

Recent Evidence on Sexual Dysfunction Interventions for Female Cancer Survivors: A Systematic Review

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BACKGROUND

- Cancer impacts female sexual health and function
- Prevalence of female sexual dysfunction after cancer: 33 43%^{5,6,16,17}
- Female sexual dysfunction is classified into three major categories (DSM-5):7-12
 - · Sexual desire/ arousal disorders
 - · Orgasmic disorders

Female cancer

ual dysfunction

(> 18 years old)

customarily used

Placebo or

treatment

survivors with sex-

- · Genito-pelvic pain/ penetration disorders
- Growing number of new therapeutic approaches for sexual dysfunction in women with cancer

Any intervention

for sexual

Impact on

sexual function

dysfunction

METHODS

AIMS

- Record the available evidence on recent therapeutic options for sexual dysfunction in women with history of cancer
- Evaluate effects of the interventions on sexual function

Duplicates

removed

(n = 3925)

Records excluded

(n = 1754)

Very high (critical) Low Moderate (some concern) High (serious) ■ Randomized controlled trial ■ Single-arm trial ■ Single-arm observational Figure 2. Studies according to study and interventions type

RESULTS

- KEY FINDINGS
 13 RCTs, 18 uncontrolled trials, 5 cohort studies (Fig 2).
- Only 6 low risk of bias studies (Fig 1).
- Local interventions alleviated dyspareunia and vaginal dryness
- Intravaginal DHEA (6.5 mg) gel and testosterone cream improved sexual function.^{34,63}
- Multimodal and laser inter vention studies showed beneficial effects on sexual function but were at concerning risk of bias.
- Psychoeducational interventions improved sexual function, but were at high risk of bias.
- Evidence for estriol-lactobacilli vaginal tablet was unreliable (small-scale study).⁵³

Studies between 2011 to 2021 and written in English Reports excluded (n = 128) Reports assessed Reports assessed

for eligibility

(n = 164)

Included

studies

(n = 36)

Records identified

through database

search

(n = 5843)

Records screened

(n = 1918)

MEDLINE, EMBASE, PsycINFO, and Cochrane Central Register of Controlled Trials

SEARCH STRATEGY

DATABASE

women, cancer, sexual dysfunction, intervention

QUALITY APPRAISAL

RoB 2.0 (RCT), ROBINS-I (Non-randomized interventional study). NOS (observational study)

cols or ongoing study (n = 25), incorrect patient population (n = 22), incorrect outcome (n = 14), review or guideline text (n = 9), inaccessible full text (n = 8), incorrect study setting (n = 3), incorrect study design (n = 2), non-English study (n = 2), terminated study (n = 2), too few participants (n = 2), incorrect outcome (n = 2), no validated measure of effect (n = 1), published before 2010 (n = 1)

CONCLUSION

- Most studies were small in size (10-70 participants) with serious to critical risk of bias
- The most reliable evidence were studies of DHEA and testosterone vaginal gel, but in general, gels or creams were useful in reducing dyspareunia.
- Pharmacological, psychoeducational, laser therapy, and multimodal approach demonstrated potential, but need high-quality trials to demonstrate efficacy.
- Large-scale, double-blind, RCTs with long-period follow-up, at low risk of bias are needed for these interventions.

REFERENCES

