



LIVING BEYOND
BREAST CANCER®

Thriving Together

2025 CONFERENCE ON METASTATIC BREAST
CANCER

Sex and Intimacy: A Quality-of-Life Matter



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A photograph showing two hands, one from the left and one from the right, reaching towards each other and holding each other. The hands are silhouetted against a bright, glowing sun that creates a lens flare effect. The background is a clear blue sky with tall, thin grasses in the foreground, some of which are out of focus and appear as soft, golden bokeh. The overall mood is warm, intimate, and hopeful.

Important aspect of health and quality of life

Express love and caring with partner

Show vitality in face of illness

Can change over time and due to
health and life circumstances

Effects of metastatic breast cancer on sex and intimacy

...And this all happened, you know a chemo induced menopause and I had surgery, then, you know, ovaries out, double mastectomy...at 45 I was saying, “well, I’m one operation away from being a man.” (survivor, age 57)

There are ways of being close without the intercourse...but...you want to be a good partner and it’s...I think a lot of that is, you know, the guilt part of it. (survivor, age 67)

It never goes away, you know, I mean, it’s always like a mountain that are trying to climb and find, you know, ways to...overcome those obstacles.” (survivor, age 51)

BioPsychoSocial Impact of Cancer Treatment



Biological/physical Changes

- Loss of breasts/nipples reduce sensation and sexual arousal
- Hormonally caused vaginal dryness, menopausal symptoms
- Pain/discomfort during sex
- Pain and fatigue reduce desire for sex



Psychological Impact

- Concerns about breast/chest appearance
- Other body image concerns (weight gain)
- Loss of/reduced interest in sex



Interpersonal Challenges

- Loss of breast touching in sexual repertoire
- Relationship stress
- Dating, challenges starting relationship

Socio-cultural Factors

Experience of cancer-related sexual problems embedded in each survivor's socio-cultural context

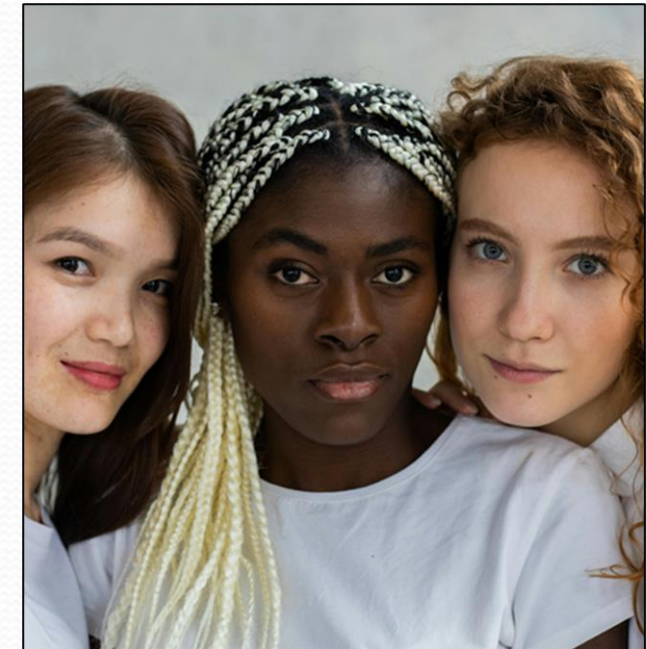
Cultural, religious expectations (examples below)

Patients from marginalized groups (e.g., Black, LGBTQ+) may face increased barriers to open discussion of sexuality

To have sex out of obligation

To maintain reproductive capacity

Pressures around appearance (e.g., breast appearance)



Most patients treated for breast cancer experience sexual concerns at some point...this can be heightened when facing metastatic disease

