

# Contraception to protect partners of cancer patients from exposure to chemotherapy products in body fluids

Vivienne Bernath

Centre for Clinical Effectiveness  
Monash Institute of Health Services Research  
Monash Medical Centre  
Locked Bag 29  
Clayton VIC 3168  
Australia

Telephone: +61 3 9594 2726  
Fax: +61 3 9594 6970  
Email: [cce@med.monash.edu.au](mailto:cce@med.monash.edu.au) (quote author of report)  
URL: <http://www.med.monash.edu.au/healthservices/cce/>

July 2001

## SUMMARY STATEMENT

**Disclaimer** - please refer to Appendix 1 for information.

**Copyright** – please refer to Appendix 1 for information.

**Publication of materials** – please use the following format when citing this article:

Bernath, V. (2001). Contraception to protect partners of cancer patients from exposure to chemotherapy products in body fluids. [Online]. Available from <http://www.med.monash.edu.au/healthservices/cce>

**Form Version** – B.2001.01.04.1

## REQUEST

Is the use of contraceptive devices effective in protecting partners of cancer patients undergoing chemotherapy from exposure to chemotherapy products in body fluids?

## REQUESTED BY

**Lindsay Thompson**, Clinical Nurse Educator, Chemotherapy Day Unit, Monash Medical Centre, Moorabbin.

## METHODOLOGY

### Search Strategy

The Centre for Clinical Effectiveness defines the 'best available evidence' as that research we can identify that is least susceptible to bias. We determine this according to pre-defined National Health and Medical Research Council (NHMRC, 2000) criteria (see Appendix 1).

First we search for systematic reviews, evidence based clinical practice guidelines, health technology assessments and randomised controlled trials. If we identify sound, relevant material of this type, the search stops. Otherwise, our search strategy broadens to include studies that are more prone to bias, less generalisable or have other methodological difficulties. We include case-control and longitudinal cohort studies in our critical appraisal reports. While we cite observational and case series studies, and narrative reviews and consensus statements in our reports, we do not critically appraise them. Such studies can produce accurate results but they are generally too prone to bias to allow determination of their validity beyond their immediate setting.

### Details of Evidence Request

Patients (Subjects): partners of cancer patients undergoing chemotherapy

Intervention: use of contraceptive devices

Comparisons: no use of contraceptive devices

Outcomes: protection from exposure to chemotherapy products in body fluids

### Search terms

(see Appendix 2 for actual search strategy)

Patient (Subject): partner/s; sexual partners; spouses; husband/s; wife; wives; (and) chemotherapy; antineoplastic agents; anticarcinogenic agents; drug therapy;

Intervention: condom/s; contraceptive devices; protect/ion

## **Resources Searched**

We searched the following databases and Internet websites:

The Cochrane Library (CD-ROM)- 2001 Issue 2

Medline (OVID)- 1966 to June Week 4 2001

CINAHL (OVID)- 1982 to June 2001

Current Contents (OVID)- 1993 Week 26 to 2001 Week 29

Pre-Medline (OVID)- July 12 2001

Australasian Medical Index (Informit)- May 2001

National Guideline Clearinghouse Website- July 12 2001

## **Refinements, Searching & Reporting Constraints**

The search was completed on 12 July 2001.

## **RESULTS**

We were unable to identify any information about toxic risk to sexual partners of chemotherapy patients.

Based on our refinements and searching constraints we are reasonably confident that this is an accurate summary of the status of published information in this area to date.

# APPENDIX 1

## Copyright

© This publication is the copyright of Southern Health. Other than for the purposes and subject to the conditions prescribed under the Copyright Act 1968 as amended, no part of this publication may, in any form or by any means (electric, mechanical, microcopying, photocopying, recording or otherwise), be reproduced, stored in a retrieval system or transmitted without prior written permission. Inquiries should be addressed to Centre for Clinical Effectiveness.

## Disclaimer

The information in this report is a summary of that available and is primarily designed to give readers a starting point to consider currently available research evidence. Whilst appreciable care has been taken in the preparation of the materials included in this publication, the authors and Southern Health do not warrant the accuracy of this document and deny any representation, implied or expressed, concerning the efficacy, appropriateness or suitability of any treatment or product. In view of the possibility of human error or advances of medical knowledge the authors and Southern Health cannot and do not warrant that the information contained in these pages is in every aspect accurate or complete. Accordingly, they are not and will not be held responsible or liable for any errors of omissions that may be found in this publication. You are therefore encouraged to consult other sources in order to confirm the information contained in this publication and, in the event that medical treatment is required, to take professional expert advice from a legally qualified and appropriately experienced medical practitioner.

## Levels Of Evidence

Based on "How to use the evidence: assessment and application of scientific evidence" (National Health & Medical Research Council, Canberra, 2000):

Level I		Evidence obtained from a systematic review (or meta-analysis) of all relevant randomised controlled trials.
Level II		Evidence obtained from at least one randomised controlled trial.
Level III	-1	Evidence obtained from pseudorandomised controlled trials (alternate allocation or some other method).
	-2	Evidence obtained from comparative studies (including systematic reviews of such studies) with concurrent controls and allocation not randomised, cohort studies, case control studies or interrupted time series with a control group.
	-3	Evidence obtained from comparative studies with historical control, two or more single-arm studies or interrupted time series without a parallel control group.
Level IV		Evidence obtained from case series, either post-test or pretest/post-test.

## APPENDIX 2

### Search strategy

	Search terms for MEDLINE
1	chemotherapy.tw.
2	exp antineoplastic agents/
3	exp anticarcinogenic agents/
4	drug therapy/
5	dt.fs.
6	or/1-5
7	sexual partners/
8	(partner\$ or spouse\$).tw.
9	(husband\$ or wife or wives).tw.
10	or/7-9
11	6 and 10
12	exp contraceptive devices/
13	condom\$.tw.
14	contracept\$.tw.
15	protect\$.tw.
16	or/12-15
17	11 and 16
18	bodily secretions.mp.
19	6 and 18

\$ = truncation symbol