

Yale CANCER
CENTER

answers

WNPR Connecticut Public Radio



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Intimacy During Cancer Treatment

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Welcome to Yale Cancer Center Answers with Drs. Ed Chu and Ken Miller. I am Bruce Barber. Dr. Chu is Deputy Director and Chief of Medical Oncology at Yale Cancer Center and Dr. Miller is a Medical Oncologist who specializes in pain and palliative care. If you would like to join the discussion you can contact the doctors directly. The address is canceranswers@yale.edu and the phone number is 1-888-234-4YCC. This evening Ken speaks with Dr. Mary Jane Minkin, a Clinical Professor of obstetrics and gynecology at the Yale School of Medicine. Dr. Minkin is an expert in women's health and is the women's health advisor for Prevention magazine.

Miller You are the author of several books. Tell us what your books are about.

Minkin Women's health of course, the most important topic in the world.

Miller Of course.

Minkin We have a couple of books out there, one for older readers like myself called, *A Woman's Guide to Menopause and Perimenopause*. This is for women in their 40s on up. I also have a book aimed towards younger readers, under the age of 50, which is very young. That book is called, *A Yale Guide to Reproductive Health*. There is also a book called, *Women's Guide to Sexual Health* out there for our younger readers.

Miller I am the Director of the cancer survivorship program and we see a lot of women who have been treated for breast cancer, and other types of cancer, and uniformly one of the biggest issues that comes up is intimacy and sexuality. I want to start out by asking you what those terms mean and how are they different? What kind of terminology do people use to talk about these topics?

Minkin I do not know that they are necessarily different terms. I think it all encompasses the same thing. Intimacy and sexuality are part of being human. The most important foundation for any relationship, be it physical or non physical, is communication. Communication is the cornerstone of sexuality and of good relationships, no matter what they may be. Unfortunately, I find that in both the cancer and non cancer settings, that communication can be a huge problem between people. Without good communication there just isn't good intimacy.

Miller In terms of clinical practice and what you've seen in your own life, where does communication break down, what are the reasons for that?

Minkin Communication breaks down for a whole bunch of reasons. One of the most common things that cause communication to break down is time issues. I saw a patient last week, a lovely young girl, in a non cancer setting. She is in her late 30's and we've delivered a couple of kids for her. She works full time and was complaining about her sex life. When I started asking some questions she

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revealed that she is exhausted. Here is a woman who is working full time, taking care of her house, dealing with two kids and by the time she gets into bed at night with her husband, she is absolutely exhausted and the only thing she wants to do is get some sleep. He is interested in getting some sleep too, but would like to have sex first. There really is no time in that relationship for talking about or discussing things like foreplay. The thing that men may not realize is that things like lubrication for a woman, which is important for comfortable sex, is the same as an erection for a man and it takes a little bit of time. You need to get some pelvic blood flow going and this is a time that you should say to your partner, "No I am not ready yet." She was just really uncomfortable, but it turned out the problem was time and communication, so we spent a lot of time talking about communication with her partner.

- Miller I think time is a common problem. What advice do you give? They are busy with their life and they have lots of responsibilities. What can they do differently?
- Minkin They have to carve out some time. This is just as important as getting the shopping done and things like that. One of the things I find with cancer survivors in particular, or a patient who is undergoing chemotherapy, is that they will say, "It's so sweet that my neighbors cooked dinner for us and are bringing casseroles because I am so tired." I think that is wonderful, but one thing that neighbors and friends could do is take the kids for a couple of hours, give her some time to relax with her partner. Time they can spend communicating. It is as lovely as bringing them a casserole, maybe lovelier.
- Miller Interesting thought, the gift of time.
- Minkin The gift of time is huge. If you have relatives that can take the kids for a weekend or evening, that would be great to take advantage of.
- Miller Communication time can become talking about problems. People talk about what happened with their son or daughter, money problems, is this good communication time?
- Minkin That is necessary and important, but communicating about each other and your relationship, personal needs, is not selfish. It is good not selfish, this is time you need to spend.
- Miller Communication is sort of the key and it's important that people spend time on that. What are some of the issues that come up? Let's talk about people that have cancers, any type of cancer. What are some of the issues that they face?
- Minkin Some of the issues that they face on top of simple communication are body image issues, which of course are very important with breast cancer patients particularly.

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Problems are very much on the surface, you can see these issues as opposed to someone dealing with say ovarian cancer, which is more of an internal issue. Fortunately much of the surgery today for breast cancer is fabulous and you can't even tell people had surgery, which is wonderful. Let's face it, unfortunately this is a society where you have TV shows with plastic surgery. The people have to be superficially beautiful, which is ridiculous. Most of those procedures are dumb, you should be proud of your body even if you've had a little surgery and you may look a little different than you did before, you are still beautiful; even more beautiful. Somebody who has survived cancer is a really terrific person and has done something wonderfully hard. You should be proud of yourself, and if you have a good partner that you communicate with, communicate with that partner. For the spouse or significant other, when they are going through that, realize that because of this society she may be particularly vulnerable to concerns about body image. Tell her she is beautiful as a survivor.

