Cancer and Sexual Health

Eastern Iowa Chapter-Oncology Nurses Society
March 15, 2016

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In 2015:

**United States**
- 15 million cancer survivors

**Iowa**
- 140,000+ cancer survivors
- 6,000+ people will die annually
- 17,000+ newly diagnosed
- 40-100% sexual dysfunction
MY PERSONAL CANCER JOURNEY
Menopause & Sexual Health Clinic

Protocols available on request, veronika-kolder@uiowa.edu

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Medical Director
Eugenia Mazur, MD, NCMP

Menopause
Sexual Health
Cancer Survivorship
Call to action:
the capacity to make choices about current and future ability to function sexually is essential to the health, QOL, and personhood of females with cancer
Call to action:
the capacity to make choices about current and future ability to function sexually is essential to the health, QOL, and personhood of females with cancer.
Most females with cancer have a cancer that directly affects the sexual organs

<table>
<thead>
<tr>
<th></th>
<th>2012 Prevalence</th>
<th>Percent of all cancers in females</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>2,990,813</td>
<td>40.9</td>
</tr>
<tr>
<td>Uterus</td>
<td>621,612</td>
<td>8.5</td>
</tr>
<tr>
<td>Colorectal</td>
<td>589,028</td>
<td>64.9 % of cancers in females</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8.1</td>
</tr>
<tr>
<td>Cervix</td>
<td>249,512</td>
<td>directly</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3.4</td>
</tr>
<tr>
<td>Ovary</td>
<td>192,446</td>
<td>affect the sexual organs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.6</td>
</tr>
<tr>
<td>Brain</td>
<td>70,762</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.0</td>
</tr>
<tr>
<td>Anus</td>
<td>(2011) 26,298</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>0.4</td>
</tr>
</tbody>
</table>

2012 prevalence data from Surveillance, Epidemiology, and End Results (SEER) data, accessed 8/29/15. All sites, female, 2012 = 7,311,722

Lindau et al. DOI: 10.1016/j.ajog.2015.03.039

Cancer and cancer treatment can impair female sexuality

<table>
<thead>
<tr>
<th>Cancer Site</th>
<th>Most Common Sexual Problems</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>Overall</td>
<td>30-100%</td>
</tr>
<tr>
<td></td>
<td>Desire</td>
<td>23-64%</td>
</tr>
<tr>
<td></td>
<td>Arousal/lubrication</td>
<td>20-48%</td>
</tr>
<tr>
<td></td>
<td>Orgasm</td>
<td>16-36%</td>
</tr>
<tr>
<td></td>
<td>Pain/dyspareunia</td>
<td>35-38%</td>
</tr>
<tr>
<td></td>
<td>Body image concerns</td>
<td>30-67%</td>
</tr>
<tr>
<td></td>
<td>Poor nipple sensation</td>
<td>&gt;90%</td>
</tr>
<tr>
<td><strong>Gynecologic</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(ovarian &amp; cervical only)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Overall</td>
<td>≤80%</td>
</tr>
<tr>
<td><strong>Colorectal</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Overall</td>
<td>6-60%</td>
</tr>
</tbody>
</table>
The web of female sexual dysfunction

- Painful sex
- Decreased desire
- Decreased arousal
- Decreased orgasm

SEXUAL DISORDERS & PAIN/PENETRATION DISORDERS

Women and girls with cancer value their sexuality

Lindau et al. DOI: 10.1016/j.ajog.2015.03.039

Young Breast Cancer Survivors: David Jay, The SCAR Project, 2005
Loss of sexual function has negative health consequences for females and their partners

