

Sexual Dysfunction in Women with Gynecologic Cancer: The Medical Perspective

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SCHOOL OF MEDICINE
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Disclosures

- We have no financial or relevant disclosures

Mindful moment

BEGIN BY MAKING YOURSELF COMFORTABLE.

SIT IN YOUR CHAIR AND ALLOW YOUR BACK TO BE STRAIGHT, BUT NOT STIFF, WITH YOUR FEET ON THE GROUND.

ALLOW YOUR EYES TO CLOSE, OR TO REMAIN OPEN WITH A SOFT GAZE. TAKE SEVERAL LONG, SLOW, DEEP BREATHS.

BREATHE IN THROUGH YOUR NOSE AND OUT THROUGH YOUR NOSE OR MOUTH, FULLY AND EXHALING SLOWLY.

FEEL YOUR STOMACH EXPAND ON AN INHALE AND RELAX AND LET GO AS YOU EXHALE.

WITH INTENTION, ALLOW CURIOSITY AND GRATITUDE TO MOVE THROUGH YOUR BODY.

THIS WILL ALLOW US TO CREATE A SPACE WHERE WE CAN EXPLORE AND LEARN.

Invitations...

- You are invited to bring as much awareness to yourself, your thoughts, emotions, and physical sensations as is safe. Discussing topics related to sex and relationships can be uncomfortable, challenging, and triggering as your biases and personal edges are revealed.
- You are not being asked to change your values or beliefs, but are invited to bring awareness to them and discuss them openly with curiosity and empathy for the values, beliefs, and experiences of others.
- Please practice self-care and utilize resources for support.



Katlyn

Survivorship

- As we have improved the survival for women with gynecologic cancer, we must now answer questions about long term care and survivorship.
- One of the least addressed issues in this regard is sexual dysfunction
 - Embarrassment
 - Ignorance about this issue
 - Lack of prioritization
 - Lack of resources



Sexual Dysfunction

- Defined as “a problem during any phase of the sexual response cycle that prevents the individual or couple from experiencing satisfaction from the sexual activity”
- *Organic causes* diabetes, heart disease, neurological diseases, hormonal imbalances, menopause plus such chronic diseases as kidney disease or liver failure, and alcoholism or drug abuse, medications, antidepressant drugs
- *Inorganic Causes* work-related stress and anxiety, concern about sexual performance, marital or relationship problems, depression, feelings of guilt, or the effects of a past sexual trauma.

Sexual Health – What does sexual health mean to you?

World Health Organization...

- "...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, 2006a*)

Surgeon General / American Sexual Health Association (2021).....

- "Sexual health is inextricably bound to both physical and mental health. Just as physical and mental health problems can contribute to sexual dysfunction and diseases, those dysfunctions and diseases can contribute to physical and mental health problems. Sexual health is not limited to the absence of disease or dysfunction, nor is its importance confined to just the reproductive years. It includes the ability to understand and weigh the risks, responsibilities, outcomes and impacts of sexual actions and to practice abstinence when appropriate. It includes freedom from sexual abuse and discrimination and the ability of individuals to integrate their sexuality into their lives, derive pleasure from it, and to reproduce if they so choose."

Sexual Dysfunction in Cancer Survivors

- Rate of sexual dysfunction among female cancer survivors is quite high

Dizon et al found that up to 70% of women with cancer reported significant sexual dysfunction

Significant embarrassment on the part of patients to bring up issues of sexual problems.

Impression that there was “nothing that could be done”

Sadly only 14% of physicians who treat cancer brought up sexuality/sexual dysfunction as an issue

The Oncologist
Symptom Management and Supportive Care

Sexual Health as a Survivorship Issue for Female Cancer Survivors

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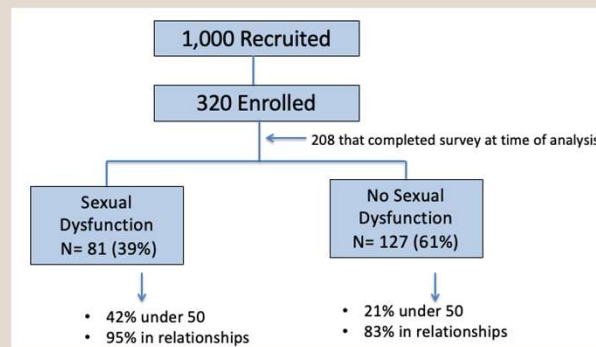
Disclosures of potential conflicts of interest may be found at the end of this article.

