Understanding Women's Sexuality after Bladder Cancer webinar

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Part I: The Physical Impact

Presented by

UNIVERSITY OF MICHIGAN

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Bladder cancer statistics

- According to most recent NCI statistics 74,000 will be diagnosed with bladder cancer (56,320 men and 17,680 women)
- 5 year survival rates of women lag behind that of men
- If caught early bladder cancer is very manageable, there are thousands living in survivorship today

Our focus today is bladder cancer in the female patient. First I'd like to start out with a few statistics. I'm sure everyone's aware of bladder cancer being diagnosed in approximately 74,000 patients every year. 56,000 of those, approximately, are men, and 17,000 are women. The diagnosis of bladder cancer can easily be missed in women due to the symptoms that appear similar to a urinary tract infection. Folks can have blood, painful urination—frequency or urgency. This UTI is typically treated but the symptoms still remain, typically blood or painful urination, are still persistent even though the bacteria is gone. Sometimes female patients cycle through a number of rounds of antibiotics before finally being referred for further evaluation. It's for this reason many times that the bladder cancer diagnosis in female patient s can be delayed. It has also been documented that bladder tumors are diagnosed at a higher stage, and many times because of this higher stage at the time of diagnosis, they have a worse prognosis. So this is the reason why that five-year survival rates in our female patients lag slightly behind

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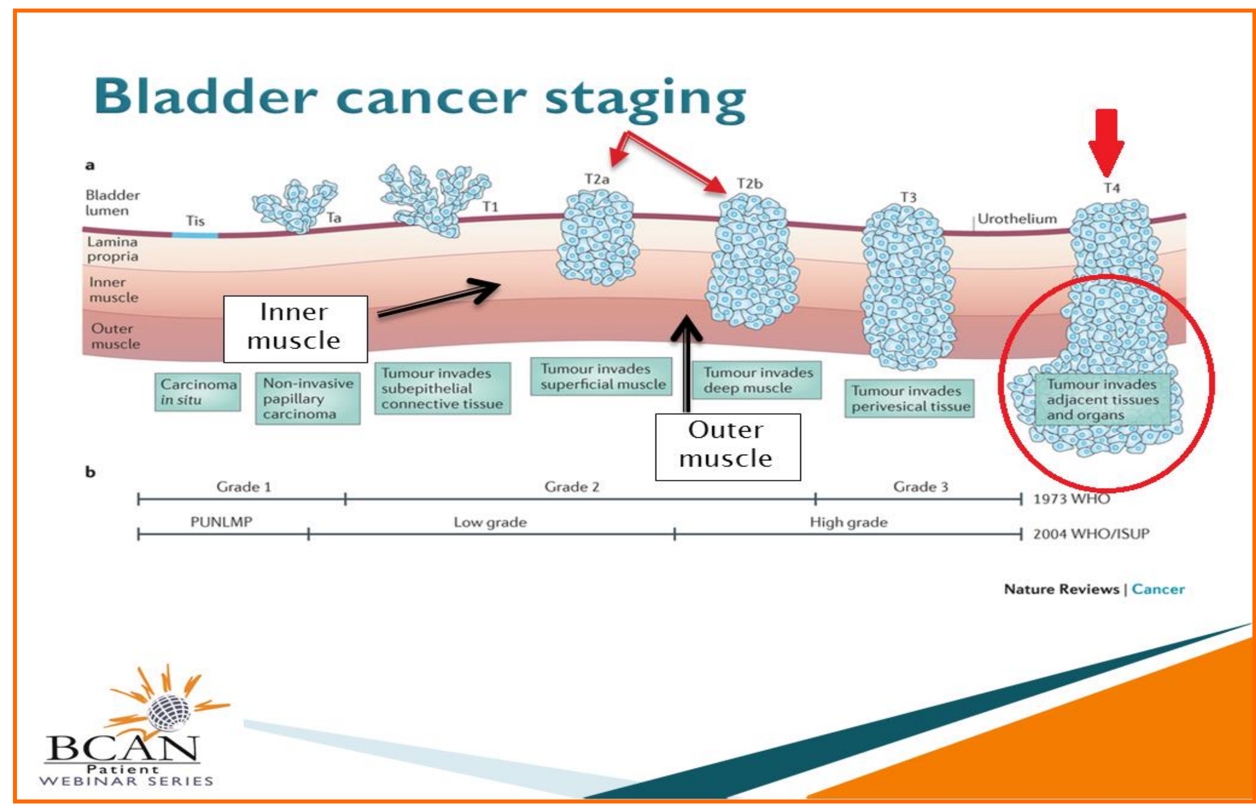
our male patients. But we know that if bladder cancer can be caught early, it is very manageable and there's an excellent prognosis for our women patients. This presentation will focus on bladder cancer and the female patient and its effects on sexuality.

