

Addressing Sexuality Issues as part of introducing Sexual Health into Cancer

UICC World Cancer Congress
Melbourne 4th December 2014

Session PS.3.24

- 1. Why is sexuality & intimacy important
for people and their partners affected by cancer** **Woet Gianotten**
- 2. Not an on-off switch,
male sexuality after cancer** **Anne Katz**
- 3. Intimacy and sexuality-
an essential part of quality at end of life** **Karl Lorenz**
- 4. Communication Issues-
Challenges and Practical Solutions** **Susan Carr &
Amanda Horden**

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**Why is sexuality & intimacy important
for people and their partners affected by cancer**

Woet L. Gianotten
MD-psychotherapist
consultant in oncosexology
the Netherlands

No conflicts of interest!

Why do people have sex?

- Relation (love, intimacy, etc)
- Procreation
- Recreation (fun, adventure, lust, etc)
- Habit / custom



Arch Sex Behav (2007) 36:477–507
DOI 10.1007/s10508-007-9175-2

ORIGINAL PAPER

Why Humans Have Sex

Cindy M. Meston · David M. Buss

237 different reasons for
sexual intercourse
In healthy people.

Sexual expression is more than intercourse !
Contact / sensuality / intimacy / etcetera

Other reasons / motives:

Emotional benefits of sexual expression.

- **Diminishing emotional tension.**
- **Restoring contact between partners**
- **A way to deal with serious emotions**
- **Sexual contact decreases depression!**
- **Sex is important for female / male identity**
- **Sex can 'recharge the batteries'**

**This is more than only QoL
These are elements of care!**

The **physical** benefits of sexual expression.

After sexual excitement (with or without orgasm):

- **Muscular relaxation**
- **Increase in oxytocin**
 - better sleep
 - muscle relaxing
 - anxiolytic
 - increased trust
- **Increase in endorphin → pain relief (in women)**
- **Increase in testosterone**

Preliminary data

- **Better bladder function**
- **Improved neuroregeneration**

**These are elements of care
getting close to being elements of cure**

Other reasons / motives:

Long-term benefits:

Longevity

Men live longer

with more frequent orgasm / ejaculation

Women live longer

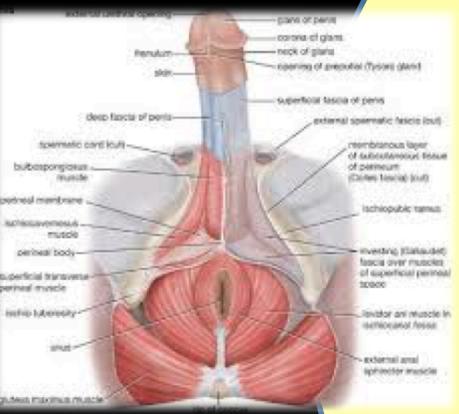
when they had a more satisfactory sex life

QoL

There are indications

that sexual expression prevents cognitive decline.

