Session Learning Objectives

After this session, you will be able to:

- Understand the design and purpose of our multidisciplinary clinic for sexual health.
- Comprehend the role of medical interventions for sexual health for patients with breast cancer.
- Comprehend the role of physical therapy for sexual health for patients with breast cancer.
- Comprehend the role of pharmacy for sexual health for patients with breast cancer.
- Recognize the role of psychotherapy services for sexual health in patients with breast cancer.

Sexual Health Clinic Overview

Lisa Massa, MPT, WCS, CLT
Duke University Health System

Why is this type of clinic needed?

- In one survey study 98% of health care providers agreed that sexual health should be discussed with cancer survivors, yet only 21% of those surveyed actually discussed sexual health with their patients.\
- 40% of women’s cancer survivors indicate that they were interested in seeking care regarding sexual health.\

Clinic Design

- What do the patient’s need?
- What can we reasonably offer our patients?
- Identifying limitations:
  - Financial
  - Geographic
  - Medical

Disclosure

• Speakers have no disclosures to report.
Clinic Assessment

- **Outcome Measures:**
  - Brief Index of Sexual Functioning for Women (BISF-W)
  - Patient Reported Outcomes Measurement Information System (PROMIS)
- **Customer Surveys (Press-Ganey)**

BISF-W

- **Seven Domains**
  - Thoughts/Desire
  - Arousal
  - Frequency of Sexual Activity
  - Receptivity/Initiation
  - Pleasure/Orgasm
  - Relationship Satisfaction
  - Problems with Sexual Function

PROMIS

- Can be customized to focus on the specific concerns of your patient population.
- Validity/Reliability tested

Sexual Health Focused Organizations

- Scientific Network on Female Sexual Health and Cancer
  - [http://cancersexnetwork.org/](http://cancersexnetwork.org/)

Multidisciplinary Team

- Medical Doctor
- Physical Therapist
- Pharmacist
- Licensed Medical Family Therapist
- Referrals:
  - OB-GYN
  - Urogynecologist
  - Sex Therapist

Sexual Health in Breast Cancer Survivors

- Changes in body image
- Changes in sexual desire
- Changes in vaginal tissues
- Pelvic Pain
  - Superficial dyspareunia
  - Vulvar pain
- Changes in relationship dynamic with intimate partner
  - LMFT
  - Sex Therapist
Breast Cancer Sexual Health
Kelly E. Westbrook, MD
Duke Cancer Institute

Topics to Discuss
• Epidemiology of Breast Cancer
• Breast Cancer Treatment
• Female Sexual Dysfunction
• Treating Sexual Side effects of Breast Cancer

2014 Top 10 Cancers: New Cancer Cases and Deaths, by Sex, In United States

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>New Cases 2014</th>
<th>% of All New Cancer Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prostate</td>
<td>232,670</td>
<td>14.0%</td>
</tr>
<tr>
<td>Female Breast</td>
<td>122,529</td>
<td>7.6%</td>
</tr>
<tr>
<td>Male Breast</td>
<td>110,141</td>
<td>6.4%</td>
</tr>
<tr>
<td>Colorectal</td>
<td>129,801</td>
<td>8.2%</td>
</tr>
<tr>
<td>Female Colon</td>
<td>19,858</td>
<td>1.3%</td>
</tr>
<tr>
<td>Male Colon</td>
<td>9,345</td>
<td>0.6%</td>
</tr>
<tr>
<td>Lung</td>
<td>121,464</td>
<td>7.7%</td>
</tr>
<tr>
<td>Female Lung</td>
<td>63,340</td>
<td>4.0%</td>
</tr>
<tr>
<td>Male Lung</td>
<td>58,124</td>
<td>3.6%</td>
</tr>
<tr>
<td>Lymph &amp; Hodgkin’s Lymphoma</td>
<td>24,706</td>
<td>1.5%</td>
</tr>
<tr>
<td>Female Lymph &amp; Hodgkin’s Lymphoma</td>
<td>12,353</td>
<td>0.8%</td>
</tr>
<tr>
<td>Male Lymph &amp; Hodgkin’s Lymphoma</td>
<td>12,353</td>
<td>0.8%</td>
</tr>
<tr>
<td>Non-Hodgkin’s Lymphoma</td>
<td>24,706</td>
<td>1.5%</td>
</tr>
<tr>
<td>Female Non-Hodgkin’s Lymphoma</td>
<td>12,353</td>
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<td>0.8%</td>
</tr>
</tbody>
</table>

Breast cancer represents 14.0% of all new cancer cases in the U.S.

