

Practical interventions for sexuality after HPV related cancers

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Disclosures

Dr Kellogg Spadt is a consultant, researcher and/or speaker for the following companies:

- Pharmavite
- Lumina
- Dare'
- Vaginal Biome Science
- ShiftMD
- She Can Health
- Sumitomo

Learning Objectives-

At the completion of this presentation, participants will be able to:

- List types of sexual dysfunction associated with cancer .
- Name 3 interventions that can facilitate comfortable pleasuring after surgery.
- Discuss counseling techniques to facilitate couple communication about sexuality after cancer.

In general, HPV is thought to be responsible for more than 90% of anal and cervical cancers, about 70% of vaginal and vulvar cancers, and 60% of p

HPV -RELATED CANCER STATS...

HPV infection causes about 5% of all cancers worldwide

HPV infection with high-risk HPV types is the cause of 90% of cervical and anal cancer and about 70% of vaginal and vulvar cancers

WHAT ABOUT THE HPV VACCINE....why are numbers so high

Although there are vaccines to prevent HPV infections and the cancers that result, these vaccines do not treat cancers caused by existing HPV infections. And for people who develop HPV-related cancers, more treatment options are needed.

NEW study =a self-amplifying mRNA vaccine.

Each vaccine delivers mRNA instructions for making an engineered protein called gDE7. Cells that take up the vaccine produce this protein, which trains the immune system to recognize and attack cells that have a protein from HPV-16 called E7.

The human papillomavirus (HPV) vaccine protects against not only HPV but also certain types of cancer. Yet, study has found parents are reluctant to have their child vaccinated.Pediatrics 2022

HPV RELATED CANCERS AND SEXUAL SIDE EFFECTS:

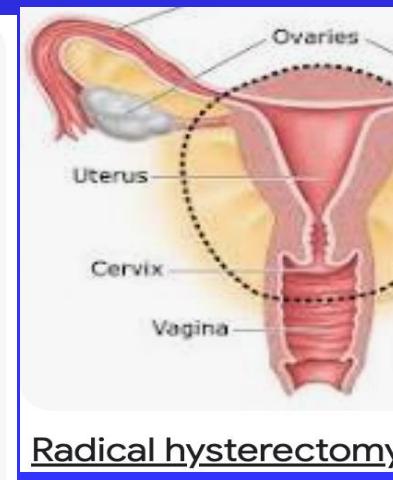
- HSDD
- FOD
- |FSAD
- Sexual Pain
- Fatigue
- Depression

Impact of Cervical Cancer on Quality of Life and Sexuality in Females

Survivors

■ Cervical cancer

- Rx based on stage: ranging from LEEP, Cone, RaRx, Hyst., chemo
- Despite the a 5-year survival rate of 70%, sexual side effects common
- Survivors report sexual dysfunction and impaired sexual satisfaction in almost half of the domains on FSFI.



Impact of cervical cancer on the sexual and physical health of women diagnosed with cervical cancer in Ghana: A qualitative phenomenological study

Evans Osei Appiah¹, Ninon P Amertil², Ezekiel Oti-Boadi Ezekiel³, Honest Lavoe³, Dimah John Siedu³

- Half of cervical cancer survivors have challenges with their sexual function.
- Low libido = divert their sexual gratification from the vagina to other centers of the body; participants showed apathy toward their partners' sexual feelings



Younger patients have poorer outcomes with a more pronounced impact on sexual well-being.

AVERAGE AGE AT DX 30-44

Extent of surgery has direct correlation with sexual dysfunction.



Varying prevalence:

loss of sexual interest in 26%–85%,
diminished lubrication in 27%–35%,
dyspareunia in 26%–55%,
dissatisfaction with sexual life in 30%–37%,
narrow/short/dry vagina in 32%–50%,
reduced freq. intercourse in 45%,
and orgasmic dysfunction in 20%

J Gastrointest Cancer
2020 Mar;51(1):204-210.

Sexual Function, Quality of Life, and Mood After Radiation Therapy in Patients with Anal Cancer

Divya Yerramilli¹, Lorraine Drapek², Ryan D Nipp³, Nora Horick⁴, Samantha M C Moran³, Bridget Noé², Sara M D'Arpino³, Devarati Mitra²,
Hong², David P Ryan³, Don S Dizon⁵, Jennifer Wo²

ANAL CANCER

Average age at Dx: 60's. 5 y survival rate > 70%

Rx based on Stage: RaRx, chemo, local excision,
radical surgery/colostomy



Median time from RaRx = 36 months

Women reported poor SF overall ; mean FSFI score = 15

AFTER RARX: Most women reported poor SF related to satisfaction, desire, orgasm, arousal, pain, and lubrication.

