S.S. FORMAZIONE E RAPPORTI CON L'UNIVERSITA'

Evento Formativo Residenziale

I DISTURBI DELLA SFERA SESSUALE

NEI PAZIENTI ONCOLOGICI

13 novembre 2023

Gestione dispareunia e disturbi vaginali

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SINDROME GENITOURINARIA DELLA MENOPAUSA (GSM)

CLIMACTERIC 2014;17:557–563

Genitourinary syndrome of menopause: new terminology for vulvovaginal atrophy from the International Society for the Study of Women's Sexual Health and The North American Menopause Society

D. J. Portman and M. L. S. Gass on behalf of the Vulvovaginal Atrophy Terminology Consensus Conference Panel

Vulvovaginal Atrophy Terminology Consensus Conference Panel: David Portman, MD (Co-Chair); Margery Gass, MD, NCMP (Co-Chair); Sheryl Kingsberg, PhD (Conference Moderator); David Archer, MD, NCMP; Gloria Bachmann, MD; Lara Burrows, MD, MSc; Murray Freedman, MS, MD; Andrew Goldstein, MD; Irwin Goldstein, MD; Debra Heller, MD; Cheryl Iglesia, MD; Risa Kagan, MD, NCMP; Susan Kellogg Spadt, PhD, CRNP; Michael Krychman, MD; Lila Nachtigall, MD, NCMP; Rossella Nappi, MD, PhD; JoAnn Pinkerton, MD, NCMP; Jan Shifren, MD, NCMP; James Simon, MD, NCMP; Cynthia Stuenkel, MD, NCMP

Table 2
Genitourinary syndrome of menopause (GSM): symptoms and signs.

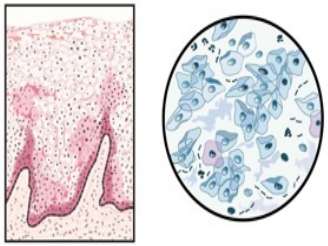
Symptoms	Signs
Genital dryness	Decreased moisture
Decreased lubrication with sexual activity	Decreased elasticity
Discomfort or pain with sexual activity	Labia minora resorption
Post-coital bleeding	Pallor/Erythema
Decreased arousal, orgasm, desire	Loss of vaginal rugae
Irritation/burning/itching of vulvar or vagina	Tissue fragility/fissures/petechiae
Dysuria	Urethral eversion or prolapse
Urinary frequency/urgency	Loss of hymenal remnants
	Prominence of urethral meatus
	Introital retraction
	Recurrent urinary tract infections

Supportive findings: pH > 5, increased parabasal cells on maturation index, and decreased superficial cells on wet mount or maturation index.

