

Application

FY21 Iowa Cancer Plan Implementation Grant Cycle

Applicant Information:

Name of Project Chair: Erin Sullivan Wagner

Organization: After Cancer, Solutions for Sexual Health/The *All of Me* project

Street Address: 127 Cayman St

City: Iowa City, Iowa

Zip Code: 52245

Project Details (Summary):

Project Title: All of Me: Prioritizing Sexual Health for Iowans Impacted by Cancer	Total Amount of Funds Requested: \$21,750
<p>Provide a short description of your intended project. <i>Suggestion: 1,000 words or less.</i></p> <p>THE GOAL of <u>All of Me: Prioritizing Sexual Health for Iowans Impacted by Cancer</u> is to develop and implement self-sustaining education programs, we aim to improve quality of life, sexual health agency, and sexual health for Iowans impacted by cancer. The primary target audience includes advance practice providers, oncology nurses, social workers, and physical and mental health therapists.</p> <p>The first phase of this project took place between 2016 and 2019. During the first phase, collaborators:</p> <ul style="list-style-type: none">• conducted focus groups with 50 participants, created a public awareness video• developed project website (www.allofmeiowa.org)• conducted on-site provider workshops at nine Iowa oncology clinics• developed educational materials including: detailed implementation framework, provider-patient role play scenarios, and evidence-based presentations• hosted two Sexual Health and Cancer conferences that generated content for the project website. <p>During the second phase of this project, which was planned for FY20 and FY21, we developed an Implementation Plan for sexual health care for Iowan's impacted by cancer. Activities for FY20 were interrupted and postponed due to COVID-19 crisis. Many of the planned activities were well under way or completed, but, others were postponed (postponed items shown in blue):</p> <ul style="list-style-type: none">• Generated an Implementation Plan based on the 5-page validated Implementation Framework for addressing sexual health in a cancer care setting• Pilot programs were planned in one rural, and two academic clinics• February 2020: Pilot design, preparation, IRB review, and pre-implementation	

assessments were completed for the first pilot location-UIHC Urology

- **March 1st, 2020-Pilot roll out (Postponed to July 202 due to pandemic)**
- **The second statewide All of Me Conference planned for May 8th, 2020 (Postponed due to pandemic-date TBD)**
- **Interview content experts and present cases during quarterly conference calls-all but last quarter was completed (last quarter call postponed)**
- **Build on existing momentum and demonstrate continued responsiveness to provider requests:**
- **Continue to Develop and add requested provider materials to the project website**

While the FY20 activities started to build momentum in anticipation of the statewide plan, FY21 objectives and activities will include uncompleted items from FY20, postponed due to pandemic and resulted in need to reformat materials to exclusively virtual learning.

FY21 pilot programs and conference presentations need to be completed and uploaded to the project site before the statewide rollout of the Implementation Plan. Activities to be completed in FY21 are listed below:

- **NEW pilot rollout-July 1st, 2020 UIHC Urology Clinic/Men's Health-final training date August 14, 2020**
- **NEW pilot rollout-September 22nd, 2020- St Anthony's Regional Hospital-(Agenda based on participant survey resulting in 9-weeks of pilot modules -attached)**
- **NEW pilot rollout tentatively planned for January 2021-UIHC Gyn/Onc Clinic (Agenda based on survey of participants -Attached)**
- **Host a second statewide All of Me Conference in late 2020/early 2021. All presentations and materials to be added to the project website in preparation of the statewide rollout**
- **Write summaries of site-specific pilot outcomes/process/lessons learned submitted to Iowa Cancer Consortium-March 2021**
- **Additional outreach to oncologists and other physicians and who care for Iowans impacted by cancer, an incentivization strategy that includes the entire clinical oncology team, not just the current target group, and additional efforts to reach Iowan's impacted by cancer.**
- **Patient Brochure translated in two additional languages to reach more minority populations in Iowan**

The implementation pilots will be evaluated with pre- and post- provider acceptability and confidence assessments. Together, the pilot evaluations and provider implementation experiences, along with a short public health video will all inform a statewide Implementation Plan that will be finished and rolled out in FY21

Funding priority will be given to projects that meet the following criteria. Please review the list of priority areas below and identify the ways in which your project addresses one or more of topic areas. *Suggestion: 1,000 words or less.*

Projects which:

- provide support for communities who bear the burden of both cancer and novel coronavirus;

The All of Me project, including patient resources will be entirely online at www.allofmeiowa.org. All meetings, educational programs, interactive workshops, and Q&A sessions have been moved to an online format.

- identify creative methods to deliver cancer programs and services within the new landscape created by the pandemic;

The pandemic interrupted our project as it had been designed. Beginning in March 2020, we had planned to conduct pilot studies in three locations through in person educational presentations and in-person interactive Q&A. While social distancing we revised the pilot formats. All resources are being moved online to the All of Me project website. All healthcare providers will be able to access recorded educational presentations. These will include facilitated videos on normalizing the conversation with patients, challenging scenarios, setting expectations, and developing a referral roadmap.

The statewide Sexual Health and Cancer conference originally scheduled for May 8th, at the Kirkwood Hotel and Event Center, is being rescheduled as a virtual event. The agenda includes 11 presentations on topics related sexual health and cancer care and 7.5 hours of nursing CEU credits will be offered for attendance. All speakers have been identified and agreed to provide recorded content for the conference and project website.

- address issues of systemic racism and the inequities across the cancer continuum.

During FY21, the All of Me statewide virtual conference will include a session on “Systemic Racism and the Sexual Health Care of African Americans”. See attached Conference Agenda. Dr. Jacob Priest, PhD, will speak about systemic racism when he addresses intersectionality in his presentation on sexual health counseling for the pilot studies at St. Anthony Regional Hospital and UIHC Gynecologic Oncology. All presentations will subsequently be available on the project website. Please see Application FY21 page 7, section on social determinants of health, for ways our project has addressed challenges related to cultural diversity.

- Iowa Cancer Consortium projects funded in FY20 who willingly relinquished funds during the rise of the pandemic, allowing the Consortium to provide transportation and lodging support to cancer patients undergoing treatment.

