

Evidence-based overview

Communication about
female sexual health in oncology



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Objectives

- Discuss the evidence supporting the need for communication about sexual health in oncology
- Review national guidance related to sexual health care of patients impacted by cancer

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

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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.

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

	2015 Prevalence	Percent of all cancers in females	
Breast	3,418,124		42.3
Uterus	727,200	66.2 % of cancers in females directly affect the sexual organs	9.0
Colorectal	670,194		8.3
Cervix	257,524		3.2
Ovary	224,940		2.8
Brain	20,333		0.3
Anus	(2011) 26,298		0.3

2015 prevalence data from Surveillance, Epidemiology, and End Results (SEER) data, accessed 5-23-18. All sites, female, 2015 = 8,079,604

Cancer and cancer treatments 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%

THE

DECREASED DESIRE

ANXIETY RELATED TO CANCER
FATIGUE
CANCER RELATED STRESS
BODY IMAGE PROBLEMS
FEAR THAT CANCER CONTAGIOUS/RECURRENCE
MEMORY AND CONCENTRATION PROBLEMS

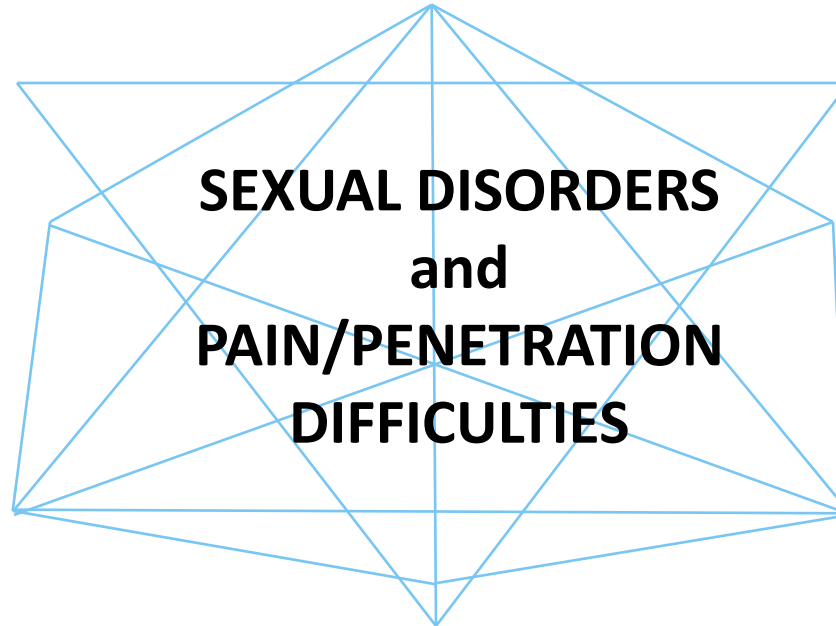
WEB

PAINFUL SEX

NERVE DAMAGE
VULVOVAGINAL ATROPHY
VAGINAL STENOSIS
INABILITY FOR PENETRATION
PAIN WITH GENITAL TOUCH
VULNERABILITY TO INFECTION
PELVIC FLOOR HYPERTONUS
VAGINISMUS

UNSATISFYING ENCOUNTER

PARTNER ROLE/CHANGE CAREGIVING
PARTNER ROLE UNCERTAINTY
PARTNER FEAR OF HARMING
PARTNER STRESS
SEXUAL SCRIPT UNCERTAINTY
EXCESSIVE FOCUS ON
INTERCOURSE/ORGASM
UNRESOLVED RELATIONAL CONFLICT



STIMULATION PROBLEMS

DECREASED STAMINA
SKIN SENSITIVITY CHANGES
SEXUAL SCRIPT CHANGES
PARTNER SEXUAL DYSFUNCTION
PARTNER COMMUNICATION PROBLEMS

DECREASED AROUSAL

DECREASED LUBRICATION
HORMONE CHANGE

DECREASED ORGASM

LOSS OF GENITAL SKIN SENSIVITY
GENITAL SKIN HYPERSENSITIVITY
PARTNER COMMUNICATION PROBLEMS
NUMBNESS
ANTIDEPRESSANT THERAPY EFFECT

OF

FSD

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

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Women and girls with cancer value their sexuality



