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Sexual Consequences of Treatment for Women's Cancers

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UK National Survey of Sexual Attitudes & Lifestyles : NATSAL-3 (2013)

- 15,162 stratified probability sample of men & women aged 16-74 years (response rate 57.7%)
- Computer-assisted face to face interviews in people's homes
- **Low sexual function** defined as the lowest quintile (20%) of the distribution of scores
- **“Low sexual function”** ranged from **14.1%** in **16-24 yrs** age group to **27%** in **65-74 yrs** age group
- **“Low sexual function”** rate was **highest** in the **55-64 yrs** age group (**27.8%**)
- Strong association between **low sexual function** & age >55 yrs, menopause, depression , poor self-assessed general health & relationship dissatisfaction

[Mitchell et al, 2013]



UK National Survey of Sexual Attitudes & Lifestyles : NATSAL-3 (2013)

- Those reporting sexual difficulties lasting >3 months in the past 12 months were as follows:
- **In men:** lack of sexual interest (14.9%), Rapid Ejaculation (14.9%), Erectile Dysfunction (12.9%)
- **In women:** lack of sexual interest (34.2%), orgasmic difficulties (16.3%), vaginal dryness & discomfort (13%), lack of sexual enjoyment (12.1%)
- **Sexual inactivity is NOT in itself problematic:** a large proportion of sexually inactive individuals in this survey were not dissatisfied, distressed or avoiding sex because of sexual difficulties



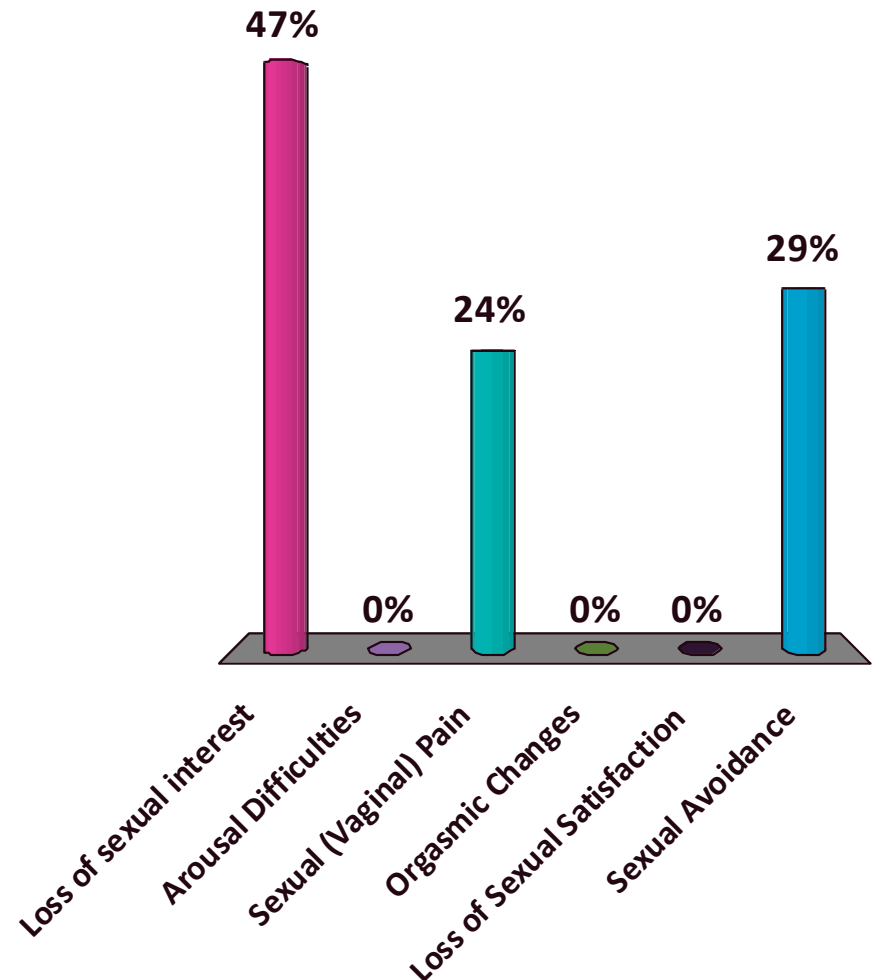
Prevalence of Sexual Difficulties after Cancer Treatment

