

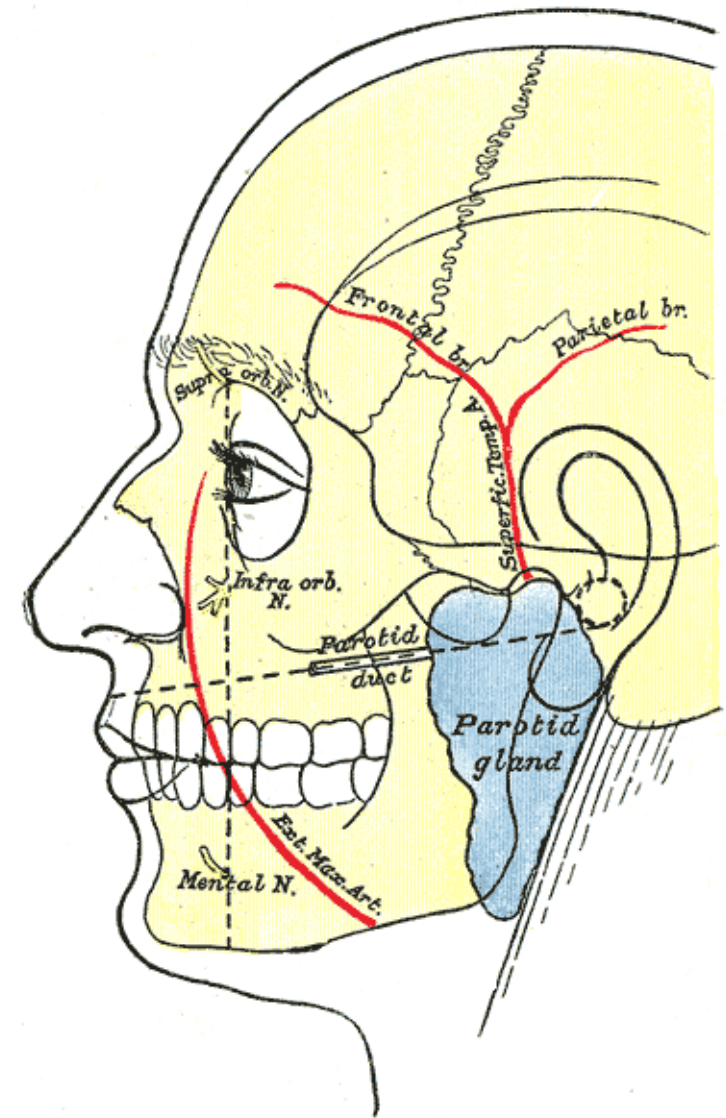
# Sexual functioning in patients treated for head and neck cancer

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# Head and Neck Tumors

- Larynx
- Oropharynx
- Hypopharynx
- Tonsilles
- Tongue
- Nasopharynx
- Lips
- Salivary glands
- Thyroid etc.



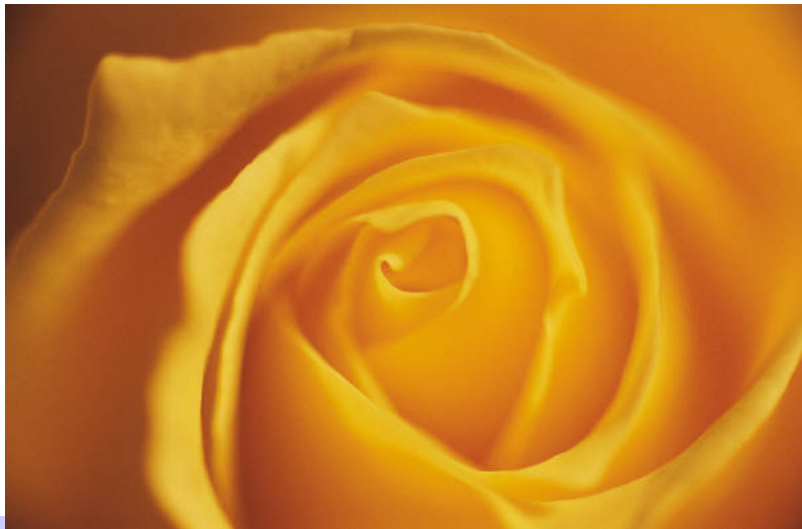
# Specific Problems

# Breathing





# Sense of Smell



ISSC Rotterdam, June 2010



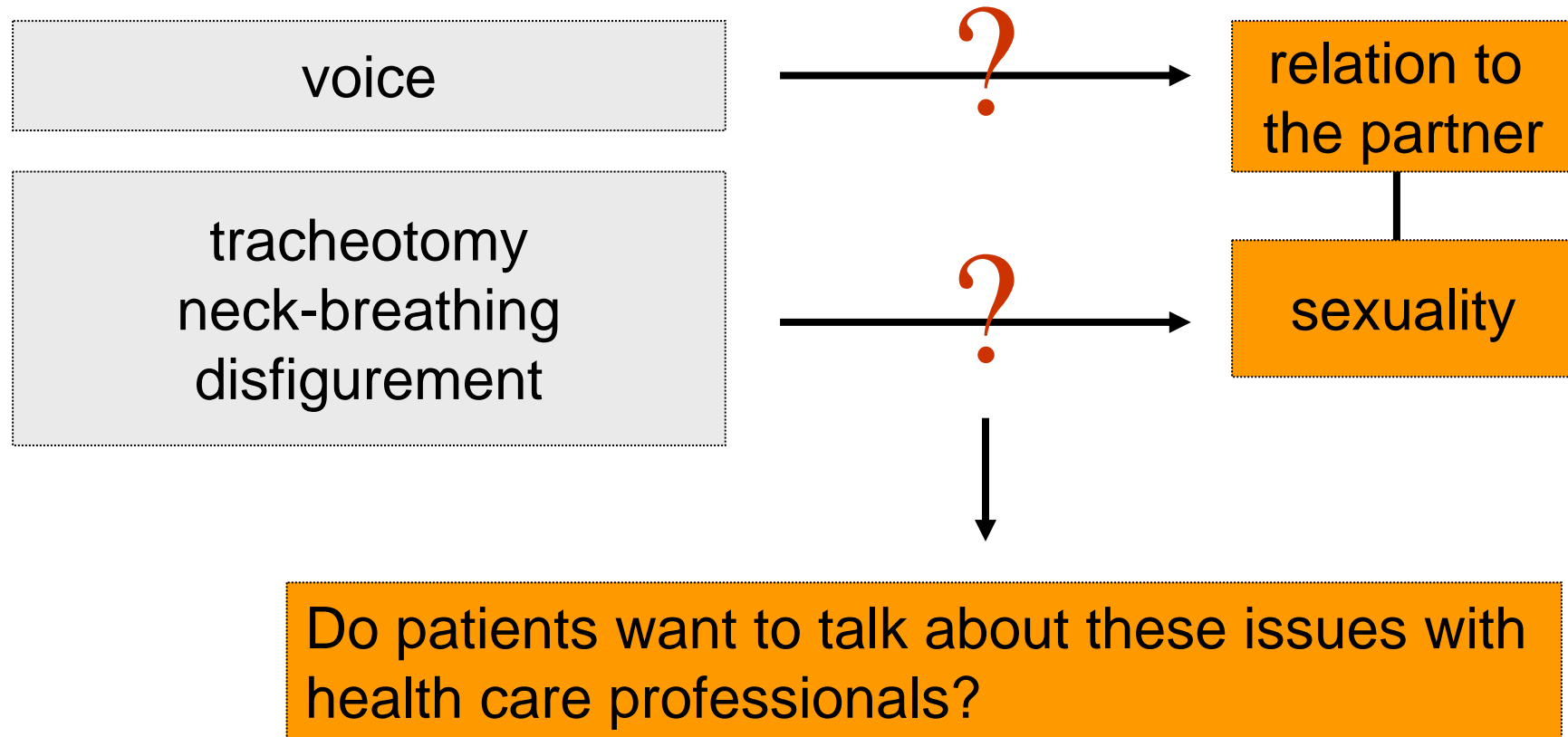
# Voice



# Disfigurement



# Questions





# Methods

1. Literature Review
2. Empirical Studies
  - a) cross-sectional, after LE
  - b) prospective cohort, after total LE
  - c) prospective cohort, after partial LE
  - d) prospective cohort, miscellaneous HN

# 1. Literature Review

# 1. Literature Review

Curtis and Zlotolow (1980, p27):

*“As with many cancers, oral and laryngeal cancer has a geriatric relationship with the average age at diagnosis approximately 60 years. Therefore, the impact of diagnosis, treatment, and rehabilitation occurs during a period of emotional adjustment to a diminished sexual drive”*

is this the case?

