Problems with sexual functioning are a prevalent issue with regard to the quality of life of female cancer survivors. In a survey study reporting the prevalence of sexual dysfunction in the United States, 1,749 women aged 18–59 were questioned about their interest in sex, ability to achieve orgasm, and experience of pain during sex. Overall, authors concluded that some form of sexual dysfunction was present in 43% of women (Laumann, Paik, & Rosen, 1999). Andersen (1985) reported that, in female cancer survivors, the rate of morbidity related to sexual functioning can be as high as 90%. A long-term study about the quality of life of breast cancer survivors surveyed women who were 5–10 years postdiagnosis. Results indicated that women reported a statistically significant decrease in sexual activity since diagnosis (Ganz et al., 2002). Sixty-five percent were sexually active at baseline, a figure commensurate with the prevalence of sexual activity in the United States, reported at 70% (Greendale, Lee, & Arriola, 1999). However, at follow-up 5–10 years later, survey data indicated that only 55% of the breast cancer survivors were sexually active (Ganz et al., 2002).