

Sexual Life after Breast Cancer

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Sexual Function: What Do We Know?

- 66% of young women remain sexually active through treatment
- Higher rates of sexual dysfunction compared to healthy controls
- 40-80% of younger survivors report distressing sexual side effects
 - 50% of young women report problems in two or more areas of function
- Majority of survivors report not receiving support for sexual problems in context of cancer care



Fobair et al, Psychooncology, 2006; Herbenick, Cancer Nurs, 2008; Schmidt et al, Qual Lif Res, 2018, Stabile et al, Breast Can Res Treat, 2017; Taylor et al, Bres Can Res Treat, 2013.

How are Sexual Side Effects Different?

- Unlike other treatment-related side effects, sexual symptoms do not self-resolve
- Untreated sexual dysfunction tends to worsen over time

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What Young Women Say...

“Of course I’m grateful to be alive, but sex is painful and it’s like all the sudden I feel like I am an old woman.

- *42 yr old woman*

“I just don’t feel much sensation - either upstairs or downstairs. So much of me is just gone. I try to avoid thinking about it because I don’t have much desire anymore.”

- *36 yr old woman*

“My husband is a saint but I know this is affecting our relationship...its hard to talk about it. I don’t feel like a whole person anymore.”

- *40 yr old woman*

Categories of Sexual Dysfunction after BR Cancer

Body Image/ Sexual
Self- Esteem /
Identity

Relationship
Intimacy/Partner
Communication



Vaginal Health /
Hypoestrogenism/
Menopause

Desire/ Arousal/
Sexual Satisfaction

Sexual Dysfunction and QOL

For young BR CA survivors, untreated sexual symptoms also associated with:

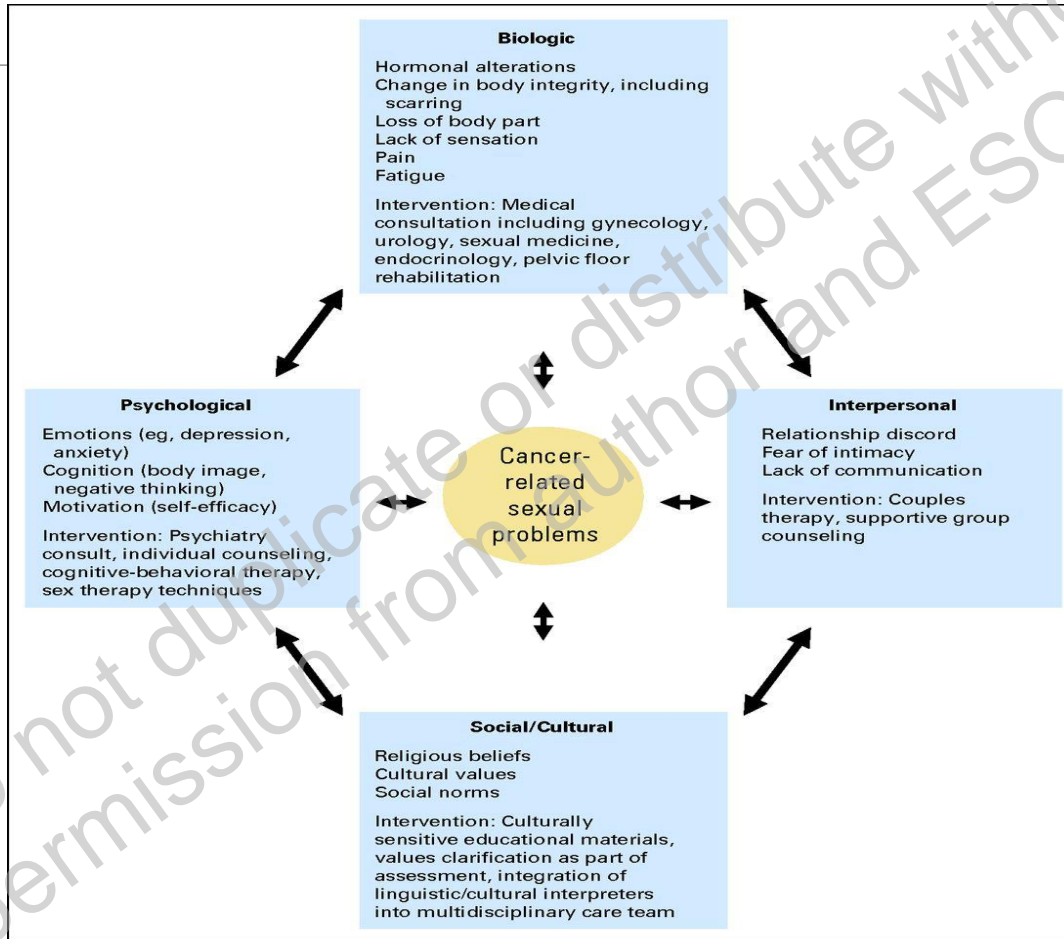
- Anxiety
- Depression
- Loss of perceived self-efficacy



