Reply to letter to the editor by J.-M. Kim et al. on “Sexual function and quality of life in women with cervical cancer before radiotherapy: a pilot study” by Grion et al.

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We thank you for your letter and acknowledge all comments on our study about sexuality and quality of life in women with cervical cancer [1]. A healthy sexual life contributes to the individual sense of well-being, improves interpersonal relationships and is an important component of the overall quality of life [2]. This is also true in women diagnosed with gynecological cancer. In our study, we found that a significant proportion of women with cervical cancer is sexually active at the beginning of treatment, however, they have significant sexual dysfunction, due to increased stress after the diagnosis or adverse symptoms related to the tumor [1]. The PLISSIT model which consists in four levels of intervention—Permission, Limited Information, Specific Suggestions and Intensive Therapy—has been widely suggested as an intervention to treat sexual dysfunction after cancer [3]. Kim et al. notes that in Korea, programs based on the PLISSIT model have been successfully implemented in women with gynecological cancer [4, 5]. We praise this initiative, and understand that with the decrease in mortality associated with cervical cancer, not only the physical, but also psychological and

sexual aspects have a growing importance. Programs like these could be extended to other countries around the world.

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