Developing the Pelvic Examination and Anxiety Coping Skills For Empowerment (P.E.A.C.E.) Intervention

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BACKGROUND:
Available evidence on gynecologic cancer suggests:
• Survivorship is high in the United States of America
• Surveillance pelvic examinations are critical in the first two years when cancer is most likely to recur
• Challenges with pelvic examinations include anxiety, pain with insertion, and fear of recurrence, especially in populations who have experienced changes in sexual function, pelvic pain from treatment, and survivors of violence

OBJECTIVE:
The current study engaged providers in qualitative interviews in order to:
• Refine a cognitive-behavioral intervention to reduce anxiety and pain during pelvic examinations via hypothesized mechanisms of change (Figure 1)
• Promote feasibility and acceptability of the intervention

METHODS:
Provider Interviews
• Semi-structured in-depth interviews were conducted with 10 providers to assess feasibility and acceptability of the intervention
• Providers include gynecologic oncologists and fellows, radiation oncologists, physical therapists, gynecology-oncology practice providers

Qualitative Coding
• A codebook was developed to capture a priori themes
• A team of three coders utilized the codebook to code transcripts simultaneously to establish inter-rater reliability, and the team lead resolved discrepancies

NVivo Data Analysis
• Coding transcripts were entered into NVivo
• Coding queries were utilized to analyze specific patterns across and even within themes

RESULTS:
On Educational Components, providers recommended:
• Informing patients of the changes and side effects from treatment and the importance of surveillance pelvic examinations
• Providing patients with options that they could request to make their pelvic examinations more comfortable

On Focused Attention Skills, providers reported:
• Varying preferences among patients for the type and amount of engagement with providers during pelvic examinations
• Finding cognitive-behavioral skills to be acceptable and feasible

On Tension Release Skills, providers reported:
• Employing techniques to have patients release tension in their pelvic floor and body
• Using an adapted progressive muscle relaxation exercise would be acceptable and feasible

Figure 1 presents the hypothesized mechanisms of the P.E.A.C.E. intervention.

CONCLUSIONS:
• Overall, providers found the intervention protocol feasible and acceptable and suggested feedback for refinement.
• Using this information, the study team:
  • Created a patient workbook and therapist manual informed by acceptability and feasibility data
  • Worked alongside 4 trained study therapists to give feedback on delivery, as well as to refine the workbook
  • Developed a 3-session intervention to be delivered to 16 patients by the trained study therapists

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