

10TH

**CONFERENCE OF THE SCIENTIFIC NETWORK
ON FEMALE SEXUAL HEALTH AND CANCER
NOVEMBER 6-7, 2025 | MINNEAPOLIS, MN**

PRE-CONFERENCE: NOVEMBER 5

PROGRAM BOOK



Memorial Sloan Kettering Cancer Center

The Scientific Network on Female Sexual Health and Cancer gratefully acknowledges the support of MSK's Department of Surgery (Gynecology Service) and Department of Medicine (Breast Medicine Service)

[Learn More about MSKCC](#)



PAXMAN^o



Scalp cooling helps your patients reduce chemotherapy-induced hair loss

Equitable patient access to scalp cooling is currently limited. With cost concerns an obstacle for all stakeholders, Paxman's Insurance-Based Billing Model (IBBM) provides the ability for cancer centers to directly bill payers, alongside Paxman's best-in-class Patient Assistance Program (PAP) which covers most patients who are under- or uninsured.



Find out more at
paxmanusa.com/ibbm

2025 Board of Directors

Officers

Chair



Carol L. Kuhle, DO, MPH
Mayo Clinic,
Rochester, MN

Chair Elect



Kelly Shaffer, PhD
University of Virginia School of Medicine,
Charlottesville, VA

Immediate Past Chair



Jennifer B. Reese, PhD
Fox Chase Cancer Center,
Philadelphia, PA

Secretary



Natasha N. Frederick, MD, MPH, MS
Connecticut Children's Medical Center,
Hartford, CT

Treasurer



Shari Damast, MD
Yale University School of Medicine,
New Haven, CT

Directors

- » **Chiara Acquati, PhD, LMSW, FAOSW**
University of Minnesota, Minneapolis, MN
- » **Laila Agrawal, MD**
Norton Cancer Institute, Louisville, KY
- » **Noel M. Arring, DNP, PhD, RN**
University of Tennessee, Knoxville, TN
- » **Kristen Carpenter, PhD**
Ohio State University Medical Center, Upper Arlington, OH
- » **Jenna Demedis, MD, MS**
University of Colorado, Denver, CO
- » **Caroline Dorfman, PhD**
Duke University, Durham, NC
- » **Marloe Esch, DNP, RN, APNP, AGCNS-BC, OCN, CSC**
Froedert and The Medical College of Wisconsin, Waukesha, WI
- » **Abby Girard, PsyD**
University of Minnesota, Minneapolis, MN
- » **Jessica Gorman, PhD, MPH**
Oregon State University, Corvallis, OR
- » **Allison Quick, MD**
Ohio State University, Columbus, OH
- » **Christina Wilson, PhD**
University of Alabama, Birmingham, AL

Table of Contents

2025 Board of Directors	4
Corporate Sponsors	7
Institutional Sponsors	8
Awards	9
Welcome Message	10
Program	11
Abstracts	17

Scientific Network Executive Office

 14305 Southcross Drive, Suite 100
Burnsville, MN 55306, USA

 +1 (952) 683 9044

 info@cancersexnetwork.org

 www.cancersexnetwork.org

Tessa Benitez, Executive Director
Bobbi Hahn, Association Manager
Sophie Mills, Meeting Manager
Melanie Jones, Meeting Coordinator
Paige Jensen, Administrative Assistant



The Institute for
Vaginal Health

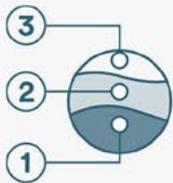
Good
Clean Love

Support The Vaginal Microbiome After Cancer Treatment

Women who undergo cancer treatment may experience symptoms such as vaginal pain, painful sex, and vaginal dryness.

Restoring the health of the vaginal microbiome is key to fixing these persistent symptoms.

Bio-Match® technology is a 3-layer technology designed to support the health of the vaginal microbiome.



Bio-Match®

3 Iso-osmolar

Formulations match the osmolarity of vaginal fluid (370+₋40 mOsm/kg), avoiding the epithelial tissue damage seen with hyperosmolar products (which draw water out of cells and induce shedding).

2 Low pH (~4.2.)

Supports the growth of *Lactobacillus* species and inhibits overgrowth of BV-associated and other inflammatory microbes.

1 Proprietary lactic acid blend

The D- and L- lactic acid blend enhances compatibility with the vaginal microenvironment, promoting microbiome resilience and epithelial recovery.



Request product samples for post-treatment care for your patients, visit theirvh.org.



Corporate Sponsors

Thank you to our Corporate Sponsors! The 10th Annual Conference of the Scientific Network would not be possible without their support.

Exhibitors

After Cancer
Biotheranostics, Inc.: A Hologic Company
Eli Coleman Institute for Sexual and Gender Health
Good Clean Love
Intimate Rose
Pfizer
Natera
TerSera Therapeutics LLC

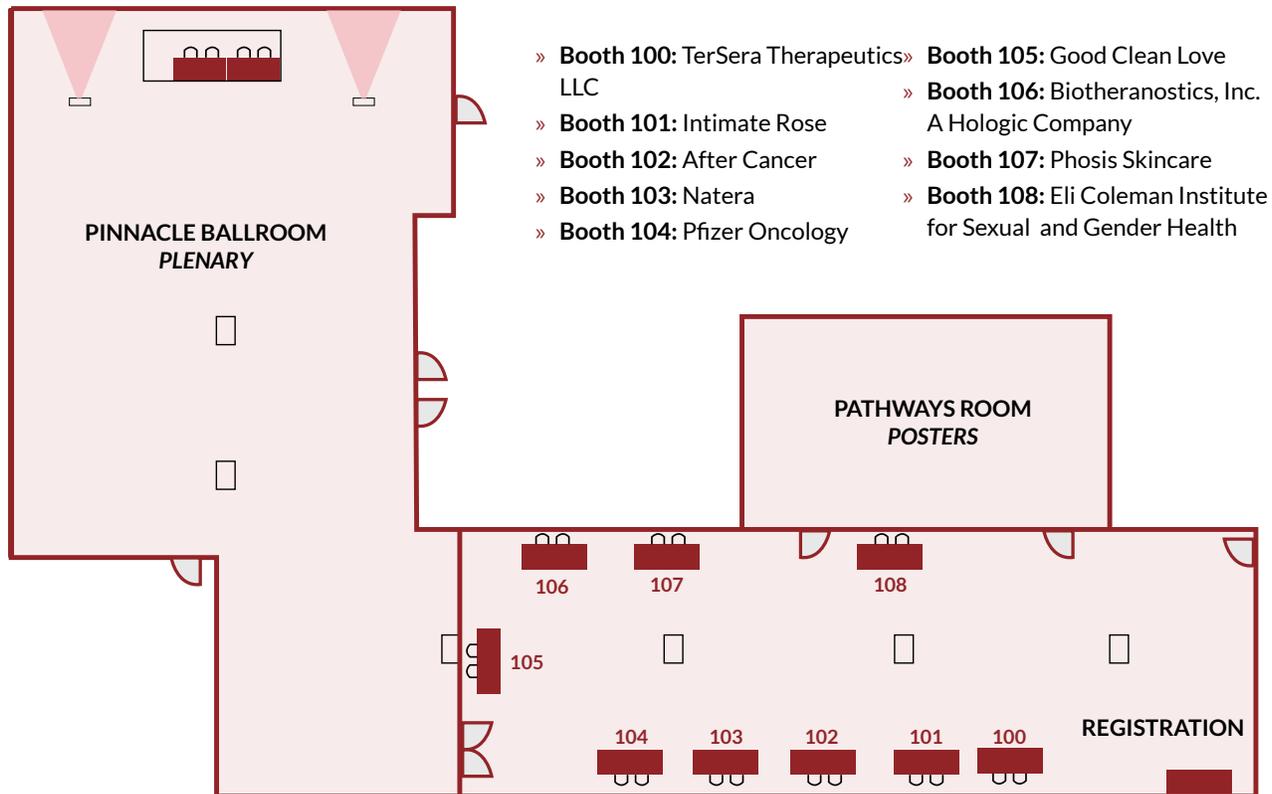
Silver Sponsor



Corporate Supporters

Paxman
The Pelvic People

Floorplan



**Disclaimer: Exhibits of products and services at this meeting does not suggest endorsement by the Scientific Network.*

Institutional Sponsors

Thank you to our institutional sponsors, whose dedicated support throughout the years makes both the Scientific Network and the 10th Conference of the Scientific Network on Female Sexual Health and Cancer possible.

Diamond Sponsor



Eli Coleman Institute for
Sexual and Gender Health

UNIVERSITY OF MINNESOTA
Driven to Discover®

Platinum Sponsor



Memorial Sloan Kettering
Cancer Center

Gold Sponsor



Silver Sponsors



AT THE FOREFRONT
UChicago Medicine
Comprehensive Cancer Center



BCRF
BREAST
CANCER
RESEARCH
FOUNDATION

Bronze Sponsor



UVA Health
UVA Comprehensive
Cancer Center

Institutional Supporters



**Fox Chase
Cancer Center**
Temple Health



Cancer Center
NCI-DESIGNATED COMPREHENSIVE
CANCER CENTER



SinoUnited Health
曜影医疗

2nd Annual Scientific Network Travel Scholarship Award Recipients

Thanks to the generous support of The University of Minnesota, Eli Coleman Institute on Sexual and Gender Health, The Network was able to offer 9 Travel Scholarships this year!



Kristina Galton, MSN
University of Rochester, Wilmot
Cancer Institute, Pluta Cancer Center,
Rochester, NY



Isabelle Ginavan, MPH
University of Kansas Medical Center,
Kansas City, KS



Kara Kenan, MA
Going Beyond the Pink,
Wilmington, NC



Olivia Mihulka, BS
University of Miami
Miller School of Medicine, Miami, FL



Ashley Nkwocha, BS
Planned Parenthood Los Angeles,
Los Angeles, CA



Irania Santaliz Moreno, MS
Washington University in St. Louis, St.
Louis, MO



Hari Vedantam, BS, MPH(c)
Emory University, Atlanta, GA



Traci Owen, BSN, RN, CSC-S, SE
Intimate Pathways Center for Sexual
Health, Tulsa, OK



**Mara Berganovsky,
BSN, MSN, CNM, WHNP**
Georgetown University,
Washington, DC

Welcome Message

Dear Colleagues,

It is with great excitement that we welcome you to the 10th Conference of the Scientific Network on Female Sexual Health and Cancer on the University of Minnesota campus, marking the 15th anniversary of our inaugural gathering. Over the past decade and a half, our Network has fostered critical advancements in research, clinical care, and advocacy, all with the shared goal of improving sexual health outcomes for women and girls affected by cancer.

This year's theme, "Bridging Gaps: Advancing Women's Sexual Health in Cancer Care Through Research, Collaboration, and Innovation," reflects our commitment to addressing persistent challenges, identifying emerging trends, and strengthening integrative approaches to oncosexual health.

As we come together for this milestone event, we look forward to thought-provoking discussions, groundbreaking research presentations, and collaborative opportunities that will shape the future of our field. Through keynote sessions, interactive

panels, and networking forums, we aim to foster meaningful connections and drive innovation in sexual health care for women and girls with cancer. Whether you are a returning member or new to the Network, we are honored to have you join us in this vital mission.

We truly hope this will be an inspiring and impactful meeting!



Carol Kuhle, DO, MPH
*Chair, Board of Directors
Co-Chair, Program
Committees, Associate
Professor.
Past Director, Menopause and
Women's Sexual Health Clinic,
Mayo Clinic, Rochester, MN*



Abby Girard, PsyD
*Meeting Co-Chair
Assistant Professor and
Coordinator, Relationship
and Sex Therapy Program,
University of Minnesota,
Minneapolis, MN*



Engage with us. [#cancersexnet2025](https://twitter.com/cancersexnet)



Program - Wednesday, November 5, 2025

Pre-Conference - Foundations in Oncosexual Healthcare

 Pinnacle Ballroom 8:15 am - 4:30 pm

Moderators: Carol L. Kuhle, DO, MPH (she/her) & Abby Girard, PsyD (she/her)

Penny and Bill George Director, Mayo Clinic Center for Women's Health
Medical Director, The Menopause Society

8:15 am - 8:30 am

Welcome/Breakfast

10:45 am - 11:15 am

Medical Management of Genitourinary Symptoms

Shari B. Goldfarb, MD (she/her)

Breast Medical Oncologist

Memorial Sloan Kettering Cancer Center, New York, NY

8:30 am - 8:40 am

Oncosexual Healthcare from a Biopsychosocial Lens

Sharon L. Bober, PhD (she/her)

Institute Psychologist

Director, Sexual Health Program, Dana-Farber Cancer

Institute, Associate Professor, Department of Psychiatry,

Harvard Medical School, Boston, MA

11:15 am - 11:30 am

Q&A

8:40 am - 9:10 am

Introduction to Cancer, Treatments and Side Effects

Laila S. Agrawal, MD (she/her)

Hematologist/Breast Medical Oncologist

Norton Cancer Institute, Louisville, KY

11:30 am - 12:30 pm

Lunch

12:30 pm - 1:00 pm

Impact of Pelvic Radiation on Sexual Health

Shari Damast, MD (she/her)

Radiation Oncologist

Professor, Department of Therapeutic Radiology

Yale University School of Medicine, New Haven, CT

9:10 am - 9:40 am

Assessment of Sexual Health Concerns in Cancer Survivors

Jeanne Carter, PhD (she/her)

Head, Female Sexual Medicine and Women's Health Program

Gynecology Service, Department of Surgery Attending

Psychologist, Department of Psychiatry

Memorial Sloan Kettering Cancer Center, New York, NY

1:00 pm - 1:30 pm

Pelvic Rehabilitation in Cancer Survivors

Virginia Olsen, PT (she/her)