In this figure we're going to take a quick look at bladder cancer staging so that everyone knows what we're talking about when we talk about different stages of bladder cancer and its diagnoses. We can see over here on the left side of the figure that we have more superficial



disease, so Tis and Ta disease are on the surface or the urothelium—the lining of the bladder. The next level that we see here is T1 disease and you can see that this invades the next layer of the bladder called the lamina. The next level is T2 disease and so this is divided into A&B. A goes into the inner muscle and then B goes into the outer muscle. So the muscle of the bladder is divided into inner and outer levels, so obviously you can see the progression of the disease is progressing to the outside of the bladder. That's what we have with T3 disease here, and then T4 usually invades some of the adjacent organs, lymph nodes, and surrounding tissue. T4 is also where we start considering this to be metastatic disease. T3 invades the perivesicle tissue and what not. It seems that if most of you have received radical cystectomy which about half of you have, you're probably somewhere around this, T2 perhaps even T3 staging.

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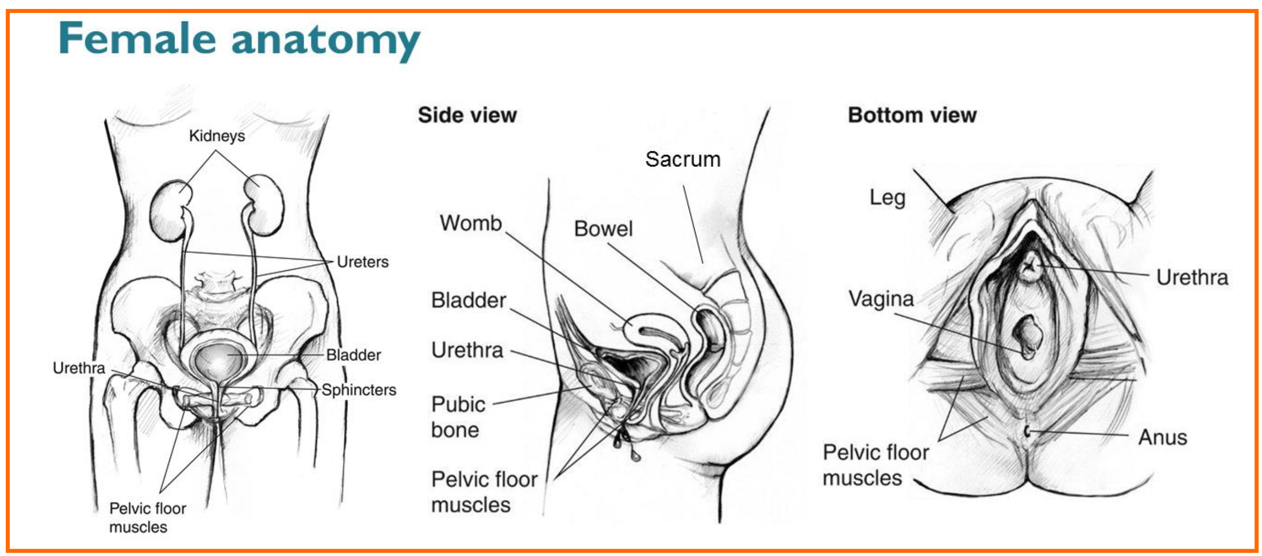
The female anatomy, I will review that briefly as well, aside from bladder anatomy. So we have two kidneys, typically, the ureters, which drain the kidneys to the bladder here. We have the urinary sphincters and the urethra, which is the tube that is essentially urinated out of in a normal urinary system. The pelvic floor muscles down here, you'll hear a lot of discussion about pelvic floor muscles and control of urinary incontinence in bladder conversation, so that's an important area to know where it's at and focus on. The next figure that we have is a lateral



