SEX AND RELATIONSHIPS

Support for young people affected by cancer
We have another booklet called *Fertility – support for young people affected by cancer*. It explains how cancer and its treatment may affect your fertility (ability to have children). It talks about fertility testing and fertility treatment options.

To order this booklet or any other information, visit [be.macmillan.org.uk](http://be.macmillan.org.uk) or call us on [0808 808 00 00](tel:08088080000).
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About this booklet

This booklet is for teenagers and young adults who have, or have had, cancer. During or after treatment, you may worry about how the cancer and its treatment might affect your relationships or sex life.

This might be something you worry about as soon as you are told you have cancer. Or you may only become aware of changes to your sex life as you go through treatment, or after it’s finished. This booklet explains some of the possible physical and emotional effects that cancer can have on your sex life and relationships.

We hope this information will help you feel more comfortable when talking to your partner, family, friends or healthcare team about these issues.

Throughout this booklet, we’ve included quotes from other young people whose sex lives or relationships have been affected by cancer. These are from the website youthhealthtalk.org

This information is for you, whatever your sexual orientation, and whether you have a boyfriend or girlfriend or not.

At the end of this booklet are some useful addresses and websites (see pages 38–45).

If you’d like to discuss this information, call the Macmillan Support Line free on 0808 808 00 00, Monday–Friday, 9am–8pm.

If this booklet is helpful, you could show it to family and friends. They may also want information to help them support you.
The impact of cancer

Being told you have cancer is a life-changing experience. When you are first told about it, you may feel shocked and unable to believe what’s happening.

Cancer can have a huge effect on your emotions. You may feel a mixture of fear, anger, sadness, loneliness or depression. You might have these feelings at the time of diagnosis, during treatment, or when you’re recovering and adjusting to life after treatment.

It can also be very hard for relatives, friends and partners to accept that someone close to them has cancer. They may not know what to say or how they can help. They may also have difficult feelings to cope with.
Talking to your medical team

After diagnosis, it can feel like everything happens very quickly. Your cancer doctor or specialist nurse will talk to you about the treatment and possible side effects. You’ll need some time to adjust to the changes in your life, and to talk to your family, friends and partner about what’s happening to you.

It’s important to talk to your cancer doctor or specialist nurse about fertility (your ability to have children) before treatment starts. Cancer and its treatments can affect your fertility in several ways.

People’s reactions to the risk of future infertility vary. You may come to terms with it quickly and feel that dealing with the cancer is more important. You may find that the impact doesn’t hit you until treatment is over and you are sorting out your life again.

There is more information about this in our booklet *Fertility – support for young people affected by cancer.*
It’s important to remember that there isn’t a ‘right’ way to cope with cancer. How you and your partner, family and friends deal with it will depend on your personalities, your life experiences and how you cope with challenging situations.

How cancer affects your relationship with your partner, if you have one, may depend on many things – the level of commitment in your relationship, how long you’ve been together, how long you’ve had cancer and how it affects your day-to-day life.

If a relationship was difficult before cancer, it probably won’t be any better after the diagnosis. However, some couples find more love for each other when they have to overcome a shared challenge like cancer.
Talking about sex and relationships

Everyone’s experience of relationships and sex is different. Your own personal experiences will have an impact on how you talk about these things.

You might not have had sex before you were diagnosed with cancer, or you may have had several partners. You may find it easy to talk about sex, or you may feel embarrassed. Asking friends, family or healthcare professionals for advice about your body or sex may seem difficult, but it can really help.

Although it may not be easy for you, talking about relationships or sexual issues can be the first step towards dealing with any problems. There is help for most problems, but you may never find out about it if you keep things to yourself.

‘It’s hard to talk to people, but there are so many people out there. Find someone that you can talk to, because in my experience, not talking to people is what made me depressed. Keeping things inside, and me feeling like I was the only one, like I was a freak, was really, really hard. And you’re not, there are so many people out there who are going through exactly the same things as you. Whether you talk to friends, family, a counsellor or a charity, do it, because it really does help.’

Ashley
Who to talk to

It’s important to find someone that you feel comfortable talking to. This could be your boyfriend or girlfriend if you have one, a family member, a friend or a professional.

You could:

• talk to them in person

• email them

• phone them

• text them

• write them a letter or note.

Sometimes, if the other person feels embarrassed or uncomfortable, they may seem insensitive. It can help to give them some warning that you want to talk about something private.
Family
All families are different. Some talk about relationships and sex easily and openly. Other families might not normally do this. It can sometimes be difficult to talk about these issues with the people close to you, especially if you find that they get upset.

