科技部補助專題研究計畫成果報告
期末報告

婦癌婦女接受治療後的性生活及身體意象

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計 畫 主 持 人 ： 張秀如
共 同 主 持 人 ： 鄭文芳
計畫參與人員： 碩士級-專任助理：王亦雯

本研究具有政策應用參考價值：■否 □是，建議提供機關
（勾選「是」者，請列舉建議可提供施政參考之業務主管機關）
本研究具影響公共利益之重大發現：□否 □是

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中 文 摘 要 ： 背景：國內外罹患婦癌的五年存活率上升、存活期延長，癌症患者的性健康應受到重視。大多數婦癌患者，生殖器官或性器官被切除或化學治療後，可能對其身體意象及性生活造成衝擊。文獻雖有健康婦女身體意象影響性生活的論述，但國內外有關婦癌性生活的深入描述仍然欠缺。研究目的：主要目的是深入描述及解釋婦癌婦女接受治療後的身體意象、性生活及其相關經驗。研究方法：本研究為一年期的研究，採質性研究法，以立意取樣方式於北部一所醫學中心的婦科門診，運用低結構深度訪談，分析31位婦癌婦女訪談內容。研究結果：根據參與本研究婦癌婦女的訪談陳述包括她們接受手術、化學或放射線治療之後的性生活經驗，歸納出下列五項主題：1. 優先關注疾病治癒或生命延續，性生活是次要的；2. 治療對性生活造成衝擊；3. 感受到伴侶生活上的體貼關懷；4.擔心失去性角色；5. 改變性生活方式。結論與貢獻：研究結果有助於健康照護人員，了解婦癌婦女對身體變化的知覺反應及性生活經驗的面貌及獨特性，使專業人員能以更開闊的視野面對婦癌婦女的性生活，同時了解婦女可能遭遇的困擾，有助於健康專業人員提供適切的訊息及措施，提供婦女適當與個別性照護，以提升婦癌婦女的性健康及生活品質，豐富整體照護品質。同時鼓勵女性正視對身體、性的感受，以期提升社會性別平等。論文將發表於國際期刊，提升臺灣國際學術聲譽。

中 文 關 鍵 詞 ： 性生活、婦癌、質性研究

英 文 摘 要 ： Background: The number of cancer survivors has been raised in Taiwan and United State. Sexual health among gynecological cancer survivors should be concerned. Changes on sexuality and body image for most women who have undergone gynecological cancer therapy may have impact on their quality of life. There are fewer reports about what the perception about body and sexuality in women who have undergone gynecological cancer therapy is and how about their sexual lives are?

Objectives: The specific aim of this one-year qualitative study was to investigate the women’s perception of body and sexuality, and to explore the sexual life experiences among women after therapy for gynecological cancer.

Methods: Thirty one women with gynecological cancer were recruited by purposive sampling at Department of Gynecology from medical centers in northern Taiwan. Results: Based on the interview statements from women with female reproductive cancers who participated in this study, their sexual experiences after cancer treatments including surgery, chemotherapy or radiotherapy can be categorized into the five following subject areas: sexual life becomes secondary while the priority is on finding a cure and increasing the patient’s lifespan, cancer treatments have influenced their sexual lives, they have experienced extra caring and consideration of their partners, they face the

fear of losing their sexual identity, and they have changed the approaches to their sexual practices. Conclusion and contribution: The result will assist health care providers understanding the specific experiences of sexual life among gynecological cancer survivors in Taiwan. Those will assist health care providers to provide appropriate consultation and nursing care for meeting the women's needs among gynecological cancer survivors. The contribution of this study is significant to the sexual health in women with gynecologic cancer. Additionally, one draft manuscript has been completed.

英文關鍵詞： sexual life, gynecological cancer, qualitative study

Sexual experiences of women after treatment for gynecologic cancers

Introduction

The common types of gynecologic cancer are uterus cancer, cervical cancer and ovarian cancer. The rates of new cancers of uterus cancer, cervical cancer and ovarian cancer in the United States are 27.3, 7.7and 10.3, respectively, per 100,000 women in 2016 according to Centers for Disease Control and Prevention (CDC, 2019) According to the cancer statistics of American National Cancer Institute, the 5-year survival rates are increasing in recent years (American National Cancer Institute, 2019). Increasing of the life span indicates it is important to back to normal life for women with gynecologic cancer.

