SURVIVORSHIP PROJECT ECHO
(Extension for Community Healthcare Outcomes)

Collaborators:
NYSDOH/NYSCCCP
SUNY Upstate (The Upstate Foundation, Inc.)
NYS Survivorship Action Team

Subject matter team leads:
Maureen Killackey M.D.
Tessa Flores, M.D.
Christina Crabtree-Ide, PhD, MPH

Funding: Centers for Disease Control and Prevention

HOUSEKEEPING ITEMS

Please type your name (first and last), health center or organization, and your email address into the Chat Box.

Please mute your line and remain on camera.

If you have a question, please type it in the Chat Box. Questions will be answered after the speakers' presentations.

This ECHO session is being recorded and a link will be e-mailed to attendees and posted on the NYS Cancer Consortium Website (nyscancerconsortium.org)

Do NOT share any personal information about any patient.

The Session PowerPoint and materials will be sent to attendees after each ECHO Session along with the CME survey.

INTRODUCTIONS

Kristin Sobieraj, PA

Physician Assistant - Oncology Survivorship, Roswell Park Comprehensive Cancer Center

Lori Davis, DNP, FNP-C, CSC-SIT, MSCP, IF

Nurse Practitioner/Certified Sex Counselor

Facilitator: Tessa Faye Flores, M.D.

Medical Director of Cancer Screening and Survivorship at Roswell Park Comprehensive Cancer Center and a board-certified Internist and Pediatrician

Sobieraj and Dr. Flores and have no disclosures or conflicts to report. Dr. Davis reports disclosures with Astellas.

PARTICIPANT INTRODUCTIONS

Please type your name (first and last), health center or organization, and your email address into the Chat Box.

Welcome

Survivorship ECHO Series

Session 5
Survivorship and Sexual Health

SPEAKERS

Kristin Sobieraj, PA
Lori Davis, DNP, FNP-C, CSC-SIT, MSCP, IF

Facilitator: Tessa Faye Flores, M.D.

What is a Project ECHO?

- Collaborative, hub & spoke model of medical education and care management
- Goal is to form long-lasting partnerships between community-based provider teams and specialized providers to create bi-directional learning networks
- Increases workforce capacity to provide best-practice specialty care to patients wherever they may live; reduces health disparities

”Moving knowledge, not people”

Goals & Objectives ECHO Series

After participating in this ECHO Session, participants will be able to:

1. Understand oncofertility and the importance of fertility preservation prior to cancer treatment
2. Identify the treatments with the highest risk of causing infertility post treatment
3. Know which tests and labs to order for patients in the post treatment phase and how to determine if the patient has impaired fertility and/or premature menopause
4. Learn how to approach the topic of sexual health with those who are cancer survivors
5. Know the options and resources available to those who are cancer survivors

Scheduled sessions and subject matter discussants

Session 1: Introduction and Survivorship 101	
January 11, 2024 **12-1:00pm**	Maureen Killackey, MD, FACS, FACOG Tessa Flores, MD Sylvia K. Wood PhD, DNP, ANP-BC, AOCNP Facilitator: Christina Crabtree-Ide, PhD, MPH
Session 2: Survivorship Teams	
February 8, 2024 **12-1:00pm**	Tessa Flores, MD Gregory P. Rys, NP Maura Abbott, PhD, AOCNP, CPNP-PC, RN Facilitator: Maureen Killackey, M.D.
Session 3: Medical Issues in Survivorship	
March 14, 2024 **12-1:00pm**	Craig D Hametz, MD, FACC, FASE, FASNC Tessa Flores, MD Facilitator: Maureen Killackey, M.D.

Session 4: Survivorship Lifestyle Behaviors	
April 11, 2024 **12-1:00pm**	Eileen Bird Timothy Korytko, MD Facilitator: Christina Crabtree-Ide, PhD, MPH
Session 5: Survivorship and Sexual Health	
May 9, 2024 **12-1:00pm**	Kristin Sobieraj, PA Lori Davis, DNP, FNP-C, ACNP-C, CSC, NCMP Facilitator: Tessa Flores, M.D.
Session 6: Supportive Care in Survivorship	
June 13, 2024 **12-1:00pm**	Anne Moyer, PhD Robin Eggeling Facilitator: Christina Crabtree-Ide, PhD, MPH

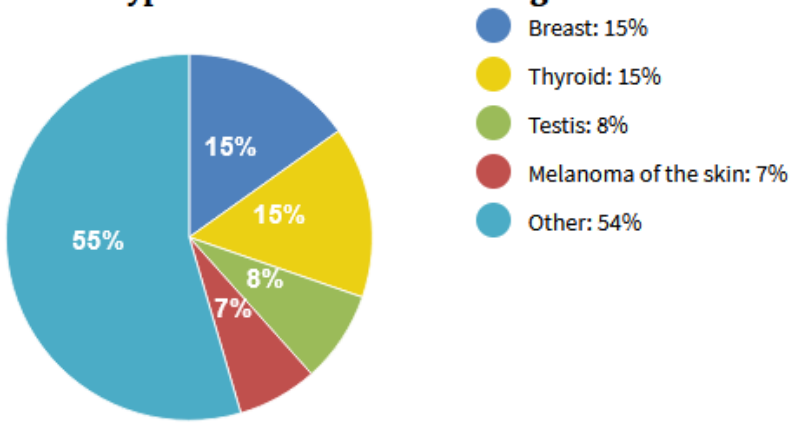
Goals and Objectives

- Understand oncofertility and the importance of fertility preservation prior to cancer treatment
- Identify the treatments with the highest risk of causing infertility post-treatment
- Know which tests and labs to order for patients in the post-treatment phase and how to determine if the patient has impaired fertility and/or premature menopause
- Know the options and resources available to those who are cancer survivors

New Cancer Cases, 2023

Estimated New Cancers Among AYAs in the U.S. in 2023	85,980
% of All New Cancer Cases at Any Age	4.4%

