

# Sexual Health in Cancer Care

BC Cancer - FPON  
Oncology CME Webcast for  
Primary Care

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**Dr. Shauna Correia, B.Eng, MDCM, FRCPC, MSCP**

Sexual Medicine Consultant, BC Center for Sexual Medicine,  
Clinical Assistant Professor, Department of Psychiatry,  
Associate Member, Department of Obstetrics & Gynaecology,  
University of British Columbia

## Shauna Correia, MD, FRCPC, MSCP

- Sexual Medicine Physician, BC Center for Sexual Medicine, VCH
- Located at VGH, Vancouver
- BC's tertiary care clinic for complex sexual medicine care
- Physician-based, biopsychosocial approach
- Offer consultations with treatment recommendations, as well as Mindfulness Based Cognitive Therapy (MBCT) group treatment programs
- Former Sexuality Theme Lead for the UBC Undergraduate Medical School Curriculum
- Menopause Society Certified Practitioner



- 1) Describe the potential impact of cancer and cancer treatment on sexual health;
- 2) Discuss initial management of sexual health impacted by cancer and cancer treatment;
- 3) List Sexuality and Cancer resources.

- Review: Frequency of addressing sexual and reproductive health issues in cancer patients

## Cancer Medicine

Open Access

ORIGINAL RESEARCH

### **Discussions about reproductive and sexual health among young adult survivors of cancer**

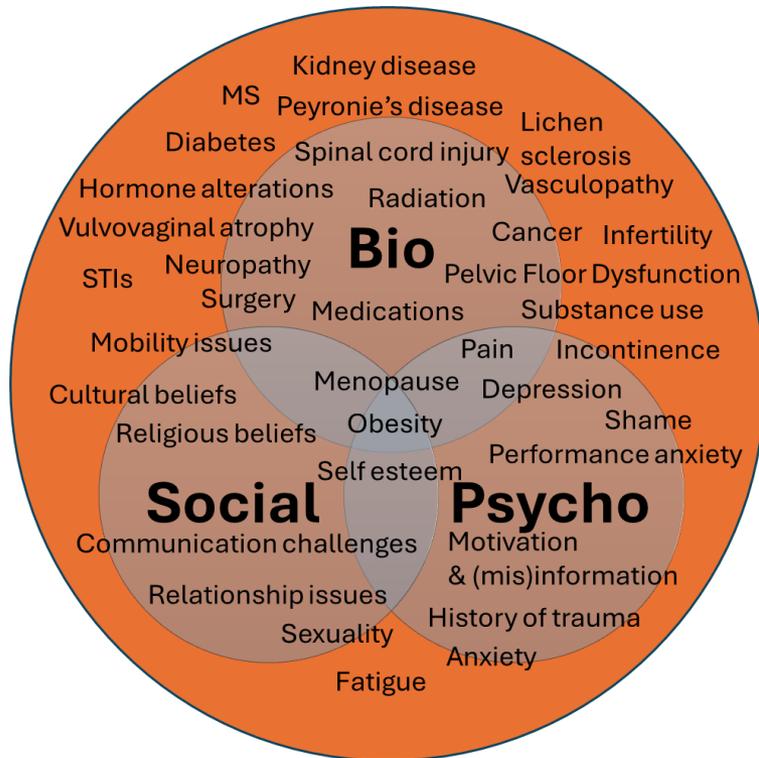
Ying Wang, Leo Chen, Jenny Y. Ruan & Winson Y. Cheung

British Columbia Cancer Agency, Vancouver, Canada

- Cancer patients experience **sexual health problems (70-87%)**; *get worse with time*
- Less than half receive medical care to address these issues
- Majority of cancer patients want more information about sexual function after cancer treatment
  - **75% are not comfortable** initiating the subject
- Discussions with their health care team are typically limited to a review of functional status: the impact on mood, QoL, and relationship(s) rarely discussed

## Sexual health issues in cancer survivors:

- **under-diagnosed**
  - **under-treated**
  - **affects all members of the partnership(s)**
- 
- ✓ **We must initiate the conversation**
  - ✓ **With adequate time and privacy for the discussion\***



