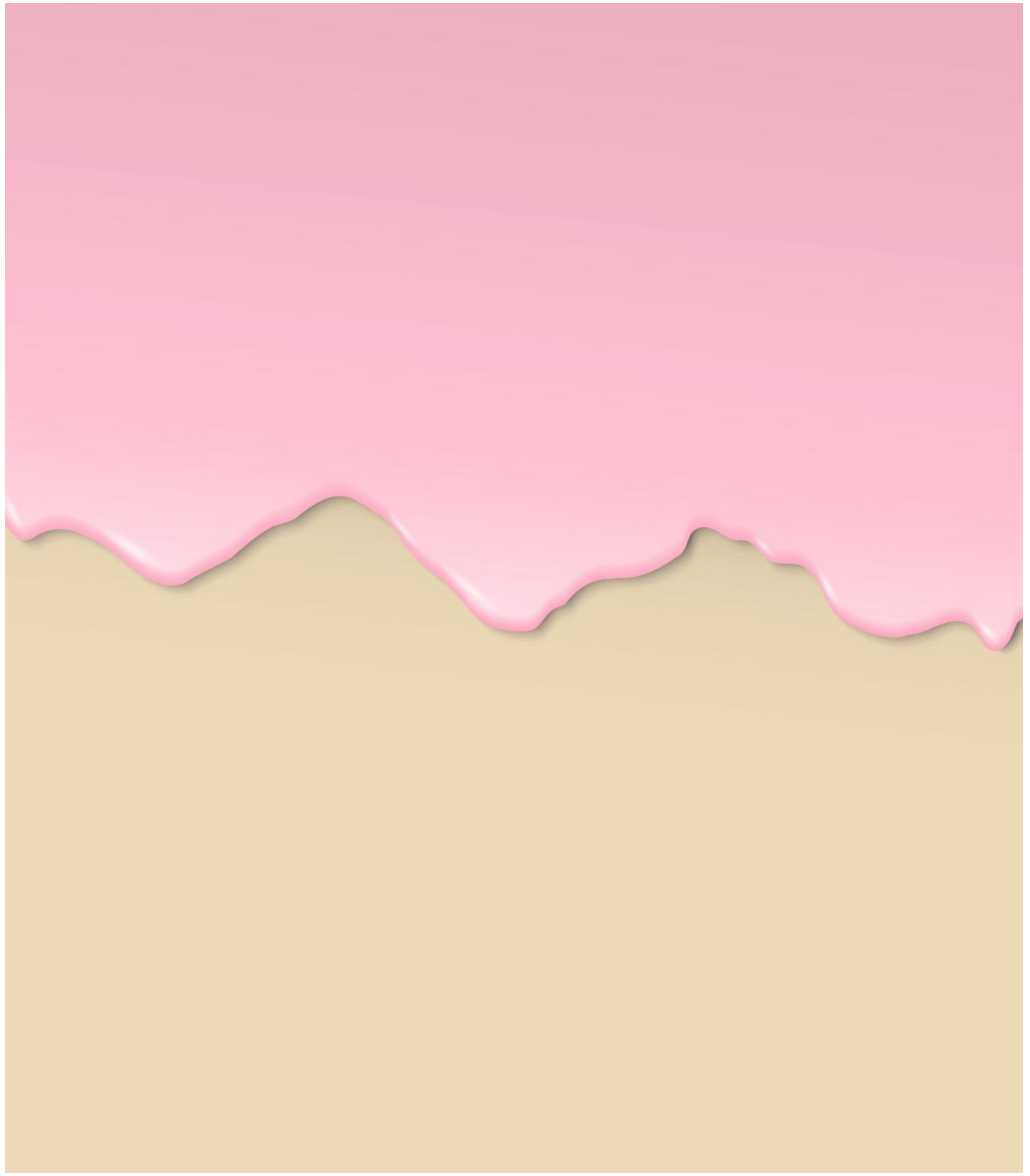
When Sex Takes a Backseat: Navigating your way back to a fulfilling sex life during and after cancer

LEAH MILLHEISER, MD, MSCP

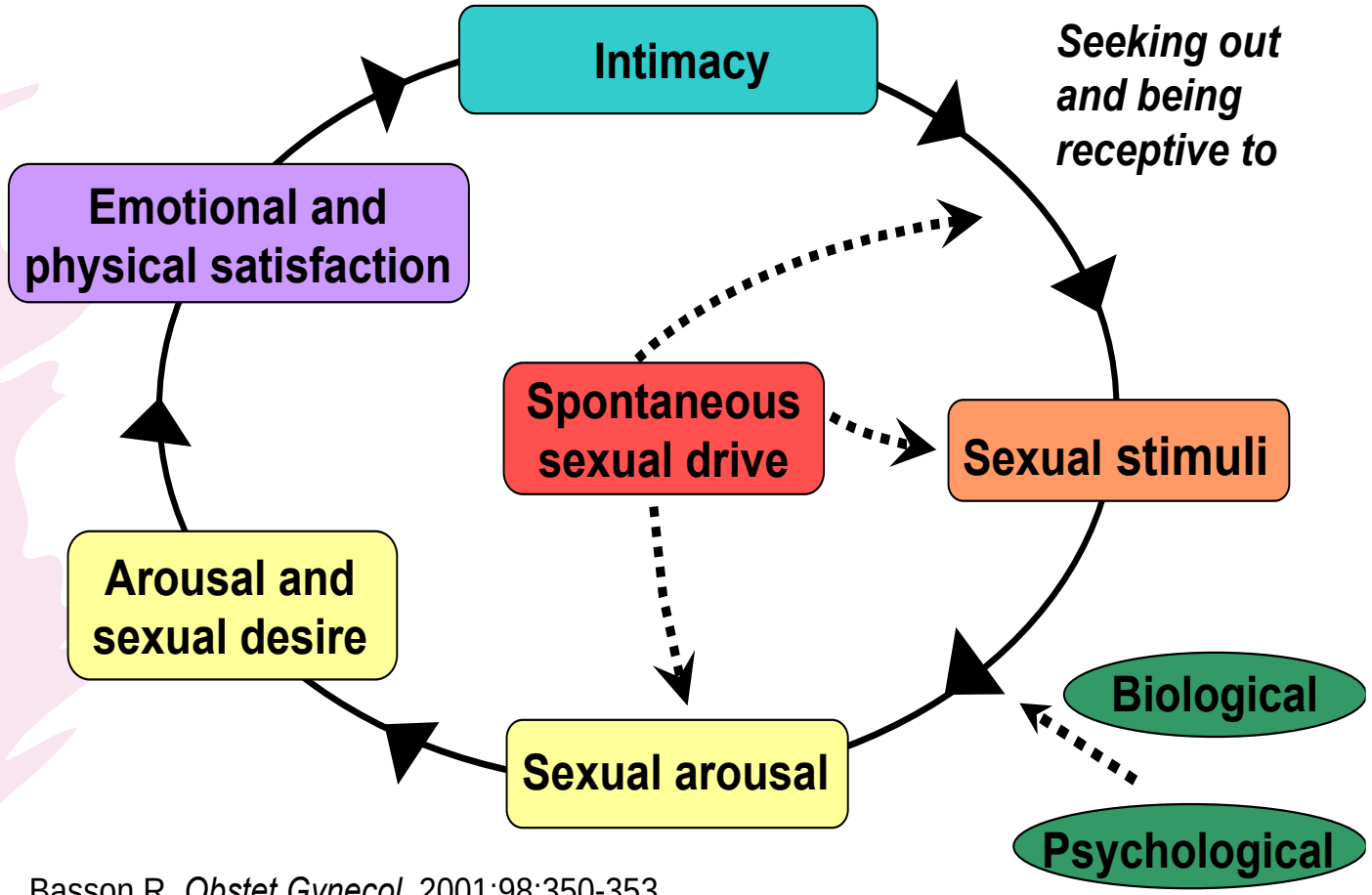
OB/GYN: FEMALE SEXUAL MEDICINE & MENOPAUSAL HEALTH

