

*Effects of Intervention on  
Sexuality of Breast Cancer  
Survivors:  
Investigating Utilization*



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Society of Behavioral Medicine  
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# *Funding Agencies*

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- American Cancer Society
- National Cancer Institute
- National Institute of Mental Health
- US Army Breast Cancer Program



# *Sexual and Body Image Changes in Cancer*

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- Women with breast cancer face multiple threats to their sexuality and sexual function (see review by Thors, 2001)
- About 50% of breast cancer survivors experience long-term sexual dysfunction (Ganz, Rowland, Meyerowitz et al., 1998)
- Effects from both the cancer and its treatments (Ganz, Rowland, Desmond, et al., 1998)



# *Impact of Breast Cancer on Sexual Function*

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- Loss of sexual desire
- Threat to sense of femininity
- Loss of fertility (lessened ovarian function)
- Loss of lubrication (lessened ovarian function)
- Somatic symptoms from treatments and tumor
- Recovery from surgery and other invasive procedures



# *Interventions Addressing Sexuality in Female Breast Cancer Patients*

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- Few intervention studies have been conducted with breast cancer patients
- Research needed on ***what strategies are effective, or when using strategies will be most beneficial***





# *SIBCP Intervention*

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- Aimed to reduce stress, lower emotional distress, and improve quality of life
- Some specific targets/components:
  - Social support
  - Health behaviors
  - Sexuality
  - Treatment adherence



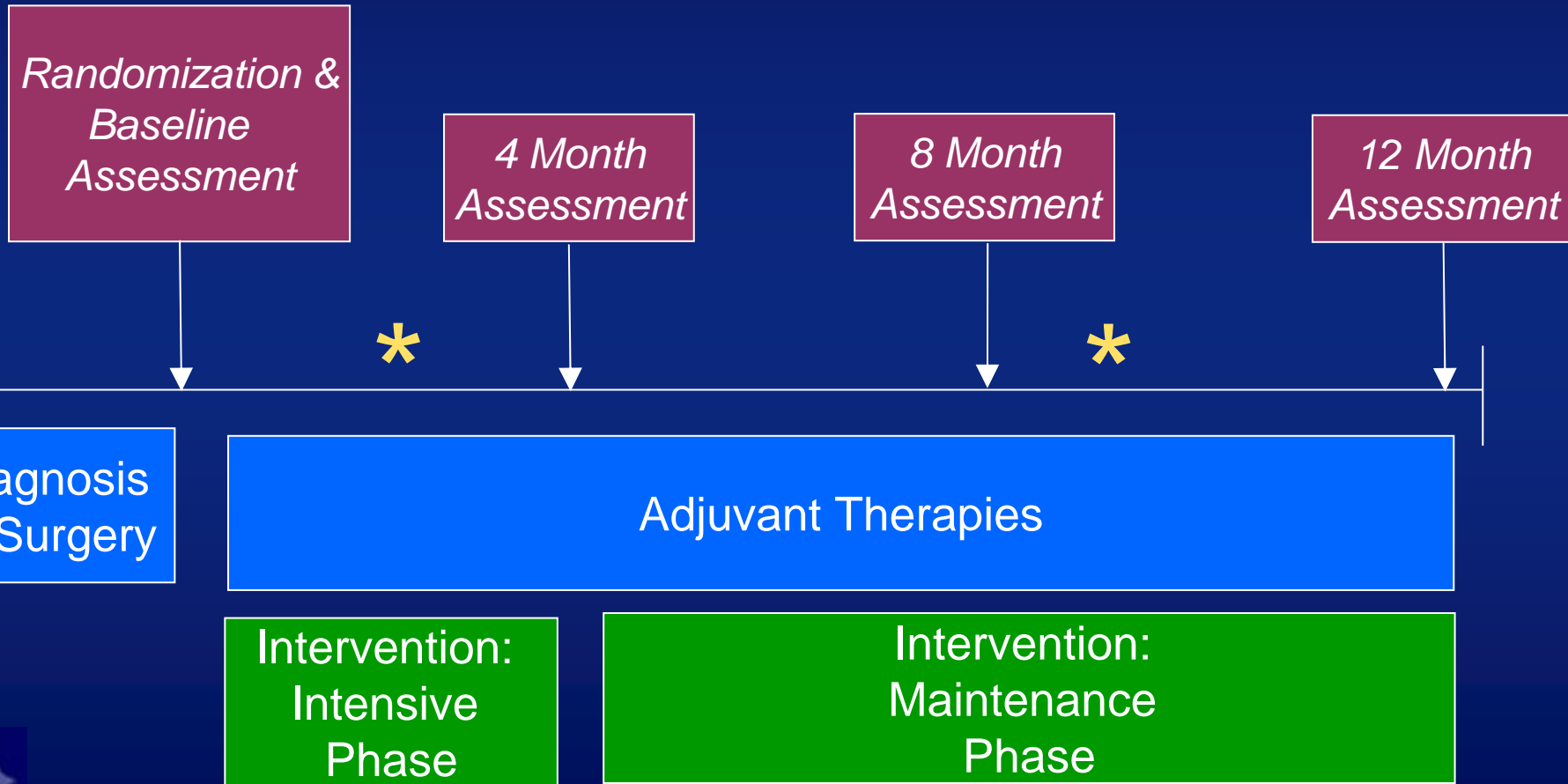
# *SICP Sexuality Module*

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- **Partner communication**
- **Anxiety regarding sexual activity**
- **Less physically demanding sexual activities**
  - *Intercourse alternatives*
- **Making intercourse more comfortable**



