

Understanding

Sex, sexuality and cancer

Caring for people with cancer

Understanding

Sex, sexuality and cancer

This booklet has information on:

- Sexuality and cancer
- Sexual side-effects of cancer treatment
- The emotional effects of cancer
- The impact of cancer on relationships
- When you're LGBTQIA+

Useful numbers

Specialist nurse

Hospital

Family doctor (GP)

Medical oncologist

Gynaecological oncologist

Urologist

Surgeon

Psychologist

Medical social worker

Emergency:

Hospital records number (MRN)



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Fast facts

What is meant by sexuality?

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Sexuality describes how you express yourself in a sexual way. It is not just about the physical act of having sex. It includes how you see, feel, act and think about yourself as a sexual being.

Cancer treatments and side-effects

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When it comes to sex and sexuality, cancer treatment can affect you both physically and mentally. Side-effects of treatment can include vaginal dryness, erectile dysfunction and loss of libido (sexual desire).

There are treatments to help with most side-effects, so tell your doctor or nurse. Don't suffer in silence.

The emotional effects of cancer

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Cancer affects your feelings as well as your body and this can have a major impact on your sexuality and relationships.

What if I'm LGBTQIA+?

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If you are a member of the LGBTQIA+ community, you may have additional worries if you are diagnosed with cancer. For example, you may wonder if you have to disclose your sexual orientation to your medical team or you may worry that you will be discriminated against.

We're here for you

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If you or your family have any questions or worries, want to know where to get support, or if you just need to talk, you can talk to one of our cancer nurses.

Ways to get in touch

- Call our Support Line on 1800 200 700
- Drop into a Daffodil Centre to speak to a nurse.
Email daffodilcentreinfo@irishcancer.ie to find your local Daffodil Centre.
- Email us: supportline@irishcancer.ie

See page 135 for more about our services.



Support Line Freephone 1800 200 700

Reading this booklet



This booklet is to help you throughout your cancer treatment and afterwards. You will probably find different sections useful at different times, so keep it for reference.

If you need more information or don't understand something, ask your doctor or nurse. You can also ask one of our cancer nurses:

- Call our Support Line on Freephone 1800 200 700
- Visit a Daffodil Centre
- Email the nurses at supportline@irishcancer.ie

About our information

While we make every effort to ensure the information in this booklet is correct and up to date, treatments and procedures in hospitals can vary and the language around certain topics can change.

You should always talk to your own medical team about your care. They know your medical history and your individual circumstances. We cannot give advice about the best treatment for you.

We use gender-inclusive language. We sometimes use man/woman and male/female when they are needed to explain a person's treatment and care – for example, talking about hormones or body parts – and when needed to describe research or statistics.

Email: supportline@irishcancer.ie

About sexuality

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What is sexuality?

Sexuality describes how you express yourself in a sexual way. It is not just about the physical act of having sex. It includes how you see, feel and think about yourself as a sexual being. For example, how you view your own body and how you feel about close physical touch. It also includes your sexual feelings, thoughts, behaviours and attractions towards others.

Sexuality includes intimacy, which is a feeling of closeness or connection that develops between people in personal relationships. Examples of physical intimacy include hugging, kissing, cuddling and sex. Emotional intimacy can include feeling safe and secure enough to share your deepest feelings or worries with someone.



Sexuality also includes sexual orientation, which describes who you are sexually, emotionally, spiritually, romantically and/or physically attracted to. Sexual orientations include heterosexual, gay, lesbian, bisexual, pansexual and asexual (see page 145 for a glossary of these terms).

There are many different things that can influence your sexuality, such as:

- Age
- Gender or gender identity
- Upbringing
- Hormones
- Religious and cultural beliefs
- Self-esteem
- Personal sexual experiences

It may take time to explore your sexuality and at times you might feel confused about it. Your sexuality can also change over time. This is all normal.

Cancer and sexuality

Cancer can affect how you feel about your sexuality and relationships. Cancer and its treatments can affect your sex organs, sexual function and sexual desire (libido), as well as your body image, emotions and general wellbeing.

You may have physical side-effects that can cause difficulties with intimacy and sex, depending on the type of treatments you have had. For example, erection problems or a narrowing and shortening of the vagina, which can make sex feel painful.

Other side-effects such as fatigue (tiredness), nausea (feeling sick) and pain, may affect your sexual desire (libido), leaving you with little interest in any physical intimacy. If you are suffering from anxiety or depression, you might lose interest in sex or find it harder to get aroused or reach orgasm.

Your self-esteem and sexual confidence may also be low because of changes to your body, such as hair loss, weight changes or scarring.

If you are in a relationship, you may worry that your partner won't find you attractive or will make comparisons with the way things were before your diagnosis.

If you are beginning a new relationship, you may worry about how your partner will react to your body or the fact that you've had a cancer diagnosis.

If you are single, you may have similar concerns - worrying about how a future partner might react to your cancer diagnosis and/or body changes. You may worry that people won't want to date you if they know you have, or have had, cancer. See page 113 for more on dating.



There is no right or wrong way to feel about your sexuality and sex life. There is also no set time for you to be ready to be intimate or have sex again. It varies from person to person.

Some people fear that cancer can be passed on to a partner during sex. There is no truth to this. Also, sexual activity will not make your cancer worse or cause it to come back (recur).



Sexual anatomy and sexual activity

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Sex and reproductive organs (women and people assigned female at birth)

Sex organs are sometimes referred to as the reproductive system. The female reproductive system refers to the sex organs that help women or those assigned female at birth to:

- Menstruate (have periods)
- Have sex
- Reproduce

Female sex organs are found externally (on the outside of the body) and internally (on the inside of the body). The vulva is the collective name for the parts that are found on the outside of the body, between the legs. They include the skin folds (labia minora and labia majora) that are found at the entrance of the vagina and the clitoris. The clitoris contains many sensory nerve endings and has a key role to play in sexual arousal and sexual pleasure.

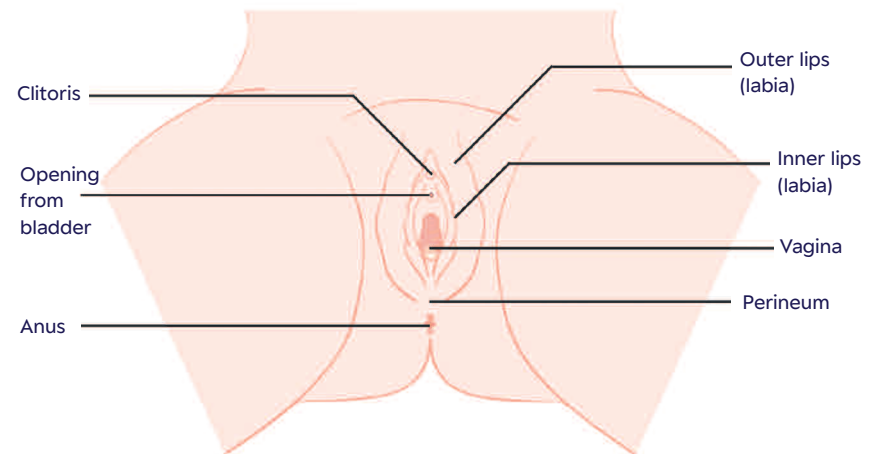
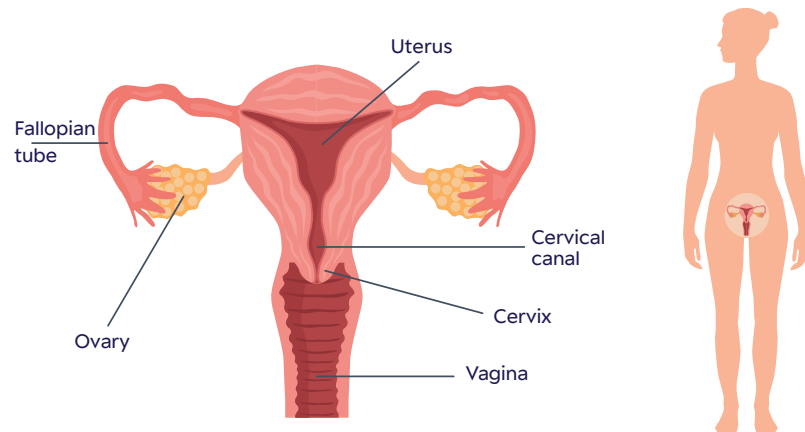


Illustration courtesy Cancer Research UK/Wikimedia Commons

The internal parts of the reproductive system are the:

- **Vagina:** This is a muscular canal that joins the cervix (the lowest part of the uterus) to the outside of the body. It widens during childbirth and is sometimes known as the birth canal.
- **Uterus (womb):** This pear-shaped organ holds a foetus during pregnancy. It has two parts – the cervix and the corpus. The cervix is the lowest part of the uterus. It opens into the vagina and is sometimes known as the ‘neck of the uterus’. The corpus is the larger part of the uterus that expands as the foetus grows.
- **Ovaries:** These are small, oval-shaped glands that produce eggs and hormones. They are found on either side of the uterus.
- **Fallopian tubes:** These are narrow tubes which allow your eggs to travel from the ovaries to the uterus. Fertilisation of the egg by sperm usually takes place in the fallopian tubes. The fertilised egg then moves to the uterus.

Female reproductive system



If you are transgender or intersex, you may or may not have some of these organs.

Sex and reproductive organs (men and people assigned male at birth)

Most of the male reproductive system is found externally (on the outside of the body). The male reproductive system refers to the sex organs that help men or those assigned male at birth to:

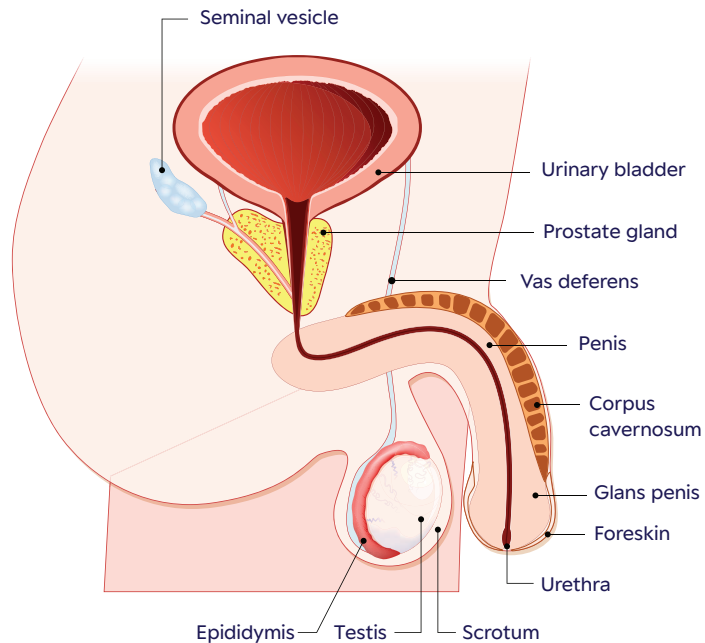
- Have sex
- Reproduce
- Urinate (pee)

The external parts of the male reproductive system include:

- **Penis:** This is the male organ used during sex. It has three main parts – the root, which is attached to the abdomen, the body (shaft) and the glans (head), which is the tip of the penis.
- **Scrotum:** This is a pouch-like sac of skin that hangs behind the penis. It holds the testicles (testes). It has an important role in keeping the testicles at the right temperature. Testicles need to be at a temperature slightly cooler than body temperature for the development of normal sperm.
- **Testicles:** These are oval-shaped organs found inside the scrotum. They produce sperm and also make testosterone, which is the main male sex hormone. Most males have two testicles.

Support Line Freephone 1800 200 700

Male reproductive system



The internal parts of the male reproductive system include the urethra, which is the tube that carries urine (pee) from your bladder to outside of your body. The urethra also ejaculates semen when you reach orgasm (sexual climax). Other internal parts of the male reproductive system include:

- **The vas deferens.** This is a long tube that transports mature sperm to the urethra in preparation for ejaculation.
- **The prostate.** This is a small gland that produces a thick clear fluid, which makes up an important part of semen, the substance that carries sperm. Semen is sometimes known as ejaculate or cum.

If you are transgender or intersex, you may or may not have some of these organs.

What happens to your body during sex?

People go through a number of physical, mental and emotional changes when they are sexually active. This is known as the sexual response cycle. There are 4 main phases:

Phase 1 – Sexual desire (libido). This is the feeling that you want to have sex. This can greatly vary from one person to another. For example, someone may have the desire to have sex every day, while someone else may want sex far less often.

During this phase, you may experience changes in the body such as an increased heart rate, increased sensitivity to touch and an increased blood flow to the genitals, including the clitoris and penis. This can cause the clitoris to start to swell and the penis to start to become erect (hard).

Phase 2 – Arousal (excitement). This phase involves your body responding to the desire to have sex. Changes in the body that began in phase 1, such as increased blood flow to the genitals and an increased heart rate, become more intense. Other changes can include a darkening of the walls of the vagina in females and the release of pre-ejaculate (also known as pre-seminal fluid or pre-cum) in males.

This period of arousal can last a long time and is sometimes known as the plateau phase.

Phase 3 – Orgasm (sexual climax). This is the shortest phase – for some, it only lasts a few seconds – but it is considered to be the height of sexual pleasure. You may have a sense of intense warmth or euphoria spread throughout your body and many of your muscles will contract involuntarily. Those with a penis may ejaculate semen.

Not everyone who has sex always reaches this phase.

Phase 4 – Resolution. This is when the body returns to its normal state. For example, the penis and clitoris return to their normal size and colour. Your breathing and heart rates also return to normal.

Males cannot have another orgasm during this phase. This is known as the refractory period. This period may only last for a few minutes if you are younger, but it tends to last longer the older you are – sometimes hours or even days.

Females do not have to wait to have an orgasm again, so can potentially have one after the other (multiple orgasms).

What is a 'normal' sex life?

Sexuality means different things to different people so there is really no such thing as a 'normal' sex life. What works for one person may not work for another. The desire to be intimate or have sex (libido) can vary greatly from one person to another. You may or may not want to be affectionate or romantically intimate. You may want to have sex several times a week or much less often.



