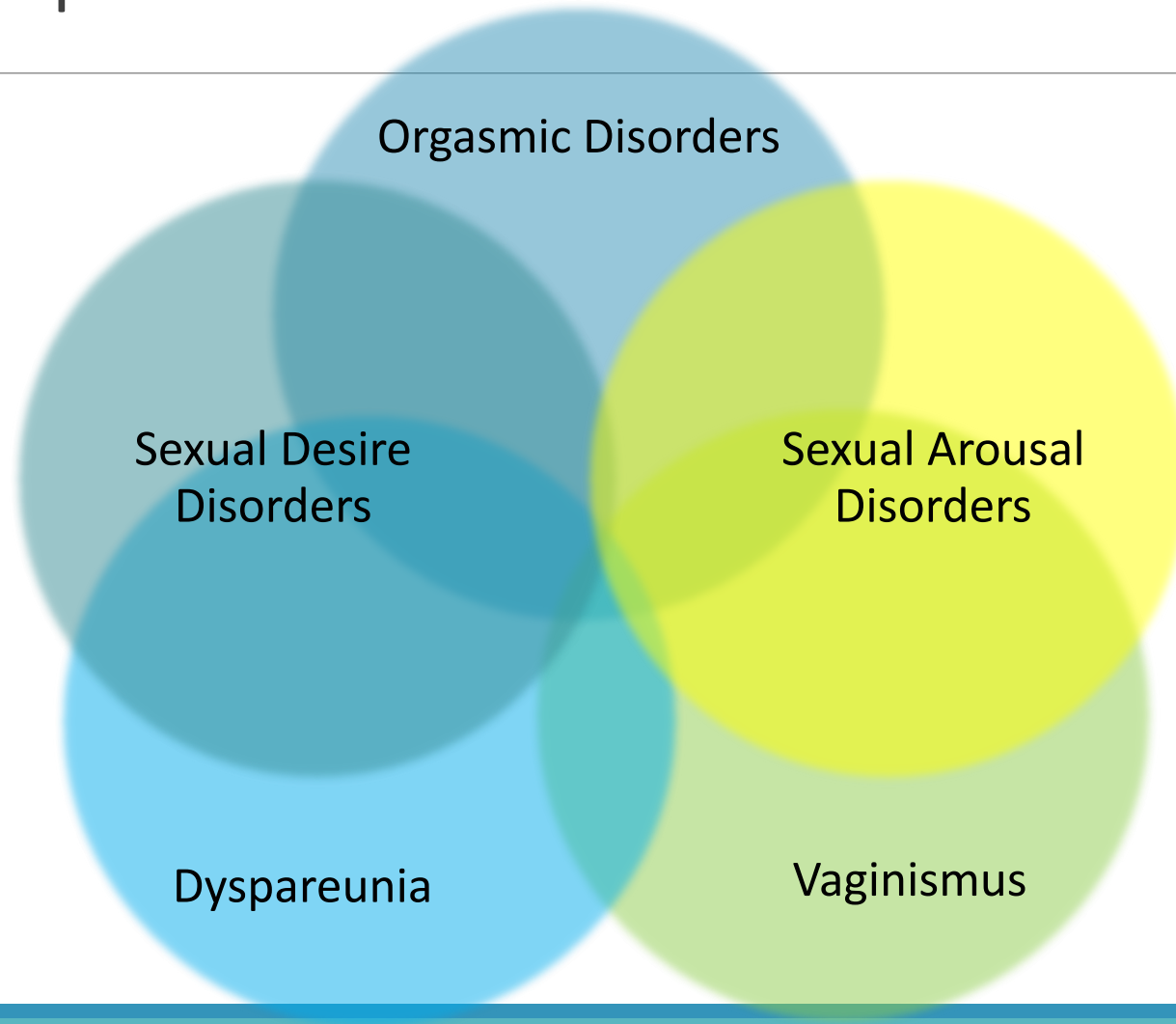
So, what goes wrong?

SEXUAL DYSFUNCTION PREVALENCE

10-45% WOMEN

A solid teal horizontal bar at the bottom of the slide.

