

## Peer Review File

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### Review Comments

#### Reviewer A

1. I would suggest adding the year of the published articles, when you reference (e.g. A systematic review by Guedes et al. (2022)). This makes it easier to assess whether an article is recent or not.

*The authors agree that this will make it easier for the reader to assess how recent the referenced publication is. As such, the manuscript has been amended to include the year of publication for these articles.*

2. Personally, I would have liked if you referenced more often, as some statements were made without proper citation. Overall, a good summary of the existing guidelines and the current information available!

*The authors thank this reviewer for their kind comments on this manuscript. Regarding their comment about citations, the authors have added citations more frequently in all sections of the manuscript.*

#### Reviewer B

1. Besides the article “Sexual Health after breast cancer: a clinical practice review” has an important to topic to be reviewed and discussed a clinical practice review synthesize what has been published and should follow methodology of a systematic review. The current paper does not show evidence how the review was done. It mentioned data bases but do not provide information which one or how it was utilized. Therefore, I do not believe the recommendations made have enough evidence to be publish. I do not recommend this paper to be publish.

*The authors would like to thank this reviewer for their thoughtful on our manuscript and for recognizing the importance of this topic. While we acknowledge the importance of rigorous methods in systematic reviews, this is not listed as a requirement for clinical practice reviews submitted to Annals of Palliative Medicine as per the webpage “Guidelines for Authors” section 2.2.4 Clinical Practice Review. As such, the rigours search, and selection criteria needed for a systematic review were not utilized. This paper was written to describe the current state of sexual health and treatment for sexual dysfunction following breast cancer treatment and to help guide future research in this area. Given the effect of sexual health on quality of life, we feel that this paper would be an excellent addition to the special issue on quality of life as a clinical practice review, not requiring presentation of methods. In light of these points, we respectfully request that you reconsider the suitability of our manuscript for publication in Annals of Palliative Medicine. We are confident that this piece of work provides valuable insights as to the quality of life of breast cancer survivors.*

## Reviewer C

Dear Authors,

I have read with pleasure the present article about Sexual health after breast cancer. The paper is very interesting and finding it insightful and comprehensive in various aspects of sexual health after Breast cancer. The current version has some potential flaws that should be reviewed to be clearer and more useful for the reader. Some specific comments are reported in the list below. *We would like to thank this reviewer for their kind comments about our manuscript as well as their insightful feedback.*

1. Abstract: It is well-written and introduces the topic well, however, the first sentence could be clearer. Consider revising “barest pervasive diagnoses” to “Breast cancer diagnoses” for clarity. The aim and methods used are clear. The findings are brief and clear, but it could be more specific about the physical symptoms and psychosocial stressors which are mentioned. The treatment part is clear but introducing some examples of intervention could make it more informative. The discussion about research gaps is well-stated.

*The authors thank this reviewer for appreciating the writing of the abstract and are grateful for their constructive feedback. As suggested, the first sentence has been changed to “Breast cancer diagnoses” to improve the clarity. Additionally, the authors agree that the findings could be more specific, and that the inclusion of examples would make the section discussing treatments more informative.*

*To increase the specificity of physical symptoms and psychosocial stressors and revised it to, “Breast cancer survivors experience a variety of physical symptoms, such as pain during sex or dyspareunia, which impair sexual well-being. Additionally, dissatisfaction with sexual function may arise due to psychosocial stressors (e.g. depression or body image concerns) and the inverse may worsen psychological wellbeing.*

*Finally, the following examples of treatments have been added in parentheses, “Current treatments for sexual dysfunction involve topical products for vaginal symptoms (e.g. creams, pH balanced gels, hyaluronic acid or vitamin E suppositories, natural oils, topical estrogen, or lubricants) and various counseling and educational interventions (e.g. mental health counselling, sex therapy, or couples-based psychotherapy).”*

2. Introduction: The strength of the article is that it widely reviews the prevalence, contribution factors, and treatment options for breast cancer survivors. Also, its structure into sections makes it easier to follow. However, there are areas for improvement.

