



## What about me?

Understanding the unmet sexual and support needs of female partners of men with prostate cancer.



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ONCOLOGY

## Guidelines for Sexual Health Care for Prostate Cancer Patients: Recommendations of an International Panel



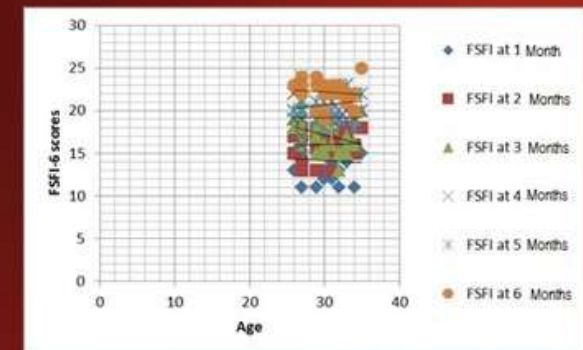
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J Sex Med, 2022 Nov;19(11):1655-1669



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# Guidelines for Sexual Health Care for Prostate Cancer Patients: Recommendations of an International Panel

## Statement 1

A clinician-initiated discussion should be conducted with the patient and the partner (if partnered and culturally appropriate) about realistic expectations of the impact of prostate cancer therapy on the patient's sexual function, the partner's sexual experience, and the couples' sexual relationship. The clinician should promote openness and inclusivity, consider cultural context, and tailor counseling to the specific needs of patients who are heterosexual, gay, bisexual, identify as men who have sex with men, transgender women and gender non-conforming individuals. (Strong Recommendation; Evidence Strength Grade C).

Wittmann D, Mehta A, McCaughan E, Faraday M, DUBY A, Matthew A, Incrocci L, Burnett A, Nelson CJ, Elliott S, Koontz BF, Bober SL, McLeod D, Capogrosso P, Yap T, Higano C, Loeb S, Capellari E, Glodé M, Goltz H, Howell D, Kirby M, Bennett N, Trost L, Odiyo Ouma P, Wang R, Salter C, Skolarus TA, McPhail J, McPhail S, Brandon J, Northouse LL, Paich K, Pollack CE, Shifferd J, Erickson K, Mulhall JP.  
Guidelines for Sexual Health Care for Prostate Cancer Patients: Recommendations of an International Panel. J Sex Med 2022;19:1655-1669





These are the first **sexual health** guidelines that have been developed for the care of cancer patients.



