Cancer and Sexual Health

Eastern Iowa Chapter-Oncology Nurses Society
March 15, 2016

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Statistics

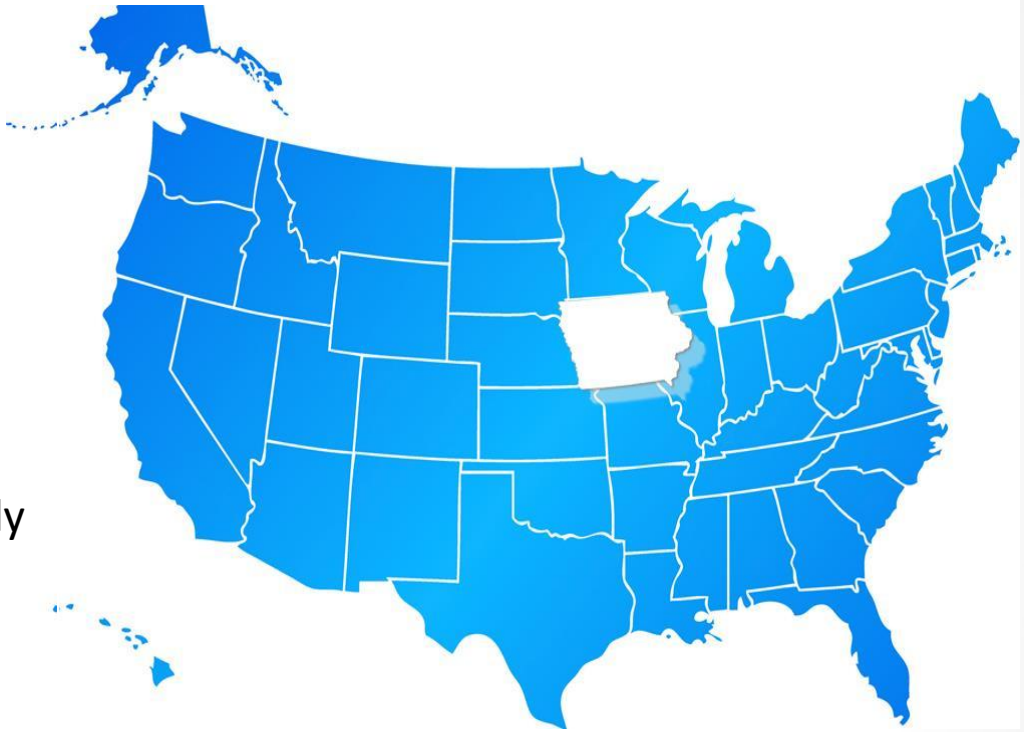
In 2015:

United States

- 15 million cancer survivors

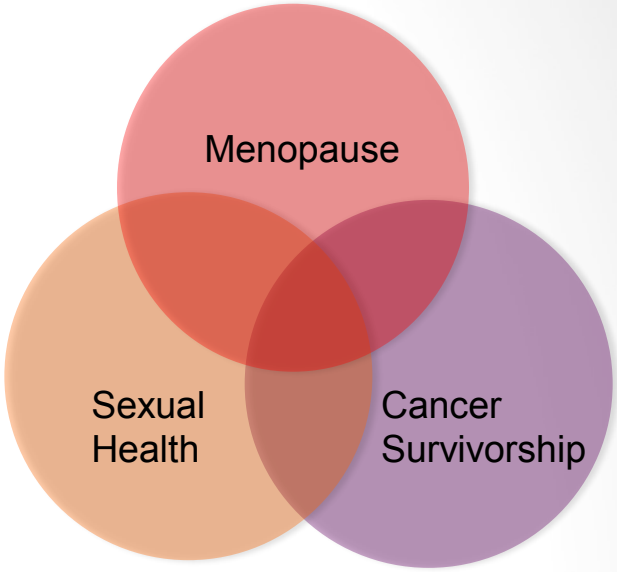
Iowa

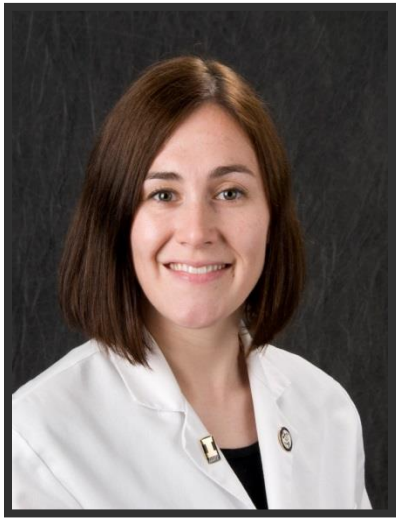
- 140,000+ cancer survivors
- 6,00+ people will die annually
- 17,000+ newly diagnosed
- 40-100% sexual dysfunction



MY PERSONAL CANCER JOURNEY

Menopause & Sexual Health Clinic





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Protocols available on request, veronika-kolder@uiowa.edu

Call to action:

the capacity to make choices about current and future ability to function sexually is essential to the health, QOL, and personhood of females with cancer

Call to action:

the capacity to make choices about current and future ability to function sexually is essential to the health, QOL, and personhood of females with cancer

CLINICAL OPINION Gynecology ajog.org

A manifesto on the preservation of sexual function in women and girls with cancer

Stacy Tessler Lindau, MD, MAPP; Emily M. Abramsohn, MPH; Amber C. Matthews, BA

Most females with cancer have a cancer that directly affects the sexual organs

	2012 Prevalence	Percent of all cancers in females
Breast	2,990,813	40.9
Uterus	621,612	8.5
Colorectal	589,028	8.1
Cervix	249,512	3.4
Ovary	192,446	2.6
Brain	70,762	1.0
Anus	(2011) 26,298	0.4

64.9 % of cancers in females directly affect the sexual organs

2012 prevalence data from Surveillance, Epidemiology, and End Results (SEER) data, accessed 8/29/15. All sites, female, 2012 = 7,311,722

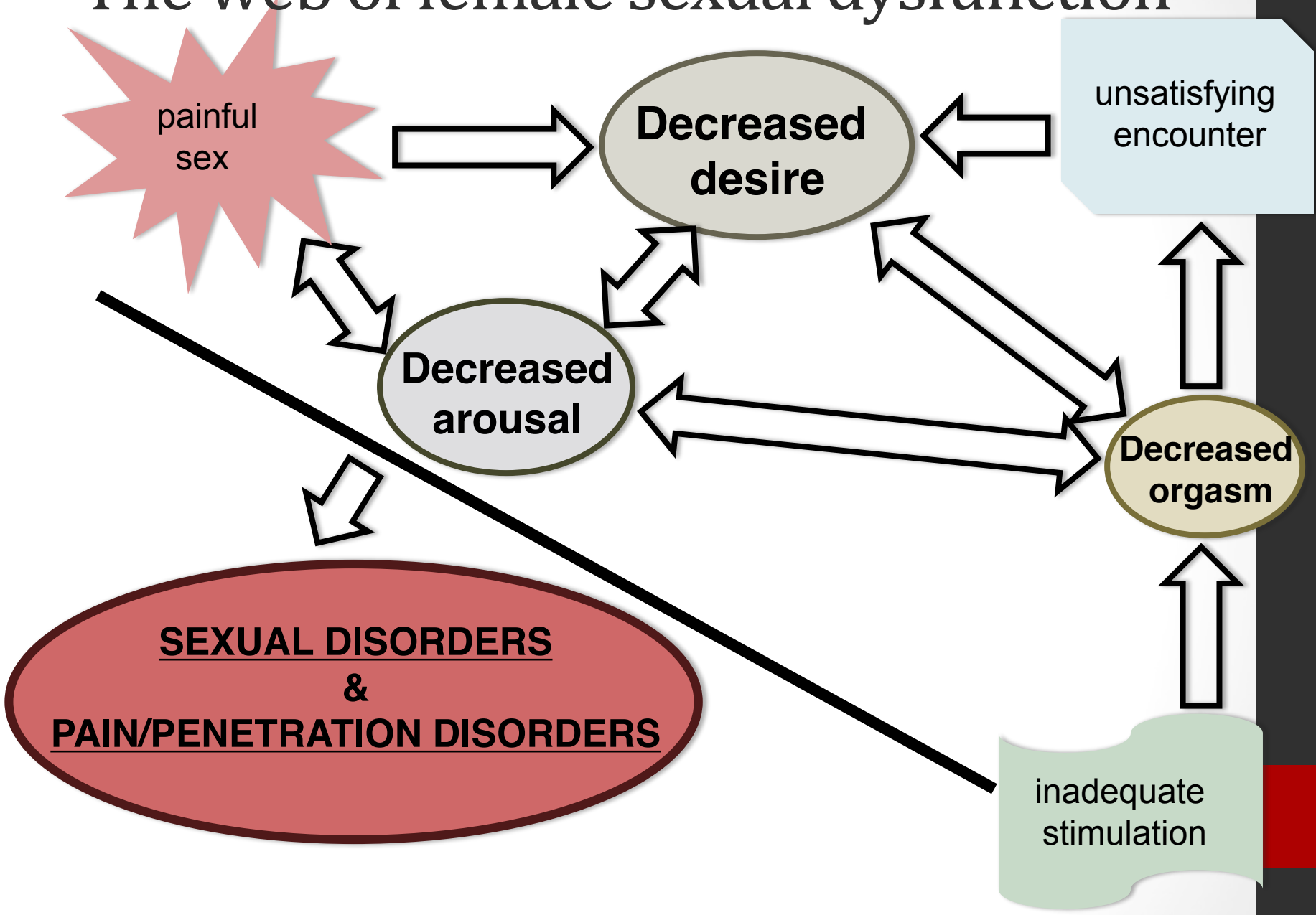
Lindau et al. DOI: 10.1016/j.ajog.2015.03.039
NCI website, http://seer.cancer.gov/csr/1975_2012/browse_csr.php