The All of Me project returned approximately 40% of their FY20 funding

Project Details:

Please indicate which type of funding you are applying for:

- ☐ Single Year (applying for year one of one funding)
- ☐ Multi-Year: Year 1 (applying for the first year of two- or three-year funding)
- ☐ Multi-Year: Year 2 (applying for the second year of two- or three-year funding)*
- ☒ Multi-Year: Year 3 (applying for the third year of three-year funding)*

**If you are applying for continued funding (funded last year), please describe your success and challenges in previous years of funding. Suggestion: 250 words or less.*

We have met every project objective in previous years, but experienced challenges due to pandemic in FY20 that prevented us from completing two objectives, the pilot programs, and the statewide conference, originally scheduled for May 8th as an in-person event. We have made adjustments to online learning for the pilot programs and will host the statewide conference as virtual event.

How did you determine a need for this project? Please describe. Suggestion: 250 words or less.

Iowa is one of only 8 states with the lowest percentage of oncologists per population, having only 1.6 to 2.3 oncologists per 100,000 residents (ASCO State of Cancer Care in the US 2014, <https://ascopubs.org/doi/full/10.1200/jop.2014.001386>, accessed 4-21-19).

Nationally, only 3% of oncologists are based in rural areas, where 20% of Americans live (ASCO State of Cancer Care in the US 2014, <https://ascopubs.org/doi/full/10.1200/jop.2014.001386>, accessed 4-21-19).

Access to oncologists is limited in Iowa and therefore oncologists in our state have limited time to provide cancer-related sexual health care. Oncology Nurses and Advanced Practice Providers are increasingly providing survivorship care (Murry J and Mollica M, Front Oncol 2016;6:174).

Researchers in the field of sexual health and oncology have summarized some of the factors that make it so difficult to move the needle on sexual health care (Reese JB, et al., Cancer 2017;123(24):4757-63).

Recent studies show that long-term survivors continue to want information about sexual health, and that sex therapists and treatments may be under recommended (Movsas TZ et al. Am J Clin Oncol. 2016; 39(3): 276-9 and Zhou ES, et al., Patient Ed Counseling. 2016;9:2049-54).

Communication about sexuality in advanced illness aligns with palliative care approaches (Leung MW, et al. Curr Oncol Rep. 2016;18(2):11)

Education can improve provider perception of having enough knowledge and training to provide sexual health care (Jonsdottir JJ, et al., Euro J Onc Nursing 2016;21:24-30). Our project measures confirm these findings and provider evaluations demonstrate mastery of additional objectives, including formulating a short introductory message about sexual health and cancer.

Our approach of training advanced practice providers to bring up the topic of sexual health is supported by data indicating that intake questionnaires can miss sexual health concerns that patients will share when asked in person by a provider. Furthermore, a recent Sloan Kettering survey found that 70% of oncology clinic outpatients preferred that topics of sexual function be raised by the medical team (Stabile C. et al., Breast Cancer Res Treat. 2017;165(1):77-84).

Beyond sexual rehabilitation after cancer, empowering people impacted by cancer to maintain full agency over their ability to function sexually is essential for health, quality of life, and personhood (Landau ST et al., Am J Obstet Gynecol 2015;213(2):166-74). This is particularly important when treatment options are likely to cause sexual dysfunction and provides further rationale for our educational focus.

To our knowledge, the All of Me project continues to be the only statewide provider educational program prioritizing sexual health of people impacted by cancer. This is true despite yearly increases in the number of publications on this topic (Personal communication Veronika Kolder, MD). A Google Scholar search of sexual + health + cancer + education yielded 11,500 publications in 2015, the year the All of Me project started, and 14,500 publications in 2019.

How will your project support/help to implement the [2018-2022 Iowa Cancer Plan](#)? *Suggestion: 100 words or less.*

Our primary goal and action steps align to Quality of Life 13I and 13J.

This project also aligns to the following goals and action steps.

- **Goal 1: Collaboration 1B, 1D, 1F**
 - A Engage traditional and nontraditional partners in coordinated cancer control efforts.
 - B Increase resource sharing between cancer control partners.
 - C Encourage all cancer control partners in Iowa to use the Iowa Cancer Plan for planning, funding and advocacy.
 - D Coordinate with partners to ensure the use of consistent and accurate cancer control messages.
 - E Increase collaborative efforts among county public health departments.
 - F Increase the number and diversity of Iowans engaged in collaborative work through the Iowa Cancer Consortium.
- **Goal 10: Increase Access 10A, 10D, 10G**

- **A Increase availability of culturally and linguistically appropriate cancer education materials**
- **D Increase availability of telemedicine services and infrastructure.**
- **G Provide free or reduced-cost cancer services for underinsured or uninsured Iowans.**
- **Goal 11: Increase Treatment/Training 11B and 11D**
 - **B Support continuing education opportunities for oncology and other health care providers involved in cancer control.**
 - **D Increase the number of health systems that reimburse tuition for health care providers practicing in Iowa.**
- **Goal 13: Quality of Life 13I, 13J, 13K, 13L, 13M, 13O (Our primary goal and action steps align to 13I and 13J)**
 - **I Increase patient and caregiver awareness of and access to psychosocial, wellness, financial, sexual, spiritual, rehabilitation and community-based support services.**
 - **J Train health care providers on how to communicate difficult information, including end-of-life conversations.**
 - **K Educate health care providers on the importance of early and regular conversations with patients on goals of care, including patients' cultural preferences.**
 - **L Educate health care providers, patients, families and communities on the specific and unique needs of cancer survivors, including sexual health, physical activity, nutrition, fertility, depression and anxiety**
 - **M Encourage providers to recognize and address unique needs of childhood, adolescent and young adult cancer population including survivorship, late effects of treatment, employment, education and financial barriers.**
 - **N Implement best practices for transition from active cancer treatment to post-treatment care and hospice services. O Increase resources and support for the unique needs of caregivers.**
- **Goal 14: Health Equity 14A, 14C, 14F, and 14G**
 - **A Identify and change institutional and structural systems that promote or reinforce activities, behaviors, attitudes and/or biases that contribute to inequitable cancer outcomes.**
 - **B Promote the use of evidence-based strategies and activities to reduce bias, discrimination and racism in health care settings.**
 - **C Support initiatives that provide training and education about the impact of discrimination and racism on Iowans navigating health care, including topics related to cultural humility, privilege and power dynamics.**
 - **F Increase the use of health literate practices in all cancer control activities.**