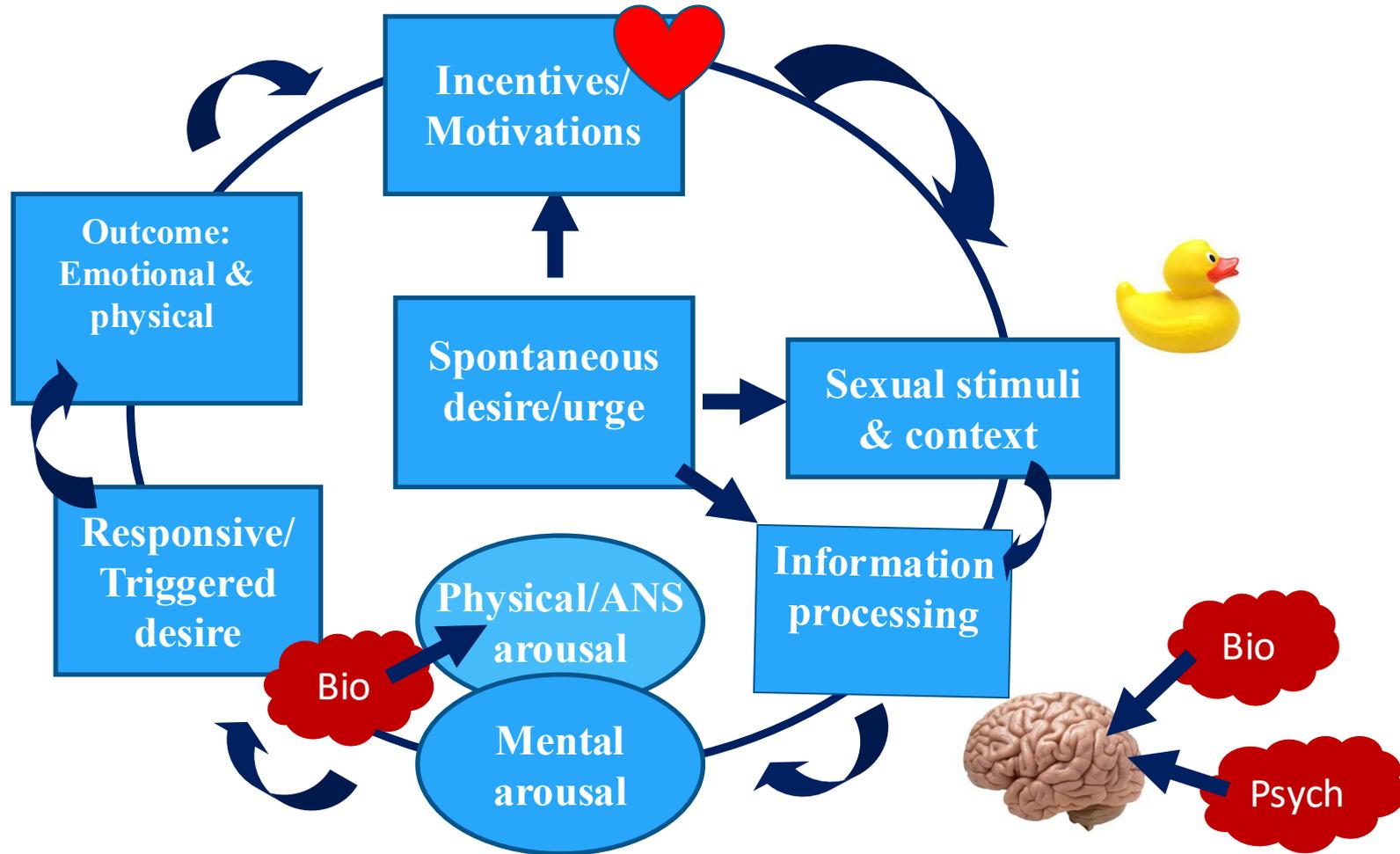
Support individuals, couples, or partnerships to move towards optimal sexual well-being.

