

BMT Survivorship Symposium

Sexual Health after Chemotherapy & Transplant

Tosin Jaiyeoba Goje, MD, MSCR, FACOG

Assistant Professor of Surgery

Reproductive Infectious Diseases/Vulvar and vaginal disorders

OB/GYN and Women's Health Institute





BMT Survivorship Symposium

A celebration and
educational event for BMT
survivors and caregivers

*Supported by Victor Fazio, MD, BMT
Cancer Survivorship Clinic*



Genital GVHD is the most common cause of vulvo-vaginal symptoms post transplant, even in children



Sexual Health in BMT

- Significantly impacts the quality of life
- Interferes with sexual intimacy
- Early identification and treatment of vulvovaginal cGVHD ameliorates pain by healing eroded vulvar mucosa



Sexual Health in BMT



- Nobody talks about it
- Painful
- Discomfort
- Hypo-estrogenism
- Premature Ovarian Failure
- cGVHD



Chronic GVHD



- Chronic GVHD is the most common late complication of BMT
- Gynecologic manifestation are often undiagnosed and untreated

Genital cGVHD



- Sclerotic changes of vulva and vagina
- Introital stenosis
- Complete vaginal closure



Clinical Features

- Dryness
- Itching
- Burning
- Pain to touch
- Dyspareunia
- Dysuria



Management



- TALK ABOUT IT!
- R/O infections
- Topical estrogen /DHEA
- Immunosuppressive agents
 - Clobetasol 0.05%
 - Topical cyclosporine
 - Topical Tacrolimus

- Estrogen /DHEA
 - Daily for 2 wks,
then 2-3 x a week

- Clobetasol oint
 - 2x daily for 6 weeks
 - Daily for 6 weeks
 - 2-3 times weekly



Maintain vaginal capacity

- Prevent formation of adhesions and vaginal stenosis
- Vaginal self-examination 2 times a week
 - Self dilation
 - Intercourse



Moderate to Severe cGVHD

- Estrogen vaginal ring to mechanically dilate
 - Estring® every 3 months
- Coat dilator with immunosuppressive creams and topical estrogen/DHEA
- Surgical procedure *plus*
 - Topical immunosuppressant coated dilator
 - Sexual intercourse

Female genitalia pictures could be disturbing!!!!

Remember I am a gynecologist



Premature Ovarian Failure (PFO)

- Hormone replacement therapy in women with BMT <40 years regardless of symptoms
- Risk of breast cancer in patients initiating hormone replacement therapy before age 40 years is not increased compared to normal menstruating women
- POF can lead to
 - Osteoporosis
 - Cardiovascular disease
 - Cognitive Impairment



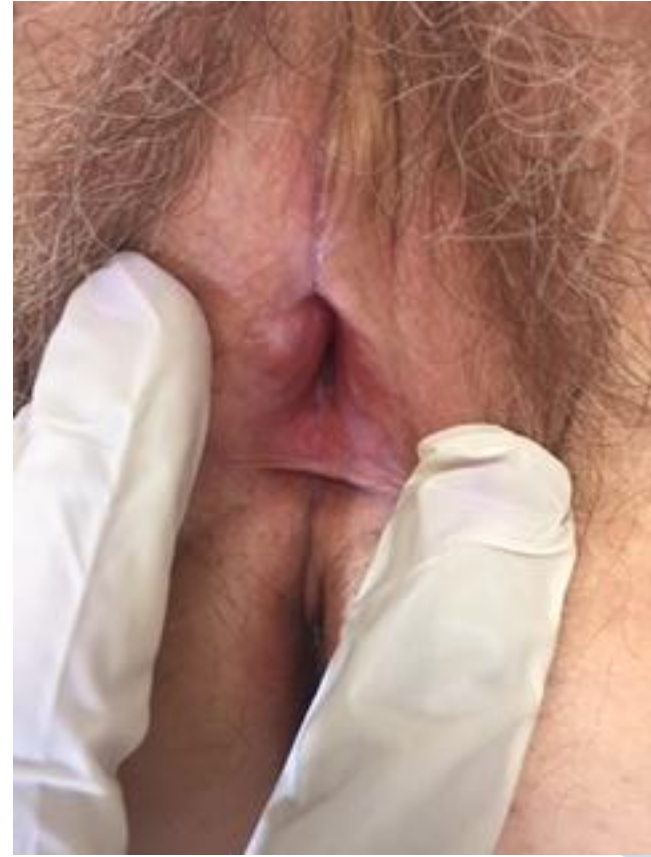
- Early recognition and treatment is important
- Gynecologic consultation should be requested for all patients, even when asymptomatic



Assess psychosocial stress

- Sex therapy
 - Sexual function
 - Libido/sex drive
- Intimacy
- Partner communication
- Behavioral strategies
 - Cognitive Behavioral Therapy

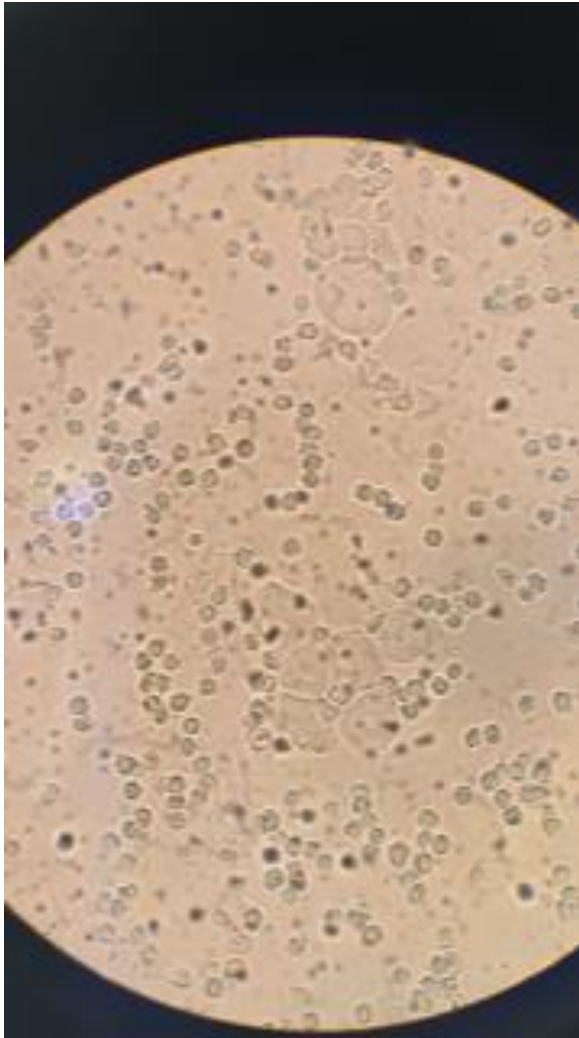








Hypo-estrogenism on microscopy





Every life deserves world class care.