Long-Term Side-Effects After Treatment for Anal Cancer

Jeanne Carter, PhD
Female Sexual Medicine & Women’s Health Program
Gynecology Service, Department of Surgery MSKCC
Survivorship

- U.S. population of cancer survivors is expected to grow to 18 million by 2020

- Quality of life and managing issues of long-term and late effects of cancer treatment are a priority

[ACS, 2013; NCI - Office of Survivorship]
Anal Cancer

• In 2013, it is estimated that 7,060 men and women will be diagnosed with anal cancer \[\text{SEER, 2013}\]

• Perspective of progress
  – Standard of Care
    • 1960s: Abdominoperineal excision with permanent colostomy
    • Today: Nonsurgical treatment is highly effective with chemo/RT and allowing for anal function preservation

[Aggarwal, Duke, and Glynn-Jones, 2013]
Long-Term HRQOL

- European study with a national cohort of 199 eligible survivors, with 129 respondents (64% participation rate)

- One of the largest studies of survivors after curative chemoradiotherapy for anal cancer

- Results indicate that survivors have long-term impairment of HRQOL

[Bentzen AG, Balteskard L, Wanderas EH et al., 2013]
Common Concerns
In Anal Cancer Survivorship

Significant Late-effects Reported After Treatment:

- Increased stool frequency*
- Buttock pain*
- Flatulence*
- Incontinence*
- In males - erectile difficulties*
- In females - dyspareunia and reduced interest*

* p<0.001 [Bentzen AG, Balteskard L, Wanderas EH et al., 2013]
Increased attention and greater effort to identify and alleviate problems in survivorship of anal cancer are required.
MSKCC Resources

- Female Sexual Medicine and Women’s Health Program
  - Dyspareunia and decreased interest

- Male Sexual and Reproductive Medicine Program
  - Erectile difficulties

- Physical Medicine and Rehabilitation Services
  - Buttock pain
  - Incontinence
Male Sexual and Reproductive Medicine Program

- MSKCC Male Sexual Medicine Team

  John Mulhall, MD – Head of Male Sexual Medicine Program

  Joseph Narus, NP – Nurse Practitioner

  Christian Nelson, PhD – Clinical Psychologist
Sexual Health For Men

- Treatments
  - Medications to treat erectile and ejaculatory dysfunction
  - Hormone replacement for low testosterone levels
  - Post-treatment penile rehabilitation
  - Dilators can be used to address anal/rectal pain with intimacy or follow up examinations
Physical Medicine and Rehabilitative Services

Physical Therapists with expertise in treating pelvic floor dysfunctions

Silverman Center for Rehabilitation
515 Madison Avenue
New York, NY 10022
Female Sexual Medicine and Women’s Health Program

Jeanne Carter, PhD
Head, Female Sexual Medicine Program

Barbara Seidel, ANP-BC
Sexual Medicine Nurse Practitioner

Cara Stabile, BS
Research Assistant

Talea Burford, BA
Physician Office Assistant
## Female Sexual Medicine Program’s Referral Patterns

<table>
<thead>
<tr>
<th>Reason for Referral (n=136)</th>
<th>%</th>
<th>(n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaginal Changes</td>
<td>60%</td>
<td>82</td>
</tr>
<tr>
<td>Pain/Dyspareunia</td>
<td>39%</td>
<td>53</td>
</tr>
<tr>
<td>Loss of Libido</td>
<td>25%</td>
<td>34</td>
</tr>
<tr>
<td>Sexuality/Intimacy Issues</td>
<td>24%</td>
<td>32</td>
</tr>
<tr>
<td>Post-Treatment</td>
<td>7%</td>
<td>9</td>
</tr>
</tbody>
</table>

The numbers may not add up to 100%, as more than one reason may have been provided in the referral.
Sexual/Vaginal Health Concerns

- 32% (n=69) Problems existed before cancer and continued or worsened

- 42% (n=91) No problems before cancer, but had problems after cancer

- 16% (n=35) No problems before cancer and no problems after cancer
Level of Concern About Sexual Function/Vaginal Health