Key Words. Breast cancer • Cancer survivor • Gynecologic cancer • Sexual health • Quality of life

ORIGINAL STUDY

Sexual and Marital Dysfunction in Women With Gynecologic Cancer

AQ1 Saketh R. Guntupalli, MD,* Jeanelle Sheeder, PhD, MSPH,* Yevgeniya Ioffe, MD,† Ana Tergas, MD,‡
Jason D. Wright, MD,‡ Susan A. Davidson, MD,§ Kian Behbakht, MD,* and Dina M. Flink, PhD*



- Significant decline in:
 - Sexual function by 29%
 - Sexual activity by 57%
- Compared to before cancer:
 - Sex was less enjoyable
 - Frustration with sex life
 - Feeling depressed
 - Feeling less of a woman
 - Losing confidence in sex life
 - Worry about the future of their sex life

- 42% uterine, 36% ovarian, 14% cervical
- Chemo, radiation, surgery

Common function changes experienced with cancer & treatment

○ Vaginal shortening and narrowing	○ Disconnection from sexual self	○ Body Image Dysphoria	○ Irritation of the mouth lining	○ Fertility changes
○ Fatigue / low energy	○ Vaginal Atrophy	○ Guilt and Shame	○ Pain during sex (dyspareunia)	○ Shorter range of motion / mobility
○ Dry Mouth	○ Incontinence	○ Depression	○ low libido	○ Surgical anatomical changes
○ Fear of Sex / Specific positions	○ Changes in sensation - scarring and surgery	○ Loss of interest in sex	○ Vulva/Vaginal Dryness	○ Changes in saliva
○ Menopausal symptoms	○ Performance Anxiety	○ Neuropathy	○ Changes in Orgasm (anorgasmia)	○ Skin Elasticity changes

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Our Objectives Today



SEXUAL FUNCTION IMPACTS OF:

- LOW ESTROGEN
- SURGERY
- CHEMOTHERAPY
- RADIATION THERAPY
- IMMUNOTHERAPY

Discuss tools
to help!!

REVIEW SEX AND AROUSAL

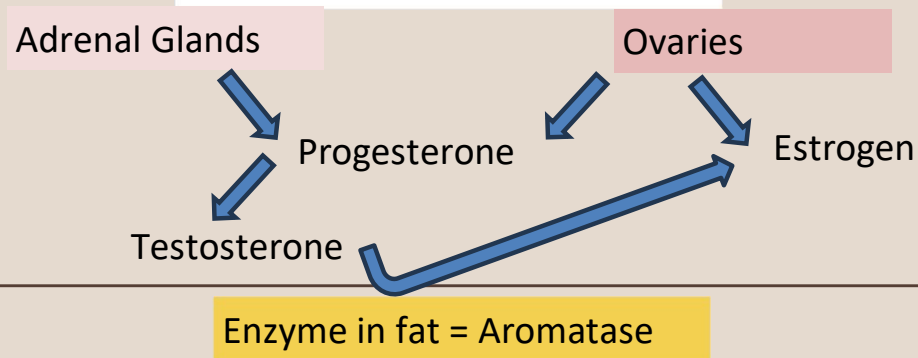
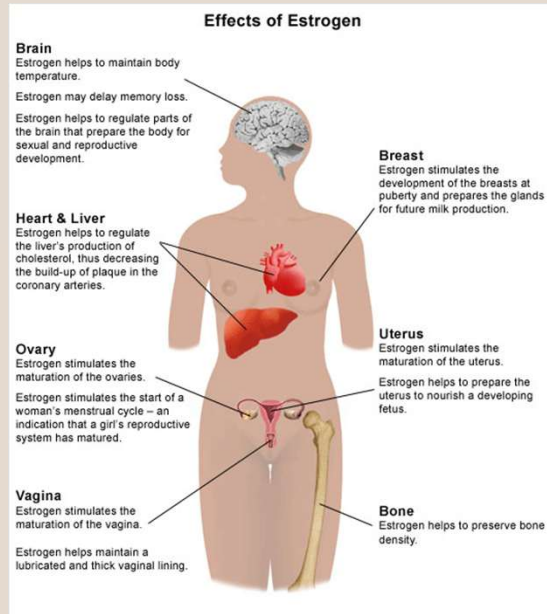
CREATING A NEW NORMAL

