

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

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

RESULTS

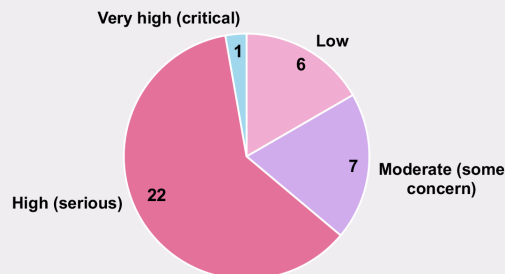


Figure 1. Risk of bias of the studies

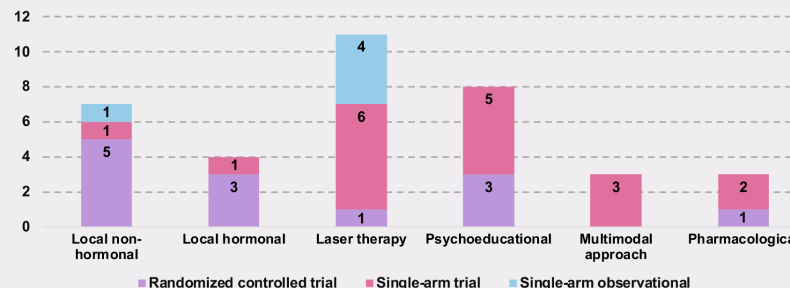
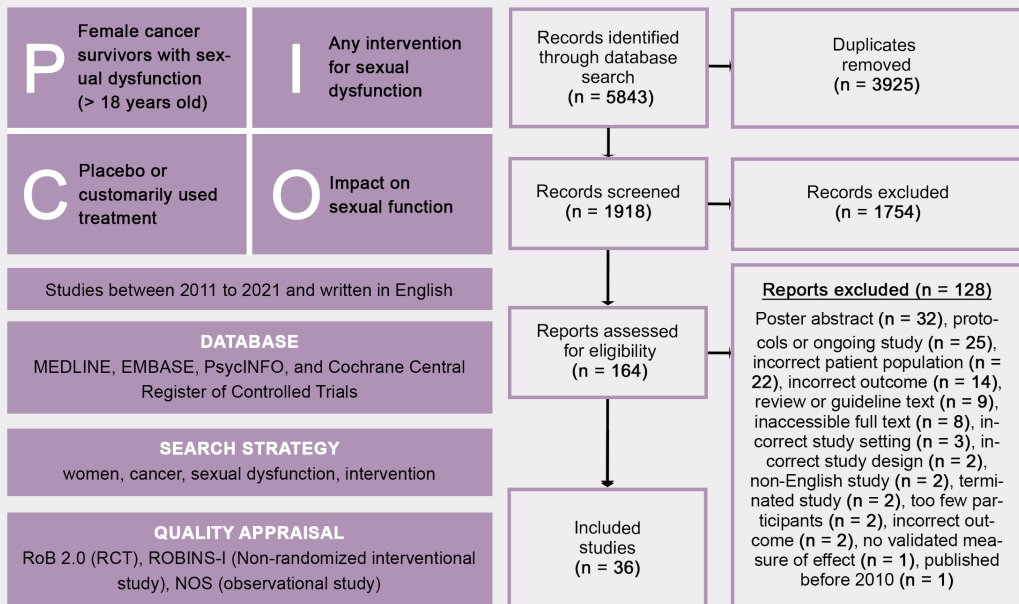


Figure 2. Studies according to study and interventions type

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 intervention 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

METHODS



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

