Sexual Dysfunction in Cancer Care

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Partnering for Better Care
Faculty/Presenter Disclosure

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Relationship with commercial interests:
Not applicable
Disclosure of Commercial Support

Relationship with commercial interests:
The delivery of this program is governed by an agreement with Cancer Care Ontario. There is no affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization.
Mitigating Potential Bias

Not applicable
Objectives

• To realize the magnitude of sexual dysfunction in cancer
• Let’s start talking about it
• Case Scenario
• Resources for you
Why is talking about sexuality important?

- Only 10% of patients raise their concerns with HCP
- Only 2% of HCP regularly bring up sexuality although 96% believe it’s part of their job
- MOST patients experience changes in body image and sexual function after cancer treatments
- Increased isolation, anxiety, depression, distress, poor QOL and emotional distancing if not addressed
Why is talking about sexuality important?

The Burden
Sexual dysfunction in cancer patients is a significant problem.

- Up to 85% of women with cancer (breast, cervical, and colorectal) may experience difficulties with sexual function.
- Up to 95% of men with cancer (prostate, testicular, colorectal, and bladder) may experience sexual difficulties.

Sexual Health Related Distress

- Up to 60% of men with cancer report distress due to sexual dysfunction.
- 50% of women are distressed by changes in sexual functioning and body image after a gynecologic cancer diagnosis.
- More than 50% of women with breast cancer have distress due to sexual dysfunction.
- The majority of partners of prostate cancer patients also report significant distress.
What stops us?
Assumptions

No time, not comfortable, don’t know what to say, not my job.

Single people don’t need information on sexual health.

Older individuals are not interested in having sex.

They’ll bring it up or I don’t know how they’ll react if I bring it up.

People who are not sexually active don’t need this information.

Cancer patients care about the effectiveness of cancer treatment, not quality of life.
Meet Barbara and John

- 58 yo with breast cancer stage 2
- Left mastectomy
- Chemotherapy and radiation
- Married to 59 yo John
- John is a prostate cancer survivor treated with radical prostatectomy
What’s happening for Barbara?

www.Beautygivesback.ca
How can you help Barbara?

Appetite comes while you eat

- Good past sexual experiences
- An openness to engaging in pleasure
- Exposure to sexual stimuli
- Biological and Psychological information processing
- Subjective Arousal
- Emotional and Physical Satisfaction
Sensate focus exercises

Stimulation
What’s happening for John?

Have “the talk”
What does CCO recommend?

80% just need permission, information and some specific suggestions.
What are your expectations?
What have you learned?

If we don’t talk about it, they won’t

All Health Care Providers play a role in talking about sexual health.
What can you do?

Bring it up!

“We know that the cancer treatments can have an impact on how you feel about yourself or on your relationship....do you have any concerns?”

Provide limited information

“You may be focused on treatment right now and I just want you to know, that there’s things we can talk about when you’re ready.”

Refer out if needed

www.bestco.ca
What resources are available?

**From the Psychosocial Oncology Table:**
- Where to Start Sexuality
- Where to Start Fertility
- Sensate Focus Exercises
- Erectile Dysfunction
- Vaginal dryness and discomfort
- Vaginal Dilators
- CCO Symptom management guides
  - Bowel Function
  - Hormonal Symptoms
  - Sexual problems
  - Urinary Problems
  - Urinary Incontinence
  - Fatigue
  - Anxiety
  - Pain
Google “PEBC sexual function” to find CCO’s guidelines


Questions
Thank you