- 35-50% of male & female cancer survivors (Gianotten, 2008)
- 50-80% after pelvic RT for cervical cancer (Crowther, 1994, Flay & Matthews, 1995)
- 15-100% after colorectal (Monga, 2002)
- 25% after leukaemia / Hodgkins (Schover, 1999)



What is the most common treatment-induced sexual difficulty in women treated for cancer?

- A. Loss of sexual interest
- B. Arousal Difficulties
- C. Sexual (Vaginal) Pain
- D. Orgasmic Changes
- E. Loss of Sexual Satisfaction
- F. Sexual Avoidance



Prevalence of Sexual Difficulties after Breast Cancer Treatment

- All sexual complaints 30–100%
- Desire disorder 23–64%
- Arousal or vaginal lubrication concerns 20–48%
- Orgasmic concerns 16–36%
- Dyspareunia 35–38%



Prevalence of Sexual Difficulties after Gynaecological Cancer Treatment

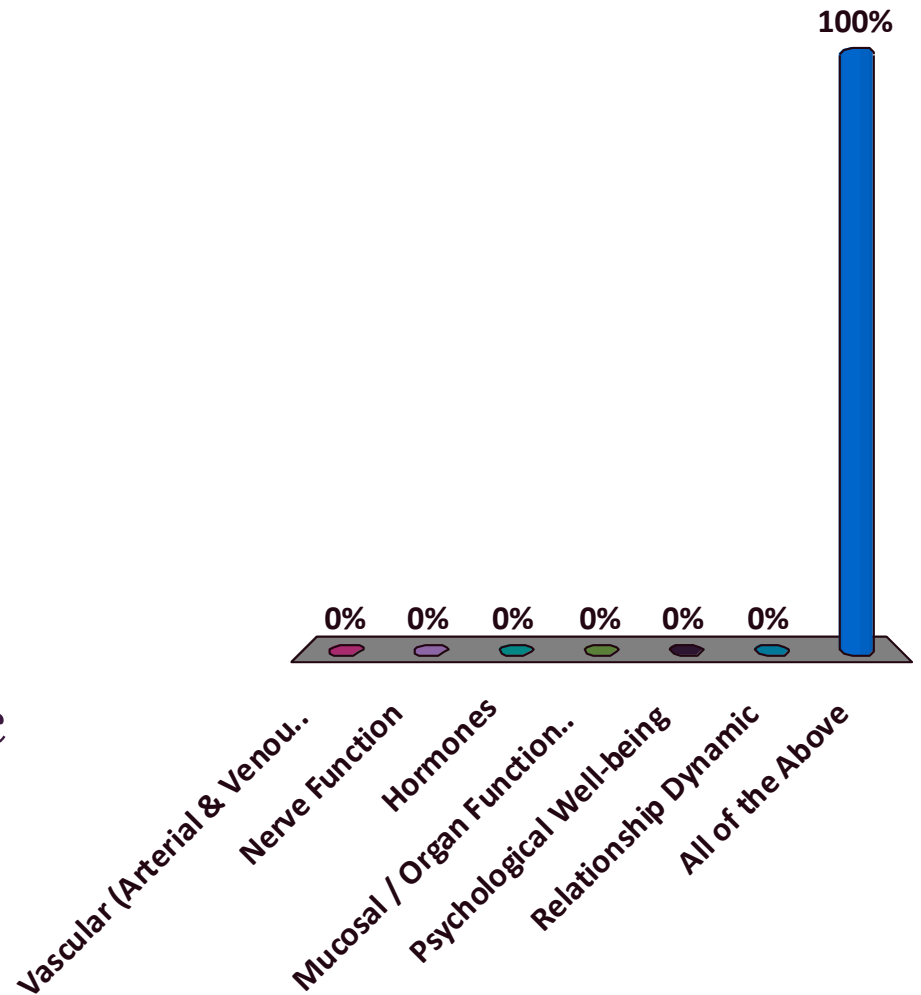
- ❑ All sexual complaints 30–63%
- ❑ 62-88% at risk of vaginal agglutination / stenosis within 3 months of pelvic RT
- ❑ Loss of desire
- ❑ Sexual pain / dyspareunia
- ❑ Orgasmic changes
- ❑ Aetiology multifactorial (vascular, neural, anatomical, hormonal, psychological disruption)

