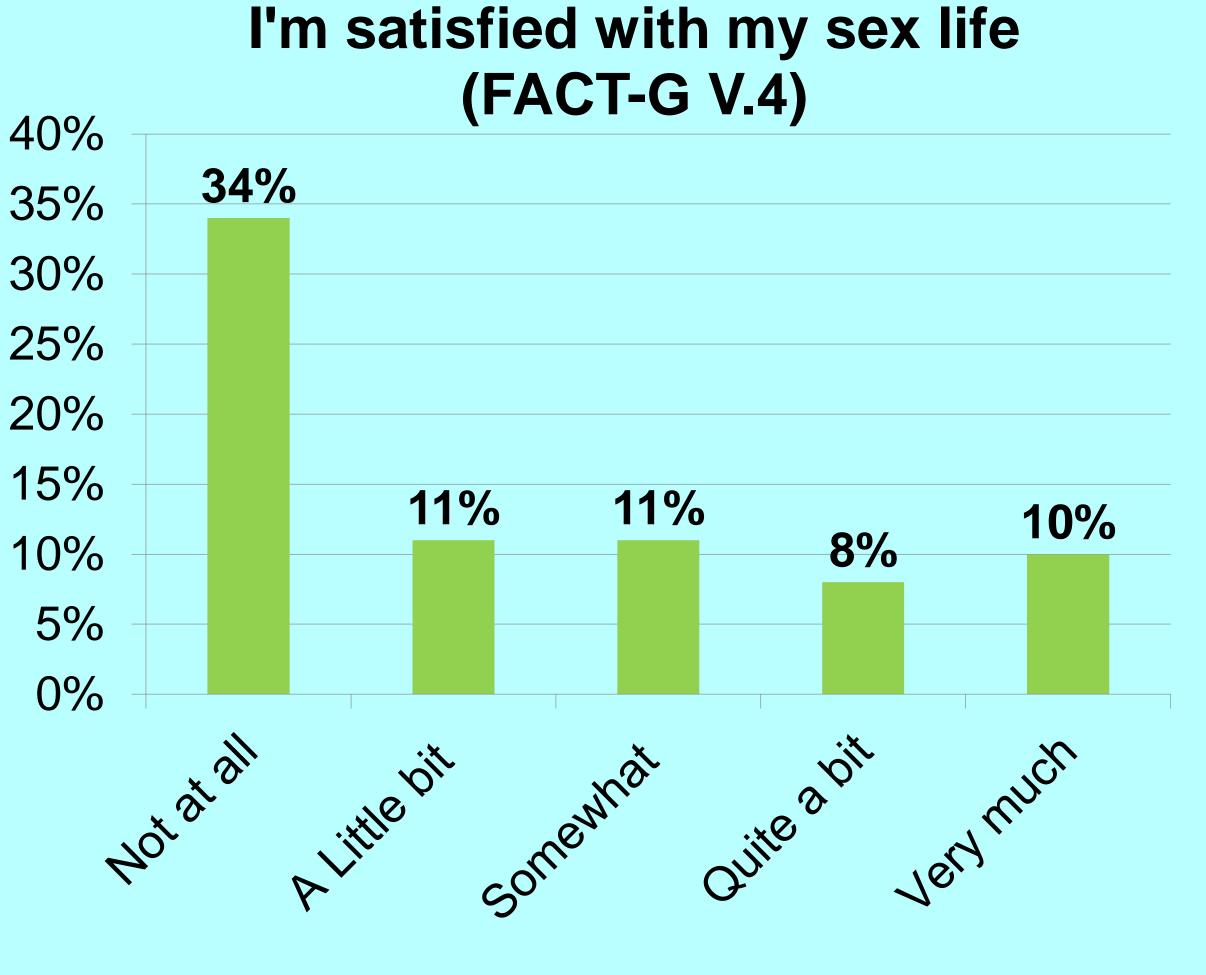
Identification of sexuality and sexual health as an unmet need for cancer survivors in South Western Sydney Local Health District. (SWSLHD)

Background

Sexuality is unique and central to each individual's personality and is present throughout life. Sexuality is developed and altered through life experiences and perception of events. Cancer may have both psychological and physical effects on an individual's sexuality, significantly impacting on their relationships and ability to be intimate with others.

South Western Sydney Local Health District (SWSLHD) is home to a large culturally and linguistically diverse community with 36% of the population born overseas. Studies have identified that conversations about sexuality are not occurring between health professionals and patients, this being more apparent in the culturally and linguistically diverse communities.

