

Beyond the Blue Pill: Male Sexuality Following Cancer Treatments

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Many Men are Diagnosed
with Prostate Cancer

Prostate Cancer

- Most common cancer in men
- Over 200,000 diagnosed yearly
- More common than breast cancer
 - 1 in 6 men develop prostate cancer (PC)
 - 1 in 8 women will develop breast cancer

American Cancer Society, Facts and Figures



Prostate Cancer

- 90% are diagnosed with early stage
- Excellent survival rates
 - 5-year survival rate 99%
 - 10-year survival rate 91%
 - 15-year survival rate 76%
- Men diagnosed at a younger age



Erectile Function Recovery After RP: Meta-Analysis

- Selection criteria
 - >18m post RP
 - > 50 subjects
 - Patient reported assessment
- Yielded 22 studies (out of 212)
- EF recovery range in the studies: 25-78%
 - No uniform definition of EF recovery
 - “A few times; sometimes; occasionally”
- Meta analysis EF recovery rate:
 - **56%**
 - Studies did not assess PDE5i use



Erectile Function Recovery After RP: Back to Baseline

Results: Back to Baseline

Subjects	N	With PDE5i	No PDE5i
Total Sample	180	43%	22%
Baseline EFD ≥ 24	132	36%	16%

Results: Baseline EFD ≥ 24 by
Age

Age	N	With PDE5i	No PDE5i
< 60	81	48%	23%
≥ 60	51	16%	4%



Sexual Dysfunction After Localized Treatment of Prostate Cancer

- Of 1,236 men 4.3 years after treatment
 - 44% had not been sexually active
- Sexual Dysfunction
 - 45% reported low sexual desire,
 - 85% rated that erectile dysfunction was a problem,
 - 65% reported problems with orgasm
 - 31% no longer tried
 - 17% unable
 - 28% reported weak orgasms
 - 37% had dry orgasms



So What?

Impact of ED

- ED is associated with depression^{1,2}
- ED bother does not dissipate³
 - Report lower general life happiness
 - No logical predictors
- Significant relationship difficulties⁴

¹Araujo et al., Psychosom Med, 1998; ²Nelson et al., JSM, 2010;

³Nelson et al., JSM, 2010; ⁴Muller et al, 2002



ED: Quality of Life

Laumann, JAMA, 281:1999

Predictors	Low physical satisfaction	Low emotional satisfaction	Low general happiness
No problems	1	1	1
Premature ejaculation	0.79	0.97	1.28
ED	4.38	2.40	2.48
Low desire	3.14	1.57	2.61

ED Bother

- 183 men treated with RP
- Pre-op, 12m, and 24m
- ED Bother
 - ED a problem
 - Embarrassed or ashamed
 - Enjoyment of life
- ED and ED Bother were correlated (.46)
- Bother did not decrease over time
- No significant baseline predictors
 - Age, race, marital status, PSA, EF, sexual desire, sexual satisfaction



Relationship Issues



Relationship Aspects

- Men with ED tend to withdraw from partner
- Reduction in sexual contact (Riley & Riley, 2000)
 - 123 couples with male partner reporting ED
 - 10% reported sexual contact within 4 weeks before treatment
 - Approximately 50% had not experienced any sexual contact for over 2^{1/2} years.
- Reduction in intimacy (Muller et al, 2002)
 - 105 German couples
 - Couples in ED group reported lower
 - Tenderness
 - Togetherness



Impact on the Female Partner

- Negative emotional response
- Female partners may
 - Feel unattractive or unskilled sexually (Masters et al., 1986)
 - 41% reported feeling responsible for partner's ED (Riley & Riley, 2000)
 - Female partners of androgen deficient men reported
 - Increased loneliness
 - Loss of affection
 - Feeling “unwanted” (Dunning and Ward, 2004)



Performance Anxiety

- Anxiety/ED cycle
- Vicious cycle of failure and escalating anxiety
- Anxiety can increase for both partners in the relationship
 - Partner issues previously stated
- Can lead to behavioral and emotional changes



Important Survivorship Issue

We Can Help

- Effective ED Treatments
- Penile Rehabilitation Programs
 - Early intervention
 - Medication assisted erections 2 to 3 times/week

Mulhall et al., JSM, 2005; Montorsi et al, J Urol, 1997



Medical Treatments for Men

- Pills (i.e. Viagra, Levitra, Cialis)
- Penile Injection Therapy
- Vacuum Pumps
- Suppositories (MUSE)
- Prostheses