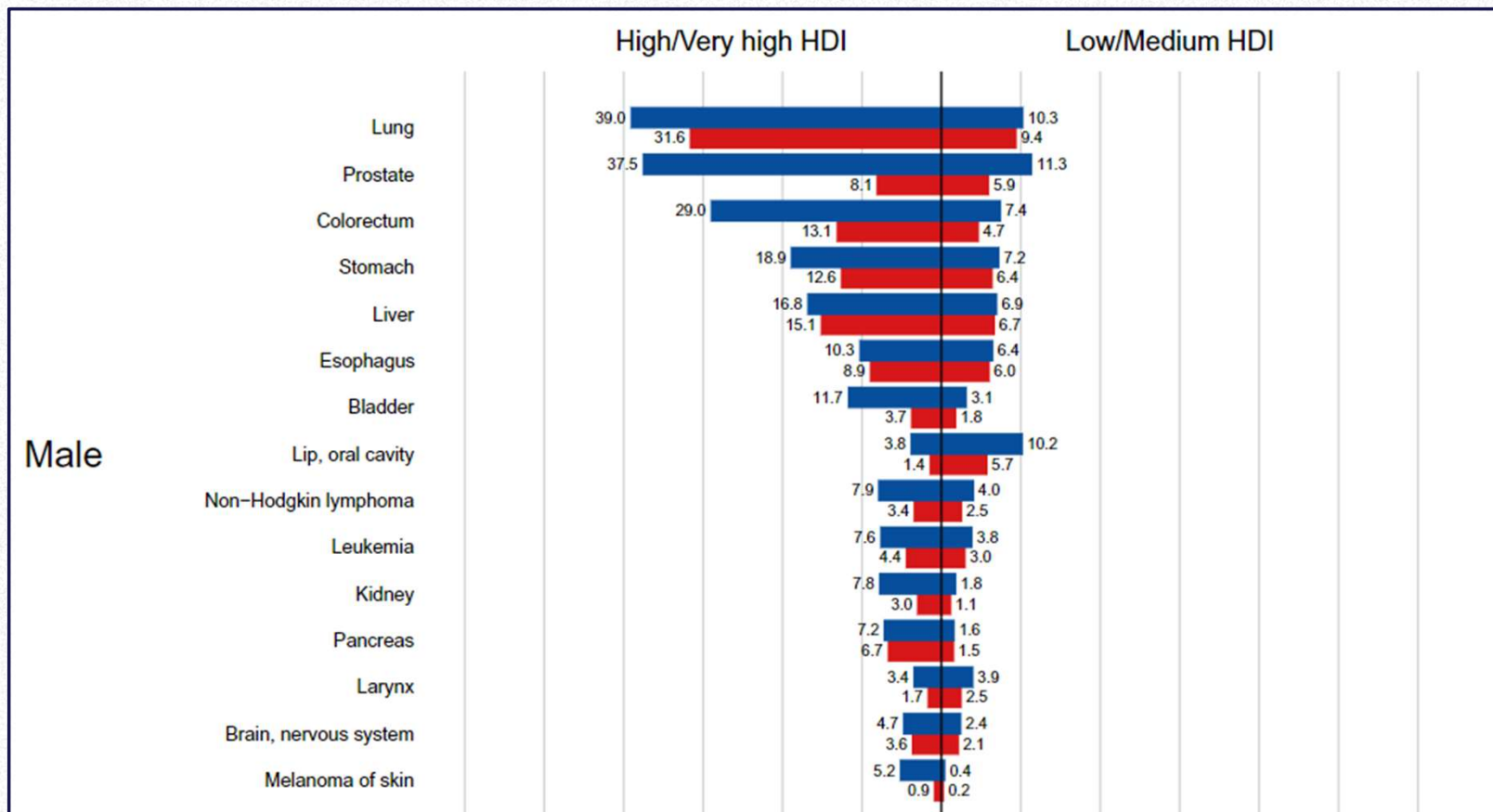


# Background





# Global Cancer Mortality



Sung et al., CA CANCER J CLIN 2020



Complete our session survey to  
enter a raffle for a FREE  
one-year ISSM membership!







# Instructions



- Scan the QR code with your device or go to [www.issm.info/movember](http://www.issm.info/movember)
- This poll gathers insights to improve sexual health guidelines and resources in prostate cancer care through the ISSM and Movember partnership.







# Sex after Prostate Cancer Therapy The Conversation



John P. Mulhall MD MSc FECSM FACS FRCSI

*Director*

*Sexual & Reproductive Medicine Program*

*Urology Service*

*Memorial Sloan Kettering Cancer Center*

# Disclosures



## Grants

- NIH (Chris J. Nelson PhD)
- DOD (Stacy Loeb MD)
- Sexual Medicine Society of North America (JPM Mentor)
- Urology Care Foundation (JPM Mentor)

## Academic Leadership Positions

- Secretary-General, ISSM

## Consultancies

- Ro, Firmtech





# Pelvic Urological & Gynecological Cancers are common





**Sex is a multi-faceted activity  
and to claim otherwise, reeks  
of penocentricity**

# The Sins in Sexual Medicine



- Ageism
- Projection
- Judgement
- Intolerance
- Apathy
- Oncocentricity (parentalism)?





# Barriers to Discussing ED



## Patient

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Embarrassment  
Shame  
Ignorance about normatives  
Cultural beliefs  
Religious beliefs  
Discomfort

## Physician

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Discomfort  
Lack of Knowledge  
Personal bias  
Time

Humphery S, Nazareth I. *Fam Pract.* 2001;18:516-518.





# Sexual Dysfunctions



- Erectile dysfunction (3-90%)
- Anejaculation (100%)
- Low sex drive (50%)
- Changes in orgasm nature/intensity (90%+/50%)
- Dysorgasmia (painful orgasm, 15%)
- Climacturia (60%/20%)
- Arousal incontinence (40%)
- Penile volume alterations (70%)
- Peyronie's disease (15%)





