Sexual Dysfunction in Female Cancers

Sharon L. Bober, Ph.D.
Director, Sexual Health Program
Dana-Farber Cancer Institute/Harvard Medical School
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Disclosures

• Apex Neuro

• My spouse and I own mutual funds and stocks managed by a third party that includes healthcare companies.
Female Cancer Survivorship

Most Frequently Diagnosed Cancers in Women in Sub-Saharan Africa:

- Breast (24% of all cancers)
- Cervical cancers (24% of all cancers)

(Canceratlas.cancer.org)
Gynecological Cancer and Sexual Dysfunction

• Cervical CA is 4\textsuperscript{th} most common cancer worldwide
• Cervical CA incidence rates in sub-Saharan Africa (SSA) are highest worldwide
• In Kenya, cervical CA is most prevalent cancer among women aged 15-44 yrs, with estimated 4802 women diagnosed annually.

➢ Sexual health is one of most prevalent & distressing concerns after GYN CA
➢ Prevalence of sexual dysfunction after GYN CA tx between 50% - 95%

(Nyamongo I, Ngutu M. Int J Womens Health. 2015; Frimer at al, Gynecol Oncol Rep 2019)
Breast Cancer and Sexual Dysfunction

- Breast CA accounts for approximately 24% of all female cancers in Kenya.
- Majority of women present with late stage and locally advanced disease

- Sexual health also one of most common concerns for breast CA survivors
- Prevalence of sexual dysfunction after Breast CA between 68%- 100%
- Over 35% of women report sexual problems in > two domains of function

(Sayed et al, BMC Public Health, 2019)
Every type of cancer treatment (surgery, radiation, chemotherapy and hormone therapy) has potential to negatively impact female sexual function.
What Women Tell Us...

“I don’t feel like a woman anymore, I have been neutered” (age 38)

“I feel embarrassed about my body…I don’t want to be touched.” Age 46

“Sexual intercourse is very painful. I was not prepared” (age 40)

“I have no sexual desire anymore” Age 38
Clinical Gap in Care for Women

• Majority of female cancer survivors do not receive any help/support for sexual problems

• Studies of young women (diagnosed between ages 20-35 > 6mos post-tx)
  • > 60% women met criteria for sexual dysfunction
  • Only 7% of women who would have like to receive education about cancer-related sexual problems during treatment received any specific support

• Although sexual problems are not uncommon, compared to healthy controls, cancer survivors have significantly higher % of distressing problems

Blouet, Zinger, Capitain et al, Support Cancer Care, 2018; Schmidt et al, Qual Lif Res, 2018,
Barriers to Communication

• Clinicians feel unprepared to discuss this aspect of care; they do not receiving training and do not feel confident about how to approach the topic

• Concern about causing embarrassment or making patient uncomfortable

• Discomfort because of social/cultural custom/norms

• Clinicians often aren’t sure what to say or do if patient endorses a problem

(Bober et al, Cancer, 2009; Humphery et al, 2001; Sobecki et al, 2011)
How Does Cancer Impact Sexual Function?

Genito-urinary Symptoms of Menopause (GSM)

Intimate Relationships Disrupted

Loss of Desire/ Arousal / Satisfaction

Body Image Identity

Casey et al, World J Clin Oncol, 2014; Gilbert et al, Maturitas, 2010
Sexual Side Effects of Treatment

- Unlike other side effects, sexual symptoms do not self-resolve
- Untreated sexual dysfunction tends to worsen over time
- Sexual Dysfunction is associated with higher levels of psychological distress
  - Anxiety
  - Depression
  - Loss of perceived self-efficacy

Premature discontinuation of hormonal treatment/lack of treatment uptake

(Brotto, Yule & Brecken, 2010 Gilbert et al, Maturitas, 2010; Leung et al. 2016; Ribi et al, 2016)
Disrupted Ovarian Function

- Chemotherapy-induced menopause
- Surgical- or radiation induced menopause
- Hormonal ovarian suppression/increased estrogen deprivation

- Vaginal Changes: ↓ Blood Supply, Glycogen, changes in pH
  - vaginal length and diameter
  - lubrication
  - elasticity
  - inflammation, infection

- Vulvar Changes: ↓ Collagen, Adipose tissue

- ↓ Testosterone (50% of T made produced by ovaries)

- Urinary changes (frequency, urgency, nocturia, incontinence)
Estrogen Depletion & Vaginal Health

