

A Sexual Health Educational Intervention to Improve Sexual Function and Psychosocial Adjustment in Male Rectal Cancer Survivors

Christian J. Nelson, PhD

Department of Psychiatry and Behavioral Sciences,
Memorial Sloan Kettering Cancer Center, New York, NY

Funding: NCI R21 CA137434-01A1 and T32CA009461-28



Disclosure

- No Disclosures



Impact of Sexual Dysfunction

- High rates of sexual dysfunction in men treated for rectal cancer
- Post-surgery, men report difficulties with:
 - Erectile functioning (59-90%)^{1,2}
 - Ejaculation (65-82%)^{1,2}
 - Lowered desire (77%)³
- 30-40% of sexually-active patients discontinue sexual activity²

¹Nishizawa et al., Int J Colorectal Disease, 2011;

²Milbury et al., Support Care Cancer, 2012;

³Hendren et al., Annals of Surg, 2005



Impact of Sexual Dysfunction

- ED is associated with depression^{1,2}
- ED bother does not dissipate³
 - Report lower general life happiness
 - No logical predictors
- Significant relationship difficulties⁴

¹Araujo et al., Psychosom Med, 1998; ²Nelson et al., JSM, 2010;

³Nelson et al., JSM, 2010; ⁴Muller et al, 2002



Pilot Sexual Health Intervention to
Improve Sexual Functioning
Following Treatment for Rectal
Cancer

Intervention

- Four in-person or telephone sessions, three booster calls
- Education
 - Sexual side effects of cancer treatment
 - Normalizing
 - ED treatments available, facilitating ED treatment decisions
- Action plans for sexual rehabilitation
 - Medication compliance
 - Sensate focus and maintenance of intimacy with partner
 - Communication
 - Cognitive reframing
- Available resources



Methods

- Male rectal cancer patients ($N=71$)
 - Reporting sexual dysfunction and associated bother
 - Married or partnered
- Randomized to:
 - 1) UC + Sexual health education intervention
 - 2) UC + referral to specialist + educational materials arm
- Sexual function and psychosocial variables assessed:
 - Baseline (Time 1)
 - 4 months post-baseline (Time 2)
 - 8 months post-baseline (Time 3)



Pilot RCT Aims

- Primary Aims
 - Sexual functioning
 - International Index of Erectile Function (IIEF)¹
- Secondary Aims
 - Psychosexual variables
 - Sexual Bother Items (Sexual Bother)
 - Self-Esteem and Relationship Questionnaire (SEAR)²
 - Cancer-specific stress
 - Impact of Events Scale-R (IES-R)³

¹Rosen et al., Urology, 1997; ²Althof et al., Urology, 2003; ³Weiss & Marmar., 1997



Analytic Strategy

- Compared change scores between groups
 - Independent measures t tests (p values)
- Reported effect sizes (Cohen's d)¹
 - Small (.20)
 - Medium (.50)
 - Large (.80)

¹Cohen, Psych Bull, 1992



Patient Characteristics (N=71)