Recovery of Erections after Prostatectomy

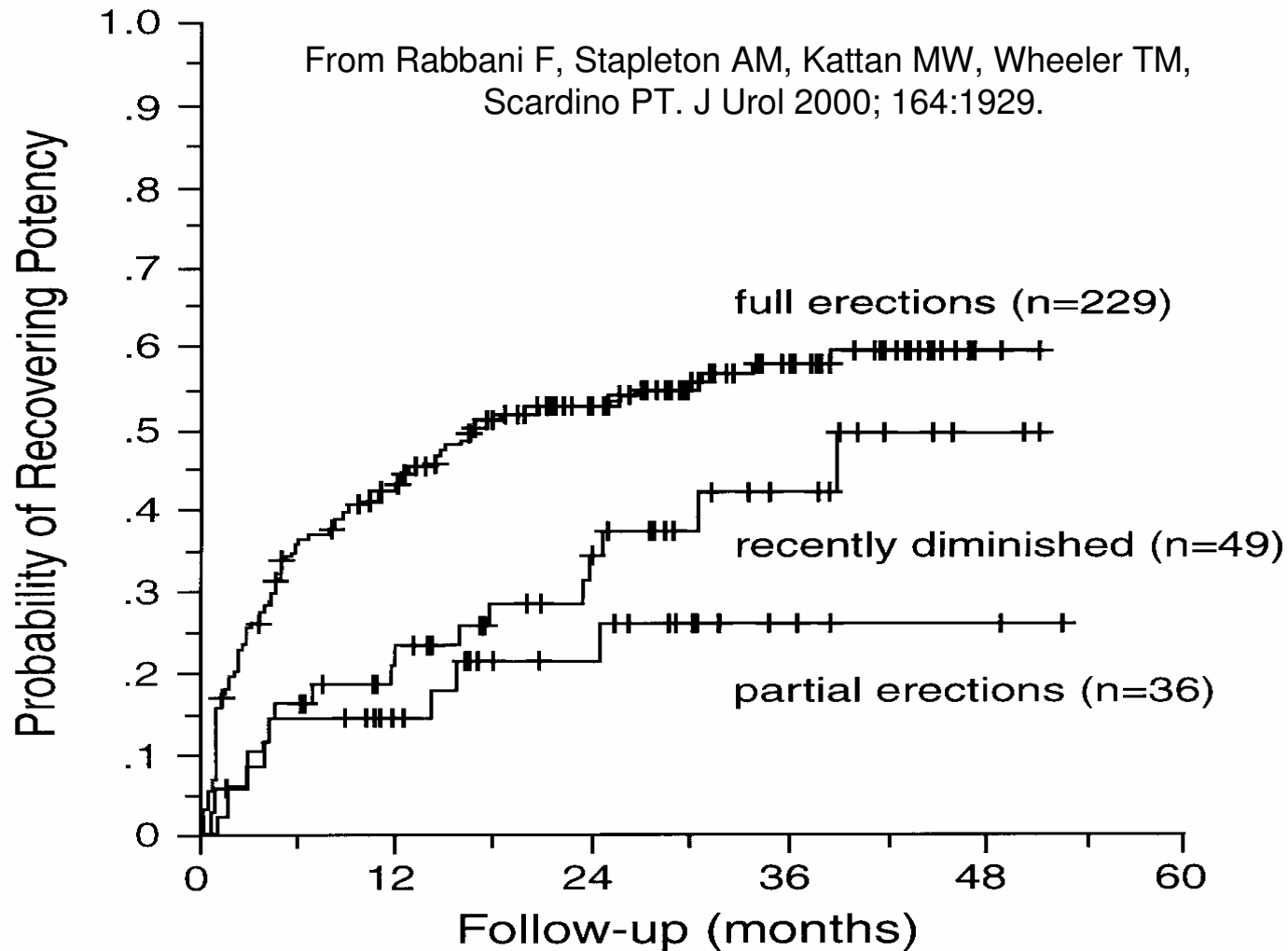
Multivariate Analysis: Clinical and Pathological Factors

<u>Variable</u>	<u>p value</u>
Age	0.0008
Full potency preoperatively	0.0039
Nerve sparing status	0.0204
Pathological stage	0.1279
Tumor volume	0.1483
Preoperative PSA	0.3336
UICC stage	0.5605
Surgical margins	0.7534

From Stapleton and Scardino, 1996



Recovery of Erections According to Preoperative Sexual Functioning



Penile Rehabilitation

Prophylactic Therapy

- Prostatectomy patients – Penile injections 3 times/week for 12 weeks
- Assessed at 6 months postoperatively
- 15 in treatment group, 15 in placebo group
- 8/12 (67%) in treatment group had erections hard enough for sexual intercourse
- 3/15 (20%) in placebo group had erections hard enough for sexual intercourse
- Primary concept = improved oxygenation of penile tissue
- What other factors may play a role?