view, so this includes the other organs in the female body that come into play when we're discussing bladder cancer and surgery. So we can see that the bladder is indicated here directly behind the pubic bone. And then the womb or uterus, ovaries and fallopian tubes are located in very close connection with the urinary bladder. We have bowel behind that. This is the sacrum back here, behind the bowel. A different kind of view allows us to see where all of our structures are in relation to one another. So, the vaginal canal, the urethra, the anus—they're not all contiguous with one another, they are separate areas. Sometimes folks aren't sure where the vaginal canal is in reference to the urethra and the surrounding tissue, so just a frame of reference for everyone.

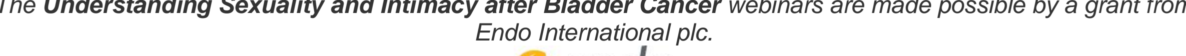
Bladder cancer treatments are based on the stage of the disease. If our patients are found to have early disease that's superficial, or in the bladder urothelium, we may be able to treat them with intravesical treatments. Some of you mentioned that you had BCG. These are different types of therapy that we can instill inside the bladder via a Foley catheter. Our patients hold them inside the bladder for a period of time, and then the

Bladder cancer treatments

- Intravesical treatments – BCG, Mitomycin C, Gemcitabine, or Taxane
- Intravenous chemotherapy
- Radiation therapy
- Surgery
  - TURBT
  - Partial cystectomy (uncommon procedure)
  - Radical cystectomy with diversion

treatment is urinated out. BCG, Mitomycin, Gemzar, Taxane—these are all different types of medicine that can be instilled into liquid form and then inserted inside of the bladder. These intravesical therapies are not necessarily without consequence. For instance, a six-week induction course of BCG, we find that many of our patients have a lot more urinary complaints. They can also have things like fever, fatigue, chills, blood in the urine, frequency/urgency—basically cystitis-like complaints. Many times these can result after treatment is concluded, but many time patients have longer-lasting cystitis-like complaints. These symptoms can obviously translate into painful penetrative intercourse. That compounds upon other issues with avoidance of sex, avoidance of intimacy, lower desire because we're predicting that there is going to be pain—that can be translated into tension with relationships with our partners. So my advice would be if you're receiving intravesical treatments, keep the medical team apprised of your symptoms and cystitis-like complaints. Many times these can resolve after treatment fairly quickly, but sometimes it can take some time. Other therapies that can be considered during bladder cancer therapy are intravenous chemotherapy, radiation therapy, and obviously surgical therapy. When we talk about surgery, there are a couple of different procedures that can be included. So TURBT is when we go up the urethra and scrape away bladder tumor from the inside of the bladder. Partial cystectomy, this is pretty uncommon, but folks can have just a portion of the bladder removed and then it's stitched back up again. And then obviously radical cystectomy, with a choice of urinary diversion.

