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Relationships, intimacy and sex: Navigating Cancer and Inherited Cancer Risk

Key Message

Inherited cancer risk brings unique and often lifelong considerations. Changes to intimacy, relationships, and identity are common, especially when navigating proactive decisions like risk-reducing surgery. With the right information, support, and communication, it is possible to build and maintain meaningful, fulfilling intimate relationships.

Sex and intimacy can feel complex or uncertain in the context of cancer and inherited cancer risk. Alongside difficult health decisions around risk-reducing surgery and timing of these, you may also be navigating changes in how you feel about your body, identity, and relationships. It's common to feel disconnected from your body, while partners may feel unsure how best to offer support or approach intimacy. Open communication, patience, and the right support can help you both adjust and maintain connection over time. This fact sheet aims to provide guidance and practical strategies to help you move forward with confidence.

How cancer and inherited cancer risk can affect intimacy

Whether you are managing a cancer diagnosis or making decisions about inherited cancer risk, a range of physical, emotional, and relational changes may influence your experience of intimacy.

You may experience:

- **Anticipatory decisions about surgery** (e.g. mastectomy, oophorectomy) before any cancer diagnosis, which can feel confronting because you are making permanent changes to your body in the context of risk, rather than illness.
- **Changes in body image and identity**, especially after surgery, including how you see yourself, your femininity or masculinity, and your sense of self as a sexual partner.
- **Hormonal impacts** (e.g. early menopause following removal of ovaries) that can affect libido, comfort, mood, and overall wellbeing.
- **Uncertainty about timing of surgery** in relation to relationships, dating, or family planning, particularly when trying to balance medical advice with personal goals and life stage.
- **Emotional impacts** such as anxiety, grief, loss or feeling different from peers, especially when others may not fully understand decisions made in the context of cancer treatment or inherited risk.

These experiences are valid, and often complex. Whether you are making proactive decisions to reduce cancer risk or adjusting to the impacts of a cancer diagnosis and its treatment, it's common to experience a mix of empowerment, loss, and uncertainty. All of these can influence intimacy and relationships in different ways over time.

Relationships and decision-making

- Cancer and inherited cancer risk often involve shared decision-making within relationships, particularly when choices about treatment, risk-reducing surgery, or family planning are concerned. Partners may have different views on timing of surgery or family planning, especially when weighing medical recommendations alongside personal goals, fertility considerations, or readiness for major procedures.
- You may experience pressure (internal or external) to act quickly or to delay, whether due to cancer treatment timelines, risk management guidelines, family expectations, or life stage considerations.
- Dating and disclosure can feel challenging, including when and how to share information about a cancer diagnosis, genetic risk, or future health decisions with a partner.
- Partners may struggle to know how to provide support, particularly if they feel uncertain about physical intimacy, emotional needs, or how to respond to complex decisions.

Open conversations about values, priorities, and fears can help you and your partner navigate these decisions together and feel more connected in the process. This might include setting aside time to talk without distractions, checking in with each other regularly as things change, naming what feels most important right now, and being honest about worries as well as hopes. If these conversations feel difficult, a counsellor, genetic counsellor, or sexual health professional can help you find ways to communicate more clearly and support each other through decision-making.

Timing decisions and intimacy

Decisions about when to have risk-reducing surgery or cancer treatment can affect:

- Fertility and reproductive options, including the timing of pregnancy, the ability to have children, or considering fertility preservation before treatment or surgery.
- Hormonal changes and sexual wellbeing, such as early menopause from ovary removal or treatment-related hormonal shifts that may impact libido, comfort, and emotional wellbeing.

- Relationship milestones, including starting new relationships, progressing long-term partnerships, or navigating major life decisions alongside treatment or surveillance planning.

For some people, these decisions are made in the context of an active cancer diagnosis and treatment. For others, they are made proactively in response to inherited cancer risk and the desire to reduce future risk. In both situations, timing decisions can feel complex, and there is rarely a “perfect” moment.

What matters most is making informed decisions that align with your personal circumstances, values, and relationships, with support as needed along the way. Support can come from your treating team, genetic counsellor, GP, or health professionals with expertise in sexual health, fertility, and relationships.

After surgery

Whether surgery is undertaken as part of cancer treatment or as a risk-reducing (prophylactic) procedure, it can bring a mix of emotions, including relief and loss. Relief may come from reducing cancer risk or removing disease, while loss may relate to changes in body function, appearance, or sense of identity.

You may notice:

- Changes in sensation, arousal, or sexual response, including altered sensitivity, reduced or different types of pleasure, or changes in how intimacy is experienced.
- Vaginal dryness or discomfort, particularly following ovarian removal, chemotherapy, or medically induced menopause, which can affect comfort during intimacy and sexual activity.
- Visible changes to your body, such as surgical scars, changes in breast or pelvic anatomy, or other physical changes that may influence confidence, desire, or how you feel in intimate situations.
- A shift in how you experience identity, including femininity, masculinity, or gender expression, particularly when surgery impacts hormonally driven or culturally linked aspects of identity and embodiment.

