INFLUENCE OF DIFFERENT TREATMENT MODALITIES ON SEXUAL FUNCTION IN BREAST CANCER SURVIVORS IN URUGUAY

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BACKGROUND

Advances in treatment have improved survival rates among women diagnosed with breast cancer; however, the number of women facing long-term consequences, including impaired quality of life and sexual dysfunction, has also increased.

OBJETIVE

To evaluate the prevalence of sexual dysfunction measured by the Female Sexual Function Index (FSFI) and its association with treatment modalities in Uruguayan breast cancer survivor.

METHODS

This prospective observational study included patients diagnosed with early-stage breast cancer who had completed surgery, chemotherapy, and radiotherapy at least 12 months before enrollment. Patients completed the FSFI questionnaire. Data were analyzed using simple and multiple logistic regression models to assess the relationship between treatment modalities and sexual dysfunction.

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RESULTS

A total of 247 patients were included, of whom 60.3% (149) reported being sexually active and were included in the analysis. Among these, 67.1% underwent breast-conserving surgery, 68.5% received chemotherapy, 92.6% radiotherapy, and 95.3% hormone therapy. Sexual dysfunction, defined as a score ≤26.55 on the FSFI questionnaire, was present in 58.3% of the patients. Multivariate analysis indicated a higher risk of sexual dysfunction in patients who underwent total mastectomy, were treated with chemotherapy, or used gonadotropin-releasing hormone agonists. Patients treated with tamoxifen had a lower probability of sexual dysfunction in unadjusted analyses, although this difference was not significant after adjusting for other variables. Radiotherapy showed no significant impact on sexual function.

	n	%
Stage		
I	35	23.5%
II	81	54.4%
III	33	22.1%
Surgery		
Breast-conserving surgery	100	67.1%
Total mastectomy	49	32.9%
Chemotherapy		
No	47	31.5%
Yes	102	68.5%
Radiotherapy		
No	11	7.4%
Yes	138	92.6%
Hormone therapy		
No	7	4.7%
Yes	142	95.3%

Table 1: Clinical characteristics and treatments received (n=149).

Table 2: FSFI questionnaire scores in patients aged 50 years or younger vs. those older than 50 years (n = 149).

Dimension	≤50 (n=41)	>50 (n=108)	CI
Desire	4.8 (4.2–4.8)	3.6 (3.6–3.6)	0.6 to 1.2
Arousal	4.5 (4.2–5.1)	3.9 (3.6–4.5)	0.3 to 0.9
Lubrication	5.4 (4.2–5.7)	4.2 (3.9–4.5)	0.6 to 1.2
Orgasm	5.2 (5.2–5.6)	4.4 (3.5–5.2)	0.8 to 1.2
Satisfaction	5.2 (5.2–5.6)	4.8 (4.0–5.2)	0.4 to 0.8
Pain	5.2 (4.8–5.6)	4.0 (3.6–4.0)	1.2 to 1.6

Table 3: FSFI questionnaire scores according to type of surgery (n = 149)

Dimension	Breast-conserving surgery (n=100)	Total mastectomy (n=49)	CI
Desire	3.6 (3.6–4.8)	3.6 (3.6–3.6)	> 0 to 0.6
Arousal	4.2 (3.6–4.5)	3.6 (3.6–4.2)	> 0 to 0.6
Lubrication	4.5 (3.9–5.4)	4.2 (3.9–4.5)	> 0 to 0.6
Orgasm	5.2 (4.0–5.2)	4.4 (3.0–5.2)	> 0 to 0.8
Satisfaction	5.2 (4.8–5.2)	4.8 (4.0–5.2)	> 0 to 0.4
Pain	4.8 (3.6–5.2)	3.6 (3.6–4.8)	> 0 to 0.8

CONCLUSIONS

While this study highlights the impact of certain treatment modalities on sexual function, the results should be interpreted in the context of population characteristics and potential biases. These findings can guide clinicians in planning treatments to improve the quality of life of sexually active breast cancer patients.