

Welcome and
Congratulations to our
Barnard Class of '75!

WENDY (KELLER) EPSTEIN, M.D., F.A.A.D.

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Disclaimer

This webinar is intended for informational purposes only and is not intended to give medical advice.

Please consult your personal healthcare provider(s) for any medical advice.

Demystifying Sexual Pain in Women Affected by Cancer

WENDY (KELLER)
EPSTEIN, M.D., F.A.A.D.

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While the importance of male sexual function is already proven out by research dollars and social acceptance, female sexual function is...not

Women with cancer *value* their sexuality

Cancer and cancer treatments can impair female sexuality.

Patients want to preserve their sexuality but *rarely* ask for help

Research is needed to establish effectiveness of treatments for female sexual problems in the context of cancer

1 out of 3 women will
be diagnosed with
cancer in her lifetime

**> 40% OF WOMEN ALIVE WHO HAVE
BEEN AFFECTED BY CANCER HAVE HAD
BREAST CANCER**

While menopause
affects sexuality,
cancer exacerbates

Estrogens and androgens decrease (gradual menopause or abrupt oophorectomy, aromatase inhibitors)

Vaginal dryness, less of lubrication

Sexual pain (vulvar > vaginal or both)

Decrease in arousal (pleasurable genital sensations)

Orgasm (longer latency and less intensity)

Vaginal Sources of Sexual Pain:

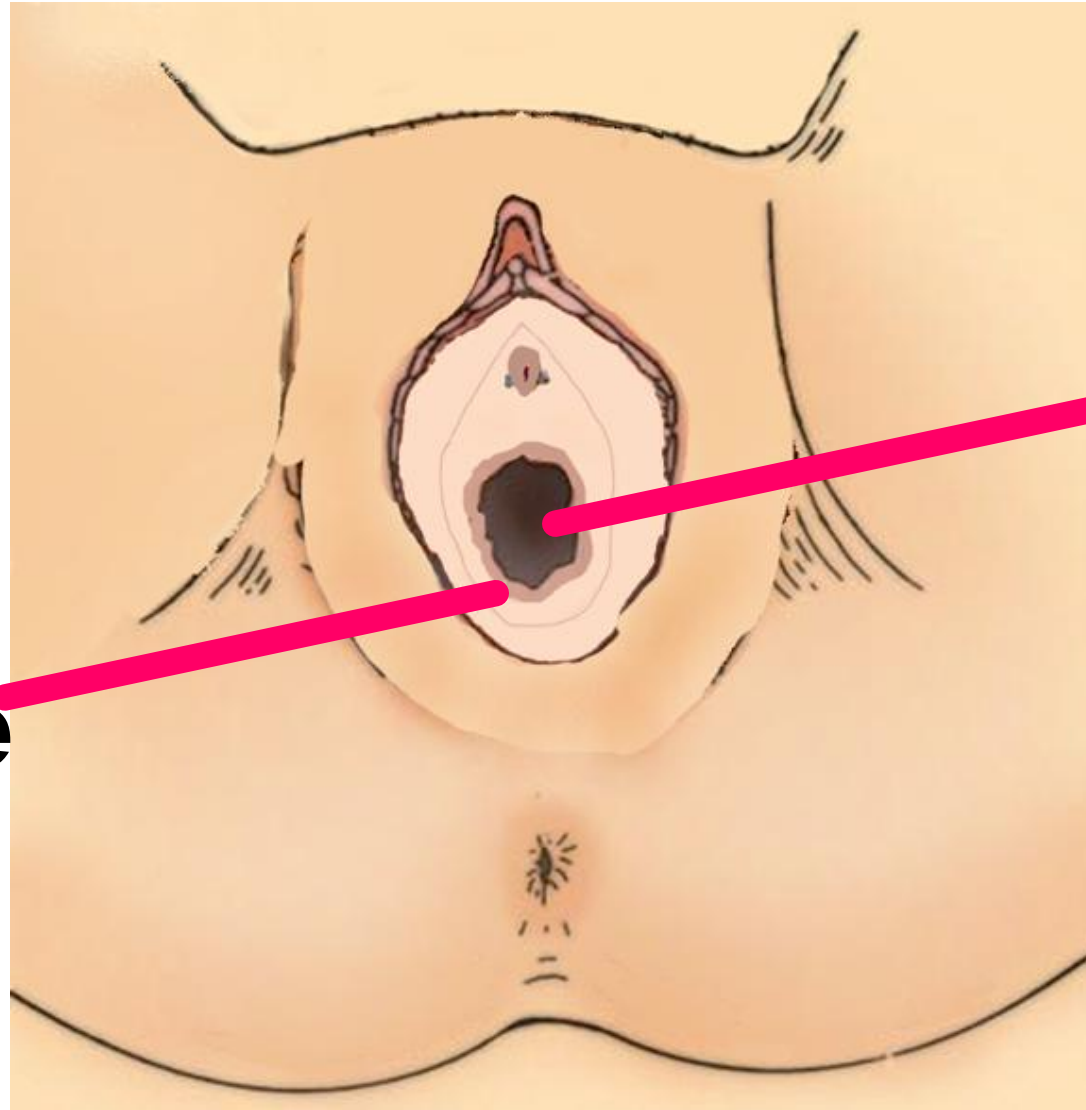
Atrophy: Thinning of the vaginal walls
(in extreme vaginal tearing from shearing
forces of penetrative sex)