Cancer and cancer treatment can impair female sexuality

Cancer Site	Most Common Sexual Problems	Prevalence
Breast		
	Overall	30-100%
	Desire	23-64%
	Arousal/lubrication	20-48%
	Orgasm	16-36%
	Pain/dyspareunia	35-38%
	Body image concerns	30-67%
	Poor nipple sensation	>90%
Gynecologic (ovarian & cervical only)		
	Overall	≤80%
Colorectal		
	Overall	6-60%

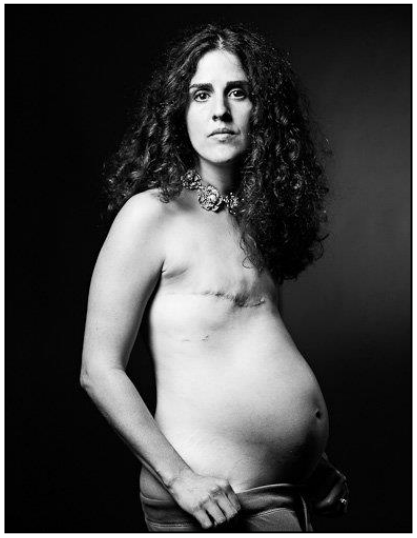
Stan et al. Hematol Oncol Clin North Am 2013;27(4):805
Bober & Varela. J Clin Onc 2012;30:3712-9

The web of female sexual dysfunction



Adapted from Phillips. Am Fam Physician 2000;62(1):127-36

Women and girls with cancer value their sexuality



Young Breast Cancer Survivors:
David Jay, The SCAR Project, 2005

Boehmer et a. J Sex Research 2014;51(6):681-9
Lindau et al. DOI: 10.1016/j.ajog.2015.03.039

Loss of sexual function has negative health consequences for females and their partners

	% Female cancer	% Female controls	RR (95% CI)	% Male Cancer	% Male Control	RR (95% CI)
Ever married	79	77	1.03 (0.97-1.09)	76	70	1.08 (0.94-1.25)
Currently married	58	65	**0.91 (0.83-0.99)**	62	61	1.03 (0.87-1.22)
Divorced/separated	21	11	**1.83 (1.49-2.25)**	13	8.2	1.57 (0.69-3.56)

2009 Behavioral Risk Factor Surveillance System database. Young female survivors age 20-39 are less likely to be married and more likely to be divorced or separated compared to controls without cancer. In male young adult cancer survivors, percent currently married and percent divorced or separated was not significantly different from male controls without cancer. N=1198 survivors (ave time since dx 7.4 years), 67063 controls. Analysis adjusted for age, race, highest attained education. Bold values are significant at $\alpha = 0.05$.

Kirchhoff et al. J Cancer Surv 2012;6(4):441-450
Karraker & Latham. J Health Soc Behav 2015;56(3):420-35

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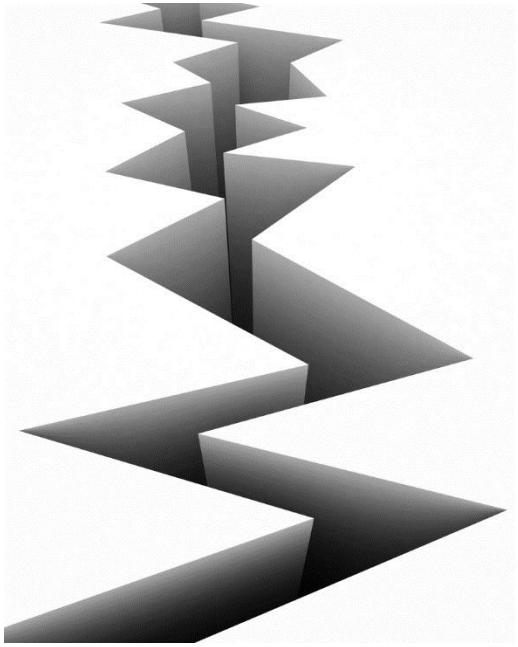
Kirchhoff et al. J Cancer Surv 2012;6(4):441-450
Karraker & Latham. J Health Soc Behav 2015;56(3):420-35