5 STEPS OF INTIMACY AND SEXUAL HEALTH ENHANCEMENT

APPROACH FOR THE FUTURE AND RESOURCES

[@harmonywillowstudio](https://www.instagram.com/harmonywillowstudio)

Impact of Low Estrogen on Sexual Function



- Can occur from removal of the ovaries, chemo or radiation causing ovarian failure, or anti-hormone treatments
- Libido/low sex drive
- Vaginal atrophy/thinning
 - Dryness
 - Pain with penetration
 - Loss of elasticity

Impact of Surgery on Sexual Function

- Important to avoid penetration for 6-12 weeks after vulvovaginal surgery or hysterectomy
- Hysterectomy (uterus+cervix)
 - Shortening of the vagina → pain with penetration
 - Loss of the cervix → diminished lubrication
 - Vaginal scarring → pain with penetration
 - Diminished orgasm → mixed! Multifactorial
 - External stimulation unchanged, internal nerves potentially disrupted
- Removal of ovaries → Low estrogen
- Body dysmorphia/scarring

Impact of Radiation on Sexual Function

○ External Radiation:

- Loss of ovarian function → low estrogen
- Bladder or fecal urgency/incontinence
- Fatigue → lack of interest, low libido

○ Vaginal brachytherapy:

- Vaginal fibrosis → loss of elasticity, narrowing
- Vaginal dryness
- Vaginal pain
- NOTE: Vaginal dilators or intercourse prevent scarring

No contraindications to sex during radiation

Impact of Chemo on Sexual Function

Fatigue → lack of interest, low libido

Mouth sores

Immunosuppression may flare genital herpes or warts

Early menopause/loss of hormones → Low estrogen

Bladder urgency/incontinence

No contraindications to sex during chemotherapy but
condom use advised for 3-7 days after infusion to avoid
potentially harmful secretions

Impact of Immunotherapy on Sexual Function

- Fatigue → lack of interest, low libido
- Early menopause/loss of hormones (rare 1%)

No contraindications to sex during immunotherapy, consider condom use

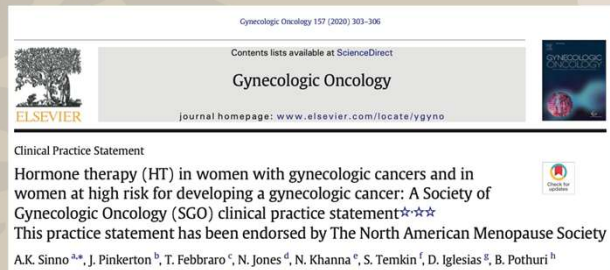
SOME TOOLS TO HELP!



**You are not
struggling...**

**...you're
mid-conquer.**

x x x x
#nailovariancancer



Likely ok for...

- Cervical cancer
- Stage 1 endometrial cancer
- Lynch/BRCA mutations
- ER- serous ovarian cancer
- Vulvovaginal cancer

Likely NOT ok for...

- Stage 2-4 endometrial cancer, sarcoma
- ER+ (low grade serous, endometrioid) ovarian cancer

Managing low estrogen

- Systemic estrogen
 - Pill or patch
 - Estrogen or E+P
 - No FDA approved testosterone for women
- Vaginal estrogen
 - Tablet or ring → vaginal only
 - Cream → vaginal+system wide
- Caution: Pellets, creams, compounded not FDA regulated
- Caution: If uterus in, need E+P!!
- Non-hormonal options for hot flashes:
 - Antidepressants or Veozah

