



# Sexuality After the Diagnosis of Ovarian Cancer

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# Disclaimer

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- I have no association with any pharmaceutical company
- I will be speaking about testosterone therapy in surgically menopausal women



# Sexual Health (World Health Organization)

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- 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



# Sexual Health after Diagnosis Ovarian Cancer NCI Data

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- 30-90% of gynecological cancer survivors have severe life long problems
- Similar % who have radical pelvic surgery/radiation have the same problems



# Study of Sexuality & Health Among Older US Adults

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- 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

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- 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

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- 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

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- Surgery
- Radiation
- Medications
- Chemo

■ Elliot and Stevenson 2007





# Cancer, QOL and Sexual Dysfunction

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- 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

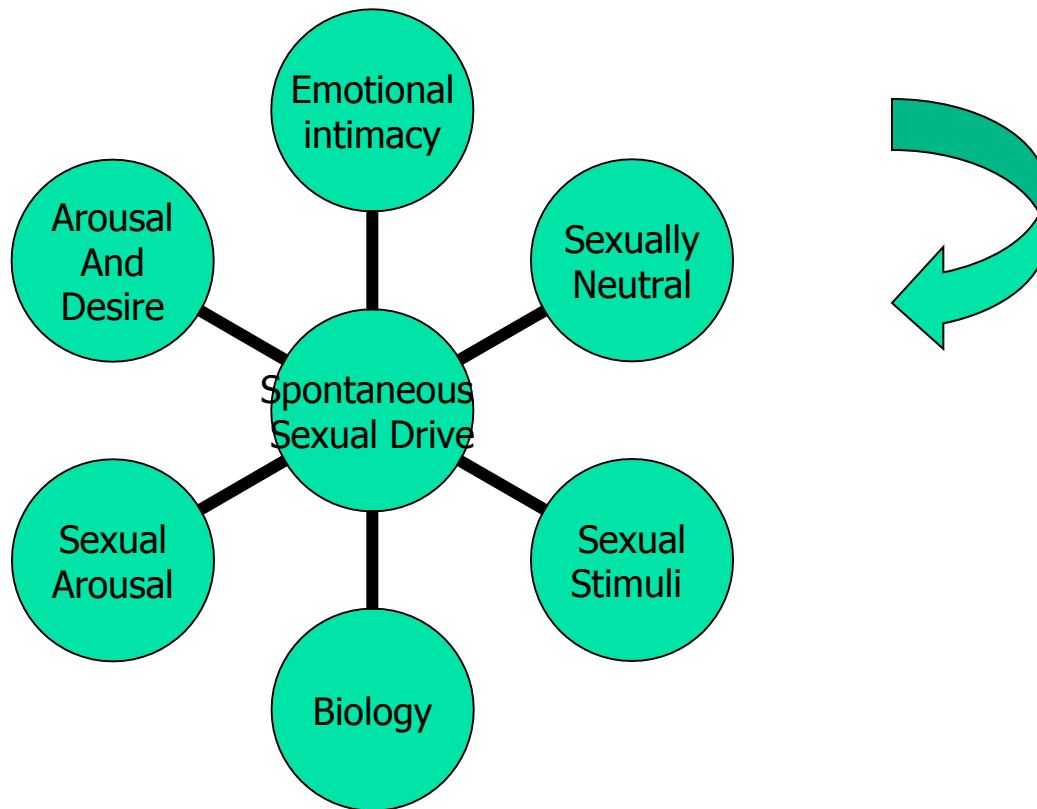
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- Is partner primary caregiver
- Same sex relationship
- Privacy
- Parenting relationship dynamics
- Sexual Self Esteem (the “am I still a woman?”) Can I still be a sexual being?



# Female Sexual Response Cycle

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# Decreased/absent libido/HSSD

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- 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

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- Love
  - Mood
  - Fatigue
  - Health
  - Culture
  - Oh, and testosterone
- Health
  - Stress
  - Fatigue
  - Satisfaction



# Testosterone/DHEA

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



# Testosterone Safety Concerns

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- Mild androgenic side effects dose/time related (hirsutism and acne)
- No evidence of negative effect on heart in women (recent study in men had a negative effect)
- Studies in female cynomolgous 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

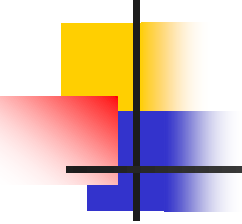


# Testosterone patch study 2005

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- 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

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- 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



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- 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

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



# Vaginal atrophy

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- 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

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- Local therapies include:

Low dose tablets

Ring

Creams



# Vaginal Selective Estrogen Receptor Modulator (SERM)

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- 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

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- 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

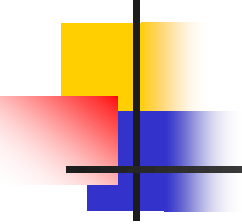




# Vaginal Moisturizers/lubricants

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- 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

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- May be primary or secondary
- Multifactorial
- Lack of knowledge
- Medications
- Poor technique
- Illnesses
- Pain

# Medications leading to sexual dysfunction



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- Beta blockers
- Psychotropics
- Diuretics
- Narcotics
- Anticholinergic
- Antihypertensives
- Barbituates
- Clonidine
- Digoxin
- Many more



# Clitoral Vacuum Device

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- 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”



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- 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

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- 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

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- 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