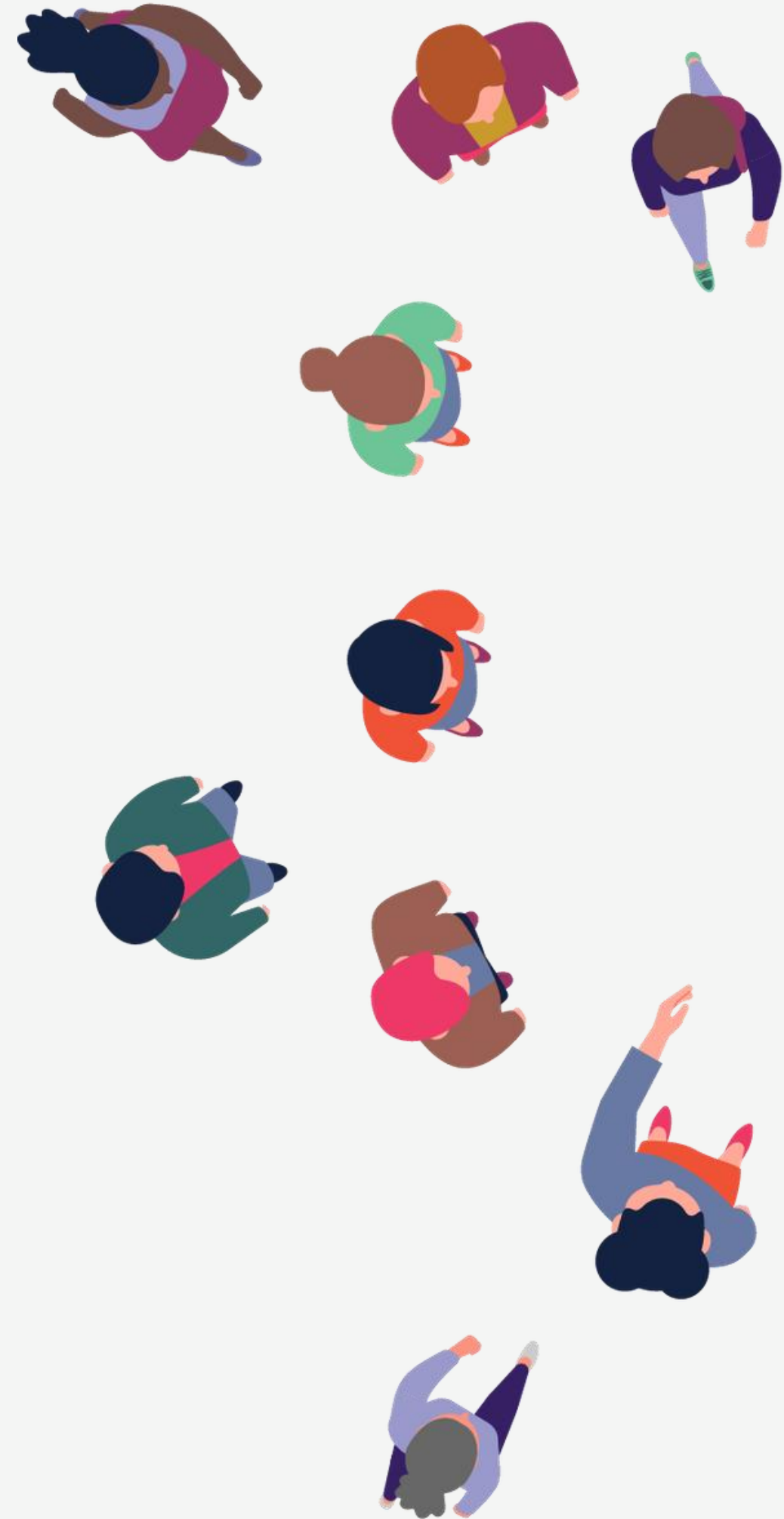


2026 | SUMMIT

Sexual health after a breast cancer diagnosis

Speaker: Kristin Rojas, MD, FACS, FACOG



Living Beyond Breast Cancer Summit:

Sexual Health After a Breast Cancer Diagnosis

Kristin E. Rojas, MD, FACS, FACOG
Associate Professor
Dept. of Breast Surgical Oncology
Dept. of Gynecologic Oncology and Reproductive Medicine

THE UNIVERSITY OF TEXAS
MDAnderson
Cancer Center
Making Cancer History®

Let's Talk About Sex

1

Menopause & hot flashes

What's happening and what helps

2

Dryness & painful sex

Four simple steps to comfort

3

Vaginal hormones

Not a hard no... a conversation

4

Desire

Why it changes and how to boost it in safe ways

5

Devices & innovation

What's new and what to skip

6

Partners & caregivers

Intimacy is a team effort

A note on language: I'll say "women" and "partners" today, but this conversation is for every body and every relationship.

Non-Hormonal Medicines That Help

Low-dose antidepressants

Venlafaxine and others, at low doses for hot flashes. Some (paroxetine, fluoxetine) can interact with tamoxifen, check with your team.

Oxybutynin

A bladder medicine that also calms hot flashes.

Gabapentin

Can help hot flashes and sleep, especially taken at bedtime.

NEW

“Brain thermostat” medicines

Fezolinetant (Veoza) and elinzanetant (Lynkue) calm the brain’s temperature center without hormones

In a large trial of women taking breast cancer hormone therapy, elinzanetant reduced hot flashes and improved sleep.

Ask about side effects, insurance coverage, and liver blood tests (fezolinetant).

The 2023 Nonhormone Therapy Position Statement of The North American Menopause Society. Menopause. 2023;30:573-590.
Leon-Ferre RA, et al. JNCI Cancer Spectr. 2019;4(1):pkz088.
Cardoso F, et al. N Engl J Med. 2025 (OASIS-4).

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What About Hormone Pills or Patches?

After breast cancer

- Systemic hormones (pills, patches, gels on the skin) are not a first choice, especially for patients with hormone-positive cancers
- Non-hormonal options come first
- If symptoms are severe and nothing else works, it's a careful, individual conversation with your oncologist

For daughters, sisters & friends

- 2002 headlines scared a generation away from hormone therapy
- For most healthy women under 60 or within 10 years of menopause, benefits outweigh risks
- In long-term follow-up, estrogen alone (for women without a uterus) was linked to **lower** breast cancer risk

The 2022 Hormone Therapy Position Statement of The North American Menopause Society. Menopause. 2022;29:767-794.
Chlebowski RT, et al. JAMA. 2020;324:369-380.

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Four Steps to Treat Dryness and Painful Sex

1

Skip irritants

Most feminine hygiene products contain artificial fragrance and disrupt the vaginal microbiome, increasing the risk of infections and making symptoms worse

2

Moisturize

For nights where sexual activity is not planned, like “maintenance”

3

Lubricate

For any sexual activity, or devices

4

Address the pelvic floor

Dilators, devices, and pelvic floor physical therapy

~~Cancer~~
UT MD Anderson

OASIS Program

Steps 1 & 2: Skip Irritants, Moisturize Regularly

Step 1: Less is more

- Avoid intravaginal washes
- Skip scented washes, wipes, douches, bath bombs, and liners
- “Gentle” or “for babies” doesn’t mean safe for the vagina
- Fragranced products can contain hormone-disrupting chemicals



Step 2: Moisturize

- Not the same as lube, moisturizers are for maintenance
- Use about 3 times a week, like after a shower
- Try hyaluronic acid suppositories
- Burning? Try a single-ingredient organic coconut oil

Vaginal Hormones Are Not the Same as Systemic Hormones (HRT/MHT)

Systemic hormones (HRT/MHT)

- Pills, patches, gels
- Travel through the whole body
- Not recommended for patients with breast cancer by ASCO, even with black box removed.... But it's a nuanced discussion

Vaginal hormones

- Creams, tiny tablets, rings, inserts
- Ultra-low doses that act where they're placed

Low-dose vaginal estrogen

Cream, 4 or 10 mcg tablet, or ring, in our program we recommend 1–2 times a week for lower absorption into the bloodstream

Vaginal DHEA (prasterone)

FDA-approved for painful sex. In breast cancer survivors on aromatase inhibitors, it did not significantly raise estrogen levels

Save your money and stick to FDA-approved products: “Bioidentical” is a marketing term, and there is no known benefit to compounded therapies over FDA-approved treatments. They may not even contain what is on the bottle because they are not regulated.