Estimated Number of Persons Alive in the U.S. Diagnosed with Cancer by Site (N=10.1M)

Female Breast: 22%
Colorectal: 6%
Gynecologic: 7%
Other GU (Bladder and Testis): 7%
Hematologic (HD, NHL, Leukemia): 18%
Melanoma: 10%
Lung: 10%
Other: 17%

Data Source: 2004 Submission. U.S. Estimated Prevalence counts were multiplied by U.S. populations to SEER 9 and historical Connecticut Limited Duration Prevalence proportions and adjusted to represent complete prevalence. Populations from January 2002 were based on the average of the July 2001 and July 2002 population estimates from the U.S. Bureau of Census.

Annual Age-adjusted Cancer Death Rates Among Females for Selected Cancers, United States, 1930-2005

<table>
<thead>
<tr>
<th>Year</th>
<th>Prostate</th>
<th>Female Breast</th>
<th>Colon</th>
<th>Female Lung</th>
<th>Lymph &amp; Hodgkin’s Lymphoma</th>
<th>Melanoma</th>
</tr>
</thead>
<tbody>
<tr>
<td>1930</td>
<td>361.6</td>
<td>79.5</td>
<td>252.9</td>
<td>25.9</td>
<td>25.9</td>
<td>2.0</td>
</tr>
<tr>
<td>2005</td>
<td>20.2</td>
<td>13.5</td>
<td>10.5</td>
<td>14.0</td>
<td>14.0</td>
<td>2.0</td>
</tr>
</tbody>
</table>

SEER fast facts 2014

Breast cancer is the leading cause of cancer-related deaths among women in the U.S.
Risk Factors

• Age
• Race
• Individual or family history of breast cancer
• Personal history of ovarian cancer
• Genetic mutation (e.g. mutation in the BRCA1 or BRCA2 genes)
  • Estrogen exposure
  • Atypical hyperplasia of the breast
  • Radiation exposure

Breast Cancer Treatment Options

• Local Therapy:
  – Surgery
    • Mastectomy
    • Lumpectomy
  – Radiation therapy

• Systemic Therapy:
  – Cytotoxic chemotherapy
  – Targeted therapies
  – Endocrine treatment
  – Biologic therapies

Treatment decisions driven by biology as much as stage.

Late Effects of Breast Cancer Treatment

<table>
<thead>
<tr>
<th>Surgical</th>
<th>Radiation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Numbness</td>
<td>Filtration</td>
</tr>
<tr>
<td>Weakness</td>
<td>Brain Pain</td>
</tr>
<tr>
<td>Pain</td>
<td>Telangiectasia</td>
</tr>
<tr>
<td>Loss of ROM</td>
<td>Poor cosmetic outcome</td>
</tr>
<tr>
<td>Lymphedema</td>
<td>Cardiopulmonary toxicity</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chemotherapy</th>
<th>Hormonal therapies/Targeted therapies:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fatigue</td>
<td>Increased Risk of Stroke</td>
</tr>
<tr>
<td>Cardiopulmonary toxicity</td>
<td>DVT</td>
</tr>
<tr>
<td>Neuropathy</td>
<td>Uterine Cancer</td>
</tr>
<tr>
<td>Weight gain</td>
<td>Arteriovenous</td>
</tr>
<tr>
<td>Sexual Dysfunction</td>
<td>Cardiovascular</td>
</tr>
<tr>
<td>Psychological Distress</td>
<td>Cardiopulmonary toxicity</td>
</tr>
<tr>
<td>Ovarian Failure and Menopause</td>
<td>Sexual Dysfunction</td>
</tr>
<tr>
<td>Secondary Malignancies</td>
<td></td>
</tr>
</tbody>
</table>

