Therapeutic Sexual Aids Frequently Not Available for Cancer Survivors Who Need Them

For immediate release
February 12, 2018

Contact
Alise Fisher
571-483-1354
alise.fisher@asco.org

Expert Perspective

“All too often, medical professionals don’t take into account the sexual health of cancer survivors. This study illuminates how far we still have to go in this area. We have to be more diligent as physicians in helping our patients find the best tools and resources to be sexually healthy,” said ASCO Expert Timothy Gilligan, MD, MSc, FASCO, moderator of today’s presscast.

ALEXANDRIA, Va. – Cancer care guidelines recommend that cancer survivors who experience sexual dysfunction after cancer treatment use therapeutic aids to help improve their sexual health. However, a new study of 25 leading cancer centers found that 87% of the centers reported having no sexual aids available on site for men, and 72% reported having no aids for women. These findings will be presented at the upcoming 2018 Cancer Survivorship Symposium in Orlando, Florida.

“There are many types of cancer treatments that can affect sexual health, for example, surgery or radiation to the pelvic region, which occur frequently with gynecologic or genitourinary cancers, or chemotherapy that causes sudden, premature menopause,” said lead study author Sharon Bober, PhD, a psychologist at the Dana-Farber Cancer Institute in Boston, Massachusetts. “Guidelines advocate for doctors to inquire about sexual function, but unfortunately, that seldom happens.” Studies suggest that sexual dysfunction is one of the most common and distressing consequences of treatment, affecting between 50-90% of adult survivors, depending on type of treatment.

About the Study

The study authors contacted staff at 25 National Cancer Institute- (NCI-) designated cancer centers to see if they had sexual aids available in their facilities. Such aids are typically sold in specialty boutiques that offer other post-cancer treatment products such as wigs or prosthetics.
Staff at the boutiques were queried by phone to see if they had sexual aids available for men, and in a separate call, for women. If the centers did not have sexual aids available, there was a follow-up call to see if they had recommendations for how survivors could access those resources.

**Key Findings**

Of the 25 centers contacted, 23 responded about aids for men, and 22 responded about aids for women. Eighty-seven percent of the centers said they had no sexual aids available for men and 72% said they had no aids for women. If a center had no aids, their recommendations were usually for people to do an internet search or visit a local pharmacy to obtain the aids.

Of the few centers with aids, vacuum penile pump devices for men, and lubricants and vaginal dilators for women, were the most common aids on hand. Only one center had numerous devices for both men and women.

“By and large, medical professionals do not regularly talk about sexual health, and we know that distressing problems are not consistently addressed,” said Dr. Bober. “We need to normalize these conversations, and providing sexual aids is one step toward treating sexual health like any other aspect of survivorship care. It should be no different than providing wigs and head coverings to women who have lost their hair due to chemotherapy. It’s important to give patients the message that regaining sexual health is a perfectly valid and life-affirming aspect of regaining overall quality of life.”

**Next Steps**

The authors hope to query the other 44 NCI-designated cancer centers to see what products they are selling and perhaps conduct patient surveys to find out what types of resources are most useful for survivors.

“What we really need to do is go to the centers that are successfully providing sexual health products and find out how they promote and provide resources to their patients. We can’t keep the conversation at the 10,000-foot level – we need to talk concretely about how to partner with providers to make sexual health resources, including sexual health aids, available so cancer survivors can get the help that they need,” concluded Bober.

This study was funded by the Dana-Farber Cancer Institute.

**View the full abstract.**

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2018 Cancer Survivorship Symposium News Planning Team:
Lewis E. Foxhall, MD, FAAP, American Academy of Family Physicians (AAFP); Carol A Rosenberg, MD, FACP, American College of Physicians (ACP); and Timothy D. Gilligan, MD, MSc, FASCO, American Society of Clinical Oncology (ASCO).

Click here to view the disclosures for the News Planning Team.

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