

Development of a Patient Education Resource for Women With Gynecologic Cancers: Cancer Treatment and Sexual Health

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The diagnosis of gynecologic cancer has a dramatic impact on the emotional, social, and sexual domains of a woman's life. The complexities of human sexuality are broad, particularly for people coping with life-threatening illness. Healthy sexual expression can affirm love, relieve stress and anxiety, foster hope, accentuate spirituality, and distract one from the emotional and physical sequelae of chronic illness. This article reports on the development of a sexual health education guide for women diagnosed with ovarian cancer who experienced a recurrence and were undergoing treatment. Extensive literature and the findings of this study document that patients often feel that sexuality has been ignored in their cancer care. This article provides examples of the responses from study participants and the resulting integration of those responses into the guide.

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The complexities of human sexuality are broad, particularly for people coping with life-threatening illnesses (Matzo, 2010b). Healthy sexual expression can affirm love, relieve stress and anxiety, foster hope, accentuate spirituality, and distract one from the emotional and physical sequelae of chronic illness (Matzo, 2010a; 2010b). However, maintaining sexual health along the trajectory of cancer treatment can be difficult because of the communication complexities surrounding this topic.

This article reports on the development of a sexual health educational guide for women diagnosed with ovarian cancer (OVCA). This pilot, community-based, participatory research study of women with recurrent OVCA used individual and focus group interviews to help increase understanding regarding sexual health needs and the effect of OVCA treatment on intimate relationships. Community-based participatory research is a collaborative research methodology that involves all partners in the research process and recognizes the unique strengths that each brings (Wallerstein & Duran, 2006). This methodology allowed

for the combination of knowledge and action, with the goal of achieving social change to improve health outcomes.

Background

OVCA is the most common cause of cancer death from gynecologic tumors in the United States with a lifetime risk of 1 in 70 for a woman developing epithelial OVCA (American Cancer Society, 2014). Early disease causes minimal, nonspecific, or no symptoms; therefore, most cases are diagnosed in the advanced stage (Woodward et al., 2007). Because prognosis of OVCA is closely related to its stage at diagnosis, overall survival for patients remains poor, with a five-year survival rate of less than 30% and an overall survival rate of 15%–30%; in addition, about 70% of OVCA will recur at some point (American Cancer Society, 2014). Patients may suffer from progressive disease, leading to bowel obstructions, pain, cachexia, malignant ascites, and poor overall quality of life (QOL) (Herzog & Pothuri, 2006). Many investigators have evaluated sexuality concerns in relation to QOL (Matzo, Ehiemua