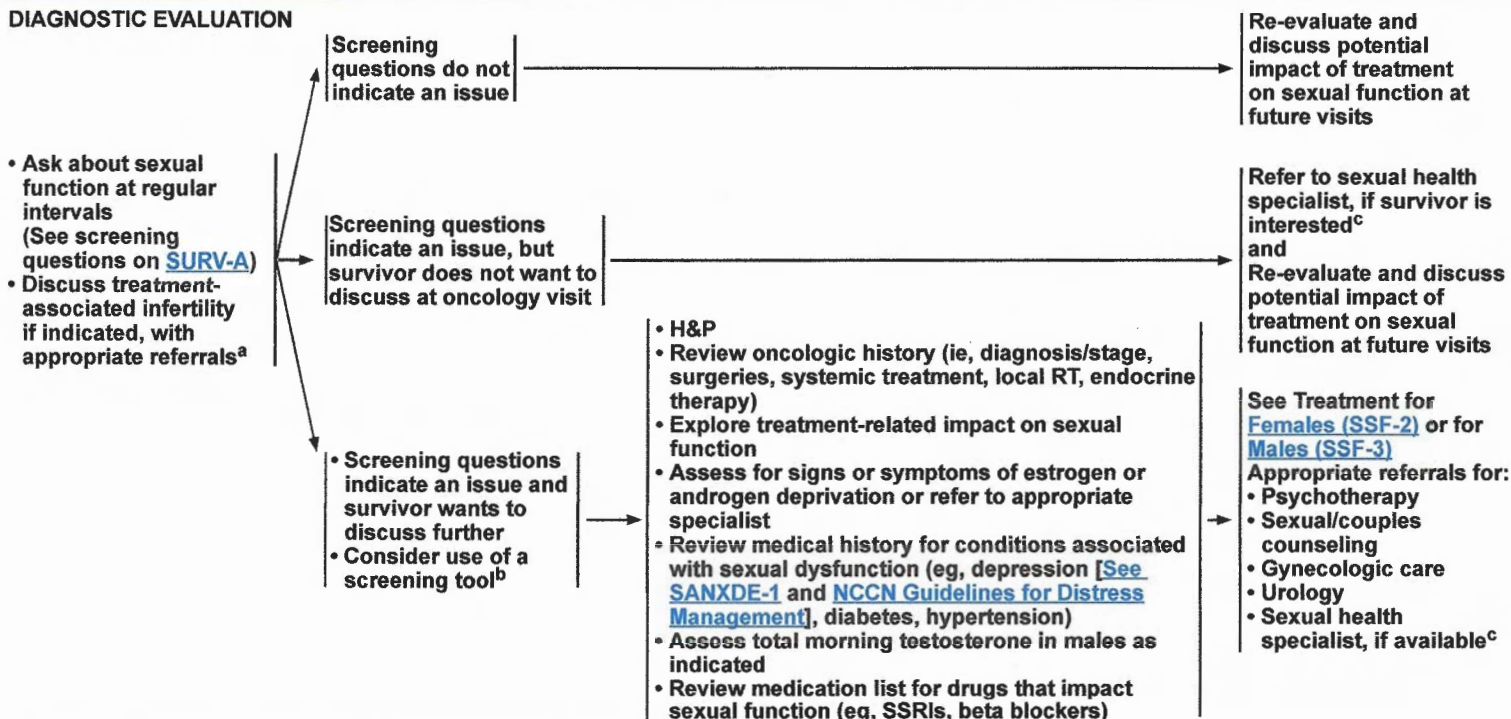




**DIAGNOSTIC EVALUATION**

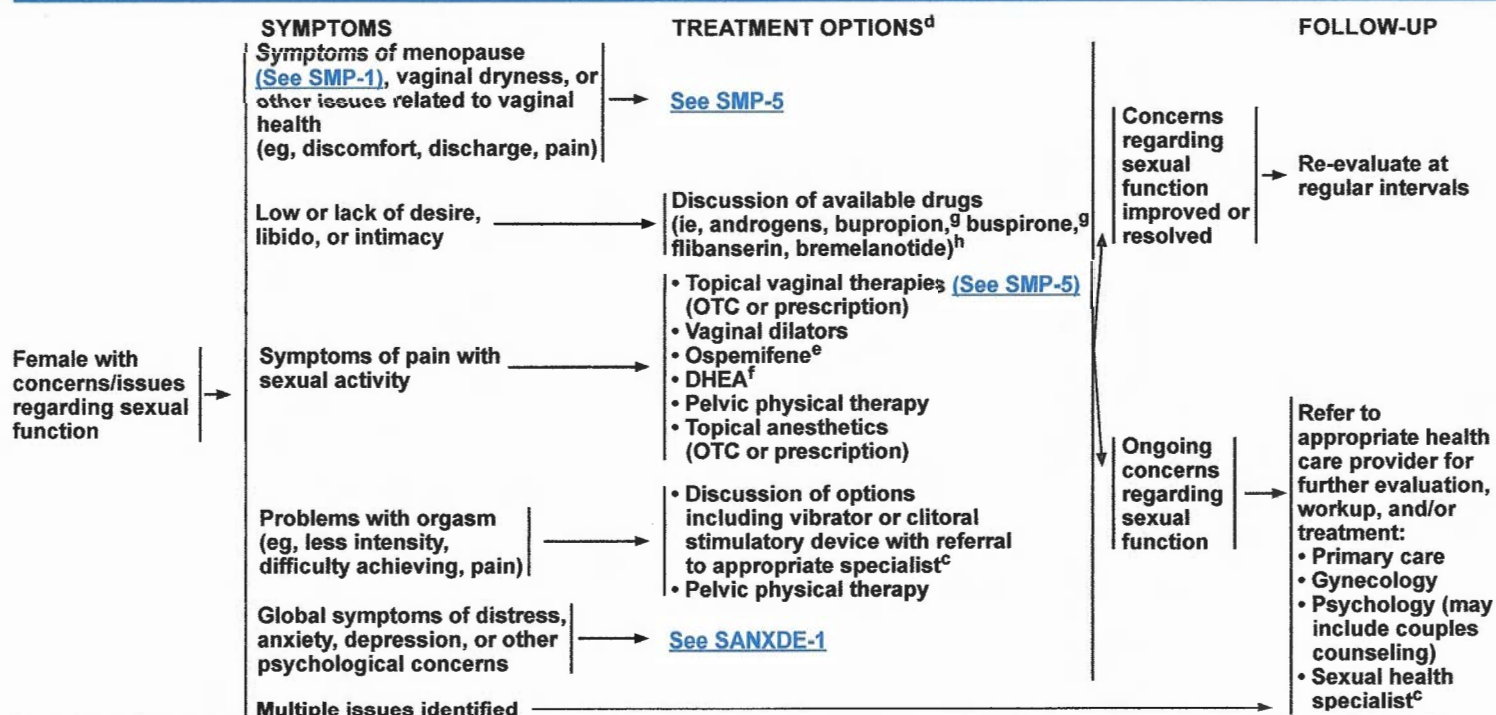


<sup>a</sup>For information regarding fertility preservation for patients with cancer, see Loren AW, Mangu PB, Beck LN, et al. Fertility preservation for patients with cancer: American Society of Clinical Oncology clinical practice guideline update. J Clin Oncol 2013;31:2500-2510. <http://www.ncbi.nlm.nih.gov/pubmed/23715580>

<sup>b</sup>Several Screening tools are available for both men and women. For women, options include the [Brief Sexual Symptom Checklist for Women \(SSF-A\)](http://dx.doi.org/10.1080/009262300278623), Arizona Sexual Experience Scale (<http://dx.doi.org/10.1080/009262300278623>), and the Female Sexual Function Index (<http://www.fsfiquestionnaire.com/>). For men, the [Sexual Health Inventory for Men \(SHIM\) \(SSF-B\)](http://www.assessmentcenter.net/), Sexual-Quality of Life-Men (<http://dx.doi.org/10.1111/j.1743-6109.2007.00749.x>), and the PROMIS Brief Function Profile-Male (<http://www.assessmentcenter.net/>) are examples.

<sup>c</sup>Sexual health specialists may come from a range of backgrounds, including primary care, gynecology, urology, oncology, psychology, and/or rehabilitation medicine. Whenever possible, survivor should be referred to an appropriate local resource for further sexual health evaluation.

