

Crossing the Intersection of Bladder Cancer Treatments and Sexuality.

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PART 3 of 4

Dr. Daniela Wittmann:

So how do we do a sexual health assessment? We want to find out about the baseline sexual functioning and how that compares to the current sexual functioning. I mean, ideally one should do it before treatment and then after treatment to have a comparison, but we don't always have the luxury. So at least when we find out after treatment what the patient remembers from previous and how they compare to the current, that's very helpful to see what kind of things they've lost that have changed and what it is they're going to have feelings about. There may be other symptoms, urinary bowel symptoms, missing body parts. People will have feelings about that and people will have concerns about that, especially if there's any kind of urinary or bowel leakage. And we want to know how they dealing with the brief response with their emotions, if they are depressed or anxious, how are they dealing with it and are they feeling successful? We want to know about the partner's attitude, about the partner's sexual functioning concerns because the partner, as I already said, is a key stakeholder in the experience. We want to know about any other illnesses, chronic illnesses and medications that could be interfering with sexual functions such as blood pressure medications or psychiatric psychotropic medications. We want to know about

Sexual Health Assessment

- Patient sexual baseline and current sexual function and concerns
- Other physical symptoms that may interfere (urinary, bowel, missing body parts)
- Grief response, depression or anxiety
- Partner's attitude and experience of the situation, sexual function and concerns
- Comorbidities, substance abuse
- Potential external stressors

substance abuse because all of these things can affect things. And then, if there are any other stressors that could be affecting a person's desire to be even sexually interested because they may be concerned about other things that are really affecting them emotionally and just give them no space for their sexual health.

Dr. Daniela Wittmann:

And then we go to work. From a psychological point of view in sex therapy, we do focus at the beginning on grief work. We focus on psychoeducation. So we want to make sure that every person who's undergoing bladder cancer treatment understands the relationship between the

symptoms, sexual problems and the treatment for bladder cancer, and any other illnesses and medications and so on. We want to know how they're dealing with their feelings. Let's say that a person's dealing with it as well as anybody can, we work on progressive return to sexual interaction. And for some people who are comfortable with each other who can talk, this is not that difficult, even if emotionally challenging. And some people really feel very anxious about how it's going to work, and so we use a methodology that's called sensate focus exercises, which starts with non-genital and even non-sexual touch. It's really a sensual touch where people explore, massage and essentially touch each other's bodies and talk about what that feels like, what feels good, what doesn't feel good, et cetera, and gradually, gradually move towards sexual interactions based on what is available sexually after bladder cancer treatment. It's actually a great technique. It was developed in the 1940s, '50s by Masters and Johnson's when newlywed couples were terrified of having sex. It's about reducing anxiety and increasing comfort with one's own and each other's body.

And then we talk about expanding sexual repertoire, which means not over-focusing on penetrative sex, especially if it's not available or if it's painful. Talk about non-penetrative sex such as oral sex, manual stimulation, vibrators, using sex toys, anything that's going to allow people to have a sexual experience, the ability to reach orgasm. It doesn't have to be intercourse. Some people don't believe that, but it's true. Sex is all kinds of things. And you know how they say that the biggest sexual organ is the brain. So if people are willing to be flexible, it's definitely helpful. And we

Sex Therapy Interventions

- Griefwork (Plai and Friedman, J Sex Rel, 2014)
- Psychoeducation
- Progressive return to sexual interaction through sensual touch (Masters and Johnson, Heterosexuality, 1994, Albaugh, Urol Nsg, 2002)
- Expansion of sexual repertoire
 - Non penetrative sex, including oral sex, manual stimulation, vibrators




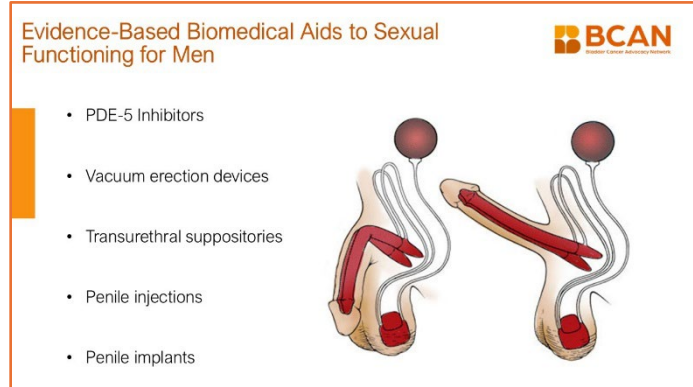
Table 1.
Example of Sensate Focus Exercises