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

Loss of sexual function has negative consequences for young adults

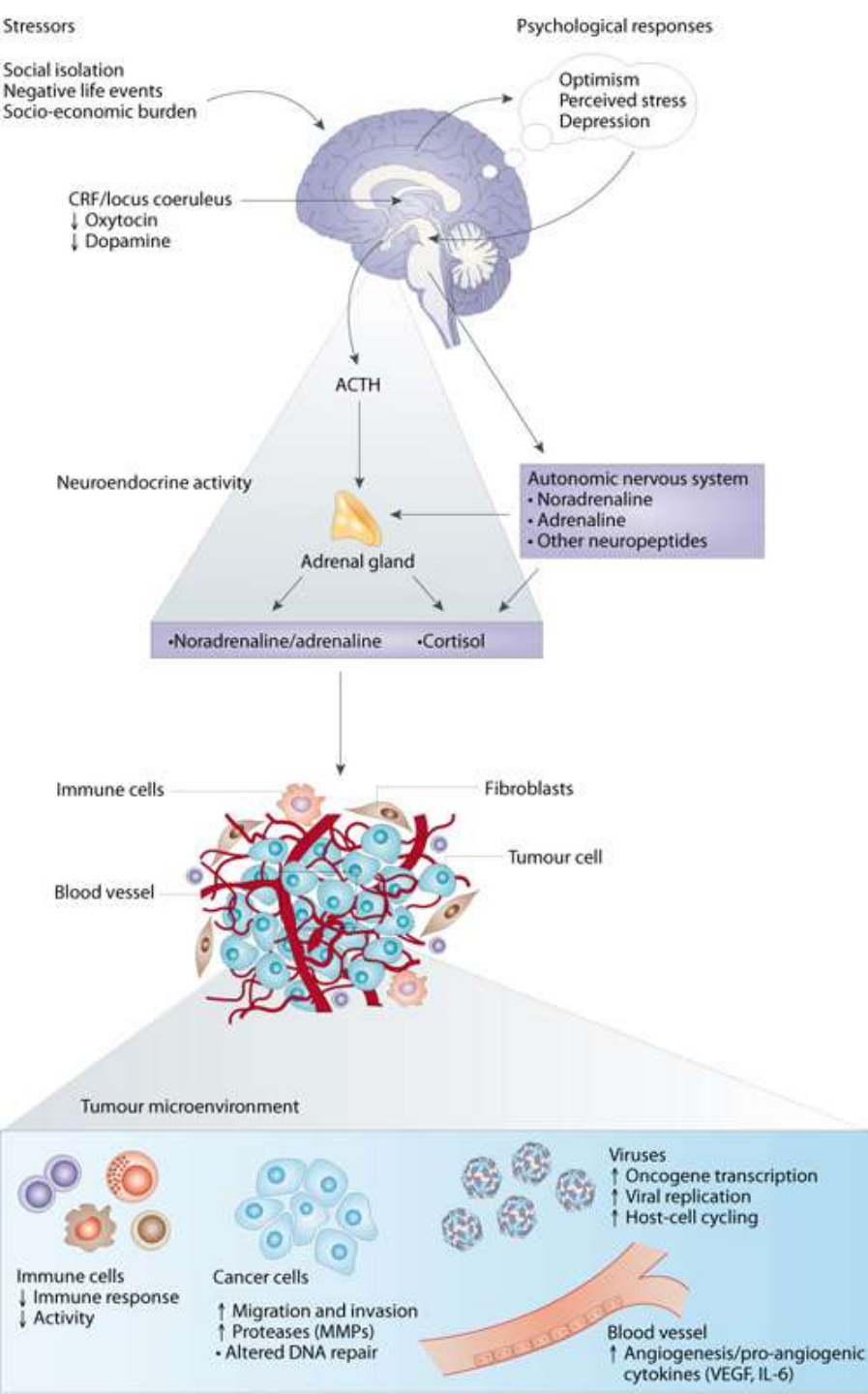
2018 US systematic review of 21 studies of the impact of cancer on romantic relationships among adults aged 18-45 years

- Young adults with a cancer history encounter significant challenges to establishing and maintaining relationships
 - When and how to disclose cancer history
 - Delay in initiating first romantic relationships
 - Fewer romantic relationships than peers
 - Less likely to be married
- Concluded that challenges are multifactorial
 - Effects of cancer treatment (cognitive function, physical function, sexual intimacy, fertility)
 - Stigmatization by others
 - Deficits in relationship skills

Loss of sexual function has negative consequences for females

	% 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 $\alpha = 0.05$.



