

Utilization of the Sexual Health Service from the Prostate Cancer Supportive Care (PCSC) Program: A Chart Review

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Background

The **Prostate Cancer Supportive Care (PCSC) Program** at the Vancouver Prostate Centre is a modular program designed to support men, their partners, and family members coping with many of the aspects of their lives impacted by prostate cancer.

Sexual dysfunction and **psychological distress** are two of the most important and consistently reported unmet supportive care needs of prostate cancer patients. In fact, up to 90% of men will experience sexual difficulties following prostate cancer treatments.

The **Sexual Health Service (SHS)** from PCSC Program addresses the sexual recovery needs of prostate cancer patients and their partners via education and clinical service. The Sexual Health Service was started in 2012.

The objective of this analysis is to explore the characteristics and needs of patients of the Sexual Health Service to better understand utilization of this module of the PCSC Program.

Methods

This retrospective chart review was approved by the UBC Research Ethics Board (H17-01762).

Participants:

Men who registered with the PCSC Program at the Vancouver Prostate Centre and attended at least one appointment with the sexual health clinician between summer 2013 and August 2017 ($N = 667$).

Measures and Analysis:

Data was obtained from patient charts (i.e., Electronic Medical Records), semi-structured clinician lead interviews, and patient-reported outcome measures [i.e. Expanded Prostate Cancer Index Composite (EPIC-26), modified Sexual Health Inventory for Men (SHIM)].

Analyses include descriptive statistics and self-reported pre-post comparisons (i.e., before and after prostate cancer treatments) via parametric (paired t -tests) or non-parametric (Wilcoxon) tests.

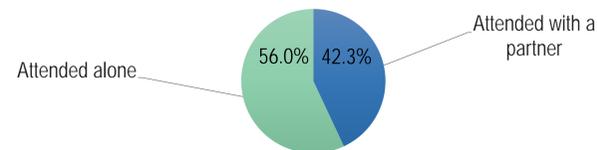
Results

Who is using this service?

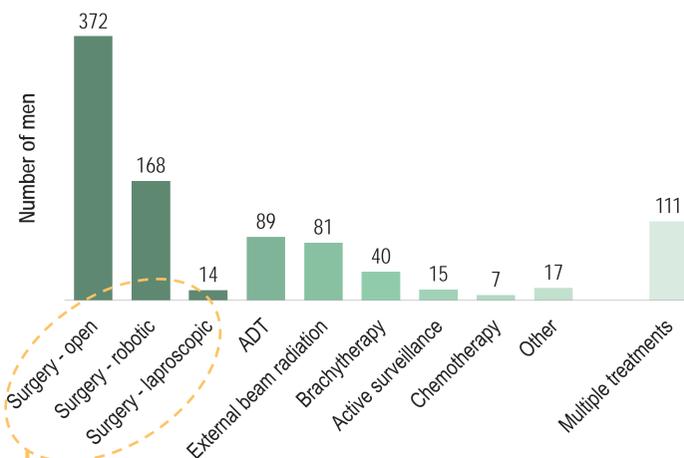
 Average age of prostate cancer patient: $M = 65$ yrs old ($SD = 7.3$, Range = 43–88)

 Most patients (79.6%) were partnered: $M_{rel\ length} = 30.5$ yrs ($SD = 15.2$ yrs, Range = 9 mos–68yrs).

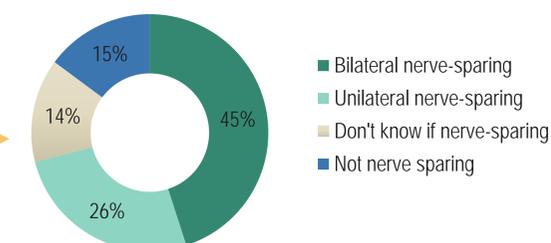
Of patients who reported being in a relationship, partners attended less than half the time; patients were slightly more likely to attend alone.



There was a variety of prostate cancer treatments that patients underwent; the most common was surgery. 111 (16.5%) underwent multiple treatments.



Of patients who underwent surgery, most reported that there was some degree of nerve-sparing.



