

Discussions about Reproductive and Sexual Health Among Young Adult Survivors of Cancer

Ying Wang, Leo Chen, Winson Y. Cheung

Division of Medical Oncology, British Columbia Cancer Agency, Vancouver, Canada

Background: Infertility and sexual dysfunction can result from many cancer treatments and may become a source of significant distress for young adult cancer survivors. Our aims were to 1) characterize the frequency in which reproductive and sexual health discussions occur in a population-based cohort of young cancer patients and 2) identify clinical factors associated with such discussions.

Methods: All patients aged 20 to 39 years who were diagnosed with solid tumors from 2006 to 2008, evaluated at any 1 of 5 regional cancer centers in British Columbia, Canada and alive at 2 or more years after their original diagnosis were included. Demographics, tumor and treatment characteristics, and information on patient-physician conversations were analyzed. Using regression models, we explored the relationships between clinical factors and whether or not discussions had occurred.

Results: A total of 397 patients were identified: median age was 35 years (IQR 31-38), 28% were men, 88% had ECOG 0, and 73% reported being in a relationship. Tumor sites included breast (50%), testicular (27%), gynecological (17%), and colorectal (6%). A significant proportion of patients received chemotherapy and radiation that posed the potential risk of infertility or sexual dysfunction. However, only 224 (56%) and 24 (6%) of individuals had a discussion about reproductive and sexual health, respectively, within the first month of their diagnosis. At 6 months, an additional 25 (6%) and 16 (4%) patients had discussed these concerns with their physicians. Age, gender, ECOG, relationship status, and type of chemotherapy and radiation were not correlated with whether or not discussions had occurred (all $p>0.05$). In regression models, tumor site was associated with differences in reproductive and sexual health discussions between patients and physicians (Table).

Conclusions: Among young adult survivors of cancer, fertility and particularly sexual function are inadequately addressed during discussions near the time of initial cancer diagnosis.

| Cancer Site | N | % of patients with fertility discussion | p-value | % of patients with sexual health discussion | p-value |
|---------------|-----|---|---------|---|---------|
| Breast | 199 | 65% | 0.0003 | 7% | 0.0119 |
| Testicular | 106 | 62% | | 9% | |
| Gynecological | 69 | 71% | | 24% | |
| Colorectal | 23 | 22% | | 13% | |