Sexual Health: Improving Quality of Life for Female Cancer Survivors
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Disclosures…

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First ask yourself…

• Should we be discussing sexual health with cancer survivors?
• Are you comfortable talking with patients’ about their sexual health?
• Do you have a good understanding of how to address vaginal pain with penetration or dyspareunia?
• Do you feel comfortable addressing decreased desire?
For starters…

• Quality of life matters…
  “We saved your life for a reason”
Sexual Health Defined…

WHO defines sexual health as:

“Sexual health is a state of physical, 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. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled” (WHO, 2002).
Finally…

- Patients want their HCP to ask about their sexual health (Laumann et al., 2009).

- HCP are not comfortable assessing or addressing patients’ sexual health concerns (Reynold’s and Magnan, 2005; Magnan, Reynold’s, & Galvin, 2005)
How do we address your comfort addressing sexual health in 20 minutes?

• Focus, Focus, Focus....

• The two most common sexual health concerns for women with or without a history of cancer include dyspareunia (Soe, Wurz, Kao & DeGregoria, 2013) and decreased desire (West et al., 2008).
Addressing Patients’ Sexual Health…

- Assess
- Educate
- Counsel/Offer Treatment
Assessing Cont...

- Sexual History
  - “Are you having any sexual health concerns?”
    Then if needed, get more specific…
  - “Are you sexually active with a male, female partner or both”?
  - “Are you having any difficulty with arousal?”
  - “Are you having pain with penetration of a penis/vibrator”?
  - “Are you able to achieve orgasm”?
Assessing Cont...

• The PLISSIT Model:
  – P=Asking Permission- “May I ask you about your pain with intercourse?”
  – LI=Limited Information- “How long has this been going on? How often does this happen?”
  – SS=Specific Suggestions- “Have you tried any vaginal moisturizers or lubricants?”
  – IT=Intensive Treatment referral- “Would you feel comfortable talking with someone about this?”

(Annon, 1970)
Next...Educate and Counsel...

- Educate and normalize sexual health concerns

- Counsel/Offer regarding possible treatments and therapies
Dyspareunia...

– Most common causes of dyspareunia:
  – Lack of lubrication
  – Vulvovaginal atrophy associated with Genitourinary Syndrome of Menopause (GSM)

(Other causes outside scope of this talk include vulvodynia and vaginismus)
Vaginal Moisturizers (Replens, Luvena)- First Line

- Does not cure vaginal atrophy
- Use vaginally every four days
- Attaches to vaginal epithelium
- Restores natural vaginal pH, increases moisture, elasticity (Replens= 60 x water)
- Reduces pain, itching, irritation
- Use lubricant with moisturizers

(NAMS, 2012; Feldhaus-Dahir, 2010)
The Exception: Hyaluronic Acid

- Vaginal moisturizers containing hyaluronic acid found to normalize vaginal pH, reduce itching, dryness, dyspareunia, and improve symptoms of vaginal atrophy equivalent to local CEE in some studies (Jokar et al., 2016)
- Used every 3-4 days intravaginally to maintain
- OTC
Vaginal Lubricants - First Line

• Petroleum based: (Vaseline, mineral oil)
  – Safe for PU condoms, can irritate vagina, destroy latex products

• Natural oil based: (Vegetable oil, olive oil, Crisco, coconut oil)
  – Safe to ingest, PU condoms, destroy latex products

• Water based: (Astroglide, KY, Wet)
  – Safe all condoms, latex products, dries out quickly, parabens irritate genitals
• **Silicone based:** (Eros, Pink, KY Intrigue, Liquibeads, Wet Platinum)

  – Longer lasting, safe with all condoms and non-silicone products, odorless, tasteless, safe for sensitive skin, expensive, hard to find
Vulvar Vaginal Atrophy...

• Educate patients on cause:
  – Decreased estrogen levels
    • Menopause
    • Chemotherapy induced menopause
    • Surgical menopause
    • Pelvic floor radiation
    • Endocrine therapies

(NAMS, 2014)
Vulvar Vaginal Atrophy (VVA)

- Early stages associated with thin, dry, erythematous vaginal epithelium
- Later, labia minora less distinct
- pH greater than 5.0 (3.8-4.5), parabasal cells replace normal vaginal epithelium
- Repopulation with diverse vaginal flora occurs, resulting in frequent UTIs (More common with use of AIs) (NAMS, 2014)
Atrophy: The Clinical Picture

- 2 years since natural menopause
- Loss of labial and vulvar fullness
- Pallor of urethral and vaginal epithelium
- Narrow introitus
- Minimal vaginal moisture
- Loss of urethral meatal turgor

Bachman GS, Nevsilovsky NS.
Available at: http://www.aafp.org/afp/20030315/3090.html

Medscape
2nd Line Therapies

- Local Estrogen- FDA Approved for Vaginal Atrophy (Boxed warning for breast/endometrial cancer)
- Ospemiphine (Osphena)- FDA Approved for dyspareunia (Not approved for breast cancer)
- DHEA (Intrarosa)- Recently FDA Approved for dyspareunia (Precaution for history of breast cancer)
Local Estrogen

- Vaginal Estrogen
  - NAMS 2013 Vulvar vaginal Atrophy Position Statement- Estrogen is second line therapy

  - Available in vaginal creams, ring (7.5 mcg a day over three months), and tablets (only available as 10mcg tablets)

  - Progesterone not generally indicated with use of topical estrogen-endometrial safety data > 1 year not available (NAMS, 2017)

  - Use with estrogen dependent cancers controversial

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Local Estrogen and Breast Cancer History…

- ACOG Opinion Paper published March 2016
- Non hormonal therapies remain first line
- No evidence to support reoccurrence of breast cancer in women using local estrogen therapy
- However, no level one evidence to support safety…
- Requires shared decision making with patients

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Ospemephine (Osphena)...

- Ospemifene (Osphena) 60mg/day
- Two 12-week studies showed improvements with daily use (60 mg) in
  - Vaginal maturation index
  - Vaginal pH
  - 1 year later patients sustained improvements with no cases of VTE, endometrial hyperplasia, or carcinoma

(Portman, Bachman & Simon, 2013)
Ospemifene (Osphena)...

- Risk for VTE—much like estrogen, other SERMS (1/1000 women/year).
- Not adequately studied in breast cancer population, however, magnitude anti-estrogen effect unknown, unstudied (Goldstein, 2013).
- Animal models suggest an inhibitory effect on breast tissue (Berga, 2014)
- Neutral in breast, minimal effects on endometrium (Berga, 2014)
Intravaginal DHEA (Intrarosa)

- Prasterone DHEA Intravaginal Ovules (Dehydroepiandrosterone)
- Labrie et al., (2009) (n=216) Seminal article/phase III
  - DHEA ovules 0.25%, 0.5%, 1% applied daily
  - After 2 weeks decreased parabasal cells and pH, increased vaginal secretions, color, epithelial integrity
  - No reported change in endometrial histology
  - No increase in serum sex steroids above PM range
  - Increased arousal reported—possibly due to increased vaginal nerve fibers
Recent Newer Therapies...

- Local lidocaine RCT double blinded placebo controlled study in breast cancer survivors (n=46)
  - Less pain with penetration (p=.007)
  - Sexual distress decreased (p < .001)
  - No report of penile numbness

(Goetsch, Lim, & Caughey, 2015)
Vaginal CO\textsubscript{2} Laser Therapy

- Non surgical laser used to induce the production of new collagen and elastin fibers
- Overall, meta-analysis noted vaginal laser therapy was associated with decrease in symptoms of GSM as well as changes in histopathology, restoration of vaginal flora
- Body of evidence is low, more study needed (RCT)

(Pitsouni, Grigoriadis, Falagas, Salvatore, & Athanasious, 2017)
Non pharmacologic...