Stage I Body Exploration No Intercourse, Genital, or Breast Touching Level 1: Sitting face to face — touching above the neck permissible Level 2: Sitting face to face — touching entire body permissible Level 3: Embrace with exploration
Stage II Body Exploration with Genital and Breast Touching No Intercourse Allowed Level 1: Sitting face to face—breast and chest touching only Level 2: Light genital touching along with all other touching Level 3: Genital touching with climax allowed.
Stage III Body Exploration with Intercourse Level 1: Penis placed in vagina without any thrusting. Level 2: Penis placed in vagina with light thrusting from female partner. Level 3: Full-thrusting intercourse with resulting climax.

have research that tells us that. If people are flexible, they end up being able to go through this rehabilitation more successfully.

Dr. Daniela Wittmann:

Now, I'm going to go through some treatments for erectile dysfunction for men, which some of you may be familiar with, but for those of you who are not, there are the pills, the PDE-5 inhibitors such as Viagra, Cialis, Stendra, Levitra that are available by prescription and they may or may not work. If a prostate has been removed with a bladder, it may not work for a while and eventually, it may if there is some recovery of erectile function, depends on baseline erections, and that's a very worthwhile thing to pursue.



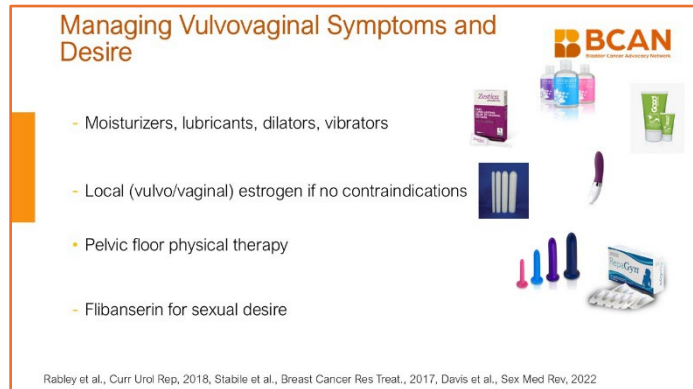
There are vacuum erection devices that help by pumping blood into the penis that is unsecured with a constrictive ring and that can work for any kind of penetration. There are suppositories that are very tiny, the size of a rice kernel, even smaller, that go to the tip of the urethra. And about 15 minutes later, the medication opens up the blood vessels and traps blood there for an erection for about 45 minutes. Penile injections are more or less the same medications that go to the side of the penis. And men always look at me like I'm freezing when I see would be using injections. They're very tiny. They like diabetic injections. The shaft of the penis is not as sensitive as the tip of the penis. And so rotating these injections can, again, bring an erection about 15 minutes.

And then people who have a persistent erectile dysfunction don't like any of the other methodologies can then have penile implants with a surgery where there's a reservoir that is placed in the belly with little channels. They go to a pump with saline, basically salty water that can be pumped into these little shafts that are implanted into the penis and they create an erection. The sensitivity is preserved, so orgasm is possible. And then, at the end of intercourse and after orgasm, the pump can, again, release the fluid back into the reservoir and the erection deflates. So that is something that sometimes men will consider if they're frustrated with any of the other treatments.

Dr. Daniela Wittmann:

Now, for women, women whose vaginas are preserved, but let's say they are compromised by losing the hormonal substrate, so vaginal dryness, moisturizers, lubricants are helpful. If there is a narrowing of the vagina, dilators and vibrators can help stretch the vaginal walls, but again, it's very important to know how much of the vagina is preserved. It's possible to use...

Managing Vulvovaginal Symptoms and Desire



- Moisturizers, lubricants, dilators, vibrators
- Local (vulvo/vaginal) estrogen if no contraindications
- Pelvic floor physical therapy
- Flibanserin for sexual desire

Rabley et al., Curr Urol Rep, 2018, Stabile et al., Breast Cancer Res Treat., 2017, Davis et al., Sex Med Rev, 2022

Oh, I forgot to mention about the medications for men. There are always things to consider to make sure that it's safe and that's why it's by prescription because the physician will discuss it with you. Do you have heart disease? Do you take medications such as nitrates? Are there things that, if combined with these medications, would give you some other problems? So that is important to talk about.

