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*Let's Talk about Sex and Breast Cancer:
Navigating Tough Conversations with Your
Patients*

Conflict of Interest Disclosure Statement

The presenters declare that they have no conflict of interest.

Breast Cancer

- Prevalence
 - 1 in 8 women (13%) in the US will be diagnosed with breast cancer
 - Diagnosis peaks in women ages 50-64
 - ~5% to 10% of breast cancers are hereditary
- Demographics
 - Black women are at the highest risk for developing breast cancer, followed by Caucasian women
 - Asian, Hispanic, and Native American women have a somewhat lower risk
 - Ashkenazi Jewish women are at high risk if they have the BRCA mutation

Primary Sexual Issues Experienced by Survivors

- Loss of sexual desire is most common
- Vaginal dryness and painful intercourse
- Difficulty with arousal and orgasm
- Acceptance of change by woman and her partner

Using The PLISSIT Model (Annon)

- Permission to ask about sex
- LI + SS = Limited information and specific suggestions
- IT = Intensive therapy, consider seeking consultation with or referring to a sex therapist
 - Cases that don't resolve with information and suggestions
 - History of unresolved conflict or high conflict
 - History of sexual issues prior to diagnosis
- Add an "R" for Referral
 - Certified sex therapist, psychiatrist, pelvic floor physical therapist, sexual medicine specialist (gynecology / urology)

Permission

- If client or couple isn't expecting to talk about sex, obtaining permission to talk about it is a great way to get the conversation going
- Asking permission also makes it seem normal to talk about sex
- Ask everyone routinely; don't make assumptions that someone single or older isn't sexually active



Asking about Sex

- Examples:
 - One of the known impacts of cancer treatment is _____. Has this had an affect on you?
 - Cancer affects the sex lives of many individuals/couples. May I ask if your sex life has been affected?
 - You may or may not want to talk about your sex life now, but I wanted to let you know I am open to talking about your sex life.
 - If someone declines to talk, leave the door open to later conversations
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Limited Information & Specific Suggestions

- Many sexual issues can be resolved by giving the patient information and suggestions
- Examples range from using a lubricant to make having intercourse more comfortable to a referral to a pelvic floor PT



Intensive Therapy

- Intensive sex therapy
 - History of trauma
 - Long-term sexual issues that cancer has exacerbated
- May be needed when limited information and specific suggestions haven't helped
- May be required when the presenting problem is outside of scope of practice



Referral

- It takes a village to treat many sexual concerns
 - OB/GYN
 - Pelvic floor physical therapist
 - Sex therapist or sex & relationship therapist
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Brief Sexual History

- What is the issue you are currently experiencing?
- When did it start?
- How does it bother you?
- What do you think is creating the problem?
- What have you tried to do about it?
- What are you hoping will happen as a result of help for this problem?



“Opening the Flood Gate”

- If the patient’s problem is too complex for sexuality counseling, provide reassurance that there are solutions, but that the patient will need to access different resources
 - Have referrals ready for sex therapist, pelvic floor PT, and/or psychotherapist within the local community
 - Sex therapy: American Association for Sexuality Educators, Counselors, and Therapists; Society for Sex Therapy & Research
 - Pelvic floor PT: Academy of American Physical Health
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Psychological Changes

- Body image
 - Grief over loss of breast, which is a symbol of femininity and sexuality particularly for heterosexual women
 - Possible hair loss, which is associated with being attractive and youthful
- Anxiety and depression are common
- Fatigue and sleep disturbance
- Cognitive impairment aka “chemo brain”

Sexual Changes

- May be due to treatment, to psychological issues, and/or to medications especially antidepressants
- Low drive is the most common complaint of survivors
- Difficult with arousal and orgasm
- Vaginal dryness
- Painful intercourse

What Do We Mean by “Sex”?

- Most heterosexual people mean “intercourse” when they say they are having “sex”
- “Sex” can be easier for survivors and their partners if it includes “outercourse” and emotional intimacy
- Outercourse activities include:
 - Kissing, cuddling, fondling, rubbing, mutual masturbation / asymmetrical pleasure, oral pleasure, using toys
- Intimacy includes:
 - Talking, joking, reminiscing, sharing a meal, taking a shower, massage, enjoying an activity, or just being together and quiet

The New Normal

- Real life sex vs. Hollywood sex
- Accept that changes have occurred
- Talk openly with partner about them
- Grieve the old and invite the new
- Make the focus intimacy and connection rather than intercourse and orgasm