# 1. Literature Review

- Gardner (1966): n=260 total LE: 35% felt less attractive, 23% less feminine
  - Meyers (1980): n=48 total LE: 19% less attractive, 33% want to discuss sex. with doctor, only 1 did so
- papers are relatively old
- there are more papers about sexuality as a risk factor for head and neck cancer (HPV) than about impact of disease on patients' sexual life

more studies needed

## 2. Empirical Studies

# 1. Study



- cross-sectional
- multi-institutional
- face-to-face interviews



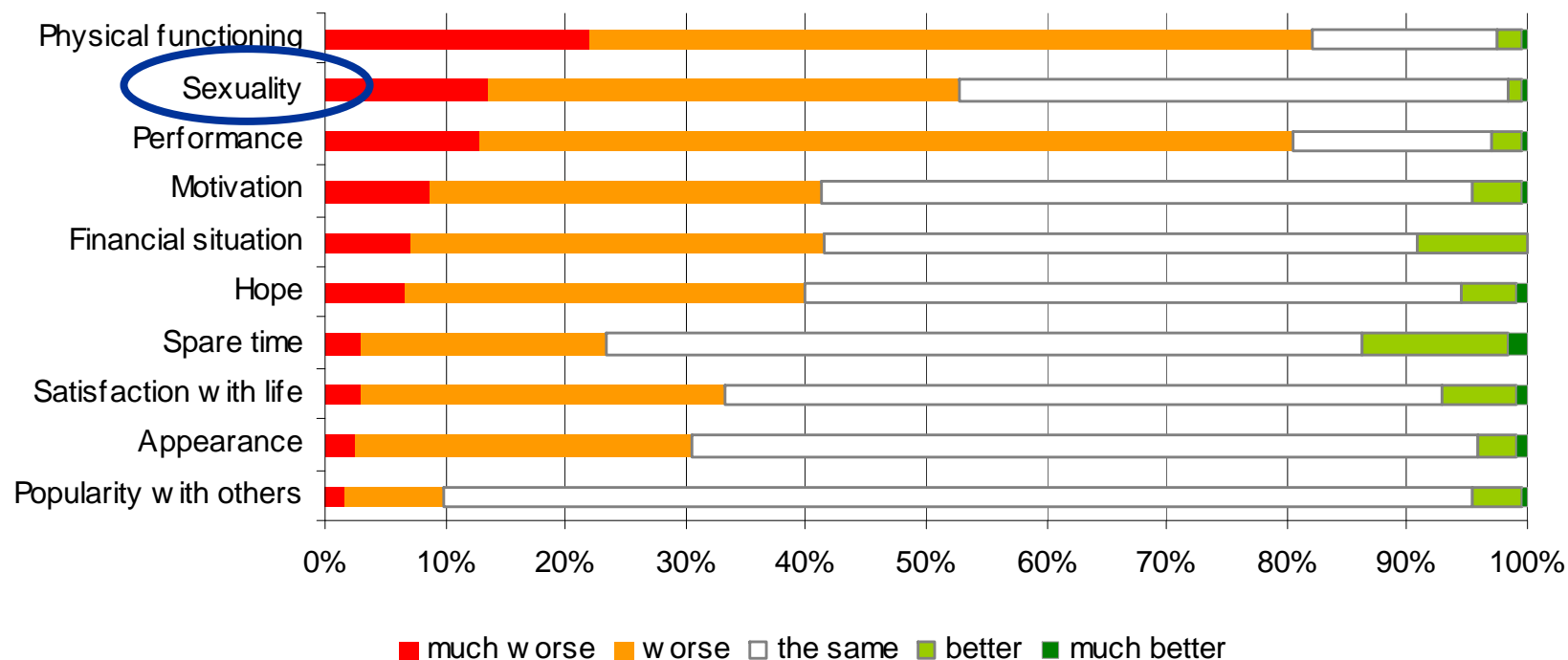
# Sample

- **n = 206**
- total laryngectomy: n = 88
- partial laryngectomy: n = 118
- tumor stages: I=76, II=40, III=37, IV=53
- male: 93%
- age: Ø 61 years (32-89 years)

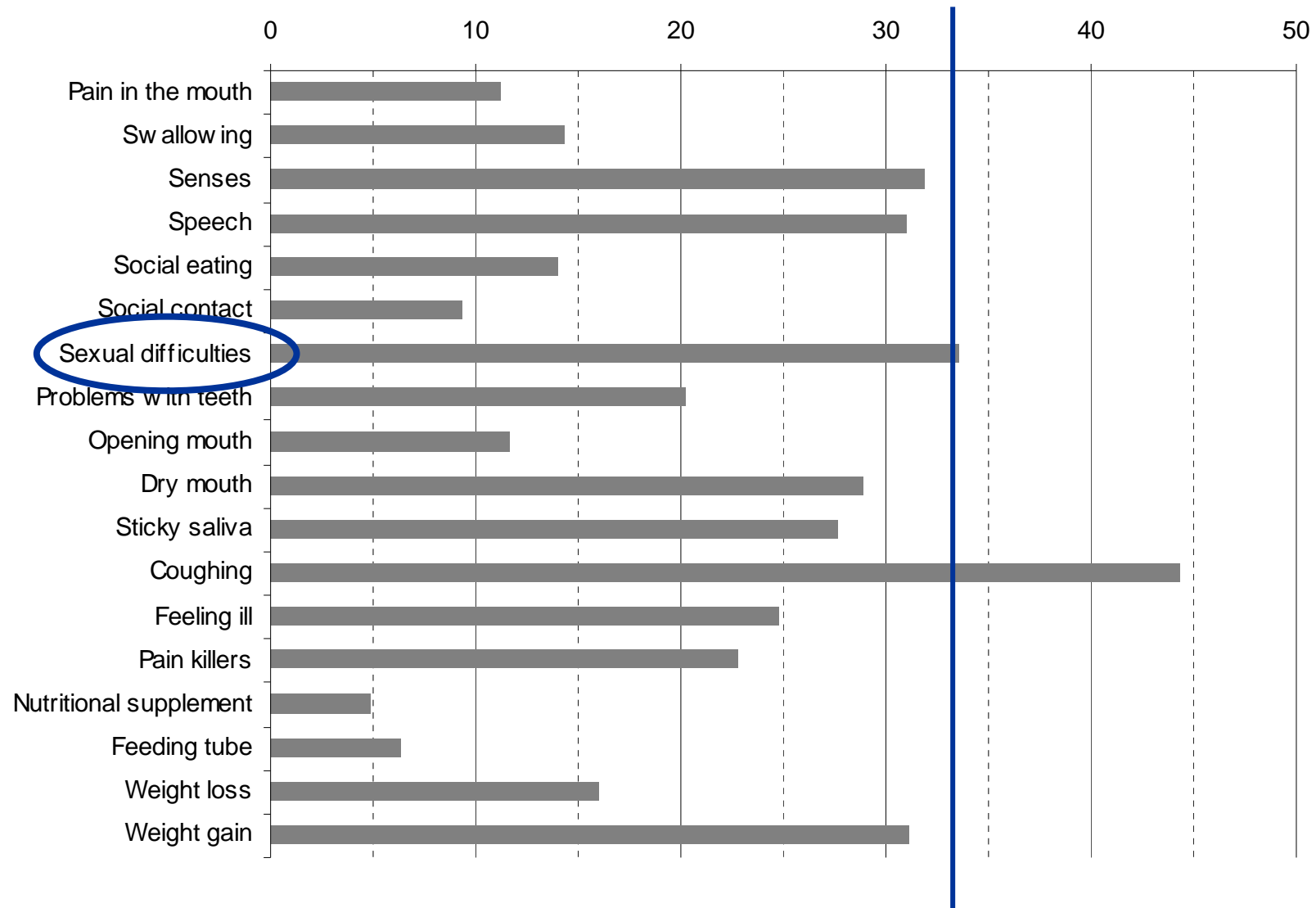
# Instruments

- Dyadic Adjustment Scale (DAS)
- EORTC QLQ-H&N35 (Subscale Sexuality)
- Hospital Anxiety and Depression Scale (HADS)
- Single Items:
  - How important is sexuality for you?
  - How has life changed?

