

Cancer and Sexual Wellbeing - Support for Regional Clinicians

THE SCOPING AND ESTABLISHMENT OF A CANCER AND SEXUAL WELLBEING COMMUNITY OF PRACTICE IN THE LODDON MALLEE REGION OF VICTORIA

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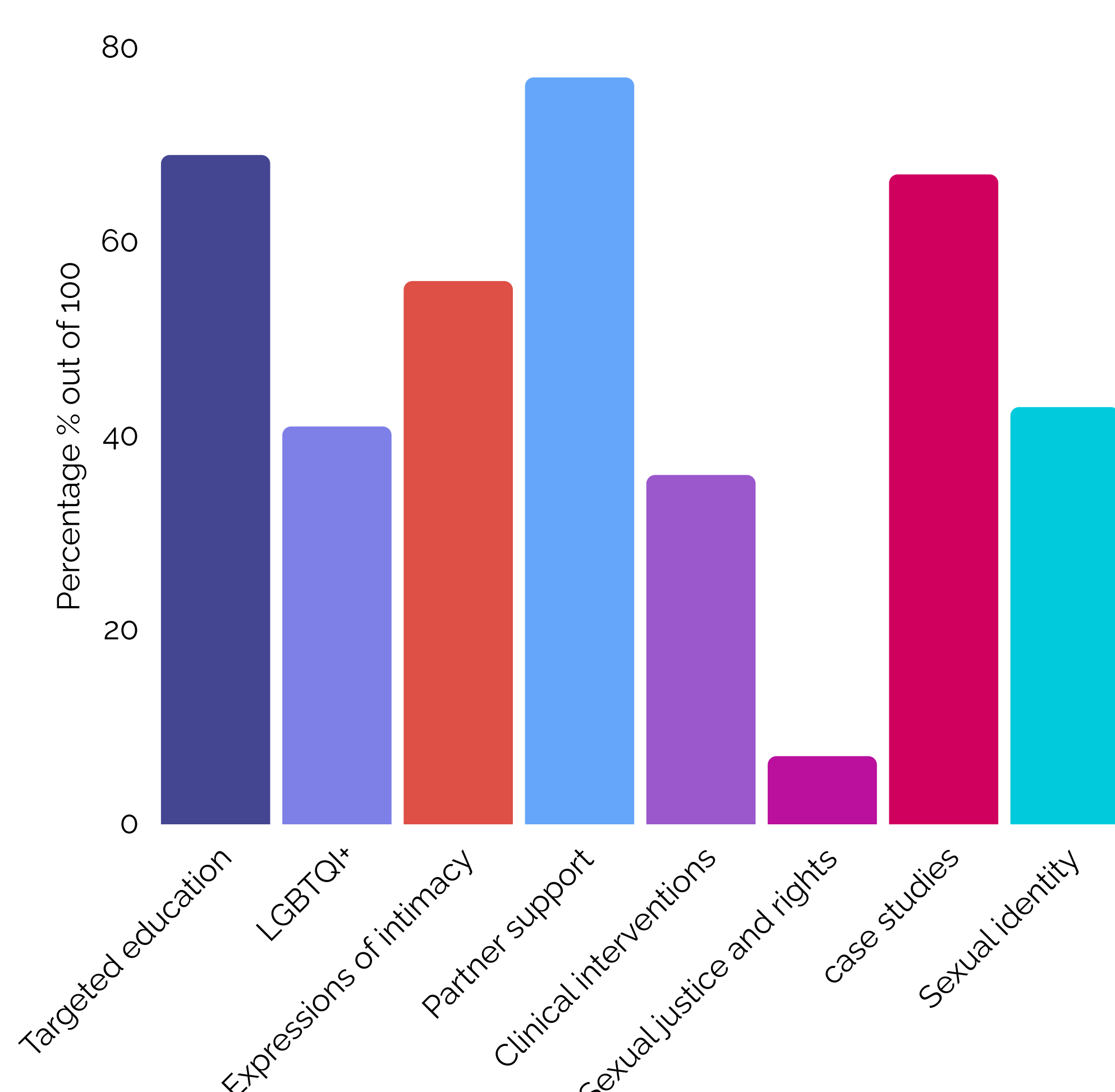
Background

