



Sexual Well-being in Patients following Breast Cancer Surgery: Trends, Associated Factors, and Interventions.



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Background

- Up to 85% of breast cancer patients report sexual health concerns.
- Mastectomy negatively affects patients' sensation, body image, and sexual life.
- Breast reconstruction can improve sexual health
- Sexual Well-being score is the lowest of all BREAST-Q domains.
- 80% of patients with **prostate** cancer have a conversation about sexual difficulty, yet only 30% of patients with **breast** cancer report the same conversation.
- Sexual health is a crucial subject for women surviving cancer.**

Objectives

- To assess the sexual health in breast cancer patients.**
- Aim 1: Compare Sexual Well-being in postmastectomy breast reconstruction and breast conserving therapy (BCT).
- Aim 2: Delineate associated demographic and clinical factors at 1-year postoperatively.
- Aim 3: Evaluate incidence and impact of sexual medicine consultations.

Methods

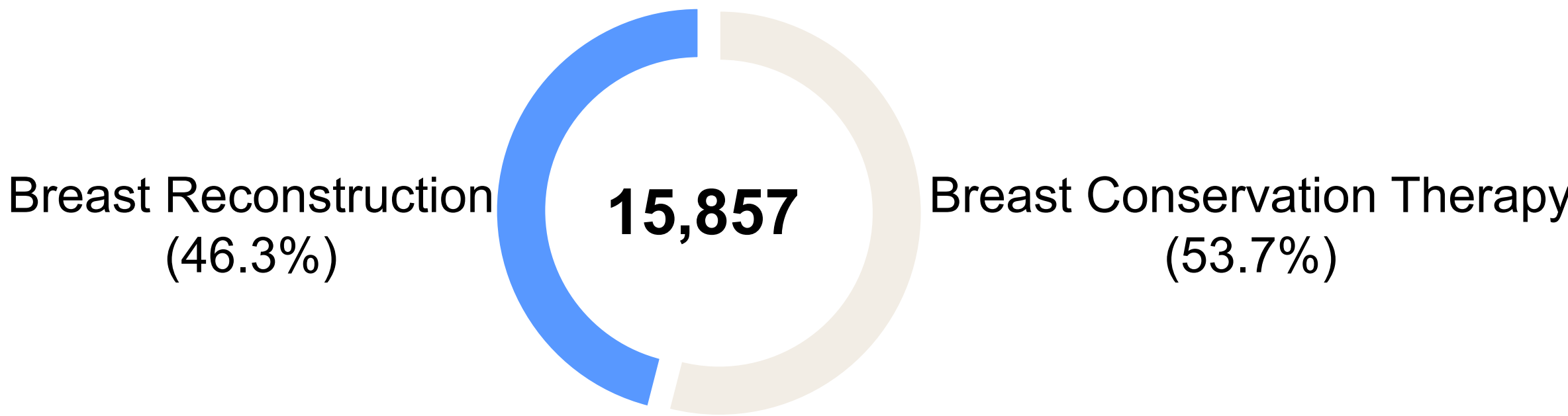
Study population:

- Patients > 18 years of age
- BCT and post-mastectomy breast reconstruction patients
- Retrospective review, 2010-2021

Inclusion Criteria:

- Patients with any preoperative OR postoperative BREAST-Q Sexual Well-being scores