Treat the whole person, not just the genitals.

Uses patient's medical history, physical exam and sexual response cycle (SRC):

- To clarify **bio-psycho-social factors** interrupting their sexual response
- Provide rationale for therapies/management strategies

# BASSON INCENTIVE BASED SEXUAL RESPONSE MODEL



Areas now tender/ painful

Parts no longer sexually sensitive

Parts we avoid/ 'disown'

## “Tapas” Approach

- Explore & Reframe
- Focus away from IC/penetration
- Involve the partner
- Prioritize 'p'leasure

## Distractions:

- Disfigurement
- Chronic pain

**Psychoeducation &  
*Mindfulness /  
MBCT***

- Drugs
- Depression

**Medication change**

- Continence  
Concerns

**Pelvic floor  
physiotherapy  
“NoMoreWetSpot” /  
“Paws.com” Blankets  
Venoseal/Urostop**

# Interruption of Physical Arousal

- Nerve damage
- Vascular damage
- Anatomical loss

**Phosphodiesterase inhibitors;  
ICI; Vacuum device**

**Lubricants**

**Increase  
Stimulation /  
Vibration**

- Graft vs host disease after allogenic stem cell or BMT  
→ *vaginal scarring*

**Corticosteroids**

- Vaginal fibrosis from radiotherapy

**Dilators**

- Hormonal alteration
  - Androgen deprivation
  - Iatrogenic menopause

**Local E, Local DHEA, ?T**

- Medication
  - Antidepressants

**Sex friendly drugs;  
Mindfulness**

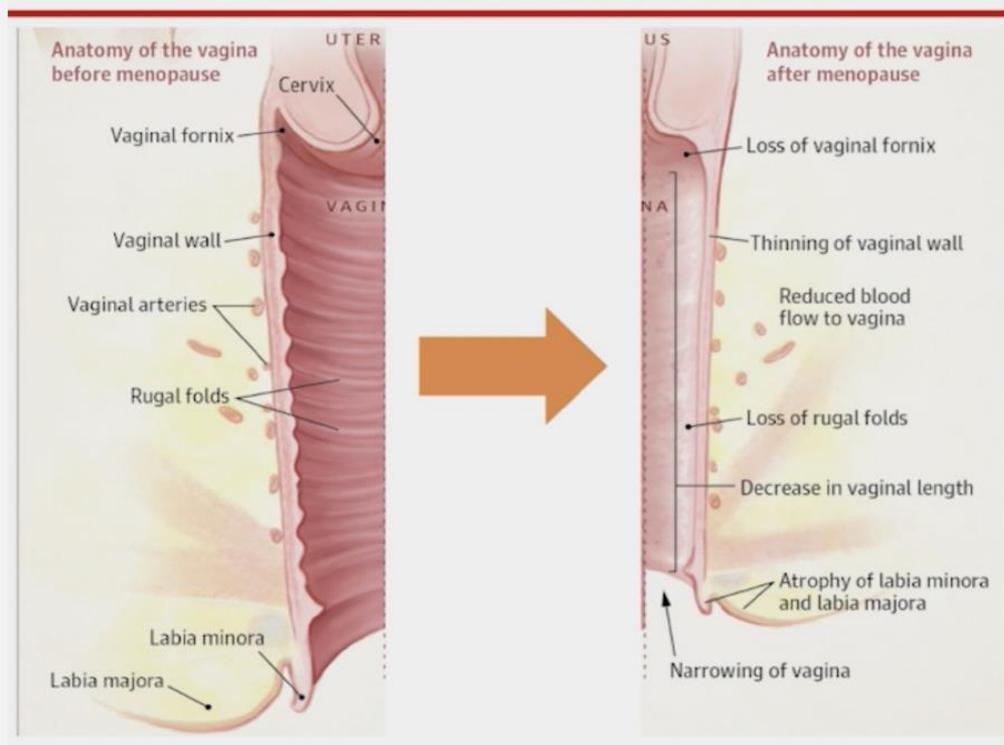


Image from Jill Jin. JAMA 2017

## Genital symptoms:

### Vulvovaginal dryness

Vulvovaginal itching, burning, or irritation

Vaginal discharge

## Urinary symptoms:

Dysuria

Nocturia

Urinary frequency or urgency

### Recurrent urinary tract infection

## Sexual symptoms

Decreased lubrication/arousal with sexual activity

Pain with introital insertion during sexual activity

### Dyspareunia

Decreased or delayed orgasm

Postcoital bleeding