103 patients with
MBC

Baseline – within 6
months of diagnosis

Reporting sexual
problems

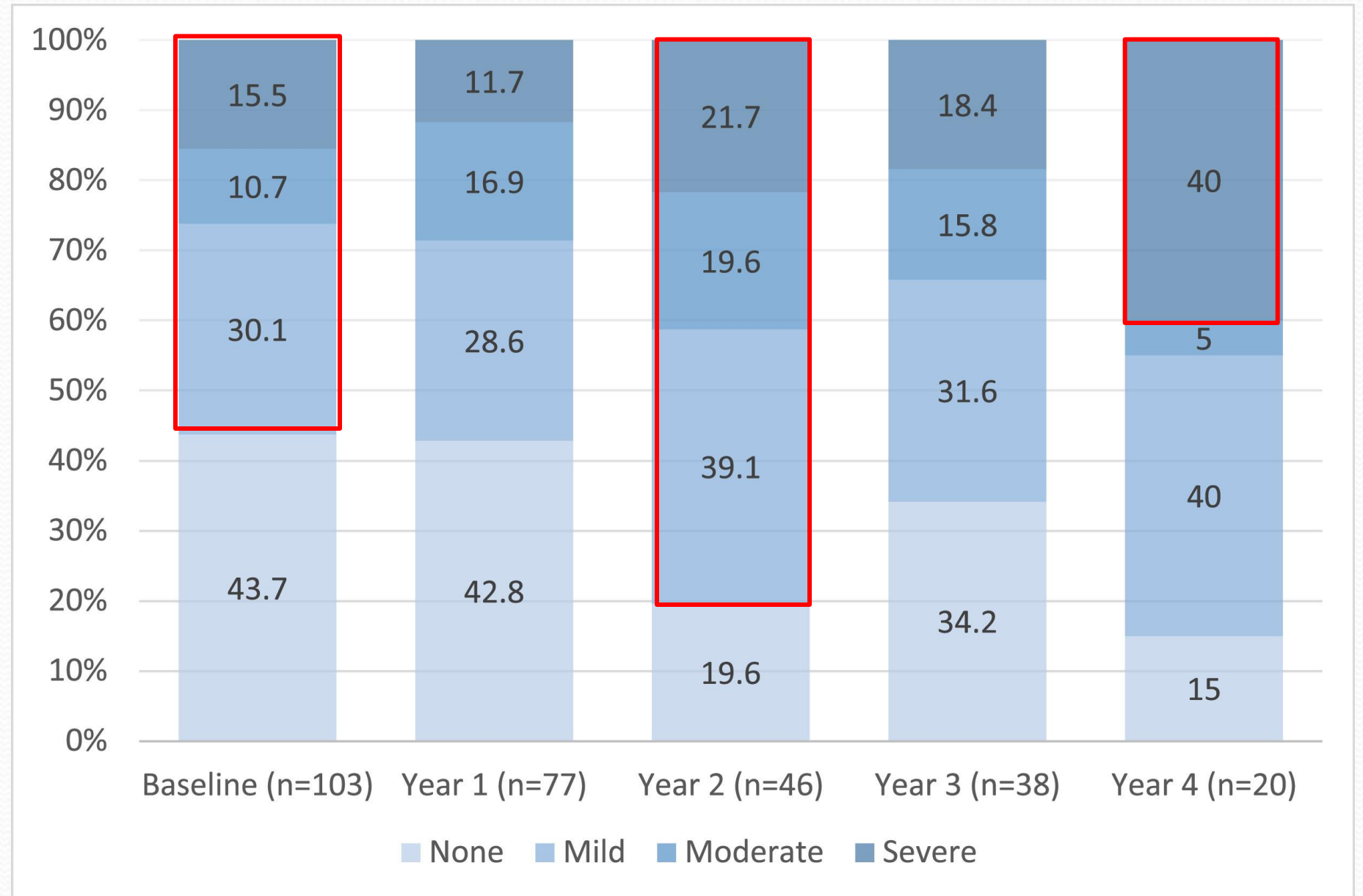
Baseline – 56%

Year 1 – 57%

Year 2 – 80%

Year 3 – 66%

Year 4 – 85%



Unique issues for MBC

Multiple treatments,
additive effects

Other physical and
emotional effects (e.g.,
fatigue, distress, bone
pain) compound issues

Living with disease,
treatments for longer

Table 3. Specific Sexual Symptoms in Years 2 and 4

Specific Sexual Problems	Year 2 n=55 n (%)	Year 4 n=23 n (%)
Wanted to feel more interest in sexual activity	24 (43.6%)	11 (47.8%)
Vagina felt too dry	27 (49.1%)	9 (39.1%)
Pain during or after sexual activity	16 (29.1%)	9 (39.1%)
Difficulty having an orgasm	16 (29.1%)	6 (26.1%)
Felt anxious about sexual activity	10 (18.2%)	6 (26.1%)
Did not enjoy sexual activity	15 (27.3%)	Was not asked
Sexual problems or concerns: other	6 (10.9%)	4 (17.4%)
Sexual problems or concerns: none	9 (16.4%)	3 (13.0%)

Abbreviation: n=number.