Wellness Physical Therapist, Healthy Living Program

Mayo Clinic, Rochester, MN

9:40 am - 9:50 am

Q&A

1:30 pm - 1:50 pm

Q&A

9:50 am - 10:00 am

Break

1:50 pm - 2:20 pm

Psychosocial Management of Sexual Health Concerns

Kristen M. Carpenter, PhD (she/her)

Professor, Departments of Psychiatry & Behavioral Health, Psychology

Director, Women's Behavioral Health

The Ohio State University College of Medicine, Columbus, OH

10:00 am - 10:45 am

Introduction to Menopause: Safety of Hormone Therapy in Cancer Survivors

Stephanie S. Faubion, MD, MBA, FACP, MSCP, IF (she/her)

Professor and Chair, Department of Medicine, Mayo Clinic, Jacksonville, FL

Program - Wednesday, November 5, 2025

Pre-Conference - Foundations in Oncosexual Healthcare

📍 Pinnacle Ballroom 8:30 am - 4:30 pm

2:20 pm - 2:50 pm

Sexual Health Considerations in Adolescent/Young Adult Survivors

Natasha N. Frederick, MD, MPH, MST (she/her)
Pediatric Hematologist and Oncologist, Connecticut Children's Medical Center
Founder and Clinical Director, Connecticut Children's Comprehensive Fertility and Sexual Health Program
Assistant Professor, Department of Pediatrics, University of Connecticut School of Medicine, Hartford, CT

2:50 pm - 3:05 pm

Q&A

3:05 pm - 3:20 pm

Break

3:20 pm - 3:50 pm

Working with Genetic Mutation Carriers

Sharon L. Bober, PhD (she/her)
Institute Psychologist
Director, Sexual Health Program, Dana-Farber Cancer Institute
Associate Professor of Psychiatry, Harvard Medical School, Boston, MA

3:50 pm - 4:00 pm

Q&A

4:00 pm - 4:30 pm

Case Discussions

Laila S. Agrawal, MD (she/her)
Hematologist/Breast Oncologist
Norton Cancer Institute, Louisville, KY

Program - Thursday, November 6, 2025

Main Conference - Bridging Gaps: Advancing Women's Sexual Health in Cancer Care Through Research, Collaboration, and Innovation

📍 Pinnacle Ballroom 7:30 am - 6:00 pm

7:30 am - 8:00 am

Registration/Breakfast

8:00 am - 8:15 am

Welcome

Abby Girard, PsyD (she/her)

8:15 am - 8:45 am

Opening & State of the Society Address

Carol L. Kuhle, DO, MPH (she/her)

8:45 am - 9:45 am

Plenary Session: Sexual Desire in Cancer Survivorship

Jennifer A. Vencill, PhD, ABPP, CST (she/her)
Assistant Professor, Division of General Internal Medicine,
Department of Psychiatry and Psychology, Mayo Clinic,
Rochester, MN

9:45 am - 10:45 am

Paper Session I

Christina Wilson, PhD, WHNP-BC (she/her)
University of Alabama at Birmingham, Birmingham, AL

9:45 am - 10:00 am

A Patient-Centered Adaptation of an Amputation Framework for Breast Embodiment

El Pinkerton, MPH

10:00 am - 10:15 am

Characteristics of Vaginal Estrogen Users

Laila Agrawal, MD

10:30 am - 10:45 am

Vaginal Cuff Brachytherapy Dose Fractionation Evaluated in a Preference Option Randomized Design: Patient Reported Sexual Dysfunction and Treatment Preferences

Kara Romano, MD

10:45 am - 11:00 am

The Bionic Breast Project: A Patient-Engaged Approach to Building and Testing a Novel Neuroprosthesis to Restore Breast Sensation After Mastectomy

Delaney Romanchick, BA

10:45 am - 11:30 am

Poster Session / Coffee Break

📍 Pathways Room

11:30 am - 12:30 pm

Panel I: 15 Years of The Scientific Network: Exploring the Past/Present and Future

Jennifer Reese, PhD (she/her)
Associate Professor and Psychologist, Cancer Prevention and Control Program,
Fox Chase Cancer Center, Philadelphia, PA

Panelists:

11:30 am - 11:45 am

Stacy Lindau, MD, MA (2012-2014) (she/her)
Professor of Obstetrics and Gynecology and Geriatrics
Director, Integrative Sexual Medicine at the University of Chicago Medical Center, Chicago, IL

11:45 am - 12:00 am

Jeanne Carter, PhD (2016-2018) (she/her)
Head, Female Sexual Medicine and Women's Health Program
Gynecology Service, Department of Surgery Attending
Psychologist, Department of Psychiatry
Memorial Sloan Kettering Cancer Center, New York, NY

12:00 am - 12:15 pm

Shari Goldfarb, MD (2019-2020) (she/her)
Breast Oncologist
Memorial Sloan Kettering Cancer Center, New York, NY

Program - Thursday, November 6, 2025

Main Conference - Bridging Gaps: Advancing Women's Sexual Health in Cancer Care Through Research, Collaboration, and Innovation

📍 Pinnacle Ballroom

12:15 pm - 12:30 pm

Sharon Bober, PhD (2021-2022) (she/her)
Director, Sexual Health Program
Dana-Farber Cancer Institute
Associate Professor of Psychiatry
Harvard Medical School, Boston, MA

12:30 pm - 1:30 pm

Lunch / Foyer

📍 Pinnacle Foyer

1:30 pm - 2:45 pm

Paper Session II

Moderator: *Lauren A. Zimmaro, PhD (she/her)*
Assistant Professor, Division of Medical Oncology
Associate Director of Behavioral Science, Rady Center of Excellence for Esophagogastric Cancer
University of Colorado School of Medicine, University of Colorado Cancer Center

1:30 pm - 1:45 pm

Emotional Expressions During Breast Cancer Patients' Clinical Discussions of Sexual Health: A Novel Exploratory Mixedmethods Analysis

Fernanda Romeiro, PhD

1:45 pm - 2:00 pm

Can a Brief, Patient-Centered Video About Loss of Breast Sensation After Mastectomy Promote Self-Efficacy for Finding Resources and Information Sharing?

Iterative Adaptation and Evaluation of a Sexual Dysfunction Screening Intervention and Implementation Prototype

Jenna Demedis, MD, MS

2:00 pm - 2:15 pm

Results from the Gynecologic Clinical Care Satisfaction Survey Evaluating Feasibility of the Gynecologic Survivorship Tool

Olivia Whalen-Kipp, BA

2:15 pm - 2:30 pm

Primary Results of a Couple-Based Remotely Delivered Intervention Addressing Sexual Concerns for Couples Facing Metastatic Breast Cancer

Jennifer Reese, PhD

2:30 pm - 2:45 pm

Can a Brief, Patient-Centered Video About Loss of Breast Sensation After Mastectomy Promote Self-Efficacy for Finding Resources and Information Sharing?

Tania Mendoza, BSc

2:45 pm - 3:15 pm

Exhibits / Coffee Break

📍 Pinnacle Foyer

3:15 pm - 4:00 pm

Plenary Session: Advances in Hormonal and Nonhormonal Treatment for Menopause Related Concerns in Cancer Survivors

Jewel Kling, MD, MPH (she/her)

Professor of Medicine, Chair of the Division of Women's Health Internal Medicine,

Assistant Director, Mayo Clinic Women's Health Center, Scottsdale, AZ

Dean, Mayo Clinic Alix School of Medicine AZ campus, Mayo Clinic, Scottsdale, AZ

4:00 pm - 5:00 pm

Panel II: Patient Perspectives on Sexual Health in Survivorship

Marloe Esch, DNP, RN, APNP, AGCNS-BC, OCN, CSC (she/her)

Oncology Clinical Nurse Specialist, Froedtert Health, Milwaukee, WI

5:00 pm - 6:00 pm

Networking Event

📍 Pinnacle Foyer

Program - Friday, November 7, 2025

Main Conference - Bridging Gaps: Advancing Women's Sexual Health in Cancer Care Through Research, Collaboration, and Innovation

📍 Pinnacle Ballroom 7:30 am - 12:30 pm

7:30 am - 8:00 am

Breakfast/Exhibits

📍 Pinnacle Foyer

8:00 am - 8:15 am

Welcome

Abby Girard, PsyD (she/her)

8:15 am - 9:15 am

Plenary Session: Health Disparities in Cancer Survivorship

G. Nic Rider, PhD, LP (they/them)

Associate Professor, Institute for Sexual and Gender Health
Director, National Center for Gender Health
Department of Family Medicine and Community Health
University of Minnesota Medical School, Minneapolis, MN

Ben Weideman (they/he)

PhD Student in Health Services Research, Policy & Administration (HSRP&A)
University of Minnesota School of Public Health, Minneapolis, MN

9:15 am - 10:00 am

Panel III: Advances in Technology-Based Interventions

Lorraine Drapek, DNP FNP-BC AOCNP (she/her)
Nurse Practitioner, Department of Radiation Oncology, Mass General Cancer Center, Boston, MA

Panelists:

9:15 am - 9:30 am

Kelly Shaffer, PhD (she/her)

Chair Elect

Associate Professor, Center for Behavioral Health and Technology,
University of Virginia School of Medicine, Charlottesville, VA

9:30 am - 9:45 am

Sharon Bober, PhD (she/her)

Director, Sexual Health Program, Dana-Farber Cancer Institute

Associate Professor of Psychiatry

Harvard Medical School, Boston, MA

9:45 am - 10:00 am

Stacy Lindau, MD, MA (she/her)

Professor of Obstetrics and Gynecology and Geriatrics

Director, Integrative Sexual Medicine at the University of Chicago Medical Center, Chicago, IL

10:00 am - 10:45 am

Interactive Session - Tabletop Discussions: Meet the Experts

Table 1: Research and Funding - Kristen Carpenter, PhD & Jenny Reese, PhD

Table 2: Starting a Sexual Health Clinic - Laila Agrawal, MD & Lorraine Drapek, DNP & Sharon Bober, PhD

Table 3: Challenges in Established Practices - Carol Kuhle, DO & Jeanne Carter, PhD

Table 4: Creating Lasting Partnerships - Shari Goldfarb, MD & Leslie Glenn

10:45 am - 11:00 am

Coffee Break

📍 Pinnacle Foyer

11:00 am - 12:00 pm

Paper Session III

Jenna Demedis, MD, MSCS (she/her)

Associate Professor, Center for Cancer and Blood Disorders,
Clinical Director, Oncology HOPE Survivorship Program,
Children's Hospital Colorado, Aurora, CO

11:00 am - 11:15 am

Sexual Health Outcomes Among Young Adult Breast and Gynecologic Cancer Survivors and Their Partners

Jessica Gorman, PhD, MPH

Program - Friday, November 7, 2025

Main Conference - Bridging Gaps: Advancing Women's Sexual Health in Cancer Care Through Research, Collaboration, and Innovation

📍 Pinnacle Ballroom

11:15 am - 11:30 am

AYA SPARK Program for Childhood Cancer Survivors

Juliann Stalls, PhD

11:30 am - 11:45 am

Addressing Representation in Sexual Health Research in Cancer Survivorship: Results from SHINE Trial Recruitment and Enrollment (WF-2202)

Kelly Shaffer, PhD

11:45 am - 12:00 pm

Developing a Sexual Health Item Pool for Young Adult Cancer Survivors

Lydia Chevalier, PhD

12:00 pm - 12:30 pm

Closing Remarks

Kelly Shaffer, PhD (she/her)

Chair Elect

Associate Professor, Center for Behavioral Health and Technology,

University of Virginia School of Medicine, Charlottesville, VA

Abstracts

01: A Patient-Centered Adaptation of an Amputation Framework for Understanding Mechanisms of Breast Embodiment After Mastectomy

El Pinkerton, MPH¹, Julia Kaper, BS¹, Emily Abramsohn, MPH¹, Summer Hanson, MD, PhD¹, Sarah Shubeck, MD¹, Amy Siston, PhD¹, Stacy Tessler Lindau, MD, MAPP¹

¹ The University of Chicago, Chicago, IL

Objectives: Restoration of breast appearance after mastectomy is associated with patient satisfaction, well-being, health-related quality of life and recovery of sexual function. However, aesthetic restoration alone is not sufficient for full recovery after mastectomy. Acceptance of the reconstructed breast relates closely to the concept of embodiment, defined in the prosthetic limb literature as having a sense of both ownership (the prosthesis belongs to the body) and agency (control over the prosthesis). The objective of the present study is to apply an existing theoretical framework for prosthetic limb embodiment to elucidate mechanisms of breast embodiment from the perspective of women who have undergone mastectomy with reconstruction.

Methods: A convenience sample of 19 women with mastectomy and reconstruction was recruited through clinical and social networks to participate in in-depth, semi-structured qualitative interviews (September 2022 - May 2023) eliciting participants' experiences with post-mastectomy breast function. Domains from the Eftekari et al. prosthetic embodiment framework, derived from experimental and observational studies of people with limb amputation, were used to guide directed content analysis.

Results: Participants were ages 34-61 years. Fourteen women had bilateral and 5 had unilateral mastectomy. The indication for mastectomy was cancer (n=17) or risk reduction (n=2). Four themes emerged that inform a framework for understanding post-mastectomy breast embodiment: (1) mastectomy as amputation (n=8), including a desire that mastectomy be "treated and counseled more like an amputation" and experience of "phantom"

sensations; (2) breast ownership (n=16), exemplified as the breasts "are not mine anymore"; (3) breast agency (n=15), expressed as the breasts do not "work anymore" (domains of breast agency included sensory function, sexual function, psychosocial function, and postural function); and (4) breast pain (n=11), including discomfort associated with hugging and spontaneous "shooting pains."

