

Addressing the Unspoken Question

Experiences of a Pilot Clinic for Cancer Survivors with Treatment-Induced Vulvo- Vaginal Atrophy

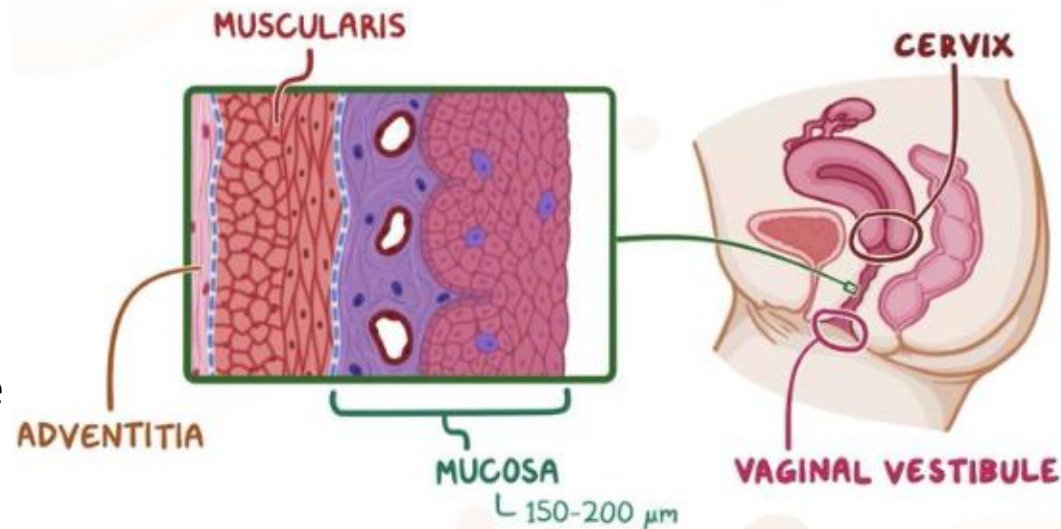
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No conflicts of interest to disclose



What is Vulvo-Vaginal Atrophy?

- VVA aka 'Genitourinary Symptoms of Menopause' (NICE, 2024). Most women are likely to be affected by some degree of GSM (BSM, 2025)
- Common complication affecting 70-90% of women who have undergone treatment for breast, gynaecological, colorectal and other cancers (ASCO, 2019)
- Symptoms include:
 - Vaginal tightening
 - Vaginal dryness
 - Painful intercourse
 - Repeated vaginal infections
 - Vaginal bleeding
 - Occasional stress incontinence



- Hormone/Immunotherapy affect oestrogen production
- Radiotherapy can also impact vaginal elasticity, wall mobility and contractive strength (Matanes et al, 2021)

