

Results of the Critical Appraisal of the Sexual Health Rehabilitation Action Plan (SHRAP)

Zarowski, C¹, Hedden, L^{2,3}, Arsovska, O¹, Wu, E¹, Spillane, M¹, Pollock, P¹, Goldenberg, L^{1,4}, Higano, C^{1,4,5}, Elliott, S⁴

¹Vancouver Prostate Centre, Vancouver, BC; ²Centre for Clinical Epidemiology and Evaluation, Vancouver, BC; ³School of Population and Public Health, University of British Columbia; ⁴Department of Urologic Sciences, University of British Columbia; ⁵University of Washington, Fred Hutchinson Cancer Research Centre, Seattle, WA.

BACKGROUND

- Majority of men treated with prostate cancer (PC) will experience changes in sexual functioning¹. This impacts both the patient and partner and can result in emotional and relational distress²
- The Sexual Health Service (SHS) is a core component of the Prostate Cancer Supportive Care (PCSC) Program. Providers in this clinic focus specifically on sexual adaptation for the individual or couple following PC treatment
- The Sexual Health Rehabilitation Action Plan (SHRAP) was developed as a tailored care delivery tool to better meet the needs of individual patients beyond erectile dysfunction and help guide them on their sexual rehabilitation process
- The SHRAP is provided to each patient at their initial consultation, and re-assessed at follow ups
- Each SHRAP addresses:
 - Management of distressing sexual issues for men and their partners
 - Methods of penile rehabilitation that are difficult to find in typical resources
 - Intimacy-based practices

The abbreviated Sexual Health Rehabilitation Action Plan (SHRAP) includes:

- 1. Confirmation with family doctor around the safety of taking PDE5 inhibitors with current medical history and medication profile
- 2. Cialis 5mg daily for penile rehabilitation
- 3. Combining short acting PDE5 inhibitors (Viagra, Levitra, Staxyn) with Cialis 5mg to strengthen erection for sexual play
- 4. Cialis 20mg for sexual play (hold daily Cialis 5mg for 36 hours)
- 5. On demand PDE5 inhibitors
- 6. Review Vacuum Pump Erection Device (VED)
- 7. Consult with VED advisor prn
- 8. Review intracavernosal injections
- 9. Inform of progress with injections

OBJECTIVE

To assess the acceptability of, adherence to, and satisfaction with the SHRAP

METHODS

- All new patients to the SHS who were treated for PC (Stage I-IV) and their partners (if applicable) were invited to participate
- 2 questionnaires were collected at baseline (upon receipt of SHRAP), at one-month and two-months post receipt through REDCap

SHRAP Adherence and Satisfaction Measure
Assesses patient/couple satisfaction and use of SHRAP beyond the baseline appointment
SHRAP Acceptability Measure
Assesses suitability of content, presentation, and format

- Preliminary data analysis using one-way Analysis of Variance (ANOVA), and Kruskal-Wallis Test (Nonparametric ANOVA) were performed
- Likert-response items summarized by assessing the proportion of patients and partners who selected strongly disagree - strongly agree at each time point

RESULTS

- 51 men and 19 partners who attended the SHS between December 2017 and June 2018 were recruited
- 2 patients and 1 partner dropped out after providing consent

Table 1. Participant Characteristics

Patient Characteristics	Number N=49	Percent %
Age at diagnosis (mean (SD)) n=47	62.4 (6.6)	N/A
Age at baseline (mean (SD))	65.3 (6.7)	N/A
Marital Status		
Married	36	73
Single	5	10
Divorced	3	6
Widowed	2	4
Other	3	6
Highest Level of Education		
High school/technical school	12	24
College graduate	23	47
Graduate/Professional degree	12	24
Other	2	4
Prostate Cancer Gleason Score at Diagnosis (n=47)		
Gleason 6	12	26
Gleason 7	25	51
Gleason 8	3	6
Gleason 9	7	14
Treatment Received		
Prostatectomy	46	94
Brachytherapy	3	6
External Beam Radiation	4	8
ADT	7	14
Chemotherapy	1	2
Metastasis Status		
Yes	40	82
No	9	18

Table 2. Completion rate of questionnaires

Timepoint	Patient (N=49)		Partner (N=18)	
	Number	Percent	Number	Percent
Baseline	37	76	7	39
1 month	19	39	5	28
2 month	17	35	4	22

- Recruitment to the study was successful, but questionnaire completion rates were low
- Only 17/49 (35%) patients completed baseline questionnaires within window as per protocol
- Questionnaires were eventually completed after multiple reminders, but were no longer within the protocol windows (Table 2)

SHRAP Adherence and Satisfaction:

- The patients:
- were overall satisfied with the SHRAP (Figure 1)
 - Felt that the information in the SHRAP supported and motivated their sexual adaptation process (Figure 2)
 - Felt the information in the SHRAP encouraged them to follow their sexual rehabilitation protocol (Figure 3)

Partners' responses showed similar results.

