

Dealing with the sexual consequences of breast cancer

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Abstract

Breast cancer (BC) is increasing, particularly in high income countries. It may variably affect the woman's 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 [1-3]. 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) [3,4], 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 [1-3]. 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 [5]. Unfortunately, biological factors, secondary to the diagnosis and treatment of breast cancer are usually understudied with respect to the psychosocial ones [1-3].

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 female sexual identity. They should also at least diagnose and recommend clinical help for these most common sexual symptoms in BC survivors: loss of desire, arousal disorders, dyspareunia, anorgasmia and loss of satisfaction. Best results will be obtained in sharing a "twin competence" with a good psychosexologist or a psychiatrist with an interest in this field, to whom patients with clear psychodynamic or relational problems should be referred for specific help. This should be done after having excluded or cured the potential biological causes of the symptoms. Attention to the anatomy and function of the pelvic floor should become a mandatory part of a thorough clinical gynecological and sexological examination, to give BC survivors the right to a full diagnosis and competent help [1,2].

Male breast cancer may as well affect general health as well as 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 life to breast cancer survivors.

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