♥ Hartmans et al. *Int J Geriatr Psychiatry*, 2013

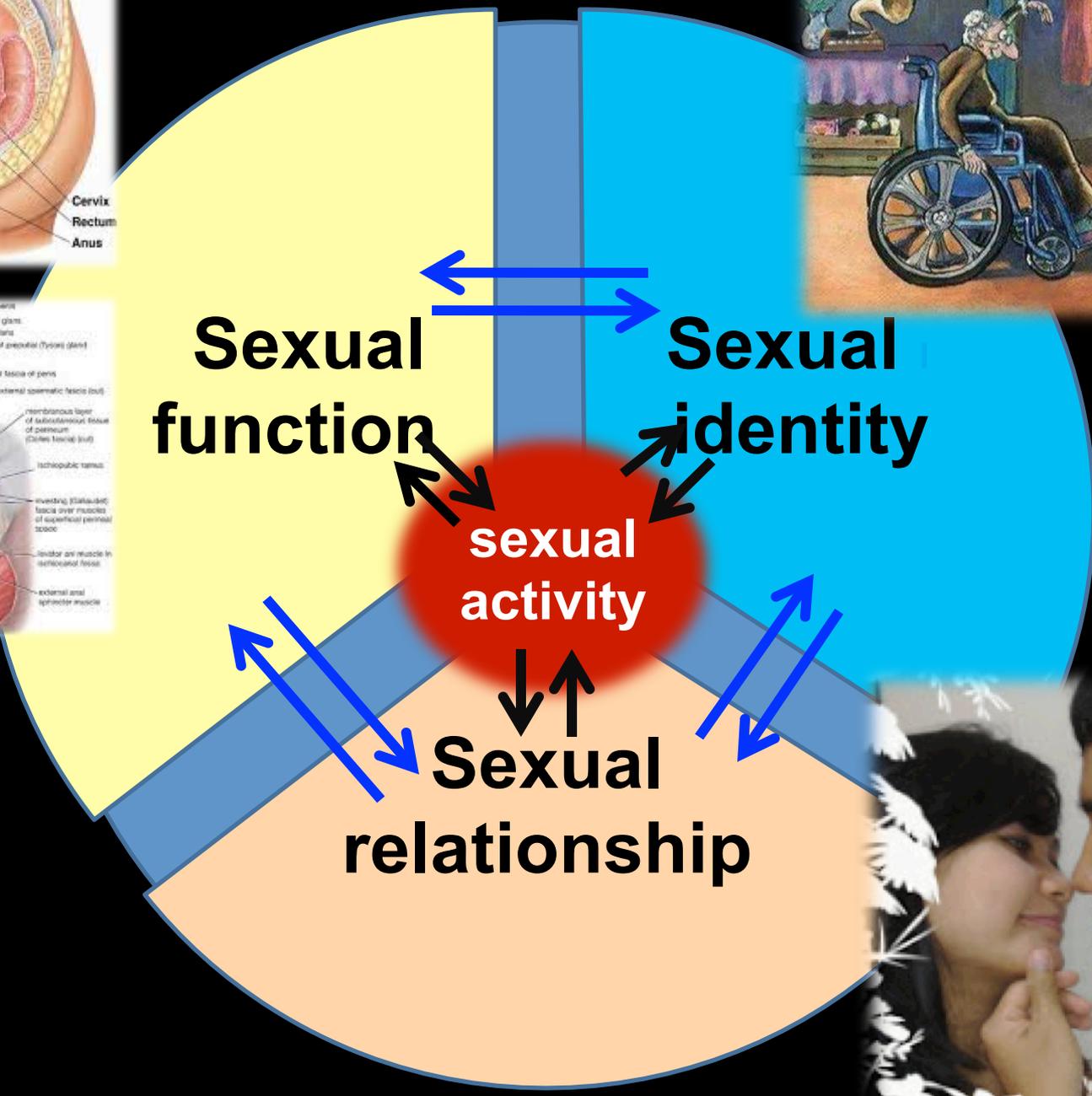


**Sexual
function**

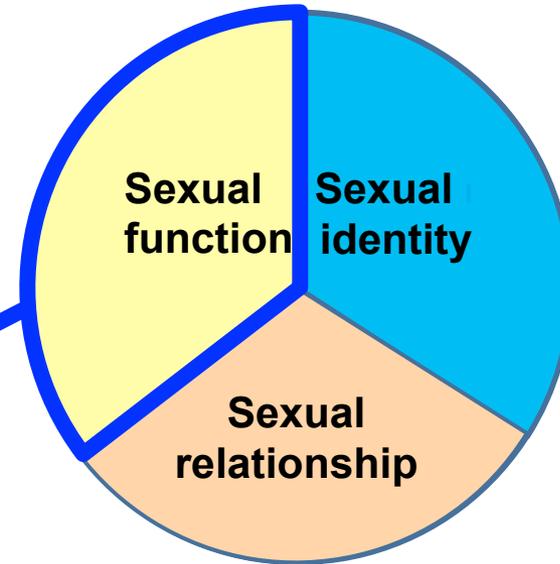
**Sexual
identity**

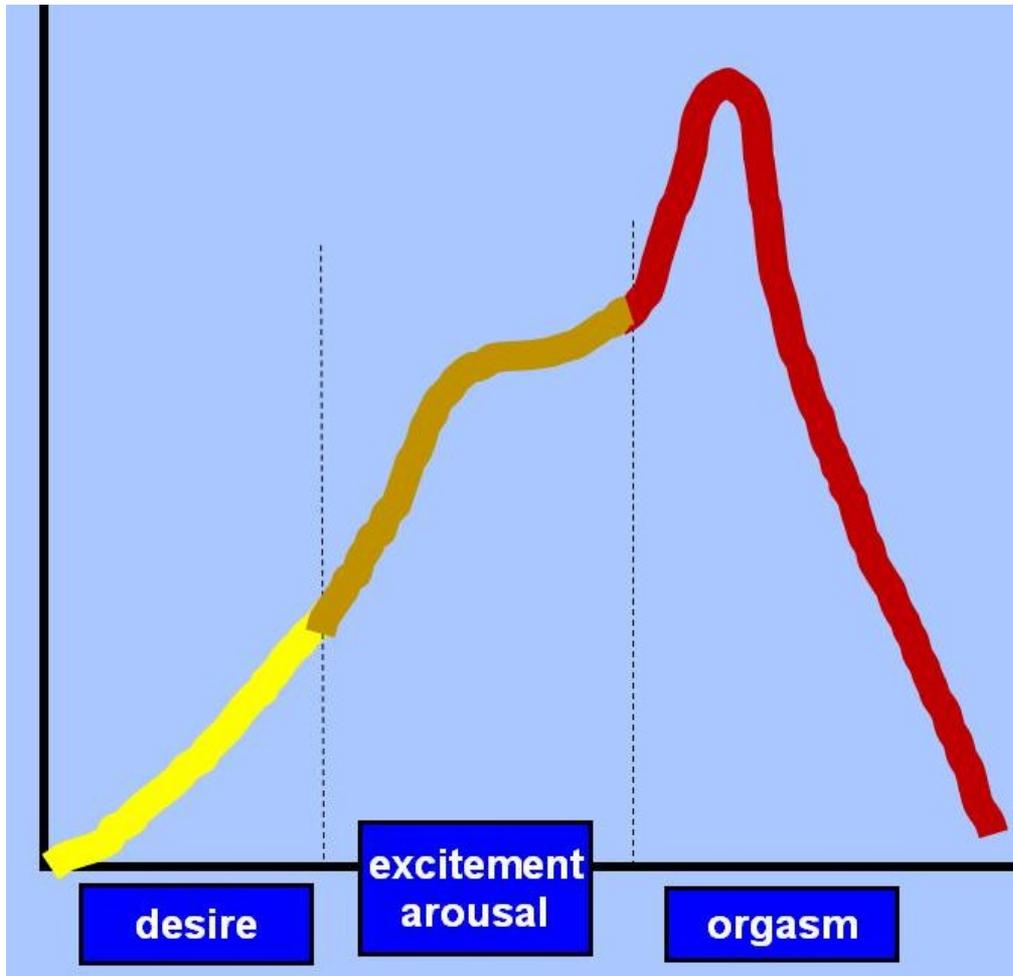
**sexual
activity**

**Sexual
relationship**



2. Sexuality : how it works

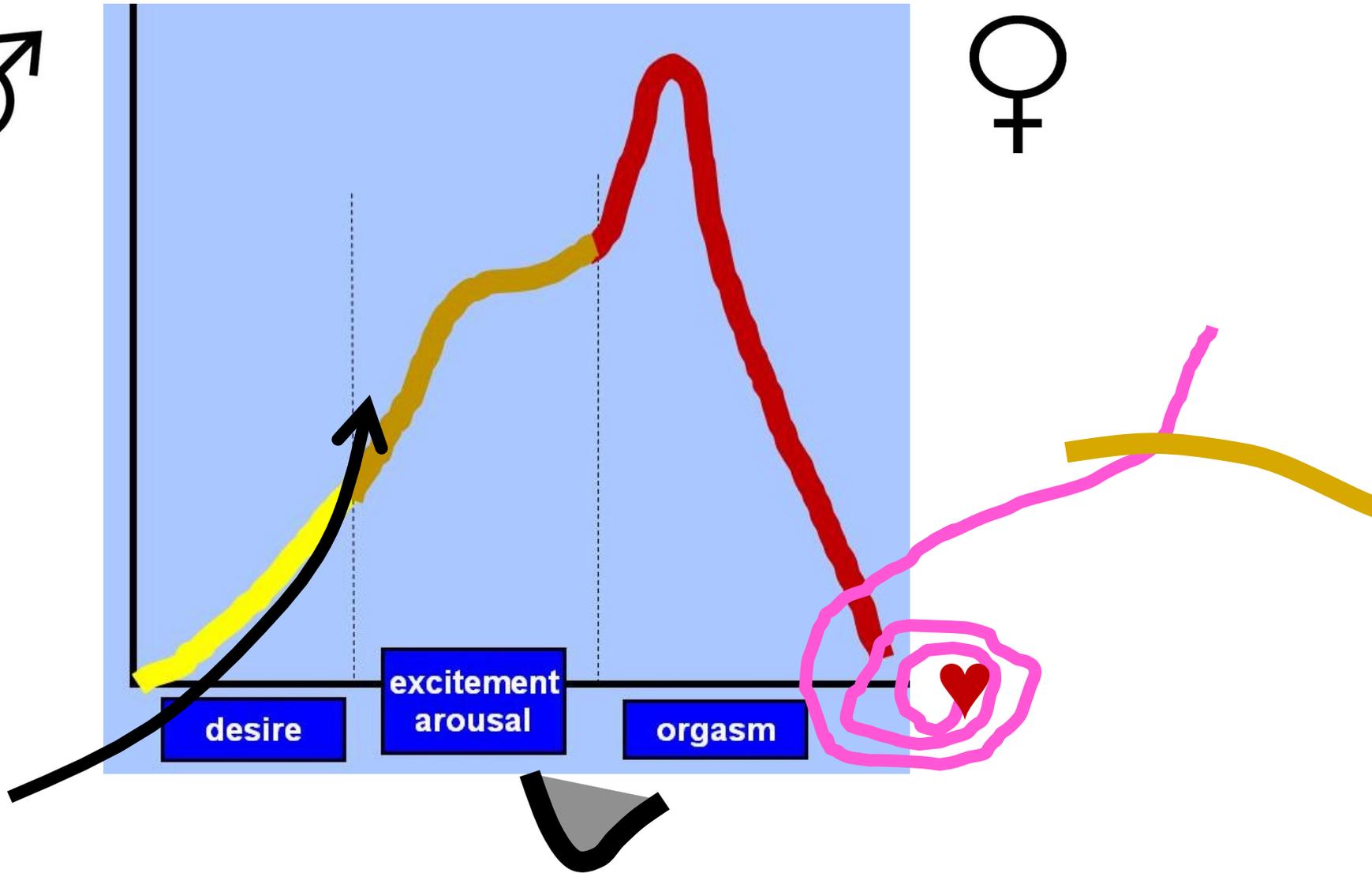




**We distinguish
three stages**

- 1. Desire**
- 2. Excitement**
- 3. Orgasm**

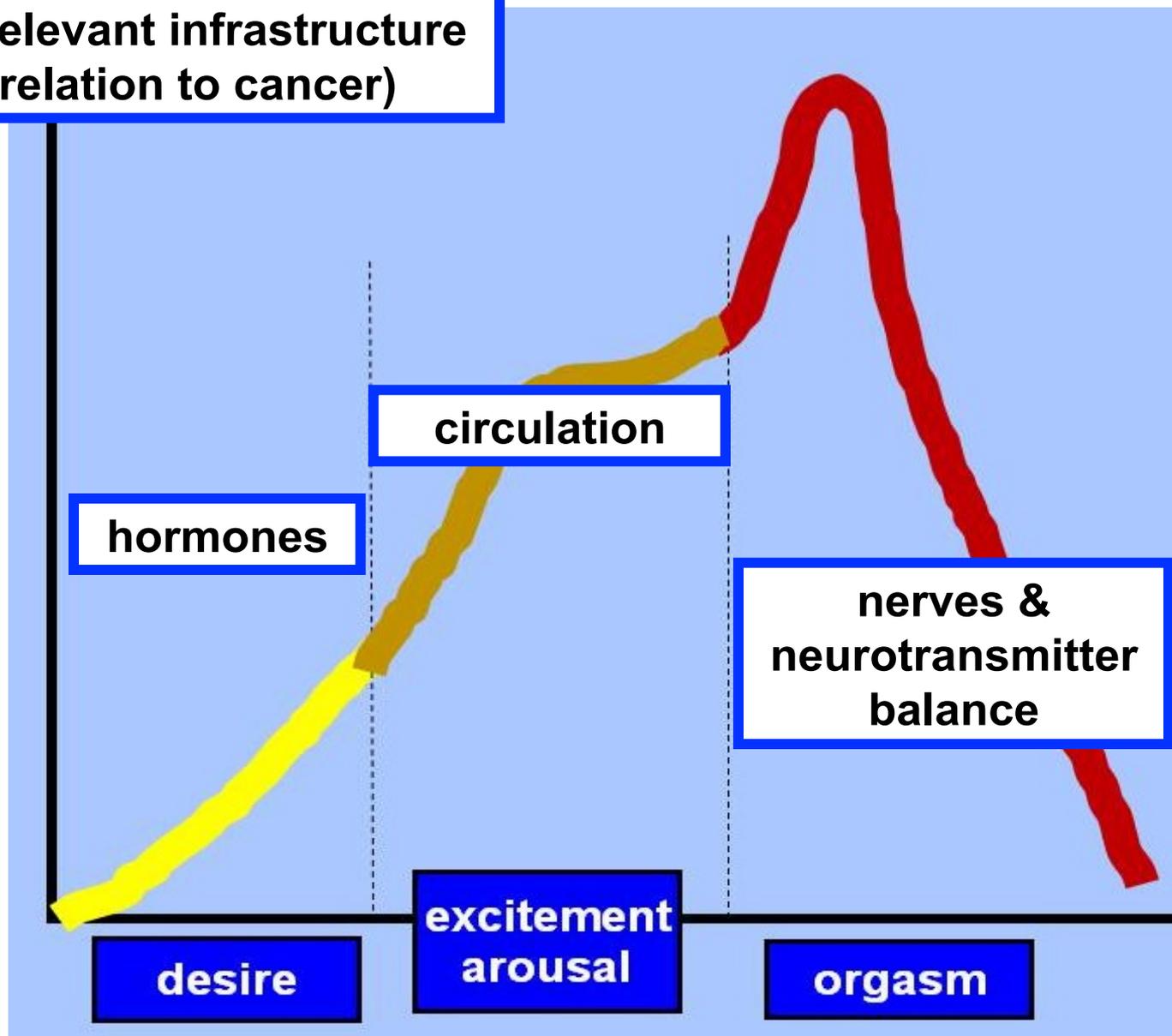