https://www.osmosis.org/learn/Cervix_and_vagina_histology

Vulvo-Vaginal Atrophy Clinic for Cancer Survivors

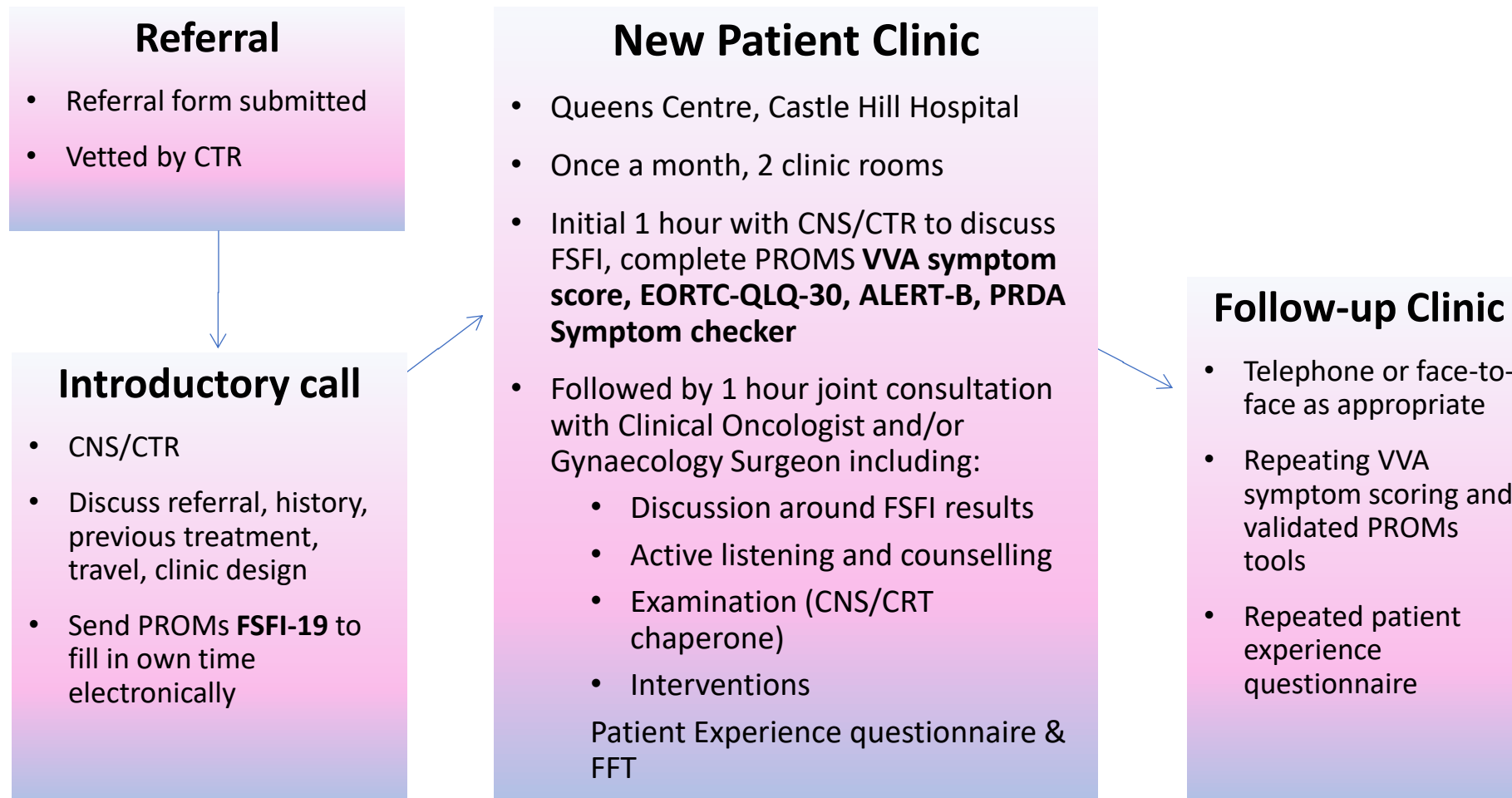
- Pilot clinic (1 year) funded via HNY Cancer Alliance Cancer Innovation grant
- Opened to referrals (acute hospitals and primary care) January 2025, 1st clinic 14th Feb 2025

- ***Referral criteria***

- >18 years old
- Registered with a GP in the Humber and North Yorkshire Cancer Alliance region
- Previous medical history of breast, gynaecological, colorectal or other cancer with a history of VVA
- No active disease
- Not on active cancer treatment except maintenance treatment
- Treated with SACT, hormones, pelvic surgery or pelvic radiotherapy
- Primary cancer treatment completed >12 months prior to persistent symptoms of VVA
- Conservative VVA treatment already tried with no benefit (lubrication, vaginal dilation, HRT where appropriate, Vaginal topical hormone management where appropriate)

