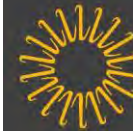


Don S. Dizon MD  
Director, Women's Cancers, Lifespan Cancer Institute  
Director, Medical Oncology, Rhode Island Hospital  
Associate Professor of Medicine, Alpert Medical School of  
Brown University

# Thriving: Let's talk about Sex



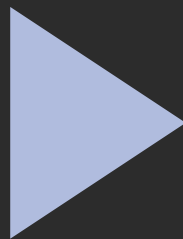
**BROWN**  
Alpert Medical School



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*Delivering health with care.®*

# Conflict of Interest Disclosure

Don S. Dizon, MD

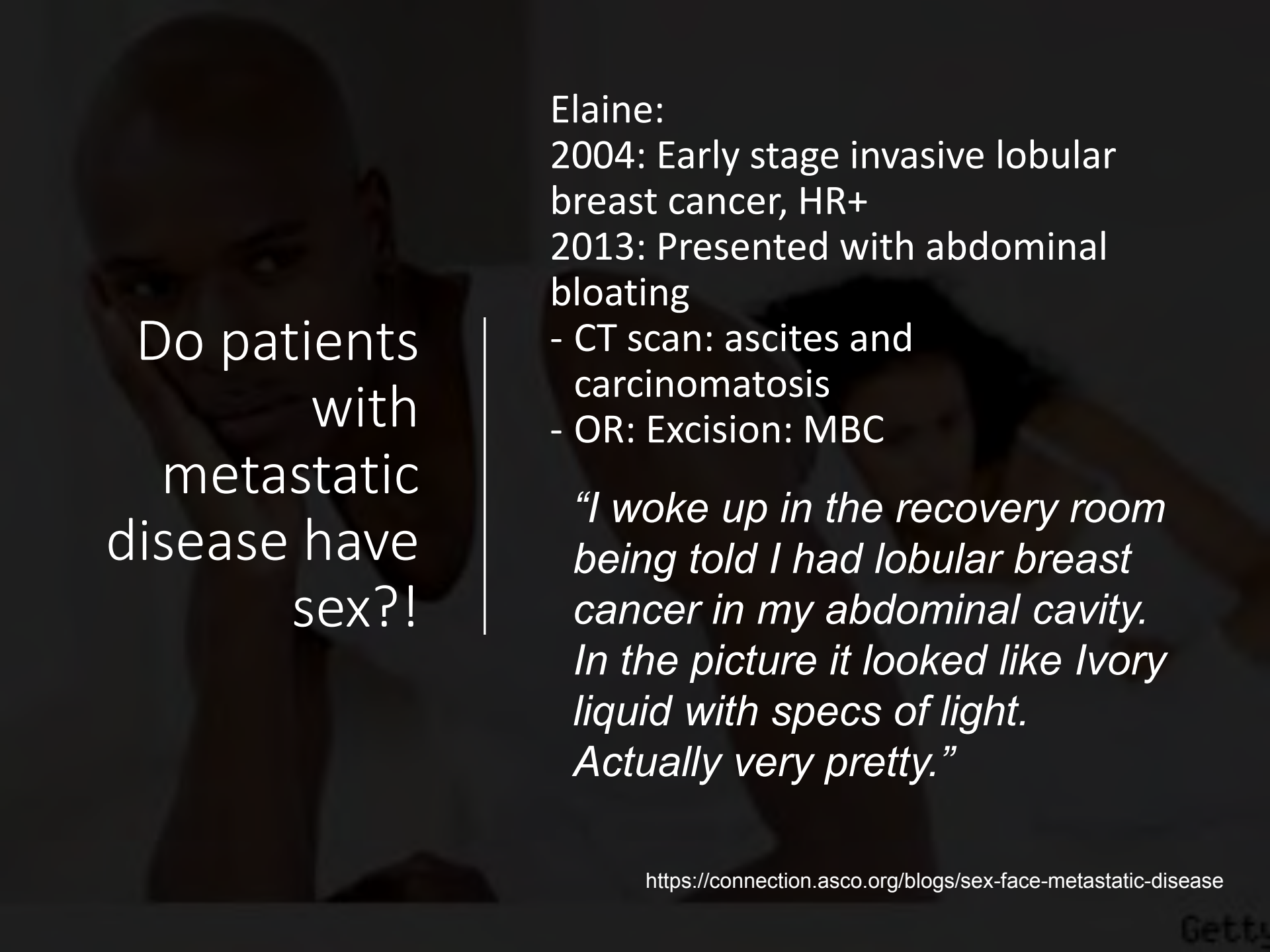


I have no financial relationships with a commercial entity producing healthcare-related products and/or services relevant to the material I am presenting today.

**REARRANGE THESE LETTERS  
TO FORM WORDS.**

- 1. PNEIS**
- 2. BUTTSXE**





Do patients  
with  
metastatic  
disease have  
sex?!