Conclusions: Like limb amputation, breast disembodiment results from loss of breast ownership and agency after mastectomy with reconstruction and compromises breast function. Findings inform an iteration of a prosthetic embodiment framework that can be used to advance breast reconstruction science and solutions.

02: Women's Insights on Sexual Health After Breast Cancer (WISH-BREAST) Online Survey: Characteristics of Vaginal Estrogen Users

S Agrawal, MD, IF¹, Theresa Kluthe, MA², Corinne Menn, DO³, Eleonora Teplinsky, MD⁴

¹ Norton Cancer Institute, Louisville, KY; ² Norton Healthcare; ³ Alloy Women's Health; ⁴ Valley-Mount Sinai Comprehensive Cancer Care, Paramus, NJ

Background: Breast cancer (BC) survivors experience sexual health changes at high rates, however treatment for sexual symptoms in an ongoing unmet need. Vaginal estrogen (VE) is an effective treatment for genitourinary syndrome of menopause among BC survivors and is supported by current guidelines. However, many are not offered this treatment. We previously reported data from the WISH-BREAST study evaluating sexual health in BC. Here, we present findings of the respondents prescribed vaginal estrogen.

Methods: An anonymous survey regarding sexual health in people with a current or prior BC diagnosis was distributed through a social media platform (Instagram) and e-mail. This analysis focuses on results of respondents prescribed VE.

Results: There were 1775 total responses to this survey. When asked if prescribed vaginal estrogen,

Abstracts

87 of the 420 respondents (20.7%) reported being prescribed vaginal estrogen. These respondents are included in this analysis. Median age of participants prescribed VE was 51 (range 44-56), older than non-VE respondents. They were more likely to report vaginal dryness (91.6% vs 79%) and painful sex (74.2% vs 59.8%) than non-VE respondents. There was no difference in the hormone receptor status of VE vs non-VE respondents (78.1% vs 79.3%). VE-respondents were more likely to be referred to a pelvic physical therapist (27.3% vs 12.6%) and more satisfied with the discussions about sexual health with their medical teams. 86.8% of those prescribed VE turned to social media for information about sexual health, but were less likely to seek information from patient accounts than respondents not prescribed VE.

Conclusions: In this online survey, respondents prescribed VE were more satisfied with their medical care and more likely to be referred to pelvic physical therapy, suggesting that addressing sexual health through may enhance patient experience. While use of social media in seeking information about sexual health was high across all groups, those prescribed VE less frequently turned to patient accounts. Overall prescription rate of VE remains low, highlighting ongoing gaps in sexual health management for BC survivors and underscore the need for improved education and clinician-patient communication in oncology care, including greater awareness of VE as a treatment option.

03: Vaginal Cuff Brachytherapy Dose Fractionation Evaluated in a Preference Option Randomized Design: Patient Reported Sexual Dysfunction and Treatment Preferences

Kara Romano, MD¹, Gina Petroni, PhD², Paige Hinman, BS³, Brittany Simone, MD⁴, Sarah McAvoy, MD⁵, Einsley-Marie Janowski, MD, PhD¹, Kelly Shaffer, PhD⁶

¹University of Virginia, Department of Radiation Oncology; ²University of Virginia, Department of Public Health Sciences; ³ University of Virginia, School of Medicine; ⁴ SUNY Upstate Medical University, Department of Radiation Oncology; ⁵ University of Maryland, Department of Radiation Oncology; ⁶ University of Virginia, Department of Psychiatry and Neurobehavioral Sciences

Introduction: There is significant variation amongst providers in vaginal cuff brachytherapy (VBT) for early- stage endometrial cancer, but patient treatment preferences are unclear. While lower dose-per-fraction (Fx) has been associated with less vaginal stenosis, the impact on patient-reported sexual dysfunction has not been evaluated. This study addresses these major gaps in patient-centered evidence regarding VBT.

Methods: This prospective, ongoing, multi-center preference option randomized design (PORD) clinical trial (NCT03785288) evaluates two common dose-fractionation schedules: 7-Gray (Gy) x 3-Fx prescribed to 5mm depth (Treatment A; i.e., shorter, higher-dose course) or 4-Gy x 6-Fx prescribed to cylinder surface (Treatment B; i.e., longer, lower-dose course). In the PORD, patients may opt for the alternate treatment after randomization (e.g., randomized to A, but opt to switch for B=Group AB). At pre-treatment and 1 year follow-up assessments, patients completed the FSFI, and vaginal length was measured. Results: Of enrolled patients (n=120), about one-third opted to change treatments, regardless of initial condition: 18 from A to B (switch rate=32%) and 20 from B to A (switch rate=32%). Patients typically reported changing either to avoid toxicity (Group AB) versus for greater convenience (Group BA). Amongst 73 patients with evaluable Year 1 data, fewer patients reported being sexually active after Treatment A (37%, n=13/35) than B (50%, n=19/38). Sexual dysfunction was prevalent post-treatment: all but one participant (99%) had FSFI scores <26 (range: 2-26.1). While overall there were minimal differences in FSFI change from baseline to Year 1 between Treatment A (MΔ[SD]=1.5[7.7]) and B (MΔ[SD]=4.7[9.7]), there was more improvement amongst sexually active survivors in Treatment B (MΔ[SD]=11.7[7.2]) than A (MΔ[SD]=7.1[8.4], see Figure 1). Vaginal stenosis was more pronounced following Treatment A 1(MΔ[SD]=-1.4[2.2] cm) than B (MΔ[SD]=-0.7[1.8] cm), particularly amongst sexually active survivors (MΔ[SD]=-2.1[2.1] cm vs. -0.85[2.0] cm, respectively, see Figure 2).

Abstracts

Conclusions: Patients with endometrial cancer receiving VBT following hysterectomy have a range of treatment preferences and priorities. A longer, lower dose fractionation schedule may be associated with lower sexual symptom toxicities which may appeal to many patients; however, the higher time toxicity may still lead others to prioritize a shorter, higher-dose more convenient treatment course.

04: The Bionic Breast Project: A Patient Engaged Approach To Building and Testing A Novel Neuroprosthesis to Restore Breast Sensation After Mastectomy

Delaney A. Romanchick, BA¹, Elizabeth A. Pinkerton, MPH¹, Emily Abramsohn, MPH¹, Emily Graczyk, PhD², Charles Greenspon, PhD¹, Summer Hanson, MD, PhD¹, Nora Jaskowiak, MD¹, Tania Mendoza, BS¹, Eva Ren, MPH¹, Leah Rolden, Meng², Sarah Shubeck, MD, MS¹, Stacy T. Lindau, MD, MAPP¹

¹ University of Chicago, Chicago, IL; ² Case Western Reserve University, Cleveland, OH

Objective: Millions of people worldwide live with persistent chest numbness following mastectomy. Surgical interventions to restore breast sensation have yielded limited benefit and patients are typically not engaged in research to address these gaps until late in the translational arc. This study describes a patient-engaged approach to developing a protocol for and testing a novel implantable neuroprosthetic device (the "Bionic Breast") to restore sensation following mastectomy.

Methods: Women with mastectomy were invited to join the Bionic Breast patient advisory board to engage with researchers about loss of sensation after mastectomy and the use of a neuroprosthetic approach to restore breast sensation. The advisory board convened quarterly (2017-2025) to advise on design, implementation, and interpretation of findings from psychophysical and qualitative studies, to aid creation of educational content about loss of sensation post-mastectomy, and to provide input on the design of the neuroprosthetic study protocol. In

parallel, a cadaver study was performed to inform the configuration and surgical implantation approach of the neural interface in the setting of mastectomy and breast reconstruction.

Results: Feedback from our advisory board and analysis of psychophysical and qualitative data established acceptability and feasibility of a trial to establish proof-of-concept for using a nerve interface to restore sensation to the breast. These insights, combined with extant trials in the limb amputee population, informed the design of a Phase 0, exploratory trial. The cadaver study demonstrated the appropriate size and placement of the neural interfaces. Patient-centered enrollment and study protocols received U.S. FDA and institutional review board approval in 2/2025. Patients also indicated a need for trustworthy educational material about loss of breast sensation after mastectomy. A professionally produced video, informed by advisors and featuring patients and clinicians, was developed to disseminate education about loss of breast sensation after mastectomy and published online in 3/2024. The first patient was enrolled in the Phase 0 trial in 05/2025.

Conclusions: A patient-engaged approach was utilized to develop a study protocol for a Phase 0, exploratory trial. The Bionic Breast Project protocol provides a rationale and framework for early patient engagement and introduces a neuroprosthetic device to cancer survivorship research.

05: Emotional Expressions During Breast Cancer Patients' Clinical Discussions of Sexual Health: A Novel Exploratory Mixed-Methods Analysis

Fernanda B. Romeiro, PhD¹, Kristen Sorice, BA¹, Mary Catherine Beach, MD, PhD², Jennifer Barsky Reese, PhD^{1,3}

¹Cancer Prevention and Control Program, Fox Chase Cancer Center, Philadelphia, PA; ²Department of Medicine, Johns Hopkins University, Baltimore, MD; ³Department of Social and Behavioral Sciences, College of Public Health, Temple University, Philadelphia, PA

Objectives: Sexual concerns are often emotionally distressing for breast cancer patients, yet the role of

Abstracts

emotion in clinical discussions about sexual concerns has not been explored. We examined patients' emotional expressions and clinicians' responses during clinical discussions about sexual health concerns.

Methods: Using an exploratory mixed-methods design, we analyzed emotional expressions in clinic dialogue about sexual health between 27 female breast cancer patients (age M=56.8; 70.4% partnered; 85.2% white; 7.4% Black; 25.9% Stage III-IV) and 7 breast cancer clinicians (5 physicians, 2 advanced practice clinicians). Clinic encounters were audio-recorded, transcribed, and the dialogue coded using the validated Verona Coding Definitions of Emotional Sequences (VR-CoDES) to identify emotional (a) cues (implicit verbal hints) and (b) concerns (explicit expressions) and provider responses to these expressions. Sexual concerns over the past week were assessed using a validated item from the Patient Care Monitor (PCM; Range=0-10). Descriptive analyses, t-tests, and chi-square tests were performed using SPSS 30.0.

Results: Patients who expressed emotional cues/concerns (N=12, 44%) reported more severe sexual concerns (M=4.6, SD=4.2) than those who did not (N=15, 56%, M=0.1, SD=0.3, $t(10.1) = -3.55, p=0.005$). Across 12 visits with emotional expressions, a total of 37 cues/concerns were identified, of which 29 (78%) were cues and 8 (22%) were concerns. Most emotional expressions (n=22, 60%) were initiated by the patient (e.g., "I almost feel embarrassed to ask") while the rest (n=15, 41%) were elicited by the clinician (e.g., "No...one of my breasts looks different... and that bothers me"). Clinicians' responses (n=37) most often served to provide (rather than reduce) space for further discussion (e.g., "That helps?"; n=24; 65%). Affective concerns were mentioned explicitly in only 5 (14%) of clinicians' responses to patients concerns.

Conclusions: In this novel exploration of breast cancer patients' clinical discussions of sexual health, findings suggested that patient emotional expressions are common, may indicate worse sexual

concerns, and tend to be implicit rather than explicit. Future research should examine how clinicians' responses to patients' emotional expressions when discussing sexual health concerns, including asking for further information and explicitly recognizing patients' emotions, affect patients' care and health outcomes.

06: Iterative Adaptation and Evaluation of A Sexual Dysfunction Screening Intervention and Implementation Prototype

Jenna Demedis, MD, MS¹, Julia Reedy, MA¹, Brooke Dorsey, PhD, MA¹, Eric Chow, MD, MPH¹, Christina Studts, PhD, MSPH, MSW¹

¹ Children's Hospital Colorado, CO

Objectives: Sexual dysfunction (SD) occurs in 20-50% of adolescent and young adult childhood cancer survivors. Despite research demonstrating patient interest in SD conversations and national guidelines recommending discussions of sexuality throughout cancer care, this need often goes unrecognized.

Building on prior work, this study aims to iteratively adapt and evaluate an electronic health-record based SD screening intervention and implementation prototype.

Methods: This explanatory-sequential mixed methods study was conducted within the neuro-oncology clinic at a large freestanding children's hospital. We conducted a series of three iterative cycles between March 2024 and March 2025, each comprising the following phases: 1) Delivery of SD screening prototype and implementation package; 2) Quantitative and qualitative data collection (across-cycles total patient surveys (n=10), provider surveys (n=15), provider interviews (n=9), field notes); 3) Data integration, analysis, and prototype adaptation; and 4) Member checking and consensus on prototype for the subsequent cycle. Iterative cycles ended when provider participants rated the SD screening prototype as acceptable, appropriate, and feasible for delivery in their clinic, using three a priori mixed

Abstracts

methods criterion.

Results: Each cycle offered opportunities to identify and address strengths and challenges of the SD screening intervention and its implementation. Cycle 1's primary challenges were associated with feasibility of the intervention's requirement of changing clinic workflow (independently rooming AYA patients). While the new workflow ensured a consistent standardized process, it also caused provider and family discomfort and increased workload. After adaptation, Cycle 2 demonstrated improved feasibility but revealed limitations in provider buy-in, including doubts regarding provider ability to address SD issues and concerns about the appropriateness of SD screening within neuro-oncology. These were addressed through refining criteria for screening and improved provider education/resources. Subsequently, Cycle 3 results indicated the prototype was acceptable, appropriate, and feasible.

