Consequences of Chemotherapy on the Sexuality of Patients With Lung Cancer

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Lung cancer occurs most frequently in the more developed countries of North America and northern Europe. Each year, it kills about 158,900 Americans (Dest, 2000). Recent demographic information indicates that the incidence of lung cancer has decreased slightly in men but continues to rise in women (Hoffman, Mauer, & Vokes, 2000). Although diagnosis and treatment of lung cancer have become more sophisticated, the overall one-year survival rate is 41% (Bakas, Lewis, & Parsons, 2001).

The two types of lung cancer are non-small cell and small cell carcinoma. Non-small cell lung cancer, the most common type (Cooley, 1998), constitutes 85% of lung cancer cases (John, 2001). Small cell lung cancer usually presents with distant metastasis at the time of diagnosis (John). Bone and brain metastases are common pathologies associated with small cell lung cancer.

Several chemotherapeutic agents are used to treat lung cancer (see Table 1). Paclitaxel and carboplatin are first-line therapy for non-small cell lung cancer. Paclitaxel can cause peripheral neuropathy, myalgia, arthralgia, fatigue, and myelosuppression. Carboplatin can cause nausea, vomiting, alopecia, and fatigue. Many of these side effects, such as fatigue, nausea, vomiting, and myalgia, affect sexual desire and the physical ability to engage in sexual activity. Neutropenia and thrombocytopenia may be significant enough that women with lung cancer must avoid penetration during sexual activity (Wilkes, Ingwerson, & Barton-Burke, 2002). Many healthcare providers have long ignored the impact that these side effects can have on intimate aspects of patients’ lives.

Consequences of Lung Cancer and Chemotherapy

Chemotherapy treatment can have a devastating impact on the quality of patients’ lives. A Polish study examined aspects of quality of life (QOL) in patients with lung, gastric, and colorectal cancers (Scieszka, Zielinski, Machalski, & Herman, 2000). These three groups were surveyed before treatment and after 6–9 courses of adjuvant chemotherapy. Patients with lung cancer displayed the most dramatic changes in physical, emotional, and functional well-being as measured by the Functional Assessment of Cancer Therapy questionnaire. These patients experienced increased weakness, nausea, vomiting, and alopecia related to a more aggressive chemotherapy regimen that increased toxicity levels. Patients with lung cancer had decreased abilities to carry out household tasks, enjoy meals, spend time with family and friends, and maintain daily functional activities. Chemotherapy affected QOL of patients with lung cancer more adversely when compared to QOL of patients with gastrointestinal cancers.

Submitted July 2001. Accepted for publication January 25, 2002. (Mention of specific products and opinions related to those products do not indicate or imply endorsement by the Clinical Journal of Oncology Nursing or the Oncology Nursing Society.)

Digital Object Identifier: 10.1188/02.CJON.212-216