Sadovsky et al Cancer and Sexual Problems, J Sex Med 2010;7:349–373



What aspects of women's sexual response are affected by cancer & its treatment?

- A. Vascular (Arterial & Venous) Supply
- B. Nerve Function
- C. Hormones
- D. Mucosal / Organ Function / Integrity
- E. Psychological Well-being
- F. Relationship Dynamic
- G. All of the Above

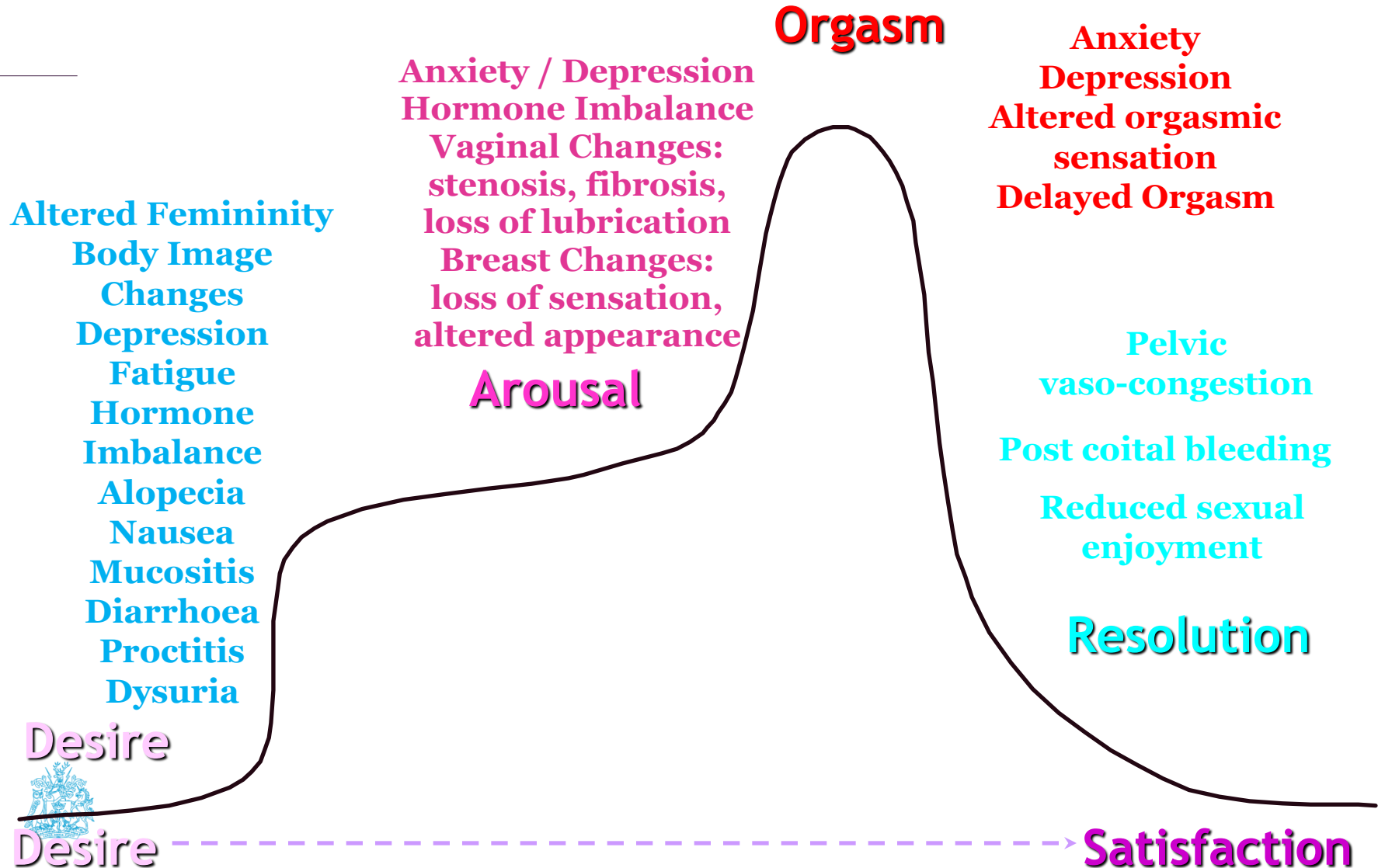


Expressing Sexuality

- Intact Vascular Mechanisms
- Intact Neurological Mechanisms
- Intact Hormonal Mechanisms
- Psychological Well-Being
- Conducive Relationship Dynamic



Impact of Cancer Therapy upon phases of the Human Sexual Response Cycle



Triage Model for Psychosexual Assessment

- **All patients need one question**
- Some need brief information or advice
- A smaller number need brief counselling
- 10 - 12% need Intensive Therapy

(Schover, 1986)



The gendered experience of sexual difficulties: the same but different?

Men appear to have a more extensive discussion of sexual morbidity after treatment than women

Dominance of biomedical strategies for sexual recovery may favour management of male sexual difficulties over those experienced by women

Biomedical interventions focus on the individual with cancer but rarely engage the partner / couple in sexual rehabilitation strategies



Most commonly encountered female sexual difficulties

- **Loss of / Absent Sexual Interest**
(Discrepant desire in the couple)

Associated with treatment-induced menopause: vasomotor symptoms / sexual pain / anxiety / depression / body image concerns

- **Arousal Difficulties**

Associated with low or absent desire / lack of vaginal lubrication / sexual pain / anxiety / depression

- **Sexual Pain Disorder**

Associated with treatment-induced menopause / lack of vaginal lubrication / vaginal shortening / stenosis, altered vaginal position (rectal excision) / Graft Vs Host disease



Amsterdam A & Krychman ML (2006)

