Sexuality and Prostate Cancer

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I have no relevant financial relationships with members of the pharmaceutical industry or medical supply companies.
DISCLAIMER

This presentation is intended for educational purposes only and is not a substitute for medical advice.

Please consult your physician or healthcare provider if you have any questions regarding the treatment of medical conditions and before making any changes to your current treatment plan.
OBJECTIVES

To discuss the following:

• What is sexuality?

• What are common changes in sexuality that may occur after prostate cancer?

• How can altered sexuality and altered sexual function be managed?

• Q&A
“...a central aspect of being human throughout life encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors.” (WHO, 2006a)

www.who.int/reproductivehealth/topics/sexual_health/sh_definitions/en/
WHAT IS SEXUAL SATISFACTION?

www.nerve.com/love-sex/what-we-mean-when-we-say-sexual-satisfaction
SEXUALITY ACROSS THE ILLNESS TRAJECTORY

→ At diagnosis

→ During treatment (surgery, chemo, radiation, hormone therapy)

→ Recovery & survivorship

→ During advanced disease and at end-of-life
PROSTATE CANCER AND SEXUALITY

• Watchful waiting/surveillance
• Surgery
• Radiation therapy
• Hormone therapy
• Combination
• Supportive care

www.cancer.gov/types/prostate/hp/prostate-treatment-pdq
1. Clinicians should discuss post-op ED (temporary or permanent)
2. Validated instruments for assessing erectile function recovery are available to monitor erectile function recovery
3. There is insufficient evidence that a specific surgical technique (open vs laparoscopic vs robot assisted RP) promotes better results in post-op EF recovery
4. Predictors of EF recovery (not limited to):
   1. Younger age
   2. Pre-op EF
5. Patients should be informed about the key elements of pathophysiology of post-op ED (such as nerve injury and cavernous venous leak)
6. Recovery of post-op EF can take several years
7. Conflicting data as to whether penile rehab with PDE5i improves recovery of spontaneous erections
8. Data are inadequate to support any specific regimen as optimal for penile rehab
9. Men undergoing RP (any technique) are at risk of sexual changes other than ED (including decreased libido, changes in orgasm, anejaculation, Peyronie-like disease, changes in penile size)

SURGERY FOR PROSTATE CANCER

- Radical prostatectomy (RP)
  - Open RP (ORP)
  - Robot-assisted/laparoscopic RP (RARP/RALP)

- Orchietectomy

- Transurethral resection of the prostate (TURP)

www.mayoclinic.org/tests-procedures/turp/details/what-you-can-expect/rec-20211838
www.ucdmc.ucdavis.edu/urology/specialties/robotic_surgery/prostatectomy.html
RADIATION FOR PROSTATE CANCER

External beam
Brachytherapy
Combination

www.mayoclinic.org/tests-procedures/prostate-brachytherapy/home/ovc-20271519
www.mayoclinic.org/tests-procedures/external-beam-radiation-for-prostate-cancer/home/ovc-20204694
PROTON THERAPY VS PHOTON THERAPY

How is proton beam therapy different from intensity-modulated radiation therapy (IMRT)?

<table>
<thead>
<tr>
<th>IMRT</th>
<th>Proton beam therapy</th>
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<tbody>
<tr>
<td>IMRT uses multiple x-ray beams to deliver radiation to the prostate.</td>
<td>Proton beam therapy uses 2 beams of protons. Each beam stops just beyond the prostate.</td>
</tr>
</tbody>
</table>

Proton Therapy Achieves Better Conformation to the Tumor and Minimizes the Dose to Healthy Tissue

www.praxis-margareten.at/2013/proton-therapy/
http://jamanetwork.com/data/Journals/JAMA/929972/jpg140007fa.png
HORMONE THERAPY
FOR PROSTATE CANCER

Achieved by:
• ↓ androgen production by the testes
• Blocking the action of androgens in the body
• Blocking the production of androgens throughout the body

www.cancer.gov/types/prostate/prostate-hormone-therapy-fact-sheet
CHANGES IN SEXUAL FUNCTION
CHANGES IN ERECTILE FUNCTION

- Difficulty achieving erections
- Difficulty maintaining erections
- Insufficient firmness for penetrative intercourse (vaginal or anal)
- Loss of spontaneous erections
  Loss of nocturnal/early morning erections