Vaginal Dryness

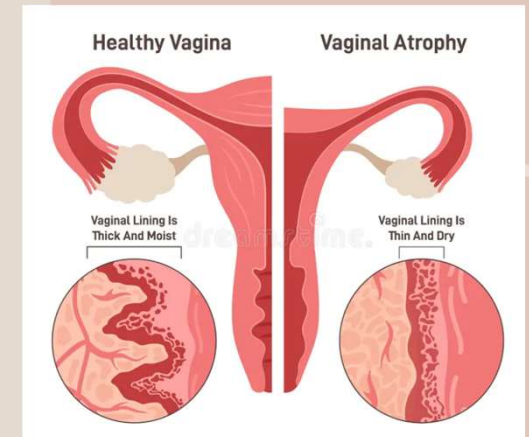
○ Estrogens

- Vaginal or systemic if safe
- Osphena

○ Non-estrogens

- Hyaluronic acid (ex: Revaree, RepaGYN, HyaloGYN)
- Moisturizers (ex: Replens, Re(pH)resh, GoodCleanLove)
- Oral vitamin E (after RT complete)
- Natural oils (ex: 100% coconut or apricot seed oil)

- Not advised due to lack evidence or possible harm: Laser treatments, herbal supplements



Lubricants

- Water-based
 - Easy clean up, sticky, no staining (ex: Astroglide, K-Y Liquid, Ah!Yes)
 - Ideal with dilators
- Silicone-based
 - Longer lasting, hypoallergenic, use in water, less washable (ex: Pjur, Pink)
- Natural oils
 - 100% coconut oil, kiwi oil extract (Sylk)
- Explore lube solo prior to partnered sexual experience

AVOID:

- Parabens
- Spermicides
- Temperature changing
- Petroleum jelly, massage oil, body lotion
- Oils damage condoms

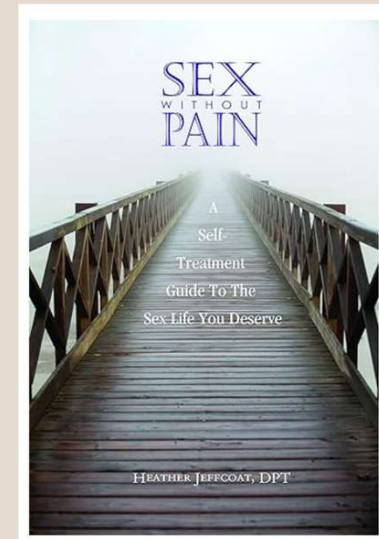
Low libido management

- Estrogen replacement if safe
- Stress management
- Sexual Health/Therapy
- Flibanserin (Addyi)
- *Turn ons / Turn off's
- Explore body solo prior to partner
- Manage desire discrepancy if partnered*



Vaginal Pain and Shortening

- Address dryness
- Dilators
- Pelvic floor physical therapy
- Penis bumper/ring
- Position Exploration & Before/During/After Care
*Katlyn



What is sex? Why have sex?

- Intimacy
- Eroticism
- Sensuality
- Connection
- Pleasure
- Desire
- Reproduction
- Pleasure vs Performance



- **Anal**
- **Oral**
- **Mutual Masturbation**
- **Penetrative**
- **Whatever!**
- **How do you define sex?**

“Health sexuality is about more than just the avoidance of pathology”

– Steph Auteri

Understanding Sexual Stimulation - What is arousal?

○ Sexual Arousal Requirements / Needs..

- Blood flow!! Orgasm and ability feel is based upon a healthy vascular system.
- Intact Nerves – Ability to perceive and give touch
- Energy Level – Ability to engage in movement and or short bursts of movement.
- Knowledge of Dual Control Mechanism – What turns the body on / off
- Responsive vs Spontaneous Desire

- Low to no pain involved in the body (just generally, not specific to genital areas).
- Lastly, to have the ability to be present/cognitively aware for partnered sex
- *helpful but not necessary – never stop learning/exploring



Creating a new normal

- Addressing how Psycho, Social, Emotional needs that have changed
- Noticing changes to the body – surgical and or affects from treatment
- Relief from symptoms / new symptoms to manage
- Grief – your body, mind, and heart have changed with this experience
- Accessing treatment – ie: dilators, lube, pelvic floor rehab, counseling, new sexual positions, etc.
- Questions...
 - How has your body changed since diagnosis and treatment?
 - How has sexual intimacy both with yourself and your partner changed?
 - What have you done to explore your sexuality on your own an with your partner since diagnosis?
 - How do you feel about your body and self-esteem?