Figure 1: Overall I am satisfied with the SHRAP.

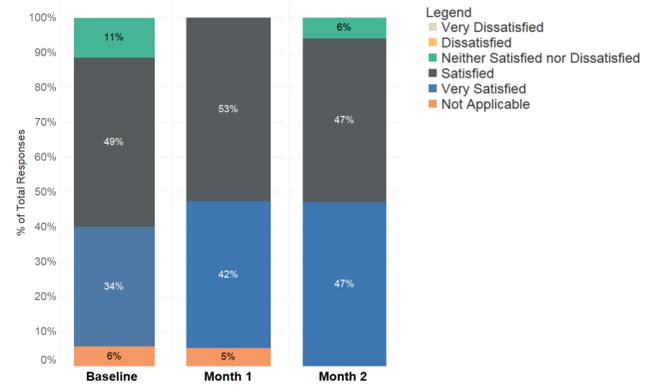


Figure 2: Do you feel that the information in the SHRAP supports and motivates your sexual adaptation process?

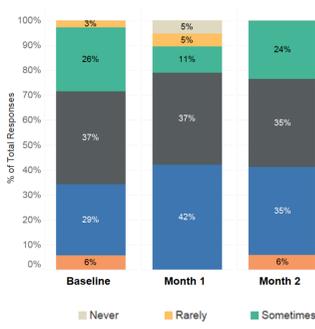
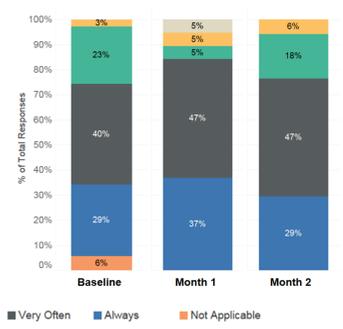


Figure 3: The information in the SHRAP encouraged me to follow my sexual adaptation protocol.



- No statistical difference (p<0.05) between responses based on study time points, demographics, or partnered vs not partnered participants were seen

SHRAP Acceptability:

- Patients and partners, on average:
- Felt motivated to follow the SHRAP and the idea of SHRAP made sense to them
 - Agreed that the SHRAP was: visually appealing, easy to read and understand, clear and concise, made sense, inclusive and respectful of their feedback, on point for recommendations, and reflective of their values and needs

A phone script for non-responders was introduced to help with obtaining verbal feedback:

Did not use SHRAP	Used SHRAP but did not complete questionnaires
too much paperwork	checked the SHRAP, but not on top of mind
other ongoing health/issues	not sexually active or had other issues
misplaced/computer issues	tried to occasionally use the SHRAP recommendations
	too time consuming to answer the questionnaires

- Patients and partners expressed need for exposure to SHS much earlier in the PC trajectory

SUMMARY AND CONCLUSIONS

Patients and their partners:

- Were overall satisfied with and motivated to follow the SHRAP resources and recommendations in aiding their penile and sexual rehabilitation
- Agreed that the SHRAP was a clear and easy to understand tool to have as an aid during their sexual rehabilitation process
- Felt overwhelmed with information and the questionnaires during the initial phases of their sexual rehabilitation process, especially if the patient had other ongoing health issues
- Were grateful that they had the information to refer to

Low & delayed completion rates of evaluation questionnaires was likely due:

- Patients and partners had other priorities
- The timing of the questionnaires was too ambitious, patients were not ready to answer lengthy questionnaires this soon.

Future Directions:

- Obtaining feedback regarding the SHRAP in a different format and at different time points
- Have longer reassessment periods to better parallel the participants' sexual rehabilitation experience.
- Comparative analysis between usual care and SHRAP implementation in patient care delivery
- Incorporate the SHRAP within a new systems model plan for PCSC to improve efficacy.

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