



Improving People's Lives Through Innovations in Personalized Health Care

Addressing the Sexual Health Needs of Cancer Survivors: Applying Theory and Research to Practice

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Disclosures

- No financial disclosures

There is a need...



There is a need...and that need is unmet

- "I had a friend who was diagnosed about three years ago... and she said for her the very worst thing was the loss of sex drive...(treatment) just totally wiped her out..."
- And so going into the chemo... that was my biggest fear. And that may sound crazy, but that was my biggest fear...
- She talked about vaginal dryness for her has just been horrible, umm, and it's just been really hard. So I'm worried about that...
- And so I asked... And I was very, you know, I was very open about the questions. 'What do I do about... vaginal dryness...all the menopause symptoms...and atrophy?'
- And they didn't... they just... 'Don't worry about it. It's not an issue now.' But it was an issue for me because I knew eventually, ... I knew eventually, it would be...."

Objectives

- Recognize the unmet need for addressing sexuality with cancer patients.
- Learn basic information about sexual function and factors that influence it (e.g., age, illness).
- Learn simple behavioral strategies for managing common sexual problems, such as pain with intercourse.

Barriers to meeting sexual health needs



Patients don't ask...

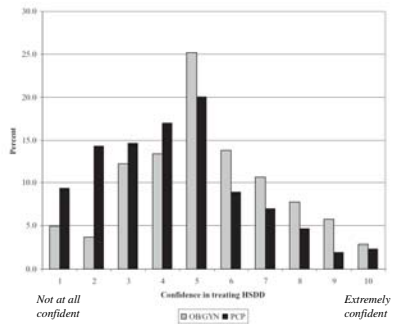
- 71% physician would be unresponsive/unhelpful
- 71% physician would dismiss concerns
- 68% physician would be embarrassed



Providers don't bring it up...

- 79% do not discuss sexual issues
- 60-75% never, rarely, or occasionally
- 9% CRC patients recall pre-op discussion
- 62% PCPs rarely/never initiate discussion

How confident are you...?



Abdolrasulnia et al., J Sex Med 2010

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Barriers to meeting sexual health needs

Embarrassment and/or lack of experience

• Practice/exposure

Lack of knowledge and/or expertise

• Education (e.g., readings, CE, seeking supervision)

Lack of time and/or resources

• Setting realistic goals

Stead et al., 2003; Kotronoulas et al., 2009; Park et al., 2008

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Information overview

Healthy sexual response

Sexual dysfunction & morbidity

Role of aging & illness

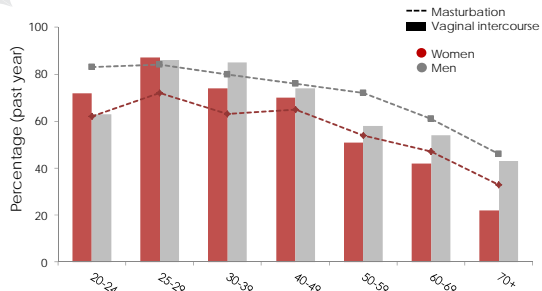
Intervention strategies

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Sexual behavior & response

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Defining "normal": Sexual activity among American adults



National Survey of Sexual Health and Behavior (2010) JSM
N=5,865 adolescents and adults ages 14 to 94

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Conceptualizing sexual response: Masters & Johnson (1966)

Excitement

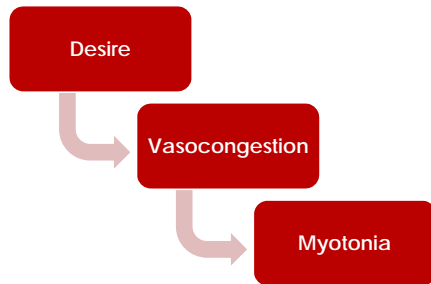
Plateau

Orgasm

Resolution

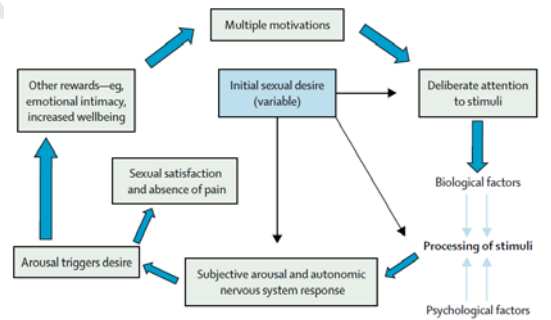
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Conceptualizing sexual response: Kaplan (1974)



