Presented by Dr Angela Wright
@the_holisticsexologist
@spicedpeardrwright
INTIMACY
AND
CANCER

My Name is ANGELA WRIGHT AND I AM A CLINICAL SEXOLOGIST

MY BACKGROUND

Diploma in Palliative Medicine, Diploma in Psychosexual Medicine
Clinical Sexology Diploma Trained & IPM Seminar Training
ESSM Advanced School Sexual Medicine
Fellow of European Committee Sexual Medicine
BMS Advanced Cert. Menopause Care
BSSM Committee Member
coSRH Menopause Guardian/Menopause Expert Group Lead
Somatic Trauma Trained/EMDR Therapist

My working week:

- NHS in north and east yorkshire
- Miss Claire Mellon & Associates at the Portland/Wilmslow Hospitals
- Online at Spiced Pear Health
- Voluntary sector/teaching

AGENDA

WHY SEX MATTERS & WHY WE NEED TO TALK ABOUT IT MORE

THE BODY WITH CANCER

THE MIND WITH CANCER

RELATIONSHIPS WITH CANCER

WHY PLEASURE MATTERS

SEX MATTERS

7-22%

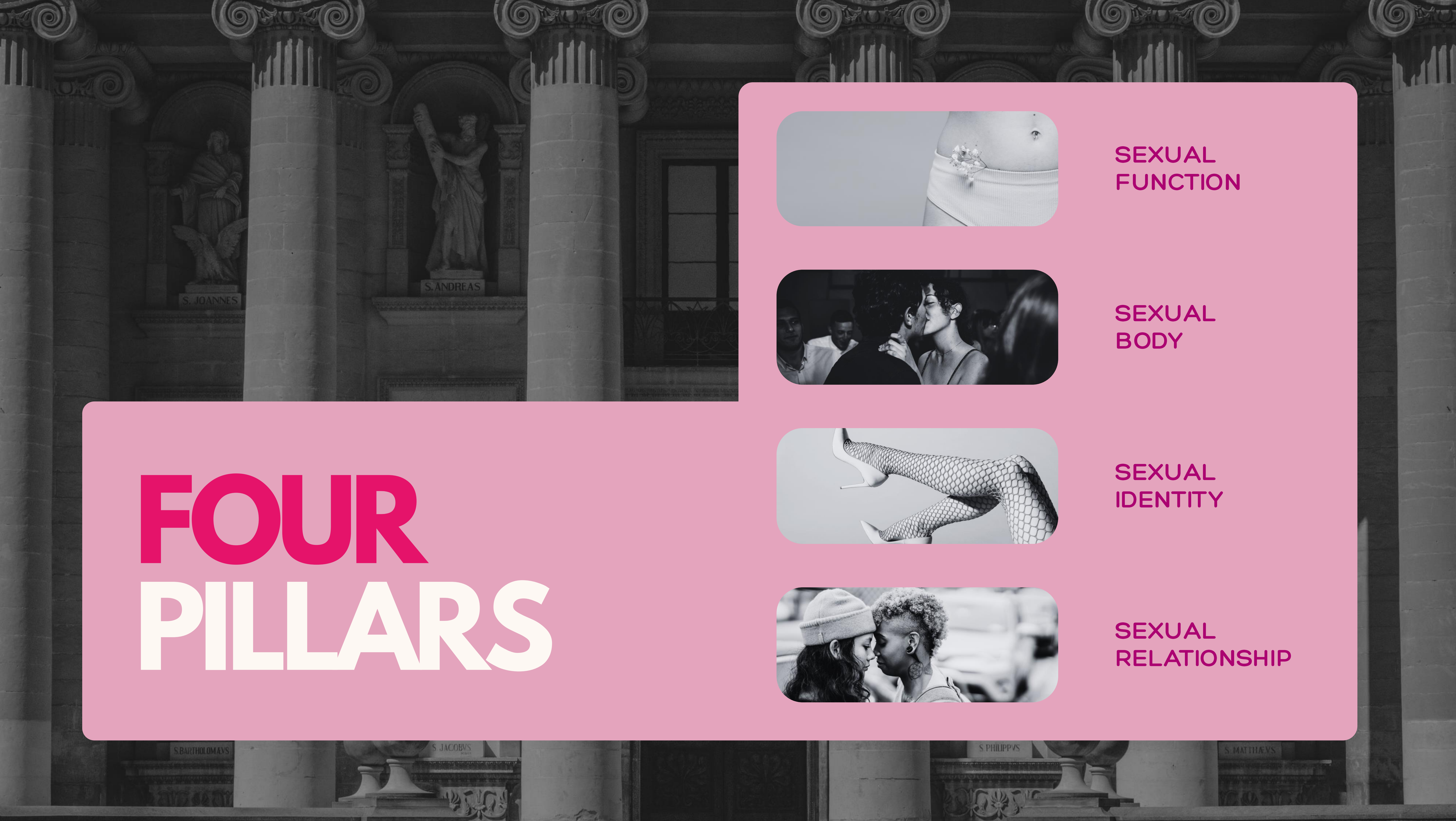
RELATIONSHIPS END AFTER CANCER

3RD

MOST DISTRESSING OUTCOME OF CANCER TREATMENT

24%

OF WOMEN OFFERED SUPPORT



FOUR
PILLARS
SEXUAL
FUNCTION
SEXUAL
BODY
SEXUAL
IDENTITY
SEXUAL
RELATIONSHIP
S. JOANNES
S. ANDREAS

HOW IS SEX IMPACTED?

BODY

EFFECT OF TREATMENT

INDUCED MENOPAUSE
CHEMOTHERAPY
SURGERY/ALTERED ANATOMY
RADIOTHERAPY

MIND

DEALING WITH CANCER

EXISTENTIAL IMPACT
LOSS OF SELF/ROLES
LOST AUTONOMY
LOST SAFETY
BODY IMAGE
CHANGED PRIORITIES

WORLD

IMPACT ON RELATIONSHIPS

CHANGED FOCUS
CHANGED ROLES
TRAUMA TO PARTNER
COMMUNICATION

ARE WOMEN TOLD WHAT TO EXPECT?

48%

told prior to treatment that it may cause menopause

62%

received "little or no information"

33.3%

"these issues were bothering me but I did not want to complain following my treatment"

55.6%

"these issues were bothering me but I did not realise there was help"

with sex,
context
is everything

OUT OF SIGHT OUT OF MIND

Don't underestimate how historical attitudes to women's pleasure still impact norms and guidelines now:

We think more about male sexual issues
Many of our treatments are to maintain penetrative sex - not to support female pleasure

OUR SEXUAL SCRIPTS MATTER

WE ALL HAVE DIFFERENT IDEAS OF "NORMAL"