For some people, these changes follow cancer treatment aimed at removing or controlling disease. For others, they occur after preventive surgery chosen to reduce future cancer risk. In both situations, the physical and emotional impacts can influence intimacy, relationships, and self-perception in similar ways.

Adjustment takes time, and experiences vary widely. Physical support (such as sexual health management, pain or dryness management, or rehabilitation) and emotional support (including counselling or peer support) can make a meaningful difference in recovery and adaptation.

Communication and connection

Honest, ongoing communication is key and may involve conversations with a partner, spouse, or trusted person, as well as healthcare providers involved in your care (such as your GP, specialist, or sexual health clinician).

- Share what feels comfortable for you now, and what has changed since diagnosis, treatment, or surgery (including changes in desire, comfort, or confidence).
- Talk about expectations around sex and intimacy, including that these may shift over time and do not need to return to how things were before.
- Reassure each other that intimacy can evolve, and that there is no "right" pace or way to reconnect.

It can help to approach these conversations gently and gradually, rather than all at once. Choosing a calm, private time, starting with small check-ins rather than a single big discussion, and allowing space for pauses or uncertainty can make these conversations easier.

If you are in a relationship, both partners may experience fear of "getting it wrong" or causing distress, which can lead to silence or withdrawal. Naming this explicitly can sometimes help break that cycle.

For those who are single or dating, communication may also involve deciding when and how to share information about your cancer experience or inherited risk in a way that feels safe and right for you.

Remember: *intimacy is not limited to sex. Physical closeness, touch, emotional connection, and shared understanding are equally important ways of maintaining connection over time.*

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LGBTQIA+ considerations

For LGBTQIA+ people, experiences of cancer or inherited cancer risk can intersect with existing aspects of identity, relationships, and how healthcare is navigated.

- The impact of surgery on gender expression or affirmation, particularly where treatment or risk-reducing surgery affects how your body aligns with your gender identity, embodiment, or sense of self.
- Barriers to inclusive or knowledgeable care, including healthcare providers who may be less familiar with diverse sexual practices, relationship structures, or gender-affirming needs in the context of cancer or inherited cancer risk.
- Assumptions about bodies, relationships, or reproductive goals, such as assumptions of heterosexual relationships, cisgender identities, or specific fertility intentions that may not reflect your situation.

These experiences can add further complexity when navigating cancer or inherited cancer risk, particularly when already making significant decisions about treatment, surgery, or future health planning. They may also influence how comfortable you feel seeking support or disclosing information.

Seeking affirming, inclusive care can be very important. This might include asking whether a service has experience supporting LGBTQIA+ people, requesting a clinician you feel comfortable with where possible, or bringing a trusted person to appointments. You deserve care that recognises and respects your identity, your relationships, and your goals, and supports you to make informed decisions in a way that feels safe and affirming for you.

Sexual health support

There are ways to manage physical changes:

- Lubricants or moisturisers for dryness
- Pelvic floor or sexual health physiotherapy
- Hormonal or non-hormonal treatments (where appropriate)
- Support from a GP, specialist, or another qualified professional with expertise in sexual health and wellbeing, such as a sex therapist or sexologist

These supports can be accessed through your treating team or by asking your GP or genetic counsellor for a referral to someone with expertise in sexual health and intimacy after cancer or risk-reducing surgery.

If something doesn't feel right, it's worth asking; these issues are common and treatable.

When to seek extra support

Sometimes worries about sex, intimacy, relationships, or body image can become difficult to manage on your own. It may help to seek professional support if:

- Thoughts or worries are becoming intrusive or hard to switch off
- Distress about your body, sexuality, fertility, or relationships is persistent
- Intimacy concerns are causing ongoing strain in your relationship or affecting daily life
- Feelings of anxiety, low mood, grief, or loss are not improving over time
- You are avoiding intimacy, relationships, medical care, or social situations because of these concerns
- You feel stuck, overwhelmed, or unsure how to move forward

Your GP, specialist, genetic counsellor, psychologist or relationship counsellor can help you find appropriate support. This may include a qualified sex therapist or sexologist.

If you are unsure where to begin, ICA's **Emotional wellbeing support guide** explains different levels of emotional support, while **Who can help? Guide** outlines the people and services that may be able to help.

If you need to talk to someone now

- **Beyond Blue 1300 22 4636**: free, confidential mental health support by phone or online chat, available 24/7
- **Lifeline 13 11 14**: crisis support available 24/7
- **13YARN 13 92 76**: free and confidential 24/7 crisis support from Aboriginal and Torres Strait Islander Crisis Supporters

Other support and information

- **Relationships Australia:** Individual and couples counselling
- **Australian Society of Sex Educators, Researchers and Therapists (ASSERT):** find an accredited sex therapist
- **Society of Australian Sexologists (SAS)**: find an accredited psychosexual therapist or sexologist
- **QLife:** LGBTQIA+ peer support and referrals
- **eviQ Information Sheets for Patients and Carers**: information about how cancer treatments may affect the body, fertility and sexual health