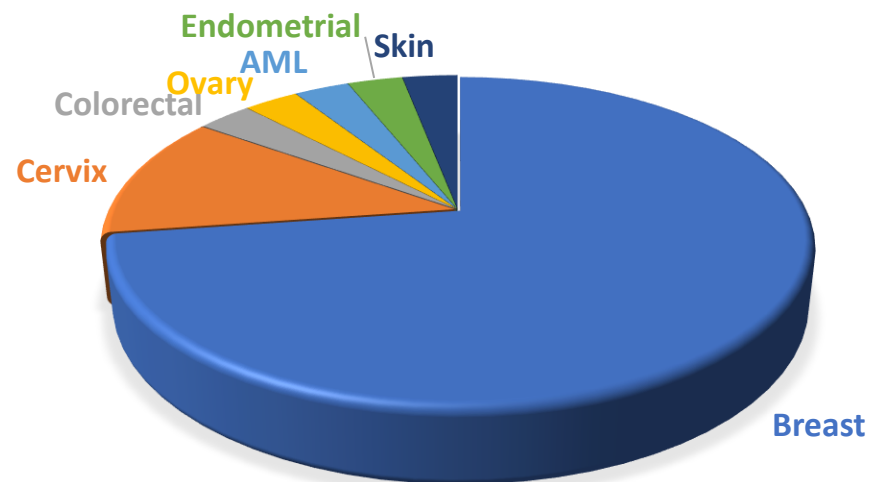


Vulvo-Vaginal Atrophy Clinic for Cancer Survivors: Pathway



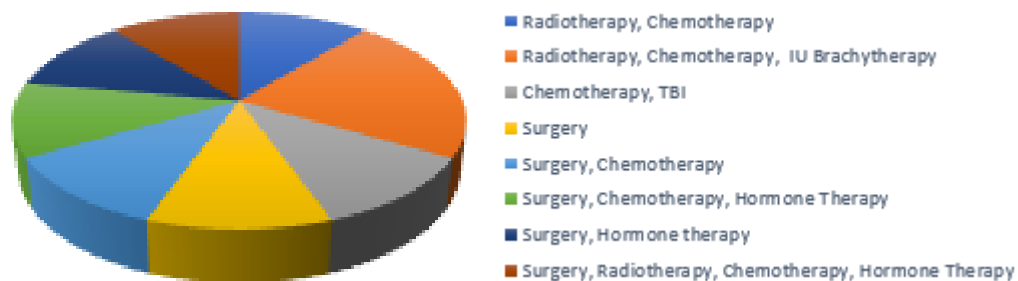
Referrals

Primary Tumour Site

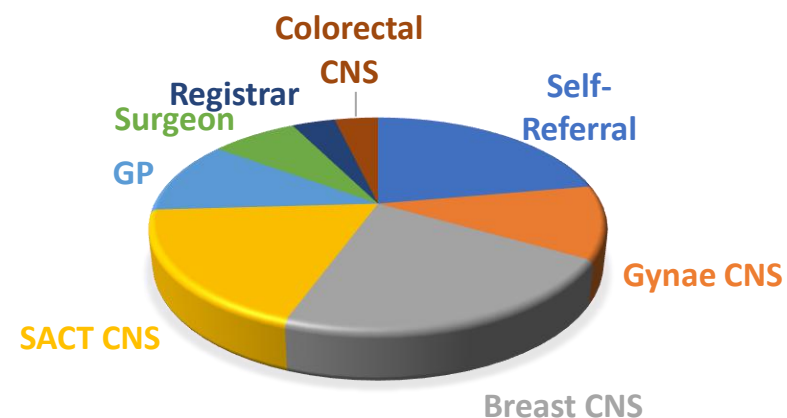


- 36 referrals
- 77% breast cancer survivors with gynaecological, colorectal, skin cancers and AML also represented
- 44% via multidisciplinary CNS referral, 19% GP, 19% self-referral, 18% other
- 3 self-discharged after the initial telephone consultation
- Time since primary treatment concluded ranged from 1–25 years
- Modality mixed

