Contraceptive practices and sexual health in premenopausal women with breast cancer: a prospective study from a Moroccan oncology center

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Table 1. Sociodemographic, reproductive, and clinical characteristics of patients

Characteristic	Patients, n (%)
Age at diagnosis, mean (SD), years	40.9 (5.5)
Age range, years	23–49
Marital status	
Married	97 (97%)
Unmarried	3 (3%)
Educational level	
No formal education	40 (40%)
Primary education	43 (43%)
Secondary education	15 (15%)
Higher education	2 (2%)
Parity	
With children	91 (91%)
Nulliparous	9 (9%)
Desire for pregnancy	
Yes	24 (24%)
No	66 (66%)
Uncertain	10 (10%)
Age at menarche, mean (SD), years	13.1 (1.5)
Current menstrual status*	
Persistent menstrual cycles	51 (51%)
Secondary amenorrhea	49 (49%)
Tumor subtype	
Hormone-sensitive	34 (34%)
Non–hormone-sensitive	10 (10%)
Unknown	56 (56%)
Stage at diagnosis	
Localized	22 (22%)
Locally advanced	2 (2%)
Metastatic	12 (12%)

Unknown	64 (64%)
Treatments received	
Surgery	74 (74%)
Chemotherapy	93 (93%)
Radiotherapy	62 (62%)
Endocrine therapy	54 (54%)
Targeted therapies	20 (20%)

Notes: Menopausal status was defined according to clinical criteria without biological confirmation.

Table 2. Overall contraceptive use before and after breast cancer diagnosis

Variable	Before diagnosis, n (%)*	After diagnosis, n (%)*
Use of contraception	91 (91%)	51 (51%)
No contraception	9 (9%)	49 (49%)

*Notes *: Percentages were calculated based on the total study population (n = 100).*

Table 3. Contraceptive methods before and after breast cancer diagnosis

Contraceptive method	Before diagnosis, n (%)*	After diagnosis, n (%)**
Combined estrogen–progestin pill	88 (96.7%)	7 (13.7%)
Copper IUD	13 (14.3%)	16 (31.4%)
Male condom	1 (1.1%)	12 (23.5%)
Withdrawal	4 (4.4%)	19 (37.3%)
Injectable contraception (DMPA)	1 (1.1%)	NR
Calendar method	4 (4.4%)	5 (9.8%)

*Notes: * Percentages before diagnosis were calculated among women using contraception before diagnosis (n = 91). ** Percentages after diagnosis were calculated among women using contraception after diagnosis (n = 51). Multiple contraceptive methods could be reported by the same patient (multiple answers were possible). Abbreviations: IUD, intrauterine device; NR, not reported.*

Table 4. Duration of combined estrogen–progestin pill use before diagnosis

Duration	n (%)*
< 3 years	8 (9.1%)
3–5 years	9 (10.2%)
5–10 years	37 (42.0%)
> 10 years	34 (38.6%)
Total	**88 (100%)**

*Notes: * Percentages were calculated among the 88 patients who used the combined estrogen-progestin pill before diagnosis (n = 88).*

Table 5. Comparison of contraceptive patterns between our study and published cohorts

Study	Population	Contraceptive use	No contraception	Hormonal contraception	Copper IUD	Key message
Our study	Premenopausal women with breast cancer (n = 100)	51%	49%	13.7%	31.4%	High unmet contraceptive needs after diagnosis
CANTO (Year 1)	Premenopausal women with early breast cancer	38.9%	61.1%	5.8%	77.4%*	Marked shift toward non-hormonal contraception after diagnosis
FEERIC	Young breast cancer survivors	78.9%	21.1%	Lower than before diagnosis	Most frequentl y used method	Copper IUD was the predominant post-cancer contraceptive method

*Notes: Data from published studies were not always reported using identical definitions, time points, or denominators; therefore, direct quantitative comparisons should be interpreted with caution. * In CANTO (Year 1), the copper IUD proportion was reported within the non-hormonal reversible methods used. For FEERIC, exact post-diagnosis percentages by method were not reported in the original publication; only qualitative comparisons were available. Abbreviation: IUD, intrauterine device.*