PALO ALTO MEDICAL FOUNDATION – SUTTER HEALTH




A Moment for
Mindfulness

Incentive-Based Model of Female Sexual Response

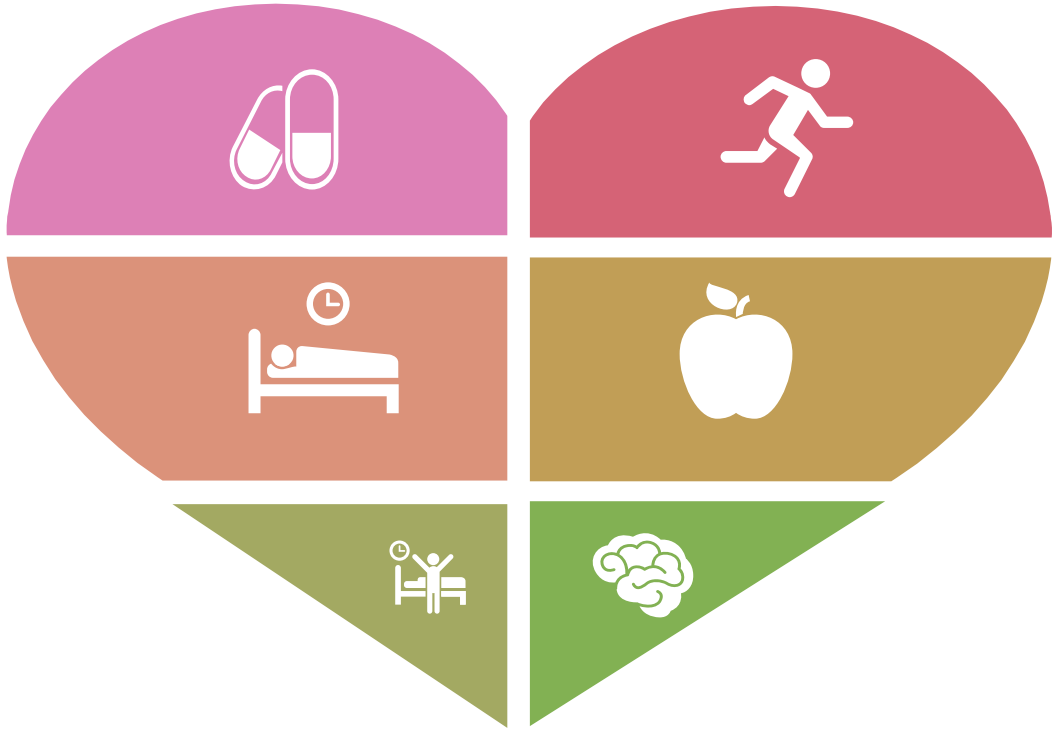


Basson R. *Obstet Gynecol.* 2001;98:350-353.

The Multifactorial Origins of Female Sexual Concerns

Physiological:

Hormonal, Medications, Chronic Illness, Neurological, Fatigue, Urogenital, Endocrine, Cardiovascular



Psychological:

Depression, stress, substance abuse, alcohol, domestic abuse, sexual abuse, physical abuse .

Interpersonal:

Sexual dysfunction of partner, relationship quality and conflict, lack of privacy, lack of partner

Sociocultural:

Early education or lack thereof, conflict with religious, cultural, personal and family values, societal taboos.

Survivorship Medicine

- 1 in 3 women will be diagnosed with cancer during their lifetime
- Overall decline in cancer-related deaths, patients are living longer
- Sexual dysfunction in people diagnosed with gynecologic cancers: as high as 90%
- Sexual dysfunction in people diagnosed with breast cancer: 70% - 75%
- Cancer treatment modalities can negatively impact sexual function:
  - Chemotherapy, endocrine therapy, radiation, targeted therapies
- Psychological and interpersonal effects of cancer

Cancer and Female Sexual Dysfunction

- 50% of women with breast or gynecologic cancers will experience long-term sexual dysfunction following treatment
    - **Loss of desire for sex**
    - Pain with genital manipulation
    - Difficulty with orgasm
    - **Vaginal dryness and pain**
    - Shortening or narrowing of the vagina

The Relationship Between Breast Cancer and Female Sexual Concerns

- BUPA Foundation Health and Wellbeing after Breast Cancer Study:
  - 1,684 breast cancer survivors
  - Before diagnosis, 80% had "good" or "satisfying" sex life
  - Within first 2 years following diagnosis, 70% of women <70 had sexual problem

Data from the American Cancer Society, 2013.

Panjari et al. Sexual function after breast cancer. J Sex Med 2011; 8(1):294-302

Sexuality and Body Image in Younger Women with Breast Cancer

- Younger women have **more severe emotional distress** than older women
- Loss of a breast/poor breast appearance has greater impact on younger women
- **Potential infertility** may impact a woman's self-concept as a sexual person
- **Premature menopause** → vaginal atrophy, low libido, decreased genital arousal

Treatments With The Greatest Impact On Sexual Function

- Chemotherapy
- Surgery
- Hormonal manipulation
- Radiation therapy (RT)

Mechanisms Through Which Breast Cancer Treatments Can Influence Sexual Function.

Type of Treatment	Mechanism of Sexual Dysfunction
Cancer surgery	Body image concerns Loss of sensation of nipple, breast, and/or chest Lymphedema
Chemotherapy	Premature menopause GSM with sexual pain Alopecia leading to body image concerns Anxiety related to cancer diagnosis Treatment-related weight gain, fatigue, and neuropathy Pelvic floor problems
Radiation treatment	Painful dermatitis Early/premature menopause GSM Loss of nipple sensation
Endocrine therapy	Premature/early menopause GSM Sexual pain due to hormonal insufficiency Treatment-related myalgias, fatigue, weight gain, and vasomotor symptoms with sleep disruption

Sexual Function Concerns Following Treatment: Gynecologic Cancers

Radical hysterectomy: difficulty with orgasm, vaginal shortening, dyspareunia, genital numbness, and sexual dissatisfaction

Oophorectomy: decreased sexual desire, dyspareunia, impact on pre- vs. post-menopausal pts

Vulvectomy: body image concerns, dyspareunia, introital narrowing, genital numbness

Chemo: premature menopause, decreased sexual desire, GSM/dyspareunia, reduced frequency of sexual activity, body image issues

XRT: body image concerns, vaginal stenosis, scarring, dyspareunia, premature menopause

RRBSO: Sexual Side Effects

Abrupt loss of estrogen, progesterone, testosterone

Premenopausal women → following surgery:

- Hot flushes, night sweats: more frequent/severe
- Decline in sexual functioning
  - Desire, pleasure, discomfort
  - HRT: improved vaginal dryness and dyspareunia but not sexual pleasure
    - Finch et al. Gynecol Oncol 2011;121(1):163-8

Preoperative knowledge of post-BSO sexual side effects = being more prepared for surgery and experiencing less sexual distress following BSO

Brotto L, Branco N, Dunkley C, McCullum M, McAlpine J. J Obstet Gynaecol Can 2012;34(2):172-8

Bone Marrow Transplant: Impact on Sexual Function

Acute myeloid leukemia: (male and female)

- Compared to consolidation chemotherapy, more BMT patients reported:
  - Decreased interest in sex and sexual activity
  - Decreased pleasure from sexual activity
  - Decreased ability to have sex
  - Infertility
- Findings were greater in women compared to men
- BMT: increased risk for GVHD in the vagina