MECHANISMS OF ERECTILE DYSFUNCTION

- Neurogenic
- Vasculogenic:
- Hormonal
- Anatomic (cavernosal)/musculogenic
- Psychogenic
- Combination of any or all of the above

www.amherst.edu/academiclife/departments/psychology
CHANGES IN EJACULATION

- Delayed or premature ejaculation
- Little or no ejaculate (‘anejaculation’)
- Urine leakage during ejaculation (‘climacturia’)
- Pain with ejaculation (‘dysejaculation’)

CHANGES IN ORGASM

• Changes in orgasmic sensation
  • Decreased intensity
  • Increased intensity

• Painful orgasm (‘dysorgasmia’)

• Loss of orgasm (‘anorgasmia’)

IT'S DONE WONDERS FOR MY SELF-ESTEEM.
CHANGES IN FERTILITY

Fertility preservation:

- semen collected for freezing
- can be stored and used at a later date
- *Collection needs to happen before treatment starts*

FERTILITY PRESERVATION

• If possible, talk to your health care team before treatment about effects on fertility and options

• If desired, request a referral to a fertility preservation specialist

Financial assistance for fertility preservation:
Generations of Hope
(P: 403-2849103; Email: info@generationsofhope.ca)

Fertile Future
(1-877-HOPE-066; fertilefuture.ca)
RELATIONSHIP CHANGES

www.healthtalk.umn.edu/2016/09/08/gay-prostate-cancer-patients/
http://lgbtcancer.org/
PARTNERS

May feel:

• Fearful of causing pain/discomfort during sexual activity

• Unwanted/unattractive/rejected due to decreased sexual activity

• A change in role from partner to caregiver

• Worried about loss of partner

Albaugh et al. 2017. BMC Urology. 17:45
Taylor. 2015. Sex Disabil. 33: 365-374
POTENTIAL CHALLENGES FOR GAY, BISEXUAL AND MEN WHO HAVE SEX WITH MEN

- Prostate as site of sexual pleasure during receptive anal sex
- Loss of ejaculate, inability to participate in semen exchange
- Rectal irritation or pain → painful receptive anal sex
- Inadequate penile rigidity for insertive anal sex
- Change in sexual roles (top, bottom)
- Absence of erection
- Change in penile size

www.prostate.org.au/media/246182/3_side-effects.pdf
Most transgender women will still have a prostate

Feminizing hormone therapy may include estrogen as well as anti-androgen and/or alpha reductase inhibitor therapies
- Prostate is androgen-deprived
- PSA not a reliable indicator for prostate pathology

Risk of prostate cancer is thought to be low but not zero

SEXUALITY IN ADVANCED DISEASE AND AT END-OF-LIFE

Research has found that:
- The importance that people place on sexuality does not change at EOL but the expression of sexuality may change as disease advances
- Sexuality is a key component of quality of life for many people

Barriers to maintaining sexuality:
- Lack of privacy, shared rooms
- Uninviting space
- Intrusion of staff
- Single beds
- Equipment: oxygen, IV tubing, feeding tubes

CONSIDERATIONS AT EOL

Symptoms

- Pain
- Dyspnea
- Fatigue/weakness
- Nausea/vomiting
- Dry mouth (xerostomia)
- Cognitive changes

INTERVENTIONS

Biopsychosocial Model for Sexual Health

Thomas & Thurston. 2016. Maturitas, 87: 49-60
INTERVENTIONS

- Partner/person
  - self-awareness
  - communication
  - adaptability

- Psychology/counseling

- Non invasive assistive devices

- Medical interventions
  - Medications, assistive devices, injection therapy, implants
  - Referrals to urology, gynecology, endocrinology, pelvic flood physio, others
THINGS TO THINK ABOUT WHEN TRYING INTERVENTIONS

- Acknowledge the change/loss of sexual function → grieving process
- Be aware of potential failure of strategies
- Consider sexual activity despite low libido
- Consider flexibility in sexual practices
- Work with erections of reduced quality
- Persistence; don’t give up!