Premature discontinuation of hormonal treatment/lack of treatment uptake

(Brotto, Yule & Brecken, 2010 Gilbert et al, Maturitas, 2010; Leung et al. 2016; Ribi et al, 2016)

Biopsychosocial Model





Body Image after Breast Cancer

- 50% - 75% younger survivors report problems with body image satisfaction
- Body image satisfaction is positively related to quality of life
- Body image is influenced by a multitude of factors, including **patient characteristics** and **adjuvant treatments** such as chemotherapy and/or radiation therapy, and type of reconstruction
 - Younger pts and pts with higher BMI report more distress related to body image
 - Immediate reconstruction & autologous tissue-based more favorable outcomes

Surgical Risk Factors: Conflicting Findings

- 2005 prospective survey of 549 survivors < age 50: Women with breast reconstruction were *less* satisfied with body image compared to no reconstruction.
- Self-report of 170 women post-surgery: Reconstruction pts. have better body image compared to breast conservation pts. but no psychological advantages of one type of treatment over another.
- 2016 cross-sectional study of 400 women (controls/ breast conservation, mast. no reconstruction, mast. with reconstruction): Women post-mast. with reconstruction had *equivalent breast satisfaction* to women with breast conservation. Both groups comparable to controls. No reconstruction had lowest satisfaction scores.

Personality traits, Interpersonal Experience and Cultural assumptions also influential

Vaginal Health: Vulvovaginal Atrophy

Estrogen deficiency → genitourinary symptoms that progress over time

- Vulvovaginal dryness
- Burning/Irritation
- Dyspareunia
- Urinary symptoms of urgency, dysuria or recurrent urinary tract infections



Recent chart review of 800 BR CA survivors: 60% of women with documented GSM symptoms *did not receive any form of treatment or referrals for services*

Premature Menopause / Sexual Function

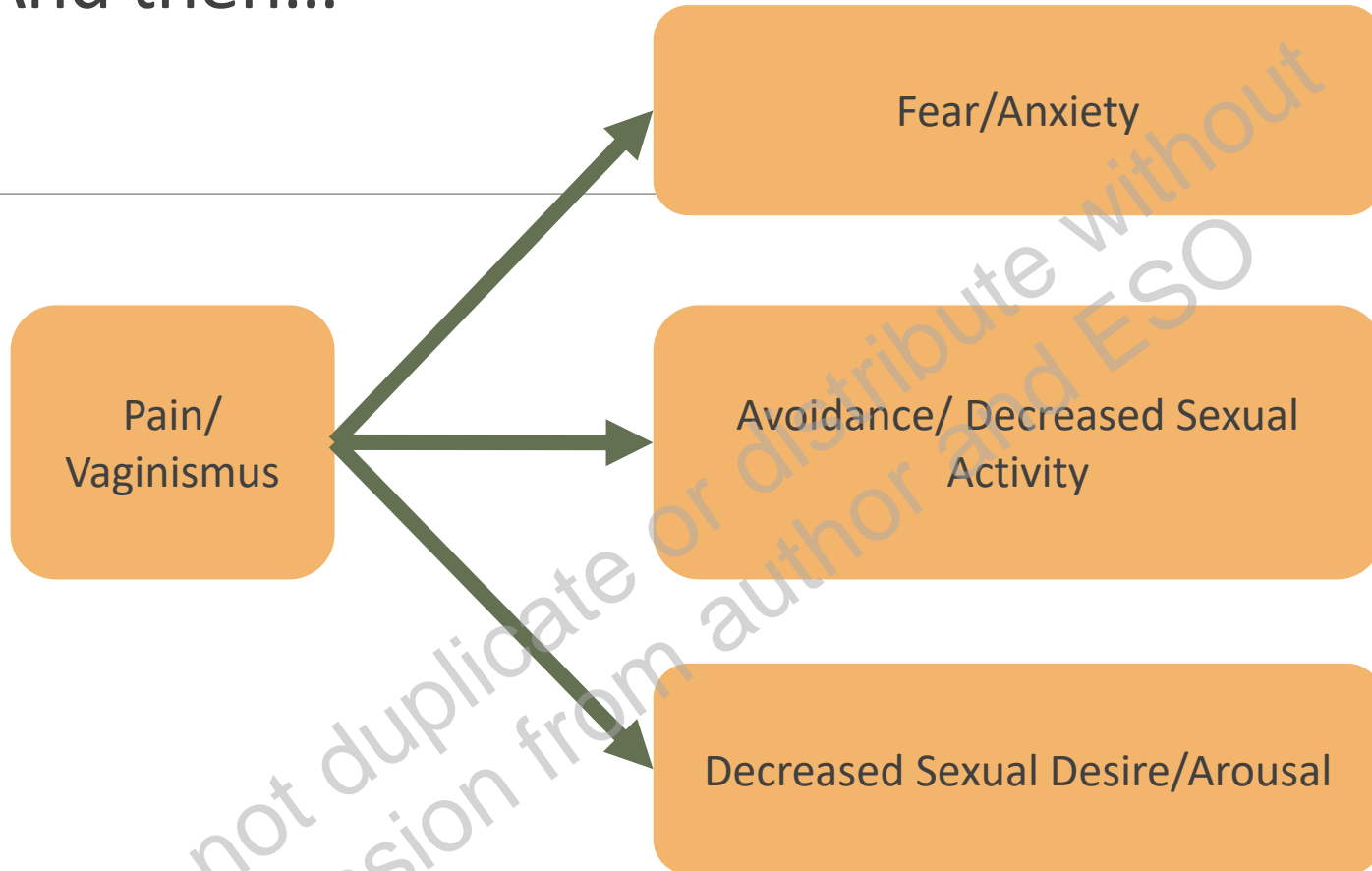
Study of 461 pre-menopausal survivors surveyed 1 yr post-dx:
Sexual Interest and Sexual Function