Libido can also change a lot over the course of each person's life. You may find that you lose interest in intimacy and sex at different times in your life. This may include when you have cancer.

'Normal' is what feels right for you, whether you are in a relationship or not. What feels right may also change at different times during your cancer journey.

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Sexual side-effects of cancer treatment

When it comes to sex and sexuality, cancer treatment can affect you both physically and mentally. Many things can affect your desire to be intimate and have sex, as well as your enjoyment of sex. These may include:

- Fatigue (tiredness)
- Pain or discomfort
- Stress, anxiety or depression
- Changes to your hormone levels
- Changes to the appearance of your body, such as hair loss, scarring or having part of your body removed
- Physical changes that may make it more difficult to have sex, such as having and maintaining an erection or vaginal narrowing/shortening



Sexual side-effects for women and people assigned female at birth

Different cancer treatments can result in different side-effects. These may include:

Shortening or narrowing of the vagina

Surgery or radiotherapy might shorten your vagina or make it narrower. For example, this could happen if scar tissue forms after radiotherapy to the pelvic area. Also, the walls of the vagina may become less stretchy than before treatment. This can make sex feel uncomfortable.

What can help?

- Using dilators may prevent the vagina becoming shorter or narrower by preventing scar tissue from developing in the vagina. Dilators are tampon-shaped plastic tubes of different sizes that you use with a lubricant. You can also use a vibrator or small sex toy for this.
- Regular gentle sex can also help to dilate the vagina.

Your specialist nurse can talk to you about dilation and how to use a dilator or vibrator, if it might be helpful to you. You may feel embarrassed or uncomfortable about using a dilator. Your specialist nurse or medical team will understand your concerns and will always respect your feelings.

Email: supportline@irishcancer.ie

Vaginal irritation or dryness

Radiotherapy to the pelvis can cause vaginal dryness or irritation. This can make sex feel uncomfortable.

What can help?

- Vaginal creams or moisturisers can be used regularly to help with day-to-day dryness.
- Vaginal lubricants can be used during sex to make it more comfortable and pleasurable.
- Hormonal creams and moisturisers can also help with vaginal dryness.

Your doctor or nurse specialist can give you advice about the best products to help.

Vaginal thrush

Vaginal thrush is a very common yeast infection. Symptoms can include itchiness around the vulva, a change in vaginal discharge, a burning sensation when urinating (peeing) and pain during sex.

There is often no obvious reason why someone develops thrush, however there are some things that can increase the risk. These include taking antibiotics and having a weakened immune system.

Thrush is common during chemotherapy, especially if you are taking steroids or powerful antibiotics to prevent infection.

What can help?

- There is cream available over the counter in pharmacies to treat thrush.
- Wear loose-fitting cotton underwear.
- Avoid perfumed soap and bath products as these are likely to irritate your vaginal area.
- Avoid sex until thrush has cleared up if sex is uncomfortable. If you have a partner and they are also showing signs of thrush, they should be treated at the same time as you.

Pain

You may feel tender or sore for a few weeks after surgery or radiotherapy. Sex may be painful if you have had treatment in that area. You may have wounds that make physical contact difficult or your skin may be sore to touch in areas treated by radiotherapy.

What can help?

- You may want to avoid sex for a few weeks to allow the area to fully heal and avoid any further damage.
- Taking painkillers may help.
- Changing position during sex may help to reduce pressure on the sore area.

It may be difficult to even hold or hug another person if your wounds are still healing or you have scarring. However, this will improve over time.



Bleeding

Radiotherapy can make the lining of your vagina more fragile, so you may experience light bleeding during sex. It's best to get any bleeding checked out, so let your medical team know if you have this side-effect.

Menopausal symptoms

Menopause refers to the permanent end of menstruation (having periods). Periods stop due to lower levels of certain hormones, particularly oestrogen. This can occur naturally or for other reasons, such as a hysterectomy (removal of the uterus) or some cancer treatments.

Perimenopause is the period before menopause, when you may also experience menopausal symptoms. It is due to levels of the hormone oestrogen rising and falling unevenly. Perimenopause lasts for an average of 4 years.

However, cancer treatments that reduce oestrogen levels or block the action of oestrogen can also result in you having menopausal symptoms. These treatments include chemotherapy, hormone therapy, surgery that removes your ovaries or treatments that may stop your ovaries from working, such as radiotherapy.

Symptoms are sometimes worse if menopause has happened suddenly because of cancer treatment and they can last a number of years. If you have already been through menopause when you begin cancer treatment, you may still experience symptoms similar to menopause.

Common menopausal symptoms include:

- Irregular or no periods
- Hot flashes
- Night sweats
- Vaginal dryness
- Aches and pains
- Weight gain
- Reduced sexual desire (libido)
- Difficulty sleeping
- Mood swings
- Anxiety
- Memory problems or brain fog

These symptoms can affect you physically and mentally when it comes to being intimate or having sex.

If you are experiencing menopausal symptoms, you should speak to your medical team. They can discuss options that may be open to you, such as hormone replacement therapy (HRT), drug treatments for hot flashes and medication to help with sleep. You may also be advised to eat a healthy diet and keep active.

Or you may consider complementary therapies to help you feel better. For example, massage, aromatherapy or reflexology. It's very important to talk to your doctor if you're thinking of using complementary therapies. Some can interfere with your cancer treatment or be harmful to you, even if you have used them safely before your diagnosis.

Loss of sex drive (libido)

You may lose interest in intimacy and sex due to physical or emotional changes. For example, if you are very fatigued (tired) or your hormone levels are affected by treatment, your sex drive (libido) may be affected.

Emotional issues, such as sadness, anxiety and depression may also make you less interested in sex. You may also feel less confident if your physical appearance has changed because of treatment. For example, you may have lost a body part or have scarring on your body.

What can help?

If your loss of libido is due to emotional issues, talking to your partner, family or friends might help. If you are not comfortable talking about this to someone you know, you might consider professional counselling. The Irish Cancer Society offers free counselling to patients and their partners, either remotely (by telephone or video call) or in-person. You can also speak in confidence to a cancer nurse on our Support Line or in a Daffodil Centre. Call Freephone 1800 200 700 for more information on these services.

You should speak to your healthcare professional about loss of libido as they may be able to help. For example, it may be caused by fatigue, so trying to find the cause of fatigue and treating it can help. You may need a blood transfusion if your fatigue is due to a low red blood cell count or dietary advice may help if you are not eating well. More information is available in our **Coping with Fatigue** booklet, which can be downloaded from www.cancer.ie or ordered from our Support Line on Freephone 1800 200 700.

Hints and tips: Sex after cancer treatment

- **Give yourself time to recover.** Do not rush into sex if you do not feel ready.
- **Try to talk openly to your partner if you have one.** Or it may help to talk to a counsellor about how you are feeling.
- **Talk to your specialist nurse** if you are worried about your sex life or sexual side-effects. Try not to feel embarrassed – they will be happy to give you advice.
- **It may be useful to become more aware of your vaginal muscles and learn how to relax these muscles when you are having sex.** Pelvic floor physiotherapy with a specialist may be useful.
- **If having sex is uncomfortable, try different positions.** Lying on your side or having your partner underneath you may be easier.
- **Pregnancy should be avoided during cancer treatment** as some treatments can harm the developing baby. There can also be a risk of miscarriage. Contraception should be used to prevent pregnancy. Your doctor can advise you about the contraception options open to you.

Sexual side-effects for men and people assigned male at birth

Different cancer treatments can result in different side-effects. These may include:

Erectile dysfunction (ED)

You may find it difficult to get or keep an erection that is strong enough for sex. This can be caused by damage to nerves or blood vessels after some types of surgery. Other treatments that can affect erections include radiotherapy, hormone therapy, chemotherapy, immunotherapy and targeted therapy.

What can help?

There are treatments that can help with ED, so let your doctor know if this is a problem for you. Don't expect too much the first few times you try a treatment. You might need to try a few different things or use 2 treatments together to find what works for you. Tell your doctor if you feel a treatment isn't helping.



Types of treatment for erection problems

Tablets. These help you to get an erection. You need to be interested in having sex and be sexually stimulated for them to work. It's quite common for tablets not to work on their own. Many men have more success with another treatment or a combination of treatments.

Vacuum pump. A tube is placed over your penis and a pump creates a vacuum. This causes blood to flow into your penis, creating an erection. A rubber ring is placed at the base of your penis to keep it hard while you have sex. The tube is removed. The ring should be removed after 30 minutes to allow blood circulation back into the penis.

Some prefer the pump because it avoids the use of drugs. However, it can also be used with medication. It can take some practise to get the technique right but you can use the pump as often as you like.

You may be advised to use the pump to encourage blood flow to your penis after surgery or radiation treatments, even if you are not ready to have sex.

Urethral pellets. These contain drugs to help you get an erection. They are put into the opening or 'eye' of your penis. The pellet is then massaged into the penis to help it melt. Standing or walking around can help your erection develop better. You should get an erection in 5-15 minutes. You may get some pain, redness or a burning sensation in the penis or testicles after using the pellets.

Penile injections. You inject a drug into the base of your penis. You should get an erection within about 15 minutes. The erection lasts from 30 minutes to 2 hours. The first dose is given by your doctor in the hospital so that they can see how well you respond and decide the best dose for you. Then you or your partner will be taught how to give the injection at home.

The injection does not hurt as the needle is very fine. You should not inject more than 2 or 3 times a week.

Penile implants (surgery). This is an operation where tubes, a reservoir (container) and a pump are put inside your body during an operation. The implant means you can press on the pump to make your penis fill with fluid and get hard.

Most people and their partners are very satisfied with these devices. Possible side-effects include infection and pain.

Not everyone wants treatment for erectile problems. You may accept the changes in your body and may not feel the need to get treatment. Or finding a way to treat erectile dysfunction may be very important to you. There is no right or wrong way to react – do what feels right for you.

‘Dry’ orgasm

Some people find that after certain treatments, such as pelvic radiotherapy or prostate surgery, their orgasms have less semen than usual or they have a ‘dry’ orgasm, where no semen is ejaculated. This isn’t a health issue unless you are hoping to have children, in which case, you should speak to your medical team about it.

Orgasm changes

Many people say that the sensation of orgasm is different for them after surgery. A few describe it as lasting longer. Others say they have some pain after orgasm in the early days. Some simply describe it as different.

Changes to your genitals

You may notice that your penis shortens after prostate surgery. This can be temporary or permanent. Hormone therapy may also make your testicles smaller.

Loss of sex drive (libido)

You may lose interest in intimacy and sex due to physical or emotional changes. For example, if you are very fatigued (tired) or your hormone levels are affected by treatment, your libido may be affected.

Emotional issues, such as sadness, anxiety and depression may also make you less interested in sex. You may also feel less confident if your physical appearance has changed because of treatment. For example, you may have lost a body part or have scarring on your body.

What can help?

You may be too sore to have sex after surgery, but if low libido is caused by low testosterone, your doctor may prescribe testosterone for you. This will depend on the cancer you have had and the treatment you are on.

Trying to find the cause of fatigue and treating it can help. For example, you may need a blood transfusion if your fatigue is due to a low red blood cell count or dietary advice may help if you are not eating well. More information is available in our **Coping with Fatigue** booklet, which can be downloaded from www.cancer.ie or ordered from our Support Line on 1800 200 700.

If your loss of libido is due to emotional issues, talking to your partner, family or friends might help. If you are not comfortable talking about this to someone you know, you might consider professional counselling. The Irish Cancer Society offers free counselling to patients and their partners, either remotely (by telephone or video call) or in-person. You can also speak in confidence to a cancer nurse on the Society’s Support Line or in a Daffodil Centre. Call Freephone 1800 200 700 for more information.

Email: supportline@irishcancer.ie

Pain and discomfort

It may be difficult to hold or hug your partner, especially if your wounds are still healing or if you have scarring after surgery. Areas treated with radiotherapy may also be tender and painful to touch.

What can help?

- You may want to avoid sex for a few weeks to allow the area to fully heal and avoid any further damage.
- Taking painkillers before sex.
- Changing positions during sex so that there is less direct pressure on the affected area.

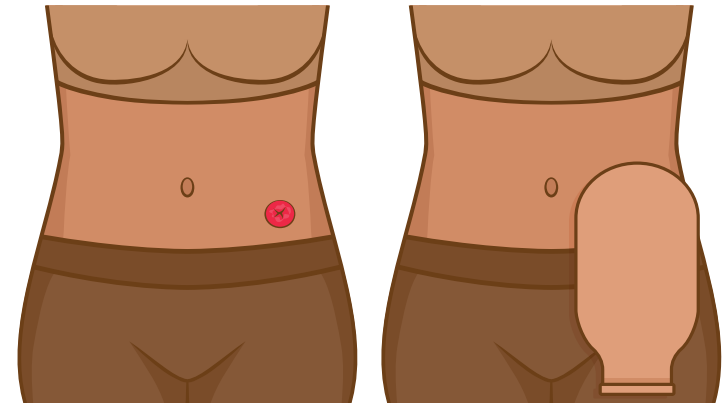
Hints and tips: Sex after cancer treatment

- **Give yourself time to recover.** Don't rush into sex if you don't feel ready.
- **Try to talk openly to your partner if you have one.** Or it may help to talk to a counsellor about how you are feeling.
- **Talk to your specialist nurse** if you are worried about your sex life or sexual side-effects. Try not to feel embarrassed – they will be happy to give you advice.
- **If having sex is uncomfortable, try different positions,** such as lying on your side.
- **Pregnancy should be avoided during cancer treatment** as some treatments can harm a developing baby. If you are having sex with someone who may become pregnant, you should use contraception.

Email: supportline@irishcancer.ie

Stomas and sex

A stoma is a small opening in the abdomen (tummy area) that a surgeon makes so that the body's waste (urine or faeces/poo) can leave your body and be collected in a small bag. Stomas are needed if you cannot pass urine (pee) or bowel motions (poo) in the normal way. This may happen for a number of reasons. For example, you may have had part of your bowel (colon) or your bladder removed as part of your cancer treatment.



Stomas may be temporary or permanent.