# Longitudinal Design



# *Study Goals*

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- Investigate effectiveness of intervention strategies for improving sexuality outcomes
- Investigate whether using intervention strategies had differential impact over the course of treatment



# *Current Study Participants*

Randomized to Intervention  
(N= 114)



Asked about Utilization  
(N= 80)



*Current Study= 75*



# *Sample Characteristics*

- Stage II and III female breast cancer patients
- Middle-aged, Caucasian, college-educated, partnered



# Measures

- Utilization: Asked how often they had used each strategy during the last month
  - 0=not at all, 8=two or more times a day/all the time
- Sexual satisfaction: “How satisfied are you with your sex life?”
  - 0 = could not be worse, 8 = could not be better
- Intercourse frequency during the past week
  - 0 = did not occur, 7 = occurred once a day



# *HLM Analyses: Predictors*

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- Time Effect
  - Did the outcome change over time?
- Utilization of Strategy Effect
  - Did the outcome vary by frequency of strategy use?
- Utilization by Time Effect
  - During which time period did strategy usage have the greatest impact?



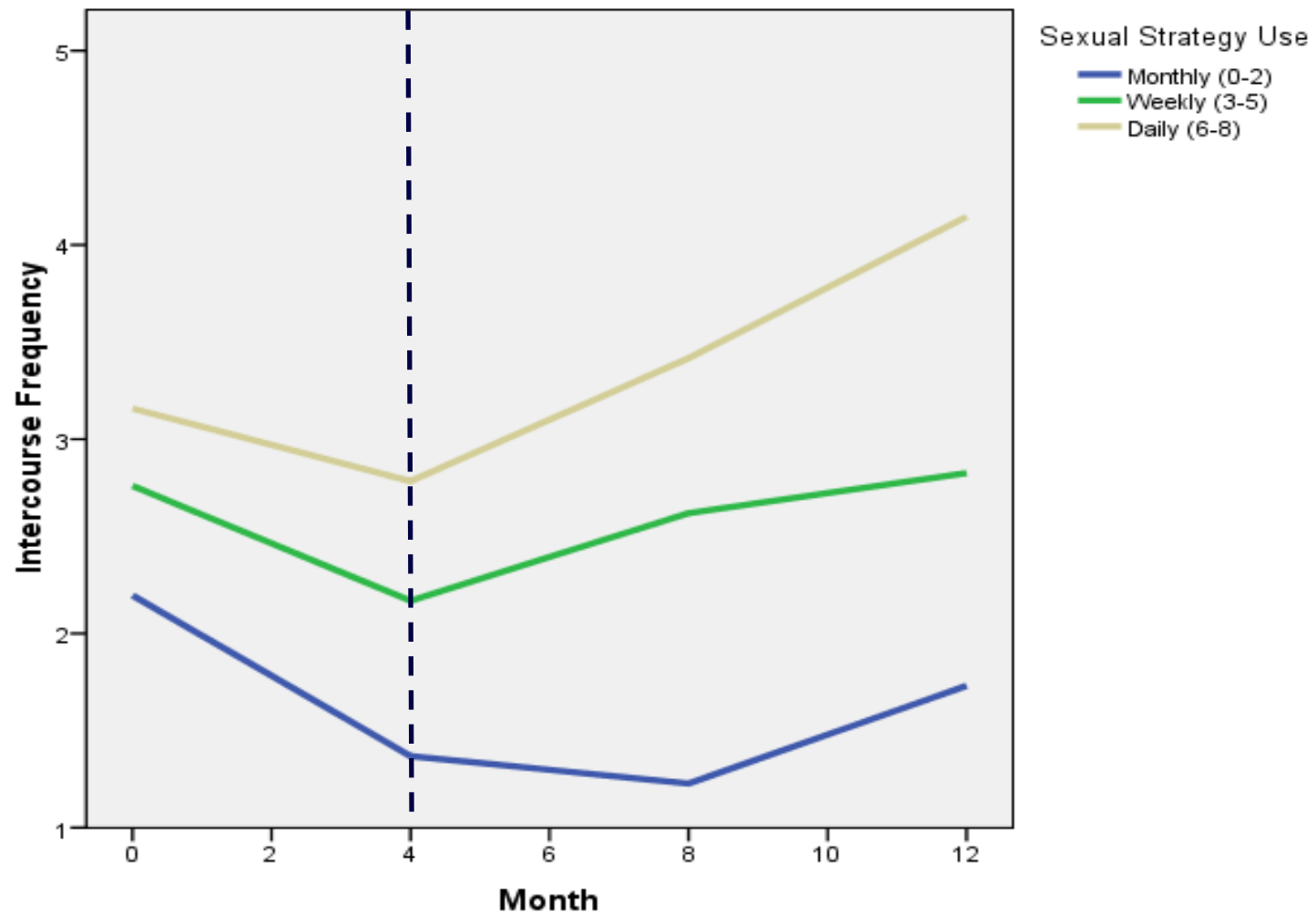
