

Letter to the Editor

Letter to the Editor: Measures for Sexual Health Recovery in Breast Cancer Survivorship

Dear Editor,

I read with interest the article by Jalambadani *et al.* describing the psychosomatic effectiveness of behavioral intervention in improving the sexual function of breast cancer survivors.^[1] Albeit there is an important care need in the cancer trajectory, the concerns of female sexual disorder (FSD) stem not only from a patient's sexual self-schema, but also as a result of the diagnosis and/or treatment-related sexual health impact(s).^[2] Thus, the overarching objective of the study in supporting the theory of planned behavior-based educational intervention is attendant with a few shortcomings. First, a discussion on possible bio-psycho-sexual difficulties in the breast cancer journey is grossly omitted within the course content of the educational intervention, detailed by the authors in Table 1.^[1] Although the anatomy, physiology, and other behavioral dimensions are important, also paramount is an information boost of the anticipated dysfunction(s) in light of contemporary advances in breast cancer survivors' sexual wellness endeavors.

Second, the authors reported a significant improvement in the mean total score of Female Sexual Function Index (FSFI) (from 28.25 to 30.45) for the trial cohort following education intervention versus 28.00 in the control group [Table 6]. Considering the validated cutoff for normal sexual function in the 19-item FSFI scale to range from 26.55 to 36.00,^[3] both the pre- and post-intervention scores fall well within the reference/normal range and this notwithstanding the median threshold for FSD being lowered to 22.80 in some studies of conservative populations.^[4] Therefore, the statistical significance of the reported value(s) will not translate into a practical significance. That being so, a reader is unlikely to extrapolate the measured outcome to a quantitative reversal of FSD, since both the study cohorts do not meet the assessment cutoff for FSD. Furthermore, if the main crux of the educational intervention was to enhance sexual function, the article lacks clarity on which functional domains were specifically improved through the knowledge gained.

Yet another pitfall is that the FSFI was administered in the early transition phase, which may be somewhat premature to determine sexual health changes. A FSD in breast cancer survivorship is both multifactorial and multidimensional with overriding impacts not only due to the disease or treatment but also from the consequences of negative self-concept and precipitant menopause.^[5] While these data are not presented in the study, sexual conversations are still important to reposition sexuality as an integral domain of postcancer recovery. A triumvirate of psychosexual education, counseling, and possible therapy is evidence based and merits inclusion within the comprehensive survivorship care continuum. Lastly, while Jalambadani *et al.* have also acceded the missing role of partner in the study as a limitation, the importance of relational factors as independent/interdependent determinants of a woman's sexual function and/or her sexual satisfaction still prevails. Taken together, the long-term outcomes or sustainability would depend on a multifaceted approach combining education and intervention, focusing on concerns and distress, targeting patients and their partners for a holistic readjustment and recovery of healthy sexuality and relationship quality within the realms of survivorship challenges.

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Received: May 18, 2018, Accepted: May 22, 2018

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Access this article online

Quick Response Code:



Website: www.apjon.org

DOI:
10.4103/apjon.apjon_24_18

Cite this article as: Srilatha B. Letter to the Editor: Measures for Sexual Health Recovery in Breast Cancer Survivorship. *Asia Pac J Oncol Nurs* 2018;5:442-3.

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