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 May 18, 2022

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UNC Lineberger Cancer Network  
**ADVANCED PRACTICE PROVIDER**  
May 18, 2022

**Sex and AYAs with Cancer: Mitigating Risk and Managing Sexual Dysfunction**



**Melissa Matson, MSN, RN, AGPCNP-BC**

Progress indicator: 10 columns of 5 squares each, with the first 10 squares in the first row filled with a red circle.

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**OUR PRESENTER**



**Melissa Matson, MSN, RN, AGPCNP-BC**

Melissa Matson, MSN, RN, AGPCNP-BC, AOCNP is a nurse practitioner with the UNC Adolescent and Young Adult Cancer Program.

Prior to joining the UNC AYA team in 2020, Melissa served as an adult leukemia NP both in the inpatient and outpatient setting. During that time, she loved precepting student NPs and continues as an adjunct instructor in the UNC School of Nursing today.

Melissa completed her graduate education at the University of North Carolina at Chapel Hill, with a focus on adult gerontology primary care and specialization in oncology. She holds two bachelor's degrees, one in nursing and one in communication and English.

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**The National Cancer Institute defines "Adolescent and Young Adult" as which of the following age groups?**

- 5-19 years old **A**
- 9-29 years old **B**
- 15-39 years old **C**

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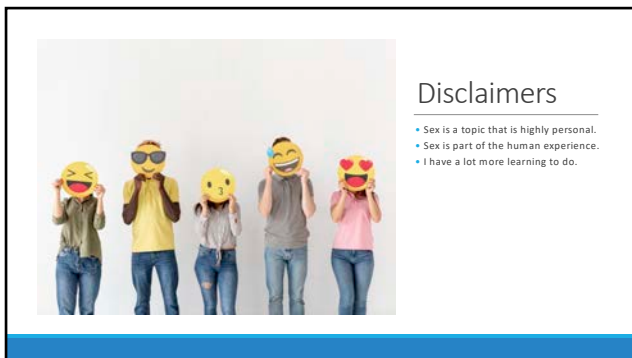
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Today's focus

- Sex & AYAs with cancer
- How do we have these conversations
- Human sexual response cycle
  - Female sexual dysfunction
  - Male sexual dysfunction
- Efforts at UNC



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Objectives

- Identify two potential effects of cancer treatment on human sexual function
- Describe one model to facilitate sexual health discussions
- List one intervention to manage dyspareunia

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Who are Adolescents and Young Adults?

- National Cancer Institute defines AYAs as 15-39 years old
- Roughly 89,000 new cancer diagnoses per year in the US

Cancer.gov

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Some definitions

- Sexuality – our experience and expression as sexual beings
  - It's complex
- Sexual function – our behavior as sexual beings
  - Human sexual response cycle
- Sexual health = sexuality + sexual function

Soanes and White, (2017)

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Sexual activity among AYAs with cancer

- Time of exploring sexuality, sexual/gender identity, and romantic relationships
- AYAs with cancer are doing so at rates similar to peers, with vulnerabilities peers don't have
- AYAs want sexual health information

Perez, G.K. et al. (2020)

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Conversations with providers lead to ...

- Increased use of contraception
- Better knowledge of the risks
- More confidence in provider relationships



Perez, G.K. et al. (2020)

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### Provider experience

- Feel training not adequate to discuss sexual health
  - No standards to direct discussions
- Fear of causing embarrassment
  - What about parents?
- Complexity around who and when
- Don't know resources if issues identified
- Lack of time/precedence of other issues

Murphy, D. et al (2015);  
Krahl, L. (2022).

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One model:  
Initiate

I'd like to ask you some questions around your sexual health. Is that okay? You don't have to answer any questions that you don't want to.

*OR*

If it's okay with you, I'd like to share some information with you about how cancer and its treatment might impact your sexual health. This may not seem relevant now but may be in the future.

Perez et al. (2020)

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**Ask**

It's common for teens and young adults to feel that cancer has affected their sense of intimacy or romantic relationships. Has this been true for you?

*OR*

Some young people with cancer feel they don't get enough information from their providers about their sexual health. I want to make sure you have all the information you need. What else would you like to know?

Perez et al. (2020)

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**Normalize**

Sometimes young adults with cancer are curious about how cancer treatment can affect their sexual health but don't feel comfortable asking. Would it help if I shared some information about this with you?

