

Utilization of sexual health and pelvic floor physiotherapy services in the Vancouver Prostate Cancer Supportive Care Program

Celestia Higano¹, Christine Zarowski², Marcy Dayan^{2, 3}, Phil Pollock², Stacy Elliott¹, Sarah Mahovlich², Monita Sundar², Larry Goldenberg¹

¹University of British Columbia, Vancouver, BC; ²Vancouver Prostate Centre, Vancouver, BC; ³Dayan Physiotherapy and Pelvic Floor Clinic, Vancouver, BC



Background

The Vancouver Prostate Centre established the **Prostate Cancer Supportive Care (PCSC) Program** in January 2013 to provide education and clinical services to men with prostate cancer and their partners.

The PCSC program is organized around 6 thematic modules (see poster #31 for details) that include sexual health (SH) and pelvic floor physiotherapy (PT) services. This modular structure provides maximum flexibility for the patient and his partner to participate in sessions or clinics according to need.

These services are available to patients without charge.

We examined the use of the SH and PT services in the PCSC program to better understand how the services are utilized.

Methods

Sexual health services

These services are delivered by a sexual health RN with expertise in the issues faced by prostate cancer patients and partners.

Patients who are pre-treatment or within 6 months of surgery or radiation are offered a group educational session that focuses on sexual side effects of PC treatments and sexual rehabilitation.

All patients/couples are eligible to meet for one-on-one clinic appointments with the sexual health RN.

Those who have been evaluated in SH clinic are invited to attend the quarterly Intimacy Workshops.

Pelvic floor physiotherapy services

These services are delivered by a physiotherapist certified in male pelvic floor physiotherapy (one of 3 in Canada).

Patients who are about to undergo surgery or who have postoperative incontinence at any time after therapy are offered attendance at an education session that explains the anatomy and techniques for minimizing the impact of treatment on urinary function.

All patients are also eligible for up to 3 visits with the PT.

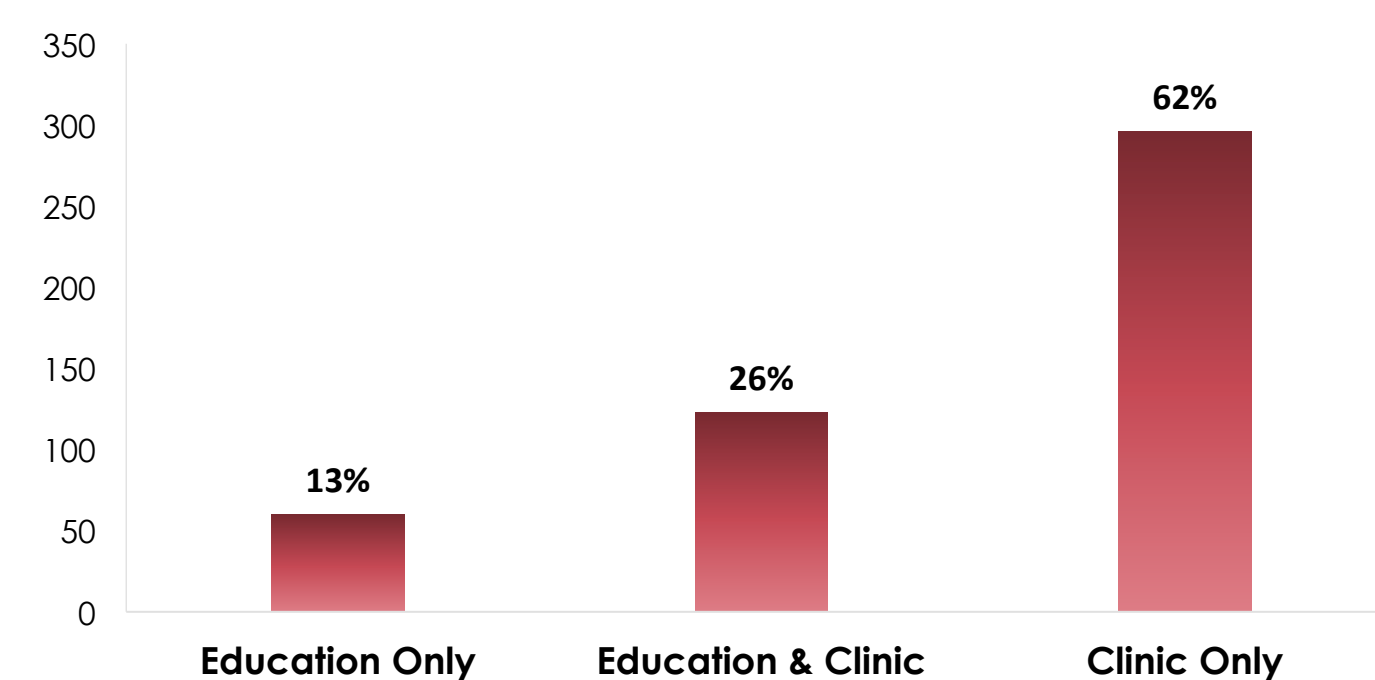
We gathered data from PCSC logs, clinic schedules, and patient records to assess utilization of SH and PT services.