Miller There are a lot of magazines such as Seventeen and Glamour etc., what influence do they have on our society?

Minkin They have tremendous influence. I don't know if they are going to change society, but it would be wonderful if we could emphasize the beauty of the individual and not what their skin looks like, the size of their breasts, eyes or wrinkles.

Miller How often do you see women who have had breast cancer and are feeling ashamed about it worried about their appearance?

Minkin It is a huge problem. I will share one of my favorite stories that I incorporate with some of your patient's. It's a lovely story. A woman was very concerned because she was getting involved in a new relationship and was a breast cancer survivor. She had breast surgery and was concerned that as the relationship was turning serious, they were going to be more sexual and she didn't know how to tell her partner that she was a breast cancer survivor and had breast surgery. She finally got up the gumption and said, "I have to talk to you." She was really nervous but just sat him down and she said, "I just wanted to let you know before we become sexually active, that I am a breast survivor and I have had surgery." She was very nervous and he said, "That's all? That's all you wanted to tell me? Big deal. I thought you were going to tell me you didn't love me or something." They got it out in the open and it was fine, they have a terrific relationship.

Miller It makes me think about the things that we're sometimes afraid to say to each other that turn out not to be a big deal.

Minkin It was not a big deal at all, he was concerned that she was going to say the relationship was over. It really was a wonderful thing.

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- Miller For a woman who has had a mastectomy, which is less common now, probably about 20% about of woman with breast cancer have a mastectomy, what do you advise in terms of re-engaging in intimacy and sexuality?
- Minkin As soon as you are able, and with the surgical procedures these days you can get back to normal activities pretty quickly, just go for it. Things may be a little different, and yes, part of sexual activity for some people involves breast stimulation, and with a mastectomy that will be somewhat different, but basically any part of the body is an erogenous zone. Experiment and feel free to have a good time. One of the best statements on this topic is from my good friend Dr. Ruth. I can't do it in her accent, but she says that the most important sexual organ is actually above your shoulders, not between your shoulders or your knees. If your head is there and you are thinking and communicating, that is the most important thing.
- Miller Is it hard for people to talk with their spouse or partner about their worries? Is it hard for them to say that they are afraid the cancer is going to come back or they are afraid they are going to die?
- Minkin That's very common, and it is part of intimacy. Talking about it is very important. Surviving well is the rule, not the exception these days. That is one of the most important things that have happened since I was a young kid going to medical school. When I was going to medical school, people had cancer and they died. The rule these days is people have cancer and they survive, and they do it well. It may be a chronic disease issue for some people, but it is no different than having heart disease, you learn to live with it and there are certain things that people need to communicate. They should say, "Hey! I am a survivor, I have this problem, but that's okay, I can deal with it."
- Miller You have tremendous expertise in terms of menopause symptoms. Let's talk about that a little. If a woman has chemotherapy, for example, and she has menopause earlier than expected because of that, what are some of the issues that come up for her?
- Minkin Breast cancer is unfortunately a very common disease, but any cancer absolutely can present this way. Chemotherapy can lead to a premature "pooping out" of the ovaries, which is indeed what menopause is. For some younger women, and this is an important thing to realize, ovarian function can come back; particularly for a very young woman. It may be a temporary phenomenon that she is dealing with, these menopausal symptoms, but generally the older the woman the less likely it is for ovarian function to come back. The issues of menopause can be more acute because this is more of a sudden problem, it not a gradual decline of ovarian function. Things like hot flashes, particularly, are a major problem along with insomnia and vaginal dryness. These are the major issues that women need to deal

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with. The good news is that we have lots of therapies available for these problems. There is of course hormonal therapy, which we will talk about in a minute, but the oncology folks have been the leaders in coming up with alternative therapies for hot flashes that are not hormonal interventions.

Miller We are going to take a break for a medical minute. We would like to remind you to e-mail your questions to us at canceranswers@yale.edu. Please stay tuned to learn more information about woman's health with Dr. Mary Jane Minkin.

Medical Minute

Breast cancer is the second most common cancer in women. About 3000 women in Connecticut will be diagnosed with breast cancer this year, but earlier detection, noninvasive treatments, and new therapies are providing more options for breast cancer patients and more women are able to live with breast cancer than ever before. Beginning at age 40, every woman should schedule an annual mammogram, and you should start even sooner if you have risk factors associated with breast cancer. Screening, early detection, and a healthy lifestyle are the most important factors in defeating breast cancer. Clinical trials are currently underway at federally designated comprehensive cancer centers such as the Yale Cancer Center to make new treatments, not yet approved by the Food and Drug Administration available to patients. This has been a medical minute. You will find more information at yalecancercenter.org. You are listening to the WNPR health form from Connecticut Public Radio.