Frequency, type of sex, orgasms

Ageing, expectations, religion

WE ALL HAVE DIFFERENT LIVED EXPERIENCES

Positive or negative experiences

Sexual & body confidence

SCRIPTS MEAN: THERE IS AN ORGASM GAP

WOMEN & WOMAN SEX

85% orgasm rate

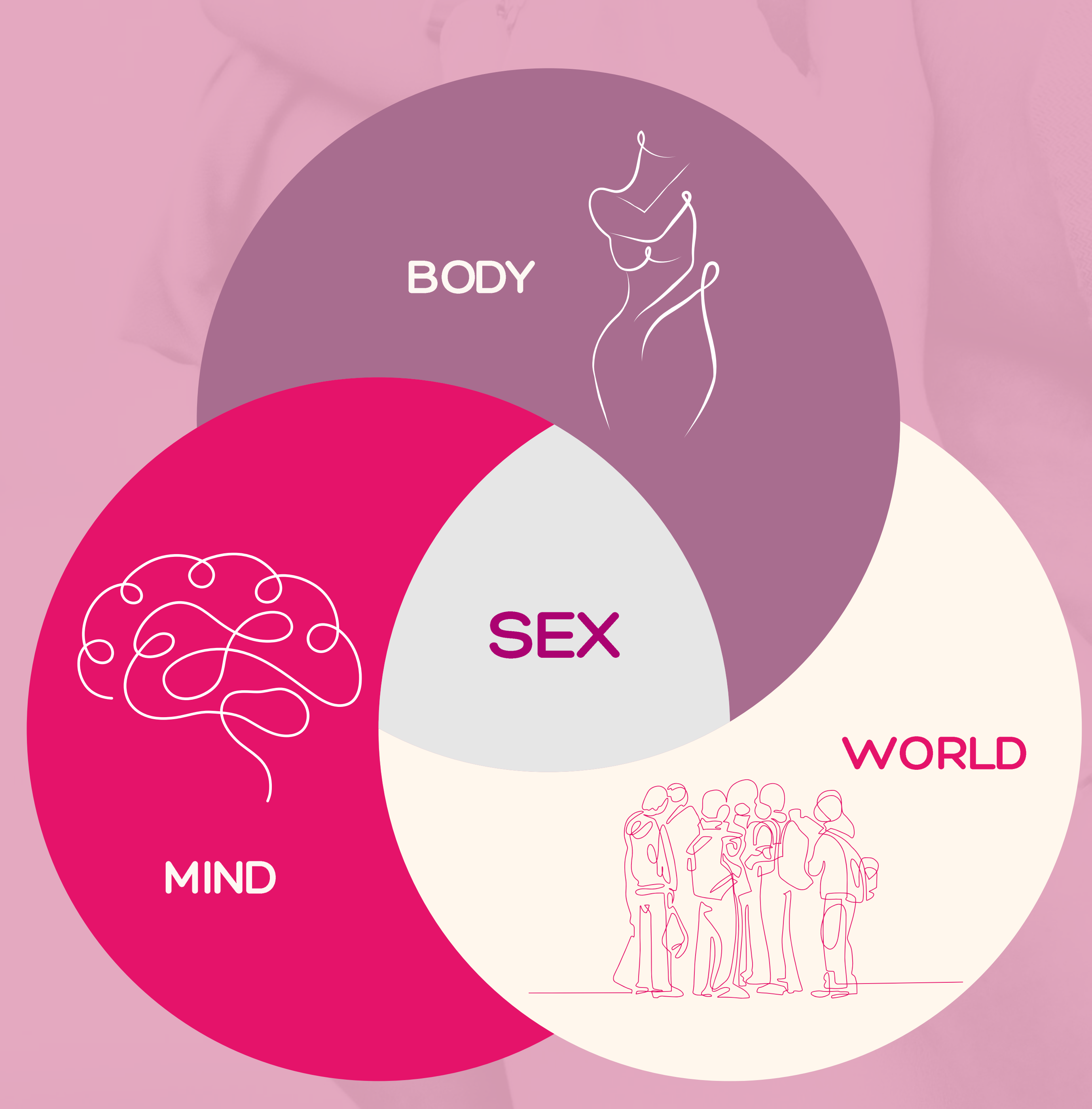
SOLO SEX

95% orgasm rate

HETEROSEXUAL SEX

65% long term relationship
18% hook up sex

SCRIPTS MEAN:
60% OF WOMEN FAKE IT



BIOPSYCHO-SOCIAL

HEAD DOWN
BODY UP
& WIDER WORLD
AS CONTEXT

WHO AM I NOW?
WHO ARE WE NOW?

Female pleasure is a
political issue

cancer-induced

menopause

significantly affects sex

HOW DOES CANCER AFFECT SEXUAL FUNCTION?

SURGERY

Body image
Scarring
Shortened vagina
Altered nerve/blood supply
Adhesions/pain

CHEMOTHERAPY

Hair loss/change
Sensory changes
Dry mouth (kissing, sex)
Taste, smell, pheromones

RADIOTHERAPY

Scarring
Altered sensation
Shortened/stenosed vagina
Pain

INDUCED MENOPAUSE

Loss of testosterone
Loss of oestrogen
Brain changes
Flushes, joint pains
Genitals/P Floor
Bladder

BUT ALSO....

SAFETY

Existential impact of a life threatening diagnosis
"Seeing behind the magic curtain" - what happens to sense o safety in our bodies?

AUTONOMY

The medical process:

- loss of autonomy
- repeat investigations
- coping with discomfort/pain

CHRONIC STRESS

"Allostatic load"
Feelings of guilt and worry and fear
Practical worries: money, job, caring responsibilities

CHANGED IDENTITY

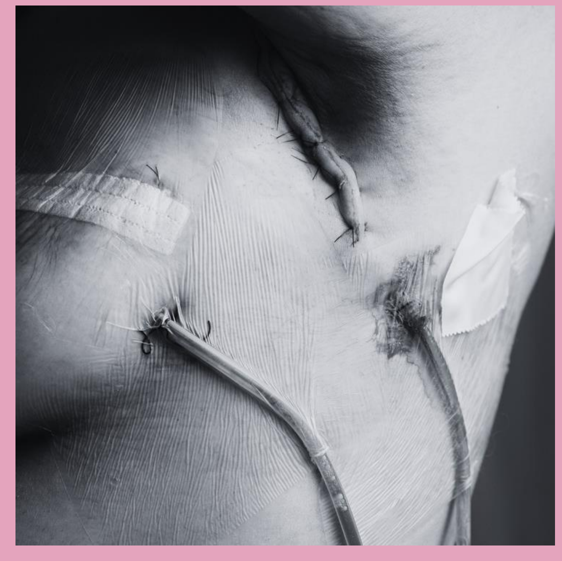
Unfamiliar self
Body image change
Time out of work and other roles that gave esteem
Loss of sexual self/sexual currency
Patient/carer dynamic

BODY

ALL FORMS OF CANCER CAN IMPACT SEX

Prevalence varies with site
Overall 66% impacted (<78% gynae cancer, <86% breast)1
FSFI score (<26.55 = SD)2

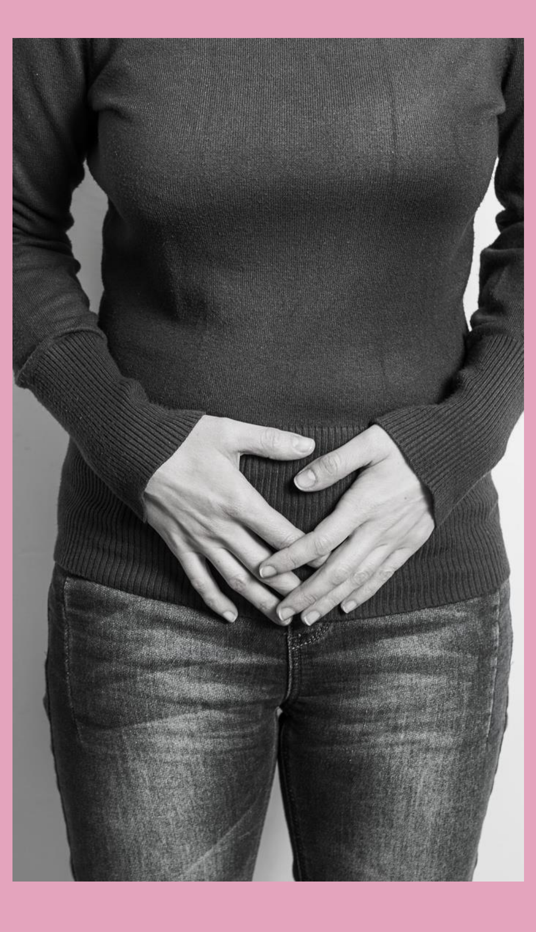
- colorectal 16.25
- gynae 18.11
- breast 19.58



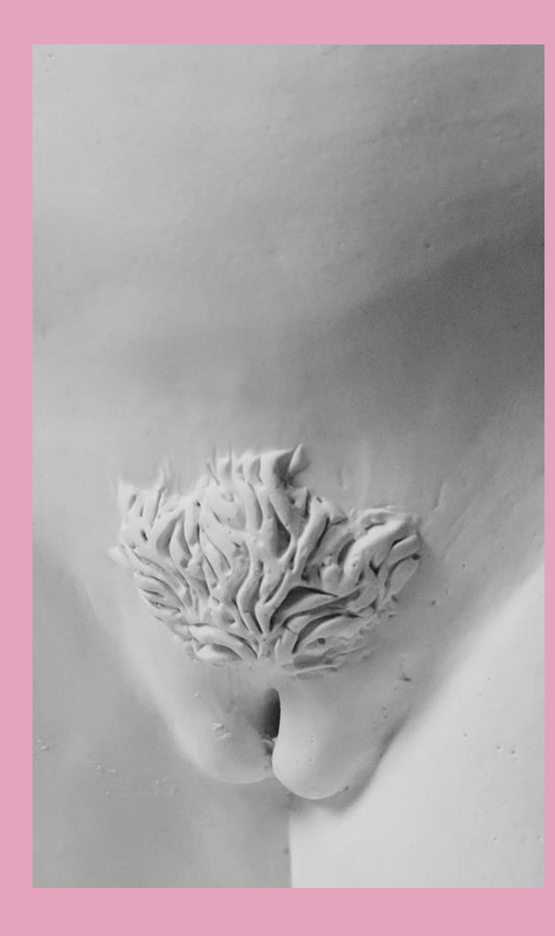
1.Esmat Hosseini S, Ilkhani M, Rohani C, Nikbakht Nasrabadi A, Ghanei Gheshlagh R, Moini A. Prevalence of sexual dysfunction in women with cancer: A systematic review and meta-analysis. Int J Reprod Biomed. 2022 Feb 18;20(1):1-12. doi: 10.18502/ijrm.v20i1.10403. PMID: 35308323; PMCID: PMC8902793
2.Maiorino MI, Chiodini P, Bellastella G, Giugliano D, Esposito K. Sexual dysfunction in women with cancer: a systematic review with meta-analysis of studies using the Female Sexual Function Index. Endocrine. 2016 Nov;54(2):329-341. doi: 10.1007/s12020-015-0812-6. Epub 2015 Dec 7. PMID: 26643312.

BRAIN

BODY



BLADDER



VAGINA

VULVA

BRAIN

Wellbein g

irritability
tearfulness
sleepless
anxiety
fatigue
depression

Confidence

brain fog
loss of confidence
word finding difficulties

Libido

loss of desire
loss of arousal
less fantasy & dreams

Energy

disrupted sleep
night sweats
waking with anxiety

Vasomotor

flushes
palpitations
night sweats
worse in
trauma

BODY

Skin/Joints

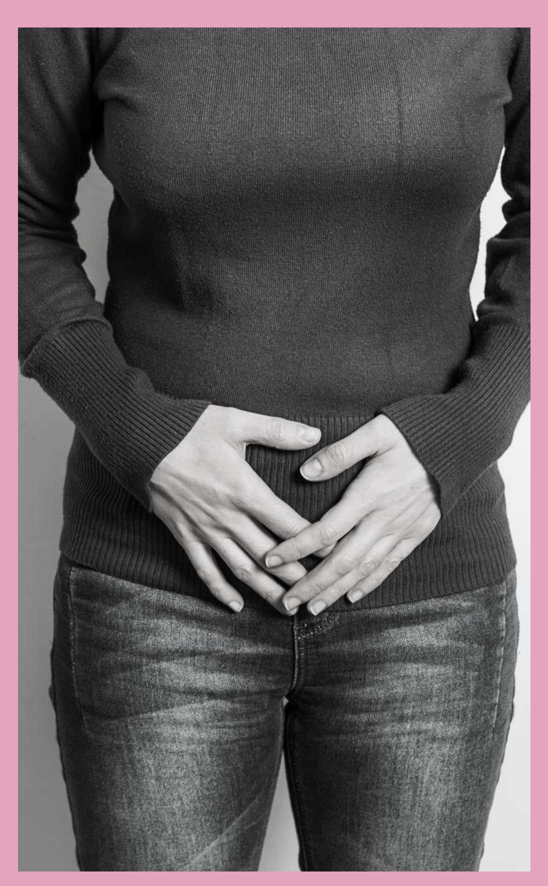
Dryness & itch
Aches,
stiffness, pain
Hair thinning

Blood flow

less blood to
breasts/
nipples
Less blood to
pelvis - arousal
feels less

Control

bladder thins and weakens
leaks
urgency
leaks with sex



BLADDER

Infections

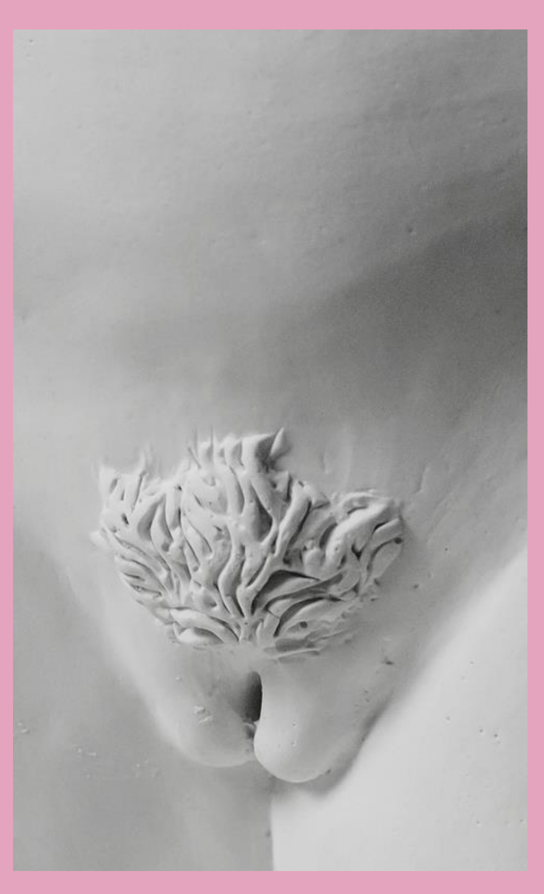
vaginal biome changes
urethral irritation from sex
UTI after sex
More UTI generally

Blood flow

reduces by
30%
less "wetness"
less arousal
poor repair

pH rise

changed
glycogen
storage -
reduced
lactobacilli
more infection



VAGINA

Size

shorter
thinner
smaller
less dense
nerve endings

Skin

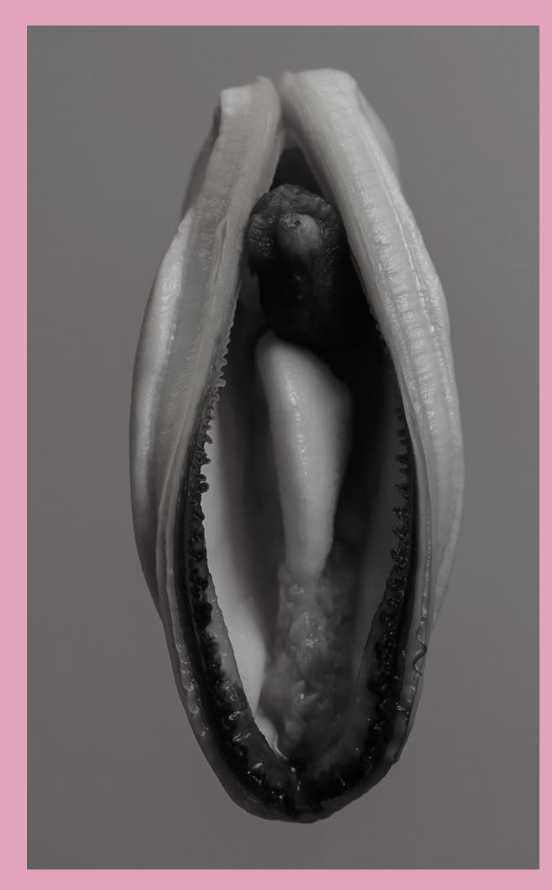
itch
fragile
lichen sclerosus/planus
less stretch

Clitoris

loss of reflex erections
shrinking!
less sensitive

Discharge

changes
smell
infection
biome
quantity
blood



the basics

Consider Systemic HRT & local HRT (usually possible)

Tissue care: moisturising, dilators, massag

Look after wider health, psychological & menopausal symptoms, if present

Check medication list e.g. SSRIs blood pressure meds

WHAT ARE THE HORMONE OPTIONS?

SYSTEMIC HRT

Suitable after some cancers, not all (e.g. ovarian, ER/PR negative breast)

Oestrogen
Progesterone

LOCAL HRT

Gels, creams, pessaries, rings, ovules

Suitable for almost all

TESTOSTERONE

Used in non hormone responsive tumours

Generally only where HRT is acceptable

NON-HORMONAL OPTIONS

Gabapentin/SSRI/SNRI/oxybutynin/fezolinetant/elinzanotant

Supplements

CBT for menopause

Diet & lifestyle

Start early:
prehab?

Add moisture, protect, check:
emollients to wash
daily massage/gentle vibration
Use of (friendly!) dilators, if desired

Add local hormones back:
low dose usually considered safe
anatomy dependent

Discuss use of lubricants:
skin safe
double glide - oil & water
silicone - uberlube
HA - sutil

Consider recurrent UTI?

Look after pelvic floor muscles:
laxity?
vaginismus?