- Treatment-induced amenorrhea associated with both decreased interest and decreased sexual function
- Women with treatment-induced amenorrhea reported worse dysfunction than both women who received chemotherapy but were not ammenorheic & women who did not receive chemo

Rosenberg et al, Cancer, 2014



And then...



Low Desire: most commonly reported sexual problem after breast cancer

Identification and Assessment of symptoms

Communication about sexual health is hampered by perceived *lack of available brief and effectual patient resources*, including -

- Simple clinical checklists
- Educational materials
- Appropriate referral resources



Screening

Sexual Symptom Checklist For Women After Cancer

Please answer the following questions about your overall sexual function:

1. Are you satisfied with your sexual function? Yes No
2. Do you have any concerns about vaginal health? Yes No

If not satisfied with sexual function AND/OR concerns about vaginal health, please continue.

2. Do you experience any of the following sexual problems or concerns?

- Little or no interest in sex
- Decreased sensation (or loss of sensation)
- Decreased vaginal lubrication (dryness)
- Difficulty reaching orgasm
- Pain during sex
- Vaginal or vulvar pain or discomfort (not during sex)
- Anxiety about having sex
- Other Problem or Concern: _____

[TIP: Some patients will respond that they are not having these problems or concerns because they stopped having sex altogether. The provider should reassure the patient, let her know that she is not alone, and ask if she can recall what kinds of problems or concerns she was having that led her to stop having sex.]

3. Would you like more information, resources, and/or would you like to speak with someone about these issues?

- Yes No

Bober et al. *Curr Opin Support Palliat Care*, 2015;
Abdo et al, *Rev Bras Med*, 2006 (FSQ)

Female Sexual Quotient Questionnaire (FSQ)

Questionnaire honestly based upon the last six months of your sex life, rating your answers as follows:

1 = never
2 = rarely

3 = some of the time
4 = most of the time

1 = I do not think spontaneously in sex, remember about it or imagine myself in sexual intercourse?

2 = I think about sex enough for you to be in the mood to participate in a sexual intercourse?

3 = Does sex excite you to continue sexual intercourse?

4 = Do you get wet (lubricated) during sexual intercourse?

5 = As long as your partner's arousal increases, do you also feel more stimulated?

6 = After sex, do you relax the vagina enough to facilitate penetration of the penis?

7 = Do you feel pain during sexual intercourse when penis penetrates your vagina?

8 = Are you involved without being distracted during sex?

9 = Do you reach orgasm during sex?

10 = Do your sexual satisfaction encourage you to enjoy sex more frequently?

Scoring: Score: 50

Formula: $50 \times (Q1 + Q2 + Q3 + Q4 + Q5 + Q6 + [5 - Q7] + Q8 + Q9 + Q10)$, in which Q = question.