Bio-behavioral model of tumor biology

- Stress and lack of social support effect the tumor microenvironment and are associated with cancer progression
- Dr. Lutgendorf's contributions in the field of ovarian cancer
 - Lack of social support
 - ↓ Natural killer cell activity
 - ↑ VEGF, IL-6



Sexual issues go unaddressed for many cancer survivors, particularly females

- 2017 Fox Chase Cancer Center systematic review
- 29 studies from 10 countries
- Prevalence of discussing potential treatment effects on sexual function
 - 88% when reported by providers
 - 50% when reported by patients
 - When patient responses were analyzed by sex
 - 60% of male patients reported discussions
 - 28% of female patients reported discussions



Patients want to preserve their sexuality but rarely ask for help

Providers



Patients

Providers who fail to initiate discussions of sexual outcomes related to cancer and its treatment signal to the patient that

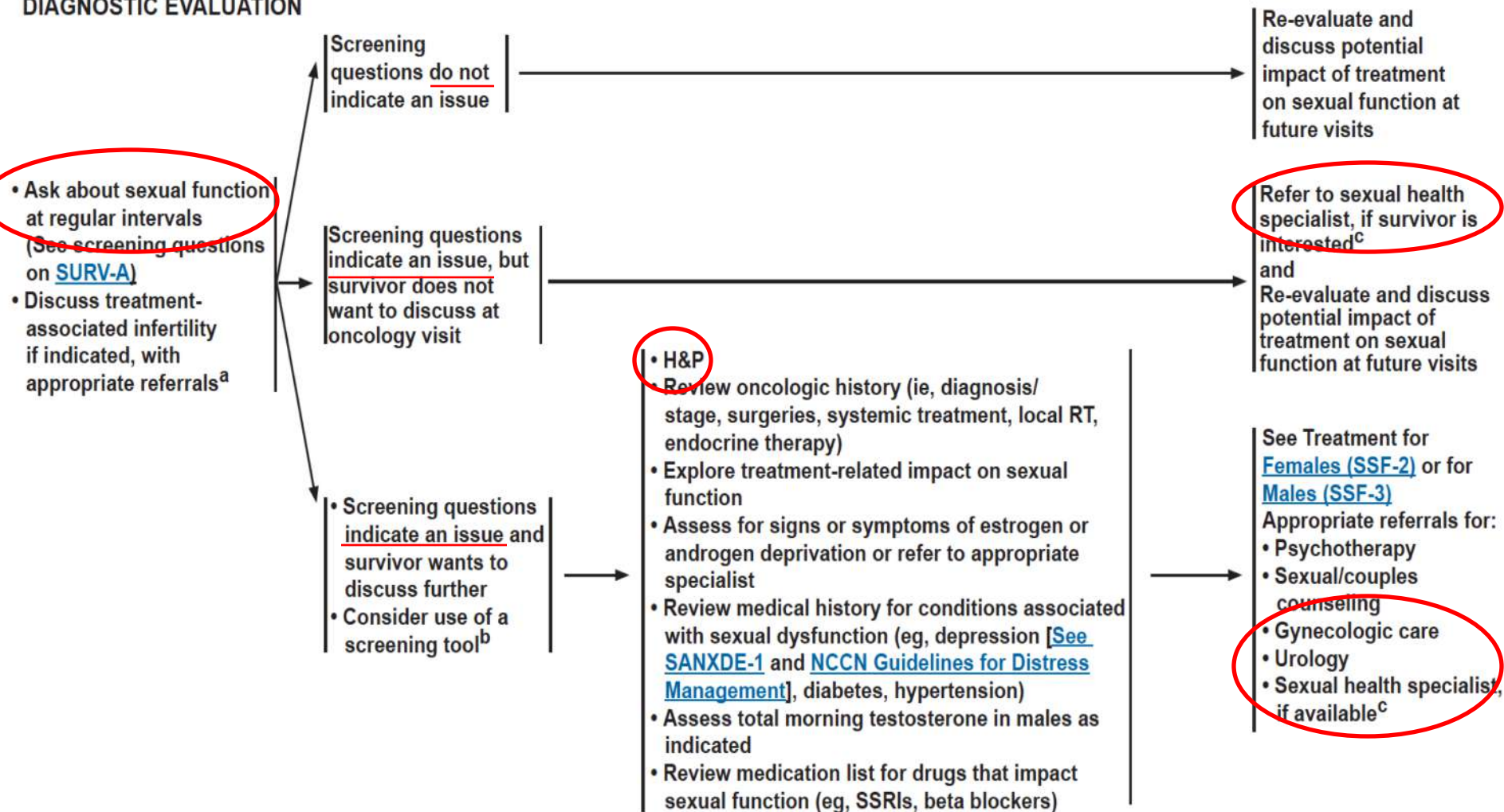
- such discussions are not relevant, appropriate, or welcome
- sexual problems after cancer are rare