# 1st Line: Non-Hormonal Options

## Vaginal Moisturizers/**Tailored** Sexual Lubricants

- **Vaginal Moisturizers:** Gynatrof (new formulation), Good Clean Love Restore Gel, Repagyn (\*hyaluronic acid\*)
- **Vaginal Lubricants:** Coconut oil, Silicone, or paraben-free/glycerin-free water based lubricant (Consider fertility/ isomolar lubricants)



## 2<sup>nd</sup> Line: Other Local Hormones

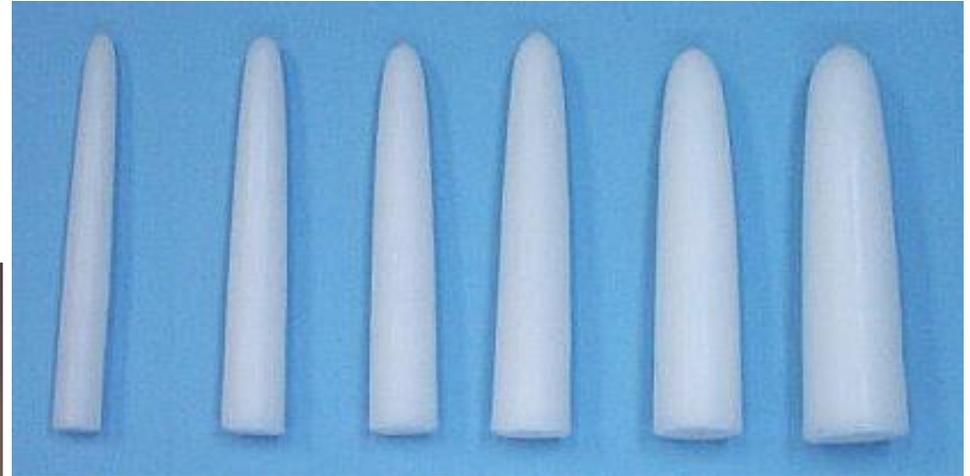
- **Estriol (E3)** compounded 0.3mg PV qweekly  
(OFF-LABEL)
- **DHEA** 6.5mg PV qHS

“Data do not show an increased risk of cancer recurrence among women currently undergoing treatment for breast cancer or those with a personal history of breast cancer who use vaginal estrogen to relieve urogenital symptoms”. “The decision to use vaginal estrogen may be made in coordination with a woman's oncologist.”

SOGC guidelines (2021) – “Local vaginal estrogens can be considered in breast cancer survivors. Clinical trials are ongoing to establish safety of vaginal hormonal products in breast cancer survivors taking aromatase inhibitors (*conditional, moderate*)”

NAMS hormone therapy guidelines (2022) – “For survivors of breast cancer with GSM, low-dose vaginal ET or DHEA may be considered in consultation with their oncologists if bothersome symptoms persist after a trial of nonhormone therapy. There is increased concern with low-dose vaginal ET for women on AIs. (Level 3)”

- Gradual vaginal dilator/accommodator program





## International Guidelines on Vaginal Dilation after Pelvic Radiotherapy

Produced by the International Clinical Guideline Group, chaired  
by Dr Tracey Miles, President, National Forum of Gynaecological  
Oncology Nurses, UK

## Care for Women after Radiation to the Pelvis



CANO ACIO | Canadian Association of Nurses in Oncology  
Association canadienne des infirmières en oncologie