Elaine:

2004: Early stage invasive lobular breast cancer, HR+

2013: Presented with abdominal bloating

- CT scan: ascites and carcinomatosis
- OR: Excision: MBC

*“I woke up in the recovery room being told I had lobular breast cancer in my abdominal cavity. In the picture it looked like Ivory liquid with specs of light. Actually very pretty.”*

## Elaine's life with MBC

- Letrozole → Complete remission
- Elaine on Letrozole → Complete misery

*“It seemed that the more [my tumor markers] went down, the worse the side effects were. Bloody dry nose, extremely dry lips and dryness in the vaginal area, to say the least.”*

What I won't  
give up

*I decided consciously that I was not going to let the cancer take the joys away from my life, and that very much included making love to my husband. I did realize that I had to work at this just like anything else that is worth having in your life, and that when it came to intercourse and sex, it was 'use it or lose it.'*

Sex had  
become  
painful

- Self-help... up to a point:
  - OTC lubricants
  - Gynecologist: OTC lubricant
  - Gyn RN: No knowledge of how to help

*“I felt I deserved a better sex life, and I was not willing to give up on achieving it, despite my diagnosis. That’s when I came across the Oncology Sexual Health Clinic at MGH...”*

## The point

---

You define what's important  
in your life

---

You communicate what that  
is – to your partner or  
significant other, and to your  
doctor

---

If your medical team doesn't  
know where to go –  
sometimes you have to do  
your own research



Sexual Health is not *just*  
about intercourse



Intimacy

Sensuality

Body image

Arousal

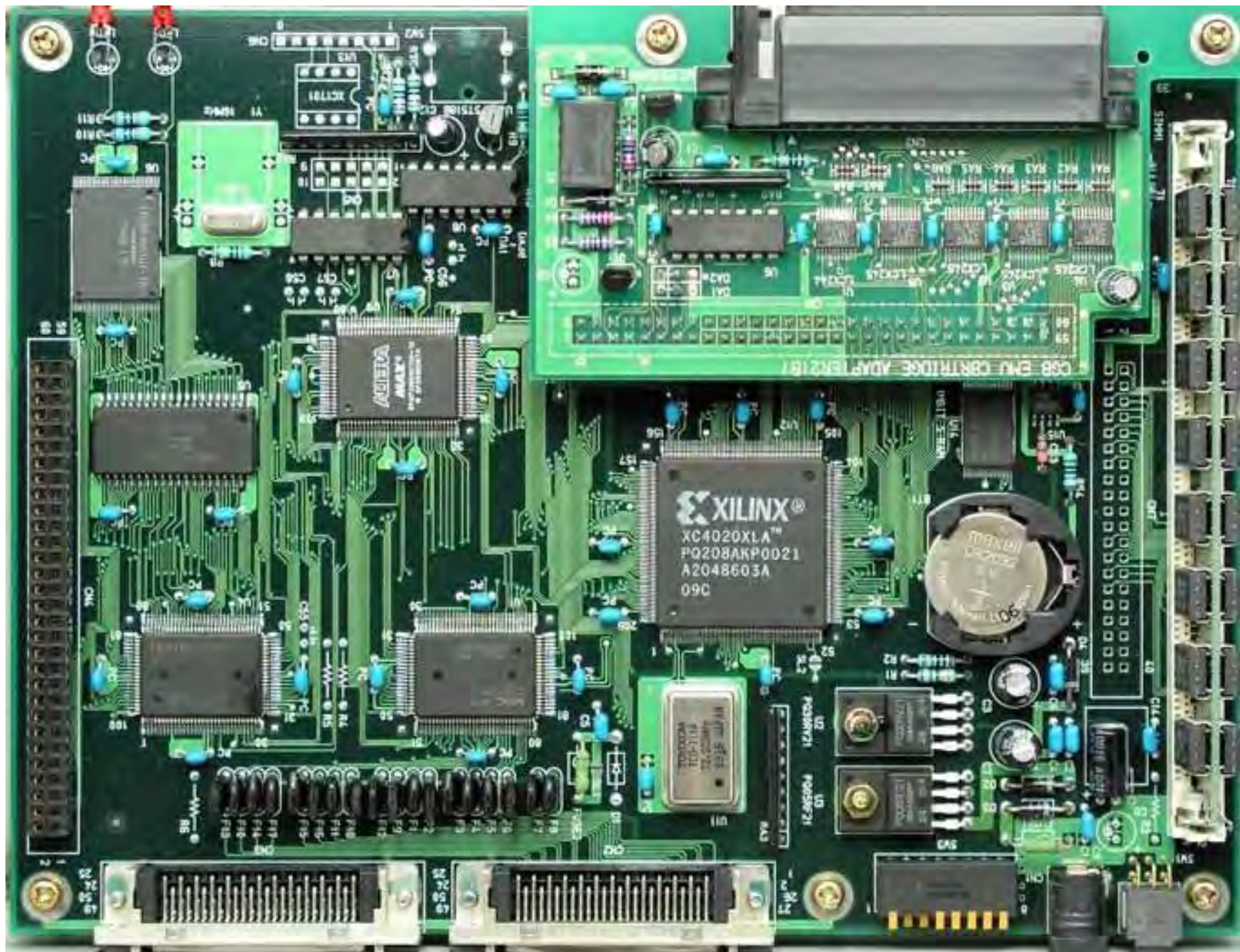
Desire

Climax

Satisfaction

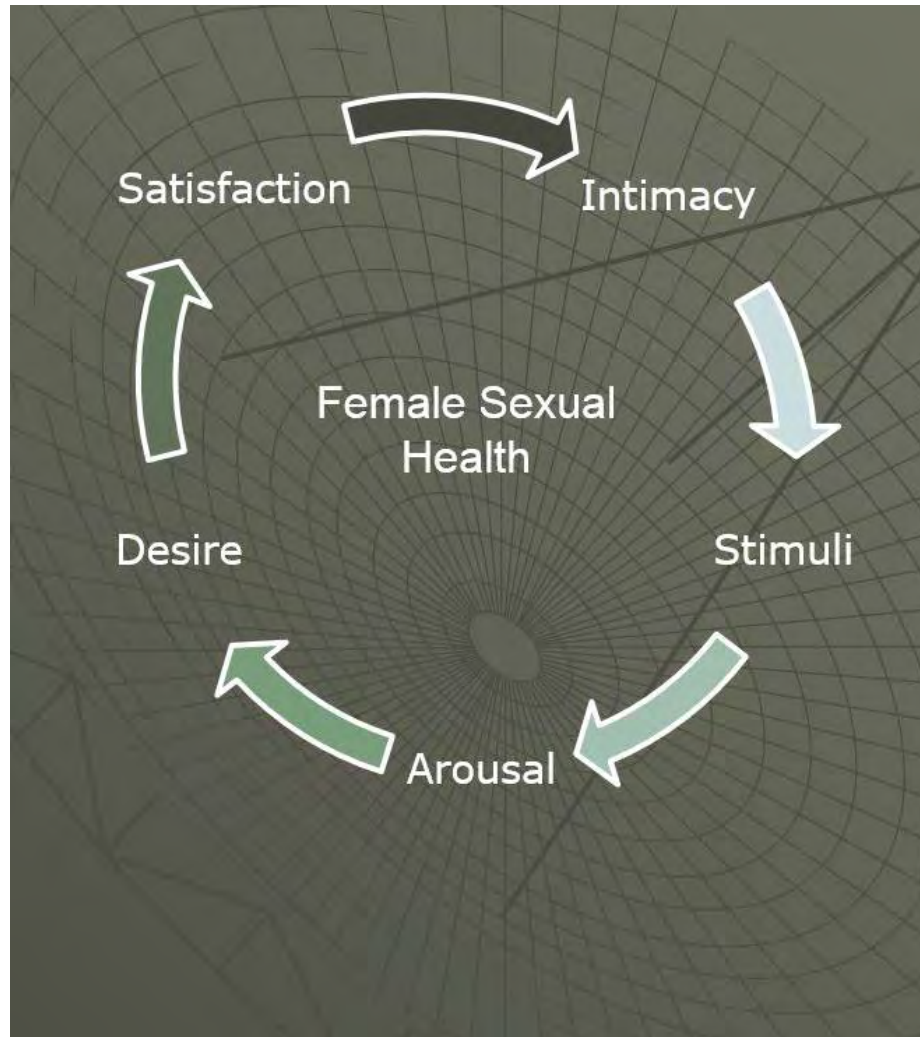
After a diagnosis  
of cancer, sexual  
health in men  
and women is  
impacted in a  
very similar way