# Sexual Dysfunctions

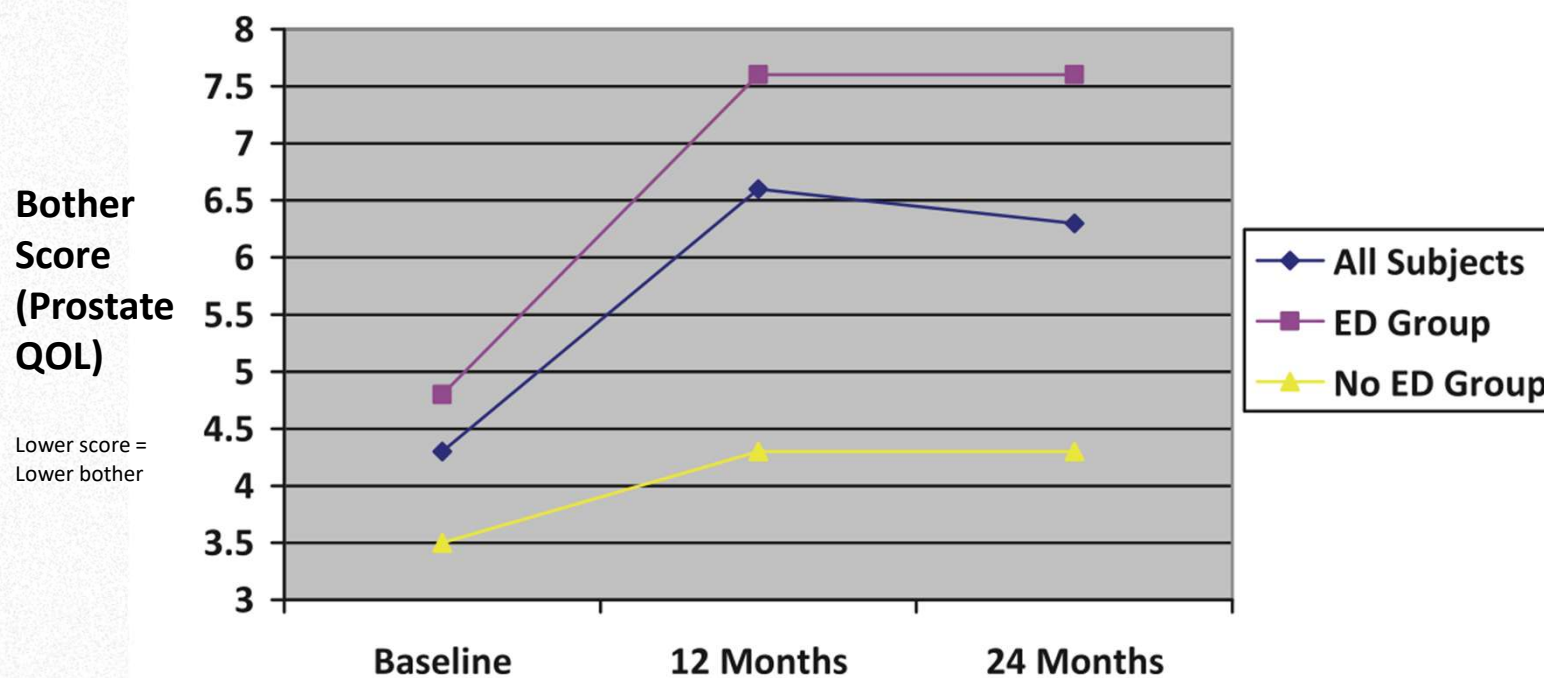
*Google Search October 2024*



- Erectile dysfunction (523k)
- Anejaculation (17k)
- Dysorgasmia (3k)
- Climacturia (9k)
- Arousal incontinence (280k)
- Changes in orgasm (1.1M)
- Low sex drive (3.1M)
- Penile volume alterations (4.8M)
- Peyronie's disease (171k)



# EF & Sexual Bother Post-RP



Nelson CJ et al. J Sex Med 2010;7:129–135.





# Statement 1



A clinician-initiated discussion should be conducted with the patient and the partner (if partnered and culturally appropriate), to educate them about realistic expectations of the impact of prostate cancer therapy on the patient's sexual function, the partner's sexual experience, and the couples' sexual relationship. The clinician should promote openness and inclusivity, consider cultural context, and tailor counseling to the specific needs of patients who are heterosexual, gay, bisexual, or identify as men who have sex with men, and of transgender women and gender non-conforming patients.