Patients want to preserve their sexuality but rarely ask for help

Providers



Patients

Tools for assessing female sexual function are available

National Comprehensive Cancer Network®

JNCCN

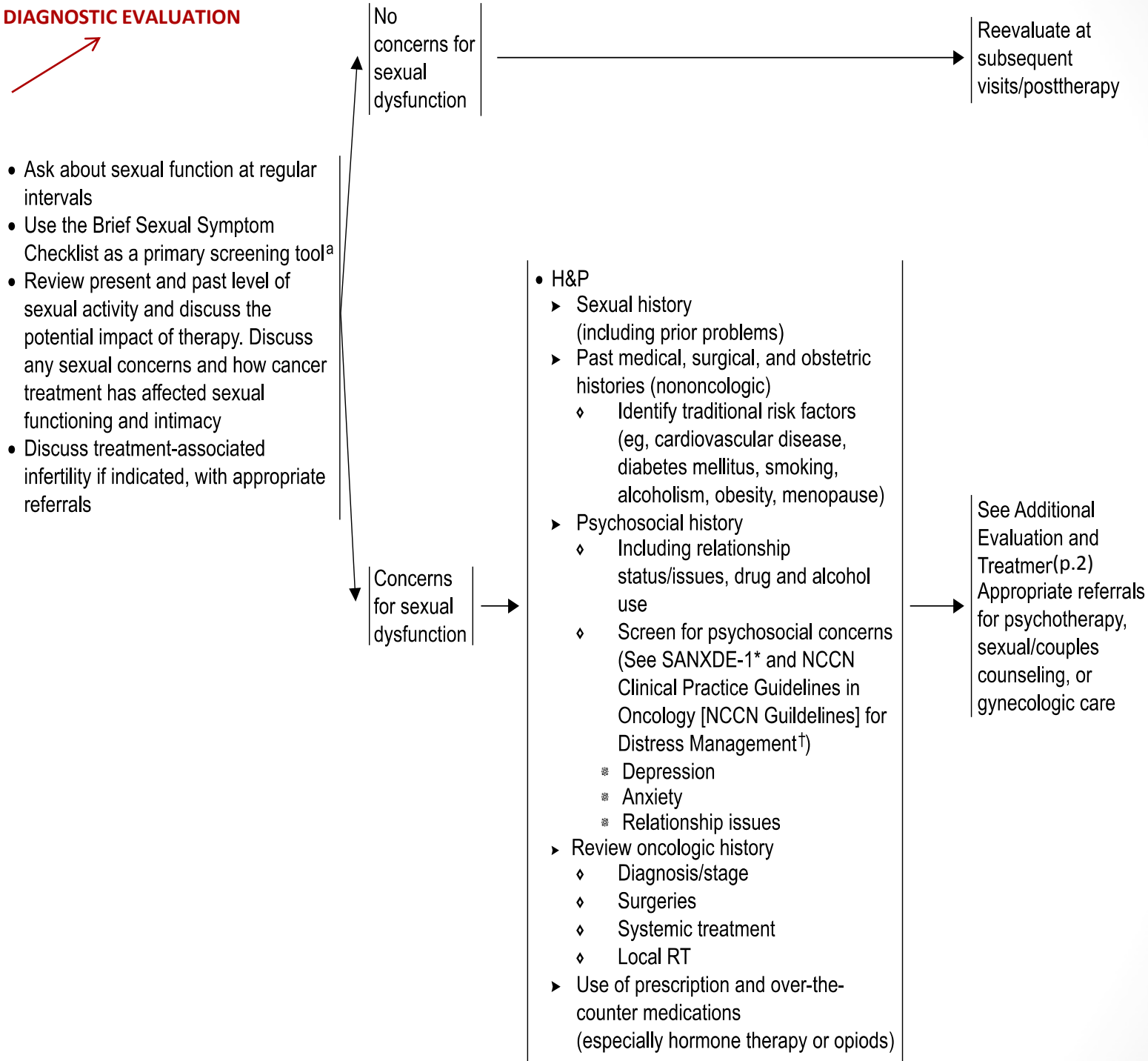
JNCCN.org

Journal of the National Comprehensive Cancer Network

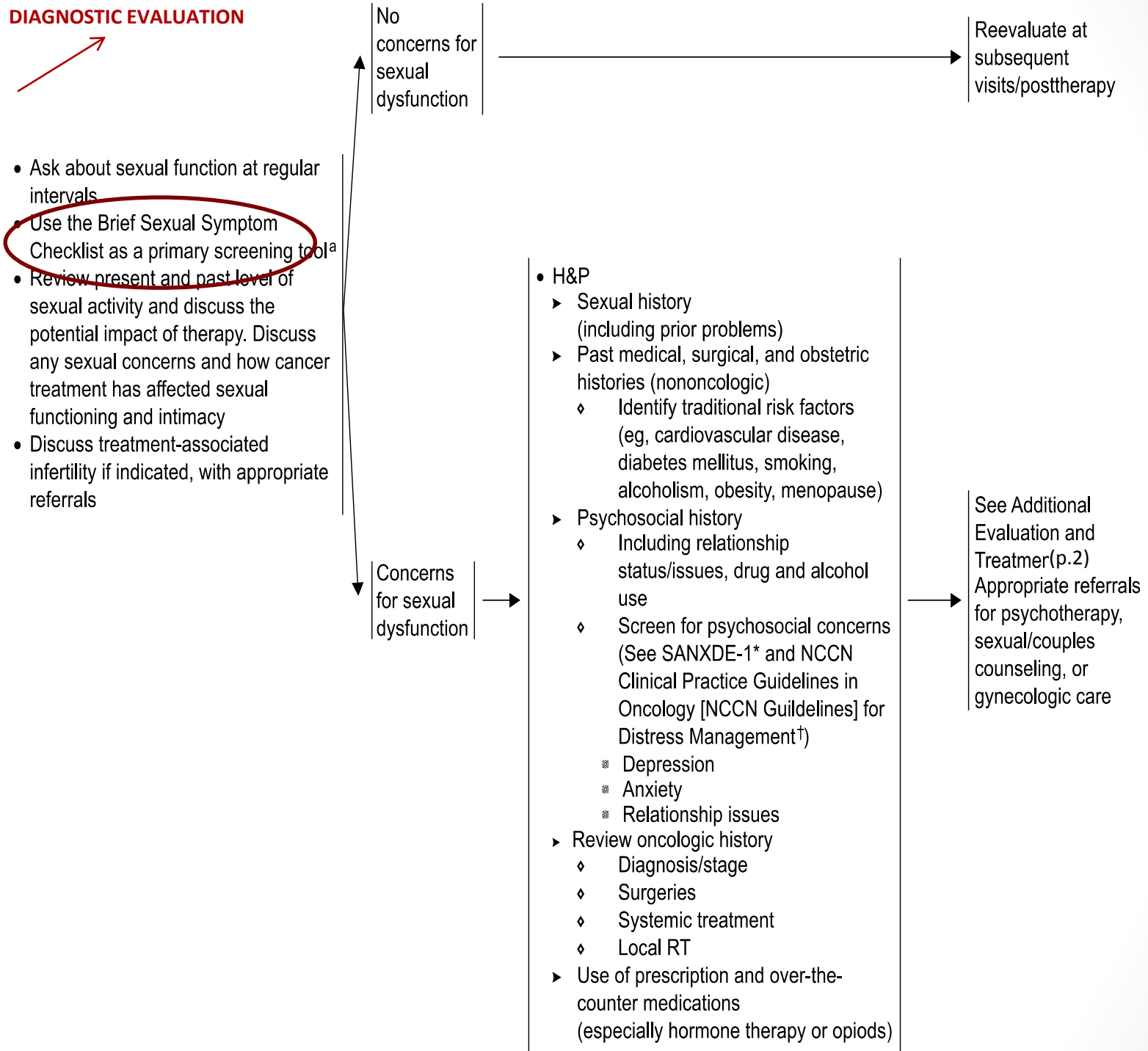
Survivorship: Sexual Dysfunction (Female), Version 1.2013

Crystal S. Denlinger, Robert W. Carlson, Madhuri Are, K. Scott Baker, Elizabeth Davis, Stephen B. Edge, Debra L. Friedman, Mindy Goldman, Lee Jones, Allison King, Elizabeth Kvale, Terry S. Langbaum, Jennifer A. Ligibel, Mary S. McCabe, Kevin T. McVary, Michelle Melisko, Jose G. Montoya, Kathi Mooney, Mary Ann Morgan, Tracey O'Connor, Electra D. Paskett, Muhammad Raza, Karen L. Syrjala, Susan G. Urba, Mark T. Wakabayashi, Phyllis Zee, Nicole McMillian and Deborah Freedman-Cass

J Natl Compr Canc Netw **2014;12:184-192**



Denlinger et al. JNCCN 2014;12(2):184-92



NCCN Guideline, p.1

Denlinger et al. JNCCN 2014;12(2):184-92

Brief Sexual Symptom Checklist

BRIEF SEXUAL SYMPTOM CHECKLIST FOR WOMEN[1]

Please answer the following questions about your overall sexual function:

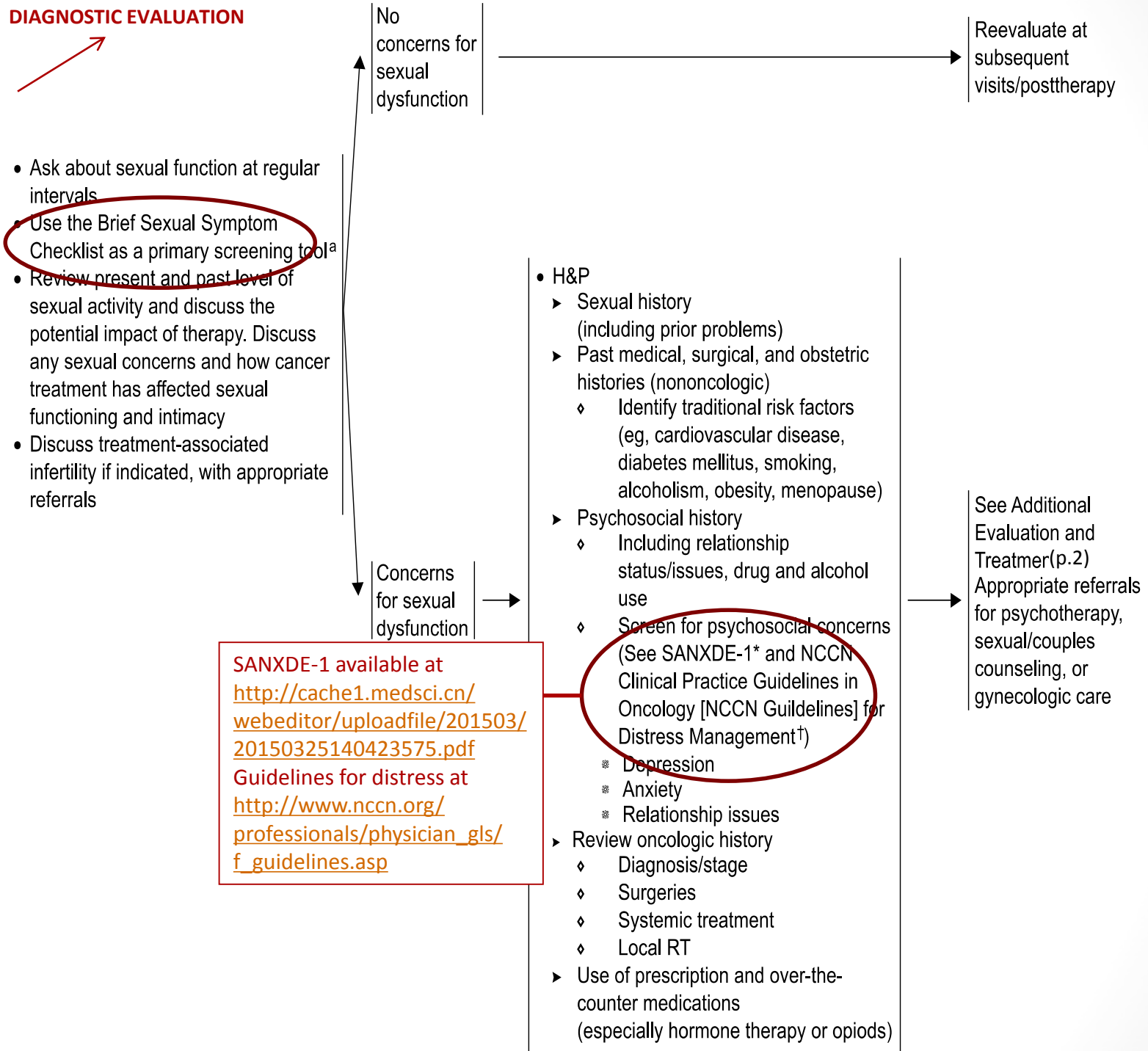
1. Are you satisfied with your sexual function?
__ Yes __No
If no, please continue.