Modality Mix

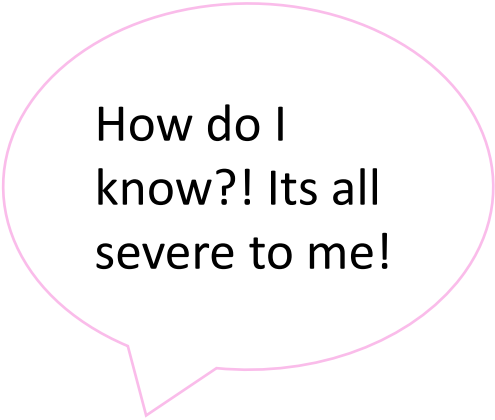


Referrers



PROMS: VVA Symptom Scoring

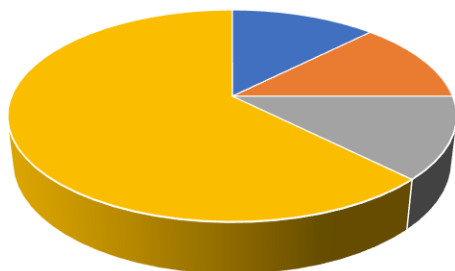
- Self scoring symptoms:
 - Vaginal tightening
 - Vaginal dryness
 - Painful intercourse
 - Repeated vaginal infections
 - Vaginal bleeding
 - Occasional stress incontinence
- 0 = None, 1 = Mild, 2 = Moderate, 3 = Severe
- Patient feedback – some had VVA symptoms prior to cancer diagnosis or a complex gynaecological history/underlying benign gynae conditions (e.g. endometriosis, prolapse, lichen sclerosis)
- Impact for all post-menopausal - BSSM Position Statement for management of GSM (Newsome et al, 2024)
- BSM Consensus Statement (2025) Most women are likely to be affected by some degree of GSM. Number of affected women will increase with time from menopause if untreated.



How do I
know?! Its all
severe to me!

