

## ABSTRACT

### PSYCHOSEXUAL FUNCTIONING AMONG WOMEN IN THE CHILDHOOD CANCER SURVIVOR STUDY (CCSS)

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Data on psychosexual functioning among adult survivors of childhood cancer are quite limited. This study seeks to assess the impact of survivorship on psychosexual functioning and quality of life among young adult female survivors of childhood cancer who are participants in the CCSS.

We recruited female survivors who were at least 18 years of age and completed the Follow-up 1 CCSS study questionnaire. 2178 of 4643 eligible survivors (46.9% participation rate) and 410 of 1066 siblings (38.4% participation rate) completed the Women's Health Survey that included questions on sexual functioning, sexual self schema, psychological and physical symptoms, and quality of life. Participants were more likely to be older, married, more highly educated, diagnosed with cancer at older ages (survivors only), Caucasian (survivors only), and have ovarian failure (survivors only) compared to women who did not participate. Participants were approximately 30 years old (mean [Range] age in years: survivors=29.9 [18.0-51.0], siblings=32.1 [18.0-52.0]).

In multivariable linear and logistic regression models controlling for age, marital status, education level, income and ethnicity, survivors reported significantly greater sexual difficulties, including significantly lower sexual arousal ( $p < 0.001$ ), desire ( $p < 0.001$ ), interest ( $p < 0.001$ ), and satisfaction ( $p = 0.0092$ ) as compared to siblings (mean differences were between 0.23 and 0.31, cutoff of 0.2 indicative of clinical significance) and worse quality of life (defined as scoring  $\leq 40$  on subscales of the SF-36) on the domains of physical functioning (OR=0.39,  $p = 0.0080$ ) and general health perceptions (OR=0.41,  $p < 0.001$ ) compared to siblings. Additionally, the odds of survivors reporting anxiety/fears (OR=1.32,  $p = 0.019$ ) were significantly greater than for siblings.

Future analyses will examine differences in psychosexual functioning within our cohort of survivors associated with sociodemographics, diagnosis/treatment, ovarian functioning and/or hormone replacement variables.

Identification of the prevalence of and risk factors for psychosexual dysfunction are essential for the future development of targeted interventions for survivors who experience sexual dysfunction.

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