

# CANCER AND SEXUALITY: WHAT SHOULD THE NON-SPECIALIZED HEALTHCARE PROFESSIONAL KNOW? THE FRENCH AFSOS EXPERT GROUP POINT OF VIEWS Pierre BONDIL, Fadila FARSI , Eric HUYGHE and the members of “Cancer & sexuality & fertility group”.

**Introduction:** In cancer, sexuality must be taken into account as supportive care in order to **improve the quality and often, the length of life**. In **France**, since 2017 (1), to **preserve or restore sexuality** is a supportive care to **be systematically proposed** as the negative impacts are usual. However, the strong **patients’ demand** for information and treatment is too often **unmet or ignored**.

**Objective and method:** To **improve the health care response**, the AFSOS expert group has included different health care professionals (HCPs) in oncology and sexology, for precisizing the **basic knowledge and skills required for all HCPs** involved in cancer care journey (2).

**Results:** Several axes have been defined (2) :

- clear need for **holistic personalized approach**, i.e. psychosocial, environmental, educational and humanist.
- to **inform** about sexual morbidity is a **patient right** and a **caregiver duty** owing to **major iatrogenic impact**,
- **becoming informed** about sexual health and intimate life is **mandatory** in order to **better adapt the therapeutic choice and strategy to needs/expectations** (patients/couples), **competitive morbidity/mortality** and **screening of undesirable side-effects** (sexual or not),
- to **prevent or correct sexual/intimate life disorders** is part of the tertiary, quaternary and also... secondary **cancer prevention** (2,3),
- the supportive care **needs/responses** may be **graduated** in oncosexuality (1<sup>st</sup> level = all HCPs) or oncosexology (2<sup>nd</sup> level = only referent ones).

**Conclusions:** Supportive care being mandatory as patient right (4), this new skill **is part of a quality care process** by respecting **four carcinological imperatives**: shared decision, personalized treatment, care relevance and inequalities correction in care. However, its collective appropriation still remains **hampered by the persistence of taboos, false ideas and inertia** due to a lack of knowledge, skills, dedicated health care offer and organization. This highlights the **need to raise awareness and train HCPs** to sexual health/intimate life needs.



integrated care model (4)

1 DGOS/INCa instruction of February 23, 2017 relating to improving access to supportive care for patients with cancer <https://www.legifrance.gouv.fr/circulaire/id/41950#> (in French)  
2 AFSOS INCa label reference: Preservation of sexual health and cancers. Coordinators: P Bondil & F Farsi, September 2021. <https://www.e-cancer.fr/content/download/file> (in French)  
3 Lustberg MB et al. : Mitigating long-term and delayed adverse events associated with cancer treatment: implications for survivorship. Nat Rev Clin Oncol 2023 25:1-16  
4 Scotté F, Taylor A, Davies A: Supportive Care: The “Keystone” of Modern Oncology Practice. Cancers 2023, 15, 3860. <https://doi.org/10.3390/cancers15153860>