So with chemotherapy, this is typically reserved for most of our patients who have muscle invasive disease patterns, so T2, T3. There is proven survival benefit offered with doing chemotherapy prior to radical cystectomy. There are a number of different medications and combinations of medications that can be used. This is typically left to the discretion of the medical oncology team. So not only would you have a surgeon, an urologist, but usually folks are assigned a medical oncology team as well. This medical oncology team will help you decide on medications that are used based on health and risk factors.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Chemotherapy

- Fatigue
- Alopecia
- Physical discomfort
- Ulceration of in the mouth
- Difficulty with lubrication for women – dyspareunia (pain with intercourse)
- Lower desire
- Partner reaction

Chemotherapy has a number of challenges for our female patients, like fatigue, alopecia or hair loss. When we talk about hair loss, I don't mean just the hair on people's heads, this can also include eyelashes, eyebrows. This can lead to a lot of irritated skin symptoms, dry eyes and other discomforts. There can be physical discomfort post-treatment. This can include things like nausea and vomiting. Certainly we offer medications to help folks through this issues but it can be very challenging. There can be alterations in the mouth, changes in the vaginal environment—this can lead to difficulty with lubrication, painful intercourse, lower desire, and then obviously the reaction of our partners to all of these changes that are ongoing in the body. All these are risks, but many times I know our female patients just want to feel normal. If sex was a part of their normal, functioning life, then that's certainly something that we would like for them to maintain during their treatment. So chemotherapy definitely offers challenges for penetrative intercourse, and during the treatment I would advise folks to keep an open conversation on-going with her medical oncology team.

Surgery in the Pelvis

Women

- Shortening of the vagina
- Post-menopausal symptoms
  - Loss of libido
  - Body discomforts
    - Hot flashes
    - New sensitivities
    - Vaginal dryness
    - Pain with intercourse

Next we'll focus on surgery. Surgery offers a lot of changes as well and it depends on what surgery we're talking about. The bullet points on this slide focus a lot on radical cystectomy, but I did want to touch briefly on some of the other things. So TURBT is typically "a first step" in the initial diagnosis of bladder cancer. There can be some irritation on the bladder lining in the initial perioperative period, so again some cystitis-like complaints afterwards, but not always—not typically—but definitely it can happen and it's a real side effect for some of our patients. Usually these resolve pretty quickly. Other surgery that is completed is a radical cystectomy, that's bladder removal. Patients are usually presented with a choice of urinary diversion. Urinary diversion choices are a neobladder—constructing a new bladder from a section of bowel, and ileal conduit—which is a stoma to the outside of the abdomen, or an Indiana pouch—which is otherwise known as a

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continent stoma, so it requires catheterization but there's still a stoma present. Surgery can be completed robotically or it can be completed with open techniques. There are a lot of options out there for patients nowadays. Aside from the bladder being removed, if a woman still has her uterus and ovaries, many times these are removed as well. There have been advances where some patients, depending on their disease state, are able to keep reproductive organs, but I would say this is definitely a specific conversation had between the surgeon and their patients. There are a number of ways to reconstruct or spare the vaginal area in surgery as well but again this is definitely disease and patient-specific. In radical cystectomy, if the uterus needs to be taken as well as part of the vaginal area, typically that anterior vaginal wall is removed. Then the posterior section of the wall can be folded over and then sutured. This specific technique definitely leads to vaginal shortening. The other alternative technique if that anterior wall has to be taken, or the front wall has to be taken, would be to roll the sides together and suture the sides together. This challenge then leads to some vaginal narrowing. So in addition to these organs being removed and the vaginal reconstruction, if a neobladder, or a bladder reconstruction option that's placed internally, is chosen, then the urethra is left behind. But if an ileal conduit or an Indiana pouch is happening, many times the urethra is also removed. Most lymph nodes are removed during surgery as well. The effects of radical cystectomy can be very impacted on the female body but it can also vary depending on the organs removed. Definitely shortening or narrowing of the vagina, there can be post-menopausal symptoms if the uterus, ovaries and tubes are removed and if the female patient has not necessarily gone through menopause yet. Loss of libido, discomfort, hot flashes, definitely sensitivities are changed or there's lots of sensitivity, vaginal dryness, pain with intercourse—all of these things can happen but we have options for dealing with them and for treatment. So definitely discuss with your surgeon which organs are removed or what they're planning on removing and the type of reconstruction that typically takes place based on disease and staging and any other surgeries or complications that are to your specific case.