Overlap of Female Sexual Disorders



Bio-Psycho-Social Model

Physiological

- Neurological problems
- Cardiovascular disease
- Cancer
- Urogenital disorders
- Medications
- Fatigue
- Hormonal loss or abnormality

Psychological

- Depression/anxiety
- Prior sexual or physical abuse, trauma
- Stressors, guilt
- Alcohol/substance abuse
- Performance concerns

Female Sexual Dysfunction (FSD)

Interpersonal relationships

- Partner performance and technique
- Lack of partner
- Relationship quality
- Finances, stressors
- Lack of privacy

Sociocultural influences

- Inadequate education
- Conflict with religious, personal, or family values-upbringing
- Societal taboos and cultural norms

Sexual Problems Do Not Occur in a Vacuum





Copyright by Steve Kelley.

Sexual Health and Gynecological Cancer

- 90,000 Gynecological cancer cases diagnoses every year in United States
- GYN cancers are the fourth most common cause of cancer in women
- More than 50% of these women have altered sexual function related to their disease and its treatment
- Sexual issues can persist for more than 10 years after a diagnosis of cancer

Survivorship

- Begins with the diagnosis of cancer and extends for the years following treatment
- Treatment of cancer has both early and late effects on our health
- Sexual issues are one of the more common late effects of diagnosis and treatment of gynecological cancers
- Patients need improved access to care for sexual health issues to improve their quality of life and overall well-being

-Krychman, 2013, J Sex Med.

Improved Outcomes for Treatment of GYN Cancers

- Risk-reducing surgeries
- Sentinel lymph node mapping
- Laparoscopic and robotics provide minimally-invasive surgery
- Fertility preservation
- Increased knowledge of cancer biology and immunology with more targeted treatments

All of these advances extend the period of survivorship, further highlighting the need to identify interventions to address sexual health issues

-Carter, 2013, J Sex Med.

Cancer Diagnosis and Treatment

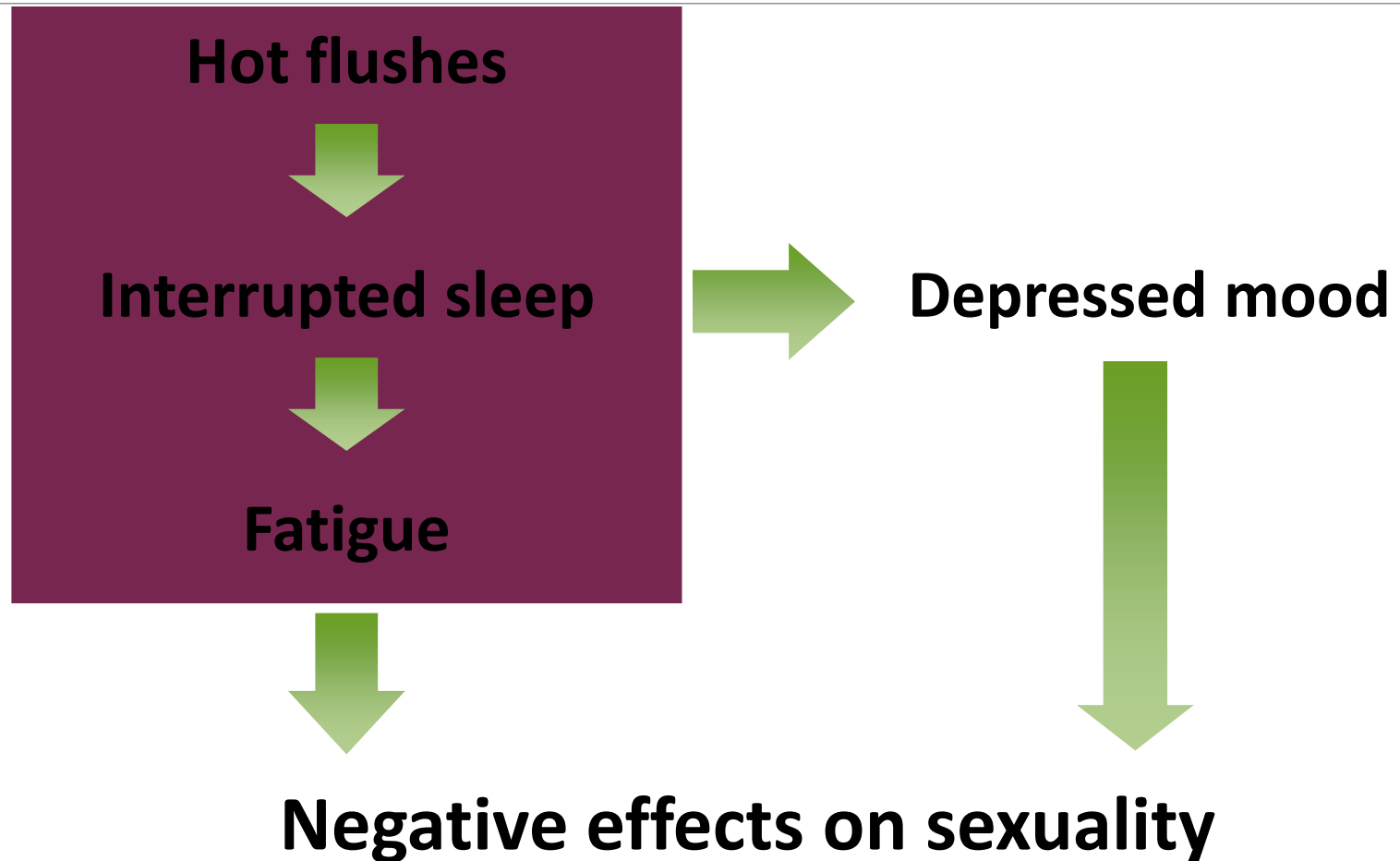
Affects sexual health in 3 domains:

- Physical
- Psychological
- Relationship/social

Physical Effects of GYN Cancer on Sexual Health

- Painful sex-menopausal changes, treatment effects (radiation, hormonal, and chemotherapy-related)-**leads to fear of intercourse and avoidance**
- Decreased frequency or cessation of sexual activity
- Changes in the vaginal tissue, dryness, loss of elasticity, **arousal changes**
 - Common medications causing dryness-Antihistamines/Decongestants, SSRI's, Chemotherapy, Anticholinergics/Antimuscarinics
- Changes in orgasm intensity and latency
- Menopausal symptoms (hot flashes, nightsweats)
- Sleep disturbance
- Lymphedema, physical changes in body, overall symptoms (abdominal and generalized pain, nausea, urinary symptoms)
- Low sexual desire caused by medication (hormones, pain medication, CV medications, anti-depressants, anti-emetics)

Indirect Effects of Menopausal Complaints on Sexuality



Psychological Effects of GYN Cancer on Sexual Health

- Decreased libido, sexual drive, sexual interest
- Alterations in body image, loss of femininity, poor self image
- Increased anxiety related to sexual performance and fear of recurrence
- Fatigue
- Stress
- Sexual self-concept
- Depression, sense of worthiness lost, mood instability, rejection, sadness, anger, self-blame, association of cancer diagnosis with sexual intimacy (encourages avoidance)
- Overall quality of life changes
- Partners-conflicted over caring for partner and their own desire to engage in sexual activities, feelings of guilt, emotional withdrawal

Sexual Desire and Motivation

Influenced strongly by psychosocial factors

- Relationship conflict
- Major life stressor(s)
- Boredom
- Discrepant desire levels between partners
- Cultural or religious prohibitions
- Guilt
- Subclinical depression, anxiety, or poor body image

Relationship and Social Effects of GYN Cancer on Sexual Health

- Relationship issues with partner, health of relationship prior to diagnosis (control issues, attraction)
- Emotional distancing from partner, social isolation
- Difficulty maintaining prior sexual roles
- Perceived changes in partner's level of interest
- Distress of diagnosis has profound effects on both patient and their partner
- Partner exhaustion due to caring for patient
- Repositioning of person with cancer as patient, not sexual partner



"I was on hormone replacement for two years before I realized that what I really needed was Steve replacement."

