

Sexuality, Intimacy and Cancer



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Cancer Incidence

- Incidence of new cases of cancer in Australia increased by 34% in ten years
- Expected to increase by 30% over the next ten years as the population ages
- 1 in 3 Australian males and 1 in 4 females will have been diagnosed with cancer by the age of 75 yrs
- The risk of a cancer diagnosis by age 85 yrs increases to 1 in 2 for males, and 1 in 3 for females.

AIHW 2006



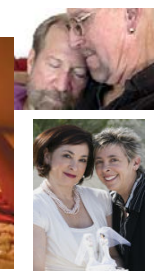
Cancer Survivors

- In Australia cancer survival rates are amongst the best in the world
- 60% of those diagnosed with cancer expected to be alive 5 years post-diagnosis.
- Many are considered cured and/or cancer-free, others still have active disease
- Many suffer late effects of treatment
- For many, cancer becomes a chronic disease. (AIHW 2007).



“Sexuality” – much more than just sex

- The essence of who we are, and how we relate to others
- How we think, feel, act and express ourselves physically, emotionally and spiritually
- Shaped by the social, economic, political, religious and cultural climates in which we live
- Shaped by our gender, family, peer groups, the choices we make, our intimate relationships and our sexual identity



Sexuality

- Sexuality develops and changes throughout a person's life
- It is a part of us from birth to death. It can be a joyous and enriching part of who we are
- The relationships in which people express their sexuality are many and varied



Body Image is.....

- Developed in childhood
- Reinforced by societal attitudes, values and the media
- Tied to our relationships with others, and intensely personal
- Linked with sexuality, sexual expression, self-esteem and emotions



“Intimacy is a kind of connection”

- Intimate relationship – closely personal – not always sexual
- Family, friends, carers, or lovers
- Sexual relationship – may or may not be an intimate one if there is no emotional connection



Why do people have sex?

- Love
- Passion
- Communication
- Curiosity
- Money
- Boredom
- Lust
- Duty
- Power
- Happiness
- Intimacy
- Companionship
- Loneliness
- Forbidden
- Physical closeness
- Pregnancy



Young people may not want to believe it but older people do have sex!

- The Health in Men Study of more than 12,000 men aged 65 and older since 1996 in Australia
- Included questions about sexual activity for the first time last year
- About 40% per of men 75-79 yrs said they were sexually active
- Almost 30 per cent of men 80-84yrs had sex in the past 12 months.
- 10 per cent of men in their 90s were still sexually active
- Gaining and maintaining erections affected more than 60% of all age groups
- An inability to climax affected about half those aged 75-79% and slightly more in the older ages
- Even where penetration was not achievable many couples were sexually intimate - kissed, touched, cuddled and played.

Norman, P.E., Flicker, L., Almeida, O.P., Hankey, G.J., Hyde, Z., Jamrozik, K. (2008) 'Cohort Profile: The Health in Men Study (HIMS)'. INTERNATIONAL JOURNAL OF EPIDEMIOLOGY



What is normal?

In 1953
Dr Alfred Kinsey's research found:

- The “normal” American had sex 2.2 times a week
- It lasted less than 5 minutes
- It was performed in the missionary position with the lights on
- After 4 to 10 minutes of foreplay



Sex - what's “normal” ?

- There is no such thing as “normal”
- It is estimated that between 30-40% of the general population experiences sexual dissatisfaction or dysfunction



What can cause sexual problems?

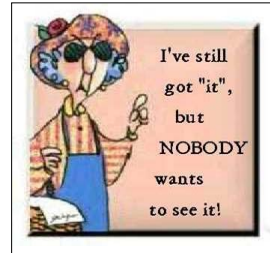
- Arthritis
- Chronic pain
- Diabetes
- Heart disease
- Incontinence
- Stroke
- Dementia
- Alcohol
- Medications
- Surgery

National Institute on Aging
National Institutes of Health
U. S. Department of
Health and Human Services
July 2009



Poor self-esteem

- Loss of health - effects of treatment
- Loss of status
- Loss of family, friends
- Loss of mobility
- Relationship changes
- "Asexual" - loss of sensual and sexual self



Factors that have been shown to encourage continuing sexual activity in older age

- having a positive attitude towards sexuality
- an active sex life in the younger and middle years
- good health
- an interested and interesting partner
- a willingness to experiment sexually



Sexual issues after cancer

- At least 50% of people with cancer report sexual problems
- Most people treated for cancer do not receive adequate information or help with sexual or reproductive health
- Only 14% of US comprehensive cancer centres offer sexual counselling

