

Gynecologic cancer: Sexual impacts

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Objectives

- Describe the sexual side effects of gynecologic cancers
- Identify evidence-based management strategies
- Highlight communication strategies to facilitate assessment

Sexual side effects (de Souza et al 2021 Cancer Investigation)

- Anatomical changes
 - Vaginal shortening and stenosis
- Genitourinary syndrome of menopause (GSM)
 - Atrophy
 - Dyspareunia
- Anorgasmia
- Loss of libido
- Incontinence and UTIs

Emotional side effects

- **Depression** (Ioanna 2019 Jnl Sex Mar Ther)
- **Reduced sexual satisfaction [65% before treatment; 28% after]** (Hubbset al 2019 Support Care Cancer)
- **Negative impact on relationship** (Carroll et al 2018 Support Care Cancer)
- **Fear (recurrence, pain, abandonment)**

Integrative Biopsychosocial Model (Bober & Varela 2012 JCO)

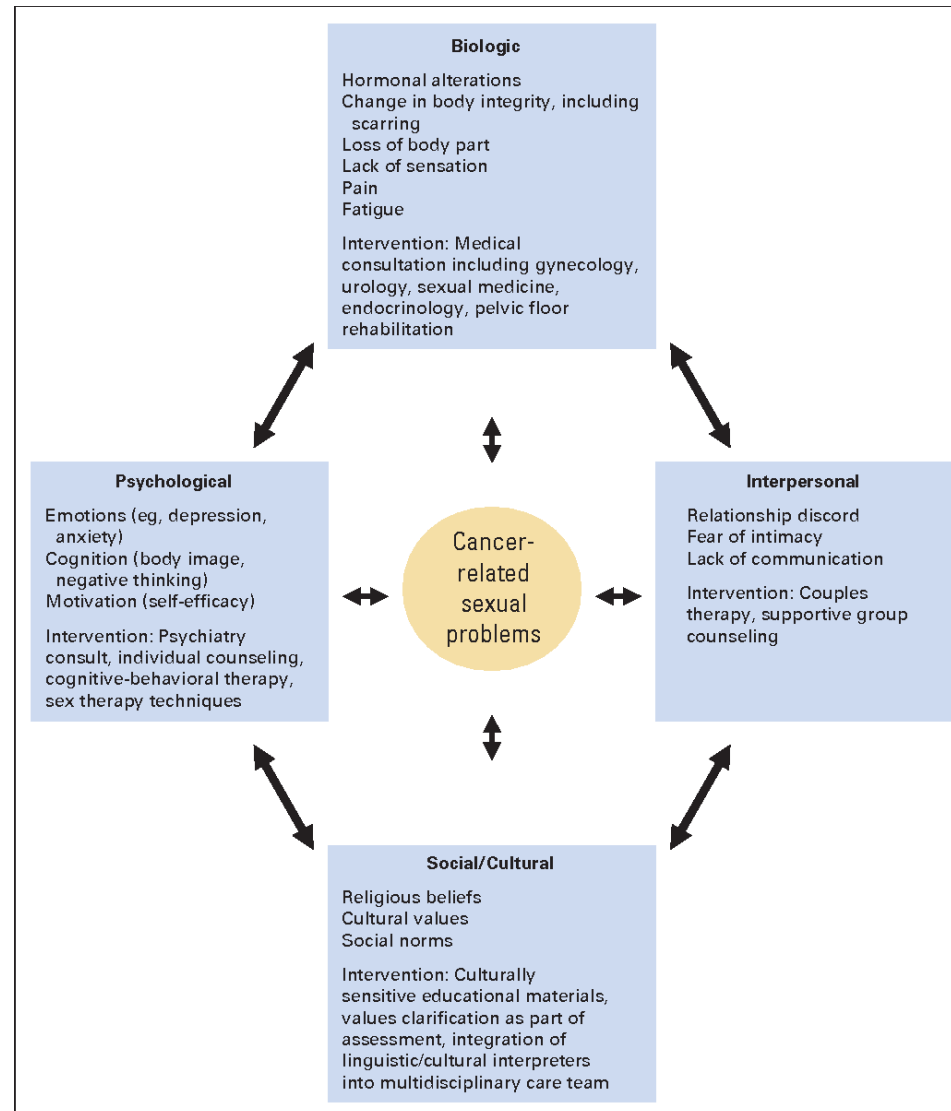


Fig 1.
model for

Interventions

- Pelvic floor physiotherapy
 - Manual therapy + exercises + education (Cyr et al 2020 Gyn Onc)
 - Exercises + counseling + yoga (Brennan et al 2020 Phys Ther)

Interventions

- Dilators

- No official guidelines
 - Introduce discussion early in treatment
 - Make dilators easily accessible
 - Emphasize health maintenance
 - Explore and acknowledge values and views on sexuality
 - Be aware and sensitive to emotional response
 - Ensure consistent institutional practice
- Routine use in women < 70 years who are sexually active
- Start around 4 weeks after radiation
- Use 2 -3 times a week *
- Use for 9 – 12 months