<table>
<thead>
<tr>
<th></th>
<th>% Female cancer</th>
<th>% Female controls</th>
<th>RR (95% CI)</th>
<th>% Male Cancer</th>
<th>% Male Control</th>
<th>RR (95% CI)</th>
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<tbody>
<tr>
<td>Ever married</td>
<td>79</td>
<td>77</td>
<td>1.03 (0.97-1.09)</td>
<td>76</td>
<td>70</td>
<td>1.08 (0.94-1.25)</td>
</tr>
<tr>
<td>Currently married</td>
<td>58</td>
<td>65</td>
<td>0.91 (0.83-0.99)</td>
<td>62</td>
<td>61</td>
<td>1.03 (0.87-1.22)</td>
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<tr>
<td>Divorced/separated</td>
<td>21</td>
<td>11</td>
<td>1.83 (1.49-2.25)</td>
<td>13</td>
<td>8.2</td>
<td>1.57 (0.69-3.56)</td>
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2009 Behavioral Risk Factor Surveillance System database. Young female survivors age 20-39 are less likely to be married and more likely to be divorced or separated compared to controls without cancer. In male young adult cancer survivors, percent currently married and percent divorced or separated was not significantly different from male controls without cancer. N=1198 survivors (ave time since dx 7.4 years), 67063 controls. Analysis adjusted for age, race, highest attained education. Bold values are significant at α = 0.05.

Loss of sexual function has negative health consequences for females and their partners.

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Patients want to preserve their sexuality but rarely ask for help
Tools for assessing female sexual function are available

Survivorship: Sexual Dysfunction (Female), Version 1.2013


*J Natl Compr Canc Netw* 2014;12:184-192
**DIAGNOSTIC EVALUATION**

- Ask about sexual function at regular intervals
- Use the Brief Sexual Symptom Checklist as a primary screening tool
- Review present and past level of sexual activity and discuss the potential impact of therapy. Discuss any sexual concerns and how cancer treatment has affected sexual functioning and intimacy
- Discuss treatment-associated infertility if indicated, with appropriate referrals

---

**No concerns for sexual dysfunction**

- **H&P**
  - Sexual history
    - (including prior problems)
  - Past medical, surgical, and obstetric histories (nononcologic)
    - Identify traditional risk factors
      - (e.g., cardiovascular disease, diabetes mellitus, smoking, alcoholism, obesity, menopause)
  - Psychosocial history
    - Including relationship status/Issues, drug and alcohol use
    - Screen for psychosocial concerns
      - (See SANXDE-1* and NCCN Clinical Practice Guidelines in Oncology [NCCN Guidelines] for Distress Management†)
      - Depression
      - Anxiety
      - Relationship issues
  - Review oncologic history
    - Diagnosis/stage
    - Surgeries
    - Systemic treatment
    - Local RT
  - Use of prescription and over-the-counter medications
    - (especially hormone therapy or opioids)

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**Concerns for sexual dysfunction**

- Reevaluate at subsequent visits/posttherapy

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See Additional Evaluation and Treatment (p.2)
Appropriate referrals for psychotherapy, sexual/couples counseling, or gynecologic care
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**No concerns for sexual dysfunction**

See Additional Evaluation and Treatment (p.2) Appropriate referrals for psychotherapy, sexual/couples counseling, or gynecologic care

- Reevaluate at subsequent visits/posttherapy
Brief Sexual Symptom Checklist

BRIEF SEXUAL SYMPTOM CHECKLIST FOR WOMEN

Please answer the following questions about your overall sexual function:
1. Are you satisfied with your sexual function?
   __ Yes  __ No  
   If no, please continue.

2. How long have you been dissatisfied with your sexual function?

3a. The problem(s) with your sexual function is:
   (mark one or more)
   __ 1 Problem with little or no interest in sex
   __ 2 Problem with decreased genital sensation (feeling)
   __ 3 Problem with decreased vaginal lubrication (dryness)
   __ 4 Problem reaching orgasm
   __ 5 Problem with pain during sex
   __ 6 Other:

3b. Which problem is most bothersome? (circle)
   1 2 3 4 5 6

4. Would you like to talk about it with your doctor?
   __ Yes  __ No
**DIAGNOSTIC EVALUATION**

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**SANXDE-1 available at**
http://cache1.medsci.cn/webeditor/uploadfile/201503/20150325140423575.pdf

Guidelines for distress at

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See Additional Evaluation and Treatment (p. 2) Appropriate referrals for psychotherapy, sexual/couples counseling, or gynecologic care
SANXDE-1
ANXIETY AND DEPRESSION SCREENING

• Do you feel nervous, or do you worry?