- Begin 2-8 weeks post radiotherapy  
( acute inflammatory response settled )
- Gentle, in graduated fashion
- 3 mins twice a week – 10 mins twice a day x 6 months  
Then: once per week until 1 year mark  
Then: “ occasionally” thereafter  
( unless weekly sexual intercourse without difficulty)
- Damage from radiation can continue for up to 5 yrs

- ED ↑ even on active surveillance
- Radiation/brachytherapy vs. surgery
  - Less ED at 5 yrs but equal at 15 years
  - Monitor for late onset
- Despite “nerve sparing” surgery >75% (90%\*) have decreased function
  - Up to 4 years recovery

## Complications are more than just ED:

- Depression
- Altered orgasm – no ejaculate
- Painful ejaculation
- Incontinence during orgasm
- Shortened/smaller penis

***All increase distress & reduce sexual motivation***

## Daily Maintenance:

- Low dose PDE5i (esp helps to minimize penile shrinkage)
- Vacuum Erectile Device (VED)

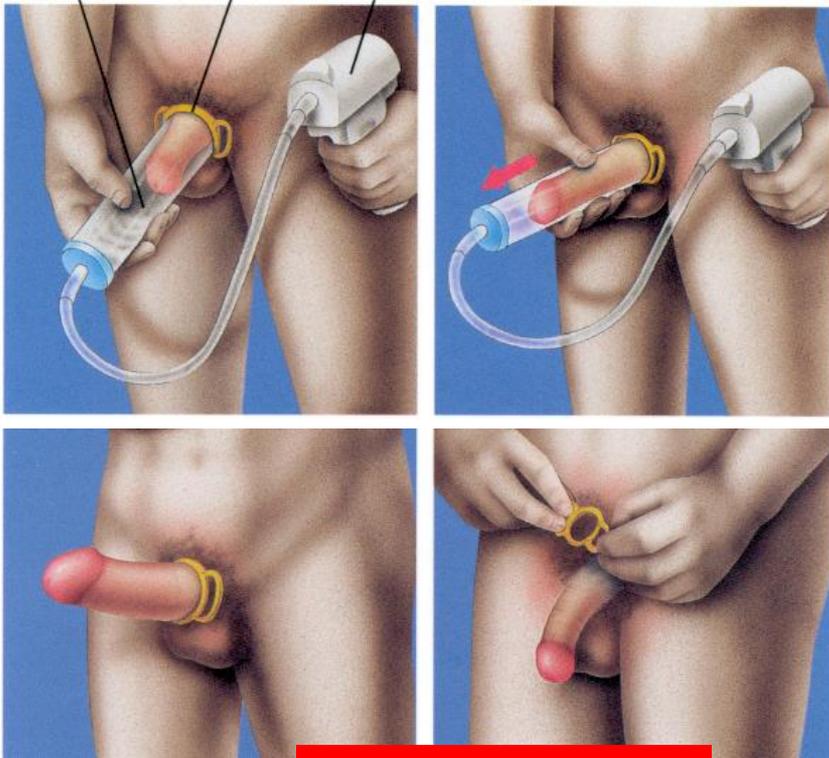
Penile Rehab might improve erectile function recovery by nearly 3x

