

Are we doing enough for breast cancer survivors (BCS)? – Breast cancer survivorship biopsychosocial approach



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01. Introduction

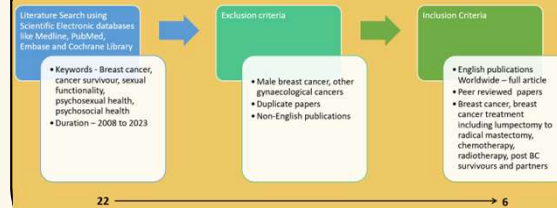
Breast Cancer(BC) prevalence is estimated to raise from 2million (2018) to more than 3million in 2046. 90% relative 5-years survival rate of BC currently warrants attention to quality of life (QoL) and sexual health among BCS. Breast cancer is a predictor for female sexual dysfunction (FSD) worldwide (31-77%). 70% of partners of BCS reported SD. However, onco-sexuality issues are less efficiently recognised and clinically dealt.

02. Aim

- To highlight psychosexual factors and effects among BCS
- Identify potential multimodal approach for management.

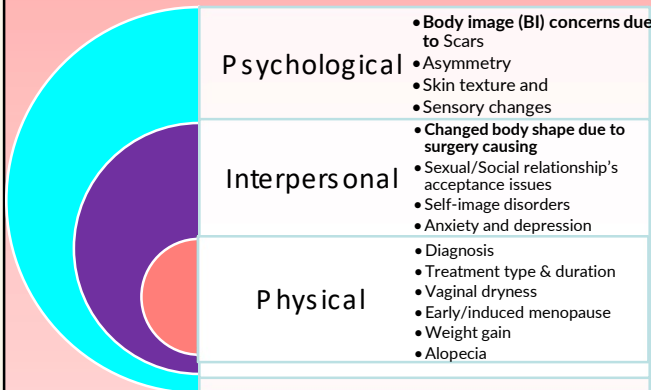
03. Materials and Methods

Literature review conducted



04. Results

Majority of women feel that their breasts are important to their self-confidence (86.3%), femininity (84.0%), and sexuality (61.5%). Adverse impact of BC treatment on sexual health is **multidimensional**:



Predictive factors for low BI include young age, higher education level, low sense of humour, culture, partner relationship quality, postoperative interval and delayed or no reconstruction affecting QoL, treatment compliance, survival and family relationship.

05. Discussion

Sexuality is "human dimension that is best characterised in a biopsychosocial manner that extends beyond genitality". Comparative risk of FSD 2.7 and 3.5-fold among cervical cancer and BC, respectively. Monitoring BCS focusing just on biological aspects of the disease without psychosexual input will compromise QoL.

Onco-psycho-social rehabilitation should be comprehensive integrating sexual health. **Multimodal onco-sexology care approach** involves:

Tertiary- Treat with onco-sexology care, psychosexual aid, couple therapy. Unflawed understanding of onco-sexology care may help Government to support healthcare policies towards improved assessments and effective timely interventions for this population

Secondary- Screen & educate using routine onco-psychosexual screening tool, training for collaborative community care, spiritual healing, BCS sexual wellbeing information leaflet

Primary -Explore Ideas, Concerns, Expectations (ICE) & **Inform** at diagnosis for Psychosexual integrative harmony

06. Conclusion

Women's sexuality becomes complex after breast cancer diagnosis and treatment. Raising awareness among healthcare professionals, training, inventing new national integrated screening tool, Breast Cancer Survivors and partner education and counselling about sexual life should be incorporated into the healthcare program using biopsychosocial approach for holistic onco-care.

Individualise Breast Cancer Survivor care – Empower & Empathy is crucial

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