Though sexuality is a concern for all oncology patients, care providers don’t routinely ask about it. Often, we’re uncertain of how to deal with sexual problems when they’re raised by patients or their partners. If you’re ready to chip away at your uncertainty, don’t miss this session, which answers three important questions: What are the sexual issues for the most common and some rarer cancers? What are the causes of these? What can be done for these patients and their partners? With the new assessment techniques and intervention strategies you’ll gain, you’ll be ready to confidently address some of the biggest questions of survivorship and treatment—the ones that shouldn’t be swept under the table.

**Content Area:** General Content

**Content Level:** Intermediate

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**Full Disclosure:** Nothing to Disclose

**Objectives:**
At the end of this session, participants will be able to:
1. Understand the importance of assessing for sexual problems during and after treatment.
2. Describe the sexual side effects of treatment for a variety of cancer types.

**Content Outline:**
I. Why is sexuality assessment important?
   A. PLISSIT model
   B. BETTER model
II. Sexual problems in cancer
   A. Breast
   B. Prostate
   C. Gynecologic
   D. Hematologic
   E. Colorectal
   F. Adolescents and young adults
III. Interventions
   A. Pharmaceutical
   B. Psychosocial

**Bibliography:**
What do nurses think and do?

- Younger nurses and those with less experience identified more barriers
- Certified nurses working in out-patient settings identified fewer barriers
- Recognition that patients want/need to talk about sexuality but nurses are reluctant

Barriers to communication

- Lack of specific knowledge — lack of confidence
- Avoidance of sexual assessment and intervention
- Conservative attitudes
- Fear of embarrassing self
- Fear of offending patient
- Denial of responsibility
- Institutional issues
- Lack of awareness of guidelines

Patient perceptions

- Important for patients and partners
- Information received varied by cancer type
  - Lung 21%
  - Breast 33%
  - Colorectal 41%
  - Prostate 80%
  - Men 49% versus women 23%
- 45% had never talked to HCP about sexuality

Provider perceptions

- Medicalized approach
- Sexuality is not ‘life or death’ issue
- Avoidance
- Reaction of colleagues
- Fear of misinterpretation and litigation
- Trust and confidence

Prehabilitation

- Between diagnosis and start of treatment
- Physical and psychological assessment
- Allows for changes to optimize health
- Changes to sexuality should be included

BEFTER Model (Mick, Hughes & Cohen, 2003)

Bring up the topic
Explain you are concerned with quality of life issues, including sexuality
Tell patients you will find appropriate resources to address their concerns
Timing may not seem appropriate now, but they can ask for information or help at any time
Educate patients about the side effects of their cancer treatment
Record your assessment and intervention in the patient chart
Thursday, May 1

PLISSIT (Anon, 1976)
- Permission
- Limited Information
- Specific Suggestion
- Intensive Therapy

5-A’s (Bober et al., 2013)
- Ask
- Advise
- Assess
- Assist
- Arrange

The Human Sexual Response
- Masters and Johnson
- Helen Singer Kaplan
- Rosemary Basson

Masters and Johnson
- Four phase, linear model
  - Excitement
  - Plateau
  - Orgasm
  - Resolution

Helen Singer Kaplan
- Three-phase model
  - Desire
  - Arousal
  - Orgasm

Rosemary Basson
- Circular model-FEMALE
  - Reactive desire
  - Contextual factors
Sexual challenges and cancer

- Communication
- Desire (libido)
- Arousal
- Atrophy
- Altered sensations
- Orgasmic changes
- Contextual issues

Communication

- Topic often not discussed by couple
- Requires disclosure for single survivors
- Flexible versus inflexible behavior and coping
- HCP silence suggestive of lack of importance

Desire (libido)

- Complex phenomenon
- Hormonal influences
- Related to assumptions about sexual response cycle

Arousal

- Male versus female experience and understanding
- Anatomical, physiological and psychological components
- ? Amenable to interventions

Atrophy

- Female and male phenomenon
- Multiple consequences
  - Pain
  - Fear of pain
  - Response of partner
  - Social issues
  - Surveillance issues

Altered sensations

- Anatomic disruption
- Linked to arousal
- Orgasmic changes
- Long-term and late effects
Thursday, May 1

Orgasmic changes

• Impact on satisfaction
• Related to assumptions about sexual response
• Psychological consequences

Contextual issues

• Relationship issues
• Emotional well being
  — Coping, distress, depression

Interventions

• Pharmacological
• Psychoeducational
  — Couple-based
• Education alone not enough
  — Motivation and self-efficacy
• Thematic counseling
  — Mental health and social functioning
• Attrition
• Strong placebo response

Take home messages

• Sexuality is important
• Nurses have a professional and ethical responsibility to educate patients
  — ONS Standards
  — ASCO Standards
• Support and education for nurses is growing
  — ONS e-courses
  — CAPO course (IPDOE)
• NURSES ARE IDEALLY SITUATED TO DO THIS – AND WE DO THIS BETTER!
EX-PLISSIT  (Taylor & Davis, 2007)

The Extended PLISSIT Model

KEY
P  Permission
LI  Limited Information
SS  Specific Suggestions
IT  Intensive Therapy
Basson Model