J Sex Med 2023 Mar 31;20(4):439-446.

Sexual function remains persistently low in women after treatment for colorectal cancer and anal squamous cell carcinoma

Marissa B Savoie¹, Alan Paciorek^{2,3}, Katherine Van Loon^{2,4}, Mekhail Anwar^{2,5,6}, Chloe E Atreya^{2,4}, P Connor Johnson^{7,8}, Stacey A Kenfield^{3,9}, Angela Laffan², Anna O Levin^{2,10}, James F Smith⁹, Dalila Stanfield², Alan Erin L Van Blarigan^{3,9}, Tami Rowen

- Among these 48 sexually active women, 34 (71%) had FSFI scores indicating risk for sexual dysfunction.
- Consistent with prior studies, we found low desire scores after treatment ASCC, with little recovery over time, suggesting that patients should not expect an eventual rebound of sexual function.

Review

Br J Nurs 2019 Sep 12;28(16):S4-S15.

Sexual function after stoma formation in women with colorectal cancer

Ciara Tripaldi¹

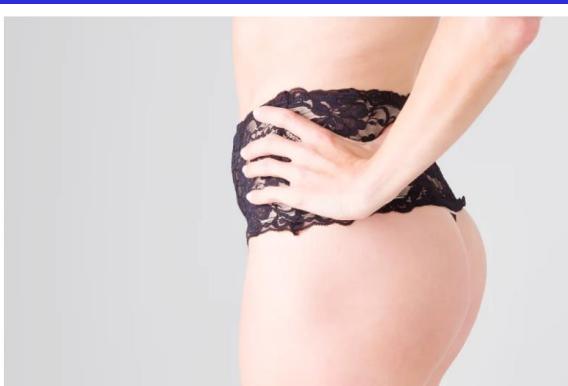
FSD related to Surgical Rx

Body image is significantly disturbed by stoma formation, affecting self-esteem and satisfaction with the self.

Altered bodily function, with odor and sounds from the stoma bag= distressing

Women find a **stoma difficult to accept, and partners' acceptance of it has a large impact on how they feel about themselves.**

Intercourse won't harm your stoma. Make sure that your stoma bag is securely attached. Most positions you choose for having sex won't affect your stoma bag. Find one that is most comfortable for you. You can also explore wearing underwear that covers the stoma. Pouch covers for the colostomy bag are also available.



Vulvar cancer

- Vulvar Squamous Cell Ca= average age at pre-invasion Dx 50y (with invasion 70y)
- 5 yr survival= w/o nodes=86%
- 2 TYPES
- VIN (HGSIL): oncogenic HPV-related-
- **this has doubled over last 2 decades for pts< 50y**
- **70/100 cancer caused by this form**
 - ◆ dVIN: HPV-unrelated = r/t LS, LP etc
 - ◆ DX based on Staging:
 - ◆ Stage I Rx- wide local excision, RaRx, radical surgery (vulvectomy w/ bilat groin dissection) + adjuvant chemo + RaRx . Clitoris may or may not be spared.

Sexual Functioning After Treatment of In Situ Vulvar Cancer: Preliminary Report



- Obstet Gynecol. Jan 1988; 71(1): 15–19.
- Barbara L. Andersen, PhD, Dawn Turnquist, MA, James LaPolla, MD, and Deborah Turner, MD
- Forty-two patients = specific pattern of sexual disruption for the women treated for preinvasive disease.
- 30% sexually INACTIVE at f/u.
- Specific disruption of excitement and orgasm
- =2-3 FOLD INCREASE

VULVAR CANCER

J Sex Med 2012 Feb;9(2):361-71.