Less vaginal lubrication, less fluid into
the vagina during arousal

Bacterial Vaginosis



**Vulvar
vestibule**



Vaginal opening

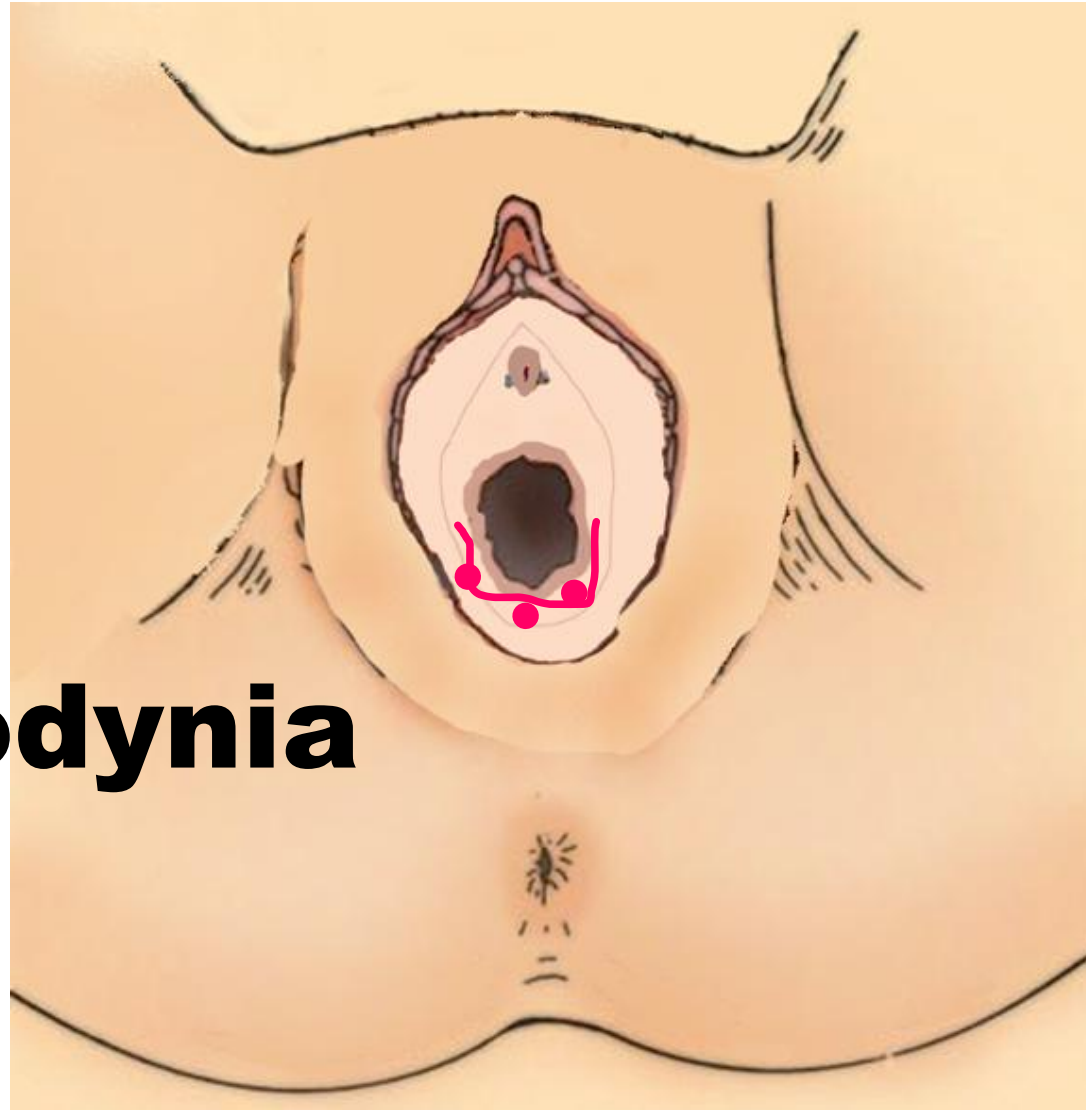
Most postmenopausal
women with sexual
pain have pain in the
vulvar vestibule