Comparative physiology: sequence



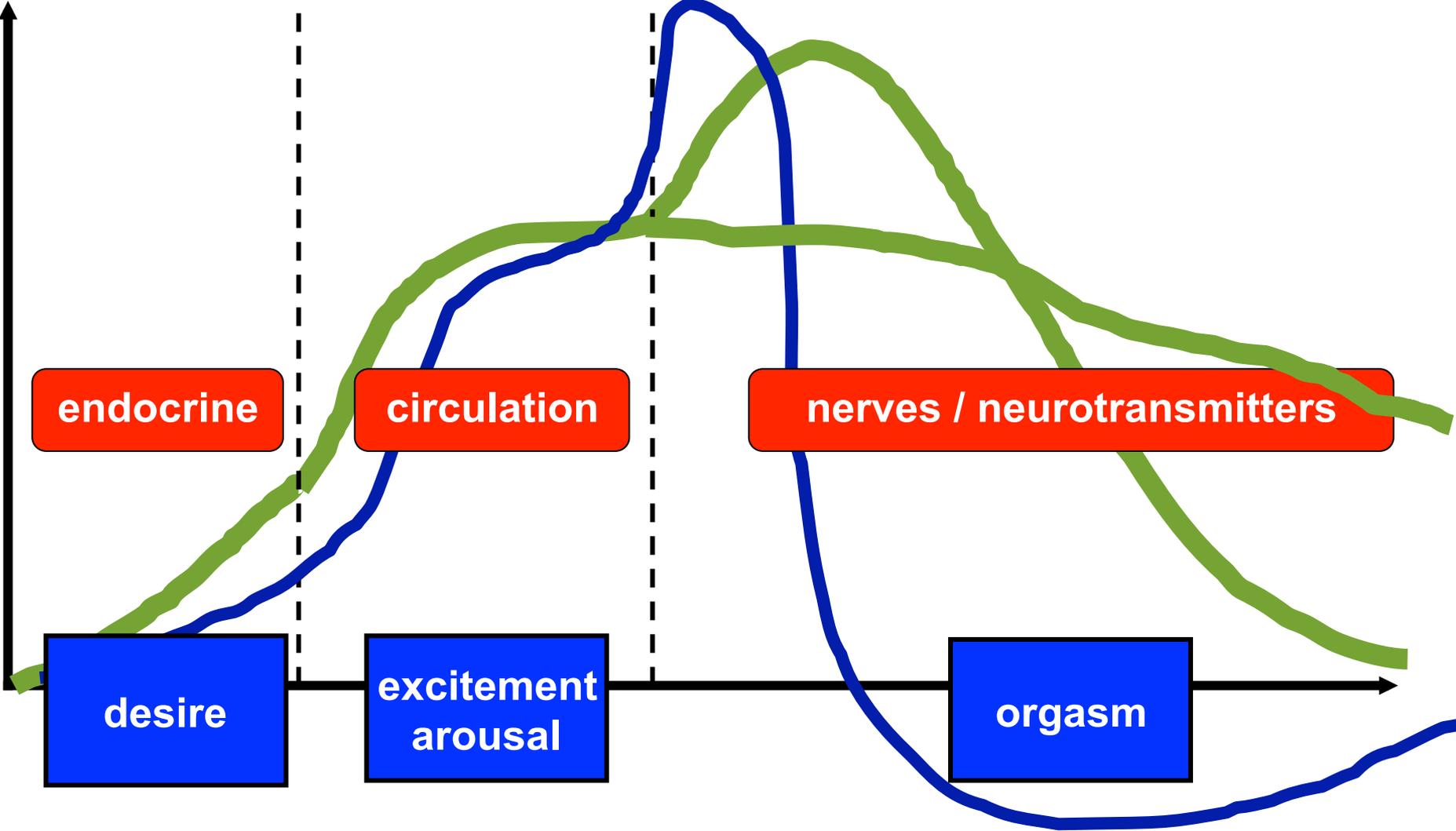
± linear process

physical excitement before desire

**Most relevant infrastructure
(in relation to cancer)**



Simplified basics of sexual function & its disturbances in cancer (treatment)



Disturbed sexuality / intimacy

Lost sexual desire
Erectile disturbance
Orgasm disturbance
Sexual pain

**Sexual
function**

Lost female identity
after mastectomy

**Sexual
identity**

**sexual
activity**

**The sex
play itself**

• Lost nipples
• Lost saliva (kissing)
• Smell & noise in lung cancer

**Sexual
relationship**

Disturbed contact /
intimacy after ADT
for prostate cancer

A black and white illustration of a man and a woman embracing in a park. The man is on the right, wearing a dark jacket and trousers, with his arms around the woman. The woman is on the left, wearing a long, dark coat and high heels. They are standing on a path with trees in the background. In the foreground, there is a tombstone with the following text:

Here lies
our faithful
Sexlife
10 Jan 1978
21 March 2006

Why pay attention to sexuality in patients with cancer?

1. For many people (but not for all) sexuality is a very relevant aspect in their quality of life.
This goes for the patient but also for the partner!
2. Many sexual disturbances are the result of our medical interventions
→ **we are responsible** for dealing with the side effects we cause!
3. Research in the terminal stage showed that patients & partners were very satisfied when questioned about sexuality / intimacy.
4. Addressing the topic of sexuality and intimacy,
improves the relation with the patient
→ this will improve also the adherence

3. De Vocht H, Thesis 2011

No approach in cancer care deserves the term holistic as long as sexuality and intimacy have not been addressed !



International Society for
Sexuality and Cancer

woet @ gianotten.com