The Loddon Mallee region (LMR), spanning from Mildura to Melbourne's north-west, represents one quarter of Victoria's land mass and 5% of the population. Rurality presents unique challenges for cancer care, including limited access to specialist services and culturally appropriate support for sexual wellbeing. While the impact of cancer on sexuality is well documented, major barriers remain. Inspired by discussions at the 2023 COSA conference, the Loddon Mallee Integrated Cancer Service (LMICS) dedicated its August 2024 Annual Forum to the theme 'Cancer and Sexuality', aiming to raise this issue and strengthen patient-centred care. This poster presents key insights and developments from the forum, including a Masters Student Placement within LMICS and outlines strategies to better embed sexual wellbeing into cancer services across the region.

Aim

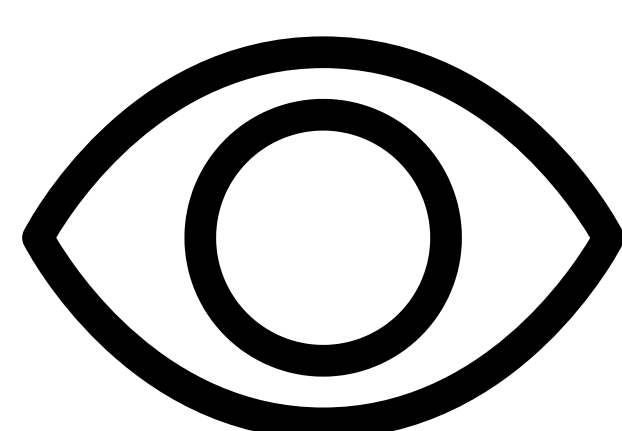
LMICS recognised a gap in knowledge and access to support for sexuality related issues in cancer care and conducted a scoping review to explore establishing a Community of Practice (CoP) across the region. This informal group of health professionals aims to share knowledge and develop innovative solutions, supporting holistic care and workforce development aligned with LMICS priorities. Naming the project around "sexual wellbeing" broadens the focus beyond sexual function to include rights and expression, addressing limitations of the traditional "sexual health" term in healthcare.

"Which of these topics associated with sexual wellbeing would you like to see addressed in the CoP?"
Answers from survey conducted, answered by health professionals.



Methods

- 1** Interviews
20 1:1 interviews with key clinicians across the LMR
- 2** Survey
43 clinicians to guide planning
- 3** Delivery
70+ attendees



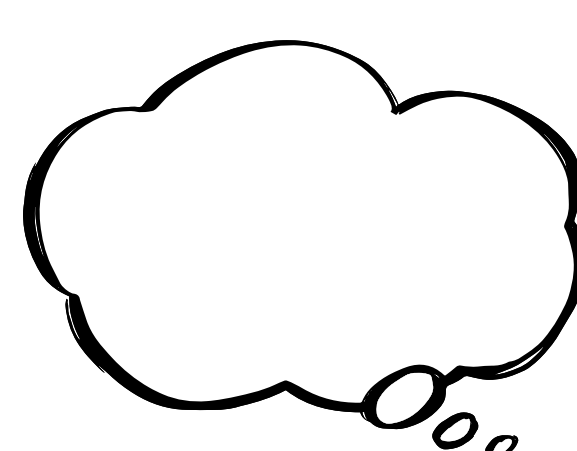
Visibility

Different types of cancer and treatments affect sexual wellness both directly and indirectly, yet not all impacts are acknowledged equally.

Much of the sexual health guidance is relegated to written materials rather than open dialogue, making the issue less visible in clinical conversations.