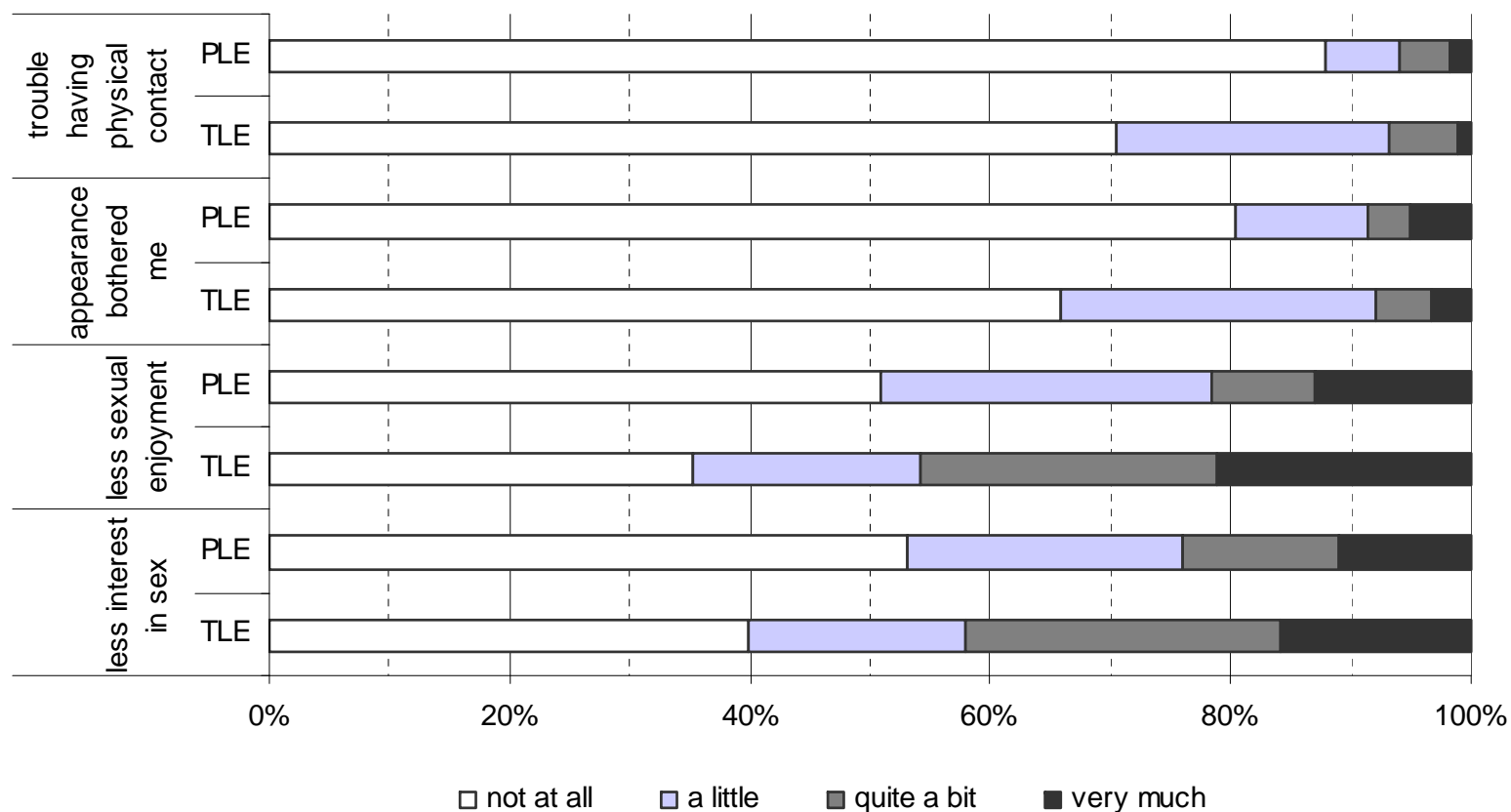
# How has life changed since LE?



# Sexuality and other quality of life domains



# Relevance of type of surgery



# Who has more sexual problems?

## no association:

- age
- partnership
- education
- time since diagnosis
- type of surgery
- radiotherapy
- systemic diseases
- alcohol / tobacco

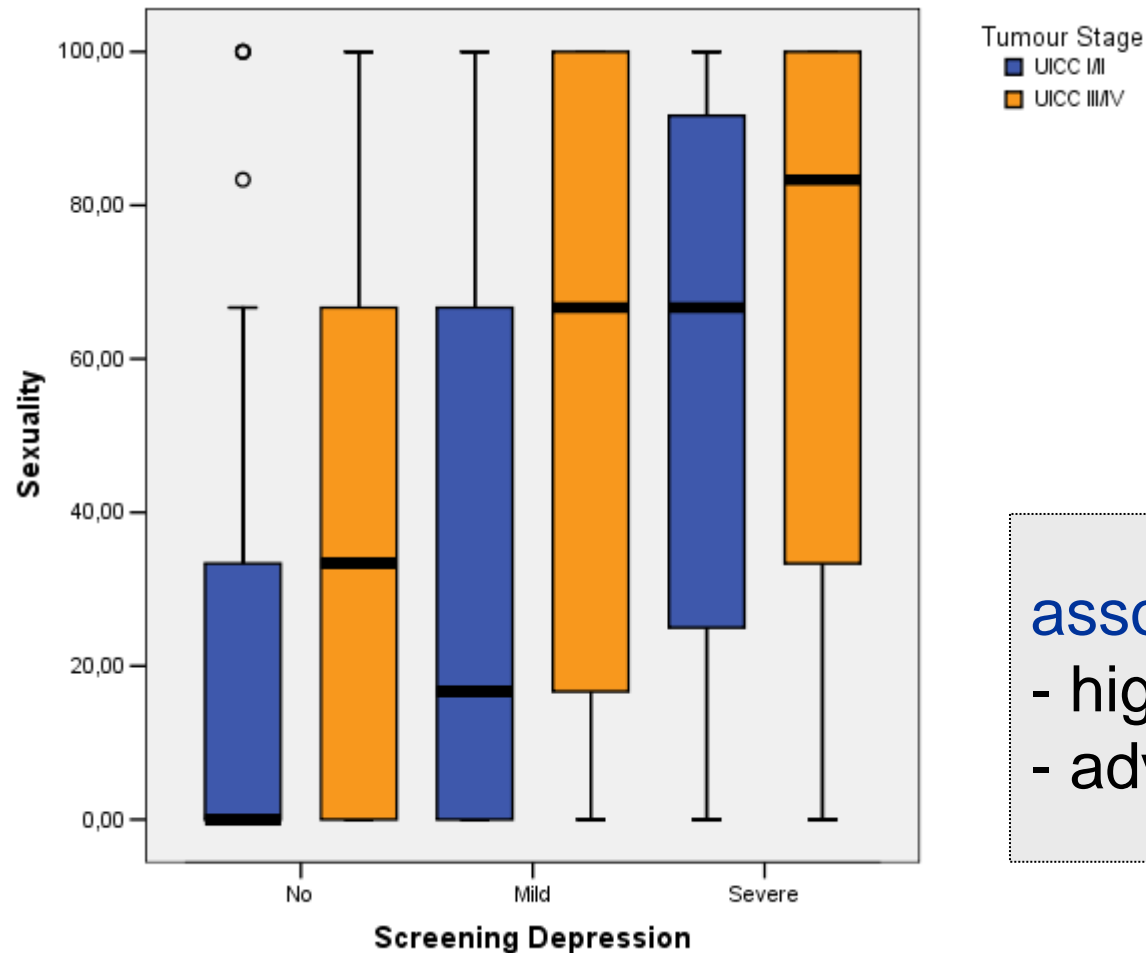
## association:

- high distress
- advanced tumors

Analysis of variance,  $R^2 = 0.22$



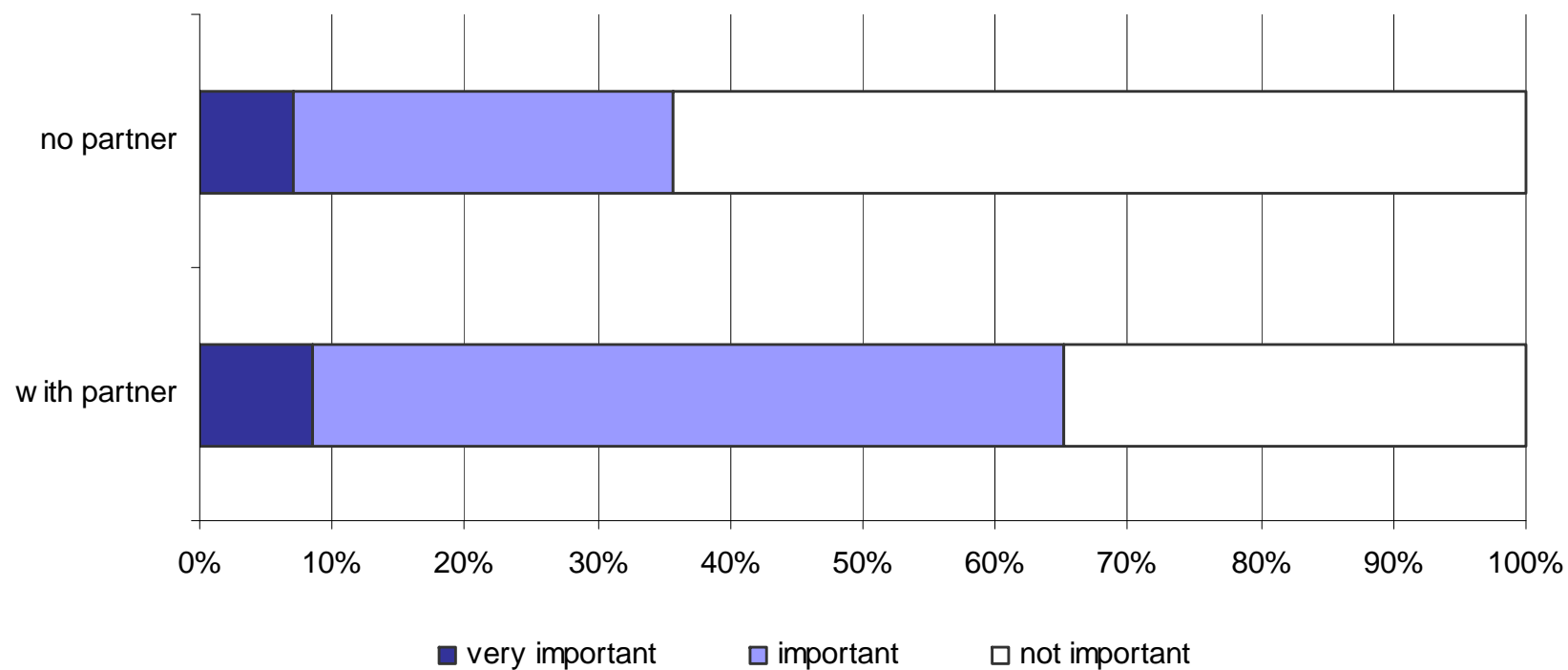
# Who has more sexual problems?



association:

- high distress
- advanced tumors

# How important is sexuality?

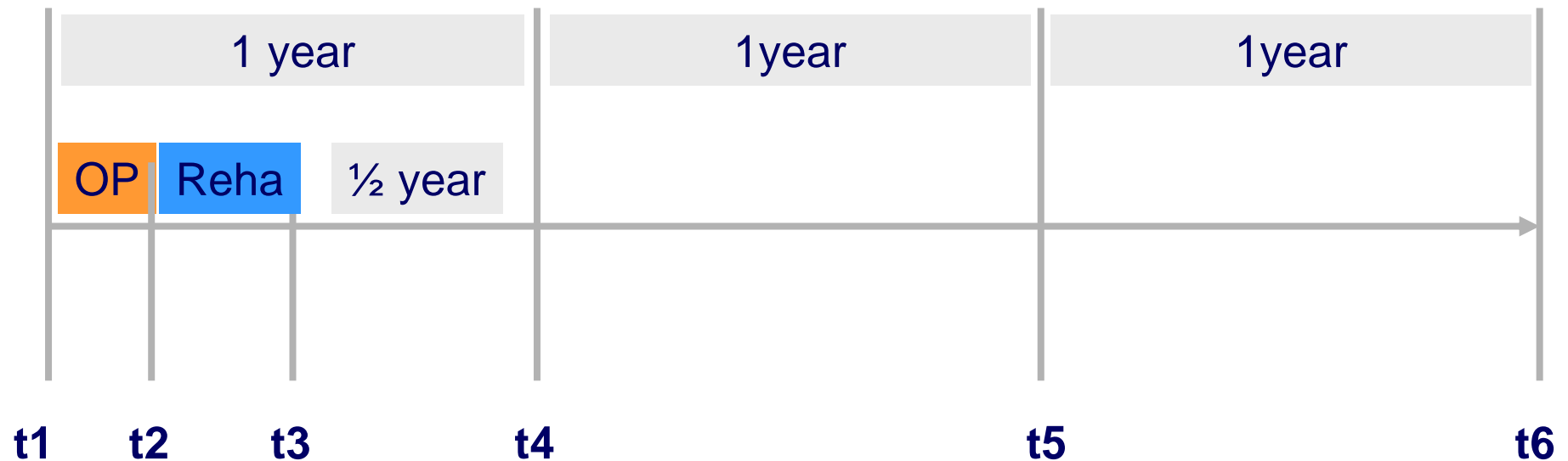


## 2. and 3. Study



- cohort
- more clinics
- face-to-face interviews

# Design Study 2 and Study 3

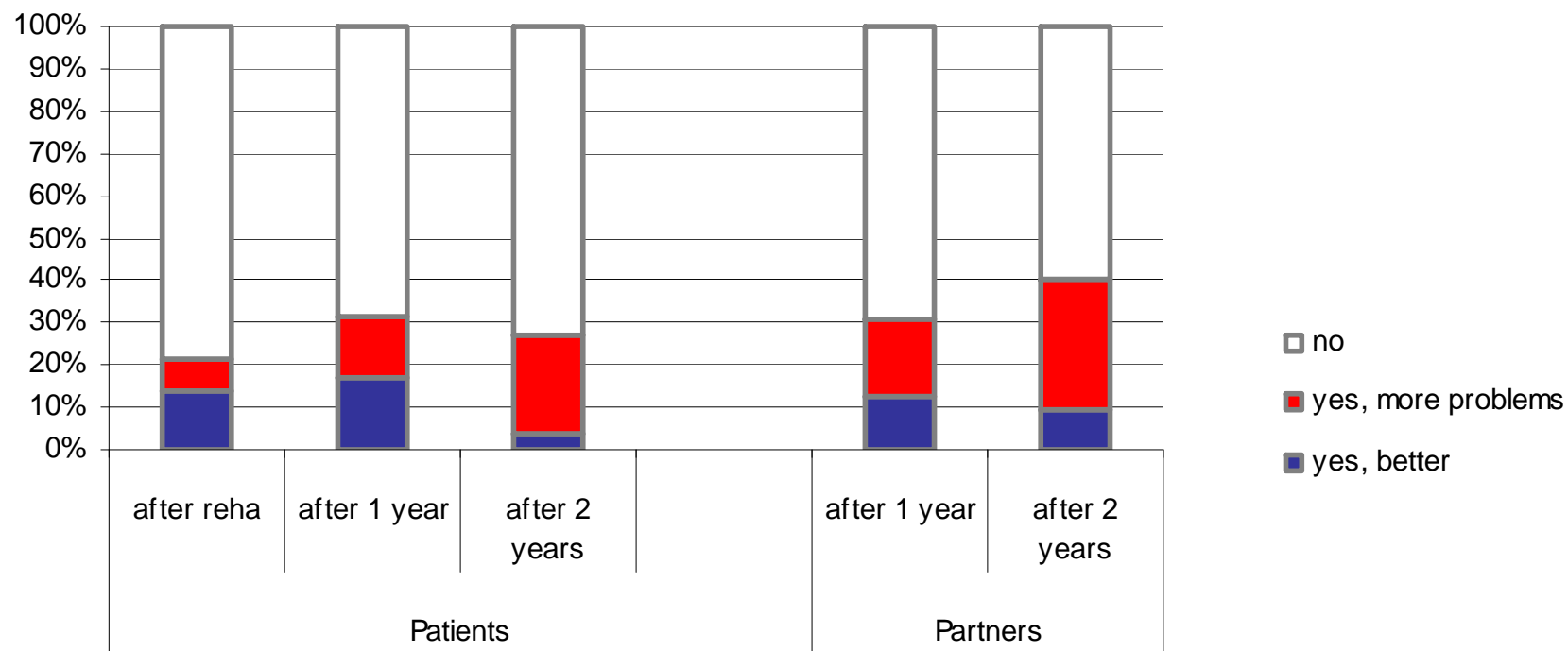


OP = total LE (Study 2); partial LE (Study 3)

