As a new patient to the WISH program, patients can expect:

- The first 60-minute consultation at the UW Carbone Cancer Center will consist of a thorough history taking and education about sexual problems after cancer.
- The second 60-minute visit includes a complete physical exam and treatment planning discussion.
- Follow-up appointments scheduled as needed.
- Some women may be referred to pelvic floor physical therapists. Pelvic floor muscles can be a cause of pain during intercourse. Common causes of pain in the pelvic floor muscles include spasm, trigger points, tightness and scar tissue. Treatment may involve any or all of the following: internal or external manual therapy, home exercises, dilator therapy, biofeedback and use of imaging ultrasound.
- Referral to a therapist who specializes in sex therapy may also be recommended. We will refer patients only to therapists who are certified by the American Association of Sexuality Educators, Counselors, and Therapists (AASECT). Sex therapy can be effective for adults of any age, gender, or sexual orientation. Certified sex therapists do not have sexual contact with clients.

### WISH Providers

**Lori Seaborn, MPAS, PA-C** has been part of the UW Health Breast Center since 2014, where one of her main responsibilities is working with breast cancer survivors. She previously served in the division of Gynecologic Oncology, where patients educated her about the importance of sexual health changes after cancer treatment. She completed a post-graduate Sexuality Counselor Certificate Program at the University of Michigan. She is certified through the American Association of Sexuality Educators, Counselors, and Therapists (AASECT). She is also an active member of the Scientific Network on Female Sexual Health and Cancer.

**Joanne Reag, MPAS, PA-C** started her work at the UW Carbone Cancer Center as part of the gynecologic oncology team in 2006. She sees patients in collaboration with a team of physicians, and also runs an independent practice for surveillance, post-operative and chemotherapy complications, and sexual health survivorship. In addition to her clinical work, she is an active leader in the Society of Gynecologic Oncology (SGO), where she played a crucial role in the development and growth of the allied health group that includes physician assistants, nurse practitioners, and nurses.

**Megan Peterson, WHNP-C** began her work with the division of Gynecologic Oncology in May 2012. She has years of experience in women's internal medicine and gynecology. She collaborates with the gynecologic oncologists and cares for hospitalized patients and gynecologic cancer survivors. A priority for Megan is improving communication about sexual health concerns between patients and providers. She has pursued additional education to expand her sexual health expertise through collaboration with her WISH colleagues and conferences sponsored by the International Society for the Study of Women's Sexual Health (ISSWSH).

**David Kushner, MD** is a gynecologic oncologist and professor of Obstetrics and Gynecology at UW School of Medicine and Public Health. His research interests include improved quality of life for cancer survivors and sexual health after cancer. He is past-chair of the Scientific Network on Female Sexual Health and Cancer, and serves as the Medical Director of the WISH program.

To schedule an appointment in the WISH Program, call 608-265-1700. You can also visit our website: uwhealth.org/wish
The goal of the Women’s Integrative Sexual Health (WISH) program is to provide individual clinical consultation, resources, education, emotional support and appropriate referrals related to sexual health concerns for women with cancer.

Approximately half of all women diagnosed with cancer experience sexual problems after treatment. Our staff has years of experience caring for women who have been diagnosed with cancer and understands how cancer can impact quality of life. They have pursued specialized education and training to help women address concerns about changing intimacy and sexuality. The WISH program offers a safe and supportive setting where women with any form of cancer can have their intimate concerns addressed.

**Common questions and answers:**

**Q** Sex hurts. Can you help me?

**A** There are many reasons why sexual intercourse can hurt. Vaginal dryness, scarring from prior cancer therapy and muscle tension are some of the common issues related to pain. After a comprehensive history and physical exam, WISH providers will counsel patients about the possible causes of pain and suggest ways to improve or minimize discomfort. Follow-up appointments are important ways to customize individual treatment plans.

**Q** I have very little interest in sex since my cancer treatment. Is this common?

**A** It is quite common for women to notice less sexual interest, or libido, after cancer treatment. This can be due to many factors, including stress and worry, menopause induced by treatment, changes of body image, as well as pain and scarring. The WISH providers will be able to discuss strategies to help you regain your interest and reclaim intimacy with your partner.

**Q** Are WISH services covered by insurance?

**A** Women may experience a variety of problems after cancer treatment and many of them are billable to insurance. Insurers will often cover the clinical visits, though usual co-pays will apply. Referrals may be made to pelvic floor physical therapy providers and sex therapists within your healthcare system. Patients should contact their insurance provider to verify coverage.

The UW Carbone Cancer Center helped by providing the answers to questions I didn’t even know I had. Their wisdom and guidance prepared me to face the changes I was experiencing physically and emotionally.”

-Laura, Cancer Survivor

Sexual dysfunction is more common in women than in men. According to the National Institutes of Health, 40-100% of cancer survivors experience sexual problems after cancer treatment. Many women want to talk about sexual issues after cancer treatment, but are worried about bringing up the topic.