Huyghe, E., Sui, D., Odensky, E.,
Schover, L. 2009



Psychosexual issues are an important and often overlooked aspect of cancer care



Psychosocial Problems

Physical Problems

- Fatigue 80%
- Insomnia 55%
- Pain 41%



Psychosocial Problems

- International research has shown that up to one-third of people with cancer experience emotional distress



Psychosocial needs

- Fears that the cancer will spread 31%
- Worries about those close to them 30%
- Uncertain about the future 28%
- Not able to do the things they used to do 25%
- **Changes in sexual feelings** 23%
- Feeling down at times 22%
- Feeling that the results of treatment are beyond their control 22%
- **Changes in sexual relationships** 22%
- Getting things done around the home 20%
- Feelings of sadness 20%
- **Information about sexual relationships** 20%

Zucca A, Boyes A, Girgis A, Lecathelinais C.
Coping strategies in long-term cancer survivors
Psycho-Oncology 2006;152: 998-999



Factors contributing to psychosexual problems

- chronic fatigue
- altered body image
- surgery
- total body hair loss
- fluid retention
- immune suppression
- mouth ulceration
- depression
- confronting mortality
- relationship/role changes
- re-prioritising life issues
- weight gain/loss
- loss of fertility, menopause



Cancer treatments that change body image

- Mastectomy
- Vulvectomy, vaginectomy, or penectomy
- Urinary ostomies, colostomies, ileostomies
- Physical scarring from irradiation
- The stigma of chemotherapy (loss of hair, weight gain, pallor)
- Head and neck surgery



Common sexual problems after cancer

- Loss of desire for sex (men and women)
- Pain with sex (women)
- Erectile dysfunction (men)
- Trouble reaching orgasm less common (often secondary to the problems above)
- Premature ejaculation rarely associated with illness



Current research project (2008-2111)

- 156 carers (55 men, 101 women) who were caring for an intimate partner/patient with cancer
- 122 (78%) - onset of cancer negatively impacted upon sexuality and their sexual relationship.
- 63% - decrease in frequency of sexual intimacy or complete loss of their sexual relationship
- 16% renegotiated their sexual relationship



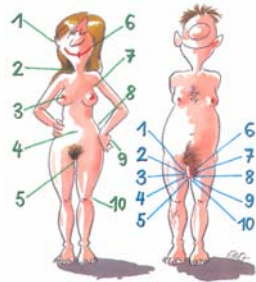
Risk factors for distress about sex

- Younger age
- Not in a committed relationship
- Sexual attractiveness is a crucial area of self-esteem
- History of concerns about sexuality
- Multiple partners, sexual abuse in past, sexual dysfunctions in past



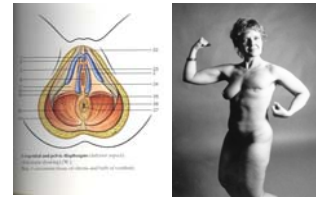
Female sexuality is multifactorial

- **Biological**
- **Psychosexual**
- **Context related factors:**
 - **Couple dynamics**
 - **Family issues**
 - **Sociocultural issues**
 - **Development factors (e.g. sexual abuse)**



Cancer treatments creating problems in women

- Chemotherapy, pelvic XRT, or oophorectomy causes premature menopause, vaginal atrophy, loss of androgens
- Pelvic XRT or graft vs. host disease causes scarring and pain with intercourse
- Pelvic surgery may remove vulva, vagina, or other organs
- Breast surgery removes erotic zone



Breast cancer

- Despite many comparisons, including some early, randomized treatment trials, type of breast surgery is not a strong predictor of sexual function or satisfaction
- Women who have breast conservation or reconstruction rate their attractiveness more positively, but do not have sex more often, or enjoy it more



Ganz PA, Rowland JH, Desmond K, et al. Life after breast cancer: Understanding women's health-related quality of life and sexual functioning. J Clin Oncol 1998; 16:501-11



Systemic treatment for breast cancer

- Adjuvant chemotherapy is a strong predictor of sexual dysfunction in women diagnosed before menopause
- Common problems are loss of desire for sex, vaginal dryness, and pain during sex
- Weight gain may affect body image long-term
- Tamoxifen and raloxifene not associated with sexual dysfunction
- Aromatase inhibitors cause more dryness and pain



Fertility issues after chemotherapy depend on.....