Survivors’ Top Concerns

- Fear of Recurrence (75%)
- Sadness and depression (65%)
- Grief and identity (64%)
- Energy (53%)
- Concentration (53%)
- Sexual functioning (43%)
- Neuropathy (39%)
- Pain (30%)

Female Sexual Dysfunction

- Multifactorial, involving physiologic, psychological, social, and emotional components.
- Delineation into four diagnostic groups:
  – Hypoactive sexual desire disorder (HSDD)
  – Female sexual arousal disorder (FSAD)
  – Orgasmic disorder
  – Sexual pain disorder

- Up to 77% of breast cancer survivors qualify for a diagnosis of Female Sexual Dysfunction 3 years or longer after diagnosis

I learned to live with it is not good enough: Challenges reported by post-treatment cancer survivors in the LIVE STRONG surveys, A LIVE STRONG report, 2010.
Sexual Concerns in Breast Cancer Patients

- Cosmetic
  - Changes in appearance after surgery
  - Radiation induced changes in tissue
- Functional
  - Changes in sensation
  - Medication-induced atrophy/dryness
- Psychosocial
  - Anxiety/Depression
  - Fear of Recurrence

Functional Changes

- Decrease in libido caused by changes in estrogen levels and chemotherapies/endocrine therapies
- Vaginal dryness
- Vaginal stenosis
- Hypo-orgasmia

Breast Cancer Phenotypes …

All Breast Cancer

ER+ 65%-75%

HER2+ 15%-20%

Triple Neg 15%

Estrogen Production in Premenopausal and Postmenopausal Women

Hypothalamus

Premenopausal

Gonadotropins (FSH + LH)

Ovary

Postmenopausal

Adrenocorticotropic Hormone (ACTH)

Adrenal Gland

Cortisone

Estrogens

Hormones

Androgens

Benefits of Adjuvant Tamoxifen (5 yrs, ER+)

Two Classes of Adjuvant Hormonal Therapy

- Estrogen Receptor Antagonists
  - Compete with estrogen binding to receptor
- Aromatase Inhibitors
  - Inhibit synthesis of estrogens

Tamoxifen

Estrone

Testosterone

Androstenedione

Estrogens

Progestagens

Androgens

Pituitary Gland

Ovary

Adrenal Gland

Cortisone

Estrogens

ER=aromatase inhibitor; ER=estrogen receptor.

EBCTG Lancet 2005

Hazard Ratio 0.59 (SE 0.03)

Hazard Ratio 0.66 (SE 0.04)
Management of FSD

- Multifactorial nature defies a quick fix
- Therapeutic interventions should be tailored to address each area of distress
  - Psychological, interpersonal, sociocultural, and physiologic
  - Desire, arousal, orgasm, pain
- Available modalities
  - Education, counseling, and lifestyle interventions
  - Mechanical devices
  - Pelvic floor exercises
  - Medications

Medical Management of FSD

- Data suggest that estrogen-deficient postmenopausal women experience an increased incidence of sexual dysfunction
- Estrogen or estrogen–progestin therapy (ET/EPT) may improve or correct the problem

Association between lower estrogen levels and increased prevalence of sexual problems

![Graph showing association](image)

Medications for FSD in breast cancer patients

- None known to be safe
- HABITS (Hormonal Replacement Therapy—Is It Safe?)
  - Trial stopped after a median of just 2.1 years due to increased risk of recurrence in the treated group
  - RR 3.3; 95% confidence interval (CI): 1.5 to 7.4
- Stockholm Randomized Trial
  - no significant increase in breast cancer in the treated group at a median of 4.1 years
  - RR : 0.82; 95% CI : 0.35 to 1.9
- OVERALL: FEAR of increased risk of recurrence

What about Testosterone?

