

Letters to the Editor

Sexual Health Communication Strategies for Breast Cancer Survivors

Original Article: Primary Care of Breast Cancer Survivors

Issue Date: March 15, 2019

Available online at: <https://www.aafp.org/afp/2019/0315/p370.html>

To the Editor: We greatly appreciate Drs. Zoberi and Tucker for highlighting the sexual adverse effects that breast cancer survivors commonly experience. Up to 50% of breast cancer survivors have sexual adverse effects associated with treatment, which may worsen over time.¹ These sexual adverse effects often go far beyond vaginal dryness and are complex in psychological and relational ways.

Our research involving 40 survivor and 36 clinician interviews suggests that family physicians should consider three specific tactics. First, we found that clinicians and patients valued providing concrete (not general) advice to alleviate symptoms.² Second, we uncovered a significant disconnect between clinician intentions and patients' reception of body image assurances. Although clinicians used assurances to help patients feel better about their posttreatment

bodies,^{3,4} these rang hollow. Third, the commonly used, seemingly reassuring term "new normal" had a frustrating, dismissive effect on patient-clinician interaction and is best avoided. We propose that clinicians should directly address concerns this way: "Many survivors have sexual adverse effects such as vaginal dryness. This vaginal dryness is very treatable. Is this something you are experiencing?"

Conveying hope and openness overcomes barriers to effective sexual health care after breast cancer. Directly addressing symptoms with specific treatment strategies signals the importance sexual health plays in the well-being of these patients.

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This letter was sent to the authors of "Primary Care of Breast Cancer Survivors," who declined to reply. ■

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