Cullen et al 2013 Support Care Cancer
Bakker et al 2014 Int J Gynecol Cancer

EMBRACE study (Austria)

Cervical cancer N = 1,416

Locally advanced Cx cancer

Median age 49 years

Regular dilator or sexual activity (64%)

associated with **lower risk for ≥ Grade 2 vaginal shortening and narrowing** at 5 years

Increased risk for mild (Grade 1 dryness & bleeding)

Kirchheiner et al (2023) Abstract presented at ASTRO

Interventions

- Moisturizers and lubricants
- DHEA?
- Low dose estradiol
- 4% aqueous lidocaine

Carter et al (2019) JCO

Febrina et al (2022) Menopause

Goetsch 2015

Interventions (Arring, Barton & Reese 2023 JCO)

- Psychosexual counseling
- Psychoeducation
- Couple-based psychosexual counseling

Interventions

- Medications
 - Local estradiol for GSM
 - MHT for non-hormonal cancers
- AVOID
 - Laser and energy devices
 - 'Natural remedies'

Unmet needs of women with GYN cancers

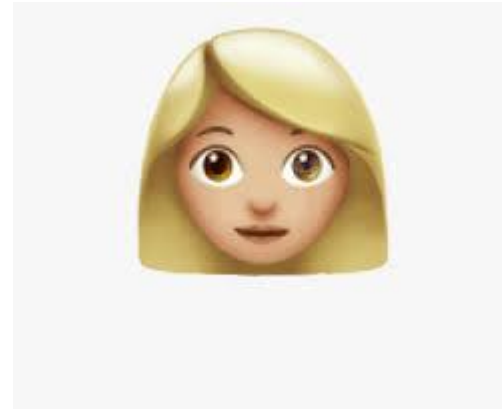
(Hunter Chapman et al (2018))

- 89.8% met definition of sexual dysfunction
- 78.7% said sexual function is important
- 62.8% want providers to assess regularly
- 12% reported embarrassment with discussion

Communication (Dai et al 2020 J Sex Med)

- Patient barriers
 - Embarrassment
 - Stigma
 - Cultural beliefs
 - Lower priority
 - Limitations of resources
 - Perceived discomfort of health care provider!
 - Communication style of health care provider

Barriers....



Communication (Dai et al 2020 J Sex Med)

- Patient facilitators
 - Health care provider initiation of discussion
 - Concrete, personalized strategies
 - Availability of information in multiple formats
 - Appropriate timing of information

Barriers for health care providers

- Lack of time in busy clinic
- Lack of privacy
- Lack of knowledge
- Personal and professional values and beliefs
- Lack of knowledge about referrals
- [Fear of litigation]

Guidelines

- SOGC *
- American Society of Clinical Oncology
- National Comprehensive Cancer Network (NCCN)
- North American Menopause Society
- Oncology Nursing Society
- The American College of Obstetricians and Gynecologists

* Unable to access guidelines

Patient-provider communication

- Prevalence of discussion about sexual changes after treatment
 - Providers 88%
 - Patients 60% men; 28% women
- Assessing sexual concerns
 - 10% patients
 - 21% providers
- Offering treatments for sexual changes
 - 22% patients
 - 17% providers

COMMUNICATION

AFFECTIVE + RELATIONAL



INSTRUMENTAL + TECHNICAL

Affective and relational communication



- ✓ Understand the patient's situation, perspectives and feelings
- ✓ Communicate that understanding
- ✓ Check its accuracy
- ✓ Act on the understanding to help the patient

Mutuality

+

Trust



Understanding of patient's needs
Effective treatment problem solving

Models for assessment of sexuality

- CARD
- 5 A's
- PLISSIT

CARD

Wang 2015

- Cancer treatment can affect your sexuality/body image/relationship which is important to quality of life
- Ask
- Resources/Referrals
- Document

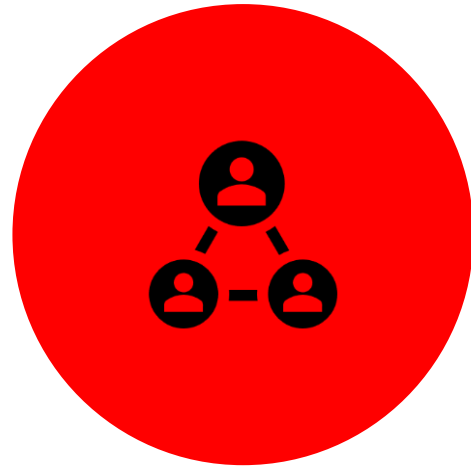
5-As (Bober et al., 2013)

- Ask
- Assess
- Advise
- Assist
- Arrange

PLISSIT (Anon, 1976)

- Permission
- Limited Information
- Specific Suggestion
- Intensive Therapy

Opening statement/question



HOW ARE THINGS IN YOUR
RELATIONSHIP?



WHAT PHYSICAL AND/OR EMOTIONAL
CHANGES HAVE YOU NOTICED SINCE
STARTING TREATMENT?

Questions....



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