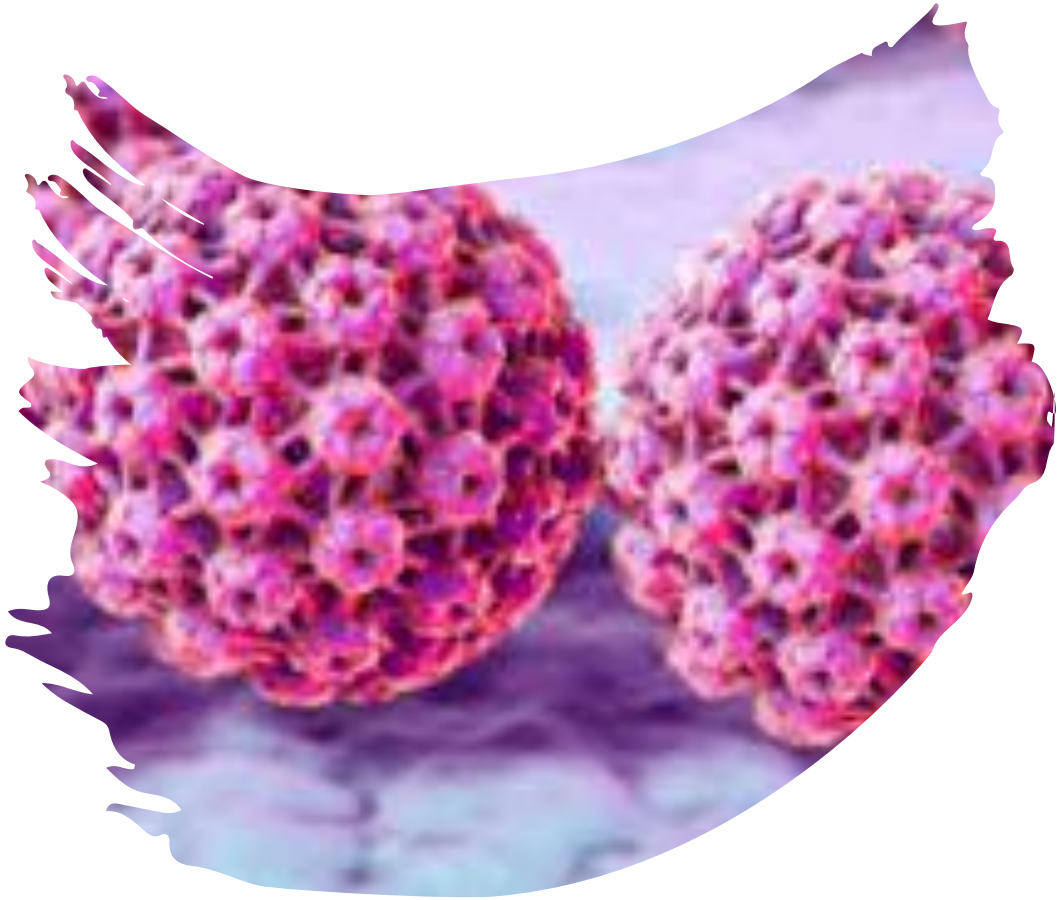
Treatment of CRC: Impact on Sexual Function

Sexual dysfunction following treatment for CRC in women a/w:

- Preoperative radiation therapy
- Intraoperative and postoperative complications
- A stoma
- Higher age at diagnosis

Impact of Diagnosis of HPV-Related Cancer

- Cervical, anal, oropharyngeal, vaginal, vulvar cancers in women
- Has been associated with increase in:
  - Psychosexual vulnerability
  - Depression
  - Anxiety
  - Anger



Grazziottin A, Serafini A. *J Sex Med* 2009;6;633-45

Medications That Can Negative Impact Sexual Function

- Anti-anxiety medications
- Pain medications
- Neuromodulators
- Anti-nausea
- Antidepressants
- Sleeping aids

All of these medications can alter sexual response

Adjuvant Therapy: Aromatase Inhibitors

- **Side Effects**:
  - Atrophic vaginitis:
    - frequent urinary tract infections
    - vaginal dryness
    - vaginal burning
    - decreased lubrication during sexual arousal
    - pain with vaginal penetration
  - Menopausal symptoms:
    - Hot flushes, night sweats, insomnia, irritability
  - Diminished libido
  - Joint Pain

Mourits M et al, *Br J Cancer,* 2002

Tamoxifen: Side Effects

Women:

- Vaginal discharge
- Fatigue
- Leg cramps
- Menopausal symptoms: Hot Flushes
- Vaginal Dryness/dyspareunia
- Irregular menstrual cycles
- Headache
- Cataracts
- Decreased libido
- **Men:** headaches, nausea, skin rash, impotence, decreased sexual interest

Cancer Impact On Partners

- 84% of partners (reproductive cancer type), 76% partners (non-reproductive cancer type) → reported an impact on their sexual relationship
- 59% of female partners and 79% of male partners → reported lack of or decreased frequency of sex and intimacy

Changes in the sexual relationship due to:

- Impact of treatment, exhaustion due to caring, viewing person with cancer as a patient rather than sexual partner
- Pre-diagnosis relationship dissatisfaction may be associated with greater anxiety in the relationship following treatment

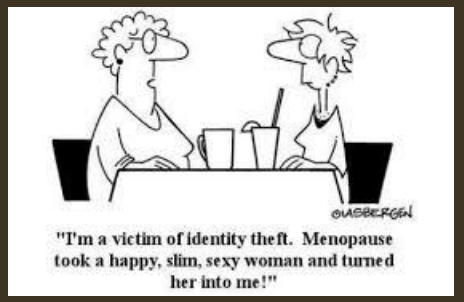
Hawkins et al. Cancer Nursing 2009;32(4):271-280

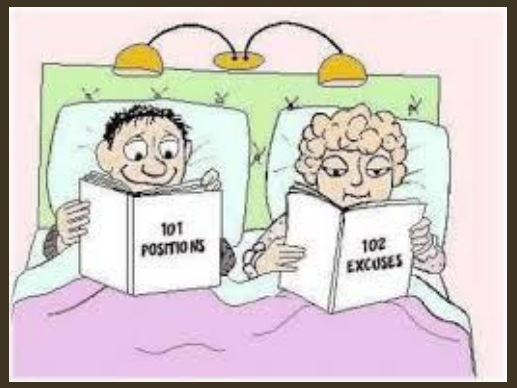
Cancer's Impact on Relationships

1. Relationships troubled before cancer diagnosis faced challenges & negative changes
2. To protect each other, communication within the relationship becomes less open
3. Changes in the manner of conflict resolution
4. Couples may need an intervention to facilitate coping w/issues relative to relationships, intimacy & sexuality

Sex Therapy

1. Take a detailed history
2. Construct a problem list
3. Formulate a set of goals and interventions
4. Focus of therapy is almost always on a sexuality issue
5. Treat depression or stabilize the relationship, before the sexual concerns can be addressed

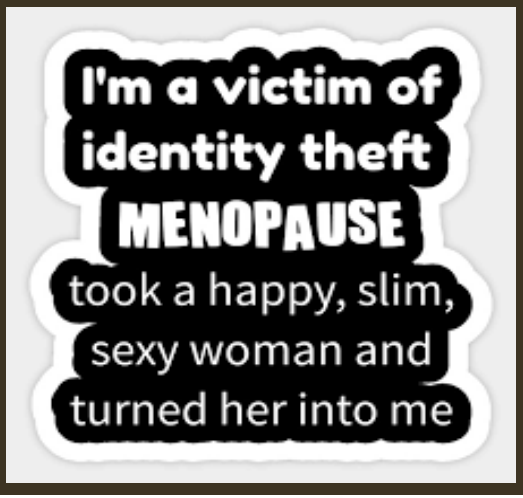




Why a Woman's Sex Life Declines After Menopause (Hint: Sometimes It's Her Partner)

Can Menopause Ever Be Sexy?

"Last Fkable Day" – Inside Amy Schumer**



Treating the Incredible Shrinking Vagina

Sex After Menopause Can Often Feel Like A Chore

- Hormonal changes
    - Low testosterone: decreased libido
    - Low estrogen: vaginal dryness/sexual pain; increased latency to orgasm, diminished orgasmic intensity
- Painful sex due to vaginal dryness and thinning
- Concerns with body image
- Change in physical attraction to partner
- Partner's sexual dysfunction
- Life Stressors

Clinical Pearls

- Pre-treatment assessment for sexual dysfunction and counseling
- Body image counseling after treatment
- Early treatment of vaginal symptoms in both younger and older women
- Reframing the “new-normal” when it comes to sex

Sex After a Cancer Diagnosis/Treatment

Become comfortable with body changes following:

- Surgery, Radiation Therapy

Use of lingerie

Self-exploration

Treat partner sexual dysfunction

Therapy for any relationship difficulties

Pain medications

Where Can Women Turn To For Curated Resources for Sexual Health Aids?

J Cancer Surviv. 2019 Apr;13(2):224-230. doi: 10.1007/s11764-019-00744-2. Epub 2019 Feb 27.

Finding sexual health aids after cancer: are cancer centers supporting survivors' needs?

Sharon L Bober [1 2], Alexis L Michaud [3], Christopher J Recklitis [3 4]

Affiliations + expand

PMID: 30815783 DOI: 10.1007/s11764-019-00744-2

Abstract

Purpose: Sexual dysfunction is one of the most prevalent and distressing treatment-related side effects for both male and female cancer survivors. Survivorship care guidelines recommend therapeutic sexual aids to help improve sexual problems. However, little is known about the availability of sexual aids and resources at cancer centers.

Methods: Twenty-five comprehensive cancer centers affiliated with both the National Cancer Institute and the National Comprehensive Care Network were surveyed using the "mystery shopper" method to determine whether various types of sexual aids were available at the centers. Staffs from cancer center staff retail stores and patient boutiques were queried in separate telephone calls regarding the availability of these aids for and women.

