Disclosures

• No relevant financial relationships to declare
Objectives

• Describe sexual medicine services in oncology from a program development perspective
• Describe barriers to access and utilization
• Identify limitations of screening as a means of facilitating sexual health care for cancer survivors
Why Incorporate Sexual Medicine Into Oncology Care Settings?

- Sexual problems among the most common enduring side effects of cancer treatment
- Specialized knowledge and skill are needed to address some cancer-related sexual problems
- Practice changes to address sexual problems lag behind innovations for other treatment sequelae
Table 6   Patients’ estimated usage of treatments for sexual problems in the next year (N = 122 men and 109 women with problems)

<table>
<thead>
<tr>
<th>Service</th>
<th>Would use if covered by my insurance</th>
<th>Would use if I had to pay out of pocket</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Men (%)</td>
<td>Women (%)</td>
</tr>
<tr>
<td>Visit to medical doctor to find help for a problem in my sex life</td>
<td>51</td>
<td>39</td>
</tr>
<tr>
<td>Visit by myself to mental health expert to solve a problem in my sex life</td>
<td>25</td>
<td>32</td>
</tr>
<tr>
<td>Sexual counseling visit to a mental health expert with my partner</td>
<td>24</td>
<td>25</td>
</tr>
<tr>
<td>Attend a support group with same-gender patients having sexual problems after cancer</td>
<td>27</td>
<td>29</td>
</tr>
</tbody>
</table>

Building Oncology Sexual Health Care Capacities

Female Sexual Medicine & Women’s Health Program

Women commonly experience sexual and vaginal health changes during and after cancer treatment. Whether you are facing physical consequences such as the loss of your period or emotional effects such as lack of interest in sexual activity, you are not alone.

Experts at Memorial Sloan Kettering Cancer Center are dedicated to supporting women as they adjust to changes during and after cancer treatment. During this challenging time, our female sexual medicine team is available to discuss the impact of treatment on you and your relationships. We can also provide education, strategies, and treatment for you to improve your physical and emotional health.

Cancer-related menopause can cause physical and emotional changes, says psychologist Jeanne Carter.

Program in Integrative Sexual Medicine (PRISM) for Women and Girls with Cancer

The University of Chicago's Program in Integrative Sexual Medicine (PRISM) for Women and Girls with Cancer is designed to identify, prevent and treat sexual health problems in female cancer patients and survivors. We help women and girls learn about, prepare for and cope with sexual health concerns related to cancer symptoms or treatment, including:
Building Oncology Sexual Health Care Capacities

Sexual Health Program for Cancer Patients and Survivors

Dana-Farber's Sexual Health Program is committed to addressing patients' concerns about sexual health as an integral part of their care, from diagnosis and treatment through survivorship. The program provides education, consultation, and personalized rehabilitation counseling for patients and their partners who have experienced changes in sexual health during and after cancer treatment.

About the Program

Both during and after cancer treatment, you may notice physical and emotional changes in the way you feel about your body and about sex. This is a common reaction to treatments such as chemotherapy, hormone therapy, and surgery. You may also feel uncomfortable talking to your doctor or your partner about these changes.

At Dana-Farber, we believe all patients should have access to straightforward information about the ways cancer can

Meet Our Director

Don S. Dizon, MD
Co-Clinical Director, Gynecologic Oncology Program
Building Oncology Sexual Health Care Capacities

**Women’s Integrative Sexual Health (WISH) Program**

![Image of woman reading a book]

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.

**Learn more:** A Cancer WISH

**Cancer and Sexual Health**

Approximately 64 percent of women’s cancers involve a sexual organ. As few as 10 years ago, when a woman was diagnosed with cancer, the sole focus was survival. Today, with dramatic improvement in survival rates, patients can focus on quality-of-life after treatment, remission or recovery.

**Contact Information**

(608) 263-1434

WISH Providers
Frequently Asked Questions

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**Intimacy and Sexual Health Center for Cancer Patients Opens**

**Release Date:**

Many women experience sexual intimacy issues as a side effect of battling cancer and undergoing treatment for it. For them, a diverse team of caregivers at Women & Infants Hospital has created the **Women’s Intimacy and Sexual Health (WISH) Center** to offer help and hope. Difficulties with intimacy can occur both during and after cancer treatment, and can include:

- Vaginal dryness, itching or burning.
- Pain during intercourse.
- Decreased desire or less pleasure during intercourse.
- Changes in body image as a result of surgery or the effects of treatment.
Building Oncology Sexual Health Care Capacities

• Team composition
• Structural/financial issues
• Patient flow and scheduling
• Model of care
### Who Uses Oncology Sexual Health Clinics?

<table>
<thead>
<tr>
<th></th>
<th>Carter et al., 2015 (N = 509)</th>
<th>Bradford/MDACC (N = 263)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age, ( M ) (SD)</td>
<td>51.2 (11.1)</td>
<td>51.3 (10.7)</td>
</tr>
<tr>
<td>Married</td>
<td>62%</td>
<td>77%</td>
</tr>
<tr>
<td>In current intimate relationship</td>
<td>78%</td>
<td>93%</td>
</tr>
<tr>
<td>FSFI-Total, ( M ) (SD)</td>
<td>12.7 (8.3)</td>
<td>Not reported</td>
</tr>
<tr>
<td>Cancer type</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breast</td>
<td>51%</td>
<td>41%</td>
</tr>
<tr>
<td>Gyn</td>
<td>36%</td>
<td>40%</td>
</tr>
<tr>
<td>Colorectal/anal</td>
<td>7%</td>
<td>7%</td>
</tr>
<tr>
<td>Hematologic</td>
<td>3%</td>
<td>6%</td>
</tr>
<tr>
<td>No cancer hx</td>
<td>Not reported</td>
<td>7%</td>
</tr>
</tbody>
</table>

Who Uses Oncology Sexual Health Clinics?

Barriers to Utilization

- **Access**
  - Lack of insurance coverage for some services
  - Geographical restrictions
- **Patient reluctance**
- **Referral process breakdowns**
  - Variable buy-in from oncologists
  - Lack of initial assessment of sexual problems
  - Lack of patient preparation/education → no-shows
Screening for Sexual Problems in the Oncology Setting

- NCCN Survivorship guidelines: “Ask about sexual function at regular intervals” and “consider use of a screening tool”
- Few studies of screening for sexual problems in oncology settings
Screening for Sexual Problems in the Oncology Setting

- Effect of routine screening in a system with an oncology sexual health clinic
- Chart review of 500 women in long-term breast cancer survivorship clinic
  - 250 before routine screening implemented
  - 250 after screening implemented

Screening for Sexual Problems in the Oncology Setting

- Documentation of any sexual problem
  - Pre-screening: 5.2%
  - Post-screening: 7.6%
- Documentation of any sexual health intervention
  - Pre-screening: 2.6%
  - Post-screening: 3.0%

Screening for Sexual Problems in the Oncology Setting

Post-implementation:

“In the past month or longer, have you been bothered by....

- Loss of interest in sex – 15%
- Pain or discomfort during sexual activity – 11%
- Reduced sexual pleasure or sensation – 6%
- Other problems not listed above – < 1%
- None of the above/does not apply to me – 77%

Screening for Sexual Problems in the Oncology Setting

Post-implementation:
“In the past month or longer, have you been bothered by....

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- Reduced sexual pleasure or sensation – 6%
- Other problems not listed above – < 1%
- None of the above/does not apply to me – 77%

Take-home points

• Know your population
• Know your system
• Bring everyone to the table when designing programs
  • Patients
  • Referring providers (including champions and skeptics)
  • Sexual health specialists
  • Billing and coding specialists
  • Advocates
  • Leadership
Take-home points

• Develop alternatives to screen & refer
  • Front-line staff training in basic sexual health inquiry
  • Create patient education libraries and resource lists
  • Cultivate relationships with outside providers with relevant expertise
  • Consider telehealth solutions
Contact Information

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Telephone: 713-798-6130