True or  
False

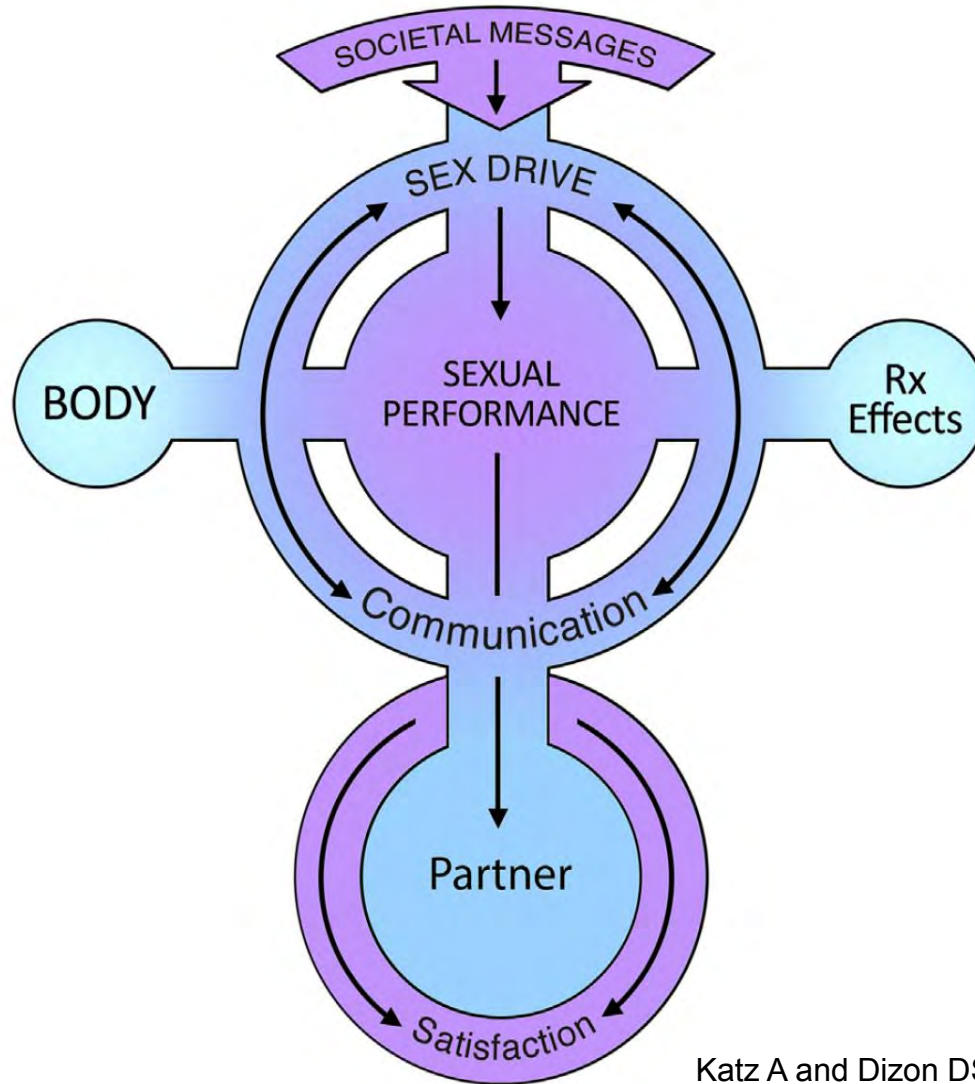




## Basson Model of Female Sexual Health



But men are just as complicated!

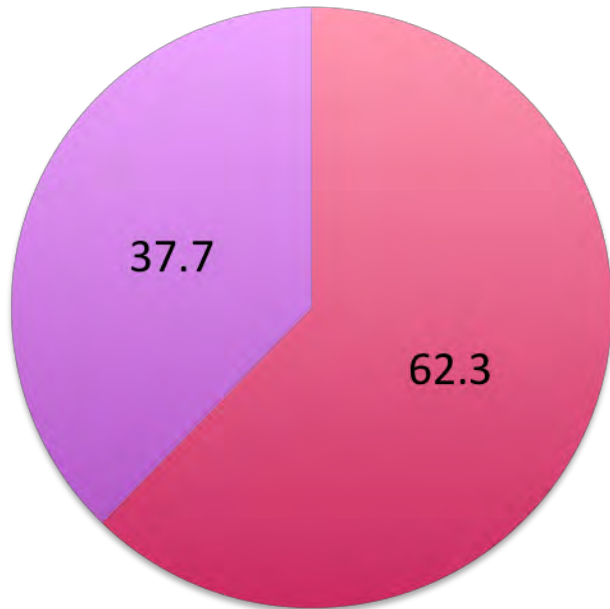


# Breast Specific Sensuality

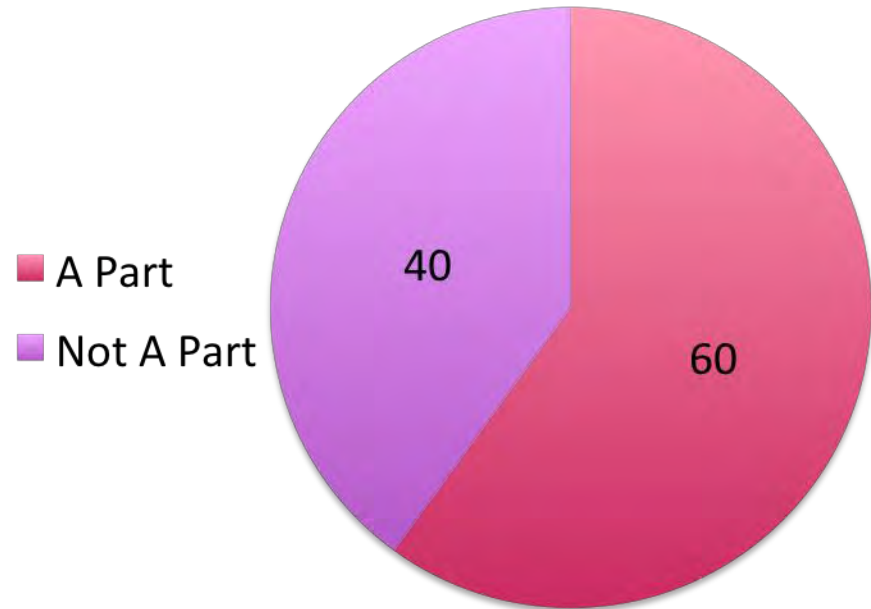
Chest play is a part of my sexuality	BCS	MRM	MRM with Recon
Before surgery	83%	87%	93%
After surgery	73%	59%	76%
I am satisfied with my surgical outcome	80%	48%	67%