2008
CN
COLLECTION

Impact of Sex on a Relationship

When sex is good, it adds 15-20% additional value to a relationship

When sex is bad or non-existent, it plays an inordinately powerful role draining the relationship of all positive value, about 50-70%!

-McCarthy, B, 1997, JSMT

What Counts More?
The age of the relationship
or the age of the partners?

LENGTH MATTERS!

GYN Cancer Treatments: Surgery

- Hysterectomy-loss of femininity
- Surgical menopause-vasomotor and vaginal symptoms
- Vulvar and vaginal surgeries-scarring, physical changes
- Loss of fertility-feelings of sadness, anger

GYN Cancer Treatments: Radiation-External and Vaginal Brachytherapy

Fatigue

Bowel and bladder symptoms-diarrhea, urinary frequency and cystitis

Vaginal-stenosis and dryness

Vulvar irritation

GYN Cancer Treatments: Chemotherapy

Fatigue

Nausea, diarrhea

Bone marrow changes-isolation, risk for bleeding

Hair loss-identity changes

As a patient,
what can you do?

ASK Questions!



Patients want to talk about Sexual Health

85% of adults would like to discuss sexual functioning with their healthcare provider BUT...

- 71% believe their healthcare provider would not want or have the time to deal with sexual problems
- 68% of adults are concerned about embarrassing their healthcare provider
- 76% thought no treatment was available for their sexual problems

The Unmet Need

- Women reported only 19% of healthcare providers addressed their sexual life
- Only 13% of women raised the issue of vulvar vaginal atrophy symptoms specifically during their checkup
- 50% of women think vulvar vaginal atrophy is a natural—and perhaps unavoidable—consequence of aging
 - Others did not associate vulvar vaginal atrophy with menopause
- 40% of these women expected that their healthcare provider would initiate discussion related to menopausal symptoms

-REVIVE Survey: Kingsberg S, Wysocki S, Magnus L, Krychman M. Menopause 2012.

As a healthcare provider,
what can you do?

Prevention and Treatment of Sexual Problems

ASK!!!!