Common Types of New Cancers Among AYAs

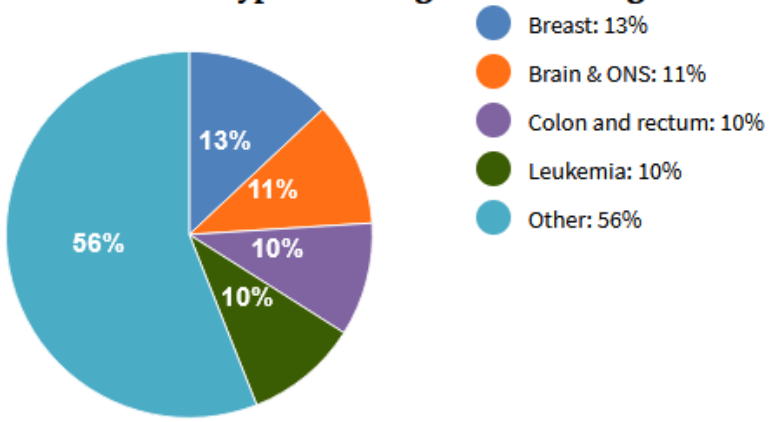


Distribution based on age-adjusted rates of new cases.
SEER 22, 2016–2020.

Cancer Deaths, 2023

Estimated Cancer Deaths Among AYAs the U.S. in 2023	9,050
% of All Cancer Deaths at Any Age	1.5%

Common Cancer Types Causing Death Among AYAs



Distribution based on age-adjusted death rates.
U.S. Mortality, 2016–2020.

https://seer.cancer.gov/statfacts/html/aya.html

Why are we discussing oncofertility?

-AYA (Adolescent and Young Adult) is defined as anyone between the ages of 15-39

-Other cancers include:
- Brain and other CNS tumors
-Cervical Cancer
-Colorectal Cancer
-Leukemia & Lymphoma
-Sarcoma

NCCN's Opinion regarding Oncofertility

"The AYA Fertility and Endocrine Considerations from the NCCN state: "discuss risks for infertility due to cancer and its therapy, the use of fertility preservation, and contraception prior to the start of therapy", "fertility preservation should be an essential part in management of AYA's with cancer", and "initiate referral for fertility preservation clinics within 24 hours for interested patients" as specific guidelines for oncology healthcare providers."

National Comprehensive Cancer Network, Adolescent and Young Adult (AYA) Oncology. *Clinical Practice Guidelines in Oncology*. 2014.

Males or Patients Born with Testes

- Causes of infertility
  - Surgery
    - Testicular Surgery
    - Surgery involving the hypothalamus/pituitary gland
    - Surgery for urologic reason, colorectal, or RP LN's
  - Radiation
    - Radiation to testes or hypothalamus/pituitary gland
  - Chemo
    - Biggest risk with alkylating agents: cyclophosphamide*, nitrogen mustard, procarbazine, ifosfamide, chlorambucil, busulfan
    - Allogeneic BMT (donor)

Treatment		Effect on spermatogenesis and transport	Risk of infertility
Surgery			
	Removal of both testes	Impaired production	100%
	Removal of one testis		Low
	Damage to hypothalamic/ pituitary gonadotropin producing area		Low – spermatogenesis may be stimulated with exogenous gonado-tropin
	Retroperitoneal lymph node dissection	Impaired transport	Variable – retrograde ejaculation; sperm production not impaired
Radiation therapy			
	Irradiation of testes	Impaired production	Fertility very unlikely if testes dose >7.5 Gy
	Irradiation of hypothalamic/ pituitary gonadotropin producing area		Dose-response relationship unclear; dose <30 Gy do not appear to produce damage
Chemotherapy	Alkylating agents	Impaired production	Cyclophosphamide equivalent dose (CED): <4 g/m^2 – risk of azoospermia <15 % >4 g/m^2 – risk of oligo- or azoospermia >50%

Woodruff, T. (2019). *Textbook of Oncofertility Research and Practice*. Springer Nature Switzerland AG.

Females or Patients Born with Ovaries

Causes of Infertility:

- Surgery
  - Bilateral Oophorectomy
  - Surgery involving the hypothalamus/pituitary gland
- Radiation
  - Cranial
  - Pelvic
    - Colorectal and Anal
    - Cervical and Uterine
- Chemotherapy
  - Alkylating agents (cyclophosphamide/Cytoxan)
  - Allogeneic BMT (donor)

- Survivors are twice as likely as their control siblings to reach menopause before age 30

Woodruff, T. (2019). *Textbook of Oncofertility Research and Practice*. Springer Nature Switzerland AG

Table 1 Chemotherapy Agents That Can Lead to Infertility

Risk level	Medication
High risk (>70%)	Cyclophosphamide[a] Ifosfamide[a] Nitrosoureas[a] Chlorambucil[a] Melphalan[a] Busulfan[a] Procarbazine[a] Temozolomide[a]
Intermediate risk (30%-70%)	Bevacizumab Doxorubicin (as in doxorubicin and cyclophosphamide plus a taxane) FOLFOX regimen (folinic acid, fluorouracil, oxaliplatin[a]) Cisplatin[a]
Low or no risk (<30%)	Methotrexate 5-Fluorouracil Cytarabine Vincristine Bleomycin Doxorubicin (without alkylating agents)

[a]Alkylating agents.
Sources: Lee SJ, et al. *J Clin Oncol*. 2006;24:2917-2931; Loren AW, et al. *J Clin Oncol*. 2013;31:2500-2510; Peccatori FA, et al. *Ann Oncol*. 2013;(24 suppl 6):vi160-vi170; Bedoschi G, et al. *Future Oncol*. 2016;12:2333-2344.