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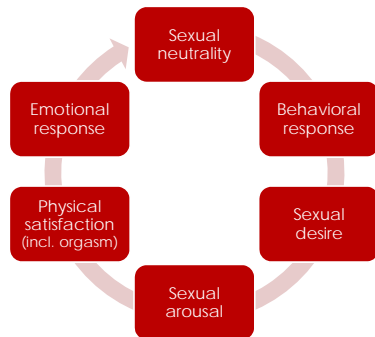
Conceptualizing female sexual response: Basson's Circular Model (2000; 2007)



Basson, The Lancet (2007)

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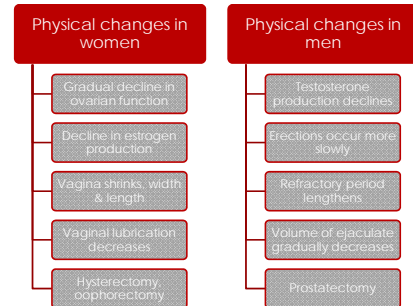
Sexual response as a process...



adapted from M&J (1966), Kaplan (1974), Basson (2000)

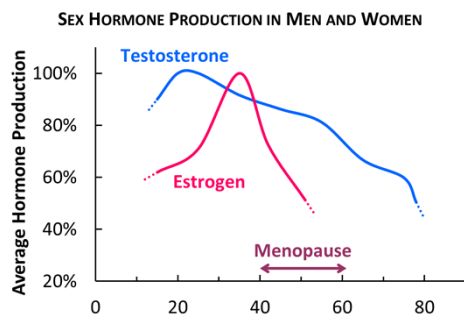
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The role of aging



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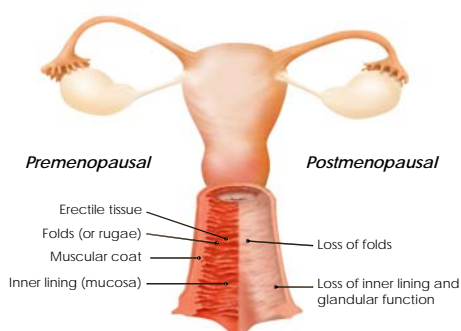
The role of hormones



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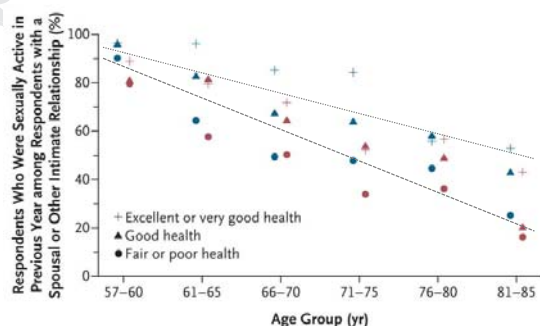


Vaginal atrophy



Samsioe G. A profile of the Menopause 1995; 49 (Fig. 6.4)

Sexual activity among older adults



Lindau et al. (2007) NEJM

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Sexual dysfunction vs. sexual morbidity

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Conceptualizing sexual dysfunction among women: DSM-5

Female Sexual Interest/Arousal Disorder

- Collapsed HSDD and Sexual Aversion and Female Sexual Arousal Disorder

Orgasmic Disorder

- Modifications to clinical features
- More specific and inclusive

Genito-Pelvic Pain/Penetration Disorder

- Broadened the definition of "pain"
- Loosened criterion previously referred to as Vaginismus