- Small studies have suggested benefits
  - Increased libido, improved vaginal dryness
  - Possible inhibitory effect of estrogen stimulation of cancer cells
  - Safety unknown
- FSD committee recommendations:
  - Comprehensive risk–benefit analysis and informed consent of patients before therapeutic management with hormonal therapies
  - Exogenous testosterone should be considered only after other causes treated
  - Depression, relationship problems, etc

Management of FSD

- Multifactorial nature defies a quick fix
- Therapeutic interventions should be tailored to address each area of distress
  - Psychological, interpersonal, sociocultural, and physiologic
  - Desire, arousal, orgasm, pain
- Available modalities
  - Education,
  - Counseling,
  - Lifestyle interventions
  - Pelvic floor exercises
  - Sex therapy
  - Medications
Breast Cancer Sexual Health and Physical Therapy

Amanda Heath, PT, DPT, CLT
Duke University Health System

Sexual Health & Physical Therapy

• PRIMARY role:
  – Address patient concerns related to the physical aspects of sexual activity including:
    • Vaginal dryness
    • Dyspareunia / Pain with intercourse
    • Anorgasmia
  – Assess vaginal health and pelvic floor muscle function
  – Educate patients
  – Recommend ongoing treatment with pelvic floor physical therapy if appropriate
  – Make referrals to alternate health care providers if appropriate

Sexual Health & Physical Therapy: Pelvic Floor Muscle Examination

• Subjective History:
  – Current symptoms (pain, discomfort, dryness, etc.)
  – When does pain occur (with penetration, during intercourse, after intercourse)
  – Duration of symptoms
  – Currently sexually active or abstaining secondary to pain or fear?
  – Inquire about urinary and bowel symptoms as well
  – Past medical and surgical history (gynecologic surgery, childbirth/pregnancy, history of urinary infections, STIs, sexual abuse, etc.)

Sexual Health & Physical Therapy: Pelvic Floor Muscle Examination

• External Examination:
  – Lower extremity screen as appropriate (Lumbar, Hip, SIJ)
  – External genital assessment
    • Vaginal dryness
    • Movement of the perineum with PFM contraction and relaxation
    • Reflexes
    • Cotton swab test
    • Palpation

Sexual Health & Physical Therapy: Pelvic Floor Muscle Examination

• Internal Examination:
  – Palpation for muscle restriction and concordant pain
  – PERFECT Score™: (Power, Endurance, Repetitions, Fast/Quick Flicks)
  – Muscle coordination (specifically the ability to voluntarily relax)
  – Pelvic organ prolapse

• Treatment options
  – Often focused on relaxation
  – Vaginal dryness
  – Referrals made as necessary:
    • Anorgasmia
    • Pelvic organ prolapse
    • Vaginal fissures

Sexual Health & Physical Therapy: Pelvic Floor Muscle Examination

• Vaginal dryness assessment:
  – Visual inspection of introitus
  – Look for redness/irritation
  – Check for natural layer of lubrication
  – Be aware of possible fissures
• Subjective reports:
  – “Dryness, Teasing, Ripping”
  – History of bleeding with sexual activity

Copyright 2001 Benjamin Cummings, an imprint of Addison Wesley Longman, Inc.
Sexual Health & Physical Therapy: Education

- Education Topics:
  - Anatomy and function of pelvic floor muscles
  - Vaginal dryness
  - Vaginal moisturizers and lubricants (non-estrogen based products)
  - Vulvar massage for desensitization
  - Comfortable vaginal penetration
  - Pelvic floor muscle exercises as appropriate

Sexual Health & Physical Therapy: Vaginal Dryness & Breast Cancer

- If the type of breast cancer is estrogen or progesterone positive (ER+/PR+), then medication / chemotherapy is often prescribed to reduce the amount of these hormones found in the body.
- Women with low levels of estrogen often experience a thinning of the vaginal walls and decreased lubrication.

Sexual Health & Physical Therapy: Vaginal Moisturizers

- Non-hormonal, over-the-counter products
- Goal: Hydrate the vaginal mucosa
- Should be used on a regular basis
- Use daily for 7-10 days; after symptoms decrease use 2-3 times per week regardless of sexual activity
- Best to apply at night
- Wear a panty liner in case of increased vaginal discharge

Sexual Health & Physical Therapy: Vaginal Lubricants

- Use as needed
- Purpose is to decrease friction during sexual intercourse
- Can encourage partner to use lubricant as well
- Include entire vulvar region, as well as inserting lubricant into vaginal canal

