

A Systematic Review of Interventions for Sexual Well-Being in Women With Gynecologic, Anal, or Rectal Cancer

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PROBLEM IDENTIFICATION: Treatments for cancer in the lower pelvis often cause lasting effects on women's sexual well-being. The purpose of this review is to describe interventions to improve sexual well-being in gynecologic, anal, or rectal cancer survivors.

LITERATURE SEARCH: This review follows the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) 2009 checklist and guidelines. A literature search was conducted using PubMed, CINAHL[®], PsycINFO, and Cochrane Library.

DATA EVALUATION: Articles were original intervention research studies of women treated for gynecologic, anal, or rectal cancer and included sexual well-being outcomes. Study characteristics were extracted and compared in a table for analysis and synthesis.

SYNTHESIS: Of the 16 included studies, 1 focused on genitourinary rehabilitation, 12 focused on psychoeducational interventions, and 3 focused on combination interventions. Most interventions reported at least one positive sexual well-being outcome. Intervention format, delivery, dose, and outcome variables varied widely.

IMPLICATIONS FOR RESEARCH: Preliminary efficacy and feasibility of interventions are promising, but larger studies designed to discern optimal content, delivery format, dose, and timing are needed.

KEYWORDS sexual well-being; sexual function; intervention; gynecologic cancer; anal cancer; rectal cancer
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About nine million women live with cancer in the United States, most with breast (42%), gynecologic (15%) (National Cancer Institute, 2017), and anal, rectal, and other cancers (Lindau, Abramsohn, & Matthews, 2015) that affect sexual health. Sexual well-being is a significant health and quality-of-life issue in cancer survivorship. Cancer treatments often cause devastating and long-lasting effects on tissue and require psychological and physical adjustment. Short- and long-term effects include fatigue, pain, scars, altered body image, and genital symptoms (Breukink & Donovan, 2013; Carter, Stabile, Gunn, & Sonoda, 2013; Hendren et al., 2005). Persistent symptoms can lead to altered sexual functioning (Aerts et al., 2012; Den Oudsten et al., 2012; Herbenick, Reece, Hollub, Satinsky, & Dodge, 2008) and have a negative impact on partner relationships (Badr, Acitelli, & Carmack Taylor, 2008; Wimberly, Carver, Laurenceau, Harris, & Antoni, 2005).

The need for effective interventions for women's sexual well-being after cancer treatment is recognized, but the intervention literature is limited by methodologic challenges, delivery format variability, and diverse outcome measures. Literature reviews confirm the limitations of the evidence (Brotto, Yule, & Breckon, 2010; Candy, Jones, Vickerstaff, Tookman, & King, 2016; Scott & Kayser, 2009) as a barrier to validating interventions in larger, multisite clinical trials.

Scott and Kayser (2009) reviewed 12 psychoeducational interventions for improving women's sexual well-being and body image after cancer treatment, most focusing on women with breast cancer. Couple-focused interventions promoted mutual coping processes and diagnosis or treatment education and included specific sex therapy techniques that tended to produce better effects (Scott & Kayser, 2009).