

Oral Abstract 23: Assessment of sexual health training and clinical practice in gynecologic oncology fellowship

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Topic

Quality of Life/Palliative Care

Objectives

Sexual health is an under-addressed component of gynecologic oncology care despite its significant impact on quality of life. Although most physicians recognize its importance, fewer than half routinely assess sexual health or initiate discussions. Gynecologic oncology patients are at particularly high risk for sexual dysfunction due to standard treatments. Given the critical role of training in shaping clinical practice, this study specifically evaluated gynecologic oncology fellows' knowledge, comfort, and clinical practices related to sexual health.

Methods

A cross-sectional survey distributed to gynecologic oncology fellows across the United States assessed demographics, prior sexual health training, clinical practices, comfort with discussions, and attitudes using the validated Sexual Attitudes and Beliefs Survey-Cancer (SABS-C). Responses were analyzed descriptively, with Likert-scale responses summarized as proportions.

Results

Thirty fellows (12%) responded to the survey. Although 83% agreed that discussing sexual health is part of their role, only 30% routinely assessed sexual function. Barriers included lack of training (33%), time constraints (30%), and limited referral options (20%). Formal training was reported by 48% in residency and 16% in fellowship, and 93% desired additional training. Overall, 70% felt comfortable addressing sexual health, with highest comfort in vaginal dryness and dyspareunia and lowest after pelvic exenteration. The mean SABS-C score was 38.83 (SD 3.85), indicating neutral-to-positive attitudes. 47% percent had referred patients to a specialist, and 30% expressed interest in doing so.

Conclusions

Gynecologic oncology fellows from all CREOG regions recognize the importance of addressing sexual health. Limited participation suggests variable comfort levels and inconsistencies in formal training. While both providers and patients may experience discomfort, most patients prefer clinicians to initiate these conversations. These findings highlight the need for structured educational interventions during fellowship to improve competency and better integrate sexual health into gynecologic oncology care.