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Conceptualizing sexual dysfunction among men: DSM-5

Male Hypoactive Sexual Desire Disorder

- Essentially unchanged

Premature (Early) Ejaculation

Erectile Disorder

- Modifications to clinical features
- More specific and inclusive

Delayed Ejaculation

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Conceptualizing sexual dysfunction: DSM-5

- More precise frequency and duration requirements
- Removed etiological specifiers from DSM-IV-TR (i.e., due to psychological or combined [psychological and physical] factors)
- DSM-V specifiers include:
 - lifelong vs. acquired
 - generalized vs. situational
 - mild vs. moderate vs. severe
- Criterion B now includes only individual distress vs. individual or interpersonal distress

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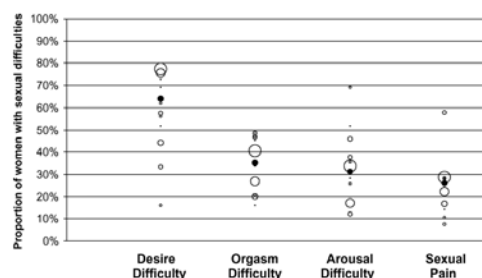
Example: Female sexual interest/arousal disorder

- At least 3 of the following for at least 6 months:
 - Decreased interest in sexual activity
 - Decreased sexual/erotic thoughts or fantasies
 - Decreased initiation of sexual activity, and typically unresponsive to a partner's attempts to initiate
 - Decreased pleasure during sexual activity in most (75%-100%) sexual encounters
 - Decreased sexual interest/arousal in response to any cues
 - Decreased sensations during sexual activity most (75%-100%) encounters

American Psychiatric Association (2013)



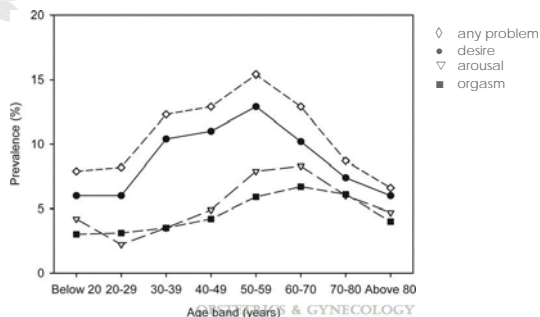
Prevalence of common sexual problems



Hayes et al., J Sex Med 2006;3:589-595



Prevalence of sexual problems associated with distress

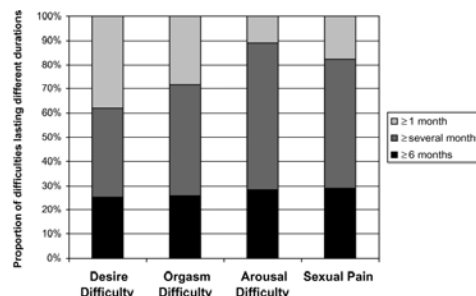


Shifren et al., Obstet Gynecol 2008

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Duration of sexual problems among those reporting



Hayes et al., J Sex Med 2006;3:589-595



What tests, if any, would you order in order to evaluate her diminished libido? (open-ended)

	PCP (N=253)	Ob/Gyn (N=239)
~50% would refer for therapy if tests come back normal and depression screen was negative	63.0%	53.2%
NPV, presenting for a	35.0%	40.3%
39y/o office clerk	34.2%	17.3%
Recently lost job	~15-20% would start antidepressant/anx.	14.1%
Husband owns small business	~20-25% would start testosterone	17.3%
Only child recently married/moved	LH	22.6%
Taking antibiotic, MV, OCP	CMP	22.2%
Left sexual history blank	BMP	18.4%
When asked:	Progesterone	10.1%
"I just don't care anymore."	None	5.7%
"I've had no interest in sex for months."		18.3%
"I think it's just stress."		

