

WHAT IS THE IMPACT OF GYNAECOLOGICAL CANCER ON WOMEN'S SEXUALITY AND IDENTITY?

An explorative study

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the women's
the royal women's hospital
victoria australia



Peter Mac
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Peter MacCallum Cancer Centre



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What we know about gynaecological cancers and sexuality

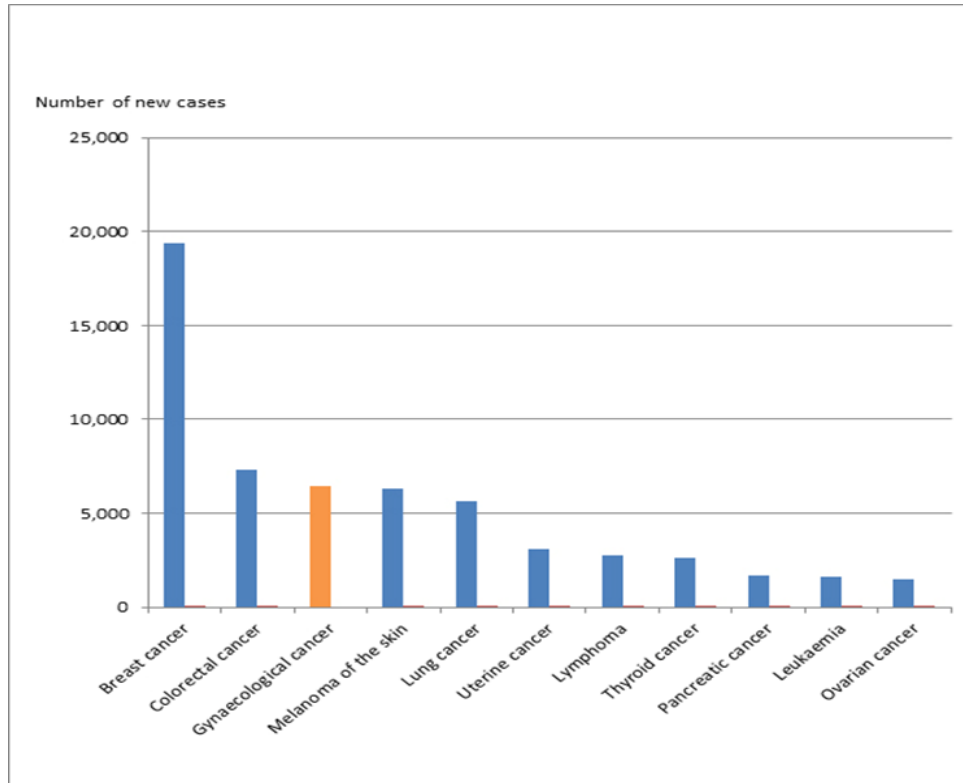


Table 1. Estimated most common cancers among females in Australia 2019
Source: <https://gynaecological-cancer.canceraustralia.gov.au/statistics>

- Third most common cancer among females in Australia.
- Under-researched and under-resourced compared to other cancers.
- Limited changes in prognosis for certain types of gynaecological cancer over the past decade.
- Limited information about diagnosis and symptoms.
- Invasive procedures for diagnosis and treatment.

Roadblocks to Research

PARKVILLE PRECINCT PARTNERS



Methodology

Meeting between The Women's and Peter Mac social workers to define question

Review of referrals between July to October 2019

Data collection from psychosocial assessments completed

Coding of findings

Analysis and comparison of data

The Women

- 54 women
- Aged between 22 and 82 years old
- 34 patients from The Women's and 20 patients from Peter Mac
- Women with cervical, endometrial, ovarian, peritoneal, uterine or vulval cancer
- From new diagnosis to palliative and end of life care