G Address social determinants of health in project and intervention planning

Progress toward eradicating the inequitable burdens of cancer require focused action to eliminate cancer-related disparities (KI Alcaraz, et al. CA Cancer J Clin 2020;70:31-46). A commitment to cancer control must necessarily include a commitment to health equity, giving particular attention to the needs of those most at risk for poor health (P Braverman. Public Health Rep 2014;129(Suppl 2):5-8). Leading health entities such as the US Department of Health and Human Services (including

the Centers for Disease Control and prevention and the National Institutes of Health) and American Cancer Society leadership recognize the critical role social determinants play in accelerating progress toward achieving health equity in cancer (KI Alcaraz, et al. CA Cancer J Clin 2020;70:31-46). Social determinants of health, including social, economic, and geographic disadvantages, cut across multiple other population characteristics, such as sex, race/ethnicity, and sexual orientation/gender identity, which are historically linked to discrimination or exclusion. Our project specifically addresses the following social determinants of health:

Sex: A systematic review of patient-provider communication about sexual concerns in cancer affirms that sexual issues continue to go unaddressed for many cancer survivors, particularly females. The authors concluded that enhanced communication about sexual concerns through evidence-based interventions could improve female patient sexual function and quality of life (Barsky Reese, et al. J Cancer Surviv 2017;11:175-188).

Lack of sex-specific equity in pretreatment counseling and provision of sexual health information is but one challenge in assuring the highest level of sexual health care for all people impacted by cancer. Recent studies have identified that traditional masculinity may reduce help-seeking, including disclosure of sexual symptoms (Medina-Perucha L, et al. J Psychosoc Onc 2017;35(5):531-43).

Race/Ethnicity: Despite improvements, disparities in the cancer death rate between Blacks and Whites persist (S Simon. American Cancer Society, February 14, 2019, at www.cancer.org/latest-news/gap-in-cancer-death-rates-between-blacks-and-whites-narrows.html, accessed 8-24-20 and www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-figures-for-african-americans-2019-2021.pdf, accessed 8-24-20). The consequences of systemic racism are seen across the cancer continuum with disproportionate 1) delays in diagnosis, 2) more advanced stage at diagnosis, 3) delays in treatment, 4) less optimal treatment, and 5) worse outcomes documented for many cancer types among people of color.

Data from the nationally representative 2001 Commonwealth Fund Health Care Quality Survey showed that Black, Hispanic, and Asian respondents were significantly more likely to report being treated with disrespect or being looked down upon in the patient-provider relationship. Persons who reported that better treatment would have been received had they been of a different race were significantly more likely to endorse not following doctor's advice and putting off care (J Blanchard and N Lurie. J Fam Pract 2004;53(9):721-31).

During FY21, the All of Me statewide virtual conference will address systemic racism directly during a session entitled, "Systemic Racism and the Sexual Health Care of African Americans". See attached Conference Agenda. In addition, Dr. Jacob Priest, PhD, will speak about systemic racism when he addresses intersectionality in his presentation on sexual health counseling for the pilot

studies at St. Anthony Regional Hospital and UIHC Gynecologic Oncology. All presentations will subsequently be available on the project website.

Past project work has addressed racial and ethnic disparities indirectly through a focus on strengthening the patient-provider relationship. We have done this during workshops that emphasized provider communication skills, provider responsibility to disclose and minimize short and long lasting adverse effects of treatment, provider responsibility to reduce patient distress by setting cancer-related expectations, and provider knowledge in addressing the sensitive issues of sexual health and cultural diversity.

Culture: In order to reduce disparities in cancer outcomes and improve quality of life for ethnic minority populations with cancer, scholars have argued that a shift away from a monocultural, Eurocentric framework and toward a multi-cultural framework is needed (M Kagawa-Singer. *Ann Epid* 2000;10(8):S92-S103).

Oncology nurses and advanced practice providers in our workshops verbalized uncertainty, frustration, and dissatisfaction with providing sexual health care to people impacted by cancer who are from cultures and/or hold religious views different than their own. We recognize this as a challenge related to the increasingly diverse populations of Iowa and included best practices related to medical communication with patients from other cultures in our workshops (S Kurtz, et al., *Academic Med* 2003;78:806, J Silverman et al., *Skills for Communicating with Patients*, 3rd ed., 2013, CRC Press, Boca Raton, FL., and American Psychiatric Association, *Diagnostic and Statistical Manual -5*, Cultural Formulation, p. 749-59).

Sexual orientation/gender identity: Difficulties related to sexual orientation disclosure and perceived provider rejection result in missed care opportunities for gay and bisexual males impacted by prostate cancer. This underscores the importance of provider facilitation of sexual orientation disclosure as a key to appropriate sexual health care (Rose D, et al., *Euro J Cancer Care* 2017;26(1). Doi: 10.1111/ecc.12469).

Historically, despite evidence of increased marginalization and discrimination experienced by transgender people compared to other sexual minority people, cancer research has combined lesbian, gay, bisexual and transgender groups. There is a significant lack of data exploring psychosocial aspects of cancer care for transgender people and, specifically, we are not aware of any data related to the sexual health care needs of transgender people impacted by cancer (S Simon. *Can Onc Nurs J* 2019;29(2):87-91). A pervasive theme in literature on transgender health inequities is healthcare providers' expressed desire to "treat all people the same" (Shetty et al. *Pat Ed Counseling* 2016;99(10):1676-84). This is problematic because it disregards patient diversity, neglects the impact of social determinants of health on patient outcomes, perpetuates structural violence, and contradicts person-centered care (S Simon. *Can Onc Nurs J* 2019;29(2):87-91). The medical communications training in our project conferences and the simulated patient communication practice in our workshops have incorporated best practices related to facilitation of

sexual orientation disclosure, sharing of preferred pronouns, and asking about gender identity, addressing an avoidable inequity in LGBTQ health care. In addition, our survey of pilot participant's self-assessed skill levels in sexual health counseling identified that skills related to trans*issues, sexual orientation, gender identity, and intersectionality were most needed (See attachment: St Anthony Pilot Survey Results). These topics are on the agenda for the St. Anthony and Gyn Oncology pilots, will be presented by Dr. Jacob Priest, PhD during the statewide conference, and will be available on the project website.

Adverse childhood experiences: Social determinants of health addressed in our workshops include Adverse Childhood Experiences (ACEs) and the impact of sexual abuse on sexual health, compliance with medical recommendations (eg. vaginal therapies & dilators), and sexual health outcomes.