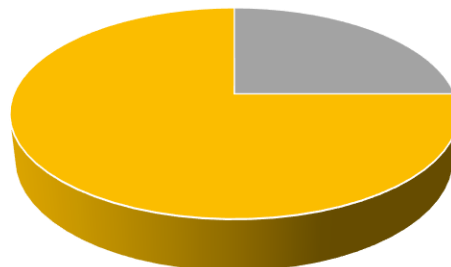
PROMS Results: VVA Symptom Scoring

Vaginal Tightening



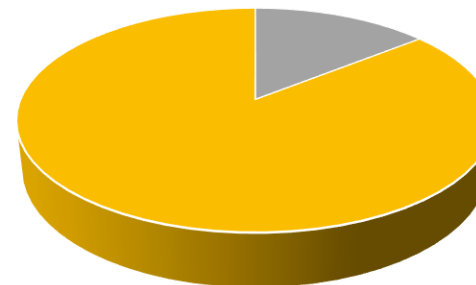
■ None ■ Mild ■ Moderate ■ Severe

Vaginal Dryness



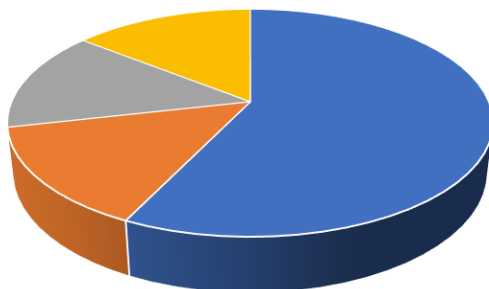
■ None ■ Mild ■ Moderate ■ Severe

Painful Intercourse



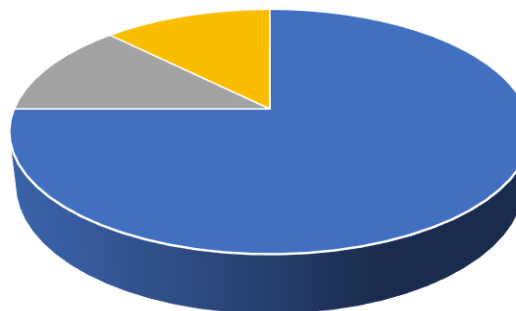
■ None ■ Mild ■ Moderate ■ Severe

Increase in Frequency of Vaginal
Infection



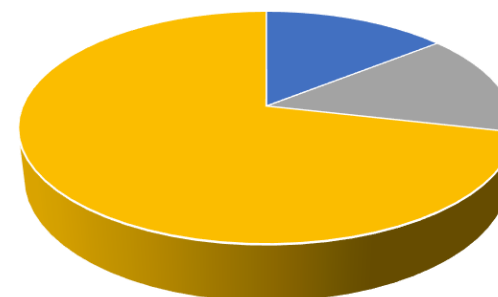
■ None ■ Mild ■ Moderate ■ Severe

Vaginal Bleeding



■ None ■ Mild ■ Moderate ■ Severe

Occasional Stress Incontinence



■ None ■ Mild ■ Moderate ■ Severe

PROMS: EORTC-QLQ- 30, PRDA Symptom Checker, ALERT-B

- EORTC-QLQ-30 Opened discussion with patient, built rapport
 - Average QOL scores (0 poor – 7 excellent) **4**
 - Range 1-7
- PRDA Symptom Checker <https://www.prda.org.uk/resources/>
- ALERT B (Taylor et al, 2016)
- Patients had received pelvic RT (n=5) TBI (n=1):
- Trends across all:
 - Fatigue (especially for those with autoimmune conditions)
 - Brain Fog (Menopause, Hormones/Immunotherapy)
 - Joint pain, reduced physical activity
 - Bladder issues (VVA symptom)
 - Anxiety/depression
- Trends by initial tumour area:
 - Breast – Body image, late skin reaction/lymphoedema
 - Pelvis – Bowel issues, bowel frequency/incontinence, wind

I was told to be grateful I got on with it... but then I couldn't go out on my bike.



**SYMPTOM CHECKLIST
SINCE YOUR RADIOTHERAPY**

PROMS: Female Sexual Function Index Score

Female Sexual Function Index (FSFI) Questionnaire

♥ Assesses and helps monitor sexual function and level of dysfunction in women. +

Purpose ▾	Domains ▾	Jump To ▾
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1 Over the past 4 weeks, how often did you feel sexual desire or interest?

- ☐ Almost always or always (+5 points)
- ☐ Most times (more than half the time) (+4 points)
- ☐ Sometimes (about half the time) (+3 points)
- ☐ A few times (less than half the time) (+2 points)
- ☐ Almost never or never (+1 point)

2 Over the past 4 weeks, how would you rate your level (degree) of sexual desire or interest?

- ☐ Very high (+5 points)
- ☐ High (+4 points)
- ☐ Moderate (+3 points)
- ☐ Low (+2 points)
- ☐ Very low or none at all (+1 point)

3 Over the past 4 weeks, how often did you feel sexually aroused ("turned on") during sexual activity or intercourse?

- ☐ No sexual activity (0 points)
- ☐ Almost always or always (+5 points)
- ☐ Most times (more than half the time) (+4 points)
- ☐ Sometimes (about half the time) (+3 points)
- ☐ A few times (less than half the time) (+2 points)
- ☐ Almost never or never (+1 point)

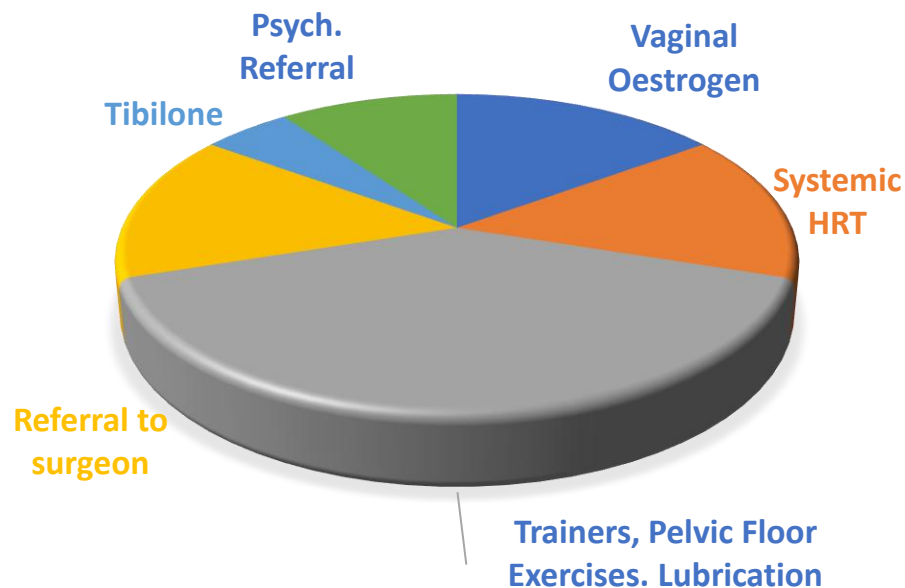
4 Over the past 4 weeks, how would you rate your level of sexual arousal ("turn on") during sexual activity or intercourse?

