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# Urogenital Atrophy in Breast Cancer Survivors

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About 3.5 million women in the United States are living with breast cancer, 89% of whom reach their five-year survival mark after diagnosis (Jemal et al., 2009). Breast cancer mortality rates continue to improve with an accompanying increase in length of disease-free survival. This trend is the result of improvements in early detection and advances in treatment, allowing the vast majority of women to survive their breast cancer experience with a near-normal life expectancy or extended years of life before recurrence (Jemal et al.). Despite this improved quantity of life, side effects from breast cancer treatment can decrease quality of life (QOL). Unpleasant symptoms often are experienced secondary to consequences of diagnosis and the life-extending treatments of chemotherapy, hormonal therapy, hormone agonists, and ovarian ablation (Santoro, 2005; Woods & Mitchell, 2005). The purpose of this article is to discuss urogenital atrophy in breast cancer survivors, including the full range of symptoms of urologic, genital, and sexual symptoms. The Theory of Unpleasant Symptoms will be used to illustrate the effect(s) of influencing factors on symptoms and performance outcomes.

## Urogenital Atrophy

Urogenital atrophy is defined by the presence of subjective and objective urologic, genital, and sexual symptoms. Urologic symptoms include patient-reported symptoms describing urgency, urge incontinence, stress incontinence, dysuria or burning, pressure and frequency, recurrent urinary tract infections, and dryness. Genital symptoms include vaginal bleeding, burning, discharge or vaginitis, itching, irritation, soreness or tenderness, and dryness. Sexual symptoms include dyspareunia, decreased sexual satisfaction, difficulty in sexual arousal, loss of interest in sexual activity or decreased libido, vaginal discharge, decreased closeness with partner, and dryness (Barton, Wilwerding, Carpenter, & Loprinzi, 2004; Ganz, Desmond, Belin, Meyerow-

**Purpose/Objectives:** To review the symptoms of urogenital atrophy in breast cancer survivors, influencing factors, and their effects on performance.

**Data Sources:** Review of qualitative and quantitative research data that describe pain, function, satisfaction, and quality of life related to urologic, genital, and sexual function.

**Data Synthesis:** Breast cancer treatment can induce or exacerbate symptoms related to urogenital atrophy. The lower urinary and genital tracts are affected by physiologic alterations, the potential abrupt onset of menopause, and treatment side effects. Symptoms of urogenital atrophy often are more prevalent and severe in women treated for breast cancer than in age-matched women without breast cancer.

**Conclusions:** Symptoms related to urogenital atrophy are common in breast cancer survivors and can be affected by physiologic, situational, and psychological influences with negative effects on performance. Research is essential to the understanding of how transient or permanent hormonal alterations affect the urogenital system and the role of these symptoms on quality of life.

**Implications for Nursing:** Nurses must listen with sensitivity to breast cancer survivors and their descriptions of these significant and life-altering symptoms. Personalized discussion enables the nurse to explore issues, assess symptoms, recommend interventions, and evaluate at follow-up visits. Nurses are integral to the provision of survivorship care planning that can address the short- and long-term effects of a cancer diagnosis and related treatments.

itz, & Rowland, 1999; Gupta et al., 2006; Santoro, 2005). The subjective complaint of vaginal dryness is the most common symptom related to urogenital atrophy (Vega, 2007). A general decrease in QOL also is commonly reported (Morali et al., 2006).

Urogenital atrophy symptoms often are underreported by women and underaddressed by clinicians in clinical practice (Johnston & Farrell, 2004; Kelley, 2007). Women may be reluctant to discuss concerns related to urogenital atrophy because of embarrassment, cultural taboos, fear of lack of treatment, and concern about