- **Sfera sessuale**
- **Sfera genitale**
- **Sfera urinaria**

Eziopatogenesi

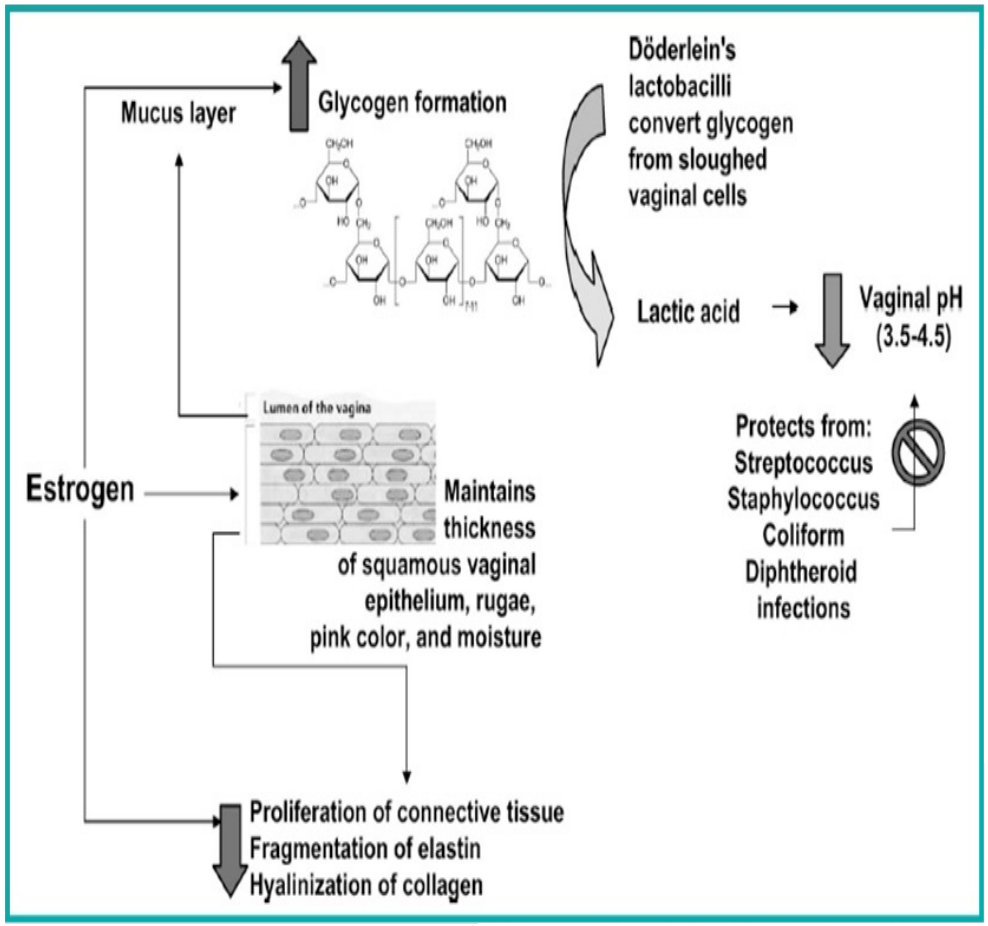
Epitelio vaginale
sano pre-menopausale



Sezione normale in donna adulta con ciclo mestruale

Striscio di fase secretiva tardiva
Predominanza di cellule superficiali

- Epitelio squamoso stratificato[1]
- Superficie spessa con rughe [1-3]
- Presenza di muco[1]
- pH ≤4.5[1]
- Cellule superficiali >15%[1]

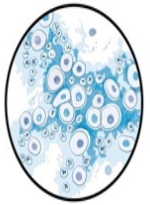


Efficacy and tolerability of local estrogen therapy for urogenital atrophy

David F. Archer, MD

Epitelio vaginale in seguito alla riduzione dei livelli di estrogeni

Sezione post-menopausale



Striscio
Predominanza di cellule parabasali

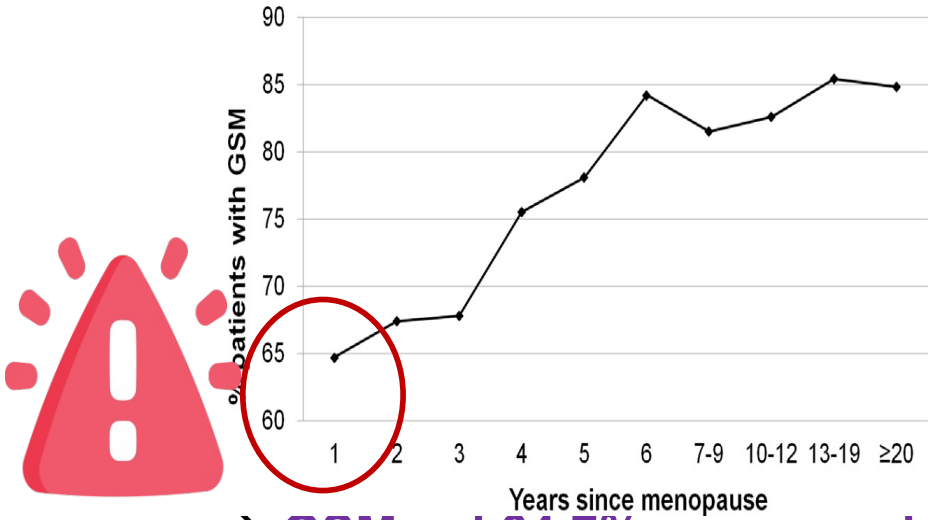
- Appiattimento delle rughe[1-3]
- Epitelio più sottile[1-3] Elasticità ridotta[1-3]
- Aumento del tessuto connettivo rispetto all'epitelio[1,3]
- Aumento del pH, riduzione dei meccanismi di difesa dell'ospite e aumento del rischio di infezione[1]
- Diminuzione del flusso sanguigno e della lubrificazione vaginale[1-3]
- pH ≥4.61
- Cellule superficiali <5%[1]

Epidemiologia

Sintomi associati a GSM: 27 - 84% delle donne in post-menopausa.