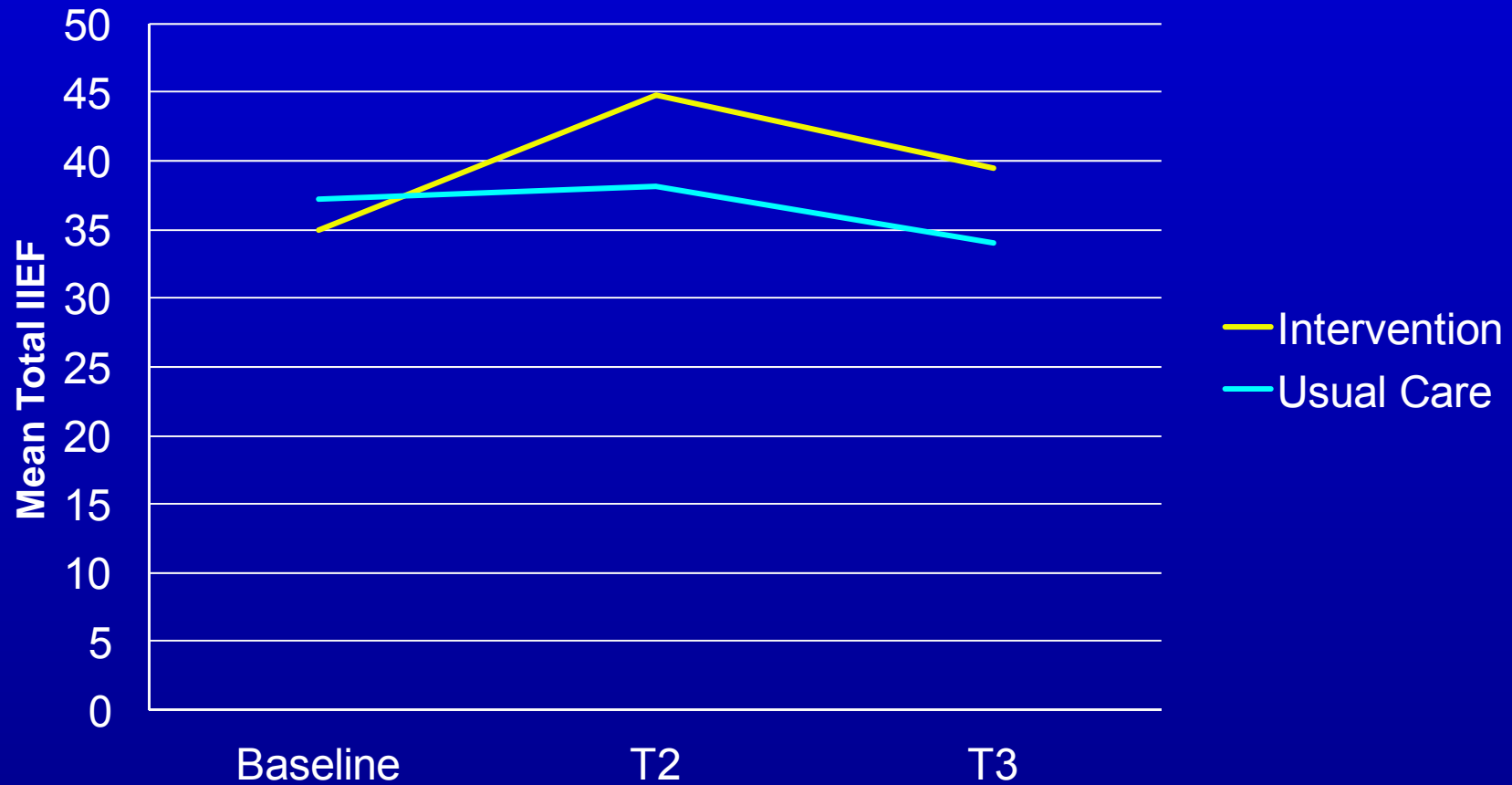
	<u>M + SD or %</u>
Age	57.07 \pm 9.00
Race / Ethnicity (% White / Not Hispanic)	82%
Married vs. Partnered (% married)	88%
Years Since Most Recent Diagnosis	4.72 \pm 2.83
Years Since Surgery	4.23 \pm 2.83
Percent Treated with Radiation (% yes)	88%
Cancer Type (% rectal)	87%
Stoma (% yes)	15%



Sexual Function



IIEF Total Score

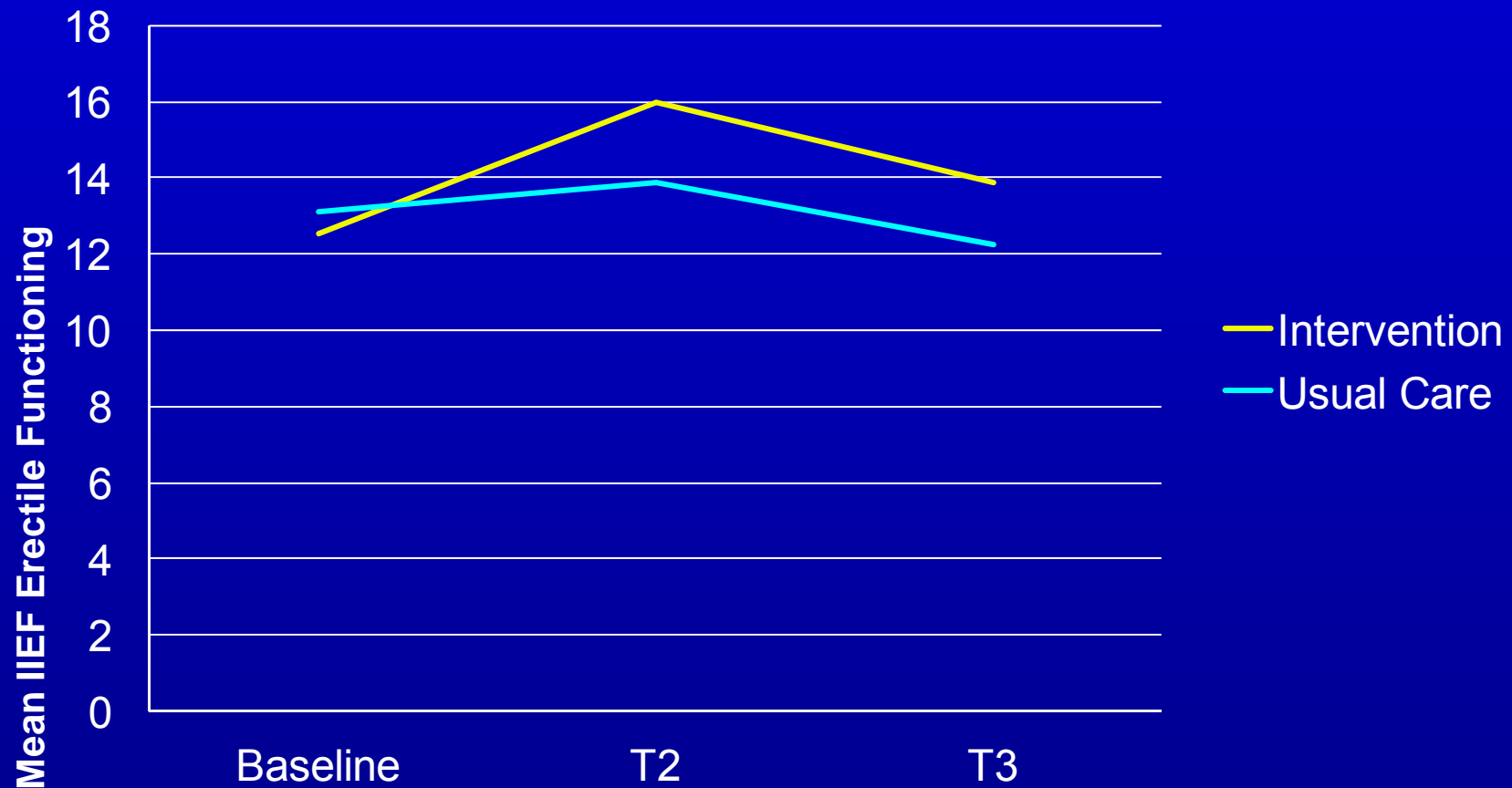


Baseline-Time 2: $p < 0.01$, $d = 1.22$

Baseline-Time 3: $p < 0.01$, $d = 0.89$



IIEF Erectile Functioning

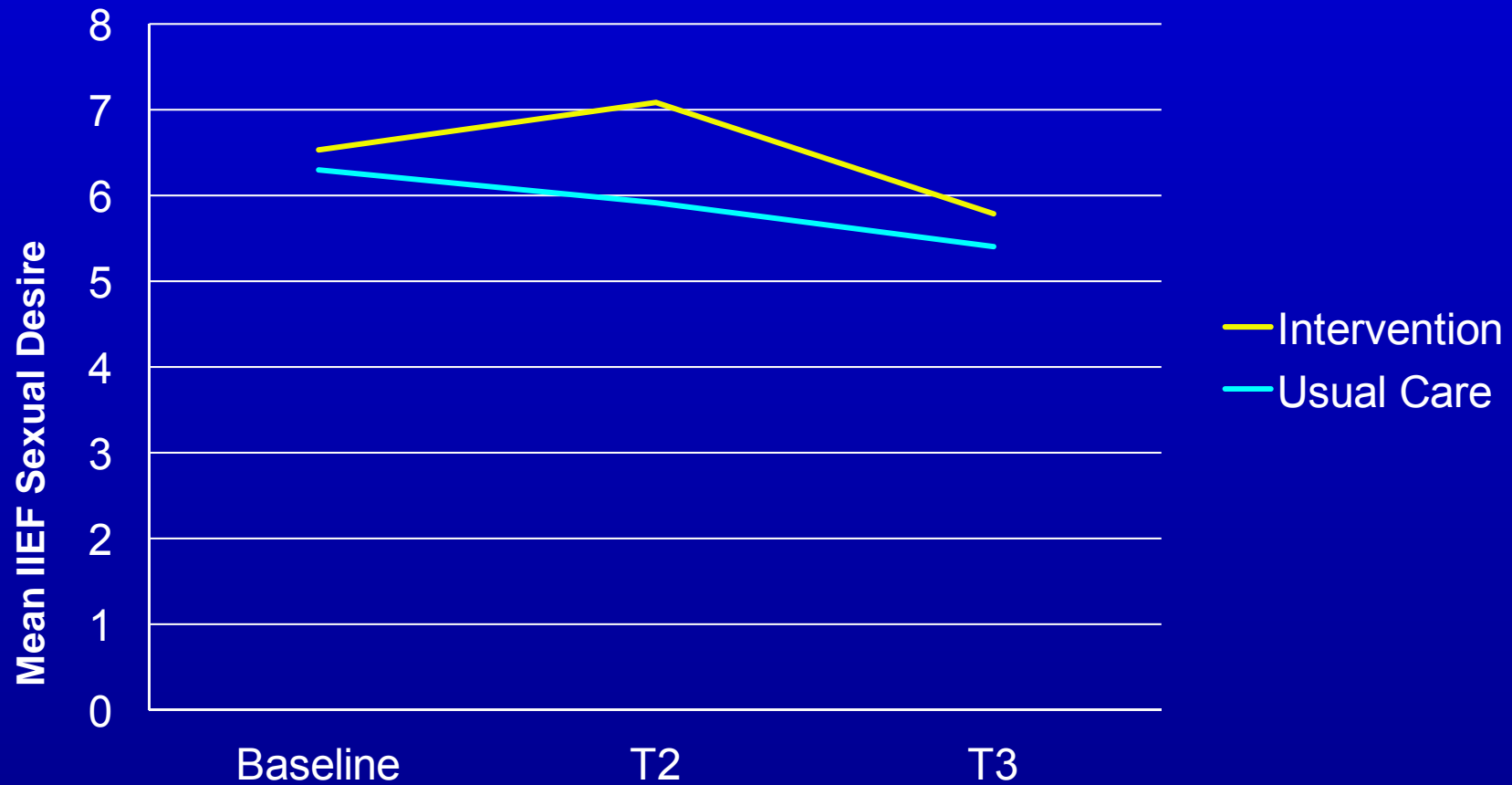