Women who experience unexpected sexual problems

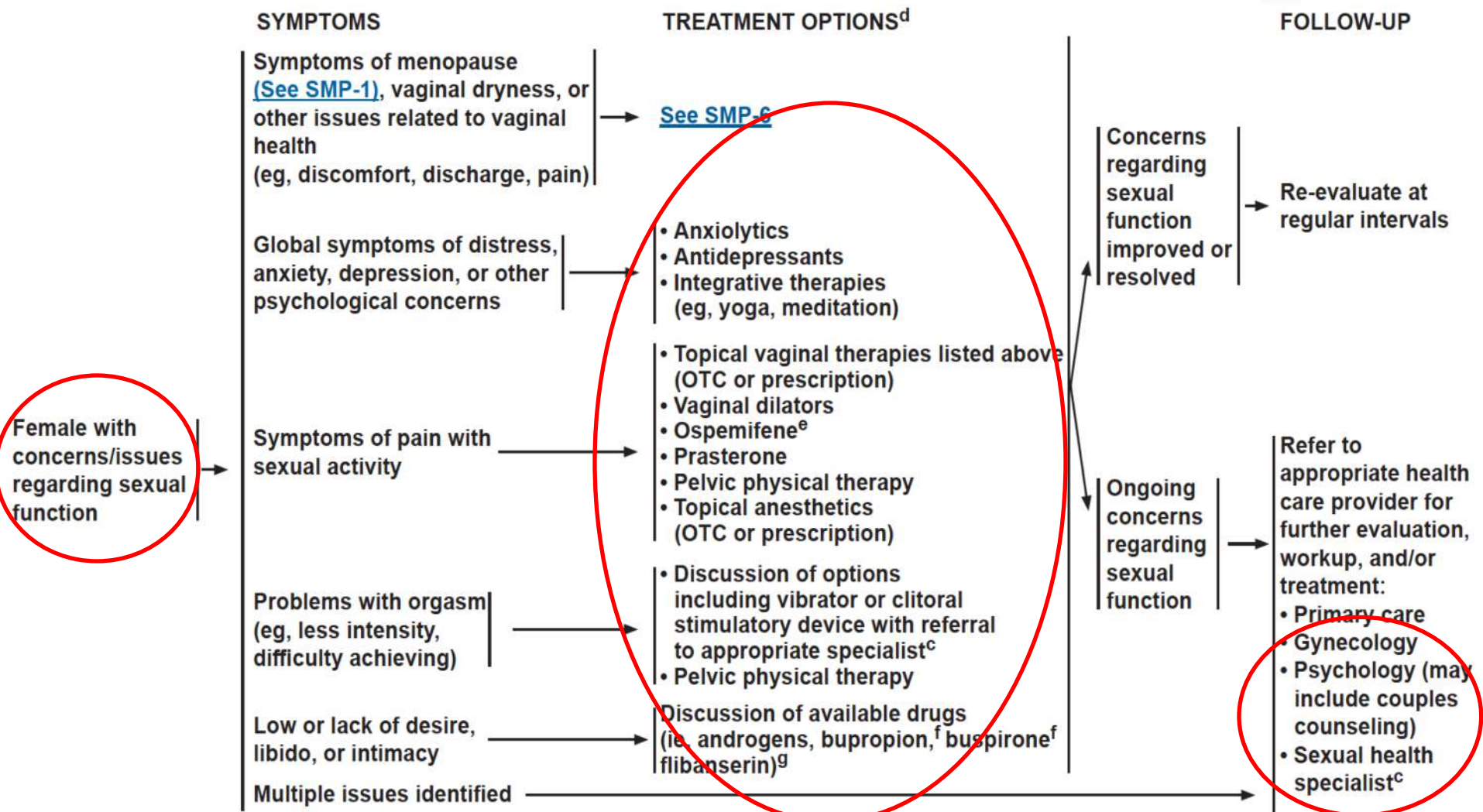
- believe they are alone
- feel ashamed
- experience guilt
- assume problems are 'in my head' or the result of 'not trying hard enough'

