



James Graham Brown Cancer Center

Survivorship Care at the Brown Cancer Center

We are all survivors from day one and beyond

Sexual Health and Cancer Survivorship

How is your sex life?

Did your oncologist ask you this question at any time during your cancer experience? Chances are they did not. Statistically, less than 50% of cancer patients report having had any conversation with their doctors about their sexual health.

Why is this?

You are getting a lot of information and maybe you think this is not a priority, and if the doctor doesn't bring it up, well, maybe you shouldn't either.



Well, let's talk about it!

Your sexual health can be impacted by your cancer diagnosis and treatment. Sometimes this is a physical issue, sometimes it is an emotional issue. Sometimes it is both. Either way, it is important to know and by reaching out you can find help.

As a cancer survivor, you already know that there are things in your life that have changed. Your interest in sex may be different or you may be experiencing pain during sex. These are the two biggest issues that cancer survivors report. So, if you are dealing with either of these issues, remember two things; the first is you are NOT alone! The second is to TALK about your issues.

Who can help?

Start with your doctor. They can help navigate any physical issues. The Brown Cancer Center also employs a team of social workers with a wide range of expertise available to discuss any survivorship issues. This includes a Licensed Clinical Social Worker trained in sexual health counseling.

For more information, contact

Kim Williams, LCSW
Oncology Social Worker
UM Sexual Health Program certificate holder

I'm So Confused: I don't get a pap every year?

For most women, the concept of a yearly pap test has been ingrained in us from our teenage years. It was the welcome to being a woman: a trip to the gynecologist, speculum exam and pap test starting at 18, or earlier for some. From 1987-2002, the yearly pap was dogma. However, everything started changing in 2002. As we learned more about how cervical cancer develops, the role of HPV, and the impact of biopsies and excisional procedures, we recognized that most women do not need yearly pap smears. Indeed, yearly pap testing had led to increased procedures without a reduction in severe dysplasia or cancer, increased anxiety, and increased loss of time from work and family. We also learned that most young women will have HPV, but most young women's bodies will be able to get rid of the virus. For these women, pap testing lead to procedures with downstream consequences, such as complications with pregnancy, without a reduction in dysplasia or cancer.

If your head is spinning, you are not alone. Many doctors and other providers have struggled to keep up with the guidelines, leading to mixed messages and confusion. As we learn more, we aim to provide the best preventative care and screening we can and minimize any harm.

As of 2017, the current guidelines are for pap testing to begin at age 21. This does not change for girls who receive the HPV vaccine or have sex at a young age. There are a few special populations (girls with HPV or immunosuppression) that may need earlier or more frequent testing. For women ages 21-30, pap testing alone should be done every 3 years, with HPV testing indicated by pap test results. For women over 30, pap testing with HPV testing is recommended every 5 years. More frequent testing may occur if any of these are abnormal. For women over 65, cervical cancer screening is at the discretion of the patient and her provider.

The cervical cancer screening guidelines have changed 4 times in the past 15 years, and will likely continue to change as we learn more about HPV as more girls and boys are vaccinated against HPV. Despite these changes, we encourage all women to see their gynecologist or women's health provider yearly to discuss the need for pap testing, pelvic exams, or other procedures.

- Erin Medlin, MD, GYN Oncology

Routine Cancer Screening Recommendations*

Cancer	Screening Guideline
Breast	Women age 40 and above should have choice for annual breast screening with mammogram
Cervical	Women age 21 and older should receive pap smear testing, see guidelines above
Lung	Individuals age 55-74 with > 30 pack year history of smoking should receive annual low dose CT of the chest
Colon	At age 50, colonoscopy every 10 years or flexible sigmoidoscopy every 5 years
Prostate	At age 50, men should speak with their healthcare provider about PSA level with or without rectal exam

*These recommendations are for the general public and based off of American Cancer Society guidelines. You may require different screening methods, please consult with your medical professional.