A Practical Solution for Dyspareunia in Breast Cancer

Survivors: A Randomized Controlled Trial Martha Goetsch et al. *J Clin Oncol* 33:3394-3400

2015

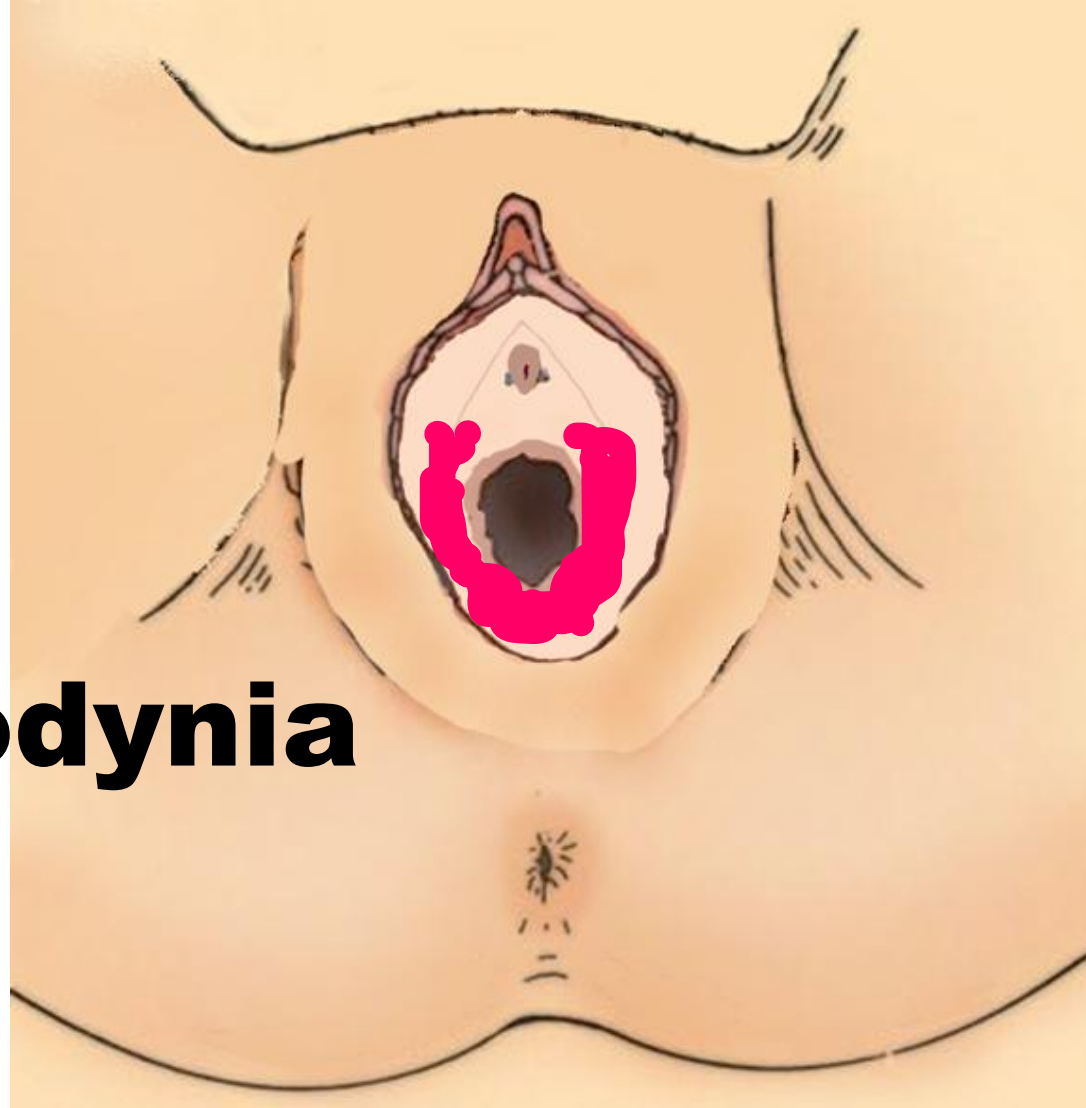
Vulvar vestibulodynia



Postmenopausal
women can have
significant to severe
vestibulodynia

Women on aromatase
inhibitors or after
oophorectomy can
have significant to
severe vestibulodynia