What we know

No reliable evidence that vaginal estrogen increases the chance of breast cancer coming back.

The controversy

A 2022 Danish study raised a possible small risk for women on aromatase inhibitors, but it was a small subgroup and doesn't apply to patients receiving modern therapies

Who supports it

ACOG, The Menopause Society, and ASCO say vaginal hormones can be considered when non-hormonal steps aren't enough.

How we use it

Start with non-hormonal moisturizers 3 times per week to improve tissue quality and lower absorption into the bloodstream.

Twice per week is usually effective (need to use for at least 2 months), can continue or taper off when painless sex returns.

Cold S, et al. J Natl Cancer Inst. 2022;114:1347-1354. ACOG Clinical Consensus No. 2 (2021). NAMS 2022 Hormone Therapy Position Statement. ASCO: J Clin Oncol. 2018;36(5).

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Step 3: Lubricate....Every. Single. Time.

Silicone

Our favorite

- Long-lasting and slippery
- Gentle on sensitive tissue
- Avoid with silicone devices/toys

Water-based

- Safe with condoms and all toys
- Can make dryness worse

Oil-based

- Coconut, olive, or vitamin E oil
- Not safe with latex condoms



Skip: glycerin, propylene glycol, nonoxynol-9, petroleum, chlorhexidine...and gimmicks like flavors, warming, or tingling.

Step 4: Address the Pelvic Floor Muscle Spasms!

Painful Sex

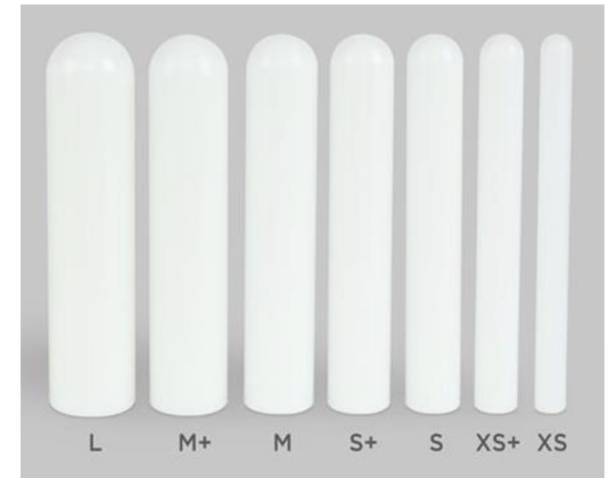


Muscles tense, anxiety



More pain

- Guess what? **You probably don't need to be doing kegels**
- Pelvic floor physical therapy teaches these muscles to **relax**
- Vaginal dilators gently stretch tissue, help **retrain the brain** that something can be there without pain
- Start small, use plenty of lube, a few times a week
- **Not sexually active during treatment?** Make sure you are comfortable placing a dilator before jumping back into action



Pelvic Health Devices! Vibratory Arousal Aids, Oh My!

Body-adaptive targeted stimulation provides lubrication and arousal support

- Sex isn't just about penetration
- Talk about it outside the bedroom
- Keep the conversation simple and fact-based
- Let their reaction tell you if they're worth your time
- Frame as an opportunity for sexual creativity



Soul source



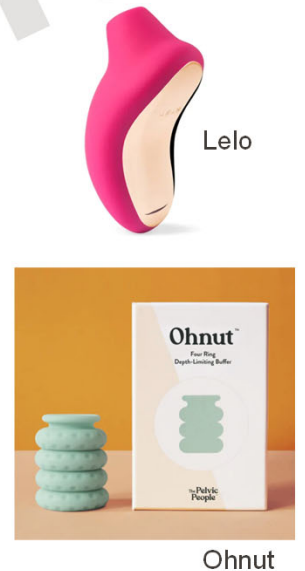
MV health



MV health



MV health



Ohnut



Starting the Conversation

“Is my cancer sensitive to estrogen, and how important is it that I take estrogen blocker medications (and which kind do you recommend)?”