“Sexuality is an integral part of the personality of every human being. Its full development depends upon the satisfaction of basic human needs such as the desire for contact, intimacy, emotional expression, pleasure, tenderness and love” (World Association for Sexual Health, 1999). Sexual function was related to the quality of life in ovarian cancer women (Cianci et al., 2019).

Sexual activity in women with cancer had lower sexual activity than that in women with benign disease; however, the prevalence of “problems with sexual functioning” was similar (Kennedy et al., 2015). Patients with ovarian cancer experience a reduction in their sexual function after diagnosis of malignancy (Cianci et al., 2019). In the gynecologic cancer group, 41.3% were sexually active compared to 78.0% in the control group (at least 12 months after completion of primary therapy) (Grimm et al., 2015). The quality of sexuality was worse in gynecologic cancer patients than that in women without cancer, but there was no difference on quality of life between both groups (Harter et al., 2013). In eastern country, women with gynecological or rectal cancer had worse sexual function than women without cancer (Li et al., 2015); however, sexual function was similar between cervical cancer survivors and healthy women (Lee et al., 2016).

The factors related to level of sexual satisfaction reported by the gynecological cancer women were number of years since treatment, participant age, relationship status, and financial condition (Chen et al., 2013). Age less than 50, concurrent chemotherapy, and cervical cancer may place women with gynecologic cancer at higher risk for decreased sexual function following radiation (Moroney et al., 2018).

Most (97%) of the patients stopped their full sexual activity at the time of treatment (Dahbi et al., 2018). Most (89.8%) women with gynecologic cancer after radiation therapy had lower sexual function (Chapman et al., 2019), or poor sexual activity and sexual enjoyment (Yavas et al., 2017); however, treatment with radiation did not influence women's sexual function (Moroney et al., 2018).

Few studies in western countries described the women's experience of sexual life during chemotherapy (Akkuzu andAyhan, 2013); women reported symptom experience that ovarian cancer surgery had a harmful impact on their sexuality (Wilmoth et al., 2011). Social culture influences the perspective of sexuality and sexual activity (Hogan, 1982). In eastern country, the experience related to sex life in women with gynecologic cancer following treatment has not been revealed.

The aim of this study was to investigate the experience related recovery or loss of sex life in women with gynecologic cancer who undergone surgery, chemotherapy or radiotherapy.

Method

This qualitative study was reviewed and approved by the Research Ethics Committee of the hospital involved. In this qualitative study, a consecutive purposive sample of research participants were recruited when they were receiving gynecological clinics at a medical center in Taipei, Taiwan. This study was reviewed and approved by the Research Ethics Committee of the hospital involved. The inclusion criteria were 1) at least 20 years old, 2) speaking Taiwanese or Chinese fluently, and 3) willing to share her personal story with the

interviewer. A potential participant was excluded if she has received chemotherapy within 15 days, did not receive treatment because prognosis is poor, look tired, unwilling to share her personal story.

Women were approached in the waiting room of the hospital clinic and asked if they would be willing to participate in a research project involving an audiotaped interview of their experiences related to sexual life. Each woman was asked to read and sign a consent form before participating in the study, and completed a questionnaire that solicited demographic information. We then interviewed them in a private room in the clinic. Medical information such as diagnosis and treatment were collected from chart.

We developed the interview guide through researcher's interview experience about sexual issue for Taiwanese menopausal women and pilot interviews with two women whom we asked to discuss the sexual life they experienced. These women were included in the study reported here. Interview questions were revised and refined after pilot interview. We conducted interviews face to face in a conversational style. Interviews took from 45-70 minutes.

Data Analysis

Interview tapes were transcribed within two weeks of the interview. A modification of Giorgi's phenomenological method of data analysis was used to analyze the transcripts. In brief, all transcripts were read repeatedly to develop an overall understanding of the women's experiences. Statements related to sexual life were extracted and translated from Chinese to English. All investigators worked first separately and then together to organize statements into clusters reflecting similar issues or experiences addressed by the individual subjects. Continued analysis and synthesis resulted in the clusters being group into overarching themes that encompassed the varied experiences reported by the subjects.

