How breast cancer can affect sexual function and intimacy

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How breast cancer treatment can affect sexual function and intimacy
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Abstract

Breast cancer (BC) diagnosis is a dramatic turning point in a woman's life. It impacts on her trust on her body, her future, her ability to cope with the struggle to survive. It reshapes her priorities. Specifically, BC diagnosis and treatment may variably affect three major dimensions of women's sexuality: sexual identity, sexual function and sexual relationship [1,2]. Several biological factors modulate the final outcome: her 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) [3], radio or chemotherapy and hormonotherapy (tamoxifen and aromatase inhibitors). Iatrogenic premature menopause, with its cohort of damages secondary to the chronic loss of estrogens on the brain, on the sensory organs, on the pathophysiology of sexual response and on the function of the pelvic floor, may add a further burden to the recovery process, from the physical, emotional and relational point of view, and should be competently addressed [1,2]. 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 [4]. Unfortunately, biological factors, secondary to the diagnosis and treatment of breast cancer are usually understudied with respect to the psychosocial ones [1,2]. Sexual intimacy may be dramatically affected by loss of desire and depression, difficulties in getting mentally and physically aroused, dyspareunia because of the vaginal dryness (in case of menopause), and orgasmic difficulties, for biological and psychosexual factors. Studies indicate that couple's *emotional intimacy* may be reinforced by the sharing of solidarity the couple has when facing BC diagnosis and treatment, whilst *physical intimacy* and *physical satisfaction* appear to be definitely worsened, mostly because of biological factors, usually neglected in the clinical management of breast cancer patients. Health care providers, and particularly the oncological team in this specific field, should improve their skills in understanding and listening to sexual concerns, addressing the basic biological issues that BC raises for women's and couple's sexuality . Male breast cancer may as well affect sexual identity, sexual function and sexual relationships. However, its consequences on sexuality have not yet been systematically evaluated.
This presentation will focus on the biological factors that should be addressed in the daily practice of health care providers, to offer the best *quality of sexual life* to breast cancer survivors and their partners.

References

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