• Do you worry that your cancer will recur?

• Do you have trouble controlling your worry?

• Do you have trouble sleeping? (eg, staying asleep, falling asleep, too much sleep)

• Do you have difficulty concentrating?

• Do you have less interest or enjoyment in activities?

• Do you feel sad or depressed?

• Are you having difficulty performing daily activities because of these (above mentioned) feelings or problems?
SCREENING TOOLS FOR MEASURING DISTRESS

Instructions: First, please circle the number (0-10) that best describes how much distress you have been experiencing in the past week, including today. Second, please indicate if any of the following has been a problem for you in the past week, including today. Be sure to check YES or NO for each.

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>Practical Problems</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Child care</td>
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<td>Housing</td>
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<td>Insurance</td>
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<td>Transportation</td>
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<td>Work/school</td>
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<td></td>
<td></td>
<td>Family Problems</td>
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<td></td>
<td></td>
<td>Dealing with children</td>
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<tr>
<td></td>
<td></td>
<td>Dealing with partner</td>
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<td></td>
<td></td>
<td>Ability to have children</td>
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<td></td>
<td></td>
<td>Emotional Problems</td>
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<td></td>
<td></td>
<td>Depression</td>
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<td></td>
<td></td>
<td>Fears</td>
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<tr>
<td></td>
<td></td>
<td>Nervousness</td>
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<tr>
<td></td>
<td></td>
<td>Sadness</td>
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<td></td>
<td></td>
<td>Worry</td>
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<td></td>
<td></td>
<td>Loss of interest in usual activities</td>
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<tr>
<td></td>
<td></td>
<td>Spiritual/Religious Concerns</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>Physical Problems</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Appearance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Bathing/dressing</td>
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<tr>
<td></td>
<td></td>
<td>Breathing</td>
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<td></td>
<td></td>
<td>Changes in urination</td>
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<td></td>
<td></td>
<td>Constipation</td>
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<td></td>
<td></td>
<td>Diarrhea</td>
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<td></td>
<td></td>
<td>Eating</td>
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<td></td>
<td></td>
<td>Fatigue</td>
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<td></td>
<td></td>
<td>Feeling swollen</td>
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<td></td>
<td></td>
<td>FEVERS</td>
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<tr>
<td></td>
<td></td>
<td>Getting around</td>
</tr>
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<td></td>
<td></td>
<td>Indigestion</td>
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<td></td>
<td></td>
<td>Memory/concentration</td>
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<td></td>
<td>Mouth sores</td>
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<td></td>
<td></td>
<td>Nausea</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Nose dry/congested</td>
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<tr>
<td></td>
<td></td>
<td>Pain</td>
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<td></td>
<td></td>
<td>Sexual</td>
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<td></td>
<td></td>
<td>Skin dry/itchy</td>
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<td></td>
<td></td>
<td>Sleep</td>
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<tr>
<td></td>
<td></td>
<td>Tingling in hands/feet</td>
</tr>
</tbody>
</table>

Other problems: ____________________________________________
Evaluate for the following categories of female sexual dysfunctions:

- Female sexual dysfunction
- Female arousal disorder
- Sexual desire disorder
- Sexual pain disorder
- Female orgasm disorder

Discuss concerns related to:

- Menopause
- Sexual functioning
- Sexual dysfunction symptoms and effects on treatment-related medication

Perform physical and gynecologic exam to note points of tenderness, vaginal atrophy, and anatomic changes associated with cancer surgeries and radiation.

Identify sources for psychosocial counseling for psychotherapy or sexual counseling.

Guide treatment to specific type of female sexual dysfunction:

- Lubricants and moisturizers
- Vaginal dilators/vibrators
- Pelvic physical therapy helpful for anatomi cal changes and dyspareunia
- Use of water-based, oil-based or silicone-based lubricants.
- Topical estrogen therapy if not contraindicated by tumor type, with education regarding risks and benefits.

Use the Brief Symptom Checklist as a sexual dysfunction screening tool.

Ongoing concerns for sexual dysfunction:

- Psychotherapy
- Appropriate referrals for sexual counseling

Repeat treatment and evaluation as indicated.