Having a stoma can change the way you feel about your body and you may be worried about how your partner will react. You may also be afraid that the bag will become dislodged or cause damage to the stoma. You can try the following:

- Talking can help ease your anxiety. Try talking to your partner or if you need more advice, talk to your doctor. They can refer you for special counselling if you feel it would help.
- Limit food intake before sex.
- Try to plan times for sex when a bowel movement (poo) is less likely. Although the bag is usually changed when it's about one-third full, you should empty it before sexual intimacy.

- You may be afraid that the bag will interfere with sex, become dislodged or cause damage to the stoma. But an empty and flat bag will not become loose from the stoma. It can be rolled up or taped down so it will not get in the way.
- It is possible to wear decorative covers as well. There is also a variety of bags to suit your needs. There are bands you can wear on your tummy for support and discretion. Your stoma care nurse can advise you about using these.



Fertility

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Is cancer treatment likely to affect my fertility?

The chances of treatment affecting your fertility will depend on a number of things:

- Your fertility before treatment. For example, if you already had a low sperm count before treatment or if you were already close to menopause.
- Your age. Fertility is more likely to return in younger people, although this depends on the type of treatment you have.
- The type of cancer you have.
- The type of treatment used. For example, radiotherapy, hormone therapy or surgery.
- If you have other health problems.



Fertility issues for women and people assigned female at birth

Female fertility refers to the ability to get pregnant and give birth to a baby. Some cancer treatments can damage the eggs in your ovaries or affect the hormones that make your body release eggs and get ready for pregnancy. For example:

- Radiotherapy to the pelvic area can damage some or all of your eggs.
- Hormone therapy and some other cancer drugs can lead to a temporary or permanent menopause.
- Chemotherapy drugs can damage your eggs.
- Some types of surgery can impact fertility. For example, if you have a hysterectomy (removal of the uterus).
- If your hormone levels or eggs are affected by treatment, you may have difficulty getting pregnant or it may not be possible for you to get pregnant.

Short-term infertility

Your periods may become irregular or stop during treatment with chemotherapy or other cancer treatments. Chemotherapy can also reduce the number of eggs you have. This can cause temporary infertility while receiving the treatment and for some time after.

The younger you are, the more likely your periods will return after treatment and you can get pregnant naturally.

Ovarian transposition

Radiotherapy to your pelvic area is likely to affect your ovaries. You may be suitable for a procedure that moves your ovaries away from the treatment area. This is called ovarian transposition.

Menopause

Unfortunately, the closer you are to natural menopause, the higher the risk of infertility. Some chemotherapy drugs may start your

menopause early, affecting your ability to get pregnant. It is important to discuss this with your medical team as they may be able to give you a type of hormonal treatment during your chemotherapy that can help protect the ovaries.

Avoiding pregnancy

You should not become pregnant during cancer treatment and for a time after. This is because some treatments can harm the developing baby. There can also be a risk of miscarriage. It is important to speak to your medical team about appropriate forms of contraception. They will also let you know how long after treatment you should remain on contraception.

You may not know if you are fertile because your periods may stop during treatment. However, it may still be possible for you to become pregnant. Also, side-effects like vomiting and diarrhoea can affect the way your contraceptive pill works.

As a result, you should use a reliable method of contraception throughout your treatment and for some time afterwards. You may have to avoid contraception that contains hormones, so it is important to discuss all of your options with your medical team.



Freezing eggs

If there is a risk that your treatment will cause permanent infertility, you may have the option of freezing your eggs before treatment begins.

Whether you are suitable for egg freezing will depend on the type and location of your cancer, your age and medical history.

If you want to have children, discuss this with your cancer specialist before treatment begins, so that all options can be considered.

In some cases, there may not be time to collect and freeze eggs. If your consultant advises you that treatment needs to start as soon as possible, your health will take priority over egg freezing.



Egg freezing

If egg freezing may be an option for you and you are over 18, your consultant can refer you to SIMS IVF Clinic. This service for cancer patients is funded by the clinic and the HSE. The cost of blood tests, scans, egg retrieval and storage is covered. The cost of medication is not covered. However, you can apply for a Drugs Payment Scheme card, which caps the amount you pay for approved prescribed medicines each month (www.mydps.ie).

You can also use other fertility clinics for egg freezing, but there will be a fee.

In SIMS, the aim is to collect eggs within 3 weeks. Generally, you will have daily injections to stimulate egg production and be monitored for about 12 days. You will then have a procedure to remove the eggs.

It can happen that no eggs develop or that they are not suitable for freezing. This will all be explained to you.

If the eggs are successfully collected, they are stored for 5-10 years or until you are 45 years old. It may be possible to extend this period in certain circumstances.

If you want to use your frozen eggs later on, you should speak to your oncologist. They can tell you if it is safe to get pregnant. You should then contact the fertility clinic to discuss your options.

For more information, visit www.sims.ie/oncology-patients

Fertility issues for men and people assigned male at birth

Male fertility refers to the ability to have a child following normal sexual activity. Many people have healthy babies after treatment for cancer. But some types of cancer and cancer treatment may affect fertility. For example:

- Radiotherapy to the pelvic area can damage sperm or reduce their number. Sometimes these effects are short-term and sperm production recovers. In other cases, the effects may be permanent. If you have a low sperm count before treatment, it may be harder to have a child after treatment. You may be advised to get your sperm count checked before treatment. For some, radiotherapy to the brain can have an impact on the hypothalamus and pituitary gland. These glands produce important hormones involved in sperm production. When this happens, sperm production may decrease, leading to infertility.
- Hormone therapy, chemotherapy and other cancer drugs may damage your sperm or reduce your sperm count. Ask your consultant if your drug treatment is likely to affect your fertility.
- Some types of surgery can affect your fertility. For example, if you have surgery to remove your prostate gland or nearby lymph glands, you may have 'dry' orgasms afterwards. This means that very little or no semen comes out when you climax. If this happens, you are less likely to be able to have a child naturally. Some surgeries can also affect your ability to get an erection or to have an orgasm. If you need a testicle removed, your fertility should not be affected if you have a normal testicle on the other side. However, if your other testicle is small or your sperm count is low, your fertility may be affected.

Email: supportline@irishcancer.ie

Avoiding pregnancy

Your cancer treatment can damage the sperm that you are currently producing and cause birth defects. It is important that you use a barrier method of contraception, like condoms, throughout your treatment and for some time afterwards. Your medical team can let you know how long you need to use contraception for.



Not thinking about having children?

Talking about fertility may not seem like a priority to you at this point in your life. You may be young or single or you may feel that you don't want children. However, your feelings on this could change in the future, so it is best to discuss your options with your medical team. You can ask your doctor about sperm banking in case you want to have children in the future.

Storing sperm (sperm banking)

Storing sperm, also known as sperm banking, is the preservation of sperm by freezing. The frozen sperm can be used at a later date for artificial insemination or other assisted reproduction techniques such as in vitro fertilisation (IVF). This is when an egg is removed from the ovaries and fertilised with sperm in a laboratory. The fertilised egg (embryo) is then put into the uterus (womb) to grow and develop.

Sperm banking

If sperm banking may be an option for you and you are over 18 your consultant can refer you to SIMS IVF Clinic. This service is funded for cancer patients by the clinic and the HSE.

You can also use other fertility clinics for sperm banking, but there will be a fee.

Whether you are suitable for sperm banking may depend on the type of cancer you have or your medical history. You will need a blood test to check for viruses like hepatitis B, hepatitis C, HIV and cytomegalovirus (CMV).

You will be asked for a number of sperm samples, usually at the clinic. You can freeze between 1 and 3 samples, depending on the time available and the quality of the sample. Not all sperm are suitable for freezing. If they are suitable, the sperm will be frozen and stored for up to 10 years. This period may be extended in some cases.

You may worry that organising sperm banking may delay the start of your cancer treatment. This is not usually the case as it can be done while you have having tests and waiting for results. However, your own health will take priority over sperm banking. If you need chemotherapy or radiotherapy urgently, your medical team will explain this to you.

For more information, visit www.sims.ie/oncology-patients

Contraception

While some cancer treatments and gender-affirming hormone therapy can affect fertility, you should not assume you are infertile, even if your periods have stopped.

People undergoing cancer treatment are advised to avoid pregnancy during this time and for some time after, as some cancer treatments can harm a developing baby or increase the risk of miscarriage.

Many specialists recommend that you wait for up to 2 years after treatment before trying to have a baby. This gives your body a chance to recover from the effects of the cancer and its treatment.

It is important that you still use effective contraception when sexually active to protect yourself from sexually transmitted infections and to avoid pregnancy during this time.

Some types of contraception may not be suitable for you. For example, if you have a hormone-dependent cancer, you may not be able to take hormone-based contraceptives, such as the oral contraceptive pill.

Speak to your medical team about the contraception options that are open to you.



Checking fertility after treatment

After you finish your cancer treatment, you can have tests to check your fertility. This may be a few months or up to a year after treatment. Tests can include a blood test to show how well the ovaries are working or a sperm test. Talk to your doctor or nurse who can organise these tests for you. They may also refer you to a fertility specialist.

If your fertility returns after cancer treatment, deciding if or when to have a baby can be a difficult decision to make. Talk to your medical team to check that it is safe for you to try to have a baby. They may advise you to wait some time to give you a chance to recover from the effects of treatment.

If you froze eggs or sperm before your cancer treatment and are thinking about using them, you should talk to your oncologist. They can advise you about if and when this might be possible.



Dealing with infertility

For some, dealing with infertility can be as hard as dealing with a cancer diagnosis. Feelings of anger, grief, sadness and loss of identity are common at this time.

It can take a while to talk about your feelings and emotions. When you are ready, you may find it helpful to talk openly to your partner, your family or a friend about these feelings.



If you would prefer to talk to someone outside of your circle of family and friends, ask your cancer nurse about support groups that may be available. Speaking with people who have had similar experiences can be a great comfort.

Do not be afraid to ask for help in dealing with this matter. Your doctor or nurse may arrange for you to speak to a trained counsellor or an oncology fertility specialist.

The Society also funds professional one-to-one counselling. This can be provided remotely, by telephone or video call, or in person at cancer support centres around the country. Counselling is available for patients, partners, family members and close friends. Call our Support Line on Freephone 1800 200 700 or visit a Daffodil Centre for further information and support.



The emotional effects of cancer

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Your emotions

Cancer affects your feelings as well as your body and this can have a major impact on your sexuality and relationships. Some emotional reactions may happen at the time of diagnosis, while other feelings may arise during treatment. Or you may have a delayed emotional reaction when you are adjusting to life after cancer treatment.

Some days you may feel better than others. Everyone is different – there is no right or wrong way to feel. It often takes time to adjust to the changes that cancer brings.

How might cancer affect your emotions?

Common emotional reactions to a diagnosis of cancer include:

- Shock and disbelief
- Fear and uncertainty
- Denial
- Sadness
- Anger
- Resentment
- Guilt
- Withdrawal and isolation



All of these feelings are quite typical, but the good news is that most people are resilient and cope well after they adjust to their illness and treatment. However, it can be helpful to recognise that your emotional health can have a big impact on your sexuality and relationships. Particular emotions and issues that can have an impact include:

Fear

Fear is one of the most common emotions people experience when they are diagnosed with cancer. You may have many fears, but in most cases, these will likely ease the more you find out about your cancer and learn ways to cope. Fears can range from fear of pain and dying to fears about how cancer will affect your family and relationships.

When it comes to relationships and sexuality, one of the biggest fears you might experience is the fear of rejection. You may worry that your experience of cancer will change who you are and that people may reject or avoid you. If you are in a relationship, you may worry that your partner will not feel the same way about you or that your sex life will never be the same again. If you are single or new to dating, you might worry that nobody will want to be with you once they discover you have/had cancer.

You may also have fears about the impact of cancer on your fertility, particularly if you want children or hope to have more children.

Sadness

You may feel sad about plans you have had to put on hold, your body image or the potential impact on your fertility. This sadness may come from a sense of loss. This feeling of loss may come and go. If this sadness doesn't fade or it becomes worse, tell your nurse, doctor or other relevant healthcare professional.

Anger

People can also commonly experience anger after a cancer diagnosis. Anger can often mask feelings such as fear or sadness.

You may take your anger out on those closest to you. Your partner or other loved ones may not be aware that your anger is really aimed at your illness, not at them. This can put a big strain on your relationships. Anger can also affect your ability to think clearly. If your angry feelings continue and you are finding it hard to talk to your partner or family, tell your nurse, doctor or other relevant healthcare professional.



Withdrawal and isolation

Being diagnosed with cancer can leave you feeling stressed, confused and overwhelmed. There is so much information to take in. At times during your illness, you may want to be left alone and withdraw from people, including your partner and loved ones. You may feel you need time alone to sort out your thoughts and feelings.

However, it's best to avoid long hours on your own every day. If you isolate yourself, it can be very stressful for your partner or other loved ones, as they will want to share this difficult time with you. Let them know that you will talk to them when you are ready.

Anxiety and depression

Some people may become so sad or distressed that they develop anxiety or depression. This can have a major impact on relationships and sexuality. For example, you may lose interest in sex or be very irritable with your partner.



Anxiety

Anxiety is a natural response to a stressful situation, such as cancer. For example, you might feel anxious when you are diagnosed, before starting treatment or when you think about what the diagnosis might mean for your health and wellbeing. You might also feel anxious about test results or your cancer coming back after treatment.

When it comes to sexuality and relationships, you may be anxious about many things, including being intimate again after treatment. For example, you may be worried that sex will hurt or that you won't be able to please your partner. You may be anxious that your partner won't be attracted to you in the same way, particularly if

there are changes to your body as a result of treatment. For example, some people may worry about having a stoma or about the loss of a body part.

Anxiety can come and go, but for some people, it may be constant. Most people adjust and learn to cope with it during their illness. However, if you are struggling with anxiety or it is interfering with your everyday life, you should seek help as treatments are available.

How does anxiety feel?

Anxiety can range from feeling a bit uneasy to intense dread and panic. It can have psychological and physical effects and it can affect your behaviour too.