## Sexual Activity:

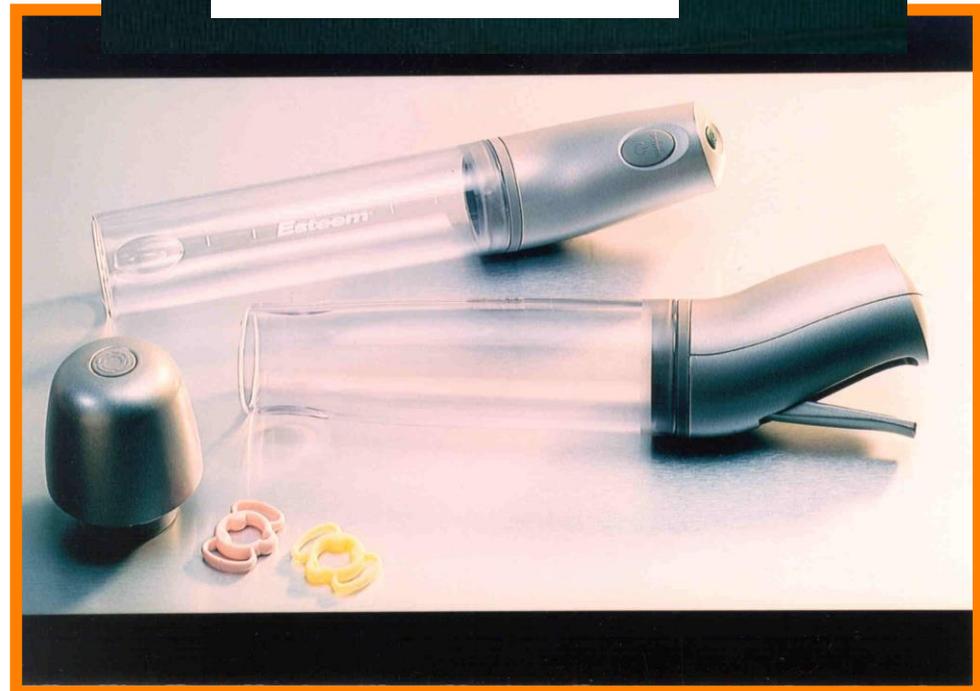
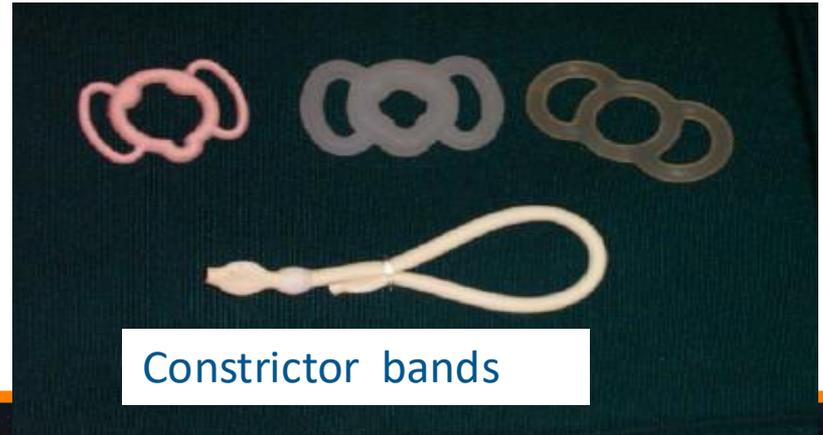
- PDE5i
- VED with penile constrictor band
- Intracavernosal injections (ICI)

***MORE BLOODFLOW NOW => FUTURE BLOODFLOW***

# Vacuum Erection Devices (VED)



No brain  
needed



Anticipating pain

Anticipating loss of erection, lack of orgasm

Reminder of altered genitalia/ breasts ...femininity/  
masculinity/ attractiveness/ reliving trauma to sexual  
parts

Worry one's response is too slow

Worry re stoma – presence, activity

Is sex safe?

**Psychoeducation**  
**Mindfulness**

- Stimulation ineffective – no erection/clitoral swelling

**Vibrators; PDE5-I;  
Mindfulness**

- Urinary incontinence with orgasm → avoidance



**Pelvic floor PT**

**Psychoed**

**“NoMoreWetSpot”/“Paws.  
com” Blankets**

**Venoseal/Urostop**

- Antidepressant-induced

**Medication  
change**

# Painful Outcomes

- Dyspareunia

Diagnosis:  
E↓/VVA; Provoked  
Vestibulodynia;  
Pelvic muscle tightness;  
Stenosis