• Symptoms of sudden menopausal symptoms may be dramatic and unpredictable
• Women may not recognize symptoms of vulvo-vaginal atrophy / GSM
• Insertional pain / burning / micro-tearing
  • Pain without sexual activity (e.g. itching, burning, discomfort)
  • Urinary symptoms
• Secondary vaginismus – pain cycle related to involuntary pelvic floor tension
Vaginismus

- Pain
- Fear/Anxiety
- Avoidance/ Decreased Sexual Activity
- Decreased Sexual Desire/Arousal

Low Desire: most commonly reported sexual problem after breast cancer

Barni 1997; Brotto & Heiman, 2007; Burwell 2006; Jensen 2003; Fobair 2006
Educating Survivors about Vaginal Health

Moisture
✓ Moisturizers
✓ Lubricants

Stretch
✓ Pelvic Floor Rehabilitation
✓ Vaginal Dilator Therapy

Blood flow
✓ Vibrator Therapy
✓ Self-Touch
Managing Dryness

• **Vaginal Lubricants** *(Water-based/Silicone, glycerin & perfume-free)*
  – A lubricant to make surfaces slick for sexual activity

• **Vaginal Moisturizers** *(apply 3-5x per week)*
  – Applied to the vulva/vagina to assist in hydrating tissues suffering from hormonal deprivation
  
  – Must also be applied to the external tissues
    (vulvar, vestibular & clitoral area; perineum/ perineal massage)

*Mitchell C, et al, Menopause, 2019*
Good News...

Figure 2.
Most Bothersome Symptom Severity Score Change Over 12 Weeks

Mitchell et al, JAMA INT MED, 2018: 178
Loss of estrogen can cause:

- pelvic floor muscles to weaken
- bladder to lose elasticity
- higher risk of urinary tract infection because tissue is more vulnerable to normal bowel bacteria moving into urethra.
Pelvic Floor Rehabilitation

• Muscles may not be tight enough; more likely overengaged (hypertonus); pelvic floor also highly reactive to emotional stimuli

• Relaxation and control of the pelvic floor muscles can aid in the treatment and prevention of pain with intercourse and/or pelvic exams

• Drawing blood flow to the pelvic floor enhances circulation and arousal

(Schroder et al., 2005; Lowenstein et al, 2010)
Strategies for Pelvic Floor Rehabilitation

- Learned Relaxation of the pelvic floor
- Muscle Toning
- Enhanced blood flow to genital tissue
- Vaginal Dilator Therapy
  - Mechanically increases stretch
  - Improves competence to relax
  - Addresses muscle-clenching reaction
- Pelvic Floor Physical Therapy
  - Manual Therapy, Biofeedback
Restoring sexuality in social/relational context

- Understand sexual history, previous norms, social expectations
- Helping clarify goals
- Increase skills for communication with partners
- Helping partners - they often are not sure what to do

- Couple-focused communication strategies
  - Partners need support
- Behavioral strategies such as “Sensate Focus” are helpful to couples. Can be modified as needed
Body Image and Sexual Health

- Loss of breast = fear of being deformed
- Negative impact on feminine identity
- Loss of perceived attractiveness

- Compassion for oneself and one’s body
  - Focus on what your body can do, not just what it looks like
  - Understanding that femininity is not defined by one specific body part
  - Treating one’s body with kindness
Where to Start…

• Focus on strength and health

• Accept that you don’t have to love every part of your body

• Get active in your body: dancing, running, weight-training...

• Notice how it feels to reconnect with sensation. Get curious.

• Create opportunities to feel pleasure/sensation rather than waiting until you feel better about your body
Counseling: Helping Create a “New Normal”

- Acknowledge change/Accept loss
- Embrace opportunity to chart new course
- Appreciate opportunity to expand one’s repertoire
- Learn to shift focus to pleasure and sensuality
- Choose to be optimistic!
Cognition, Emotion and Motivation

• Learn how cognition and emotion are related
  • Becoming aware of automatic negative thoughts, assumptions/misperceptions

• Focus on support of women’s autonomy, competence & social support
  • Increasing women’s experience of choice/autonomy
  • Learn the strategies necessary to promote health/well-being
  • Promote the kinds of interactions that feel constructive and supportive
Focus on Behavior: Primacy of Action

• Focus on Pleasure and Sensuality
  • Begin slowly – Make a plan
  • Identify goals – for self and/or with partner
  • Sensate Focus exercises with partner

• Lifestyle changes
  • Exercise, physical activity
  • Stress management
  • Relaxation
Communication about sexual health is hampered by a lack of available brief and effectual patient resources, including -

- Simple clinical checklists
- Educational materials
- Appropriate referral resources

(Tsai, 2004; Bober, Reese, Barbera et al, 2016)
Sexual Symptom Checklist For Women After Cancer

Please answer the following questions about your overall sexual function:

1. Are you satisfied with your sexual function?  □ Yes  □ No
2. Do you have any concerns about vaginal health?  □ Yes  □ No

If not satisfied with sexual function AND/OR concerns about vaginal health, please continue.