Conclusions: This study engaged patients and providers in an iterative approach to adapt a SD screening intervention and implementation strategies, yielding a prototype both groups found to be acceptable, appropriate, and feasible for delivery in a clinic setting. Iterative cycles identified challenges from both provider and patient stakeholders, allowing targeted adaptation. Future research will evaluate effectiveness and broader dissemination of the screening intervention.

07: Results from the Gynecologic Clinical Care Satisfaction Survey Evaluating Feasibility of the Gynecologic Survivorship Tool

Olivia Whalen-Kipp, BA¹, Grace Manalo, BS¹, Shari Goldfarb, MD¹, Larry Norton, MD¹, Gabrielle Bennett, BS¹, Cassandra Chang, BA, MA¹, Nadeem Abu-Rustum, MD¹, Jeanne Carter, PhD¹

¹ Memorial Sloan Kettering Cancer Center, New York, NY

Background: Cancer patients/survivors often experience treatment related symptoms, and

the use of PROs (patient reported outcomes) can help identify and manage symptoms. Aim: The Gynecologic Clinical Care (GCC) Satisfaction Survey was implemented to analyze the feasibility of the Gynecologic Survivorship Tool (GST), helpfulness of electronic patient education (PE) information, and impact on clinical communication. Description and Procedure:

The GCC Satisfaction Survey was sent to endometrial/cervical cancer patients based on scheduled follow-up and GST assignment. The GST assessed 6-symptoms (bleeding/pain, lymphedema (LLE), vaginal/vulvar dryness, sexual health concerns, menopause, and bowel/urinary issues). Real time electronic (PE) information was sent based on presence of symptoms. The GCC Satisfaction Survey elicited patient feedback about the GST.

Results: Four hundred and twenty-four GCC satisfaction surveys were completed by patients with 31.1% (n=132) reporting symptoms. Of the 132 patients, 181 symptoms were experienced. Most common symptoms were vaginal/vulvar dryness (n=52, 28.7%) and bowel/urinary issues (n=45, 24.9%). Overall patients viewed the Electronic (PE) Information as helpful (70.0-97.5%), with approximately two-thirds indicating it helped manage symptoms (66.7-87.5%) and prompted medical team discussions (66.7-94.4%) (with exception of LLE). PE information addressing vaginal/vulvar dryness (97.5%, n=39) and bowel/urinary issues (96.8%, n=30) was most helpful. Evaluation of free-text comments noted 4-themes: symptom reporting, usability, communication, and survey feedback. Written feedback shared suggestions for GST and positive experiences with their medical team. Clinical Relevance: Our GCC satisfaction survey revealed the GST provided helpful symptom management information to our patients. Approximately two-thirds reported the PE information assisted with symptom management and facilitated clinical discussion. Some patients indicated not speaking with their medical team after receiving helpful electronic PE Information. Our hope

Abstracts

is that providing symptom management PE outside of the clinic setting was sufficient in addressing the concerns of these patients. Ideally, electronic PE could be used to reduce clinical time challenges while enhancing optimal patient care.

Conclusions: The GCC Satisfaction Survey demonstrated the benefit of GST for symptom management and clinical communication. Future goals are to expand its accessibility to a broader population of female cancer patients/survivors for symptom management outside of the clinical setting and foster targeted clinical care discussions.

08: Primary Results of a Couple-Based Remotely Delivered Intervention Addressing Sexual Concerns for Couples Facing Metastatic Breast Cancer

Jennifer B. Reese, PhD¹, Lauren A. Zimmaro, PhD², Kristen A. Sorice, BA¹, Li Zhang, PhD¹, Jill Hasler, PhD¹, Jessica R. Gorman, PhD³, Alexandra K. Zaleta, PhD⁴, Mary B. Daly, MD, PhD¹, Laura S. Porter, PhD⁵

¹ Fox Chase Cancer Center, Philadelphia, PA; ² University of Colorado School of Medicine, Aurora, CO; ³ Oregon State University, Corvallis, OR; ⁴ CancerCare, New York, NY; ⁵ Duke University Medical Center, Durham, NC

Background/Objectives: Women with metastatic breast cancer (MBC) often report severe, long-standing sexual problems and concerns related to their intimate relationships. Yet, most interventions aimed at improving breast cancer patients' sexual concerns have excluded those with metastatic disease, leaving a gap in evidence-based interventions for this population. We previously developed a couple-based intimacy enhancement intervention addressing sexual concerns and adapted it to meet the needs of MBC couples. In this study, we evaluated its efficacy in a randomized controlled trial.

Methods: Female MBC patients reporting sexual concerns and their intimate partners were recruited through a comprehensive cancer center and community-based cancer support organizations. Participants were randomized to Adapted Intimacy Enhancement (AIE), a four-session remote

intervention providing education and skills training for coping with sexual/intimacy concerns, or Enhanced Care-As-Usual (ECAU), consisting of an in-depth informational booklet ("Intimacy Facts and Resources"). Primary outcomes at baseline, post-intervention, and 6-month follow-up included patients' sexual function (FSFI), sexual distress (FSDS-R), and self-efficacy for coping with sexual concerns (3 published items). Mixed linear regression models and effect sizes (Cohen's d) assessed intervention effects on outcomes at both follow-ups; paired t-tests examined within-group change from baseline to both follow-ups.

Results: Fifty-five patients (Mean age=49.4; 84% White; 6% Hispanic/Latina) enrolled with their intimate partners (Mean relationship length=20.7 years). Model-based estimates of intervention effects showed that compared to ECAU, AIE patients showed greater improvements in overall sexual function ($p=.018$; $d=.52$), desire ($p=.007$; $d=.59$), and sexual distress ($p=.046$; $d=.45$) at 6-months, and in sexual satisfaction at post-intervention ($p=.02$; $d=.56$) and 6-months ($p<.001$; $d=.93$). No significant effects were seen for other sexual function domains or self-efficacy. T-tests showed significant short-term improvements in sexual function, desire, and satisfaction across both groups; short-term improvements in pain, distress, and self-efficacy were seen only for AIE, and in arousal/lubrication only for ECAU. Long-term improvements in outcomes were observed only for AIE.

Conclusion: Compared to an enhanced care-as-usual intervention providing detailed sexual and intimacy information, the AIE intervention yielded significant long-term benefits for MBC patients' sexual health outcomes. Secondary analyses are underway to examine effects of AIE on patients' and partners' psychosocial outcomes and intervention mediators.

Abstracts

09: Can a Brief, Patient-Centered Video About Loss of Breast Sensation After Mastectomy Promote Self-Efficacy for Finding Resources and Information Sharing?

Tania A. Mendoza, BS¹, Samantha Lee, BA², Emily Abramsohn, MPH¹, Summer Hanson, MD, PhD³, El Pinkerton, MPH¹, Sarah Shubeck, MD, MS³, Amy K. Siston, PhD⁴, Stacy Tessler Lindau, MD, MAPP^{1,3}

¹The University of Chicago, Department of Obstetrics and Gynecology, Chicago, IL; ²The University of Chicago Pritzker School of Medicine, Chicago, IL; ³The University of Chicago, Department of Surgery and Comprehensive Cancer Center, Chicago, IL; ⁴The University of Chicago, Department of Psychiatry and Behavioral Neuroscience, Chicago, IL

Objectives: Communicating effectively with patients about potential loss of breast sensation and other breast functions after mastectomy is challenging, exacerbated by a lack of publicly available online educational content. A patient-centered educational video was created to address this gap. This study tests the hypothesis that this video can promote clinicians' and professionals' self-efficacy or confidence in their ability to find resources on breast sensation loss after mastectomy and likelihood of sharing the video with others.

Methods: Patients with breast cancer informed the development of a 7-minute video featuring post-mastectomy patients and clinicians. The video addressed: (a) how and why sensation loss occurs after mastectomy, (b) implications of changes in breast sensation for sexual function, and (c) strategies to promote patient-surgeon communication about sensation loss. Self-completed surveys were collected pre- and post-viewing at three scientific conferences in the US and Australia (2024-2025). Respondents rated their confidence in finding resources on breast sensation loss after mastectomy (5-point Likert scale, "not at all" to "very" confident). Post-viewing surveys evaluated the likelihood respondents would share the video with their network (scale 0-10, score of 9-10=highly likely) and elicited recommendations for dissemination.

Results: Eighty-two individuals responded. The percentage of respondents who felt "not at all" or

"a little confident" about where to find resources decreased from 56.1% in pre- to 14.6% in post-viewing surveys. Seventy-four percent of respondents were highly likely to share the video with others. Nearly two-thirds (64.6%) of respondents offered recommendations for dissemination, including 15 unique scientific conferences (ex. American Society for Clinical Oncology, Scientific Network on Female Sexual Health and Cancer, International Society for the Study of Women's Sexual Health), patient organizations, and social media platforms. Further information gaps are being filled with short-form videos for wider dissemination.

Conclusions: This video promoted viewers' confidence in finding resources about breast sensation loss and most indicated a high likelihood of sharing the video with others. Bandura's self-efficacy theory, which has been used to understand patient-physician communication, posits that greater self-efficacy in finding reputable resources can improve communication and increase likelihood of sharing knowledge. This theory can be used to further interpret these findings

10: Sexual Health Outcomes Among Young Adult Breast and Gynecologic Cancer Survivors and Their Partners

Jessica R. Gorman, PhD, MPH¹, Soyoung Choun, PhD¹, Karen S. Lyons, PhD², S. Marie Harvey, DrPH¹, Chiara Acquati, PhD, MSW³, John M. Salsman, PhD⁴, Lisa M. Flexner, PT, DPT⁵, Brandon Hayes-Lattin, MD⁶, Jennifer B. Reese, PhD⁷

¹Oregon State University, Corvallis, OR; ²Boston College, Chestnut Hill, MA; ³University of Houston, Houston, TX; ⁴Wake Forest University, Winston-Salem, NC; ⁵FlexHealth Consulting, Bend, OR; ⁶Oregon Health & Science University, Portland, OR; ⁷Fox Chase Cancer Center, Philadelphia, PA

Background: Young adult breast and gynecologic cancer (BGC) survivors experience numerous and persistent sexual health concerns following their diagnosis. While research has increasingly focused on the impact of cancer on young adult survivors, studies often overlook the dyadic nature of the

Abstracts

intimate-partner relationship as well as the experiences of the non-survivor partners. Purpose: The purpose of the present study is to 1) characterize the sexual health of young adult BGC survivors and their partners and 2) compare outcomes between survivors and partners.

Methods: BGC survivors and partners completed a baseline survey as part of the Opening the Conversation Trial, a study evaluating the efficacy of a dyadic intervention to reduce reproductive and sexual health distress. Survivors were 6 months to 5 years post-diagnosis (stages I-IV) and diagnosed under age 40. Experiencing sexual health problems was not an eligibility requirement. Health assessments included the Sexual and Relationship Distress Scale (SaRDS, range 0-180), Couples' Illness Communication Scale for sexual health (CICS, range 4-20), Miller Social Intimacy Scale (MSIS, range 17-170), and Global Measure of Sexual Satisfaction (GMSEX, range 5-35). Paired t-tests were used to compare scores between survivors and partners.

Results: Participants were 79 survivors (mean age 36.7 years; 81% heterosexual/straight; 78.5% breast cancer, 21.5% gynecologic cancer, 73.4% white) and 78 partners (mean age 38.4 years; 88.5% heterosexual/straight, 75.6% white). The mean age at diagnosis for survivors was 34.2 years (range 25-39 years). Cancer survivors experienced significantly higher sexual and relationship distress (Survivor M = 79.90, Partner M = 52.60, $p < .001$) and lower sexual satisfaction (Survivor M = 20.01, Partner M = 22.84) than partners ($p < .001$). Intimacy scores were moderate and did not differ significantly between survivors (M = 132.81) and partners (M = 130.52). Survivors perceived poorer sexual-health couple communication than their partners (Survivor M = 11.69, Partner M = 13.13, $p = .003$).

Conclusions: Sexual health is an important aspect of survivorship where support is needed for both young adult BGC survivors and their partners. Our results suggest that interventions addressing sexual health concerns for young couples, including strategies to improve sexual communication, could be highly beneficial.

11: Feasibility and Acceptability of AYA SPARK: A Program to Address Sexual and Reproductive Health Knowledge and Support Needs of Female Adult Survivors of Childhood Cancer

Juliann M. Stalls, PhD¹, Caroline S. Dorfman, PhD¹, Kelly Acharya, MD², Julia T. Woodward, PhD², Jennifer Plumb Vilardaga, PhD², Cheyenne Corbett, PhD¹, Kevin Oeffinger, MD¹, Rebecca A. Shelby, PhD¹

¹ Duke University School of Medicine, Duke Cancer Institute, Durham, NC; ² Duke University School of Medicine, Durham, NC

Objectives: Many female (sex assigned at birth) adult survivors of childhood cancer (ASCC; aged 18-44, diagnosed when < 18) face long-term effects of their cancer treatments, including fertility-related uncertainty and sexual health changes, which may negatively impact their emotional well-being, romantic partnership(s), and quality of life. We examined the feasibility and acceptability of a novel program—AYA SPARK—designed to address fertility- and sexual health-related information and support needs of female ASCC.