Montorsi, J Urol, 158(4), 1997; Padma-Nathan, J Urol, 157(4), 1997



Prophylactic Therapy

- RP patients with functional erections pre-op
- Patient groups:
 - 58 in rehabilitation group
 - 74 in non-rehabilitation group
- Erectile rigidity ≥ 6 , 3 times a week
 - 12% responded to pills at 4 months
 - 29% responded to pills at 8 months
 - Non-responders moved to penile injections
- % of patients capable of having medication-unassisted intercourse at 18 months post RP:
 - 52% of rehabilitation group
 - 19% of non-rehabilitation group

Mullhall et al., JSM, 2005



Men Avoid and Drop-out of ED Treatment

Avoidance of ED Treatment

- 69% of men do not accept ED¹
- Median time to seek treatment is 2 years²
- 50% of men with PC who would like treatment seek out treatment³

¹de Boer et al., JSM, 2005; ²Salonia et al., JSM, 2008;

³Miles et al, Cochrane, 2008



Use of ED Treatment

- Many drop out of treatment
 - 50% of Viagra users¹
 - 50% of injection users²
- Self-report injection use³
 - 60% continue at 4 months
 - Only 33% at a rate suggested for rehabilitation
- Syringe count injection use⁴
 - Mean injections/week: 1.1
 - Only 17% at a rate suggested for rehabilitation

¹IMS Health, 2001; ²Sundaram et al., Urology, 1997;
³Neleson et al., JSM, 2013, ⁴Nelson et al, SMSNA, 2013



Use of ED Treatments

- Men with prostate cancer¹
 - Only 38% found treatment “somewhat” to “very” helpful in improving their sex lives
 - Only 30% of the men still using treatment one year after starting²

