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TITLE

HOW TO TREAT SEXUAL DYSFUNCTION IN GYNECOLOGIC CANCER PATIENTS?

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ABSTRACT

How to treat sexual dysfunction in gynecologic cancer patients?

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ABSTRACT

Sexual dysfunction in gynecologic cancer patients are poorly assessed and undertreated. New evidences show a central role of ospemifene that needs to be properly integrated with the other treatment strategies.

Methods

A comprehensive literature search of English language studies on treatment of sexual dysfunction in gynecologic cancer patients was conducted in MEDLINE and other databases.

Results

Giving information about sexual consequences of surgery is not only due and legally necessary: it improves the way patients see themselves and lastly it improves their quality of life. Lubricants, moisturizers, and dilators are effective, simple, non-hormonal interventions that can alleviate, but not resolve, vaginal atrophy, stenosis, and pain. Laser and pelvic floor physical therapy can be an additional tool to address dyspareunia together with pharmacological strategies. Local estrogens are effective but contraindicated in estrogen sensitive cancers. Current literature and practice show the emerging central role of ospemifene as an effective and safe way to treat vaginal atrophy in cancer patients, as it does not stimulate breast tissue, it has a minimal or absent endometrial stimulation and thrombo-embolic effects.

Conclusion

Oncology providers can make a significant impact on the QoL of gynecologic cancer survivors by asking about and effectively treating sexual dysfunctions. Evidence and practice based strategies will be shown in order to help treating sexual dysfunctions in cancer patients. Ospemifene has a central role as it is safe and effective. An integrated approach is needed to address more complex sexual dysfunctions.

INSTITUTE

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