- Vaginal Stretching...Vaginal Dilators
  - Advise patients begin using vaginal dilators app. 2 weeks after therapies
  - Dilators are various sizes and used to provide gradual stretching of the vagina
  - Encourage women to moisturize before using dilators and use them alone or with a partner
Vaginal Dilators

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Non pharmacologic…

• Encourage vaginal stimulation
  – Encourage women to provide stimulation to the vagina/clitoris regularly to increase blood flow
  – Be culturally sensitive
  – Suggest using alone or with partner
Vaginal Stimulation…

- Clitoral Pump-increases blood flow/engorgement directly to clitoris
- Study “prescribed” Eros Therapy
  - Pilot study of irradiated cervical cancer patients (prescribed 4 x weekly for 3 months) during foreplay or self stimulation
  - found significant improvements in sexual desire, arousal, lubrication, orgasm, sexual satisfaction and pain (Schroder et al., 2005).

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Clitoral Pumps/Vibrators

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Pelvic Floor Rehab

- Educate regarding possible benefits of pelvic floor rehab (especially after radiation)
  - Release tight muscles (helps with pain on vaginal entry)
  - Relax scar tissue
  - Exercises to promote the strength of the pelvic floor*

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Sexuality for Life

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Decreased Desire/Lack of Interest...
• Assess history, history, history
• Is this a new problem since diagnosis?
• Are there underlying causes such as pain with penetration?
• Is there a relationship? If so, how is the relationship?
• Refer if needed
• Start by normalizing the problem…
• Sexual response cycle different for women than men
  – Master’s and Johnson- started with a linear model based on orgasm
  – Kaplan refined the model and added desire
  – Basson more accurately described the sexual response model for women
Intimacy-Based Model of Female Sexual Response Cycle

1. Sexual Arousal
2. Arousal and Sexual Desire
3. Spontaneous Sexual Drive
4. Emotional and Physical Satisfaction
5. Emotional Intimacy
6. Sexual Stimuli


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• Rethink normal…
• Plan for intimacy and sexual activity
• Replace spontaneity with anticipation
• Communicate with your partner
• Treat underlying causes (pain, depression)
• Consider teaching patients about Sensate Focus…
Example of Sensate Focus...

- **Phase 1:**
  - Clothed or partially clothed
  - Begin touching non obvious erogenous zones, areas that are normally visible when clothed
  - Sexual intercourse and orgasm not permitted

- **Phase 2:**
  - Bring touch to breast and genital areas
  - May introduce stimulation to genitals, gently increasing stimulation and slowing down, then begin again

- **Phase 3:**
  - May include penetration using fingers, sexual aids, penis
  - Pay attention to other parts of the body
  - Hold off on thrusting with penetration until having spent time with penetration
  - Aim is to continue to enjoy intimacy

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A Few Words About Medications…

- Non FDA approved medications to treat decreased desire in women…
  - Testosterone
  - Bupropirion
  - PDE-5 Inhibitors
Testosterone- Not FDA approved
- RCT (n=549) testosterone patch for women with HSDD
- Increased frequency of satisfying sexual activity and sexual desire
  (Shiffren et al., 2006)
- Safety data still not conclusive regarding cardiovascular disease, breast cancer
  (Davis et al., 2005)
- SE: hirsutism, voice changes, acne
Medications...

- Bupropion (wellbutrin) SR 300-400mg a day x 112 days (n= 66)
- Inhibits reuptake of dopamine and NE
- Increases in arousal and pleasure
- SE agitation, HTN, insomnia, dry mouth
- Off label use

(Seagraves et al., 2004)
• PDE 5 Inhibitors
  – n= 781 women with arousal disorder, 18-70 yrs
  – Sildanefil showed no significant difference compared to placebo, any endpoint, any dose

(Basson et al., 2002)
Medications... Flibanserin

First FDA Approved Medication for HSDD
Flibanserin (Addyi)- 5-HT1A-agonist & 5-HT2A antagonist; 100mg at HS
RCT (n=481) associated with improvement in sexual desire, improvement in the number of SSEs, and reduced distress associated with low desire

- SE: somnolence, nausea, headache
- Mentioned in Marie Claire, 2014

(Simon et al., 2013)
Flibanserin…

- It is contraindicated to drink any alcohol with flibanserin
- REMS certification required
- Should not be used with CYP3a4 inducers
- Takes 8 weeks for full effect
- On average 4 SSE a month
Final Thought…

Quality of life matters…consider all the options and take the time to assess, educate, counsel/treat

Thank You