# Sample Study 2

- total laryngectomy
- t2: n = 300
- t4: n = 224
- t4: n = 164 relatives
- male: 88%
- age: Ø 58 years (22-88 years)

# Relationship changed?

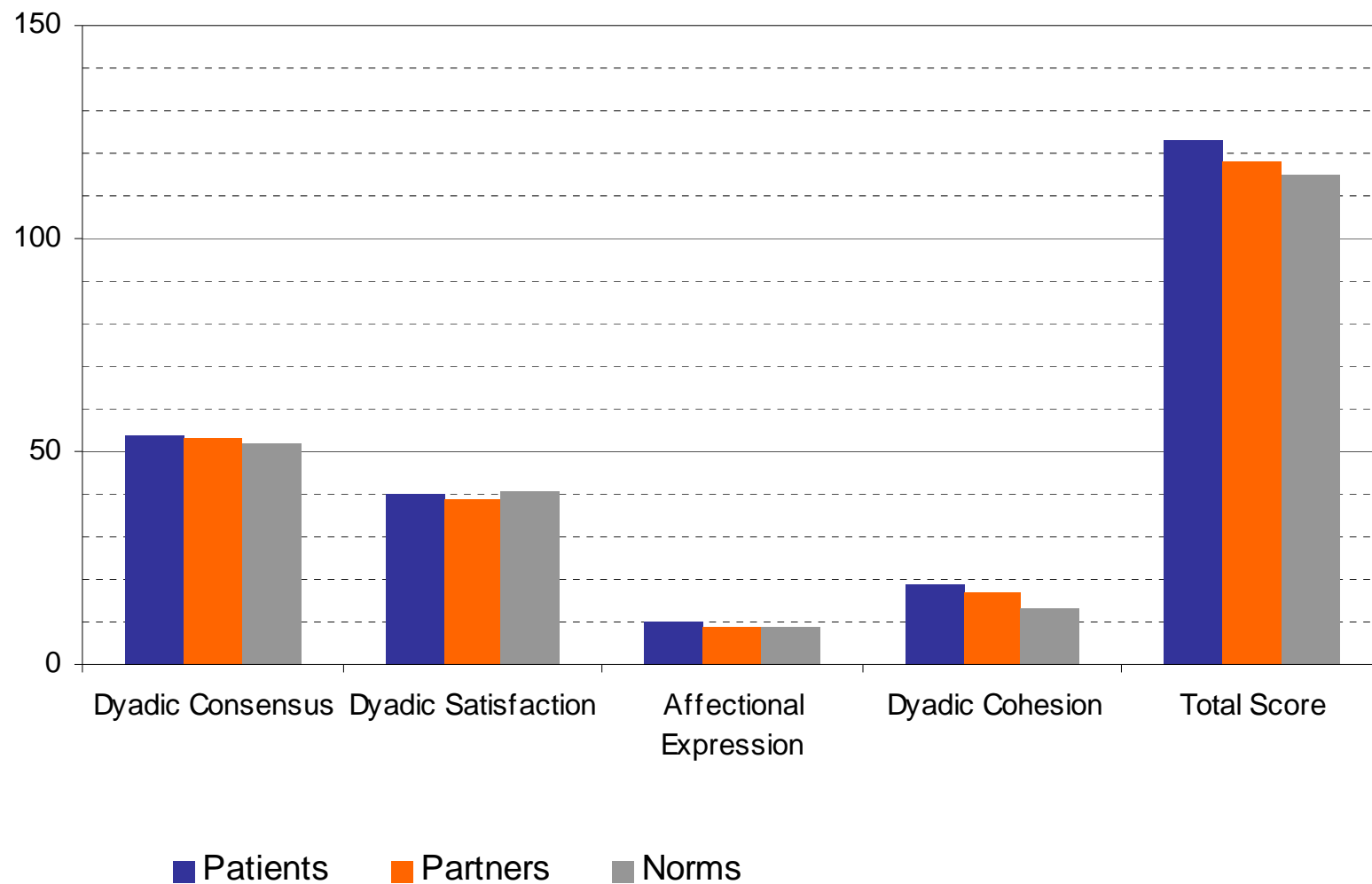




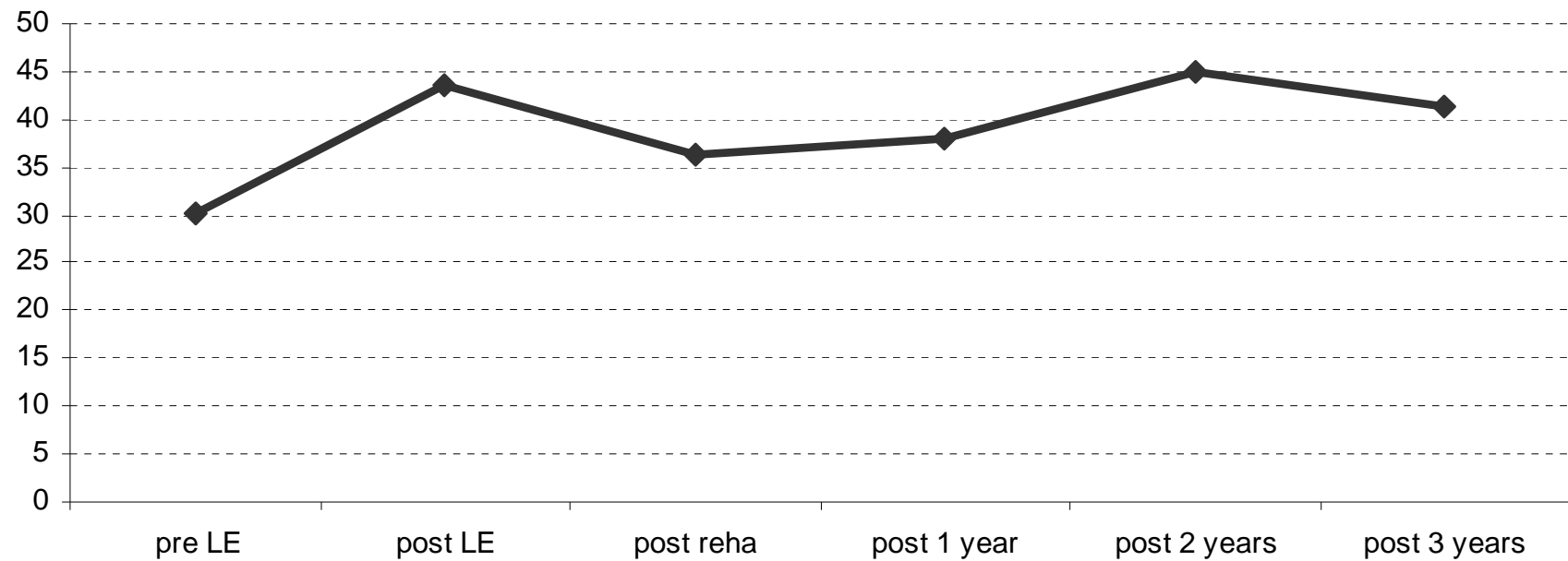
# Why has it changed?

