

# A 360-degree view of sexual health services at selected institutions across Canada: defining the need for the Canadian Oncology Sexual Health Initiative (COSHI)



Ryan Flannigan, MD <sup>1,2</sup>, Andrew Matthew, PhD <sup>3</sup>, Celestia Higano, MD <sup>1,2</sup>, Sydney Sparanese, BSc <sup>1,2</sup>, Eugenia Wu, BSc <sup>2</sup>, Steven Guirguis, MA <sup>3</sup>, Monita Sundar, MA<sup>2</sup>

<sup>1</sup>Department of Urologic Sciences, UBC, Vancouver BC; <sup>2</sup>Prostate Cancer Supportive Care Program, Vancouver Prostate Centre, Vancouver BC; <sup>3</sup>Department of Surgical Oncology, Princess Margaret Cancer Centre, Toronto ON

✉ PCSC@vch.ca

## Background

Sexual health (SH) is impacted by cancer diagnosis and treatment.

- 90% in prostate and gynecological cancers
- 73% in breast cancer
- 30% in colorectal cancer
- 20% in non-breast and non-pelvic cancers

It was our (RF, AM, CH) impression that SH clinics in oncology settings were the exception in Canada.

To meet this need, we formed the **Canadian Oncology Sexual Health Initiative (COSHI)**:

We are a *multi-disciplinary* group of SH experts who are collaborating to develop an open platform that will share educational resources, clinical workflows, and future prospective research.

**Our initial undertaking was to conduct an environmental scan to define the actual landscape of SH services for prostate cancer patients (PC) available in selected oncology centers across Canada.**

## Methods

### Participants:

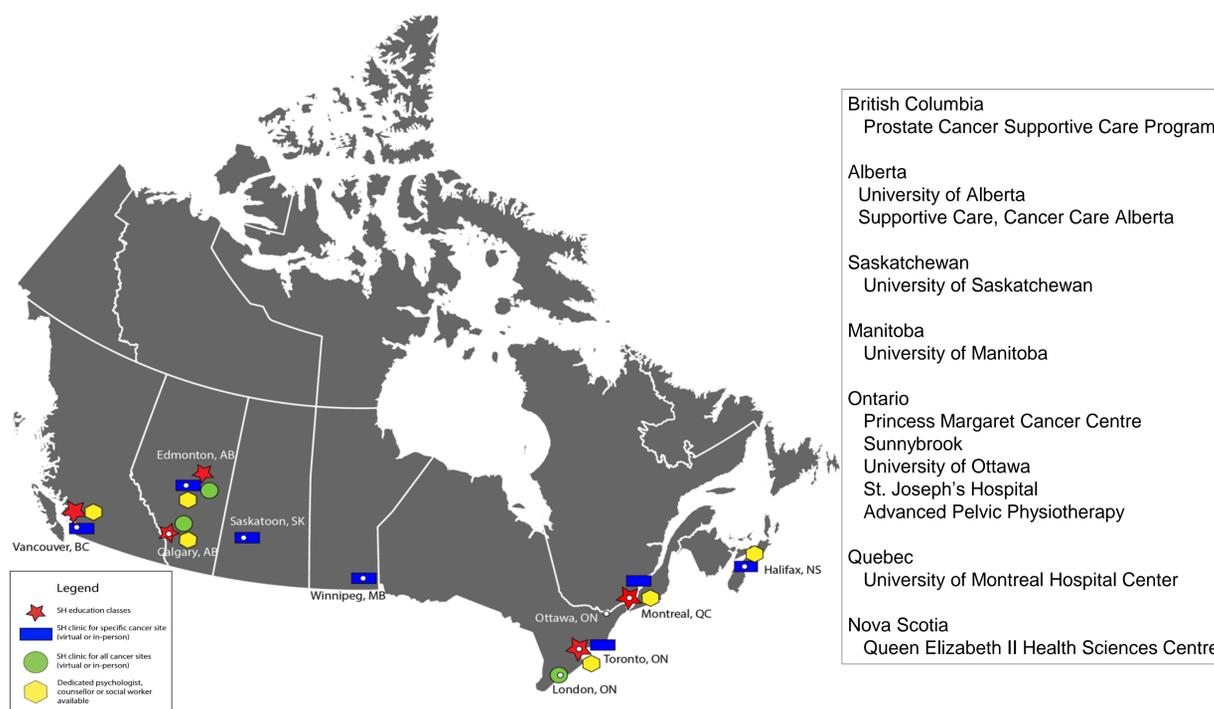
Clinicians providing SH care across Canada were invited to participate in the development of COSHI. A concerted effort was made to ensure regional and multi-disciplinary representation. Every clinician contacted agreed to be “site champions” for COSHI.