Sexual, psychological, and relational functioning in women after surgical treatment for vulvar malignancy: a literature review

Leen Aerts¹, Paul Enzlin, Ignace Vergote, Johan Verhaeghe, Willy Poppe, Frederic Amant

- There is evidence that women who undergo surgical treatment for vulvar cancer or vulvar intraepithelial neoplasia are at **high risk for sexual dysfunctions, dissatisfaction with partner relationship, and psychological difficulties**. Factors associated with posttreatment sexual dysfunction include **patient's increased age, poor overall well-being, history of depression, anxiety,**
- **and excision size of vulvar malignancy**



The Impact of Vulvar Cancer on Psychosocial and Sexual Functioning: A Literature Review

Francesca Malandrone¹, Federica Bevilacqua², Mariagrazia Merola^{3,4}, Niccolò Gallio², Luca Ostacoli^{1,3}, Sara Carletto^{3,4}, Chiara Benedetto²

Results = synthesis of 30 articles
highlight the MASSIVE impact of vulvar cancer: depressive and anxiety symptoms and a negative effect on sexuality from a physical, psychological and behavioral point of view.
Factors that negatively affect women's lives are shame (r/t HPV), insecurity or difficulties in self-care and daily activities.



Gynecol Oncol
. 2012 Jul;126(1):87-92.

Long-term sexual function in survivors of vulvar cancer: a cross-sectional study

Menke H Hazewinkel¹, Ellen T M Laan, Mirjam A G Sprangers, Guus Fons, Matthé P M Burger, Jan-Paul W R Roovers

Vulvar cancer patients Rx between 1997-2007, N=76

Advanced Age = negative "Arousal" and "Desire"

Having a partner= positive "Satisfaction"

Optimism and physical well-being = positive "Desire" and "Orgasm"

Adjuvant inguinal radiotherapy= negative "Orgasm"

OVERALL = 42% a worse sexual function

Impact of Vulvar Cancer Surgery on Quality of Sex Life: A Review of Literature

Jeremie Zeitoun¹, Marjolaine Calvary¹, Claire Bonneau¹, Roman Rouzier

- Eleven of the 16 studies reported an **impairment of quality of sex life**, mainly related to the size of the initial lesion and the type of surgery performed.
- +Preoperative sexual status = + postop sex life
- Age, and morbidity == post op sex life

■ Conclusions:

- patients should be informed about impact on their sexual life, and management strategies should be part of their postoperative care.

REVIEW ARTICLES

September 24, 2012

Sexuality in Adult Cancer Survivors: Challenges and Intervention

Authors: Sharon L. Bober sharon_bober@dfci.harvard.edu and Veronica Sanchez Varela

- Strategies for maintaining vaginal health for female cancer survivors, including delivery of moisture to vaginal tissue (nonhormonal and hormonal options), need for mechanical stretching of tissue (vaginal dilators), and pelvic floor muscle rehab.

Interventions to Address Sexual Problems in People With Cancer: American Society of Clinical Oncology Clinical Practice Guideline Adaptation of Cancer Care Ontario Guideline 2016

Authors: Jeanne Carter, Christina Lacchetti, Barbara L. Andersen, Debra L. Barton, Sage Bolte, Shari Damast, Michael A. Diefenbach,

- Psychosocial and/or **psychosexual counseling** should be offered to all patients with cancer, aiming to improve sexual response, body image, intimacy and relationship issues, and overall sexual functioning and satisfaction.
- In women with symptoms of vaginal and/or vulvar atrophy, lubricants in addition to **vaginal moisturizers**, **Low-dose vaginal estrogen**, **lidocaine**, and **dehydroepiandrosterone** may also be considered
- Women experiencing vasomotor symptoms should be offered interventions for symptomatic improvement, including behavioral options such as **cognitive behavioral therapy**, **slow breathing and hypnosis**, and medications such as **venlafaxine** and **gabapentin**

Management Strategies : TALK

- * GET SEX INTO THE CONVERSATION!!
- * Patients should talk HONESTLY about how sexual response may have changed
BUT feelings for partner HAVE NOT CHANGED

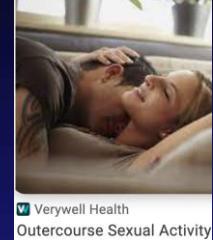


- * Talk about strategies to stay connected.

