A 41 year old female with sexual dysfunction following treatment for cervical cancer

Lorato Mosetlhi-Molelowatladi

BOTSOGO

BOTSWANA ONCOLOGY
GLOBAL OUTREACH

Continuing Medical Education Announcement

Harvard Medical School

RSS 3081: Monthly BOTSOGO Tumor Board; 2016-2017 Academic Year

Today's Objectives:

- Describe the need for timely cancer case presentation and referral to treatment
- Formulate a multi-disciplinary plan for the care of common and complex oncologic cases
- Adopt successful, sustainable strategies to mitigate barriers to quality cancer care common in resource constrained environments

Target Audience:

Oncologists, internists, surgeons, radiation oncologists, infectious disease specialists, nurses, physicists, therapists, technicians, research staff, administrators, policy makers.

Financial Relationships

The following planners, speakers, and content reviewers, on behalf of themselves and their spouse or partner, have reported financial relationships with an entity producing, marketing, re-selling, or distributing health care goods or services (relevant to the content of the activity) consumed by, or used on, patients:

Name	Role	Type of Financial Relationship
Bruce Chabner, MD	Planner	PharmaMar – Consultant EMD Serono – Consultant Seattle Genetics, Abbvie – Stock

All other individuals including course directors, planners, reviewers, faculty, staff, etc., who are in a position to control the content of this educational activity have reported no financial relationships related to the content of this activity

Statements

Accreditation Statement

The Harvard Medical School is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians

Credit Designation Statement

The Harvard Medical School designates this live activity for a maximum of 1 *AMA PRA Category 1 Credit™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity

This activity meets the criteria of the Massachusetts Board of Registration in Medicine for 1.0 credits of Risk Management Study

Disclosure Statement

In accord with the disclosure policy of the Medical School as well as standards set forth by the Accreditation Council for Continuing Medical Education, course planners, speakers, and content reviewers have been asked to disclose any relevant relationship they, or their spouse or partner, have to companies producing, marketing, re-selling or distributing health care goods or services consumed by, or used on, patients.

Claim your CME credits!

- To claim your CME credit for attendance at this session of the BOTSOGO Tumor Board, please fill out our survey after the Tumor Board.
- You can do this at your convenience on your personal or work computer by navigating to www.botsogo.org
  - Click “What We Do”
  - Click “Tumor Board”
  - Click the link under the section “Continuing Education Credits,” and complete and submit the survey
- Or follow the link that was emailed to our MGH BOTSOGO email list: www.tinyurl.com/tumourboard

History of Present Illness

- Female, 41 years old
- 2008: Whilst pregnant pap smear revealed morphological changes
  - ? Cervical Cancer
  - Rad Rx 2008 Nov (after birth) with resulting vaginal stenosis
- 2012/2013: Pap smear N

Past Medical History

- HIV Negative
- 2015 June went to gynae willing to help, total of x3 dilations under GA
  - Inserted was nivea roll on covered in condom to be removed 8 hours later
  - 1st two times would bleed, requiring stitches and time to recover
  - 3rd time was during physio Rx; Patient reported no bleeding and reports that gynae said insertion was easier.


NIVEA
pure
invisible

Past Medical History, continued

- Bowel: anal dilation x3, last one 2012
  - No constipation
  - Stool consistency Bristol grade III-N, manages with diet
- Bladder: narrow stream, gets urge and can hold, feels completely empties the bladder
- Coitus: N before Rad Rx
  - Cannot get penetration, has urge