### Procedure:

We developed and distributed a 360-degree environmental survey querying the nature and characteristics of sexual healthcare being offered across 12 Canadian Cancer Centres in 2021.

### Measures and Analyses:

- The survey was created with questions pertaining to the availability of sexual healthcare, the utility of community resources, and the collection of patient-reported outcomes (PROs). Free text sections were used to collect specific examples of resources and subjective opinions on gaps in the delivery of SH services.
- Responses were collated and descriptive statistics were used to analyze the institution’s characteristics using Microsoft Excel©.
- Pairwise deletion was used to handle missing data.



- Geographic distribution of sexual health resources, education classes, cancer-specific and all-cancer sexual health clinics across Canadian institutions captured in the COSHI 360-degree environmental scan as of June, 2021

## Results

- 12 sites answered the survey (see map):
  - 1/12 did not have SH for prostate cancer patients, leaving 11 sites in the analysis.
  - 10/11 sites have a multi-disciplinary team of clinicians who participate in SH care, 1 site had only a urologist.
- Most sites (91%) include partners and address gender diverse patients (73%) in SH care.

**Table 1: Sexual Healthcare Resources Offered**

Resources	# of sites, N = 11 (%)
Printed material	9 (82)
Online material	5 (45)
Educational classes	5 (45)
In-person clinics	7 (64)
Virtual clinics	2 (18)

**Table 2: Patient-reported outcomes (PROs) collected at clinic visits**

	# of sites, N = 11* (%)
IIEF	6 (54)
Institutional screening	6 (54)
HRQoL	2 (18)
None/blank	2 (18)

\* 2 institutions indicate that PROs are inconsistently collected

## Results con’t

**Table 3: Referral patterns for SH services**

Referral	# of sites, N = 11 (%)
Oncologist	10 (91)
Other healthcare practitioner	7 (64)
Self-referred	6 (54)
Services integrated into standard care	4 (36)

### 12/12 sites reported on current needs

- 8 (67%) of participating institutions identify sexual healthcare as a “gap in care”.
- 10 (83%) believe their institution would benefit from more sexual healthcare resources.

2 themes emerged in response to the question “Where would you like to see SH care at your institution in the next 5 years?”

### Increase awareness of need for SH screening and SH services offered among primary care providers

### Increase accessibility of SH services

- Offer educational materials for patients and partners as well as clinicians online
- Improve efficiency of delivery of psychosocial interventions through online course or group-based options

## Conclusions

1. Sexual health care, though viewed as a fundamental component of survivorship, is identified as a current gap in patient care services across Canada in both cancer centers and in the community.
2. The breadth of expertise and services offered across institutions varies considerably.
3. Standardized educational materials and approaches to care are lacking.
4. The results underscore the need for an organization such as COSHI to improve access to multi-disciplinary and comprehensive care approaches.

## Limitations

- The survey included mainly academic institutions and their perceptions and may not reflect services available in the community.
- Five of the 12 sites were located in Ontario and therefore resources and services available in other provinces may not be accurately represented.

## Future directions for COSHI

- Collect, archive, and vet SH related educational materials for patients and clinicians on the COSHI website
- Work collaboratively to define clinical pathways for delivery of SH care that include partners and gender diverse patients
- Agree upon PROs that should be routinely collected at specified time points for clinical care and research purposes
- Use prostate cancer as a model of SD care to expand to all tumor types
- Establish a national database of cancer patients receiving SH care in order to track progress and conduct research to improve SH care for all cancer patients

## Disclosures

The authors have no relevant conflicts.

## Acknowledgements

Financial support for COSHI is provided by:

