

Cancer Association of South Africa (CANSA)



Fact Sheet on Safe Sex During Cancer Treatment

Introduction

Physical intimacy can contribute significantly to a person's well-being, but oncology clinicians rarely discuss sexuality and sexuality-related issues with their patients. Lack of knowledge and personal discomfort are widely acknowledged barriers. Most patients can be sexually active during their cancer treatment, but need to use safe sexual practices.



[Picture Credit: Intimacy]

Cancer survivors who are sexually active need to protect themselves from all forms of infection, inclusive of sexually transmitted infections (STI's). Some sexually transmitted infections are among those that can increase the risk for developing certain cancers:

- Human Papilloma Virus (HPV) is the primary cause of a number of cancers including those of the cervix, anus, penis, and certain head-and-neck cancers
- Chronic Hepatitis B and Hepatitis C infections can lead to liver cancer
- Patients infected with the Human Immunodeficiency Virus (HIV) are susceptible to several cancers including Kaposi sarcoma, a cancer targeting the lining of blood vessels and other body parts

Most individuals with these infections may not develop cancer but it is a good idea to learn more about how to reduce one's risk and take care of oneself.

It is common knowledge that cancer is not contagious, however undergoing cancer treatment provides no protection against acquiring a variety of infections, inclusive of sexually transmitted infection. (STI). Cancer survivors should take care to protect themselves against possibly acquiring any form of infection.

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Cancer is not Contagious

A healthy person cannot “catch” cancer from someone who has it. There is no evidence that close contact or things like sex, kissing, touching, sharing meals, or breathing the same air can spread cancer from one person to another.

[Picture Credit: I’m Not Contagious]

Cancer cells from one person are generally unable to live in the body of another healthy person. A healthy person’s immune system recognises foreign cells and destroys them, including cancer cells from another person.



There have been some cases in which organ transplants from people with cancer have been able to cause cancer in the person who got the organ. But there is a major factor that makes this possible – people who get organ transplants take medicines that weaken their immune systems. This must be done so their immune system will not attack and destroy the transplanted organ. This seems to be the main reason that cancer in a transplanted organ could, in very rare cases, give cancer to the person who receives the organ. Organ donors are carefully screened to reduce this risk.

If cancers were contagious, there would be cancer epidemics just as there are flu epidemics – cancer would spread like measles, polio, or the common cold. One would expect a high rate of cancer among families and friends of cancer patients and among health professionals because of their exposure to the disease. This is not the case.

The fact that cancer might happen more often in certain families also does not mean that the family members have spread cancer to each other. There are other reasons for this to happen:

- Family members share the same genes
- Families may have similar unhealthy lifestyles (diet and smoking, for example)
- Family members may all be exposed to the same cancer-causing agent

Some people point to “clusters” of cancer patients who have had contact, directly or indirectly, with one another as proof that cancer is contagious. But scientists have found that these “clusters” almost never reflect a greater incidence of cancer than would be found in a random survey of the general public. In the rare case that there really is more cancer in such a group, it is hard to be sure that environmental factors and cultural factors such as diet and lifestyle are not responsible for the cancer “cluster”.

Moynihan, T.J. 2020. Chemotherapy and sex: is sexual activity OK during treatment? Mayo Clinic.

“It’s best to discuss any concerns about chemotherapy and sex with your doctor, who’s familiar with your individual situation. In general, however, it’s usually OK to have sex while undergoing chemotherapy — as long as you’re feeling up to it.

Many factors can influence decisions about chemotherapy and sex. Here are some things to consider:

- **What type of cancer do you have?** Cancers involving the genital tract may require special caution when it comes to sex. After a procedure or therapy that affects the genital tract, your doctor may recommend abstaining from sexual activity until healing is complete.

