

# What Happened? I Just Want Things To Be Like It Used To Be

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# Relationships to Industry

- I have no relationships with any industry, no conflict of interest
- I will mention brand name products, do not endorse them, just informational

# What I Will Cover

- Sexual function and dysfunction as it relates to breast cancer diagnosis and treatments
- Aids in managing the sexual function issues
- Sources of information
- Estrogen controversy
- Breast Cancer Incidence and sexual dysfunction incidence including aging

# Each One Of Us Is Different

- Previous sexual health/satisfaction
- Previous general health
- Previous emotional health
- Previous feelings of self worth

# Breast Cancer Prevalence: Men, Women, Transgendered Women

- Less than 1% in men
- Lifetime risk in men 1/1,000
- Transgendered women, unknown
- Breast cancer is 35% of all cancers in women
- Lifetime risk in US is 12%/ 1 in 8 women over 80 year lifespan

# Survival After Breast Cancer

- 1 year.....97%
- 2 years....94%
- 5 years....87%
  
- Good news: Risk of dying from breast cancer decreased significantly in past two decades

# Female Sexual Dysfunctions

- Female Sexual interest/desire disorder
- Sexual Aversion
- Arousal Disorder
- Vaginismus
- Pain Disorders

# Determinants of Female Sexual Health

- Hormones
- Neural-transmitters—excitatory and inhibitory
- Relationship-length/quality
- Physical and mental health
- Religious upbringing
- Sleep
- COMMUNICATION

# Sexual Dysfunction After Breast Cancer Treatment

- 35-50% of survivors experience sexual dysfunction
- 7-22% of couples separate
- Female orgasmic disorder
- Genito-pelvic pain/penetration disorder
- Female Sexual interest/arousal disorder
- Desire discrepancy occurs (not a disorder)

# Why Do Disorders Occur

- Surgery includes lumpectomy and sentinel node biopsy, simple mastectomy, bilateral mastectomy, reconstructive surgery (several types), implants.
- May include removal of uterus, tubes and ovaries if familial cancer

# Surgery

- Body image issues may lead to loss of sexual desire (libido) in the short and/or long term
- Scarring, lymphedema, and other physical side effects such as pain may lead to body image issues which in turn may lead to low desire
- If genetic variant requiring removal of uterus, tubes and ovaries will probably lead to vaginal dryness/pain etc.

# Chemotherapy: Short Term Effects

- Worsens psychological equilibrium
- Low/loss of libido
- N and V, severe fatigue, alopecia, mucositis can lead to low kissing, less oral sex, loss of libido
- Chemo-brain—cognitive decline, decreased memory and concentration, lowered executive functioning all leading to decreased opportunity for relaxed sexual activity
- Toxic effect for partner (abstinence 2-7 days)

# Chemotherapy: Long Term Effects

- Peripheral neuropathy-if nipple(s) remain, less sensation
- If menopause occurs, problems with vulvar and vaginal dryness
- Cognitive decline
- Loss of fertility in younger women leading to anger, depression and multiple sexual dysfunctions

# Anti-estrogen Therapy

- Tamoxifen, aromatase inhibitors etc.
- Vaginal/vulvar dryness, low libido, weight gain, all of which can lead to the various sexual dysfunctions

# External Beam Radiation

- Inflammatory skin reactions, chronic pain, lymphedema, dysesthesia
- Dysesthesia means change in response to touch (in this case sexual) where touch can be painful.
- Skin reactions can lead to feelings of disfigurement, again change in body image, feelings as sexual being

# Psychological Issues After Treatment

- One of life's most distressing events
- Personal mortality/vulnerability
- Threatening to intimacy and sexual issues
- Fear of abandonment
- Hair loss leading to sense of loss of attractiveness
- Difficulty to begin to be intimate again or to establish intimacy with new partner
- Anxiety, depression, anger, loneliness, irritable