Strong Recommendation; Evidence Strength Grade C





# Clinicians' Perceptions of Barriers to Sexual Health Discussions



**Table 3.** Provider-reported barriers to sexual health counseling of female patients undergoing radical cystectomy and their partners

Barrier, n (%)	N = 140
Older patient age	71 (50.7)
Inadequate time to discuss	66 (47.1)
Uncertain about patients' baseline sexual function	52 (37.1)
Concerned patient would feel uncomfortable	37 (26.4)
Lack of knowledge about female sexual function	28 (20.0)
Uncomfortable counseling patient/partner	15 (10.7)
Outside the scope of urologic oncology practice	7 (5.0)

Gupta N et al., J Sex Med, 2020

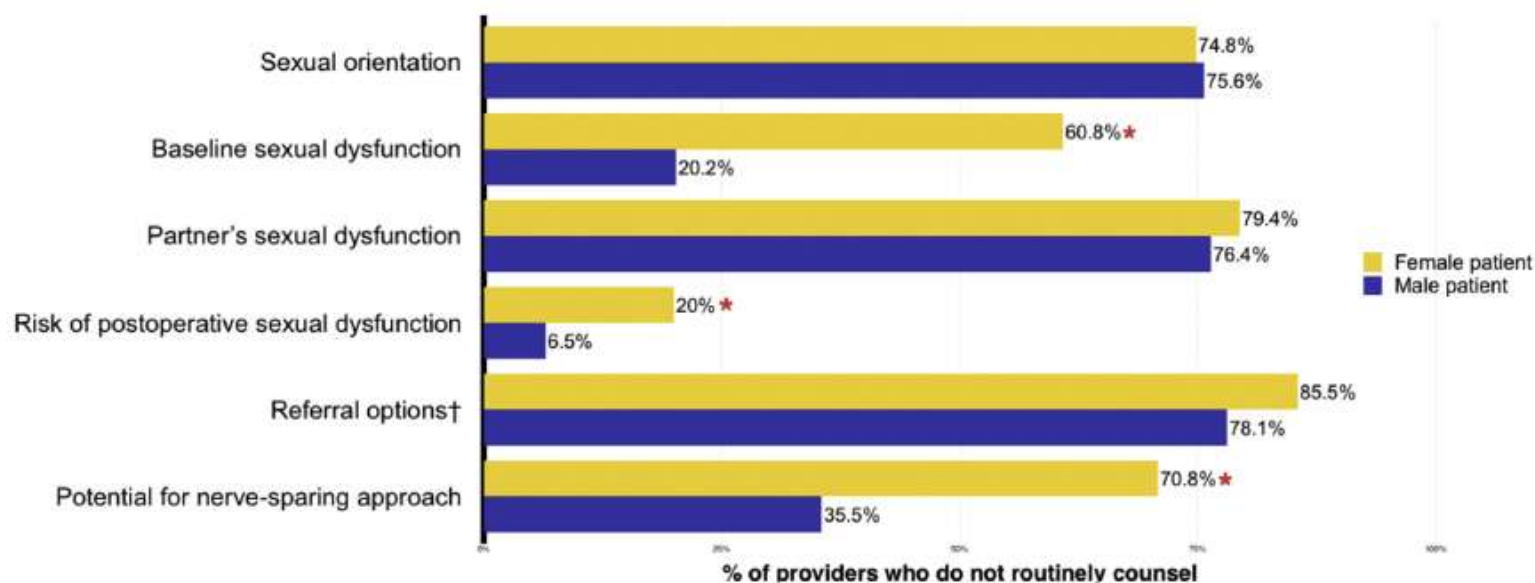




# Patient Counseling (Cystectomy)

140 urologic oncologists were surveyed

Percent of providers who do not routinely provide preoperative sexual health counseling to sexually active male and female radical cystectomy patients, by topic



Gupta N et al., J Sex Med, 2020





VOLUME 22 • NUMBER 4 • FEBRUARY 15 2004

JOURNAL OF CLINICAL ONCOLOGY

ORIGINAL REPORT

# Measuring Quality of Life in Routine Oncology Practice Improves Communication and Patient Well-Being: A Randomized Controlled Trial

*Galina Velikova, Laura Booth, Adam B. Smith, Paul M. Brown, Pamela Lynch, Julia M. Brown, and Peter J. Selby*

From the Cancer Research UK Clinical Centre-Leeds, Cancer Medicine Research Unit, St James's University Hospital; and Northern and Yorkshire Clinical Trials and Research Unit, Leeds, United Kingdom.