Abdoirasulnia, J Sex Med 2010

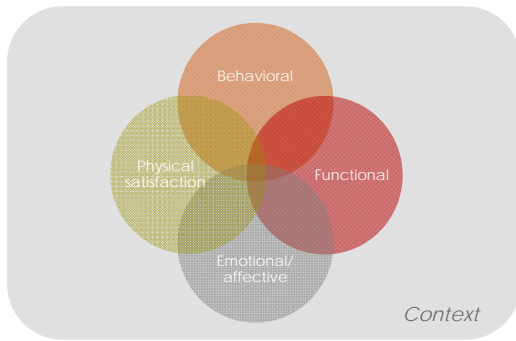


"Low libido"

body image
fatigue
hormones
anxiety
trauma
depression
time
substance abuse
smoking
relationship issues
stress
medications



Conceptualizing sexual morbidity

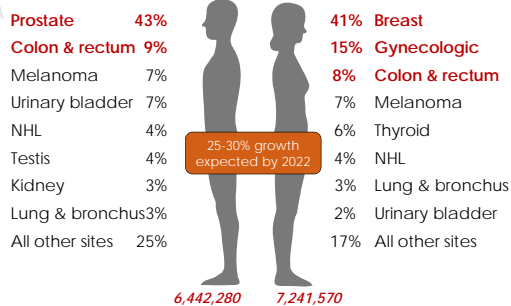


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The role of cancer

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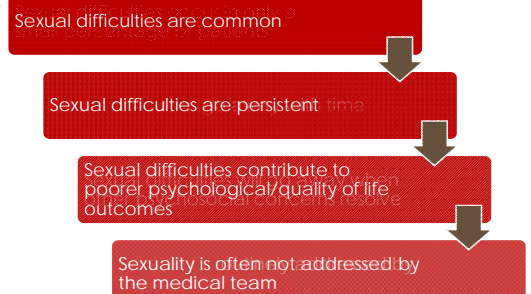
Cancer Survivors in the U.S.



Source: ACS, Intramural Research, 2012

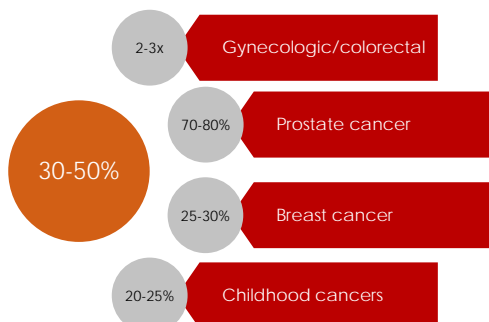
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Common misconceptions contribute to and maintain patients' problems



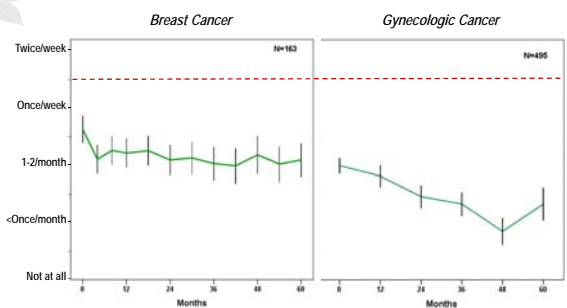
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Sexual morbidity is common



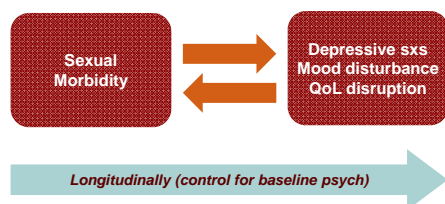
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Sexual morbidity is persistent



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Sexual morbidity precedes distress



Levin, Carpenter, & Andersen (in prep)

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Impact of cancer treatments on sexuality

1. Emotional/relationship changes
2. Structural/anatomical changes
3. Menopausal/hormonal changes

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Impact of cancer treatments on sexuality: Common concerns