Miller Welcome back to Yale Cancer Center Answers, this is Dr. Ken Miller and I am here with Dr. Mary Jane Minkin who is an expert in woman's health at the Yale School of Medicine. Mary, let's get right into talking about some of these symptoms, what you can do about them?

Minkin There are some very simple things that, believe it or not, women do not know or don't think about. For example, layered clothing is very helpful. Wear a shell with a cardigan so that if it's getting too hot, you can take off the cardigan and still be appropriately dressed. There are certain known triggers for hot flashes. For many a glass of red wine can trigger a hot flash. Some choose to forego that glass of wine because they don't want to have one of those uncomfortable hot flashes right then. Keeping the temperature of the house cool at night, don't set the thermometer at 70, set it to 60 or 65. Having dual temperature controls for your electric blanket at night. Simple things like that can really make a difference. For people who need further intervention than that, there are herbal products. I always tell my patients to talk to their oncologist first, but for example a product like black cohosh is non-estrogenic in its activity and will help people. There is a German product, Remifem, which is readily available here, over-the-counter, and is quite acceptable for most women to use for hot flashes. For women who need

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further intervention, SSRI antidepressants and SNRI antidepressants are available. This is pioneer work that has been done by the oncology departments. Things like Prozac, plain ordinary garden variety Prozac, Effexor is another one which is very effective to use. The use of estrogen for women post cancer depends on what the original cancer was. For example, there are many cancers where women will get chemotherapy that are not estrogen sensitive; they may be able to use estrogen. That is something to talk to your oncologist and gynecologist about. Lots of things can be done. Experiencing vaginal dryness is again a very common problem for women that is very important to address. Women are more open to discussing hot flashes sometimes than they are something that is a little more intimate like vaginal dryness. There are many over-the-counter products which are absolutely safe for women to use that they can get at the pharmacy without a prescription. Replens or Lubrin are longer acting lubricating agents which are non hormonal. There are also of course topical lubricants that can be used at the time of intercourse. KY Jelly, or my favorite because it has a great name, Astroglide. It is very popular among my patients, and they are non hormonal and absolutely safe to use. There are also many women who are quite fine with using vaginal estrogen. There are some really nice easy to use vaginal estrogen products that many oncologists are okay about letting their patients use. We talk about communication with your partner, which is so important, but there is also communication with your health care provider. Do not be afraid to talk to your oncologist; don't be afraid to talk to your gynecologist.

Miller These are not topics that always come up, but I think they are often on people's minds. Some of it is oncologists not asking, and some of it is patients not wanting to talk about it. They are not topics that most of us grew up feeling comfortable with.

Minkin Maybe this is something that will change, people do talk about sex a little more openly than they used to. Again, this is something that women are often hesitant to talk about and when I teach my medical students, I tell them to bring these issues up with their patients. They may be a little embarrassed about talking about it, but it is something that may be bothering them.

Miller Lets talk about estrogen cream. There have been concerns with women who have had breast cancer. I actually feel comfortable with my patients using it. How much absorption is there?

Minkin There are different absorptions from different products, probably. The creams have a slight absorption, not huge, but slight. There are other products out there, one is called the Estring, which is a little ring that sits in the vagina and stays there for 3 months at a time. There is very minimal absorption of estrogen and it's very nice for the vagina. There are also these little vaginal suppositories tablets called Vagifem, which again have very minimal absorption. These are

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used a couple of times a week and can really maintain very good vaginal moisture. I always tell my patients to talk to their oncologist first.

Miller Let me ask you about a different topic that I hear a lot about, libido. Many people, both men and women, will say they don't have any libido.

Minkin This is again a problem. Part of it gets back to this exhaustion issue. If you are exhausted, you are not going to have a strong libido. You have a need hierarchy; sleep may be a higher need hierarchy. Talk to your partner and tell them that you love them, but that you are totally exhausted. Nobody knows what the agent of libido is. You'd think that in 2008 we would understand this, but we really don't. Is it estrogen for women? Is it testosterone? Is it an adrenal gland hormone called DHEA? Even for men it is not clear that total loss of testosterone, which does decline for men as they get older, is the issue with declining libido. There is some controversy even in men about replacing testosterone, and there is some controversy about replacing testosterone in women as well. Testosterone has been used in breast cancer survivors and many oncologists are okay with that. I always tell my patients to talk to their oncologists, but there are things that can be done. You can have a pretty good libido without estrogen and without testosterone, as long as the relationship is good, you can have a pretty good sex drive.

Miller One thing that people say is to give them a pill. They want a pill to fix it.