# Breast Specific Sensuality

**Lumpectomy**



**Mastectomy and Reconstruction**

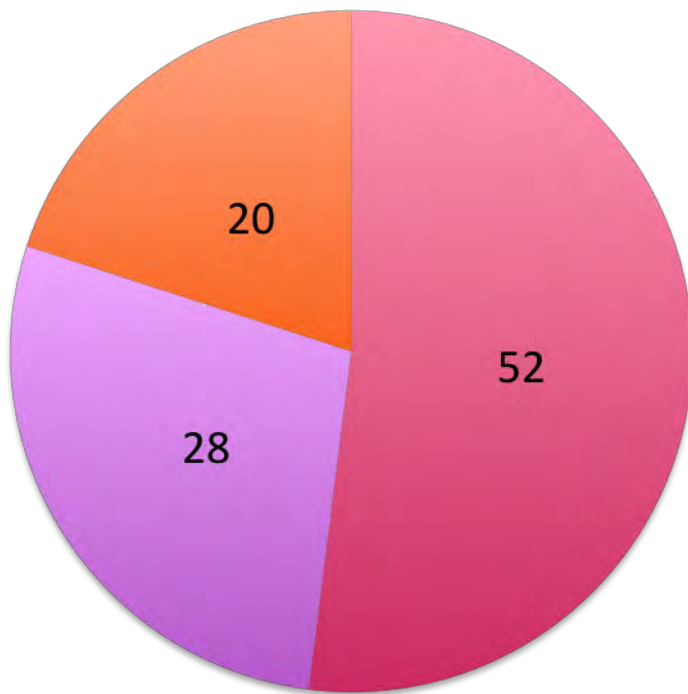


■ A Part  
■ Not A Part

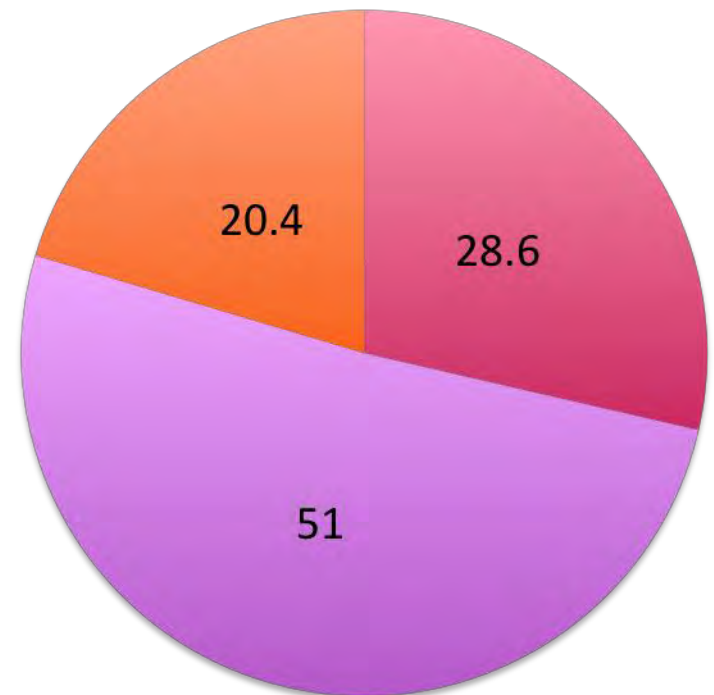
N= 180

# Breast Specific Sensuality

## Lumpectomy



## Mastectomy and Reconstruction



■ Pleasurable  
■ Neither  
■ Unpleasant

n = 174

p=0.007



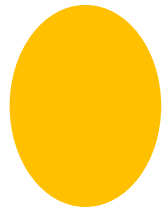
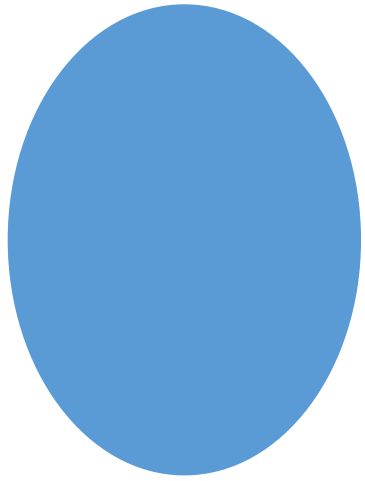
# Approach to treatment

## Vaginal Health

- Address Genitourinary Symptoms of Menopause (GSM)
  - Vulvar and vaginal moisturizers
  - Vaginal laser therapy
  - Hormonal treatment

## Sexual Health

- Address ways to make sexual activities more pleasurable
  - Lubricants, Lidocaine, Dilators
- Address desire
  - Sensate focusing, Flibanserin (?)



# Treatment for GSM

## Vaginal moisturizers

Part of routine gynecologic **health**

Benefit for sexual comfort

Many types:

- Polycarbophil-based
- Vitamin E
- Natural oils (coconut, olive)
  - *Apply externally only*
- Parabens free (Luvena)

# Vaginal laser therapy

## Fractional microablative CO2 laser therapy x3

Salvatore, et al:

- Patients: 77 postmenopausal women with vulvovaginal atrophy (VVA)
- Intervention: 3 treatments over 12 weeks
- Comparator: **None**
- 12-week Outcomes with treatment compared to baseline:
  - Significant improvement in function
  - Significant improvement in physical and mental domains in QOL

# Vaginal laser therapy after breast cancer

Pieralli, et al, 2016:

Patients: 50 women with dyspareunia associated with an oncologic menopause

Intervention: CO2 laser therapy

Comparator: **None**

Outcomes:

- Significant improvement in dyspareunia (by VAS)
- Significant improvement in vulvovaginal atrophic symptoms (by VHI)
- Satisfaction persisted at 11 months follow-up for 52% of patients

# ACOG Opinion

1

Nonhormonal approaches are the first-line choices during or after treatment for breast cancer.