Past Medical History, continued

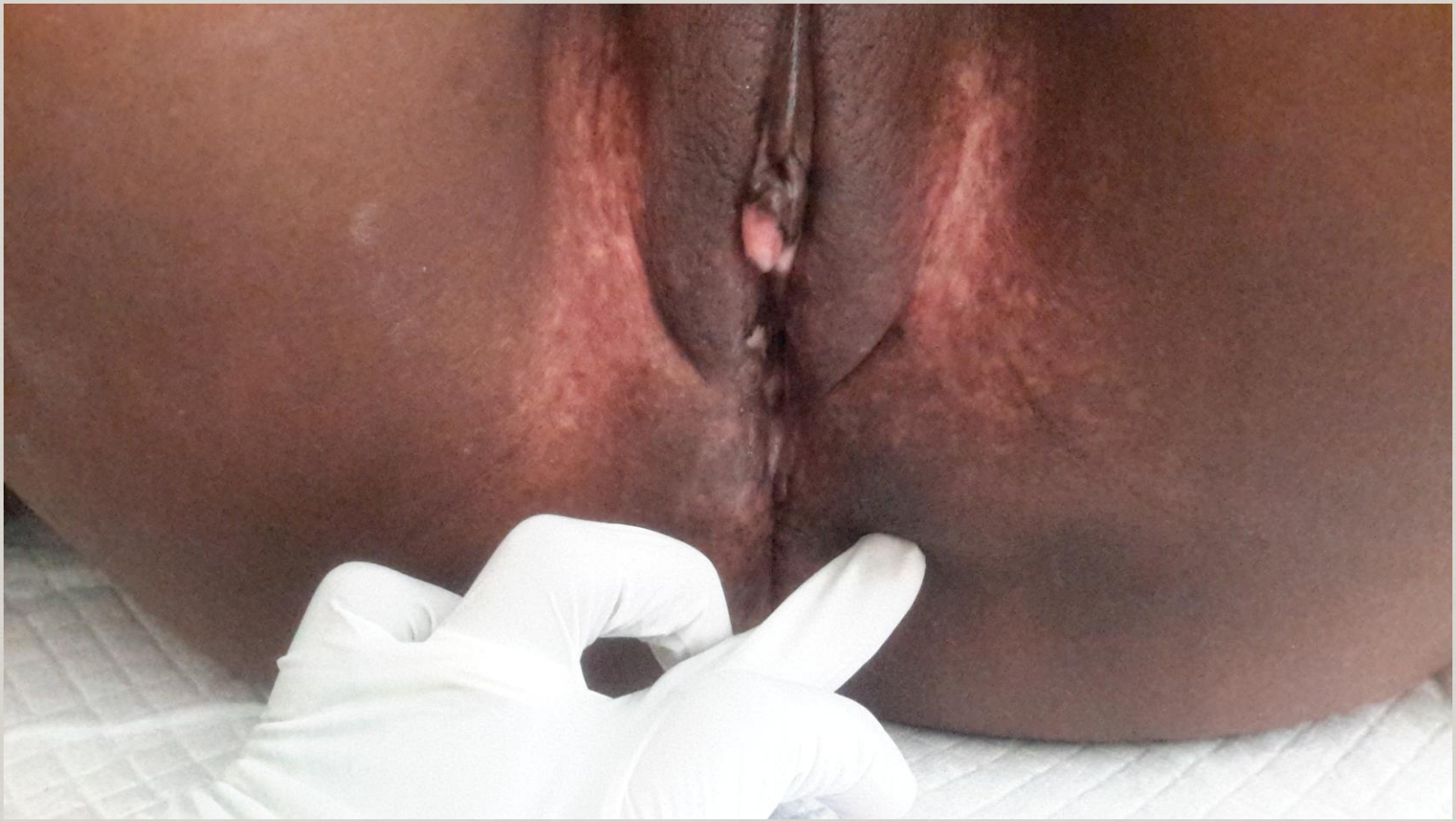
- G2P2 c/s 2008
- PIH at 8/9
- Hormonal therapy
- No family hx of cancer