NCCN Guidelines Version 1.2017 Sexual Function (Female and Male)

DIAGNOSTIC EVALUATION



NCCN Guidelines Version 1.2017 Sexual Function (Female and Male)



BRIEF SEXUAL SYMPTOM CHECKLIST FOR WOMEN¹

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

National guidance is available



- <https://oncolife.oncolink.org>
- Create your own survivorship care plan based on demographic information, cancer type, and treatment type
- Available in English and Spanish
- Includes paragraphs on sexual and vaginal health

Interventions to Address Sexual Problems in People With Cancer: American Society of Clinical Oncology Clinical Practice Guideline Adaptation of Cancer Care Ontario Guideline

Jeanne Carter, Christina Lacchetti, Barbara L. Andersen, Debra L. Barton, Sage Bolte, Shari Damast, Michael A. Diefenbach, Katherine DuHamel, Judith Florendo, Patricia A. Ganz, Shari Goldfarb, Sigrun Hallmeyer, David M. Kushner, and Julia H. Rowland

“Recommendation 1. It is recommended that there be a discussion with the patient, initiated by a member of the health care team, regarding sexual health and dysfunction resulting from the cancer or its treatment. The conversation *could* include the patient’s partner, *only if the patient so wishes*. This issue should be raised with the individual at the time of diagnosis and continue to be reassessed periodically throughout follow-up. The Expert Panel believes that this is a vital recommendation. The recommendations that follow cannot be used unless someone has taken the initiative to ask.”

Sexual health communication skills are learned



Resources (alphabetical)

- Bosse et al. Integrating sexual minority health issues into a health assessment class. J Prof Nurs 2015;31(6):498-507 [see key questions p. 502]
- Bober & Varela. Sexuality in adult cancer survivors: challenges and intervention. J Clin Onc 2012;30:3712-9
- Calgary Cambridge guide to the medical interview-communication process, contains links and the 71 communication skills http://www.gp-training.net/training/communication_skills/calgary/guide.htm
- Hatzichristou et al. Diagnosing sexual dysfunction in men and women: sexual history taking and the role of symptom scales and questionnaires. J Sex Med 2016;13:1166-82 [see section on sexual history for oncology-related questions, p. 1168-70]
- Kurtz et al. Teaching and Learning Communication Skills in Medicine, 2nd ed., CRC Press, 2005 [Calgary Cambridge model]
- Park et al. Sexual health communication during cancer care. The Cancer J 2009;15(1):74-7 [5 A's model]
- Preti et al. From How to Address Sexual Problems in Female Cancer Patient, Oncology 2017;31(4), April 15, 2017
- Silverman et al. Skills for Communicating with Patients, 3rd ed., CRC Press, 2013 [Calgary Cambridge model]
- Wang et al. Female sexual health training for oncology providers: new applications. Sex Med 2015;3:189-97 [CARD model, see components of targeted sexual health training for breast cancer, table 1, p.191]
- Woods et al. Human immunodeficiency virus, other sexually transmitted infections, and sexual and reproductive health in lesbian, gay, bisexual, transgender youth. Pediatr Clin North Am 2016;63(6):1027-55 [see sexual history questions, p. 1031]

Models adapted to or developed for sexual health communication in oncology

- 5 A's: Fiore, et al. Treating tobacco use and dependence In Clinical Practice Guideline. Rockville, MD: US Dept HHS, Public Health Service 2000 and Park et al. Cancer J 2009;15(1):74-7
- BETTER: Hordren. Cancer Nurs 2008;31(2):E2-E17 and Mick et al. Clin J Onc Nurs 2004;8(1):84-6
- BLISS: Smith MC et al., J Nurs Scholarsh 2002;34:257-62 & European Society for Sexual Medicine, Cancer, Intimacy and Sexuality: A Practical Approach, 2017, p. 282-4
- CARD: Wang et al. Sex Med 2015;3:189-97
- PLISSIT: Annon J. The Behavioural Treatment of Sexual Problems. Honolulu, HI, Enabling Systems, 1974 and Katz A. J Clin Oncol 2005;23(1):238-41