Overcoming Barriers

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Cancer Consequences that Affect Sexuality

• Ongoing fatigue
• Body image concerns
  – Alopecia
  – Weight changes
  – Surgical scars
• Impaired immune response
• Hormonal changes (transient or permanent amenorrhea)
• Infertility
• Depression
• Anxiety
• Family distress
• Increased risk of osteoporosis (fear of fractures)

Shover, JCO, 2008; Ganz, JCO 1998; Bober and Varela, JCO, 2012; Goldfarb Seminars Oncology 2016
Premature Menopause

• Menopause in the cancer patient is different
  – Abrupt or premature hormonal deprivation
  – Greater intensity and duration of symptoms
  – Negatively impacts QoL

• Special patients to consider
  – Breast cancer patients on endocrine therapy
  – Bone marrow transplant patients
  – Older women on HRT
  – Patients treated with intravaginal radiation
  – Woman with breast reconstruction and loss of sensation in their nipples

Crandall, 2004; Gupta, 2006; Coates, 2007; Haskell, 2009
# Common Sexual Problems After Breast Cancer Treatment: Prevalence Table

<table>
<thead>
<tr>
<th>Most Common Sexual Problems</th>
<th>Prevalence</th>
<th>References</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>30%–100%</td>
<td>Sadovsky et al.</td>
</tr>
<tr>
<td>Overall</td>
<td>76%</td>
<td>Goldfarb et al.</td>
</tr>
<tr>
<td>Desire</td>
<td>23%–64%</td>
<td>Bloom et al., Arora et al., Fobair and Spiegel, Barni and Mondin, Burwell et al.</td>
</tr>
<tr>
<td>Arousal or lubrication</td>
<td>20%–48%</td>
<td></td>
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<tr>
<td>Orgasm</td>
<td>16%–36%</td>
<td></td>
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<tr>
<td>Pain/dyspareunia</td>
<td>35%–38%</td>
<td></td>
</tr>
<tr>
<td>Body image concerns</td>
<td>30%–67%</td>
<td>Fobair et al., Figueiredo et al.</td>
</tr>
<tr>
<td>Poor nipple sensation</td>
<td>&gt; 90%</td>
<td>Djohan et al.</td>
</tr>
</tbody>
</table>

Bober and Varela, JCO, 2012
Clinicians Don’t Always Discuss Sexual Health with their Cancer Patients

Most Common Barriers
- Lack of time
- Lack of resources
- Unaware how to discuss the problem and where to refer patients
- No training on how to treat sexual dysfunction
- Attitudes and emotional state of patient

Patient Factors
- More likely to discuss if recently engaged or married
- Less likely if older
- Less likely if already have aggressive disease, poor prognosis, gay, HIV-positive

Most often discussed if patient brings it up

Cancer and Sexuality Discussions

- Changes in sexual health often cause distress
- When distress is high, sexual desire is low
- A decreased libido may cause confusion and embarrassment
- Many patients are not cognizant that their sexual problems are related to their treatment (normalize)
- Patients don’t initiate discussions with their physicians, but often want to talk about their issues
- Healthcare providers should initiate discussions
How can we help our patients?
Overcoming Barriers

- **Communication**
- Develop patient and clinician resources
- Perform RCT to develop evidence based recommendations
- Learn local resources
- Most difficult barrier to overcome is time
PLISSIT

- Permission
- Limited Information
- Specific Suggestions
- Intensive Therapy
PLISSIT

Permission:

• Clinicians should initiate a discussion about intimacy, sex and sexuality

• Never make assumptions about sexual orientation or history (use neutral language)

• Offer patients permission for sexual difficulties to exist (sequelae of disease and treatment)

• Legitimize sexual concerns

PLISSIT

Permission:

• Explain how treatment may impact a patient’s thoughts, relationships, and sexual health *(normalize)*

• Address building and maintaining friendships and intimate relationships

• Discuss safe sex techniques
  – Have pre- and post treatment discussions
  – Patients may believe they are infertile and therefore excused from practicing safe sex
  – Recommend barrier contraception during treatment

PLISSIT

Specific Suggestions:

• Understand how intimacy, sexuality and pleasure were achieved before cancer

• Redefine the “new” normal

• Help patients practice disclosing their survivorship

• Offer suggestions to address problems:
  – Take pain meds 30 mins before intimacy
  – Place pillow under joints to improve comfort
  – Vaginal dilators, lubricants, moisturizers, intravaginal estrogen or DHEA
  – Flibanserin for decreased libido

Perz J BMC Cancer. 2015
PLISSIT

Limited Information:

• Address myths
  – Assure pts its ok to have intercourse during treatment

• Discuss how cancer and treatment affect intimacy and sexual relations

• Address the impact of fatigue and anxiety

• Connect patients with peer support groups, websites, retreat programs and sexual health clinics
  – Help decrease feelings of isolation and helplessness
PLISSIT

Intensive Therapy:

• Offer patients a safe place to express feelings
• Help explore issues with patients and partners
• Refer to a multidisciplinary team
  – Physical therapist-pelvic floor therapy
  – Oncology social worker
  – Psychiatrist/psychologist
  – Urologist
  – Gynecologist
  – Sex therapist

Barriers to Effective Communication

• Giving pathophysiology lectures
• Ignoring the context of the communication encounter
• Not finding out the patient’s information need
• Launching into your agenda first without negotiating the focus of the interview
• Offering reassurance prematurely

Fallowfield L, Lancet, 2002
Tips for Effective Communication

• Three Core Communication Skills
  – Asking open ended questions
  – Listening and allowing for silence, reflection, summarizing
  – Informing

• Ask Tell Ask
  – *Ask an open-ended question* – “Tell me what you know about…
  – Learn what the patient thinks that is correct and mistaken

• Assess resistance to change and what patients need from you

Shared Decision Making

- All parties are experts in their own right
  - Healthcare team in medical knowledge including prognosis and safety of particular treatments
  - Patient expertise in experience of illness, treatment, values and importance of sexual dysfunction in their life
- Decision is made with all parties sharing all the information relevant to decision
  - Patients need to be empowered to present their concerns, values and beliefs and make appropriate treatment decisions for themselves regarding their sexual function
  - Healthcare provider needs to be able to educate about disease and prognosis effectively and risks, benefits and side effects of all types of treatment
Decision for Treatment is a Balance Between Perceived Need & Concerns

Perceived need for treatment

Concerns about treatment
Resources

• Know where to refer patients
  – ISSWSH and NAMS websites to find a provider

• Scientific Network on Female Sexual Health and Cancer
  – Interdisciplinary network of clinicians, researchers and healthcare professionals with a goal to promote sexual well being in all women and girls affect by cancer
  – Courses on how to start sexual health clinics
How Do Patients Want to Receive Sexual Health Information?

- Patients prefer to review and discuss written information with their medical team (age <50 years: 74%, n=83; age ≥50 years: 58%, n=61).
- Older women preferred to read material on their own (52%, n=55, p=0.012)
- Younger women wanted to discuss them with the medical team directly (74%, n=83, p<0.017)
- Younger women reported more interest in the online intervention modality (58%, n=65, p<0.001).
- Older women were not as interested in participating in the online sexual health interventions despite having computer access.
Thank you