On Exam

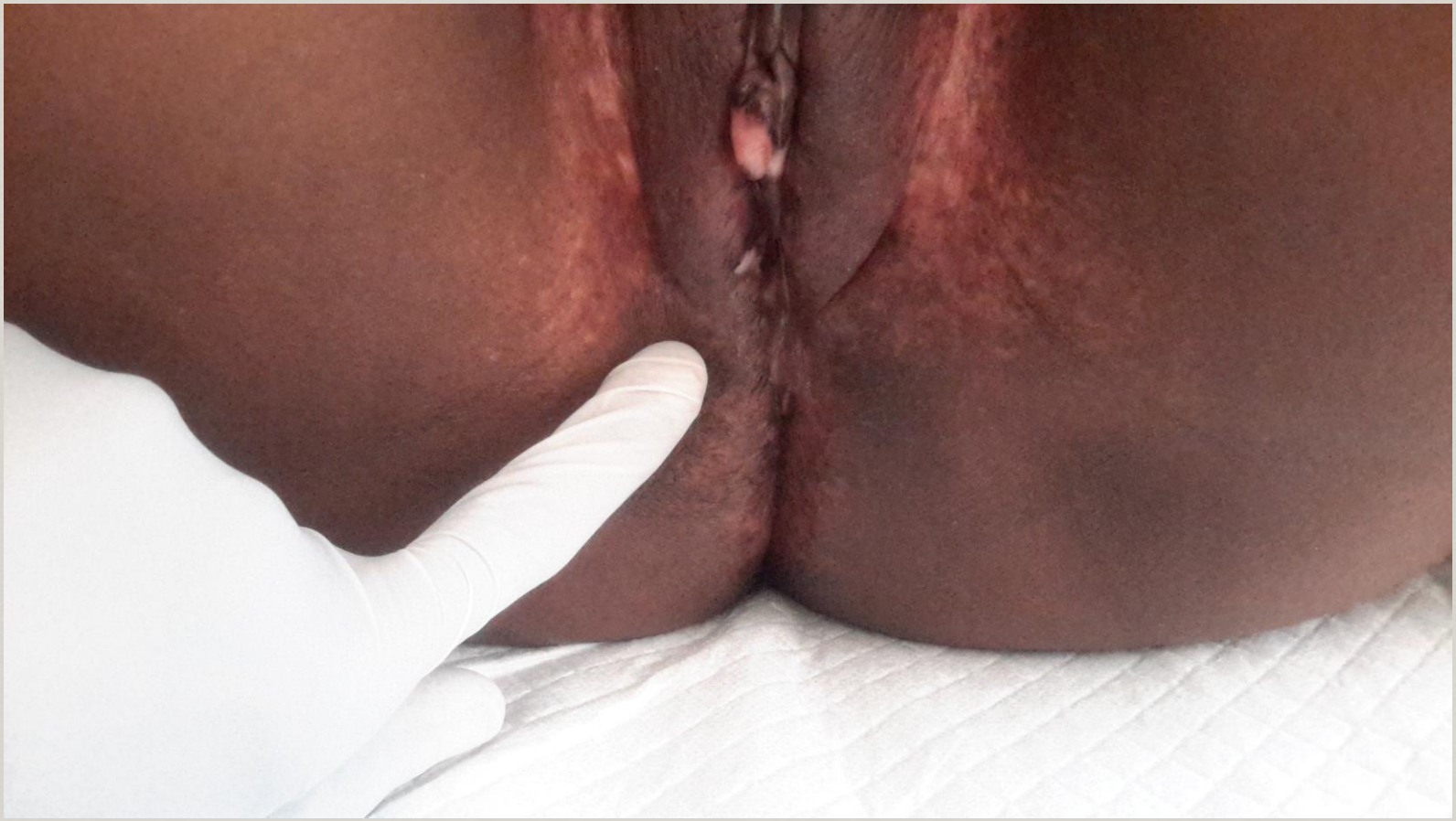
Physio Exam:

- Post rad Rx redness in genitalia
- Scar significant especially labia major inferiorly B extending to soft tissue towards the anus
  - Reports sensation on genitalia even on the scar though ↓
- Vaginal opening: one and half finger breadths
- Vaginal depth: 4 cm, narrow angled towards anus