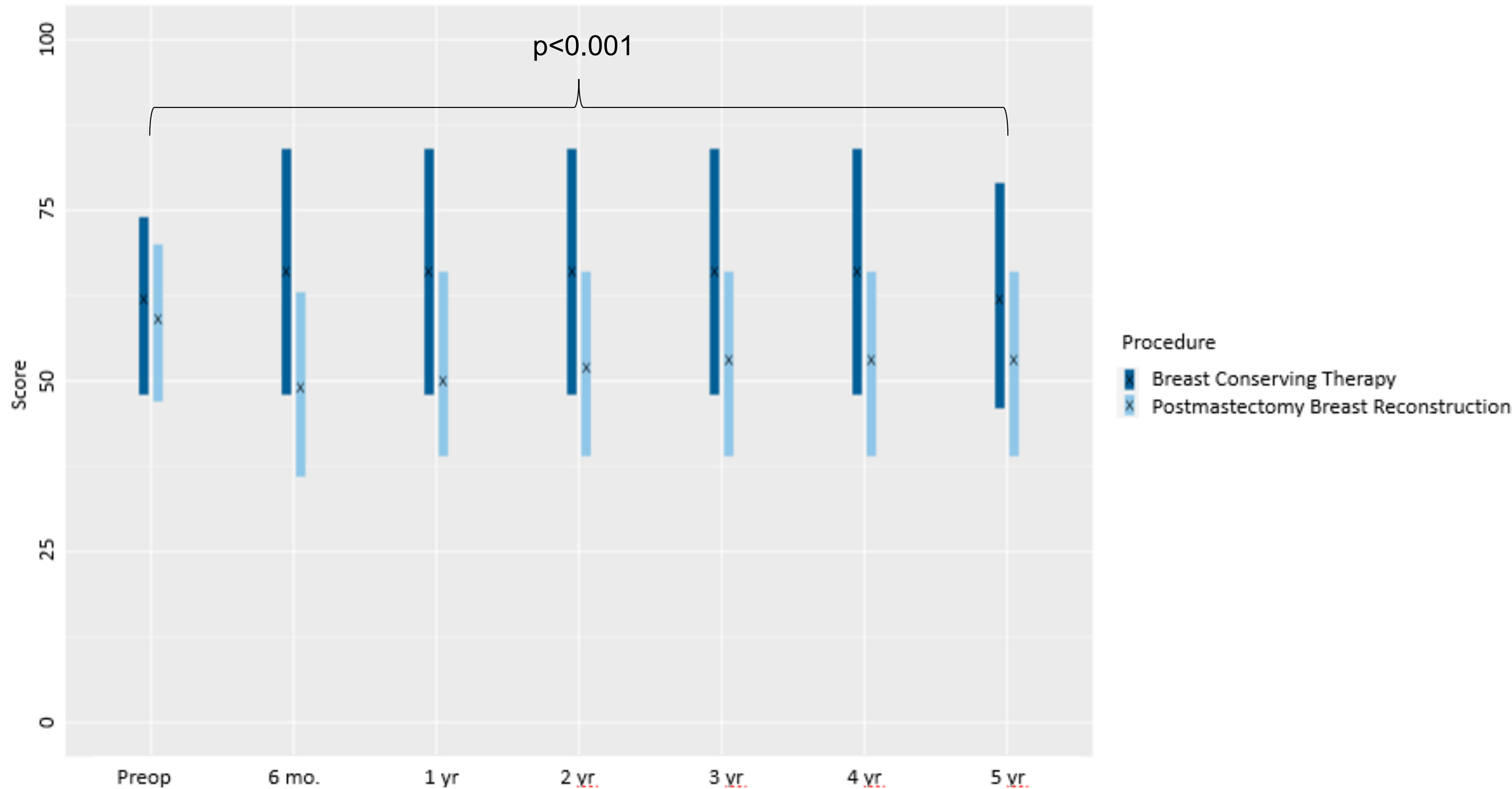
Results



Patient Characteristics			
Age at Surgery	54 (46, 63)	Smoking Status	
Race		Never	11,844 (75%)
White	12,120 (76%)	Current/Former	2,922 (18%)
Asian	1,312 (8.3%)	Unknown	1,091 (6.9%)
Black	1,293 (8.2%)	Cardiovascular Disease	2,916 (18%)
Other	1,132 (7.1%)	Diabetes	1,218 (7.7%)
Ethnicity		Hypertension	4,475 (28%)
Not Hispanic	13,997 (88%)	Autoimmune	2,216 (14%)
Hispanic or Latino	1,116 (7.0%)	Lymphedema	931 (5.9%)
Unknown	744 (4.7%)	Hyperlipidemia	3,475 (22%)
Marital Status		Psychiatric diagnoses	7,454 (47%)
Married	11,217 (71%)	Menopause Status	
Separated	1,209 (7.6%)	Premenopausal	4,719 (30%)
Single	3,324 (21%)	Perimenopausal	816 (5.1%)
Unknown	107 (0.7%)	Postmenopausal	4,904 (31%)
BMI	24.7 (21.7, 28.8)	Unknown	5,418 (34%)

5.4% (400 patients) of 7,347 breast reconstruction patients received a Sexual Medicine Consultation

BCT vs. Breast Reconstruction Sexual Well-being



Factors Associated with 1-Year Postoperative Sexual Well-being

- Psychiatric diagnosis** β =-7.6
- Single (vs. Married)** β =-4.2
- Axillary Dissection β =-3.1
- Skin-sparing (vs. Nipple) β =-2.6
- Cardiovascular Disease β =-2.3
- BMI β =-0.48

Factors Associated with Sexual Medicine Consultations

- Neoadjuvant chemotherapy** OR=5.79
- Adjuvant chemotherapy** OR=5.16
- Psychiatric diagnoses OR=2.24
- Postmenopausal (vs. Premeopausal) OR=2.18
- Aromatase inhibitor OR=1.77
- Age at Surgery OR=0.93
- Current/former Smoker (vs. nonsmokers) OR=0.32

Conclusion

- Post-mastectomy breast reconstruction patients consistently have lower on Sexual Well-being than BCT patients up to 5-years after surgery.
- Breast reconstruction patients experience an improvement in their Sexual Well-being up to 2 years postoperatively, but it does not return to preoperative state.
- Patients with single marital status and a history of psychiatric diagnosis have lower Sexual Well-being postoperatively. Surgeons should identify these patients to provide prompt and appropriate interventions.
- Only a small proportion of patients receive Sexual Medicine Consultation, with no significant differences in Sexual Well-being before and after consultation. Future studies should assess the impact of sexual medicine consultations using more comprehensive measures.

References

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