Fertility Preservation Options

Males or Patients Born with Testes

- Post pubertal
  - Sperm Banking
  - Testicular Shielding for Radiation
  - Orchiopexy
- Prepubertal
  - Testicular Shielding for Radiation
  - Orchiopexy
  - Testicular Tissue Cryopreservation*
    - Considered experimental
    - UPMC Pittsburgh

Females or Patients Born with Ovaries

- Post pubertal
  - Oocyte or Embryo cryopreservation
  - Ovarian Shielding
  - Oophoropexy
  - GnRH Agonist**
- Prepubertal
  - Ovarian Shielding
  - Oophoropexy
  - Ovarian Tissue Cryopreservation*
    - Considered experimental
    - MSK, Weill-Cornell, Penn Medicine in Philadelphia
  - GnRH Agonist**

Woodruff, T. (2019). *Textbook of Oncofertility Research and Practice*. Springer Nature Switzerland AG

Fertility Preservation Options

- Special Considerations:
  - Breast Cancer
    - Letrozole given during stimulation period for oocyte harvesting especially for HR+ cancers
  - Liquid Tumors
    - GnRH (Gonadotropin-Releasing Hormone Agonist) – Leuprolide (Lupron IM) or Zoladex (infusion)
      - **Has not been 'officially' studied from a fertility preservation standpoint, only as a treatment to avoid Premature Ovarian Insufficiency/menopause
  - GYN Cancer
    - Endometrial Cancer – Progestin IUD allows time for egg retrieval

Woodruff, T. (2019). *Textbook of Oncofertility Research and Practice.* Springer Nature Switzerland AG

Assessing for Infertility

- Males or Patients born with Testes
  - Semen Analysis
    - If abnormal, referral to a Reproductive Specialist is preferred
      - Labs:
        - FSH
        - LH
        - Testosterone
        - Estradiol
        - Prolactin
        - Thyroid panel
- Females or Patients born with Ovaries
  - Labs
    - FSH
    - LH
    - Anti-Mullerian Hormone*
    - Estradiol
  - Ultrasound (Antral Follicle Count)
    - "Antral Follicle Count is the number of small follicles that are observed in both ovaries during the early follicular phase of the cycle."

Woodruff, T. (2019). *Textbook of Oncofertility Research and Practice*. Springer Nature Switzerland AG

Practice Committee of the American society for reproductive medicine. Testing and interpreting measures of ovarian reserve: a committee opinion. Fertil Steril. 2015; 103 (3):e9-17

Females or Patients Born with Ovaries

Health consequences from premature menopause (<40 yo)

- Increased risk of mental health disorders
- Increased risk of osteoporosis
- Increased risk of cardiovascular disease
- Increased risk of glaucoma
- Increased risk of dementia
- Sexual health problems and similar QOL issues
- Increased risk of early death

- Many patients state that discovering that they are infertile is just as devastating as finding out they have cancer.

Woodruff, T. (2019). *Textbook of Oncofertility Research and Practice*. Springer Nature Switzerland AG

Females or Patients Born with Ovaries

Additional Information:

- Pregnancy Complications for cancer survivors:
  - Abdominal Radiation: preterm birth, low birth weight, gestational diabetes
  - Chemo (anthracyclines) and/or chest radiation: CardioVascular risks (need 2nd and 3rd trimester echo)
  - Breastfeeding from an irradiated breast increases the risk of mastitis which is difficult to treat in this setting

Woodruff, T. (2019). *Textbook of Oncofertility Research and Practice*. Springer Nature Switzerland AG

Males or Patients Born with Testes

Health consequences from infertility

- Increased risk of mental health disorders
- Sexual health problems and similar QOL issues

- Many patients state that discovering that they are infertile is just as devastating as finding out they have cancer.

Woodruff, T. (2019). *Textbook of Oncofertility Research and Practice*. Springer Nature Switzerland AG

PGT (Preimplantation Genetic Testing)

- A screening test performed on embryos created by IVF to analyze for genetic mutations prior to transfer
  - Used if one or both parents have a gene mutation
  - Can only test for single gene disorders (ie BRCA1, etc)
  - Uses a few cells from the early embryo although confirmation of the genetic make up of an embryo should be done by amniocentesis or CVS (Chorionic villus sampling)

Klugman, S. Rollene, N. (2020, February 20). *Preimplantation Genetic Testing.* ACOG Clinical. https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2020/03/preimplantation-genetic-testing

Management of Infertility

- Males
  - Clomid (clomiphene citrate) has been studied numerous times and improves semen quality by increasing testosterone, FSH, LH and sperm counts and thus increases pregnancy rates
    - Most effective for men with low sperm counts
  - Preliminary studies:
    - Aromatase inhibitors (letrozole and anastrozole)
      - Decrease estrogen which increases male's testosterone
- Females
  - If truly infertile, options consist of donor eggs or embryos, gestational surrogate, or adoption

Woodruff, T. (2019). *Textbook of Oncofertility Research and Practice*. Springer Nature Switzerland AG

Resources Available for Cancer Survivors

- New York State mandates coverage for certain fertility treatments effective January 1, 2020

- New York Insurance Law §§ 3216(i)(13)(C), 3221(k)(6)(C), and 4303(s)(3) requires individual, small, and large group insurance policies or contracts that provide hospital, surgical and medical, major medical, or comprehensive care and are delivered or issued for delivery in New York to cover fertility preservation services for people with iatrogenic infertility.
  - Unfortunately, there are 'loop holes'
  - About 50% of our patients at Roswell qualify for this insurance coverage

NYS IVF and Fertility Preservation Law:
https://www.dfs.ny.gov/apps_and_licensing/health_insurers/ivf_fertility_preservation_law_qa_guidance

Resources Available for Cancer Survivors

- LiveStrong (Provide reproductive info, resources, and financial support to current and former cancer patients)
- Oncofertility Consortium
- Verna's Purse (Financial assistance for cancer survivors with Reprotech's foundation)
- Heart Beat Program (by Walgreens) (low or no cost fertility medications)
- Team Maggie (Fertility Grants to young adults with cancer seeking fertility preservation)
- Fertility by Design (Legal team that assists former cancer patients with adoption, surrogacy, etc at a discounted or pro bono rate)

Financial Assistance Programs | Alliance for Fertility Preservation

https://www.allianceforfertilitypreservation.org/financial-assistance-programs/

Case Study 1

25 yo single female with a history of Hodgkin's Lymphoma diagnosed in 2016 at age 18.

Completed 5 cycles of ABVE-PC chemotherapy followed by mediastinal and lung radiation.

(doxorubicin, bleomycin, vincristine, etoposide, prednisone, and cyclophosphamide)

Cumulative cyclophosphamide dose was 7500 mg/m2 and doxorubicin of 250 mg/m2.

She has been followed annually in survivorship since 2020.