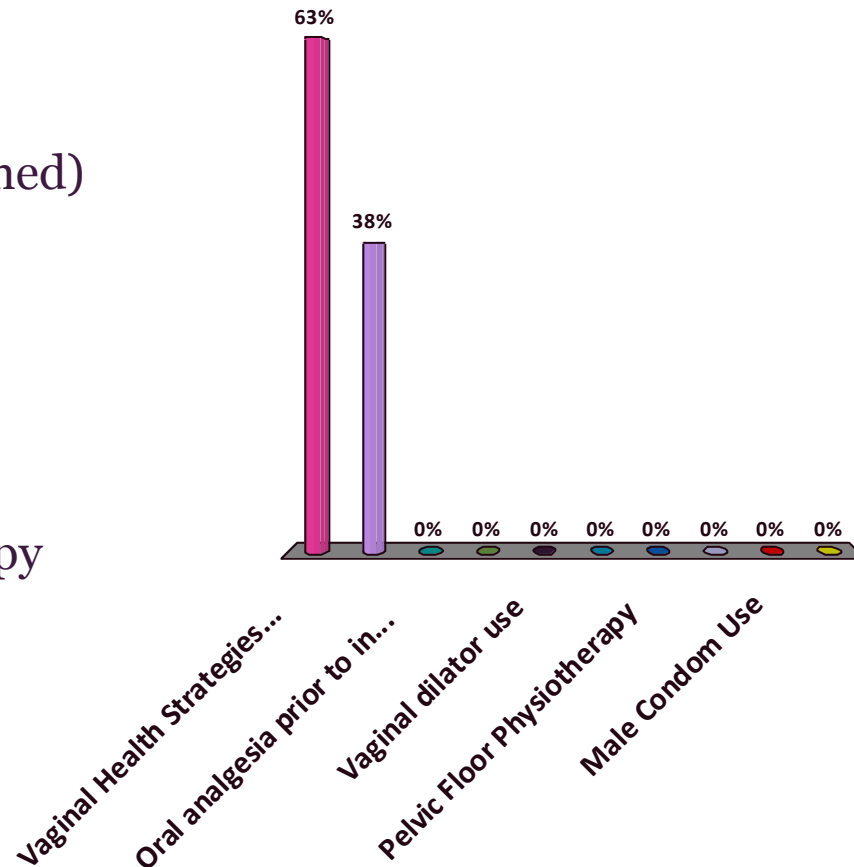
J Sex Med 2006;3:646-649

- ❑ Retrospective cohort 259 women attending survivorship programme, MSKCC
- ❑ 96 (37%) had gynaecological cancer: ovarian, cervical & endometrial most common
- ❑ Median age 51 yrs, 92% of women were post-menopausal
- ❑ **Most common sexual problems: dyspareunia (72%), atrophic vaginitis (65%), decreased sexual desire (45%) & orgasmic difficulties (17%)**



What is the most useful intervention for sexual pain 2 years after pelvic radiotherapy?

- A. Vaginal Health Strategies (emollients, lubricants & moisturisers)
- B. Topical / systemic HRT (oncological safety assumed)
- C. Oral analgesia prior to intercourse
- D. Topical anaesthetic gel / ointment
- E. Vaginal dilator use
- F. Pelvic Floor Exercises
- G. Pelvic Floor Physiotherapy
- H. Sexual positions advice
- I. Male Condom Use
- J. Vaginal surgery / reconstruction



Amsterdam A & Krychman ML (2006)

J Sex Med 2006;3:646-649

Treatment Recommendations:

Hormone Therapy Alternatives	85 (89%)
Psychosexual Counselling	44 (46%)
Vaginal oestrogens	33 (34%)
Vaginal dilators	24 (25%)

Outcomes [at median of 6 months FUP]

- ❑ **63% compliance rate** with programme
- ❑ **70% (n=42)** reported **subjective improvement** in symptoms



Sexual Rehabilitation Interventions for Women

- **Vaginal Lubrication**: Senselle, Yes, Astroglide, Sylk, Pjur, Vielle, Durex, Others
- **Vaginal Moisturisers**: Replens, Hyalofemme
- **Vaginal Dilators**: duration / frequency of use
- **HRT / Topical Oestrogen** for persistent vulvo-vaginitis (vagifem: low systemic absorption) & verify oncological safety in oestrogen receptor +ve breast / endometrial
- **Psychosexual Therapy**: persistent loss of desire, sexual fear, arousal difficulties, dyspareunia, orgasmic difficulties, altered femininity, couple distress



Vaginal Health Strategies

- Vaginal dryness/ vulvo-vaginal atrophy is under reported & under treated
- **Select a vaginal lubricant that is physiologically most similar to vaginal secretions**
- Selection should be based on **optimal vaginal pH (3.8-4.5) & osmolality (380mOsm/kg recommended by WHO or real-world threshold of 1200mOsm/kg) to reduce likelihood of mucosal irritation**
- **HCPs need to be proactive in raising this topic with women**

(Climacteric, Edwards & Panay 2015)



International Guidelines



Psychosexual Therapy

Considers 3 domains:

- ❑ **Physical Function** (hormonal, vascular, neurological, concurrent physical illness, pharmacology)
- ❑ **Psychological Response** (anxiety, depression, concurrent mental health difficulties)
- ❑ **Couple Interaction** (fear, blame, denial, anger, abuse)

And 3 factor sets:

- ❑ Pre-disposing factors
- ❑ Precipitating factors
- ❑ Maintaining factors



Brotto L et al (2010)

