

Factors associated with specific DSM-IV sexual dysfunctions among breast cancer survivors

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Longitudinal studies showed that the sexual life of women with breast cancer often remains problematic over time, even when their overall quality of life has improved. In a previous paper, we showed that women who were sexually active before the illness follow 3 different patterns of sexual behaviour in the immediate post-surgery: *active-stable* (sexually active without changes in sexual functioning), *active-with-change* or *inactive-after-surgery*. The aim of this study is to test whether these early patterns can predict the women's likelihood of being sexually active at 2 years post-surgery.

47 women with non-metastatic breast cancer and engaged in a couple relationship were recruited at the Lausanne University Hospital (Switzerland). Patterns of sexual behaviours (predictor) were assessed through interviews. Psychological distress, body image and satisfaction with couple relationship (control variables) were assessed through questionnaires. Binary logistic regression analyses were performed in order to predict women's likelihood of being sexually active 2 years later (dependent variable).

Analyses showed that early patterns of sexual behaviours predict sexual activity; in particular, women who stopped any sexual activity with their partner in the immediate post-surgery period are more likely to stay sexually inactive 2 years later. In addition, body image disturbances at 2 years post-surgery further reduce the chances to be sexually active.

Early detection of sexual problems in the immediate post-surgery period is useful to set interventions for women at greatest risk of experiencing an enduring negative impact of breast cancer on their sexual activity.

P-159 | Psychosocial predictors of satisfaction with intimate life in the context of cancer. A quantitative study of people with cancer in Romania

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This study investigated the influence of a set of socio-demographic, cancer specific, and psychological characteristics of Romanian cancer patients on their intimate life. It is the first multicenter study on this topic from Romania. Data were collected in 2014 through a cross-sectional study from the main four oncological institutes in Romania (Bucharest, Cluj, Iași, and Oradea). Measures included: assessment of intimacy, quality of life (FACT-G), psychological variables (Schwarzer's Self-Efficacy Scale and Folkman-Lazarus Coping Strategies Inventory), cancer distress (Emotion Thermometers Tool), variables related to family life, disease and health status, and socio-demographic variables. Univariate and binary logistic regression analysis were applied to a national sample of 800 cancer patients, of whom were 58% women, with an age range between 18 and 82. As expected, significant associations were found between each group of variables and (dis)satisfaction with sexual life. Statistically significant results from multivariate analysis revealed that lack of satisfaction with sexual life was higher among cancer patients: who

perceived lower closeness to the intimate partner; were single, divorced or widowed; to whom cancer diagnosis was not personally disclosed; and those who reported a low level for the overall quality of life; and had a low level of education. We draw attention to the importance of including assessment of quality of sexual life in the overall evaluation of cancer patients' psychosocial needs, as our results show that altered and unfulfilled sexuality following cancer diagnosis or treatment might impair quality of life of both the cancer patient and the intimate partner.

P-160 | Factors associated with specific DSM-IV sexual dysfunctions among breast cancer survivors: A study of patients and their partners

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Many women experience sexual problems after breast cancer treatment. Little is known about the factors associated with specific DSM-IV-based sexual dysfunctions in breast cancer survivors (BCS). We evaluated: (1) patient-related and clinical factors that are associated with specific DSM-IV sexual dysfunctions and the level of sexual functioning and sexual distress of BCS; and (2) the association between the sexual functioning of BCS and that of their partners, and dyadic agreement regarding relationship functioning and intimacy.

We analyzed baseline data from a trial of the efficacy of online cognitive behavioral therapy for sexual dysfunction among BCS.