Limited recognition of invisible side effects such as fatigue

Understanding effect on body image and identity



Assumptions

Stereotypes, rather than individual experiences often influence care

Older patients often presumed disinterested

Younger patients focus shifts to fertility

Midlife relationship breakdowns due to side effects of treatment

Avoidance of prostate testing due to correlation with sexual dysfunction



Responsibility

Often unclear, delayed or avoided

Falls between clinical areas leading to fragmented care or avoidance

Clinician barriers including lack of time, expertise and comfortability to explore



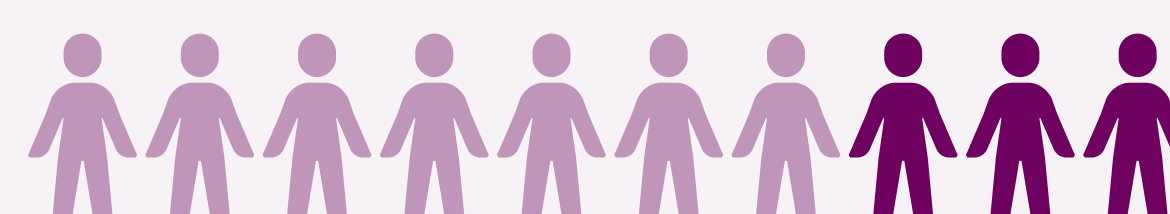
Priorities

Focus on survival and treatment takes precedence over sexual wellbeing

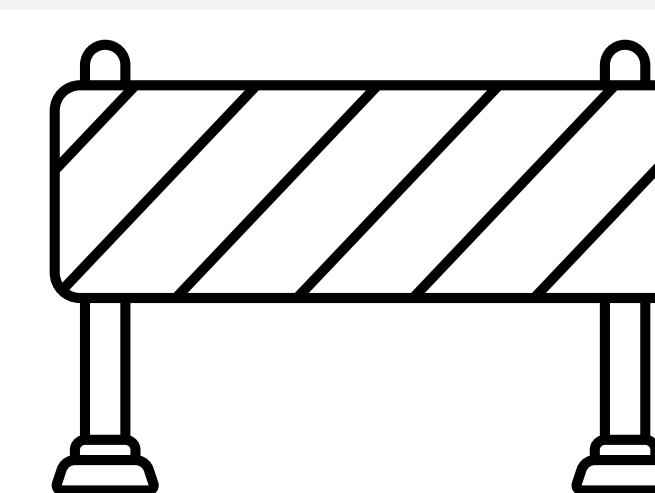
Side effects affecting sexuality tend to appear post treatment and therefore rarely addressed

Treatment decisions may override concerns about autonomy and lead to regret over psychosexual impacts

Interview Themes



70% of respondents would like the Community of Practice to address targeted education and techniques for health professionals



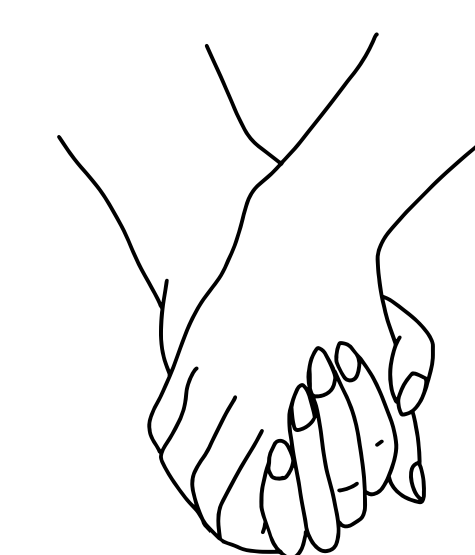
Barriers

Financial, accessibility communication skills amongst patients

Practitioners' confidence lengthy wait times ie: penile implants

Intake forms may include a "tick box" for sexual health without actionable plans

Referral pathways are limited and uneven across regions, leading to inconsistent support



Partner support

Appeared as a key topic

Highlights the need for more resources on partner/carer dynamics



Most CoP attendees identified as allied health (29 registrations and 17 survey responses) and nursing (29 registrations and 18 survey responses)

Conclusions

The project has advanced LMICS objectives and grown a clinician network, with ongoing effort required to address the diverse needs of providers and patients through the CoP. Further information will be obtained during a 12 months of pilot support of the CoP over 2025-26.

The CoP supports clinicians and encourages increased knowledge in roles and different clinical approaches, and it strengthens the referral network and increases clinical confidence in being able to inquire and respond to topics about sexual wellbeing. People living with cancer in rural and regional have decreased access to the relevant wholistic care due to the knowledge and access deficits, and the CoP for Cancer and Sexual wellbeing is a uniquely themed approach to support this cohort.

Acknowledgements

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