In some families and communities, there may be an expectation or assumption that everyone will have children. Many people aren’t aware that cancer and its treatment can sometimes affect you sexually, or affect your fertility. People around you can sometimes be insensitive without realising it. Even people who do understand can find it difficult to talk about these issues. This may be because they don’t know what to say, because they feel powerless to make it better, or because they want to believe that everything is fine.

If you are worried about the response you will get from your family or community, try speaking to someone from your team at the hospital. They might be able to put you in touch with someone who has had a similar experience to you.

Some families and communities don’t agree with using medical treatments to get pregnant. For example, some religions don’t approve of certain fertility treatments. This can be difficult to cope with if you would like to consider fertility treatment.
**Boyfriends and girlfriends**
If you have a boyfriend or girlfriend, it’s important to talk to them about how you feel. If the cancer has had an impact on your sex life or body image, try to tell them this.

If you were already having sex with your partner before your diagnosis, you may have noticed that one of you was more interested in sex than the other. Cancer can increase this difference. If one person’s desire changes, this can be upsetting, especially when there’s the added complication of cancer.

For some people, cancer doesn’t affect their sex life very much. In this case, it can be reassuring that some parts of your life haven’t changed because of the cancer.

‘What I found strange was losing hair from other parts of my body, particularly in sensitive areas. I was single when I first got diagnosed, but I met my current girlfriend during my chemotherapy. It kind of felt strange to be entering into a sexual relationship with such a different body to the norm. I just felt I had to take things a little bit slower, and I was quite honest about those sorts of things.’

Thomas
New relationships
You may find it difficult to start new relationships after being diagnosed with cancer. It can be even harder with someone you didn’t know before. You may feel unsure about whether to tell them about your cancer, and what to say. If your fertility might be affected, you may worry that they won’t be interested in you if you can’t have children.

Deciding when to tell a new partner about your cancer can be difficult. You may prefer to tell them straight away, or you may prefer to wait. There’s no right or wrong time, but it can be difficult to decide what to do. It can help to talk to someone else about it, such as a family member, friend or professional. You could contact one of the organisations on pages 43–45 for advice.

‘I didn’t know how he’d react, but I knew I had to tell him. I had to tell him about the disability and about not being able to have children, because I wanted to get it all out straight away. I think he actually thinks more of me, now that he knows what I’ve been through.’

Jasmine
Friends
You may find it harder to talk to your friends about relationships and sex after being diagnosed with cancer. You may feel that they don’t understand your situation. You may feel left out or isolated.

Sometimes, it can help to explain to one or two friends what it’s like for you. They can help you work out how to deal with any conversations about sex and relationships.

It might help to talk to other people your age who’ve had cancer. You can do this in our online community if you’re aged 16 or over. Visit macmillan.org.uk/community
Healthcare staff
Cancer and its treatments can have an effect on your sex life or your ability to enjoy sex. Someone from your medical team should discuss this with you. But you can always ask about it yourself whenever you feel ready.

It’s important to talk to your healthcare team about these issues before you start treatment if possible.

If you have any problems or questions, talk to someone from your hospital team. They’ll be able to give you good advice. Remember, most healthcare professionals are used to dealing with sensitive issues. They often talk to people about sex, feelings and how the body works. They won’t be surprised or embarrassed if you talk to them. There should always be a private space where you can have these conversations. You can ask to talk to someone of the same gender as you if you want.

There might also be other people who could help you, for example a counsellor or social worker. Your healthcare staff can refer you to these people, or you may be able to contact them directly – it varies in different parts of the country.

There are other organisations that can give you specialist support or put you in touch with local services. If you don’t want to speak to someone face to face, you may prefer to ring a confidential helpline. Being anonymous might help you talk about things that you find difficult to talk about in person. You may want to contact one of the organisations on pages 44–45.
Sometimes, getting information is not enough. You may want to talk about your feelings with a trained professional who can help you find ways to cope. They can also help you deal with the impact cancer has had on your relationships. The organisations on pages 43–44 may be able to help.

📞 Our cancer support specialists can talk to you confidentially and listen to your concerns. Call us free on 0808 808 00 00, Monday–Friday, 9am–8pm.
How to talk about difficult subjects

If you want to talk to your doctor or nurse about something sensitive, you might want to think about how you will do this. You could practise a few things to say, until you feel comfortable saying them.

Some people use slang words when talking about sex and their body. But this can lead to confusion or misunderstanding. If someone uses words that you don’t understand, it’s okay to ask them to explain – that’s better than going away feeling more confused than you were before.

You could write down your questions before seeing your doctor or nurse.

Many people find it useful to take their boyfriend or girlfriend, a family member or a friend with them when they go to appointments. They can write notes about what was discussed, so that you can read them afterwards. It may help to ask for the professional’s telephone number or email address, in case there’s anything you want to ask later.
What sort of questions can I ask?

You may wonder which questions are okay to ask. But you can ask about whatever is important to you. No one will think that your questions are silly or weird, and nothing is off-limits.

If you don’t want anyone else to know

Whenever you seek professional help – whether from a doctor, nurse, social worker, psychologist, counsellor or anyone else – it will usually stay confidential.

Your family and partner are not allowed to know that you’ve been to see someone and what you discussed, unless you want them to. This is true even if you’re under 16. The only time a professional can tell someone else what you’ve said to them is if they believe you have been harmed or are at risk of harm. This is very rare though. If the professional feels that they have to tell someone else, they should tell you what they are going to do.

Sometimes, a professional may ask your permission to talk to other people who are seeing you. For example, a counsellor may want to tell your doctor that they’ve seen you. But it is your decision.
Your thoughts and feelings

Lots of things affect the way that we think about, feel and experience anything to do with sex and relationships. No two people are the same. Your views are likely to be affected by many things, including:

• being male or female
• your sexual orientation
• your religious or cultural beliefs
• your friends and peers
• your family’s views
• your partner’s family’s views.

Having cancer and going through the treatment may affect your self-confidence. It could be a while before you’re ready to think about relationships and sex. You may need to adjust to changes caused by the cancer, such as changes to your body or lifestyle.

The way that you think and feel about yourself and your future, including becoming a parent, might also change.

Everyone is different. For example, some people have a very strong desire to become a parent throughout their childhood and teens, while others don’t think about it until they’re older. Remember, however you feel now may change over time.
Most young people think about sex and their sexual attractiveness when they are growing up. Some people also start to experiment sexually, while others might not. Some people will have had sexual experiences before being diagnosed with cancer, but others won’t have.
Body image

Body image is the mental picture we have of our own appearance. Cancer and its treatment can make your body look or work differently. This can be hard to deal with. Some changes may be temporary, such as hair loss. But some may be permanent, for example losing a limb.

It can take a while to adjust to any changes to your body. You may worry about how attractive you are to others. Your self-confidence can be low while you recover from cancer and its treatment. How attractive you feel is also likely to be affected by your past experiences. You may find it difficult at this time to feel aroused or excited when thinking about sex or relationships. It might help to talk about your fears and anxieties with someone you trust.

‘At first I was really self-conscious of my scar and I had to cover it up. But then when I went to Uni I was older and I just thought, “No, I’m not going to hide it anymore, I’m proud of it, I’m proud of what I’ve come through.” ’

Shantel
Getting some practical advice about coping with body changes can also help. You might feel embarrassed or self-conscious asking about these issues, but there are often things that can help. For example, having a catheter or colostomy can cause a big change in the way you feel about your body, but there are people at the hospital who can talk to you about your fears and help you. Try to ask for any help you need, as it can really make a difference. Getting a wig could help boost your self-confidence while your hair grows back.

We can send you a booklet about body image and cancer. It contains lots of tips on coping with body changes.
Cancer and sex

You might not have had sex before you were diagnosed with cancer. Losing your virginity might be the last thing on your mind when you’re starting your treatment. Or, you might find that getting cancer makes you think about sex more. Everyone is different. You may worry that getting cancer might stop you experiencing sex for the first time.

Try to talk to your friends or family about your worries. It’s natural to be interested in sex and to enjoy learning about that part of your personality. It’s also fine if you don’t feel ready for sex because of everything else that’s happening in your life. Try not to put pressure on yourself. There are plenty of people or organisations you could talk to about sex or relationships if you want to – see pages 43–45.

You may worry that cancer might affect how you have and enjoy sex. It’s unusual for cancer or its treatment to make it physically difficult to have sex, but it does happen occasionally.
Possible effects of cancer

Cancer and its treatment can affect you physically and emotionally. This is different for everyone, and the effects can change over time. It can be hard to think about ways of adapting to any changes to your body. But it can also be fun to learn about enjoying sex in new ways.

Cancer or its treatment may affect:

• your physical ability to have sex
• your body image (how you feel about the way you look)
• your feelings
• your relationships
• other parts of your life, such as work or studying.

The links between all of these areas are important. If there’s a problem in one area, it might have an impact on the others. In the same way, if there’s an improvement in one area, this can help improve others.

If you’ve had treatment recently, it’s important to give yourself plenty of time to recover. There are normally ways of dealing with any physical effects of treatment on your sex life. If you want to talk to someone about it, there’s lots of expert information and support available (see pages 43–45).
Some physical effects on men

The male sex organs
A man’s sex organs are mostly outside his body. They include the penis and the testicles (testes or balls). The testicles produce sperm and are contained in a skin sack called the scrotum. The rest of a man’s sex organs are inside his body. The prostate gland is deep inside the pelvis. This makes a fluid that mixes with sperm to make semen. Near to this is the bladder, the lower end of the large bowel and some lymph nodes (also called lymph glands).
Physical effects

• It may be difficult to get an erection (hard-on) if cancer or its treatment has damaged the nerves and blood vessels in the pelvis. Surgery or radiotherapy to the pelvic area can do this.

• Low levels of the male hormone testosterone can cause a lack of interest in sex. Low levels of testosterone can also make it difficult to get an erection. This can sometimes happen if you’ve had radiotherapy or surgery to the testicles (balls). It also sometimes happens if you’ve had treatment affecting the gland in the brain called the pituitary gland. The pituitary gland produces hormones that control the production of testosterone by the testicles.

• Surgery to remove a testicle (called orchidectomy) doesn’t usually affect your sex life. If you have both testicles removed (which isn’t common), you’ll be given testosterone to replace what is no longer made by your testicles. You can still have sex but you won’t be making sperm, so you won’t be able to make someone pregnant.
What can help?
If you’re having problems getting an erection, this may go away on its own after a while. However, treatments are available and these include:

- vacuum pumps that are put over the penis

- tablets that can help you have an erection, such as sildenafil (Nipatra®, Revatio®, Viagra®, Vizarsin®), vardenafil (Levitra®) and adalafil (Adcirca®, Cialis®)

- pellets that are put into the tip of the penis

- injections into the base of the penis.

A vacuum pump is a tube that can help you get an erection. A doctor or nurse will show you the pump and explain how to use it. Although it sounds a bit strange, it can be very effective.

It’s also important to remember that you don’t need to have a fully erect penis to have sex. There are many other ways of having satisfying sex. You can talk to the doctors or nurses at your hospital about this.
If you are having any problems with your sex life, try to talk to your doctor or nurse. You may feel embarrassed, but they will be able to tell you about things that can help. You could also contact the nurses on our support line on 0808 808 00 00, or the Sexual Advice Association helpline (see page 44).

We can send you a booklet about the effects of pelvic radiotherapy on men.
Some physical effects on women

The female sex organs
The female sex organs are mostly inside the body, in the pelvic area. They include the ovaries, fallopian tubes, womb and vagina. The bladder and the lower part of the bowel are also close by.
Physical effects

• Some cancer treatments can cause vaginal dryness. This may be because of low levels of the female hormone oestrogen. Radiotherapy to the pelvic area may stop the ovaries producing oestrogen. Sometimes, the ovaries need to be removed to treat the cancer. This also causes lower oestrogen levels.

• If both your ovaries are removed, you will have an immediate menopause (also called an early or premature menopause). This stops your periods and causes permanent infertility. An early menopause can also be caused by radiotherapy to both ovaries, or by treatment that affects the pituitary gland (a gland in the brain). The pituitary gland produces hormones that control the production of oestrogen by the ovaries.

• Some surgery to the vagina can make it narrower or shorter, which can make sex uncomfortable. This is very rare, though. If pelvic surgery or pelvic radiotherapy damages the nerves, this can cause scarring to the vagina. This can reduce your ability to feel pleasure during sex, or mean that you take longer to orgasm (come). These changes can also be due to a difference in the way you feel about yourself sexually. A sex therapist or counsellor can give you advice about this (see pages 43–44).
What can help?
Using a cream or gel on the inside lining of your vagina can help with dryness. These can be bought from a pharmacist, online or prescribed by your GP. You can ask for products such as Senselle®, Astroglide® or Sylk®.

Radiotherapy to the pelvis can make the vagina narrower, which can make internal examinations and penetrative sex uncomfortable. Your hospital team will usually recommend that you use vaginal dilators to try to prevent the vagina from narrowing. Dilators are tampon-shaped plastic tubes of different sizes that you use with a lubricant.

You may be advised to begin using a vaginal dilator during your radiotherapy treatment or immediately afterwards.

Using a dilator regularly may make it easier for your doctors to examine your vagina and cervix after treatment. Having regular penetrative sex, or using your or your partner’s lubricated fingers, may also help stop the vagina from narrowing. Even if you’re having regular sex, you may still be advised to use a dilator.

We can send you a booklet about the effects of pelvic radiotherapy on women.
Some physical effects on men and women

Hormones
Your interest in sex may be lower if the levels of sex hormones in your body (testosterone or oestrogen) have been reduced by your treatment.

What can help?
Hormone replacement is important for both men and women – not only for maintaining sex drive but also to help keep the bones strong. Hormone levels can usually be kept almost normal by:

• taking hormone tablets
• using skin patches
• applying gel to the skin
• having injections.

Effects on male hormone levels may be temporary, but can sometimes be permanent.

In women, low levels of hormones often go back to normal if they’re caused by chemotherapy. This can take several months or sometimes a few years. However, after high-dose chemotherapy, surgery, or radiotherapy to the pelvis or pituitary gland, the effects may be long-lasting.
Fatigue
Many young people with cancer say that they feel ‘washed out’ and as though they have no energy for many months or even longer. If this happens to you, you may lose interest in sex, feel unattractive or worry that you’ll never be able to be sexually active.

Loss of sexual interest and erection difficulties are often not just caused by physical changes, but by the anxiety and emotional upset that cancer and its treatments can cause.

What can help?
If you have fatigue and don’t have much energy, it might help to have sex in different ways. Less energetic sexual positions, where your weight is well-supported, can reduce strain. You may also prefer quicker sexual contact rather than longer sessions.

Remember, you can show your boyfriend or girlfriend how much you care about them in other physically affectionate ways. Being more relaxed and intimate with your partner may gradually lead to more sexual contact.

For most people, tiredness and a lack of energy gradually become less of a problem after a while, although this can take months or sometimes years.

We can send you a booklet about coping with fatigue. It has lots of suggestions for what you can do.
Limb amputation
Very occasionally, a surgeon may need to amputate an arm or leg when treating some types of cancer (such as primary bone cancer). The limb will often be replaced with an artificial arm or leg (a prosthesis).

What can help?
Even if you thought you had a good idea of what to expect before surgery, it can be very difficult to come to terms with a major body change such as amputation. The feeling of looking different from other people can affect your self-confidence.

You may be happy to have sex wearing your prosthesis, which can help with positioning and movement. Some people find the straps used to secure the prosthesis are uncomfortable and get in the way. You can try different positions, and you can use pillows to help with positioning and balance.

Pain
If you’re in pain for any reason, this can make having sex more difficult.

If you’ve had treatment for bone or muscle tumours in your limbs or back, it can sometimes be more difficult to get into a good position to have sex.

What can help?
You might not want to have sex because you’re in pain or afraid that it might be painful. Any type of pain can be distracting during sex and reduce sexual desire. Talk to your doctor or ask for a referral to a specialist counsellor, to find out if there’s anything that can get rid of or reduce the pain. You doctor can often prescribe effective painkillers.
**Donor stem cell transplant**

A donor stem cell transplant won’t affect your ability to have sex. But before leaving hospital, it’s a good idea to check if there’s any reason you can’t go back to your normal sex life. If your platelet or white blood cell levels are low, you may be advised to avoid sex until they improve. This is to reduce the risk of bleeding or infection.

When you have a donor stem cell transplant, there’s a possibility that the new cells (the graft) will react against your own tissues (the host). This reaction is called graft-versus-host disease (GvHD). Symptoms of GvHD that can affect sex include dryness and narrowing of the vagina in women, and the penis becoming sore in men.

**What can help?**

You will be prescribed drugs to help prevent GvHD and reduce its effects if it occurs. Your doctor or nurse will be able to talk to you about this.
Who can help?

Perhaps the most important thing to realise is that you’re going through the same problems as many other young people being treated for cancer.

If things aren’t going well with your sex life, it’s a good idea to get some help, rather than ignoring it. Doctors and specialist nurses are used to dealing with intimate problems. They can often give you advice and support, or refer you to a therapist or counsellor for more specialist help.

You can also get expert help from some of the organisations listed on pages 43–45.
Safe sex

It’s important to take care of your sexual health, as this can help with your overall feelings of well-being.

You should use a reliable, barrier form of contraception throughout your treatment and for up to a year afterwards. Condoms and caps are best. This is because some side effects of treatment, such as sickness and diarrhoea, can make other contraceptives (like the pill) less effective. It’s important not to become pregnant or father a child while you are having treatment. Cancer treatments may damage sperm, which could affect a baby that is conceived at this time. Cancer treatments may also harm a developing baby.

If you’re having chemotherapy, barrier methods of contraception can protect you from catching a sexually transmitted infection (STI) while your white blood cell count is low.

It can be confusing if you are being told to use contraception when your doctors are also talking about how treatment might affect your fertility. Even though the doctors will talk to you about fertility preservation options (sperm banking or storing frozen eggs or embryos), sometimes this is just a precaution. The doctors can’t know how the cancer or its treatment will affect your fertility, and it is possible that you will remain fertile throughout treatment.
Common questions about sex

Can I pass the cancer on to my partner through having sex?

No. Cancer cannot be passed on through sex.

Will having sex make the cancer more likely to come back?

No. Having sex has no effect on the chances of your cancer coming back.

How long do physical side effects last?

