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Sexuality After Cancer: A Model for Male Survivors

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ABSTRACT

Introduction: For men with cancer, sexual dysfunction is a common issue and has a negative impact on quality of life, regardless of whether he has a partner. In general, sexuality encompasses much more than intercourse; it involves body image, identity, romantic and sexual attraction, and sexual thoughts and fantasies.

Aim: Acknowledging that cancer affects multiple physical and psychosocial domains in patients, the authors propose that such changes also inform sexual function for the male survivor.

Methods: An in-depth review of the literature describing alterations to sexual functioning in men with cancer was undertaken. Based on this and the clinical expertise of the authors, a new model was created and is presented.

Results: This biopsychosocial model is intended to expand the understanding of male sexuality beyond a purely biomedical model that addresses dysfunction as distinct from the context of a man's life and sexual identity.

Conclusion: Most data on sexual dysfunction in men with cancer are derived from those with a history of prostate cancer, although other data suggest that men with other types of malignancies are similarly affected. Unfortunately, male sexuality is often reduced to aspects of erection and performance. Acknowledging that cancer affects multiple physical and psychosocial domains in patients, the authors propose that such changes also inform sexual function for the male survivor. This biopsychosocial model might form the basis for interventions for sexual problems after cancer that includes a man and his partner as a complex whole.

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Key Words: Cancer; Sexuality; Males; Sexual Dysfunction

INTRODUCTION

Sexual dysfunction is a common concern for men diagnosed with cancer. This was shown in a 2009 needs assessment survey performed to inform the benefit of a sexual health clinic in a major cancer center in the United States.[1,2] Of male respondents, 49% and 30% reported the onset of erectile dysfunction (ED) and orgasmic and ejaculatory concerns, respectively, after their cancer was diagnosed. In addition, 60% reported continued sexual activity, which was decreased from a self-recalled sexual activity rate of 80% before cancer.

A general perception of sexuality is usually simplistically characterized as a state of arousal vs a state of non-arousal. However, this perspective leaves out other contributions to sexual health, including the biopsychosocial and relational aspects. For men with cancer, sexual functioning can be affected by the index diagnosis and by all treatments for cancer (surgery, radiation, chemotherapy). Immunotherapy also might play a role, although evidence is scant. The sexual side effects of treatment for cancer are dependent in part on the organ(s) affected and the treatment modality.

SEXUAL COMPLAINTS IN MEN WITH CANCER

Much of the current understanding on the interplay between cancer and sexual health in men derives from research in men with prostate cancer, and in this population, the incidence of sexual dysfunction is high and varies by treatment (Table 1).[3–9] However, reports of sexual dysfunction are not limited to men diagnosed with a genitourinary cancer. For example, men treated for leukemia develop sexual dysfunction. This was most notably shown in a study of adolescent and young adult cancer survivors (mean = 16 years since the index diagnosis of cancer), 62% of whom had a hematologic malignancy.[10]

In general, common problems can be related to each phase of the male sexual response cycle, from libido to orgasm. The following section describes some of these issues. However, it is important for the reader to recognize that functional sexual recovery is dependent on many factors, including age, pretreatment

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Table 1. Frequency Of Sexual Problems in Common Cancers for Men

Type of cancer	Sexual problem	Treatment	Frequency, %	Reference
Prostate	ED	RRP	27–77	Mulhall,[3] 2009
	ED	Radiation	24–59	van der Wielen et al,[4] 2007
	Loss of penile length	RRP	47	Frey et al,[5] 2014
	Penile curvature	RRP	10	
	Sensory changes	RRP	25	
	Anorgasmia	RRP	5	
	Decreased orgasm intensity	RRP	60	
	Delayed orgasm	RRP	57	
	Climacturia (orgasm-associated incontinence)	RRP	28.3	O'Neil et al,[6] 2014
	Climacturia (orgasm-associated incontinence)	EBRT	5.2	
Testicular	Overall sexual problems	All treatments	38.8 overall	Dahl et al,[7] 2007
Anal and rectal	Overall sexual dysfunction	Surgery + Preoperative radiation	76.4	Lange et al,[8] 2009
	ED		79.8	
	Ejaculatory disorders		72.2	
Penile	Genital sensitivity	Wide local excision	62.5	Sedigh et al,[9] 2015
	Ejaculation		100	

EBRT = external beam radiation therapy; ED = erectile dysfunction; RRP = radical retropubic prostatectomy.

erectile functioning, comorbidities, and medications. Although some men seek medical attention for sexual dysfunction, others do not and prefer to hope that things will return to normal without intervention. In one study, 35% of men who were offered alternatives to oral medications to treat ED rejected other options and stated they would rather wait for things to improve.[11]

Loss of Libido

Loss of the desire for sexual encounters or intercourse is common in men treated for cancer and is perhaps best characterized in men with prostate cancer who are treated using androgen deprivation therapy (ADT),[12] with more than 95% of men on ADT reporting subjective abnormal desire.[13] However, loss of libido also is commonly reported in survivors of Hodgkin lymphoma, with 41.4% of men reporting this side effect.[14] Loss of libido also is seen in men with hematologic cancers, as is ED related to nerve damage from chemotherapeutic agents, total body radiation, and graft-vs-host disease after bone marrow or stem cell transplantation.[15–17] Loss of libido rarely is an isolated complaint and can be associated with fatigue and general malaise; in addition, it can manifest as a "de-prioritization" of sexual activity, particularly in men with significant treatment-related morbidity.[18]

Erectile Dysfunction

The ability to have an erection that allows for penetrative intercourse is important for many men and it is seen as part of masculine self-image. Despite assurances from their partner, ED is associated with sexual bother owing to changes in usual sexual functioning, and for many men, it is experienced as a profound loss.[19] For example, in one study of men with localized prostate cancer, one third of men believed that they had lost an important aspect of their masculinity after treatment and this was a significant predictor of sexual bother.[20] Men might not recognize this loss consciously; however, it might affect their partner who recognizes this and the resultant changes in behavior.[21]

In men treated for prostate cancer, ED has been reported in up to 77% of men after radical prostatectomy and up to 60% of those treated with radiation therapy.[4,22] Of note, ED after radiotherapy tends to occur late, with onset 1 to 2 years after treatment as opposed to being an almost immediate sequela after surgery. For men with advanced prostate cancer or those who experience a recurrence, ADT results in a profound impact on erections.[12] In addition, surgical removal of the bladder results in erectile and orgasmic problems similar to those after radical prostatectomy[23]; nerve-sparing techniques could preserve erectile functioning.[24]

ED has been reported in other populations, including men who have been treated for anal or rectal cancer[25,26] and testicular cancer.[27] Although rare, men with a penile cancer can be treated with less invasive therapies such as laser or brachytherapy with less effect on sexuality.[28] However, if penectomy, partial or complete, is required, sexual side effects will be more serious and

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