Sexual problems are common in most patients during and following cancer treatment and are especially frequent in survivors of breast cancer (50%), gynecologic cancer (50%), and prostate cancer (70%). The problems can be severe and generally persist over time (Schover, 2004).

Pathophysiology
In men and women, three hormones regulate gonadal function. Any alteration in hormone production as a result of disease, cancer treatment, psychological factors, or nutritional status can result in sexual or reproductive dysfunctions. The hormones affected are included in the following list (Deneris, Huether, & Robinson, 2004).

Men and Women
- Gonadotropin-releasing hormone from the hypothalamus
- Luteinizing hormone and follicle-stimulating hormone from the anterior pituitary

Women
- Estrogen and progesterone from the ovaries

Men
- Testosterone produced by the interstitial Leydig cells

Influence of Cancer Treatment on Sexuality
Chemotherapy
Sexual and reproductive dysfunctions related to the administration of chemotherapy, hormonal agents, or biologics (see Figure 2) may be temporary or permanent. The effect of the newer targeted agents on sexual functioning remains, for the most part, unclear. In general, sexual side effects are related to one or more of the following individual drug characteristics (Krebs, 2005).