PRAGMATIC TRIAL OF AN ONLINE SELF-HELP INTERVENTION FOR SEXUAL PROBLEMS AFTER CANCER

Leslie R. Schover,* Will2Love, LLC, Houston, TX, USA; Sara Strollo, Behavioral and Epidemiology Research Group, American Cancer Society, Atlanta, GA, USA; Kevin Stein, Emory University, Atlanta, GA, USA; Elizabeth Fallon, Behavioral and Epidemiology Research Group, American Cancer Society, Atlanta, GA, USA; Tenbroeck Smith, Behavioral and Epidemiology Research Group, American Cancer Society, Atlanta, GA, USA

Introduction

Cancer-related sexual dysfunction affects over 60% of survivors. Internet interventions have improved sexual function and satisfaction. This pragmatic online trial aimed to evaluate an online self-help intervention without clinician contact.

Methods

Cancer survivors or partners (≥ 18 years) were recruited, consented, and completed baseline assessments online. Subsequently, participants received 3 months' free access to an online, self-directed cognitive-behavioral intervention, and were asked to complete a 3-month follow-up assessment. The PROMIS Brief Sexual Profile (version 2) was the primary outcome. Secondary outcomes included mental and physical health, anxiety, depression, and the use of sexual aids.

Results

Baseline questionnaires were completed by 280 participants, 76% female and 13% partners. Attrition was high, with only 38% completing 3-month questionnaires. Due to power limitations, analyses were only conducted for

the 197 female survivors, with a mean age of 52, 76% postmenopausal, 87% in a committed relationship, 72% with at least a college degree, and 88% Caucasian, non-Hispanic. Cancer location was 68% breast, 25% pelvic or genital, and 7% other. Within this group, 71% visited the intervention website at least once and 39% completed 3-month questionnaires. The only significant predictor of completing 3-month questionnaires was spending more time on the website ($P=.003$). For 60 women who used the intervention and provided follow-up data, a significant increase occurred in being sexually active (70% at baseline and 85% at 3 months, $P<.001$). A composite PROMIS Brief Sexual Profile T-score improved significantly ($P<.001$). Use of sexual aids also increased ($P=.01$). In the table, the N is based on women sexually active at both timepoints.

Conclusions

Despite high attrition, women who persisted with the intervention had significant benefit. Revisions are needed to the websites to improve patient engagement.

Sexual Function Outcomes among Female Cancer Patients from Baseline to 3-Months (n=60)

Sexual Outcome	N	Baseline Mean (SD)	3-Month Mean (SD)	Statistic	P Value
Sexual Function Composite T-Score	41	49.4 (5.6)	52.5 (3.7)	Paired t-test	<.001
Interest in sexual activity	60	34.0 (9.2)	34.3 (9.2)	Wilcoxon signed rank test	.77
Lubrication	41	36.2 (8.7)	47.1 (9.7)	Wilcoxon signed rank test	<.001
Vaginal Discomfort	41	63.3 (11.0)	61.0 (11.6)	Wilcoxon signed rank test	.02
Labial Discomfort	41	60.5 (10.8)	55.3 (9.9)	Wilcoxon signed rank test	.01
Clitoral Discomfort	41	56.5 (10.3)	53.0 (8.7)	Wilcoxon signed rank test	.02
Orgasm Ability	35	35.8 (13.1)	38.0 (11.3)	Wilcoxon signed rank test	.17
Orgasm Pleasure	22	42.6 (8.1)	44.0 (9.1)	Wilcoxon signed rank test	.19
Satisfaction with sex life	41	39.6 (5.8)	40.9 (7.1)	Wilcoxon signed rank test	.13
Sexual Aids Scale Score*	58	1.4 (1.1)	1.8 (1.0)	Wilcoxon signed rank test	.01

* Recent use of vaginal moisturizer, lubricants, dilators, hormone therapy, and sex counseling