



How cancer and its treatments can change and challenge patients' intimate relationships

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There are many considerations in a discussion of sexuality. Are we addressing the concerns of the patient who is undergoing chemotherapy? Is the woman who has had surgery for breast cancer afraid of her partner's reaction to the change in her body? Does the man who is trying to decide which prostate cancer treatment he should have understand how the treatments will affect his sexual function? Will normal sexual activity be restored after the cancer treatment has concluded?

Couples have their own sexual patterns and expressions of intimacy. Sometimes these are not affected by cancer, but very often they are. The stress of living with cancer can have a detrimental effect on a person's interest in sex. Worrying about survival, money, or how illness is affecting the family and other loved ones can certainly intrude on thoughts of intimacy. The patient may be experiencing fatigue or the pain and general discomfort that comes with having a malignancy or ongoing treatment. Surgery may result in disfigurement and a feeling of being unattractive, which can certainly cause a lack of interest in sex.

COMMON SEXUAL CONCERNS

The Dana-Farber Cancer Institute estimates that approximately 50% of women who have undergone long-term

treatment for breast or reproductive organ cancers and more than 50% of men who have been treated for prostate cancer experience ongoing sexual dysfunction. In addition, many survivors say that they were not prepared for a diminution of sexual activity.¹ The lack of preparation is surprising, given that most of the cancer organizations and Internet sites include information on changes in sexuality in their patient care literature.

In a Cancer Information Summary, the National Cancer Institute (NCI) cites loss of desire for sexual activity in men and women, erectile dysfunction in men, and dyspareunia (pain with intercourse) in women as the most common sexual concerns for people with cancer.² These effects are the result of treatment courses that are unique to cancer treatment.

SOME CAUSES OF SEXUAL DYSFUNCTION

Chemotherapy Adverse effects such as lesions on the skin or in the mouth and hair loss can have a negative impact on a person's self-image. Ongoing fatigue and frequent bouts of nausea, vomiting, and other GI symptoms can result in a low desire for sexual activity. Certain medications can reduce estrogen levels and initiate symptoms of menopause; hot flashes, vaginal dryness, mood swings, and irritability often impede sexual desire.

Radiation Many of the same systemic side effects experienced with chemotherapy can be caused by radiation treatments. Women who have had radiation treatments in the pelvis may experience scarring and narrowing of the vagina, which leads to painful intercourse. Men may experience erectile dysfunction after radiation treatments. Patients need to know that sexual changes caused by radiation therapy occur very slowly, usually manifesting from 6 months to 1 year after treatment.

Surgery Changes to the body that result from surgery also take a toll on sexual activity. The impact goes beyond the potential disfigurement after resection. To help survivors cope, NCI has a large selection of patient literature, including *Facing Forward: Life After Cancer Treatment*. This booklet helps patients continue their life with the body they have after surgery. It opens with the following excerpt:

Some body changes are short-term, and others will last forever. Either way, your looks may be a big concern after treatment. For example, people with ostomies after colon or rectal surgery are sometimes afraid to go out. They may feel ashamed or afraid that others will reject them. They may worry about the idea of having an 'accident' in social situations.

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ISSUES IN CANCER SURVIVORSHIP

Others don't like people being able to see treatment effects such as scars, skin changes, loss of limbs, and changes in weight. Even if your treatment doesn't show, your body changes may trouble you. Feelings of anger and grief are natural. Feeling bad about your body can also lower your sex drive. This loss of or reduction in your sex life may make you feel even worse about yourself.³

The American Cancer Society (ACS) offers the guide book, *How will cancer affect my sex life?* on its Web site.⁴ This is an excellent resource for patients who have questions about the aftereffects of treatment. ACS also offers a number of other patient guides, including *Sexuality for the Woman With Cancer* and *Sexuality for the Man With Cancer*.

PROBLEMS MAY PERSIST

Cancer survivors' sexual relationships are an important part of their life.

Survivors need to know that the sexual problems they may experience after cancer treatment are not often solved within the first 2 years after treatment. Unfortunately, sexual dysfunction may remain constant or even worsen for some patients, thereby affecting their overall quality of life. These survivors and their partners should be encouraged to take advantage of the support systems and various other resources available to them.^{5,6} ■

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