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- **What type of chemotherapy are you receiving?** Some types of chemotherapy can lead to changes in the lining of the vagina, which may make vaginal injuries more likely during vaginal intercourse. Normal bacteria that live on the skin or in the genital tract may be introduced into your bloodstream.
If your chemotherapy reduces the levels of your germ-fighting white blood cells, you may not be protected from these bacteria. Your doctor may recommend you avoid sexual intercourse until your white blood cell counts rise to safe levels.
If chemotherapy causes a low platelet count, intercourse could cause bleeding. If your platelet count is extremely low, severe bleeding could occur.
- **Could you become pregnant?** Pregnancy is strongly discouraged during chemotherapy (this applies to both men and women receiving chemotherapy), due to the potential effects on the developing baby. If conception is possible, your doctor will likely encourage you to choose a reliable method of birth control.
- **Are you feeling up to it?** During chemotherapy, fatigue or other side effects including effects on hormonal levels may decrease your interest in sex. If you're not interested in intercourse, remember that there's more to an intimate relationship than sex. Look for other ways to express affection, such as kissing, cuddling or other shared activities."

Oncolink, 2020.

Chemotherapy can be excreted in saliva and vaginal secretions for 48-72 hours after a treatment. You should use a condom for oral sex or intercourse (vaginal or anal) during this period to prevent your partner from being exposed to chemotherapy. (This includes IV and oral chemotherapy).

Think outside the box about sexual activity - it does not have to involve intercourse or oral sex. Use kissing, touching, caressing to satisfy each other. Because saliva can contain chemotherapy for 48-72 hours after treatment, you should avoid open-mouth kissing during this time as this can expose your partner to the chemotherapy.

Research on Cancers Caused by Infections

The following are excerpts and abstracts on peer-reviewed research regarding infections and the incidence of cancer:

Chelimo, C., Wouldes, T.A., Cameron, L.D. & Elwood, J.M. 2013.

Genital HPV infection is associated with development of cervical cancer, cervical neoplasia, anogenital warts, and other anogenital cancers. Studies have identified the main risk factors for genital HPV infection in females as follows: acquisition of new male partners; an increasing number of lifetime sexual partners both in females and their male partners; and having non-monogamous male partners. Cervical cancer screening and HPV vaccination are the primary measures currently recommended to prevent cervical cancer. There is also an ongoing debate and conflicting findings on whether male circumcision and condom use protect against HPV infection and subsequent development of HPV-related illnesses in females.

Sendagorta, E., Herranz, P., Guadalajara, H., Bernardino, J.I., Viguer, J.M., Beato, M.J., Farcia-Olmo, D. & Peña, J.M. 2014.

The incidence of anal cancer among HIV-infected patients is higher than that in other populations. Anal high-grade squamous intraepithelial lesions are considered precursors to invasive squamous-cell carcinomas and are strongly associated to high-risk human papillomavirus infection.

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Berman, T.A. & Schiller, J.T. 2017.

Human papillomavirus (HPV) causes greater than 5% of cancers worldwide, including all cervical cancers and an alarmingly increasing proportion of oropharyngeal cancers (OPCs). Despite markedly reduced cervical cancer incidence in industrialized nations with organized screening programs, cervical cancer remains the second most common cause of death from cancer in women worldwide, as developing countries lack resources for universal, high-quality screening. In the United States, HPV-related OPC is only 1 of 5 cancers with a rising incidence since 1975 and now has taken over the cervix as the most common site of HPV-related cancer.

Jiamsakul, A., Polizzotto, M., Wen-Kei Ku, S., Tanuma, J., Hui, E., Chaiwarith, R., Kiertiburanakul, S., Avihingasanon, A., Yunihastuti, E., Kumarasamy, M., Ly, P.S., Pujarik, S., Ditangco, R., Do, C.D., Merati, T.P., Kantipong, P., Shang, F., Van Nguyen, K., Kamarulzaman, A., Choi, J.Y., Sim, B.L., Ng, O.T., Ross, J., Wong, W., and TREAT Asia HIV Observational Database of IeDEA Asia-Pacific. 2018.