Methods: AYA SPARK is a 6-session program for female ASCC who report uncertain fertility status, which integrates psychoeducational content and skills from Acceptance and Commitment Therapy. The program is delivered individually to participants using videoconferencing. Session attendance (benchmark: $> 80\%$) and attrition rates (benchmark: $< 20\%$) were used to evaluate intervention feasibility. Treatment acceptability was measured with the Treatment Acceptability Questionnaire (TAQ; higher scores reflect greater acceptability; benchmark: $M \geq 5/7$). Exit interviews were conducted to inform intervention refinement. Analysis of exit interview data is underway and preliminary themes are described. Results: Participants (N=24) were Mage=22.7 (SD=3.0). 25.0% identified as non-white. 20.9% identified as a sexual minority. The total session attendance rate was 86.1% (124/144 possible sessions) and total attrition rate was 20.8%. 79.2% (n=19) completed all sessions and n=5 partially completed the program (n=2

Abstracts

withdrew [too busy], n=3 lost to follow-up). Among those completing the intervention, acceptability was high (M=6.4/7). Participants highlighted strengths of AYA SPARK: 1) program length and breadth of topics, 2) inclusion of coping strategies to manage fertility and sexual health-related distress, 3) program education and skills eased fertility and sexual health concerns and left participants feeling empowered to learn more. Participants also shared areas for program refinement: 1) some topics would be more relevant if/when actively family-building, 2) more personalized information specific to potential fertility challenges and sexual health needs based on treatments received is needed, and 3) some coping skills were preferred over others (e.g., leaves on a stream is challenging for non-visual thinkers).

Conclusions: Preliminary results indicate that AYA SPARK is feasible and acceptable. Exit interview data will be used to refine AYA SPARK to further enhance feasibility and acceptability prior to conducting a larger pilot trial.

12: Addressing Representation in Sexual Health Research in Cancer Survivorship: Results from SHINE Trial Recruitment and Enrollment (WF-2202)

Kelly M. Shaffer, PhD¹, Jillian V. Glazer, BA¹, Carol A. Kittel, MA¹, Emily V. Dressler, PhD², Eden Wood, MHA¹, Heather Lawson, MHA, MT-SH¹, Jennifer B. Reese, PhD³, Suzanne C. Danhauer, PhD², Shayna L. Showalter, MD¹, Wendy Cohn, PhD¹, Anita H. Clayton, MD¹, Kathryn E. Weaver, PhD², Glenn J. Lesser, MD²; Lee M. Ritterband, PhD¹

¹ University of Virginia, Charlottesville, VA; ² Wake Forest University School of Medicine, Winston-Salem, NC; ³ Fox Chase Cancer Center, Philadelphia, PA

Background: Meeting recruitment targets with demographically representative samples remains a challenge in oncology research but is essential to ensure findings are generalizable. We describe recruitment and enrollment for a fully-remote, US-national clinical trial of an online sexual health intervention for breast cancer survivors, evaluating

differences by race, ethnicity, and age.

Methods: Partnered breast cancer survivors with sexual concerns were recruited to the Sexual Health and Intimacy Enhancement (SHINE) trial (WF-2202, NCT06216574) via the Wake Forest NCI Community Oncology Research Program (NCORP) Research Base. Sites identified medically eligible survivors; race, ethnicity, and age data were recorded. These survivors were sent online eligibility screeners; eligible and consenting survivors were enrolled. Recruitment goals to ensure equitable racial and ethnic representation in the sample were set according to US breast cancer incidence rates.

Results: For the first 5 months of accrual, enrollment outpaced expectations by four-fold, but survivors from minoritized racial/ethnic backgrounds were underrepresented. Recruitment was henceforth focused on these groups. The final sample (N=328; 30.2% from a minoritized background; age M=51.9 [SD=8.7], range=30-77 years) was enrolled within 13 total months from 68 NCORP practices. Goals were met for representation of Black/African American participants (n=54, 16.5%) and Hispanic/Latina participants (n=27, 8.2%), but not Asian participants (n=4, 1.2%). Rates were high overall for screener completion (78%), eligibility (66%), and enrollment (92%), but there were discrepancies by race and age. Eligible survivors from a minoritized race were less likely to enroll than white survivors (87.0% vs. 94.4%, p=.03). Survivors who completed online screeners were younger on average than those who did not (age M=52.6 vs. 54.5, p=.05); eligible survivors were also younger on average than ineligible survivors (age M=51.9 vs. 54.6, p=.004). There were no other differences in screener completion, eligibility, or enrollment by race, ethnicity, or age (ps>.06).

Conclusions: Recruitment exceeded expectations, demonstrating strong interest in and feasibility of online sexual health trials for breast cancer survivors and the benefit of collaborating with the NCORP network. Evaluating discrepancies across the recruitment and enrollment pipeline by race and age will be important to ensure the intervention

Abstracts

is accessible, acceptable, and efficacious for all survivors.

13: Developing a Sexual Health Item Pool for Young Adult Cancer Survivors

Lydia L. Chevalier, PhD¹, Christopher J. Recklitis, PhD, MPH¹, Sharon L. Bober, PhD¹

¹ Dana-Farber Cancer Institute and Harvard Medical School, Boston, MA

Introduction: Cancer treatment early in life disrupts sexual development, resulting in long-lasting sexual health impairment throughout young adulthood. However, existing sexual health measures are primarily intended for older cancer survivors and do not accurately capture the range of sexual health concerns experienced by young adult cancer survivors (YACS). The current research begins to address this gap by developing the YACS' Sexual Health Item Pool, the first collection of sexual health items designed specifically for YACS.

Methods: Qualitative interviews were conducted with 25 YACS (ages 23-39, 64% female) to identify relevant sexual health domains and determine whether existing measures captured concerns in these domains. Items were then selected from existing measures or developed to create the YACS' Sexual Health Item Pool, a collection of sexual health items designed for YACS. 16 experts in YACS and sexual health reviewed the YACS' Sexual Health Item Pool and items were revised in response to expert feedback. Cognitive interviews were conducted with 5 YACS to further tailor items in the YACS' Sexual Health Item Pool; the process of collecting 10 additional cognitive interviews with YACS is currently underway.

Results: YACS identified concerns within six sexual health domains: 1) relationship dysfunction, 2) avoidance of sexual activity, 3) sexual dysfunction, 4) social/cultural barriers, 5) psychological barriers, and 6) biological barriers. YACS felt existing measures effectively captured sexual dysfunction, but failed to capture concerns in the other five domains. Guided

by this feedback, items were selected from existing measures or created to capture these concerns and establish the YACS' Sexual Health Item Pool. Experts established content validity of the YACS' Sexual Health Item Pool; YACS felt items were applicable and appropriate for young survivors and recommended additional tailoring.

Conclusions: Findings reinforce the need for a novel YACS' sexual health measure, as young survivors felt existing measures failed to capture the majority of their concerns. This study also takes an important step toward improving sexual health assessment, as items from the YACS' Sexual Health Item Pool will be used to create the YACS' Sexual Health Inventory, the first measure ever developed to assess sexual health in this vulnerable population.

14: A Vaginal Hygiene System for Management of Bacterial Vaginosis and Vaginal Health in Pre- and Post-Menopausal Women

Kimberly Capone, PhD¹, Beth DuPriest PhD¹, Shanya San, MS¹, Susan Kellogg-Spadt PhD, CRNP, IF, CDC², Terry Morgan, MD, PhD³, Marcela Riveros Angel, MD, MSc³, Tamutenda Chidawanyika, MD, PhD⁴, Cathy Chung Hwa Yi, MD⁵, Wendy Strgar¹

¹ Vaginal Biome Science, Portland, OR; ² Female Sexual Medicine at the Center for Pelvic Medicine, Bryn Mawr, PA; ³ Oregon Health and Science University, Portland, OR; ⁴ Yale University School of Medicine, New Haven, CT; ⁵ Dartmouth Hitchcock Clinics Specialty Care, Bedford, NH

Objective: Bacterial vaginosis (BV) poses a significant challenge in menopausal women due to genitourinary syndrome of menopause (GSM), which elevates vaginal pH and disrupts the microbiota.

Reported BV prevalence in postmenopausal women ranges from 2%–57%, with diagnosis complicated by GSM symptoms and limitations of tests validated primarily in premenopausal populations. Postmenopausal microbiota differences may influence BV presentation and management. Managing vaginal pH is critical, as elevated pH increases BV risk and susceptibility to other infections. Design: We conducted three longitudinal

Abstracts

pilot studies enrolling pre- and post-menopausal women aged 17–68 with recurrent BV. Participants used a vaginal hygiene system comprising a vulvar wash, vaginal lactic acid gel, and probiotic suppository over 11–24 weeks. Outcomes included changes in vaginal pH, BV recurrence rates (clinical and microbiome testing), Nugent scores, and self-reported symptoms.

Results: The intervention significantly reduced vaginal pH across all studies. In Study 1, pH declined from 4.56 ± 0.15 at baseline to 4.00 ± 0.12 at week 11 ($P=0.021$). In Studies 2 and 3, pH fell from 4.66 ± 0.21 to 4.08 ± 0.13 at 12 weeks and remained lower at 4.33 ± 0.097 at 24 weeks ($P=0.0135$). BV recurrence rates were reduced (7.7% in Study 1; 17.6% in Studies 2 and 3), even without detectable microbiome community shifts. Participants also reported improved symptoms of vaginal discomfort, indicating better vulvovaginal health associated with lowered pH. Importantly, *Gardnerella vaginalis* biofilm formation is enhanced at pH 5–6.5, which is the typical BV range, facilitating adhesion and colonization while reducing *Lactobacillus* interference. In contrast, pH supports lactobacilli dominance and results in weaker *Gardnerella* biofilms in vitro. < 4.5

Conclusion: These pilot studies suggest that a vaginal hygiene system can help manage recurrent BV in pre- and post-menopausal women by lowering vaginal pH and supporting a health-associated

15: Addressing Sexual Health Concerns Among Female Cancer Survivors: Prevalence, Psychosocial Factors, and the Need for Tailored Survivorship Care

Irania Santaliz-Moreno MS¹, Jessica Vanderlan PhD², David Morris PhD², Kaitlin Huelsman PhD², Li-Shiun Chen MD, PhD¹

¹ Department of Psychiatry, Washington University School of Medicine, St. Louis, MO; ² Siteman Cancer Center, Barnes Jewish Hospital, Washington University School of Medicine, St. Louis, MO

Background: Sexual health among cancer survivors is often overlooked, despite its significant impact on quality of life. Understanding survivors' preferences

for receiving sexual health support is crucial to improving survivorship care. This study aims to analyze the prevalence of sexual health concerns and identify key psychosocial factors affecting women with cancer who receive psychological services.

Methods: Data from 635 women with cancer receiving psychology services at the Siteman Cancer Center were analyzed. We focused on sexual health concerns using data from the Sexual Function PROMIS screener and National Comprehensive Cancer Network (NCCN) prompts. Descriptive statistics were used to examine age distribution, cancer type, and psychological comorbidities. Chi-square tests were conducted to assess associations between sexual health concerns and key variables such as age, race, and cancer treatment type.

Results: The majority of respondents expressed sexual health concerns, with 60% reporting issues such as low sexual interest (30%), dryness or pain (14%), and difficulty with orgasm (6.8%). Women under 50 reported higher rates of sexual health concerns (78-79%) compared to those over 60 (38%). Symptoms of anxiety was prevalent in 95% of women, and symptoms of depression in 61%. Significant associations were found between sexual health concerns and age ($X^2 = 73.190, p < 0.001$), cancer type ($X^2 = 19.523, p = 0.007$), and treatment type, particularly chemotherapy ($X^2 = 17.175, p < 0.001$) and surgery ($X^2 = 12.443, p = 0.006$).

Conclusion: Sexual health concerns are common among female cancer survivors receiving psycho-oncology services, particularly younger women, those who experience symptoms of anxiety, with certain female cancer types and those undergoing chemotherapy or surgery. Addressing sexual health should be a critical component of survivorship care, with tailored interventions for women reporting specific symptoms like low interest or dryness. Further research is needed to explore the impact of psychological factors, such as anxiety and depression, on sexual health outcomes.

Abstracts

16: One Year In: Evaluating Uptake and Impact of a Sexual Health Clinic Embedded in Breast Cancer Care

Sarah E. Leslie, MPH¹, Ashley Arkema, MS, FNP-BC¹, Madeline Higgins, MD¹, Jakob Durden, MD¹, Lauren Zimmaro, PhD¹, Erin Baurle, PsyD¹, Helen Coons, PhD, ABPP², Nicole Christian, MD¹, Sarah Tevis, MD¹

¹ University of Colorado Anschutz Medical Campus, Aurora, CO;

² Women's Mental Health Associates, Denver, CO

Purpose/Aim: Sexual health (SH) concerns are common among breast cancer (BC) patients and can significantly affect quality of life. Although many of these symptoms are treatable, they are frequently overlooked in standard oncology care. To improve access to specialized support, a dedicated sexual health clinic (SHC) was embedded within a breast clinic at a comprehensive cancer center in March 2024. This study evaluates the SHC's first year, focusing on clinic utilization, patient characteristics, and early outcomes. Summary of the Project: The SHC was staffed by an experienced Nurse Practitioner and offered counseling, treatment, and referrals for a range of SH issues in a convenient, integrated setting. We conducted a retrospective review of clinic data collected from March 2024 through February 2025. Patient-level data included demographics, BC history, referral source, and reported SH concerns. Sexual health services addressed symptoms such as vaginal dryness, dyspareunia, and low libido. A subset of patients also completed patient-reported outcome (PRO) measures, which are currently under analysis to further characterize symptom burden and outcomes. **Outcomes:** Over the 12-month period, 54 SH appointments were completed by 37 patients (mean age 54 ± 10 years), with 27% returning for follow-ups. Most referrals came from providers (78.4%), though 21.6% were self-initiated. The most frequently reported concerns were vaginal dryness (67.6%), dyspareunia (62.2%), and low libido (40.5%). Appointment demand was high, with over 90% of available SHC slots filled and an attendance

rate of 90.7%. Barriers included limited awareness during clinic rollout and breast center scheduling constraints, particularly for follow-up visits.