2. Do you experience any of the following sexual problems or concerns?
   □ Little or no interest in sex
   □ Decreased sensation (or loss of sensation)
   □ Decreased vaginal lubrication (dryness)
   □ Difficulty reaching orgasm
   □ Pain during sex
   □ Vaginal or vulvar pain or discomfort (not during sex)
   □ Anxiously about having sex
   □ Other Problem or Concern: ________________

[ TIP: Some patients will respond that they are not having these problems or concerns because they stopped having sex altogether. The provider should reassure the patient, let her know that she is not alone, and ask if she can recall what kinds of problems or concerns she was having that led her to stop having sex.]

3. Would you like more information, resources, and/or would you like to speak with someone about these issues?
   □ Yes  □ No

Identifying Support for Sexual Rehabilitation

- Building a support team: GYN, Physical Therapy, Urology, Counseling
- Clarify who is responsible for addressing sexual health as part of oncology care.
- Screening: Choose a measure or plan for review this aspect of function
- Document patient report and address sexual health as part of normal review of systems
- Offer support for sexual health problems; recommendations as needed
Sexual Health and Rehabilitation after Ovarian Suppression Treatment (SHARE-OS)

• Single, half-day group intervention for young breast cancer survivors
• Mean age of 35.6 (SD 6.49) years at intervention. All had distressing sexual dysfunction
• Psychoeducation, Strategies, Individualized action plan.
• Take-home material, Brief telephone follow-up 1 month after group.

1. Targeted Sexual Health Education
   • Vaginal health
   • Enhancing arousal
   • Increasing low desire

2. Body Awareness & Relaxation Training
   • Pelvic floor education
   • Progressive muscle relaxation
   • Body scan

3. Mindfulness-Based Cognitive Therapy
   • Increase non-judging awareness of automatic thoughts
   • Moving from avoidance/distraction to acceptance

Bober et al, J Cancer Surviv, In Press
SHARE-OS Results: Paired Samples $t$-tests (FSFI)

![Graph showing mean scores for Desire, Arousal, Lubrication, Orgasm, Satisfaction, and Pain at baseline and post-intervention. Higher and lower functioning are indicated by asterisks (*) and double asterisks (**). P-values are marked with * (p < .05) and ** (p < .01).]
SHARE-OS Results: Psychological Distress (BSI-18)

<table>
<thead>
<tr>
<th>Metric</th>
<th>Baseline Mean</th>
<th>Post-Intervention Mean</th>
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<tbody>
<tr>
<td>BSI-18 GSI</td>
<td>52.0</td>
<td>46.0</td>
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<tr>
<td>Somatization</td>
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<td>Depression</td>
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<tr>
<td>Anxiety</td>
<td><strong>54.0</strong></td>
<td><strong>50.0</strong></td>
</tr>
</tbody>
</table>

* p < .05
** p < .01

More symptoms

Fewer symptoms
Findings/Conclusions

• Women reported sizable improvements in sexual functioning and significant decreased in psychological distress after this brief intervention.

• Moderate to large effect sizes ($d = 0.51 – 0.98$) observed from a relatively low-intensity intervention.

• Women were satisfied with the intervention: results support hypothesis that brief, multi-modal intervention could be an acceptable format for sexual rehabilitation.

• Next steps include testing findings in a randomized controlled intervention.
Gather the Resources!

Sexual Health, Intimacy, and Cancer

Cancer affects every part of patients’ lives, including their intimate lives. Sharon Baber, PhD, joined Dana-Farber for a live chat to discuss sexual health during cancer treatment, as well as tips for maintaining intimacy during and after cancer. Baber is director of the Sexual Health Program at Dana-Farber.

cervical changes related to sexual health that...
It is an honor to be here today - Thank you!!

• Sharon_bober@DFCI.Harvard.edu
• @drsharonbober
• www.cancersexnetwork.org