This depends on which parts of your body have been affected. Nerve damage to the sex organs is long-term in most people.

Does my sexual orientation make any difference?

Many of the sexual issues that affect heterosexual people after being treated for cancer also affect people who are gay, lesbian, bisexual or transgender. Some people find it hard to ask for professional advice if they’re still coming to terms with their sexual orientation. You may also worry that healthcare staff will disapprove. If you find it difficult to talk to the professionals you know, there are advice lines that can put you in touch with people who can help (see page 45).
Can I masturbate?

Yes. Masturbating can be a good way of relaxing and getting to know your body during and after treatment. Masturbating does not cause cancer or make it grow.

Can I still have sex while I am having treatment?

Yes, although you may want to take things slowly. Radiotherapy will make you tired. Other treatments such as chemotherapy can increase your risk of infection and bleeding. You are especially vulnerable to infections for six months after a bone marrow transplant.

Women may get vaginal thrush infections during radiotherapy or chemotherapy. Symptoms of thrush include a creamy, white discharge and itchiness in the vaginal area that gets worse if you scratch it. Visit your GP to get some treatment for this. If you’ve had sexual contact, your partner may also need treatment for thrush.

What is the risk of HPV causing cancer?

Human papilloma virus (HPV) is a very common virus that can affect the cells of the cervix. It’s mainly passed on during sex.

Having sex at an early age and having several sexual partners can increase the risk of catching HPV, and therefore developing cervical cancer. But many women who have only had one sexual partner have HPV at some point in their life, and may go on to develop CIN or cervical cancer.

There’s more information about HPV and cancer on our website, or we can send you some if you call us on 0808 808 00 00.
Can I have oral sex?

You should avoid oral sex for five days after your last chemotherapy treatment.

If you or your partner have cuts or cold sores in your mouth, it’s best not to have oral sex until they are healed.

Can I have anal sex?

Yes. But you might be advised not to at some times during your treatment. This could be if blood tests show that your platelet count is low and there is a risk of bleeding. Or if your white blood cell count is low and you’re at risk of infection. Your doctor or nurse will monitor your blood results and tell you when they are back to normal.

Remember to change condoms if you have anal sex first and then want to have vaginal sex. This is important because it stops bacteria being transferred.

It’s best to use oil-based lubrication during anal sex to prevent friction or infection.

We have two longer booklets about cancer and sexuality, called Sexuality and cancer – information for men and Sexuality and cancer – information for women. They give more detailed information on how to cope with any effects on your sex life.
About our information

We provide expert, up-to-date information about cancer. And all our information is free for everyone.

Order what you need

You may want to order more leaflets or booklets like this one. Visit be.macmillan.org.uk or call us on 0808 808 00 00.

We have booklets on different cancer types, treatments and side effects. We also have information about work, financial issues, diet, life after cancer and information for carers, family and friends.

All of our information is also available online at macmillan.org.uk/cancerinformation

There you’ll also find videos featuring real-life stories from people affected by cancer, and information from health and social care professionals.

Other formats

We also provide information in different languages and formats, including:

• audiobooks
• Braille
• British Sign Language
• Easy Read booklets
• large print
• translations.

Find out more at macmillan.org.uk/otherformats
If you’d like us to produce information in a different format for you, email us at cancerinformationteam@macmillan.org.uk or call us on 0808 808 00 00.
Help us improve our information

We know that the people who use our information are the real experts. That’s why we always involve them in our work. If you’ve been affected by cancer, you can help us improve our information.

We give you the chance to comment on a variety of information including booklets, leaflets and fact sheets.

If you’d like to hear more about becoming a reviewer, email reviewing@macmillan.org.uk You can get involved from home whenever you like, and we don’t ask for any special skills – just an interest in our cancer information.
Other ways we can help you

At Macmillan, we know how a cancer diagnosis can affect everything, and we’re here to support you. No one should face cancer alone.

Talk to us
If you or someone you know is affected by cancer, talking about how you feel and sharing your concerns can really help.

Macmillan Support Line
Our free, confidential phone line is open Monday–Friday, 9am–8pm. Our cancer support specialists can:

• help with any medical questions you have about your cancer or treatment

• help you access benefits and give you financial advice

• be there to listen if you need someone to talk to

• tell you about services that can help you in your area.

Call us on 0808 808 00 00 or email us via our website, macmillan.org.uk/talktous

Information centres
Our information and support centres are based in hospitals, libraries and mobile centres. There, you can speak with someone face to face.

Visit one to get the information you need, or if you’d like a private chat, most centres have a room where you can speak with someone alone and in confidence.

Find your nearest centre at macmillan.org.uk/informationcentres or call us on 0808 808 00 00.
Talk to others

No one knows more about the impact cancer can have on your life than those who have been through it themselves. That’s why we help to bring people together in their communities and online.