Sexual Health & Physical Therapy: Types of Lubricants

<table>
<thead>
<tr>
<th>Water Based</th>
<th>Silicone Based</th>
<th>Oil Based</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaporate quickly</td>
<td>Last longer than water-based lubricants</td>
<td>Last longer than silicone-based lubricants</td>
</tr>
<tr>
<td>Recommended for use with silicone dilators or sex toys</td>
<td>Can make hard surfaces slippery, so avoid using in shower or tiled areas</td>
<td>Do not wash away easily, which may promote infection; Can be messy</td>
</tr>
<tr>
<td>Safe to use with latex condoms</td>
<td>NOT safe to use with latex condoms</td>
<td>Do not use petroleum or mineral oil lubricants in the vaginal canal</td>
</tr>
</tbody>
</table>

Sexual Health & Physical Therapy: Common Moisturizers

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Contains Parabens</th>
<th>Contains Glycerin</th>
<th>Contains Propylene Glycol</th>
</tr>
</thead>
<tbody>
<tr>
<td>Replens®</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>KY Liquibeads®</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RepHresh®</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Emerita®</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blossom Organics®</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lavera®</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intimina®</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>YesYesYes®</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Oil-Based – Used as moisturizers and/or lubricants

- Olive Oil
- Coconut Oil
- Vitamin E Oil
### Sexual Health & Physical Therapy: Common Lubricants

<table>
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</tr>
<tr>
<td>Blossom Organics®</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AstroGlide®</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Slippery Stuff®</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SYLKE®</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K-Y® Personal Lubricant</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Silicone-Based</td>
<td></td>
<td></td>
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<tr>
<td>Liquid Silk®</td>
<td></td>
<td></td>
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<tr>
<td>Wet Platinum®</td>
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</tr>
<tr>
<td>Pink®</td>
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<td></td>
<td></td>
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<tr>
<td>ID Millennium®</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vitamin E- Oil</td>
<td></td>
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</tr>
</tbody>
</table>

### Sexual Health & Physical Therapy: Vaginal Dryness

- Rahn et al\(^1\): Vaginal estrogen vs. Replens, hyaluronic acid vaginal tablets, or lubricant gel
  - Vaginal estrogen resulted in greater increases in vaginal maturation, decreased vaginal pH, and improved objective measures of atrophy
  - No difference between estrogen and moisturizers or lubricants in symptoms of vaginal dryness, atrophy-related dyspareunia, itching or burning.
- Juraskova et al\(^2\): OVERcome – Olive oil, Vaginal Exercise and moisturize\(^2\)
  - PFM relaxation exercises; Replens as moisturizer, Olive oil as lubricant
  - Subjects reported significant improvements in dyspareunia, sexual function and quality of life over time (all P<0.001).

### Sexual Health & Physical Therapy: Vulvar Massage\(^2\)

- Performed in conjunction with vaginal moisturizing program
- Use a press and release technique, to avoid applying friction
- Encourages both blood and lymphatic flow
- Can increase proprioception and body awareness
- Decreases local tissue hypersensitivity
- Entire massage should take 5 minutes

### Sexual Health & Physical Therapy: Comfortable Vaginal Penetration

- Things to consider:
  - Discuss comfortable positions for sexual intercourse
  - Importance of foreplay and genital arousal prior to penetrating sexual intercourse
  - Identify if patient may be experiencing intimacy issues with sexual partner and refer to sex therapist if appropriate

### Sexual Health & Physical Therapy: Referrals

- Pelvic health physical therapy closer to home
- Sex therapy (recommendation made in conjunction with Medical Family Therapist)
- Gynecology / Urogynecology
- Exercise programs for cancer survivors

### Breast Cancer Sexual Health and Pharmacy / Family Medical Therapy

Natalie Sebba, PT, DPT, WCS, CLT
Duke University Health System
Sexual Health & Pharmacy

• Primary Role:
  – PRIMARY: address patient concerns
  – Assess drug interactions and side effects
  – Discuss potential “next steps” in endocrine therapy options

Sexual Health & Pharmacy: Patient Concerns

• Supplement safety
  - Tumeric
  - Chamomile
  - Evening Primrose oil
  - Garlic

• Supplements and estrogenic effect
  - Red Clay
  - Red Yeast
  - Evening Primrose oil
  - Garlic

• Supplements with anti-oxidant effects
  - CoQ10
  - Antioxidant formula

Sexual Health & Pharmacy: Resource

• Online resource for supplement information:
  Memorial Sloan Kettering Cancer Center Website
  www.mskcc.org/cancer-care/integrative-medicine/about-herbs-botanicals-other-products

Sexual Health & Pharmacy: Patient Concerns

• Recommendations Pharmacist will make: Bone Health
  – 2 part recommendations:
    • Vitamin D: 2,000–4,000 IU
    • Calcium as indicated
  – Assess potential negative interferences of supplements
  – Review aromatase inhibitor medication treatment plan
Sexual Health & Pharmacy: Drug Interactions

- **Aromatase Inhibitors:**
  - Estrogen lowering action at the targeted tissues
  - Results:
    - Menopausal symptoms in all aged women
    - Vaginal dryness
    - Vaginal tissue atrophy
    - Decreased sexual desire
    - Hot flashes
    - Fatigue
    - Nausea
    - Bone loss

- **Anti-Depressants & Sexual Health**
  - Agents with primarily serotonergic action (SSRI)
  - Complaint: reduced vaginal lubrication and erectile dysfunction
  - Other presentations:
    - Reduced desire
    - Reduced arousal
    - Reduced orgasm ability
  - Treatment emergent sexual dysfunction: 60% of patients
  - Wellbutrin (bupropion) most highly recommended
  - May positively affect sexual desire and arousal

- **Other culprits of vaginal dryness**
  - Antihistamines
  - Anticholinergics
  - Birth control pills
  - Depo-Provera
  - Anxiolytics (Xanax, Ativan, etc)
  - Blood pressure medications (calcium channel blockers, non-selective beta-blockers)

Sexual Health & Pharmacy: Topical Estrogen Replacement

- Recommends and encourages vaginal moisturizing program as outlined by pelvic health PT
- Pharmacist must work closely with oncologists to address pt needs and ensure consistency in discussions regarding:
  - Topical estrogen replacement
  - TRUE informed consent

Sexual Health & Medical Family Therapy

- **Primary Role:**
  - Introduce patients and partner to the psychosocial services available
  - Both in and beyond the context of their sexual health needs
  - Assess a patient’s/couple’s psychosocial needs and offer referrals as needed
  - Provide therapy to patients and/or their partners regarding primarily sexual health needs
  - Secondarily, other emotional issues related to their cancer history

- **Physician team:**
  - Discuss/change medication regime that maybe causing sexual dysfunction side effects
  - Need for specific bone health prescription
  - SSRI’s
  - Topical estrogen replacement recommendation discussion
Sexual Health & Medical Family Therapy: Patient Concerns

- Lack of desire
- Poor/distorted body image
- Fear of pain during intercourse
- Fear of side effects from drugs for cancer treatment
- Communication struggles with one’s partner

Sexual Health & Medical Family Therapy: Recommendations

- Begin care:
  - Meet with Medical family therapist to learn more about the service and how it can help with their specific needs

- Partner care:
  - Encourage the patient’s partner to consider therapy to work on communication re: their sexual health and needs as a couple

- Reference for later:
  - To keep this service in mind as the patient continues to assess the states of their sexual health and/or relationship(s)

Sexual Health & Medical Family Therapy: Referrals

- Community therapist
  - Psychosocial needs not related to patient’s cancer history
  - Not local to Duke facility
- Sex therapist
- Psychiatrist
- Nutritionist/Dietician
- Exercise programs for cancer survivors

Sexual Health & Medical Family Therapy: Referrals

- Medical Family Therapist
  - Emotional concerns
  - Body image
  - Self confidence
  - Communication with self and/or partner
  - Depression
  - Anxiety associated with treatment/disease
  - May involve partner

- Sex Therapist
  - Addresses sexual function specifically; for example:
    - Arousal dysfunction
    - Anorgasmia
    - Dyspareunia
    - Lack of desire
    - Sexual inhibitions
    - Specific “homework” to slowly overcome barriers
    - May involve partner

- ASSECT
  - http://www.aasect.org/

References

4. SEER fast facts 2014
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References