“How concerned are you about Sexual/ Vaginal Health?”
(0- not at all; 5-Somewhat; 10- Very Concerned)

• Female Cancer Patients/ Survivors Agreeing to Answer a Survey in the Waiting Room

• 77% (n=120) Somewhat to Very Concerned

• Female Cancer Patients/ Survivors Seeking Treatment Female Sexual Medicine and Women’s Health

• 93% (n=425) Somewhat to Very Concerned
Anal Cancer Survivors Seeking Treatment At Female Sexual Medicine Program

• “How concerned are you about Sexual/Vaginal Health?”
  100% - Somewhat to Very Concerned

• “Do you feel confident about sexual activity in the future?”
  53% - Confident
  37% - Not Confident
# Anal Cancer Survivors Seeking Treatment At Female Sexual Medicine Program

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>%</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong> – Mean= 57.8 years, Range= 46-70 years</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>95%</td>
<td>18</td>
</tr>
<tr>
<td>Other</td>
<td>5%</td>
<td>1</td>
</tr>
<tr>
<td><strong>Marital Status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>58%</td>
<td>11</td>
</tr>
<tr>
<td>Single</td>
<td>21%</td>
<td>4</td>
</tr>
<tr>
<td>Separated/Divorced/Widow</td>
<td>21%</td>
<td>4</td>
</tr>
<tr>
<td><strong>Disease Type</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anal</td>
<td>100%</td>
<td>19</td>
</tr>
<tr>
<td>Anal &amp; Other (Breast, GYN, Skin, Lymphoma)</td>
<td>32%</td>
<td>6</td>
</tr>
<tr>
<td><strong>Engage in Sexual Activity</strong></td>
<td>16%</td>
<td>3</td>
</tr>
<tr>
<td><strong>Not Engaging in Sexual Activity</strong></td>
<td>68%</td>
<td>13</td>
</tr>
</tbody>
</table>
## Anal Cancer Survivors Seeking Treatment At Female Sexual Medicine Program

<table>
<thead>
<tr>
<th>Reason for Referral (n=19)</th>
<th>%</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaginal Changes</td>
<td>53%</td>
<td>10</td>
</tr>
<tr>
<td>Pain/Dyspareunia</td>
<td>53%</td>
<td>10</td>
</tr>
<tr>
<td>Sexuality/Intimacy Issues</td>
<td>11%</td>
<td>2</td>
</tr>
<tr>
<td>Pelvic Floor Dysfunction</td>
<td>5%</td>
<td>1</td>
</tr>
<tr>
<td>Pre-Operative Concerns</td>
<td>5%</td>
<td>1</td>
</tr>
</tbody>
</table>

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Solutions and Simple Strategies to Improve Vaginal/Sexual Health

**Vaginal Lubricants**

- **Mechanism:** short-term benefit by decreasing vaginal irritation during sexual activity

- **Administration**
  - Both partners
  - Intercourse as well as with manual stimulation

- **Water-based lubricants are recommended**

- **Examples**
  - Over-the-counter products
    - (KY, Astroglide, Eros for Women)
  - Natural Oils (almond oil, coconut oil, vitamin E)

- Silicone based lubricants can also be used
**Solutions and Simple Strategies to Improve Vaginal/Sexual Health**

**Vaginal Moisturizers**

- **Definition**: preparation applied (at bedtime) vaginally to assist in hydrating the vaginal tissues suffering from hormonal deprivation

- **Mechanism**: longer lasting benefit by improving the balance of intracellular fluids in the vaginal epithelium and reducing vaginal dryness, itching, and irritation
Solutions and Simple Strategies to Improve Vaginal/Sexual Health

**Vaginal Moisturizers**

Examples:

- **Non-hormonal**
  - **Replens** [Nachtigall et al., 1994; van der Laak et al., 2002]

- Liquidbeads, Aquabeads – positive clinical feedback

- Vitamin E vaginally
  - Study with vaginal moisturizer made up of Vit E, Vit A and hyaluronic acid HyaloGyn available in the US [Costantion & Guaradli, 2008]