Support groups
Whether you are someone living with cancer or a carer, we can help you find support in your local area, so you can speak face to face with people who understand. Find out about support groups in your area by calling us or by visiting macmillan.org.uk/selfhelpandsupport

Online community
Thousands of people use our online community to make friends, blog about their experiences and join groups to meet other people going through the same things. You can access it any time of day or night. Share your experiences, ask questions, or just read through people’s posts at macmillan.org.uk/community

The Macmillan healthcare team

Our nurses, doctors and other health and social care professionals give expert care and support to individuals and their families. Call us or ask your GP, consultant, district nurse or hospital ward sister if there are any Macmillan professionals near you.
Help with money worries

Having cancer can bring extra costs such as hospital parking, travel fares and higher heating bills. If you’ve been affected in this way, we can help.

Financial advice
Our financial guidance team can give you advice on mortgages, pensions, insurance, borrowing and savings.

Help accessing benefits
Our benefits advisers can offer advice and information on benefits, tax credits, grants and loans. They can help you work out what financial help you could be entitled to. They can also help you complete your forms and apply for benefits.

Macmillan Grants
Macmillan offers one-off payments to people with cancer. A grant can be for anything from heating bills or extra clothing to a much-needed break.

Call us on 0808 808 00 00 to speak to a financial guide or benefits adviser, or to find out more about Macmillan Grants. We can also tell you about benefits advisers in your area.

Visit macmillan.org.uk/financialsupport to find out more about how we can help you with your finances.

Help with work and cancer
Whether you’re an employee, a carer, an employer or are self-employed, we can provide support and information to help you manage cancer at work.

Visit macmillan.org.uk/work
Other useful organisations

There are lots of other organisations that can give you information or support.

**Emotional support**

**British Association for Counselling and Psychotherapy**
BACP House, 15 St John’s Business Park, Lutterworth, Leicestershire LE17 4HB
**Tel** 01455 883 300  
**Email** bacp@bacp.co.uk  
**www.bacp.co.uk**
Promotes awareness of counselling and signposts people to appropriate services. You can search for a qualified counsellor at itsgoodtotalk.org.uk

**College of Sexual and Relationship Therapists**
PO Box 13686, London SW20 9ZH
**Tel** 020 8543 2707  
**Email** info@cosrt.org.uk  
**www.cosrt.org.uk**
Leading UK membership organisation for therapists specialising in sexual and relationship issues. Has information on its website about sex and relationships, and a directory of therapists. Can help people find a therapist in their area.
The Institute of Psychosexual Medicine  
Building 3, Chiswick Park,  
566 Chiswick High Road,  
Chiswick,  
London W4 5YA  
Tel 020 7580 0631  
Email admin@ipm.org.uk  
www.ipm.org.uk  
Provides a comprehensive list of doctors throughout the country who are trained in psychosexual medicine and are able to accept referrals.

Relationships Scotland  
18 York Place,  
Edinburgh EH1 3EP  
Tel 0845 119 2020  
www.relationships-scotland.org.uk  
A Scottish charity created when Relate Scotland merged with Family Mediation Scotland. Provides sex and relationship therapy, relationship counselling and family support. Has a helpline and can suggest local services for young people.

Information on sex and relationships

Sexual Advice Association (formerly the Sexual Dysfunction Association)  
Suite 301, Emblem House,  
London Bridge Hospital,  
27 Tooley Street,  
London SE1 2PR  
Tel 020 7486 7262  
Email info@sexualadviceassociation.co.uk  
www.sexualadviceassociation.co.uk  
Charity aiming to help people improve their sexual health and well-being. Has a helpline and lots of information on their website.
Support for the LGBT community

The Lesbian and Gay Foundation
Number 5, Richmond Street, Manchester M1 3HF
Tel 0845 3 30 30 30
Email info@lgf.org.uk
www.lgf.org.uk
Charity offering services, resources and support to the lesbian, gay, bisexual and transgender community. Has a helpline and email advice service.

London Lesbian and Gay Switchboard
PO Box 7324, London N1 9QS
Tel 0300 330 0630 (Mon–Fri, 10am–11pm)
Email admin@llgs.org.uk
www.llgs.org.uk
Helpline providing advice, information and referrals for lesbian women and gay men, and their families and friends. Also offers instant messaging and email support, and online information on sexual health.

