

Sexual Health and Cancer

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Dimensions in Oncology

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Disclosures

- I have no financial disclosure or conflicts of interest with the presented material in this presentation.

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Objectives

- Identify specific sexual health concerns and types of sexual dysfunction
- Describe the sexual response cycle
- Discuss the incidence of sexual dysfunction in individuals with cancer
- Review safety considerations for having sex during cancer treatment
- Summarize changes in sexual health and intimacy impacted by cancer and its associated treatment
- Discuss helpful products and resources

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Terminology

- **Sex:** a label assigned at birth typically based on genital organs; the act of intercourse with a partner or partners
- **Sexual intercourse:** sexual activity involving penetration or genital contact
- **Gender identity:** how someone views their own gender, this may not match the sex assigned at birth
- **Sexual identity:** the understanding of your own sex, gender identity, sexual orientation, and sexual expression
- **Sexual orientation:** what gender(s) a person is sexually or romantically attracted to
- **Sexuality:** shaped by one's sex, gender identity, sexual orientation, and sexual interests and behaviors

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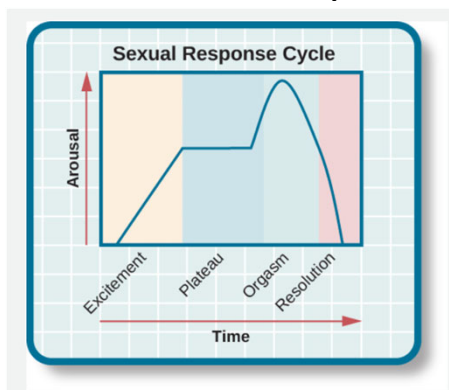
Sexual Health

- "Sexual health is a state of 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".

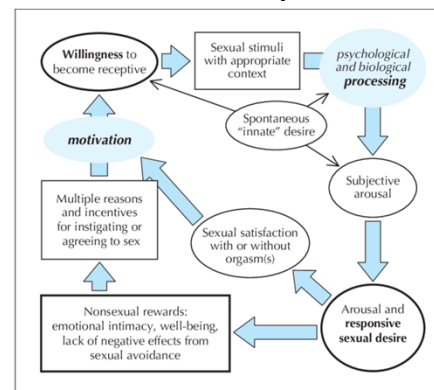
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Sexual Response Cycle

Masters and Johnson's "Linear" Model of Human Sexual Response



Rosemary Basson's Non-linear Model of Sexual Response



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What is sexual dysfunction?

Disorders of:

- Sexual desire, libido, or interest
- Arousal
- Pain
- Orgasm

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Incidence of Sexual Dysfunction

- Sexual dysfunction associated with cancer and its treatment often varies by primary diagnosis and method(s) of treatment
- More than 60% of individuals treated for cancer report long-term sexual dysfunction
- Less than 25% of these individuals receive treatment for their sexual dysfunction

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Gaps in Current Clinical Practice

- Despite the known incidence of sexual dysfunction in individuals treated for cancer, few are warned about the possibility of sexual toxicity
- Female patients treated for cancer are less likely than male patients to have their sexual side effects addressed by their provider
- Patients expect health care providers to activate conversations about sexual health
- Patients are more likely to talk about their sexual health concerns with routine screening

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The Cancer Effect

- Physical
 - Fatigue, changes in sensation, changes in body integrity (scarring), pain, decreased arousal, vaginal dryness, changes in nerve and blood supply, erectile dysfunction, lymphedema (swelling), and changes in bowel and bladder function
- Mental
 - Stress, treatment related stress, fear of recurrence, financial concerns, impaired sleep, altered or changed body image, decreased libido or sexual desire, depression, anxiety
- Emotional
 - Changes in intimacy, relationship discord, impaired interpersonal communication, intimacy avoidance

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Can I have sex during cancer treatment?

- Yes; however, certain precautions are recommended
- Certain medications can be found in bodily fluids and may take an average of 72 hours to be excreted from the body
- Recommend using a barrier method during this time to prevent exposure to partner(s)
- It is important to prevent pregnancy during cancer treatment. Recommend an appropriate contraceptive method or methods.

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Arousal

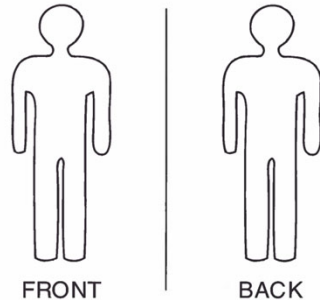
- Physical and psychological response to sexual stimuli, often in anticipation of participating in sexual intercourse
 - Pupils dilate
 - Increased blood flow leads to facial flushing, increased heart and respiratory rate, and genital congestion (clitoris, vulva, vagina, and penis)
 - Fuller breasts, swelling of the areola, and nipples become erect
 - Elongation of the vaginal canal and increased lubrication released by the Bartholin's glands, in response to increased endothelial nitric oxide synthase (eNOS) and nitric oxide (NO)
 - Blood accumulates in the corpora cavernosa, causing an erection of the penis

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Treatment for Decreased Arousal

Foreplay Map

Print four copies of this map—two for you, two for your partner. Write your name on one sheet and your partner's on the other. Think about what gets you in the mood. On your sheet, label body parts in the order you like to be touched. On the other sheet, label areas in the order you like to touch your partner. Have your partner do the same and compare the results!