Management strategies: evaluate pre-Ca sexuality

- * What was the status of the sexual life before cancer?
- * What was the sexual “script” and what role did cervix, anus, vulvaplay during intimacy?
- * Who initiated sex?
- * Is there a “language” for communicating about sexual changes?
- * What has been said? What hasn’t been said?
- * Could benefit be gained from talking, as a couple, to a therapist? **REFER!**

Management Strategies: TOUCH



- No need to LIVE WITHOUT INTIMACY- even if unable to have penetration
- Survivors who have regular intimacy (ranging from cuddling to kissing to outercourse) =LESS AFFECTED by sexual dysfunction



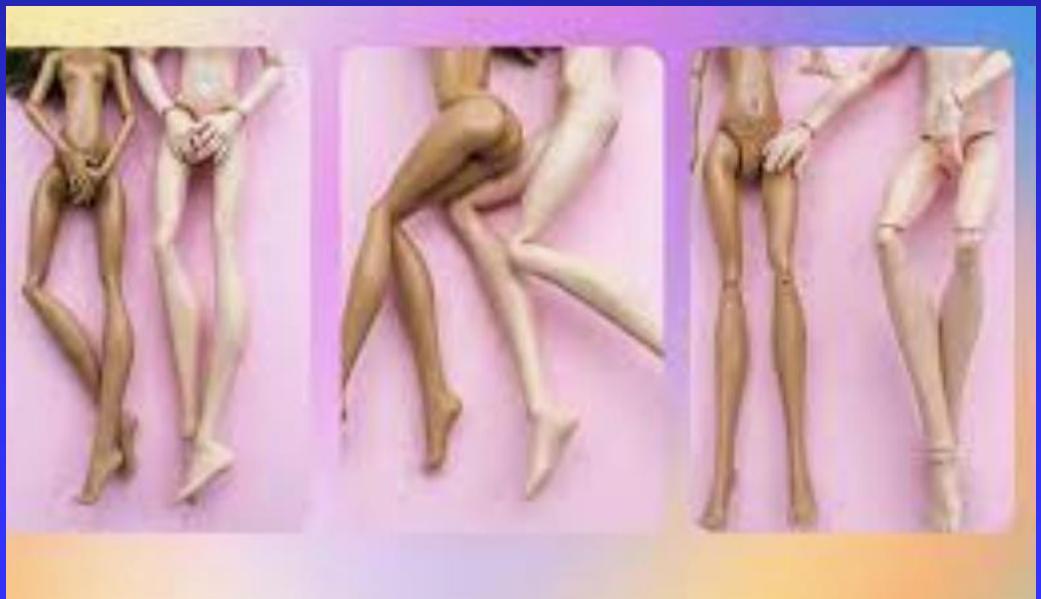
Management strategies: Outercourse

- Encourage patients to “plan intimacy scenarios” and discuss with partners acceptable non-penetrative sexplay options as alternatives to coitus
- Discuss limiting the duration of sexplay to optimize pleasure and decrease pain

A thumbnail image for an article. It features a red header with the number '10' in white. Below it, the title 'Types of Outercourse That Can Improve Your Sex Life' is written in white. The background of the thumbnail shows a person's legs and feet in a sexual pose. At the bottom left is a small circular icon with a camera symbol. At the bottom right is a small circular icon with a play button symbol. The overall background of the slide has vertical blue stripes on the left side.

10 Types of Outercourse That Can Improve Your Sex Life

A Detailed Guide to Outercourse



Interventions

- Encourage use of external vibrator stimulation (self or partner)
- 16 levels intensity = lowest = Poco (by Mystery Vibe)

