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Integrating SHARe into the Prostate Cancer Supportive Care Program's Sexual Health Clinic.

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Prostate Cancer Supportive Care
Vancouver Prostate Centre

TRUENTH
A MOVEMBER INITIATIVE

Background

The Prostate Cancer Supportive Care (PCSC) Program provides educational and clinical support services to prostate cancer patients and their partners starting at the time of diagnosis and beyond.

Most prostate cancer patients in the program participate in the Sexual Health module. After viewing the educational group session, patients may attend the Sexual Health Clinic (SHC) for individualized care.

SHARe is a *web-based program* developed with funding from Movember/True North to assist in adaptation to and recovery of sexual function after prostate cancer therapy. It is meant to be a stand-alone program where coaches are available to guide patients. In November 2021, the SHC implemented SHARe as an optional adjunct resource.

The purpose of our abstract was to document the uptake of the SHARe program in combination with our SHC, to understand why couples chose not to participate in SHARe, and to compare satisfaction surveys (SS) between groups.

Methods

Participants: PCSC program patients who began participating in the SHC between November 2021 and August 2022.

Procedures: SHC patients receive SHARe information at the pre-clinic education session. Enrollment is recommended but optional. Patients receive three verbal or email reminders to sign up for SHARe. SHC-SHARe patients were matched with SHC-only patients who did not register for SHARe by:

i) The time from treatment to the first SHC appointment,

ii) Age at diagnosis and when invited to participate in the SS, which were collected simultaneously over 6 days.

Measures and Analyses: We used Mann-Whitney tests to compare the SHC-SHARe and SHC-only groups.

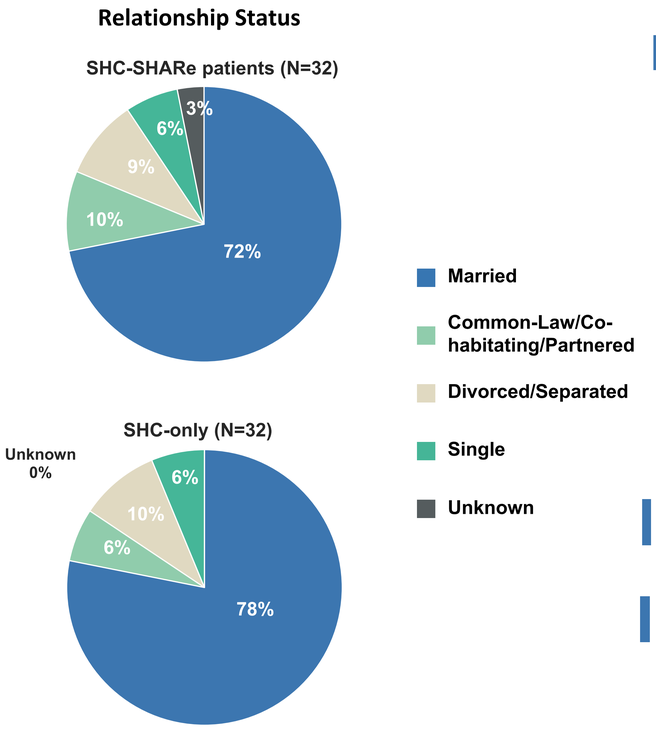
Results

Between November 2021 and August 2022

- 74/126 new patients opted to participate in SHARe.
- 32/74 (43%) who opted to participate in SHARe activated their SHARe code (SHC-SHARe) within a median time of 29 days (0-109).
- Of the 42 who did not activate their SHARe code, the reasons for not doing so included technical issues, forgetting to sign up, too much information, and not being interested after all.
- 32 patients who did not sign up for SHARe but attended the SHC (SHC-only), were matched to SHC-SHARe patients as described in the methods.

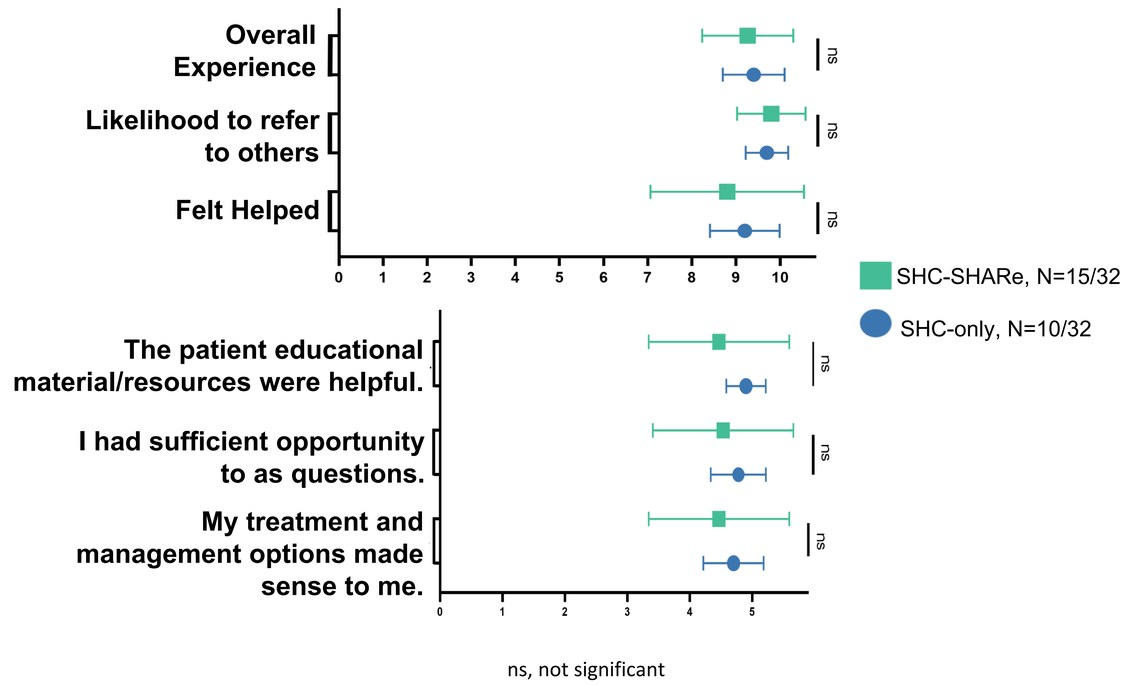
Table: Patient Demographics

Characteristics	Number (%)	
	SHC-Only	SHC-SHARe
Caucasian	18 (56.3%)	25 (78.1%)
Retired	15 (46.9%)	19 (59.3%)



Results cont'd

Figure: Satisfaction survey results of responding SHC-SHARe and SHC-only patients



ns, not significant

- 86.7% of responders in the SHC-SHARe group agreed that SHARe helped reinforce the material learned in the SHC.

Summary & Conclusions

- SHARe was successfully integrated into our SHC.
- Patient satisfaction did not differ between groups, but our sample size is small.
- Most SHC-SHARe patients found the addition of SHARe was a helpful adjunct.
- The English-only format of SHARe may have been an obstacle for non-English speakers.
- To this end, we are translating the PCSC educational materials into four different languages.
- As a result of this analysis, we are proactively contacting those interested in SHARe to remind them how to access the program and to offer technical assistance if needed.

Disclosures

The authors have no relevant conflicts.

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