Female sexuality is a multifactorial complex composed of several psychological, cultural, ethical, sexual, organic and neurological aspects. Oncologic treatment, especially to gynecological tumors, can cause sexual dysfunction in women.

This issue is often neglected by the multi-professional team, which is increasingly engaged in curing and treating the disease and forgetting other aspects that matter to the patient. It is noteworthy the limited number of studies about sexual dysfunctions and sequel in the sexual life of women with gynecological cancer in comparison to the number of papers about the overall quality of life.

**Introduction**
Gynecological tumors can cause sexual dysfunction in women due to anatomic alterations and chronic effects related to radiation and systemic therapy. This is often neglected by the multi-professional team, which is increasingly engaged in curing and treating the disease and forgetting other aspects that matter to the patient. It is noteworthy the limited number of studies about sexual dysfunctions and sequel in the sexual life of women with gynecological cancer.

**Difficulties**
One of them was the social context that the women were inserted: 1) low level of comprehension; 2) Lack of information provided by care providers; (gynecologists, doctors, nurses, and patients) before, during and after the treatment; 3) Most of them have had difficulty to answer simple questions and terms such as identification of symptoms, oral sex and orgasm.

**Objective**
To describe sexual behavior before the cancer-associated symptoms; 2) To evaluate the change in the sexual behavior after the cancer-associated symptoms; 3) To evaluate the sexual behavior of women before the treatment and throughout the time.

**Method**
This study is part of a Master’s dissertation that is being performed at the Barretos Cancer Hospital. This is a longitudinal observational study, with prospective data collection in a convenience sample. The study included 153 sexually active women (n=153) who attended the Department of Gynecology Oncology of the Barretos Cancer Hospital, from January 2016 to July 2017, with cervical or endometrial cancer diagnosis, submitted to a curative intent treatment. Participants answered a two surveys after the physician consultation, one with sociodemographic and clinical aspects, and the other with sexual behavior information. Assessments were carried on in the following moments: M1 (before treatment started), M2 (during radiotherapy), M3 (3 months after the end of treatment) and M4 (6 months after the end of treatment).

**Results**
✓ 153 participants;  
✓ Before symptoms, women frequently had vaginal sexual intercourse (most of them reported once a week), were sexually satisfied and reached vaginal orgasm about the half of the times;  
✓ Other sexual activities were reported less frequently: receptive oral sex (45%), active oral sex (45%), anal intercourse (20%) and masturbation (20%);  
✓ Condom use was uncommon in this group of women (less than 10%);  
✓ After the first disease symptoms, the importance of sexual intercourse and sexual activity were reduced;  
✓ The most significant impact on sexuality occurred during the radiation period (for those submitted to radiotherapy) and at three months after the end of treatment (for those who were not submitted to radiotherapy).

**Conclusions**
Treatment of cervical or endometrial cancer decreased women’s sexual interest and modified sexual behavior. The most significant impact on sexuality and quality of life was observed during radiotherapy.

**References**
Billodeau K, Bouchard L. The sexuality of Quebec women with cervical cancer. Looking for love despite radiotherapy’s trauma to their sexual body. Canadian Oncology Nursing Journal/Revue canadienne de soins infirmiers en oncologie. 2011;21(4):233-7