Psychological effects

What you think, feel and say to yourself when you are anxious are considered the psychological effects of anxiety. You may experience:

- Fear and dread
- Worry
- Negative thoughts
- Recurring feelings (having the same feelings over and over again)

Physical effects

These can include:

- Feeling sick (nausea)
- Loss of appetite
- Racing heartbeat (palpitations)
- Dizziness
- Sweating
- Shaking
- Shortness of breath
- Breathing quickly (hyperventilating)
- Chest pain

If anxiety is severe, it can lead to panic attacks. Panic attacks are brief episodes (usually less than 20 minutes) of intense anxiety.

You may also have:

- Fatigue (extreme tiredness)
- Sleep problems
- Loss of interest in intimacy or sex
- Headaches
- Increased sensitivity to pain

Behaviour

Anxiety may make you behave or act in a certain way. If you are deeply anxious, you may be:

- Irritable with others
- Moody
- Nervous
- Tearful or easily upset
- Angry
- Easily distracted

Some people may get confused and mixed up when they are anxious and later cannot remember what they felt. If you do experience intense anxiety, try to write down what you think and feel at the time. This may help you to understand what is happening to you.

Sometimes it is hard to know if it is anxiety or your treatment that is causing some physical effects. For example, anxiety can cause loss of interest in sex due to changes in self-esteem and self-confidence. But some cancer treatments can also cause loss of interest in sex. Talk to your doctor, nurse or other healthcare professional, who will be able to offer you advice.

Avoiding people and places

A common reaction to anxiety is to avoid people and situations. For example, you may delay getting tests done because you're scared about the results. Or you might make excuses to avoid going out with or meeting your partner, family and friends. Get help or support if you notice that anxiety is causing you to avoid people and situations.

Coping with anxiety

There are many ways to help you cope with anxiety. A combination of talking, relaxing, doing things that make you feel good, getting accurate, reliable information and possibly medication, should help you.

If anxiety is making your life miserable, talk to your doctor, nurse or medical social worker for advice. You should also consider speaking to a psychologist or professional counsellor. The Irish Cancer Society funds professional counselling for patients, as well as their partners and families. This can be done remotely (via telephone or video call) or in-person. For more information, Freephone 1800 200 700.

Depression

It is natural to feel some sadness during and after your illness. At times, you may feel low and not like your usual self. But usually, people or pleasant events will cheer you up. If you are feeling low for several weeks, it may be a sign that you are depressed.

Depression is more than just feeling sad. It's a significant medical condition that affects thoughts, feelings and the ability to function in everyday life. People cannot just 'pull themselves together' or 'snap out of it'.



Depression can happen at any age and it is very common – 1 in 5 people will experience depression at some point in their lives.

While cancer can lead to depression, being depressed is not something you should accept because you have cancer. If you are feeling depressed, it's important to get support and/or treatment to help you to manage better.

Depression can develop slowly and may be hard for you or your family to recognise at first.

How does depression feel?

Signs of depression include:

- Low mood for most of the time
- Loss of pleasure and interest in your favourite activities
- No motivation – no desire to go anywhere or start/finish jobs
- Changed sleeping pattern – problems getting to sleep or waking early
- Poor concentration
- Feelings of guilt or blame
- Feeling hopeless or helpless
- Feelings of despair
- Feeling worthless
- Feeling angry or irritable
- Crying or wanting to cry
- Thoughts of suicide

Physical symptoms

- Loss of interest in sex
- Fatigue (extreme tiredness)
- Weight gain or weight loss due to increased or decreased appetite
- Anxiety or panic attacks

Some of these symptoms can be caused by both cancer and depression, so it can be hard to know which condition is causing them. For example, chemotherapy can cause loss of interest in sex, fatigue and poor appetite, but so can depression. But if you're feeling low or have any of these symptoms for more than 2 weeks, tell your doctor, nurse or other healthcare professional.

Coping with depression

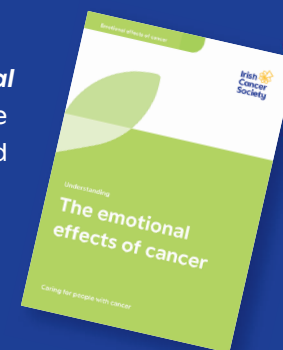
It's important to remember that depression can be successfully treated. It is not a sign of weakness or failure to experience depression or to ask for help if your low moods are getting the better of you.

Self-help strategies and professional help, such as counselling or antidepressants, can all help to speed up your recovery.

The Irish Cancer Society funds professional counselling for patients, as well as their partners and families. This can be done remotely (via telephone or video call) or in-person. For more information, Freephone 1800 200 700.

Organisations such as Aware (www.aware.ie) can also help.

More information on the emotional effects of cancer can be found in our booklet, ***Understanding The emotional effects of cancer***. This includes advice on how to cope with your feelings and how to talk about your cancer to others, including your partner. Freephone 1800 200 700 to order a free copy or download it from www.cancer.ie





Age and sexuality

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Age and sexuality

The age of a person when they are diagnosed with cancer can have a big impact on the types of sexuality-related issues they experience. For example, a younger adult may have little or no sexual or relationship experience and may worry whether anyone will want to be with them after a cancer diagnosis. Or they may have concerns about their fertility. A middle-aged or older person may worry about the impact a diagnosis will have on their relationship and/or their ability to sexually satisfy their partner(s).

Adolescents with cancer

Adolescence is considered the phase of life between childhood and adulthood. It generally covers the period from the onset of puberty (usually around 10-13 years) to the age of 19. This is a period of rapid change – physically, emotionally, socially and sexually.

Adolescence is an important time to develop a healthy lifestyle and body image, but unfortunately, many adolescents feel unhappy with how they look and feel. This can be made worse by unrealistic images and misinformation they are exposed to on social media.

Adolescence is also a time when many young people begin exploring their identity, trying to figure out who they are. They may begin to think about or question their gender or sexual identity. They may think more about dating, pursuing relationships and fitting in with others who are similar to them. Some adolescents may struggle with how to navigate their identity and relationships. For example, if adolescents feel they are part of the LGBTQIA+ community, they may struggle with when and how to tell their family and friends.

Support Line Freephone 1800 200 700

There are many sex and sexuality-related concerns when it comes to adolescents with cancer. These include:

- Cancer and its treatment can have a huge impact on an adolescent's self-image and self-esteem. For example, they may feel self-conscious if they have scars or experience hair loss.
- The illness may result in a young person missing a lot of school/college and social activities with friends. This may impact their ability to mix with or relate to other people. They may see their friends starting new relationships, but may not feel ready to do this themselves.
- Treatment may impact their sexual functioning when they become sexually active.
- Treatment may impact their fertility.



Supports for adolescents

Sexual health is an important aspect of wellbeing. Although you may feel shy or embarrassed, you should speak to your medical team about any intimacy or sex-related issues you may be having. They can answer your questions and give you accurate information.

The Irish Cancer Society offers a number of supports to adolescents and young adults (AYA) with cancer. When it comes to sex and sexuality, these include:

Our Support Line. Call and speak to one of our cancer nurses for confidential advice, information and support. If you are under 18, you can speak to our children's cancer nurse if you would prefer. Freephone 1800 200 700 or email supportline@irishcancer.ie

Professional one-to-one counselling. This can be provided remotely, by telephone or video call, or in person at cancer support centres around the country. For more information, call Freephone 1800 200 700.



Creative arts therapy. The Society offers free creative arts therapy support for children, adolescents and young adults (aged 0-24) who have, or have had, cancer. This is also open to siblings of young people with cancer. Therapies include music therapy, drama therapy and art therapy. Creative arts therapy has been shown to help with things like emotional expression, social interaction and the management of fatigue. For more information on this, visit: www.cancer.ie/creative-arts-therapy

The Society runs the Childhood Cancer Fertility Project in partnership with Merrion Fertility. It ensures that adolescents and young adults have access to an enhanced fertility preservation service for cancer patients. The project offers supports and services to 3 main groups:

- Adolescents under 18 years of age who are about to have cancer treatment that is likely to affect their fertility
- Female survivors of childhood cancer aged 18-27 who can be invited to have their fertility assessed
- Children with cancer who have yet to reach adolescence



Other organisations can also offer support and information to adolescents with cancer. These include CanTeen Ireland, which is a nationwide support group for people aged 12-25 who have or have had cancer. For more information, visit www.canteen.ie

A number of organisations also offer support to members of the LGBTQIA+ community, including Belong To (www.belongto.org), LGBT Ireland (www.lgbt.ie), Outhouse LGBTQ+ Centre (www.outhouse.ie) and Transgender Equality Network Ireland (www.teni.ie).

Adults with cancer

During adulthood, people may be in relationships, be sexually active and consider having, or have, children.

There are many sex and sexuality-related concerns when it comes to adults with cancer. These include:

- Cancer and its treatment can have a big impact on self-image and self-esteem. For example, people may feel self-conscious if they have a scar or experience hair loss or the loss of a body part. For those in a relationship, they may worry whether their partner will still find them attractive. For those who are single, they may wonder if anyone will want to be with them in a romantic and/or sexual way.
- Treatment may impact sexual functioning. For example, people may experience issues such as erection problems or vaginal dryness. It is also common for people to be less interested in sexual activity. Disruptions to romance and sexual relations can put a lot of strain on relationships.
- Treatment may impact fertility. This may be a particular concern for people who want to have children or who want to have more children.

Support Line Freephone 1800 200 700

Supports for adults

Sexual health is an important aspect of your wellbeing. Although you may feel shy or embarrassed, you should speak to your medical team about any intimacy or sex-related issues you may be having. They can answer questions, such as how soon you can start having sex again after treatment. They can also advise you about treatments to help with side-effects, such as erectile dysfunction and vaginal dryness. See page 21 for more on side-effects.



The medical social worker or psychologist in your hospital may also be able to direct you to support groups and services in your area.

The Irish Cancer Society offers a number of supports to adults with cancer. When it comes to sex and sexuality, these include:

Our Support Line. Speak to one of our cancer nurses for confidential advice, information and support.

Freephone 1800 200 700 or email supportline@irishcancer.ie

Professional one-to-one counselling. This can be provided remotely, by telephone or video call, or in person at cancer support centres around the country. For more information, call Freephone 1800 200 700.

Our Daffodil Centres, which are located in 13 hospitals around the country. These are staffed by cancer nurses and trained volunteers. They provide face-to-face advice, support and information. This service is free and no appointment is necessary. For more information, Freephone 1800 200 700.

Our Peer Support Programme is a free and confidential telephone service connecting people with similar cancer experiences. To be referred to a Peer Support volunteer, call Freephone 1800 200 700.

You can also find psychologists, counsellors and psychotherapists who specialise in issues such as relationships, sexuality and infertility at:

- The Psychological Society of Ireland (www.psychologicalsociety.ie)
- The Irish Association for Counselling and Psychotherapy (www.iacp.ie)

There are fees involved.

The HSE offers a range of information and services aimed at promoting and protecting sexual health. See www.hse.ie.

A number of organisations also offer support to members of the LGBTQIA+ community, including LGBT Ireland (www.lgbt.ie), Transgender Equality Network Ireland (www.teni.ie) and Outhouse LGBTQ+ Centre (www.outhouse.ie).

Support Line Freephone 1800 200 700

Older adults with cancer

The incidence of cancer is higher among older age groups. Older people are also more likely to experience other chronic health conditions, such as heart disease and type 2 diabetes. This can have a big impact on sex and sexuality.

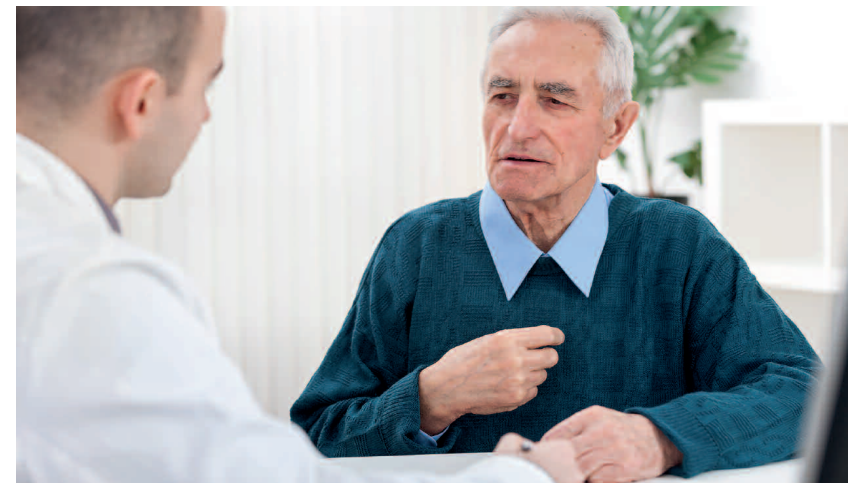
Some believe that older people may not have an active sex life or be interested in romantic, passionate love. While this may be true for some, it is certainly not true for all. Many will continue to have a satisfying sex life as they age and the fundamental need for affection and touch does not go away because someone is older.



There are many sex and sexuality-related issues when it comes to older people with cancer. Some of these issues may be related to cancer, others to ageing, but all can have an impact:

- Levels of sex hormones reduce as people age. For example, levels of oestrogen drop dramatically after menopause (the end of menstruation). This increases the risk of certain health conditions, such as osteoporosis. Reduced sex hormones can also lead to lower libido (reduced sexual desire) among older people.

- Physical changes may make sex more difficult. For example, reduced levels of oestrogen may lead to vaginal dryness, which can make vaginal sex uncomfortable or painful. Changes can also include erection problems, such as erections not being as hard as they used to be. These are common issues experienced by people as they age, but for those with cancer, they may face even more physical changes, such as hair loss or the loss of a body part. This can have a big impact on self-image, self-esteem and sexual confidence.
- Older people are more likely to have other health conditions and illnesses. These conditions, along with their treatments, can impact the ability or desire to be intimate or have sex. For example, some antidepressants can affect libido and the ability to orgasm.
- Older people may be less likely to speak to their medical team about sex and sexuality. They may be too embarrassed to ask about any issues they are having or feel that they are wasting their medical team's time. However, everyone has the right to a satisfying sex life irrespective of their age, so it is important to raise any issues you may be having.