Studio su oltre 900 donne

→ GSM nell'84% delle donne 6 anni dopo la menopausa



→ **GSM nel 64,7%, un anno dopo la menopausa**

Fig. 2. Prevalence of genitourinary menopausal syndrome (GSM) stratified by years since menopause.

Palma F, et a. Writing group of AGATA study. Maturitas 2016

Current Oncology Curr. Oncol. 2023, 30, 1461–1472. MDPI

Article

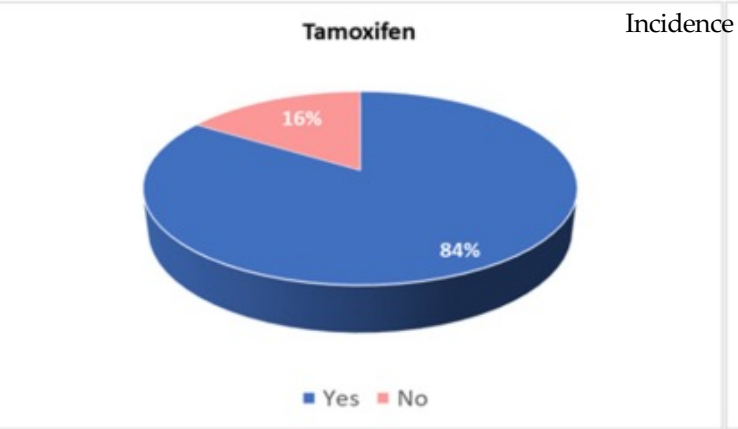
Adherence to Adjuvant Endocrine Therapy in Breast Cancer Patients

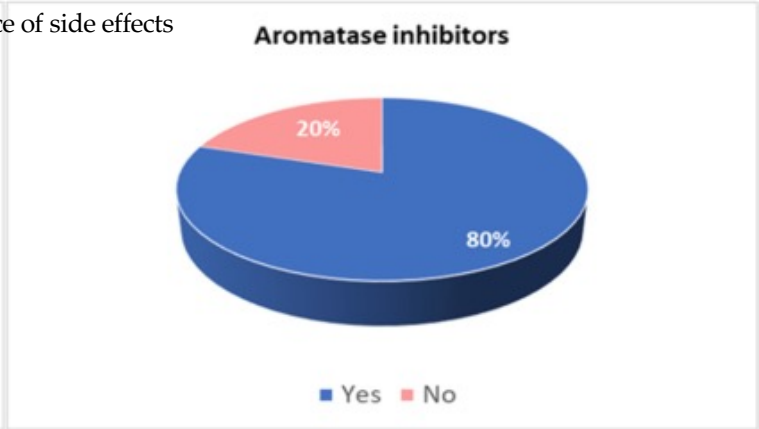
Roberta Rosso, Marta D'Alonzo, Valentina Elisabetta Bounous *, Silvia Actis, Isabella Cipullo, Elena Salerno and Nicoletta Biglia

Objective: analyze AET side effects and their impact on adherence to treatment

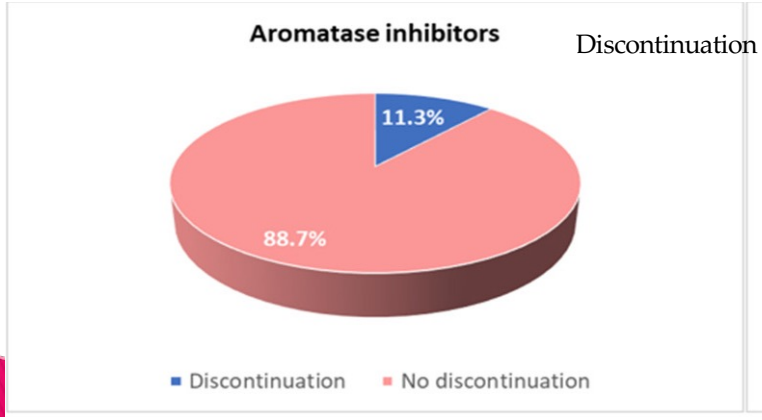
Methods: 373 breast cancer patients treated with AET (tamoxifen, aromatase inhibitors, GnRH agonists). A specific questionnaire was administered to them during their follow up visits