2

Reserve vaginal ERT for women who do not benefit from #1.

- Collaboration important
- Shared decision making critical

3

Data **do not show** an increased risk of recurrence after breast cancer with use of vaginal estrogen

# Ospemifene

## A Vaginal SERM

FDA Indication: The treatment of moderate to severe dyspareunia (secondary to vulvovaginal atrophy)

### *Breast Cancer*

OSPHENA 60 mg has not been adequately studied in women with breast cancer; therefore, it should not be used in women with known or suspected breast cancer or with a history of breast cancer.

# Dehydroepiandrosterone (DHEA)

- RCT (Alliance N10C1)
  - Patients: Women with breast or gyn cancer (n=441)
  - Intervention: Vaginal DHEA (3.25 v 6.5 mg)
  - Control: Placebo
  - Results:
    - Positive impact in **all** arms
    - DHEA: Significant impact in sexual function
      - +0.3-0.6 points on FSFI
    - Side effects: voice change, headache
    - No evidence of clinically important systemic estrogenic activity.



Treating for  
sexual comfort

# Vaginal Lubricants

Two varieties:

- Water-based
- Silicone-based

Limited comparative studies

- Hebernich, 2011: Double-blind trial comparing these in >2400 women
- No difference in pleasure or satisfaction found
- For penile-anal intercourse: Preference towards water-based lubricant (versus none at all)

# Natural oils as a lubricant?

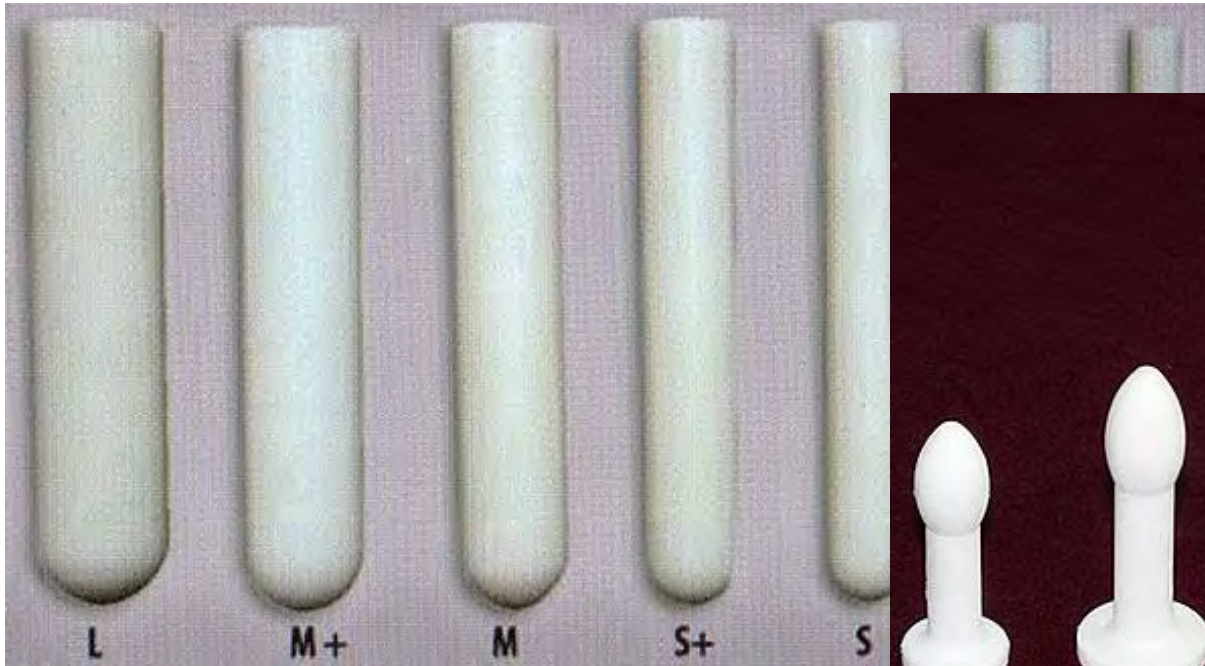
- Coconut and olive oil commonly used, instead of lubricants
- OVERCOME study (n= 25):
  - Pelvic Floor Relaxation Exercises (by PT at W0, W4)
  - Polycarbophil-based vaginal moisturizer
  - Olive Oil during sex
  - Results:
    - Max benefit = 12 weeks
    - PFR Exercises helpful in 93%, Vaginal moisturizer in 88%, Olive Oil in 73%

# Topical Lidocaine for vestibular tenderness

- Goesch, et al: RCT, 46 breast cancer survivors (median pain with penetration score 8 out of 10)
- Method:
  - Saline or 4% aqueous lidocaine to vulvar vestibule (3m before penetration)
  - 1-month blinded then open-label (all patients) for 2-months
  - Measurement: twice-weekly tampon insertion or intercourse
  - Place on cotton swab, hold at vestibule for 30s
- Results with lidocaine:
  - At one month had less pain (median score 1 vs 5)
  - After open-label: 90% comfortable penetration
  - 17/20 who were abstinent at entry resumed penetrative intercourse.

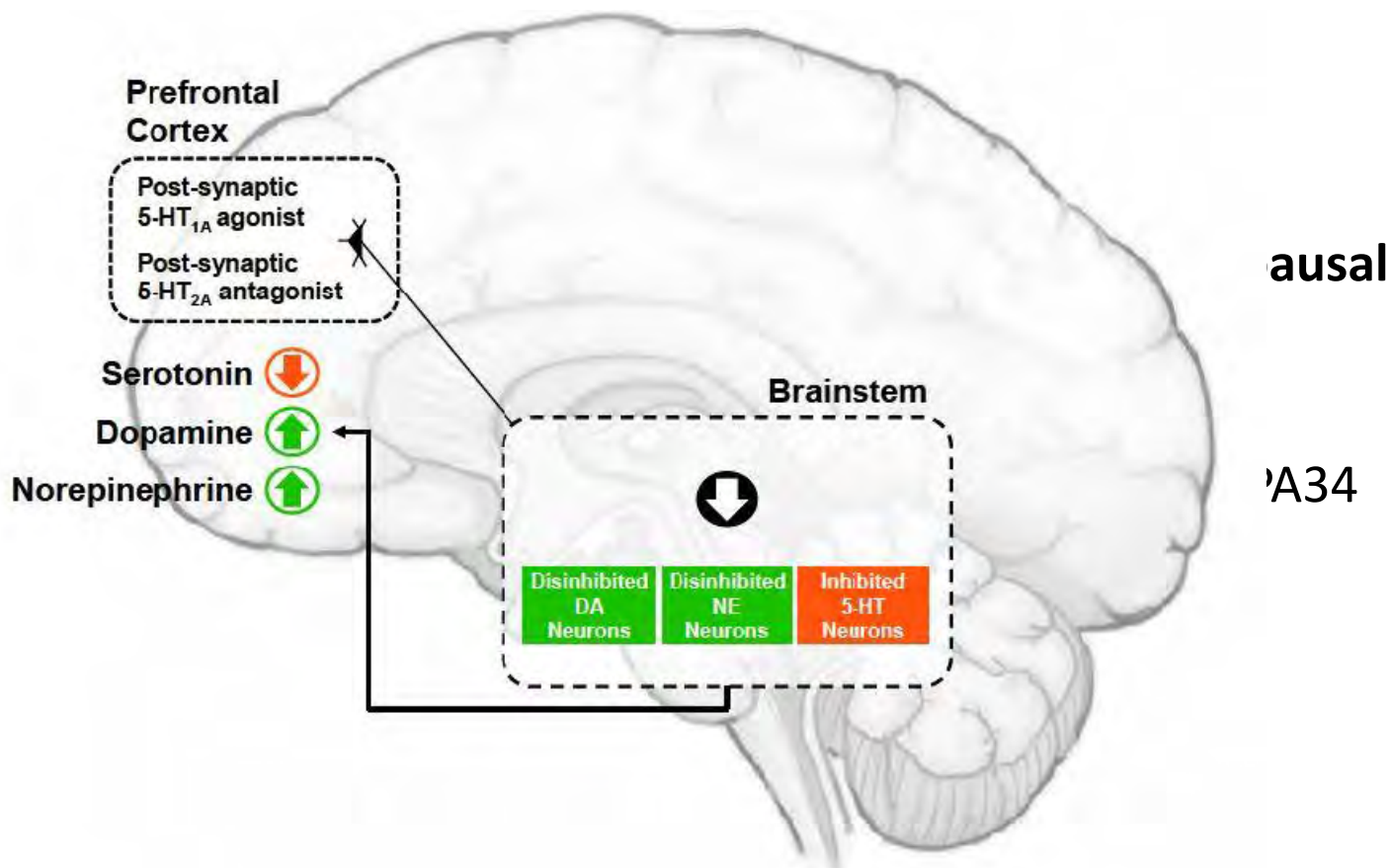
# Vaginal dilators for vaginismus

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# Flibanserin for desire?

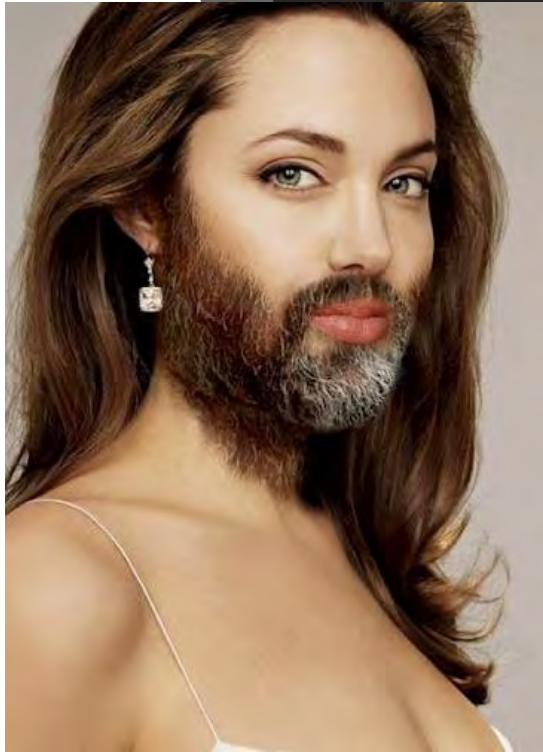
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# PDE-5 Inhibitors?