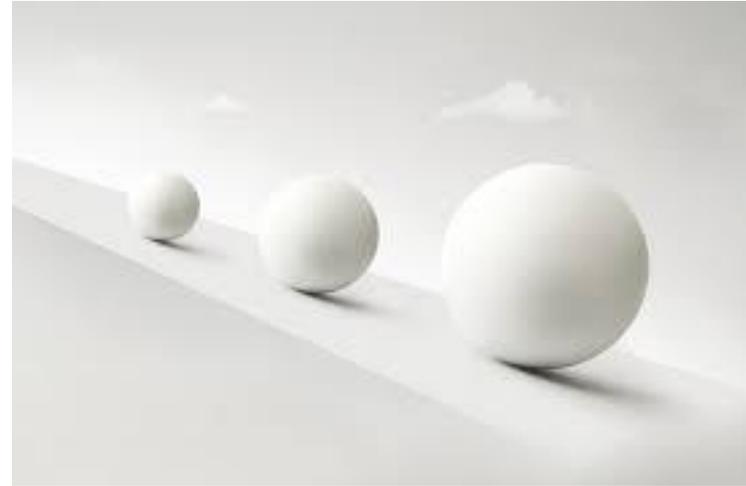
Local E;  
**Refer to SEX MED PVD  
program – Group Therapy;**  
Pelvic PT;  
Dilators

- Painful ejaculation

**Pelvic PT**

- Painful orgasm

- Body image changes
- Role changes
- Feeling of being lesser
- Fear of hurting the partner who has been ill

