

# **Surviving Breast Cancer Can Be Sexy!**

## **Women's Sexual Concerns During and After Breast Cancer Treatment**

Arielle Brutus, Smita C. Banerjee PhD

Memorial Sloan Kettering Cancer Center, New York, NY

*Scientific Discipline: 12, Social and Behavioral Sciences and Public Health; b, Psychology*

### **Hypothesis/Problem:**

From 2005 to 2015 breast cancer survivorship increased by 31%; in the US, there are currently more than 3.8 million women who have survived breast cancer (BC). The main BC treatment modalities- chemotherapy, endocrine therapy, surgeries and radiation- may lead to side effects that negatively alter a woman's sexual health/function. Sexual dysfunction after BC treatment such as vaginal dryness and lowered libido can result in significant emotional distress for the patient, lowered self-esteem, and relationship challenges. When not regularly discussed with healthcare providers, patients often turn to online resources for information. In this study, we examined the women's sexual concerns during and after BC treatment, as shared on an online discussion board.

### **Methods:**

A content analysis was used to examine sexual health concerns of women during and after BC treatment. The sample included 100 discussions posted on an American Cancer Society Website discussion board. The content analysis categories were determined based on inductive coding, whereby we developed coding categories directly from a sub-set of the data (n=15). A total of 121 of coding categories (compressed into 18 overarching themes) were developed for this study.

### **Results:**

The mean age of women who shared their experience on the online discussion board was 40 years (SD 8.09, range 29-61 years). Chemotherapy (n=26, 31.7%), single mastectomy (n=13, 15.9%), and radiation (n=12, 14.6%) were the most common treatment modalities described. Side effects of treatment were described in 83 (83%) of the discussions with the top 4 side effects being decreased libido (n=14, 17%), body-image issues (n=10, 12.2%), hot flashes (n=9, 10.9%), and dyspareunia (n=9, 10.9%). In 27 (27%) of the discussion messages, communication with a healthcare provider was described, of which 5 (18%) describe a negative/unhelpful interaction. Finally, 98 (98%) discussion board messages described a reason for sharing their experience, including asking if others had similar experiences with life/medication/side effects (n=34, 35%), catharsis (n=16, 16%), humor (n=16, 16%), and recommendation of a resource on sexuality/cancer (n=9, 9%).

### **Conclusion:**

Three issues are suggested by our content analysis of women's sexual concerns shared on online discussion boards during and after BC treatment: (1) sexual concerns and issues after BC treatment are frequent, (2) Few women discuss sexual concerns with their health care providers during or after BC treatment, and (3) women seek social support from other BC survivors on online forums. Based on our findings, we recommend training for health care providers to create an open and safe clinical environment for women to discuss sexual health concerns during and after BC treatment in order to enhance their quality of life and adaptation to life after treatment.