

## Sexual issues a major concern for cancer patients taking new targeted drugs

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New drugs that target specific molecular mechanisms of cancer have improved the treatment of cancer patients in recent years, but those benefits may come with a cost to the patient's sex life, researchers have found.

At the 35th Congress of the European Society for Medical Oncology (ESMO) in Milan, Italy, French researchers reported on one of the few studies to investigate the impact of [cancer therapy](#) on the sexual functioning of patients.

Dr Yohann Loriot and Dr Thomas Bessede from Institut Gustave Roussy in Villejuif, France and colleagues found that patients taking targeted therapies had significantly decreased levels of sexual function and satisfaction.

"The new molecular targeted therapies have been available for 6 or 7 years and researchers and physicians have observed some new side-effects not often reported with chemotherapy such as cutaneous side-effects and gastro-intestinal toxicity. But very few studies have been conducted in the field of sexuality, mainly because patients are not willing to talk with their physicians on this topic," Dr Loriot said.

The researchers surveyed 51 patients (40 men and 11 women) who had been taking molecular targeted therapies for more than three months without progressive disease about changes in their sexual life.

The drugs involved were sunitinib, sorafenib, temsirolimus, everolimus, bevacizumab, tarceva and [cetuximab](#).

Men completed the International Index of Erectile Function (IIEF) questionnaire --which includes questions on erectile function, intercourse satisfaction, orgasmic function, [sexual desire](#) and overall satisfaction.

Women in the study completed the Female Sexual Function Index (FSFI) questionnaire, which includes questions on desire, arousal, lubrication, orgasm, satisfaction and pain.

The median overall IIEF score for men was 40, just 53% of the maximum score. For women, the median FSFI score was 8.4, just 24% of the maximum.

"The sex lives of the patients in our study had reduced quality and intensity," Dr Lorient said. "We also found that more than half of the patients expressed a wish for a satisfying sexuality, but many of them found it difficult to initiate a discussion on the topic with their doctors."

The impact of treatment on the sexuality of [cancer patients](#) is poorly understood, and is generally not considered in clinical trials of treatments, Dr Lorient said.

"Oncologists can address this issue first by assessing this concern more often in clinical trials, and by talking with their patients about it," he said.

He suggested that oncologists could offer patients an assessment for sexual disorders during their treatment course, establish an outpatient clinic to deal with sexual disorders, or, if needed, refer patients to a specialist.

Sexuality is a major concern for cancer patients, as it is for everyone, noted Professor Raphael Catane, Chair of the department of oncology at Sheba Medical Center in Tel Hashomer, Israel. "The disease itself, and frequently its therapy, may have a major detrimental effect on the patient's sex life. It is hoped that the new biological/targeted treatments would be less injurious to the sexual life of cancer patients. "

"The study by this French group has taken an important step toward understanding the effect of biological/targeted treatments on sexuality," Prof Catane said. "They meticulously reviewed the sexual function of their patients receiving biological agents. The results show a diminished sexual drive and pleasure, but the degree and the duration, and how it compares to the standard/conventional therapy, is not yet known. This study can be a basis for further investigation of this very important aspect of cancer therapy."

Provided by European Society for Medical Oncology

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