Case Study 1

Routine labs in 2020 showed:

- Anti-Mullerian hormone 0.34 (normal 1.0 – 11)

She was referred to a local infertility center and underwent 2 rounds of stimulation and egg retrieval:

- 1st Round - 3 eggs
- 2nd Round - 3 more eggs

Case Study 2

30 yo female with a history of anaplastic large cell Lymphoma diagnosed in 2023.

Received 6 cycles of BV+CHP chemotherapy. Completed 5/2023.

(Brentuximab Vedotin, cyclophosphamide, doxorubicin, prednisone)

Received Lupron on 2/1/23 (Day 1 of her chemo) and was compliant with receiving this injection every 12 weeks. Did not have another menstrual period since starting Lupron.

Case Study 2

Follow up labs in 2/2024

- AMH 0.08

- FSH 44.4 (menopausal >22)

- LH 38.9 (menopausal >12)

- Estradiol <15 (menopausal <22)

Met with an infertility specialist and had no viable eggs to retrieve.

Her and her fiancé decided to pursue fostering and may consider donor egg and/or surrogacy in the future

Case Study 3

25 yo male with a history of Ewing Sarcoma of the right calcaneus in May 2011 (age 12)

Received chemotherapy: ifosfamide, etoposide, cyclophosphamide, doxorubicin, and vincristine

Followed by local radiation to the right calcaneus, right popliteal, and right inguinal LN.

In July 2023 he began experiencing right knee pain. Imaging showed a large distal femur lesion.

Biopsy showed radiation-induced spindle cell sarcoma.

Underwent sperm cryopreservation in 9/2023 prior to starting chemo.

- Results: sperm concentration 0.7 (normal 20-200), Total Motile Count 1.58 (normal >20)

Case Study 3

Received methotrexate + leucovorin until 12/2023 with progression noted including a pathologic fracture in his right femur and an increase in size of the femur mass with new necrosis.

Collected another semen sample in 1/2024 prior to his next chemo regimen although noted that 0 sperm present

Contact Information

Kristin Sobieraj

Roswell Park Comprehensive Cancer Center

Kristin.Sobieraj@roswellpark.org

SURVIVORSHIP ECHO PROJECT SEXUAL HEALTH

Lori Davis DNP CSC MSCP IF

Private Practice

Ithaca, NY

OBJECTIVE

At the conclusion of this presentation, participants will be able to state four principles of supporting patient's sexual health during and after cancer.

DIVERSITY & INCLUSION

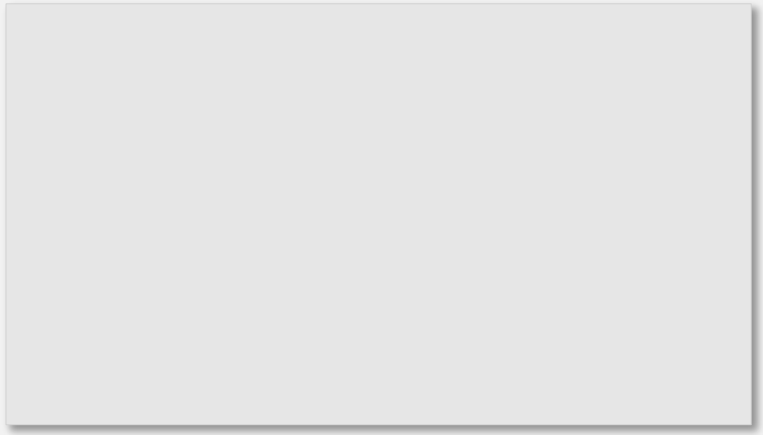
- In this presentation, I will be using the terms woman and man as is used in the research cited.
- The information in this presentation should be personalized to the needs of your patient.
- Support for sexuality should be inclusive of patients of all gender identities, sexual orientation, sexual practices, and relationship orientation.

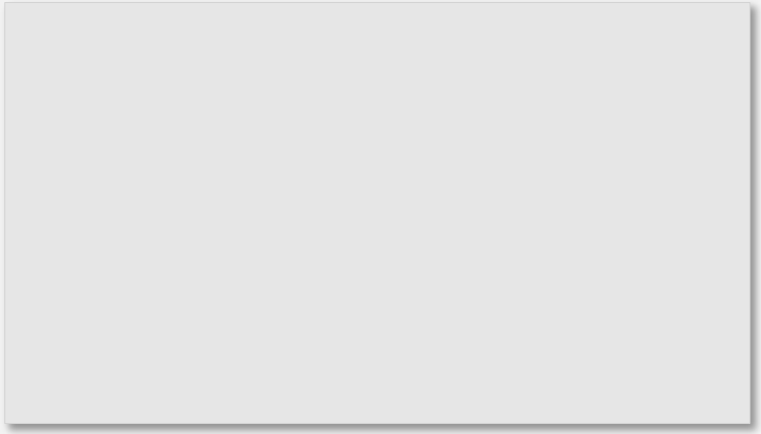
THE UNIQUE EXPERIENCE OF CANCER ON SEX

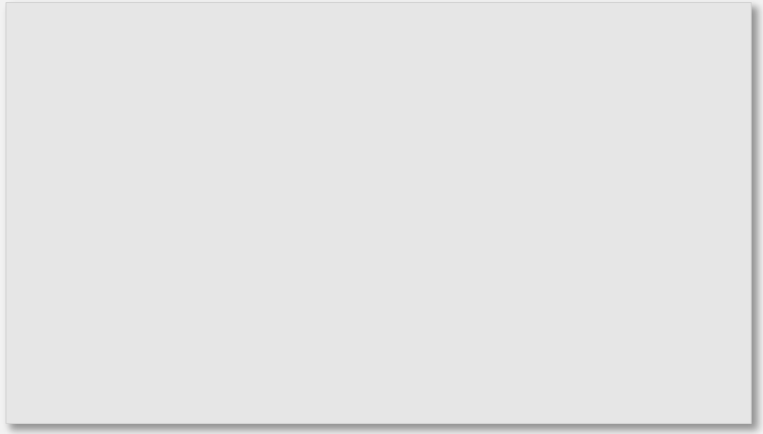
- Type of cancer
- Stage of cancer
- Type of treatment
- Stage of treatment
- Prognosis