SUPPORT GENITO-URINARY HEALTH

LOCAL OESTROGEN

Vagifem/Vagirux/Gina:
Oestradiol 10mcg daily for 2 weeks, then twice weekly

Estring:
Oestradiol 7.5mg daily, change every 90 days

Ovestin:
Oestriol 0.1%/500mcg daily for 2 weeks, then twice weekly

OrthoGynest:
Oestriol 0.01%/500mcg daily for 2 weeks then twice weekly

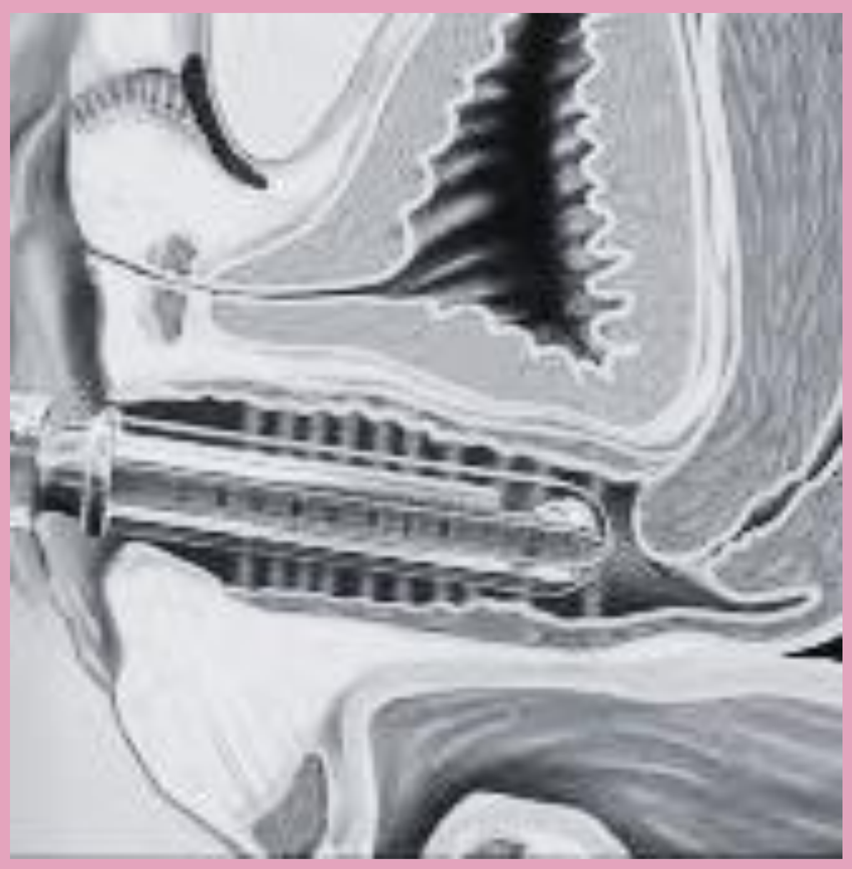
Imvaggis:
Oestriol 30mcg, daily for three weeks, then twice weekly

Blissel Gel:
Oestriol 50mcg, daily for three weeks, then twice weekly

OTHER OPTIONS

Intrarosa:
Prasterone 6.5mg daily (VIBRA Pilot Study showed efficacy for AI users and no increase serum oestradiol levels)1

Ospemiphene:
A Selective Oestrogen-Receptor Modulator. Oral tablet.



Vaginal Laser:
Can be used to increase thickness of squamous epithelium & vascularity. Evidence low quality currently.2

Home Infrared:
No evidence of safety or efficacy

1. Mension E, Alonso I, Cebrecos I, Castrejon N, Tortajada M, Matas I, Gómez S, Ribera L, Anglès-Acedo S, Castelo-Branco C. Safety of prasterone in breast cancer survivors treated with aromatase inhibitors: the VIBRA pilot study. Climacteric. 2022 Oct;25(5):476-482. doi: 10.1080/13697137.2022.2050208. Epub 2022 Mar 28. PMID: 35343852.
2.Jha S, Wyld L, Krishnaswamy PH. The Impact of Vaginal Laser Treatment for Genitourinary Syndrome of Menopause in Breast Cancer Survivors: A Systematic Review and Meta-analysis. Clin Breast Cancer. 2019 Aug;19(4):e556-e562. doi: 10.1016/j.clbc.2019.04.007. Epub 2019 Apr 19. PMID: 31227415.

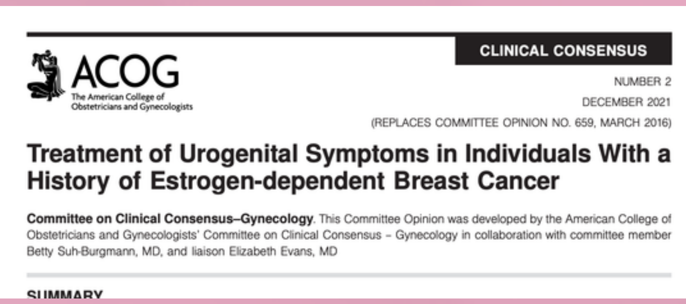
WHAT DOES THE EVIDENCE SAY?

Breast:

- hormone negative?
- tamoxifen?
- aromatase inhibitors?
- BMS 2023 consensus statement vs ACOG vs BSSM vs The Menopause Society

Gynae cancers:

- cervical
- ovarian
- vaginal/vulval
- endometrial


ACOG The American College of Obstetricians and Gynecologists

CLINICAL CONSENSUS

NUMBER 2

DECEMBER 2021

(REPLACES COMMITTEE OPINION NO. 659, MARCH 2016)

Treatment of Urogenital Symptoms in Individuals With a History of Estrogen-dependent Breast Cancer

Committee on Clinical Consensus–Gynecology. This Committee Opinion was developed by the American College of Obstetricians and Gynecologists' Committee on Clinical Consensus – Gynecology in collaboration with committee member Betty Suh-Burgmann, MD, and liaison Elizabeth Evans, MD

SUMMARY

Position Statement for Management of Genitourinary Syndrome of the Menopause (GSM)

Dr Louise Newson BSc (Hons) MBChB (Hons) MRCP FRCGP, **Professor Mike Kirby** MBBS LRCP MRCS MRCP FRCP, **Dr Susan Stillwell** MBChB FRCOG FFSRH DCH, **Professor Geoff Hackett** MD FRCP (I) MRCGP FECSM, **Dr Sarah Ball** MBChB MRCGP DCH DRCOG DFFP, **Dr Rebecca Lewis** MBBS FRCA DRCOG MRCGP

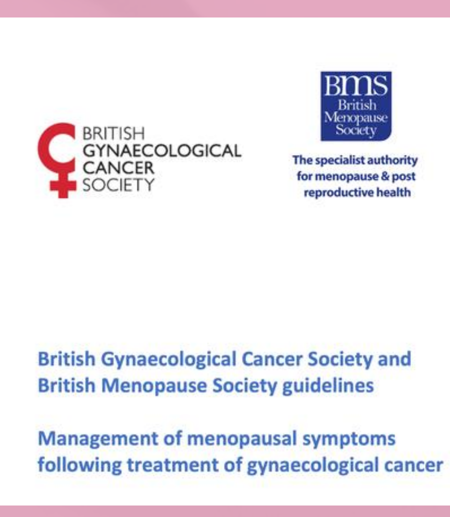
Revised and updated in January 2024

by ***Dr Clair Crockett*** BSc (Hons) MBChB DRCOG MRCGP DFSRH

Dr Claire Phipps MBBS BSc (Hons)

Dr Angela Wright MBChB MRCGP DFSRH Dip Pall Med FECSM

Dr Sarah Glynne MBBS (Hons) BSc (Hons) MRCP MRCGP MSc


BRITISH GYNAECOLOGICAL CANCER SOCIETY

BMS British Menopause Society

The specialist authority for menopause & post reproductive health

British Gynaecological Cancer Society and British Menopause Society guidelines

Management of menopausal symptoms following treatment of gynaecological cancer

Hormonal Approaches: Vaginal Estrogen

- If nonhormonal treatments have failed to adequately address symptoms, after discussion of risks and benefits, low-dose vaginal estrogen may be used in individuals with a history of breast cancer, including those taking tamoxifen. For individuals taking aromatase inhibitors (AIs), low-dose vaginal estrogen can be used after shared decision making between the patient, gynecologist, and oncologist.

Aromatase inhibitors

There is controversial data (mainly due to small sample sizes) reporting on the safety and efficacy of using vaginal oestrogen to treat urogenital symptoms in patients taking aromatase inhibitors.[34]

A recent meta-analysis, however, showed that vaginal oestrogen administration in postmenopausal women with a history of breast cancer is not associated with systemic absorption of sex hormones. This study therefore provides indirect evidence for the safety of their use in women taking aromatase inhbitors.[35]

The use of vaginal oestrogens for women taking aromatase inhibitors is therefore not absolutely contraindicated and women may often benefit from their use when non-hormonal treatments have not provided adequate benefit.