And as I'm talking about the local estrogen, it's the same thing. So, for example, somebody who has family history of hormone-related cancers, such as breast cancer or pelvic cancers for women, would probably not be using this vulvovaginal estrogen, but bladder cancer itself is not estrogen-related and it's perfectly fine to use this local hormone replacement. It's also by prescription.

Sometimes women have pelvic floor dysfunction of these surgeries. So physical therapy can be really helpful. And there is a medication called flibanserin. The commercial name is Addyi. That can be used to help with sexual desire. But there are other ways to provoke sexual desire, which are much more just both psychological and stimulation-related body-provoked desire. So everybody thinks we should all have spontaneous desire. Many people don't have it, even if they haven't had bladder cancer. And so the way to provoke it is to start stimulating, agree to have sex together, start stimulating, and the stimulation itself then provokes the desire. But if somebody wants to use medication to have more desire, flibanserin is there.

Dr. Daniela Wittmann:

What's important to realize in bladder cancer is that the care is multidisciplinary. So it's not just your oncologists who can prescribe all these things and get it done.

Oncology specialists need to collaborate with other people. Nurse specialists can teach about how to use sexual aids. There are some

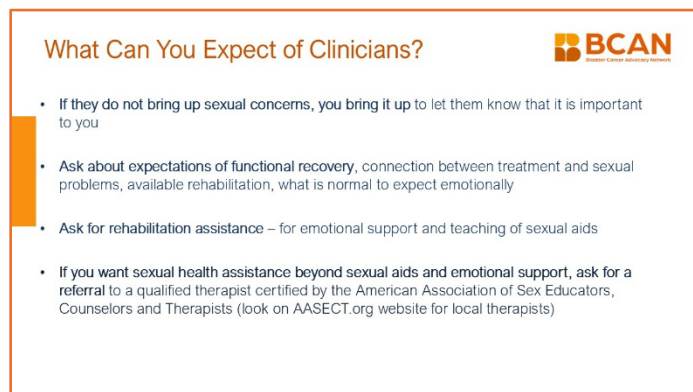
that help with stoma care. Sex therapists help with our recovering sexual confidence and sexual relationship. The urologist can prescribe some of these medications for sexual function for men and gynecologists for women. If a person's depressed, mental health providers are important. Pelvic floor therapists, physical therapists, that's a specialty, are extremely helpful in this area. So there's a team that needs to be gathered for this recovery. And sometimes you can find the nurse specialist or somebody will help you coordinate, but if you have it in your mind, you can hunt down those people and compose your own team.



Dr. Daniela Wittmann:

When you see your provider, if they do not bring up sexual concerns, it's important for you to bring it up and let them know that it's important to you because they will find reason sometimes not to talk about it, time, they don't feel comfortable, they don't know if it's going to upset you, they don't think you care. If you tell

them, they are more likely to help you because most clinicians really want to help you. Ask about expectations for functional recovery. And even though probably most people attending this webinar have already been treated, et cetera, et cetera, it's still a good conversation if you haven't had it about what's available for sexual rehabilitation because maybe you haven't had that full discussion. The rehabilitation should be both for the sexual aids if they necessary, but also for the psychological support for your sexual recovery. And that's usually sex therapists. And sometimes it




can be just any mental health provider, but that's going to help you develop the confidence to then find a sex therapist and get help.

So there are qualified certified therapists, sex therapists who are certified by the American Association of Sex Educators, Counselors and Therapists. Their website will show you every state in the nation where those sex therapists are, what they do, whether they take insurance, many have their own websites that they post on this website. So there are sex therapists in most states and these days, people do a lot of this work on telehealth over the internet, so they don't even have to be in your local town or city. They can be 70 miles away in your state and you can still get the work done.

Dr. Daniela Wittmann:

Here are some of these resources. I already mentioned the American Association of Sexuality Educators, Counselors and Therapists. There's also the Sexual Medicine Society of North America. That's mostly urologists, but there are some mental health providers. And then the Society for Sex Therapy and Research, SSTAR, has mostly the mental health providers in sexual health. And actually, that could be put into the chat for people to get those links. That would be really helpful.

Resources – Sexual Health Providers

- American Association for Sexuality Educators, Counselors and Therapists (AAECT.ORG)
- Sexual Medicine Society of North America (SMSNA.ORG)
- Society for Sex Therapy and Research (SSTAR.ORG)

And that is the end of my presentation and I'll very much welcome any questions.

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