- Participate in routine physical exercise
- Get plenty of restful sleep; reserve the bedroom for only sleep and sex
- Reduce daily stressors
- Schedule intimate time with your partner
- Participate in foreplay to identify erogenous zones
- Sensate focus therapy
- Make use of toys, clitoral stimulators, or vibrators
- Erectile dysfunction pump

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Desire or Libido

- Psychological desire or interest in being sexual
- Hypoactive sexual desire disorder (HSDD) is the lack or loss of motivation to participate in sexual activity due to:
 - Absent or decreased sexual desire
 - Decreased responsive sexual desire
 - Inability to maintain sexual desire or interest through sexual activity,
- To be classified as HSDD, must have occurred for at least six months and cause distress
- Often greatly impacts an individual's quality of life

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Desire or Libido

Increase Libido

- Dopamine
- Estrogen
- Testosterone
- Oxytocin
- Melanocortin
- Vasopressin
- Intimacy
- Romance
- Positive experience(s)

Decrease Libido

- Serotonin
- Progesterone*
- Prolactin
- Exogenous opioids
- Endocannabinoids
- Interpersonal conflict
- Stress
- Negative experience(s)

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Treatment of Decreased Libido or Desire

- Biopsychosocial approach to treat decreased libido
- Perform a physical exam
- Identify and treat other concerns related to arousal, pain, and orgasm
- Obtain lab tests to evaluate testosterone, thyroid studies, estradiol, prolactin, sex hormone binding globulin
- Review medical history to identify conditions that could impact libido
- Review medications that could contribute to decreased libido
- Assess for any substance use or abuse
- Assess for history of trauma or abuse

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Treatment of Decreased Libido or Desire

- Patient education
- Address modifiable risk factors: pain, healthy weight loss, optimize sleep health, identify and manage relationship factors through office-based counseling
- Sex therapy: behavior therapy, cognitive behavior therapy, and mindfulness therapy
- Pharmacotherapy:
 - Sildenafil: PDE-inhibitor
 - Flibanserin: a serotonin 5HT1A agonist and 5HT2A antagonist
 - Buspirone: a serotonin 5HT1A agonist and affinity for dopamine receptor
 - Bupropion: inhibitor of norepinephrine and dopamine uptake
 - Bremelanotide: melanocortin receptor agonist
 - Transdermal testosterone*

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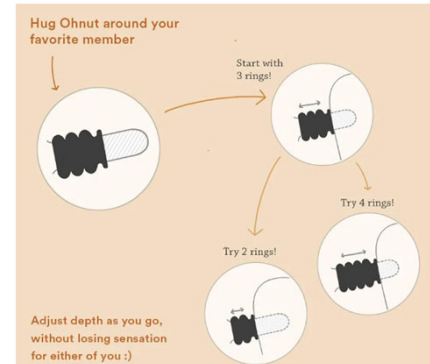
Pain or Dyspareunia

- Superficial dyspareunia: pain with insertion
 - Vulvar or vaginal atrophy
 - Vulvodynia
 - Surgical injury (e.g. episiotomy scar)
- Deep or collision dyspareunia: pain with deeper penetration
 - Vaginismus, uterine fibroids, endometriosis
- Presence or history of STIs
- Skin disorders of the genitalia
- Changes in sensation
- Foreskin damage

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Treatment of Dyspareunia

- Address modifiable factors
- Vulvovaginal dryness
 - Review pelvic hygiene practices: avoid soap, no douching, use only warm water, wear cotton underwear, no thong underwear, increase skin exposure
 - Treat sexual arousal concerns
 - Routine vaginal moisturizer: coconut oil, olive oil, HYALO Gyn
- Hormonal therapies*
 - Vaginal DHEA (dehydroepiandrosterone)
 - Low-dose vaginal estrogen +/- testosterone
- Pelvic floor physical therapy
- Vaginal dilators
- Vaginal laser therapy
- Bumpers
- Othercourse



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Orgasm

Climax or Orgasm

- The height or peak of sexual arousal or pleasure
- Commonly associated with a release of sexual tension and pressure

Orgasmic disorder

- Primary female orgasmic disorder
- Secondary female orgasmic disorder
- Male orgasmic disorder (anorgasmia)

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Treatment of Orgasmic Disorder

- Perform blood tests and urinalysis if indicated
- Psychosocial interventions
- Sex therapy
- Patient education
- Optimize communication with your partner
- Directed self-sex or masturbation for primary orgasmic disorder
- Sensate focus exercises
- Penile or clitoral vibratory stimulation

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Resources

- The International Society for the Study of Women's Sexual Health (ISSWSH)
- Prosayla
- The Smitten Kitten
- PRISM
- National Coalition for Sexual Health
- American Society of Clinical Oncology (ASCO)
- National Comprehensive Cancer Network (NCCN)
- WomanLab
- *Women Cancer Sex* by Ann Katz

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Questions

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