Female Sexual Quotient Scoring:

82-100 (Highly satisfied): I am very sexually satisfied and enjoy my sex life to the maximum.

62-80 (Partially satisfied): I enjoy sex, but there is some room for improvement.

42-60 (Average): I am concerned that my sexual enjoyment really could be better.

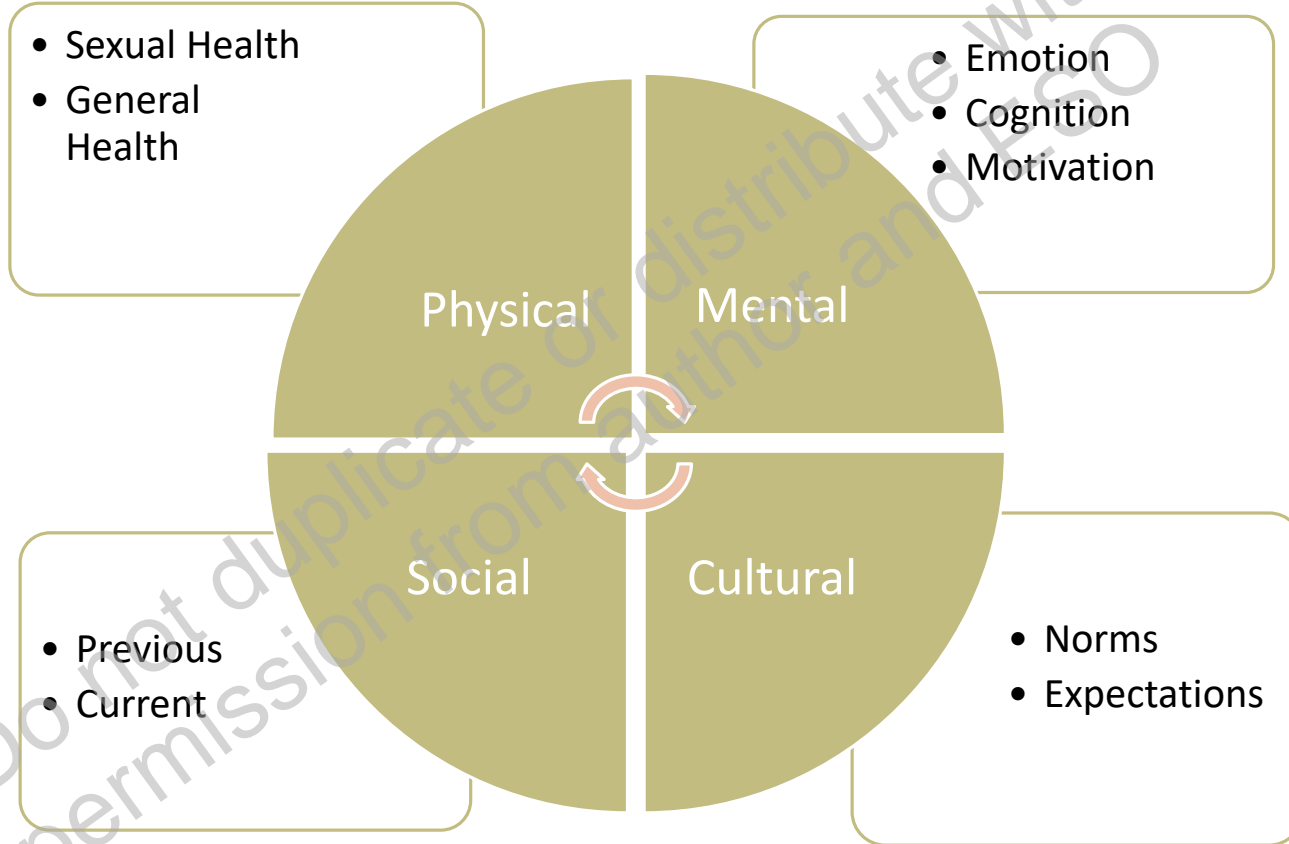
22-40 (Dissatisfied): I feel that my sex life does not give me enough satisfaction.

0-20 (Highly dissatisfied): I am very concerned that I don't get any satisfaction from my sex life.

Or Just Ask...

- "Many of my patients have questions about how sexual function is impacted by treatment. Do you have any concerns that you'd like to ask about?"
- "It is very common to have changes in sexual function after breast cancer diagnosis. Is this something you would like help with?"
- "Many women who have menopausal symptoms also have concerns about sexual function. What about you?"