Baseline-Time 2: $p = 0.02$, $d = 0.96$

Baseline-Time 3: $p = 0.04$, $d = 0.59$



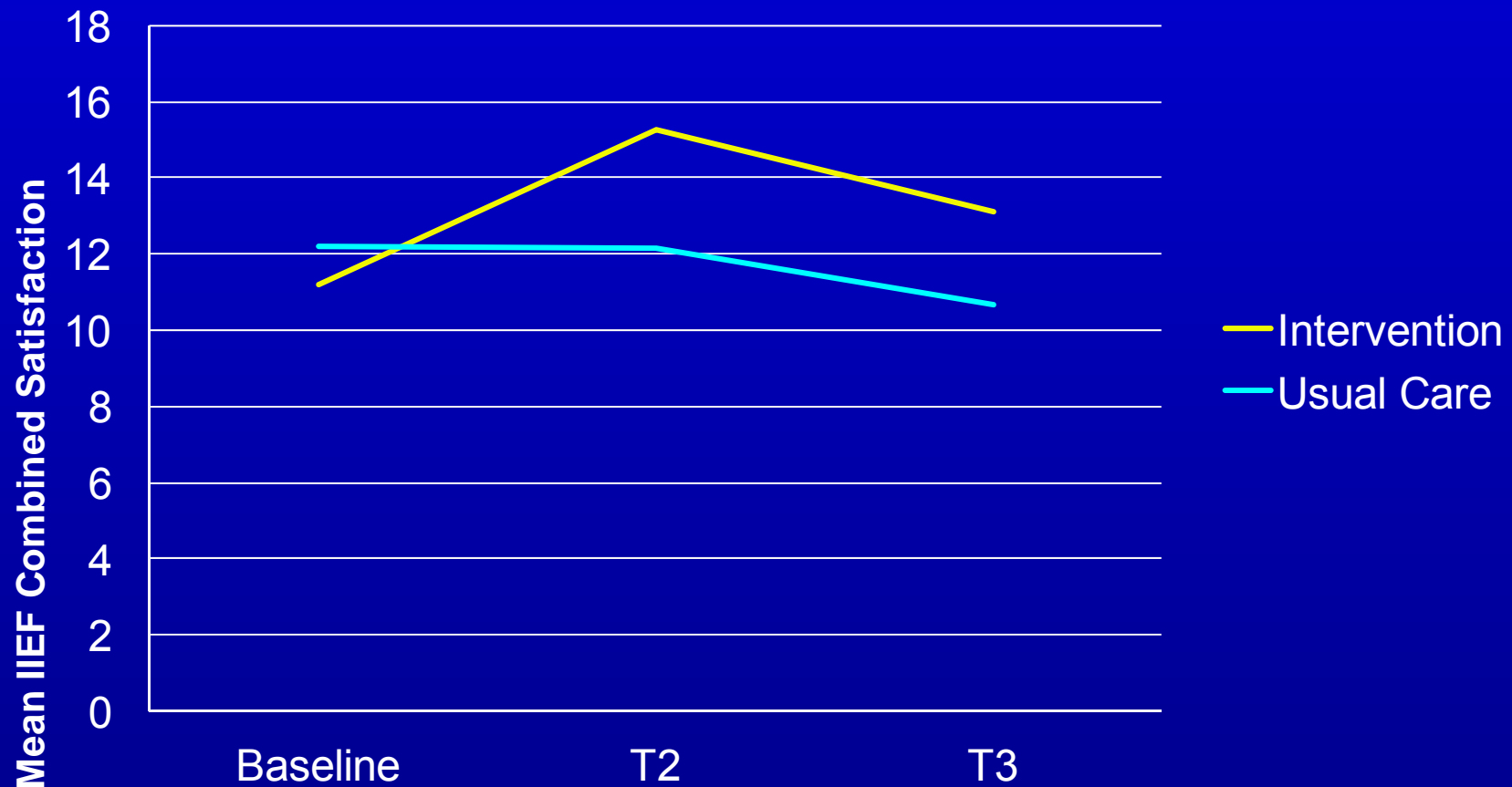
IIEF Sexual Desire



Baseline-Time 2: $p < 0.01$, $d = 1.37$
Baseline-Time 3: $p = 0.03$, $d = 0.74$