# *Relationships Examined*

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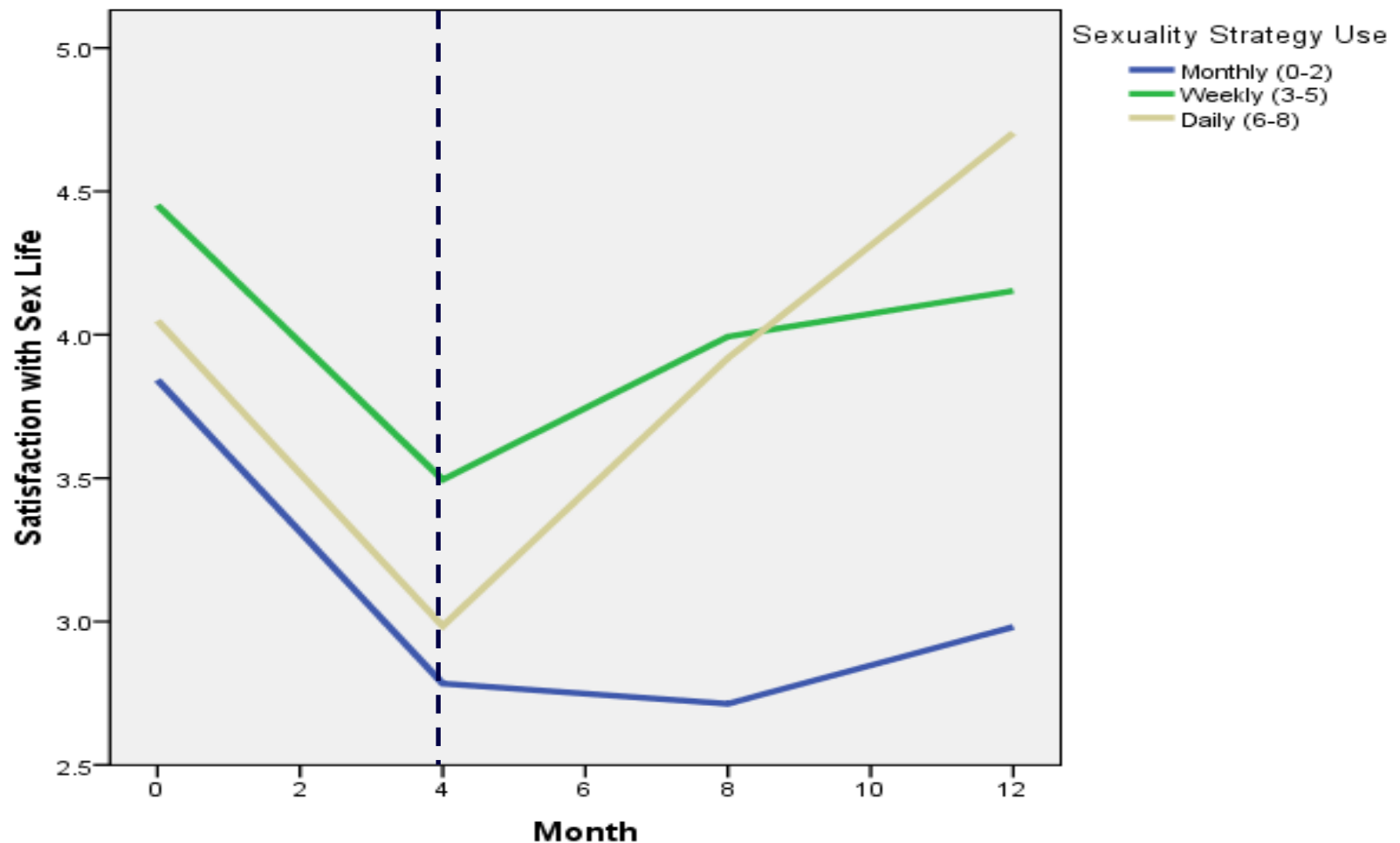
- Tested relationship between use of strategies and intercourse frequency
- Tested relationship between use of strategies and sexual satisfaction
- Expected that increased strategy use would be related to increased intercourse frequency and satisfaction with sex life



# *Sexuality strategy usage and intercourse frequency over time*



# *Sexuality Strategy usage and satisfaction with sex life over time*



# *Conclusions*

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- Using the intervention strategies is associated with increased sexual intercourse
- Using the intervention strategies is associated with increased sexual satisfaction



# *Next Steps*

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- Which patients used the strategies more over time?
  - Is increased or more sustained utilization tied to certain characteristics?
  - Which women are using the strategies more often?
- Did utilization lead to better outcomes only under certain conditions?
  - For instance, are the strategies more useful for women undergoing specific treatments?



# *Staff and Students*

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*Thank you!*

*Any questions?*