In addition, the vaginal oestrogen preparation, Estring, has not been shown to cause persistent elevations in serum oestradiol levels and this might be a safer option for women who have had an oestrogen-receptor-positive breast cancer who are experiencing significant urogenital symptoms requiring localised oestrogen therapy.[34]

Alternatively, some women may benefit from changing their aromatase inhibitor to tamoxifen and then considering use of vaginal oestrogen with tamoxifen, to improve their symptoms related to GSM.[36] The decision to do this needs to be made in conjunction with the patient's breast specialist.

When is it appropriate to discuss systemic or vaginal HRT in the management of women with diagnosis of a previous breast cancer?

NICE has taken a pragmatic approach, recommending lifestyle and non-hormonal alternatives for first-line management of vasomotor symptoms, recognising HRT could be considered if symptoms are refractory.[9,38] For women with symptoms due to vulvo-vaginal atrophy if treatment with vaginal moisturisers fails to alleviate symptoms, vaginal oestrogen can be discussed.[9] There is generally lower concern about systemic absorption from low and ultra-low dose vaginal oestrogen, which is minimal and could be acceptable where systemic therapy would not be. Neither systemic HRT nor low-dose vaginal oestrogen are recommended in women taking an aromatase inhibitor and with both, prescription should only take place after discussion between the patient, her primary health care and breast specialist team.[38]

Of 5522 articles identified, 8 observational studies were included in this meta-analysis. The use of vaginal estrogen in patients with a history of breast cancer was not associated with an increased risk of breast cancer recurrence (6 articles, 24,060 patients, odds ratio, 0.48; 95% confidence interval, 0.23-0.98). There was no increase in the risk of breast cancer mortality (4 articles, 61,695 patients, odds ratio 0.60; 95% confidence interval 0.18-1.95). Lastly, there was no increase in overall mortality with use of vaginal estrogen in breast cancer survivors (5 articles 59,724, odds ratio 0.46; 95% confidence interval 0.42-0.49).

Beste ME, Kaunitz AM, McKinney JA, Sanchez-Ramos L. Vaginal estrogen use in breast cancer survivors: a systematic review and meta-analysis of recurrence and mortality risks. Am J Obstet Gynecol. 2025 Mar;232(3):262-270.e1. doi: 10.1016/j.ajog.2024.10.054. Epub 2024 Nov 7. PMID: 39521301.

Mean serum estradiol remained low from 3.4 pg/ml to 4.3 pg/ml ($p = 0.9136$) after 6 months of follow-up. The visual analog scale of dyspareunia improved from 8.5 to mean values after treatment of 0.4 ($p = 0.0178$). The Vaginal Health Index (VHI) scale and Female Sexual Function Index improved from 9.75 to 15.8 ($p = 0.0277$) and from an initial score of 11.2 to 20.6 ($p = 0.0277$), respectively. Vaginal pH changed from basal 8.1 to final 6.5 ($p = 0.0330$).

Mension E, Alonso I, Cebrecos I, Castrejon N, Tortajada M, Matas I, Gómez S, Ribera L, Anglès-Acedo S, Castelo-Branco C. Safety of prasterone in breast cancer survivors treated with aromatase inhibitors: the VIBRA pilot study. Climacteric. 2022 Oct;25(5):476-482. doi: 10.1080/13697137.2022.2050208. Epub 2022 Mar 28. PMID: 35343852.

LUBES & TOYS?

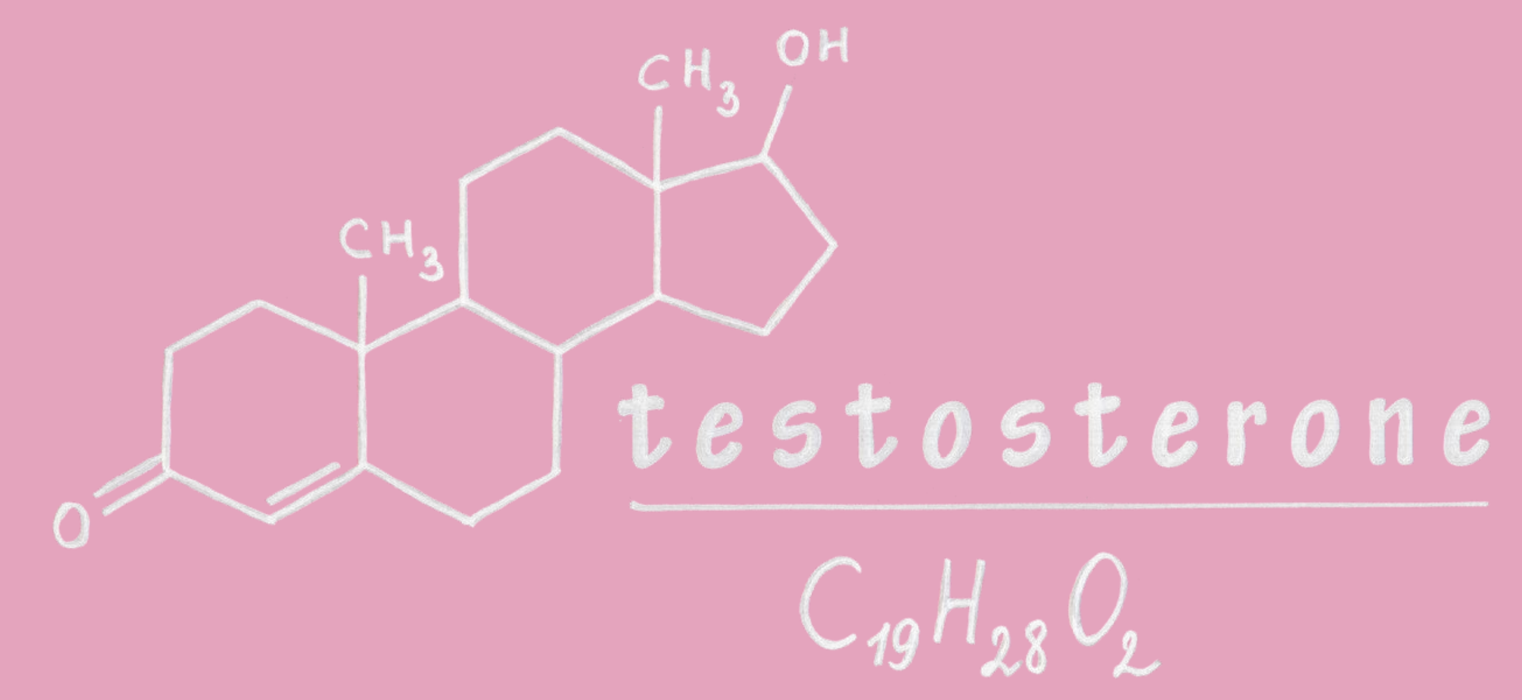
Toys can help: tissue quality, reconnecting with own body, arousal after anatomy change

Vibratory massage - 76% pain reduction in one study

Choose a good lube - it matters!

