



THE 29TH ANNUAL CANO/ACIO CONFERENCE

October 27 to 30, 2017, Gatineau, Quebec

Report from the Annual Meeting of the Canadian Association of Nurses in Oncology

Sexual health in cancer

Jacqueline Galica, RN, MSc, PhD, CON(C), Québec Network on Nursing Intervention Research Postdoctoral Fellow, Ingram School of Nursing, McGill University

SUMMARY: Overcoming barriers to open discussion

Janet Giroux and Jessica Holmes. Oncology nurses leading the way: the implementation of a sexual health clinic at the Cancer Centre of Southeastern Ontario. October 29.

This presentation describes the planning and implementation of a sexual health program for cancer patients at the Cancer Centre of Southeastern Ontario (CCSEO). Recognizing the sexual health changes that result from cancer diagnosis and treatment, and the pivotal influence of sexual health on quality of life, a Registered Nurse and Nurse Practitioner at the CCSEO convened a multidisciplinary advisory group to develop a sexual health clinic for cancer

patients and their partners. This nurse-led project used the Knowledge-to-Action Framework to guide the development of a program to provide tailored and education-focused interventions for cancer patients and their partners regarding cancer or treatment-related sexual health changes. Operating one afternoon twice a month since its January 2016 inception, over 90 cancer patients and their partners have been seen in the clinic. Cancer patients with a variety of diagnoses have been seen, and women represent 68% of referred patients. Informal attendee evaluations have been collected since the clinic began, and the trend of results indicates that patients and partners have an increased understanding of and ability to manage sexual changes resulting from a cancer diagnosis and/or treatment.

COMMENTARY: The Canadian Cancer Society (CCS) estimates that there are more than 810,000 cancer survivors in Canada,¹ and this number is expected to rise.¹ Cancer survivors have a unique subset of needs.² One unmet need that has gained increased recognition and discussion are the sexual side effects experienced by cancer survivors as a result of their cancer diagnosis and/or treatments³⁻⁶ As many as 50% to 60% of women and men diagnosed with cancer report distress due to sexual dysfunction.⁷ Although cancer survivors having had any cancer diagnosis may experience sexual side effects, those most cited in the literature include survivors with a diagnosis for gynecologic,^{3,4,8} prostate,^{5,9} or breast^{10,11} cancer.

The negative impact of sexual side effects on quality of life⁹ and psychosocial functioning⁵ provides a compelling rationale for cancer care clinicians to discuss sexual side effects with cancer survivors. Furthermore, cancer organizations (e.g. Cancer Care Ontario,⁷ CCS,¹² CANO¹³) recommend that cancer care clinicians have a responsibility to discuss sexual side effects with cancer survivors. Recogniz-

ing these recommendations, in addition to hearing sexual concerns expressed by patients in their clinics, 2 nurses at the Cancer Centre of Southeastern Ontario (CCSEO) in Kingston, Ontario, embarked on an exploration to find ways that they could fill this gap in care for cancer patients and their partners. To do this, these nurses (hereafter referred to as “the presenters”) used the Knowledge-to-Action Framework,¹⁴ which is a conceptual framework useful to inform practice through the application of knowledge.

The presenters began this process by identifying the perceived barriers among clinical staff at the CCSEO to having sexual health discussions with cancer patients. Identified barriers included: a clinic environment that lacked privacy; a lack of time; perceived inadequacy of training; lack of awareness of available resources; and personal discomfort with having sexual health discussions with patients. After identifying these barriers, the presenters sought out existing sexual health programs in other Canadian oncology programs, finding that these programs had a high degree of patient utilization and satisfaction.

LANDMARKS


The content and structure of these existing programs were reviewed by an advisory group that the presenters aggregated at the CCSEO. This advisory group, the Cancer Centre Sexual Health Advisory Committee, included the psychosocial oncology program manager, a social worker, 5 physicians (including oncologists, gynecologist/oncologists and urologists), a sex therapist and a patient advisor. This advisory group developed a 3-pronged approach to developing and implementing a sexual health clinic at the CCSEO that considered the previously-identified barriers to implementing such a program at the centre.

The first strategy involved actions to overcome health-care provider barriers to discussions with patients about sexual health. The presenters initiated educational opportunities (e.g. presentations, flyers) for oncology clinicians to raise awareness and normalize sexual health discussions with cancer patients, and included supporting documentation from professional bodies (e.g. CANO/ACIO¹³). The second strategy sought to increase awareness about the oncology sexual program among patients seen at the CCSEO. To fulfill this strategy, pamphlets were created and disseminated in clinical care areas identifying reasons that patients may want to come to the clinic (e.g. vaginal health, erection difficulties, sexual desire and/or arousal, body image concerns, relationship adjustment and communication), and what a visit to the clinic could include (e.g. assessments, interventions). The third strategy was to enhance transparency of clinic content in order to avoid duplication of services with other clinics or programs, as well as promote sexual health discussions between patients and providers. This strategy included assessment questions for patients and

clinicians to consider in their sexual health discussions, which were included in pamphlets distributed around the CCSEO, as well as on the clinic's referral intake forms.

The sexual health clinic at the CCSEO saw its first patients in January 2016. The clinic operates 2 afternoons each month and is staffed by a registered nurse, nurse practitioner and social worker. To date, 90 cancer survivors have been seen in the clinic representing gynecologic (34%), breast (27%), genitourinary (GU, 29%), gastrointestinal (GI, 15%), lung (6%), skin (4.5%), hematologic (3%), and melanoma (3%) cancer survivors. Of those seen at the clinic, 68% were women, and the average age was 57.3 years.