The study included 169 BCS and 69 partners. The most prevalent female sexual dysfunctions were hypoactive sexual desire disorder (HSDD; 83%), sexual arousal disorder (40%) and dyspareunia (33%). Endocrine therapy was associated with HSDD ($p = .003$), and immunotherapy with dyspareunia ($p = .009$). Higher age was associated with lower sexual distress ($p < .001$). An indication for erectile disorder was present in two-thirds of the partners. Few associations were detected between the women's and partners' sexual functioning. High levels of agreement were observed for the couple's ratings of social intimacy (ICC = .65) and marital sexual satisfaction (ICC = .61). There was poor dyadic agreement on sexual intimacy (ICC = .32) and emotional intimacy (ICC = .22). Partners reported lower sexual intimacy than the BCS ($p < .001$).

Endocrine therapy and immunotherapy are relevant risk factors for HSDD and dyspareunia in BCS. Both the women and their partners

experience sexual problems, underscoring the importance of involving both partners in sex counseling after breast cancer.

P-161 | The mediating role of trait and contextual self-concealment in the relationship between shame-proneness and distress: The psycho-oncology setting

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Although both shame-proneness, and self-concealment behavior have previously been found to be associated with psychological distress, no study has yet examined the process in which both variables affect distress, in the setting of psycho-oncology. The current study reports a preliminary examination of a mediation model, in which both trait and contextual self-concealment mediates the relationship between shame-proneness and distress (anxiety and depression), among patients with cancer and among spouses of patients with cancer.

The present study was part of a large scale cross-sectional study on self-concealment behavior in the setting of psycho-oncology. Two independent sub-samples of 80 patients diagnosed with cancer and 80 spouses of patients diagnosed with cancer, completed the study questionnaires. Shame-proneness, trait and contextual self-concealment, anxiety and depression were assessed.

Both trait and contextual self-concealment partially mediated the relationship between shame proneness and distress.

The current study findings suggest that contextual self-concealment and shame proneness are important variables to consider when assessing distress in the setting of dyadic coping with cancer. Findings suggest that psychological interventions in psycho-oncology would benefit from focusing on reducing self-concealment behavior. This seems to be especially critical for individuals who are more prone to both shame and self-concealment behavior, as these factors found to be associate with elevated levels of psychological distress.

P-162 | A grant funded pilot program changes standard of medical care: Supporting metastatic breast cancer patients and partners through enduring audio recording information and couples counseling

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Metastatic breast cancer (MBC) patients have high levels of symptom burden, psychological distress, and disruption of functioning, yet remain underserved. Patients have better adjustment and medical outcomes if partners are emotionally supportive. Partners also experience distress and report challenges in providing emotional support to patients. A review of the literature documented no psychosocial programs for MBC patients/partners integrated into care.

A team of medical oncologists, nurses, couples counselors, and lay patient navigators developed a MBC Couples Program that included: (1) A sophisticated biopsychosocial distress screening tool, *SupportScreen-MBC* in English and Spanish. *SupportScreen-MBC* includes a question asking patients/partners to identify their perception of prognosis (2) A standardized couples session prior to medical consultation (3) Audio recording of the session and physician consultation (4) *SupportScreen-Satisfaction screening tool*.

127 opposite/same-sex patients and 117 partners completed *SupportScreen-MBC*. 30 patients and 33 partners completed *SupportScreen-Satisfaction*. 100% of patients/partners agreed/strongly agreed that they would recommend this program for other couples. Additional data and analyses will be presented.

This pilot demonstrated feasibility of integrating a MBC couple's psychosocial program into care. The innovations were in three areas: (1) It is possible to query patients/partners about their perception of prognosis. (2) It is acceptable to patients/partners to state: "When most people hear the word cancer they think about death or dying" in the couple's session (3) All consultations were audio recorded for couples to take home. This pilot became the standard of care for all MBC patients/partners at a NIH designated cancer center in 1 year's time.

P-163 | The couples illness self-concealment (CISC) questionnaire: Assessing contextual concealment behavior among couples coping with cancer

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Within the field of health psychology, there is a lack of measures evaluating self-concealment as an active conscious process. The current study presents the development and evaluation of the psychometric characteristics of a new brief self-report, of self-concealment behavior in the context of couples coping with chronic illness.