Results: Of the 25 centers contacted, 23 (92%) responded about aids for men, and 22 (88%) responded about aids for women. Eighty-seven percent of the centers reported having no sexual aids available for men, and 72% of centers reported having no aids available for women. The most common advice given to mystery shoppers was a suggestion to use the internet. Only one center had numerous aids/resources for both men and women.

Conclusions: The large majority of cancer centers reported having no sexual aids or other sexual health resources available for men or women.

Implications for cancer survivors: Results underscore the widespread lack of resources to promote sexual health rehabilitation at major cancer centers, both for male and female survivors.

Low Libido & the Cancer Survivor

- Causes are multifactorial:
  - Body image issues, relationship changes, menopause (decreased testosterone & estrogen), fatigue, side effects from medications, depression/anxiety, pain, other sexual concerns
- Primary treatment should be directed at the most likely inciting cause

Behavioral interventions to improve sexual intimacy:

Date nights at least 1-2 times a week
Choose a time for intimacy when you and your partner are not too fatigued
Use pain medication as needed
Sexual novelty: introducing sexual devices/toys
Remove TVs from the bedroom
Try to go to bed at the same time as your partner
Know each other's love language (The 5 Love Languages by Gary Chapman)
Break routines: if you normally have intimacy in the bedroom tray enjoying it in other areas around the house
Remove pets and children from the bedroom at night
Put a lock on your bedroom door
Practice mindfulness during intimacy
Sensate Focus

Sensate Focus

Mainstay of sex therapy

Goal: overcome anxiety, increase intimacy

Twice a week

Phase 1: Create a relaxing environment. Couple takes turns touching each other, avoiding breasts and genitals. If anxiety a problem, start with massage/holding hands

Phase 2: Touching of genitals and breasts, focusing on verbal and non-verbal ("hand-riding") communication of what feels good. Avoidance of intercourse and orgasm

Phase 3: Mutual touching. Intercourse is still avoided

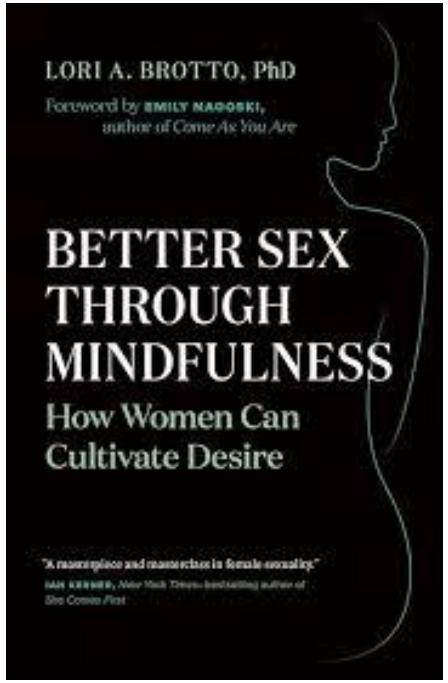
Phase 4: Mutual touching continues; intercourse, if ready

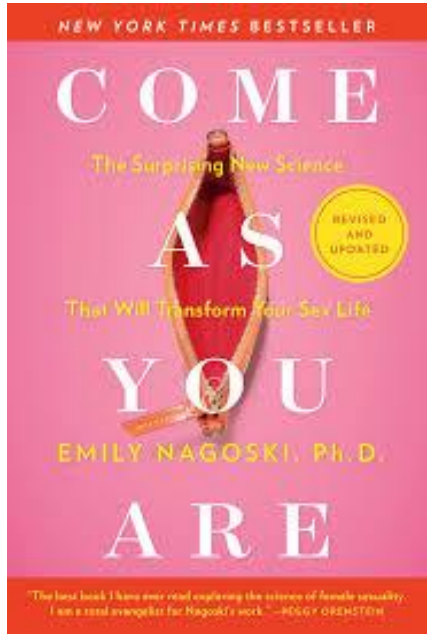
Improving Libido and Intimacy During Chemotherapy – Gynecologic Cancers

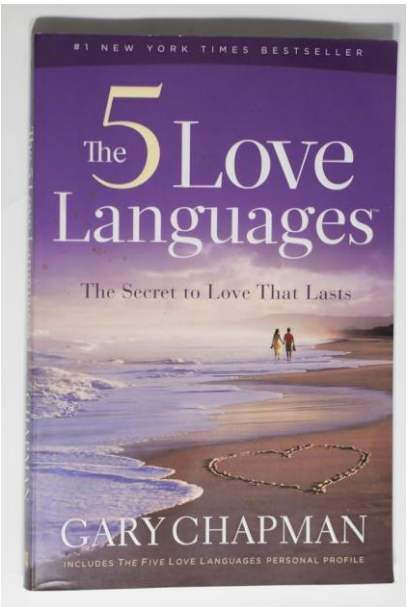
"RENEWING INTIMACY AND SEXUALITY AFTER GYNECOLOGIC CANCER", FOUNDATION FOR WOMEN'S CANCER

The following are recommendations for improving libido and intimacy during chemotherapy:

1. Plan for it by scheduling a 'date night'.
2. Set the mood for intimacy (i.e. candles, warm bath, soft music and romantic movies).
3. To reduce fatigue, plan a nap prior to the occasion.
4. If symptoms such as nausea or pain occur from treatment, take medication an hour before having sex.
5. Discuss with your physician the use of testosterone and/ or estrogen based products (i.e., creams) as an option to enhance your libido.
6. Touching, kissing, cuddling, or using massage and/or oils may be more desired and fulfilling than intercourse.
7. Ask your doctor about medications to reduce anemia and white blood cell depletion, or to combat depression, anxiety or severe fatigue.
8. Experiment with your partner by exploring sexual pleasuring that may or may not result in orgasm or sexual intercourse. The goal is to keep the sexual part of your relationship active during a time when you might not be able to participate in sexual intercourse.
9. Play communication games with your partner. For example, take turns asking each other what types of touch is most pleasing. Practice touching parts of the body, such as neck, ear, fingers or inside of thigh, to discover what each other enjoys.







Sexual Bibliography

Sexual Health Books:

1. Better Sex Through Mindfulness by Lori Brotto, PhD
2. Mating In Captivity: Unlocking Erotic Intelligence by Esther Perel, PhD
3. Come As You Are: The Science (and Art!) of Creating Lasting Sexual Connections by Emily Nagoski, PhD
4. Come Together by Emily Nagoski, PhD
5. The 5 Love Languages by Gary Chapman, PhD
6. Sex Matters For Women: A Complete Guide to Taking Care of Your Sexual Self by Sallie Foley, MSW, Sally A. Kope, MSW, and Dennis P. Sugrue, PhD
7. She Comes First: The Thinking Man's Guide to Pleasuring a Woman by Ian Kerner, PhD
8. The Seven Principles for Making Marriage Work by John M. Gottman, PhD
9. Sex and Cancer: Intimacy, Romance and Love After Diagnosis and Treatment

Flibanserin (Addyi®): Treatment of Premenopausal HSDD

- First FDA-approved treatment for hypoactive sexual desire disorder
- Non-hormonal, oral pill
- Taken once daily at bedtime
- Affects serotonin receptors: activates $5HT_{1A}$, blocks $5HT_{2A}$
- Indication: premenopausal women w/HSDD
- Became available 10/15
- Warning w/ alcohol use, hepatic disease, and moderate to strong CYP3A4 inhibitors

Treatment of Low Libido in Breast Cancer Survivors: Addyi

- Addyi is FDA-approved for the treatment of premenopausal hypoactive sexual desire disorder (HSDD)
- Study of 37 women, mean age of 49, with st 0-III ER+ breast cancer on endocrine therapy who met criteria for HSDD
- Results:
  - FSFI: statistically significant improvement in desire, lubrication, orgasm, satisfaction, pain from baseline to 24 weeks
  - Improved overall health-related quality of life and sleep

Goldfarb S, et al. Effect of flibanserin on libido in women with breast cancer on adjuvant endocrine therapy.JCO 2023;41(16):suppl 12015

Bremelanotide (Vyleesi®)

Melanocortin 4 receptor agonist

On-demand treatment (SubQ autoinjection) for premenopausal women w/ HSDD

Inject medication 45 minutes before sexual activity

Effect lasts 8-10 hours

Can only inject once in 24 hours and 8 times within a month

RECONNECT studies: DeRogatis, L, et al. JSM 2017;14(6), Supplement 5:e356

- Statistically significant improvement in desire and decrease in distress for bremelanotide compared to placebo
- Most common side effects: nausea, flushing, headache
- Small, transient increase in blood pressure