*OR*

Many young people with cancer have concerns about their sexual functioning. Often, they don't realize that these issues can be treatment related or that there may be things that we can do to help. What questions do you have, if any, around your sexual health?

Perez et al. (2020)

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**Create safe space**

I want to make sure I am giving you all the information you need to stay healthy. Is there anything about your sexuality or sex life that I haven't asked about but you feel would be important to know?

Sometimes teens and young adults feel more comfortable discussing sexual health with a clinician of their same gender. Is that something you would prefer?

Perez et al. (2020)

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Other models

- PLISSIT
  - P- permission
  - LI- limited information
  - SS- specific suggestions
  - IT- intensive therapy
- BETTER
  - B- bring up topic
  - E- explain reasons
  - T- tell them
  - T- time
  - E- educate
  - R- record
- 5As
  - A- Ask
  - A- Advise
  - A- Assess
  - A- Assist
  - A- Arrange

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Sexual dysfunction common

- Prevalence:
  - 42-52% had one or more problems
  - 29% had two or more issues
  - 100% of gyn and BMT
- Report worse sexual function than peers
- Report delay in sexual milestones
- Across the board, women reported more issues than men.

Owen, R et al 2008

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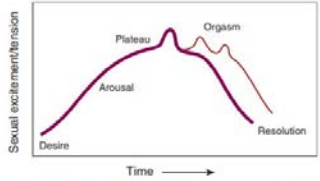
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**FIGURE 47.1.** Traditional sexual response cycle of Masters, Johnson, and Kaplan. (From Basson R. Female sexual response: the role of drugs in the management of sexual dysfunction. *Obstet Gynecol.* 2001;98(2):350-353.)

Human sexual response cycle

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Cancer treatment and sexual response



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Female sexual dysfunction

- Low libido
- Inability to reach orgasm
- Lack of enjoyment

Sources and White. (2017)

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Case study #1

- 30-something female
- Hormone positive breast cancer
- S/p mastectomy, adjuvant chemotherapy and radiation. Now on dual endocrine therapy.
- C/o no sex drive, vaginal dryness, painful sex

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Case study #1

|           |  |
|-----------|--|
| Eliminate | irritants  |
| Treat     | vaginal dryness – first line non hormonal agents |
| Decrease  | pain with sex                                    |
| Provide   | options for addressing sex drive                 |

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Managing Sexual Dysfunction on Endocrine Therapy

- Painful sex... "feels like knives"
- Step 1: Eliminate irritants!
  - Avoid any products with fragrances, dyes, parabens, long-name chemicals
  - No glycerin (increases yeast infections)
  - The vagina doesn't need soap!
    - Avoid "feminine washes"
  - Detergents, soaps, bubble baths, TP, panty liners, tampons
  - "Air time" decreases Gardnerella (causes BV)



Courtesy of Dr. Kristin Rojas, @music\_sexaftercancer

Case study #1

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Step 2: Manage vaginal dryness  
Moisturization AND lubrication

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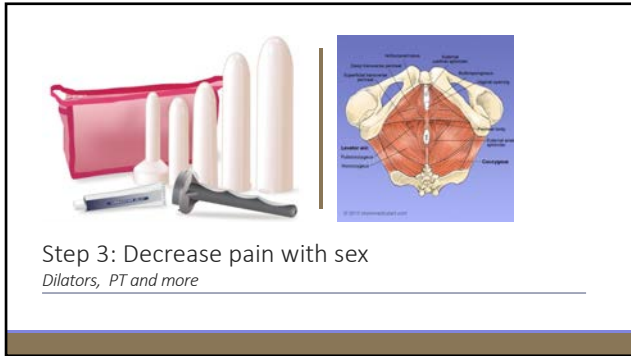
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Step 3: Decrease pain with sex  
*Dilators, PT and more*

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Step 4:  
*Provide options for addressing low sex drive*

- Foreplay
- Other ways for intimacy
- Sex therapist
- Topical testosterone

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Male sexual dysfunction

- Erectile dysfunction
- Premature ejaculation
- Low libido

Scores and White, (2017)

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Case study #2

- 30-something male
- Acute Lymphoblastic Leukemia
- Treatment course complicated by hyperbilirubinemia and peripheral neuropathy
- "Can chemo mess with your junk?"