You cannot treat a
problem you don't know
exists



Barriers to Discussion: Physician-based

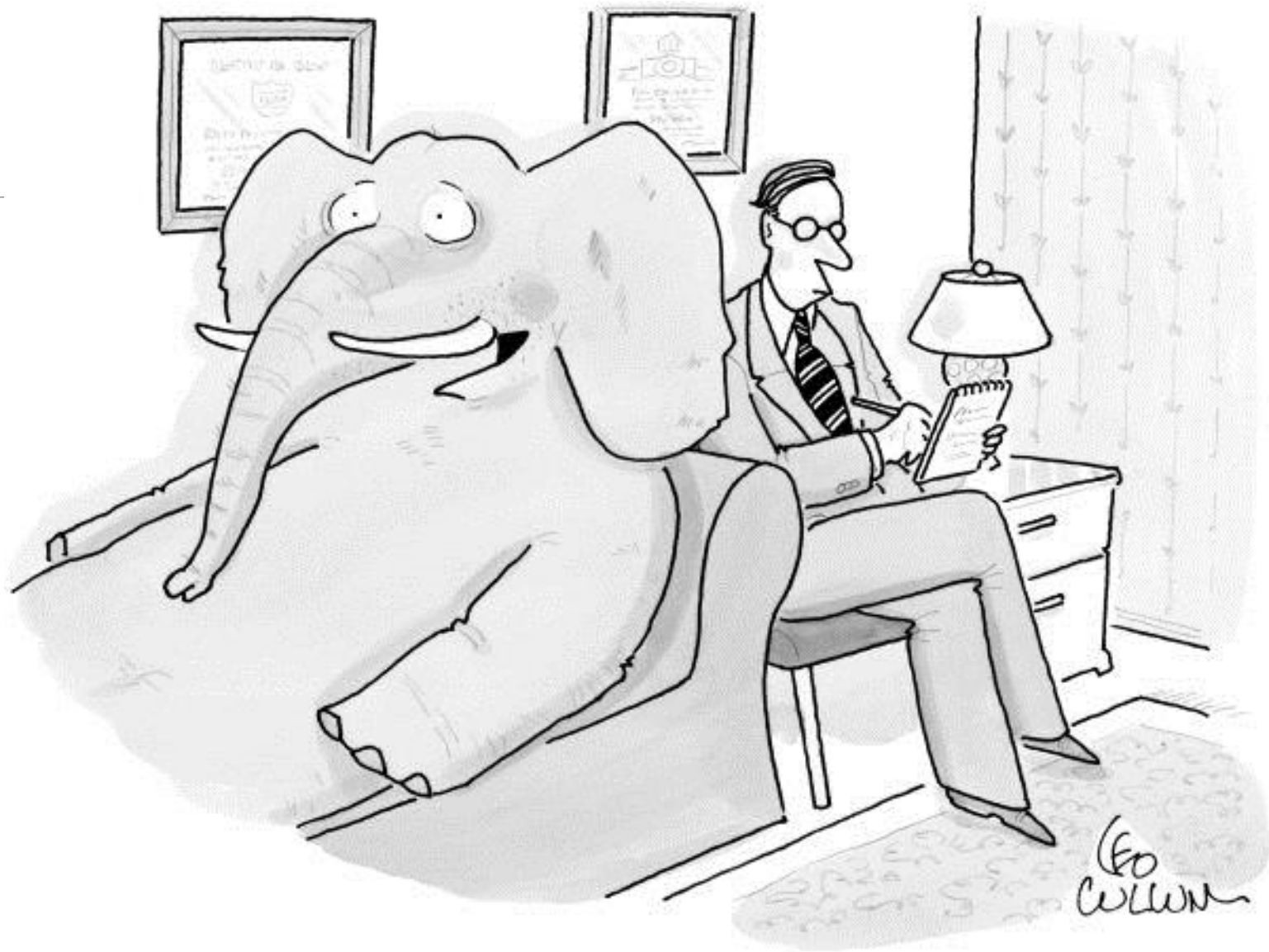
- Lack of training/inadequate knowledge or skills
- Lack of awareness of associated conditions (Vascular disease associated with diabetes and heart disease, smoking, medication side effects, menopause)
- “Improving quality of life” may not be considered a high priority
- Time constraints
- Underestimation of prevalence
- Only one FDA-approved treatment for female sexual dysfunction (recently approved)

What healthcare providers can do and what patients can expect

- Ask questions related to sexual health and function
 - Open-ended
 - General or illness-specific

- Assess the patient
 - Physical exam
 - Referral to gynecologist or specialist in women's health

- Provide management strategies and support
 - Educational support
 - Advocacy for appropriate care to improve quality of life



Individualized Treatment Approach Vaginal Dryness and Pain

- Lubricants
 - Use with sexual activity
 - Water or silicone based (Astroglide, KY Liquid, Wet Platinum)
 - Avoid products containing substances for enhanced sexual arousal as these often cause vaginal irritation
- Moisturizers
 - Use between sexual contact, generally twice a week
 - Replens, Luvena
- Pelvic floor exercises
 - Assist in relaxation and improve pelvic muscle vascular supply

Lubricants and Moisturizers



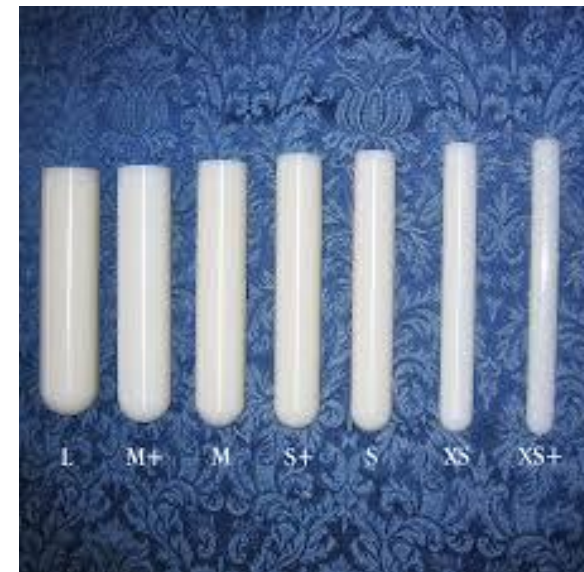
Lubrication Inhibitors

- Stress-related to work, finances, and relationships
- Medications
 - Antihistamines/Decongestants
 - Anticholinergics/Antimuscarinics
 - SSRI
 - Chemotherapy