IIEF Combined Satisfaction



Baseline-Time 2: $p = 0.02$, $d = 0.85$

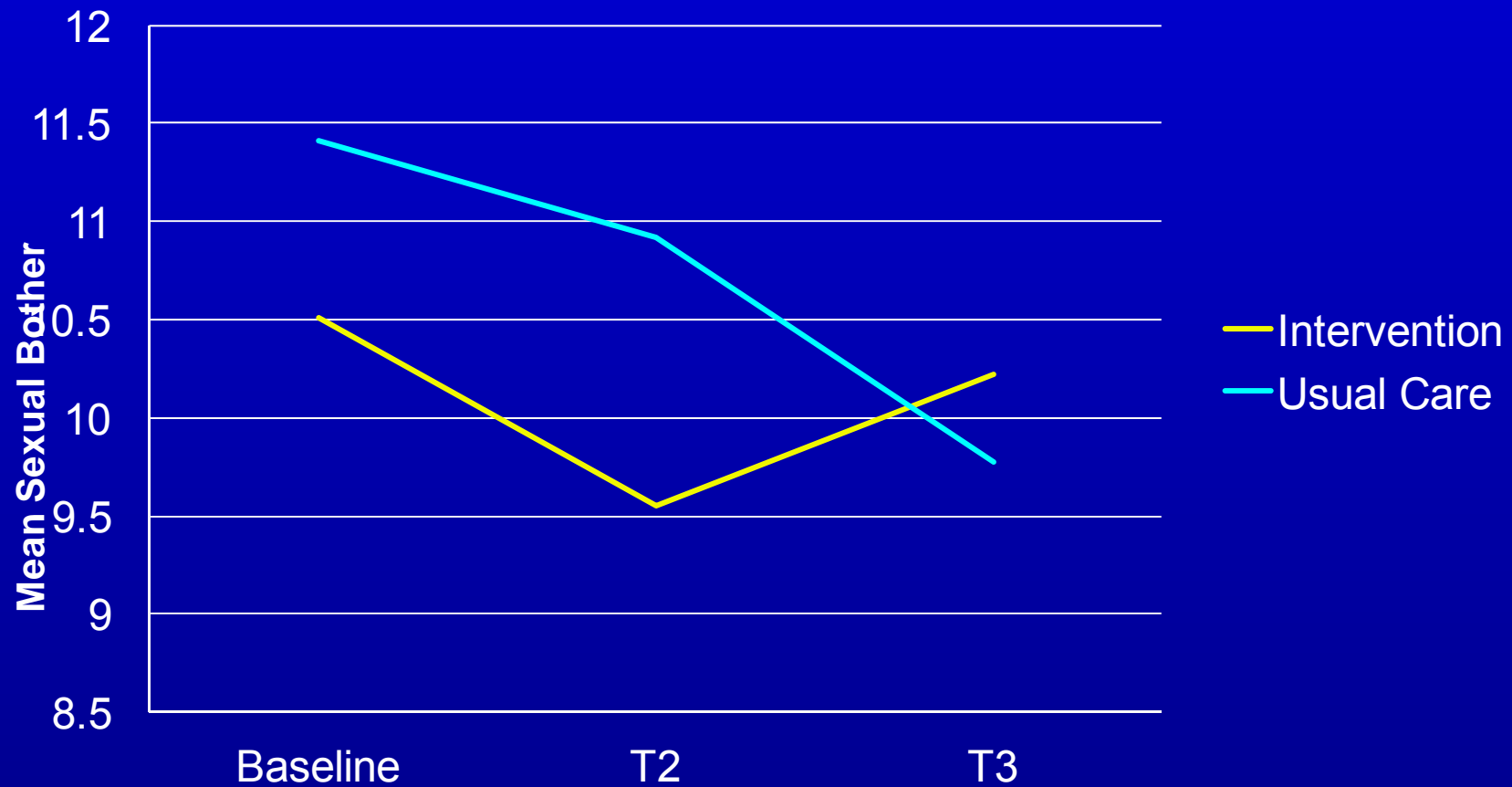
Baseline-Time 3: $p = 0.04$, $d = 0.84$



Psychosexual Functioning



Sexual Bother