Implications for Women's Health: Embedding SH services within a breast cancer clinic is a feasible and effective strategy to address an often-neglected aspect of survivorship care. High utilization and patient engagement suggest substantial unmet need for SH support among BC and high-risk patients. Integrating SH care into routine oncology settings may reduce stigma, improve access, and promote sexual well-being. Further promotion and expanded capacity will be essential to meet demand and ensure equitable care access. Ongoing analysis of PROs will inform efforts to tailor and scale SH services to better support women's health needs across the cancer care continuum.

17: Women's Interventions for Sexual Health (Wish): A Pilot RCT of Multi-Component Intervention to Improve Sexual Function in Breast Cancer Survivors

Noël M. Arring, DNP, PhD, RN¹, Carolyn Lafferty, PhD¹, Jeanne Carter, PhD², Deborah Marshall, MD³, Jennifer Barsky Reese, PhD, FSBM⁴

¹ College of Nursing, University of Tennessee; ² Gynecology Service, Department of Surgery, Department of Psychiatry, Memorial Sloan Kettering Cancer Center; ³ Department of Radiation Oncology, Department of Population Health Science and Policy, Icahn School of Medicine at Mount Sinai; ⁴ Cancer Prevention and Control Program, Fox Chase Cancer Center, Philadelphia, Pennsylvania, USA; Department of Social and Behavioral Sciences; Temple University College of Public Health

Purpose: This pilot evaluated the feasibility and preliminary outcomes of a novel, self-administered intervention designed to address genitourinary syndrome of menopause (GSM), diminished sexual desire, and negative body image in female breast cancer survivors. The intervention combined a vaginal moisturizer with hypnotic relaxation techniques, aiming to provide a low-cost, accessible, and scalable solution to persistent survivorship challenges.

Methods: This two-arm repeat measure randomized controlled trial included 30 participants who were assigned to either vaginal moisturizer plus hypnotic

Abstracts

relaxation (HRI) or vaginal moisturizer-only (VMO). All participants used vaginal moisturizer daily for the first two weeks, then every other day for the remaining six weeks. The HRI group additionally practiced self-administered hypnotic relaxation three times per week during weeks 3–8. Eligibility criteria included experiencing at least one of the following: vaginal/vulvar dryness, pain during sexual activity, reduced sexual desire, or negative changes in body image.

Results: Adherence was high across both groups (92% HRI, 90% VMO), and all 30 participants completed the study. Improvements were observed in both arms in sexual desire, body image, and GSM-related symptoms, including lubrication and pain. Small to moderate effects were found in the change scores favoring HRI group compared to the VMO group for interest ($d = .37$) and body image ($d = .42$). Across the full sample, large improvements were seen in lubrication ($d = 1.50$) and pain reduction ($d = .81$) with no significant differences between arms.

Conclusion: This pilot randomized trial demonstrated that both hypnotic relaxation and vaginal moisturizer interventions are feasible, well-tolerated, and promising interventions for female breast cancer survivors experiencing sexual health concerns. Findings suggest that hypnotic relaxation may offer added benefits for body image and sexual desire. These encouraging results warrant further investigation through a larger, rigorously powered study to establish efficacy and assess long-term impact.

18: Patient and Treatment-Related Factors Associated with Vaginal Stenosis in Breast Cancer Survivors

Olivia Mihulka, BS¹, Melissa Curran, BA¹, Tizeta Wolde MD, MPH¹, Arianna Vazquez, BS¹, Lia Jueng, MD¹, Claire Alcus, BA¹, Sam Greenseid, DO¹, Raksha Narasiman, BS¹, Chloe Shields, MD¹, Sanjana Kota, BS¹, Victoria Garcia, BS¹, Erin Kobiella, MD¹, Sanjana Satish, MD¹, Ananya Mellacheruvu, BS¹, Jessica Moore, MD¹, Kristin E. Rojas, MD¹

¹ University of Miami Miller School of Medicine, Miami, FL

Objectives: To identify patient- or treatment-related factors associated with vaginal stenosis after breast cancer

Methods: A retrospective cohort study included female cancer patients presenting to a sexual health after cancer program. Vaginal stenosis was defined as vaginal shortening to <6 cm, internal scarring, or adhesions. The Adapted Vulvovaginal Exam Score (AVES) characterized the extent of genitourinary (GU) disruptions. Descriptive analytics compared patient and clinical characteristics between those with and without vaginal stenosis at baseline visit. Sexual function and sexual distress were assessed using the Female Sexual Function Index (FSFI) and Female Sexual Distress Scale (FSDS), respectively. Univariate analyses identified factors associated with stenosis.

Results: Of 528 survivors seen between 2020–2025, 286 had breast cancer, and 243 underwent GU examination. 94(39%) had vaginal stenosis. Median age was 51 (range 26–78); 75 (31%) were menopausal at the time of cancer diagnosis; and median BMI was 25 (range 17–45). 164 (68%) received chemotherapy, and 213 (87.7%) endocrine therapy. Median baseline total FSFI score was 12.9 (range 1.2–30). Among FSDS responders ($n=94$), the median FSDS score was 32 (range 0–52). Analyzed between groups, patients with stenosis had more abnormal GU exams as defined by the AVES (11 vs 5; $p < .001$). Hispanic ethnicity (OR 1.84, 95% CI 1.07–3.19, $p=0.028$), later age at diagnosis (OR 1.039 per year, 95% CI 1.011–1.068, $p=0.007$) and menopausal at first program visit (OR 1.91, 95% CI 1.12–3.26, $p=0.017$) were associated with vaginal stenosis. Baseline FSFI and FSDS scores were similar between groups (14.5 vs 10.2, $p=0.131$, 30.5 vs 32.5, $p=0.068$). Endocrine therapy type did not appear to be associated with vaginal stenosis in this early analysis. Multivariate analyses are ongoing, and the final analysis will compare outcomes between non-hormonal and hormonal treatment regimens and dilator use.

Conclusions: Both demographic and clinical factors-

Abstracts

including age, menopausal status, and ethnicity appear to influence risk of vaginal stenosis, which is underreported and undertreated. These findings highlight the importance of early screening and intervention in survivorship care to address genitourinary changes impacting quality of life.

19: Improving Sexual and Reproductive Health Communication Between AYA Patients and Oncology Clinicians: Development of Patient Information Sheets

Rachel Perry, BS¹, Sharon Bober, PhD², David R. Freyer, DO, MS³, Natalija Marosz, MA¹, Mary-Kate Nowobilski, BA¹, Gwendolyn P. Quinn, PhD⁴, Natasha N. Frederick, MD, MPH⁵

¹ Connecticut Children's, Hartford, CT; ² Harvard Medical School, Boston, MA; ³ Keck School of Medicine, University of Southern California, Los Angeles, CA; ⁴ Grossman School of Medicine, New York University, New York, NY; ⁵ University of Connecticut School of Medicine, Farmington, CT

Objectives: Adolescent and Young Adult (AYA) cancer patients report significant unmet needs for sexual and reproductive health (SRH) education and support. Prior research identified key modifiable barriers to SRH communication, including lack of time, insufficient patient-directed educational resources, and hesitancy to initiate conversations. As part of a larger research effort to develop an AYA patient-clinician SRH communication intervention (ReSPECT) to address these barriers, this work details the development of patient-centered SRH education materials.

Methods: Initial drafts of patient information sheets about SRH topics were developed based on literature review of AYA and clinician-reported education needs and expert consensus from members of the Children's Oncology Group Sexual Health Task Force. Topics included Contraception, Dating and Relationships, Fertility (Ovaries), Fertility (Testes), Physical Changes and Body Image, Puberty and Development, Safe Sex Practices, and Sexual Dysfunction. AYA oncology patients and early survivors ages 15-25 were recruited during

outpatient clinic appointments at Connecticut Children's and Children's Hospital Los Angeles to review 3 information sheets and provide qualitative feedback in a semi-structured interview. Materials were revised through an iterative process, guided by AYA feedback addressing components of learner verification, including comprehension, attraction/appearance, self-efficacy, cultural acceptability, and persuasion. Emergent themes were used to inform modifications after each block of 3-4 interviews until thematic saturation was achieved.

Results: Twenty-three AYAs (9 on active treatment, 14 in early survivorship) participated in 28 total interviews, with 7-11 interviews completed per topic. Participants overall reported that the resources were informative, visually appealing, and increased feelings of self-efficacy concerning SRH communication. Salient themes for improvement included adding examples of questions patients may ask their oncology team, placing visual emphasis on AYA-identified key information, and defining unfamiliar terms. 100% of participants expressed that the materials would be beneficial to other AYAs with cancer and enhanced their understanding of SRH topics.

Conclusion: Based on AYA patient and survivor feedback, the SRH information sheets are ready for integration into the ReSPECT platform. Preliminary findings underscore both the need for and potential impact of this novel intervention. Next steps in development will include pre-testing by cognitive debriefing of a ReSPECT prototype with AYAs and clinicians.

20: The Unbridged Gap in Sexual Health Counseling: A Global Oncology Trainee Perspective

Malak Alharbi, MBBS¹, Kriti Ahuja, MD¹, Zunairah Shah, MD¹, Julie Mussel, NP¹, Helen Cappuccino, MD, FACS¹, Shipra Gandhi, MD, MSC², Atlal AbuSanad, MBBS³, Varsha Gupta, MD¹, Laila S. Agrawal, MD⁴, Arya M. Roy, MD⁵

¹ Roswell Park Comprehensive Cancer Center, Buffalo, NY; ² Emory Winship Cancer Institute, Atlanta, GA; ³ King Abdulaziz University, Jeddah, Saudi Arabia; ⁴ Norton Cancer Institute, Louisville, KY; ⁵ The Ohio State University Comprehensive Cancer Center, Columbus, OH

Abstracts

Background: Clinical guidelines recommend addressing sexual health (SH) as part of oncology care, yet only 20-29% of patients with breast cancer (BC) report receiving SH counseling. SH is largely omitted from formal medical training. This study explored the knowledge, attitudes, and barriers to SH counseling among oncology trainees working in breast oncology settings globally. Methods A cross-sectional study using anonymous self-administered surveys distributed via social media platforms. The survey collected demographics, self-reported SH knowledge, practices, and perceived barriers. Data were analyzed using descriptive statistics.

Results: Among 46 oncology trainees, 52% were male, and 48% female, with 48% aged 31-35 years. Most were advanced trainees (PGY4-6) and 91% specialized in medical oncology. Respondents were trained in the US(70%), Middle East(17%), Europe(9%), and Asia(4%). A majority (89%) reported limited knowledge of SH dysfunction during cancer treatment. Table 1 presents self-reported confidence in managing SH. SH was infrequently assessed; 48% reported they rarely addressed it, and only 26% indicated they usually/always did. 65% indicated that SH counseling is their responsibility. Biases were evident, 70% were more likely to discuss SH with younger patients (<50), and 52% with those with early-stage BC. When asked to select all appropriate times to address SH, 72% chose active/post-treatment, 43% at diagnosis, 41% during survivorship, and only 15% throughout care. 46% of trainees were moderately concerned about prescribing vaginal estrogen to patients with BC on endocrine therapy; 33% had prescribed vaginal estrogen, and 37% had prescribed erectile dysfunction medication. Overall, 94% reported insufficient SH training, with around 60% receiving no training to counsel females, males, or transgender patients. 81% supported individualizing SH discussions, 68% felt patients value them, 50% feared offending patients by initiating them. Awareness of institutional SH resources was low with many unsure of availability of pelvic floor therapy 50%,

sex therapy 59%, and behavioral therapy 50%. Table 2 shows perceived barriers. Finally, 83% supported more SH education, with seminars 83%, shadowing SH experts 50%, online courses 50%, and simulation-based training 26%.

Conclusion: Oncology trainees worldwide treating BC report inadequate training in SH, low confidence, and limited awareness of available resources. Formal education and social media engagement may help bridge this gap.

21: Trajectories of Sexual Well-Being Among Female Partners of Prostate Cancer Survivors: A Six-Month Longitudinal Analysis

Chiara Acquati, PhD, LMSW, FAOSW¹, Katherine Shoemaker, PhD², Sharon L. Bober, PhD³, Daniela A. Wittmann, PhD, MSW⁴

¹ University of Houston, Graduate College of Social Work, Houston, TX; ² University of Houston–Downtown, Department of Mathematics and Statistics, Houston, TX; ³ Dana-Farber Cancer Institute, Department of Psychosocial Oncology and Palliative Care; Harvard Medical School, Department of Psychiatry, Boston, MA; ⁴ University of Michigan Medical School, Department of Urology, Ann Arbor, MI

Objectives: Sexual well-being among female partners of prostate cancer (PCa) survivors is a critical yet often overlooked dimension of survivorship. Despite growing awareness of partners' psychosocial and relational burdens, little is known about their sexual health trajectories. This study examined longitudinal changes in sexual interest, satisfaction, and functioning among female partners over a 6-month period following their partners' localized PCa treatment.

Methods: Female partners (N = 80) completed assessments at baseline, 3 and 6 months. Measures included PROMIS Global Satisfaction with Sex Life, PROMIS Interest in Sex Life, and the Female Sexual Function Index (FSFI). Paired-sample t-tests evaluated within-person change. Proportions of individual-level improvement or decline and inter-domain correlations were also analyzed.