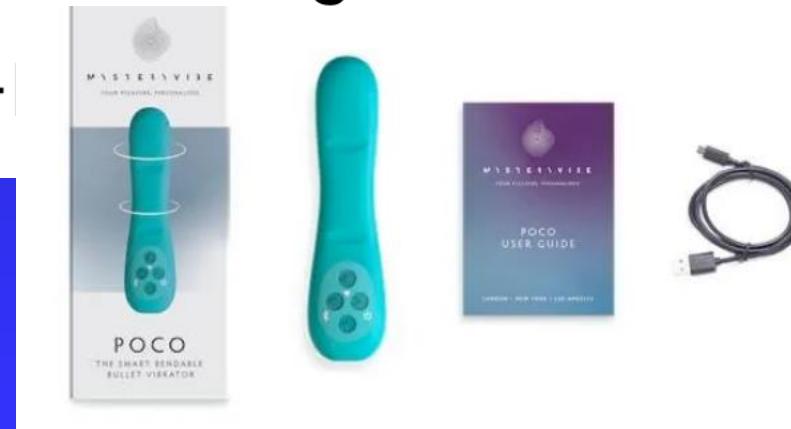


Pleasure Air Technology

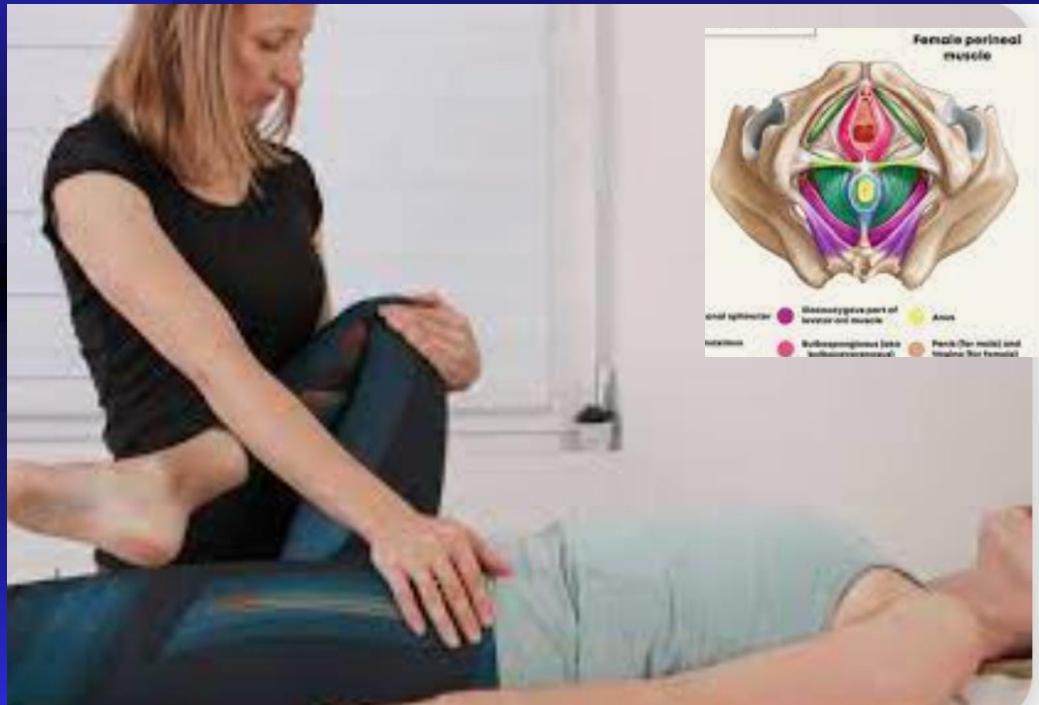
This tech is a true sensation!

The revolutionary Pleasure Air Technology features the perfect balance between pulsating and massaging changes in air pressure without touching the clitoris. This means that the approximately 8,000 nerve endings of the sensitive clitoris are never over-stimulated. Enjoy a new kind of extraordinary orgasm – even if you've never experienced an orgasm before.

This Vibrator Is a Must-Buy if You're Extra Sensitive—



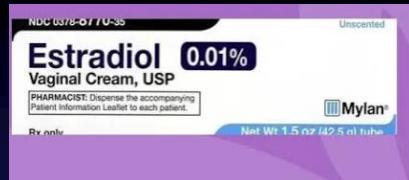
Management strategies: screen for PFD and Refer



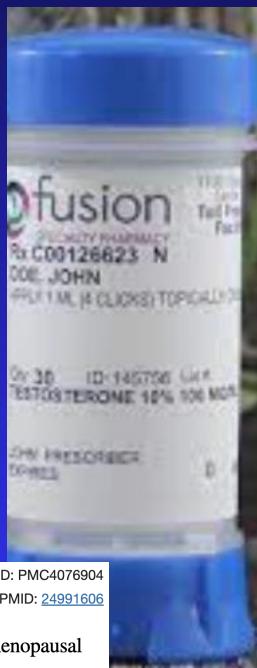
Interventions

- Apply skin barriers (ie: petrolatum, silicone, wax based moisturizers) to thin, sensitive skin. Protect against irritation from body fluids, spermicides and lubricants





Assess/Address GSM +/- flushes



J Res Pharm Pract. 2013 Apr-Jun; 2(2): 64–69.
doi: [10.4103/2279-042X.117392](https://doi.org/10.4103/2279-042X.117392)

PMCID: PMC4076904
PMID: [24991606](https://pubmed.ncbi.nlm.nih.gov/24991606/)

Comparison of Gabapentin with Estrogen for treatment of hot flashes in post-menopausal women

Zahra Allameh,¹ Safoura Rouholamin,¹ and Sonia Valaie¹

Pharm Pract (Granada). 2011 Jul-Sep; 9(3): 117–121.
Published online 2011 Sep 14.

