Phone-Based Intimacy Enhancement Intervention for Couples Facing Breast Cancer: Tailoring a Protocol to Meet Patients' Needs

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Sexual Concerns for Breast Cancer Survivors

- In breast cancer (BCa), sexual concerns
 - are common¹
 - can stem from physiological, psychological, and interpersonal factors^{2,3}
 - typically do not resolve on their own without intervention⁴
 - are exacerbated by 5-10 year courses of anti-estrogen therapy
- Addressing sexual concerns can improve sexual function, relationship quality, mood, and QOL
- Yet sexual concerns continue to be among the most poorly addressed of the HRQOL issues for BCa survivors

² Alder, Zanetti, Wight et al. (2008). *J Sex Med*.

³ Fobair, Stewart, Chang et al. (2006). *Psychooncology*.

⁴ Ganz, Desmond, Leedham, et a. (2002). JNCI.

Intimacy Enhancement (IE) Intervention Template

- 4 sessions, delivered to couples over the telephone
- Enhance physical and emotional intimacy
- Grounded in behavioral couple therapy, ¹ cognitive therapy, and sex therapy approaches, ², emphasizes flexibility in behaviors and cognitions³

Session	Main Session Content
1	Education/Goal-setting/Introduce Sensate Focus Exercises
2	Communication about Intimacy
3	Cognitive Reframing/Behavioral Activities and Exercises
4	Skills and Goals Review/Planning ahead/preparing for challenges

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Pilot Feasibility Study of a Telephone-Based Couples Intervention for Physical Intimacy and Sexual Concerns in Colorectal Cancer

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Across 32 couples

- Feasibility
- Acceptability
- Improvements in sexual function (d=.87 for women, .79 for men; sexual distress (d=-.55)







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A randomized pilot trial of a telephone-based couples intervention for physical intimacy and sexual concerns in colorectal cancer

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Objective

- To tailor the telephone-based Intimacy Enhancement intervention to the needs of women with Bca
- Developmental phase
- Research question guiding this phase of research
 - What are the needs and preferences of breast cancer survivors for an IE intervention regarding
 - content?
 - format?

Methods

- Qualitative Data Collection
 - Focus groups (90 min)
 - Achieve breadth and quality of information needed to inform the tailoring of the IE intervention
 - semi-structured using a qualitative guide
 - 2 focus groups \geq 45 yrs at diagnosis; 1 with women < 45 yrs
- Sample
 - Convenience
 - Recruited through mailings (68%), in-clinic (21%), advertisements (10.5%)
 - Partnered breast cancer survivors ≥ 21 yrs with non-metastatic disease 6 months- 5 years post-active treatment, reporting sexual concerns ≥ 3 (on o-10 scale)

Participants

Participant Characteristics (N=19; 15 in focus groups; 4 cognitive interview participants)

Mean Age	Age=52.8 (SD=9.8)
Ethnicity	79% White; 5% Hispanic
Mastectomy with reconstruction	53%
Completed chemotherapy > 1 year ago	74%
Use of AI's	47%
Use of tamoxifen	42%
Mean sexual concerns score	6.4 (2.0)

Qualitative Analysis

- Framework Approach¹
 - By hand coding of initial transcripts
 - Drafting and revising codes through discussions
 - Applied codes to remaining transcripts using N Vivo
 - Developed a matrix summarizing data by case (FG) and code
 - Corroborated inter-rater reliability by discussion of differences in coded sections with goal of general consistency



Major Themes, Part 1: Participant Experiences of Sexual Issues

Short Title of Theme	Description of Theme
Change and Loss	Women's Perceptions of Sexual and Intimacy Changes after Treatment
Feelings, Thoughts, and Beliefs	Reacting to Sexual and Intimacy Changes
Worries, Fears, and Feelings	Perceptions of their Partners' Experiences and Reactions to Sexual Changes
Communication and Other "Us" Effects	Perceptions of the Effects of Sexual and Intimacy Changes on their Relationships

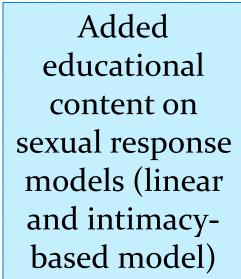
Major Themes, Part 2: Coping and Intervention Preferences

Short Title of Theme	Description of Theme
Adaptation and Innovation	Adopting Strategies to Cope with Sexual and Intimacy Changes
Age, Stage, and History	Contextual Factors Influencing Sexual Concerns and Intervention Preferences
Discussions in the Clinic	Experiences with Patient-Provider Communication about Sexual Concerns
Addressing Sexual Concerns	Preferences for an Intimacy-Focused Intervention

Tailoring of Educational Content

I didn't even want to try; this is just like, let's not even...because it is so much work and pressure on you to enjoy sex when it's painful...

> -Focus Group 2; Reacting to Sexual and Intimacy Changes



Tailoring of Communication Activities

And he will say to me "You are beautiful, your body is fine."
But...he can tell me ten times a day and I am still not going to feel comfortable with it [body image changes].

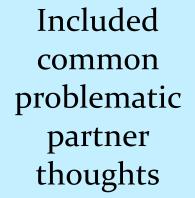
-FG 1, Communication and Other "Us" Effects

Added exchanges demonstrating effective intimacy-related communication about patient concerns (e.g., responding to body image concerns)

Tailoring of Cognitive Reframing Activities

He doesn't want to hurt me either and the other thing is it's hard for him and now when we do it sometimes he can't [have an erection] because he is so worried about me.

-Focus Group 2, Worries, Fears, and Feelings



Tailoring of Sensate Focus Exercises

It's just not the same...he will go to rub my boobs and I have to turn around and laugh because I can't feel them. Go for it, go right ahead, but there is no sensation and he just doesn't get it.

-Focus Group 1, Communication and Other "Us" Effects

Incorporated instructions on how to cope with breast touching to the sensate focus exercises

Confirmation of Some Elements

I would have to say the first year was, I don't give a crap. I don't care. I don't feel like it...when you lose your hair, when my hair started coming back I started to feel more myself.

-Focus Group 2, *Age, Stage, and History*



Targeted post-active treatment BCa survivors

Not once in front of my husband did anybody say sexuality is going to be a difficulty through this whole process. -Focus Group 1, *Discussions in the Clinic*



Included partners in intervention

Pilot RCT of IE Intervention

To pilot test the feasibility, acceptability, and preliminary efficacy of the newly tailored Intimacy Enhancement intervention (30 couples)

ClinicalTrials.gov

A service of the U.S. National Institutes of Health



Next step is a definitive multi-site trial

Purpose

The central goal of this study is to examine the feasibility, acceptability, and preliminary efficacy of the IE intervention on patient feasibility, acceptability, and preliminary efficacy. Secondarily, based on the rationale that barriers exist that limit participation in i patient candidates who opt out of participating in the pilot trial. We expect that we will be able to identify the participation barriers development of different interventions for future study.

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