

Intimacy and Cancer: Voices from a Global Gender-Inclusive Oncosexual Community

Tess Deveze

Oncosexual Rehabilitation + Management, ConnectAble Therapies, Melbourne, Australia

*Corresponding author

Tess Deveze, Oncosexual Rehabilitation + Management, ConnectAble Therapies, Melbourne, Australia

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ABSTRACT

Living with cancer often leads to profound feelings of isolation, particularly concerning sexuality and intimacy—topics frequently neglected in clinical conversations [1,2]. Research indicates that many cancer patients report their healthcare professionals do not address sexuality, while patients themselves often feel reluctant to initiate these discussions [2,3]. The ‘Intimacy and Cancer’ (IAC) initiative addresses this gap through a global, gender-inclusive online support space for people with cancer (PWC). Based on lived experience and peer-led design, IAC fosters education, connection, and resilience. Survey data from 191 community members across 50 countries indicate that the platform significantly reduces isolation, improves confidence in healthcare communication, and enhances intimacy and quality of life. This paper explores the clinical implications and advocates for integrating such inclusive platforms into routine cancer care.

Introduction

Despite its importance to quality of life, discussions around intimacy are often sidelined or ignored entirely in oncology settings. For gender-diverse individuals and those with less common cancers, this silence is amplified by exclusion from traditional support systems. This lack of support can lead to feelings of shame, hopelessness, and isolation [2,4,5]. A self-administered questionnaire developed by the author and distributed to PWC, reveals that only 32% of cancer patients report their healthcare providers address sexuality, and 73% are hesitant to raise these issues themselves. This article presents the outcomes, and future recommendations based on the IAC initiative—a peer-informed, gender-expansive online oncosexual community.

Project Design and Scope

IAC is an online, 24/7 accessible community offering multi-layered support:

- Peer-to-peer sharing
- Clinical oncosexual education
- Gender inclusive resource library

Methods

The platform is currently nearing 8,000 members from more than 50 countries. A mixed method, community-led survey was conducted among 191 participants of the IAC online support group. Respondents spanned all genders and varied cancer types, with data collected on emotional impact, healthcare interactions, intimacy outcomes, and perceived safety in an inclusive setting.

Key Findings

1. Isolation Before Accessing Support

- 89% reported feeling like they were “the only one” suffering sexually before joining.
- 98.13% noted that joining the group helped alleviate that sense of hopelessness and isolation.
- Qualitative feedback included:
 - o “I felt reassured that what I am experiencing is ‘normal’.”
 - o “Seeing others going through similar issues made me feel less lonely.”
 - o “This group is the only place where others truly understand the impact of cancer on sexual health.”

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These findings align with literature highlighting the isolating nature of cancer and its impact on quality of life [2,4,5].

2. Perceptions of Gender-Inclusive Spaces

Traditional support spaces often exclude those outside binary gender norms, consequently, IAC was designed to be gender expansive. Survey responses indicated that before joining the group:

- 65.4% “didn’t really think about” the group’s all-gender inclusivity while discussing sensitive and vulnerable topics.
- 7.9% were “nervous” or “hesitant” yet still wanted to join.
- After joining:
 - o 52.4% stated they “don’t think about it.”
 - o 33.5% found unexpected value in other-gender perspectives.

Not only are gender-inclusive supports needed, the above demonstrates that the perceived reasons for gender-exclusivity in them, are unwarranted.

3. Resource Accessibility and Impact

- 57.07% reported difficulty finding inclusive resources before joining the group.
- 67% actively use the gender-inclusive resources provided by the IAC platform.

This reflects broader challenges faced by gender-diverse patients and patients with rare cancers, who often encounter unmet supportive care needs [1,3].

4. Real-Life Impact

- 97.4% reported the group has been helpful.
- 82.2% reported a positive impact on their daily lives.
- 77.5% saw improved intimate relationships.

These outcomes are consistent with studies demonstrating the benefits of peer support in oncology, including improved quality of life and reduced psychological distress [3-5]. Such high outcomes for not just a peer-support space, but a gender-expansive one, indicates project success.

Qualitative Themes

Participant quotes revealed the following emergent themes:

- **Community & Belonging:** “I thought there was no hope. This group showed me I’m not alone.”
- **Empowerment:** “I now ask my oncologist questions I was once too embarrassed to ask.”
- **Intimacy Restoration:** “I have a sex life again! I thought pleasure would never be mine again.”
- **Gender-Inclusive Support:** “As a genderqueer trans woman, I usually psychologically brace myself when reading information”.
- **Validation & Normalisation:** “My partner joined the group and now understands what I’m going through. Slowly but surely, I am finding myself again.”
- **Accessible & Relevant Resources:** “The resources in this group and the courses have been outstanding in helping with the intimacy problems my partner and I were having.”

Discussion

The IAC initiative successfully demonstrates the effectiveness of inclusive, peer-based support in improving the oncosexual

wellbeing of PWC. Particularly for populations historically marginalised due to gender, geography, or rare cancer types. The overwhelmingly positive feedback from participants demonstrates the necessity of:

- Normalisation of symptoms.
- Community and connection.
- Empowerment in clinical communication.
- Access to tailored, inclusive resources.

The IAC resource library, including the book ‘A Better Normal; Your Guide To Rediscovering Intimacy After Cancer’, has also proven to be a vital adjunct tool, widely praised for its gender-neutral, trauma-informed approach. Furthermore, the overwhelmingly positive feedback highlights how simple interventions—like access to relatable experiences and gender-free educational material—can drastically improve outcomes for patients [2-5].

Conclusion

The IAC initiative exemplifies the power of peer support and gender-inclusive care in addressing oncosexual health. By reducing isolation, improving intimacy, and fostering patient-provider communication, such platforms are essential adjuncts to clinical care. In a healthcare climate burdened by limited resources, medical systems must adapt to include and support these emerging models, particularly as demand for intersectional, patient-centred support grows.

“Adversity, diversity, and tolerance. It’s changed who I am.”
IAC Community Member

Recommendations

1. Healthcare systems should formally recognise oncosexual support as integral to quality cancer care.
2. Embed oncosexual topics in standard oncology care pathways.
3. Clinics should actively refer patients to trusted, inclusive peer-based resources to extend their care continuum.
4. Co-create resources with people from diverse cancer and gender backgrounds.
5. Train clinicians to ask about sexuality and provide informed, non-assumptive care.

Disclosure of Interest

The author has personal experience with gender-based exclusion from traditional cancer supports and lack of oncosexual care.

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