Minkin Not unless there is a pill for good relationships and good communication, that pill I would love to have. My patients ask about a Viagra for women. Of course Viagra is a non-hormonal substance. There have been some limited studies with women and drugs like Viagra, but not with great success in general, because, in general, Viagra is a performance enhancer, not an interest enhancer. Some people say, well if the performance is better, than the interest is better. It may play a limited role, but it's certainly not a regularly recommended drug. Many of my patients will say to me, "Once I get going, I am okay." Well get the mood going and get some time for yourself.

Miller We had an email that I want to share with you. This is from Jill who lives in Bristol. She says, "I had a mastectomy several years ago but still have trouble feeling good about myself. It is hard for me to see myself as attractive after such difficult surgery is that a normal reaction? "

Minkin It is a common reaction, especially because of our society which has these superficial values. I would say to Jill, if she was my patient, that she is more beautiful than average because she is a survivor. Yeah you may look a little different than someone who hasn't had surgery, but that is okay, these things happen. I would hope that she is communicating these issues to her partner that

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her partner will pick up on this and be able to spontaneously tell her she is beautiful and that they don't care that she had a little surgery on her breast.

Miller You and I are around the same age, and none of our bodies are perfect.

Minkin That is absolutely correct.

Miller We are not meant to be perfect.

Minkin Unfortunately that is something that this cosmetic industry, and this country, would like us to be. Getting back to the issue of hot flashes, if you look anthropologically across the world at societies that value wisdom of old age and older people, women complain less about hot flashes than they do in a society that reveres youth. If it's considered a good thing to be an older, wiser woman, these societies report less hot flashes. This is a society that unfortunately reveres superficiality more than the older, wiser, better person.

Miller My wife is a cancer survivor, and most of us have someone in our life that has been through the cancer experience. People are often times transformed by having this experience and they are wiser and stronger in many ways.

Minkin That should translate into the recognition that this is a person who is wiser and more beautiful.

Miller I want to ask you a about how relationships change after cancer. Have you seen couples where the relationship has fallen apart?

Minkin Yes, I have, and unfortunately it wasn't a great relationship to begin with. Let's face it, we have a divorce rate in this country of about 50%, most relationships fall apart without cancer as an issue. Cancer may be a stress in the relationship that did not have a good bedrock to begin with, so yes I have seen that happen.

Miller Are some relationship strengthened?

Minkin Absolutely, there are relationships where people realize that this person was almost taken away from them. They realize that this person is surviving and is going to keep them company for the rest of their life and they are really happy about that. I have seen relationships strengthened by this.

Miller We had another email question from Tina who lives in Meriden. She says, "I am single and have recently had a mastectomy. How do I re-engage in dating and my social life?"

Minkin This gets back to some of the things you were saying Ken, about how most of us

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aren't perfect. Just be open and upfront with this person, and if this is a person that cares about your unflawed, fabulous, Venus-like body coming out from the ocean, then is this a person you really want to be involved with? If somebody is just superficial, is this the kind of relationship you want to have? I don't think that most women want that kind of superficial relationship.

Miller Good point. Let's talk a bit about sexuality and intimacy for men. I know you work primarily with women, but you work with couples also. What are some of the issues that come up for men after a cancer experience?

Minkin Part of it is the acute issues with the fatigue. We have to recognize that with the cancer experience, yes, there is psychological stuff going on, but there is also chemotherapy and radiation therapy. These are very fatiguing for folks. It is not going to get better in 10 minutes either. It takes awhile to recover so I would encourage partners of the guy undergoing chemo or radiation to cut him a break. He has been through, so just spend time with him. He may just need to go to sleep because he is exhausted and this does not mean he is a less performing individual. Things are going to come back, but he needs to get his rest. With bodily scars, this gets back to the fact that none of us are perfect. He may have a scar, or he may have had a colostomy, but that does not mean he can't have sex.

Miller I will share one last e-mail from in Guilford. She says, "My husband was treated for colon cancer and does not feel well most of the time, how can I help him?"

Minkin Be there for him, communicate with him and tell him that you love him even more because he is there, and that you know he will get better, that his energy levels are going to perk up.

Miller As we close, any general advice or parting words in terms of intimacy and sexuality?

Minkin Give people time and show interest in communication. I may sound like a broken record, but communication is the key. Don't be afraid to talk. It's probably not as bad as you think it is going to be.

Miller I would like to thank you Mary, for joining us on Yale Cancer Center Answers.

Minkin Thank you Ken for having me with you.

Miller It was terrific. Until next week, this is Dr. Ken Miller from the Yale Cancer Center wishing you a safe and healthy week.

If you have questions, comments or would like to subscribe to our Podcast, go to www.yalecancercenter.org where you'll also find transcripts of past broadcasts in written form. Next week we will hear from Ellen Sigal of Friends of Cancer Research.