Double glide is ideal

YES O YES
CLITORAL STIMULANT
CERTIFIED ORGANIC
...AND MAYBE SOME OF THE



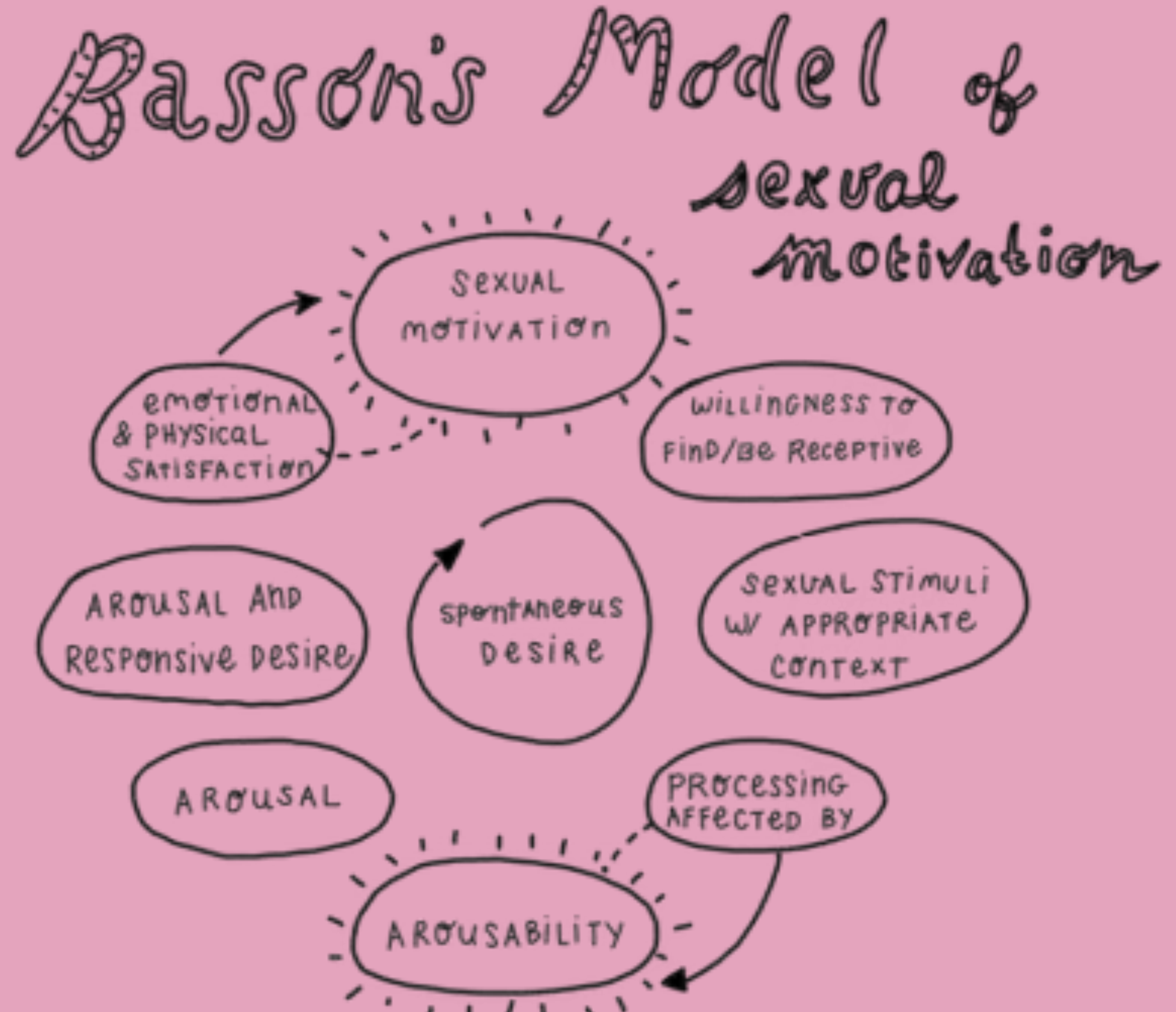
WHAT ABOUT TESTOSTERONE?

Made in adrenals and ovaries

Important in central & periperal sexual response

Usually not ok if systemic HRT not ok....

But libido is complicated!



HOW DOES **DESIRE** WORK?

Does arousal come before desire, or desire before arousal?

Spontaneous desire common early in relationships

Responsive sexual desire is equally as powerful: Willingness to engage in sex even when initially sexually "neutral"

