CORRESPONDENCE

Sexual Impairment and its Effects on Quality of Life in Patients With Rectal Cancer

by Prof. Dr. med. Christian Schmidt, Dr. med. Anna Daun, MA Björn Malchow, Prof. Dr. phil. Thomas Kuchler in volume 8/2010

Substantial Deficiencies

The article has some serious methodological flaws. Preoperative data about quality of life and sexuality are lacking in 72.9% of patients, and for the 2 year observation period after surgery, data are available for merely 18% of subjects. This seriously limits the evidence of the study, which can be classified neither as a prospective nor as a retrospective study.

The questionnaires do not do justice to impaired sexual functioning in both sexes. The Female Sexual Function Index (FSI) and the international Index of Erectile Function (IIEF) would have provided more adequate tools. Impaired innervation in women can be diagnosed on the basis of vaginal sensitivity, temperature perception, vibratory sensation, ability to experience vaginal orgasm, and lubrication (1).

Erectile dysfunction in men that has been persistently present for more than 2 years is a known problem and should be mentioned preoperatively. An early solution to the problem as well as advice are required. The authors' assumption, that adjuvant radiotherapy does not affect ED, cannot be answered methodologically because observation periods of more than 2 years are required to assess the situation (2).

However, the assessment of bladder voiding disorder that is commonly associated with FSD by means of postoperative measurements of residual urine and micriturition protocol is clinically justified (3).

We evaluated 58 men with rectal carcinoma while investigating a similar clinical question. The patients were treated according to their tumor stage with deep anterior rectal and mesorectal resection (AR) or abdominoperineal extirpation of the rectum (APR) by using the water jet short needle knife (flush knife) technique. The mean period of aftercare was 35 months. The effect on sexuality and bladder voiding function was evaluated by using validated questionnaires (International Prostate Symptom Score [IPSS], [IIEF-5]).

Impaired bladder voiding function necessitating therapy was not observed when the flush knife technique was used, independently of the surgical approach. ED requiring treatment occurred in 9 of 58 patients (15%) postoperatively. Using the flush knife technique in the context of rectal surgery enables neuroprotection of structures relevant to patients' sexuality, in addition to incurring a lower degree of blood loss.

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More Factors Should Have Been Considered

The authors are to be thanked for dealing with this important topic, for having conducted their study in such a large cohort of patients, and for publishing the results.

In analyzing how multimodal therapies affect the quality of life of patients with rectal cancers, further factors should be investigated in addition to age and sex, so as to obtain as complete a picture as is possible of the harm patterns and their mechanisms. The authors reported that 48% of the 368 patients had received adjuvant radiotherapy. In addition to surgery related morbidity, irradiation of the pelvis can lead to significantly deteriorated anal sphincter function (1) and sexual function (2). In male patients, the testes are affected by scattered radiation, which in turn may harm the Leydig cells and result in chronically subnormal testosterone concentrations (3). This should be borne in mind when investigating or treating posttherapeutic fatigue. Consequently, (neo)adjuvant therapeutic modalities should be described as comprehensively as possible in such studies.

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In Reply:

We thank our colleagues for their critical interest in our article, “Sexual impairment and its effects on quality of life in patients with rectal cancer.”

We wish to respond individually to the criticisms expressed by Professor Otto et al and Dr Herrmann.

Of course, any clinical study that includes large numbers of patients (a total of 519 in our study) encounters the same problem – namely, that not all parameters can be controlled. However, we believe that following up patients’ quality of life over 2 years yields more representative results than a more detailed evaluation by means of interviews with very few patients at a particular point in time. Let’s go into this in some more detail.

Firstly, as we mentioned in our original article, our guiding principle in this study was the idea that our patients should be put under as little strain and stress as possible. The relevant considerations led us to unequivocally decide against using the International Prostate Symptom Score (IPSS) or other sex specific indices. We therefore added to the validated quality of life questionnaire only those questions relating to sexuality that had been found in several preliminary

studies to be reliable and, above all, acceptable for patients.

Secondly, we believe that any comments about sexual impairment after rectal surgery can only be interpreted in the context of patients’ overall quality of life and on an age-specific basis and have presented our results accordingly.

Also, we agree with Professor Otto and Dr Herrmann that longer observation periods would have been required in order to draw any definite conclusions about the (adverse) effects of radiotherapy, and that further important variables would have merited investigation. At the same time, our study covered the longest observation period that we were able to identify in the German language literature with regard to the overall topic of quality of life in patients with rectal cancer.

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Conflict of interest statement

The authors of all contributions declare that no conflict of interest exists according to the guidelines of the International Committee of Medical Journal Editors.