

# Breast Cancer Survivors and Sexuality: A Review of the Literature Concerning Sexual Functioning, Assessment Tools, and Evidence-Based Interventions

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**Background:** Most breast cancer survivors (BCSs) experience sexual dysfunction from treatment-induced hormonal changes, making sexual assessment an important component of survivorship care. However, because many oncology healthcare providers do not perform such assessment, a number of BCSs endure unidentified sexual dysfunction. Barriers to assessment faced by providers must be identified, and further research should examine the perspectives of BCSs and their partners regarding preferences for sexual assessment and interventions.

**Objectives:** The purpose of this literature review was to explore tools used to assess sexual functioning and evidence-based interventions used to treat sexual dysfunction in BCSs.

**Methods:** Articles published from 2003–2013 that reported on the effects of breast cancer and its treatment on sexual functioning in BCSs and located through online database searches (PubMed, the Cochrane Library, MEDLINE®, CINAHL®) were reviewed.

**Findings:** Sexual dysfunction is a common problem among BCSs. Using various assessment tools, providers should regularly assess sexual functioning in BCSs during and after treatment to improve quality of life for BCSs and their partners.

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With more than 3.1 million women living in the United States with a history of invasive breast cancer, the community of breast cancer survivors (BCSs) is growing, making assessments that focus on the effects of treatment on patients extremely important (American Cancer Society, 2014). The National Comprehensive Cancer Network ([NCCN], 2015) recommends that male and female survivors be evaluated for sexual dysfunction. In BCSs, sexual dysfunction is common. A study by Brédart et al. (2011) determined that BCSs experienced sexual dysfunction significantly more often than did a comparative population of women without breast cancer, attributing it to psychological and treatment-related factors. In addition, a study by Alder et al. (2008) discovered that, on the Female Sexual Function Index (FSFI), which is a short tool used for assessing sexual functioning in women, about 68% of BCSs scored below the cutoff that differentiates sexual dysfunction

from normal function. In this study, BCSs had a higher rate of sexual dysfunction than healthy women, and among survivors with a history of chemotherapy treatment, about 90% also presented with a FSFI score below the cutoff, indicating poor sexual functioning (Alder et al., 2008). A 2010 online survey involving patients with breast cancer (N = 1,956) drawn from the membership of a national Australian breast cancer organization and conducted by Ussher, Perz, and Gilbert (2012) revealed that 78% (n = 1,427) of participants reported a decreased frequency of sexual encounters, and 64% (n = 1,151) noted a decline in sexual pleasure.

Findings from these studies and others demonstrate that sexual dysfunction is common among women with breast cancer. However, in the 2010 study by Ussher, Perz, and Gilbert (2013) involving patients with breast cancer, the authors found that only 41% of participants (n = 790) had received information about sexual functioning after diagnosis and treatment. In addition, 68%