Note: All recommendations are category 2A unless otherwise indicated.  
 Clinical Trials: NCCN believes that the best management of any patient with cancer is in a clinical trial. Participation in clinical trials is especially encouraged.



<sup>c</sup>Sexual health specialists may come from a range of backgrounds, including primary care, gynecology, urology, oncology, psychology, and/or rehabilitation medicine. Whenever possible, survivor should be referred to an appropriate local resource for further sexual health evaluation.

<sup>d</sup>Discuss risk/benefits of prescription medications if not contraindicated for cancer type or refer to appropriate health care provider (eg, sexual health specialist) for prescription and/or treatment as necessary.

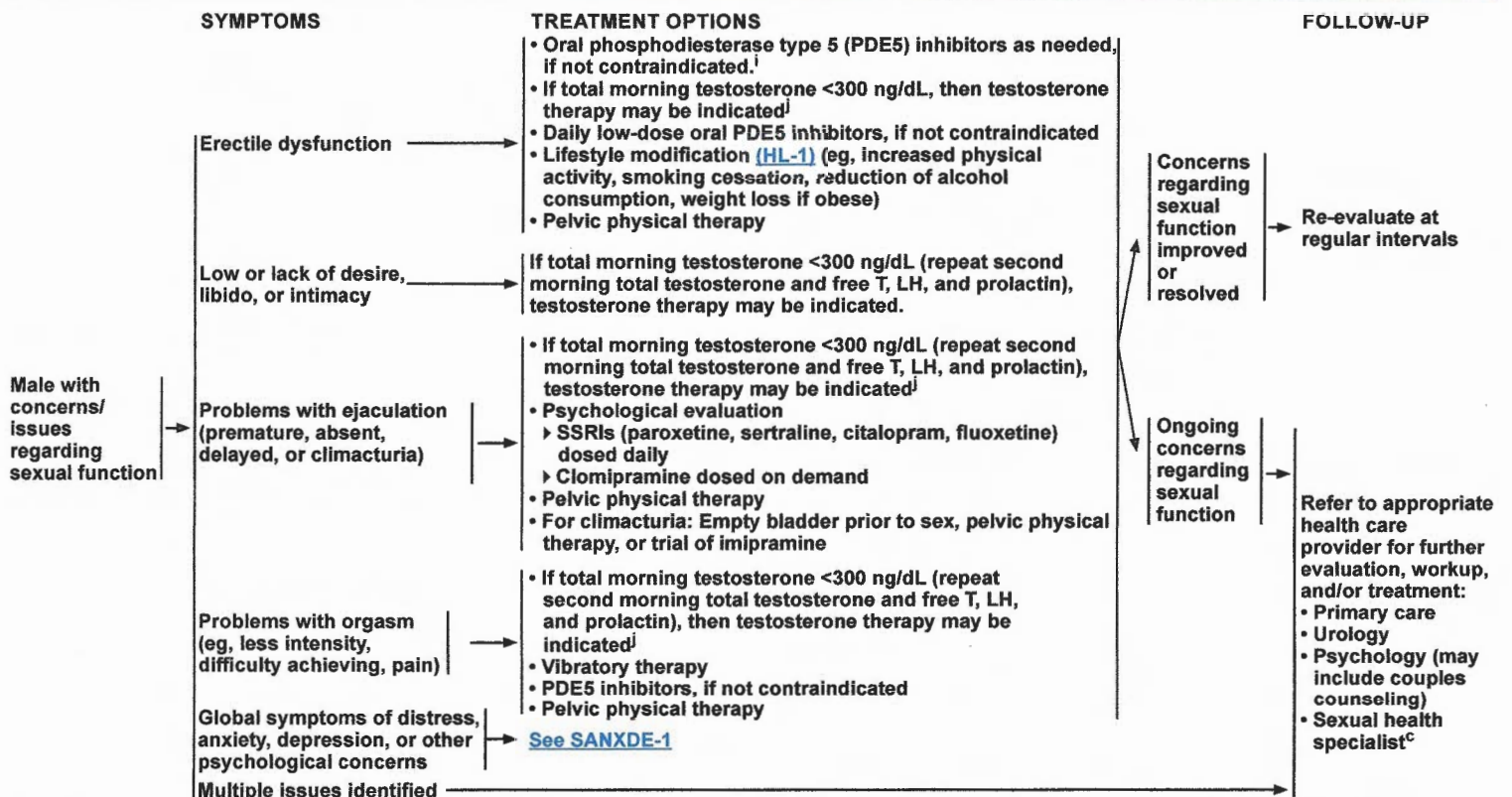
<sup>e</sup>Currently ospemifene is contraindicated in survivors with a history of estrogen-dependent cancers.

<sup>f</sup>DHEA should be used with caution in survivors with a history of estrogen-dependent cancers.

<sup>g</sup>Bupropion and buspirone may be considered as off-label treatments for hypoactive sexual desire disorder, despite limited safety and efficacy data.

<sup>h</sup>There is a lack of data showing a benefit of sildenafil in women or of flibanserin and androgens in cancer survivors. In addition, there is a lack of safety data for the use of androgen-based therapy in survivors of hormonally mediated cancers.

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<sup>c</sup>Sexual health specialists may come from a range of backgrounds, including primary care, gynecology, urology, oncology, psychology, and/or rehabilitation medicine. Whenever possible, survivor should be referred to an appropriate local resource for further sexual health evaluation.

<sup>1</sup>Dosing should be titrated to optimal effect.

<sup>2</sup>Testosterone therapy should only be used if not contraindicated by primary oncologic diagnosis (eg, prostate cancer on active surveillance, prostate cancer under therapy with androgen deprivation).

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**Clinical Trials: NCCN believes that the best management of any patient with cancer is in a clinical trial. Participation in clinical trials is especially encouraged.**



**BRIEF SEXUAL SYMPTOM CHECKLIST FOR WOMEN<sup>1</sup>**

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

<sup>1</sup>Reprinted with permission from Hatzichristou D, Rosen RC, Derogatis LR, et al. Recommendations for the clinical evaluation of men and women with sexual dysfunction. J Sex Med 2010;7:337-348.

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## NCCN Guidelines Version 1.2020 Survivorship: Sexual Function (Male)

### SEXUAL HEALTH INVENTORY FOR MEN (SHIM)<sup>1</sup>

Sexual health is an important part of an individual's overall physical and emotional well-being. Erectile dysfunction, also known as impotence, is one type of very common medical condition affecting sexual health. Fortunately, there are many different treatment options for erectile dysfunction. This questionnaire is designed to help you and your doctor identify if you may be experiencing erectile dysfunction. If you are, you may choose to discuss treatment options with your doctor.

Each question has several possible responses. Circle the number of the response that **best describes** your own situation.

Please be sure that you select one and only one response for **each question**.

OVER THE PAST 6 MONTHS:

1. How do you rate your confidence you could get and keep an erection?		Very Low	Low	Moderate	High	Very High
		1	2	3	4	5
2. When you had erections with sexual stimulation, how often were your erections hard enough for penetration (entering your partner)?	No Sexual Activity	Almost Never or Never	A Few Times (Much Less Than Half The Time)	Sometimes (About Half the Time)	Most Times (Much More Than Half The Time)	Almost Always or Always
	0	1	2	3	4	5
3. During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?	Did Not Attempt Intercourse	Almost Never or Never	A Few Times (Much Less Than Half The Time)	Sometimes (About Half the Time)	Most Times (Much More Than Half The Time)	Almost Always or Always
	0	1	2	3	4	5
4. During sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?	Did Not Attempt Intercourse	Extremely Difficult	Very Difficult	Difficult	Slightly Difficult	Not Difficult
	0	1	2	3	4	5
5. When you attempted sexual intercourse, how often was it satisfactory for you?	Did Not Attempt Intercourse	Almost Never or Never	A Few Times (Much Less Than Half The Time)	Sometimes (About Half the Time)	Most Times (Much More Than Half The Time)	Almost Always or Always
	0	1	2	3	4	5

**PROVIDER KEY:** Add the numbers corresponding to questions 1-5.

**TOTAL:** \_\_\_\_\_

The SHIM further classifies ED severity with the following breakpoints: 1-7: Severe ED 8-11: Moderate ED 12-16: Mild to Moderate ED 17-21 Mild ED

<sup>1</sup>Reproduced and modified with permission from Cappelleri JC, Rosen RC. The Sexual Health Inventory for Men (SHIM): a 5-year review of research and clinical experience. Int J Impot Res 2005;17:307-319.

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