Result

In total, 51 women who meet the inclusion criteria were approached. In all, 19 women (38%) rejected to participate in this study. The reasons included that the study project regarding sexual issue was personal privacy, very busy, have participated other studies. Thirty one women with gynecologic cancer participated interviewed in this study who were diagnosed as endometrial cancer (29.03%), ovarian cancer (48.39%) and cervical cancer (22.58%), respectively. The mean age were 44.8 years (27-58 years old), 77.48% were married, one was homosexual. Twelve were employed full-time; nineteen were non-full-time. Sixteen women were high school or below and fifteen had received a university degree or above (n=11).Ten women (32.26%) were nature menopause before treatment, 16 women (51.61%) were menopause after treatment including surgery/chemotherapy/radiotherapy, 5 women (16.13%) still had menstruation after treatment.

Based on the interview statements from women with female reproductive cancers who participated in this study, their sexual experiences after cancer treatments including surgery, chemotherapy or radiotherapy can be categorized into the five following subject areas: sexual life becomes secondary while the priority is on finding a cure and increasing the patient's lifespan, cancer treatments have influenced their sexual lives, they have experienced extra caring and consideration of their partners, they face the fear of losing their sexual identity, and they have changed the approaches to their sexual practices.

I. Priority to disease recovery or extending lifespan

[1] Concerns about disease relapse and decreased libido

For most women with reproductive cancers, life-threatening danger from cancer is imminent, and survival is their top priority. Thus, in comparison with the relationship with their partners, the sex life has become secondary. A post-menopausal woman whose menstruation stopped naturally before the surgery faced low sexual drive before the cancer diagnosis; however, she never declined to have sex with her partner as per his expectations. Nevertheless,

she expressed the fear that sexual behavior may cause the recurrence of cancer.

> *When I was going through menopause, it was uncomfortable, and then it got dry; so, I didn't want much of it ... now I'm more worried, no, I do not want any! That human papillomavirus (HPV) was acquired through sexual contact ... I told him no, I'm sick now ... Now I'm ... yes, ... I don't need to do that (sexual acts) ... Can I do it? Will it (relapse) again because of my poor resistance ... (become sick) 004, Em Ca II）*

Concerns about the recurrence of cancer were seen not only among post-menopausal women who had less active sex lives even before the surgery but also among women who had active and regular sex before the illness. The same concern was not limited to heterosexual females either. A young woman with a same-sex partner had a regular and active sex life before the operation. Yet, in the interview, she stated that the focus of her life still centers on the possibility of recurrence, even though a full year has passed since completing the treatments.

> *Desire decreased, yet sex life (frequency) is actually the same, but the drive is relatively low. I searched pieces of literature online, within two years---- that is, most of the recurrence will happen within a year, so this matter (of sex life) at this stage does not seem to be so important. I am more worried about whether I can pass the initial threshold first, which is, the two-year mark (015, CC IB IC)*

[2] Concerns of the partner that having sex may hurt the patient

Some partners are concerned that sexual intercourse may cause the surgical wound to rupture again. A woman who had bilateral oophorectomy and completed chemotherapy for four months said that even though she actively inquired her partner if he had any sexual

needs and expressed her willingness to try to restore their sex life, the partner's fear of rupturing the surgical wound prevented him from planning to restore their sex life.

> *I was asking him: hey, other people can already have it (sex), do you have any needs in this area ... and how can we cooperate? So I just asked him directly, and he said, "I think it is better that we just wait for now!" He also thought that it could rupture the wound or something! We both have concerns ... (019, Ov Ca IC)*

Another woman stated that during the operation, her partner saw the cancerous tissue removed by the doctor and was seriously shocked. He realized that his wife's disease was very serious and a major physical injury, so even six months after the completion of chemotherapy when his wife recovered, he was still too concerned to have sex.

> *I was just operated under the knife, (my partner) was probably a little scared, because um, when they were just about to get things out (cancerous tissue), the doctor invited him to the operation (room) ... The scene at that moment shocked him a little, he was not aware that my surgery was such a big operation, he was really scared. After we went home, even I was somewhat recovered, he was still too concerned to have sex with me (024, Ov Ca IC)*

After cancer treatments, patients with female reproductive cancers are encouraged to try to resume their sex lives; however, some of the partners of patients continue to have apprehensions even though they wish to restore their sexual lives. A woman revealed that although her partner had a strong sexual need in the past, after the cancer diagnosis and treatment, he was so worried that a simple cold could lead to serious health issues for her, who had a weakened immune system owing to chemotherapy. He was reluctant to even sleep in the same bed with her.