Results: Statistically significant declines were observed across all domains of sexual well-being. Sexual interest significantly declined ($t(51) =$

Abstracts

-3.00, $p = .004$, Cohen's $d = -0.42$), with 35% of participants reporting deterioration (baseline $M = 53.05$, $SD = 8.73$; 6-month $M = 50.60$, $SD = 6.88$). Sexual satisfaction also decreased ($t(41) = -3.94$, $p < .001$, $d = -0.61$), with 43% reporting worsening satisfaction (baseline $M = 58.65$, $SD = 8.40$; 6-month $M = 54.55$, $SD = 8.37$). The most pronounced change was in sexual functioning ($t(50) = -4.81$, $p < .001$, $d = -0.67$), with 41% of participants experiencing deterioration in this domain (baseline $M = 22.97$, $SD = 6.34$; 6-month $M = 19.11$, $SD = 8.96$). Correlational analyses revealed that these domains were highly interrelated at baseline (correlations ranging from $r = 0.64$ to 0.84), but these associations weakened by six months ($r = 0.55$ to 0.67).

Conclusions: Female partners of prostate cancer survivors experienced significant and multidimensional declines in sexual well-being over time. These findings underscore the importance of centering their experiences in survivorship care. Future research should continue to explore how female partners make meaning of these changes and how their needs evolve across the survivorship trajectory. Integrating routine sexual health assessments for partners and offering targeted, couple- and partner-specific interventions are critical steps toward comprehensive sexual health services in cancer care.

22: Let's Talk about Sex: Overview of Successful Recruitment Strategies for a Remote Psychoeducational Sexual Health Intervention for Young Women Breast Cancer Survivors

Pearman Parker, PhD, MPH, RN, PMH-BC¹, Traci A. Owen, BSN, RN, CSC, SE², Reid D. Landes, PhD¹, Tiffany Bogan, BS, CRS¹, Claudia Barone, DNP, EdD, APRN, CCNS, CTTS¹

¹ College of Nursing, University of Arkansas for Medical Sciences, Little Rock, AR; ² Intimate Pathways Center for Sexual Health, Tulsa, OK

Objectives: Young women (between ages 18 – 50) breast cancer survivors often face troubling sexual side effects resulting from cancer and cancer treatment. Decreased sexual functioning, disturbances in body image, and burdensome premature menopausal symptoms can be especially detrimental to young women's quality of life in survivorship. As a result, research interventions were created to specifically target young women's unique needs. However, recruitment for this population remains a challenge given time constraints from competing demands (i.e., childcare concerns, career schedules). We sought to determine an effective strategy to recruit young women breast cancer survivors for our remote, nurse-led sexual health psychoeducational intervention EMBRACE (Empowerment through Mind and Body Reclamation After Cancer Experience).

Methods: We used four recruitment methods: 1) posting to ten local and national Facebook groups; 2) speaking at one Facebook Live event; 3) sharing through word-of-mouth (i.e., personal referrals, rack cards at clinics); and 4) promoting on three local organizations' websites. Compelling, positive verbiage was used across all online platforms. Links to the study website with a contact information form for potential participants to be screened were included.

Results: Sixty-four young women breast cancer survivors expressed interest to be screened, and 24 (38%) learned about our study through Facebook groups, 17 (27%) through Facebook pages, 16 (25%)

Abstracts

by word-of-mouth, 4 (6%) using Google searches, and 3 (4%) did not disclose. Of the 64 women we screened, 53 returned a signed consent. Nine women later dropped out, three were identified as bots, and four were ineligible based on their geographic location which was outside of the scope of the interventionist's compact state licensure. Our final sample was N = 37.

Conclusions: Posting and sharing directly to established breast cancer survivorship Facebook groups were the most effective recruitment strategy. Including websites and links for interested women to submit their contact information to opt-in for screening were useful tactics within the Facebook groups. Traditional approaches like sharing study information through word-of-mouth does not have the same reach as online methods but remains an additional avenue for recruitment.

23: Development of a Sexual Health Clinic within an Existing Gynecologic Oncology Practice in the Community Setting: A Year in Review

Christina M. Wilson, PhD, WHNP-BC¹, Cecelia H. Boardman, MD¹

¹ Virginia Gynecologic Oncology, Sarah Cannon Cancer Institute at Henrico Doctors' Hospital

Objectives: Sexual health (SH) can be greatly affected by cancer and its treatment, and has significant implications for overall quality of life in patients. Studies indicate that up to 85% of gynecologic cancer patients can experience difficulty with SH, with other cancer sites (e.g., breast, colon) exhibiting high rates of sexual dysfunction as well. Research shows very few clinics offer SH services, and even fewer offer support to those with cancer. The objective was to develop an embedded SH clinic within an established gynecologic oncology practice and expand services within the community.

Description/Procedures: Upon joining the practice, the plan for integrating SH services for current patients was established. A list of current patients within the practice who could benefit was developed.

With support of our radiation oncologist, we developed a process for cervical cancer patients undergoing primary chemoradiotherapy to have consultations for dilation/SH. After successfully integrating services within our clinic, outreach has now begun to other local oncology practices. Clinical **Results:** A list of approximately 10 existing patients was developed prior to the provider starting. Additional patients were identified when SH concerns were brought to other clinicians within the practice, and they were subsequently scheduled with the provider. The primary disease sites of these patients included: cervical, endometrial, ovarian, vulvar. Additionally, colon and breast cancer patients, who remained in the practice after surgery for genetic predispositions to gynecologic cancer were referred. Three patients treated for cervical cancer with primary chemoradiation, were scheduled for consultations. Initial contact with external practices has been made over the last 12 weeks and 3 patients have been referred from 2 different local practices. Improvement in SH symptoms have been noted in the medical records and verbal expressions of improved quality of life have been mentioned by many patients.

Conclusions: While still in its infancy, our embedded SH clinic has shown documented medical improvement in patients. Future plans to assess SH symptoms at set intervals is in development. Strategies (eg., meetings, advertising) to increase access/awareness are scheduled. In addition to outreach, more comprehensive services are ongoing (eg., counseling, support groups) within our community cancer network.

Abstracts

24: Differences in Sexual Concerns and Function in Long- and Short-Term Gynecologic Cancer Survivors

Kristen A. Sorice, BA¹, Sharon Bober, PhD², Areej El-Jawahri, MD³, Sarah McIlhenny, BS¹, Asha Mir-Young, BA¹, Jennifer Barsky Reese, PhD¹

¹ Dana-Farber Cancer Institute, Boston, MA; ² Massachusetts General Hospital, Boston, MA; ³ Fox Chase Cancer Center, Philadelphia, PA

Objectives: Up to 87% of gynecologic cancer (GC) survivors experience sexual problems after treatment which persist over time. Comparisons of sexual outcomes between short- and long-term GC survivors can inform intervention development but are typically scarce. We examined sexual concerns, activity, and function in long-term and short-term GC survivors (i.e., diagnosed >5 vs. <5 years ago) participating in a patient-provider sexual health communication pilot study.

Methods: As part of a pilot randomized patient-provider sexual health communication intervention trial, 32 GC survivors (Mean age = 62.2; 75% White, 25% Black; 28% long-term survivors) completed baseline surveys asking about sexual health and other health measures. Patients with any stage (I-IV) GC treated within 10 years enrolled. Screening for sexual problems was not a criterion for entry. Measures included 2 standardized screeners for sexual and vaginal dryness problems (score ranges: 0-10), sexual function (FSFI), and sexual activity (PROMIS Sexual Activity Screener). Independent t-tests/Fisher's exact tests were used for comparisons on sexual outcomes and correlations were conducted on study variables.

Results: Compared to short-term survivors (N=23), long-term survivors (N=9) reported significantly worse sexual problems (M=6.33, SD=3.46 vs. M=2.87, SD=3.85, p= .026) and marginally worse vaginal dryness (M=5.22 vs. M=2.30, p= .053). For sexual function, long-term survivors reported worse lubrication (M=0.50, SD=1.06 vs. M=1.85, SD=2.31, p= .031) and pain (M=0.22, SD=0.67 vs. M=1.71, SD=2.15, p= .007) during sexual activity compared to short-term survivors. Total sexual function and

desire, arousal, orgasm, and satisfaction domain scores did not differ significantly (p's>.09). Sexual concerns severity was positively correlated with time since diagnosis (r= .44, p= .012); correlations between other sexual outcomes were not significant (p's>.06). Rates of sexual inactivity were high overall (59%) and in both long-term survivors (78%) and short-term survivors (52%, ns).

Conclusions: In this sample of GC survivors, long-term survivors reported more severe sexual concerns and worse physiological sexual dysfunction symptoms (i.e., pain/lubrication). Rates of sexual inactivity trended in the same direction but may have been limited by the small sample size. Findings suggest that increased clinical attention and interventions for long-term survivors regarding physiological problems may be warranted to help mitigate symptoms and improve survivors' sexual health outcomes.

25: Bridging the Gap: Developing Culturally and Linguistically Attuned Sexual Health Programming for Spanish-Speaking Latine Women with Cancer

Teresa Neira, PhD, MSW, LICSW¹, Sharon L. Bober, PhD¹

¹ Dana-Farber Cancer Institute and Harvard Medical School, Boston, MA

Objectives: To address disparities in access to sexual health support among Spanish-speaking Latine cancer survivors by developing and piloting a culturally responsive, trauma-informed workshop series that integrates psychosexual education with evidence-based therapeutic support.

Description/Procedures: "Bridging the Gap" is a grant-funded initiative at the Dana-Farber Cancer Institute aimed at expanding access to sexual health care for Latine cancer survivors by adapting existing evidence-based interventions to address cultural and linguistic barriers. Program development represents a multi-disciplinary collaboration between experts from psychology, social work, gynecology and oncology. In the first phase, the "Bridge the Gap" initiative focuses on translating and culturally

Abstracts

adapting evidence-based educational materials currently in use with English-speaking patients to ensure their relevance and resonance with Spanish-speaking Latine women. These materials will then undergo pre-testing with Latine survivors for further feedback and additional refinement. Materials will then form the foundation of a series of Spanish-language sexual health workshops designed for women across the cancer continuum— including those undergoing treatment, navigating survivorship, and receiving end-of-life care. The workshops will integrate psychoeducation, guided discussion, and cognitive behavioral therapy (CBT) strategies to explore key issues such as changes in body image, loss of intimacy, sexual dysfunction, and emotional well-being. Particular emphasis is placed on honoring cultural values, religious beliefs, and family roles that influence how sexual health is understood and experienced. Patients in need of additional support will be referred to individual sex therapy. Clinical

Results/Relevance: Initial preliminary feedback from Latine patients and providers has identified high interest in structured, language-concordant sexual health education and support. Formal outcome data will be gathered post-implementation. Bridging the Gap aims to reduce stigma, improve access to sexual health care education, and promote emotional and relational healing in a population historically underserved by mainstream oncology services. This model has the potential to be scaled across institutions serving diverse communities.

Conclusions: Bridging the Gap addresses an urgent and long-standing gap in oncology care by reimagining sexual health support for Latine women through a culturally attuned, group-based approach. Attending the Scientific Network conference is critical to informing final program design, ensuring clinical relevance, and aligning this initiative with current best practices.

26: A Pilot Study of an Educational Workshop for Oncology Staff to Increase Sexual Health Screening in Young Adult Breast Cancer Survivors

Tara Rick PhD, PA-C^{1,2}, Abby Girard PsyD, LMFT^{2,3}, Alique Topalian PhD, MPH⁴, Jane Hui MD, MS⁵, Rick Jansen PhD, MS^{2,6}, Anne Blaes MD, MS^{1,2}

¹ Department of Medicine, Division of Hematology/Oncology, University of Minnesota; ² University of Minnesota Masonic Cancer Center; ³ Eli Coleman Institute for Sexual and Gender Health, University of Minnesota; ⁴ Department of Family & Community Medicine, Division of Survivorship & Supportive Services, University of Cincinnati; ⁵ Department of Surgery, Division of Surgical Oncology, University of Minnesota; ⁶ Biostatistics Core, University of Minnesota

Background: Adolescent and young adult (AYA) breast cancer survivors frequently experience long-lasting sexual health concerns that negatively impact quality of life. Despite established guidelines from ASCO and NCCN, sexual health is infrequently addressed in oncology care. A lack of provider training remains a critical barrier.

Objective: This pilot study aimed to determine whether a brief educational workshop for breast cancer care providers improves sexual health screening rates among young adult breast cancer survivors. Additionally we assessed the workshop's acceptability, feasibility, and impact on provider confidence.

Methods: We conducted a mixed-methods pilot study at a university-based cancer center. The intervention included an evidence-based "30-second message" workshop developed by the All of Me program. Eligible participants were breast cancer survivors aged 18–40 (n=22) and breast cancer care team members (n=8; 4 advanced practice providers, 4 registered nurses). We assessed changes in patient sexual health screening rates before, directly after, and six months post intervention via chart review. Provider confidence, perceived importance of the topic, workshop feasibility, and acceptability were measured via surveys administered pre, post, and six months after the workshop.

Results: Pre-intervention, 45% of patients had documented sexual health screening. No increase was observed post-intervention. All eight medical

Abstracts

professionals completed the training; 88% completed the immediate post-workshop survey and 75% completed the six-month follow-up. Workshop participants reported high acceptability and perceived feasibility of the training. Confidence in discussing physical aspects of sexual health improved, but confidence in addressing emotional concerns (e.g., low libido) decreased. Participants identified gaps in training for managing positive screens and emotional concerns around sexual dysfunction. Descriptively, screening was observed more often among patients with ER-positive disease and those receiving endocrine therapy.

Conclusions: While the workshop was well-received and increased provider awareness and confidence in some domains, it did not increase overall screening rates in this small sample. Findings suggest that future interventions should incorporate further training in emotional aspects of sexual health and clinical management of sexual dysfunction. Integration of standardized screening tools and clinical decision support systems may help address persistent implementation barriers.

