SETTING UP ONCOSEXUALITY: WHAT LESSONS CAN WE LEARN FROM 20 YEARS OF FRENCH EXPERIENCE:

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Introduction : Sexual health and intimate/sexual life are important cancer survivorship issues but confronted to daily problems : specific health care offer, navigation, knowledge/skills of health care professionals (HCPs).

Objectives and method : To analyze the problems observed during the setting up of "oncosexuality" since 2005 for drawing the lessons and recognize the best brakes and action levels. We have distinguished 4 phases: inventory (2005-2008), operative (2009-2013), reinforcement/expansion (2014-2020) and consolidation (2021-in progress).

Results:

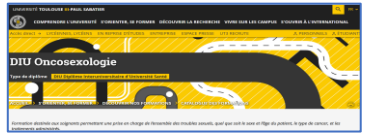
A) *inventory phase*: the main problem concerned the specific health care offer. The semantic was a highly important brake, the key-words being "cancer" and "supportive care" and not "sexuality". In fact, the response was mainly based on the engagement of few motivated persons although our surveys have shown a real awareness of HCPs to the sexual dimension,

B) *operative phase*: an optimal setting up requires a progressive and multi-target process by organizing and coordinating the supportive care pathway and by providing clinical practice guidelines (CPGs) for HCPs,

C) *reinforcement / expansion phase*: two relevant steps are to inform and to screen as soon as possible, and to reinforce the politics of information/training (CPGs implementation),

D) *consolidation*: all HCPs may be involved for the care and cure the sexual health/intimate difficulties thanks to a gradual and stepped supportive care approach. Key-issue, to correct the unmet sexual problems is mainly on the responsibility of primary care HCPs.

Conclusions : The appropriation of oncosexuality by HCPs is an individual and collective challenge. To offer better routine and equal health care access to cancer patients/couples requires: a) to sensitize and train all concerned HCPs, b) to organize the supportive cancer care offer all along the cancer care pathway, c) to develop and implement specific CPGs as cornerstone of quality care, d) the care approach must be multi and transdisciplinary and based on patients/couple needs. Our 20 years' experience may help other countries willing to set up this supportive care, while respecting the carcinological imperatives.



Bondil et al : The personalized health care process in oncosexology: a new health care offer in the service of both patients and health carers. Bull Cancer 2012;99: 499
AFSOS INCa label reference: Preservation of sexual health and cancers. September 2021. https://www.e-cancer.fr › content › download › file (in French)