2. How long have you been dissatisfied with your sexual function?

3a. The problem(s) with your sexual function is:
(mark one or more)
__1 Problem with little or no interest in sex
__2 Problem with decreased genital sensation (feeling)
__3 Problem with decreased vaginal lubrication (dryness)
__4 Problem reaching orgasm
__5 Problem with pain during sex
__6 Other:

3b. Which problem is most bothersome? (circle)
1 2 3 4 5 6

4. Would you like to talk about it with your doctor?
__Yes __No



NCCN Guideline, p.1

Denlinger et al. JNCCN 2014;12(2):184-92

NCCN National Comprehensive Cancer Network®

NCCN Guidelines Version 1.2015

Anxiety and Depression

http://cache1.medsci.cn/webeditor/uploadfile/201503/20150325140423575.pdf

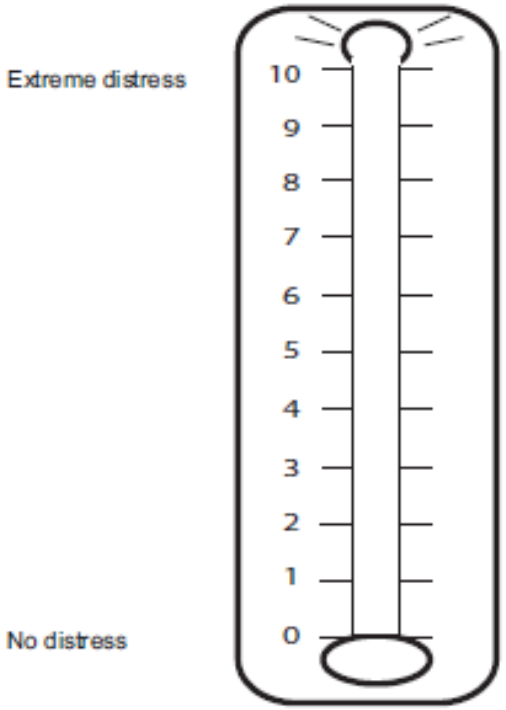
SANXDE-1

ANXIETY AND DEPRESSION SCREENING

- **Do you feel nervous, or do you worry?**
- **Do you worry that your cancer will recur?**
- **Do you have trouble controlling your worry?**
- **Do you have trouble sleeping? (eg, staying asleep, falling asleep, too much sleep)b**
- **Do you have difficulty concentrating?**
- **Do you have less interest or enjoyment in activities?**
- **Do you feel sad or depressed?**
- **Are you having difficulty performing daily activities because of these (above mentioned) feelings or problems?**

SCREENING TOOLS FOR MEASURING DISTRESS

Instructions: First, please circle the number (0-10) that best describes how much distress you have been experiencing in the past week, including today.



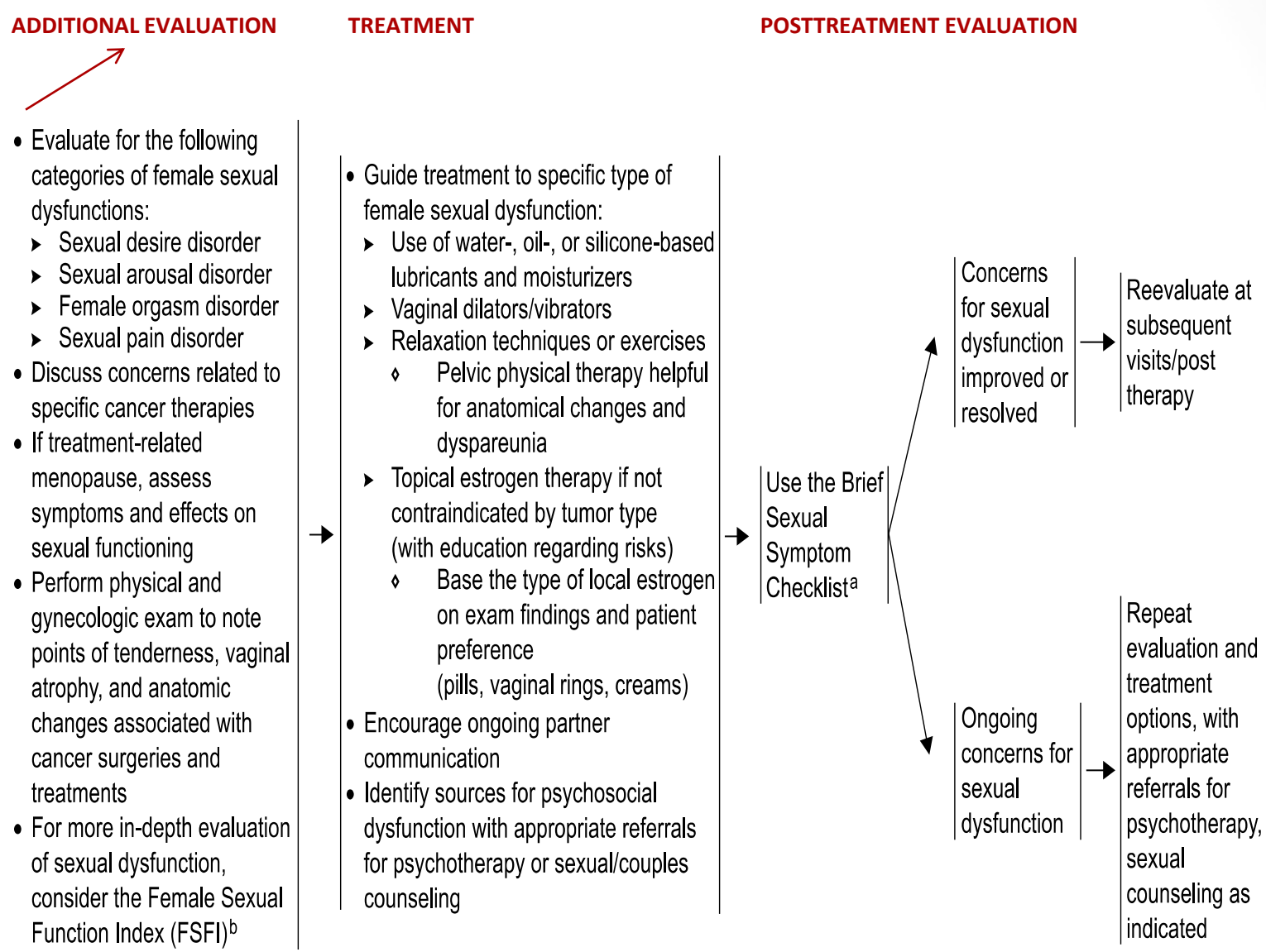
Second, please indicate if any of the following has been a problem for you in the past week, including today. Be sure to check YES or NO for each.

YES	NO	Practical Problems
☐	☐	Child care
☐	☐	Housing
☐	☐	Insurance
☐	☐	Transportation
☐	☐	Work/school
		Family Problems
☐	☐	Dealing with children
☐	☐	Dealing with partner
☐	☐	Ability to have children
		Emotional Problems
☐	☐	Depression
☐	☐	Fears
☐	☐	Nervousness
☐	☐	Sadness
☐	☐	Worry
☐	☐	Loss of interest in usual activities
☐	☐	**Spiritual/Religious Concerns**

YES	NO	Physical Problems
☐	☐	Appearance
☐	☐	Bathing/dressing
☐	☐	Breathing
☐	☐	Changes in urination
☐	☐	Constipation
☐	☐	Diarrhea
☐	☐	Eating
☐	☐	Fatigue
☐	☐	Feeling swollen
☐	☐	Fevers
☐	☐	Getting around
☐	☐	Indigestion
☐	☐	Memory/concentration
☐	☐	Mouth sores
☐	☐	Nausea
☐	☐	Nose dry/congested
☐	☐	Pain
☐	☐	Sexual
☐	☐	Skin dry/itchy
☐	☐	Sleep
☐	☐	Tingling in hands/feet

Other problems: _____

_____



NCCN Guideline, p.2

Denlinger et al. JNCCN 2014;12(2):184-92

NCCN Guideline, p.2

ADDITIONAL EVALUATION

- Evaluate for the following categories of female sexual dysfunctions:
  - Sexual desire disorder
  - Sexual arousal disorder
  - Female orgasm disorder
  - Sexual pain disorder
- Discuss concerns related to specific cancer therapies
- If treatment-related menopause, assess symptoms and effects on sexual functioning
- Perform physical and gynecologic exam to note points of tenderness, vaginal atrophy, and anatomic changes associated with cancer surgeries and treatments
- For more in-depth evaluation of sexual dysfunction, consider the Female Sexual Function Index (FSFI)[b]

TREATMENT

- Guide treatment to specific type of female sexual dysfunction:
  - Use of water-, oil-, or silicone-based lubricants and moisturizers
  - Vaginal dilators/vibrators
  - Relaxation techniques or exercises
    - Pelvic physical therapy helpful for anatomical changes and dyspareunia
  - Topical estrogen therapy if not contraindicated by tumor type (with education regarding risks)
    - Base the type of local estrogen on exam findings and patient preference (pills, vaginal rings, creams)
- Encourage ongoing partner communication
- Identify sources for psychosocial dysfunction with appropriate referrals for psychotherapy or sexual/couples counseling