Submitted June 18, 2003; accepted December 5, 2003.

## ABSTRACT

### Purpose

To examine the effects on process of care and patient well-being, of the regular collection and use of health-related quality-of-life (HRQL) data in oncology practice.

### Patients and Methods

In a prospective study with repeated measures involving 28 oncologists, 286 cancer patients were



## Statement 3



Patients and partners should be advised that psychological distress, including grief and mourning about sexual losses, resulting from the sexual side-effects of prostate cancer therapies, can be experienced by patients after prostate cancer therapy and by their partners and that this distress can be mitigated with appropriate biopsychosocial rehabilitation strategies.

*Strong Recommendation; Evidence Strength Grade C*







# The Conversation

- Engendering the appropriate environment
- PLISSIT or other models?
- Integrating open-ended questions?
- Define goals
- Appreciate dyadic elements
- Understand the multi-domained structure of sexual function
- Define source and magnitude of sexual dissatisfaction







# Sexual Concerns of the Partner of the Patient with Prostate cancer - Female

# Domains



- Distress (6)
- Loss of connection (4)
- Active communication (2)
- Discomfort with communication (1)
- Frustration with sexual counseling (3)
- Expansion of sexual repertoire (2)
- Non-penetrative relation (1)





# Final Inventory



1. I am experiencing distress related to the sexual changes from the prostate cancer diagnosis and/or treatment. (1)
2. I am satisfied with the current state of my sex life with my partner since the prostate cancer diagnosis and/or treatment. (8R)
3. My sexual needs are currently being met. (9R)
4. My sex life is worse since the prostate cancer diagnosis and/or treatment. (10)
5. I feel a loss of intimacy from my partner since the prostate cancer diagnosis and/or treatment. (12)
6. My partner avoids intimate situations since the prostate cancer diagnosis and/or treatment. (13)
7. I feel less physically attracted to my partner since the prostate cancer diagnosis and/or treatment. (6)
8. I have felt more isolated from my partner since he was diagnosed with prostate cancer. (11)
9. I feel invisible to my partner since he was diagnosed with prostate cancer. (14)





# Final Inventory



10. My partner and I are less close since the prostate cancer was diagnosed. (15)
11. I tell my partner how I feel about our current sex life. (23R)
12. My partner tells me how he feels about our current sex life. (24R)
13. I am uncomfortable talking with my partner about our sexual problems. (25)
14. I received a satisfactory explanation of the sexual side effects of prostate cancer procedure(s) and/or treatment(s). (18R)
15. I am frustrated/angry about the lack of information we received about sexual health. (19)
16. I felt prepared for the sexual side effects. (20R)
17. I am comfortable trying new ways to achieve sexual satisfaction outside of intercourse. (3R)
18. We have become more flexible in how we initiate physical intimacy (eg, who initiates, type of contact) since the prostate cancer diagnosis and/or treatment. (4R)
19. I am satisfied with hugging, kissing and other intimate activities, rather than sexual intercourse. (2R)







# Take Home Messages

- Partner inclusion is critical to outcomes optimization
- Sex after PC therapy will be different for patient & partner
- A need for SCIPPP-F exists
- PC treatment has an impact on female partner sexual health
- SCIPPP-F can be used before and after PC treatment
- Questionnaire is reliable and valid (USA population)
- **ASK THE QUESTION!**



**Let us not focus solely on adding  
*years* to life, but also pay attention  
to adding *life* to years**







# THANK YOU



# The impact of prostate cancer sexual side - effects on the female partner



Annamaria Giraldi, MD, PhD

*Professor of Clinical Sexology, FECSM & Sexual Counselor*

*Mental Health Center Copenhagen, Copenhagen University Hospital and  
Dep. Of Clinical Medicine, University of Copenhagen, Denmark*



# Disclosures



- Eli Lilly - lecturer, consultant, lecturer,
- Pfizer/ Viatris - advisory board
- Sandoz – advisory board
- Futura Medical/Eroxon – advisory board, lecturer
- Astellas – lecturer
- Lundbeck - lecturer
- Novo Nordic – stockholder, lecturer
- FREYA – advisory board, lecturer





# Statement 19



Patients and partners should be counseled that an assessment of the partner's sexual function can help plan treatment designed to support couples' recovery of sexual intimacy.

