

Comment on: "The consequences of gynaecological cancer in patients and their partners from the sexual and psychological perspective"

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Dear Editor,

We read with great interest the review by Iżycki *et al.* [1] about the sexual, psychological, and social consequences of gynaecological cancer in patients and their partners.

We agree that the impact of gynaecological cancer on mental health, sexual functioning, and emotional wellbeing of affected women and their partners is considerable, and it is important to investigate this topic in order to ensure that gynaecological cancer patients receive optimal care [2].

Although we appreciated the reported methodology, we would like to take this opportunity to point out several elements that would let us further realise the results of this study.

In our opinion, it would have been more appropriate to further differentiate sexual and psychological consequences according to the type of gynaecological cancer and the type of treatment. Indeed, the literature about this topic underlined that the type of cancer (endometrial, cervical, ovarian, or vulvar cancer) and the type of treatment (such as simple or radical hysterectomy, radiotherapy, and/or chemotherapy) may have different effects on the sexual health and quality of life of affected women [2, 3]. For example, ovarian cancer is responsible for more deaths than any other cancer of the female reproductive system, and the majority of patients present with advanced-stage disease [3-5]; therefore, it is associated with more serious consequences from a psychological point of view. Moreover, it has been demonstrated that radical surgery and radiation therapy may affect sexual functioning more negatively than less radical surgery [2, 6-8].

For these reasons, we believe that it would be appropriate to take into account several factors, such as type and stage of cancer and treatment modality, in or-

der to better understand the impact of these variables on the sexual and psychological well-being of patients.

Nonetheless, it is important to underline that most of the studies done on this topic used very heterogeneous samples for age, disease stage, and treatment, so it is necessary to conduct further studies with more homogeneous samples in order to obtain more reliable and reproducible data.

We appreciate the section of the review devoted to the consequences of gynaecological cancer for the partners of the affected women. Indeed, the impact of cancer on the partner's sexual function, partner's relationship satisfaction, and general well-being between the couple are less investigated in the literature about this topic, so further studies about this topic are needed.

In conclusion, this review confirms that gynaecological cancer patients are at risk of developing sexual and psychological problems, so it is essential to provide adequate counselling and support for these women and their partners.

Specifically, we believe that it is important to identify patients who are particularly at risk of developing sexual and psychological problems. It would be appropriate to make an assessment including the sexual function before cancer, current sexual activity, and how cancer has influenced sexual health and relationship with the partner. For this purpose, the Brief Index of Sexual Functioning for Women [9] or the Female Sexual Function Index (FSFI) [10] could be used. The assessment should include also the presence of psychiatric comorbidities and psychological diseases, such as anxiety and depression, through the use of validate psychodiagnostic tests.

Another important point to be highlighted is the need for adequate training of healthcare professionals in order to better provide information and support to

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patients during the communication of diagnosis and throughout the therapeutic process.

The aim is to reduce as much as possible the impact of cancer on the sexual and psychological functioning of patients and their partners.

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