

**Poster 13: Identifying Barriers to Initiation of Pelvic Floor Therapy: Life After Gynecologic Cancer**

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Topic: Quality of Life/Palliative Care

### Objectives

Pelvic floor dysfunction (PFD) can have a significant impact on the lives of gynecologic cancer survivors. Pelvic floor therapy (PFT) is a low-risk treatment for many patients with pelvic floor disorders, however there are limited studies looking at barriers in participation and initiation of PFT. The objective of this study is to characterize patient-identified barriers to initiation of PFT among patients with a gynecologic malignancy, with aims in the future to incorporate PFT into standard practice.

### Methods

A cross-sectional survey study was conducted in gynecologic cancer patients treated in our institution between 1/1/2018 and 12/31/2022. Eligible patients were contacted via telephone and asked to complete a telephone or electronic survey. Data collection was managed in RedCap. Participant demographics were summarized using descriptive statistics and statistical analysis was performed using Fisher's Exact Test.

### Results

There were 2,096 charts reviewed and 1,699 were excluded. Of the 397 patients that met inclusion criteria, 96 completed the survey. Of participants interviewed, 53 (55%) had pelvic floor dysfunction, with the majority having worsening symptoms or new onset PFD after treatment 33 (62%). There was no statistical difference in the patients with PFD based on age, race, insurance status, cancer type, or treatment (including radiation). Of patients who identified having PFD, only 7 (7.3%) had a provider discuss PFT with them during any visit and only 9 (9%) reported the ability to fully participate in PFT. Social determinants of health were evaluated. Among participants unable to participate in a PFT program, top barriers identified were cost (60.7%), travel (51.8%), and time commitment (41.1%), with other barriers including work/school responsibilities, childcare, and embarrassment.

### Conclusions

Acknowledging that patients continue to have challenges after cancer and offering potential treatments for their side effects like PFD should be standard of care. While most participants admitted to having PFD after cancer treatment, only a few reported the ability to fully participate in treatment. The main barriers to participation are cost, travel, and time commitment. Future research is needed to address these barriers to make PFT accessible to all patients.

Abstract Table or Graph

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