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

Jennifer B. Reese, PhD
Cancer Prevention and Control Program
Fox Chase Cancer Center
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Sexual Concerns for Breast Cancer Survivors

- In breast cancer (BCa), sexual concerns
  - are common\(^1\)
  - can stem from physiological, psychological, and interpersonal factors\(^2\)?\(^3\)
  - typically do not resolve on their own without intervention\(^4\)
  - 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

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3 Fobair, Stewart, Chang et al. (2006). *Psychooncology.*
4 Ganz, Desmond, Leedham, et al. (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

<table>
<thead>
<tr>
<th>Session</th>
<th>Main Session Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Education/Goal-setting/Introduce Sensate Focus Exercises</td>
</tr>
<tr>
<td>2</td>
<td>Communication about Intimacy</td>
</tr>
<tr>
<td>3</td>
<td>Cognitive Reframing/Behavioral Activities and Exercises</td>
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<tr>
<td>4</td>
<td>Skills and Goals Review/Planning ahead/preparing for challenges</td>
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Across 32 couples
- Feasibility
- Acceptability
- Improvements in sexual function (d=.87 for women, .79 for men; sexual distress (d=-.55)

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

Jennifer Barsky Reese1*, Laura S. Porter2, Katelyn R. Regan3, Francis J. Keefe2, Nilofer S. Azad4, Luis A. Diaz4,5, Joseph M. Herman6 and Jennifer A. Haythormthwaite1

1Department of Psychiatry and Behavioral Sciences, Johns Hopkins University School of Medicine, Baltimore, MD, USA
2Department of Psychiatry and Behavioral Sciences, Duke University Medical Center, Durham, NC, USA
3Widener Center for Sexual Studies, Widener University, Chester, PA, USA
4Department of Oncology, Johns Hopkins Sidney Kimmel Comprehensive Cancer Center, Baltimore, MD, USA
5The Swim Across America Laboratory and The Ludwig Center for Cancer Genetics and Therapeutics, Johns Hopkins, Baltimore, MD, USA
6Department of Radiation Oncology, Johns Hopkins Hospital, Baltimore, MD, USA
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 ≥ 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 0-10 scale)
Participants

<table>
<thead>
<tr>
<th>Participant Characteristics</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>(N=19; 15 in focus groups; 4 cognitive interview participants)</td>
<td></td>
</tr>
<tr>
<td>Mean Age</td>
<td>Age=52.8 (SD=9.8)</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>79% White; 5% Hispanic</td>
</tr>
<tr>
<td>Mastectomy with reconstruction</td>
<td>53%</td>
</tr>
<tr>
<td>Completed chemotherapy &gt; 1 year ago</td>
<td>74%</td>
</tr>
<tr>
<td>Use of AI’s</td>
<td>47%</td>
</tr>
<tr>
<td>Use of tamoxifen</td>
<td>42%</td>
</tr>
<tr>
<td>Mean sexual concerns score</td>
<td>6.4 (2.0)</td>
</tr>
</tbody>
</table>
Qualitative Analysis

- Framework Approach\textsuperscript{1}
  - 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

\textsuperscript{1} Gale, N.K., Heath, G., Cameron, E. et al. (2013). \textit{BMC Med Res Methodol.}
## Major Themes, Part 1: Participant Experiences of Sexual Issues

<table>
<thead>
<tr>
<th>Short Title of Theme</th>
<th>Description of Theme</th>
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<tbody>
<tr>
<td><strong>Change and Loss</strong></td>
<td>Women’s Perceptions of Sexual and Intimacy Changes after Treatment</td>
</tr>
<tr>
<td><strong>Feelings, Thoughts, and Beliefs</strong></td>
<td>Reacting to Sexual and Intimacy Changes</td>
</tr>
<tr>
<td><strong>Worries, Fears, and Feelings</strong></td>
<td>Perceptions of their Partners’ Experiences and Reactions to Sexual Changes</td>
</tr>
<tr>
<td><strong>Communication and Other “Us” Effects</strong></td>
<td>Perceptions of the Effects of Sexual and Intimacy Changes on their Relationships</td>
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</tbody>
</table>
## Major Themes, Part 2: Coping and Intervention Preferences

<table>
<thead>
<tr>
<th>Short Title of Theme</th>
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</thead>
<tbody>
<tr>
<td>Adaptation and Innovation</td>
<td>Adopting Strategies to Cope with Sexual and Intimacy Changes</td>
</tr>
<tr>
<td>Age, Stage, and History</td>
<td>Contextual Factors Influencing Sexual Concerns and Intervention Preferences</td>
</tr>
<tr>
<td>Discussions in the Clinic</td>
<td>Experiences with Patient-Provider Communication about Sexual Concerns</td>
</tr>
<tr>
<td>Addressing Sexual Concerns</td>
<td>Preferences for an Intimacy-Focused Intervention</td>
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</tbody>
</table>
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*

*Added educational content on sexual response models (linear and intimacy-based model)*
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*

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

Next step is a definitive multi-site trial
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