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Sexual Quality of Life and Needs for Sexology Care of Cancer Patients Admitted for Radiotherapy: A 3-Month Cross-Sectional Study in a Regional Comprehensive Reference Cancer Center

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ABSTRACT

Background: Providing early and better care in onco-sexuality and a better understanding of the sexual health care needs of patients before they start treatment is required.

Objective: To assess sexual quality of life and need for sexology care of patients when they are starting radiotherapy.

Design: We performed a cross-sectional study of adult patients with cancer admitted for radiotherapy treatment in a regional comprehensive cancer center.

Methods: We selected all consecutive adult patients scheduled to start radiotherapy within a 3-month period and excluded patients who could not complete the questionnaires. Patients were asked to complete the Sexual Quality of Life Questionnaire (SQoL) and a needs-assessment questionnaire.

Outcomes: Total score on the SQoL and willingness (yes or no) to get help for a sexual problem.

Results: The study sample was composed of 77 men and 123 women. The average SQoL scores were 68.4 ± 20.9 and 47.1 ± 13.0 for men and women, respectively ($P < .001$). Of sexually active patients, 58% had decreased frequency of intercourse or had completely stopped sexual activity after their cancer diagnosis. Half the participants wanted care for their sexual concerns. The proportion desiring specific types of care varied from 28.5% (couple counseling) to 54.5% (sexual physician) with variation by sex or type of cancer. Furthermore, 11.5% of participants declared their willingness to join support groups.

Clinical Implications: Early interventions before radiotherapy could improve sexual quality of life, particularly in women.

Strengths and Limitations: Strengths are the SQoL validated in men and women, the original window for assessment, and the study location. Limitations are the monocentric design, the potential recall bias for data before cancer diagnosis, and the fact that some patients had treatments before radiotherapy.

Conclusion: Our data suggest the need to examine the sexual health trajectory in a prospective fashion from diagnosis to survivorship. **Almont T, Delannes M, Ducasson A, et al. Sexual Quality of Life and Needs for Sexology Care of Cancer Patients Admitted for Radiotherapy: A 3-Month Cross-Sectional Study in a Regional Comprehensive Reference Cancer Center. J Sex Med 2017;14:566–576.**

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INTRODUCTION

Sexual problems rank high on surveys of unmet needs of cancer survivors.[1–3] At least one fourth experience sexual disorders, but for those with pelvic or breast tumors, the prevalence of sexual dysfunction is much higher than 50%.[3,4] A cross-sectional study of 1,419 patients showed that 72.5% of men younger than 75 years and 61.2% of women younger than 45 years reported negative consequences of cancer and treatments on their sexual life.[5]

Many studies have highlighted that the need for information is stronger than the desire for advice and support.[6,7] A recent study

in France (Vie après le Cancer [VICAN] 2) of 4,349 patients found that fewer than 25% recalled receiving information about the sexual risks of cancer treatments, except for patients with prostate and cervical cancer (56% and 38%, respectively).[8–10]

The period of diagnosis and treatment planning for cancer seems to be a key period in which to deliver information and to evaluate sexual health. However, surprisingly, most interventions for sexual problems occur once cancer treatment is completed, when preventive care is no longer possible and problems have become entrenched.

Therefore, the Radiotherapy Department of the Cancer University Institute of Toulouse—Oncopole (IUCT-Oncopole; Toulouse, France) designed a study to assess the sexual health care needs of patients at baseline, before beginning radiotherapy.

AIMS

The primary objective was to assess sexual quality of life and sexual disorders reported by patients at the beginning of radiotherapy. Secondary objectives were to assess the information patients received about the sexual risks of cancer treatments and their preferences for receiving onco-sexuality care. We hypothesized that optimal onco-sexuality care should begin with diagnosis and continue during treatment and into survivorship.

METHODS

Study Design and Population

From October 12, 2015 to January 12, 2016, we performed a cross-sectional study in adult patients with cancer (>18 years old) who had appointments to establish the markings for their upcoming radiotherapy treatment at the IUCT-Oncopole, a regional comprehensive cancer center. Patients were recruited just after completing the marking visit and were interviewed before beginning radiotherapy by an epidemiologist with a degree in sexology (T.A.). We excluded patients who could not complete the questionnaire (non-French speakers, patients with multiple sites of metastasis, those under palliative care, or those unable to provide informed consent).

Survey Questionnaire

The survey questionnaire was created by the members of the Oncosexology Program at the University of Toulouse (E.H., A.C., and T.A.) and was assessed for readability and content validity by international experts (L.S. and P.B.) and members of the projects steering committee of the joint group of the Federative Group of French Cancer Centers (UNICANCER) and the Francophone Association for Supportive Care (AFSOS). It was pilot tested in 15 patients with cancer at the IUCT-Oncopole, and minor revisions were made.

The items of the questionnaire dealt with social and demographic characteristics (13 questions), current cancer and its treatments (6 questions), information received from the medical team (6 questions), current sexual function and concerns (14 questions for men and 12 for women), need for sexual health care (4 questions), and current sexual quality of life (11 questions for men and 18 for women).

Primary Outcome

Sexual Quality-of-Life Score

Sexual quality of life was measured with the French-validated versions for men and women of the Sexual Quality of Life Questionnaire (SQoL-M and SQoL-F, respectively). The SQoL is a self-administered questionnaire assessing the impact of sexual dysfunction on quality of life, including sexual confidence, emotional well-being, and relationship issues. The female version (SQoL-F) was developed based on the Spitzer Quality of Life model that involved physical, emotional, psychological, and social components.[11] Then, the male version (SQoL-M) was developed, including 11 items taken from the 18 items of the SQoL-F.[12] The seven additional questions for women are not relevant to men and is justified by the fact that emotional, psychological, and relationship aspects are more complex in women.[12] In the SQoL-M and SQoL-F questionnaires, each item has a six-point Likert scale response format (1 = "completely agree" to 6 = "completely disagree"). By summing answers, we obtain raw scores from 11 to 66 for men and from 18 to 108 for women.

To allow easy comparisons between men and women, raw scores are transformed to a standardized scale of 0 to 100 using the following formula:

$$Scale\ score = \frac{sum\ of\ component\ items - lowest\ possible\ score}{possible\ raw\ score\ range} \times 100$$

Higher scores indicate a better sexual quality of life.[13]

Secondary Outcomes

Information

Patients were asked whether they received information about the potential sexual side effects of treatment from the radiotherapy medical team (yes or no).

Sexual Activity and Needs Assessment

A questionnaire to assess sexual activity, sexual dysfunction, and patients' needs was adapted from a needs-assessment survey conducted at the MD Anderson Cancer Center (Houston, TX, USA).[14] This questionnaire assessed sexual activity (types and frequency) before and after cancer diagnosis; sexual disorders at the time of the survey (desire, excitement, dyspareunia, orgasm, or general ill health); onset of sexual disorders (before or after cancer diagnosis); and patients' desire for different onco-sexuality care services.

Recruitment and Data Collection

Each patient was given a verbal explanation of the study by the epidemiologist (T.A.) and signed a written informed consent.