Role of Estrogen

- Estrogen keeps vagina moist and flexible
 - helps the vagina change when there is sexual arousal
- With stimulation and arousal
 - Blood flows to genitals
 - Vagina gets longer, wider, deeper
 - Cells lining vagina secrete droplets of fluid (or lubricant) that make vagina wet and slippery
 - Makes penetration comfortable and pleasurable

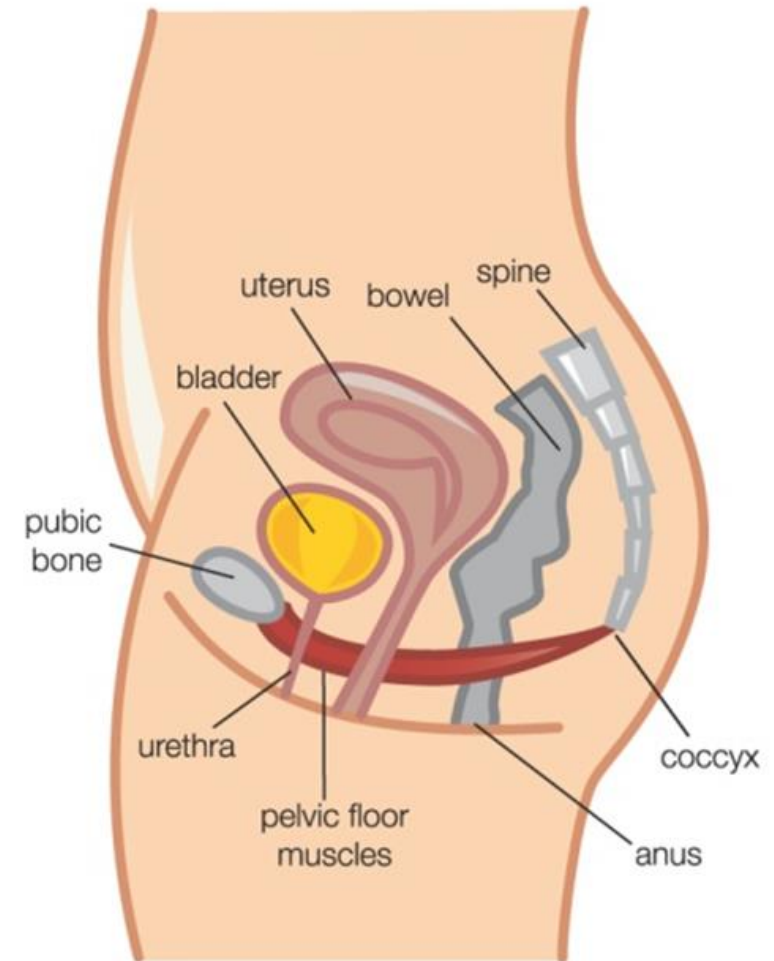
Without estrogen...

- Vaginal lining thins
- Vaginal walls may lose stretchiness
- Vagina may stay tight and dry, even if sexually excited
- Pelvic floor muscles weaken
- Muscles controlling bladder lose stretchiness
- Higher likelihood of urinary tract infections
- Occurs with normal age-related menopause
 - when occurs abruptly (chemotherapy, hormonal therapy, ovarian suppression/removal of ovaries) → more severe, distressing



Genito-urinary Symptoms and the Pelvic Floor

- Pelvic floor muscles help control bladder, bowel, involved with sexual activity
- Estrogen depletion →
 - Weakens pelvic floor muscles
 - Causes pelvic floor symptoms including urinary issues, bowel issues, pain with sexual activity
 - Decreases blood flow to pelvic region
- Pain with penetration → involuntary clenching of pelvic floor muscles



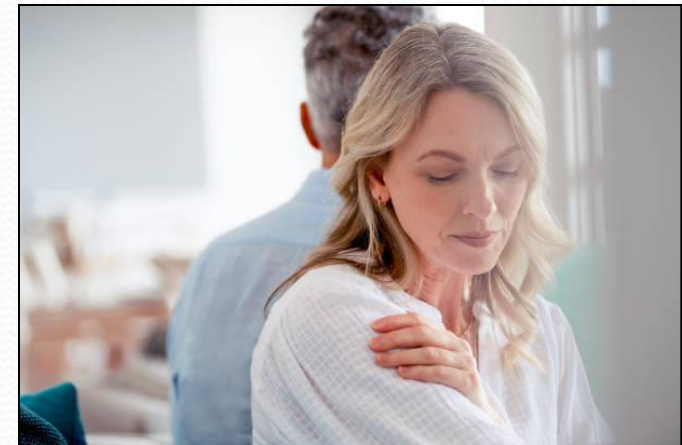
Impact on partner and relationship

The times that we have, you know, been intimate, it's like...she's not enjoying it and...I'm like, she's doing it for my benefit, you know, and I feel bad that...I'm making her do this...she's, like, dry...and like, she's tried different things but, like, you know, it hurts...(spouse, age 43).

I've found that when we have run into those periods in our relationship, then my husband kind of pulls back too...And [he] does not want to pressure me and does not want to initiate because he does not want to make me feel bad, you know. So then...that span of time grows and grows where nothing is – is happening. (spouse, age 51)

Impact on partner and relationship

- Loss of sex and intimacy
- Partner unsure how to touch survivor
- Communication difficulties
- Loss of spontaneity, needing to plan sex
- Getting “out of the habit”



How we think about sex and intimacy matters

- Thoughts can hamper interest and intimacy
 - Sex is for “healthy” people without cancer
 - Sex is never going to go back to how it was
 - If we can't have sex like we used to, it isn't worth it
- Not trying, avoiding partner/sex,
loss of desire for sex



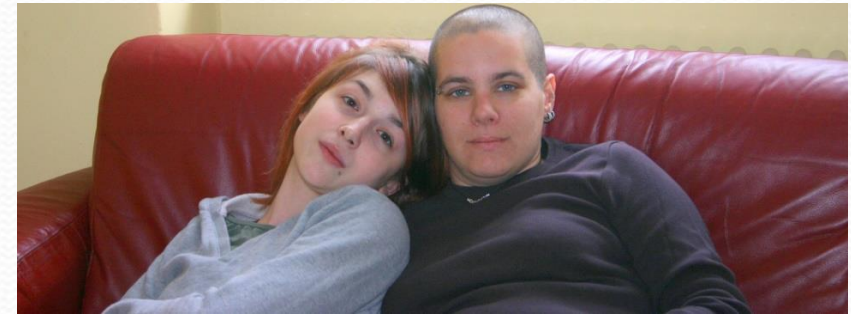
Other factors

- Age at diagnosis
- Disease stage, history of prior treatments, cumulative effects
- Lifelong history of sexual problems or body image disturbance
- Depression or anxiety
- Physical health and other problems
- Medications (e.g., SSRI's)
- Partner sexual problems, relationship quality



LGBTQ Breast Cancer Survivors

- Effects on sexual function similar to female heterosexual survivors
- Relationship quality similar
- Opting for no breast reconstruction more common
- Possibly fewer sexual identity/ body image concerns
- Effects dependent on individual values, roles, other factors
- Trans people may have high satisfaction from mastectomy



Boehmer, U. & Freund, L.R. (2007). *Plastic & Recon Surg*, 119, 464-472.

Brown, M.T. & McElroy, J.A. (2017). *Women Health*, 58, 403-418.

Kamen, C., Pratt-Chapman, M.L., & Quinn, G.P. (2020). *Curr Sex Health Rep*, 12, 320-328.

