Abstract

Background

Patients with hematologic malignancies experience a high symptom burden which potentially can lead to sexual dysfunction, and risk of decreased sexual health. Therefore, we aimed in

- *Study one* to explore sexual health, quality of life and symptoms in adult patients across hematologic malignancies in Denmark, and to examine the prevalence and factors associated with sexual dysfunction in this population.
- *Study two* to investigate the feasibility and effect of a randomized multimodal intervention targeted sexual health and symptoms in patients undergoing allogeneic hematopoietic stem cell transplantation.

Materials and Methods

Study one is a nationwide cross-sectional study including adult patients diagnosed with a hematologic malignant disease in Denmark from January 2012 to January 2022. Study two is a prospective two-arms randomized controlled trial to assess the feasibility, acceptability, and effect of a multimodal nonpharmacological intervention to address sexual health in HSCT survivors.
The intervention consists of nurse-led sexual counselling and systematic genital evaluation. The intervention begins during their preexamination week prior to HSCT and ends 18-month post HSCT. Patients included in the study will be randomized 1:1 ratio to either the intervention group or control group (usual care). In both studies included participants receive the following questionnaires electronically through e-boks; Female Sexual Function Index (FSFI), International Index of Erectile Function Questionnaire (IIEF-15), Female Sexual Distress Scale – Revised (FSDS-R), The European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire Sexual Health (EORTC QLQ SH22) and The European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire (EORTC QLQ C30).

Perspectives

Knowledge from this study will generate a comprehensive view of the condition of sexual health in patients with hematologic malignancies in Denmark. The results will entail new opportunities to detect subgroups of patients with distinct risk of sexual dysfunction, and this will potentially lead to targeted interventions in clinical practice toward this specific population.

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