Concerns for sexual dysfunction not resolved:

- Additional evaluation
- Treatment options

Reevaluate at subsequent visit post-therapy.
ADDITIONAL EVALUATION

- Evaluate for the following categories of female sexual dysfunctions:
  - Sexual desire disorder
  - Sexual arousal disorder
  - Female orgasm disorder
  - Sexual pain disorder
- Discuss concerns related to specific cancer therapies
- If treatment-related menopause, assess symptoms and effects on sexual functioning
- Perform physical and gynecologic exam to note points of tenderness, vaginal atrophy, and anatomic changes associated with cancer surgeries and treatments
- For more in-depth evaluation of sexual dysfunction, consider the Female Sexual Function Index (FSFI)\textsuperscript{b}

TREATMENT

- Guide treatment to specific type of female sexual dysfunction:
  - Use of water-, oil-, or silicone-based lubricants and moisturizers
  - Vaginal dilators/vibrators
  - Relaxation techniques or exercises
    - Pelvic physical therapy helpful for anatomical changes and dyspareunia
  - Topical estrogen therapy if not contraindicated by tumor type (with education regarding risks)
    - Base the type of local estrogen on exam findings and patient preference (pills, vaginal rings, creams)
- Encourage ongoing partner communication
- Identify sources for psychosocial dysfunction with appropriate referrals for psychotherapy or sexual/couples counseling

POSTTREATMENT EVALUATION

- Concerns for sexual dysfunction improved or resolved
  - Reevaluate at subsequent visits/post therapy

Use the Brief Sexual Symptom Checklist\textsuperscript{a}

- Ongoing concerns for sexual dysfunction
  - Repeat evaluation and treatment options, with appropriate referrals for psychotherapy, sexual counseling as indicated

FSFI available at http://www.fsfiquestionnaire.com/
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- Concerns for sexual dysfunction improved or resolved
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  ▶ Sexual arousal disorder
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**CONCERNS FOR SEXUAL DYSFUNCTION IMPROVED OR RESOLVED**

- Use the Brief Sexual Symptom Checklist\(^a\)

**POSTTREATMENT EVALUATION**

- Reevaluate at subsequent visits/post therapy
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**POSTTREATMENT EVALUATION**
- Concerns for sexual dysfunction improved or resolved
  - Reevaluate at subsequent visits/post therapy

Use the Brief Sexual Symptom Checklist⁸

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  - Topical estrogen therapy if not contraindicated by tumor type (with education regarding risks)
    - Base the type of local estrogen on exam findings and patient preference (pills, vaginal rings, creams)
- Encourage ongoing partner communication
- Identify sources for psychosocial dysfunction with appropriate referrals for psychotherapy or sexual/couples counseling

POSTTREATMENT EVALUATION

- Concerns for sexual dysfunction improved or resolved
  - Reevaluate at subsequent visits/post therapy
  - Use the Brief Sexual Symptom Checklist\textsuperscript{e}
  - Ongoing concerns for sexual dysfunction
    - Repeat evaluation and treatment options, with appropriate referrals for psychotherapy, sexual counseling as indicated

Denlinger et al. JNCCN 2014;12(2):184-92
ADDITIONAL EVALUATION

- Evaluate for the following categories of female sexual dysfunctions:
  - Sexual desire disorder
  - Sexual arousal disorder
  - Female orgasm disorder
  - Sexual pain disorder
- Discuss concerns related to specific cancer therapies
- If treatment-related menopause, assess symptoms and effects on sexual functioning
- Perform physical and gynecologic exam to note points of tenderness, vaginal atrophy, and anatomic changes associated with cancer surgeries and treatments
- For more in-depth evaluation of sexual dysfunction, consider the Female Sexual Function Index (FSFI)\(^b\)