  - Carlson KEY E - Vitamin E with coconut oil and palm oil

* Important to apply externally to address dryness, and also beneficial to comfort if applied to the perianal area post-tx
Solutions and Simple Strategies to Improve Vaginal/Sexual Health

**Pelvic Floor Exercises**

- Relaxation and control of the pelvic floor muscles can be extremely helpful in treating and preventing pain with intercourse and pelvic exams [Kizilkaya et al., 2003]

- It has been suggested that drawing blood flow to the pelvic floor may have possible restorative effects [Schroder et al., 2005]

- Research has noted poor pelvic floor strength to be associated with arousal dysfunction [Lowenstein et al., 2010]

- Based on clinical experience, it is recommended for pelvic floor exercises to be done daily and in conjunction with dilator therapy

- Research suggests possible benefits in rehabilitating anal sphincter control and QOL [Liu CH, Chen CH, and Lee JC, 2011]
Solutions and Simple Strategies to Improve Vaginal/Sexual Health

Dilator Therapy

• Physical Benefits:
  - The process of mechanically stretching the tissues of the vagina to treat vaginal stenosis/adhesions

• Psychological Benefits:
  - Allows women to gain confidence and decrease anxiety/fear about pain

• Issues of Non-compliance:
  - Support and Information needed for success
  - Need to address any aversion (embarrassment) or fear at the beginning
    [Friedman et al., 2010; Jefferies et al., 2004; Decruze, 1999; Robinson, 1995; Pitkin, 1971]

• Need to broaden our perspective in the use of dilators
Sexual Rehabilitation For Both Men and Women

**Short-term Goals:**
- Try to stay motivated & be consistent
- Remind yourself about importance and reason for the strategies
- Focus on the benefits you are feeling
- Have realistic expectations
- Don’t feel pressured, flexibility is important

**Long-term Goals:**
- Learn to troubleshoot or cope with potential problems
- Develop a plan for the long-term (maintenance)
Sexual Rehabilitation For Both Men and Women

• Dilators can be helpful in addressing pain with sex (vaginal or anal) and/ or pain with follow up examinations
  – Vaginal dilators
  – Anal dilation can be done with smaller vaginal/rectal dilators
    • Amielle, Hegar, Soul source

• Lubricants are important for all sexual activity and for use with dilators

• Moisturizing externally is important post-RT for comfort, in particular the perianal area
Communication About Sexuality After Cancer

- Mismatched expectations between patients and providers
- Patients would like open communication on topics of intimacy & sexuality after cancer
- Medical professionals prefer to focus on “combating the disease”

[Hordern & Street, 2007]
Tips For Enhancing Communication

• “I have heard it is common to have sexual changes after cancer, do you have someone I could speak with about this?”

• “I am having some vaginal dryness (or discomfort) OR some erectile difficulties, do you have any information or suggestions?”

• “Could you give me some information about intimacy after cancer or refer me someone with expertise in this area?”

• “Sex has become painful (either vaginal or anal) do you have someone I could speak with?”
Communication About Sexuality After Cancer

- Misperceptions Among Couples
  - Survivors report perception of greater vaginal changes and dryness than their partners
  - Highlights the importance of communication about changes in sexual function

[Stafford & Judd, 2010]
Points To Remember

It is not uncommon to experience changes in sexual function after cancer treatment

- Physical/Emotional Factors
- Transient and/or Chronic Conditions
Survivorship Resources

**MSKCC:**
- Female Sexual Medicine and Women’s Health Program
- Male Sexual and Reproductive Medicine Program
- Physical Medicine and Rehabilitation Services

**Most Cancer Centers:**
- Specialists (ex. Gyn, Urology)
- Sexual Medicine Programs
- Physical Therapy
Survivorship Resources

Organizations

- MSKCC – Resources for Life After Cancer
- American Cancer Society (ACS) - http://www.cancer.org
- Lance Armstrong Foundation – http://www.laf.org
- Cancer Care – http://www.cancercare.org
- The Wellness Community – http://thewellnesscommunity.org
- Gilda’s Club – http://gildasclub.org
American Association of Sexuality Educators Counselors & Therapists (AASECT) - AASECT.org