

Radiotherapy-induced late effects among female pelvic cancer survivors – sexual health, wellbeing and impact of nurse-led interventions

Akademisk avhandling

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av

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Avhandlingen baseras på följande delarbeten

- I. Åkeflo L, Dunberger G, Elmerstig E, Skokic V, Steineck G, Bergmark K. Cohort profile: an observational longitudinal data collection of health aspects in a cohort of female cancer survivors with a history of pelvic radiotherapy – a population-based cohort in the western region of Sweden, *BMJ Open*. 2021 Jul 21;11(7) e049479.
- II. Åkeflo L, Dunberger G, Elmerstig E, Skokic V, Steineck G, Bergmark K. Sexual health and wellbeing among female pelvic cancer survivors following individualized interventions in a nurse-led clinic. Accepted for publication.
- III. Åkeflo L, Elmerstig E, Dunberger G, Skokic V, Arnell A, Bergmark K. Sexual health and wellbeing after pelvic radiotherapy among women with and without a reported history of sexual abuse: important issues in cancer survivorship care. *Support Care Cancer*. 2021 Nov;29 (11):6851-6861
- IV. Åkeflo L, Elmerstig E, Bergmark K, Dunberger G. Barriers and strategies dealing with vaginal dilator therapy – female pelvic cancer survivors' experiences, a qualitative study. Submitted.

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Abstract

This thesis addresses unmet needs concerning sexual health issues and low wellbeing in female cancer survivors treated with pelvic radiotherapy. The aim was to improve knowledge about sexual health, wellbeing and vaginal changes in female cancer survivors treated with pelvic radiotherapy, and study the impact of nurse-led interventions.

Methods/Results: Quantitative and qualitative methods were used. Studies I-III (n=605, n=260, n=570) are prospective, population-based cohort studies using study-specific questionnaires. Self-reported data concerning physical symptoms and psychosocial health were collected in a cohort of women treated with pelvic radiotherapy for gynecological, anal, or rectal cancer. Statistically significant improvements were shown in satisfaction with overall sexual health and quality of life, and reduced genital pain, depression, and anxiety following individualized nurse-led interventions. No improvements were shown in sexual function. Reduced urgency to defecate was associated with improved satisfaction with overall sexual health. Reduced fecal leakage was associated with lower anxiety. Depression, anxiety, and genital pain were statistically significantly more common among women with than without a history of sexual abuse. In study IV, qualitative content analysis of interviews with women (n=12) revealed one overarching theme, *Being unprepared*, for receiving information about and performing vaginal dilator therapy. Physical and emotional reactions arose, and complex psychological and practical barriers to motivating the therapy emerged. Some strategies were developed to enhance motivation.

Conclusions: The results indicate that individualized interventions using a biopsychosocial approach in a nurse-led clinic focusing on radiotherapy-induced physical late effects can improve sexual health and wellbeing. The high impact of sexual abuse on sexual health and wellbeing needs to be taken into account in supportive care. Improved follow-up concerning vaginal dilator therapy, information routines, and psychoeducation integrated in the cancer treatment, are needed.

Keywords: Female pelvic cancer survivors, Pelvic radiotherapy, Survivorship, Sexual health

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