- Improved:
  - “we feel closer to each other”
  - “the disease has tied us together”
  - “more understanding, quieter”
- Worsened:
  - “sex more problematic because of breath”
  - “he feels disgusted”
  - “no sex any more”
  - “no motivation to do something together”
  - “my partner does not understand me”
  - “sex less frequently, less tenderness”
  - “less libido”

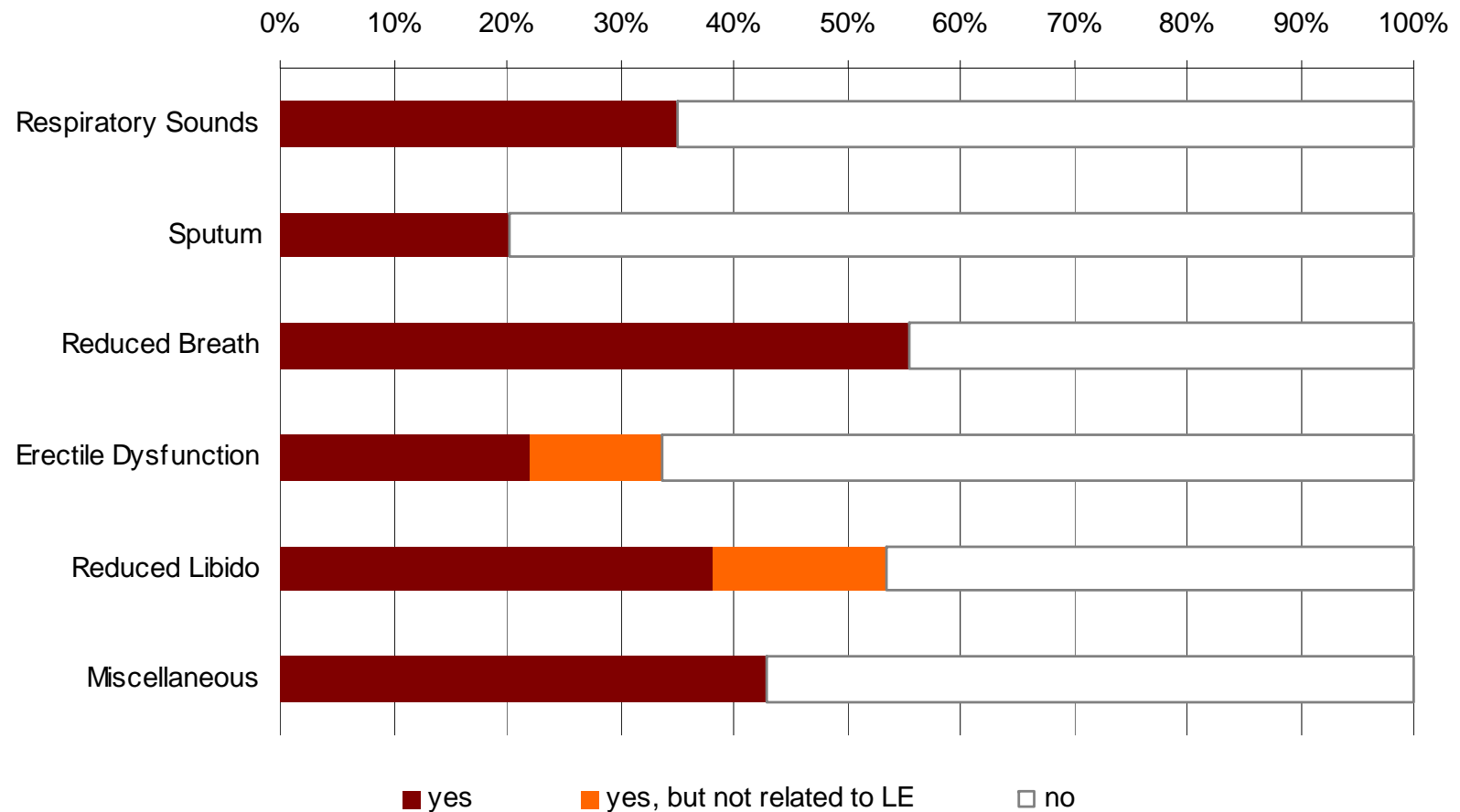
# Dyadic adjustment



# Sexual problems over time



# Sexual problems related to LE?

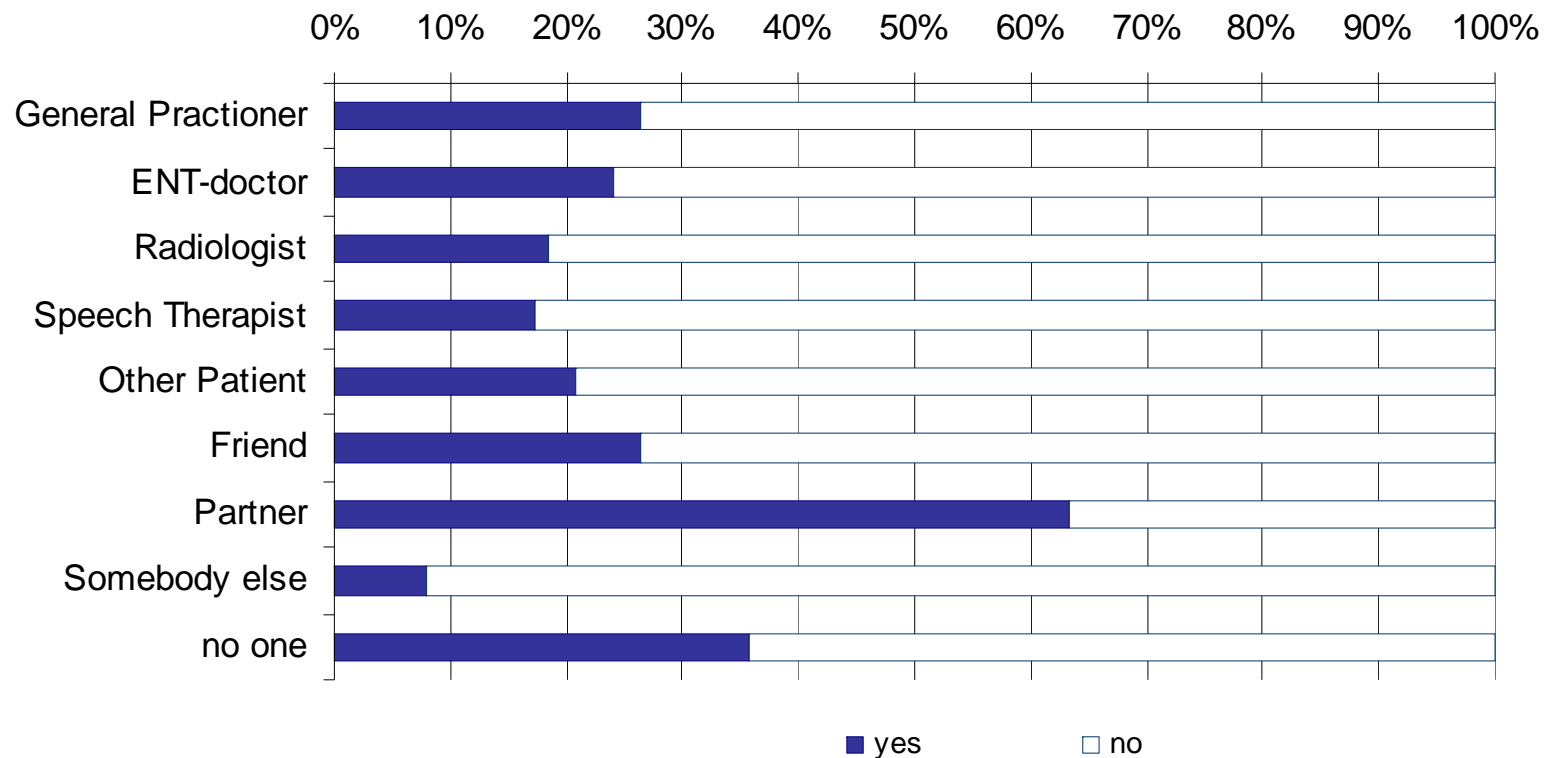


# Miscellaneous

- “worry to fail”
- “he does not want me”
- “I lose my desire because of stupid remarks”
- “I feel ugly, deformed”
- “pain in left shoulder”
- “he is so stubborn, you cannot talk to him”
- “impatience”

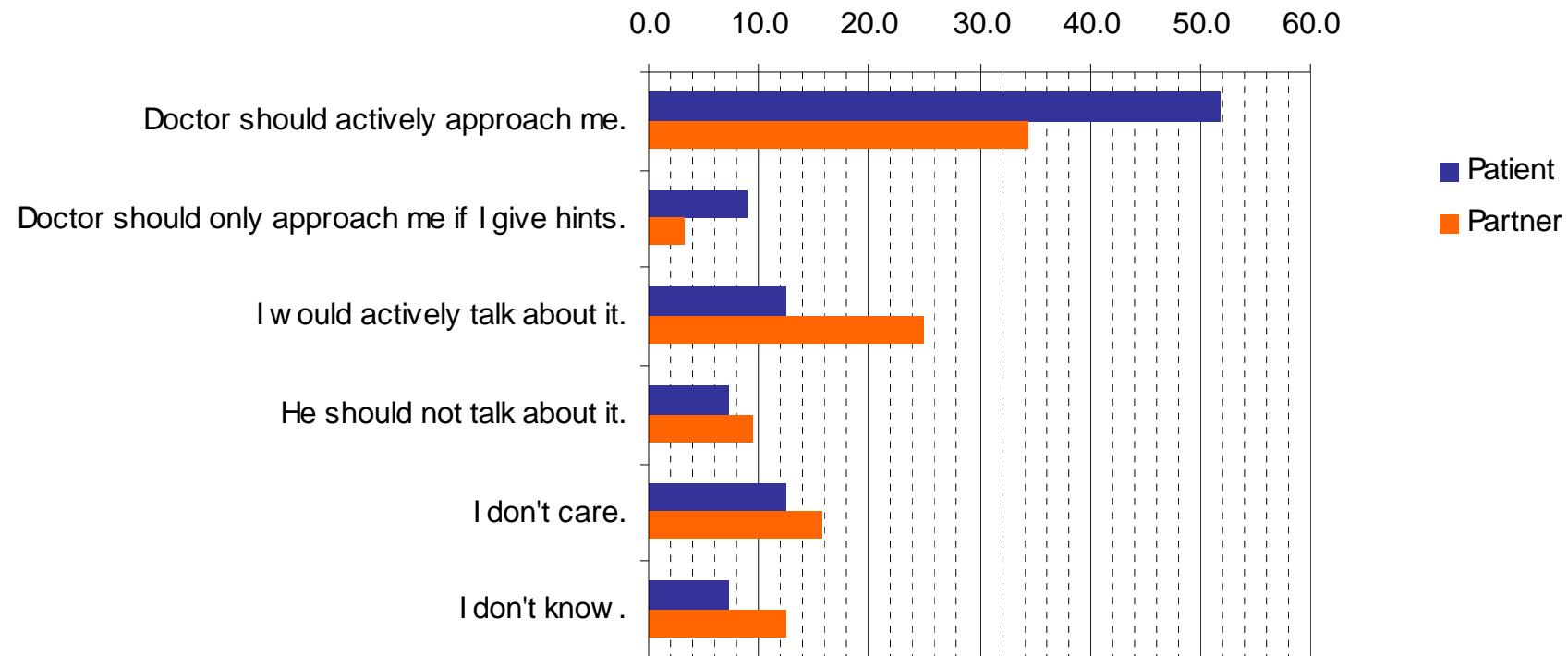
# Communication Needs

With whom would you like to speak about potential consequences of LE on your sexual life?



# Communication

How should a doctor speak with you about sexuality?