Supports for older adults

Sexual health is an important part of your wellbeing. While you may feel shy or embarrassed, you should speak to your medical team about any intimacy or sex-related issues you may be having. They can answer questions, such as how soon after cancer treatment can you start having sex again. They can also advise you about treatments to help with side-effects, such as vaginal dryness and erectile dysfunction.

The medical social worker or psychologist in your hospital may also be able to direct you to support groups and services in your area.

The Irish Cancer Society offers a number of supports to older adults with cancer. When it comes to sex and sexuality, these include:

Our Support Line. Speak to one of our cancer nurses for confidential advice, information and support.

Freephone 1800 200 700 or email supportline@irishcancer.ie

Professional one-to-one counselling. This can be provided remotely, by telephone or video call, or in person at cancer support centres around the country. For more information, call Freephone 1800 200 700.

Our Daffodil Centres, which are located in 13 hospitals around the country. These are staffed by cancer nurses and trained volunteers. They provide face-to-face advice, support and information. This service is free and no appointment is necessary. For more information, Freephone 1800 200 700.

Our Peer Support Programme is a free and confidential telephone service connecting people with similar cancer experiences. To be referred to a Peer Support volunteer, call Freephone 1800 200 700.

Email: supportline@irishcancer.ie

You can also find psychologists, counsellors and psychotherapists who specialise in issues such as relationships, sexuality and infertility at:

- The Psychological Society of Ireland (www.psychologicalsociety.ie)
- The Irish Association for Counselling and Psychotherapy (www.iacp.ie)

There are fees involved.

The HSE offers a range of information and services aimed at promoting and protecting sexual health. See www.hse.ie.


A number of organisations also offer support to members of the LGBTQIA+ community, including LGBT Ireland (www.lgbt.ie), Transgender Equality Network Ireland (TENI) and Outhouse LGBTQ+ Centre (www.outhouse.ie)





When you're LGBTQIA+

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Being diagnosed with cancer can be a shocking and scary experience. But if you are a member of the LGBTQIA+ community, you may have additional worries. LGBTQIA+ refers to lesbian, gay, bisexual, transgender, queer or questioning, intersex and asexual. The plus sign refers to people with other sexual orientations and gender identities. (For a glossary of LGBTQIA+ terms, see page 145.)

As an LGBTQIA+ person, you may wonder if you have to disclose your sexual orientation to your medical team. You may worry that if your gender identity is different to that assigned at birth, this may not be recognised by healthcare professionals. You may have already faced discrimination within health services in the past so are nervous about this happening again. Or you may still be questioning your sexual orientation or gender and feel overwhelmed about having to deal with this and cancer.

What is sexuality?

Sexuality describes how you express yourself in a sexual way. It is not just about the physical act of having sex. It includes how you see, feel and think about yourself as a sexual being. For example, how you view your own body and how you feel about close physical touch. It also includes your sexual feelings, thoughts, behaviours and attractions towards others.

Sexuality includes sexual orientation.

What is sexual orientation?

This describes who you are sexually, emotionally, spiritually, romantically and/or physically attracted to. Sexual orientations include heterosexual, gay, lesbian, bisexual, pansexual and asexual.

There are many different things that can influence your sexuality, such as:

- Age
- Gender or gender identity
- Upbringing
- Hormones
- Religious and cultural beliefs
- Self-esteem
- Personal sexual experiences



It may take time to explore your sexual orientation and at times you might feel confused about it. Your sexual orientation can also change over time. This is all normal. What is important is that you feel safe and supported as you explore.

Email: supportline@irishcancer.ie

What is the difference between sex and gender?

Have you ever filled out a form that has asked you 'what is your sex?' or 'what is your gender?' These two terms are sometimes used interchangeably, however they are not the same.

Sex refers to biological characteristics, such as reproductive organs and hormones. It is determined by biology and genetics and is usually assigned at birth based on a person's anatomy. For example, if a baby is born with a penis, they are assigned male.

Sex can include intersex, which is an umbrella term used to describe a wide range of natural bodily variations that do not fit the typical idea of male and female bodies. For example, a person may have reproductive organs that can be considered both male and female. However, sex tends to be described in a binary way. Binary simply means that something is made up of two parts. In this case, the two parts are male and female.

Gender refers to characteristics of girls, boys, women and men that are socially constructed. This involves things like behaviours, norms, roles and stereotypes. For example, the idea that girls should wear pink and boys should wear blue. Or that women are more suited to caring jobs, such as nursing, while men are more suited to physically demanding jobs, such as construction. Although these are common stereotypes in many societies, they can be harmful and limit people's beliefs and potential. For example, a person may fail to consider pursuing a particular career despite being well suited to the position.

Support Line Freephone 1800 200 700

LGBTQIA+ language

Language is constantly changing and this includes the language around LGBTQIA+ people and identities. You may not use some of the terms that we use in this booklet. Or some of the terms that are commonly used now may be different from those used in the past.

The important thing is to recognise and respect everyone as the individuals they are.

A glossary of LGBTQIA+ terms can be found on page 145. However, here are a few terms that may be useful in the context of cancer treatment.

Gender identity

Gender identity refers to our internal sense of self and gender – how we feel inside. For many people, this may be the same as the sex assigned at birth. For example, you were assigned female at birth and you identify as a girl or woman.

When your gender identity matches your sex assigned at birth, this is known as cisgender. You may be referred to as a cisgender man, a cisgender woman or simply cis.

However, others may not identify with the sex they were assigned at birth. For example, a trans woman who was assigned male at birth.

If a person experiences discomfort, distress or unease because their gender identity differs from their sex assigned at birth, this is known as gender dysphoria. This can occur in a healthcare setting. For example, if you are undergoing cancer treatment and your doctor repeatedly uses the wrong pronouns for you.

Email: supportline@irishcancer.ie

Pronouns

This is how we identify ourselves apart from our name and affirm our gender identity. Examples include he/him, she/her and they/them. Using the wrong pronouns to refer to a person is known as misgendering. This can be distressing, particularly in a healthcare setting where you may already feel very vulnerable.



Gender-affirming healthcare

Gender-affirming healthcare includes a range of social, psychological, behavioural or medical interventions that are designed to help transgender people align different parts of their lives – emotional, interpersonal and biological – with their gender identity.

These interventions can include medications such as hormone therapy and gender-affirming surgery. People may worry that their gender-affirming healthcare will affect their cancer treatment or vice versa (see page 91).

How you might feel after being diagnosed

A cancer diagnosis can be a huge shock for anyone. You will most likely feel a range of emotions from fear and anger to sadness and resentment. However, research suggests that members of the LGBTQIA+ community may face a higher risk of mental and emotional problems after a diagnosis of cancer. This can be due to lots of reasons, including:

- Anxiety around telling healthcare professionals that you are LGBTQIA+, especially if you haven't told many or any people yet
- Fear of being discriminated against by healthcare professionals, especially if you have experienced previous stigma or discrimination
- Confusion if you are still questioning your sexual orientation or gender identity
- If you are transgender or intersex, you may worry that your healthcare professionals have little or no experience in this area

Everyone deals with their emotions in their own way. But if you are struggling with anxiety, depression or other difficult emotions, you should speak to your GP or medical team in the hospital. Counselling and medication may help.

The Irish Cancer Society funds professional counselling to patients, either remotely (by telephone or video call) or in-person. You can also speak to a cancer nurse in confidence by calling our Support Line or by visiting a Daffodil Centre. Freephone 1800 200 700 for more information.

It may also help you to talk to an LGBTQIA+ organisation such as Outhouse LGBTQ+ Centre (www.outhouse.ie), LGBT Ireland (www.lgbt.ie) or Transgender Equality Network Ireland (www.teni.ie).

Speaking to family members and friends can also help. This is a very vulnerable time for you, so get support.

I'm not certain I'm LGBTQIA+

It's common for people to question and explore their identity, including their sexual orientation and gender. Having to deal with cancer on top of this can feel overwhelming. You might feel like you've always known that you were LGBTQIA+, or recently started to question or explore your identity. In either case, needing to have treatment can make figuring out your sexual orientation and identity more complicated.

Cancer can make you re-examine your identity. Some treatment side-effects, such as hair loss or loss of a body part, can be upsetting because they may change how you feel about yourself. Or the changes may help make you more certain about your identity. Whatever you're feeling, it's OK. This is a process that you should take at your own pace.

It may help you to talk to an LGBTQIA+ organisation such as Outhouse LGBTQ+ Centre (www.outhouse.ie), LGBT Ireland (www.lgbt.ie) or Transgender Equality Network Ireland (www.teni.ie).

Your GP, medical social worker or psychologist in the hospital may also be able to direct you to support services.



Hints and tips: LGBTQIA+ friendly services

It can be reassuring to know that your hospital and medical team are LGBTQIA+ friendly. It can help you feel more accepted and less likely to worry about being discriminated against or receiving lesser care because of your sexual orientation and gender identity. Signs to look out for can include:

Signs of welcome – This can include LGBTQIA+ stickers, flags and posters on display or staff wearing rainbow lanyards.

Check forms – Do they include room to record non-binary gender options, your pronouns or your preferred name?

LGBTQIA+ training – You can ask if healthcare professionals and other staff have received inclusivity training. This training emphasises that everyone deserves to be treated with courtesy and respect regardless of sexual orientation and gender.

Inclusivity training is available to healthcare professionals working for the HSE, however, it is currently not mandatory. Training among private healthcare providers differs from one service to another.

Do I have to tell my medical team I am LGBTQIA+?

You do not have to tell your medical team if you are LGBTQIA+. However, if you feel comfortable and safe, you are strongly encouraged to. This is because your sexual orientation or gender identity may have an impact on your health needs and your medical care. For example, biological sex can have an impact on the way your body reacts to certain medications. So a trans man's body may react differently to medication than a cisgender man's body.

Some other benefits of sharing details about your sexual orientation or gender identity include:

- Improved trust and partnership with your medical team.
- Individualised, culturally sensitive medical care that meets your needs.
- May make it easier if you want to ask questions about sex and sexually transmitted infections (STIs).
- May make it easier if you want to discuss issues around fertility and pregnancy now or in the future.
- Inclusion of your partner in your medical appointments.



Telling your medical team may also reduce the risk of gender dysphoria, which is when people become distressed or uneasy because their gender identity differs from their sex assigned at birth. For example, if your team is not aware of your gender identity, they may misgender or deadname you, which could cause you distress.

However, it is the case that many people may choose not to tell their medical team that they are LGBTQIA+ because they worry that they will be treated differently to heterosexual, cisgender people.

What should I tell my medical team?

This is really up to you. Going through cancer treatment means seeing a lot of different healthcare professionals. You may be completely comfortable sharing details about your sexual orientation and gender identity or this may feel stressful and exhausting. You may want to just tell your team what your sexual orientation and/or gender identity is, or you may prefer to provide more details.

While it is not best practice, you might find that healthcare professionals assume that you're straight or cisgender. For example, if you attend hospital with your same-sex partner, they may assume the person is a friend or relative. Or hospital records might state your sex assigned at birth or a name that you were born with but no longer use. As a result, you may want to ask them to use specific pronouns when they address you or a name that is different to the one they may have recorded for you. You can simply say, 'my pronouns are they/them or my preferred name is ...'



It is important to tell your team about any relevant medical history, such as being on hormone blockers or any past surgeries, including any interventions that you may have had without medical supervision.

You may be nervous about telling your medical team you are LGBTQIA+, especially if you have had a bad experience with a healthcare professional before. However, anything you tell your medical team is confidential.

For some people, coming out can be a gradual process. You can choose to just tell the healthcare professionals that you are comfortable with. If there is a particular healthcare professional who you feel more comfortable speaking to about this, you can seek them out.

Hints and tips: Telling your medical team you are LGBTQIA+

- **Decide beforehand how much information you want to give and who you want to give it to.** There may be a particular healthcare professional who you feel more comfortable speaking to about this.
- **Write something down if you think this will help.** You might use this to refer to while you speak or you may prefer to let your healthcare professional read it so you do not have to speak.
- **It may help you to practise out loud what you want to say.**
- **Consider bringing someone with you,** such as your partner or a friend. They can provide support. They can also help you to make a complaint if the reaction is negative or discriminatory.
- **If you are in a ward or other busy area, ask to speak in a private area** where you won't be overheard.

What if I'm transgender?

Transitioning from the gender assigned to you at birth to a different gender that reflects your inner experience looks different for every trans person. It might include changing your name, pronouns, how you look, taking hormones and, as you get older, surgery to change your physical appearance or the way your existing sexual characteristics work. You might be doing some or all of these things or you might be thinking about taking some of these steps.

If you are transgender, you may have particular concerns following a diagnosis of cancer. For example, do I have to tell my medical team I am transgender or will my gender-affirming healthcare affect my cancer care?



Some people have legally changed their gender and have a gender recognition certificate. It is important to note that your right to medical care is not affected if you do not have a gender recognition certificate. (The United Nations and the World Health Organization recognise health as a basic fundamental right, irrespective of your gender identity.)

Do I have to tell my medical team I am trans?

You don't have to tell your medical team that you're trans, but knowing this will help them give you the information that is right for you. Your gender identity may have an impact on your health needs. For example, biological sex can affect the way your body reacts to certain medications. So a trans man's body may react differently to medication than a cisgender man's body.

Informing your medical team may also make it easier if you want to ask questions about sex. Or you may want to discuss issues around fertility now or in the future.

Telling your medical team may also reduce your risk of experiencing gender dysphoria, which is when people become distressed or uneasy because their gender identity differs from their sex assigned at birth. For trans people, they may become very distressed at the thought of certain tests or procedures. For example, if a trans man has a cervix and needs to have a smear test. This can result in people delaying or failing to attend important appointments.

Research tells us that some healthcare professionals lack confidence or knowledge about trans bodies. However, they should always try to respect who you are and meet your individual needs. This includes providing the best information and care to you, but also respecting your privacy and dignity.

Can I continue to take gender-affirming hormones while being treated for cancer?

Gender-affirming healthcare includes a range of social, psychological, behavioural or medical interventions that are designed to help transgender people align different parts of their lives – emotional, interpersonal and biological – with their gender identity.

These interventions can include taking medications, such as hormone therapy.

Gender-affirming hormonal therapy aims to help people who feel uncomfortable or distressed by the physical aspects of their assigned gender. For example, if you want to achieve a more feminine appearance, you may take oestrogen. If you want to achieve a more masculine appearance, you may take testosterone.

Following your diagnosis of cancer, you may worry about whether you can continue to take gender-affirming hormones. It is usually possible to keep taking gender-affirming hormones while on cancer treatment.

However, in some cases your medical team may recommend that you reduce, pause or stop taking hormone treatment. For example, if you have been diagnosed with a cancer that is sensitive to hormones, your team may recommend pausing your hormone treatment while they carry out further tests.

The idea of pausing or stopping hormone treatment may be very distressing to you, so it is essential that you discuss all of the benefits and risks with your medical team.



Fertility

Your fertility may be affected by different types of cancer treatment, including chemotherapy and radiotherapy. Your chances of infertility depend on:

- Your fertility before cancer treatment. For example, if you had a low sperm count or were close to menopause before treatment
- Your age. Fertility is most likely to return in younger people, although this depends on the type of treatment and the dose
- The type of cancer you have
- The type of treatment you have
- If you have any other health problems

Fertility is also affected by gender-affirming hormone therapy, so if you are having this type of therapy, you may experience reduced fertility.

It is currently unknown if the fertility of people on long-term gender-affirming hormone therapy will experience reduced fertility in the long-term. If fertility is important to you, it is important that you discuss this with your medical team and/or a fertility specialist.

Options that could be open to you include storing sperm (sperm banking) or freezing eggs.

Contraception

People undergoing cancer treatment are advised to avoid pregnancy during this time, as treatment can harm a developing baby.

While some cancer treatments and gender-affirming hormone therapy can affect fertility, you should not assume you are infertile. It is important that you still use effective contraception when sexually active to protect yourself from sexually transmitted infections and to avoid pregnancy during this time. Speak to your medical team about the contraception options that are open to you.

Support

If you are trans and are struggling to deal with your cancer diagnosis or treatment, you could seek the support of family and friends. However, if you feel you can't speak openly to them, you should consider speaking to:

- **A healthcare professional** such as your GP, medical social worker or psychologist in your hospital, who may be able to direct you to relevant services or supports
- **A professional counsellor.** The Irish Cancer Society funds professional counselling for patients, either remotely or in-person. Freephone 1800 200 700 for more information.
- **One of our cancer nurses.** Call our Support Line and speak to a nurse in confidence. Freephone 1800 200 700.
- **An LGBTQIA+ organisation**, such as Outhouse LGBTQ+ Centre (www.outhouse.ie), TENI (www.teni.ie) or LGBT Ireland (www.lgbt.ie). Supports offered by these groups include helplines, peer support for trans people and support for the families of trans people.
- **Online support groups**



What if I'm intersex?

Intersex is when people are born with sex or reproductive characteristics that aren't considered only male or female. For example, they may have reproductive organs that can be considered both male and female. This could include someone who appears female on the outside, but has internal testes instead of ovaries.

If someone is born intersex, this may be detected at the time of their birth. For example, if they appear to have both male and female genitalia. However, in some cases, the intersex variation is not obvious. For example, it may be at a hormonal level and does not become obvious until later, such as during puberty or when someone tries to have a baby.

Being intersex is about biological features not your gender. It's also not about your sexual orientation – intersex people have many sexual orientations.

There are around 40 known variations of sex characteristics and these are estimated to occur in 1-2% of people globally.

Lack of understanding

Many people have never heard of intersex variations. As a result, there can be a lot of confusion about what being intersex means and what intersex people need.

If you have an intersex variation, you may have experienced a lack of understanding from healthcare professionals in the past. You might also have had procedures or treatments, such as genital surgeries, which may have been done when you were younger without your or your parents' consent. This can lead to distrust in the healthcare system or anxiety about having medical treatment in the future.

If your intersex variation was hidden from you, you might be angry about this secrecy. This can also lead to distrust in the healthcare system, as well as your own family.

It may be difficult to find a cancer specialist with experience of intersex variations. However, your medical team should always treat you with respect and ensure that you have enough information to make an informed decision about your cancer treatment.

Hormones

If you are intersex, you may have been prescribed hormone treatment. For example, to provide your body with sex hormones that it is not able to produce naturally. Or you may be on gender-affirming hormone therapy if the sex you were assigned at birth does not match your gender identity.

Your medical team will explain to you whether you can continue to take hormones. In some cases, they may recommend that you reduce, pause or stop taking hormone treatment. For example, if you have been diagnosed with a cancer that is sensitive to hormones, your team may recommend pausing your hormone treatment while they carry out further tests.

The idea of pausing or stopping hormone treatment for your intersex variation may be very distressing to you, so it is really important that you discuss all of the benefits and risks with your medical team.

Email: supportline@irishcancer.ie

Fertility

Your fertility may be affected by different types of cancer treatment, including chemotherapy and radiotherapy. Your chances of infertility depend on:

- Your fertility before cancer treatment. For example, if you had a low sperm count or were close to menopause before treatment
- Your age. Fertility is most likely to return in younger people, although this depends on the type of treatment and the dose
- The type of cancer you have
- The type of treatment you have
- If you have any other health problems



Fertility may also be affected by your intersex variation, as well as any surgeries you may have had during childhood to remove ovaries or testicles. If fertility is important to you, you should discuss this with your medical team and/or a fertility specialist, before cancer treatment starts if possible.

Support

If you are intersex and are struggling to deal with your cancer diagnosis or treatment, you could seek the support of family and friends. However, if you feel you can't speak openly to them or that they don't understand, you should consider speaking to:

- A **healthcare professional** such as your GP, medical social worker or psychologist in your hospital, who may be able to direct you to relevant services or supports
- A **professional counsellor**. The Irish Cancer Society funds professional counselling for patients, either remotely or in-person. Call 1800 200 700 for more information.
- An **LGBTQIA+ organisation** such as Intersex Ireland (email: intersex.ie@gmail.com), Outhouse LGBTQ+ Centre (www.outhouse.ie), LGBT Ireland (www.lgbt.ie) or GOSHH (www.goshh.ie)
- **Online support groups**



Discrimination

Some LGBTQIA+ people may be concerned that they will be discriminated against because of their sexual orientation or gender identity. Some may already have been discriminated against by healthcare professionals in the past.

Discrimination is when someone treats you worse or less favourably than another person is, has been or would be treated, in a similar situation. In terms of LGBTQIA+ healthcare, discrimination can take many forms. It can include:

- Receiving a poorer standard of care due to your LGBTQIA+ status
- Having inappropriate or offensive comments made about you
- Having your partner excluded from important discussions

Under Irish law, people are protected from these kinds of discrimination as part of the Equal Status Acts 2000-2018. The Equal Status Acts ban discrimination in certain situations, including when using public services, such as healthcare services.

For more information on discrimination and your rights, contact the Irish Human Rights and Equality Commission's 'Your Rights' service:

Tel: (01) 858 3000

Email: YourRights@ihrec.ie

Website: www.ihrec.ie/your-rights/

If you are a public patient, you can also contact the Patient Advocacy Service, which can provide information and support. This is an independent and confidential service that is free of charge. It covers all public acute hospitals and nursing homes that are funded by the HSE. Visit: www.patientadvocacyservice.ie



The impact of cancer on relationships

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If you are in a romantic/sexual relationship

Changes to your body, feeling unwell, taking medications and the stress of a cancer diagnosis can all have an impact on your romantic/sexual relationships:

- You may not feel like being intimate. It may take time before you feel emotionally and physically ready for any kind of intimacy or sex.
- Your self-esteem and sexual confidence may be low because of changes to your body. For example, you may have lost your hair or have scarring that makes you feel self-conscious.
- Pain, discomfort or changes to your body can make it physically difficult to have sex the same way as you did before. For example, you may experience vaginal dryness or erectile dysfunction.
- You may worry that your partner will make comparisons with the way things were before your diagnosis.
- If you are suffering from anxiety or depression, you might lose interest in sex or find it harder to get aroused or reach orgasm.

Some people grow closer to their partner after a cancer diagnosis and find that working through any sexual problems makes their sex life better than before.

Stay close

People have their own ways of staying close and this doesn't have to involve sex. Staying close is important and this may look different for different people. It might include hugging, kissing, holding hands, showering together or massage. Or you may have other special ways to feel close.

You and your partner may also want to explore other erogenous zones. These are parts of the body that are sensitive to sexual stimulation. You could also experiment with sex toys, such as vibrators.

Be open about how you are feeling

How you communicate with your partner can make a big difference. Sharing your feelings and finding out how your partner is feeling can help to avoid misunderstandings and feelings of rejection.

For example, you may worry that your partner doesn't find you attractive anymore if they don't seem interested in being intimate with you. However, they may not know whether you want to be intimate or have sex, or they may worry that sex may be painful or difficult for you.

Likewise, your partner may feel rejected if they don't understand why you don't feel like being intimate or having sex.

If you are open with your partner and you both support each other, it should make it easier to stay close and start being intimate and/or having sex again if and when you are ready.



Give yourself time

Give yourself and your partner time to adjust to, or get comfortable with, any changes to your body. Try to work through any sadness or shock you may feel. There is no right time to start being intimate and/or having sex again. Do it in your own time and at your own pace.

It is totally natural for you to feel nervous or anxious about being intimate after your diagnosis, but in time, things should get easier.

Get help with side-effects

There are many treatments to help with the various sexual side-effects that you may experience. See page 21 for more on side-effects and the treatments to help.

Adjust to physical changes

The way your body looks and feels after cancer treatment can make intimacy or sex feel different from before. For example, orgasms may feel different.

It may take a while for your confidence to return, but there are ways of building it up. You might feel more at ease if the lights are turned down or if you are covered up rather than naked. Intimacy and sex may feel less spontaneous for a while, but at least you may feel less anxious.

Looking after yourself and your appearance

Your body may look different as a result of your cancer and treatment. For example:

- You may have lost your hair or a body part
- You may have scars from surgery
- You may have lost or gained weight
- Your skin may have changed

These can affect how you feel about yourself and how you feel about being intimate.

Looking after your appearance may not feel like the most important thing if you are coping with a cancer diagnosis or suffering from side-effects. But caring for yourself and your appearance can benefit your health and boost your confidence and self-esteem.



Hints and tips: Adjusting to changes in appearance

- **Look at your 'new' body in the mirror** to get used to the changes.
- **If you are able to, try to be active and exercise regularly.** This may help to improve your body image. It may also improve your quality of life and reduce the risk of cancer coming back (recurring).
- **Wear clothes that make you feel good and take time to care for your skin, hair and, if you wear it, make-up.**
- **You might want to connect with people on social media or through a support group** who have been through similar things. They may be able to make suggestions to you about how to cope with the changes in your appearance.
- **If you are struggling with the changes to your body, speak to your GP or a professional counsellor.** The Irish Cancer Society funds professional counselling for people with cancer. Freephone 1800 200 700 for more information.

Your partner

Your partner will need time to adjust to your diagnosis and treatment too. They may:

- Find it difficult to deal with your diagnosis and need time to accept your illness
- Be overprotective and fuss over you
- Struggle with having a different role in the relationship, such as being the carer
- Avoid mentioning or trying to be intimate or have sex in case it upsets or hurts you
- Feel stressed or pressured over things like work and finances, which could have a negative impact on the relationship

While some relationships grow stronger after a diagnosis of cancer, some don't. Cancer may put a strain on your relationship, which you and your partner feel unable to cope with. Or it may make existing problems worse. You may feel like your relationship is not as strong as you thought it was.

Trying to deal with all your emotions, as well as trying to support each other, can mean you don't communicate well. It's important to talk openly to help you understand each other. Some people find it easier to write down how they're feeling. For example, you or your partner might like to write a letter explaining how you feel.

If you or your partner are struggling with your relationship, you should consider speaking to a professional, who can help you through this. The Irish Cancer Society funds counselling for patients and partners can avail of this too. Call Freephone 1800 200 700 for more information.

Email: supportline@irishcancer.ie

You can also find psychologists, counsellors and psychotherapists who specialise in issues such as relationships, sexuality and infertility at:

- The Psychological Society of Ireland (www.psychologicalsociety.ie)
- The Irish Association for Counselling and Psychotherapy (www.iacp.ie)

There are fees involved.

You may find it beneficial to attend counselling together as a couple or you may prefer to attend separately.

Try not to ignore any issues you are having in your relationship, as this may cause resentment or mistrust on both sides.

Hints and tips: Staying close to your partner

- **Even if you don't feel like being intimate or having sex, it's important to talk to your partner** about how you're feeling. If you don't, they may feel rejected or resentful.
- **Try to stay physically close.** You can still hug, kiss and touch each other.
- **Try to work through any problems once you've talked about them.** For example, if you're self-conscious about your body, you might prefer to keep the lights off when being intimate. If penetrative sex is difficult, try other things.
- **Tell your doctor or nurse if you have side-effects or physical problems that are making things difficult.** They are used to talking about sexual side-effects and can recommend treatments to help.

New partners – when to tell?

At some point after your diagnosis, you may begin a new relationship. You may feel unsure about how and when to tell your new partner about your cancer. This may depend on whether you are just casually dating or getting more serious.

There is no right time to tell – it is really down to when you feel comfortable enough to talk about it. You may be happy to do this on a first date or much later on. Some people may want to move quickly in a relationship because they don't want to feel like they are wasting time after their diagnosis. Others will be happy to take it much slower. You might consider if the roles were reversed, when would you want to be told?



You may feel that you have to bring it up if there are visible signs of your illness, such as hair loss. But it is up to you how much information you give. You might just mention you have/had cancer early on and then go into more details at a later date. You may not be ready yet to talk at length about your cancer and that is OK.

You may feel nervous, so practising what you want to say or roleplaying the conversation with a friend might help. Choose a time to talk when both you and your partner are feeling relaxed. Be honest about your worries and concerns and encourage them to be honest too.

