

Vaginal Stenosis is an Underreported Exam Finding in A Diverse Cohort of Female Cancer Survivors

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Introduction

- Previously only described in gynecologic cancer patients receiving vaginal brachytherapy, vaginal stenosis (VS) is underreported and undertreated in women with many cancer types, including breast cancer.
- The development of VS leads to pain with sexual activity and inability to tolerate pelvic exams.
- Our MUSIC Sexual Health After Cancer Program serves a growing population of female cancer survivors with sexual dysfunction.
- We sought to describe a population of female cancer survivors presenting with sexual health concerns and identify factors associated with presence of VS on genitourinary exam (GUE).

Objectives:

- To describe the prevalence of VS among a diverse population of female cancer survivors
- To correlate the VS with global sexual function using the validated Female Sexual Function Index (FSFI)

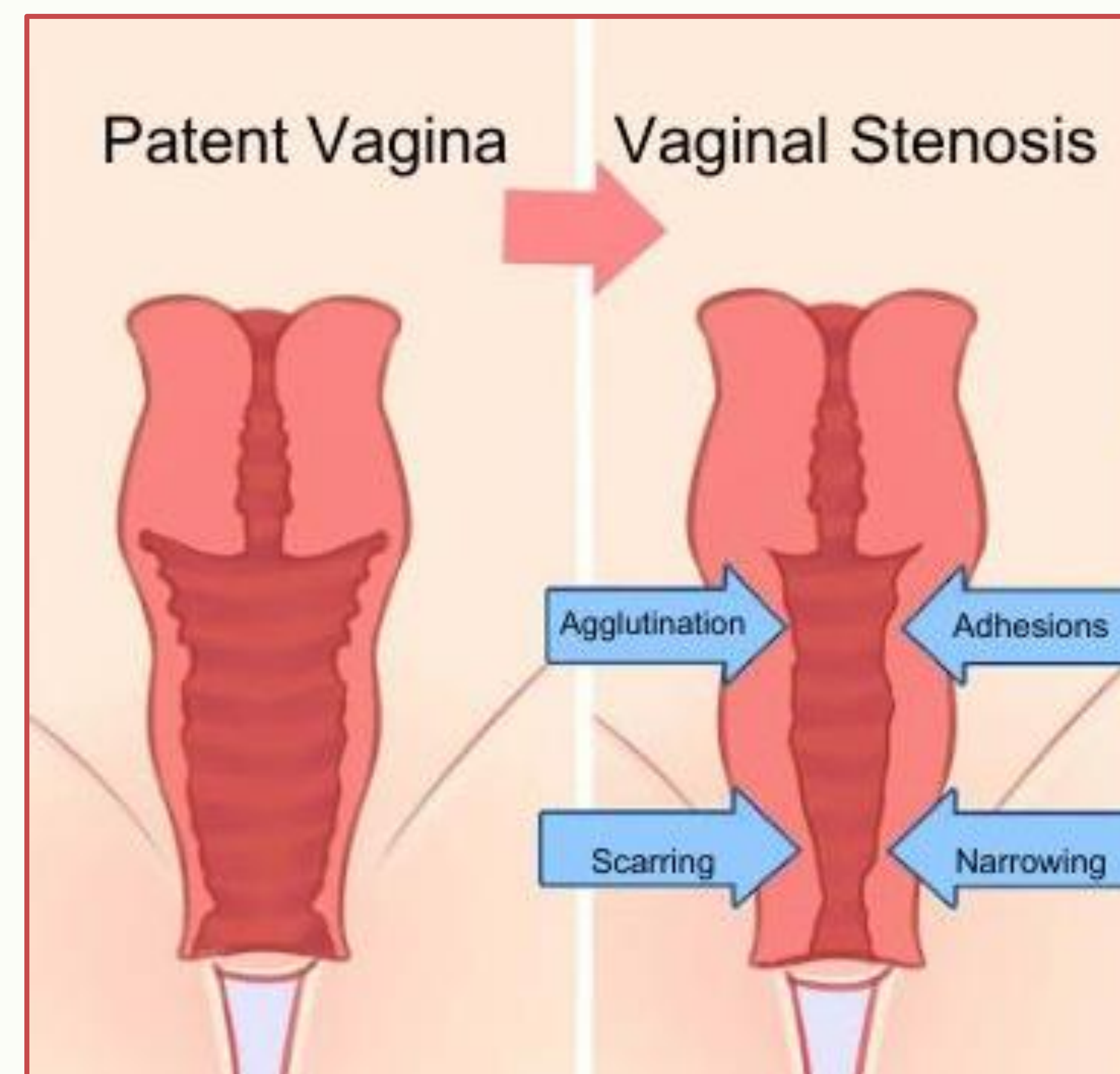
Methods

- Retrospective cohort study of female cancer patients presenting with sexual health concerns to a surgeon-led sexual health after cancer program between Nov 2020-Feb 2023
- Genitourinary anatomy disruptions were described using AVES (vaginal rugae, vascularity, epithelial integrity, elasticity, dryness). AVES >3 indicated more abnormal anatomy
- Vaginal stenosis: Vaginal agglutination, shortening, or scarring/adhesions
- Patients with and without vaginal stenosis were compared using Chi-squared analysis, while independent t-tests analyzed FSFI and AVES scores.
- FSFI <26 corresponds to sexual dysfunction, with lower scores representative of more sexual dysfunction.

Conclusion

- Vaginal stenosis develops in women treated for a variety of cancer types across the age continuum.
- Ongoing work seeks to evaluate the safety and efficacy of treatments to reverse GUE disruptions after cancer treatment.

17% of female cancer survivors were found to have stenosis on exam, which was associated with worse sexual function outcomes



Results

- Of 116 patients with median age 45, 33% were menopausal
- 20 (17%) had vaginal stenosis on exam
- 14% of breast cancer patients had VS
- 27% of gynecologic cancer patients had VS
- 31% of other types including GI, sarcoma, and hematologic malignancy cancer patients had VS
- VS patients had worse sexual function scores and more sexual-related pain

Table 1: Patient Characteristics and Outcomes by Presence of Stenosis

	Total	Patent Vagina N (%)	Stenosis N (%)	p-value
Total	116	96 (83)	20 (17)	
Median Age [range]	45 [23-75]	46 [23-75]	44 [27-60]	0.338
Ethnicity				
Hispanic	65 (55)	58 (89)	7 (11)	0.164
Non-Hispanic	54 (45)	42 (77)	12 (23)	
Menopause at Diagnosis	38 (33)	34 (89)	4 (11)	0.301
Cancer Type				
Breast	92 (79)	79 (86)	13 (14)	0.082
Gynecologic	11 (10)	8 (72)	3 (27)	0.264
Other	13 (11)	9 (69)	4 (31)	0.743
Median AVES score [range]	7 [0-21]	5 [0-20]	13 [9-21]	<0.001
Median FSFI Total Score [range]	11.9 [1.2-27]	11 [2.5-24]	7.8 [2.5-24]	0.433
Median FSFI Pain Domain Score [range]	1.2 [0-6]	1.2 [0-6]	0 [0-6]	0.037

MUSIC: Menopause, Urogenital, Sexual Health and Intimacy Center
AVES: Adapted Vulvovaginal Exam Score, >3 corresponds to severe exam disruptions
FSFI: Female Sexual Functioning Index, lower scores denote more dysfunction, <26 diagnostic of sexual dysfunction

Download the full abstract here:

