Sexuality After the Diagnosis of Ovarian Cancer

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Disclaimer

- I have no association with any pharmaceutical company

- I will be speaking about testosterone therapy in surgically menopausal women
Sexual Health
(World Health Organization)

- A fundamental human right
- Important to overall health and QOL
- Satisfaction provides many benefits to patients and their partners
- Sexual dysfunction highly prevalent in men and women: 31-75% and 43-66% respectively
30-90% of gynecological cancer survivors have severe life long problems.

Similar % who have radical pelvic surgery/radiation have the same problems.
Little is known

Physiologic changes

Partner loss

Patient/physician communication about sexuality among older adults is poor

Many medications have sexual side effects

Untreated sexual dysfunction can lead to depression
Direct Effects of Management of Ovarian Cancer

- Changes in blood vessels
- Changes in nerves
- Changes in hormones
- Anatomic damage to areas directly involving the sexual response

Elliot and Stevenson 2007
Indirect Effects of Management of Ovarian Cancer

- Pain
- Grief
- Anxiety
- Fatigue
- Depression
- Fear of recurrence
- Changes in body image
- Changes in sensory perception
- Changes in social and interpersonal relationship with partner
- Changes in bowel/bladder function including incontinence

Elliot and Stevenson 2007
Iatrogenic Effects

- Surgery
- Radiation
- Medications
- Chemo

Elliot and Stevenson 2007
Cancer, QOL and Sexual Dysfunction

- Impact of sexual dysfunction has negative impact on QOL
- Associated with relationship difficulties, loss of work, anxiety and depression
- Treatment improves QOL of patient AND her partner
Issues to Consider in Recovery

- Is partner primary caregiver
- Same sex relationship
- Privacy
- Parenting relationship dynamics
- Sexual Self Esteem (the “am I still a woman?”) Can I still be a sexual being?
Female Sexual Response Cycle

Arousal And Desire

Sexual Arousal

Biology

Sexual Stimuli

Sexually Neutral

Emotional intimacy

Spontaneous Sexual Drive
Decreased/absent libido/HSSD

- FDA approved medical therapies available: NONE
- May be relationship
- May be due to medications
- May be due to pain/limitation of motion
- May be related to ovarian cancer diagnosis
Women and Libido Determinants

- Love
- Mood
- Fatigue
- Health
- Culture
- Oh, and testosterone
Testosterone/DHEA

- Neither approved by FDA
- DHEA available OTC
- Testosterone available as compounded product
Testosterone Safety Concerns

- Mild androgenic side effects dose/time related (hirsuitism and acne)
- No evidence of negative effect on heart in women (recent study in men had a negative effect)
- Studies in female cynamologous monkeys show no negative effect on heart
- No evidence of increased breast cancer risk
- High doses can lead to lower voice (permanent), sleep apnea, increased liver enzymes
Testosterone patch study
2005

- Randomized, double blind, placebo controlled trial
- 562 women aged 20-70 with HSDD after bilateral oophorectomy (no ovarian cancer patients)
- All on estrogen
- Good sex life before study
- Women bothered by their low libido
Testosterone Patch Study
Results 2005

- Increased frequency of totally satisfying sexual activity
- Increased sexual desire
- Decreased personal distress
- 3 further studies done, all with similar results
- FDA did not approve
Current and Future of Testosterone Use in Women in US/World

- Gel studies underway
- Patch approved in Europe
- 2002 Canada approved T use in women
- Australia pellet use approved
- UK discontinued patch use in 2010
- North American Menopause Society (NAMS) retired their testosterone statement
- Who knows??????
Vaginal Changes after Removal of Ovaries

- All women not on Estrogen (E) therapy will develop vaginal atrophy
- Vaginal Cells Change
- Vaginal pH increases
Vaginal atrophy

- All postmenopausal women not on estrogen therapy will develop vaginal atrophy—loss of superficial and intermediate epithelial cells
- Vaginal cytology—with vaginal atrophy see WBC’s, Basal cells, decreased lactobacilli
- Check vaginal pH (normal 5 or lower)
- Non hormonal lubricants/moisturizers
Management of Vaginal Atrophy With Estrogen

- Local therapies include:
  - Low dose tablets
  - Ring
  - Creams
Vaginal Selective Estrogen Receptor Modulator (SERM)

- Oral 60 mg tablet approved by FDA for sexual pain relief in PMP women
- Ospemifene (Osphena)
- 3 trials
- Black box warning: vaginal bleeding, DVT, hemorrhage stroke
- SE: HF’s, vaginal discharge, muscle spasm, XS sweating
NAMS Position Statement on Vaginal Estrogen for the Treatment of Vaginal Atrophy

- Hundreds of studies
- No study compared all products
- Many products are FDA approved
- All are effective
- All have some systemic absorption
Vaginal moisturizers/lubricants

- KY silk-lubricant-propylene glycol, polysorbate, vitamin E, Aloe vera etc
- RepHresh-restores vaginal pH-glycerine, polycarbophil, carbomer homopolymer, etc
- Replens-moisturizer-glycerine, mineral oil, hydrogenated palm oil, etc
Vaginal Moisturizers/lubricants

- Astroglide-lubricant-glycerine, hydroxyethyl cellulose, methyl paraben, etc
- Very Private-Moisturizer-glycerol, polymethacrylate, glycerine, sorbitol etc
- Luvena-moisturizer-polyethylene glycol, polypropylene, cranberry extract etc
Anorgasmia: Inability to have an orgasm

- May be primary or secondary
- Multifactorial
- Lack of knowledge
- Medications
- Poor technique
- Illnesses
- Pain
Medications leading to sexual dysfunction

- Beta blockers
- Psychotropics
- Diuretics
- Narcotics
- Anticholinergic
- Antihypertensives
- Barbituates
- Clonipine
- Digoxin
- Many more
Clitoral Vacuum Device

- Hand held battery operated (FDA Approved)
- Small soft plastic cup over clitoris
- Gentle vacuum creates increased genital blood flow
- Leads to engorgement and increased lubrication
- In small study showed improved orgasmic response and sexual satisfaction
NAMS “Fixes for a Stalled Sex Life”

- Think about sex
- Schedule an date
- Change course from intercourse
- Shop for sex
- Focus on the senses (sight, smell, hearing, taste, touch)
- Speak up
- Don’t stop
Dr. June’s additions to NAMS

- Erotic reading (50 Shades?)
- Self pleasuring
- Sensate focus
- Staycation
- Guided imagery
- Relaxation
- Fantasy
- Modify your script
- Orgasm isn’t the end all be all
Conclusion

- Many ovarian cancer patients have sexual dysfunction
- Many health care providers fail to discuss sexual health with ovarian cancer survivors, particularly in women over 60
- The most common reason for a woman not to be sexually active is lack of a partner
- Vaginal atrophy is easy to treat and it can make a huge difference in sexual function.
- There is no FDA approved product for the most common dysfunction, low libido, in ANY woman
- For many counseling can provide benefit