- Body image concerns / feelings of (un)attractiveness
- Changes to the relationship dynamic
- Partner fears and worries
- Fatigue / malaise / loss of stamina
- Compromised immunity / concerns about illness transmission
- Interruption in intimate routine

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Body image disruption

*"...body dissatisfaction represents a 'normative discontent' among women in our society."
(Cash & Henry, 1995)*

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Disease-specific considerations for sexual functioning

	Breast	Gyn	CRC
Low/no desire	64%	25-59%	41%
Inadequate lubrication	42%	24-66%	29%
Arousal issues	--	20-44%	56%
Difficult/absent orgasm	44%	27-38%	35%
Pain	38%	29-40%	46%

Panjari et al. (2010); Barni & Mondin (1997); Andersen et al. (1989);
Pietere et al., 2006; Carmack-Taylor et al., 2004; Green et al., 2000;
Jensen et al., 2003, 2004; Lutgendorf et al., 2002; Hendren et al. (2005)

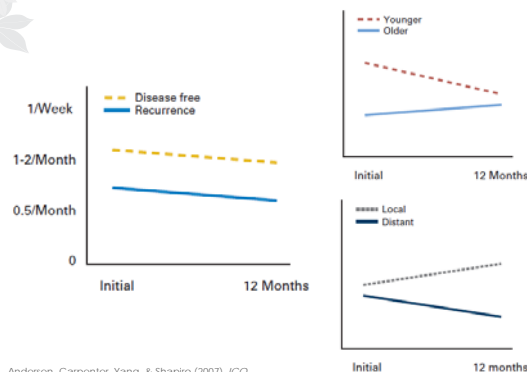
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Making matters worse...

- Chemotherapy (Young-McCaughan, 1996)
 - 5X more likely vaginal dryness/pain
 - 7X more likely diminished orgasm
 - 3X more likely decreased libido
- Post-menopausal status, vaginal dryness, changes in hormone levels as a result of treatment (Ganz et al., 1998)
- Body image disruption (Panjari et al., 2010)
 - Mastectomy (Ganz, 1996)
 - Reconstruction (Schover et al., 1995; Yurek et al., 2000)
- Younger patients (Avis et al., 2004)



The impact of recurrence



Overcoming obstacles...
what can I do for my
patients?



Steps for addressing sexuality: PLISSIT

- Level 1: Permission giving
- Level 2: Limited Information
- Level 3: Specific Suggestions
- Level 4: Intensive Therapy



Important provider tools



- Ask!
- Normalize
- Use correct clinical and anatomical terminology
- Accept and use humor (without making jokes)
- No information is better than misinformation
- Maintain focus on the patient



Specific suggestions: Low desire

- Find ways to care for yourself and your body (e.g., stress management, relaxation)
- Protect time for emotional intimacy, time together, dating
 - Touch one another, seek out everyday expressions of affection
- Protect time and resources for physical intimacy
 - SCHEDULE IT!
- Spend time thinking about sex
 - Before, during, after...
- Communicate with partner about sexual concerns and wishes, outside of the moment



Specific suggestions: Increasing (or resuming) sexual activity/arousal

- Resume sexual activity slowly when it has been absent
- "Sex" is more than just "sex," have an open mind about ways to feel sexual pleasure
- No matter what kind of treatment you have had, you are still able to feel pleasure from touching
- Make efforts to feel very aroused before beginning penetrative activities
 - Extend foreplay
 - Consider use of vibrators

Specific suggestions: Vaginal dryness

- Recommend long-acting vaginal moisturizer q2-3 days (e.g., Replens, Luvena, coconut oil)
- ...in combination with a water- or silicone-based lubricant during sexual activity (e.g., K-Y, Astroglide)
- If vaginal dryness persists, other options
 - DHEA gel
 - Vaginal estrogens (e.g., cream)
 - Vagifem
- Avoid other types of products