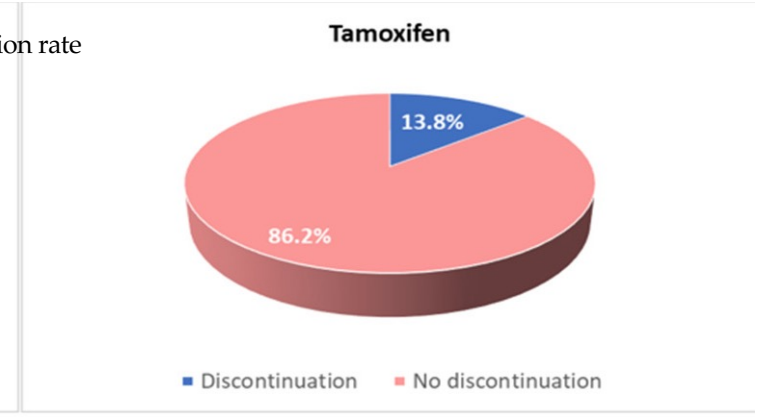
Incidence of side effects





Discontinuation rate





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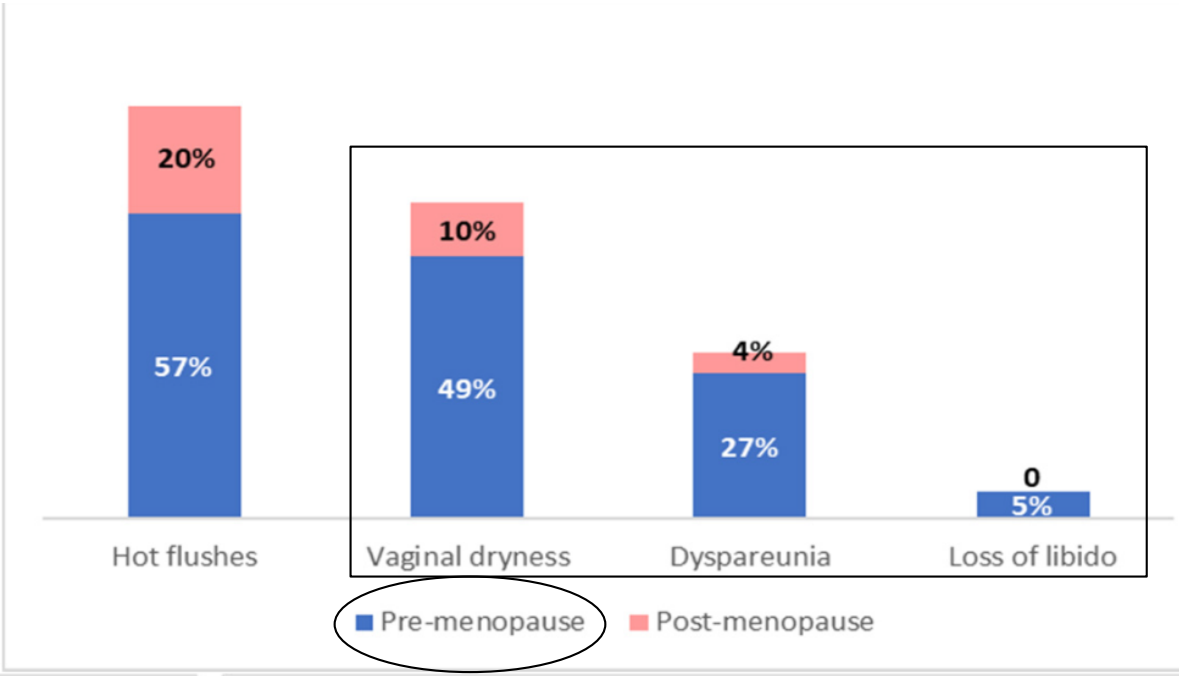
