# W29: Female Pelvic Cancer Survivorship: A Multidisciplinary Approach to Evidence-Based Conservative Management of Sexual and Pelvic Floor Dysfunctions

Workshop Chair: Marie-Pierre Cyr, Canada

| Start | End | Topic | Speakers |
|---|---|---|---|
| 0:00 | | Introduction | Marie-Pierre Cyr |
| | | Overview of female pelvic cancers, treatments and consequences: sexual and pelvic floor dysfunctions | Marie-Pierre Cyr |
| | | Conservative physiotherapy management | Marie-Pierre Cyr |
| | | Conservative nursing management | Stephanie Yates |
| | | Biopsychosocial approach for female pelvic cancer survivorship | Wendy Vanselow |
| | | Barriers, enablers and opportunities for integrating conservative multidisciplinary biopsychosocial management into existing care pathways | Robyn Brennen |
| | | Discussion of barriers, enablers and opportunities | All |
| | | Questions and take home messages | All |

**Aims of Workshop**

Survivorship rates for women following pelvic cancer are increasing. Survivors are at high risk of developing sexual and pelvic floor dysfunctions following cancer treatments. While research demonstrates emerging evidence for conservative treatment of these dysfunctions, management need to be provided appropriately within the context of the survivorship trajectory. This workshop will present recent evidence to support the role of conservative management of sexual and pelvic floor dysfunctions in female pelvic cancer survivors. The focus will be on multidisciplinary care that provides a biopsychosocial approach and on how to integrate research evidence into clinical care in ways that address the specific needs of this population.

**Learning Objectives**

To review the impact of pelvic cancer and its treatment on, and the current evidence for conservative management of, sexual and pelvic floor function in female cancer survivors.

**Target Audience**

Urology, Urogynaecology and Female & Functional Urology, Bowel Dysfunction, Conservative Management

**Advanced/Basic**

Intermediate

**Suggested Learning before Workshop Attendance**

1) Arthur EK, Wills CE, Menon U. A systematic review of interventions for sexual well-being in women with gynecologic, anal, or rectal cancer. Oncology Nursing Forum. 2018;45(4):469-482.
2) Bernard S, Ouellet MP, Moffet H, Roy JS, Dumoulin C. Effects of radiation therapy on the structure and function of the pelvic floor muscles of patients with cancer in the pelvic area: a systematic review. Journal of Cancer Survivorship. 2016;10(2):351-362.
3) Bober SL, Kingsberg SA, Faubion SS. Sexual function after cancer: paying the price of survivorship. Climacteric. 2019;22(6):558-64.
4) Brennen R, Lin KY, Denehy L, Frawley HC. The effect of pelvic floor muscle interventions on pelvic floor dysfunction after gynecological cancer treatment: a systematic review. Physical Therapy. 2020;100(8):1357-1371.
5) Cyr MP, Dumoulin C, Bessette P, Pina A, Gotlieb WH, Lapointe-Milot K, et al. Characterizing pelvic floor muscle function and morphometry in survivors of gynecological cancer who have dyspareunia: a comparative cross-sectional study. Physical Therapy. 2021;101(4):pzab042.
6) Cyr MP, Dumoulin C, Bessette P, Pina A, Gotlieb WH, Lapointe-Milot K, et al. Feasibility, acceptability and effects of multimodal pelvic floor physical therapy for gynecological cancer survivors suffering from painful sexual intercourse: a multicenter prospective interventional study. Gynecology Oncology. 2020;159(3):778-84.
7) Cyr MP, Dumoulin C, Bessette P, Pina A, Gotlieb WH, Lapointe-Milot K, et al. A prospective single-arm study evaluating the effects of a multimodal physical therapy intervention on psychosexual outcomes in women with dyspareunia after gynecologic cancer. Journal of Sexual Medicine. 2021;18(5):946-54.
8) Dai Y, Cook OY, Yeganeh L, Huang C, Ding J, Johnson CE. Patient-reported barriers and facilitators to seeking and accessing support in gynecologic and breast cancer survivors with sexual problems: a systematic review of qualitative and quantitative Studies. Journal of Sexual Medicine. 2020;17(7):1326-58.
9) Frawley HC, Brennen R. Chapter 13: Gynaecological cancer and pelvic floor dysfunction. In Bø K, Berghmans B, Mørkved S, Van Kampen M (Eds) Evidence-Based Physical Therapy for the Pelvic Floor 3rd Edition. 2021. Oxford: Elsevier.