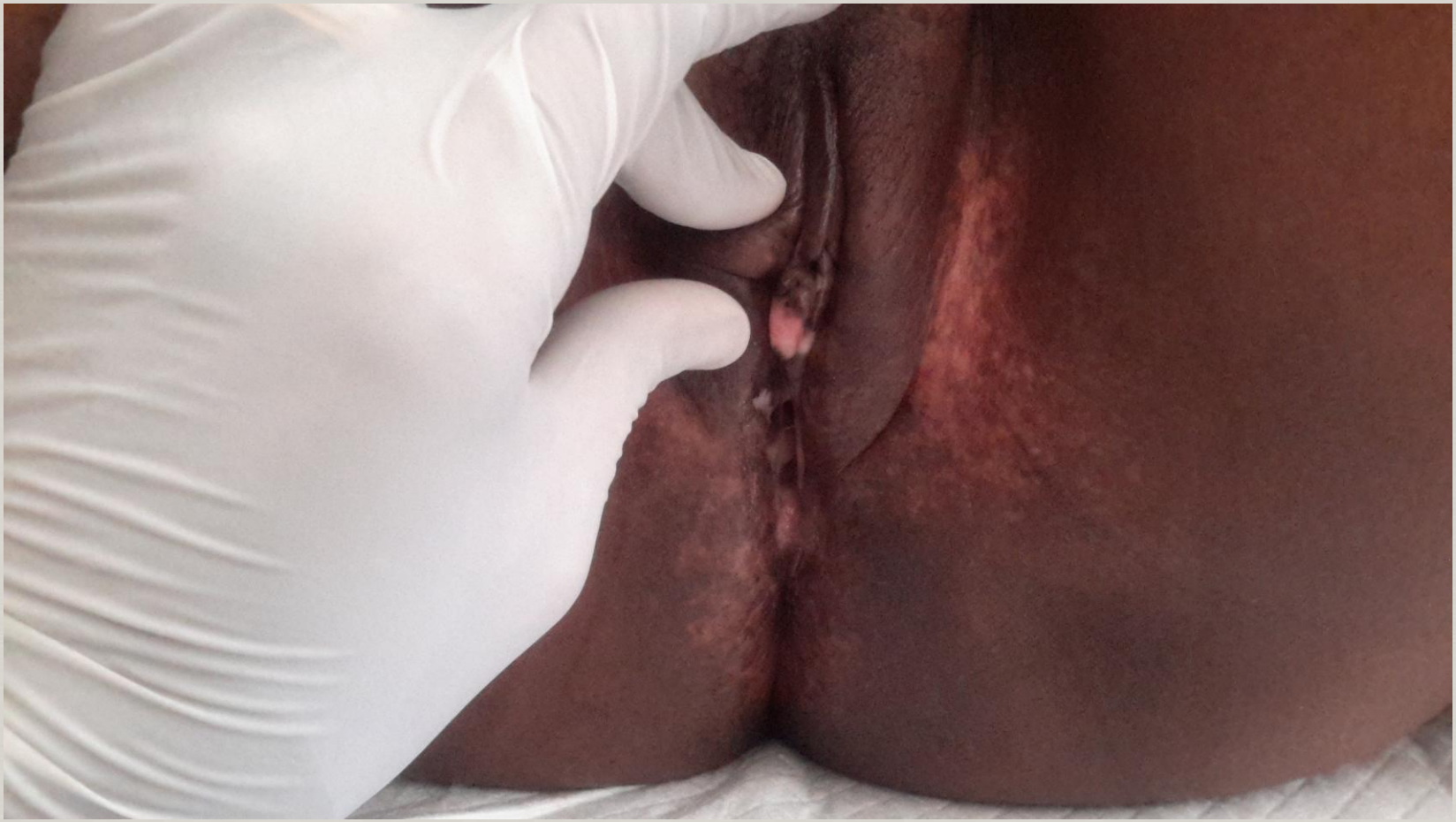
Images



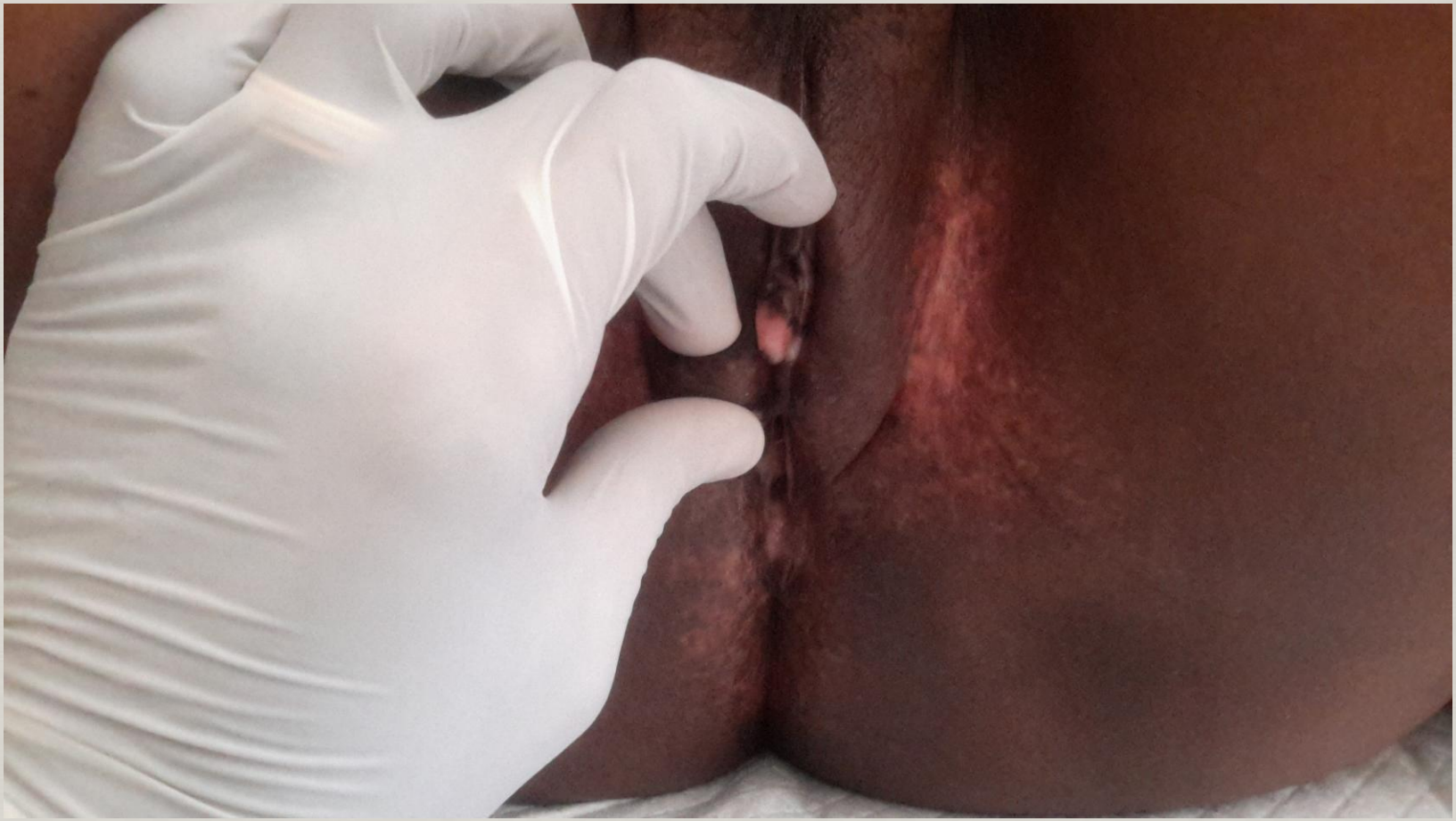
Images



Images



Images



On Exam

Physio Exam, continued:

- PF: 3/5 strength, endurance 3s, reps 3
- Sacral posterior bone protrusion: no pain, reports has been there since post rad Rx
- c/s mobility: ↓ fascial glide

Treatment Information

Currently:

- 2 to 2.5 finger breadths at vaginal opening
- vaginal depth angled away from anus improving but less than 4 cm
- Urine stream N
- c/s scar mobility improved

Treatment Information

Laser Rx:

- 9.2j/cm2, frequency continuous, time 4 min (total laser time 12 min), using cluster probe with 4 diodes LED therapy and 5 laser diodes at 670 to 950 wavelength Chattanooga brand.
- Before 3rd surgical vaginal dilation Rx frequency was 2x/day. Currently 3-4 times per week
- Scar tissue mobility: external and intra-vaginally


Intelect Mobile Laser
4:00
Time
9.2
J/cm2
Continuous
9 diode 5x50mW

Questions

- Laser and scar tissue mobility are helping to make tissue more flexible, but the gains at this point cannot be sustained. Need to maintain that extensibility through periods of extended progressive dilation (need dilators which are not available to us). The ‘condom dilator’ to be kept in place needs to be hand held otherwise it slides off.
  - What suggestions/ideas can you give?

- Laser/LED combination Rx: What should be the Rx frequency?