- **the type of drug**
- **the cumulative dose**
- **the duration of treatment**
- **gender and age**
- **length of time that has lapsed since treatment**

"The higher dose, the longer duration, and the older the age, pose higher risk"

(Schover 2007)



Fertility issues after chemotherapy

- Women can regain periods and still have premature menopause
 - 42% by age 31yrs vs. 5% of population
- Resumption of periods no guarantee of fertility

"Fertility is compromised by 10 years after chemotherapy for breast cancer"

M. Hickey: 2008



50% of post menopausal women will experience vaginal symptoms:

- Vaginal dryness
- Discomfort
- Pruritis
- Dyspareunia
- Atrophic vaginitis (with assoc UTIs, urinary urgency)

Hickey 2008



Breast cancer survivors compared to other women

- Postmenopausal women treated for breast cancer have sexual function comparable to peers not diagnosed with cancer
- May have a narrower range of treatment options for sexual problems because of hormonal risks
- Premenopausal cancer survivors have excess sexual problems compared to peers
- Women with the highest sexual satisfaction are those who find a new partner after cancer treatment



Vaginal dryness

- Tamoxifen and aromatase inhibitors reduce oestrogen exposure to breast tissue
- Aromatase inhibitors inhibit peripheral conversion of androgens to oestrogens by > 95%
- Tamoxifen has some oestrogenic action in the vagina and endometrium – less dryness (8% / 18%)
- Increased number aromatase use = increased number post menopausal women with atrophic vaginitis

Hickey et al 2008



Managing vaginal dryness after treatment for breast cancer

- Lubricate all surfaces as part of foreplay
- Keep lubricant handy
- Try alone or with a dilator
- Aim for pleasure, not performance

Gianotten, Krychmann & Schover, 2005



Vaginal oestrogen: Hickey et al 2008

- More information needed!
- Small studies: use does not have adverse outcome effects
- Estradiol is more potent oestrogen than estriol – preferable to use estriol preps e.g. Ovestin
- Vagifem has shown increasing levels of estradiol within 2 weeks



About 57% of men at age 60 have erectile dysfunction



Cancer treatments that create problems in men

- Pelvic surgery in men damages nerves in erection and may interrupt ejaculation of semen
- Reproductive organs may be removed : Penectomy, orchiectomy
- Pelvic XRT in men damages penile blood flow
- Hormonal therapy for prostate cancer decreases desire



The Emperor's new erection

- Prostate cancer treatments designed to spare erections are far less successful than literature suggests.
- Small samples in tertiary centres are selected for young age, good health, pre-morbid potency
- Do not use standardised scales or use scoring criteria that are individual
- Duration of follow-up is inadequate



Schover et al. *Cancer* 95:1773-1785, 2002



Quality of life three years after diagnosis of localised prostate cancer: population based cohort study

- The various treatments for localised prostate cancer each have persistent effects on quality of life.
- Sexual dysfunction three years after diagnosis was common in all treatment groups, poor urinary function less common.
- Bowel function was most compromised in those who had external beam radiotherapy.

Conclusion

- Men with prostate cancer and the clinicians who treat them should be aware of the effects of treatment on quality of life, and weigh them up against the patient's age and the risk of progression of prostate cancer if untreated to make informed decisions about treatment.

David P Smith, Madeleine T King, Sam Egger, Martin P Berry, Phillip D Stricker, Paul Cozzi, Jeanette Ward, Dianne L O'Connell, Bruce Armstrong, *BMJ* 2009;339:b4817



Successful sexual outcome: independent factors

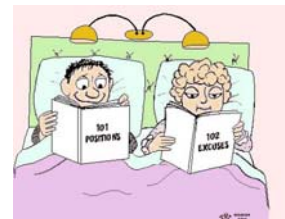
- Younger age
- Normal erections pre-treatment
- Chose cancer treatment to preserve sex life
- No current hormone therapy
- Bilateral NS or brachytherapy
- Good mental & physical health



Successful sexual outcome for men: factors amenable to change


- Partner desires and enjoys sex
- Treatment for ED restores usable erections
- Does not have negative beliefs that interfere with help-seeking for ED:

- "Women won't want a man with ED"
- "A man of my age is too old for sex"
- Sexual activity is not part of good health"





Talking About Sexuality, Body Image and Cancer:
A Teaching Resource for Health Professionals

National Training Program sponsored by




PFIZER
FOUNDATION
a charitable foundation established by Pfizer Inc.


Barriers for Health Professionals

- Find it a difficult topic to discuss
- Report a lack of training, knowledge and skills
- Think that it is someone else's job to talk about it
- Lack the time
- Lack a private space to talk to patients
- Fear intruding into deeply personal matters
- Are embarrassed (age, gender, behavioural and cultural differences)




Ask the questions!

- It's up to you to ask your health professional about sex
- If they can't help you, make sure you ask to be referred to someone who can



Resources and information

Helpline 13 11 20

www.cancercouncil.com.au

Cancer Council WA three-CD set about cancer and sexuality.

