**Re, Development of an intimacy tool for use in Head and Neck Oncology, BAOMS endowment grant £5,050 (2nd phase).**

This is an interim report on the recruitment to the third phase of this BAOMS supported project.

Please see previous correspondence which applies to the entire project and describes and itemises the use of the initial funding.

Intimacy and sexual function is an important component of quality of life but is often a neglected topic due to a reluctance to discuss such sensitive topics. In this study we are developing a tool to measure quality of life regarding sex, intimacy and sexual function after head and neck cancer. In phase 1 a published literature review identified that there were no validated tools to measure patients concerns specific to head and neck cancer.1,2

In phase 2 we developed a tool for the assessment of intimacy and sexual function abbreviated as ‘MHK Tool’.

Phase 3 will complete pre-publication validation with a sample of 200 H&N cancer survivors across different sites. Ethical approval initial and supplemental has been secured and previously supplied.

Phase 3 is in progress and we have recruited 90 patients (from a projected number of 200 since the funding of the second phase in October). The attempted recruitment to successful recruitment is approximately 2:1. We have had delays to recruitment caused by a) diversion of the senior nurse/psychosexual therapist by exigencies specific to the cancer service of her Trust she is the Lead Cancer Nurse), b) issues with R&D at another Trust (since resolved) and c) “winter pressures”.

A progress presentation has been made at the annual H&N QoL conference in November 2016 (this can be supplied if needed). I understand an abstract was submitted which would have constituted a penultimate progress report to the 2017 BAOMS ASM by one of my co-workers but this was not accepted. While surprised at this I have no further details.

The personnel are in place for data transcribing and analysis. I understand initial invoices have been raised against the residual funds which are being administered by Leeds Teaching Hospitals NHS Trust. I was disappointed to note they appear to have applied an administration charge but suspect this will be routine in the current financial climate.

At the completion of the cross sectional study a definitive methodological manuscript will be prepared for BJOMS and Elsevier have agreed to host the questionnaire as a pdf on the BJOMS platform as open access for other QoL researchers to access.

Developments following this should be in the direction of training CNS to use, interpret and offer PST support to patients, expansion to other cancer sites and training of Psychosexual Therapists in working with cancer patients.

1. Hoole, J.**,** Kanatas, A., Calvert, A., Rogers, S.N., Smith. A., Mitchell, D.A. (2015) “Validated Questionnaires on Intimacy in Patients who have had Cancer.” British Journal of Oral and Maxillofacial Surgery **53; (7)**584-593.

**2.** Hoole, J., Kanatas, A., Mitchell, D.A. (2015) “Psychosexual Therapy and Education in Patients Treated For Head and Neck Cancer “British Journal of Oral & Maxillofacial Surgery **53;** (7) 601-606. 

Yours Sincerely,

**David A Mitchell**