Vulvar vestibulodynia



**Vulvar Vestibule
Main Source of
Sexual Pain
(Vestibulodynia)**

Vulvar Vestibulodynia:

Effects of Less estrogen

**Increase of sensory nerves in the
vulvar vestibule (unmyelinated
afferent C-fibers)**

Less fluid from minor vestibular
glands during arousal

Note: Vulvar vestibule same as the male urethra.(trans male
vestibulodynia)

PAIN or PLEASURE

The same nerves (sensory afferent unmyelinated C-fibers) that carry sensations of pain also carry sensations of pleasure.

- Persistent Genital Arousal Disorder
- Vestibulodynia

Sensations of sexual pleasure can mitigate sensations of sexual pain

PAIN
or
PLEASURE

“Sexual pain may preempt
desire, arousal, and
orgasm”

Deborah Coady, M.D.

PLEASURE

CAN MITIGATE

PAIN

- Sexual pleasure may lessen sexual pain.
- Increasing sensations of sexual arousal should be part of the ‘treatment’ of sexual pain.

I wanted a
topical, safe and
effective
treatment for all
postmenopausal
women with
sexual pain.

1. Topical, safe effective treatment for postmenopausal women with estrogen sensitive cancers including those taking aromatase inhibitors.
2. Adjunctive treatment for postmenopausal women still having pain in the vulvar vestibule despite using topical estrogens.
3. Adjunctive treatment for women who want to reduce the amount or frequency of their estrogen use.
4. Treatment that may be used 'as needed'.
5. Treatment that increased sexual arousal, which further decreases sexual pain.

What I knew ...

1. Systemic sinecatechins (catechins from green tea) antiproliferative in breast cancer and ovarian cancer and topically in cervical dysplasia.

2. By self experimentation with topical FDA approved 15% sinecatechins ointment

- a. eliminated sexual pain (vestibulodynia)
- b. increased lubrication (without and during arousal)
- c. increased sexual arousal
- d. increased orgasmic response.

Clinical Trial for Postmenopausal Women with Sexual Pain.

WENDY EPSTEIN, M.D.

CHIEF MEDICAL OFFICER,
GTOPHARMACEUTICAL, LLC



A study to investigate the efficacy of topical 10% sinecatechins ointment for postmenopausal vulvar pain

Clinical Trial

1. If qualify: 3 in-office visits to gynecologist over 4 weeks while using topical 10% sinecatechins botanical drug or placebo, (Compensation for time and travel).
2. Investigators including board certified gynecologists on faculty at NYU and Mt Sinai.
3. Sites in NYC and Rockland County.

15% Sinecatechins
is a FDA approved
topical botanical
drug made from
green tea catechins.

GTO Pharmaceutical, LLC's Clinical Trial

What we are seeing with 10%
sinecatechins

- Decrease/eliminate in vulvar vestibular pain
- Increase in lubrication
- Increase in sexual arousal
- Increase in orgasmic intensity

Green Tea Catechins
(sinecatechins) shown
by others to reduce
pain in the vulvar
vestibule

- Since our research began on topical sinecatechins (green tea catechins) other research has shown that:

Topical sinecatechins independently significantly reduced pain in women's vulvar vestibule.

The effect of green tea ointment on episiotomy pain and wound healing in primiparous women: a randomized double-blind placebo-controlled trial Sharamani et al. **Phytotherapy Research** 2018;32: 522-530

Information about placebo- controlled double-blind Clinical Trial

<http://gtopharmaceutical.com/>

Suggested reading:

Sexual Health in Women Affected by Cancer
Focus on Sexual Pain

Deborah Coady, M.D. and Vanessa Kennedy, M.D., Obstetrics
and Gynecology 2016; 128: 775-91

The background of the image is a photograph of the ornate wrought-iron gate of Barnard College, part of Columbia University. The gate features intricate scrollwork and a central crest with a bear. Above the gate, the words "BARNARD COLLEGE OF COLUMBIA UNIVERSITY" are inscribed in gold lettering. The overall scene is dimly lit, with the text overlaid in white.

Thank you!

WENDY (KELLER) EPSTEIN, M.D., F.A.A.D.

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Questions or Comments ?

WENDY (KELLER) EPSTEIN, M.D., F.A.A.D.

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