Jnl of Cancer Survivorship, on-line July 2010

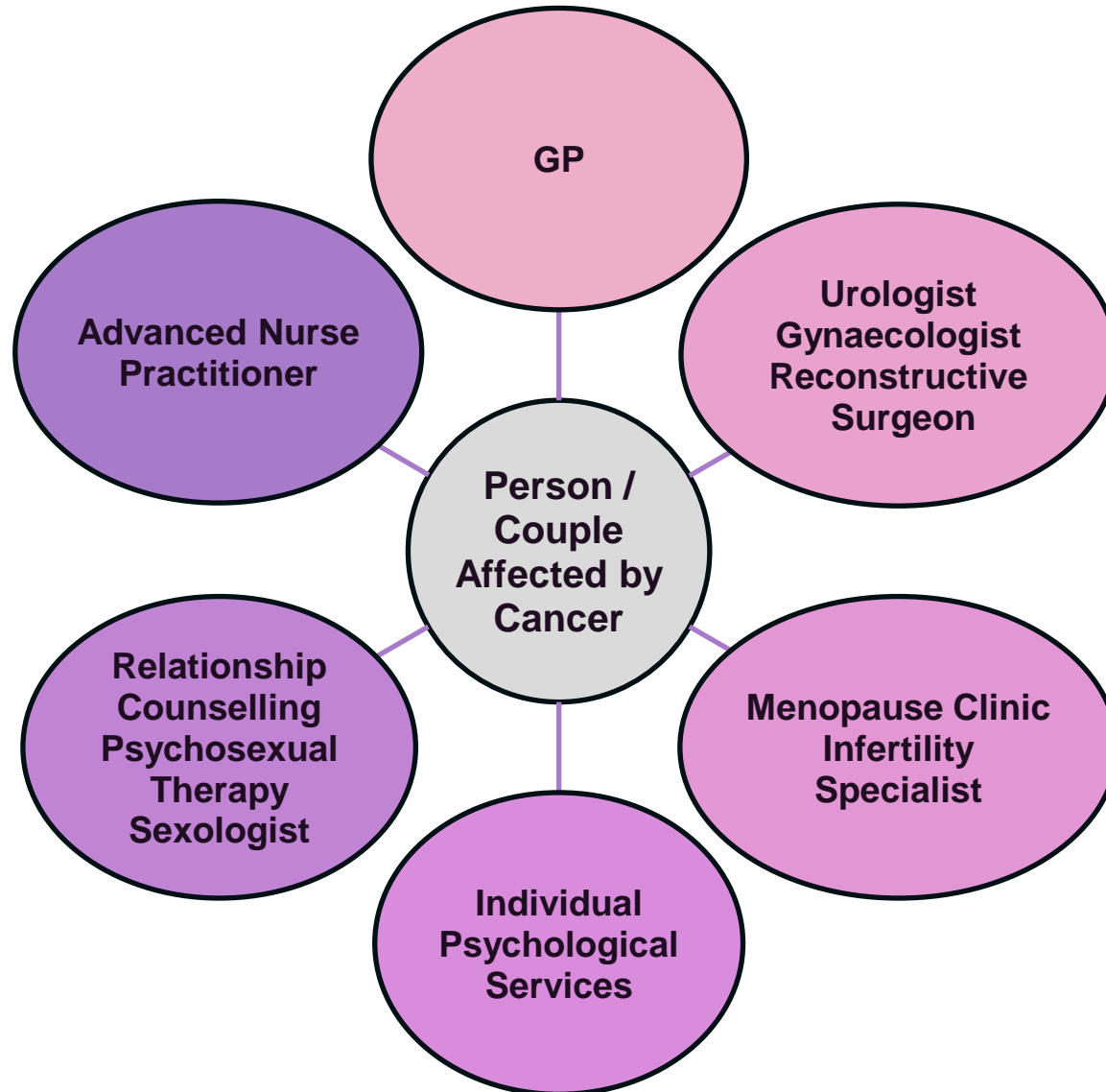
Literature Review of psychological interventions for the sexual sequelae of cancer: 27 empirical studies from 8 databases

Evidence ranged from 1b (RCT) to 4 (expert opinion)
19 / 27 studies were level 1b evidence