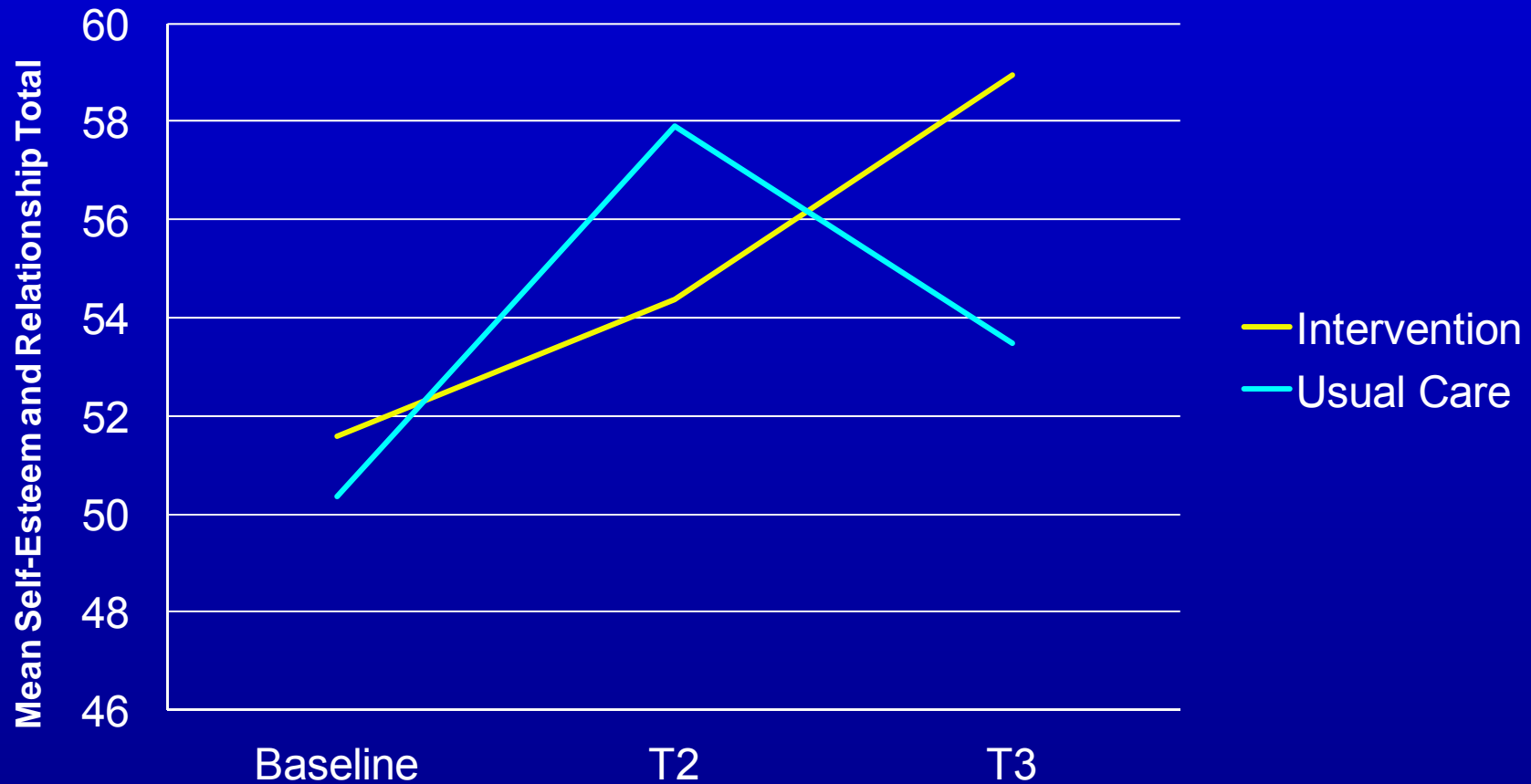


Baseline-Time 2: $p < 0.01$, $d = -1.44$

Baseline-Time 3: $p = 0.59$, $d = -0.20$



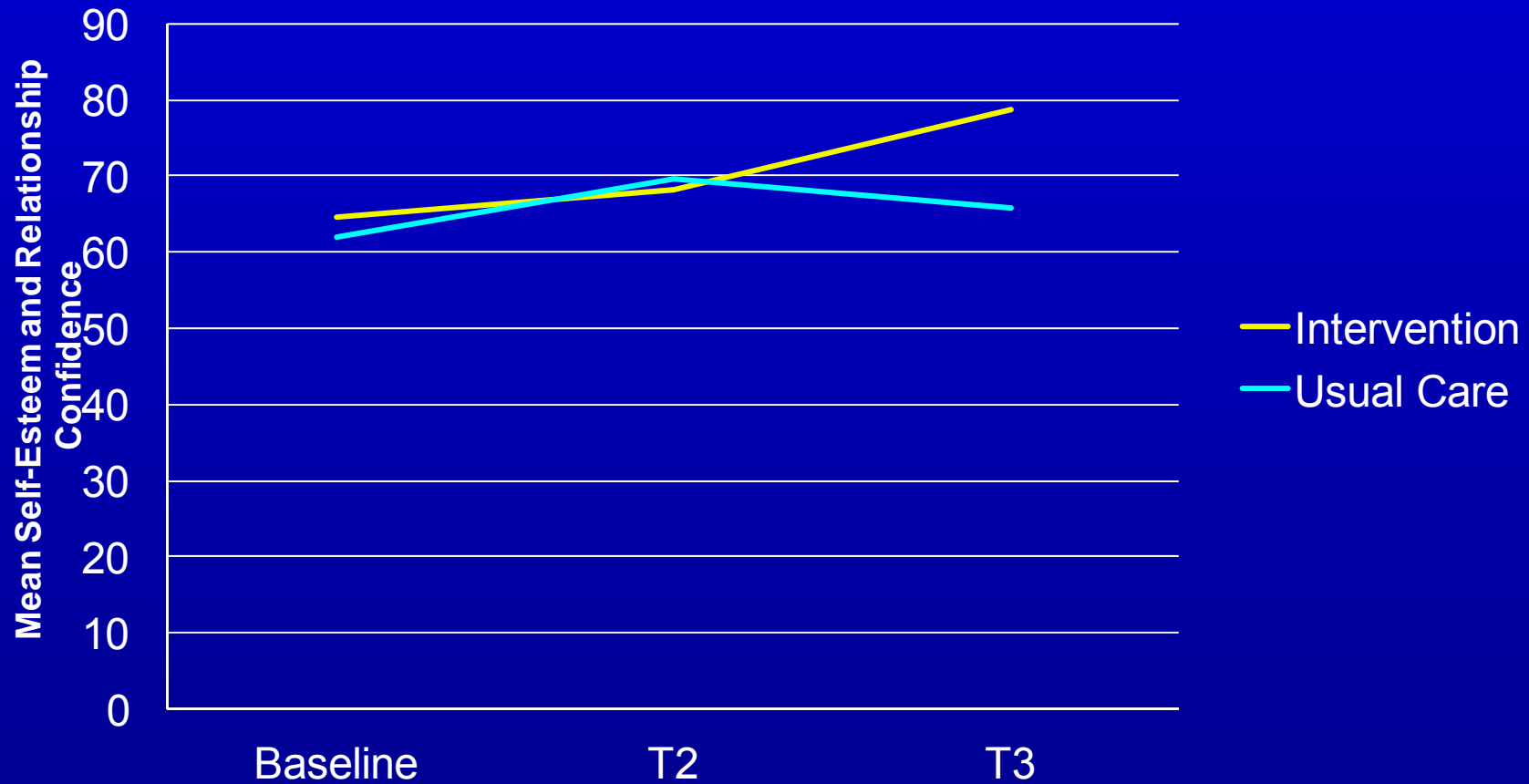
SEAR Total Score



Baseline-Time 2: $p = 0.52$, $d = 0.25$
Time 2-Time 3: $p = 0.02$, $d = 1.10$



SEAR Confidence



Baseline-Time 2: $p = 0.96$, $d = 0.02$
Time 2-Time 3: $p = 0.06$, $d = 1.14$



Conclusions

- A brief sexual health education intervention improves:
 - Sexual functioning (particularly earlier)
 - Psychosocial functioning (particularly later)
- Additional strategies may be needed to help sustain sexual health effects over time...
 - ...and to improve psychosocial functioning earlier
- Future directions