10) Jung, A, Nielsen, M, et al. Quality of life in non-muscle-invasive bladder cancer survivors: a systematic review. Cancer Nursing. 2019;42(3):E21-E33.
11) Lindgren, A., Dunberger, G., Steineck, G., Bergmark, K. & Enblom, A. 2020. Identifying female pelvic cancer survivors with low levels of physical activity after radiotherapy: women with fecal and urinary leakage need additional support. Supportive Care in Cancer, 28, 2669-2681.
12) Sekse RJT, Dunberger G, Olesen ML, Østerbye M, Seibæk L. Lived experiences and quality of life after gynaecological cancer—an integrative review. Journal of Clinical Nursing. 2019;28(9-10):1393-421.

Other Supporting Documents, Teaching Tools, Patient Education, etc.

1) Carter J, Lacchetti C, Andersen BL, Barton DL, Bolte S, Damast S, Diefenbach MA, DuHamel K, Florendo J, Ganz PA, Goldfarb S, Hallmeyer S, Kushner DM, Rowland JH. Interventions to address sexual problems in people with cancer: American Society of Clinical oncology clinical practice guideline adaptation of Cancer Care Ontario guideline. J Clin Oncol. 2018 Feb 10;36(5):492-511.
2) Huffman LB, Hartenbach EM, Carter J, Rash JK, Kushner DM. Maintaining sexual health throughout gynecologic cancer survivorship: a comprehensive review and clinical guide. Gynecologic Oncology. 2016;140: 359-68.

**Marie-Pierre Cyr, Physiotherapist, Canada (MPT, MSc, PhD)**

Female pelvic cancer survivors commonly experience sexual and pelvic floor dysfunctions. While cancer treatments can alter the pelvic tissues and contribute to the development of such dysfunctions, women suffer from the psychological and social repercussions of cancer. A holistic perspective of sexual and pelvic floor dysfunctions, provided by a biopsychosocial approach, has been suggested to optimize clinical outcomes. Multidisciplinary conservative management is advocated as well to alleviate the burden of pelvic cancer. Given the growing number of pelvic cancer survivors and the complexity of sexual and pelvic floor dysfunctions, healthcare providers will be increasingly asked to interact with this population and work together. Surgeons, oncologists and nurse practitioners are usually the primary care providers when a woman is diagnosed with pelvic cancer, and other key providers may be involved throughout the trajectory of care and survivorship. Among these, physiotherapists have an important role in promoting pelvic health. Clinical guidelines have suggested conservative physiotherapy management to improving pelvic health in cancer survivors. The rationale for physiotherapy treatment relies on its modalities which can target several underlying mechanisms of sexual and pelvic floor dysfunctions. Studies investigating a pelvic floor physiotherapy treatment in gynaecological cancer survivors have suggested that it is beneficial for sexual function and health-related quality of life. Moreover, a reduction in dyspareunia, urinary, vaginal and bowel symptoms as well as improvements in pelvic floor muscle properties have been found after this treatment. Extending beyond physical changes, a reduction in sexual distress, body image concerns, pain anxiety, pain catastrophizing and depressive symptoms as well as an increase in pain self-efficacy have been reported in the literature following a pelvic floor physiotherapy treatment. To further promote the health and well-being of cancer survivors, integrating physical activity has been recommended by international guidelines. The literature, therefore, supports the integration of conservative physiotherapy management into multidisciplinary cancer survivorship care and women should be encouraged to engage in physical activity.