- ☐ No sexual activity (0 points)
- ☐ Very high (+5 points)
- ☐ High (+4 points)
- ☐ Moderate (+3 points)
- ☐ Low (+2 points)
- ☐ Very low or none at all (+1 point)

- 19-item, self-report measure of female sexual function (Neijenhuijs et al, 2019)
- Provides scores for sexual desire, arousal, orgasm, pain and satisfaction
- Score >26 indicates normal sexual function, baseline range for our population was 2-18
- Pre-assessment call by CNS/CTR for personalised approach

The questions are really personal... No-one has asked me before but they are the questions I should have been asked.

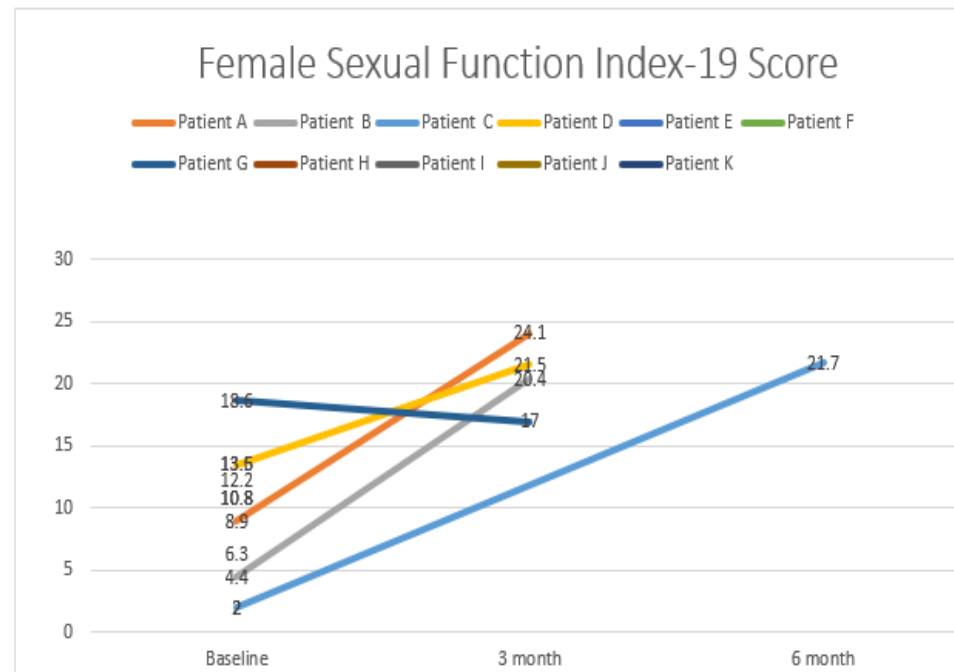
Interventions and PROMS Results: FSFI



FSFI Score

13.6

Domain	Items	Factor	Score
Desire	1, 2	0.6	1.2
Arousal	3, 4, 5, 6	0.3	1.8
Lubrication	7, 8, 9, 10	0.3	1.8
Orgasm	11, 12, 13	0.4	1.6
Satisfaction	14, 15, 16	0.4	3.6
Pain	17, 18, 19	0.4	3.6
FSFI	-	-	13.6