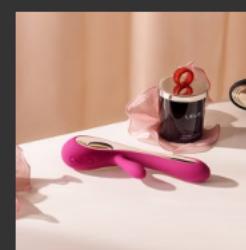
PMC

Venlafaxine and desvenlafaxine in the management of menopausal hot flashes

Emily D Johnson and Dana G Carroll



Assess/address HSDD



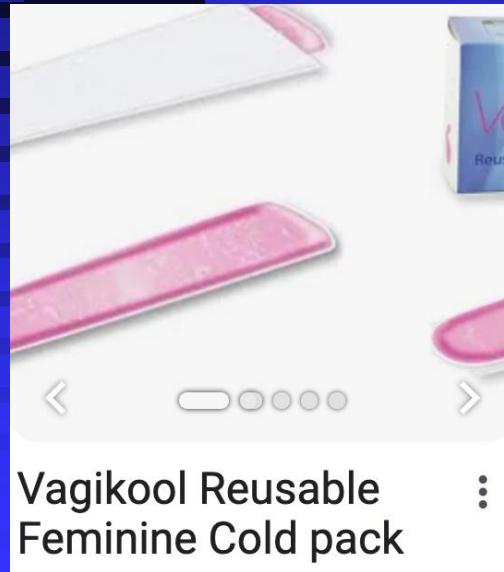
**SEX TOYS FOR
WOMEN – FINDING
THE RIGHT TOY FOR
YOU**

EROTIC STORIES

FOR THOSE WHO LIKE TO LEAVE A LITTLE TO THE IMAGINATION, OUR COLLECTION OF SCINTILLATING EROTIC STORIES WILL DRIVE YOU WILD. BEST PART? THEY'RE SUBMITTED BY REAL READERS LIKE YOU.

Interventions

■ Recommend application of cool compresses +/- low dose lidocaine before and after intimacy to decrease irritation



Vagikool Reusable Feminine Cold pack

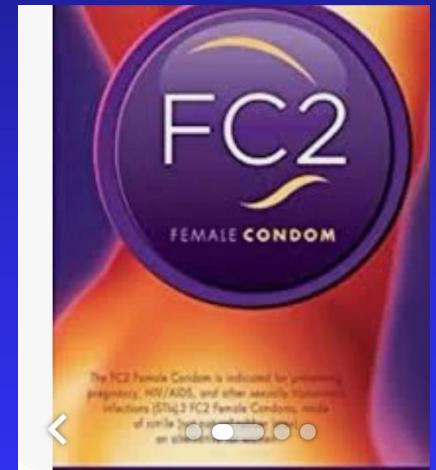


[Private Packs 1](#)
[Vulg Personal Pad](#)



Interventions

Radiated tissue can be sensitive to semen, spermicides and latex. Educate pts RE: polyisoprene (Skyn) or polyurethane (Supra/ Avanti) condoms, female condoms



FC2 Female 15 Pack Soft loose-fitting Sheath Condoms - with o...

Intervention

- Use “rocking motion” coitus vs. vigorous thrusting



- Discuss minimum depth of penetration and withdrawal as it relates to comfort –



Interventions

- Educate RE: positions that minimize friction to affected tissues, ie: penetrative partner standing near bed with the receptive partner supine at the edge of bed, or rear entry positioning



Addressing other lifestyle factors that affect sexual wellness:

Increased intimacy



- Physically active
- Positive body image
- Social support
- Healthy diet



Decreased intimacy

- Sleep difficulties
- Inactivity
- Depression
- Obesity
- Self / Partner Blame



Management strategies: Working with partners

- “She wants to be wanted..”
- “She won’t break”
- “Don’t avert gaze----look, touch, explore”
- “Speak from your heart..”



THANK YOU FOR YOUR KIND ATTENTION!