COMMUNICATION

- Talk openly with your partner about your feelings (emotional and physical)
- Be concerned about how your partner feels
- Plan ahead (may lessen fatigue/pain)
- Take it slow
- Be patient

http://renewintimacy.org/counseling.aspx
Table 2: Questions to Promote Couples’ Communication about Sexual Renegotiation (Wassersug, Walker & Robinson, 2014, p. 107)

<table>
<thead>
<tr>
<th>Questions</th>
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<tbody>
<tr>
<td>The patient may want to ask the partner:</td>
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<tr>
<td>· What should we do when you get aroused and I don’t?</td>
</tr>
<tr>
<td>· Is it okay if I bring you to orgasm through touching or oral caressing</td>
</tr>
<tr>
<td>even though I no longer have full erections?</td>
</tr>
<tr>
<td>· How do you feel about me using or exploring ED treatments and/or sex</td>
</tr>
<tr>
<td>toys?</td>
</tr>
<tr>
<td>The partner may want to ask the patient:</td>
</tr>
<tr>
<td>· Do you still enjoy me touching you even though you don’t get fully</td>
</tr>
<tr>
<td>sexually aroused?</td>
</tr>
<tr>
<td>· What kinds of touching do you most enjoy now?</td>
</tr>
<tr>
<td>Each may ask each other:</td>
</tr>
<tr>
<td>· Are you comfortable with one of us reaching orgasm even if the other</td>
</tr>
<tr>
<td>does not?</td>
</tr>
<tr>
<td>· How do you feel about us touching, caressing, and cuddling without</td>
</tr>
<tr>
<td>either of us reaching or attempting to reach orgasm?</td>
</tr>
<tr>
<td>· What do you think about us acquiring a sex toy to use in our sex play?</td>
</tr>
</tbody>
</table>

Walker et al. 2014. CONJ, 24(4): 256-263
IMPROVING INTIMACY

- Intimacy:
  - Emotional, sensual, sexual

- Sensual activities

- Non-intercourse sexual activities, ‘outercourse’ or ‘othercourse’, very erotic non-insertive sex (VENIS)

- Special exercises: sensate focus

Albaugh et al. BMC Urology (2017) 17:45
Cialis.com
www.hotoctopuss.com/the-ultimate-guide-to-outercourse/
IMPROVING DESIRE

• Awareness of responsive desire (vs spontaneous)
• Counseling
• Mindfulness-based medication
• If on ADT, possible intermittent dosing (if non-metastatic disease)

Nguyen et al. 2015. European Urology, 67, 825–836
Assess reason(s) for erectile difficulty

Potential strategies to assist with EF:
- Medications: PDE5 inhibitors, alprostadil cream
- External penile prosthesis
- Elator
- Constriction ring
- Vacuum erection device (VED)
- Penile injections
- Penile implant

http://urology.ucla.edu/dealing-with-erectile-dysfunction
EXTERNAL AIDS FOR ERECTILE FUNCTION

www.theelator.com/photosandvideos
PDE5 INHIBITORS

- sildenafil, vardenafil, tadalafil

- PDE5i → cause smooth muscle relaxation and increased blood flow into the penis

- As needed/on-demand or daily dosing

www.cialismd.com/mechanism-of-action.html
ALPROSTADIL CREAM

- Topical transdermal alprostadil cream
- Applied to tip and head of penis prior to sexual activity
- May cause penile pain and redness
- Considered 2nd line for ED

Anaissie & Hellstrom. 2016. Research and Reports in Urology :8 123–131
https://pdf.hres.ca/dpd_pm/00029108.PDF
OTHER OPTIONS FOR ERECTILE DYSFUNCTION

• Intracavernosal injection (ICI) therapy

• Transurethral therapy
  medicated urethral system for erection [MUSE]

www.mskcc.org/cancer-care/patient-education/penile-injection-therapy
www.muserx.com/hcc/about-muse/how-to-use-muse.aspx
OTHER OPTIONS FOR ERECTILE DYSFUNCTION

- Vacuum devices

- Penile implants

www.harvardprostateknowledge.org/treating-erectile-dysfunction-with-penile-implants
MANAGING EJACULATORY CHANGES

Lack of ejaculate
- awareness
- discussion with partner

Climacturia
- Empty bladder before sexual activity
- Avoid caffeine, alcohol, etc.
- Constriction ring
- Condom
- Pelvic floor physio

Painful ejaculation – will discuss on slide about orgasm

Mehta et al. 2012. BJU International. 111: 500-504
ORGASM

Limited studies done on orgasmic dysfunction after prostate cancer

Possible strategies:

- Psychotherapy: counseling, mindfulness
- Penile vibratory stimulation (PVS)
- Medication: pain medication, tamsulosin, cabergoline

ClinicalTrials.gov
A service of the U.S. National Institutes of Health

Viberec Penile Vibratory Stimulation to Enhance Recovery of Erectile Function and Urinary Continence Post-Prostatectomy

This study is currently recruiting participants.

