

Women's sexuality after breast cancer

Alessandra Graziottin MD
Director, Center of Gynecology and Medical Sexology
H. San Raffaele Resnati, Milan, Italy

Background

Breast cancer (BC) may affect the woman's physical and psychosexual health, because of:

- a) cancer per se;
- b) the cancer-related treatment(s) and the consequences of a premature iatrogenic menopause (secondary to chemotherapy) and/or of a symptomatic menopause that cannot be treated with traditional Hormonal Therapies;
- c) the impact on the woman's sexuality in its different dimensions: sexual identity, sexual function and sexual relationship.

Aim

To discuss the biological factors that may affect women's sexuality after breast cancer, to potentiate the gynecologist's ability to address them with a pragmatic approach.

Method

Literature review plus Author's clinical experience.

Results

Age at diagnosis, recurrences, pregnancy-related problems during or after breast cancer and infertility, the potential appearance of lymphedema, and side-effects of surgery (conservative vs radical), radio or chemotherapy and hormonotherapy (tamoxifen and aromatase inhibitors) may variably affect the psychosexual outcome.

A iatrogenic premature menopause may add a further burden to the recovery process, from the physical, emotional and relational point of view, and should be competently addressed. Women carriers of BRCA1 and BRCA2 mutations who might consider bilateral prophylactic mastectomy may have a specific iatrogenic impact of surgery on their self-image and femininity.

Unfortunately, biological factors, secondary to the diagnosis and treatment of breast cancer, are usually understudied with respect to the psychosocial ones.

Conclusions

Health care providers should improve their skills in understanding and listening to sexual concerns, addressing the basic biological issues that BC raises for female sexual identity, sexual function and sexual relationship.