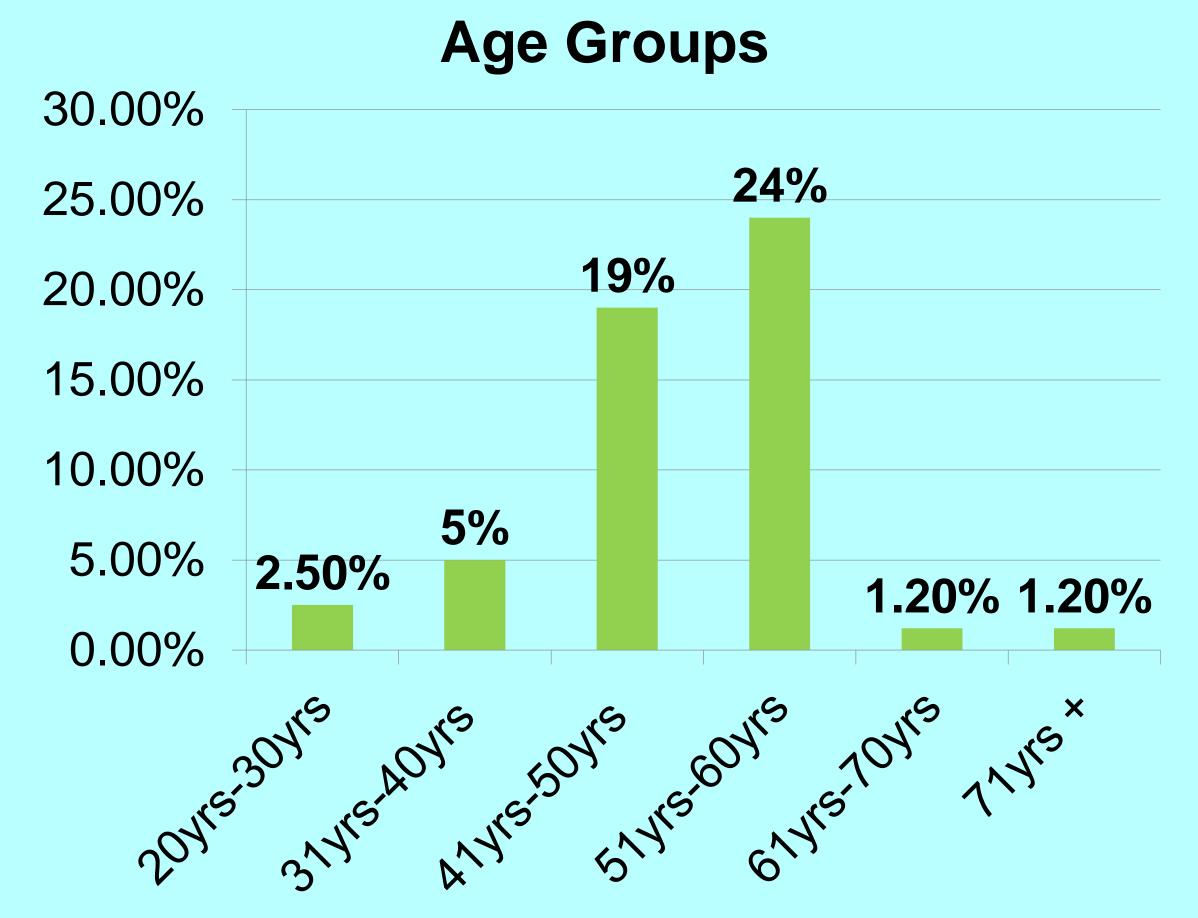
A participant cohort of 80 patients completed the Functional Assessment of Cancer Therapy: General (FACT G- Version 4) e-tool questionnaire, within the Wellness Centres of SWSLHD Cancer Services. This preliminary data reported 34% of our patients are not satisfied with their sex life, with a further 25% reporting not feeling close to or connected with their partners. Limited access to professionals trained in sexual health was also identified as a key area of concern.



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Literature Review.

Electronic databases, MEDLINE and ProQuest were used and key words such as "sex*' to encompass sex, sexual, sexuality, 'cancer' and 'oncology' were used to analyse relevant literature. Numerous studies were identified, therefore search restrictions were utilised to review relevant studies in English only and research publications after 2010. Common themes were identified throughout most of the studies reviewed. All studies, both nationally and internationally, revealed that sexuality and sexual health issues remain unaddressed for many cancer survivors. Many sexuality issues are multifactorial, although remain similar across different tumour streams. Commonly reported themes that impact on an individual's sexuality after cancer relate to the physical consequences of cancer treatment, psychological factors, body image concerns and relationship factors.

Some studies also identified that certain tumour groups, such as those with prostate cancer received more information relating to sexual health, sexual functioning and sexuality compared to Gynae-oncology and breast cancer patients. However, sexuality and sexual health issues remain an overall unmet need across all tumour streams.

A research study of Iranian and Chinese patients with cancer did not report sexuality and sexual health needs to be of a concern in the cancer journey. This is consistent with the results of other Asian studies regarding sexual domain (Park and Huang 2012; So et al 2013; Cheng et al 2014; So et al 2014). However, reports of low levels of unmet sexual needs amongst these cultural groups may not necessarily mean no real needs, rather reflecting that those from Asian and particular Persian culture may consider sexual matters a taboo subject (Farnam et al 2008). However, more research is needed to confirm this finding.

Validated Tools

Several international studies evaluated methods to assist health care professionals' address sexuality and sexual health concerns of their patients. The PLISSIT and the PROMIS sexual function measure were the two most commonly used validated tools to assist health care professionals to start conversations around sexuality with their patients. Researchers from Iceland identified similar unmet sexuality and sexual health needs in their population group and developed a highly successful sexual health care educational intervention program for oncology health professionals at a local university hospital.

Moving Forward

Identification and management of sexuality, sexual health & intimacy issues is an unmet need of patients with cancer in the SWSLHD. Mapping of services available within the SWSLHD is currently underway, including ongoing consultation with clinical psychologists, specialist nurses, doctors and an accredited clinical sexologist. There are plans to incorporate the use of the PLISSIT and the PROMIS sexual function measure into patient assessment, as well as utilising an educational intervention initiative, similar to the program implemented in Iceland. This would be used as a guideline for developing a similar program and resources for health care professionals of SWSLHD. These educational sessions and workshops would be adapted for clinicians to encompass the varying cultural needs of the SWSLHD community. Future plans to implement a sexuality clinic in cancer services, will endeavour to address patient concerns relating to sexuality and sexual health, enabling the delivery of optimal patient care across SWSLHD Cancer Services.