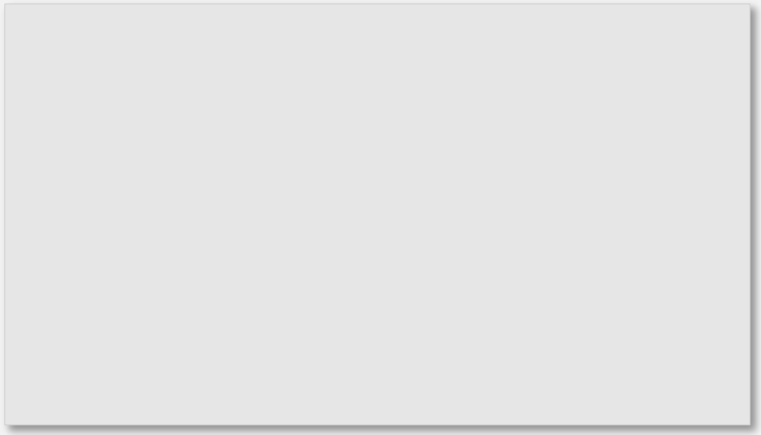
- Age
- Gender
- Sexual orientation
- Relationship status
- Relationship health
- Beliefs about sex
- Sexual practices
- Etc, Etc.

THE FOUR PRINCIPLES





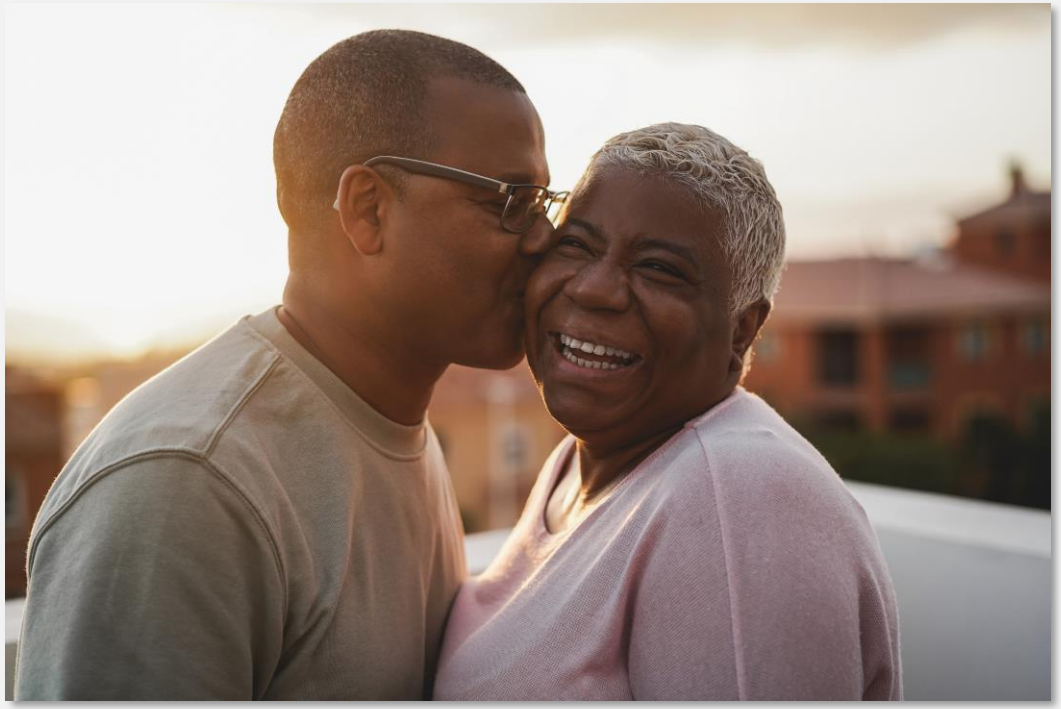




VALUE PLEASURE, INTIMACY, AND SEXUALITY

PEOPLE VALUE THEIR SEXUALITY

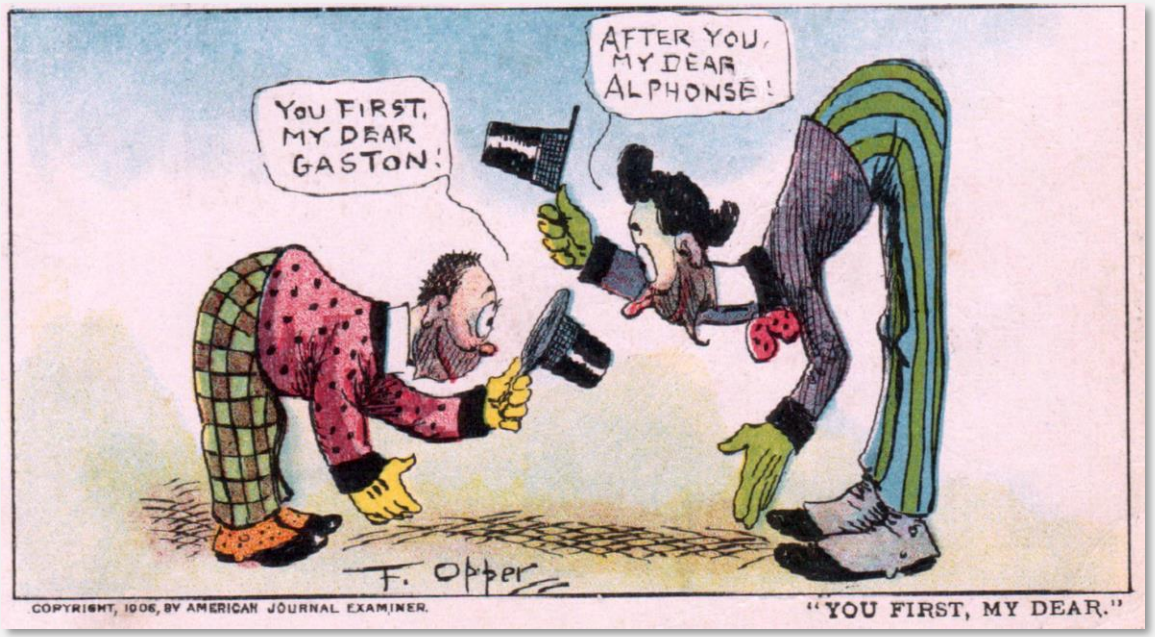
- Sex contributes 10-20% to a happy relationship but 80% to an unhappy one.
- Even after cancer…
- 60% of female cancer survivors rated sex as a moderately to EXTREMELY IMPORTANT part of their lives



Kennedy (2015).