Global Consensus Position Statement on the Use of Testosterone Therapy for Women

Susan R Davis, Rodney Baber, Nicholas Panay, Johannes Bitzer, Sonia Cerdas Perez, Rakibul M Islam, Andrew M Kaunitz, Sheryl A Kingsberg, Irene Lambrinoudaki, James Liu
... Show more

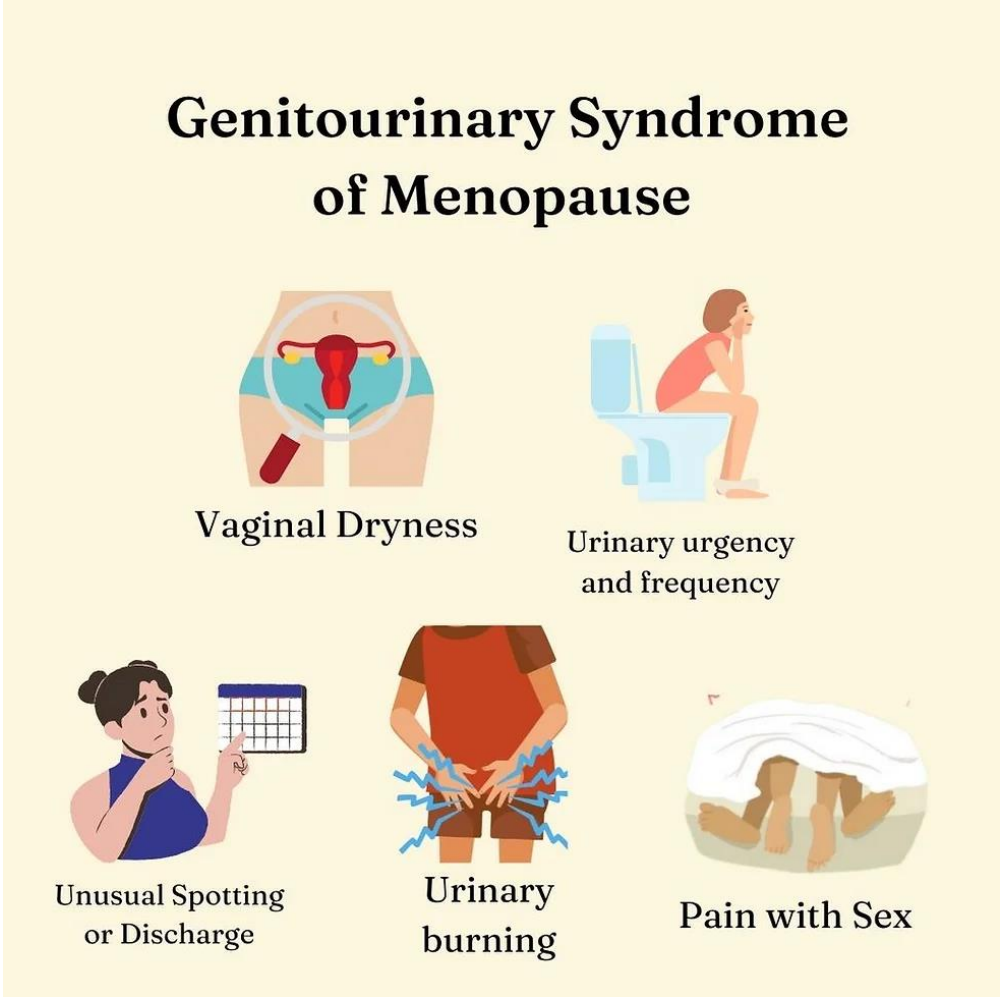
The Journal of Clinical Endocrinology & Metabolism, Volume 104, Issue 10, October 2019, Pages 4660–4666, https://doi.org/10.1210/jc.2019-01603
Published: 02 September 2019 **Article history** ▾

Abstract

This Position Statement has been endorsed by the International Menopause Society, The Endocrine Society, The European Menopause and Andropause Society, The International Society for Sexual Medicine, The International Society for the Study of Women's Sexual Health, The North American Menopause Society, The Federacion Latinoamericana de Sociedades de Climaterio y Menopausia, The Royal College of Obstetricians and Gynecologists, The International Society of Endocrinology, The Endocrine Society of Australia, and The Royal Australian and New Zealand College of Obstetricians and Gynecologists.*

Genitourinary Syndrome of Menopause (GSM)

- GSM is chronic and progressive
- Affects 24-87% of women
- Includes signs/symptoms associated with estrogen deficiency:
  - Genital dryness, burning, irritation, decreased genital arousal/orgasmic intensity
  - Poor vaginal lubrication during sex, discomfort with sex, impaired sexual function, postcoital bleeding
  - Urinary urgency, dysuria, recurrent UTIs



Use of Vaginal Estrogen in Women With A History of Estrogen-Dependent Breast Cancer

ACOG Committee Opinion, 3/16:

- To treat the hypoestrogenic-related adverse effects of cancer therapies or of natural menopause in survivors
- Vaginal estrogen should be reserved for patients who are unresponsive to non-hormonal remedies
- Decision should be made in coordination w/a woman's oncologist
- Data do not show increased risk of cancer recurrence among women currently undergoing treatment for breast cancer or those with a personal history of breast cancer who use vaginal estrogen

The Risks of Systemic Estrogen Therapy and Local Vaginal Estrogen Therapy Are Not the Same

- The dramatic differences in blood hormone levels achieved by low-dose vaginal estrogen vs. standard systemic estrogen therapy.
- Absence of research data linking low-dose vaginal estrogen to cancer, CVD, dementia, or other conditions highlighted in the boxed warning.
- Observational data supports the absence of long-term adverse effects of low-dose vaginal estrogen.

The Risks of Systemic Estrogen Therapy and Local Vaginal Estrogen Therapy Are Not the Same

Boxed Warning – Low Dose Vaginal Estrogen

-There is an increased risk of endometrial cancer in a woman with a uterus who uses unopposed estrogens. Adding a progestin to estrogen therapy has been shown to reduce the risk of endometrial hyperplasia, which may be a precursor to endometrial cancer. Adequate diagnostic measures, including directed or random endometrial sampling when indicated, should be undertaken to rule out malignancy in postmenopausal women with undiagnosed persistent or recurring abnormal genital bleeding.

-Estrogens with or without progestins should not be used for the prevention of cardiovascular disease or dementia.

-The Women's Health Initiative (WHI) estrogen alone substudy reported increased risks of stroke and deep vein thrombosis (DVT) in postmenopausal women with daily oral conjugated estrogens (CE) alone. The WHI estrogen plus progestin substudy reported increased risks of DVT, pulmonary embolism, stroke, and myocardial infarction in postmenopausal women with daily oral CE combined with medroxyprogesterone acetate (MPA). In the absence of comparable data, these risks should be assumed to be similar for other dosage forms of estrogens.

-The WHI Memory Study (WHIMS) reported an increased risk of developing probable dementia in postmenopausal women 65 years of age or older, in both the estrogen alone and estrogen plus progestin arms. It is unknown whether these findings apply to younger postmenopausal women.

-The WHI estrogen plus progestin substudy demonstrated an increased risk of invasive breast cancer.

-Estrogens with or without progestins should be prescribed at the lowest effective dose and for the shortest duration consistent with treatment goals and risks for the individual woman.