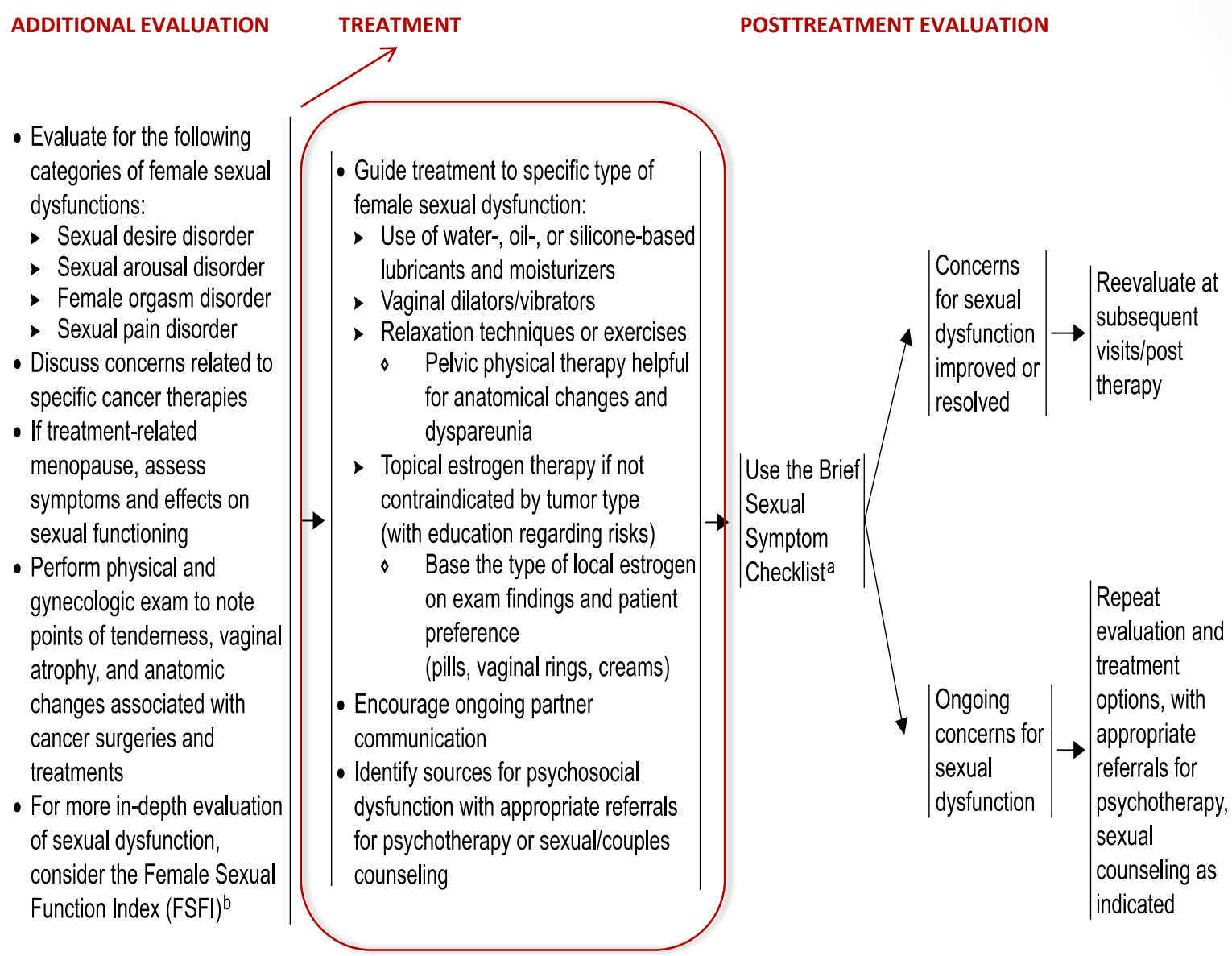
FSFI available at http://www.fsfiquestionnaire.com/

POSTTREATMENT EVALUATION

Use the Brief Sexual Symptom Checklist[a]

- Concerns for sexual dysfunction improved or resolved → Reevaluate at subsequent visits/post therapy
- Ongoing concerns for sexual dysfunction → Repeat evaluation and treatment options, with appropriate referrals for psychotherapy, sexual counseling as indicated

Denlinger et al. JNCCN 2014;12(2):184-92



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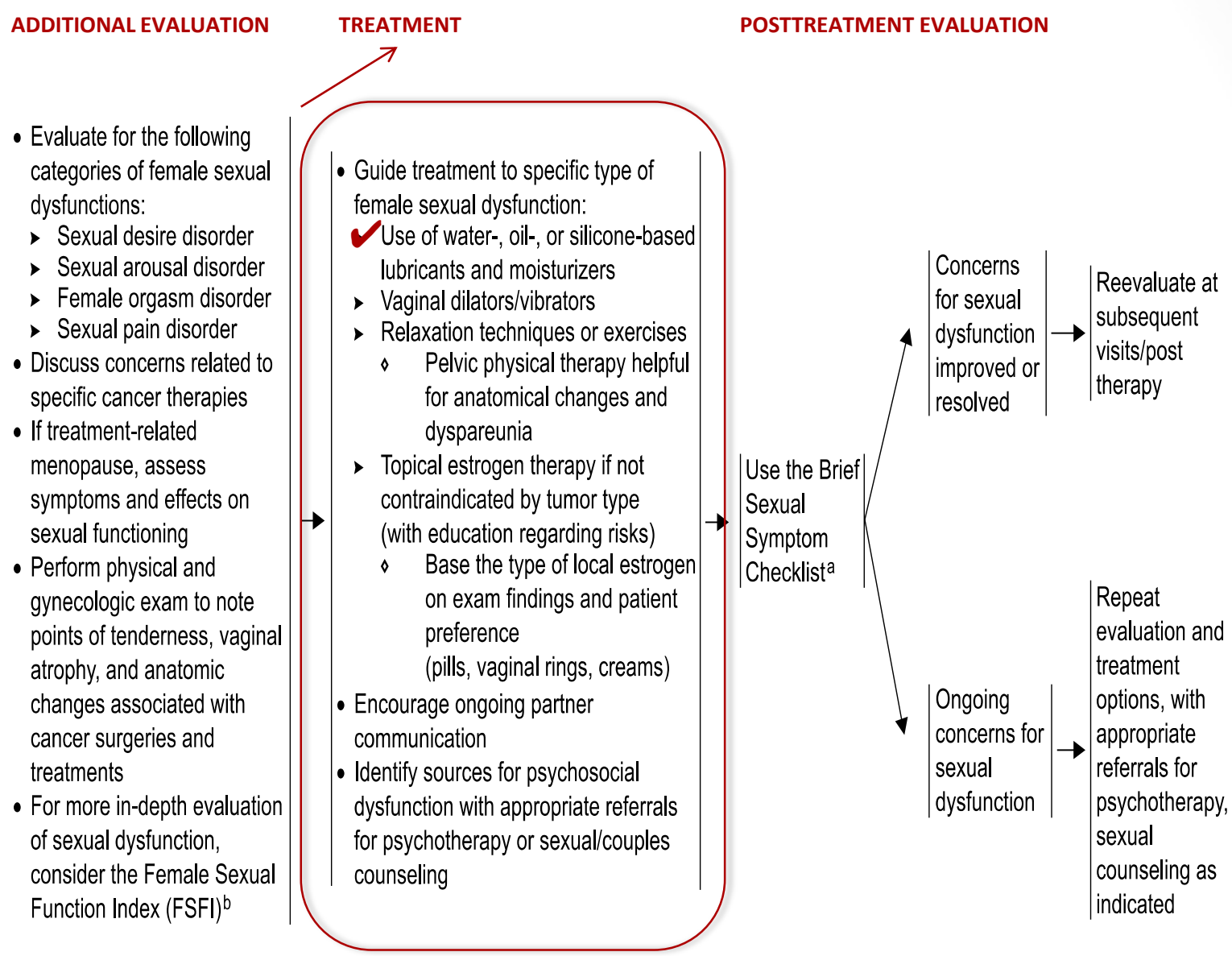

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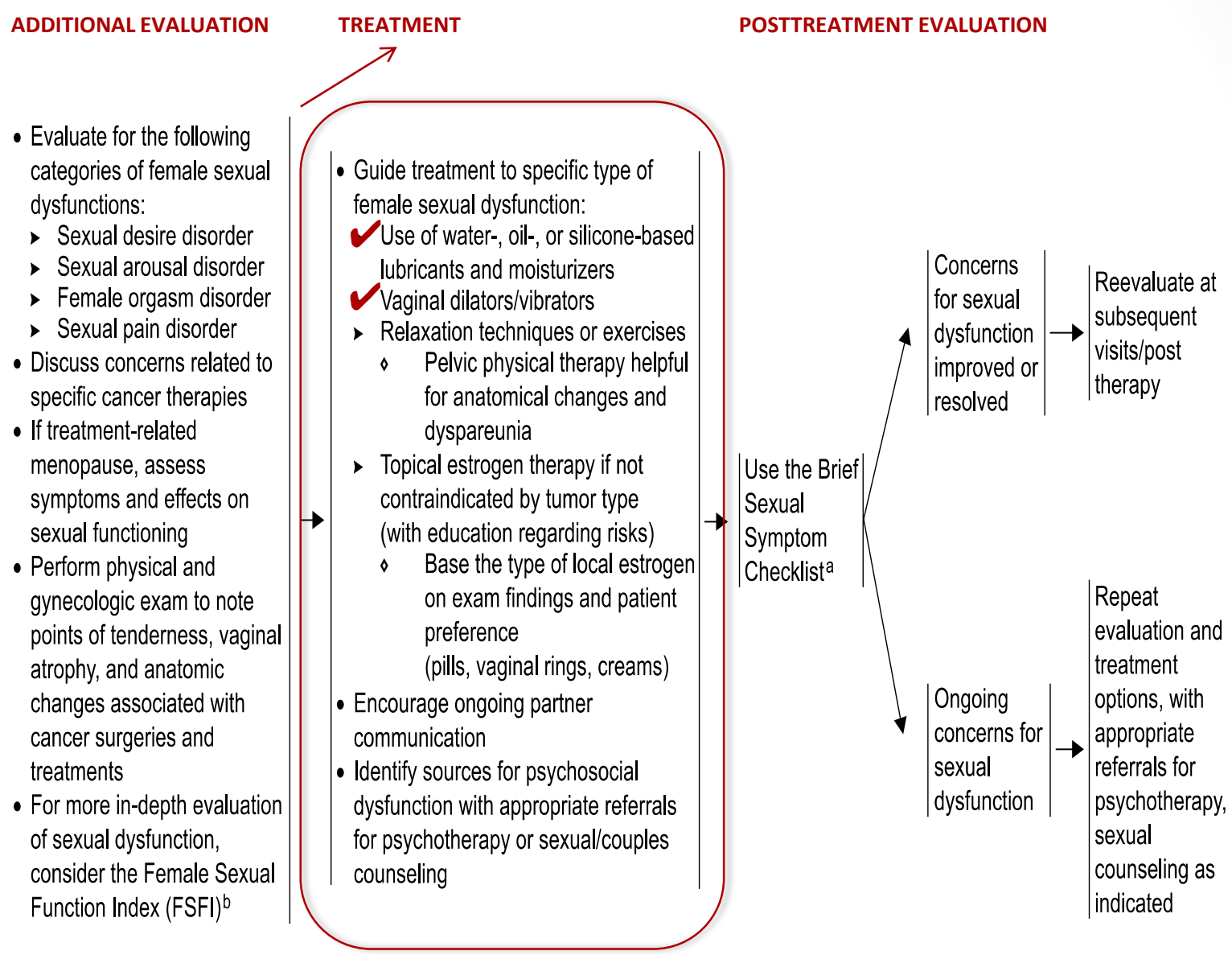

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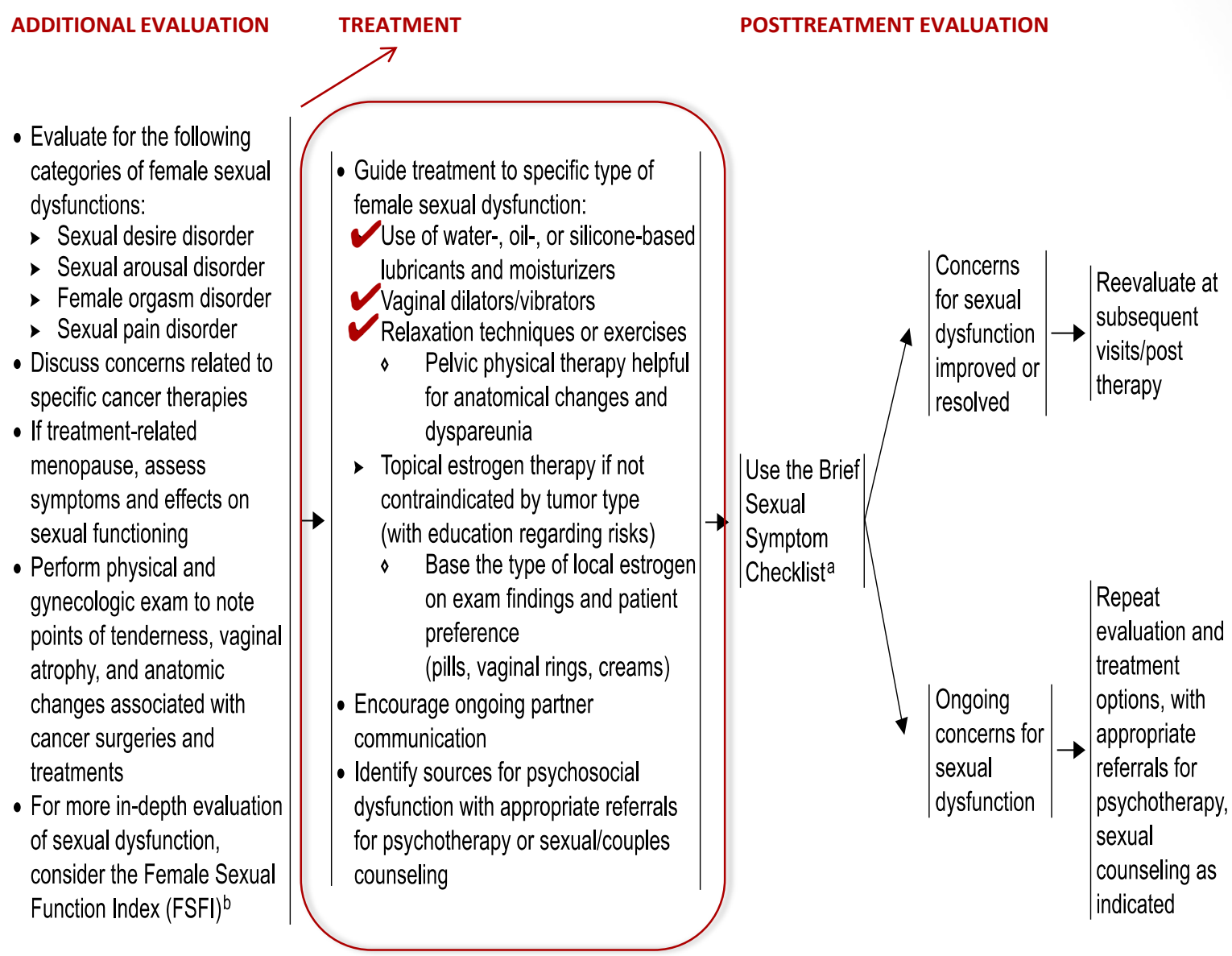

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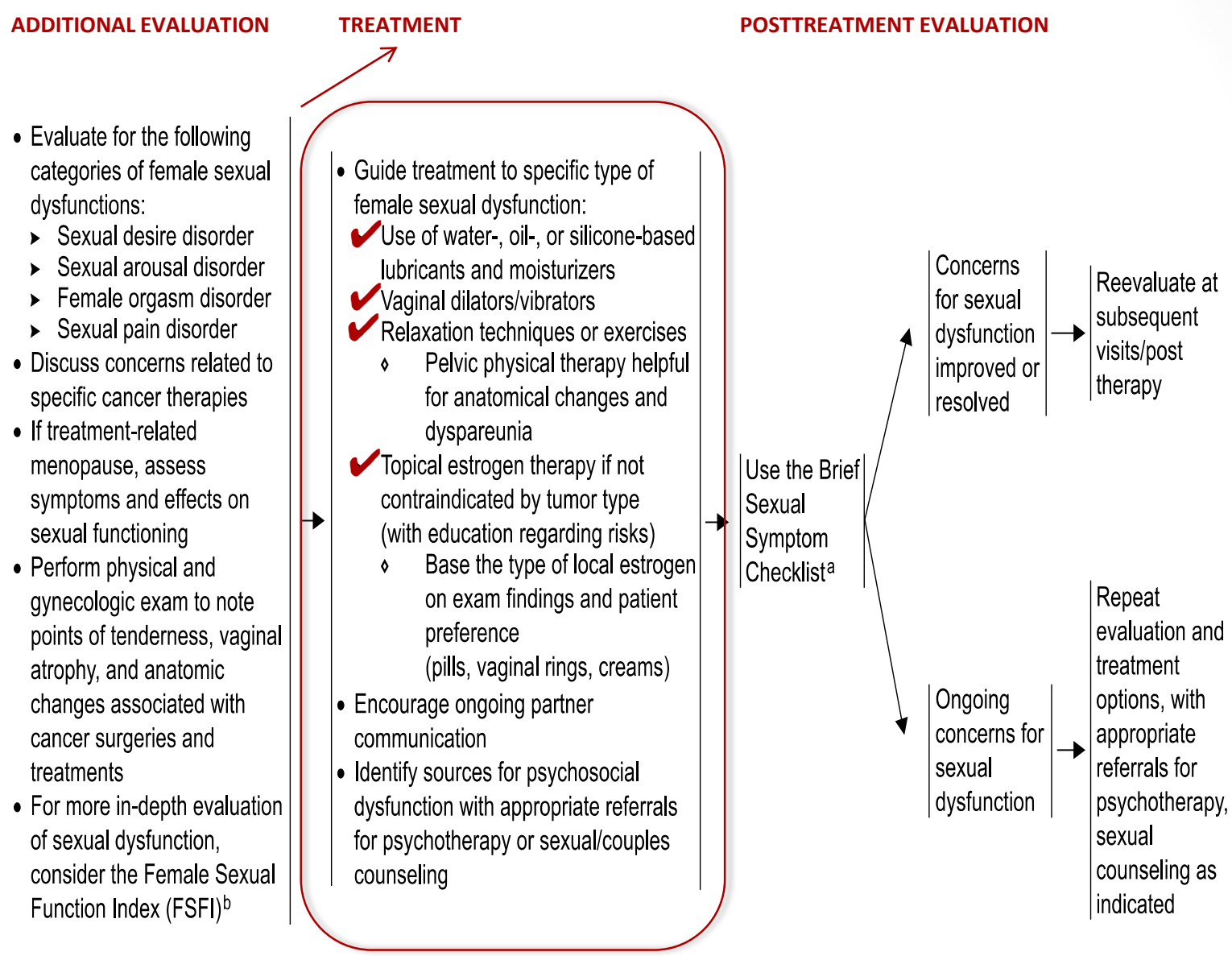