Surgery in the Pelvis

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Radiation to the Pelvis

- Vaginal changes, thickening of the walls
- Ulcerations
- Superficial and /or deep dyspareunia (pain with intercourse)
- Loss of normal sensation
- Range of motion difficulties
- Partner reaction

The last option that's available for folks is radiation. So radiation is a good treatment option for many of our patients who want to keep their bladder, or they're not necessarily deemed very good surgical candidates for a variety of other reasons, whether it is heart problems, lung problems, or other difficulties. So usually radiation is delivered in a very definitive dose, so that would be termed like a 'treatment dose'. In bladder cancer we also talk about using radiation for treatment of cystitis as well so this is definitely a treatment-stage dose. Female patients, when they have radiation, can have a lot of different side effects: vaginal changes, thickening of the walls or ulcerations. There can be a lot of pain with intercourse whether it is superficial or deep tissue because of these changes. There can be loss of normal sensation, range of motion difficulties simply from the radiation being offered in that area, localized inflammation and pain—and then definitely partner reaction against all the changes that are just ongoing in the body.

Female hormones

- **Estrogen-** produced primarily in the ovaries, with a variety of functions including thickening the vaginal walls and affecting vaginal lubrication
- **Testosterone-** produced in the ovaries, adrenal glands and peripheral tissues and plays a role in estrogen formation as well as contributing to the female libido

So we wouldn't be talking about sex if we didn't talk about hormones. Estrogen and testosterone are the hormones that are thought about primarily when we start discussing that. Estrogen is produced in the ovaries, maintains the vaginal environment, helps to keep the vaginal walls thickened, and also definitely affects vaginal lubrication. Testosterone, commonly thought of as the 'male' hormone, is also present in the female patient, just in lower quantities. It's produced in the ovaries, the adrenal glands and the peripheral tissues. Testosterone also contributes to the formation of estrogen and affects libido. Notably, if a female patient has not yet experienced menopause, she is definitely going to experience it after her bladder surgery if she has a radical cystectomy, if the ovaries and uterus are removed. If this wasn't addressed prior to consultation, it can definitely be shocking for the patient during recovery who could still

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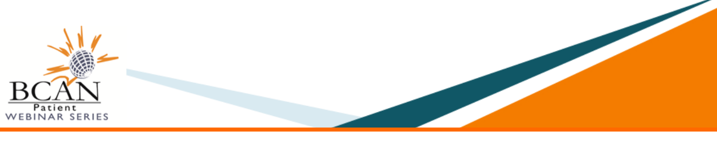
be experiencing those menopausal symptoms afterwards, in addition to some of the other body issues that are on-going. So definitely a focus for providers and for patients would be to have that open conversation and decide what’s going to happen, what organs are going to be removed, and then once we’ve made it through that perioperative period, the focus changes back to recovery, and individual means, and things like sexuality and vaginal lubrication and what we can do, because many times these hormone states have been altered.

Different treatments and effects on the female body happen with bladder cancer and its treatment. It’s important to remember that every treatment is individualized and based on the patient and how they present and their symptoms and problems and medical history. Many of our patients are able to retain the ability to orgasm in spite of any vaginal lubrication, poor lubrication and reconstruction. Stimulation of different areas, sensitive areas, like the clitoris, the G spot—all of these things can lead to orgasm and a lot of sexual satisfaction. It’s important for our patients and their partners to have good, clear communication, bond, share their feelings about sexual intercourse, what they view to be pleasurable, and definitely to have a non-judgmental environment and knowing that things may not be exactly the same, but that’s not necessarily a bad thing. Things sometimes can change, and you experience new things and have a new journey after surgery.

The Effect of Bladder Cancer Treatment on Orgasm

- Many women retain the ability to orgasm is spite of vaginal shortening and poor lubrication
- Stimulation of the clitoris and the G-spot can lead to orgasm
- Resolution: opportunity to bond and share feelings about sexual changes



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