PATIENTS WANT YOU TO TALK ABOUT SEX

- Research confirms that patients, including women, want to talk with their providers about their sexual concerns in cancer
- Patients think their providers will bring it up but…
- Providers think their patients will bring it up….



wikipedia.com

Fitch (2017a); Fitch (2016b), Barsky Reese (2017).

OPEN THE CONVERSATION

"Sexuality means different things for every individual, but one thing we know for sure is that sexual problems are common both during and after treatment. Fortunately, many of these changes can be addressed, and there are effective strategies for making intimacy pleasurable again."

Sharon Bober

BELIEVE IN YOUR CAPACITY TO HELP

PLISSIT MODEL

PERMISSION

- Invite patient into a conversation about sexual health

LIMITED INFORMATION

- Let them know sexual health problems are common, there is help
- Provide additional info based on your knowledge set

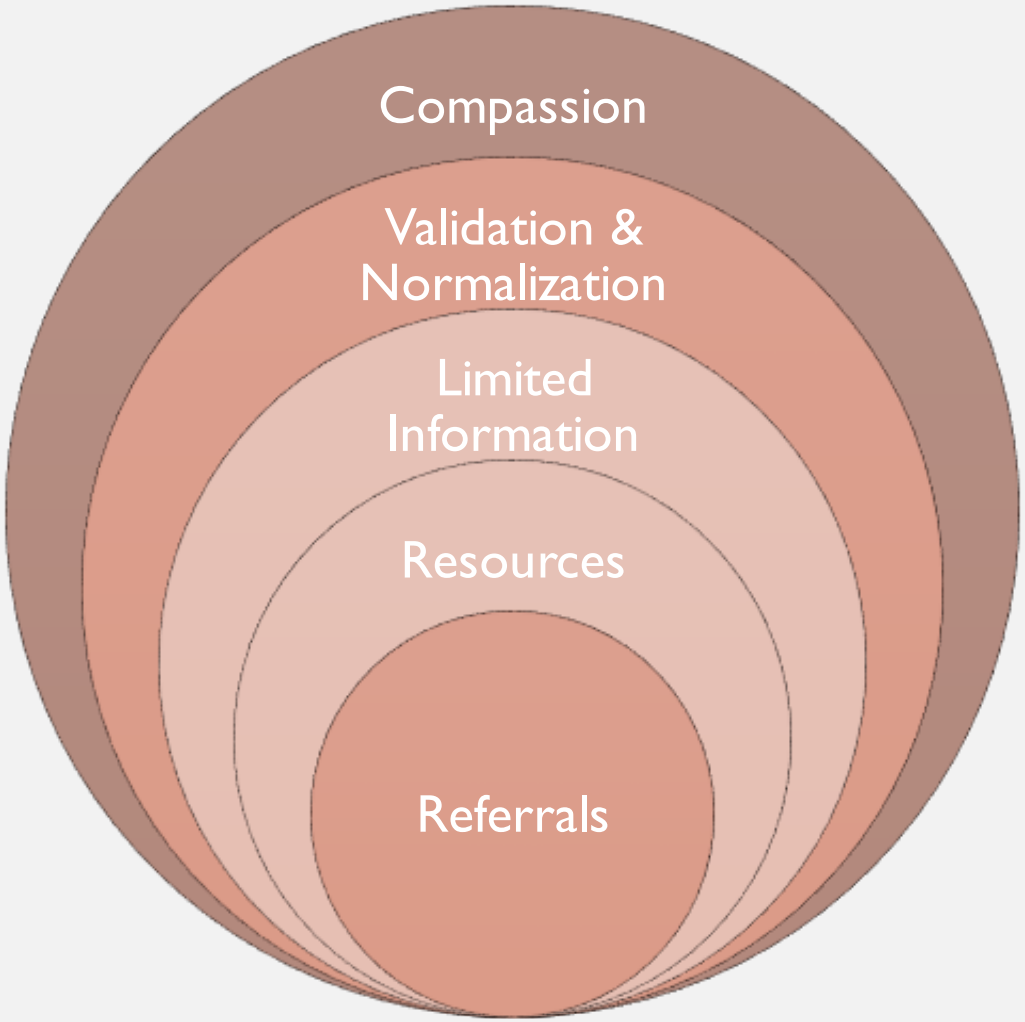
SPECIFIC SUGGESTIONS

- Offer additional info, refer out

INTENSIVE THERAPY

- Refer out

BELIEVE YOU CAN HELP



LIMITED INFORMATION

Prioritize Pleasure

- "When it comes to reconnecting with intimacy and regaining libido, it is essential to get to know one's body and to begin with a focus on pleasure, rather than on sex. Take the pressure off and start gradually by introducing sensual pleasure into daily life such as nonsexual touch and massage."

Enhance Communication

- "Unplug! Communication is key so turn off the computer/TV and make time to talk with your partner."

Focus on Relaxation

- "Relaxation is the foundation of sexual desire and arousal. Give your partner and yourself plenty of time and space to relax prior to exploring sexual play."

Bober & Varela (2012).

STAY CURIOUS

SEXUAL FUNCTIONING ≠ SEXUALITY

Sexual health is a state of physical, emotional, mental, and social well-being in relation to sexuality and includes "sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction."