Distress Screening

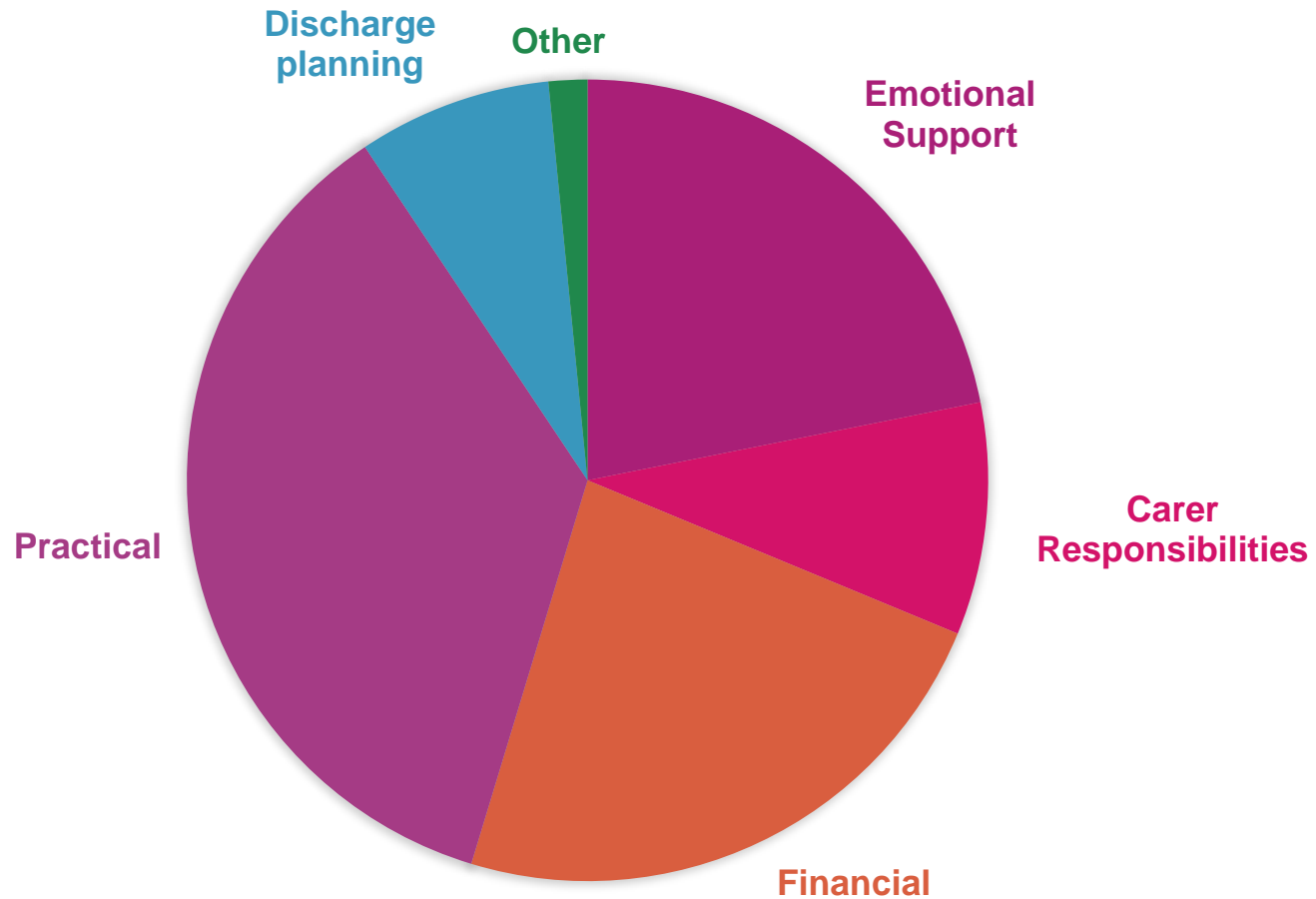
Distress Screening Completed	
Yes	32
No	22
Total	54



Concerns regarding sexuality (out of 32 completed)	
Yes	9
No	23
Total	32

* Distress screening completed but not located in patient record – 5

Reasons for Referrals



Referral due to concerns related to sexuality - 0

Issues Identified in Assessments



Let's (not) talk about sex?

- Women with gynaecological cancer may face specific problems related to body image, sexuality and relationships (Beesley, Alemayehu & Webb, 2018).
- Stigma associated with talking about gynaecological cancers, both before and following diagnosis can mean that women are less likely to talk about issues related to the psychosocial impact of their cancer (Cleary, Hegarty & McCarthy, 2013).

Let's (not) talk about sex?

- Questions about sexuality and identity not being routinely asked of patients.
- Lack of confidence from health professionals
- Are we making assumptions?
- Having “the talk” about sexuality.
- Information not being passed on from distress screening.

Our Next Steps

- Using the same distress screening across both sites
- Sharing distress screening with referral
- Defining sexuality
- Asking more questions about sexuality in psychosocial assessments
- Increasing awareness in oncology clinics about findings
- Education and training
- Consideration for larger study

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