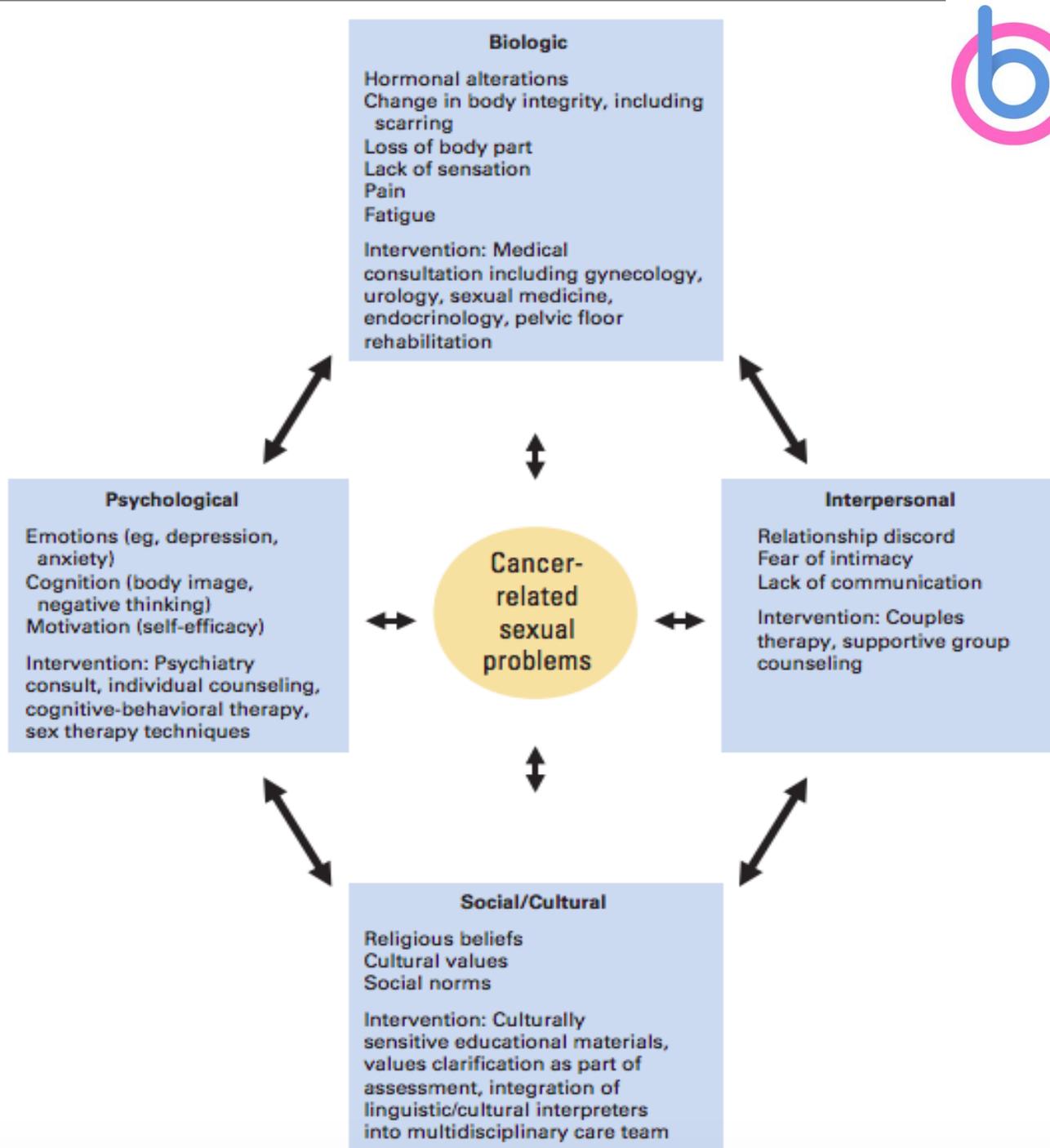


***=> May need more in-depth psychological approach with counselling***

- Consistently provide patients information on common sexual dysfunctions experienced with their treatment – with enough time and privacy
  - We MUST bring it up!
- Discuss broadening the range of sexual expression –
  - Help redefine what sex can mean to patients and enjoy all the “tapas” – help them become PLEASURE focused
- Penile rehabilitation – remember that more blood flow now => more future erections
- Discuss vaginal accommodators, vaginal moisturizers, tailored sexual lubrication, AND vaginal hormones as indicated
- Consider if pelvic floor physiotherapy has a role

- BC Centre for Sexual Medicine
  - Triage oncology patients
  - MBCT Treatment groups:
    - Men with ED (PRIMED)
    - Women with low desire/arousal difficulties (INSPIRE)
    - Women with pain with penetration (PVD)

(Bober & Varela, 2012)



Thank you for listening!



## Questions?

BC Centre for Sexual Medicine

Referral forms are available on our website :

<https://www.vch.ca/en/service/bc-centre-sexual-medicine>

**Phone: 604-875-4705**

**Fax: 778-504-9746**

# Resources: Websites



BC Center for Sexual Medicine:

<https://www.vch.ca/en/service/bc-centre-sexual-medicine>

BC Cancer Agency Resources for HCP:

- <http://www.bccancer.bc.ca/nursing-site/Documents/8.%20Intimacy%20and%20Sexuality.pdf>

BC Cancer Agency Resources for Patients:

- [http://www.bccancer.bc.ca/coping-and-support-site/Documents/Sexual\\_health\\_cancer.pdf](http://www.bccancer.bc.ca/coping-and-support-site/Documents/Sexual_health_cancer.pdf)
- <http://www.bccancer.bc.ca/our-services/services/support-programs>
- <http://www.bccancer.bc.ca/health-info/coping-with-cancer/managing-symptoms-side-effects>

Cancer Care Ontario – Intimacy and Sex Booklet:

- [https://www.cancercareontario.ca/sites/ccocancercare/files/assets/IntimacyAndSexBrochure\\_0.pdf](https://www.cancercareontario.ca/sites/ccocancercare/files/assets/IntimacyAndSexBrochure_0.pdf)

Canadian Cancer Society – Sex, Intimacy, and Cancer Booklet:

- <https://cancer.ca/en/cancer-information/resources/publications/sex-intimacy-and-cancer>
- <https://www.cancer.ca/en/cancer-information/living-with-cancer/your-emotions-and-cancer/coping-with-body-image-and-self-esteem/?region=on>

[https://www.cano-acio.ca/page/Patient Education](https://www.cano-acio.ca/page/Patient_Education)

BC Womens: <http://www.bcwomens.ca/our-services/specialized-services/after-breast-cancer-clinic>

Island Prostate Center:

<https://www.islandprostatecentre.com/>

Prostate Cancer Supportive Care: <https://pcscprogram.ca/>  
[www.lgfb.ca](http://www.lgfb.ca)