Support if you have a disability

Sex and Disability Helpline (Outsiders)
34 North End Road, London W14 OSH
Tel 0707 499 3527 (Mon–Fri, 11am–7pm)
Email sexdis@outsiders.org.uk
www.outsiders.org.uk
Outsiders is an online group for socially and physically disabled people, which aims to help them find partners. Part of the service is a sex and disability helpline, which offers confidential advice and information on sexual and personal relationships.
Disclaimer

We make every effort to ensure that the information we provide is accurate and up to date, but it should not be relied upon as a substitute for specialist professional advice tailored to your situation. So far as is permitted by law, Macmillan does not accept liability in relation to the use of any information contained in this publication, or third-party information or websites included or referred to in it.
Some photographs are of models.

Thanks

This booklet has been written, revised and edited by Macmillan Cancer Support’s Cancer Information Development team. It has been approved by one of our Senior Medical Editors, Dr Gill Levitt, Consultant Oncologist; and by our Chief Medical Editor, Dr Tim Iveson, Macmillan Consultant Medical Oncologist.

With thanks to: Vicky Britton, Teenage Cancer Trust Youth Support Co-ordinator; Dr Marco Gaudoin, Medical Director; Gavin Maynard-Wyatt, Teenage and Young Adults Lead Cancer Nurse; Louise Soanes, Teenage Cancer Trust Nurse Consultant for Adolescents and Young Adults; Abby Thomas, CLIC Sargeant Information Officer; and the people affected by cancer who reviewed this edition.

Sources

We’ve only listed a sample of the sources used in this publication below. If you’d like further information, please contact us at bookletfeedback@macmillan.org.uk

Can you do something to help?

We hope this booklet has been useful to you. It’s just one of our many publications that are available free to anyone affected by cancer. They’re produced by our cancer information specialists who, along with our nurses, benefits advisers, campaigners and volunteers, are part of the Macmillan team. When people are facing the toughest fight of their lives, we’re there to support them every step of the way.

We want to make sure no one has to go through cancer alone, so we need more people to help us. When the time is right for you, here are some ways in which you can become a part of our team.

**5 WAYS YOU CAN HELP SOMEONE WITH CANCER**

**Share your cancer experience**
Support people living with cancer by telling your story, online, in the media or face to face.

**Campaign for change**
We need your help to make sure everyone gets the right support. Take an action, big or small, for better cancer care.

**Help someone in your community**
A lift to an appointment. Help with the shopping. Or just a cup of tea and a chat. Could you lend a hand?

**Raise money**
Whatever you like doing you can raise money to help. Take part in one of our events or create your own.

**Give money**
Big or small, every penny helps. To make a one-off donation see over.

Call us to find out more

0300 1000 200
macmillan.org.uk/getinvolved
Please fill in your personal details

Mr/Mrs/Miss/Other
Name
Surname
Address

Postcode
Phone
Email

Please accept my gift of £
(Please delete as appropriate)
I enclose a cheque / postal order / Charity Voucher made payable to Macmillan Cancer Support

OR debit my:
Visa / MasterCard / CAF Charity Card / Switch / Maestro

Card number

Valid from

Expire date

Issue no

Security number

Signature

Date / / 

Don’t let the taxman keep your money

Do you pay tax? If so, your gift will be worth 25% more to us – at no extra cost to you. All you have to do is tick the box below, and the tax office will give 25p for every pound you give.

☐ I am a UK taxpayer and I would like Macmillan Cancer Support to treat all donations I have made for the four years prior to this year, and all donations I make in the future, as Gift Aid donations, until I notify you otherwise.

I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax in each tax year, that is at least equal to the tax that Charities & CASCs I donate to will reclaim on my gifts. I understand that other taxes such as VAT and Council Tax do not qualify and that Macmillan Cancer Support will reclaim 25p of tax on every £1 that I give.

Macmillan Cancer Support and our trading companies would like to hold your details in order to contact you about our fundraising, campaigning and services for people affected by cancer. If you would prefer us not to use your details in this way please tick this box. ☐

In order to carry out our work we may need to pass your details to agents or partners who act on our behalf.

If you’d rather donate online go to macmillan.org.uk/donate

Please cut out this form and return it in an envelope (no stamp required) to: Supporter Donations, Macmillan Cancer Support, FREEPOST LON15851, 89 Albert Embankment, London SE1 7UQ
More than one in three of us will get cancer. For most of us it will be the toughest fight we ever face. And the feelings of isolation and loneliness that so many people experience make it even harder. But you don’t have to go through it alone. The Macmillan team is with you every step of the way.

We are the nurses and therapists helping you through treatment. The experts on the end of the phone. The advisers telling you which benefits you’re entitled to. The volunteers giving you a hand with the everyday things. The campaigners improving cancer care. The community there for you online, any time. The supporters who make it all possible.

Together, we are all Macmillan Cancer Support.

For cancer support every step of the way, call Macmillan on 0808 808 00 00 (Mon–Fri, 9am–8pm) or visit macmillan.org.uk