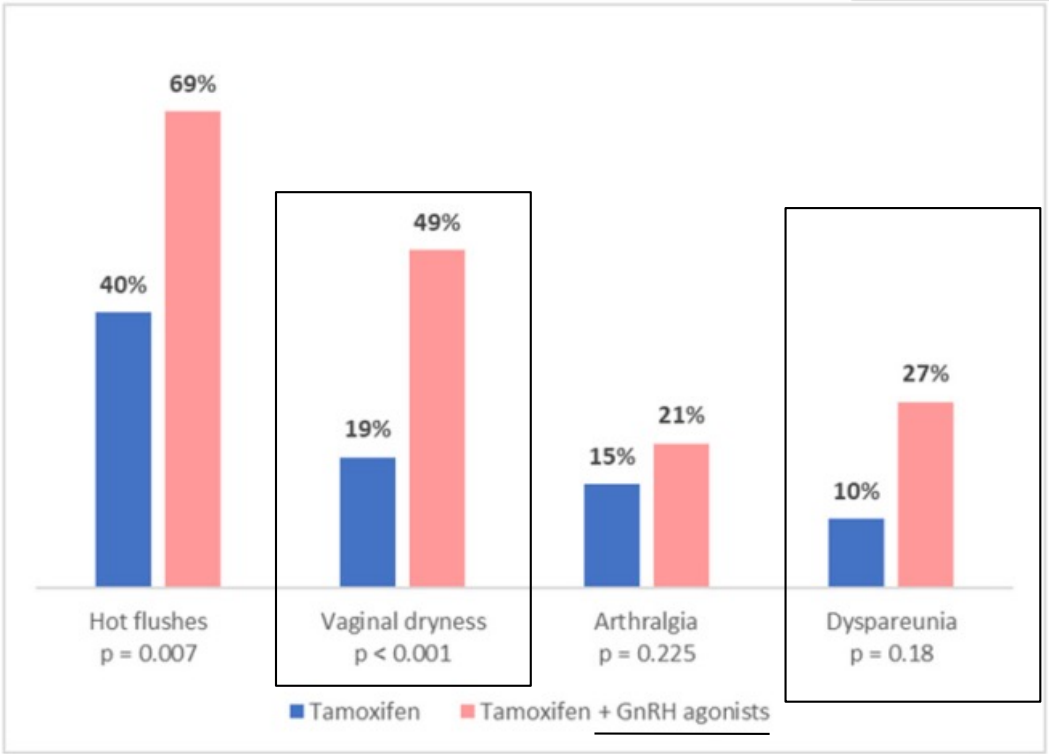
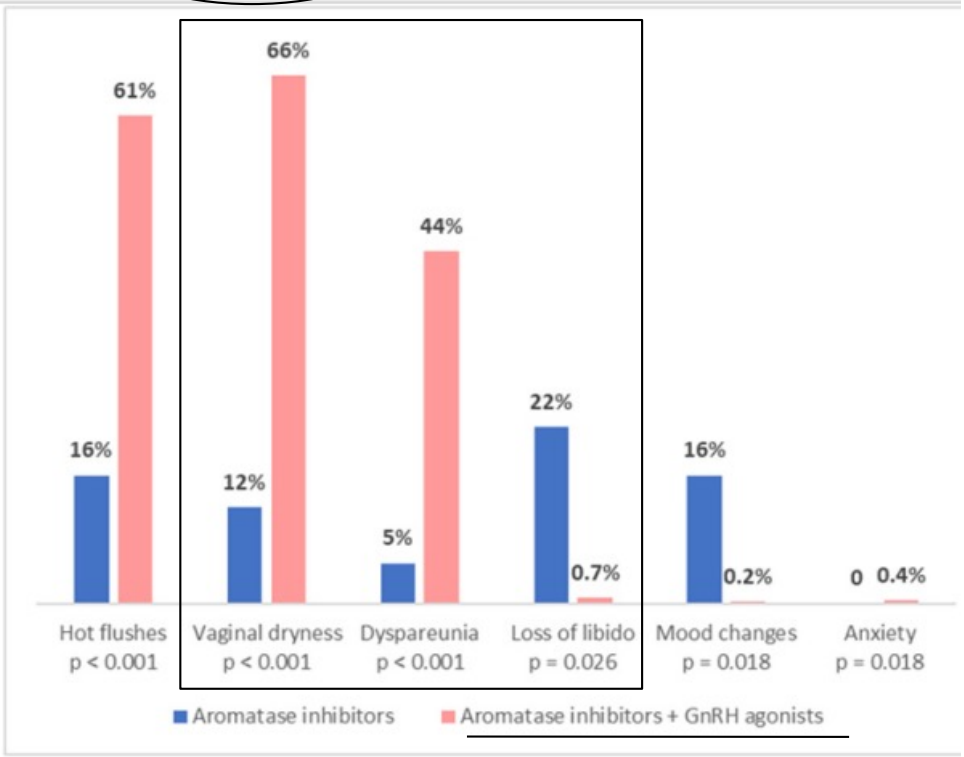
Adjuvant endocrine therapy side effects incidence in relation to menopausal status