Dealing with rejection

It is impossible to say how your partner might react to the news. They may be very understanding and recognise that cancer is just one of your many life experiences.

If they are not as supportive as you would have liked, or appear to be struggling with the news, give them time to adjust. They may just need a little time to come to terms with the situation. If they really care about you, they should be able to recognise that cancer is just one part of your life.



Unfortunately, it may happen that a person does not want to be with you if they know you have/had cancer. They may feel they can't deal with it for a number of reasons. They may have no experience of cancer and feel this is just too much for them or they may have experienced a loved one's cancer diagnosis before and not want to go through it again. While this may hurt, there are supports available:

- **Speak to family and/or friends** about your relationship concerns
- **Consider professional counselling.** The Irish Cancer Society funds one-to-one counselling, which can be done remotely (video or telephone calls) or in-person. Call 1800 200 700 for more information
- **You can also find psychologists, counsellors and psychotherapists** who specialise in issues such as relationships, sexuality and self-esteem at:
 - The Psychological Society of Ireland (www.psychologicalsociety.ie)
 - The Irish Association for Counselling and Psychotherapy (www.iacp.ie)There are fees involved.
- **Join in-person or online support groups.** Sharing your story with people who have been through similar situations may help
- **Try focusing on your social life if this is something you haven't been giving much attention to.** You might reconnect with old friends or make new friends by, for example, taking up a new hobby
- **Speak to the medical social worker or psychologist in your hospital** who may be able to direct you to support services in your area

Remember, lots of people return to the dating scene and find loving relationships after being diagnosed with cancer.

If you are single

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If you are single

Single people may have additional worries and concerns when dealing with a diagnosis of cancer:

- You may live alone and have less support at home as a result
- You may be a single parent and have less support with issues like childcare
- You probably only have one source of income so may be under financial pressure, especially if you need time off work for treatment
- You may worry that you will not be able to find a partner in the future, especially if your sexual functioning or fertility has been impacted



When is the right time to start dating?

This is very much a personal choice. You may want to start dating as soon as possible as you don't want to waste time after your diagnosis or you want to do 'normal' things that don't involve cancer.



On the other hand, you may be much more hesitant about dating. You may have little or no experience with relationships. Or you may be dealing with the side-effects of treatment, which may make it difficult to be yourself on a date. You may have less energy or your appearance may have changed, impacting your self-esteem and confidence.

Some people may wait until their treatment is over and they have had a chance to recover, while others will try dating while having treatment. There is no right or wrong time. It is a personal decision.

How to share your cancer experience if you are dating

At some point during or after your diagnosis, you may begin dating or a new relationship. You may feel unsure about how and when to tell the person you are seeing about your cancer. This may depend on whether you are just casually dating or things are getting more serious.

There is no right time to tell – it is really down to when you feel comfortable enough to talk about it. You may be happy to do this on a first date or much later on. Some people may want to move quickly in a relationship because they don't want to feel like they are wasting time after their diagnosis. Others will be happy to take it much slower. You might consider if the roles were reversed, when would you want to be told?

You may feel that you have to bring it up if there are visible signs of your illness, such as hair loss. But it is up to you how much information you give. You might just mention you have/had cancer early on and then go into more details at a later date. You may not be ready yet to talk at length about your cancer and that is OK.

You may be nervous about sharing this news, so practising what you want to say or roleplaying the conversation with a friend might help. Choose a time to talk when both you and the person you are dating feel relaxed.

Give them the chance to respond. For example, after you tell them that you have/had cancer, ask them how they think that might affect the relationship or ask them how they feel about it.

How will my date react?

It is impossible to say how the person you are dating might react to the news that you have/had cancer. They may be very understanding and recognise that cancer is just one of your many life experiences.

They may have many questions for you, so be prepared for this. You don't have to answer everything straight away, or you may not be able to answer all of their questions. It is OK if you want to give them the news first and then go into more details later.

If they are not as supportive as you would have liked, or appear to be struggling with the news, give them time to adjust. They may just need a little time to come to terms with the situation. If they really care about you, they should be able to recognise that cancer is just one part of your life.



Unfortunately, it may happen that a person does not want to be with you if they know you have/had cancer. They may feel they can't deal with it for a number of reasons. They may have no experience of cancer and feel this is just too much for them or they may have experienced a loved one's cancer diagnosis before and not want to go through it again. While this may hurt, there are supports available:

- **Speak to family and/or friends** about your relationship concerns
- **Consider professional counselling.** The Irish Cancer Society funds one-to-one counselling, which can be done remotely (video or telephone calls) or in-person. Call 1800 200 700 for more information
- **You can also find psychologists, counsellors and psychotherapists** who specialise in issues such as relationships, sexuality and infertility at:
 - The Psychological Society of Ireland (www.psychologicalsociety.ie)
 - The Irish Association for Counselling and Psychotherapy (www.iacp.ie)There are fees involved.
- **Join in-person or online support groups.** Sharing your story with people who have been through similar situations may help
- **Try focusing on your social life** if this is something you haven't been giving much attention to. You might reconnect with old friends or make new friends by, for example, taking up a new hobby
- **Speak to the medical social worker or psychologist in your hospital** who may be able to direct you to support services in your area

Remember, lots of people return to the dating scene and have a satisfying romantic life after being diagnosed with cancer.



If your partner has cancer

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If your partner has cancer

If your partner has been diagnosed with cancer, you may have many emotions. It is common to feel sad, scared, worried and angry. You may have many fears and concerns:

- You might be worried about what is ahead for them.
- You might be unsure about how best to support them.
- You might be struggling emotionally with their diagnosis.
- You might be concerned about changing roles in your relationship. For example, if you have to become a carer for your partner.
- You might be concerned about extra pressures you may now face. For example, financial pressure if your partner has to stop working.
- You might be worried about the effect cancer will have on your relationship and/or sex life.
- You might be worried about your partner's fertility.



Changes in your relationship

It is likely that cancer will bring about changes to your relationship. These may be positive changes. You and your partner may learn how to communicate better, appreciate each other more and become stronger as a result of the diagnosis.

However, cancer may also add new strains to your relationship or make existing problems worse.

- You may be very upset or stressed about the diagnosis. And you may choose not to speak to your partner about this as you don't want to upset them. This can lead to a breakdown in communication. You may also resent your partner for all the changes the cancer diagnosis has brought to your lives. These are all normal reactions.
- You might find that your roles have changed. For example, your partner may have managed the finances or taken care of childcare and now this is up to you. You may struggle with these changes, adding to the stress of the situation.
- You may have to be your partner's carer for a time. Both of you may struggle with this change, particularly if your partner was independent before.
- Your romantic life may be impacted. This may be due to physical or emotional problems affecting you or your partner. For example, your partner may experience physical changes due to their cancer treatment, such as vaginal dryness or erectile dysfunction, or they may have a low sex drive (libido) due to the side-effects of cancer treatment. You may also have a reduced sex drive due to stress and anxiety.

Email: supportline@irishcancer.ie

Supporting your partner with cancer

There are a number of things you can do to support your partner:

Learn about cancer

Try to go to hospital visits and also read any information from the hospital so that you can understand your partner's illness and treatment. This will help you to understand how cancer might affect them and how to best support them.

For example, you may be concerned about the impact of cancer on intimacy and sex. Your partner may experience physical or emotional changes as a result of cancer and its treatment, which may make sex more difficult or painful. Learning about these changes and how to deal with them can ensure that you remain close and maintain intimacy.

Speak to your partner

Even if your communication was good before the diagnosis, you and your partner may struggle with this now. You may be more irritable with each other or you both may be keeping things in so as not to worry the other person.

It is really important to make time to talk. Try to find times when you aren't rushing around or are likely to be distracted. Write things down if this helps.

Ask your partner what support they need. This may help you both to figure out your priorities and avoid misunderstandings.

Try to talk honestly about your feelings, even negative ones. If you don't talk to each other, you may start to feel distant from each other.

Support Line Freephone 1800 200 700

Make time as a couple

Try to make time for each other as a couple. Between your partner's cancer treatment and general life duties, such as work and household duties, you may have very little energy to think about anything else. However, making time for each can make your relationship stronger and can encourage intimacy.

This might involve something as simple as going for a walk or watching a movie together.



Support for you

It is important that you look after yourself as well. There are many ways you can do this.

Be kind to yourself

Your health and happiness matter too. Make some time for yourself, stay in touch with your friends and don't be afraid to let other people help out with things.

Watch out for warning signs

Watch out for your own physical and mental health. If you are feeling tired or unwell, you're not sleeping well or you're finding it hard to cope, tell someone and get some support sooner rather than later.

If you don't want to worry your partner, talk to a family member, friend or your GP. Medical social workers can also help with psychological, emotional, social or practical difficulties during your partner's hospital stay.

You can also speak to a cancer nurse about services that might help, such as free counselling. Call our Support Line on 1800 200 700 or call into a Daffodil Centre to speak to a cancer nurse in confidence.

Join a support group

Support groups give people the chance to meet others in a similar situation. You can give each other support and information, share feelings and learn from each other's experiences.

You might want to join a support group for people affected by a loved one's cancer or a support group for carers. You might also feel supported by being part of a general social or community group, such as your local Men's Shed, an active retirement group or a volunteer group.

There are also online communities where people with cancer and their loved ones can write questions, share stories and give/get advice and support. Visit www.cancer.ie/community to join the Irish Cancer Society online community.



Support resources

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Money matters

- If you have cancer you may not be able to work for a time. You may also have extra expenses.
- You may have to pay for some of your cancer treatment.
- You might be entitled to certain social welfare payments.
- There are services to help you if you're finding it hard to manage.

A diagnosis of cancer often means that you will have extra expenses, such as car parking during hospital visits, medication, travel, heating and childcare costs. If you can't work or you are unemployed, this may cause even more stress. It may be harder for you to deal with cancer if you are worried about money.



Practical and financial solutions from the Irish Cancer Society



We provide individualised financial support and practical solutions for people living with cancer. This includes:

- **Understanding your welfare entitlements**
- **Advice on accessing extra childcare**
- **Telling your boss about your diagnosis**

We can tell you about public services, community supports and legal entitlements that might help you and your family. We can also act as advocates for patients and their families who may need extra support after a diagnosis. This might include having a Practical and Financial Officer present when discussing your diagnosis with your employer or at meetings with your financial provider to help them understand your diagnosis.

To be referred, call our Support Line on Freephone 1800 200 700 or contact your nearest Daffodil Centre.

Our nurses will chat with you and confirm if a discussion with one of our Practical and Financial Officers might help.

Medical expenses

Medical expenses that you might have to pay include:

- Visits to your family doctor (GP)
- Visits to hospital
- Medicines
- Medical aids and equipment (appliances), like wigs

How much you pay towards your medical expenses depends on whether or not you qualify for a medical card and what type of health insurance you have, if any.

If you have a medical card, you will probably have very little to pay for hospital and GP (family doctor) care or your medication. If you are over 70, you can get a free GP visit card.

Medical cards are usually for people on low incomes, but sometimes a card can be given even if your income is above the limit. For example, if you have a large amount of medical expenses. This is known as a discretionary medical card.

An emergency medical card may be issued if you are terminally ill and in palliative care, irrespective of your income.

If you don't have a medical card you will have to pay some of the cost of your care and medication.

If you have health insurance, the insurance company will pay some of the costs, but the amount will depend on your insurance plan. It's important to contact your insurance company before starting tests or treatment to check you're covered.

Benefits and allowances

There are benefits that can help people who are ill and their family. For example, Illness Benefit, Disability Allowance, Invalidity Pension, Carer's Allowance, Carer's Benefit, Carer's Leave.

If you want more information on benefits and allowances, contact:

- **The medical social worker** in the hospital you are attending
- **Citizens Information** – Tel: 0818 074 000
- **Department of Employment Affairs and Social Protection** – Tel: 0818 662 244 or ask to speak to a DSP representative at your local health centre or DSP office.

Always have your PPS number to hand when you are asking about entitlements and benefits. It's also a good idea to keep a copy of completed forms, so take a photo or photocopy them before posting.

If you have money problems

If you are getting into debt or you are in debt, the Money Advice and Budgeting Service (MABS) can help you. MABS can look at your situation, work out your budget, help you to deal with your debts and manage your payments. The service is free and confidential. Call the MABS Helpline 0818 07 2000 for information.

If you are finding it hard to cope financially, contact the medical social worker in your hospital or your local health centre for advice. The Irish Cancer Society can also give some help towards travel costs in certain cases. See page 139 for more details on our **Transport Service** and the **Travel2Care** fund.

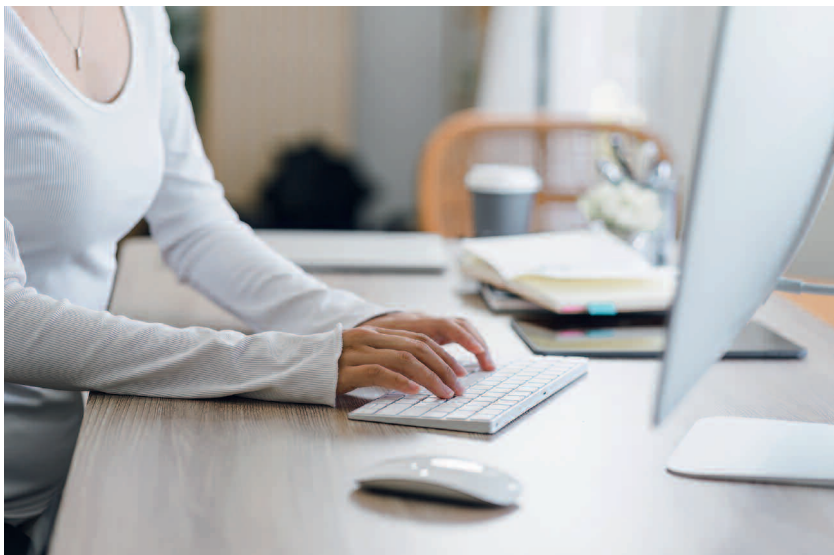
You can also call our Support Line 1800 200 700 or visit a Daffodil Centre and the nurse will suggest ways to help you manage.