Originally, he was more inclined to (want to have sex), ah, but I don't want any, so he couldn't do anything about it (laughs), he has more (sexual drive), but because I didn't want it, he couldn't do it ... After my cancer, he has been sleeping upstairs, and didn't sleep with me, because he felt that he could pass the cold to me; no we couldn't (sleep together) (009, Em Ca IVB)

II. The impact of treatment on the sex life of the patient

[1] Cancer diagnosis and treatment had no impact on the sex lives of some patients

Some women expressed that compared with the status of their sex lives before surgery, not much had changed after the treatments. A patient who had completed chemo and irradiation therapies for six years after bilateral oophorectomy and witnessed no menstruation after surgery mentioned that as long as the disease did not make her feel uncomfortable, and if her husband expressed the desire or took the initiative to have sexual intercourse, she would not reject him.

The status of sex life… is pretty much the same as before, nothing is different, he hasn't changed (reduced sexual behavior) because of me; no, it's all the same ... Just the desire, when he sees me doing well, he has the desire and we do it. At those moments it (sex) just comes naturally -----. Maybe once every 2 or 3 weeks, or maybe once a month, not exactly regularly (020, Em Ca II)

About half of the women, most of those who went through the natural process of menopause before the cancer diagnosis, had very infrequent sex with their partner even before the treatment. Therefore, even though there was no sexual activity after treatment, it made almost no difference to the patients. Six years after receiving the treatment, a woman with endometrial cancer said that since she was post-menopausal before the cancer

treatment, the frequency of sex between her and her partner was only about once a year, so the post-treatment sexless life was not a problem at all. After all, the reproductive task of having children had been completed.

> *About right after my MC stopped, then, because the sexual activities became very few; about only once every half a year, or like once or twice every half year, having sex ... Ah slowly getting less and ... less, like once in almost a year. From the cancer till now had not had (sex) once, right, never, and really didn't feel like (there is any problem), because we do not need to have children anymore! (009, Em Ca IVB)*

For patients who had inactive sex lives before the treatment of cancer, in addition to menopause, the age and sexual needs of their partners were also relevant. One of the women whose menstruation had not stopped before the surgery did not have a sex life before or after the treatment because her partner was 81 years old. For her, neither the sex life nor her relationship with her partner was affected by the treatments.

> *If my husband were younger, yes! It's possible! But my husband is old, so no difference! He is 81 years old, and there is no difference at all... All these years since I have married him, we haven't done it, it has been six years that I haven't slept with him, let alone making love, not even mouth-to-mouth kissing. My husband says goodbye in the morning and goes straight to sleep at night. He doesn't try to touch me like other guys like to do, he doesn't. Came here (Taiwan) till now, it has been almost fifteen years, he has hardly kissed me. Not bad, no making love, never made love. I don't know how it feels, I don't know, at first there were (kisses), then, later on, nothing, no, no making love (026, Em Ca IIIA) (026, Em Ca IIIA)*

[2] Female reproductive cancers and their related treatments significantly impacted on the sex lives of some patients

For some women, the impacts of cancer and its treatment on their sex lives are quite significant, and the decline of sexual desire is the major issue. A personal statement from a woman who did not have menopause prior to having surgery declared that she lost all of her sexual desires after the bilateral oophorectomy, even though her partner still had sexual desires. Even just being physically close to the partner made her feel uncomfortable; she felt like moving away from him, and even cuddling became intolerable for her.

> *He would come closer, but I would say it's hot, stay away from me ... if he would like to go further, I would want to reject him ... have not had any (intercourse), had cuddled.... After this surgery (bilateral ovariectomy), I do not want it at all ... don't even like to cuddle, I could accept it before ... I don't want to go any further than that ... I think it happened after this (treatment), I wanted nothing to do with it (018, Ov Ca IIIC).*

In addition to reduced sexual desires, changes in vaginal status are one of the leading factors mentioned in many women's statements, including dryness, pain, and bleeding during intercourse, which can cause women to lose interest in sex. A woman who had menopause after the operation said that she felt that her vagina had lost lubrication completely after surgery, and the use of lubricants did not improve the situation; thus, she refused to have sexual intercourse with her partner.