# So What Could Possibly Go Wrong?

- Nothing
- Anything
- Everything

# Whose Problem Is It Anyway?

- THE COUPLE'S PROBLEM

# Keeping The Flame Alive

- Skin on skin
- Cultivating erotic/romantic encounters
- Engaging partner's help
- Communicate
- Keep close physical contact with caresses, kissing, cuddling

# Help For Dyspareunia

- Moisturizers
- Lubricants
- Hormones
- Physical Therapy

# Moisturizers

- Long term relief
- Use several times a week
- Not to be used as lubricant

# Moisturizers

- Replens\*
- Levana\*
- KY liquibeads
- KY longlasting
- Emerita
- Moist again
- Pre-seed\*
- Atonement\*      \*published effective results

# Lubricants

- Used for intercourse/sexual play
- Decrease friction/irritation
- Gels/liquids
- Oils egg coconut, almond etc
- Avoid perfumes/flavors/warming gels
- Oil based (can't use with condoms and many sex toys)

# Water Based Vaginal Lubricants

- With or without glycerin
- Can use both with latex condoms
- Glycerin dries quickly, may increase yeast infections

# Examples Water Based Vaginal Lubricants

KY/KY Intrigue

Astroglide

Embrace

Frixxion

Maximos

Liquid Silk

Oh, My

Probe

Slippery Stuff

Sensual Organics

Wet Platinum

Liquibeads

Pink

# Possible Topical Estrogen Therapy

- Around 2,000,000 women in US are breast cancer survivors
- Need to discuss possible estrogen use with oncologist (mine says OK)
- Paucity of evidence in breast cancer survivors
- Some medical societies cautiously support its use
- Try non-hormone therapy first
- In triple negative cancer, reasonable to consider

# Sex Toys/Tools After Cancer Diagnosis

- Vibrators
- Dildos
- Erotic videos
- Vaginal dilators
- Eros
- Erotic massage

# Possible Vaginal Estrogen Products

- Vagifem tablet
- Estrin (low dose estrogen)– change every 3 months
- Estrace cream
- Premarin cream
- Neo-estrone cream

# Other Possible Therapies

- Intra-vaginal DHEA (dihydroepiandrosterone)
- Laser therapy
- Need to develop new therapies

# Flibanserin

- Medication for premenopausal low sexual desire
- Not studied/approved in women with breast cancer
- \$800/month
- Cannot use with alcohol

# How Breast Cancer May Affect Sexual Partner

- Initially, sex less relevant, patient partner concerned with survival
- Can lead to sexual dysfunction in partner, fear of hurting them or that initiation is inappropriate
- Difficulty restarting sexual life
- Surgical scars/absent breast(s) may repel partner
- Uncertain future, increased risk of ED
- In late diagnosis, may partner become caregiver

# Seeking Professional help for Sexual Dysfunction

- Don't wait a long time.
- If still persistent after 6 months
- Don't wait for your health care practitioner to ask (he/she may not ask)
- See AASECT certified healthcare practitioner or anyone with extensive experience in this area

# Quality Of Life

- It has been shown that healthy sexual function improves QOL
- In some instances, may prolong life

# Patient Resources

- American Cancer Society [www.cancer.org](http://www.cancer.org)
- NIH, breast cancer, patient version  
[www.cancer.gov/types/breastcancer](http://www.cancer.gov/types/breastcancer)
- Susan Komen [www.komen.org](http://www.komen.org)
- Dr. Anne Katz—multiple articles/books about breast cancer [drannekatz.com](http://drannekatz.com)
- Everyday Health, Cancer and Sexuality: Intimacy Issues for Women [everydayhealth.com](http://everydayhealth.com)
- North American Menopause Society, patient page  
[www.menopause.org](http://www.menopause.org)

# Patient Resources

- Program in Human Sexuality.  
[www.sexualhealth.umn.edu](http://www.sexualhealth.umn.edu)
- Sinclair Institute [www.BetterSex.com](http://www.BetterSex.com)
- Smitten Kitten [www.smittenkittenonline.com](http://www.smittenkittenonline.com)
- Above resources use legitimate research. I have personally viewed them all. A few have some advertising.