Individualized Treatment Approach Vaginal Pain

- Vaginal Dilators with Instructions
 - Used specifically after radiation treatment to prevent vaginal stenosis (reducing pain with intercourse and with exams)
 - Frequently used for any woman experiencing vaginal pain with a narrow vaginal opening
- Physical Therapy
 - Pelvic floor PT specifically used for increased muscle tone when relaxation techniques are unsuccessful

Vaginal Dilators



Individualized Treatment Approach Vaginal Dryness, Pain and, Menopausal Symptoms

- Hormonal Therapy (Estrogen)
 - No current testosterone therapy approved for women
 - Oral and transdermal estrogen therapy may be an option for some women to treat their vasomotor and more generalized symptoms
 - Each patient needs to review with their healthcare provider as to the benefits and risks
 - Dependent on type of GYN cancer and risk for recurrence
 - Vaginal estrogen therapy is often an option to treat vaginal symptoms and pain
 - Creams, rings, tablets
 - Particularly helpful in treating vaginal stenosis (from radiation therapy) and menopausal atrophy

Ospemifene

- Osphena (brand name)
 - SERM for postmenopausal dyspareunia and dryness
 - Improves vaginal thickness and reduces vaginal fragility
 - Increase risk of uterine hyperplasia/carcinoma and unclear risks with prior GYN cancer
 - Increase risk of thromboembolic disease

Flibanserin

- Approved by FDA on 8/18/2015 for generalized hypoactive sexual desire disorder in pre-menopausal women (Addyi)
 - Indication for low sexual desire that causes marked distress or interpersonal difficulty, not due to a co-existing medical or psychiatric condition, problems within the relationship, or the effects of a medication or other drug substance
 - Not indicated for post-menopausal women
- SNRI with sexual stimulation properties, acting centrally
 - Significant side effects (drowsiness, hypotension), especially when taken concomitantly with alcohol
 - Not commercially available at this time
 - In clinical trials, demonstrated, on average, one more satisfying sexual event per month

Individualized Treatment Approach

Vaginal Pain and Menopausal Symptoms

- Non-hormonal Systemic Therapy
 - Alternatives to HRT
 - Off-label use
 - Central acting medications for vasomotor symptoms
 - Gabapentin-side effects of fatigue and edema
 - SSRI/SNRI (Venlafaxine/Fluoxetine)-effectiveness in treating vasomotor symptoms, may further worsen sexual symptoms
 - Treatment of anxiety and depression

