

# Improving Female Sexual Function After Pelvic Radiation

## BACKGROUND:

- 47-85% of women experience sexual difficulties after pelvic radiation therapy.
- Common side effects associated with pelvic radiation include vaginal adhesions, fibrosis, dryness, atrophy, and stenosis.
- Psychosocial issues reported following pelvic radiation include anxiety, depression, emotional distress, low self-worth, poor body image, and relationship distress.
- Vaginal dilators and pelvic floor muscle training can improve physical side effects, but adherence to these therapies is low.

## INTRODUCTION:

- This study aims to develop and pilot test a novel integrated physical therapy (PT) and coping skills training intervention to improve women's sexual and urinary function after pelvic radiation.
- The proposed intervention will integrate two key components: pelvic health PT interventions (i.e., vaginal dilators, PFMT) and coping skills training for managing symptoms and improving treatment adherence.
- An iterative model is being used to develop and refine the PT intervention based on qualitative data from interviews with cancer survivors, oncology providers, and pelvic health physical therapists.

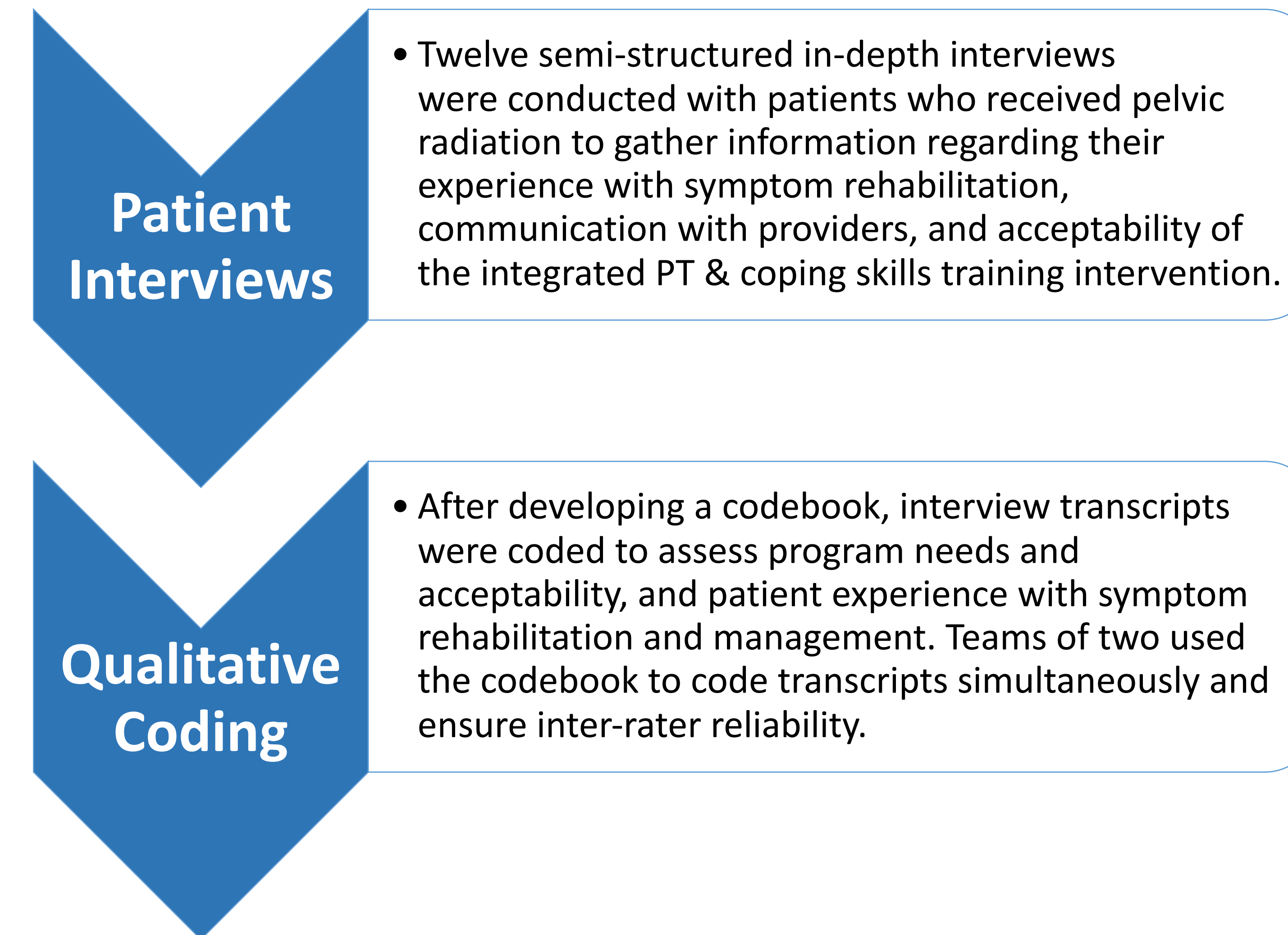
## OBJECTIVES:

Our current study is focused on engaging patients in qualitative interviews in order to:

1. Understand patients' perspectives on the acceptability and feasibility of the proposed novel integrated PT and coping skills training intervention to improve post-radiation therapy treatment adherence

2. Describe and understand patients' past engagement with PT and other strategies in order to better understand barriers and facilitators to treatment adherence

## METHODS:



• Twelve semi-structured in-depth interviews were conducted with patients who received pelvic radiation to gather information regarding their experience with symptom rehabilitation, communication with providers, and acceptability of the integrated PT & coping skills training intervention.

• After developing a codebook, interview transcripts were coded to assess program needs and acceptability, and patient experience with symptom rehabilitation and management. Teams of two used the codebook to code transcripts simultaneously and ensure inter-rater reliability.

## RESULTS:

OBJECTIVE 1 THEMES: Acceptability/Feasibility of Proposed Intervention	
Program Component Preferences	<ul style="list-style-type: none"> <li>• Learning coping skills for fear of pain and other emotional difficulties</li> <li>• Discussing use of dilators and exercises</li> <li>• Problem solving barriers to home practice</li> </ul>
Modality Preferences	<ul style="list-style-type: none"> <li>• High preference for in-person appointments</li> <li>• Video and phone were other options</li> </ul>
Barriers to Participation	<ul style="list-style-type: none"> <li>• Emotions (e.g., anxiety; fear; embarrassment)</li> <li>• Cost</li> </ul>
Facilitators to Participation	<ul style="list-style-type: none"> <li>• Including a peer support component</li> <li>• Including partners in the intervention</li> <li>• Provider support ( e.g., share specialized knowledge)</li> <li>• Creating a safe space for sensitive appointments</li> </ul>

OBJECTIVE 2 THEMES: Barriers and Facilitators to Strategy Use	
Facilitators to Using Rehabilitative Strategies	<ul style="list-style-type: none"> <li>• Information/education about strategy use</li> <li>• Knowing there is a potential for symptom relief</li> </ul>
Barriers to Using Rehabilitative Strategies	<ul style="list-style-type: none"> <li>• Emotional discomfort and stigma</li> <li>• Physical discomfort</li> <li>• Lack of time and space</li> </ul>
Effective Coping Strategy Elements	<ul style="list-style-type: none"> <li>• Pain relief through dilator therapy and medication</li> <li>• Anxiety reduction through increased access to education and information</li> </ul>

## CONCLUSIONS:

- The proposed intervention is seen as acceptable by most patients, with many of them expressing eagerness to participate and suggesting facilitators to participation.
- Patients expressed a need for further support after pelvic radiation therapy due to emotional distress and physical pain.
- Patients described their past experiences using various strategies to manage emotional distress and physical symptoms and endorsed a need for additional support and coping skills to help with these challenges.
- These data (as well as data from provider interviews) will be used to inform development of a pilot intervention program that incorporates identified themes to increase engagement and reduce barriers to participation.

## ACKNOWLEDGEMENTS:

Thank you to Yujung Choi, Jessica Coleman, Brittany Davidson, Caroline Dorfman, Molly Kolstad, Bridget Koontz, Sage Lachman, Lisa Massa, Niharika Mettu, Michael Willis, and Noga Zerubavel.