Since the program's inception, patients seen at the CCSEO have been asked to evaluate the information they received about sexual functioning after cancer. A review of the trajectory of these evaluations reveals that over time, patients expressed having a greater degree of information about sexual activity changes and felt more prepared for any relationship changes they experienced. These improvements indicate a greater degree of patient education and awareness, resulting in an increased ability to self-manage sexual health changes arising from cancer diagnosis and/or treatment. Although limited in the breadth of assessments from patients/significant others, the evaluations indicate overall attendee satisfaction with the way that clinicians are addressing sexual and relationship issues among cancer survivors and partners. Additional patient satisfaction surveys are pending. Indeed, in less than 2 years, the list of patients waiting to be seen in this clinic has grown to 5 months, thereby demonstrating the interest of patients and their significant others to receive the clinic's services. While the initiative is nurse-led, its focus is multidisciplinary, and a social worker who is a registered marriage and family therapist has been added to front-line clinical care.

This presentation adds to our knowledge about the development and utility of sexual health clinics for cancer patients and their significant others. It also provides a useful illustration of using the Knowledge-to-Action Framework¹⁴ to develop such a program. The details of this presentation are relevant for all cancer care clinicians and calls attention to the importance of having sexual health discussions with cancer patients and their significant others. Indeed, the growing list of referrals to this sexual health clinic supports the interest in this topic among cancer patients. An increased need for sexual health clinics and education may be looming, given that there are an increasing number of cancer survivors¹ who live with a subset of unique² and unmet needs.³⁻⁶ 

References:

1. Canadian Cancer Society's Advisory Committee on Cancer Statistics. Special topic: Pancreatic cancers. In: Canadian Cancer Statistics 2017. Toronto, ON: Canadian Cancer Society; 2017.
2. Howell D, Hack T, Oliver T, et al. A Pan-Canadian Guidance on Organization and Structure of Survivorship Services and Psychosocial-Supportive Care Best Practices for Adult Cancer Survivors. Toronto: Canadian Partnership Against Cancer (Cancer Journey Action Group) and the Canadian Association of Psychosocial Oncology; 2011.
3. Mirabeau-Beale KL, Kornblith AB, Penson RT, et al. Comparison of the quality of life of early and advanced stage ovarian cancer survivors. *Gynecol Oncol* 2009;114(2):353-9.

IN BRIEF

Already known:

- A cancer diagnosis and/or treatment can result in sexual functioning changes.
- Cancer care associations recommend that clinicians have discussions with cancer patients and their partners about sexual side effects resulting from diagnosis and/or treatment.

What this presentation showed:

- Many cancer patients and their partners welcome educational information about sexual activity changes after cancer.
- After having sexual health discussions with cancer care clinicians, cancer patients and partners report feeling better-prepared for relationship changes that occur after cancer diagnosis and/or treatment.

Next steps:

- Broader education about sexual functioning changes after cancer is needed.

4. Rowlands IJ, Janda M, McKinnon L, et al. Prevalence, predictors, and correlates of supportive care needs among women 3–5 years after a diagnosis of endometrial cancer. *Support Care Cancer* 2014;1205–14.
5. Wootten AC, Burney S, Foroudi F, et al. Psychological adjustment of survivors of localised prostate cancer : investigating the role of dyadic adjustment, cognitive appraisal and coping style. *Psychooncology* 2007;1002(February):994–1002.
6. Maguire R, Kotronoulas G, Simpson M, Paterson C. A systematic review of the supportive care needs of women living with and beyond cervical cancer. *Gynecol Oncol* 2015;136(3):478–90.
7. Cancer Care Ontario. It's Time to Talk: Starting the Conversation Around Sexual Health in Cancer. Health care provider resource [Internet]. Slideplayer website. <http://slideplayer.com/slide/11825552/>. Accessed 2017 Nov 27.
8. Beesley VL, Price MA, Webb PM, et al. Ovarian A. Changes in supportive care needs after first-line treatment for ovarian cancer : identifying care priorities and risk factors for future unmet needs. *Psychooncology* 2013;22(7):1565–71.
9. Harden J, Sanda MG, Wei JT, et al. Survivorship after prostate cancer treatment: Spouses' quality of life at 36 months. *Oncol Nurs Forum* 2013;40(6):567-73.
10. Fobair P, Stewart SL, Chang SB, et al. Body image and sexual problems in young women with breast cancer. *Psychooncology* 2006;15(7):579–94.
11. Raggio GA, Butryn ML, Arigo D, et al. Prevalence and correlates of sexual morbidity in long-term breast cancer survivors. *Psychol Health* 2014;29(6):632–50.
12. Canadian Cancer Society. Managing symptoms and side effects [Internet]. 2017. Canadian Cancer Society website.<http://www.cancer.ca/en/cancer-information/diagnosis-and-treatment/managing-side-effects/?region=bc>. Accessed Nov 27 2017.
13. Canadian Association of Nurses in Oncology/Association canadienne des infirmières en oncologie. Practice Standards and Competencies for the Specialized Oncology Nurse [monograph]. Vancouver, BC: Canadian Association of Nurses in Oncology (CANO)/Association canadienne des infirmières en oncologie (ACIO), 2006.
14. Graham ID, Logan J, Harrison MB, et al. Lost in knowledge translation: time for a map? *J Contin Educ Health Prof* 2006;26(1):13–24.