

# Supportive Care Needs After Gynecologic Cancer: Where Does Sexual Health Fit in?

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**G**ynecologic cancer (GC) and its treatment are associated with changes in physical, psychological, and social dimensions including depression and anxiety, infertility, poor body image, and bladder or bowel dysfunction (Gilbert, Ussher, & Perz, 2011; Pearman, 2003; Wilmoth & Spinelli, 2000). Post-treatment symptoms are linked to many sexual health difficulties, which have been reported as the most frequent, enduring, and distressful post-treatment morbidities in this population (Abbott-Anderson & Kwekkeboom, 2012); however, discussions about sexuality between patients with GC and their healthcare providers are sparse (Gott, Hinchliff, & Galena, 2004; Lindau, Gavrilova, & Anderson, 2007; Stead, 2004).

Awareness of survivorship needs is increasing, along with efforts to implement systematic screening for distress in cancer survivors (Bultz et al., 2011). To maximize the quality of patient care, healthcare teams must provide treatment and/or appropriate referrals to assist patients who are experiencing significant distress. Unfortunately, little empirically supported guidance is available on effective interventions for sexual problems post-treatment. Only a handful of published intervention studies have shown favorable effects on symptom management behaviors that may improve sexual function (e.g., increasing compliance with vaginal dilation recommendations) (Robinson, Faris, & Scott, 1999). The few existing psychological interventions for treating sexual dysfunction in cancer survivors have seen only moderate effectiveness, and progress in this research field is challenging because of low response rates and high attrition rates (Brotto, Yule, & Breckon, 2010). A systematic review of sexual concerns in this population illustrated the current focus on physical dimensions of sexuality and emphasized a need for comprehensive assessments of sexual concerns, which would further development and testing of interventions for GC survivors (Abbott-Anderson & Kwekkeboom, 2012).

**Purpose/Objectives:** To inform the development of post-treatment screening and intervention services in a gynecologic oncology program by describing patient needs and desire for help.

**Design:** Descriptive, cross-sectional study.

**Setting:** Follow-up clinic of a gynecologic oncology program in a regional cancer center.

**Sample:** 113 women treated for gynecologic cancer.

**Methods:** Data were collected using standardized instruments and analyzed through descriptive and correlation statistics.

**Main Research Variables:** Supportive care needs, sexual health needs, vaginal changes, desire for help, and socio-demographic and medical factors.

**Findings:** Forty percent of the sample was worried about the status of their sex life and many wished to meet one-on-one with a health professional or to receive written information. Younger age, premenopausal status at diagnosis, and lower sexual satisfaction and more vaginal changes after treatment were associated with greater sexual health needs and desire for help.

**Conclusions:** Several sexual health needs were among the highest reported supportive care needs. Certain subgroups may report higher needs and desire for help; this domain merits additional research. Needs were extremely diverse, reflecting the use of an individual approach to screening for and meeting survivor needs.

**Implications for Nursing:** Personal perceptions of the implications and meaning of sexual health and vaginal changes create the subjective experience of a need. Discussions of the women's perceptions of their needs and their views of healthy sexuality will help develop effective treatment plans.

**Key Words:** gynecologic malignancies; menopausal symptoms; quality of life; sexuality and fertility; survivorship

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In light of these challenges, additional research on patient needs and preferences for services directed to meeting their needs is urgently needed. To date, most needs assessments evaluated only one or two need domains at a time in patients with GC post-treatment. For