Very low doses can be used to achieve beneficial effects on vaginal epithelium

Low systemic absorption → minimizes impact on endometrium, breast

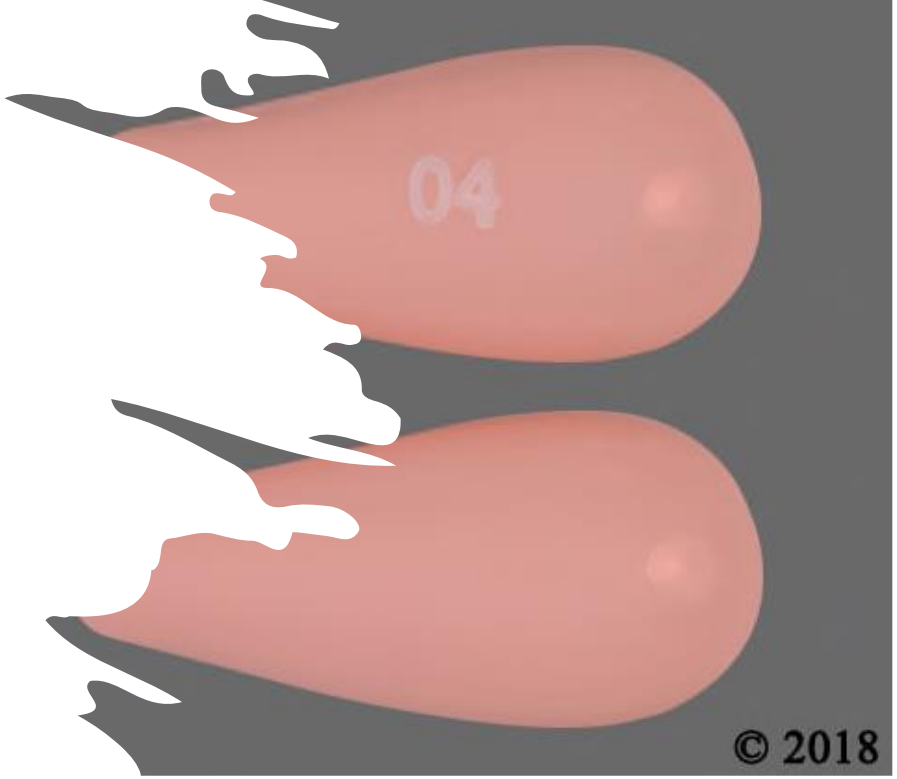
- Avoid breast tenderness, endometrial stimulation, and withdrawal bleeding

Does not relieve vasomotor symptoms or preserve bone mineral density

Vaginal Estrogen

Low-Dose Vaginal Estrogen Therapy

- 4 main commercially-available options to deliver a low dose of estrogen to local vaginal tissue:
  - Cream
  - Ring
  - Tablet
  - Insert
- Does not result in sustained serum estrogen levels exceeding the normal postmenopausal range
- Progestogen use is not indicated
  - However, clinical trial data supporting endometrial safety beyond 1 year are lacking



Nonestrogen Therapies: Vulvovaginal Atrophy + Dyspareunia

Ospemifene (SERM; Osphena®)

- SERM, Route: oral; Hot flushes: most frequent TEAE (6.6% vs. placebo 3.6%)
- No need for endometrial protection
- Ph 3 MCT: Ospemifine showed statistically significant improvement over placebo in lowering vaginal pH, decreasing parabasal cells, & reducing dyspareunia

Prasterone (intravaginal DHEA; Intrarosa®):

- Approved by FDA in 11/16
- Only FDA-approved, local non-estrogen product for dyspareunia due to menopausal VVA
- Intracellular conversion of DHEA to estrogen (estradiol) and androgen
- Daily use; Minimal systemic exposure
- Has not been studied in women with breast cancer

Nonhormonal vaginal moisturizers

- Non-prescription
- Replenish water content ot vagina, improves elasticity
- Longer duration of effect than personal lubricants
- Often used or the treatment of atrophic vaginitis

- Many options available, including:
  - Replens
  - KY Liquibeads
  - Hyalo Gyn
  - Revaree
  - Key-E

Water-Based Lubricants

- Most widely available
- Safe to use with latex condoms, condoms, sex toys
- Tend to dry up quickly
  - Reactivate with water
- Do not stain
- Rarely cause irritation
- KY, Pink Water, Astroglide, Liquid Silk,
- Pjur

Silicone-Based Lubricants

- Longer lasting than water-based lubricants
- Can be used in water
- Safe to use with latex condoms, diaphragms, non-silicone toys
- Can be used as massage oil
- More expensive than water-based lubricants
- Harder to wash off sheets and clothing
- Pjur Original Bodyglide, Astroglide X, Wet Platinum, Pink Silicone

Oil based lubricants

- Petroleum Based:
  - Petroleum jelly, mineral oil, baby oil
  - May promote vaginal inflammation/irritation
  - Not for use with latex condoms
    - Can reduce both the effectiveness of latex items and prevention of STDs

- Natural Oils:
  - Coconut, avocado, corn, olive, peanut
  - Non-irritating
  - Should not be used with latex items

Therapeutic Sexual Health Devices

- Soul Source Vaginal Dilators (silicone): soulsource.com
- Vaginismus.com: vaginal training set, $44
- Milli Expanding & Vibrating Vaginal Dilator: millimedical.com
- Kegel balls for improving pelvic floor strength/intensity of orgasm
- EROS: FDA-cleared device for FSAD, $325.00, increased vaginal lubrication and enhanced ability to achieve orgasm.

OhNut

- Control depth of penetration during vaginal or anal sex
- Deep Dyspareunia: endometriosis, radiation therapy, lichen planus, GSM, uterine pathology
- Made of an FDA approved body- and skin-safe polymer blend. BPA, phthalate, and latex free
- Can be used with a silicone-based lubricant
- Set of 3: $65 → Ohnut.co

Marijuana & Sexual Function In Women

- Aim: To evaluate women's perceptions of the effect of marijuana use before sexual activity
- Self-generated sexual health survey, FSFI, GRISS
- N= 373 women (non-marijuana users: 52.8%, used marijuana before sex: 34.1%, used marijuana but not before sex: 13.1%
- Results**: 68.5%:** overall sexual experience more pleasurable; **60.6%** increase in sex drive, **52.8%** increase in satisfying orgasms; majority reported no change in lubrication
- **Women who reported marijuana use before sex had 2.13 higher odds of reporting satisfactory orgasms than women who did not use before sex**

Lynn B, Lopez J, Miller C, et al. The relationship between marijuana use prior to sex and sexual function in women. Sex Med 2019;7(2):192-7

Energy Based Systems For "Addressing" Vaginal Dryness / Pain During Sex

- Non-invasive
- Avoids surgical risk
- Less expensive than surgery
- Less downtime than surgery
- Can be performed by wider range of practitioners (e.g., NP, PA)

Reasons To Choose Energy Based Systems Over Less Expensive Options

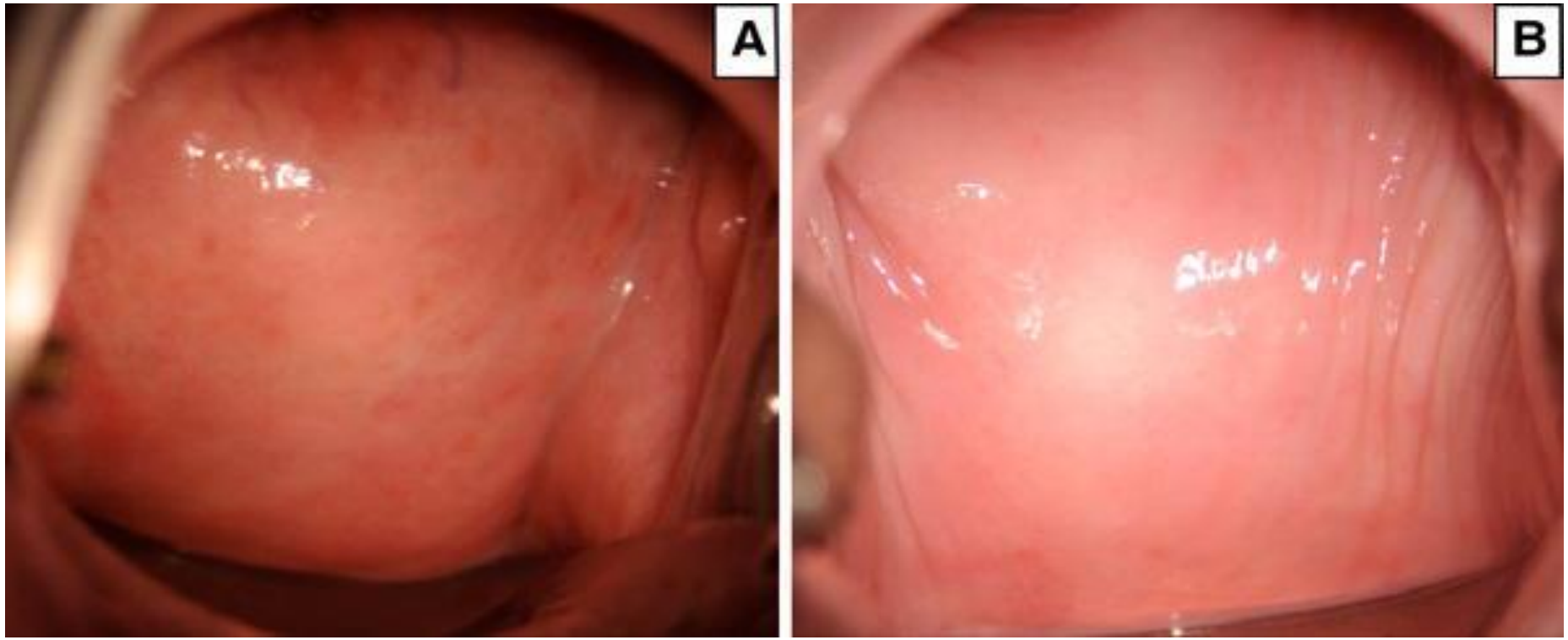
Woman is not a candidate for *systemic* or *local* hormone therapy:

- Certain reproductive cancers: endometrial, breast

Hormonal therapy has not been effective

Negative local effects of vaginally-administrated estrogen therapy:

- Recurrent yeast infections
- Vaginal itching
- Bothersome vaginal discharge
- Breast tenderness



Before Fractional CO2 Laser Tx **After Fractional CO2 Laser Tx**

The Female Orgasm – the clitoris and beyond

- **C-Spot Orgasm**: Clitoris
- **A-Spot Orgasm** : Anterior fornix of the vagina
- **G-Spot Orgasm**: Grafenberg spot
- **"Blended" Orgasm**: Clitoral and G-spot
- **Extragenital Orgasm**:
  - **Nipple and Breast**
  - **Anal:** internal and external
  - **"Zone" Orgasm:** Sensitive zone on the body not usually used for erotic stimulation (e.g., neck, fingers, thighs)
  - **Imagery Orgasm**: no physical stimulation
  - **Sleep Orgasm:** brain can generate orgasm independent of genital sensory activity → brain activated ANS the same way it does with genital stim; women: increased vaginal blood flow, heart rate and respiratory rate

Difficulty Achieving Orgasm is Common after Certain Cancer Treatments

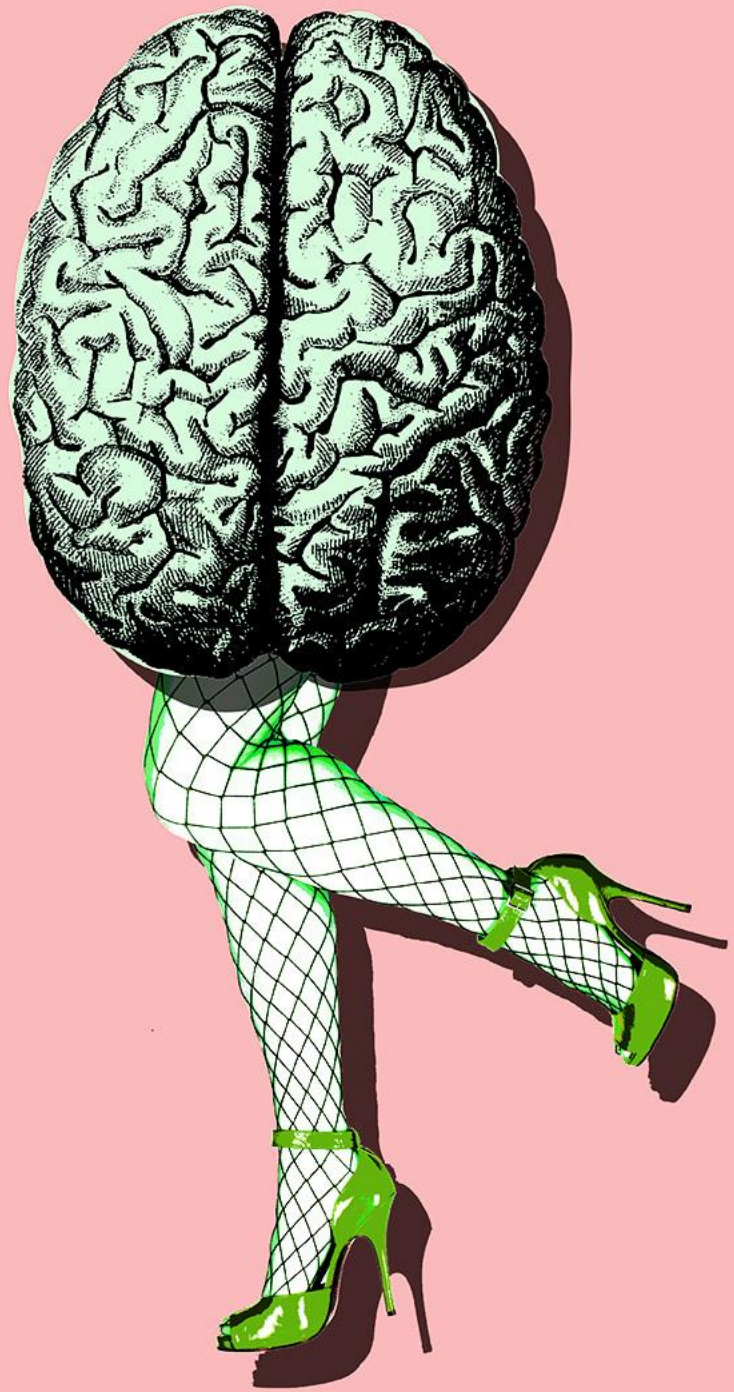
- Why?
  - Menopausal changes in nerve conduction, diminished blood flow, lack of mindfulness, anxiety, pain

- Treatment Options:
  - Vibrator/Masturbation therapy
  - Sildenafil
  - Kegel Exercises
  - Vaginal Estrogen
  - Mindfulness
  - Assess for other sexual concerns
  - Sex Therapy

Incorporating Vibrators into Partnered Sexual Activity

- Cross-sectional survey study of 2,056 women, ages 18-60
- Results:
  - 1,049 women had ever-used a vibrator
  - Majority used for fun/curiosity; however, 1/3 used to attain orgasm easier
  - Majority reported that their partners knew about/liked their use of a vibrator (80% heterosexual, 100% lesbian, 64% bisexual)
  - Ever users had higher FSFI domain scores than never users:
    - Desire, lubrication, pain, orgasm, arousal
  - Partner knowledge and perceived liking of vibrator use was a significant predictor of sexual satisfaction

Herbenick D, et al.., J Sex Med 2010;36(1):49-65.



Impact of Vibrator Use on Female Sexual Health

- Health promoting:
  - Vibrator users → significantly more likely to have had a gyn exam during past year and to have performed genital self-examination during previous month

- Positively related to several aspects of sexual function (desire, arousal, lubrication, orgasm, pain and overall function)

Womanizer (Clitoral Stimulator)

Pilot Study: Berman J and Faught B. Treatment of Orgasmic Difficulty in Perimenopausal, Menopausal and Postmenopausal Women

-mean age: 56, orgasmic difficulty

-Patented "PleasureAir Technology": uses mild air pulsation applied directly to the clitoris instead of vibration; designed to mimic oral sex

-"Findings": 100% experienced orgasm with Womanizer; 86% experienced orgasm within 5-10 min; 86% Womanized improved sexual response; 77% more satisfied with ease of reaching orgasm; 73% more than satisfied with intensity of their orgasm

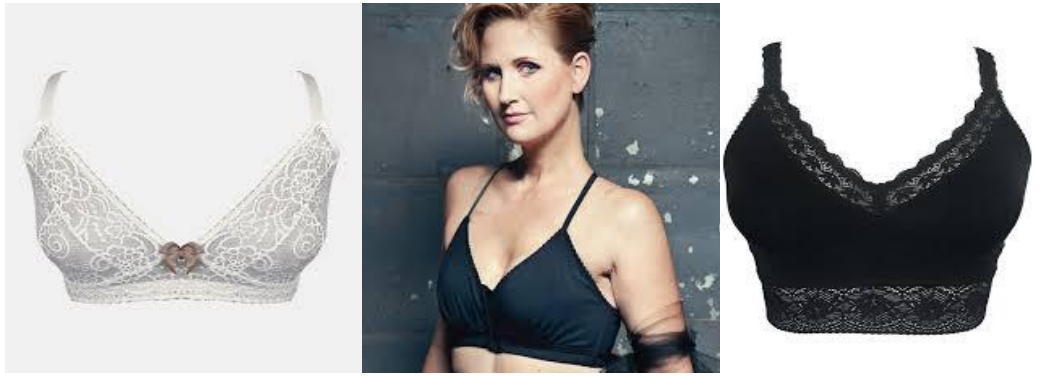
Pro: Very effective; **Con**: Very expensive
Womanizer: $100-200
Womanizer Knock-off: Satisfyer Pro 2 (amazon)

