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# How Cancer and Cancer Treatment Can Affect Sexuality

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## What is sexuality?

Sexuality refers to how people express themselves in a sexual way. It includes how they see, feel, and think about themselves as a sexual being, and the ways they show it through their actions, behaviors, and relationships. It's very personal and is different for everyone. Sexuality is sometimes called **sexual health**.

The ways a person shows sexuality or sexual intimacy isn't just through the sex act. Other ways include holding hands, giving special looks, hugging, kissing, clothing they wear, ways they walk and move, etc. A person's sexuality and how they show it can be affected by many things, such as their age, gender or gender identity, partner status, social status, self-esteem, upbringing, emotions and mood changes, and religious and cultural beliefs. It can also be affected by their overall health, and sometimes health problems affect well-being, body image, sexual function, and emotional health. Having sexual problems can sometimes be called **sexual dysfunction**.

It's important to know that sexuality is not about a person's gender.

- **Sexual orientation** is part of sexuality and describes how a person is attracted to another person, such as if they are straight, gay, lesbian, or bisexual.
- **Gender identity** is the gender a person senses or feels they are (not necessarily the sex assigned at birth).

## Sexuality and cancer

Sex, sexuality, and intimacy are just as important for people with cancer as they are for people who don't have cancer. In fact, sexuality and intimacy have been shown to help people face cancer by helping them deal with feelings of [distress](#)<sup>1</sup>, and when going through treatment. But, the reality is that a person's sex organs, sexual desire (sex drive or libido), sexual function, well-being, and body image can be affected by cancer and cancer treatment. How a person shows sexuality can also be affected.

Sexual problems often develop because of physical and psychological side effects of cancer and cancer treatments. Some surgeries and treatments might have very little effect on a person's sexuality, sexual desire, and sexual function. Others can affect how a certain body part works, change hormone levels, or damage nerve function that can cause changes in a person's sexual function. Certain types of treatments have [side effects](#)<sup>2</sup> such as fatigue, nausea, bowel or bladder problems, pain, and skin problems or other changes in appearance that might cause problems with sexuality. Some sexual problems get better or go away over time, but some are long-lasting and can be lifelong.

## Talking about sexuality when you have cancer

### For patients

It's very important to talk with your cancer care team about what to expect, and to continue to talk about what's changing or has changed in your sexual life as you go through procedures, treatments, and follow-up care. This includes letting them know any over-the-counter and prescription medications, vitamins, or supplements you may be taking because they might interfere with treatments.

**Don't assume your doctor or nurse will ask you about these and other concerns about sexuality. You might have to start the conversation.** Many studies have found that doctors, nurses, and other members of a health care team don't always ask about sexuality during check-ups and treatment visits. Because of this, patients might not get enough information, support, or resources to help them deal with their feelings and sexual problems.

Studies also show that many doctors and nurses don't know the right questions to ask about sexual orientation and gender identity. Many are not familiar with different terms

that describe if a person is lesbian, gay, bisexual, transgender (LGBT), or gender non-conforming (GNC). It's very important to let your cancer care team know your sexual orientation and gender identity, including what sex you were at birth and how you describe yourself now.

If you are a transgender male or female, you'll need to give them a list of any procedures you may have had or any hormones or other medications you have taken or are taking for your transition. Letting your cancer care team know this information will help you get the personalized care you need.

Be as honest and open as possible, and ask questions so your cancer care team can help and so you get the right answers. While you might feel embarrassed, remember your cancer care team must keep the information you tell them confidential. And, once a conversation is started, it's easier to continue it and to bring it up again during your future check-ups.

Most importantly, talk with your partner. Remember that warmth, caring, and physical and emotional closeness are as necessary and rewarding as anything else in your

a partner can help a patient cope and feel more comfortable asking for help.

Depending on the type of problem, going with the patient to treatment and follow-up visits and check-ups might be a good idea, too. If you go, be prepared to write down important information, or ask if you can record the visit.

### ***Before surgery or treatment***

Before surgery and other treatments, patients and their partners need to know about possible changes that might affect a certain body part, or their sex organs, sexuality, and sexual function. Having these talks in advance can help know what to expect. But, studies show that not many cancer patients remember being told about sexual risks before surgery or treatment. Asking questions and getting honest answers can open up the opportunity for follow-up talks that lead to making informed decisions about care through the entire cancer journey.

### ***During treatment***

You may have concerns about intimacy and sexual activity during treatment, or may notice changes. It's important to keep talking to your health care team as you move into the treatment phase. Or, if you didn't talk about sexuality before surgery or treatment, you can start talking about it during treatment-related visits, even if your doctor or nurse don't bring it up. Include your partner, if you're comfortable doing so. Remember, if your health care team doesn't know about a problem you're having, they can't help you manage it.

### ***After treatment***

People who have finished cancer treatment may have lingering problems with sexuality, and some of them might be lifelong. These can affect relationships, too. Be sure to continue reporting problems, and asking questions during follow-up visits. If you are no

cancer.

***End-of life***

Sexuality continues to be important for many people with advanced cancer, and for

to *Oncology Symptom Management*. 2<sup>nd</sup> ed. Pittsburgh, PA: Oncology Nursing Society; 2015:551-597.

Scime S. Inequities in cancer care among transgender people: Recommendations for change. *Canadian Oncology Nursing Journal*. 2019;29(2):87-91.

Zhou ES, Bober SL. Sexual problems. In DeVita VT, Lawrence TS, Rosenberg SA, eds. *DeVita, Hellman, and Rosenberg's Cancer: Principles and Practice of Oncology*. 11<sup>th</sup> ed. Philadelphia, PA: Lippincott Williams & Wilkins; 2019:2220-2229.

Last Revised: February 1, 2020

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