(A)



(B)

Incidence of side effects in: (**A**) patients taking tamoxifen vs. patients taking tamoxifen + GnRH agonists; (**B**) patients taking aromatase inhibitors alone vs. patients taking aromatase inhibitors + GnRH agonists

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The latest version is at http://jco.ascopubs.org/cgi/doi/10.1200/JCO.2015.64.3809

JOURNAL OF CLINICAL ONCOLOGY | ASCO SPECIAL ARTICLE

American Cancer Society/American Society of Clinical Oncology Breast Cancer Survivorship Care Guideline

Carolyn D. Runowicz, Corinne R. Leach, N. Lynn Henry, Karen S. Henry, Heather T. Mackey, Rebecca L. Cowens-Alvarado, Rachel S. Cannady, Mandi L. Pratt-Chapman, Stephen B. Edge, Linda A. Jacobs, Arti Hurria, Lawrence B. Marks, Samuel J. LaMonte, Ellen Warner, Gary H. Lyman, and Patricia A. Ganz

Summary of Long-Term and Late Effects by Treatment Type

Treatment Type	Long-Term Effects	Late Effects
Hormonal therapy		
Tamoxifen	• Hot flushes • Changes in menstruation • Mood changes • Increased triglycerides	• Increased risk of stroke • Increased risk of endometrial cancer • Increased risk of blood clots • Osteopenia in premenopausal women
Aromatase inhibitors	• Vaginal dryness • Decreased libido • Musculoskeletal symptoms/pain • Cholesterol elevation	• Increased risk of osteoporosis • Increased risk of fractures
General psychosocial long-term and late effects	• Depression • Distress—multifactorial unpleasant experience of psychological, social, and/or spiritual nature • Worry, anxiety • Fear of recurrence • Fear of pain • End-of-life concerns: Death and dying • Loss of sexual function and/or desire • Challenges with body image • Challenges with self-image • Relationship and other social role difficulties • Return-to-work concerns and financial challenges	

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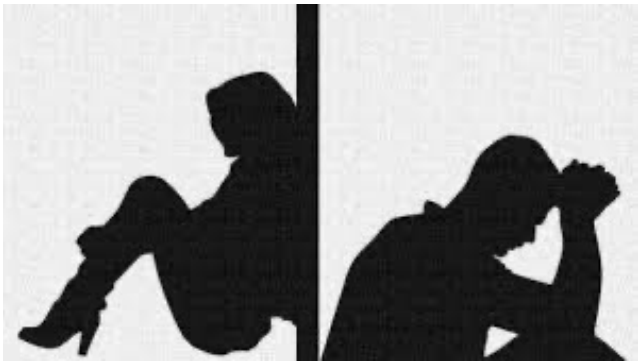
Sexual health

Sexual complaints are a common problem among BCS

They include:

- sexual **desire** disorder/decreased libido (23-64% of patients)
- arousal or **lubrication** concerns (20-48% of patients)
- **orgasmic** concerns (16-36% of patients)
- **dyspareunia** (35-38% of patients)



Am J Obstet Gynecol. 2015 August ; 213(2): 166–174. doi:10.1016/j.ajog.2015.03.039.

A manifesto on the preservation of sexual function in women and girls with cancer

Stacy Tessler Lindau, MD, MAPP, **Emily M. Abramsohn, MPH**, and **Amber C. Matthews, BA**
Departments of Obstetrics and Gynecology (Dr Lindau, Ms Abramsohn, and Ms Matthews) and Medicine-Geriatrics (Dr Lindau), University of Chicago, Chicago, IL.