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Case study #2

Review

- Medical issues (CV, renal, low testosterone, mood)
- Meds
- Imaging

Refer/Prescribe

- Urology/endocrinology
- Viagra
- Consider potential interactions w/ chemo

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### Today's focus

- Sex & AYAs with cancer
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  - Male sexual dysfunction
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### Efforts at UNC


JOURNAL OF ADOLESCENT AND YOUNG ADULT ONCOLOGY  
Volume 03, Number 02, 2022  
© May 2022 Lippincott Williams & Wilkins  
DOI: 10.1097/jayao.0000000000000139

#### Active and Protected: Developing a "Safer Sex" Handout for Adolescents and Young Adults with Cancer

Meghan E. McGrady, PhD,<sup>1,2</sup> Donna Lemaster Breidenberg, DNP,<sup>3</sup>  
Lara Danziger-Iakov, MD, MPH,<sup>1,2</sup> Julie Rice, MD,<sup>1,2</sup> Olivia Fries, MSN, BSN, RN,<sup>4</sup>  
Michelle Y. West, BSN, RN, CPNCC,<sup>1</sup> Paula Fisher, RN, CPNCC,<sup>1</sup> Ralph Sutton, MD,<sup>1,3</sup>  
Joseph G. Pressley, MD,<sup>1,3</sup> and Robin E. Norris, MD, MS, MPH,<sup>1,3</sup>

There is a critical need to engage adolescents and young adults (AYAs) with cancer in conversations regarding "safer" sexual activity during treatment. Many providers, however, report lacking the knowledge and/or tools to engage in these discussions. This article describes the experience of one pediatric institution in assessing and addressing provider barriers to safer sexual activity discussions among AYAs with cancer. Feedback from patients and providers resulted in an educational handout detailing recommendations regarding safer sex practices for AYAs with cancer. Handout salience, acceptability, appropriateness, and feasibility are described alongside barriers to assist other institutions seeking to develop similar interventions.

**Keywords:** sexual activity, sexual behavior, safe sex, information dissemination



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### Key takeaways

AYAs with cancer are having sex  
This is a quality of life and safety issue  
We can empower AYAs to take informed control of this area of their lives  
We need to start the conversation  
→ Initiate, Ask, Normalize, Safe Space  
Cancer and its treatment can affect sexual response  
There are things we can do to manage sexual dysfunction



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### Final comments: Experts here at UNC

Preliminary evaluation/management of sexual dysfunction:  
Melissa Matson, NP, AYA program

More complex cases:

Female – Dr. Kate Zahn, OB/Gyn; pelvic floor PT

Male – Dr. Marc Rogers, Urology

Adolescents – Adolescent Medicine program (Dr. Martha Perry, Dr. Stephanie Ferrin, Dr. Bianca Allison). [Christy Jones, FNP and Caroline Hacker, FNP – Greensboro, Cone]

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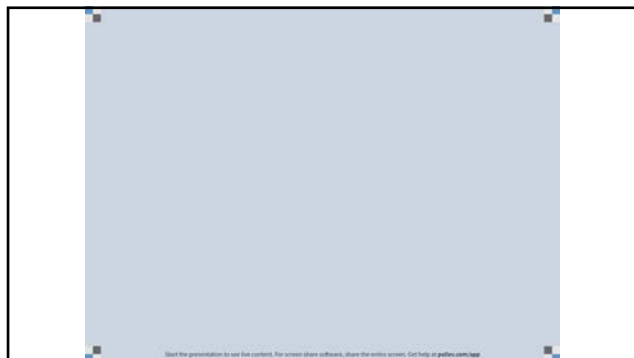
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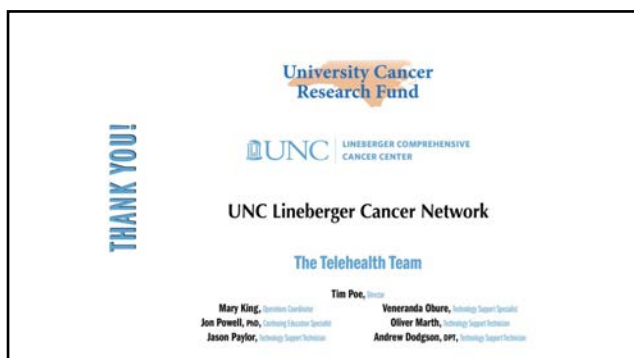
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