TREATMENT

- Guide treatment to specific type of female sexual dysfunction:
  - Use of water-, oil-, or silicone-based lubricants and moisturizers
  - Vaginal dilators/vibrators
  - Relaxation techniques or exercises
    - Pelvic physical therapy helpful for anatomical changes and dyspareunia
  - Topical estrogen therapy if not contraindicated by tumor type (with education regarding risks)
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Sexuality is an essential part of female health
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- Routinely ask about patient sexual function
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- Normalize the patient’s concerns and arrange a time to focus specifically on them
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• Routinely ask about patient sexual function
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• Normalize the patient’s concerns and arrange a time to focus specifically on them
• Provide resources
Sexuality is an essential part of female health

- Routinely ask about patient sexual function
- Provide anticipatory guidance
- Normalize the patient’s concerns and arrange a time to focus specifically on them
- Provide resources
- Develop expertise to fill this need for care in your community

Menopause & Sexual Health Clinic, UIHC, appointments at (319) 356-2294
veronika-kolder@uiowa.edu
Pre-operative discussion

- Any oncologic intervention in the pelvis can lead to both short-term and long-term post-treatment sexual and urological side effects.
  - Radiation – delayed
  - Surgery – immediate
- Pre-intervention discussion generally involves discussion of cancer treatment.
- Pre-intervention sexual/urologic sequelae are rarely discussed.

Typical Prostate Cancer Patient

58 M, diagnosed with prostate cancer after undergoing prostate biopsy for elevated PSA (6.5). Biopsy showed Gleason 3+4 Prostate cancer in 3 of 12 cores. Decision to undergo robotic assisted laparoscopic prostatectomy
Prostate Cancer Risk

<table>
<thead>
<tr>
<th>Your Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learn more about your results below.</td>
</tr>
<tr>
<td><strong>Current Model</strong></td>
</tr>
<tr>
<td><strong>Extent of Disease Probability</strong></td>
</tr>
<tr>
<td>Indolent Cancer</td>
</tr>
<tr>
<td>N/A</td>
</tr>
<tr>
<td>Organ Confined Disease</td>
</tr>
<tr>
<td>74%</td>
</tr>
<tr>
<td>Extracapsular Extension</td>
</tr>
<tr>
<td>17%</td>
</tr>
<tr>
<td>Seminal Vesicle Invasion</td>
</tr>
<tr>
<td>4%</td>
</tr>
<tr>
<td>Lymph Node Involvement</td>
</tr>
<tr>
<td>2.6%</td>
</tr>
<tr>
<td><strong>Primary Treatment Outcome</strong></td>
</tr>
<tr>
<td>Progression Free Probability after Radical Prostatectomy</td>
</tr>
<tr>
<td>5 Year</td>
</tr>
<tr>
<td>93%</td>
</tr>
<tr>
<td>10 Year</td>
</tr>
<tr>
<td>90%</td>
</tr>
<tr>
<td>Probability of Cancer-Specific Survival</td>
</tr>
<tr>
<td>10 Year</td>
</tr>
<tr>
<td>99%</td>
</tr>
<tr>
<td>15 Year</td>
</tr>
</tbody>
</table>

Age: 58  
PSA: 6.5  
Gleason 3+4  
3/12 cores positive
Erectile Dysfunction and Incontinence Risk?

- Historical Rates:
  - Continence = 95%
  - Potency = 70%

- Reality →

Eur J Surg Onc. 2014 Jul 18
All men undergoing radical retropubic prostatectomy will experience SOME post-operative erectile dysfunction and stress incontinence.

- Recovery can take YEARS.
- Many men are misinformed or misunderstand.
Misinformed Patients

Patient Preoperative Expectations of Urinary, Bowel, Hormonal and Sexual Functioning Do Not Match Actual Outcomes 1 Year After Radical Prostatectomy

Daniela Wittmann,* Chang He, Michael Coelho, Brent Hollenbeck, James E. Montie and David P. Wood, Jr.†

From the Department of Urology (DW, CH, MC, BH, JEM, DPW) and Department of Social Work—Center for Sexual Health (DW), University of Michigan, Ann Arbor, Michigan

• 12% of patients expected BETTER urinary control
• 17% of patients expected IMPROVED erections

Surgical Treatment

• Discussion of “sparing” or “not-sparing” nerves can often lead to increased expectations of post-operative recovery.
• While “nerve-sparing” approaches increase chances of recovery, it should never be “expected”.