World Health Organization

ALWAYS BE LEARNING

- Prioritize continuing education on sexual health
- Assemble your resources
  - cancer centers, support groups, survivorship professionals
- Reach out to sex educators, therapists and counselors or sex medicine professionals
  - Find a provider on AASECT.org
  - Find a provider ISSWSH.org

RECOMMENDATIONS & GUIDELINES

Maintaining sexual health throughout gynecologic cancer survivorship: A comprehensive review and clinical guide

Laura B. Huffman [a], Ellen M. Hartenbach [a], Jeanne Carter [b,c], Joanne K. Rash [a], David M. Kushner [a,*]

[a] Department of Obstetrics and Gynecology, Division of Gynecologic Oncology, The University of Wisconsin School of Medicine and Public Health, Madison, WI, United States
[b] Department of Psychiatry and Behavioral Sciences, Memorial Sloan-Kettering Cancer Center, New York, NY, United States
[c] Department of Surgery, Memorial Sloan-Kettering Cancer Center, New York, NY, United States

Sexuality in Adult Cancer Survivors: Challenges and Intervention

Sharon L. Bober and Veronica Sanchez Varela

How to Address Sexual Problems in Female Cancer Patients

Eleonora P. Preti, MD[1], Fabio Landoni, MD[2], Nicoletta Colombo, PhD[3], Don S. Dizon, MD[4]

Cancer, Benign Gynecology, and Sexual Function—Issues and Answers

Nelson Bennett, MD, FACS,[1] Luca Incrocci, MD, PhD,[2] David Baldwin, MBBS, DM, FRCPsych,[3] Geoff Hackett, MD, FRCPI, MRCGP,[4] Ahmed El-Zawahry, MD,[5] Alessandra Graziottin, MD,[6] Monika Lukasiewicz, MD,[7] Kevin McVary, MD,[5] Yoshikazu Sato, MD, PhD,[8] and Michael Krychman, MD[9]

Sexual Health Issues in Women with Cancer

Michael Krychman, MD*†‡ and Leah S. Millheiser, MD§

*Southern California Center for Sexual Health and Survivorship Medicine, Newport Beach, CA, USA; †VCF University of California Irvine, Irvine, CA, USA; ‡USC, Los Angeles, CA, USA; §Department of Obstetrics and Gynecology, Stanford University School of Medicine, Stanford, CA, USA

Cancer and Sexual Problems

Richard Sadovsky, MD,* Rosemary Basson, MD,† Michael Krychman, MD,‡§¶ Antonio Martin Morales, MD,** Leslie Schover, PhD,†† Run Wang, MD,‡‡ and Luca Incrocci, MD, PhD§§

*Family Practice, SUNY-Downstate Medical Center, Brooklyn, NY, USA; †Psychiatry, University of British Columbia, Vancouver, British Columbia, Canada; ‡Sexual Medicine, Hoag Hospital, Newport Beach, CA, USA; §Southern California Center for Sexual Health and Survivorship Medicine, Newport Beach, CA, USA; ¶Obstetrics and Gynecology, University of Southern California, Los Angeles, CA, USA; **Urology, Hospital Carlos Haya, Malaga, Spain; ††Behavioral Science, University of Texas M. D. Anderson Cancer Center, Houston, TX, USA; ‡‡Urology, University of Texas Medical School at Houston and MD Anderson Cancer Center, Houston, TX, USA; §§Erasmus MC, Daniel den Hoed Cancer Center, Rotterdam, Netherlands

SCIENTIFIC ORGANIZATIONS

VULVOVAGINAL HEALTH

Non-hormonal

- Vaginal moisturizers (may need application 3-5x a week)
- Vulva moisture barriers*

Lidocaine for introital dyspareunia

Hormonal

- Low dose vaginal estrogen
- Vaginal DHEA (for Breast Ca on AI)
- SERM if no current or past Breast Ca

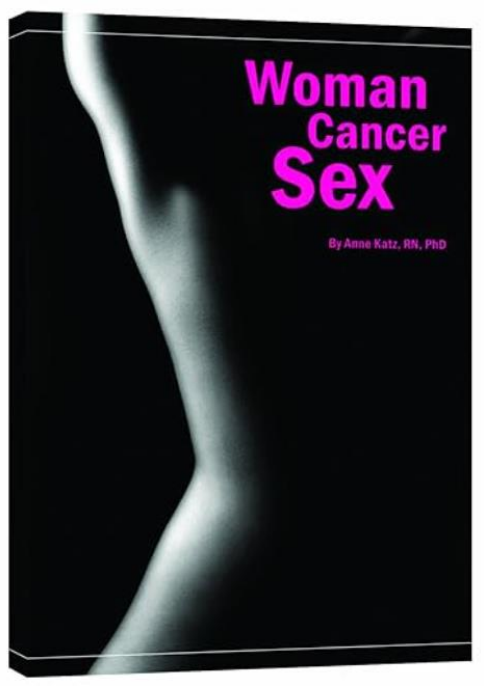
Lubricants are always indicated!