> *Now there is no secretion at all. Before it was removed (surgery), I thought I had a lot of discharges, then after removing it, it is completely gone now. Nothing, even lubricants did not help, it is so dry that sometimes, I can even feel the frictions from wearing pants,*

even walking has become a little uncomfortable as I can feel the frictions, chafe chafe chafe ... I won't let him (to enter) because it hurts ... I won't let him (to enter), because it really hurts. The sex life status is that he cannot enter my body ... I will reject him because it hurts very much. Although I did buy lubricants, I tried to use lubricants during the first year after the operation, but later on it hurts too bad ... from only once every few months, probably three or four times a year, then slowly, I don't know if it was because of no hormone or what, even lubricants were not working, so right now nothing at all (024, Ov Ca IC).

Furthermore, some women who underwent menopause after surgery told us that after chemotherapy, they experienced vaginal pain during sexual intercourse, which almost completely ceased penile insertion from an already infrequent sex life.

Now (after chemotherapy) there is almost no way for him to insert, because it hurts so much ... (before the operation) our sex life was not that frequent to start with, almost rarely ... (now) even less, because I feel that he (insertion) will cause me pain, I don't like it, so since insertion hurts me, I refuse to do it (001, Ov Ca IC).

III. Feeling the care and thoughtfulness of the partner improves intimacy

Although the sex lives of some patients can be affected by cancer treatment, there are other women who actually witnessed better changes in their relationships with the partners. The partners began to show more considerations in everyday life than before the illness, by taking on more household tasks, especially tasks that require physical strength, such as grocery shopping and lifting heavy objects. A woman in her fifties told us that grocery shopping is the most physically demanding task that she had been doing independently, all

by herself, but after the cancer treatment, her partner would accompany her to the grocery store and carry the shopping bags.

> *After I got ill, he became more considerate of me, because before I got sick, there were a lot of things I could do on my own. After I got sick, my physical strength (was weakened), whatever I could not carry, he would help me, such as going grocery shopping with me (031, Em Ca III).*

Besides undertaking an increased share of daily responsibilities, some partners started to spend more time with the patients. A young lady in her thirties said that after the cancer treatment, she began to spend more time alone with her husband, and they became closer to each other. It was as if they were returning to their honeymoon phase and the couple spent a lot of time chatting with each other, slowing down the pace to communicate, and understanding each other's needs. Therefore, they felt happier and have become more intimate with each other.

> *With my husband, it seems that we have gotten a little closer during the whole period of chemotherapy. (Before when I mention what needs to be done) he would cooperate, but when it comes to interactions between us, it was a bit habitual. In fact, you can see the difference (previously and now), we have more intimate communications, we coordinate, we have that mutual understanding, we discuss back and forth, and we are more willing to spend more time to chat with each other (019, Ov Ca IC).*

Ⅳ. Concerns about losing sexual identity

After cancer treatments, the sex lives of the patients with their partners are impacted for at least a period of time. During this time, it is inevitable for the patients to worry about losing

their sexual identity in the relationship with their partners, including concerns of the partners having affairs, feeling that they are no longer attractive owing to the illness and harsh treatment, uneasiness with the changes in the sex life, or guilty feelings of not being able to satisfy the sexual needs of the partner.

[1] No longer feeling attractive about oneself

Six months after the chemotherapy ended, a young woman in her thirties expressed that owing to the chemotherapy, she lost all of her hair for a period of time, so her husband wanted her to wear a wig. It made her feel that the husband was concerned that she was not pretty enough or not attractive enough anymore.

> *Now, if I need to go out sometimes, I will ask (my husband): Hey, should I wear a wig?!, He does still hope that I wear the wig ... I felt like that he cared a little bit about my looks ... so I don't want to be intimate with my husband, because I feel that he may not think that I am pretty enough, so I may not appear attractive to him (022, Ov Ca IIIC).*

[2] Feeling guilty for not being able to meet the needs of the partner

A 30-year-old young woman informed us that after the treatment, she frequently rejected sexual offers from her partner and felt guilty and bad for her partner.

> *Because he sometimes comes to me (to want to have sex) but I don't (accept)---, I sometimes feel like not doing it with him, I mean, that part (sex)… I kind of feel guilty and bad for him ... (025, Immature Teratoma)*

[3] Concerns about partners having an affair

Young women not only felt indebted to their partners but also expressed concerns about their partners having an affair. Six years after her chemotherapy was completed, a

middle-aged woman told us that although her partner did not say anything about his sexual needs not being met, she herself often felt sad that she could not sexually satisfy her partner. Moreover, she was concerned that he might have an affair.