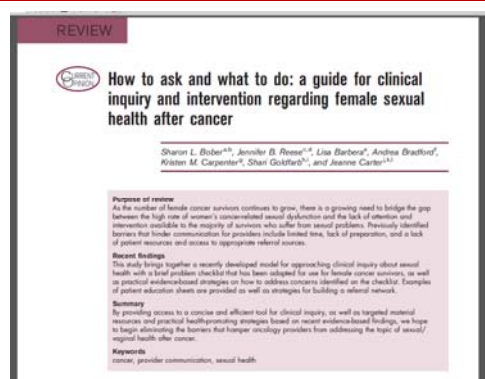
Specific suggestions: Pain/discomfort

- Address vaginal dryness
- Dilator therapy when indicated
- Consider referral to pelvic floor PT
- Experiment with sexual positions that might be more comfortable (e.g., less pressure on problem areas such as the lower back)
- Plan sexual activity for time of day/days of week when pain is lowest
- Time medication appropriately
- Communicate with partner about pain or discomfort

Interventions of note

- Flibanserin
 - 5-HT_{1A} agonist and 5-HT_{2A} antagonist
 - FDA approved to treat acquired, generalized hypoactive sexual desire disorder in premenopausal women
 - Found to increase the number of satisfying sexual events by 0.5 to 1/month
- MonaLisa Touch™
 - Fractionated CO₂ laser
 - Believed to induce a cascade of changes including angiogenesis and neocollagenesis, leading to improved vascularization


Joffe HV et al. FDA Approval of Flibanserin—Treating Hypoactive Sexual Desire Disorder. *N Engl J Med*.
Burton (2017). Vaginal health and wellness: Vaginal laser therapy. *PSN Journal*



<https://journals.lww.com/co-supportiveandpalliativecare/pages/default.aspx>

What are we doing for these patients at OSU?

The Ohio State University Comprehensive Cancer Center - James Cancer Hospital and Solove Research Institute




Tiered Support


- 1st Wednesdays
- January, March, May, July, September, November from 12:00-1:30 p.m.
- February, April, June, August, October, December from 5:30-7:00 p.m.
- Free
- Register at 293-0066

Women and Sexuality:
An Information Opportunity for Breast Cancer Patients and Survivors

To learn more or register, please call 614-293-0066

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The Ohio State University Comprehensive Cancer Center - James Cancer Hospital and Solove Research Institute and Ohio State's Wexner Medical Center



Women's Integrated Sexual Health (WISH)


- Individual consultation and education
- Psychological intervention
- To request an appointment, call 614-293-9600 and ask for the intake team
- AMB REFERRAL TO PSYCHOLOGY
- Specify Dr. Carpenter and in the notes that this is a WISH referral
- Kristen.Carpenter@osumc.edu

Women's Integrated Sexual Health (WISH) Program

- Help for cancer patients and survivors coping with sexual difficulties
- Individual consultation and education
- Offers a psychological intervention designed to prevent or reduce the sexual difficulties and stress that can follow cancer diagnosis and treatment

Addressing the unmet needs of cancer survivors

Over the past decade, Dr. Kristen Carpenter and her collaborators have conducted a great deal of research with cancer patients and survivors. This research has taught us two important things: First, sexual issues are common and difficult for cancer patients. Second, until now, there have been very few resources available to cancer patients coping with sexual difficulties and stress following their diagnosis and treatment.

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The Scientific Network on Female Sexual Health and Cancer

Upcoming Meeting



SAVE THE DATE
September 27-28, 2018
Duke University
Durham, North Carolina

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Additional information & referral resources

- Sexuality and Cancer: For the Woman Who Has Cancer, ACS
- AASECT.org -- American Association of Sexuality Educators, Counselors, and Therapists
- SSTARnet.org -- Society for Sex Therapy and Research
- ISSWSH.org -- International Society for the Study of Women's Sexual Health
- ABCT.org -- Association for Behavioral and Cognitive Therapies

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Thank you