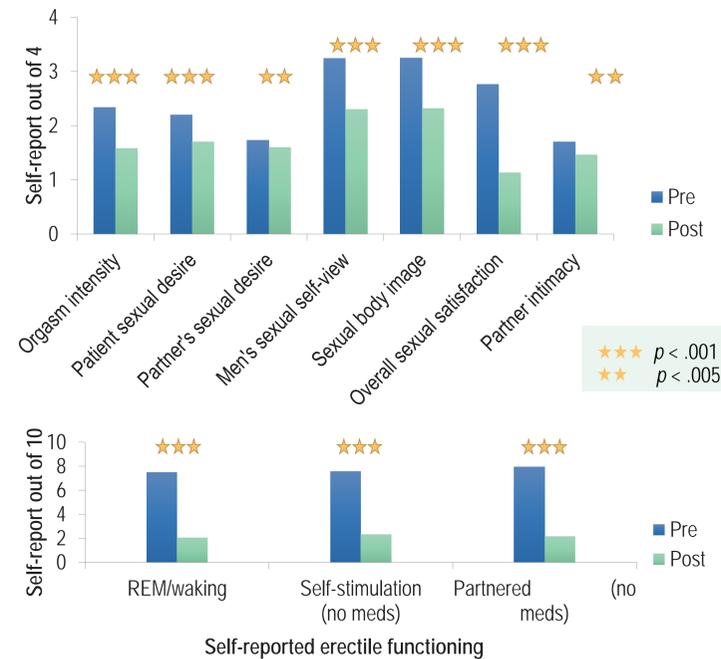
Results, cont'd

Why do they use this service?

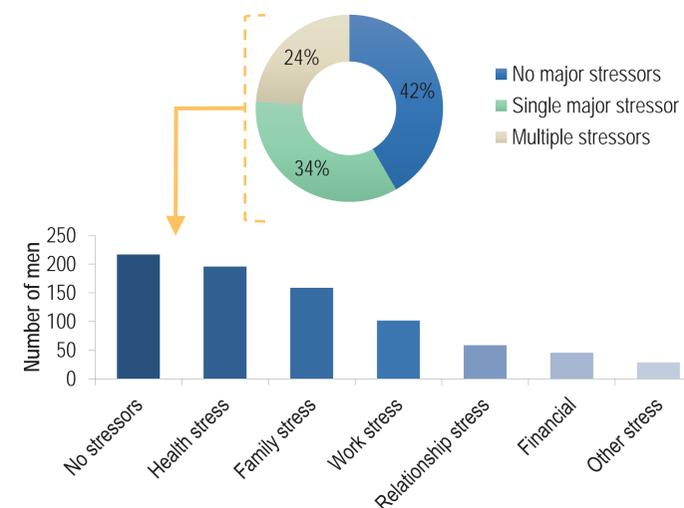
 At the first SHS appointment, mean self-reported erectile functioning via the SHIM indicated **severe** dysfunction* (IIEF scores: $M = 6.39$, $SD = 5.22$)

*Where a score of 1-7 = severe dysfunction

Following prostate cancer treatments, patients reported significant decreases in multiple realms of their sexual life, including all aspects of erectile functioning, indicating high levels of distress.



At the time of their first SHS appointment, more than half of the patients reported at least one major on-going life stressor.



When do they use this service?

 Average time since end of prostate cancer treatment to first SHS appointment was 18 mos ($SD = 25.7$ mos, Range = 0–17yrs).

Conclusions & Future Directions

Results from a sample of men from the SHS in Vancouver, Canada, are in line with previous research demonstrating psychosocial and sexual impact of prostate cancer treatments on the lives of men.

Analyses presented **support the need for the SHS**, as patients reported declines in all realms of sexual wellbeing assessed following prostate cancer treatment, as well as a multitude of ongoing life stressors.

Findings improve our understanding of the long-term impacts of prostate cancer treatment and guide future treatment offerings. For example, as the PCSC Program is implemented across BC in partnership with BC Cancer, attention will be given to ensuring patient access to a SHS in their region.

Future research will focus on evaluating the long-term impact of attending the SHS on men's psychosocial and sexual outcomes. Longitudinal analyses are underway.

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