Rural areas: Rural areas, like much of Iowa, have been identified as locations where disparities in health care access contribute to different and sometimes inferior medical care. This is particularly true of individuals at the intersection of multiple disadvantages (Ruiz P & Primm A (Eds.), *Disparities in Psychiatric Care: Clinical and Cross-Cultural Perspectives*, 2009). By traveling to cancer centers throughout the state and compiling resources on a website designed for patients and providers, we are improving access to sexual health care for all Iowans and reduce discrimination and exclusion based on differences in geographic location.

In its 2010 report on the future of nursing, the Institute of Medicine called for all nurses to practice to the full extent of their nursing “education, training, and competencies” (Institute of Medicine. 2011. *The Future of Nursing: Leading Change, Advancing Health*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/12956>.) This is especially important in rural states like Iowa where lower numbers of per capita oncologists may contribute to gaps in survivorship cancer care (Murry J and Mollica M, *Front Oncol* 2016;6:174).

Literacy: Since health and eHealth literacy of the patient and partner determine medical knowledge and the need for printed or video educational materials, all of the patient information on the project website will be written according to best practices (Song L, et al., *Onc Nurs Forum* 2017;44(2):225-33; CDC, *Simply Put* at www.cdc.gov/healthliteracy/pdf/Simply_Put.pdf accessed 5-10-18.; Stossel LM, et al., *J Gen Intern Med* 2012;27(9):1165-70). Our patient brochure is written at a ninth grade literacy level.

Describe the populations/communities your project will work with, including your experience working with them. *Suggestion: 250 words or less.*

The original project target audience included advanced practice professionals, oncology nurses, social workers, and physical and mental health therapists. This group continues to be the primary target of our work. However, in order to expand our reach, sustainability, and impact, we added key stakeholders from oncology clinic leadership to our target audience in FY2020.

With regard to the FY20/21 pilots, our target audience includes the entire clinical oncology care team since most oncology care is delivered by care teams, and support from all team members, including physicians, is critical to oncology practice change and eventual adoption of a statewide Iowa implementation plan in FY21.

At inception of this project, we hoped to develop a straightforward way to incentivize oncology clinic leadership endorsement of sexual health care. We considered the elegant approach taken by the Human Rights Campaign when they sought to make hospital and clinic mission statements more inclusive by acknowledging those institutions that had the desired anti-discrimination clauses on a map on their organizations' website (Healthcare Equality Index of the Human Rights Campaign, www.hrc.org). However, based on conversations with members of the primary target population during the provider workshops, and target population evaluation responses after the two past All of Me conferences, we gained a more nuanced picture of the variety of institutional challenges some providers face. Ongoing conversations with nursing leadership at the St. Anthony's Hospital pilot site in Carroll, IA, have already confirmed that educational needs in more rural settings differ from those at academic centers.

We continue to work closely with our target populations and have come to understand some of their unique educational and implementation challenges. Since the clinical responsibilities of individuals within a given group vary by institution, the online content accommodates differing levels of practice. (Eg: While a medical assistant might be interested in the 30-Second Message an APP may also want more advanced content).

We have also stayed in contact with our target audience through our quarterly Zoom conference calls in FY20. These calls were advertised on our project site, through an email campaign of past workshop attendees and past interested individuals/collaborators, and in the Iowa Cancer Consortium newsletter. Each call included an educational presentation related to Cancer and Sexual Health along with a facilitated Q&A with the presenter. Quarterly calls were planned on the following:

Pelvic Floor Strengthening- Amy Little, PT

Men's Health related concerns- Amy Pearlman, MD

Sexual Health and Gynecologic Cancers- Nicole Goff, ARNP

Oh, My Aching Back! Symptom Relief When Medicines Fail: Nonpharmacologic Approaches-Jen Lee

These calls were interrupted due to the pandemic but will resume in new grant year.

(Attached is presentation- Amy Little)

Specific target population members who continue to collaborate on this project include Nicole Goff, ARNP, Elizabeth Graf, PA-C, Kiran Annam, ARNP, Amy Little, DPT, Jacob Priest, PhD, Director of an LGBTQ Clinic.

Please estimate the number of Iowans to be reached through the project:

To date we have directly worked with 322 healthcare professionals through our two conferences and nine onsite workshops. Conservatively, we believe that each of these professionals have impacted 125 patients/year for a total of 80,500.

Here are some data points for the All of Me project website from Jan. 1, 2019 – Aug. 13, 2020.

1,400 Unique Users have visited the website.

32% of our traffic comes from Iowa.

94% of our traffic is New Users, which indicates they have never been to our website or engaged with us online.

74% of the Users coming to the website are typing in the web address directly. However, almost 20% are finding us in Organic Search, via typing in Keywords into Google.

Referral traffic, which is traffic getting to the site from other sites was pretty low. 10 users got to the site from After Cancer. 30 users got to the site from Facebook, which would have been early in 2019.

The Organic Search users are spending on average 2 min on the site, which is pretty average. The users that came from referral from the After Cancer website spent on average 4.25 minutes.

Project Objectives:

Objective #1:

Host a Statewide Sexual Health and Cancer conference

- **Specific:** In collaboration with the Holden Comprehensive Cancer Center, we will host a virtual statewide Sexual Health and Cancer full day conference for oncology providers no later than March 31st, 2021.
- **Measurable:** We will invite providers through a marketing campaign, email and phone calls from every cancer center in Iowa. Conference success will be measured by the number of providers who log on and by conference evaluations.
- **Achievable:** We have agreements from all speakers and have identified a committee of project collaborators and supporters to work on outreach, marketing and logistics of the conference. We will set a new date for a facilitated virtual event.
- **Realistic:** We will invite past workshop attendees, past conference attendees, and all providers in every Iowa cancer center. We will communicate this invitation through a robust marketing campaign to include targeted ads on social media, email, project website and through Iowa Cancer Consortium Summit meeting and newsletter. (See attached Conference Agenda.)
- **Time-Bound:** We will host the statewide conference by March 31, 2021

Objective #2:

Design, pilot, and evaluate an Implementation Plan for sexual health care that will inform future statewide roll out

Please pull out each detail from your SMART objective here:

- **Specific:** Clinical oncology care teams including medical assistants, oncology nurses, advanced practice professionals (APPs), social workers, physical and mental health therapists, and physicians will pilot a sexual health care implementation plan.
- Department of Urology, University of Iowa Hospitals and Clinics, Iowa City Iowa. Final pilot training August 14th, 2020. (See attached Urology Pilot Pre- and Post-Pilot Assessment Forms and 'Normalizing the Conversation' Video)
- St Anthony's Hospital, Carroll, Iowa. Pilot start date September 22nd, 2020. (See attached St. Anthony's Pilot materials as outlined in Attachments for FY20-FY21 Application. Please especially note the St. Anthony Participant Survey Results and Agenda.)
- Division of Gynecologic Oncology, Department of Obstetrics and Gynecology, University of Iowa Hospitals and Clinics, Iowa City, Iowa. Pilot start planned for January 2021. (See attached Gyn Oncology Pilot Implementation Proposal and Agenda.)
- **Measurable:** The pilot will measure 1.) pre- and post-implementation oncology nurse and APP confidence in providing sexual health care, 2.) oncology nurse and APP preferences related to format of pilot materials, and 3.) pre- and post- implementation acceptability of the Implementation Plan to care team including MAs, oncology nurses, APPs, physicians and any other clinical team members.
- **Achievable:** Pilot design, survey of participant needs, IRB approval, and pilot pre- and post-implementation assessments have been completed. Pilot materials are currently in development for the September -St. Anthony's and January- Gyn/Onc pilots. The active phase of the pilot will last 8-10 weeks. Project collaborators have provided, and will continue to provide expertise, presentations, leadership, and research design/interpretation/publication experience to assure pilot success.
- **Realistic:** The pilot studies test implementation of sexual health care and seek information about oncology nurse and APP confidence in providing sexual health care. Oncology nurses and APPs are likely to be tasked with providing sexual health care where per capita number of oncologists is low, as they are in Iowa. Because oncology care is increasingly team-based, we assess acceptability of the implementation plan to all members of the care team, including medical assistants, oncology nurses, APPs, physicians, social workers, and any other clinical team members.
- **Time-Bound:**
- February 2020: Pilot design, preparation, IRB review completed
- June 2020: Pre-post implementation assessments completed
- July 15th, 2020: Urology Clinic Pilot roll out
- September 22nd, 2020: St Anthony Regional Hospital roll out
- January 15th, 2021: UIHC Gyn/Onc Clinic Pilot rollout

Objective #3:

Create a public health video to rollout All of Me Implementation Plan- Statewide rollout- Hire and collaborate with diverse health marketing experts in rolling out project resources across Iowa. We will recruit a medical journalist or media studies specialist, posting the position on platforms and in locations where African American and Latinx people may be more likely to search for jobs. This will include posting via the African American Studies Program at the University of Iowa and the digital platform of the Center for Afrofuturist Studies at Public 1 in Iowa City. We will continue to feature images of people of color and other minorities in a marketing campaign for the statewide conference and statewide rollout of the Implementation Plan.

- Create a short public health video with project details, highlights, and benefits of implementing sexual healthcare with patients impacted by cancer
- Add Conference content and presentations to the project site within two weeks of conference.
- Reorganize All of Me project site to easily navigate resources and information ahead of statewide rollout by March 31st, 2021
- Pilot program materials will be added to the site at completion of each pilot (September 2020, December 2020, and March 2021
- Translate the AI of Me patient brochure into 1-2 additional languages most commonly spoken in Iowa by December 31st 2020. (Chinese and Arabic)
- Create a Pain-focused exam video for project site by February 28th, 2021
- Objective timeframe (*examples: month or quarter*):
We are creating a short public health video highlighting the project, the Implementation Framework, along with and benefits of addressing sexual health with patients impacted by cancer. The All of Me project site will be updated with Conference content within two weeks of conference date TBD), and pilot program materials will be added to the site at completion of each pilot (September 2020, December 2020, and March 2021. We plan to translate our patient brochure into two additional languages most commonly spoken in Iowa by December 31st 2020. After analyzing the pilot data and ensuring all identified patient and provider needs are addressed through the website we will use funding year FY20/21 funds to hire a diverse group of experts in marketing and media, medical journalism and outreach, to assure a measurably successful statewide rollout
- How do you know this objective is realistic and achievable? We have dates for each activity determined or tentatively set
 - We have begun the necessary due diligence to identify human resources for marketing of the statewide rollout. We are recruiting/hiring specialists to join our team and collaborate with our website partner, Metro Studios, to implement the rollout message on multiple media platforms.

- We have attached an *Implementation Plan and Goals for Behavioral Change* document- previously completed work in preparation for a successful statewide rollout.
- We will have data analysis of traffic to our project site after completion and distribution of the public health video.

Project Partners:

PROJECT CHAIR

Name: Erin Sullivan Wagner

Organization: After Cancer, Solutions for Sexual Health

Organization description:

Erin is a former anal cancer patient who has permanent sexual health side effects from her cancer therapy. She is a life coach to patients suffering from sexual dysfunction as a result of their treatment and regularly speaks with survivor groups on finding intimacy again. Like so many other patients, Erin's experience could have been significantly improved if the provider-patient conversation had been normalized, if expectations had been set, and if she had been referred for physical therapy timely. She presents 'voice of the patient' feedback to health care professionals on existing communication gap between healthcare providers and patients regarding sexual health side effects resulting from cancer therapy. She has assisted in developing content for educational workshops she co-facilitates with Veronika Kolder, MD, led efforts to create the patient brochure (requested by workshop participants), and leads committee activities related to the hosted conferences and quarterly provider calls. Her work with the All of Me project will be complete when sexual health side effects are addressed as standard care with oncology patients.

Address: 127 Cayman Street

City, State, Zip: Iowa City, Iowa 52245

Phone: 319-594-5933

Email: erin@aftercancer.co

Project responsibilities:

- Collaborate to develop conference invitation flyer, agenda, date and location, speakers, list of attendees, and recording of specific components for online learning modules to be added to All of Me website.
- Provide updates for further development of allofmeiowa.org website on provider and patient materials
- Collaborate with leadership/stakeholders of the pilot sites to provide patient resource materials, articles, presentations, and workshops needed for their clinicians in addressing sexual health with their patients throughout this pilot period.
- Collaborate with project collaborators to develop marketing materials to promote statewide conference, and create agenda of speakers and content to be delivered.
- Collaborate to develop/update the post assessment evaluation for the distribution of

Nursing Contact Hour credit.

- **Participate in the editing of conference content to create separate learning modules for online for All of Me website**

PROJECT COLLABORATOR

Name: Amy Pearlman, MD

Organization: University of Iowa Hospitals and Clinics, Department of Urology and Men's Health

Organization description: Clinical Assistant Professor of Urology, Director of the Men's Health Program

Email: amy-pearlman@uiowa.edu

Project responsibilities:

- **Lead Pilot program of the Implementation Plan in the Urology Clinic of the University of Iowa Hospitals and Clinics**
- **Co-lead statewide Sexual Health and Cancer conference in 2020**
- **Create learning module videos on educational topics to be added to project website (Objective#4)**
- **Review project design and content**

PROJECT COLLABORATOR

Name: Emily Hill, MD

Organization: University of Iowa Hospitals and Clinics, Department of Gynecology Oncology

Clinical Assistant Professor

Division of Gynecologic Oncology

Email: emily-hill@uiowa.edu

Project responsibilities:

- **Lead Pilot program of the Implementation Plan in the Gynecology Oncology Clinic at the University of Iowa Hospitals and Clinics**
- **Co-lead a statewide Sexual Health and Cancer conference in 2020**

PROJECT COLLABORATOR

Name: Margaret Gannon

Organization: University of Iowa Hospitals and Clinics, Department of Urology

Division of Urology

Email: margaret-gannon@uiowa.edu

Project responsibilities:

- **Assessment Development and Implementation for Pilot Programs**

-
- **Technical lead for statewide conference planning/liaison with Metro Studios for website additions/social media campaigns for conference and statewide rollout of the Implementation Plan**

PROJECT COLLABORATOR

Name: Brenda Strief

Organization: Town & Country Events

Organization description: Event Planning

Email: brenda@townorcountryevents.com

Project responsibilities:

- **Conference planning/coordination of speakers/recordings/CEU/**
- **Pilot planning-hardcopy materials for participants**

PROJECT COLLABORATOR

Name: Nicole Goff, WHNP

Organization: University of Iowa Hospitals and Clinics (UIHC), Gynecology Oncology

Organization description: ARNP located in UIHC, Davenport, Iowa

Email: Nicole-goff@uiowa.edu

Project responsibilities:

- **Participate in the statewide conference to report on the qualitative study**

PROJECT COLLABORATOR

Name: Richard Deming, MD

Organization: Mercy Medical Center, Des Moines, Iowa

Organization description: Medical Director, Mercy Cancer Center

Email: rdeming@mercydesmoines.org

Project responsibilities:

- **Review Project design and content**
- **Consultant to the project chair**

PROJECT COLLABORATOR (waiting for hardcopy letter)

Name: Dr Brad Voorhis, MD

Organization: University of Iowa Hospitals and Clinics

Organization description: Professor and Head, Department of Obstetrics and Gynecology

Email:

Project responsibilities:

- **Review project design and content**

-
- support UIHC gynecology- oncology pilot

PROJECT COLLABORATOR

Name: Elizabeth Graf, PA

Organization: University of Iowa Hospitals and Clinics

Organization description: Menopause and Sexual Health Clinic

Email: Elizabeth-Graf@uiowa.edu

Project responsibilities:

- Support Statewide conference by serving on a committee related to agenda, speaker topics, or conference logistics
- create a presentation on educational topic to be uploaded to AllofMelowa.org website
- Provide ongoing input to the All of Me project

PROJECT COLLABORATOR-

Name: Kiran Annam, ARNP

Organization: University of Iowa Hospitals and Clinics, Department of Urology and Men's Health

Organization description: Advance Practice Nurse Practitioner, Men's Health Program

Email: Kiran-annam@uiowa.edu

Project responsibilities:

- Review project design and content
- Support UIHC urology pilot
- Participate in conference on Sexual Health and Cancer in 2020

PROJECT COLLABORATOR

Name: Amy Little, DPT, WCS, CLT

Organization: University of Iowa Hospitals and Clinics, Department of Rehabilitation Therapy

Organization description: Physical Therapist-Pelvic Floor Specialist

Email: amy-little@uiowa.edu

Project responsibilities:

- Develop a learning module on pelvic floor therapies for project website
- Develop additional content for project website

PROJECT COLLABORATOR -(waiting for hardcopy letter)

Name: Jacob Priest, Ph.D., LMFT

Organization: Director - LGBTQ Clinic in College of Education

Assistant Professor, Couple and Family Therapy Program, College of Education, University of Iowa

Email: Jacob-b-priest@uiowa.edu

Project responsibilities:

- **Serve on conference committees to organize and select speakers**
- **Act as a consultant on LGBTQ patient concerns for provider educational materials and role play scenarios**
- **Act as a consultant on psychosocial issues with couples after cancer experience**

PROJECT COLLABORATOR

Name: St Anthony's Regional Cancer Center- Lori Pietig- Director of Cancer Services)

Email: lpietig@stanthonyhospital.org

Project responsibilities:

- **Implementing a pilot program of the All of Me Implementation Plan**
- **Participate in the quarterly provider Educational Webinars/conference calls.**

PROJECT COLLABORATOR -(waiting for hardcopy letter)

Name: Lindsey Clifford, RN, BSN, OCN

Organization: Adolescent and Young Adult (AYA) Clinical Coordinator

Organization Description: Adolescent and Young Adult Cancer Program, University of Iowa Health Care

Project responsibilities:

- **Support Statewide conference in 2020 by serving on a planning committee**
- **Provide input from an Adolescent and Young Adult perspective on addressing sexual health in cancer patients for the online learning modules**

PROJECT COLLABORATOR 16--(waiting for hardcopy letter)

Name: Leslie Caton

Organization: Blue Consulting

Organization description: Web Writing and Content, Business Planning Services

Email: lesliecaton@gmail.com

Project responsibilities:

- **Review and edit professional material used for website content**
- **Support web development as needed**

PROJECT CONSULTANT

Name: Veronika Kolder, MD

Organization: Independent contractor, former collaborator

Organization description: Associate Professor Emeritus, Department of Obstetrics and Gynecology, UIHC

Email: veronika-kolder@uiowa.edu

Project responsibilities: Consult on project design and content as needed

Evidence & Evaluation

What scientific evidence is there that your project will be effective? *Suggested: 500 words or less.*

How will you evaluate your project? How will you know if you've been successful? *Suggested: 250 words or less.*

Objective #1:

The Statewide Conference objective will be evaluated through a post conference evaluation as shown below.

Please rate the following:	Excellent	Very Good	Good	Fair	Poor
Quality of the speaker's instructional process and presentation including the effectiveness of educational methods.					
Speaker's teaching effectiveness, knowledge, and organization.					
Speaker's ability to communicate ideas and information clearly.					
Conference facilities.					
Please indicate the extent to which you agree with the following statements:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The content was appropriate to my practice.					
This activity will make me more effective in my practice.					
The presentations were balanced and free of commercial bias.					
Did the activity meet your expectations in accomplishing the stated objectives?	Completely	Mostly	Partially	Minimally	Not at All
List two things learned about sexual health care in the cancer setting.					
Write a 2-3 sentence introductory message about sexual health and cancer, initiating the conversation with a patient or client.					
Plan, list, and commit to two next steps to improve sexual health care in your setting.					

- List two (2) things you learned at this conference
- Write a 2-3 sentence introductory message about sexual health and cancer that can help initiate the conversation with patients or clients
- Plan, list, and commit to two (2) next steps to improve sexual health care in your setting
- Do you anticipate any barriers to implementation? If so, please describe
- Additional comments or suggestions for future educational activities

Objective #2:

Design, pilot, and evaluate an Implementation Plan for sexual health - We have developed a pre-post assessment to be used in every pilot for all participants interested in taking part in the research. Change between pre-post pilot confidence and provider assessment of acceptability and feasibility

Objective #3:

Statewide Rollout- Website analytics of project site traffic will give us the best view of our success with statewide rollout.

Resilience & Sustainability:

Describe the ways your project will be able to adapt to the ongoing COVID-19 pandemic response. For example, if there was a surge in cases, what would your project look like? *Suggestion: 500 words or less.*

A 2020 literature review published during the pandemic has highlighted challenges related to educational interventions for healthcare professionals in the provision of sexual healthcare for oncology patients (LF Albers, et al. J Cancer Surv 2020; <https://doi.org/10.1007/s11764-020-00898-4>). The authors note that studies with face-to-face, skill-based interventions, for example a role-play exercise during a workshop, showed a significant increase in comfort level of the participants to approach patient discussions. On the other hand, some comprehensive long-term educational programs none-the-less failed to show changes in frequency of provider initiating or discussing sexual health, perhaps because the participants were not self-selected as wishing to become content experts.

A 2020 opinion piece on online interventions for sexual health and cancer has noted that persuasive system design and user engagement strategies are critical to the effectiveness of health interventions. (AG Matthew and ZG Yang. *curropinsupportpalliatcare* 2020;14:80-86) We feel this is just as important for provider interventions as it is for patient interventions.

The All of Me project has shifted the delivery of education programs and materials to an online delivery format. We have prepared the electronic program for the UIHC Urology Pilot program to include oncology role plays with simulated patients and providers in a cancer care setting. The urology pilot addresses normalizing the conversation with patients through the creation of a 30-second message to patients. As part of the learning video we have incorporated the simulated oncology role plays with scripted content walking attendees through the process of creating the message and the messaging needed to normalize sexual health conversations in a cancer care setting. Q&A sessions through pilot program will be conducted via Zoom.

All materials created for the All of Me project, including pilot program materials, articles, lectures/presentations, workshop content, patient information and brochure, conference recordings, simulated role play videos, assessments/evaluations, educational presentations recorded through Panopto or Zoom apps, and a public health video will be uploaded to the project site as each piece is completed throughout FY21 grant cycle.

We have not met in person since the beginning of the pandemic and will only create programs to be implemented electronically. We are actively working with the University of Iowa-College of Nursing Continuing Education offices to understand the cost and requirements needed for offering nursing contact hour credits (CEUs) for the live-streaming statewide Sexual Health and Cancer Conference

After your project is complete, how will the project continue or be sustained? *Suggested: 100 words or less.*

Our goal is to shift the culture regarding provider-patient communications to one of shared decision making that includes sexual health. Through our online programs, organizations and individual care providers can access the All of Me implementation framework for Normalizing the Conversation, Setting Expectations, and developing their own Referral Roadmap for referring patients in a timely manner to other medical professionals. At the end of this grant cycle, we will have developed educational resources available on the project site, AllofMelowa.org that address the common barriers to addressing sexual health with patients. Healthcare providers will have access to communication aides to include sample scripting to create a 30-second message, a patient brochure with information on common sexual health issues for patients to expect, educational presentations on the physical, psychological, social, and relational impact of sexual health side effects after cancer or its treatment. Healthcare providers will also have access to the latest science, national guidance, and best practices related to sexual health medicine.

Describe how you hope to disseminate your findings or lessons learned from your project with Iowa Cancer Consortium members and partners. *Suggested: 100 words or less.*

We will create a short but professional public health video regarding this project, raising awareness and directing healthcare providers to our project website for resources on addressing sexual health in their clinical setting. This video will be targeted to all within our target audience, as well as, primary care providers, mental health providers, and both men and women's health clinics.

We will develop a social media marketing campaign to push the public health video.

Additionally, we will distribute to our contacts from past focus groups, conferences, workshops, and pilot programs through email.

We are actively recruiting a medical journalist to join our project team this year to write articles regarding our pilot program findings to Oncology journals.

Will this project lead to long-term change (including policies and/or systems change? If so, please explain: *Suggested: 250 words or less.*

The All of Me project was started in 2015 through an awareness raising campaign. In 2015, there was relatively little science on this topic. Our work became a formal project as national guidance related to sexual health medicine became more wide spread. Healthcare providers were beginning to learn about it at regional and national provider conferences, in the All of Me project workshops, from colleagues and public health videos, and eventually from their patients. This year will be pivotal in creating the long term change needed. A robust marketing effort is planned in preparation for our statewide Sexual Health and Cancer Conference planned for late 2020/early 2021 (exact date TBD), and also planned for the statewide rollout of the program. It will be essential to make providers across the state aware of the educational materials on the project website, and impact their involvement can make to their patients quality of life.