Money and finances

Go to www.cancer.ie and see our **Managing money** page for information on:

- Medical costs and help available
- Benefits and allowances that you or your family may qualify for
- Travel services
- Ways to cope with the cost of cancer

Our Benefits Hub on our website has lots of information on government supports for people who are unwell and their carers. It also has advice on how to apply.



Irish Cancer Society services

We provide a range of cancer support services for people with cancer, at home and in hospital, including:

- Support Line
- Daffodil Centres
- Telephone Interpreting Service
- Peer Support
- Patient Education
- Counselling
- Support in your area
- Patient travel and financial grants
- Night Nursing
- Publications and website information
- Practical support and financial solutions (see page 132)

Support Line Freephone 1800 200 700

Call our Support Line and speak to one of our cancer nurses for confidential advice, support and information for anyone affected by cancer. The Support Line is open Monday to Friday, 9am-5pm. You can also email us any time on supportline@irishcancer.ie or visit our Online Community at www.cancer.ie/community



The Support Line service also offers video calls for those who want a face-to-face chat with one of our cancer nurses. From the comfort of your own home, you can meet a cancer nurse online and receive confidential advice, support and information on any aspect of cancer.

Our cancer nurses are available Monday to Friday to take video calls on the Microsoft Teams platform. To avail of the service, please go to <https://cancer.ie.Support-Line-Video-Form>

One of our nursing team will then email you with the time for your video call. The email will also have instructions on how to use Microsoft Teams on your phone, tablet or computer.

Daffodil Centres

Visit our Daffodil Centres, located in 13 hospitals nationwide. The centres are staffed by cancer nurses and trained volunteers who provide face-to-face advice, support and information to anyone affected by cancer. The service is free and confidential.

This is a walk-in service; you do not need an appointment. For opening hours and contact details of your nearest Daffodil Centre, go to www.cancer.ie and search 'Daffodil Centres'.



Who can use the Daffodil Centres?

Daffodil Centres are open to everyone – just call in if you want to talk or need information on any aspect of cancer including:

- Cancer treatments and side-effects
- Chemotherapy group education sessions
- Emotional support
- Practical entitlements and services
- Living with and beyond cancer
- End-of-life services
- Lifestyle and cancer prevention
- Local cancer support groups and centres

Telephone Interpreting Service

We make every effort to ensure that you can speak to our Support Line and Daffodil Centre nurses in your own language through our Telephone Interpreting Service.

If you would like to speak to us using the Telephone Interpreting Service, call our Support Line on Freephone 1800 200 700, Monday to Friday 9am–5pm, or contact your nearest Daffodil Centre.

Tell us, in English, the language you would like. You will be put on hold while we connect with an interpreter. You may be on hold for a few minutes. Don't worry, we will come back to you.

We will connect you to an interpreter. The interpreter will help you to speak to us in your own language



Peer Support

Peer Support is a free and confidential telephone service connecting people with similar cancer experiences. Peer Support volunteers are fully trained to provide emotional and practical cancer support in a safe, responsible and kind way.

To be referred to a Peer Support volunteer, call Freephone 1800 200 700 or contact your nearest Daffodil Centre. For more information on Peer Support, search 'peer support' at www.cancer.ie

Patient Education

At our free patient education workshops, our cancer nurses provide tailored information before and after cancer treatment.

The workshops take place in person in one of our 13 Daffodil Centres nationwide, or online. To register for a place at one of our Patient Education Workshops, call our Support Line on Freephone 1800 200 700, contact your nearest Daffodil Centre or email patienteducation@irishcancer.ie



Counselling

The Society funds professional one-to-one counselling for those who have been affected by a cancer diagnosis. Counselling is available for the person who has been diagnosed, family members and close friends. The services we provide are:

- **Remote counselling nationwide**, by telephone or video call.
- **In-person counselling sessions** in cancer support centres around the country.

For more information, call our Support Line on Freephone 1800 200 700 or contact your nearest Daffodil Centre.

Support in your area

We work with local cancer support centres and the National Cancer Control Programme to ensure patients and their families have access to high-quality confidential support in a location that's convenient to them.

For more information about what's available near you, visit www.cancer.ie/local-support, contact your nearest Daffodil Centre or call our Support Line on Freephone 1800 200 700.

Transport Service

We provide transport and financial grants for patients in need who are in cancer treatment.

- Transport is available to patients having chemotherapy treatments in our partner hospitals who are having difficulty getting to and from their local appointments.
- We have recently opened a pilot service for patients having radiotherapy treatment at University Hospital Cork and Bons Secours Hospital, Cork.
- **Travel2Care** is a fund for patients who are having difficulty getting to and from their appointments for diagnostic tests or cancer treatments. Patients can apply for this fund if they are travelling over 50 kilometres one way to a national designated cancer centre or satellite. Travel2Care is made available by the National Cancer Control Programme.

To access any of these supports, please contact your hospital healthcare professional, call our Support Line on Freephone 1800 200 700 or contact your nearest Daffodil Centre.

Support Line Freephone 1800 200 700

Night Nursing

We provide end-of-life care for cancer patients in their own home. We offer up to 10 nights of care for each patient. Our service allows patients to remain at home for the last days of their lives surrounded by their families and loved ones. This is a unique service in Ireland, providing night-time palliative nursing care to cancer patients, mostly between 11pm and 7am.

For more information, please contact the health professional who is looking after your loved one.

“ We were really lost when we brought Mammy home from the hospital and the night nurse's support was invaluable. She provided such practical and emotional support. ”

“ Our night nurse was so caring and yet totally professional. We are so grateful to her for being there for Dad and for us. ”

Email: supportline@irishcancer.ie

Publications and website information

We provide information on a range of topics, including cancer types, treatments and side-effects and coping with cancer. Visit our website www.cancer.ie to see our full range of information and download copies. You can also call our Support Line on Freephone 1800 200 700 or contact your nearest Daffodil Centre for free copies of any of our publications.

To find out more about the Irish Cancer Society's services and programmes:

- Visit us at www.cancer.ie
- Call our Support Line on Freephone 1800 200 700
- Email our Support Line at supportline@irishcancer.ie
- Contact your nearest Daffodil Centre
- Follow us on:
 - Facebook
 - X
 - Instagram
 - LinkedIn

Support Line Freephone 1800 200 700

Local cancer support services

The Irish Cancer Society works with cancer support services all over Ireland. They have a range of services for cancer patients, their partners, families and carers, during and after treatment, many of which are free. For example:

- **Professional counselling.** The Irish Cancer Society funds one-to-one counselling remotely and through many local support services
- **Support groups,** often led by professionals like social workers, counsellors, psychologists or cancer nurses
- **Special exercise programmes**
- **Stress management and relaxation techniques,** such as mindfulness and meditation
- **Complementary therapies** like massage, reflexology and acupuncture
- **Specialist services** such as prosthesis or wig fitting and lymphoedema services, such as education, exercise, self-management and manual lymph drainage
- **Mind and body sessions,** for example, yoga and tai chi
- **Expressive therapies** such as creative writing and art
- **Free Irish Cancer Society publications** and other high-quality, trustworthy information on a range of topics

Cancer support services usually have a drop-in service where you can call in for a cup of tea and find out what's available.

You can call our Support Line on Freephone 1800 200 700 to find your nearest cancer support centre. Or go to www.cancer.ie and search 'Find support'.



What does that word mean?

Clitoris A female sex organ that contains many sensory nerve endings. It has a key role to play in sexual arousal and sexual pleasure.

Erectile dysfunction Difficulty getting or maintaining an erection that is strong enough for sex.

Fallopian tubes Narrow tubes which allow eggs to travel from the ovaries to the uterus. Fertilisation of the egg by sperm usually takes place in the fallopian tubes.

Fertility The ability to reproduce (have children).

Infertility Failure to conceive a child after 12 months or more of regular, unprotected sex.

Intimacy A feeling of closeness or connection that develops between people in personal relationships. It can be physical and emotional.

LGBTQIA+ A term that refers to lesbian, gay, bisexual, transgender, queer or questioning, intersex and asexual people. The plus signs refers to people with other sexual orientations and gender identities. (For a glossary of LGBTQIA+ terms, see page 145.)

Libido Sexual desire.

Menopause When a female stops menstruating (having periods). You are considered to be in menopause when you have not had a period for 12 months.

Menstruation Having periods.

Orgasm Sexual climax.

Ovaries Small, oval-shaped glands that produce eggs and hormones. They are found on either side of the uterus (womb).

Penis Male sex organ. Sperm and urine leave the body through the penis.

Perimenopause The period before menopause, when you may also experience menopausal symptoms. It lasts an average of 4 years.

Scrotum A pouch-like sac of skin that hangs behind the penis. It holds the testicles (testes).

Semen Bodily (seminal) fluid that carries sperm.

Sexuality How you express yourself in a sexual way. It is not just about the physical act of having sex. It includes how you see, feel and think about yourself as a sexual being.

Sperm Male reproductive cell that fertilises the female egg to create an embryo.

Stoma A small opening in the abdomen (tummy area) that a surgeon makes so that the body's waste (urine or faeces/poo) can leave your body and be collected in a small bag.

Testicles Oval-shaped organs found inside the scrotum. They produce sperm and also make testosterone, which is the main male sex hormone. Most males have two testicles.

Uterus A pear-shaped organ that holds a foetus during pregnancy. Sometimes referred to as the womb.

Vagina A muscular canal that joins the cervix (the lowest part of the uterus) to the outside of the body. It widens during childbirth and is sometimes known as the birth canal.

Vulva Collective name for female sex organs that are found externally (on the outside of the body), such as the clitoris.

Glossary of LGBTQIA+ terms

This list provides a short overview of commonly-used LGBTQIA+ terms and language. It is not exhaustive as LGBTQIA+ language is constantly changing. Also, it should be noted that some meanings can change over time.

Ally A person who believes in and fights for the equality of LGBTQIA+ people, despite not being a member of the LGBTQIA+ community.

Asexual Someone who feels a lack of sexual attraction to anyone.

Bisexual Someone who feels attracted to more than one gender. For example, both men and women.

Cisgender/cis Someone whose gender identity matches the sex they were assigned at birth.

Coming out When you share your sexual orientation or gender identity with people in your life.

Deadnaming Calling someone by their birth name after they have changed their name. For example, a trans person who has changed their name as part of their transition.

Gay Someone who is attracted to people of the same gender.

Gender-affirming healthcare Social, psychological, behavioural or medical interventions that are designed to support an individual's gender identity. Medical gender-affirming healthcare includes hormonal therapy and surgery.

Gender binary The idea that there are only 2 genders – male and female – and that everybody is either one or the other.

Gender dysphoria When people become distressed or uneasy because their gender identity differs from their sex assigned at birth.

Gender expression How a person shows their gender on the outside, for example, through their clothes, hairstyle or behaviours.

Gender fluid Someone whose gender identity or gender expression is not fixed. It changes over time.

Gender identity Our internal sense of self and gender – how we feel inside.

Heterosexual Someone who is attracted to people of the opposite sex.

Intersex An umbrella term for people who are born with bodies that are outside the female/male binary, with differences in their anatomy, chromosomes or hormones. For example, they may have reproductive organs that can be considered both male and female.

Lesbian A woman who is attracted to other women. Some non-binary people may also identify with this term.

Misgender To refer to someone in a way that does not reflect their gender identity. For example, using the wrong pronouns.

Non-binary People whose gender identity falls outside of the typical binary of male and female. For example, someone may identify as both male and female. Or they may identify as neither male or female.

Outing The accidental or deliberate sharing of another person's sexual orientation or gender identity without their permission.

Pansexual Someone who is attracted to people of all genders.

Pronouns How we identify ourselves apart from our name and affirm our gender identity. Examples include he/him, she/her and they/them.

Queer A term used to describe people who are not heterosexual and/or cisgender. For a long time, queer was used as a slur against members of the LGBTQIA+ community and some people still use it as such. However, many LGBTQIA+ people have embraced the term in recent years.

Sexuality How you express yourself in a sexual way. It is not just about the physical act of having sex. Rather it includes how you see, feel and think about yourself as a sexual being. For example, how you view your own body and how you feel about close physical touch. It also includes your sexual feelings, thoughts, behaviours and attractions towards others.

Sex assigned at birth A label you are given at birth – male or female – which is based on your anatomy (genitals and/or reproductive organs) or biology (chromosomes and/or hormones).

Sexual orientation Someone's attraction to others.

Transgender (trans) When your gender identity does not match the sex you were assigned at birth.

Trans man Someone who was assigned female at birth but who identifies as a man.

Trans woman Someone who was assigned male at birth but who identifies as a woman.

Transitioning The process trans people go through to live as the gender they identify with, rather than the one they were assigned at birth. This can involve; medical changes, such as gender-affirming surgery; legal changes, such as changing their name and/or gender on official documents; social changes, such as telling family and friends.

Notes/questions

Notes/questions

Notes/questions

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This booklet has been produced by the Irish Cancer Society to meet the need for improved communication, information and support for cancer patients and their families throughout diagnosis and treatment. We would like to thank all those patients, families and professionals whose support and advice made this publication possible.

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Join the Irish Cancer Society team

If you want to make a difference to people affected by cancer, join our team! Visit www.cancer.ie if you want to get involved.

Support people affected by cancer

Reaching out directly to people with cancer is one of the most rewarding ways to help:

- Help people needing lifts to hospital by becoming a volunteer driver
- Give one-on-one support to someone newly diagnosed with cancer as part of our Peer Support programme
- Give information and support to people concerned about or affected by cancer at one of our hospital-based Daffodil Centres

Share your experiences

Use your voice to bring reassurance to cancer patients and their families, help people to connect with our services or inspire them to get involved as a volunteer:

- Share your cancer story
- Tell people about our services
- Describe what it's like to organise or take part in a fundraising event

Raise money

All our services are funded by the public's generosity:

- Donate direct
- Take part in one of our fundraising events or challenges
- Organise your own event

Did you like this booklet?

We would love to hear your comments or suggestions. Please email reviewers@irishcancer.ie



Our cancer nurses are here for you:

- Support Line Freephone **1800 200 700**
- Email **supportline@irishcancer.ie**
- Contact your nearest Daffodil Centre