Male Sexuality and Cancer

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Objectives

- Recognize the sexual side effects of treatment for cancer in men
- Discuss treatment modalities for these problems
- Identify relationship issues secondary to sexual dysfunctions in the man treated for cancer
Cancer in men

1. Prostate
2. Colorectal
3. Hematologic
ED after radical prostatectomy

- 59.9% after 18 months
  - Non-nerve sparing 65.6%
  - Unilateral nerve sparing 58.6%
  - Bilateral nerve sparing 56%
- 41.9% regard this as moderate-large problem
- Use of erectile aids
  - 26.8% vacuum
  - 21.4% injections
  - 9.1% medication

Stanford et al., JAMA 2000;283: 354-360
### ED after prostatectomy

<table>
<thead>
<tr>
<th></th>
<th>Bilateral Nerve sparing</th>
<th>Unilateral nerve sparing</th>
<th>None</th>
<th>Age matched controls</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fair ability to have erection</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; 58 years</td>
<td>67%</td>
<td>26%</td>
<td>13%</td>
<td>90%</td>
</tr>
<tr>
<td>58-69 years</td>
<td>49%</td>
<td>30%</td>
<td>12%</td>
<td>73%</td>
</tr>
<tr>
<td>&gt;69 years</td>
<td>29%</td>
<td>20%</td>
<td>10%</td>
<td>67%</td>
</tr>
<tr>
<td><strong>Erection firm enough for SI</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; 58 years</td>
<td>60%</td>
<td>32%</td>
<td>31%</td>
<td>84%</td>
</tr>
<tr>
<td>58-69 years</td>
<td>40%</td>
<td>27%</td>
<td>5%</td>
<td>65%</td>
</tr>
<tr>
<td>&gt;69 years</td>
<td>31%</td>
<td>20%</td>
<td>10%</td>
<td>54%</td>
</tr>
</tbody>
</table>

Hollenbeck et al., Jnl Urology 2003;169:1453-1457)
ED after prostatectomy

- Normal erections pre-treatment
- Probability of normal erectile functioning after surgery 0.42 (95% CL: 0.400-0.433)

Robinson, Dufour & Fung, Cancer 1997;79:538-544
Contributing factors

- Diagnosis of prostate cancer
  - 20% noted significant decrease in sexual activity
  - 15% noted significant decrease in interest
  - 12% noted significant decrease in pleasure
  - 10% experienced erectile difficulty
    Incrocci et al., Jnl Sex & Marital Therapy 2001; 27: 353-363

- Incontinence
  - 10% of men reported incontinence associated with sexual activity (arousal or orgasm)
    Palmer et al., ONF 2003;30:229-238

- Penile shrinkage
  - 70% of men will note decrease in length but reduction in girth also common
Treatment of surgery related ED

- Penile rehabilitation
- Viagra
  - 43% response
  - 80% response in <55 yrs with bilateral nerve sparing, 44% with unilateral
- MUSE
  - 30-40% effective but 50% have pain
- Injection
  - 90% effective after nerve sparing surgery; 66% after non-nerve sparing
- Vacuum
  - 84% effective but low satisfaction
- Implant
  - High satisfaction but very expensive, invasive
ED after radiation therapy

- Probability of normal erectile functioning after 0.69 (95% CL: 0.661-0.709)
  
  Robinson, Dufour & Fung, Cancer 1997;79:538-544

- Erectile functioning declines after 12 months but reaches plateau at 24 months
  - At 12 months, 62% of men who were functional before had no ED; declines to 41% at 24 months
    
    Turner et al., Urology 1999;54:124-129

- Bowel dysfunction related to sexual function
  - Decreased sexual intimacy, marital affection and masculine self esteem

  Clark et al., J Clinical Oncolgy 2003; 21: 377703784
Treatment of ED related to radiation therapy

- **Viagra**
  - 71% positive response to sildenafil after 24.6 months
    Kedia et al., Urology 1999;54:308-312
  - 55% positive response after 39 months
    Incorcci, Hop & Slob, Urology 2003;62:116-120

- **Injections and implants also successful**
ED related to ADT

- 91% of elderly men will have ED after treatment
  Helgason et al., Jnl of Urology 1997;158:155-159

- Among men with some interest at baseline, 54% reported no interest at 1 year

- Among men with erections at baseline, 80% had ED after 1 year
  Postosky et al., Jnl of Nat Cancer Inst 2002;94:430-437

- Non-steroidal antiandrogens may have better sexual side effect profile but are usually used in conjunction with LHRH agonists
## Sexual side effects of all treatments

<table>
<thead>
<tr>
<th></th>
<th>ADT n=167</th>
<th>RP n=351</th>
<th>RT n=75</th>
<th>Active surveillance n=106</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adequate sexual function</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post treatment</td>
<td>21.1%</td>
<td>10.3%</td>
<td>34%</td>
<td>22.6%</td>
</tr>
<tr>
<td>1 year</td>
<td>11.7%</td>
<td>21.6%</td>
<td>34%</td>
<td>25.4%</td>
</tr>
<tr>
<td><strong>Sexual bother</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post treatment</td>
<td>45.6%</td>
<td>33.3%</td>
<td>46.1%</td>
<td>55.8%</td>
</tr>
<tr>
<td>1 year</td>
<td>41.5%</td>
<td>36.7%</td>
<td>42.1%</td>
<td>47.3%</td>
</tr>
</tbody>
</table>
Sexual side effects of treatment for colorectal cancer

- Surgical side effects similar to those of radical prostatectomy and radiation therapy
- Body image issues related to stoma and bag (bag leaking or breaking etc)
- Partner fears may play a role
- Treatment protocol follows that of PCa
Sexuality after bone marrow/stem cell transplant

- Hormonal changes
  - Testosterone
- Physical changes
  - Graft vs. host disease
  - Erectile difficulties
- Emotional changes
  - Fear of recurrence
  - Trade-offs (life vs sex)
Treatment of sexuality problems after transplant

- **Hormonal changes**
  - Testosterone supplementation +/- treatment of prolactinemia

- **Physical changes**
  - PDE5 inhibitors
  - Sexuality counseling

- **Emotional changes**
  - Psycho-social support
  - Treatment of depression
Relationship issues

- Cessation of touching
- Lack of communication between partners
- Loneliness and isolation
Questions and comments....

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