87% of People Treated for Cancer Experience Sexual Dysfunction

There's a gender gap too. Doctors are more likely to discuss potential problems with men than with women.

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Sexual dysfunction is a common side effect of cancer treatment—so common, in fact, that the overwhelming majority of people with prostate, breast, endometrial and other cancers experience it, according to a new study.

Collected and organized by lead author James Taylor, MD, MPH, a chief resident in radiation oncology at Thomas Jefferson University's Sidney Kimmel Cancer, and colleagues, the results were presented at the annual meeting of the American Society for Radiation Oncology last month.

The term "sexual dysfunction" refers to a wide range of physical and psychological impairments—including erectile dysfunction in men and vaginal dryness in women—that render engaging in sexual activity difficult. It is especially likely to occur after treatment for prostate cancer, breast cancer and gynecological cancers, according to Medscape, but people with any type of cancer can be affected.

To evaluate rates of sexual dysfunction among cancer survivors, Taylor and colleagues worked with cancer treatment experts to develop a 25-plus-item questionnaire that was advertised on social media and throughout the Thomas Jefferson University campus. "The responses from social media are important because it shows a broad representation of patients who are treated in multiple clinics across the United States," Taylor said.

In total, the researchers received 391 workable responses, the majority (81%) from women. Common cancer types reported included breast cancer (67%), prostate cancer (16%) and endometrial cancer (6%).

Perhaps the most significant finding? Most (337, or 87%) respondents reported that cancer treatment—typically in the form of chemotherapy (78%), radiation (54%) or hormone therapy (47%)—had negatively affected their sexual desire or performance. More than half (53.8%) of those who reported problems had a poor body image; 73.4% struggled with dyspareunia, the medical term for genital pain during sexual intercourse; and 42.3% had consistent trouble achieving orgasm.

The study also uncovered significant gender disparities in cancer care. Men, for example, were much more likely than women to report that their doctor had inquired after their sexual health, warned them about the possibility of sexual dysfunction following treatment and provided them with evaluative resources such as surveys or other formal assessment tools. Even so, only a minority of all respondents reported that they had received adequate sexual health information or education prior to, during or after treatment. Specifically, 40% had been “preemptively warned that their sexual health may be affected by treatment,” according to Taylor, while just over a quarter—27.9%—had explicitly discussed their sexual health in a clinical setting.

Taylor described three key takeaways from the study. “One is that sexual toxicity is exceedingly common, and number two, it identified a gender disparity,” he said. “But number three, and I think that this is an important aspect of our study, is that the majority of respondents felt that they would like a standard questionnaire to initiate and guide a discussion on sexual health with their provider.”

To read more about sexual dysfunction following cancer treatment, click here. And to read about how one man transformed his prostate cancer treatment experiences into a gripping podcast, click here.

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