Behavioral Therapy

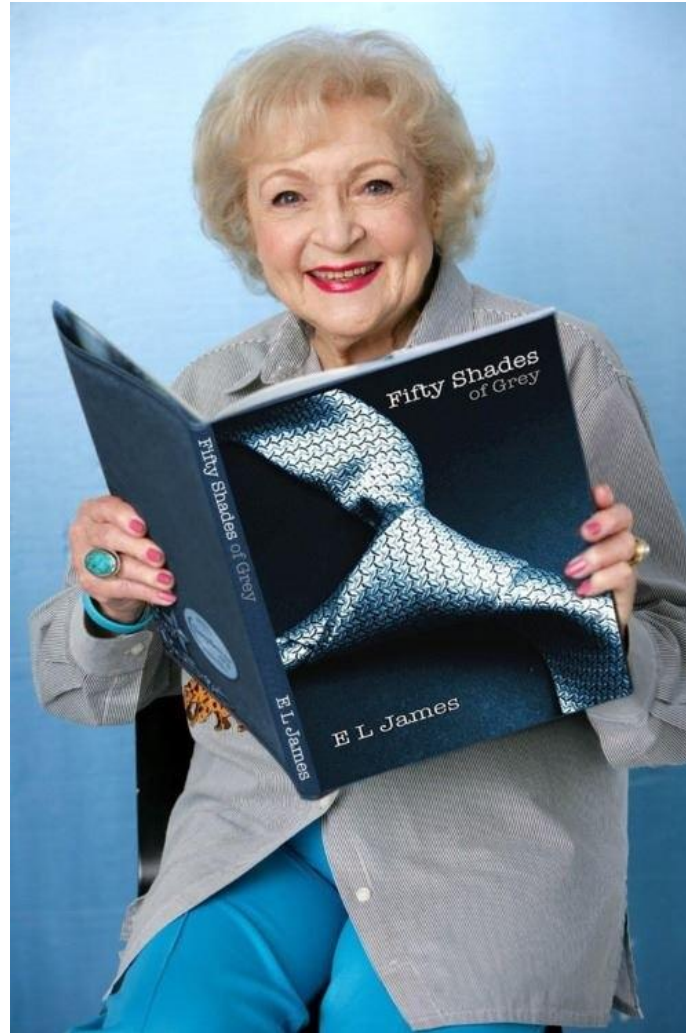
- Psychotherapy plays a major role in treatment of sexual issues related to GYN cancer diagnosis and treatment
 - Cognitive behavioral therapy
 - Couples counseling
 - Sex therapy
 - Psychotherapy for anxiety and depression
- Treatment uses interventions focusing on challenging maladaptive thought patterns and increasing positive intimate experiences.
 - Decreases anxiety and increases quality of life
- Therapy can assist with lack of desire and orgasms and help address other psychological and interpersonal issues

CBT and Sex Therapy

Interest/Arousal/Orgasmic Disorders

- Address individual beliefs, develop healthy coping mechanisms, identify precipitating factors, challenge negative thoughts, and decatastrophize
- Couple therapy to address communication issues (role playing, evaluate power imbalance), stimulus control, manipulate the environment, education of couple, normalize feelings of frustration and disappointment
- Encourage affectionate behavior-“begin with baby steps”
- Sensate focus techniques, individual and couple exploration, relaxation
- Bibliotherapy-particularly with orgasmic disorders
 - Becoming Orgasmic (Heiman and Lopiccolo)

Bibliotherapy



Psychoeducational Intervention

- Combines:
 - CBT
 - Education
 - Mindfulness training
- Positive effects on desire, arousal, orgasm, satisfaction, sexual distress, depression, and overall well-being
- Trend towards significant improvement in physiological and perceived genital arousal
- Mindfulness was reported to be most helpful of the 3
- Involves 3 brief sessions aimed at improving sexual response, mood, and quality of life

-Brotto, etal. Archives of Sexual Behavior, 2008.

Emotional Support Education Mindfulness


- Support groups
 - GyniGirls (Langhorne, PA)
 - Gilda's Club (Regional, national)
 - Local groups-Cooper, Rutger's, Monmouth, Jersey Shore
- Education of norms
 - Address unrealistic expectations of self and sexual encounter as well as myths of sexuality
- Mindfulness
 - Also reduces symptoms of depression, anxiety

Resources

- American Association of Sex Educators, Counselors, and Therapists (www.aasect.org)
- The American Board of Sexology (www.sexologist.org)
- International Society for the Study of Women's Sexual Health (<http://www.isswsh.org/>)
- The Society for Sex Therapy and Research (<http://www.sstarnet.org/>)
- Oncolink (www.oncolink.org)
- www.middlesexmd.com
- North American Menopause Society (NAMS): www.menopause.org
- www.vaginismus.com

PEARLS

- Talk to your healthcare provider if you experience any symptoms
- Treat symptoms early and consider this treatment lifelong
- Nurture your partner relationship and maintain intimacy during and after cancer treatments
- Establish strong emotional support network, including therapist to help manage more distressing symptoms.
- Practice mindfulness techniques



You can't pour from an empty cup.
Take care of yourself first.

you're imperfect,
and you're wired
for struggle, but
YOU ARE WORTHY
of *love*
AND *belonging.*

— BRENE BROWN —

Questions?

THANK YOU!

A solid teal horizontal bar at the bottom of the slide.