Manage expectations
Post-Operative Rehabilitation

Post-op Rehabilitation should begin before surgery. Good to understand keys to recovering urinary control and erections post-operatively:

- Urinary control - Kegel Exercises
- Erections - Kegel Exercises, +/- PDE-5 (e.g. Viagra) and/or Vacuum erection devices
Post-Operative Regret

• Regret is common (>20% of men)
• Most influenced by post-operative erectile dysfunction and incontinence
• More common in men undergoing robotic surgery
  • Expectations are higher?
  • Marketing?
Health Related Quality of Life – Post-Treatment

**Urinary Incontinence**

<table>
<thead>
<tr>
<th>Treatment</th>
<th>EPIC Mean Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>HDXRT</td>
<td>86</td>
</tr>
<tr>
<td>I-125</td>
<td>86</td>
</tr>
<tr>
<td>RP^*</td>
<td>73</td>
</tr>
</tbody>
</table>

**Bowel Function**

<table>
<thead>
<tr>
<th>Treatment</th>
<th>EPIC Mean Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>HDXRT^*</td>
<td>85</td>
</tr>
<tr>
<td>I-125^</td>
<td>80</td>
</tr>
<tr>
<td>RP</td>
<td>93</td>
</tr>
</tbody>
</table>

**Sexual Function**

<table>
<thead>
<tr>
<th>Treatment</th>
<th>EPIC Mean Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>HDXRT</td>
<td>28</td>
</tr>
<tr>
<td>I-125</td>
<td>38</td>
</tr>
<tr>
<td>RP^*</td>
<td>25</td>
</tr>
</tbody>
</table>
Multidisciplinary Approach to Survivorship

The effects of multidisciplinary rehabilitation: RePCa—a randomised study among primary prostate cancer patients

K B Dieperink*, C Johansen², S Hansen¹, L Wagner³, K K Andersen⁴, L R Minet⁵ and O Hansen¹

Conclusion: Multidisciplinary rehabilitation in irradiated PCa patients improved urinary and hormonal symptoms, and SF-12 physical QoL.
What can nursing do? – Call to action...

- Be the patient advocate
- Provide information
- Pre-operative counseling and early referrals
  - Post-operative/chemo sexual function is not a “complication” its an expectation
What about the Partner?

Survivorship After Prostate Cancer Treatment: Spouses’ Quality of Life at 36 Months

Janet Harden, PhD, RN, Martin G. Sanda, MD, John Thomas Wei, MD, Hossein N. Yarandi, PhD, Larry Hembroff, PhD, Jill Hardy, BA, and Laurel Northouse, PhD, RN

Conclusions: Spouses continued to experience negative appraisal of caregiving, which affected QOL 36 months after their husbands’ treatment for prostate cancer. Additional studies related to factors that influence spouse QOL during survivorship will help guide clinical practice.

Knowledge Translation: Spouses who experienced more bother related to urinary, sexual, and hormonal function experience more stress and worse QOL at 36 months post-treatment. Spouse appraisal can have a significant effect on QOL. Offering counseling to couples following treatment for prostate cancer may improve QOL by helping couples manage relationship intimacy.
Conclusions

- Prostate Cancer treatment is very successful at managing prostate cancer with high cancer specific survival
- With prolonged survival after CAP treatment, survivorship issues specific to CAP (e.g. ED and incontinence) become more important
- Perioperative counseling focuses on the cancer
- Rehabilitation can help, but ED and incontinence are COMMON and UNDERREPORTED/APPRECIATED
- A team approach that begins pre-op is ideal
- It STARTS WITH NURSES!!!!!
Points To Remember

• Sexual health issues are common as a result of many cancer treatments
• Patients want medical teams to address this topic, set expectations and provide resources
• Treatment can impact the outcome if addressed early
• Sexual health issues = Medical issues = Quality of life issues
• Loss of Sexual functioning has consequences on intimate relationships
• There are resources to address issues for providers and patients (www.aftercancer.co)
• Patients need your help, guidance and support

Adapted from Bober & Varela. J Clin Onc 2012;30:3712-9
Addressing Sexual Health Issues with Patients

Q&A