> *I think my biggest problem is the sex life. It just hurts so much. He has needs, I couldn't meet those needs. We would feel sad ... and would also worry about the possibility of an affair, physically or, mentally, I think I am okay. But my problem is in the sex life. I'm kind of worried about it ... because he (the partner) may need it but he won't say anything... sometimes, probably he may not tell me, then you may have to pay a little special attention to it ---- then you start to worry about a potential affair (024, Ov Ca IC).*

V. Change of approaches in the sexual practices

After cancer treatments, some women may have to live through changes in approaches in their sexual practices with the partners. During the process of restoring sex life, some people might experience more negative physical sensations than what they did before cancer. However, if the partner still has sexual needs, the couple can work together to create new approaches for their sex life as an adaptation to the situation. During her pregnancy after chemotherapy, a 30-year-old patient often used manual genital stimulation to satisfy her partner's sexual needs, to compensate the reduced frequency of sexual intercourse between them from the past. This way, she avoided the physical discomfort, yet maintained her sexual relationship with her partner.

> *Sometimes, when he wants it, I will help him using…using hands like this (025, Immature Teratoma)*

Besides using hand stimulations to help partners to resolve their needs, some patients

used genital touching to satisfy the sexual desire of their partners while avoiding vaginal pain caused by penile insertions, which maintained the sexual relationship and was acceptable to both parties.

> *Our current sexual contacts may have become like... (sexual organs) touching like this, can only ... we can only do it like this... oh, for example, hugging, the touching, there is no way to (enter) (001, Ov Ca IC)*

For some women who were unable to directly satisfy their partners' sexual desires physically, they used other forms of physical interactions to express their love for the partners, such as hugging, holding hands while walking, kissing, and other intimate actions. They hoped to reduce the feeling of deprivation that their partners might be experiencing owing to unmet sexual needs.

> *Now when we go out in the morning, I will hug him in the morning, or kiss him, and then satisfy him. After that kind of love satisfaction, he then goes out... Now I try to use my body to satisfy him, though I think men sometimes ... can still have sexual interest, that's his basic needs ... (024, Ov Ca IC, 52y, married, had menopause after surgery, unilateral oophorectomy with the removal of right lymph node, 6y after chemotherapy)*

In addition, some young women with cervical cancers still had sexual intercourse with their partners even under the distress of pain and bleeding during the sexual act. They simply put an extra towel on the sheet where it could absorb the blood stains for easy cleaning.

> *Because the doctor said that the (vaginal) adhesion is normal, and we*

also knew that there would be (bleeding) anyway, but we do it gently, very gentle moves. We would put a towel where the hips will be, because I was just afraid that it would get the sheets dirty, and washing the sheets is extra work… Why do we need to wear (condoms) now? I can't give birth anymore anyway. It's useless to wear protections. I will bleed anyway, no matter what, yeah, it will bleed, so forget it, it doesn't matter anymore (016, CC IIIB).

Discussion

Most of women in our study experienced negative change of sexual life after treatments including surgery, chemotherapy or radiation therapy; however, few participants who almost had no sexual activity before treatment reported that they did not experience change of sexual life. In the present study, women's descriptions of their experiences related to sexual life including specific situation or personal event were clearly revealed. Women's experiences of sexual life differ by their past experiences before treatments, varied treatment and the time interval between treatment and sexual activity. The results of this study support the notion that changing the place of sexuality among the priorities of life, pain and dryness during intercourse most commonly in Turkish women with gynecologic cancer during the chemotherapy (Akkuzu andAyhan, 2013).

Conclusion and Contribution

We have completed this 1 year qualitative study. Based on the interview statements from women with female reproductive cancers who participated in this study, their sexual experiences can be categorized into the five following subject areas: sexual life becomes secondary while the priority is on finding a cure and increasing the patient's lifespan, cancer treatments have influenced their sexual lives, they have experienced extra caring and

consideration of their partners, they face the fear of losing their sexual identity, and they have changed the approaches to their sexual practices. Additional analysis and discussion are in progress, in line with results of this study. The contribution of this study is significant to the sexual health in women with gynecologic cancer. Additionally, one draft manuscript has been completed.

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107年度專題研究計畫成果彙整表

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<tr><td colspan="6">計畫名稱：婦癌婦女接受治療後的性生活及身體意象</td></tr>
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（說明：各成果項目請附佐證資料或細項說明，如期刊名稱、年份、卷期、起訖頁數、證號...等）</td></tr>
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