

Discussing Safe Sexual Practices During Cancer Treatment

Joanne Frankel Kelvin, MSN, RN, AOCN®, Rebecca Steed, MSN, WHNP-BC, and Joy Jarrett, BSN, RN, OCN®



© Jessicaphoto/iStockphoto

Physical intimacy can contribute significantly to a person's well-being, but oncology clinicians rarely discuss sexuality with their patients. Lack of knowledge and personal discomfort are widely acknowledged barriers. This article addresses these barriers by outlining steps patients can take during treatment to ensure safe sexual activity. Most patients can be sexually active during treatment, but they need to use safe sexual practices. Patients need to prevent pregnancy, protect themselves from infection, and, if concerned, avoid partner exposure to chemotherapy in semen or vaginal fluids. This article outlines issues to consider when educating patients about sexual activity during cancer treatment and describes strategies for oncology nurses to feel more comfortable initiating these discussions with patients.

Joanne Frankel Kelvin, MSN, RN, AOCN®, is a clinical nurse specialist, Rebecca Steed, MSN, WHNP-BC, is a survivorship nurse practitioner, and Joy Jarrett, BSN, RN, OCN®, is a clinical nurse, all at Memorial Sloan Kettering Cancer Center in New York, NY. The authors take full responsibility for the content of the article. The authors did not receive honoraria for this work. The content of this article has been reviewed by independent peer reviewers to ensure that it is balanced, objective, and free from commercial bias. No financial relationships relevant to the content of this article have been disclosed by the authors, planners, independent peer reviewers, or editorial staff. Mention of specific products and opinions related to those products do not indicate or imply endorsement by the *Clinical Journal of Oncology Nursing* or the Oncology Nursing Society. Kelvin can be reached at kelvinj@mskcc.org, with copy to editor at CJONEditor@ons.org. (Submitted September 2013. Revision submitted December 2013. Accepted for publication January 4, 2014.)

Key words: sexuality; fertility; cancer treatment; safe sex

Digital Object Identifier: 10.1188/14.CJON.449-453

Suleika Jaouad was diagnosed with leukemia at age 22 and has been writing about her experiences as a young adult with cancer in a *New York Times* blog. In her 2013 Valentine's Day entry, she said, "No one has ever broached the topic of sex and cancer during my diagnosis and treatment. Not doctors, not nurses. On the rare occasions I initiated the conversation myself, talking about sex and cancer felt like a shameful secret" (Jaouad, 2013, p. 1).

Unfortunately, Jaouad's experience is not unusual for patients who are concerned about sexual health during cancer treatment. Barriers that prevent nurses from discussing sexual health with patients include lack of knowledge, personal discomfort, inadequate time, concern about invading patients' privacy, and religious, cultural, or ethical beliefs about sexuality (Kotronoulas, Papadopolou, & Patiraki, 2009; Park, Norris, & Bober, 2009). This article will address some of the barriers by providing information and strategies for oncology nurses to more effectively educate patients about sexual activity during cancer treatment. The focus will be on safety, particularly preventing pregnancy, protecting patients from infection, and avoiding partner exposure to chemotherapy in semen or vaginal fluids.

Contraception to Prevent Pregnancy

Exposure to chemotherapeutic agents or radiation can cause mutagenic changes in gametes and teratogenic effects in a developing fetus (Klein & Okuyama, 2012). Because of this, female patients of childbearing age and the female partners of male patients should avoid pregnancy during treatment. Women of childbearing age have many hormonal and nonhormonal options for safe and effective contraception. Contraceptive methods are categorized for safety based on risk when used by women with specific medical conditions (American College of Obstetricians and Gynecologists [ACOG], 2011; Workowski & Berman, 2010). Only options that pose minimal risk to patients based on their cancer diagnosis and medical history should be considered. Contraceptive methods are rated for efficacy based on the percentage of women who have an unintended pregnancy during the first year of use, differentiating between typical use and perfect use (Trussell, 2011) (see Table 1). Only options with high efficacy should be suggested, and education on correct usage must be provided to ensure effectiveness.

A variety of options should be offered to allow for patient preferences and lifestyle considerations. Many hormonal and