Changes in Desire

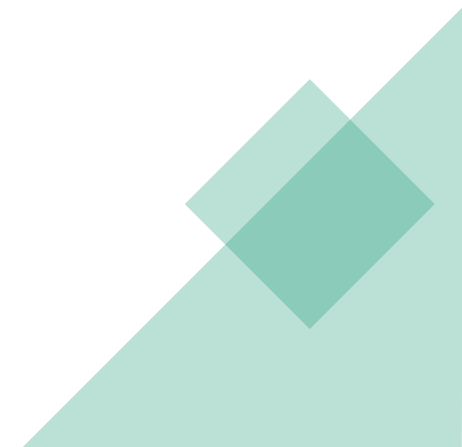
- It is normal to have sex (of any kind) less frequently after treatment for cancer
- Causes:
 - Treatment-related menopause and associated symptoms
 - Vaginal dryness
 - Changes in arousal and ability to have orgasm
 - Changes in body image and feeling less desirable
 - Depression, anxiety, and stress
 - Medications, including antidepressants




- Scheduling sex is helpful for most couple
- Determine what helps a woman feel more desirable
 - Pampering and grooming
 - Extra rest and relaxation
 - Massage or warm baths
 - Fragrance, candles, flowers or plants
- Determine what behaviors from partner can help woman respond positively
 - How would she like partner to initiate sex?
 - How would she like to be touched if her body has changed?
 - What encouragement does she need if she wants to feel more desirable?

Coping with Changes in Desire



A decorative graphic consisting of several overlapping squares in various shades of blue, located in the upper-left corner of the slide.

Changes in the Breast

- Scarring of or losing the breast or breasts affects women differently
 - If your breasts were a source of pleasure, woman and/or partner may mourn their loss, even if breasts are reconstructed breasts
 - Breasts are, however, only part of a woman's sexual identity and source of sexual pleasure
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- A decorative graphic consisting of several overlapping squares in various shades of teal, located in the bottom-right corner of the slide.

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- Woman can be encouraged to explore body in private to become familiar with changes in appearance and sensation
 - All feelings can be normal; a woman does not have to feel a particular way
 - Some women find that wearing a bit of clothing like a camisole makes them feel more comfortable during sexual activity
 - Suggest woman ask partner to touch her hands and arms, feet and legs first to help her feel relaxed and comfortable before any breast touching, if it is going to take place
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Coping with Changes in the Breast

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- Not uncommon to take longer to become aroused and have orgasm
 - Longer period of foreplay may be needed
 - Use of vibrator
 - Normalize using a vibrator to have an easier or stronger orgasm
 - 70% of women in the US own more than one vibrator
 - Encourage woman to openly talk with partner about physical changes and need for additional stimulation

Changes in Orgasm



Genito-Urinary Symptoms of Menopause

- Vaginal dryness
- Vaginal burning
- Painful sex
- Urinary frequency
- Pain with urinating
- Blood in urine
- Recurrent urinary tract infection
- Dribbling



GSM Interventions

Lifestyle:

- Eliminate irritants (lubricants, soaps, panty liners, spermicides)
- Stimulation: use it or lose it
- Smoking cessation
- Loose clothing, breathable undergarments (infections like dark, warm, sweaty)

Alternative medicine

- Black cohosh, dong quai, nettle extract, comfrey root, motherwort, soy, chaste tree extract
- Chickweed tincture, wild yam, acidophilus capsules, vitamin E, vitamin D
- May improve vaginal tissue flexibility, no decreased symptoms

GSM Interventions

- Moisturizers and Lubricants: appropriate for mild symptoms
 - Avoid alcohols and perfumes (irritating)
 - Moisturizers for maintenance (every 2-3 days),
 - Should mimic vaginal secretion pH (RepHresh)
 - Polycarbophilic gels (Replens) bind vaginal epithelium and release water to rehydrate cells van der Laak et al. J Clin Pathol 2002
 - Hyaluronic Acid increases moisture content (Revaree)
 - Lubricants for intercourse
 - Silicone based (Pjur) lasts longer than water based (Liquid Silk, Play, KY Jelly)
 - Glycerin based lubricants (AstroGlide, KY Jelly) can exacerbate recurrent yeast infections
 - Au natural: olive oil, coconut oil (?increase vaginal infection risk with repeated use?)
 - Use caution with latex condoms (some reduce effectiveness)

Add pelvic floor physical therapy for pain/vaginismus

What about Couples?



- For most couples...
 - Openly communicating about sex with “kitchen table talks”
 - Normalizing all feelings regarding sexual changes
 - Redefining “sex” as more than penetrative activity
 - Identifying pleasurable ways to expand the couple’s sexual repertoire
 - Establishing the “new normal”

Following Up

1

Inquire as to whether information and suggestions helped to resolve the sexual issue

2

If not, determine what worked and what didn't

3

If appropriate, reinforce what patient has been told or give additional information and suggestions

4

If information and suggestions were difficult to implement, make referrals as needed

Recap

It is the responsibility of the healthcare provider to ask the patient about sex

The PLISSIT model is a good framework for determining what level of sexual healthcare is needed

Changes in desire, orgasm, and genital health are the most common

Information and suggestions can help resolve many issues

Referrals can be made when problems do not resolve with information and suggestions, or the problem is outside scope

Thank you!

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