Often not "neutral" but **avoidant**

Often no longer associate the prospect of sex with **PLEASURE**

with bodies,
memories
are everything

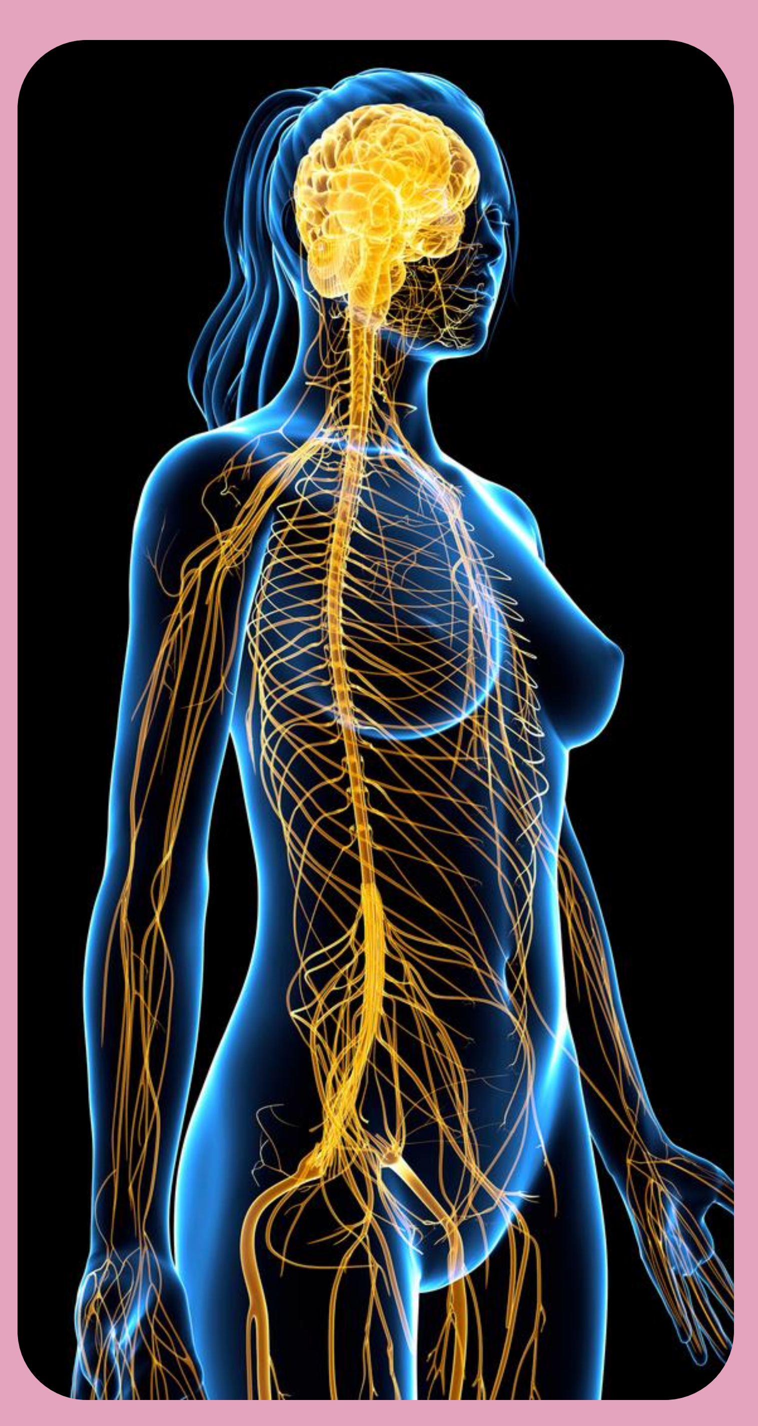
cancer diagnosis means

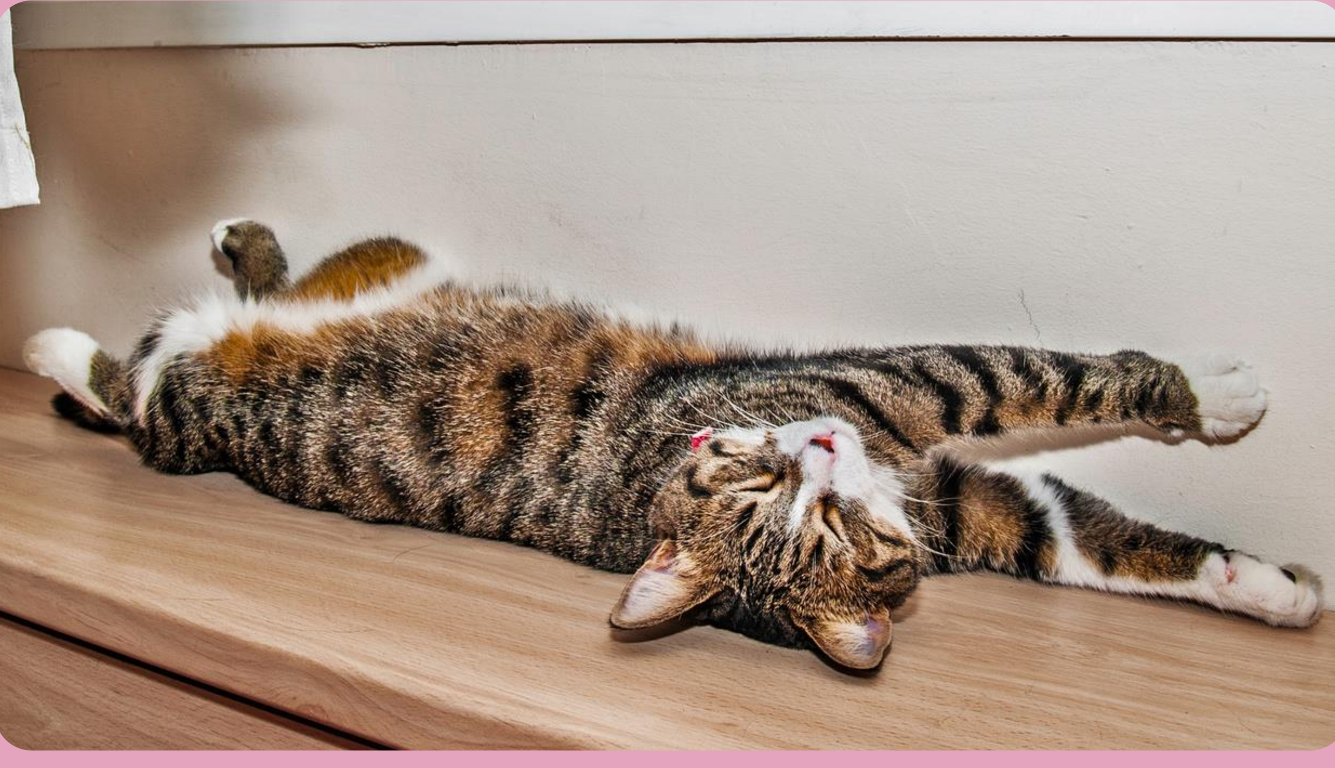
losing

your **mortality virginity**

SEX
IS HERE!

THE BODY REMEMBERS





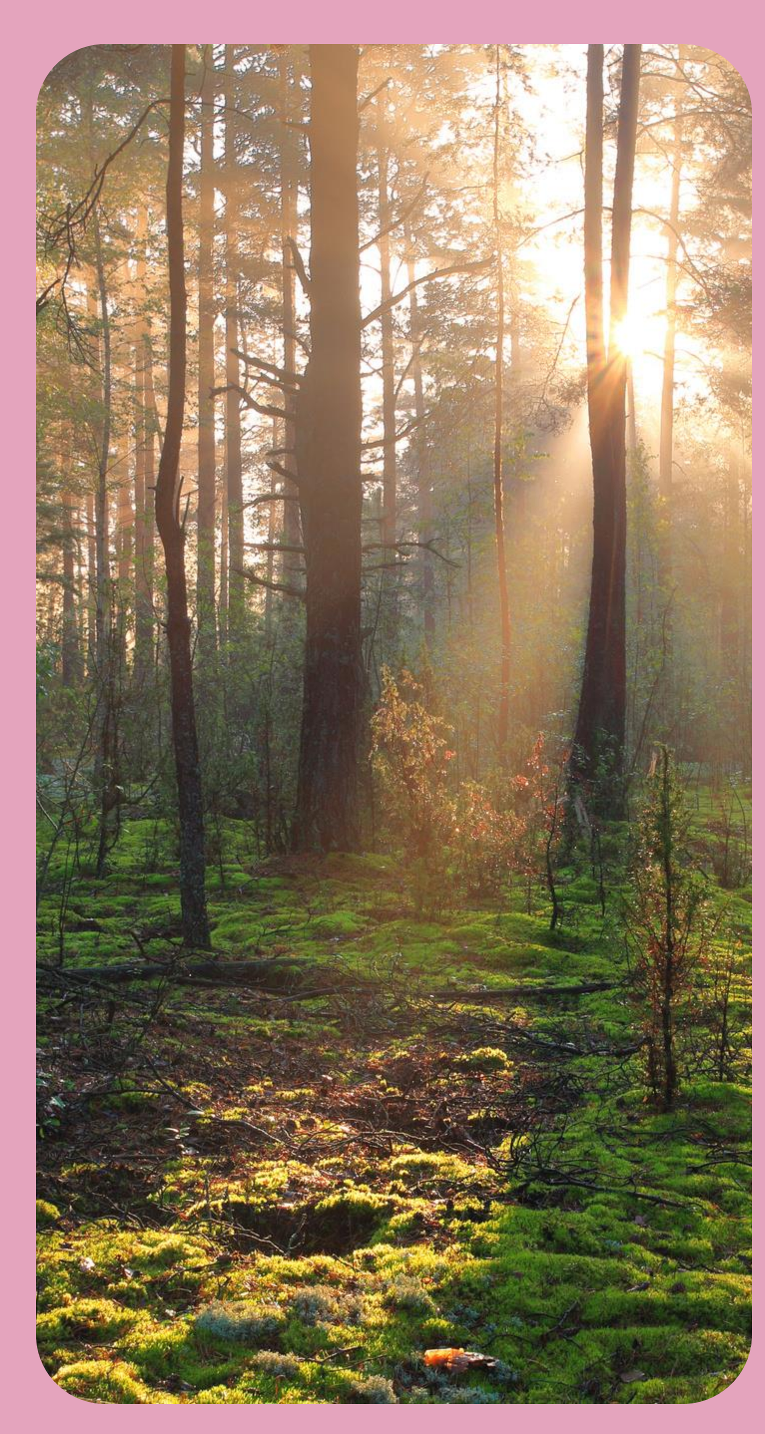
IS THIS BODY OR MIND?

Trauma:
- unsafe
- resources overwhelmed
- may have previous trauma re-triggered

Memory stored in amygdala:
- flashbacks & triggers
- hypervigilance
- hyperarousal

Four F's:
- Fight
- Flight
- Freeze
- Fawn
- (Fix)

SAFETY COMES FIRST



WE HAVE TO START WITH OUR OWN MOST BASIC NEEDS BEING MET

Sense of SAFETY

Sense of CONTROL

Sense of BELONGING

Sense of VALUE

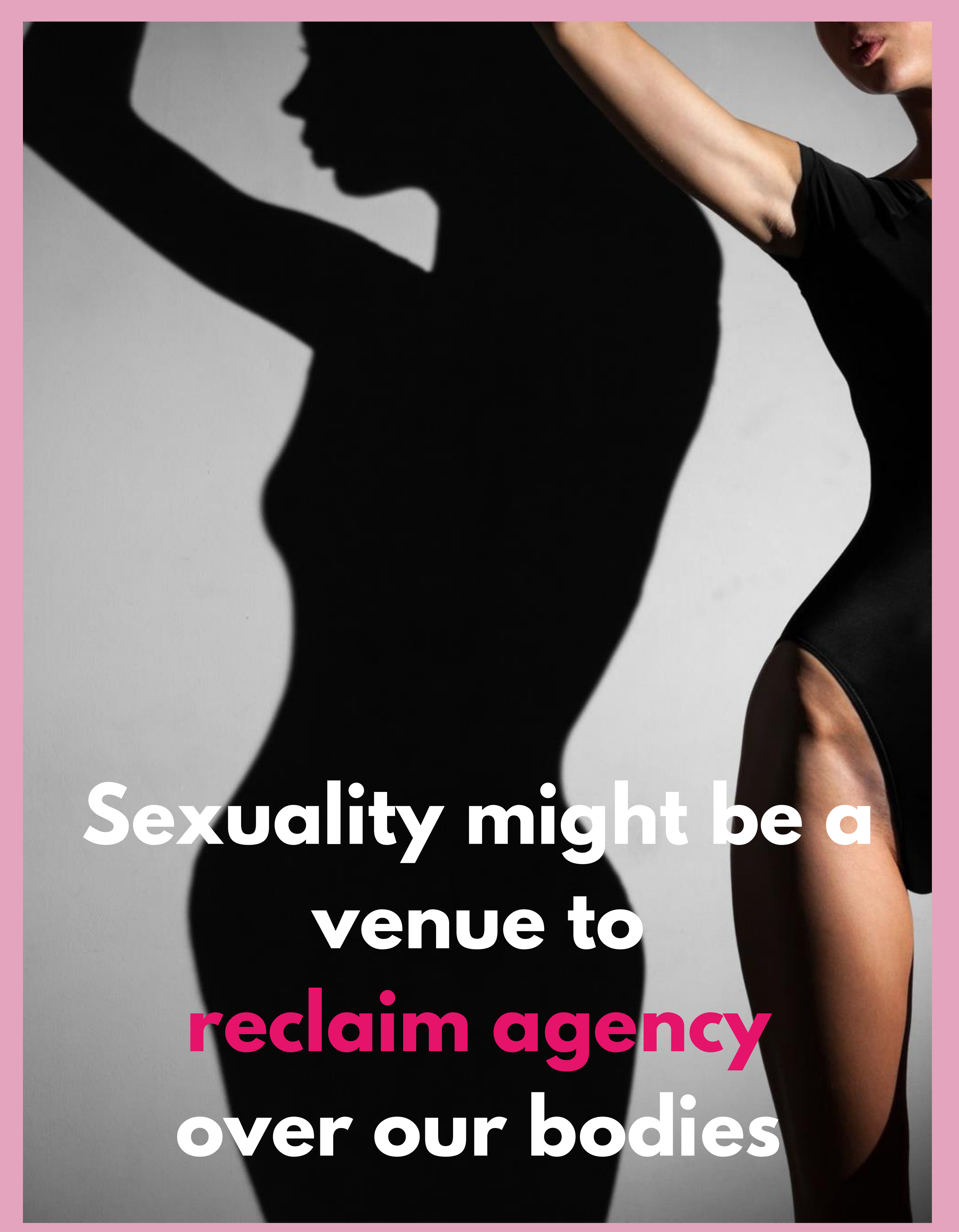
so, what helps ?

pleasure!

can the erotic be medicine?