Treatment and Recovery



Treatment: Pharmacologic

Treatment for VVA	Specific Therapy/Use	Treatment for Low Desire	Mechanism of Action
Vaginal Estrogen	Local (not systemic) therapy Tablet/ring/cream		
Vaginal DHEA	Intravaginal ovules (prasterone)		
Lidocaine	For insertional pain. Topical application to vestibule (4% aqueous lidocaine) before sexual activity		
Off-label vaginal testosterone	Controversial	Flibanserin (daily use at bedtime)	5-HT1A serotonin receptor agonist and 5-HT2A receptor antagonist
Off-label fractional CO ₂ laser	No evidence-base for use after BR CA	Bremelanotide (on-demand use)	Melanocortin 1 & 4 receptor agonist



Behavioral Interventions

- Growing evidence-base for behavioral intervention regarding sexual function
 - Mindfulness-based therapy
 - Cognitive-behavioral Therapy / Mindfulness-based Cognitive Therapy
 - Couples-based intimacy enhancement
 - Psychoeducational approaches
- Recent internet-based RCT: CBT for BR CA survivors with sexual dysfunction led to improvement in overall sexual functioning, including desire, arousal, and vaginal lubrication.
 - 24 weeks, therapist-guided sessions using telephone-platform
 - Successful but resource and time-intensive

SHARE-OS (Sexual Health and Rehabilitation After Ovarian Suppression)

Aim: Develop & test brief, sexual health intervention to reduce sexual dysfunction & distress for young breast cancer survivors currently on ovarian suppression.

- **Brief:** Ease of access and dissemination
- **Concentrated:** Content both didactic and experiential
- **Theory-driven:** *Self-Determination Theory* (Competence, Connection, Autonomy) / *Mindfulness-based sexual rehabilitation therapy* (intention, attention, non-judging awareness)
- **Group Format:** Group session paired with individual tailoring

START-OC: Intervention Overview

- *Single half-day group intervention*

Didactic & Experiential

Patient education materials/resources

- *Individualized action plan*

Choose problem(s) and next steps

- *Brief telephone follow-up (+ one month)*

Review of action plan

Additional support offered if needed



Next Steps: A Plan for Action

Based on today's educational session, please identify the goals do you plan to work on in the next month? Choose at least one problem that you would like to commit to addressing.

Managing Vaginal Dryness	yes <input type="checkbox"/>	no <input type="checkbox"/>
Addressing Vaginal Pain and/or Discomfort	yes <input type="checkbox"/>	no <input type="checkbox"/>
Addressing Tightness or lack of Stretch	yes <input type="checkbox"/>	no <input type="checkbox"/>
Managing Loss of bloodflow to vaginal tissue	yes <input type="checkbox"/>	no <input type="checkbox"/>
Addressing body tension with relaxation		
Increasing daily body awareness	yes <input type="checkbox"/>	no <input type="checkbox"/>
Relaxing pelvic floor muscles	yes <input type="checkbox"/>	no <input type="checkbox"/>
Using Belly (diaphragmatic) breathing	yes <input type="checkbox"/>	no <input type="checkbox"/>
Using Visualization for relaxing pelvic floor	yes <input type="checkbox"/>	no <input type="checkbox"/>
Employing strategies to increase desire		
Challenging automatic negative thoughts	yes <input type="checkbox"/>	no <input type="checkbox"/>
Investigating educational resources (web, books, etc).	yes <input type="checkbox"/>	no <input type="checkbox"/>

Feel free to write in any other or additional change you want to work on:

The reasons why I want to make these changes are:

Based on what I have learned, the initial steps I plan to take are:



Intervention Content: An Integrative Approach

- **Module 1 – Targeted sexual health education**
Includes education about vaginal health, strategies for enhancing arousal/desire and focus on how to communicate about symptoms
- **Module 2- Body awareness (pelvic floor)/Relaxation Training**
Pelvic floor education, progressive muscle relaxation, body scan exercise
- **Module 3- Mindfulness-Based Exercise**
Increase non-judging awareness of automatic thoughts; moving from avoidance/distraction to awareness and acceptance
- **Module 4- Personalized Goal-setting / Action-planning**



Sexual Health: Challenges and Future Directions

- Research to date primarily descriptive; qualitative/ survey data
- Also limited knowledge re diverse / underserved populations
- What is the optimal timing of intervention for young survivors?
- What are optimal methods for intervention delivery? On-line? In-person? Group versus couples versus individual?
- How do we tailor or target appropriately?
- Who delivers this information? Training? Mid-level?
- What is the role of technology in this kind of care?





“It is a waste to be alive but not to live fully”, BR CA survivor, age 38