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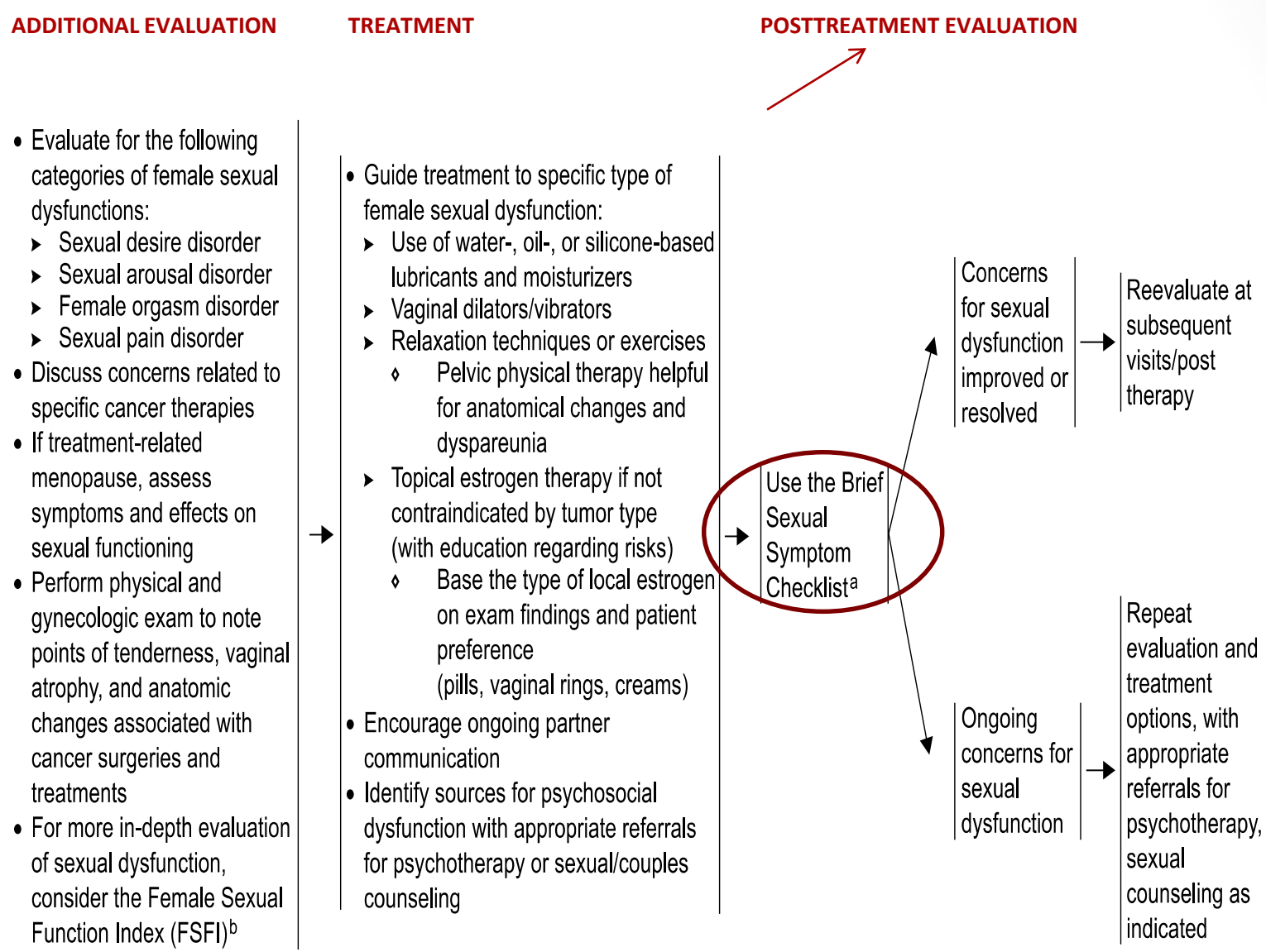

Denlinger et al. JNCCN 2014;12(2):184-92

Sexuality is an essential part of female health

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- Routinely ask about patient sexual function

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Sexuality is an essential part of female health

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- Provide anticipatory guidance
- Normalize the patient's concerns and arrange a time to focus specifically on them
- Provide resources
- Develop expertise to fill this need for care in your community

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Menopause & Sexual Health Clinic, UIHC, appointments at (319) 356-2294
veronika-kolder@uiowa.edu

Cancer Survivorship

- Bradley A. Erickson, MD

Pre-operative discussion

- Any oncologic intervention in the pelvis can lead to both short-term and long-term post-treatment sexual and urological side effects.
  - Radiation – delayed
  - Surgery – immediate
- Pre-intervention discussion generally involves discussion of cancer treatment.
- Pre-intervention sexual/urologic sequelae are rarely discussed.

Typical Prostate Cancer Patient

58 M, diagnosed with prostate cancer after undergoing prostate biopsy for elevated PSA (6.5). Biopsy showed Gleason 3+4 Prostate cancer in 3 of 12 cores. Decision to undergo robotic assisted laparoscopic prostatectomy

Prostate Cancer Risk

Your Results

Learn more about your results below.

Current Model

Extent of Disease Probability		
Indolent Cancer		N/A
Organ Confined Disease		74%
Extracapsular Extension		17%
Seminal Vesicle Invasion		4%
Lymph Node Involvement		2.6%
Primary Treatment Outcome		
Progression Free Probability after Radical Prostatectomy	5 Year	93%
	10 Year	90%
Probability of Cancer-Specific Survival	10 Year	99%
	15 Year	99%

Historical Model

Extent of Disease Probability		
Indolent Cancer		N/A
Organ Confined Disease		49%
Extracapsular Extension		40%
Seminal Vesicle Invasion		8%
Lymph Node Involvement		3%
Primary Treatment Outcome		
Progression Free Probability after Radical Prostatectomy	5 Year	83%
	10 Year	N/A

Memorial Sloan Kettering Treatment Nomogram: http://nomograms.mskcc.org/Prostate/PreTreatment.aspx