5 thoughts to consider

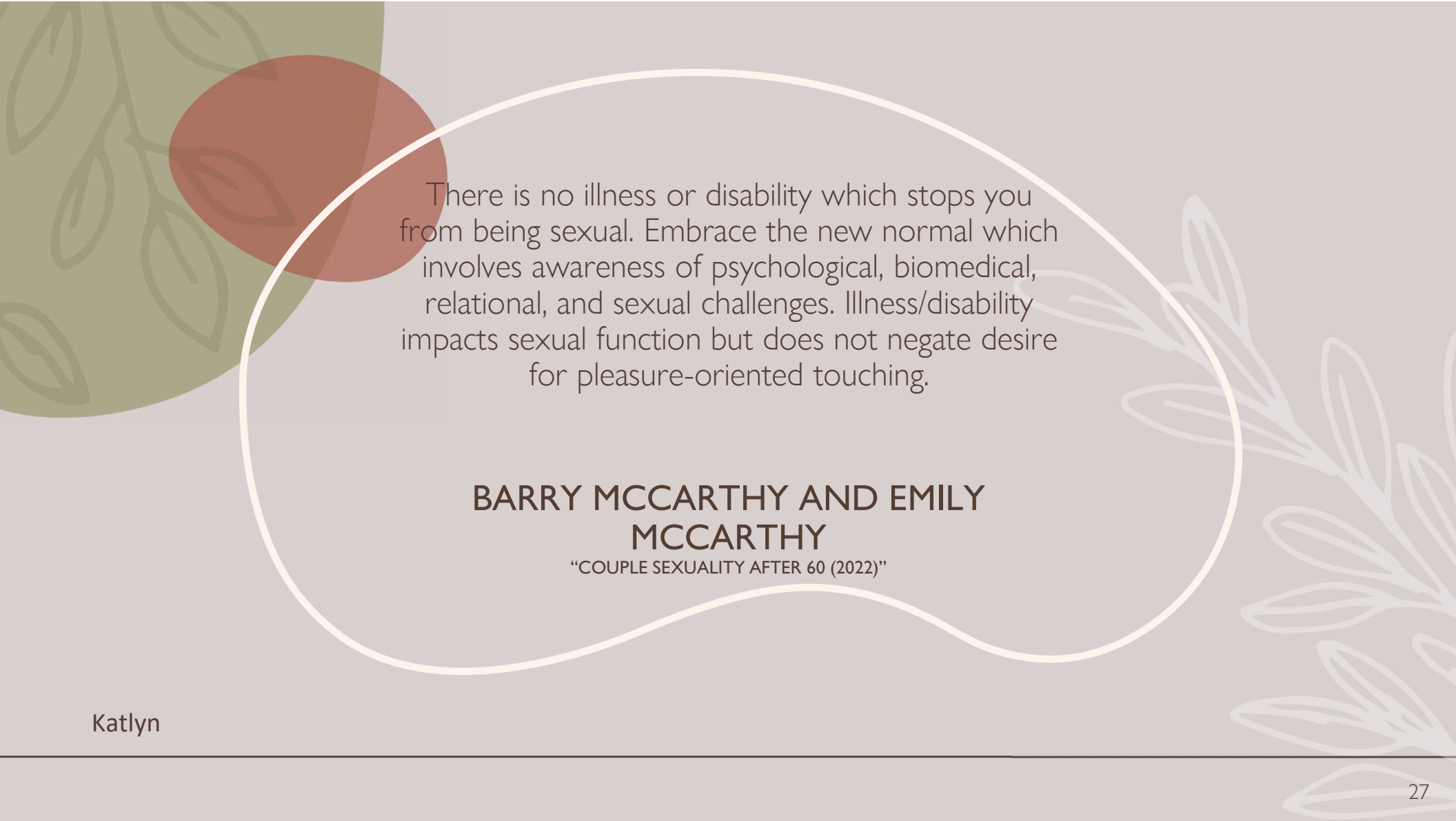
SPEND TIME EXPLORING YOUR BODY
TURN ON'S / TURN OFFS
IDENTIFY NEW BODY CHANGES
WHAT IS GETTING IN WAY OF ENJOYING
YOUR SEXUAL SELF?

SCHEDULE SEX AND OR PLEASURE
- PLEASURE MAPPING
- BEFORE CARE, DURING CARE, AFTER CARE
WITH SEX AND OR PLEASURE

COMMUNICATION W/ DOCTOR AND
PARTNER
"I FEEL..
ABOUT WHAT..
I NEED.."

