

## **Illusion of Inclusion: Exploring Asexual Exclusion in Research and Training**

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### **1. Background**

Asexuality is defined as a sexual orientation where individuals never or rarely experience sexual attraction. It is often referred to as “the invisible orientation” due to widespread lack of awareness, acceptance, and exclusion from training and research, even when the focus is sexual orientation and gender identity (SOGI). Patients report clinician disbelief of their identity and unnecessary referrals or procedures to “diagnose,” identify the “cause,” or even attempt to “cure” their asexuality. This exclusion can result in discrimination in healthcare settings and decreased trust in medical professionals. Asexual individuals are ten percent more likely to be offered or to undergo conversion therapy compared to people of other sexual orientations<sup>1</sup>. While not fully defined, asexual patients may have lower adherence to cancer screenings, such as pap smears.

### **2. Goals**

Establish a partnership between the Sidney Kimmel Comprehensive Cancer Center (SKCCC) at Jefferson’s Clinical Trials Office and the Office for Diversity, Equity, and Inclusion to provide education on asexuality to our cancer center community based on an assessment of existing educational opportunities. We anticipate that increased education and awareness will support positive healthcare interactions with individuals who identify as asexual and, may ultimately, increase their willingness to seek medical care and support trust in clinical recommendations including cancer clinical trials.

### **3. Solutions and Methods**

We reviewed:

- EMR sexual orientation identification options
- Jefferson’s existing mandatory SOGI education module
- The Welcome Packet for professionals seeking Affirming Clinician Certification

Based on these findings, we developed a training for SKCCC staff, faculty, and trainees highlighting asexual patient experiences, misconceptions about asexuality, and information about asexual patients regarding cancer screening and care.

### **4. Outcomes**

Review of Jefferson’s mandatory SOGI Training revealed that asexuality was excluded, despite our electronic medical record (EMR) including this option for self-identification. The Affirming Clinician Training Welcome Packet mentioned asexuality but provided little additional information, despite being intended to provide affirming care for LGBTQIA+ individuals. Some of the training materials used the acronym LGBTQIA+ when referencing information from studies without providing data on asexual individuals.

The live hybrid training included 50+ attendees. Post-meeting feedback was positive. A recording was shared with those unable to attend.

Once the Gender and Sexuality Program Enterprise Manager was made aware of the lack of asexual inclusion in the Affirming Clinician Training, the training developed was added to the Welcome Packet.

## **5. Learned and Future Directions**

Training on asexuality at SKCCC was nearly nonexistent prior to our efforts. We'd like to provide further training internally and collaborate with other cancer centers to explore asexual representation in their SOGI trainings.

During the creation of our training, we noted an illusion of inclusion created by increasing use of the acronym LGBTQIA+ in trainings and research, wherein asexuality was included only in the acronym. Further investigation is needed to gauge the extent of this problem.

Research on asexual patient experiences, outcomes in cancer screening and care, and inclusion in cancer clinical trials is needed to understand the needs of this patient population.