Results

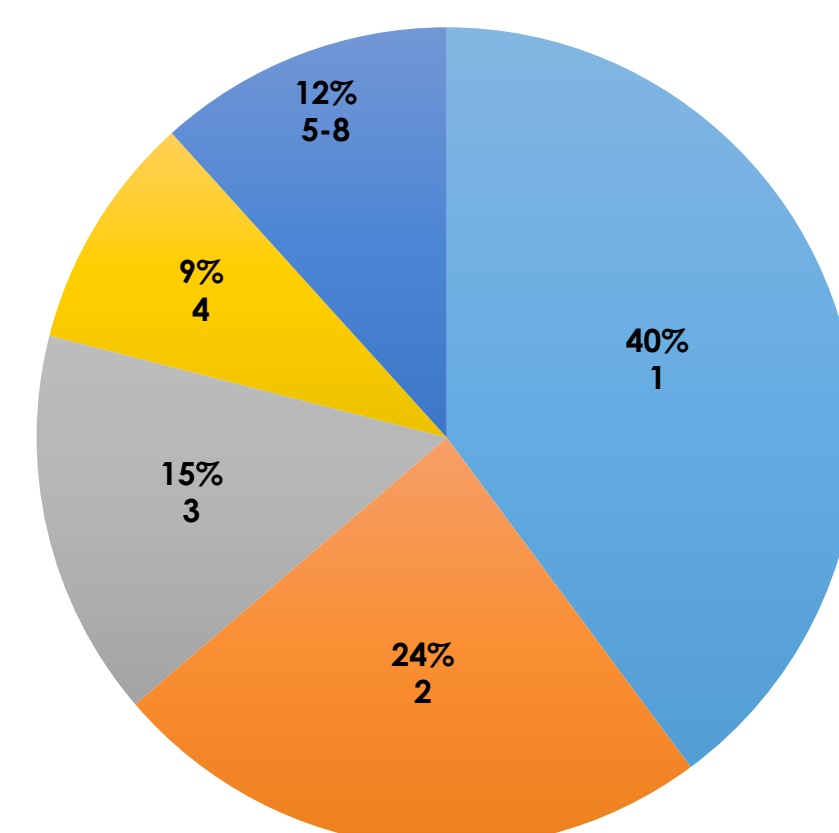
Sexual Health Services

- 479 (65%) of all participating patients in the PCSC Program have partaken of the SH services
- Median age is 65 years (range 42-92)
- 183 patients have attended one of 27 education sessions
- 419 patients have been seen in 1011 clinic appointments
- 46 couples have attended one of the 5 intimacy workshops
- 62% of men <age 65 have utilized the SH whereas only 48% of men age ≥ 65 chose to use SH services

Utilization of different components of SH services (n = 479)



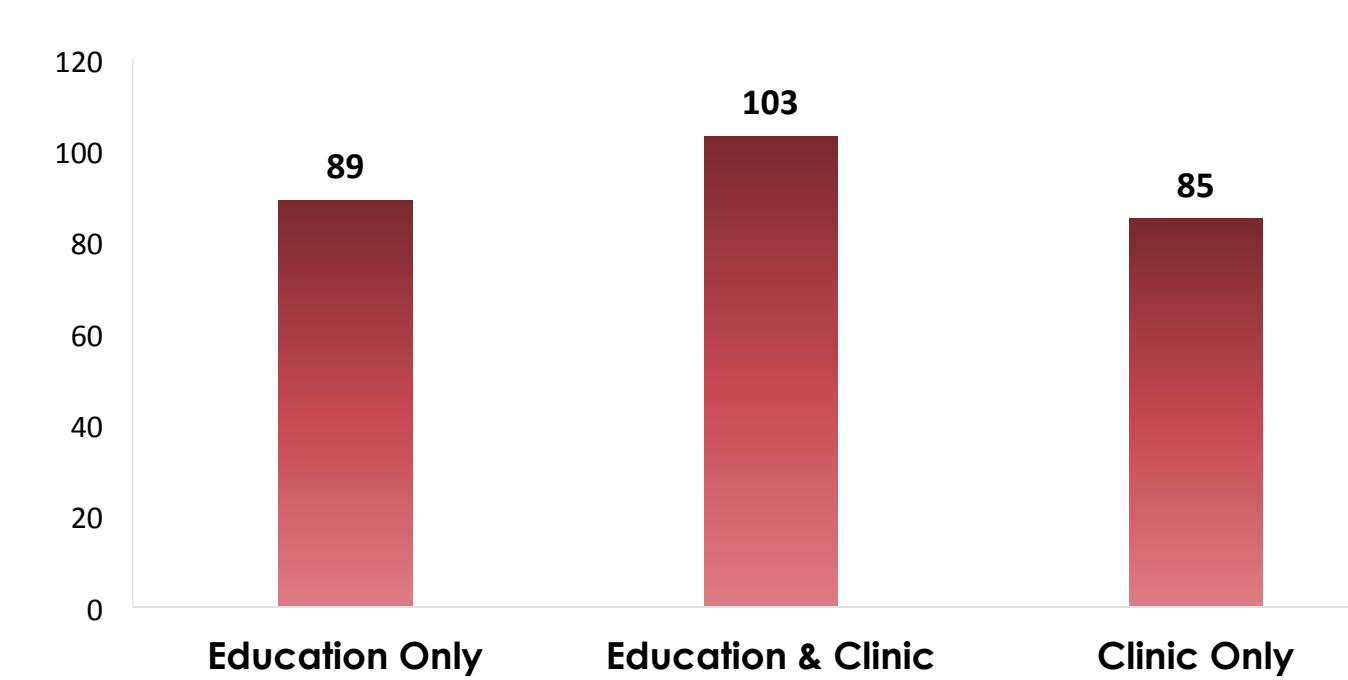
Percent of patients or couples with one or more SH appointments