Most women and girls with cancer have a cancer that directly affects the sexual organs

Cancer and cancer treatment can impair female sexuality

Women and girls with cancer value their sexuality

Patients want to preserve their sexuality but rarely ask for help

Loss of sexual function has negative health consequences for women and girls with cancer and their partners

Better evidence is needed to optimize sexual outcomes in women and girls with cancer

Research is needed to establish effectiveness of treatments for female sexual problems in the context of cancer

Sexuality is an essential component of female health

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What can the practicing obstetrician-gynecologist do to elevate the quality of care and preserve sexual outcomes for women and girls with cancer?

Routinely elicit patient sexual function

Provide anticipatory guidance

Normalize the patient's concerns and arrange a time to focus specifically on them

Provide resources

Develop expertise to fill this need for care in your community

Call to action

Trattamento della GSM

1° linea

Idratanti non ormonali, gel lubrificanti, acido ialuronico

Estrogeni vaginali o DHEA vaginale

Terapia ormonale sostitutiva

Controindicata in BCS

Ospemifene

Laser vaginale

Although not supported by clinical trials, regular, gentle vaginal stretching exercises (eg, pain-free insertion of a finger or dilator) or sexual activity may reduce GSM symptoms

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DOI: 10.1097/GME.0000000000001609

NAMS Position Statement

The 2020 genitourinary syndrome of menopause position statement of The North American Menopause Society

Genitourinary Syndrome of Menopause in Breast Cancer Survivors: Are We Facing New and Safe Hopes?

Nicoletta Biglia,[1] Valentina E. Bounous,[1] Luca G. Sgro,[1] Marta D'Alonzo,[1] Silvia Pecchio,[1] Rossella E. Nappi[2]

Clinical Breast Cancer, Vol. 15, No. 6, 413-20 © 2015

Table 2 Different Options for Genitourinary Syndrome of Menopause Treatment in BCSs

Pharmacological Intervention

1st line

- Nonhormonal vaginal moisturizers and lubricants (first-line therapy; transient benefit, low compliance)
- Low-dose vaginal estrogens (LETs) (for BCSs who do not respond to nonhormonal intervention, after discussion of risk and benefits; caution in women receiving AIs. Great efficacy, even at ultra-low doses)
- Oral ospemifene (no clinical trials available in BCSs; in healthy women the efficacy is comparable with LETs, no endometrial or breast stimulation after 12 months of therapy)
- Androgen therapy (experimental; concerns regarding possible aromatization of androgens to estrogen in BCSs)

Nonpharmacological Interventions

- Vaginal laser (no clinical trials available in BCSs; short follow-up for evaluating its efficacy in healthy women)
- Couple counseling
- Management of psychosocial distress
- Regular sexual activity
- Need for larger clinical trials:
  - Vaginal dilators of graduated size
  - Pelvic floor physical therapy
  - Topical liquid lidocaine

Lubrificanti vaginali

TABLE 1. *Examples of nonhormone therapeutic options for dyspareunia secondary to GSM*

Lubricants	Moisturizers
Water based	Replens
Astroglide Liquid	Me Again
Astroglide Gel Liquid	Feminease
Astroglide	K-Y SILK-E
Good Clean Love	Luvena
Just Like Me	Revaree
K-Y Jelly	Silken Secret
Pre-Seed	Hyalo-gyn
Slippery Stuff	
Liquid Silk	
YES WB	
SYLK	
Sliquid	
Silicone based	
Astroglide X	
ID Millennium	
K-Y Intrigue	
Pink	
Pjur Eros	
Uberlube	
Sliquid	
Oil based	
Elegance Women's Lubricants	
Olive oil	
YES OB	

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Lubrificanti vaginali:

- Utilizzati da entrambi i partner **al bisogno**
- Sollievo rapido ma di scarsa durata

L'OMS raccomanda

un'osmolarità

inferiore a 1.200 mOsm/kg.

Idratanti vaginali

- Prodotti bioadesivi **utilizzati regolarmente** (2-3 volte/settimana)
- Obiettivo: ridurre i sintomi della GSM e facilitare l'attività sessuale

Acido ialuronico: polimero che si trova nella cartilagine e in altri tessuti molli dell'organismo

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Sliquid	
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Elégance Women's Lubricants	
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Estrogeni vaginali

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Estrogen delivered vaginally provides sufficient estrogen to relieve genitourinary symptoms with minimal absorption and **is preferred over systemic therapy when only genitourinary symptoms are present**

Use of a progestogen is not recommended with low-dose vaginal ET