Addressing sexual health with survivors of pelvic cancers: Managing Symptoms and Distress in Gay Men with Prostate Cancer

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Prostate cancer treatment

<table>
<thead>
<tr>
<th>Treatments</th>
<th>Side-effects</th>
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<tbody>
<tr>
<td>Surgery</td>
<td>Urinary and sexual dysfunction</td>
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<tr>
<td>External beam radiation</td>
<td>Urinary and sexual dysfunction</td>
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<tr>
<td>Brachytherapy</td>
<td>Urinary and sexual dysfunction</td>
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<td>Hormone therapy</td>
<td>Loss of desire, sexual dysfunction, hot flashes, weight gain, cardiovascular complications, depression, etc.</td>
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<tr>
<td>Focal treatment</td>
<td>Urinary and sexual dysfunction</td>
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Depression

Anxiety

Fear of recurrence
Limited literature on GMPCa


UCONN study

• Focus groups with 36 gay men who did not have PCa
• Gay men disenfranchised by the emphasis on vaginal penetration in ED treatment and research.
• Younger gay men more interested in maintaining sexual function, older men more interested in survival
• Ejaculation is important to gay men – crucial to satisfying sex and maintaining relationships.
• Many men expressed reluctance to change sexual positioning in the face of sexual dysfunction after PCa tx

US/Canadian study – Latini & Hart

• Internet-based survey
• Target enrollment – 200 gay men living with PCa, specific targets by ethnicity and by PCa tx
• Guided by the illness intrusiveness framework
• 92 survivors & 15 partners enrolled
US/Canadian study (cont’d)

• Gay men (N=92) reported the following:
  • Significantly worse urinary function, bowel function, and hormonal function than the comparison sample
  • BETTER sexual functioning
  • Worse urinary, bowel, & hormonal bother
  • Significantly worse SF-36 mental composite but no differences in physical composite scores
  • Significantly greater fear of recurrence


Changes in sexual fx after tx

1. My desire for sex has decreased. My penis feels numb most of the time probably due to the androgen deprivation therapy and I have a very difficult time having an orgasm. Also, it feels funny when I have an orgasm, sometimes it would ache and hurt in the area of my prostate for several days after an orgasm.
   —Respondent 110, 58-year-old treated with external beam radiation and hormonal therapy

2. Due to surgery, much of the function has affected. The surgery removed seminal vesicles so no longer was able to ejaculate. I think it had a big impact on my self-confidence and very stressed, so often too uncomfortable and nervous to try to have sex. Also urine leakage is a problem that make sex a problem.
   —Respondent 574, 54-year-old treated with surgery
Changes in sexual fx after tx

3. I have been, or at least felt, less attractive sexually.
   —Respondent 557, 64-year-old treated with surgery

4. Since surgery, my ED means I need to discover other ways to have sex that I enjoy, and this takes time and patience. Being sexual receptive is good, but I don’t want to do that all the time. I really miss having ejaculation when I masturbate to orgasm, too.
   —Respondent 561, 60-year-old treated with surgery

5. Loss of libido, loss of erection, partner doesn’t know how to help—to be intimidated by my condition.
   —Respondent 545, 60-year-old treated with external beam radiation

6. Lack of energy in general. . . with the great decrease in the amount of semen ejaculated, orgasms do not have the same sensual qualities.
   —Respondent 537, 56-year-old treated with brachytherapy

Summary – What do we know about GMPCa?

• May be diagnosed at younger ages in our study and others, leaving a longer potential time to live with treatment-related side effects
• Reported significantly worse urinary and bowel function across studies.
• Sexual functioning and bother and hormonal functioning varied across studies.
• Clear patterns emerged around poorer ejaculatory functioning and greater bother in gay men. Ejaculatory bother is a big deal.
• Some men indicated in our study that sexual repositioning may be problematic, similar to UCONN study.

Practice implications

• GMPCa may be in even greater need of self-management programs that help manage post-treatment symptoms.
• First-line oral therapies for ED are less effective for men who wish to resume their role as the insertive partner during sex. More invasive methods may be necessary.
• Grief and loss work may be necessary to help GMPCa (and their partners) make peace with their changed sexual abilities and identity.
Creating a more welcoming practice

- Types of photos and posters in your waiting room
- Internal or institutional non-discrimination policy that includes sexual orientation and post the policy where it is visible
- Staff training on dealing with diversity in sexuality and other areas is available for free from the Gay/Lesbian Medical Association and Fenway Health Institute websites.
- Reread the wording on intake forms
- Be respectful and don’t ask questions to satisfy curiosity
- Ask about sexuality and sexual health, using inclusive, non-heterosexist language, and model language after the patients.
- Have gay-friendly community resources (e.g., support groups) at your fingertips or direct patients to Internet resources.

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