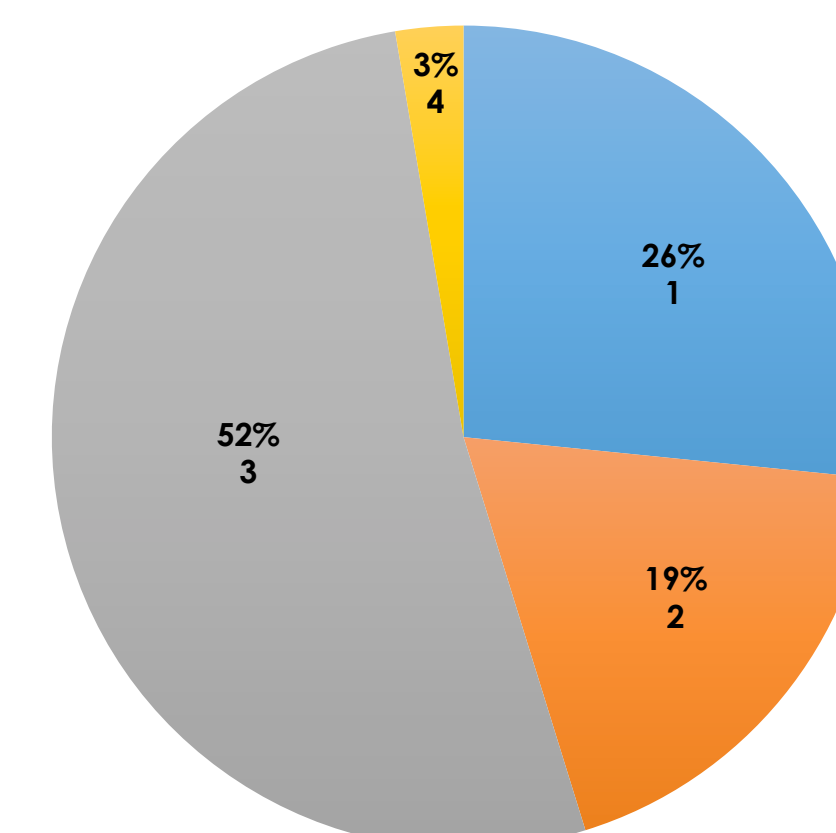
Pelvic Floor Physiotherapy Services

- 277 patients (37%) of all participating patients in the PCSC Program have participated in the PT services
- Median age is 66 years (range 42-88)
- 192 patients have attended one of 21 education sessions
- 188 patients have been seen in 434 appointments
- 33% of men < age 65 and 29% of those ≥ age 65 chose to use the PT services

Utilization of different components of PT services (n = 277)



Percent of patients with one or more PT appointments



Utilization of Sexual Health and Physiotherapy Services

- 573 patients (77% total participants) have utilized the SH and/or PT services.
- 90% of these patients had been treated with surgery; 10% were also on ADT.
- 38% of patients who were seen by SH were also seen by PT and 66% of those seen in PT were seen in SH.
- Utilization of other modules:
 - Introduction to prostate cancer and treatment options, 28%
 - Managing side effects of ADT, 15%
 - Diet and exercise, 20%

Summary & Conclusions

Compared to the other optional services available, sexual health and pelvic floor PT are the most utilized.

Sexual dysfunction and urinary incontinence can be significant problems, and often occur together.

Younger patients utilize SH services more frequently than older patients.

Utilization of pelvic floor PT services did not differ significantly by age group.

We hypothesize that data regarding use of SH and PT services accurately reflect the real demand in the community since utilization is not confounded by out of pocket expense to the patient.

In Canada, there is a lack of sexual health and male pelvic floor PT providers with expertise in the issues relevant to prostate cancer patients. It is likely that these deficiencies are not isolated to Canada.

Future Directions

The PCSC Program is developing specialized courses to train both sexual health clinicians and physiotherapists in British Columbia about prostate cancer specific issues and strategies regarding therapeutic approaches.

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✉ PCSC@vch.ca



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