Age: 58
PSA: 6.5
Gleason 3+4
3/12 cores positive

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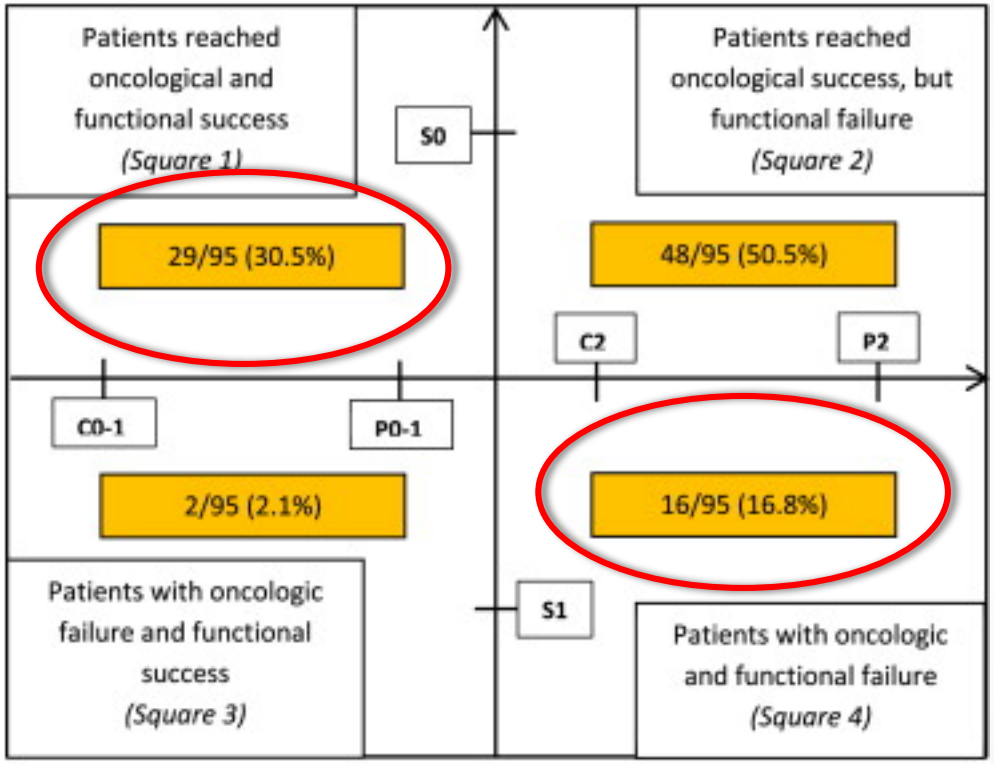
Erectile Dysfunction and Incontinence Risk?

- Historical Rates:
  - Continence = 95%
  - Potency = 70%
- Reality →



Eur J Surg Onc. 2014 Jul 18

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Prostate Cancer Treatment

- All men undergoing radical retropubic prostatectomy will experience SOME post-operative erectile dysfunction and stress incontinence
- Recovery can take YEARS
- Many men are misinformed or misunderstand

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Misinformed Patients

Patient Preoperative Expectations of Urinary, Bowel, Hormonal and Sexual Functioning Do Not Match Actual Outcomes 1 Year After Radical Prostatectomy

Daniela Wittmann,* Chang He, Michael Coelho, Brent Hollenbeck, James E. Montie and David P. Wood, Jr.†

From the Department of Urology (DW, CH, MC, BH, JEM, DPW) and Department of Social Work–Center for Sexual Health (DW), University of Michigan, Ann Arbor, Michigan

- **12% of patients expected BETTER urinary control**
- **17% of patients expected IMPROVED erections**

Surgical Treatment

- Discussion of “sparing” or “not-sparing” nerves can often lead to increased expectations of post-operative recovery.
- While “nerve-sparing” approaches increase chances of recovery, it should never be “expected”.

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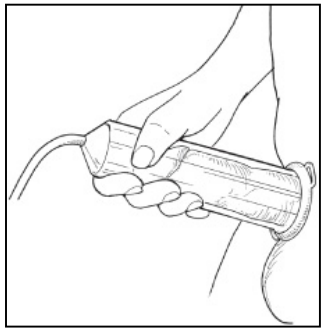
Post-Operative Rehabilitation

Post-op Rehabilitation should begin before surgery.

Good to understand keys to recovering urinary control and erections post-operatively:

- Urinary control - Kegel Exercises
- Erections - Kegel Exercises, +/- PDE-5 (e.g. Viagra) and/or Vacuum erection devices

Rehab after Knee Replacement



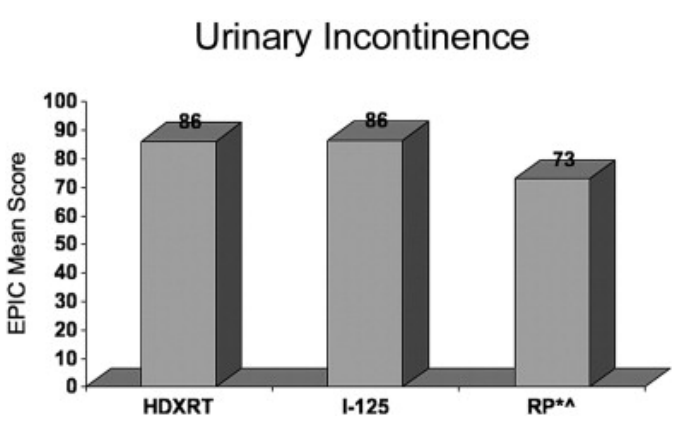
Penile Rehab after Prostatectomy

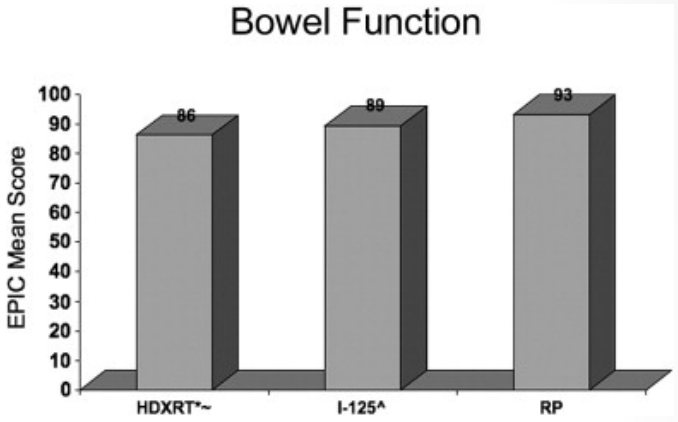
Urinary Sphincter Rehab after Prostatectomy

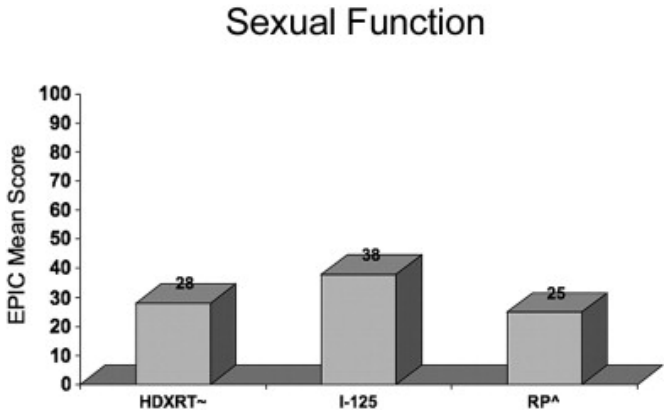
Post-Operative Regret

- Regret is common (>20% of men)
- Most influenced by post-operative erectile dysfunction and incontinence
- More common in men undergoing robotic surgery
  - Expectations are higher?
  - Marketing?

Health Related Quality of Life – Post-Treatment







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Multidisciplinary Approach to Survivorship

The effects of multidisciplinary rehabilitation: RePCa—a randomised study among primary prostate cancer patients

K B Dieperink*,[1], C Johansen[2], S Hansen[1], L Wagner[3], K K Andersen[4], L R Minet[5] and O Hansen[1]

Conclusion: Multidisciplinary rehabilitation in irradiated PCa patients improved urinary and hormonal symptoms, and SF-12 physical QoL.

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What can nursing do? – Call to action…

- Be the patient advocate
- Provide information
- Pre-operative counseling and early referrals
  - Post-operative/chemo sexual function is not a “complication” its an expectation

What about the Partner?

Survivorship After Prostate Cancer Treatment: Spouses' Quality of Life at 36 Months

Janet Harden, PhD, RN, Martin G. Sanda, MD, John Thomas Wei, MD, Hossein N. Yarandi, PhD, Larry Hembroff, PhD, Jill Hardy, BA, and Laurel Northouse, PhD, RN

Conclusions: Spouses continued to experience negative appraisal of caregiving, which affected QOL 36 months after their husbands' treatment for prostate cancer. Additional studies related to factors that influence spouse QOL during survivorship will help guide clinical practice.

Knowledge Translation: Spouses who experienced more bother related to urinary, sexual, and hormonal function experience more stress and worse QOL at 36 months post-treatment. Spouse appraisal can have a significant effect on QOL. Offering counseling to couples following treatment for prostate cancer many improve QOL by helping couples manage relationship intimacy.

Conclusions

- Prostate Cancer treatment is very successful at managing prostate cancer with high cancer specific survival
- With prolonged survival after CAP treatment, survivorship issues specific to CAP (e.g. ED and incontinence) become more important
- Perioperative counseling focuses on the cancer
- Rehabilitation can help, but ED and incontinence are COMMON and UNDERREPORTED/APPRECIATED
- A team approach that begins pre-op is ideal
- It STARTS WITH NURSES!!!!!

Points To Remember

- Sexual health issues are common as a result of many cancer treatments
- Patients want medical teams to address this topic, set expectations and provide resources
- Treatment can impact the outcome if addressed early
- Sexual health issues=Medical issues=Quality of life issues
- Loss of Sexual functioning has consequences on intimate relationships
- There are resources to address issues for providers and patients (www.aftercancer.co)
- Patients need your help, guidance and support

Adapted from Bober & Varela. J Clin Onc 2012;30:3712-9

Addressing Sexual Health Issues with Patients

Q&A