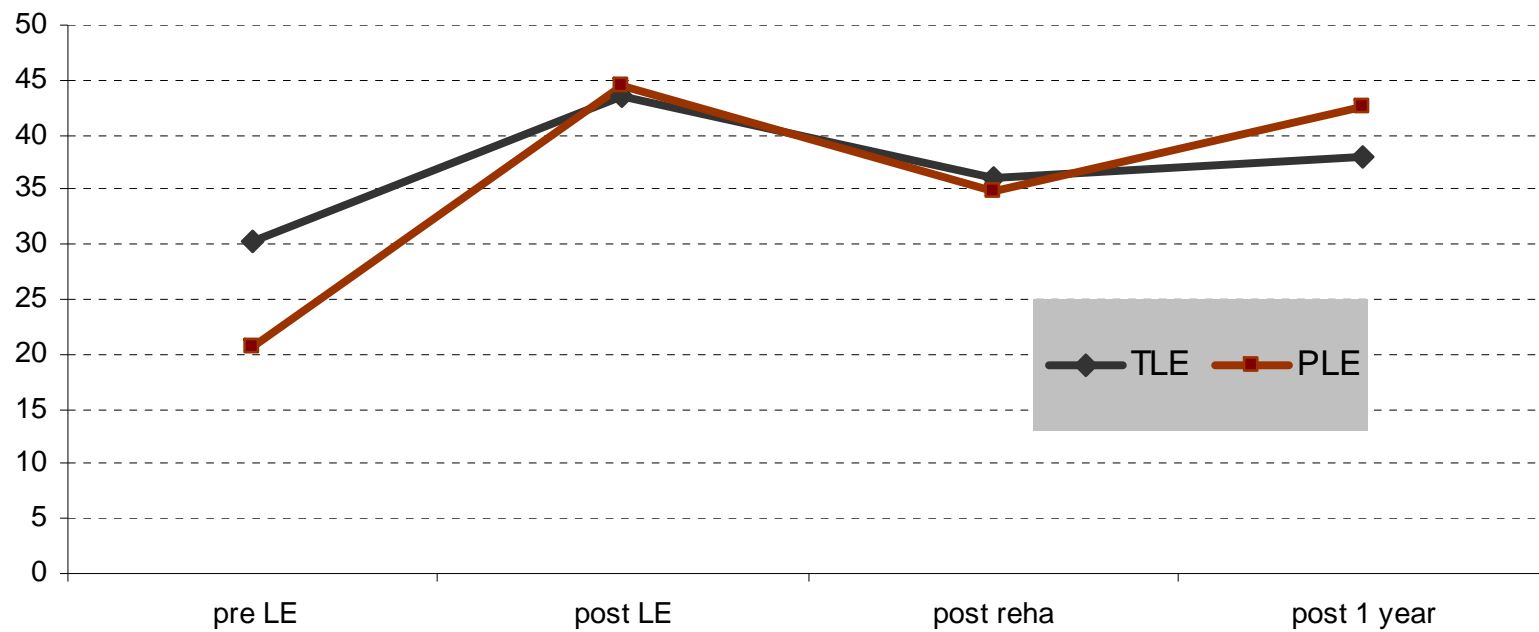


# Sample Study 3

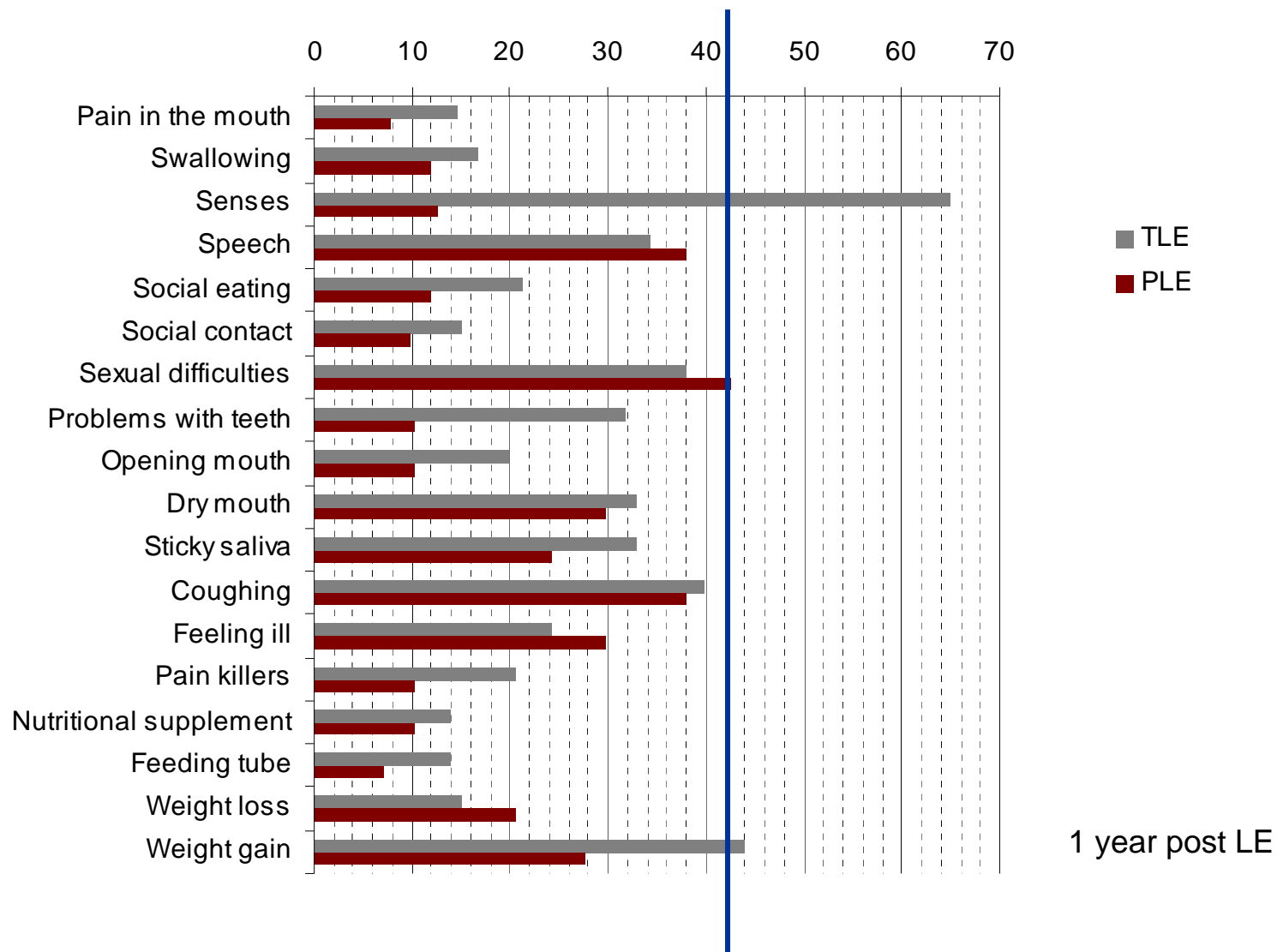
- partial laryngectomy
- t2: n = 109
- male: 93%
- age: Ø 64 years (41-86 years)



# Sexual problems over time



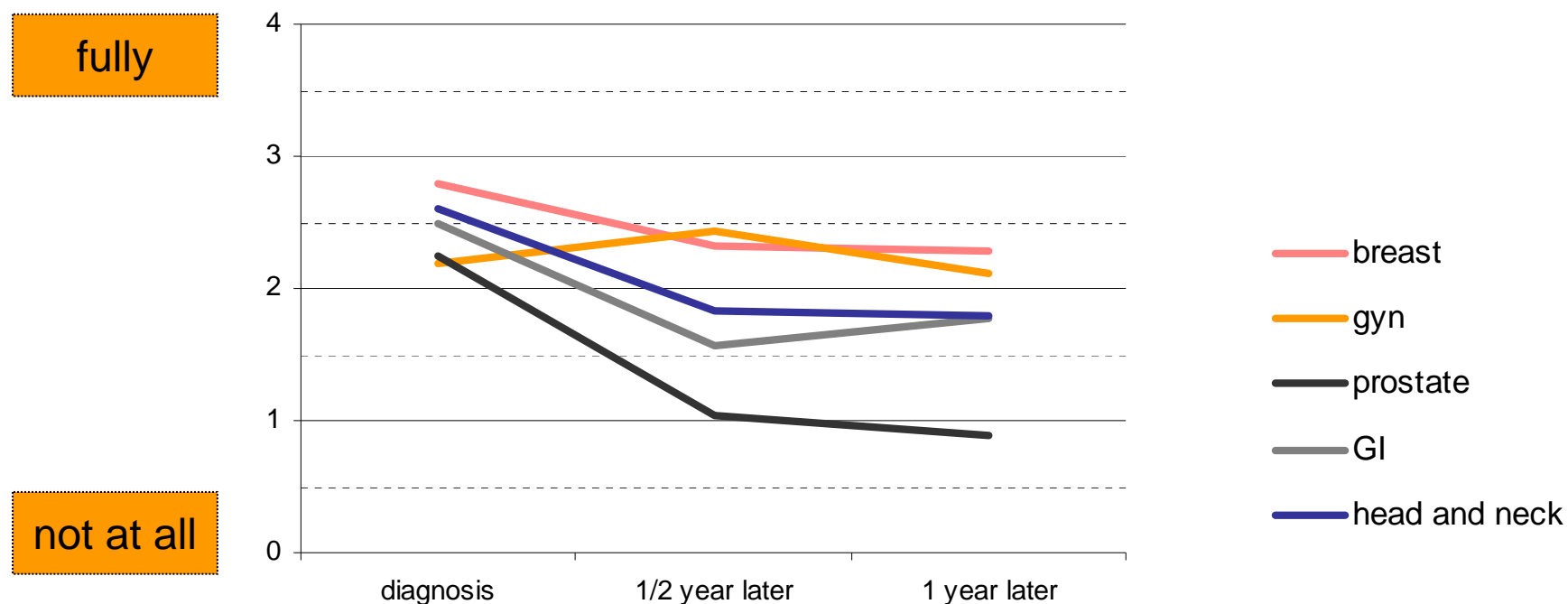
# Relevance of sexual problems



## 4. Study

- cohort
- cancer patients with miscellaneous tumor sites
- diagnosis (t1): n= 1803
- ½ year later (t3): n = 629
- male: 54%
- age: Ø 60 years (20-92 years)

# Satisfaction with sexual life



## ANOVA (t2):

women are generally more satisfied

pts <50y are generally more satisfied

interaction gender \* site: female HNCa > others; male HNCa < others

# Conclusions