Factors associated with development of haematological and non-haematological malignancy were analysed using competing risk regression and survival time using Kaplan-Meier. Results of 7455 patients, 107 patients (1%) developed a malignancy: 34 (0.5%) haematological (0.08 per 100 person-years (/100PY)), and 73 (1%) non-haematological (0.17/100PY). Of the haematological malignancies, non-Hodgkin lymphoma was predominant (n=26, 76%): immunoblastic (n=6, 18%), Burkitt (n=5, 15%), diffuse large B-cell (n=5, 15%), and unspecified (n=10, 30%). Others include central nervous system lymphoma (n=7, 21%), and myelodysplastic syndrome (n=1, 3%). Non-haematological malignancies were mostly Kaposi's sarcoma (n=12, 16%) and cervical cancer (n=10, 14%).

Bishop, B.N. & Lynch, D.T. 2018.

Kaposi sarcoma is an interesting soft tissue tumor occurring in several distinct populations with a variety of presentations and courses. In its most well-known form, Kaposi sarcoma occurs in patients with immunosuppression, such as those with acquired immunodeficiency syndrome (AIDs) or those undergoing immunosuppression due to an organ transplant.

Gobert, A., Spano, J.P. & Cadranel, J. 2018.

Since 1996, the life expectancy of people living with HIV (PLWHIV) has improved, while their risk of cancer is 2-3 times higher than in the general population. HIV-associated cancers remain a critical issue in this population and represent a particular care challenge due to the high risk of drug interactions and additive toxicity. The new standards of care with immunotherapy will also become a major issue for PLWHIV because of the potential impact on immunology and virology. Thus, the National Cancer Institute created the CANCERVIH national network in 2014 in France, enabling the establishment of a multidisciplinary national board of experts. This is an important first step that will help patients and health professionals provide optimal treatment to PLWHIV and prevent disparities. We hope that such a multidisciplinary council will make its voice heard in other countries and that this could be useful for patients with HIV-related cancers.

[Picture Credit: Blood]

Hwang, J.P. & Torres, H.A. 2018.

Cancer patients with Hepatitis B (HBV) or Hepatitis C (HCV) infection are at risk for viral reactivation, with many similarities between these two infections. Patients at high risk for reactivation will benefit significantly from taking oral antivirals, which will reduce the risk of HBV reactivation or prevent development of HCV reactivation following its virologic cure.



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Blood Donations and Cancer Risk

Blood transfusions from donors with undiagnosed cancer do not appear to increase the risk for a future malignancy in recipients. In a study that appeared in *The Lancet*, researchers found no evidence that blood transfusions from precancerous donors are associated with increased risk for cancer among recipients, as compared with transfusions from noncancerous donors.

This study helps assure one that the blood supply does not put transfusion recipients at increased risk of developing a cancer that was directly transmitted from the blood. The study is also of interest because it is difficult to carefully study topics involving the long-term risks of blood transfusion without having the massive linked data set that the authors had.

There is no way to know whether potential donors harbour a malignancy that will be diagnosed within the ensuing few years. If there were a way of testing blood to determine this, that would be of interest as a way to make earlier diagnoses of cancer for the benefit of the donor.

An increased risk for cancer was also not seen in a sub-analysis that compared recipients who received blood from donors who were diagnosed with metastatic cancer within 5 years of donation, nor was an increased risk for malignancy seen in recipients who received blood donated from persons with a previous diagnosis of cancer.

Safe Sex During Cancer Treatment

Feel like a roll in the hay but also a little under the weather? What does one do if sick but still want to have sex? Is it safe? Could one's partner get sick too?

[Picture Credit: Safer Sex]

Men and sex during cancer treatment - there are a few factors that determine if sexual activity is safe during treatment.

- In general, sexual activity is fine during cancer treatment as interest, energy and comfort levels allow. While some men may not feel up to sexual intimacy after surgeries or during chemotherapy and radiation therapy; hugging, kissing, holding hands and massages may feel good and be comforting.
- If having had surgery involving the pelvic area (prostate, testicular and penile cancers, colorectal and anal cancers), men may need to allow extra time for healing before having sex that involves penile stimulation or vaginal or rectal penetration (with penis, toys, vibrators or dilators). If one is being treated for an oral cancer, use caution during oral sex.
- If experiencing a low white blood cell count or low platelet count (concern arises with platelets below 50 000), men may need to refrain from any sexual activity that involves vaginal or anal penetration. This is because there is an increased risk of infection or bleeding when platelet and/or white blood cell counts are low.



