

Poster 26: Let's talk about sex: Sexual wellbeing after cytoreductive surgery and hyperthermic intraperitoneal chemotherapy (HIPEC) in ovarian cancer survivors

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Topic: Quality of Life/Palliative Care

Objectives

Adding hyperthermic intraperitoneal chemotherapy (HIPEC) to an already extensive cytoreductive surgery (CRS) for advanced ovarian cancer (OC) raises concerns about morbidity, including sexual problems. Despite this, sexual wellbeing is largely overlooked in both CRS/HIPEC clinical trials and medical practice. We evaluated the sexual wellbeing of OC survivors after CRS/HIPEC.

Methods

A single center cross-sectional study was performed. FIGO stage III-IV OC patients who underwent primary CRS/HIPEC ≥ 3 months prior anonymously completed a demographic/clinical survey and the EORTC QLQ-SHQ22 questionnaire. QLQ-SHQ22 sexual satisfaction and pain scales were linearly transformed (0-100), with higher scores representing lower satisfaction and more pain. Association between patient factors and scores was evaluated. Themes not captured by the questionnaire were identified using an open-ended question.

Results

Overall, 33/69 (47.8%) patients completed the questionnaires. Most patients were between 61-80 years old (66.7%), white (87.9%), heterosexual (97.0%), living with a partner (75.8%), had CRS/HIPEC >1 year prior (81.8%), and reported an active sex life as “not at all” / “a little” important (72.7%). Mean sexual satisfaction score was 69 ± 25 . Many patients (14/33, 42.4%) noted a change in their sexual wellbeing, with 13/14 (92.8%) reporting a negative change associated with lower sexual satisfaction ($p=0.024$) and increased sexual pain ($p=0.002$). Greater sexual satisfaction was associated with regular exercise ($p=0.017$), absence of comorbidities ($p=0.035$), and sexual health support from healthcare providers (counseling, medications, etc.) ($p=0.019$) (Figure 1). All patients reported at least one sexual wellbeing problem. The most common was vaginal dryness/hot flashes (14/33, 42.4%). Sexual wellbeing-related healthcare support was provided to 33% (11/33) of patients, of whom 72.7% found it “somewhat useful” / “really useful.” Three themes were identified, with “other priorities” being the most recurrent.

Conclusions

Similar to other OC treatments, many patients reported a change in their sexual wellbeing post-CRS/HIPEC. However, less than half received sexual health support, which was associated with higher sexual satisfaction. There is an unmet need for routine sexual wellbeing support for CRS/HIPEC OC patients.

Abstract Table or Graph



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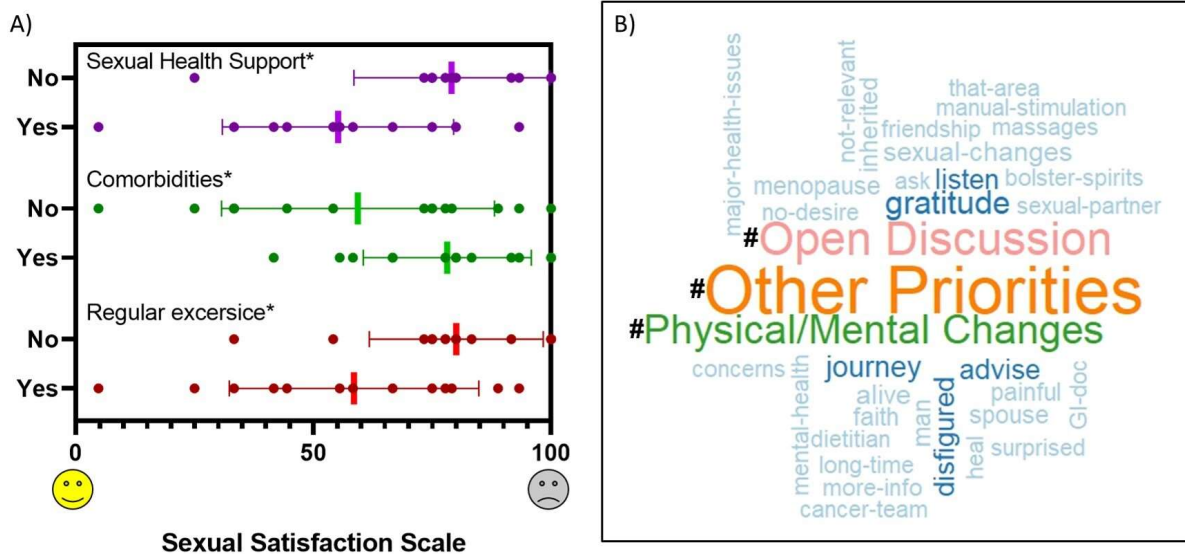


Figure 1. A) Factors associated with decreased sexual satisfaction: Dots represent individual scores after linear transformation (0-100) of the EORTC QLQ-SHQ22 questionnaire sexual satisfaction scale. Lines represent mean (bold) and standard deviation. A higher score represents a high level of symptomatology or problems (lower sexual satisfaction). Asterisks denote statistical significance. B) Themes and codes related to sexual-wellbeing and identified using an open-ended question: Hashtags signify the three identified themes. The remaining words correspond to codes within those themes. Font size depicts the frequency of theme/code.