Feeling Sexy In Cancer Survivorship

Lingerie:

- The Jasmine Stacey Collection: Lingerie for women with ostomy bags

- AnaOno.com: sexy lingerie post-mastectomy with or without reconstruction, post lumpectomy



Ostomy Bag Covers/Wraps:

- CancerBeGlammed.com: ostomy bag covers
- OstomySecrets.com: Ostomy wraps

Beauty:

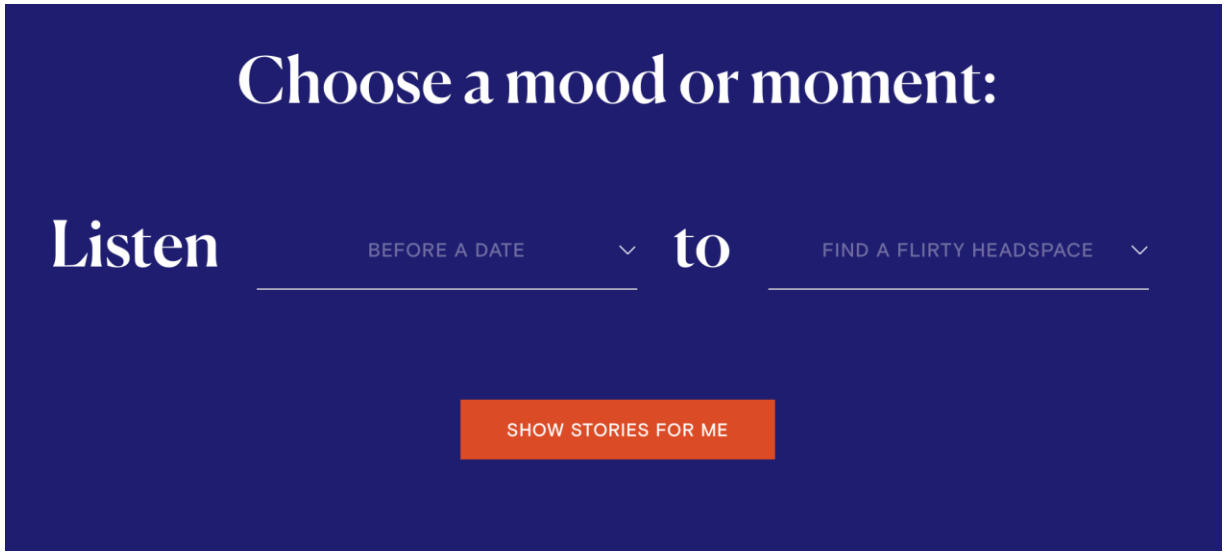
- LookGoodFeelBetter.Org: free beauty workshops in hospitals and community centers

Intimacy:

- Book: *It's In The Bag and Under The Covers*, Brenda Elsagher (dating, intimacy, sex for people with ostomies)

Better Sex Through Technology

- **Dipsea:** erotic audio app
  - Dipseastories.com



Intimate Rider

- IntimateRider.com, amazon
- Improve sexual mobility for disabled patients or for couples with physical limitations

- SCI, back pain, arthritis
Swing chair – natural gliding motion
$300-$700

Dating After a Cancer Diagnosis

1. Give yourself time to heal, emotionally & physically
2. Ease into the dating scene
3. Become comfortable in other social situations first (gym, classes, etc)
4. Practice telling friends, strangers about your diagnosis
5. Practice on friends, be honest about upcoming treatments, surgeries

What is sexual mindfulness?

Remaining mindful during sex, especially in high anxiety context

Immersion in the physical sensations of your body and not getting stuck on negative thoughts by using strategies to bring your back to your body's physical reactions

May require greater application of attention and nonjudgment than in less stressful settings

- Mindfulness during yoga ≠ mindfulness during sex
- Goal-oriented, self-critical, sexual anxiety

Sexual mindfulness may be useful in midlife populations in dealing with sexual issues (e.g., ED and female arousal (Leavitt & Lefkowitz, 2018, Rosenbaum, 2013)

Women may benefit more from sexual mindfulness than men

- helps them overcome the socialized tendency to pay attention to their partner's pleasure more than their own pleasure

Mindful Sex: Who Can Benefit?

Anyone, but especially Individuals who:

"Spectator" during sex

- E.g., evaluate and worry about the way their body looks, their sexual performance, etc.

Experience mind-wandering

- Busy minds don't belong in the bedroom during sex

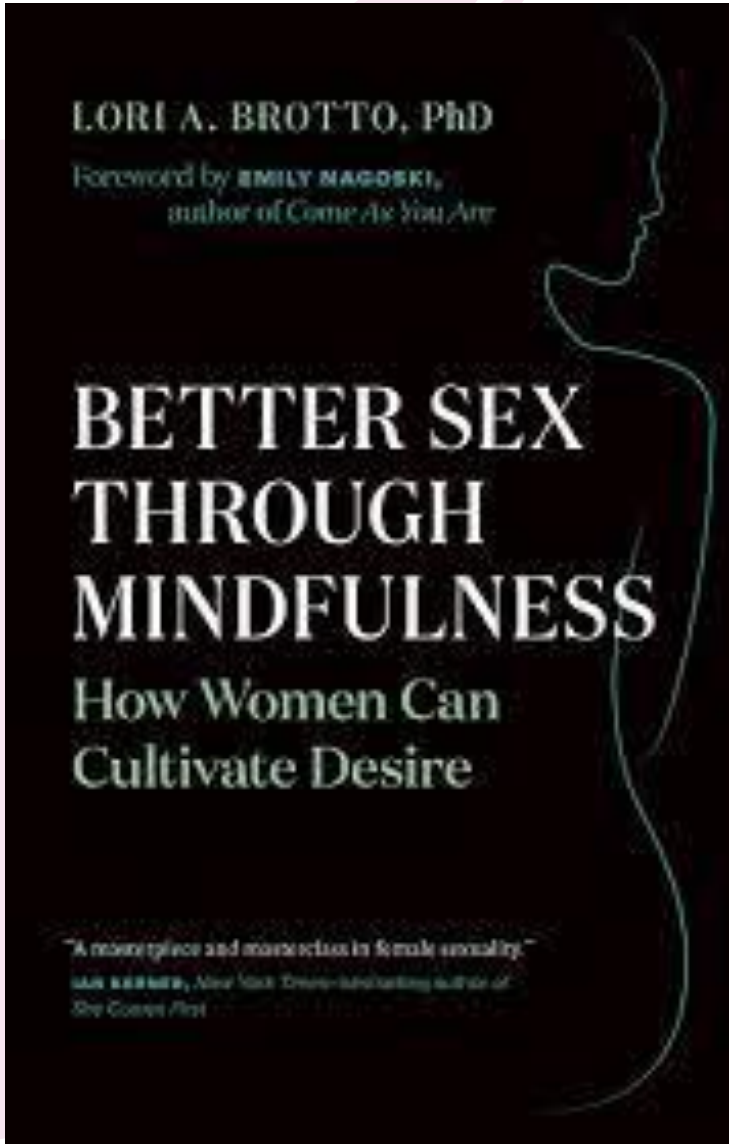
Primary Anorgasmia patients:

- Kuile, Both, and van Lankveld (2010): directed masturbation for primary anorgasmia is the only empirically validated and efficacious psychological treatment

Desire more satisfying sex lives

Want increased relationship intimacy

BIBLIOTHERAPY: SEXUAL MINDFULNESS



How to Practice Mindfulness During Sexual Activity

Setting up the scene for success:	Make mindfulness a habit	Avoid sexual activity during periods of high personal stress/distraction	Resolve conflicts with your partner before sexual activity
Identify a time when you are not overly fatigued	Ensure privacy: lock the door	Minimize distractions •Turn off the TV, get the pets off the bed/out of room, put phones on silent	Find your inner lighting technician and DJ and set the mood: candles, lights on, lights off, music
Use of lingerie if body image concerns	Take a shower before sex	Limit alcohol	Practice makes perfect •Masturbation is a great place to practice mindfulness before engaging with a partner

How to Practice Mindfulness During Sexual Activity

Synch your breathing with your partner's

Make eye contact

Minimize unnecessary chatter

Focus on your partner: what do they smell like?, how do they taste? How do they feel? How does their touch feel on you?

If you get distracted, take a deep breath and let the intrusive thoughts pass through without judgment. Then, bring yourself back to your own bodily sensations with some slow deep breaths.

Don't focus on the outcome. Stay in the moment.

Thank you!