- If having brachytherapy for prostate cancer (seeds), be sure to follow the oncology team's guidance about limiting close physical contact to avoid exposing his partner to radiation.

Tips for men for healthy and safe sexual activity:

- Be sure to use a reliable form of birth control to prevent pregnancy - even if one is of the opinion that sperm has not been affected.
- Chemotherapy can be excreted in semen for 48-72 hours after a treatment. One should, therefore, use a condom for oral sex or vaginal or anal intercourse during this period to prevent one's partner from being exposed to the chemotherapy. This includes IV and oral chemotherapy – even those chemotherapy medications that are taken daily.
- Think outside the box about sexual activity - it does not have to involve intercourse or oral sex. Use kissing, touching, caressing, massaging to satisfy each other.
- Keep communication open. Talk about what feels good and what does not; inform a partner when feeling tired or uncomfortable.
- Cancer surgery may result in a particular position being painful. Try different positions to find what is best for self and one's partner. For example, if positioning on top during penetration is painful or too much exertion, having both partners lying on their sides, or the partner on top, may be more comfortable.
- Talk with the healthcare team about coping with changes in body image and sexual health. For some, talking with other men in a men's support group or an online discussion platform can help. Others may find more intensive help useful from a mental health provider with expertise in working with men with cancer.
- Some practical tips for body image concerns: exercise, maintaining a healthy weight and eating well can improve fatigue, mood and self-esteem. If there is loss of hair, try a comfortable hat. If left with an ostomy, using an ostomy cover as camouflage can help with concerns about others noticing the bag (do an online search for ostomy covers for men).

Women and sex during cancer treatment - there are a few factors that determine if sexual activity is safe during treatment.

- In general, sexual activity is fine during treatment as interest, energy and comfort levels allow. While women may not feel up to sexual intimacy after surgeries or during chemotherapy and radiation therapy; hugging, holding hands and massages may feel good and be comforting.
- If one had surgery involving the pelvic area (gynaecologic cancers, colorectal and anal cancers), one may need to allow extra time for healing before having sex that involves vaginal or rectal penetration (with penis, fingers, toys, vibrators or dilators). If being treated for an oral cancer, use caution during oral sex.
- If having a low white blood cell count or low platelet count (concern arises with platelets below 50 000), one will need to refrain from any sexual activity that involves vaginal or anal penetration. This is because there is an increased risk of infection or bleeding when platelet and/or white blood cell counts are low.

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Tips for women for healthy and safe sexual activity:

- Be sure to use a reliable form of birth control to prevent pregnancy - even if one believes one's periods have stopped or one's fertility has been affected.
- Chemotherapy can be excreted in vaginal secretions for 48-72 hours after a treatment. One should use a condom for oral sex or intercourse during this period to prevent a partner from being exposed to the chemotherapy. This includes IV and oral chemotherapy.
- Think outside the box about sexual activity - it does not have to involve intercourse or oral sex. Use kissing, touching, caressing, massaging to satisfy each other.
- Keep communication open. Talk about what feels good and what does not; communicate with a partner when feeling tired or uncomfortable.
- Cancer surgery may result in a particular position being painful. Try different positions to find what is best for self or one's partner. For example, if lying on one's back during penetration is painful, having both partners lying on their sides may be more comfortable.
- Talk with the healthcare team about coping with changes in one's body image and sexual health. For some, talking with other women in a support group can help. While others may find more intensive help useful from a mental health provider, with expertise in working with women with cancer.
- Some practical tips for body image concerns include exercise, maintaining a healthy weight, dressing in clothing that makes one feel attractive, wearing pretty undergarments or learning beauty techniques to manage side effects such as facial colouring, eyebrow and hair loss, etc. For women with an ostomy, using an ostomy cover or camisole as camouflage can help with concerns about others noticing the bag. Do an online search for ostomy covers.

Medical Disclaimer

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I'm Not Contagious

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Intimacy

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Safer Sex

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