

## **Sexuality and Lung Cancer**

[Lorren] Thank you so much for joining us for the Caring Ambassadors Program video series, Learn from the Experts. Our main goal is to empower and educate patients and communities to be advocates for their health and to improve their lives.

Today's video is dedicated to living with lung cancer and it highlights one chapter from our book, Lung Cancer Choices. The video series is broken down into short segments, so it's easy to watch and navigate. You can watch the videos in any order, so feel free to choose what interests you the most.

I'm Lorren Sandt, the Executive Director at the Caring Ambassadors Program, and I'm joined today by Cindy Langhorne-Hatfield, our Lung Cancer Program Director, and a panel of people living with lung cancer and caregiver(s). We're very excited to welcome Dr. Loise Wairiri, as our featured author in this video. Loise will be discussing her chapter, Sexuality and Lung Cancer.

Dr. Wairiri grew up in Kiambu, Kenya. She earned her medical degree from the University of Nairobi, College of Health Sciences, and thereafter worked in rural health where she developed interests in breast and cervical cancer in resource limited populations. Her clinical interests include medical education, promoting health/cancer literacy in communities, and health equity in cancer care. Loise is currently a resident at the University of Washington, Department of Radiation Oncology, in Seattle, WA.

Sexuality-related concerns such as sexual health, intimacy, reproductive health, and gender are prevalent among cancer patients from diagnosis, during treatment, and it can even extend years after primary management. In this video,

we will discuss sexuality concerns, mechanisms, how they relate to cancer, and interventions.

We hope that this video will provide helpful insights and information for patients and caregivers dealing with lung cancer. If you're interested in learning more about the Caring Ambassadors Program and our mission to help patients with lung cancer, please watch the video series.

And, please share this information with anyone who might find it useful. Together, we can make a difference in the lives of those affected by lung cancer.

[Loise] Thanks Lorren, today I'm going to be talking about lung cancer and sexuality.

The definition and the components of sexuality are sexual health, intimacy, gender and reproductive health. The WHO (World Health Organization) defines sexual health as the state of physical, mental, emotional, and social well-being in relation to sexuality. And infertility as the failure to achieve pregnancy 12 months or more of regular un-protective sexual intercourse.

So how does lung cancer impact sexual health? Cancer and cancer related treatments can cause physical, psychosocial, and external factors which can impact the patient sexual health. Some of the direct impacts from lung cancer and anti-cancer treatments are from surgery, radiation, cancer medication, such as chemotherapy, and immunotherapy; and some of the indirect factors of factors that do not necessarily stem from the treatment itself or the cancer itself.

So briefly looking at the direct factors during the cancer diagnosis and also the cancer treatment, often patients experience fatigue, cancer pain, and decreased libido stemming from all this. In addition, patients may have psychological factors arising from both the cancer and cancer treatments such as depression, anxiety, and mental distress; all that affects sexual health.

In addition to the direct factors, we have indirect factors which include stressors; external stresses such as work and financial stressors. Our patients are often not able to eat adequately as talked about by our previous presenters in the nutrition; and this may result from loss of appetite and also side effects from cancer treatment, such as vomiting and diarrhea, all which may indirectly impact patient sexual health.

So how can we address these factors so that the patients may have adequate sexual health? We just want to bring into light that all these factors can be addressed and it's important for you to bring all this to this health provider so that necessary management is offered. We often say that the provider may not be able to help you unless you bring it up to them.

So how do we go about management of sexual health. Your health provider may provide appropriate referrals which may include sexual health specialists who may offer medications and counseling for sexual dysfunction. They may also include psychotherapy, and this will address psychosocial stresses such as depression and anxiety; all which contribute to sexual dysfunction. Other supportive management measures include nutritional support and social work support, who may provide assistance for the general well-being, as this can also address sexual dysfunction.

Most of our patients also often come up against infertility and reproductive health, and as we defined infertility is failure to conceive after one year of intercourse without contraception and may be permanent or transient. And similarly, lung cancer can impact infertility, and this varies from treatment to treatment, and patient to patient.

Some causes of the compromised fertility include directly from side effects of cancer treatment such as chemotherapy and radiation therapy, as well as psychological effects of the disease. And the treatment, indirect factors include unrelated causes despite the disease, and this can include older age and underlying medical conditions.

Depending on the patient, different methods to restore or preserve fertility exist and should be discussed by the primary cancer care team at diagnosis or before treatment starts, such as chemotherapy and radiation therapy. This is known as onco-fertility preservation and there's evidence-based guidelines on fertility preservation options for men and women and guidance of this options from oncologists and cancer care providers.

In summary, lung cancer diagnosis and treatments can contribute significantly and affect sexual health and fertility of our patients. However, evidence-based interventions exist, and this can help address and alleviate all these concerns.

I'll be addressing some of the frequently asked questions.

## Question number one:

Can I use medication for sexual dysfunction when undergoing active cancer treatment?

Appropriate medications may be initiated during and after your treatment, however, it's important that you bring up this discussion with your provider in regards to the timing, and also for necessary referrals and tests that may be needed.

Question number two: How do I begin the conversation with my partner?

Both cancer diagnosis and treatment is a source of distress for the patient and the partner and the rest of the family. There's no right or wrong timing and there's no right or wrong method of beginning a conversation. It may start in the clinic after your treatment, during your treatment or the conversation may begin at home. Just know that we have resources in the clinic that can support this conversation that is both important to you and your partner. There's also resources that may be available, it's important to ask your healthcare provider for social support and resources that may make this process much easier for both you and your partner.

Question number three: How do I begin the conversation with my provider?

Just as the conversation with a partner there's no wrong timing to bring up this conversation. We often provide baseline questionnaires on your first clinic visit with a provider, however, during the course of treatment and even after treatment providers can provide resources that address concerns relating to sexual health.

Question number four: Are the resources mentioned for sexual health management an additional cost to me?

Specialist's referrals and medications are covered by most insurance companies, as they are recognized evidence-based interventions. Please discuss with your provider how to best assist and discuss further regarding to this process.

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