EXPLORE LUBE, NEW
POSITIONS, AND HOW YOU
DEFINE SEX

REACH OUT FOR SUPPORT
SEX THERAPIST
PELVIC FLOOR
THERAPY



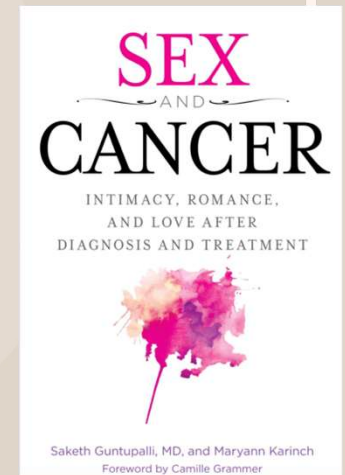
There is no illness or disability which stops you from being sexual. Embrace the new normal which involves awareness of psychological, biomedical, relational, and sexual challenges. Illness/disability impacts sexual function but does not negate desire for pleasure-oriented touching.

**BARRY MCCARTHY AND EMILY
MCCARTHY**

“COUPLE SEXUALITY AFTER 60 (2022)”

Approach to Sexual Dysfunction

- Alert your physician of concerns
- Consider asking for a pelvic floor physical therapy or Sexual Health Clinic referral!
- Communication between partners is key
- Approach sex through a different lens = intimacy!!



Resources



Women's Health:

- Rosy Sexual Health App
- Come As You Are (Book) - Emily Nagoski
- Sex and Cancer (Book) - Dr. Guntupalli
- Talking with your doctor about Pelvic Health
- Smitten Kitten's Shopping guide to Lube (google)
- A women's Touch - <https://sexualityresources.com/about-us>
- Sex with Emily (Podcast)
- Women Cancer Sex (Book) - Anne Katz

Relationship Books:

- Desire: An inclusive guide to navigating desire differences (Book) - Vencill and Mercy
- And In Health (Book) - Dan Shapiro

Sex Therapist?:

- AASECT (American Society for Sex Educators, Therapists, and Counselors)
- www.aasect.org

Approach to Sexual Dysfunction – Directive to Providers!

- Practitioners should be aware of these issues and pro-actively engage patients
- Provide timely education to patients
- If not comfortable, refer!
- Initiate new research in this field or include sexual health topics in ongoing research



Sexual function impacts of:

- o Low estrogen
- o Surgery
- o Chemotherapy
- o Radiation therapy
- o Immunotherapy

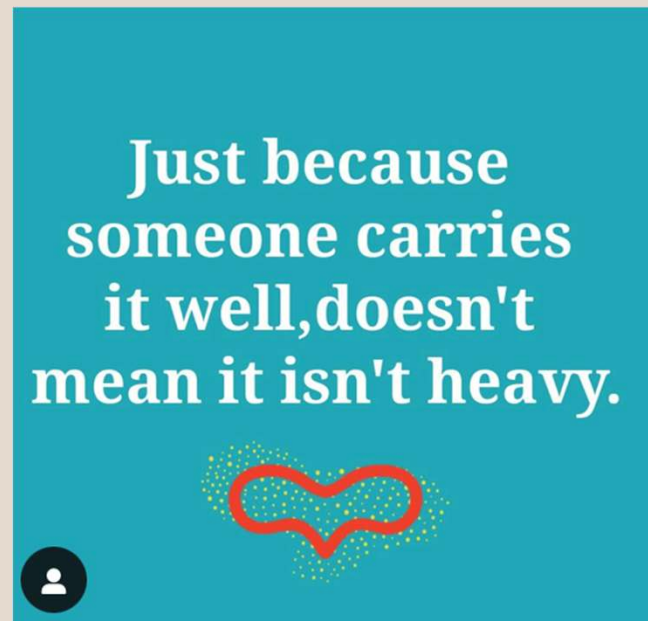
Review sex and arousal

Creating a new normal

5 steps of intimacy and sexual health enhancement

Approach for the future and resources

Our Objectives Today



QUESTIONS?

BE KIND TO YOURSELF AND OTHERS AND RESPECT ALL COMMENTS



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CU Medicine OBGYN Sexual
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<https://obgyn.coloradowomenshealth.com/services/clinics/womens-sexual-health-services>



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