¹Schover, Cancer, 2002

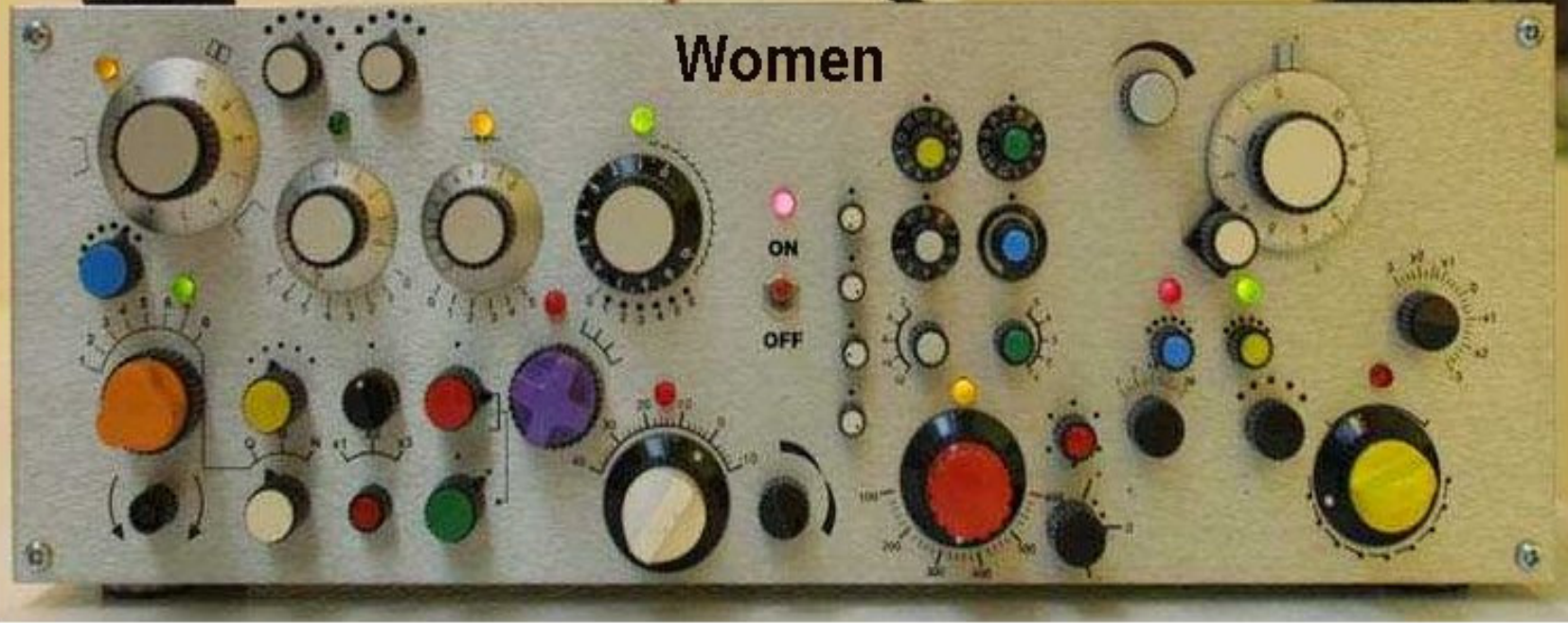


Men



Billie Lutz 1955-5001

Women



How Do We Improve Compliance?

Phases

- **Phase I:** Qualitative study to help inform pilot intervention.
- **Phase II:** Pilot RCT of Acceptance and Commitment Therapy (ACT) to improve compliance with penile rehabilitation.
 - Aims: Feasibility and Efficacy



Qualitative Study

- Lack of appropriate education pre-treatment
 - Number one complaint
 - Discussed with significant frustration
 - First step to getting men into a survivorship program



Qualitative Study: Cycle of Frustration and Avoidance

- Disappointment/shame related to ED
 - “I’m not a man”
- Fear/anxiety of entering into a sexual situation
 - Fear of not having a firm erection
 - “The whole process is humiliating”
- Avoidance of sexual situation
- Loss of valued life experience
- Increased frustration/distress/depression



Acceptance and Commitment Therapy

- Define important values
- Accept emotional pain or barriers to achieving valued activities
 - Acknowledge the distress
 - Willingness to experience the emotional pain
- Emotional processing of psychological distress
 - “Exposure” therapy
- Commitment



RCT: ACT-ED

- Coaching vs. Therapy
- Explore importance of sexuality
- Accept short-term anxiety for long-term goal
 - Listen to patients “predictions” about injections
 - Willingness to experience anxiety and frustration
- Defuse anxiety and frustration
 - Cognitive/emotional processing
 - Humor
 - Focus on physical sensations in sexual situation
- Discuss/highlight barriers
- Commitment
 - Set injection target



Pilot Intervention

- Randomized:
 - Injection Training + ACT-ED (N=30)
 - Injection Training + NP Phone Calls (N=30)
- ACT-ED lasts 4 months
 - 4 individual sessions (in person/phone, 30-45min)
 - 3 check-in phone calls (5-10min)
- NP Information Phone Call
 - Enhanced monitoring
 - 7 phone call on the same schedule as ACT-ED



Subject Characteristics

		Total Sample
N		43
N by Group	Intervention	21
	Control	23
Mean age (years)		60 \pm 7
Race	White	82%
	Black	18%
Relationship Status	Partnered	73%
	Single	37%
EFD w/Injections	Intervention	24.5 \pm 6
	Control	25.8 \pm 6



Injection Use at 4 Months

Variable	Control	ACT-ED Intervention	p
Mean Weekly Injection Use	1.1	1.6	0.001
% Adherence	17%	45%	0.02



Secondary Outcomes

- ACT-ED group:
 - ↑ ED treatment satisfaction
 - ↑ Sexual self-esteem and confidence
 - ↓ ED bother
 - ↓ Prostate cancer treatment regret



Survivorship Program

- Pre-treatment education
- Appropriate ED treatment
- Support for Patients
 - Work with a mental health professional
 - Refer quickly
 - Describe as coaching vs. therapy
 - Usually brief intervention



Talking to Patients about Rehabilitation

- Educate
- Explore and focus on importance of sexuality
- Acknowledge short-term anxiety
 - Willingness to experience anxiety and frustration
- Focus on long-term goal as opposed to short-term anxiety
- Discuss/highlight barriers
 - Ask them what will get in the way of using treatment
 - Predict they will find excuses to avoid using treatment
- Commitment
 - Set injection target



Additional Information For Patients

- * Sexuality and Cancer

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1-800-ACS-2345 www.cancer.org

- * Sexuality and Fertility After Cancer

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