Patient-provider communication about sex

- Most breast cancer survivors want information about sexual health yet only ~30% patients receive information
- Sexual health is an important part of your overall health
- It is OK to ask about it as part of your healthcare
- You are not burdening your provider
- Providers can often give referral to someone who can help
- Asking questions → best way to direct provider



Burning questions you're allowed to ask

- Is this normal?
- What is this from?
- Will it go away?
- How long will it last?
- Will it get worse?
- What can I do about it?
- What treatments can I use to help it?
- Are there specialists here who can help?
- How can I get a referral if I need one?



Some ideas for starting

Learn

- Find out effects of your treatments

Speak Up

- Raise concern with a trusted clinician, get pelvic exam if pain
- Talk about your concerns with partner, if have one
- Make sure partner understands effects of treatments

Try It Out

- Try out different strategies on multiple fronts (physical aids, behavioral strategies, couples' strategies, etc.)

Seek More Help

- Seek out specialty assessment or treatment if needed

Addressing vaginal health concerns



Everyone → Discuss vaginal health

Vaginal lubricants and moisturizers (Level 1A evidence)

Pelvic floor therapy, vaginal dilators with pelvic floor muscle control

Talk to doctor

Low dose vaginal estrogen/DHEA, if appropriate

Intensive therapy, if appropriate

Lidocaine – for insertional pain before sexual activity, use with lubricant and regular moisturization

1 Carter, J., Goldfrank, & Schover, L.R. (2011). *J Sex Med*.

2 McVicker., Labeit, A.M., Coupland, C.A.C., et al. (2024). *JAMA Oncol*.

Nonhormonal Options for Vaginal Dryness



Vaginal Lubricants

- Liquid/gel reduces friction with sexual activity

Vaginal Moisturizers

- Applied to the vulva/vagina to help moisten the vaginal tissues after estrogen removal

Vaginal Lubricants

- Used specifically for sex, increases comfort and pleasure
- Available in liquid or gel form
- Apply to vulva, in/around vagina, penis/sex toy
- Reapply as needed during sex!
- Non-hormonal, OTC but can find greater variety in online stores
- Water- and silicone-based lubricants recommended
- **Avoid** petroleum-based lubricants; avoid scented and warming products



Vaginal Moisturizers

- Used to hydrate the vaginal tissues
- Decreases dryness and increases comfort of the vagina, **regardless of sexual activity (use lubricants for sex)**
- Gels, tablets or liquid beads
- Non-hormonal, OTC
- Used several times a week regularly, depending on severity
- Effect lasts for 2-3 days, then need to be reapplied; **likely need more often**
- Best absorption prior to bedtime
- Use for 12 weeks to test if it is helping



Lubricants

Product

AH! YES® Lubricant

Aloe Cadabra®

Good Clean Love

Pink® Silicone Lubricant for Women

Pjur® Original Silicone-Based Lubricant

Slippery Stuff

Sliquid Naturals – H₂O

ÜberLube

Wet Platinum Silicone-Based

Moisturizers

Product

AH! YES® Moisturizer

Good Clean Love BioNourish® Ultra
Moisturizing Vaginal Gel with Hyaluronic
Acid

Good Clean Love Restore® Moisturizing
Vaginal Gel

HYALO-GYN®

Replens™ Long-Lasting Vaginal
Moisturizer

Addressing Urinary Concerns

- Ways to reduce likelihood of infection
 - Don't wear tight pants or pantyhose and wear cotton panties to keep vaginal area dry
 - If use panty liners, use Aquaphor to protect skin
 - Wipe front to back and avoid douching
 - Avoid sexually transmitted diseases by practicing safe sex using condoms or other barriers
 - Avoid touching the vagina or urethra with anything that has touched the anus

Pelvic Floor Rehabilitation

- Education
 - Learning to relax pelvic floor
 - Pelvic floor muscles anatomy and function
 - Bladder and bowel retraining
 - Fear avoidance/ Catastrophizing
- Prescriptive Exercises
 - Dilation therapy
 - Relaxation training/strategies
 - Pelvic muscle strengthening
 - Diaphragmatic breathing



Desire...libido...sexual interest



Address pain/
discomfort first

Cultivate desire
(e.g., vibrator,
deep kissing)

