IMPACT OF PELVIC GYNECOLOGICAL CANCER ON FEMALE SEXUALITY

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Objectives:

Gynaecological malignancies represent 11.3% of cancers in women in Tunisia. Currently, cancer is considered a chronic disease. Assessing the impact of cancer occurrence and its treatment on female sexuality often involves communication difficulties between the patient and the health care team. The purpose of this work was to:
-Determine female sexual dysfunction in patients treated for pelvic gynecologic cancer.
-Plan an early sexual rehabilitation program for such patients

Methods:

This was a cross-sectional descriptive study that was conducted over a four-month period, from February 1st, 2017 to June 30th, 2017 at Salah Azaiez Institute.

Results:

The median age was 47.6 years. Half of our patients were housewives. The illiteracy rate was 36.7%. The average duration of the marriage was 26.7 years. Cervical cancer was the most common type (40%). Chemotherapy was performed in 60% of patients, while radiotherapy was performed in 70% of patients. Stage II was the most common (70%). The different clinical data on gynaecological cancer are summarized in Table I.

Table I. Characteristics of cancer disease

Cancer type	Number (%)	Stage	Treatment
Cervix cancer	12 (40%)	Stage I : 3	RT + CHL
		Stage II : 8	RT+ CT +CHL
		Stage III : 1	RT+ CT +CHL
Endometrial cancer	8 (26,7%)	Stage I : 4	CHL
		Stage II : 4	CHL + RT + CT
Ovarian cancer	5 (16,7%)	Stage I : 1	Conservative ovarian
		Stage II : 4	staging + CT Complete ovarian staging + CT
Vulvar cancer	4 (13,3%)	Stage II : 3	Vulvectomy + bilateral
		Stage III : 1	inguinal lymph node dissection+ RT
Vulvar cancer	1 (3,3%)	Stage I : 1	Partial vaginectomy + RT

CHL: colpohysterectomy + bilateral lymphadenectomy, RT: radiotherapy
CT: chemotherapy, ovarian staging: hysterectomy + adnexectomy + pelvic and lumbo-aortic lymph node dissection + omentectomy.

Patients already had sexual dysfunction prior to cancer diagnosis with Female Sexual Function Index (FSFI) of 25 (Table 2). Impairment in sexual function affecting all components of the FSFI index was observed with a statistically significant p. Predictors of sexual dysfunction after gynecologic cancer were age, level of education, duration of marriage, occupation, type of disease, and administration of chemotherapy.

Table 2. The FSFI score according to its different items before and after a cancer diagnosis

Items	Score before (min-max)	Score after (min-max)	Average before		Average after		P
1. Desire : frequency	2-4	1-4	3.3	4.1	1.9	2.4	0.009
2. Desire : level	2-5	1-4	3.6		2.2		
3. Arousal : frequency	2-5	0-4	3.5	4.1	2.3	2.7	0.001
4. Arousal : level	1-5	0-4	3.4		2.3		
5. Arousal : confidence	1-5	0-4	3.4		2.3		
6. Arousal : satisfaction	1-5	0-4	3.6		2.2		
7. Lubrication : frequency	1-5	0-3	3.4	4	1.5	1.5	0.039
8. Lubrication : difficulty	1-5	0-3	3.4		1.2		
9. Lubrication : frequency of maintaining	1-5	0-3	3.5		1.4		
10. Lubrication: the difficulty of maintaining	1-5	0-2	3.1		1		
11. Orgasm : frequency	1-5	0-3	3.2	4.1	1.8	2.2	0.004
12. Orgasm : difficulty	1-5	0-3	3.4		2		
13. Orgasm : satisfaction	1-5	0-3	3.7		1.7		
14. Satisfaction with amount of closeness with partner	1-5	0-4	3.4	4.4	2.7	2.8	0.005
15. Satisfaction with sexual Relationship	2-5	1-3	3.8		2.1		
16. Satisfaction with overall sex life	3-5	1-3	4		2.2		
17. Pain: Frequency during vaginal penetration	1-5	0-3	3.6	4.3	1.7	2	0.013
18. Pain: Frequency after vaginal penetration	2-5	0-3	3.6		1.7		
19. Pain: Level during or after vaginal penetration	1-5	0-3	3.7		1.6		
TOTAL				25		13.6	0.0008

Conclusions:

Sexuality after cancer affecting the female genital area is altered, age >50 years, illiteracy, length of marriage > 20 years as well as endometrial, vulva and vaginal cancers were predictive factors of sexual dysfunction.