27: Sexual Health Screening in an Ambulatory Cancer Center: Identification of Patient Needs, Perceptions, and Intentions to Seek Support

Marloe Esch, DNP, RN, APNP, AGCNS-BC, OCN, CSC¹, Natalie McAndrew, PhD, RN, ACNS-BC, CCRN-K², Jayme Cotter, DNP, RN, ACNS-BC, AOCNS¹, Jutta Deininger, DNP, WHNP³

¹ Froedtert & the Medical College of Wisconsin; ² Division of Nursing Research, Department of Nursing, Mayo Clinic; ³ No affiliation

Background & Significance: Best practice guidelines endorse regular screening and assessment of sexual health in all survivors, yet sexual health is consistently identified as an unmet survivorship need. Sexual and intimacy problems after cancer contribute to psychological and relationship distress and negatively impact survivorship well-being and quality of life. At one Midwest academic medical center, no standardized sexual health screening process existed to identify oncology patients experiencing sexual

concerns. Lack of routine screening contributes to under-identifying patient needs and underutilizing available specialty services.

Purpose: This evidence-based quality improvement project aimed to determine the clinical utility and patients' perceived value of sexual health screening in an ambulatory oncology setting by piloting a self-report screening process. Interventions: Patients seen in six cancer clinics were invited to participate in a survey about sexual health screening. The survey included a sexual problems checklist screener and the InSYNC Questionnaire. It also provided instructions for self-referral to specialty services and evidence-based sexual health information. Limited patient characteristics, care-seeking behavior intentions, and information about the perceived value of the screening process were collected. Open-ended questions allowed patients to share additional thoughts about sexual health screening.

Results: There were 289 survey attempts, and participants had 12 different primary cancers. Only 18.0% of respondents reported that their sexual health had been previously assessed as part of their cancer care. The sexual problems checklist screener identified the greatest prevalence of positive screens (n=159, 55.0%) and was the most preferred tool. Respondents reported increased understanding of sexual problems after cancer (43.9%) and increased confidence to manage sexual concerns (27.7%) after completing the survey. Patients perceived screening as valuable and identified increased care-seeking behavior intentions, including accessing resources, bringing up a concern to their provider, and asking about specialty services.

Discussion: A high prevalence of sexual concerns was reported, and few respondents had been asked about their sexual health. Adopting a self-report screening process in oncology settings may improve identification of individuals who can benefit from specialty services and facilitate care-seeking behaviors. Nurses can use these tools to normalize sexuality, initiate conversations, and guide individualized care planning.

Abstracts

28: Patient and Provider Perceptions on the Benefit of a Sexual Health Retreat for Female-Identifying Cancer Survivors

Isabelle Ginavan, MPH¹

¹ University of Kansas Medical Center, Kansas City, KS

Objectives: There is overwhelming evidence showing that female-identifying individuals are at increased risk for experiencing sexual health difficulties after cancer treatment. Regardless of cancer type, many of these survivors face severe challenges to their sexual functioning, including vaginal dryness, pain with intercourse, difficulty reaching orgasm, and loss of sexual satisfaction. Additionally, data suggest healthcare providers are unequipped to discuss challenges of this nature with their patients. This paper discusses the development and perceived benefits of a one-day Sexual Health Retreat for female identifying cancer survivors.

Methods: This explanatory, mixed-methods study, aimed to capture perceptions around the benefit, acceptability, and sustainability of a bi-annual Sexual Health Retreat for mid-life female-identifying cancer survivors that took place in April 2024. Two mixed-methods surveys, both developed by the author, were administered immediately following the six-hour Retreat. One survey went to the survivors, while the other survey went to the oncology-related providers in attendance.

Results: A total of 40 participants were present for the Sexual Health Retreat and completed post-surveys immediately following the Retreats' conclusion. 30 identified as female cancer survivors, and 10 were female-identifying oncology-related healthcare providers from the host health system. The overwhelming majority of survivor participants cited they were very likely to incorporate what they learned at the Retreat into their everyday life. Additionally, all survivors reported increased comfortability with bringing up sexual health issues to their doctors after their attendance. Provider surveys followed similar patterns, with responses showing high likelihood of supporting Sexual Health

Retreats in the future and beliefs that the Retreat offered a safe place to discuss these topics.

Conclusions: One-day Sexual Health Retreats led by trained healthcare providers are an effective and acceptable form of education and information sharing for mid-life female-identifying cancer survivors. By encouraging resource sharing and making bodily education both feasible and relatable, attendees of our Sexual Health Retreats reported overwhelmingly positive outcomes in terms of increased knowledge on their bodies, as well as citing increased comfortability in discussing sexual health issues with their healthcare providers. The inclusion of Sexual Health Retreats should be a necessary component to all female-identifying cancer survivorship curriculum.

29: Sexual Health, Body Image and Fertility Among Young Women with Breast Cancer

Alanna Jamner, MPA, MSc, BA¹, Cassandra Chang, MA, BA¹, Grace Manolo, BS¹, Padmapriya Subramanian, BA¹, Nicolas Toumbacaris, MSPH¹, Mehnaj Ahmed, BS¹, Shari Goldfarb, MD¹

¹ Memorial Sloan Kettering Cancer Center

Intro: Young women with breast cancer often experience treatment-related changes such as alopecia, weight fluctuations, and premature menopause that adversely affect sexual function, body image, and fertility. To address these challenges, Memorial Sloan Kettering Cancer Center launched the Young Women with Breast Cancer Program (YWBCP), to improve QoL, sexual and reproductive health in women ≤ 45 .

Description/Procedures: From May 2023 to July 2025, newly diagnosed breast cancer patients ≤ 45 received the YWBCP Intake and 6-Month Surveys, patient-reported questionnaires assessing sexual health, body image and fertility before and during treatment. Surveys were administered via MSK Engage, with quantitative analysis conducted to evaluate needs.

Results: 1222/1678 (72.8%) completed the intake

Abstracts

survey and 404/746 (54.2%) the six-month survey. The mean age was 39 years for both cohorts (range=19–45). Concerning body image, 40% (n=476) felt very or quite a bit good about their bodies at intake, declining to 25% (n=127) at six months while on treatment. At intake, 39% (n=459) liked their bodies uniqueness compared to 23% (n=117) at follow-up. When asked whether they act as though they like their body (e.g., “hold my head up high and smile), 56% (n=664) responded “very much” or “quite a bit” at intake and 49% (n=496) at six-months. Regarding sexual wellbeing, 38% (n=445) of women at baseline were “very much” or “quite a bit” concerned cancer would affect intimacy. Satisfaction with current sexual activity decreased from 31% (n=364) at baseline to 22% (n=107) at six months. Strong interest in sexual activity was reported by 13% (n=154) at intake and 11% (n=55) at six months. Desire to engage in sexual activity was similar, reported at 13% (n=157) and 11%(n=55), respectively. Before treatment, 57% (n=688) had children and 19% (n=226) underwent fertility preservation. 54%(n=131) froze eggs and 36% (n=86) froze embryos. Most (91%, n=1097) understood treatment can cause infertility. 28%(n=229) requested fertility preservation-related information, while 17% (n=229) expressed interest in receiving it later.

Conclusion: YWBCP surveys helped inform the development of tailored interventions, including expert-led educational initiatives, to support patients’ sexual and reproductive health. During treatment body image and sexual satisfaction decline but we hope to see improvements over time with our interventions.

30: Sex After Cancer: A Systematic Review of Dilators and Pelvic Therapy in the Management of Sexual Issues following Cancer Treatment

Amanda Olson, PT, DPT, PRPC¹

¹ Amanda Olson DPT, LLC

Sequelae of cancer treatment on vulvar and vaginal health can include tissue changes as often seen in genitourinary syndrome of menopause (GSM) as well as changes in libido and body image. Atrophic vaginitis is a survivorship issue that affects nearly 70% of postmenopausal breast cancer survivors when compared to affecting 50% of postmenopausal women without breast cancer. Chemotherapy or endocrine therapy for eligible patients with BRCA mutation also contributes to effects on vaginal health. The impacts of these changes on quality of life, sexual function, and pain, are not routinely discussed in oncological settings, leaving some patients reporting emotional repercussions. Vaginal dilators in combination with pelvic health education and physiotherapy can impact the self-image, sense of sexuality, and sexual relationships among patients following cancer treatment.

31: Sexual Rehabilitation of breast cancer patients

Anna Ghizzani, MD¹

¹ State Medical School Siena, Italy

Objective: Women surviving breast cancer are likely to have sexual difficulties, because of the side effects of cancer medications and of the emotional distress of this frightening diagnosis. Medications reduce vaginal elasticity and lubrication. Distress is worsened by the lengthy and painful treatments and affects the patient’s partner, family, and close friends. The purpose of this paper is not to discuss emotions but to focus on sexual difficulties provoked by organic genital conditions. It describes a regimen that combines medications and behavioral sex therapy to lessen the pain at sexual penetration .

Description: Behavioral sex therapy has ways to treat the involuntary hypertonicity of the vaginal muscles. The penetration pain symptoms of cancer patients are similar to those of vaginismus and vulvo vaginal atrophy, and may benefit from a similar regimen associating medications and behavioral sex therapy interventions.

Procedure: Dilators - Behavioral sex therapy

Abstracts

works with dilators that are not use to dilate but to desensitize. They are small cilinders of increasing size that are inserted into the vaginal opening by the patient herself. The patient proceeds from one dilator to the next when her tissues have adjusted to the internal pressure. Sensate Focus - At the same time, the couple engage in the sensate focus exercises to rebuild physical intimacy. These are pleasurable, non demanding caresses that involve the whole body of both partners. Kegel - The Kegel exercises are rhythmic contractions of the pubococcygeal muscles that sorrounds the vaginal canal. They are prescribed daily to lessen the muscles hypertonicity and regain the ability to contract and release, which is crucial at penetration. Local medications - Local moisturizers are always used with dilators. In addition, daily applications of vaginal cream containing hyaluronic acid help restoring the vaginal mucosa. The use of estrogen cream is controversial and it is prescribed only with the oncologist permission.

Clinical results: Although this very scant cohort (< 10) of women younger than 50 yo did not return to complete normal functioning, therapy restored pleasurable physical intimacy and facilitate communication on sexual matters. At this moment, reaching orgasm remains a still distant goal.

32: Intimacy After Cancer: Case Study Result

Tiffany Yelverton¹

¹ Entice Me Soirees, Inc.

Intro: A stand-alone digital platform was created to support cancer survivors in re-establishing intimacy, sexual health, and body confidence following body-altering treatments and surgeries. Objectives: The case study program was a six-week virtual group coaching program, complemented by an individual coaching session that incorporated biopsychosocial means to improve mental health and quality of life in cancer survivors. Our objectives were to confirm with quantitative data that this platform is relevant for survivors and a critical offering to be provided by health systems.

Description/Procedures: The study served five initial participants, ages 41-59, who were between six months and seven years post-treatment for breast or anal cancer. They were all cis-female. Three participants were Caucasian, one Hispanic, and one African American. Three participants completed all modules within the initial time frame. Each completed and submitted a pre- and post- survey in order to gather the results. The participants graded themselves on a scale of 1-10 in a variety of sexual and mental health areas.

Results/Relevance: Quantitative results showed substantial improvements in both body image and intimacy: Body Image Improvement: Participants who began with body image scores below 5, reported final scores of 8-9. Those who initially rated their body image highly also demonstrated positive gains. Intimacy Improvement: All participants saw intimacy scores rise, with initial scores of 3-6 increasing to 7-10 by the course's end. Enhanced Communication and Satisfaction: 100% of participants reported improved communication with partners regarding intimacy and body confidence, with 75% of participants moving from no sexual activity to engaging 1-2 times per month, and others experiencing an increase to 3 times per week. Sexual satisfaction also improved across the group. Qualitative feedback supports the program's impact. Participants described a renewed appreciation for their bodies, a deeper sense of self-acceptance, and positive changes in relationships. Testimonial highlights include improved resilience, emotional connection, and self-confidence.

Conclusion: This study demonstrates the potential benefits of incorporating intimacy and body-image programs in cancer survivorship care, showing meaningful improvements in quality of life. These improvements could improve relationships, strengthen family dynamics and could also contribute to reduced medical and insurance costs over time.

11

TH

**CONFERENCE OF THE
SCIENTIFIC NETWORK
ON FEMALE SEXUAL
HEALTH & CANCER**

SPRING 2027 | DENVER AREA, CO



**STAY
TUNED...**





UNIVERSITY OF MINNESOTA'S ELI COLEMAN INSTITUTE FOR SEXUAL AND GENDER HEALTH



>>> **get to know us** <<<

ADVOCACY

Advocacy work is more important than ever. All our faculty are committed to ensuring their work informs policy and creates advocacy opportunity.

EDUCATION

Graduate education in sexual health with stackable grad certificates in sex education, sex therapy, and transgender health, all aligned with AASECT certification and offered entirely online taught by world-renowned faculty. We train future physicians through medical education and continuing education for healthcare providers. We also offer postdoctoral fellowships that are a unique combination of clinical care and research for people in the field seeking advanced training in sexual and gender health.

CLINICAL CARE

Our clinical care falls within sex and relationship therapy, compulsive sexual behavior treatment, and gender care services across the lifespan.

RESEARCH

Our research faculty have several lines of research spanning global health, HIV prevention, women's health research, sex education and pleasure, sexual function, sexual oncology, sexual trauma, implementation science, and much more. With active research faculty, we are regularly recruiting research postdoctoral fellows, graduate research assistants, and staff.

>>> med.umn.edu/sexualhealth <<<