EROS AS A LIFE FORCE

- energy
- creativity
- imagination
- aliveness
- radiance
- confidence
- pleasure
- control
- connection
- playfulness
- risk taking



We may need to give permission to be **"selfish for the team"**

or cultivate a

"healthy narcissism"

In other words...**meet our own needs first, as a basic foundation**

"Caring for myself is not self-indulgence. It is self-preservation, and that is an act of political warfare."

—

AUDRE LORDE

LIST YOUR RESOURCES

INTERPERSONAL (WHO ARE YOUR PEOPLE?)

PHYSICAL (WHAT DOES YOUR BODY LIKE & NEED NOW?)

PSYCHOLOGICAL (WHAT CALMS AND SOOTHES YOUR MIND?)

SPIRITUAL (WHAT CALMS AND SOOTHES YOUR SOUL?)

LEARNING TO GROUND

NOTICE **EXTERNAL** SURROUNDINGS

CAN YOU **NAME FIVE RED THINGS**? FOUR GREEN? THREE BLUE? ETC...

CAN YOU **PRESS YOUR FEET** INTO THE FLOOR, FEEL THE SEAT UNDERNEATH YOU?

CAN YOU TRY **BOX BREATHING**?

- BREATHE IN THROUGH NOSE FOR FOUR SECONDS
- HOLD FOR FOUR SECONDS
- OUT OF MOUTH FOR FOUR SECONDS
- HOLD FOR FOUR SECONDS

pleasure mapping?

"I turn myself **on** when...."

"I turn myself **off** when...."

BRAKES &
ACCELERATORS

Psychological arousal

What gets your brain in the mood?
Turn ons
Who do you find attractive?
Types of sex you find exciting?
Do you need novelty?
Emotional intimacy?

What context works best?
How do you leave the day behind and connect with sexual self?
Body image issues: can you feel sexy?
What helps you feel this?

Physical arousal

Treat vulval/vaginal issues
Consider HRT?
CHECK OTHER MEDICATION
Type of sensation – fingers? Mouth? vibration? Sucker?
Pressure, timing, for how long?

Which parts of body? Has this changed?
What helps you get more aroused? – Partner smell, taste, touch, erotica
What sexual acts?
Toys? Massage? Oil? Fabrics

Staying mentally present

Are you distracted by your thoughts and anxieties during sex?
Are you dissociated/spectatoring?
What helps you stay present and mindful?
What do you need a partner to do to help?

Ask your partner to do the same exercise

WHAT ABOUT RELATIONSHIPS?

Partner's own trauma, fear of loss, change

Changed relationship dynamic:
adult/adult shifts to patient/carer

Fear of hurting partner, fear of rejection:
sex becomes elephant in the room

Communication often absent/poor

Loss of sexual currency

WHAT HELPS?

Communicate

Talk about what is happening

Use "I"statements

What do you miss? What do you want more of?

Reconnect

Hug til relaxed/ Eye contact

Sensate focus

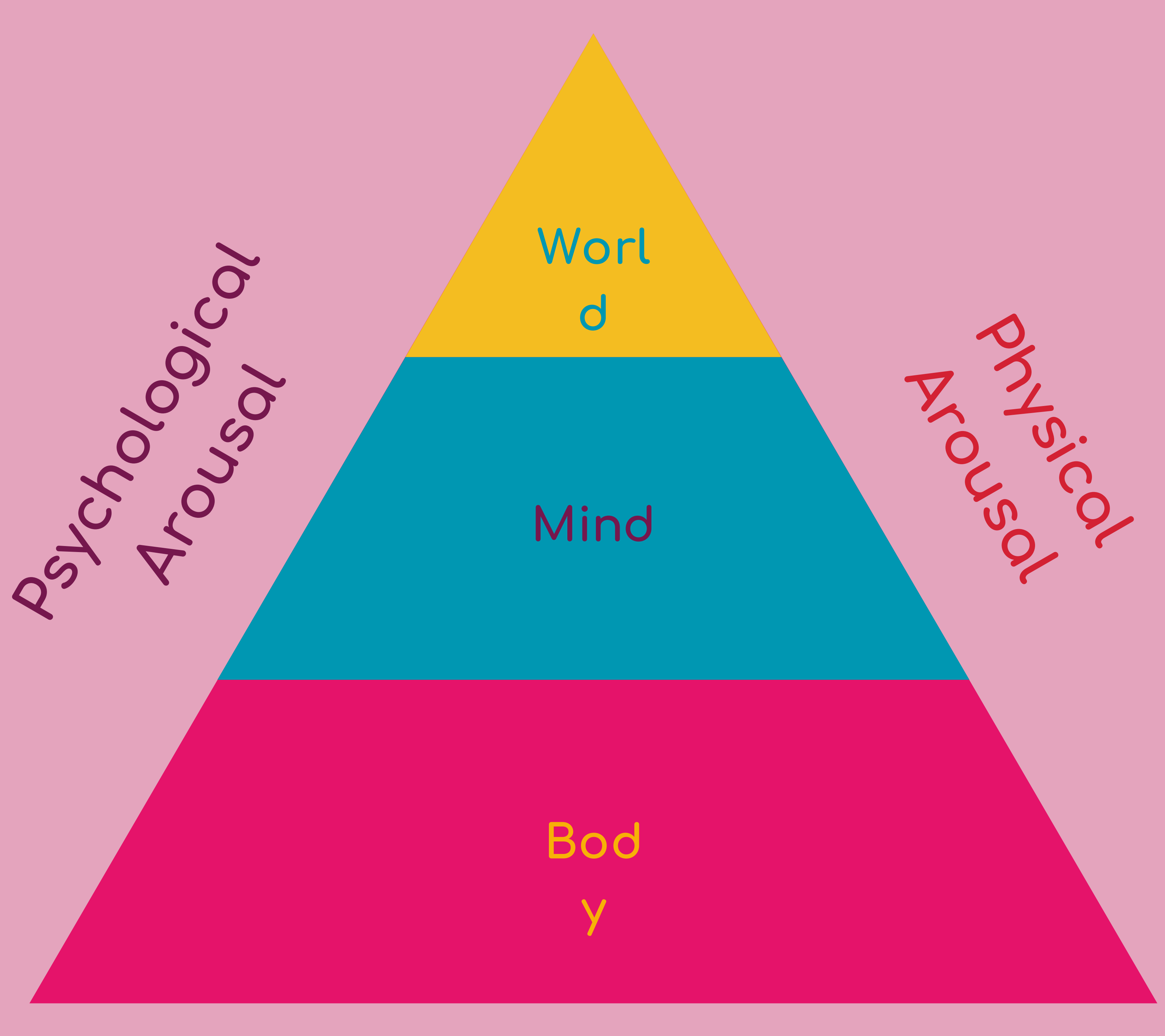
Create more "sexual currency"

Love languages

Remove goals

May help to agree no penetration/climax as goal for now

Sex is a buffet not a three course meal!



Staying Mentally Present

WHERE TO GO FOR HELP?

Books

Mind the Gap - Karen Gurney

Better Sex Through Mindfulness - Lori Brotto

Taking Your Sexy Back - Lori Brotto

The Body Keeps The Score - Bessel Van Der Kolk

8 Keys to Safe Trauma Recovery - Babette Rothschild

People

COSRT therapist

IPM - trained doctors

BACP/BACBT - counselling and psychotherapy

Relate

Me - North Yorks (Hull, Heartbeat) or Spiced Pear Health or Miss Claire Mellon & Associates at the Portland

Apps/Websites

Squeezy app

Ferly / OMG yes

Jo Divine/Shh/Smile Makers/Love Honey

Make Love Not Porn/Erica Lust for Female-friendly erotica

Dipsea - audio erotica

ANY QUESTIONS?
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