

# 2024 SOGC, 2024 NCCN, 2022 ESO-ESMO, AND 2018 ASCO: A COMPARISON OF BREAST CANCER/SURVIVORSHIP GUIDELINES FOR THE MANAGEMENT OF SEXUAL HEALTH CONCERNS

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## Introduction

Female cancer survivors often experience **sexual dysfunction**, which is a significant and increasingly recognized aspect of survivorship.

This review compares sexual health recommendations from the following guidelines:

- Society of Obstetricians and Gynaecologists of Canada (**SOGC**)<sup>1</sup>
- National Comprehensive Cancer Network (**NCCN**)<sup>2</sup>
- European School of Oncology – European Society of Medical Oncology (**ESO–ESMO**)<sup>3</sup>
- American Society of Clinical Oncology (**ASCO**)<sup>4</sup>

## Methods

The most recent guideline updates from ASCO, ESO–ESMO, NCCN, and SOGC were examined and compared.

The recommendations were grouped by **type of sexual dysfunction**: vaginal dryness, low sex drive, pain, and psychological concerns.

## Results

Sexual Health Concern	NCCN (2024)	SOGC (2024)	ESO-ESMO (2022)	ASCO (2018)
<b>Vaginal Dryness</b>	Vaginal moisturizers, vaginal gels, hyaluronic acid, or oils. Local estrogen treatment * Lubricants Testosterone, DHEA	Lubricants and vaginal moisturizers Topical estrogen Vaginal laser therapy*	Vaginal moisturizers, lubricants, and gels Low dose hormonal agents*	Lubricants and moisturizers Low-dose vaginal estrogen
<b>Low sex drive</b>	Referral to health care provider, psychosocial counselling  Androgen* Bupropion* Bupirone* Flibanserin* Bremelanotide*	Mental health provider and/or a sex therapist, psychosocial counselling  Androgen* Bupropion * Flibanserin* Bremelanotide*	NA	Psychosocial or psychosexual counseling*
<b>Pain with sexual activity</b>	Vaginal dilators Pelvic physical therapy Topical anesthetics Ospemifene DHEA	Vaginal dilators Pelvic physical therapy Lubricants, moisturizers, gels, creams, natural oils Hyaluronic acid & vitamin E suppositories, low dose estrogen	NA	Vaginal dilators Pelvic floor physiotherapy Lidocaine Ospemifene CBT
<b>Psychological concerns</b>	Referral to a mental health professional, access to social support networks  SSRIs, SNRIs, benzodiazepines  Address pain, sleep, lifestyle	NA	Routinely addressed by the healthcare team culturally appropriately.  Couple-based psychosocial interventions	Psychosocial, mental health counselling

SSRIs, selective serotonin reuptake inhibitors; SNRIs, serotonin-norepinephrine reuptake inhibitors; DHEA, dehydroepiandrosterone; NA, not applicable;; CBT, cognitive behaviour therapy. (\*) Insufficient evidence to support.

## Conclusion

There is consensus between guidelines on certain sexual health recommendations, with some variation.

**Evidence-based research** is needed for pharmacological interventions and type of counselling.

## Future Directions

- Incorporate **sexual health assessments** into routine evaluations
- There is a need for more evidence-based research on **sexual minority women, transgender, and nonbinary individuals.**
- Conduct research for **efficacy and safety** of certain interventions (e.g., pharmacological treatment, laser therapy, etc.).
- Emphasize **couple-based counselling** and expand on strategies to include partners in treatments and discussions.

## References

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