*The authors appreciate this reviewers kind comments on the strengths of this manuscript. The authors have made amendments based off of the comments provided as well as revised sections to improve readability and flow.*

3. Some sections need to be improved with clarity and flow. The transitions between different points and studies can be smoother to improve the readability.

*The authors thank this reviewer for pointing out that the transitions could be improved. The authors have revised the paper to improve the transitions throughout.*

4. To enhance terminology consistency, ensure the consistent use of term “BC” instead of “Breast Cancer”.

*The authors agree that using “BC” rather than “breast cancer” will add to the terminological consistency and have revised the manuscript to reflect this.*

5. Since the article discusses general treatment options, it may be better to provide more specific details on how this treatment recommendation could be put into practice in the clinical settlement.

*The authors agree that this should be commented on and have added recommendations to the conclusion, “Addressing the various impacts that BC and its treatment can have on intimacy, relationships, and sexual health requires a significant paradigm shift in survivorship care. A wide range of treatments are available to assist BC survivors experiencing sexual health concerns but there is a lack of knowledge and communication about these options. Addressing this requires moving beyond disease management towards a more holistic, comprehensive, patient-centered and culturally appropriate approach prioritizing comfort and sexual well-being. Moving forward, there is a need for health care providers to actively screen patients for sexual health concerns stemming from the physical, psychosocial and treatment related side effects of breast cancer. Through doing so, care providers will be better able to provide patients with the treatments needed to improve their sexual function and quality of life.”*

6. The section that summarizes the studies should be excessively detailed for a general article review. It is better to summarize the key points more precisely could improve the article.

*The authors appreciate this comment. However, it was not clear which section the reviewer was referring to nor the exact changes the reviewer was requesting. As a result, the authors were not able to make these changes.*

7. Lines 37-42: lack of Citations in these lines I visible.

*The authors apologize for the lack of citations in these lines. Citations have been added as requested.*

8. It is better in line 46 “great cancer survivor” change to “Breast cancer survivor”. If you do not talk about a broad and undefined category of cancer survivor.

*The authors thank the reviewer for catching this and have changed “great” to “breast”.*

9. Consider summarizing the Oberguggenberger’s findings more concisely. Line 81.

*The authors agree that the summary of Oberguggenberger’s findings could be more concise. As such, it has been revised from, “An observational study conducted by Oberguggenberger et al. (2017) BC survivors reported significantly more discomfort with intercourse and more*

*sexual health impairments than women without BC.” to, “For example, Oberguggenberger et al. (2017) found that BC survivors reported significantly more sexual health impairments, such as discomfort, compared to women without BC”.*

10. The term “Testified” in line 113 could be changes to “Highlighted” for better readability. *As suggested by this reviewer the authors have changed the term “Testified” to “Highlighted”.*

11. Lines 201-202: To enhance the understanding, it would be better to provide more additional context of the content discussed in “Flibanserin and Prasterone”. *The authors agree that this information would help bring more context to the content. The following has been added, “Additionally, systemic therapies such as Flibanserin (Addyi), have been shown to improve the sexual health of BC survivors (30) Flibanserin is a serotonin agonistic and antagonistic which approved by the FDA as a treatment for premenopausal women with hypoactive sexual desire disorder (31). Additionally, a recent study by Goldfarb et al. (2023), found that Flibanserin was effective to increase libido among BC survivors receiving endocrine therapy (30). Unfortunately, others systemic treatments such as Prasterone, a synthetic form of the natural hormone dehydroepiandrosterone which can be converted into testosterone and estradiol, has not yet demonstrated safety (32).”*

12. Line 282-283: Rephrase this sentence for clarity: "despite almost a quarter of patients stating that they had a need for this information, 62% of those in need did not receive any."

*The authors agree that this sentence would be clearer if rephrased. It has been revised to, “out of nearly a quarter of women who reported needing this information, only 62% of them did not receive it”.*

13. The sections titled “Gaps and Limitation in the Literature” and “Conclusion and future direction” described effectively and identified very well the gaps in the existing littered and emphasized the need for personalized consideration.

*The authors would like to thank this reviewer for their kind compliments on this section.*