Budget:

Please describe how funds would be used for this project, if awarded: (<100 words)

Funds for this final project year will be used for the following:

- Support the pilot programs through staff time developing videos and creating an online seamless program and educational content for viewing from the project website at any time
- Support the statewide conference through staff time converting the current in-person conference agenda to a live-streaming event or compilation of presentations pre-recorded, and merged into a live facilitated and recorded event the day of the conference.
- Public Health Video
- Pain-focused Pelvic Exam Video

Budget Items and Explanation	Grant Funds Requested	Other Funding	Total Funds for Project
<i>When possible, please divide into categories. Examples include: staff support, travel, supplies, equipment, etc. If service delivery or incentives are included within the budget, please include a statement of need along with each budget item.</i>	<i>Funds being requested from the Iowa Cancer Consortium.</i>	<i>Include in-kind support, volunteer hours, collaborator financial support, and other types of financial support.</i>	<i>Include requested Iowa Cancer Consortium funds + items outlined in the Other Funding category.</i>
Staff Support			
Staff time for core team	3500	40000	43500
Technical staff/pilots/conference	1000	2500	3500
Organizational/event planning/coordination	600	2000	2600
Outreach-Project Awareness			
Medical Journalist (multiple media/journals to publish data related to pilot results)	2000	0	2000
Printing			
Translation of patient brochure (Arabic or Chinese-we'll do both if there are funds leftover)	1500	0	1500
Hardcopy folder content-St Anthony's pilot participants	150	0	150
Continuing Education			
Conference application/creation of survey-College of Nursing	500	0	500
CEU- credits for attendees \$6x200=	1200	0	1200
Website support			
Revamp navigation of project site in preparation of rollout	1000	1000	2000
Other			
Public health Video production-marketing	5500	\$0	5500
Pain focused pelvic exam-video production for Gyn/Onc pilot and project site	800	\$0	800
Conference-livestream event /post contents and presentations-marketing of	4000	\$0	4000

event			
Totals:	\$21,750	\$45,500	\$67,250

Note: The Iowa Cancer Consortium may be able to assist with networking, registration services, webinar hosting and/or Zoom conference use for grantees. Please reach out to Kelly Rollins (rollins@canceriowa.org) for additional information.

About the Iowa Cancer Consortium

The Iowa Cancer Consortium is a partnership of more than 400 health care providers, public health professionals, caregivers, researchers, cancer survivors, volunteers and other Iowans who work together to reduce the burden of cancer in our state. Through collaboration, the Consortium enhances partners' abilities to address cancer prevention, early detection, treatment and quality of life in Iowa.

Sign up to receive email alerts at www.canceriowa.org/newsletters.

2501 Crosspark Road Suite A

Coralville, Iowa 52241

www.canceriowa.org

National Guidance

The 2014 National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines for sexual dysfunction stated that discussions about sexual function are a 'critical part of survivorship care', yet such discussions often don't take place due to (a.) 'lack of training of health care professionals, (b.) discomfort of providers with the topic, and (c.) insufficient time during visits' (Deninger CS, et al., J Natl Compr Canc Netw 2014;12:184-92). Our project addresses all three of these challenges through a public awareness campaign, multidisciplinary conferences, and ongoing customized on-site workshops which include 1) Calgary Cambridge model based sexual health communication training with simulated patients and 2) facilitation, guidance, and support for target audience practitioners in addressing lingering barriers to sexual health care implementation.

The updated 2017 NCCN Guidelines for survivorship provide an algorithm for sexual health care including (a.) the recommendation to ask about sexual function in females and males at regular intervals, (b.) an outline for the diagnostic evaluation of problems and (c.) sex-specific treatment options for common symptoms. Evidence for these guidelines is rated category 2A (based upon lower-level evidence, with uniform NCCN consensus that the intervention is appropriate), using a scale from category 1 (highest level evidence, uniform NCCN consensus) to category 3 (any level of evidence, major NCCN disagreement). The 2A rating underscores the growing evidence base and national consensus supporting the current project (NCCN Guidelines Version 1.2017, Sexual Function, SSF-1 to SSF-3).

Going farther, the 2018 American Society of Clinical Oncology (ASCO) practice guidelines on interventions to address sexual problems in people with cancer recommend that a member of the health care team initiate a discussion about sexual function with the patient alone, at the time of diagnosis (Carter J, et al., J Clin Oncol 2018;36(5):492-511). Cumulatively, the summarized national guidance makes the need for provider education and training in medical communication about sexual health all the more urgent.

National guidance for translational projects is provided by a number of models, including the Iowa Model of Evidence Based Practice to Promote Quality Care (Titler, MD, et. al, The Iowa Model of Evidence-Based

Practice to Promote Quality Care, in Translating Research into Practice, from Critical Care Nursing Clinics of North America 2001;13(4):497-509). We used this model to evaluate the evidence base supporting advance practice professional provision of cancer-related sexual health care and determine the next steps needed for effective practice change. (Model Attached)

Need Determination:

Iowa is one of only 8 states with the lowest percentage of oncologists per population, having only 1.6 to 2.3 oncologists per 100,000 residents (ASCO State of Cancer Care in the US 2014, <https://ascopubs.org/doi/full/10.1200/jop.2014.001386>, accessed 4-21-19).

Nationally, only 3% of oncologists are based in rural areas, where 20% of Americans live (ASCO State of Cancer Care in the US 2014, <https://ascopubs.org/doi/full/10.1200/jop.2014.001386>, accessed 4-21-19).

Access to oncologists is limited in Iowa and therefore oncologists in our state have limited time to provide cancer-related sexual health care. Oncology Nurses and Advanced Practice Professionals are increasingly providing survivorship care (Murry J and Mollica M, Front Oncol 2016;6:174).

Researchers in the field of sexual health and oncology have summarized some of the factors that make it so difficult to move the needle on sexual health care (Reese JB, et al., Cancer 2017;123(24):4757-63).

Recent studies show that long-term survivors continue to want information about sexual health, and that sex therapists and treatments may be under recommended (Movsas TZ et al. Am J Clin Oncol. 2016; 39(3): 276-9 and Zhou ES, et al., Patient Ed Counseling. 2016;9:2049-54).

Communication about sexuality in advanced illness aligns with palliative care approaches (Leung MW, et al. Curr Oncol Rep. 2016;18(2):11)

Education can improve provider perception of having enough knowledge and training to provide sexual health care (Jonsdottir JI, et al., Euro J Onc Nursing 2016;21:24-30). Our project measures confirm these findings and provider evaluations demonstrate mastery of additional objectives, including formulating a short introductory message about sexual health and cancer.

Our approach of training advanced practice providers to bring up the topic of sexual health is supported by data indicating that intake questionnaires can miss sexual health concerns that patients will share when asked in person by a provider. Furthermore, a recent Sloan Kettering survey found that rehabilitation after cancer, empowering people impacted by cancer to maintain full agency over their ability to function sexually is essential for health, quality of life, and personhood (Landau ST et al., Am J Obstet Gynecol 2015;213(2):166-74). This is particularly important when treatment options are likely to cause sexual dysfunction and provides further rationale for our educational focus.