

ORIGINAL RESEARCH

Impact of Prostate Cancer Treatment on the Sexual Quality of Life for Men-Who-Have-Sex-with-Men

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ABSTRACT

Introduction. With earlier prostate cancer (PCa) diagnosis and an increased focus on survivorship, post-treatment sexual quality of life (QoL) has become increasingly important. Research and validated instruments for sexual QoL assessment based on heterosexual samples have limited applicability for men-who-have-sex-with-men (MSM).

Aim. We aimed to create a validated instrument for assessing sexual needs and concerns of MSM post-PCa treatment. Here we explore post-PCa treatment sexual concerns for a sample of MSM, as the first part of this multi-phase project.

Methods. Individual semi-structured interviews were conducted with 16 MSM face-to-face or via Internet-based video conferencing. Participants were asked open-ended questions about their experiences of sexual QoL following PCa. Interviews were recorded, transcribed verbatim, uploaded to NVivo 8TM, and analyzed using qualitative methodology.

Main Outcome Measure. We have conducted semi-structure qualitative interviews on 16 MSM who were treated for PCa. Focus was on post-treatment sexual concerns.

Results. The following themes were inductively derived: (i) erectile, urinary, ejaculation, and orgasmic dysfunctions; (ii) challenges to intimate relationships; and (iii) lack of MSM-specific oncological and psychosocial support for PCa survivorship. Sexual practices pre-treatment ranked in order of frequency were masturbation, oral sex, and anal sex, an ordering that prevailed post-treatment. Sexual QoL decreased with erectile, urinary, and ejaculation dysfunctions. Post-treatment orgasms were compromised. Some single men and men in non-monogamous relationships reported a loss of confidence or difficulty meeting other men post-treatment. Limited access to targeted oncological and psychosocial supports posed difficulties in coping with PCa for MSM.

Conclusions. The negative impact on sexual QoL can be severe for MSM and requires targeted attention. Penile-vaginal intercourse and erectile function have been the primary focus of sexual research and rehabilitation for men with PCa, and do not adequately reflect the sexual practices of MSM. Our findings suggest that future research dedicated to MSM with PCa is needed to incorporate their sexual practices and preferences specifically into treatment decisions, and that targeted oncological and psychosocial support services are also warranted. **Lee TK, Handy AB, Kwan W, Oliffe JL, Brotto LA, Wassersug RJ, and Dowsett GW. The impact of prostate cancer treatment on the sexual quality of life for men-who-have-sex-with-men. J Sex Med 2015;12:2378–2386.**

Key Words. Prostate Cancer; Quality of Life; Sexual Dysfunction; Survivorship; Qualitative Study; Gay Men; Men-Who-Have-Ssex-with-Men; Homosexual

Introduction

According to the Surveillance, Epidemiology, and End Results (SEER) program of the National Cancer Institute (NCI), the estimated incidence of new prostate cancer (PCa) cases in the United States will be over 220,000 in 2015, with a prevalence of approximately 2,800,000 in 2012 [1]. Assuming 5% of the male population are men-who-have-sex-with-men (MSM), this translates to a possible incidence of over 11,000 and prevalence of 140,000. However, there are barriers in accessing healthcare for MSM including the fear of discrimination upon disclosure on the part of patients and perceived discomfort on the part of healthcare professionals [2]. Increasing awareness of this population in both society at large and medical community has resulted in growing research on the health of MSM. However, compared with heterosexual PCa populations [3,4], few studies have addressed sexual quality of life (QoL) among MSM PCa patients post-treatment. Only recently has evidence emerged showing that the impact on sexual QoL from PCa treatment can be more severe for MSM than for heterosexual PCa patients [5,6]. For example, many MSM may not be able to perform their usual sexual role after PCa treatment, such as being the insertive partner in anal intercourse. Inability to ejaculate may also represent a more severe distress for MSM than for heterosexual men [6].

A challenge to QoL research in MSM who experience PCa is the lack of tailored and validated questionnaires. Two of the more commonly used and comprehensive questionnaires for PCa and male sexual function are the Expanded Prostate Cancer Index Composite and Male Sexual Health Questionnaire [7,8]. The majority of the participants during the development phases of those questionnaires were heterosexual, thus limiting their validity in the MSM population [9–11]. The International Index of Erectile Function (IIEF) has recently been modified to IIEF-MSM for the HIV-positive MSM subpopulation [12]. It contains questions on erectile function during insertive and receptive anal intercourse. However, it has not been validated for use with PCa patients, who might suffer from post-PCa treatment sexual side effects. Furthermore, it focuses solely on penile function without including other pertinent sexual practices such as oral sex and mutual masturbation.

In light of these limitations, we planned a four-phase project to inductively derive, pilot test, and

validate a sexual QoL assessment tool for MSM following PCa treatment. Reported here are the findings from phase 1, which involved semi-structured qualitative interviews with a sample of MSM. Future phases will focus on questionnaire prototype generation, pilot testing, and validation of the tool.

Methods

Procedures

Ethics approval was obtained from the Research Ethics Boards of British Columbia Cancer Agency and University of British Columbia. Local family physicians, nurses, health center representatives, and oncologists were included in the initial planning to help raise awareness of the study and facilitate recruitment. Professionally designed posters, study brochures, and business cards were displayed in public locations, including clinics tailored to the MSM population and major socio-political events for MSM, such as Pride Event. Online advertisements were posted on Facebook™ and Craigslist™. Potential participants were invited to contact the research coordinator via telephone or email, during which respondents were provided additional details about the study and evaluated for eligibility.

Eligibility criteria included being 75 years of age or under, a history of having sex with men, and a history of non-metastatic PCa treated with curative intent, which included radical prostatectomy, external beam radiation, and brachytherapy, with or without hormone therapy. The median age of PCa at diagnosis is 66 [1]. Therefore, in selecting a cutoff of 75 years old, we hoped to include about 50% of the sample within 10 years of their PCa treatment. We included participants regardless of whether or not they were currently sexually active as we were interested in exploring the impact of PCa and PCa treatments on sexual activity and experiences.

Eligible MSM were invited to participate. After informed consent was obtained, at a mutually agreed time one-on-one semi-structured qualitative interviews of 45–60 minutes were conducted and digitally recorded during either face-to-face ($n = 14$) or via internet-based video conferencing ($n = 2$) by the second author, a woman with previous expertise in sex research. Field notes were taken by the interviewer to document facial expressions and the body language of participants. Each participant received a nominal honorarium to acknowledge their time and contribution to the

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