Reduce barriers to
desire (e.g., turn
off lights)

Do things to
enhance self-
confidence (e.g.,
exercise)

Plan for success
(e.g., plan for
when less tired)

Don't despair
(e.g., other forms
of intimacy)



Other ideas

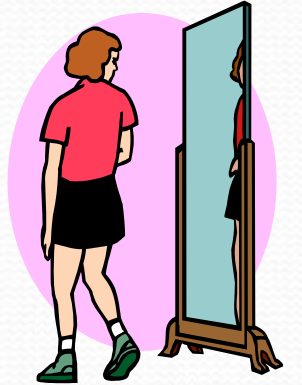
- Bupropion
 - “Pro-sex” antidepressant (selective norepinephrine receptor inhibitor)
- Flibanserin (Addyi®)
 - Some evidence in early-stage BC survivors, not tested in patients with metastatic disease
- Mental health, relationship issues
 - Counselor, therapist, couples’ therapist, sex therapist
 - Address depression or anxiety



Sex does not have to mean penetration or orgasms to include pleasure, intimacy, and satisfaction

Addressing Body Image Concerns

- Wear clothing that makes you feel good about yourself
- Use clothing during sex if that helps you focus on sex and not on your body changes
- Experiment with dim lighting
- Talk to a therapist or counselor if your body image worsens or if you have had long-standing problems
- Stepped exercise → Try looking in mirror at body while relaxed, say things you like about body



Couple-Based Strategies

- Communicate openly about changing needs and wants
 - Tell your partner what you like...your needs may have changed
 - Show your partner what you enjoy
 - Try new ways to have intimacy together...be curious
- Think about changing focus from penetrative sex/orgasm to pleasure/intimacy



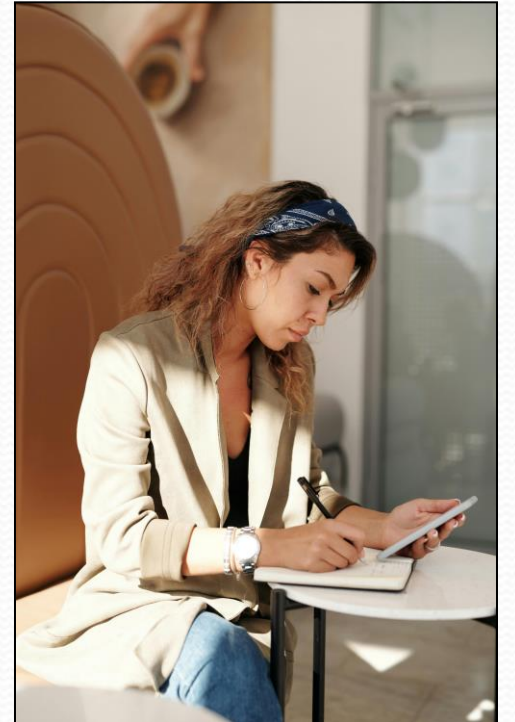
Couple-Based Strategies

- Spend some time touching with no expectations
- Include some physical affection in relationship, like cuddling, touching
- Engage in fun activities to build intimacy outside of sex
- Intimacy can change over time



In conclusion

- Sexual concerns common for survivors from all backgrounds
 - Physical, emotional and interpersonal concerns
- Often not discussed...you can be your best advocate!
 - Prepare, and raise the topic with care team and partner
- Sexual concerns may not go away on their own but...
 - Many ways to reduce their impact on your quality of life



In conclusion

- You're not alone and there are things that can help
- Be persistent! Try different options
 - Address physical barriers to sexual activity first
- Your sexual function or relationship may not be the same as before the cancer but...
 - There are paths to satisfaction and intimacy



Additional Reputable Resources

- Living Beyond Breast Cancer Guide to Understanding Intimacy and Sexuality
 - <https://www.lbbc.org/intimacyguide>
- National Cancer Institute
 - <https://www.cancer.gov/about-cancer/treatment/side-effects/sexuality-women>
- American Cancer Society – Sex and the Adult Female with Cancer
 - <https://www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/fertility-and-sexual-side-effects/sexuality-for-women-with-cancer.html>