- No data in this population
- Women without cancer: No more effective than placebo<sup>1</sup>
- Cochrane systematic review in 2007:
  - Only data available for men with ED after prostate cancer
  - Poor quality clinical trials

# Testosterone to improve sexual health?



- Effective in women **without** cancer
  - Postmenopausal women.(1)
  - Women with HSDD.(2)
  - Women s/p TAH-BSO.(3)

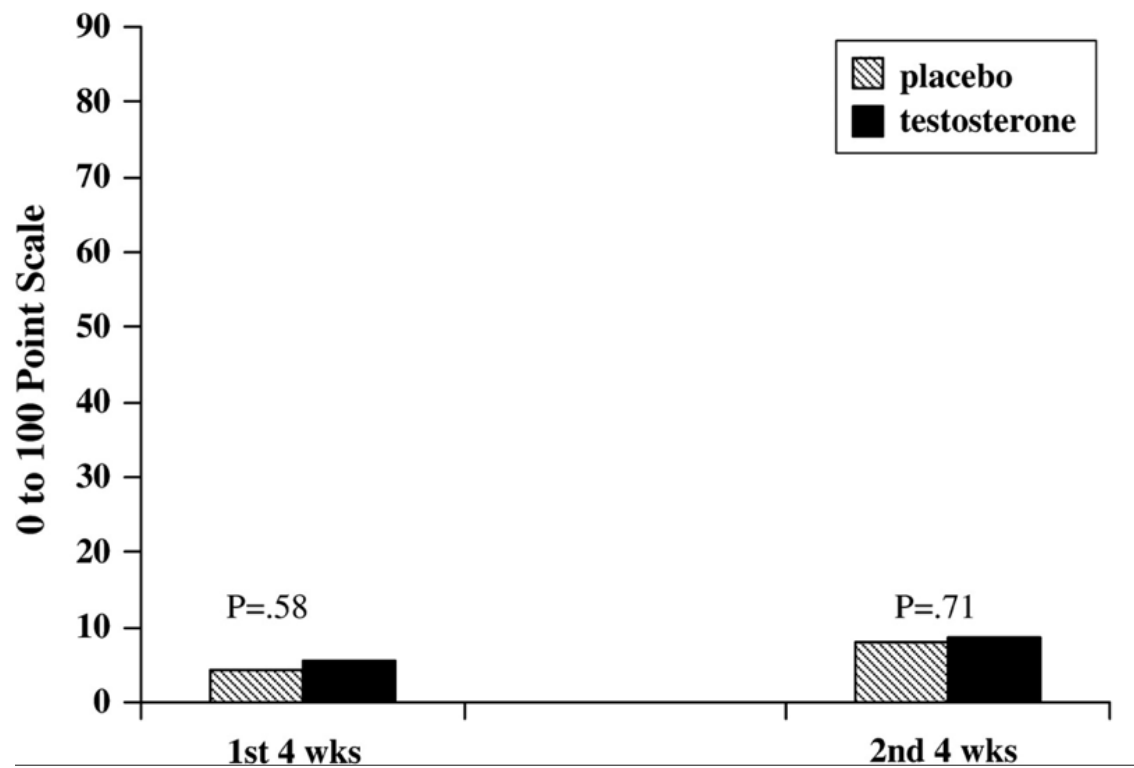
1) A Floter, et al. Climacteric 2002; 5:357-65.

2) S Kingsberg, et al. J Sex Med 2007; 4(Pt.1): 1001-8.

3) JL Shifren, et al. NEJM 2000; 343:682-8.



NC02C3



What about  
for men with  
mets?

Erectile dysfunction

Sexual bother

Issues with  
ejaculation/orgasm

Penile length

For men with  
MBC



- Penile rehabilitation → Address ED, Include the partner
- PDE5 inhibitors are critical
  - On demand
  - Low-dose continuous
- Healthy lifestyles
  - Diet
  - Exercise
  - Habits
- Realize:
  - You do not need an erection for **intimacy, orgasm, or to ejaculate**

# Sex in the face of metastatic disease

Ask yourself, What is intimacy to me? To my partner? To us?

Pleasure is the goal, not performance

Sexual homework:

- Intimacy exercises
- Communication exercises
- Think about sexual activities *beyond* penetrative intercourse

## Sensate Focusing: A way towards intimacy

- Stage 1 → Get naked and take turns touching, but avoid the genitals, breast or chest wall, and **do not pass go**.
- Stage 2 → Stage 1 but there are no “forbidden zones”. Do not have intercourse.
- Stage 3 → Mutual touching
- Stage 4 → Position for intercourse, and then go for it.
- **Touch, but don't talk**

# Conclusion

01

Communicate  
– side effects,  
symptoms

02

Consult – seek  
help and  
advice  
proactively

03

Compromise  
– eg,  
alternatives to  
intercourse

04

Clear – define  
and understand  
expectations



## After cancer...

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- Everyone deserves a sex life including:
  - The young adult
  - The older patient
  - Patients in relationships
  - Patients without a partner
  - LGBTQ patients
  - Patients with advanced or metastatic disease
  - The oncologist



Cancer is a social disease.

This includes you and your partner



Questions?

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Twitter: @drdonsdizon

Thank you for having me