ClinicalTrials.gov Identifier:
NCT01718704
First received: October 24, 2012
Last updated: September 20, 2016
Last verified: September 2016
History of Changes

Sponsor:
Johns Hopkins University

Information provided by (Responsible Party):
Johns Hopkins University

Full Text View Tabular View No Study Results Posted

https://clinicaltrials.gov/ct2/show/NCT01718704
TESTOSTERONE REPLACEMENT AFTER PROSTATE CANCER

• *Talk to your doctor*

• Injections, patches (Androderm®), gel (Androgel®), topical underarm solution (Axiron®)

www.harvardprostateknowledge.org/testosterone-supplementation-after-prostate-cancer
Testosterone Therapy in Men With Prostate Cancer

Alan L. Kaplana,*, Jim C. Hu, Abraham Morgentalerc, John P. Mulhald, Claude C. Schulman, and Francesco Montorsif

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bDepartment of Urology, Weill Cornell Medical College, New York, NY, USA
cMen's Health Boston, Harvard Medical School, Boston, MA, USA
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eDepartment of Urology, Erasme Hospital, Brussels, Belgium
fDepartment of Urology, Universita Vita-Salute San Raffaele, Milan, Italy

Conclusions—An improved understanding of the negative effects of testosterone deficiency on health and health-related quality of life—and the ability of testosterone therapy to mitigate these effects—has triggered a re-evaluation of the role testosterone plays in prostate cancer. An important paradigm shift has occurred within the field, in which testosterone therapy may now be regarded as a viable option for selected men with prostate cancer suffering from testosterone deficiency.
HERBAL OR ‘NATURAL’ PRODUCTS

About Herbs, Botanicals & Other Products
**LUBRICANTS**

<table>
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<tr>
<th>Lubricants</th>
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<tr>
<td>Available in gels or liquids</td>
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<tr>
<td>Applied in/around the genitals (partner too) prior to sexual activity. May need to be replaced during sexual activity.</td>
</tr>
<tr>
<td>Used to minimize dryness and pain during sexual activity and pelvic exams</td>
</tr>
<tr>
<td>Water and silicone based recommended; water based wash away more easily</td>
</tr>
<tr>
<td>Used immediately before and during sexual activity</td>
</tr>
<tr>
<td>Examples: Good Clean Love®, Liquid Silk®, KY®, Gun Oil®, O’My™</td>
</tr>
</tbody>
</table>

LUBRICANTS: EXAMPLES

https://goodcleanlove.com/product-category/personal-lubricants/
liquid.silk.com
http://sliquid.com/
www.yesyesyes.org/
www.gunoil.com
VIBRATORS

www.lelo.com
we-vibe.com
www.ohmibod.com
www.hotoctopuss.com/pulse-iii/

OhMiBod
FEEL THE MUSIC
RESOURCES

OASIS Clinic at TBCC

PCCN, Prostaid

Prostate Cancer Centre Calgary → Workshops on ADT, Intimacy

Books

Websites

Brochures
WEBSITES

- www.pccncalgary.org/
- www.prostatecancer.ca/
- www.prostate.org.au/
- https://prostatecanceruk.org/
- www.cancer.gov/types/prostate
- www.mayoclinic.org/diseases-conditions/prostate-cancer/home/ovc-20317957
- www.harvardprostateknowledge.org/
- http://urology.ucla.edu/body.cfm?id=526
• https://prostatecanceruk.org/prostate-information/living-with-prostate-cancer/gay-and-bisexual-men

• www.prostatecancer.ca/Prostate-Cancer/Facing-Prostate-Cancer/Gay-and-Bisexual-Men-Prostate-Cancer


• www.prostate.org.au/support/find-a-support-group/gay-mens-pcsqg/

• http://malecare.org/gay-prostate-cancer-and-doctors/

• http://lgbtcancer.org/

• http://lgbt.foundation/get-support/Groups/other-groups-we-support/out-with-prostate-cancer/
TAKE HOME MESSAGES

• It is common for changes in sexuality to occur after a diagnosis of prostate cancer….for both the patient and the partner

• There are a number of non-medical and medical interventions that may help to improve sexual function after prostate cancer

• Try to let go of assumptions and expectations about sexual function. There is no ‘right’ amount of desire, no ‘perfect’ relationship and no such thing as a ‘normal’ sex life!
TAKE HOME MESSAGES

• Talk to your healthcare provider to find out what option(s) is(are) best for you

• If something isn’t working, try something else!

• Keep talking…to your partner and to your healthcare provider. Don’t give up!
THANK YOU!

NO...NO...
I SAID I'VE GOT
ACUTE ANGINA