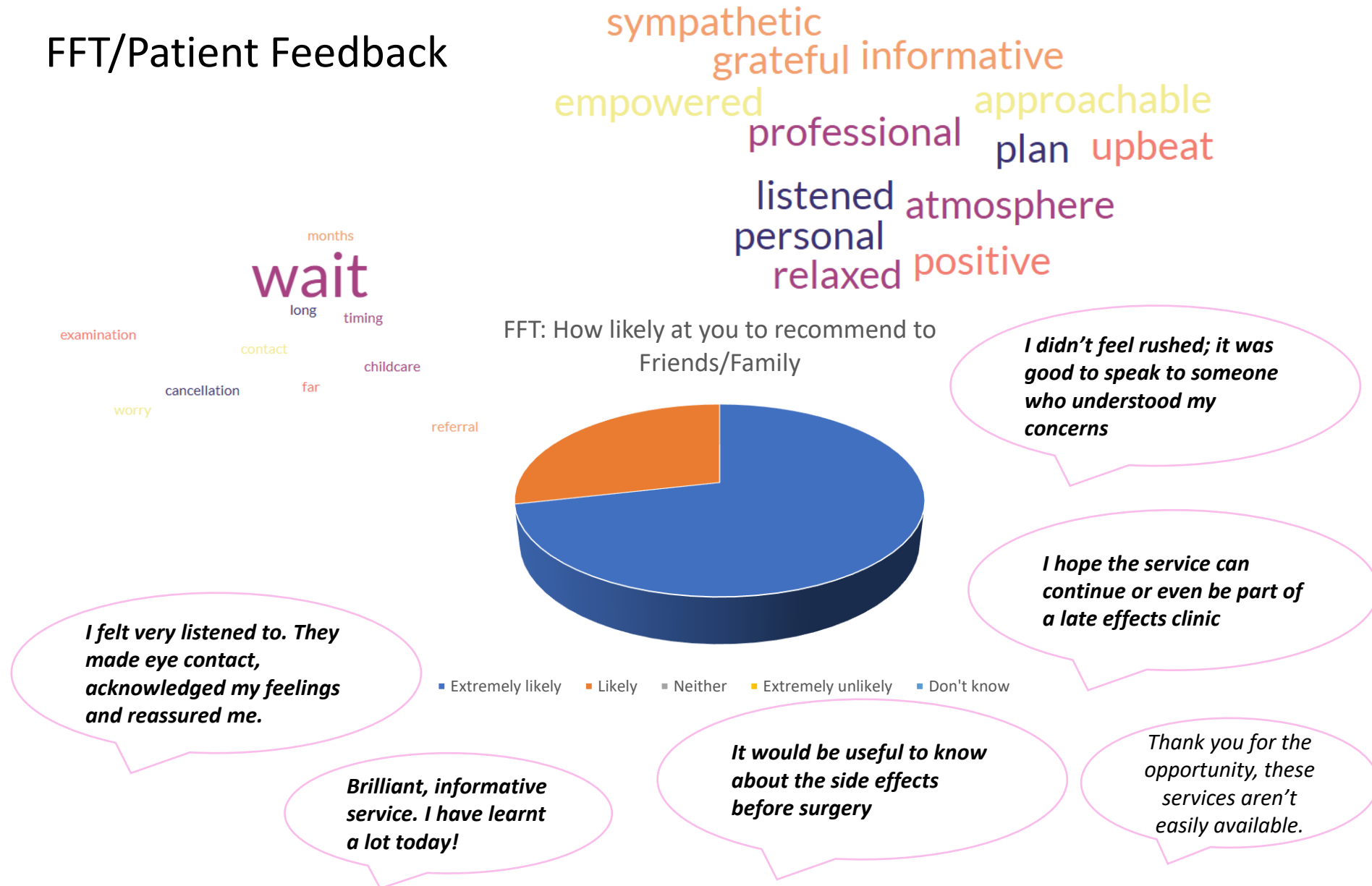


<https://www.mdapp.co/female-sexual-function-index-fsfi-questionnaire-calculator-219/>

*I don't use internet so
was glad I was able to
speak over the phone*

*Worked well doing
this on my phone
at home in my own
time.*

FFT/Patient Feedback



Conclusions

- Pilot VVA clinic showed benefit to our regional cancer survivor population using PROMs tools, moving towards a substantive Cancer Survivor VVA clinic with community/primary care links
- Improved access to 'right HCP at right time' for appropriate triage (complementing routine cancer follow up)
 - Reduced burden on primary care and acute hospital services
 - Improve the patient experience
 - Identified and overcame barriers (e.g resources, administrative burden)
- Flexible approach and evolving clinic with patient feedback; as well as identifying unmet needs regarding late effects of cancer treatment/maintenance treatment

Acknowledgements

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