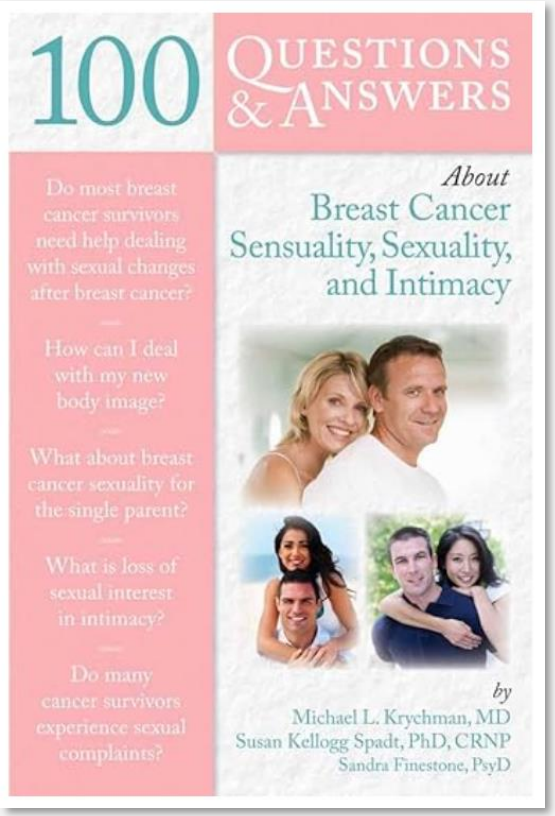
1% RULE

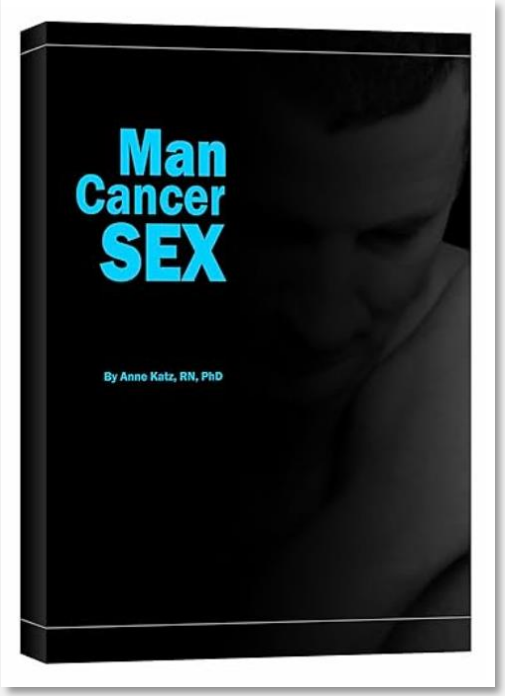
AIM TO IMPROVE YOUR SEXUAL HEALTH CARE 1%

- Anticipatory Guidance
  - Discuss sex at the beginning of treatment, not only at the end
- Say more
  - Conversation counts
- Level up!
  - Give context to referrals
  - Provide more education (a dilator is not a treatment plan)

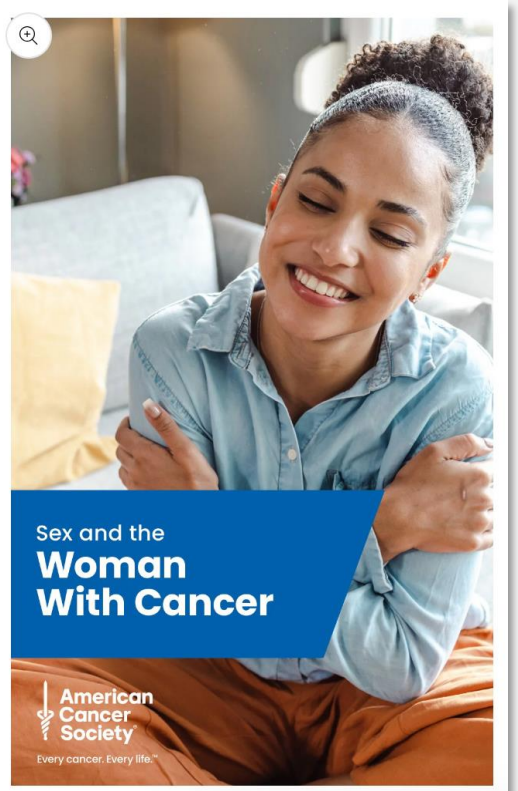
RESOURCES FOR CLIENTS







RESOURCES FOR CLIENTS



American Cancer Society

cancer.org | 1.800.227.2345

Sex and the Adult Male with Cancer

In this guide, we offer you and your partner some information about cancer, sex, and sexuality. We cannot answer every question, but we try to give you enough information to help you and your partner have open, honest talks about your sex life. We also share some ideas about talking with your doctor and your cancer care team.

- Cancer, Sex, and the Male Body
- How Cancer Can Affect Erections
- How Cancer Can Affect Ejaculation
- Cancer Can Affect Male Sexual Desire and Response
- Managing Male Sexual Problems Related to Cancer
- Cancer, Sex, and the Single Adult Male
- Questions Adult Males Have About Cancer and Sex

A SIMPLE STRATEGY

Ask

(more than once)

→

Follow up

→

Refer

→

Follow up again

THANK YOU!

Lori Davis DNP CSC MSCP IF

Email: loridavis.dnp@gmail.com

Phone: 607-229-9389

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COMMUNICATION TIPS

- Plan a time to talk outside the bedroom
- Set a time limit
- Focus on "I" statements
- Use gentle humor if that works for your particular partnership. A playful curious stance is almost always helpful.
- Share feelings of grief and loss if they are present. "I miss…."

THIS WILL GET EASIER!

GSM Treatment Options for People with Breast Cancer

High risk for breast cancer:

- Local hormone treatment is a reasonable option for those in whom non-hormone methods have failed.
- Observational data do not suggest increased risk of breast cancer beyond baseline (either systemic or local).

Triple negative breast cancer:

- Theoretically, local hormone treatment is reasonable, but data are lacking.
- **This should only be considered in consultation with a patient's oncologist.**

Metastatic disease:

- QOL, comfort, & intimacy are a priority for many women w/metastatic disease
- Extended life expectancy may change decision-making vs. limited survival when QOL may be a priority

ER+ breast cancer on tamoxifen:

- Transient elevations of systemic estrogen of less concern
- Persistent, severe symptoms, non-hormonal treatment have failed low recurrence risk; consider local estrogen

ER+ breast cancer on aromatase inhibitors (AI):

- Transient elevations of systemic estrogen may be of concern
- GSM symptoms are usually more severe
- Severe symptoms may be candidates for local estrogen vs. switching to tamoxifen

Source: Faubion S et al. Management of genitourinary syndrome of menopause in women with or at high risk for breast cancer: consensus recommendations from The North American Menopause Society and The International Society for the Study of Women's Sexual Health. Menopause 2018 Jun; 25(6):596-608

LUBRICANTS

Water-based

- All purpose, easy to clean but dries out quickly
- Good Clean Love Almost Naked, Yes WB, AstroGlide Ultragentle
- Slippery Stuff

Oil-based

- can leave coating that traps bacteria, odor, safety with condoms is unclear

Silicone & silicone/water hybrid

- Stays slippery the longest time,
- Helpful for anal sex, sexual pain
- Not with silicone sexual aides (toys)
- Uberlube, Pjur

DILATORS

- Use **at least** 1-3 times a week
- Relaxation and privacy, lubrication
- Even, steady pressure, never force or cause pain
- Slowly increase dilator size to a personalized goal size
- MiddlesexMD website video
  - https://middlesexmd.com/pages/use-vaginal-dilators
- Refer to Pelvic Floor PT for specific direction and assistance