“I’ve tried non-hormonal moisturizers and lube. What’s next for me?”

“Could vaginal DHEA or low-dose vaginal estrogen be an option? If you aren’t sure do you have someone I can speak to who is an expert?”

“Can we try this medication for few months and check in together?”

“Right now, quality of life matters most to me. Can we plan around that?”

Bring a partner or caregiver

Write your questions down

Ask for a sexual health program or pelvic PT referral

Where Did My Desire Go?

Body

Hormone changes
Pain
Fatigue
Medications

Mind

Body image
Anxiety & depression
Fear of recurrence

Relationship

Communication
Caregiver roles
Stress

For many women, desire is responsive: it shows up after closeness and touch begin...not before. That's normal.

Rekindling Desire

Treat pain first. Desire rarely returns while sex hurts.

Review your medications. Some antidepressants lower desire, alternatives exist. Ask about your endocrine therapy too; never stop on your own. Tamoxifen likely impacts desire less than aromatase inhibitors.

Sleep hygiene. Exhaustion is a desire-killer.

Plan for “five-play.” Schedule time for intimacy, the “build-up” counts.

Explore. Audio stories (Dipsea, Quinn), body-safe devices, or a sex therapist (AASECT.org).

What about a pill?

Two FDA-approved medicines for low desire exist: **flibanserin** (daily pill) and **bremelanotide** (as-needed injection).

Studied mostly in women without cancer, ask whether one makes sense for you.

Kingsberg S, et al. Obstet Gynecol. 2019. “Five-play”: term borrowed from Dr. Ann Partridge.

What's New, and What to Skip

Worth asking about

- New non-hormonal hot flash medicines
- Vaginal DHEA and ultra-low-dose vaginal estrogen
- Pelvic floor therapy and devices
- Specialized programs like OASIS at MD Anderson

Save your money (and your body)

- Vaginal “rejuvenation” lasers: not FDA-approved for the vagina, no better than sham treatment in trials, and can cause burns and scarring
- Compounded “bioidentical” hormones and pellets: not regulated; levels can be very high
- Vaginal steaming, “detox,” jade eggs, feminine washes

Li FG, et al. JAMA. 2021;326:1381-1389. US FDA Safety Communication, July 2018. Jiang X, et al. Menopause. 2021;28:867-874.

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For Partners & Caregivers

Ask, don't assume.

Check in about what feels good now, bodies and needs change.

Touch without pressure.

Closeness doesn't have to lead to sex.

Share the logistics.

YOU buy the lube, set the mood, plan the time together.

Protect the partner role.

When you can, let others help with caregiving tasks.

Come along.

Join appointments, these questions are easier together.

Care for yourself too.

Your fear, grief, and fatigue are real. Couples counseling helps.

Key Takeaways

- 1 These changes are common, medical, and **treatable**.
- 2 **Start simple**: skip irritants, moisturize, lubricate, and care for your pelvic floor.
- 3 **Vaginal hormones** aren't a hard no, they're a conversation with your team.
- 4 **Desire** is complex. Treat pain first, and be patient with yourself.
- 5 Intimacy matters **at every stage**, for you and for the people who love you.

Intimacy Matters at Every Stage

Your goals may shift. Comfort, closeness, touch, and pleasure all count, intercourse is optional.

