

The Impact of Gynaecological Cancer on Sexuality in Women

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Background

Any cancer diagnosis affects sexuality, but gynaecological cancers disproportionately affect women both **physically** and **psychosexually**. Women need a physical, endocrinological and psychosexual approach to their recovery.

Nationally, there are nearly 500 trained or in training members of the Institute of Psychosexual Medicine who provide physical and psychosexual support.

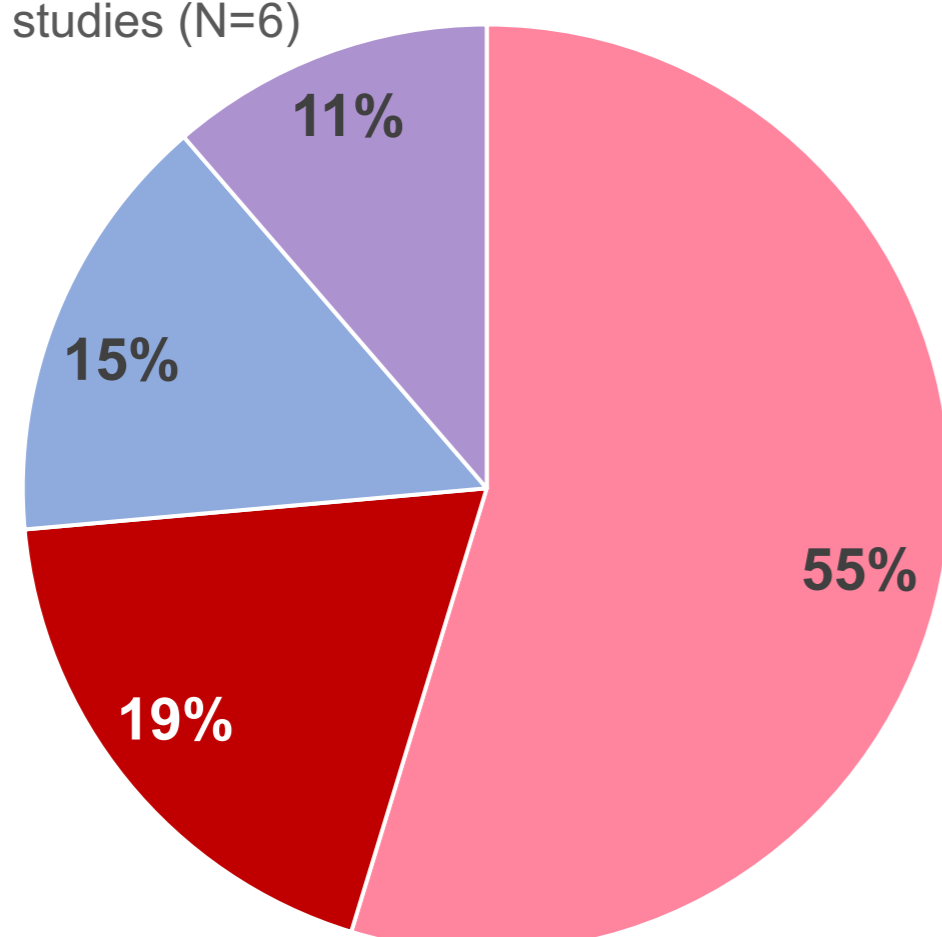
Availability and access to psychosexual services widely varies across the country, which can affect patients receiving therapy and care. Cancer care providers and support groups on social media have highlighted the **deficiencies in understanding of sexual problems** and lack of provision of services.

Aims

This literature review aims to determine the psychosexual impact of gynaecological cancer with a view to improving pathways to psychosexual services for these women.

Outcomes of included studies: sexual dysfunction (N=53)

- Sexual dysfunction (N=29)
- Statistically significant sexual dysfunction (N=10)
- No sexual dysfunction (N=8)
- Qualitative studies (N=6)



Design and method



A systematic review of the literature was conducted according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement. PubMed and MEDLINE were searched from 01/01/1980 until 08/02/2021.

Inclusion criteria:

- Observational studies
 - Population of women in any region or country.
 - English language articles.
 - Population of women who have a diagnosis of any form of gynaecological cancer and have reported on their psychosexual function.
 - Women at any point in their treatment (diagnosis, treatment, treatment completion, surveillance), or might not be undergoing treatment.
 - Studies that measured psychosexual function using questionnaires or interview-reported psychosexual function.
 - Population of women of any race, age, sexuality and relationship status.
- Risk of bias of each study was assessed using CASP and AXIS tools.

Results

The search retrieved 1,382 studies. 53 studies met inclusion criteria. 39 studies found high prevalence of psychosexual dysfunction in women with gynaecological cancer.

- Sexual activity** was markedly reduced in women with gynaecological malignancy.
- Sexual pleasure and enjoyment** was reduced in sexually active women with cancer.
- Anorgasmia** was reported in three studies.
- Changes to **sexual interest and desire** were reported in nine studies.
- Sexual satisfaction** was found to be reduced in women with gynaecological cancer.
- Body image** and feelings of attractiveness were found to be worse in cancer survivors.
- Physical symptoms** such as **dyspareunia**, **vaginal dryness** and **vaginal stenosis** were reported by women in sixteen studies.
- Cancer types are associated with **physical phantasies** regarding their genitalia and sex increasing risk of recurrence. One study reported that cervical cancer survivors avoided sex due to fear of cancer recurrence. Another study found that ovarian cancer survivors had significantly more reproductive concerns.
- Quality of life** was significantly negatively correlated with sexual dysfunction.
- Women have concerns about **intimate relationships** after their treatment. One study positively correlated open communication within a relationship with better sexual function outcomes.
- Women reported **lower satisfaction with care related to sex** compared with care overall.

Evaluation of the Population Health Directorate (2019) shows that sexual function receives little attention from policymakers and psychosexual services remain persistently underfunded.

"You've been treated and told 'Goodbye, see you in six months', you know ... and the doctor didn't explain to me about the emotional part, he just sort of explained about the operation and scarring." - SURVIVOR OF ENDOMETRIAL CANCER (Juraskova et al., 2003)

"Just a sense of loss ... a grieving that I lost my femininity ... they [reproductive organs] are symbols of womanhood, I suppose." - SURVIVOR OF ENDOMETRIAL CANCER (Juraskova et al., 2003)

Discussion



Negative changes to sexual wellbeing are prevalent in women with all types of gynaecological cancer. Studies reported adverse sexual wellbeing outcomes across a wide range of **physical, psychological, emotional** and **social** parameters.



Sexuality is a significant part of both **socialising** and **individuality** yet is often neglected when evaluating factors that affect women's quality of life.



Our review shows an **unmet need** in the care of women with gynaecological cancer. Psychosexual Medicine is best placed to address all these parameters when managing cancer recovery.



Pathways to psychosexual support for women with cancer are currently tortuous. It is important that we **improve access** to specialist support provided by IPM trained healthcare professionals who can offer both the psychological and physical support that is often required in women affected by gynaecological cancers.



There is **limited high quality data** in this field, and further research into the psychosexual impact of gynaecological cancer is essential in order to strengthen the routes to psychosexual support and improve care for these patients. We are currently completing a **further QIP** to determine if women with gynaecological cancer treated in Guys and St Thomas' NHS Trust are being adequately supported psychosexually.

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