**Stephanie Sears Yates, Nurse Practitioner, United States (MSN, RN, CWOCN, ANP-BC)**

Nurses care for patients at every stage of pelvic cancer diagnosis and treatment. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people (ICN, 2002). Wound Ostomy and Continence (WOC) nursing is the specialty that draws on a unique body of knowledge to enable nurses to provide excellence in the prevention and treatment of wound, ostomy and/or continence problems including health maintenance, therapeutic intervention, rehabilitative and palliative care. Pelvic cancer survivors often go through extensive treatment and/or complications resulting in significant body image changes and challenges in managing urinary and fecal continence as well as wound management. Studies have shown that WOC nurses are well-equipped to assist the patient to adjust to the body image and life-style changes from ostomy surgery or fistula development. Stoma site marking prior to surgery is one important step as well as the teaching, and emotional support provided post-operatively. Proper pouch selection and concealment garments that “control” the stoma function help the patient feel “normal” again, an early step toward resuming sexual activity and living a full life. Wounds in this population are often slow to heal with resulting scarring and drainage that must be contained. Pouch systems and good skin care is essential for patients to resume their usual activities. WOC nurses interact with patients along their treatment and recovery journey and are often the care providers in whom patients trust and confide. These experts often initiate the conversation about intimacy and sexuality. Using the PLISSIT model (P = Permission, LI = Limited Information, SS = Specific Suggestions, IT = Intensive Therapy), WOC nurses guide the discussion and reassure patients that sexual activity is indeed possible and offer information to help the patient to be prepared for sexual activities when ready. If sexual concerns require more in-depth assistance, referrals are made to both physical therapists as well as psychological or sexual counselors, promoting full multidisciplinary care to address the challenges. It takes a team to address the sexual concerns of female pelvic cancer survivors. Collaboration and consultation are critical.

**Wendy Vanselow, Associate Professor, Australia (MBBS, PhD, BEd, DRCOG, FRACGP, FASPsych.Med, FECSexMed)**

Women with pelvic cancers very often experience major changes to their sexual functioning. Every modality of treatment has the potential to impact negatively, be it surgery, chemotherapy, or radiation reducing fertility, advancing menopause, diminishing libido and sexual responsiveness. Women may not be prepared for the physical and psychological changes to their sense of self. Partners are even less prepared. Addressing the needs of women and their partners in terms of education, prescribing hormone replacement where appropriate as well as practical and psychological interventions can significantly

improve adjustment to a new normal. Psychosexual counselling together with physiotherapy provides supportive care to pelvic cancer survivors.

**Robyn Brennen, Physiotherapist & Midwife, Australia (BPhys(Hons), BMid, MPhys, GradCertGlobHlth)**

When considering multidisciplinary management of pelvic floor dysfunction, it is important to consider all aspects of the context of women who are diagnosed with and treated for pelvic cancer. Cancer control services include prevention and early detection efforts, diagnosis and treatment, rehabilitation and support services for people living with cancer and/or palliative care. Across this continuum of cancer care we examine opportunities for screening and providing information and management for potential symptoms of pelvic floor dysfunction. The recommendations that occur repeatedly in the literature are for systematic screening, multidisciplinary services and early or timely referral for pelvic floor and sexual health needs for women diagnosed with and treated for pelvic cancers. Utilising published cancer care pathways, we review the published literature regarding the opportunities for and challenges to providing pelvic floor health care at specific stages of cancer treatment, and provide focused questions for attendees to reflect on their local context. Lack of information about treatment options is frequently identified as a barrier to women accessing pelvic floor health care and the taboo nature of symptoms of pelvic floor dysfunction can inhibit women from raising them, making it imperative for health professional to initiate this discussion in treatment planning and survivorship care. Health services need to ensure that they have systems in place for timely screening, treatment and referral for bladder, bowel and sexual dysfunction symptoms that can impact on women's quality of life after pelvic cancer.