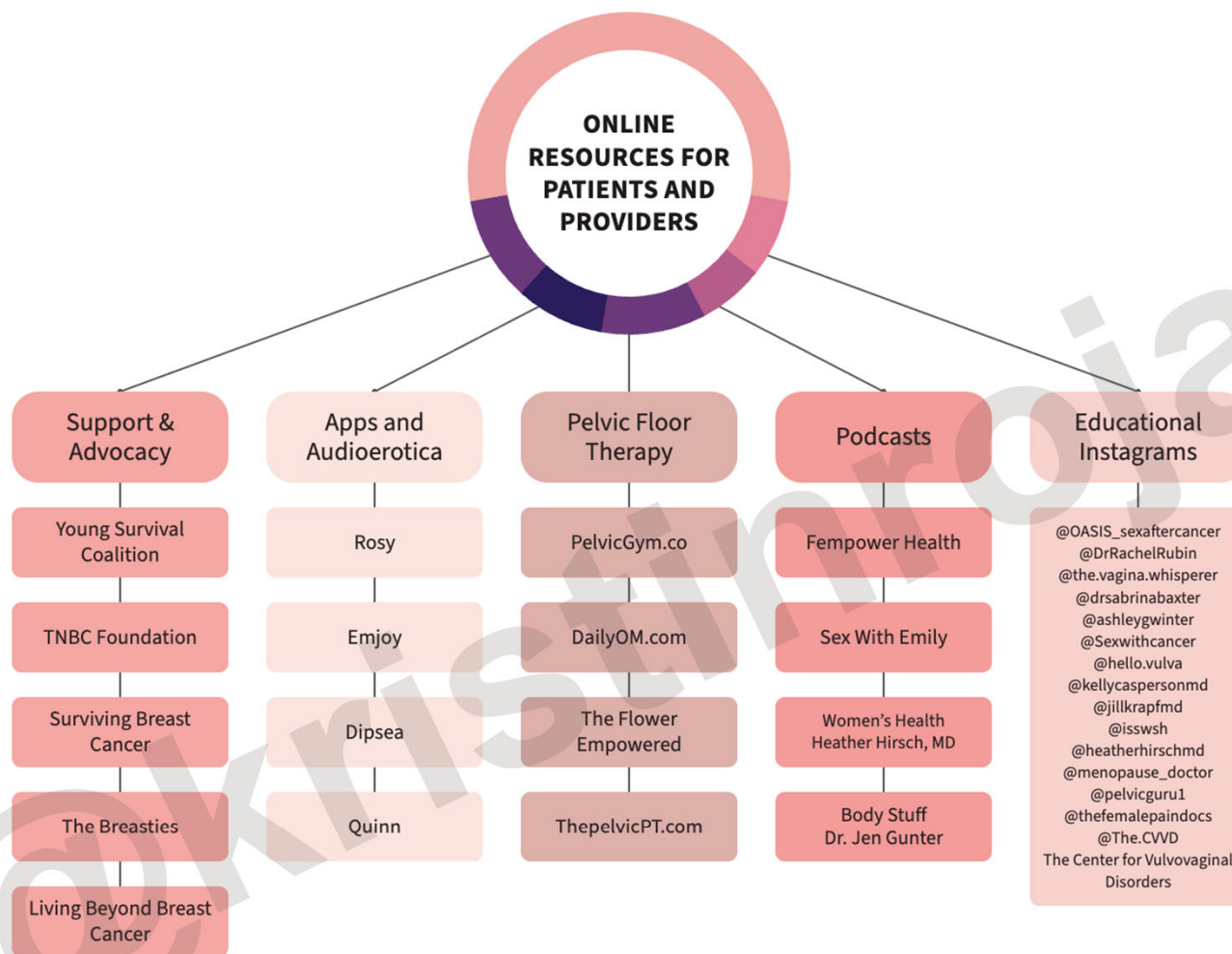
Plan for your best energy. Fatigue and treatment schedules are real; mornings or off-treatment days may work better.

Support your body. Pillows, wedges, and side-lying positions help with bone pain, lymphedema, ports, or recent surgery.

Living with metastatic disease? Quality of life is part of your treatment plan, say out loud what matters most to you.

You deserve to be asked. And it's always OK to bring it up first.





Vibratory aids:

MV.Health

Lelo

Dilators:

Soul Source

Hellomilli.com

Intimaterose.com

Collision aids:

Ohnut.co

Lubricants:

Uberlube (silicone)

Sliquid organics (water)

Moore JF, Rojas KE. Gynecologic Care of the Cancer Patient. Cambridge University Press. Ed L McKenzie, D Nebgen. (2023)

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Thank you!
@kristinrojasmd

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Female Sexual Health After Cancer Program

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