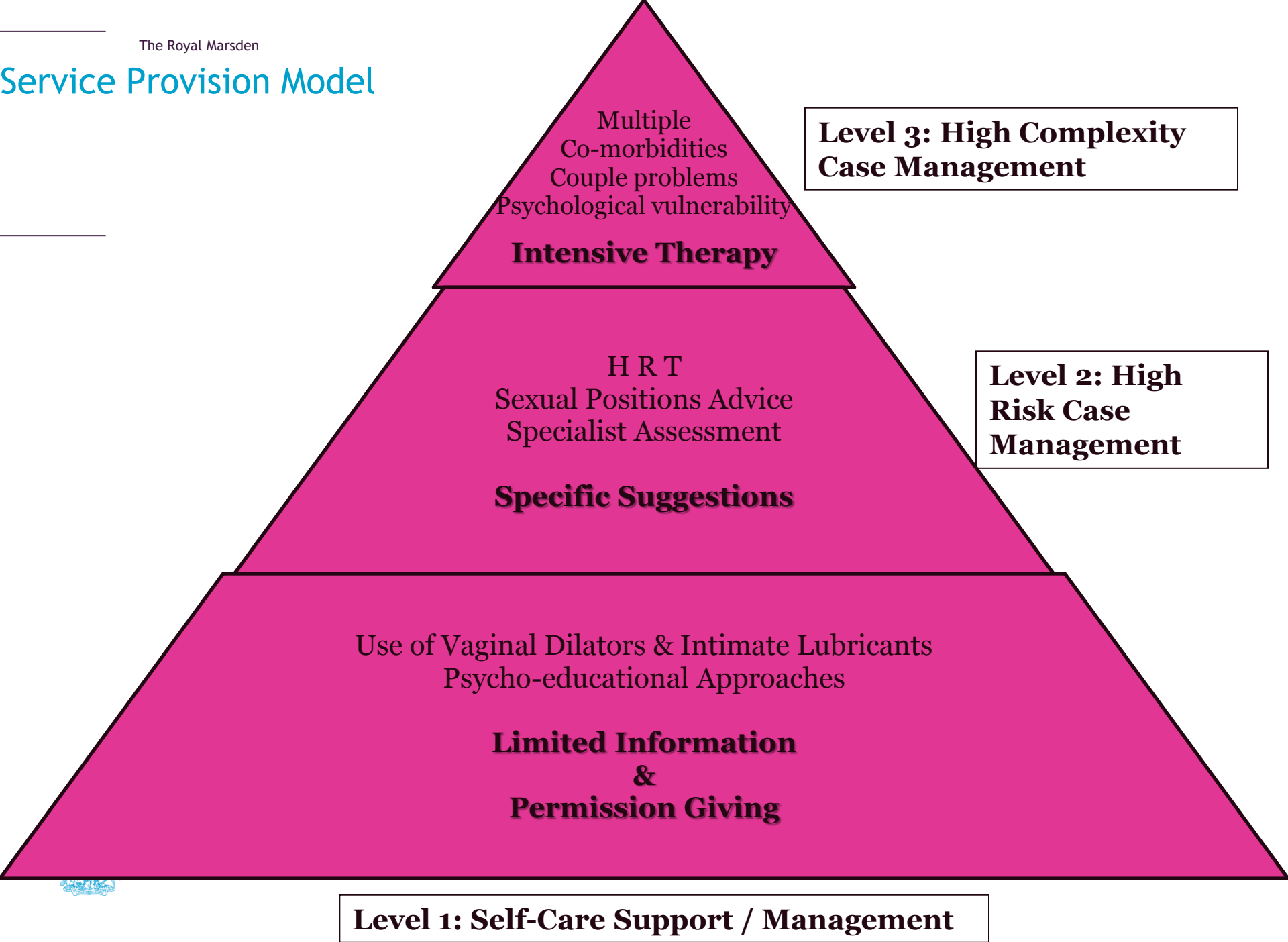
Analysis suggests moderate support for the effectiveness & feasibility of psychological interventions for sexual dysfunction after cancer



Integrative Sexual Rehabilitation for Women



Service Provision Model



Thank You



Life demands excellence