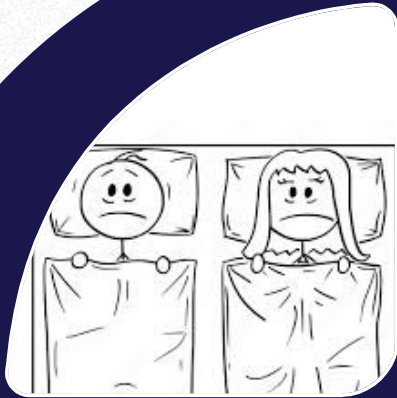
Clinical Principle







# A couple experience



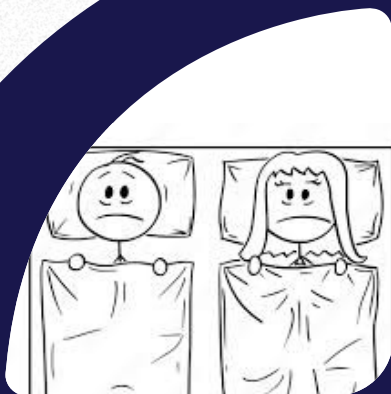
## **Sexual Dysfunction in Female Partners of Men Who Have Undergone Radical Prostatectomy Correlates with Sexual Dysfunction of the Male Partner**

Alan Shindel, MD,\* Sejal Quayle, MD, MPH,\* Yan Yan, PhD,\* Adnan Husain, MS,<sup>†</sup> and Cathy Naughton, MD\*

- 90 couples
- Men with PCA and their female partner
- International Index of Erectile Function (IIEF)
- Female Sexual Function Index (FSFI)







**Table 4** Correlation between domains of the IIEF and FSFI by Pearson correlation coefficient

Domain	IIEF—Erectile Function	IIEF—Orgasmic Function	IIEF—Sexual Desire	IIEF—Intercourse Satisfaction	IIEF—Overall Satisfaction	IIEF—Overall Sexual Function
FSFI—Desire	<i>0.13</i>	<i>0.22*</i>	<i>0.21*</i>	<i>0.24*</i>	<i>0.21*</i>	<i>0.08</i>
FSFI—Arousal	<i>0.47*</i>	<i>0.38*</i>	<i>0.31*</i>	<i>0.41*</i>	<i>0.40*</i>	<i>0.21*</i>
FSFI—Lubrication	<i>0.59*</i>	<i>0.57*</i>	<i>0.37*</i>	<i>0.55*</i>	<i>0.50*</i>	<i>0.35*</i>
FSFI—Orgasm	<i>0.52*</i>	<i>0.41*</i>	<i>0.35*</i>	<i>0.45*</i>	<i>0.45*</i>	<i>0.22*</i>
FSFI—Satisfaction	<i>0.53*</i>	<i>0.37*</i>	<i>0.35*</i>	<i>0.44*</i>	<i>0.55*</i>	<i>0.29*</i>
FSFI—Pain	<b>0.66*</b>	<i>0.45*</i>	<i>0.38*</i>	<b>0.67*</b>	<i>0.45*</i>	<i>0.37*</i>
FSFI—Total	<b>0.63*</b>	<i>0.51*</i>	<i>0.42*</i>	<i>0.59*</i>	<i>0.55*</i>	<i>0.33*</i>

\* $P < 0.05$ .

Weak correlations are italicized; strong correlations are bold.



# What happens with the partner in the couple?





# The Experiences and Unmet Supportive Care Needs of Partners of Men Diagnosed With Prostate Cancer

A Meta-aggregation Systematic Review

Cancer Nursing<sup>®</sup>, Vol. 00, No. 00, 2022 ■ 1

Cara Roberts, BSc, OT

Kellie Toohey, PhD, MCEP, BSc, PG Cert Research,

PG Cert Tertiary Ed, AEP

Catherine Paterson, PhD, BA, MSc, PgCert LTA,

FHEA, RAN

- 20 studies
- 6 countries (UK, USA, Denmark, Norway, Australia & Canada)
- 380 partners included, most were female
- Age from 32 – 88 years



Following a prostate cancer diagnosis, the partner is seen as a crucial companion in the cancer care continuum, with the partner's support playing an instrumental role in the man's ability to successfully transition from the acute phase of the disease to long-term survivorship





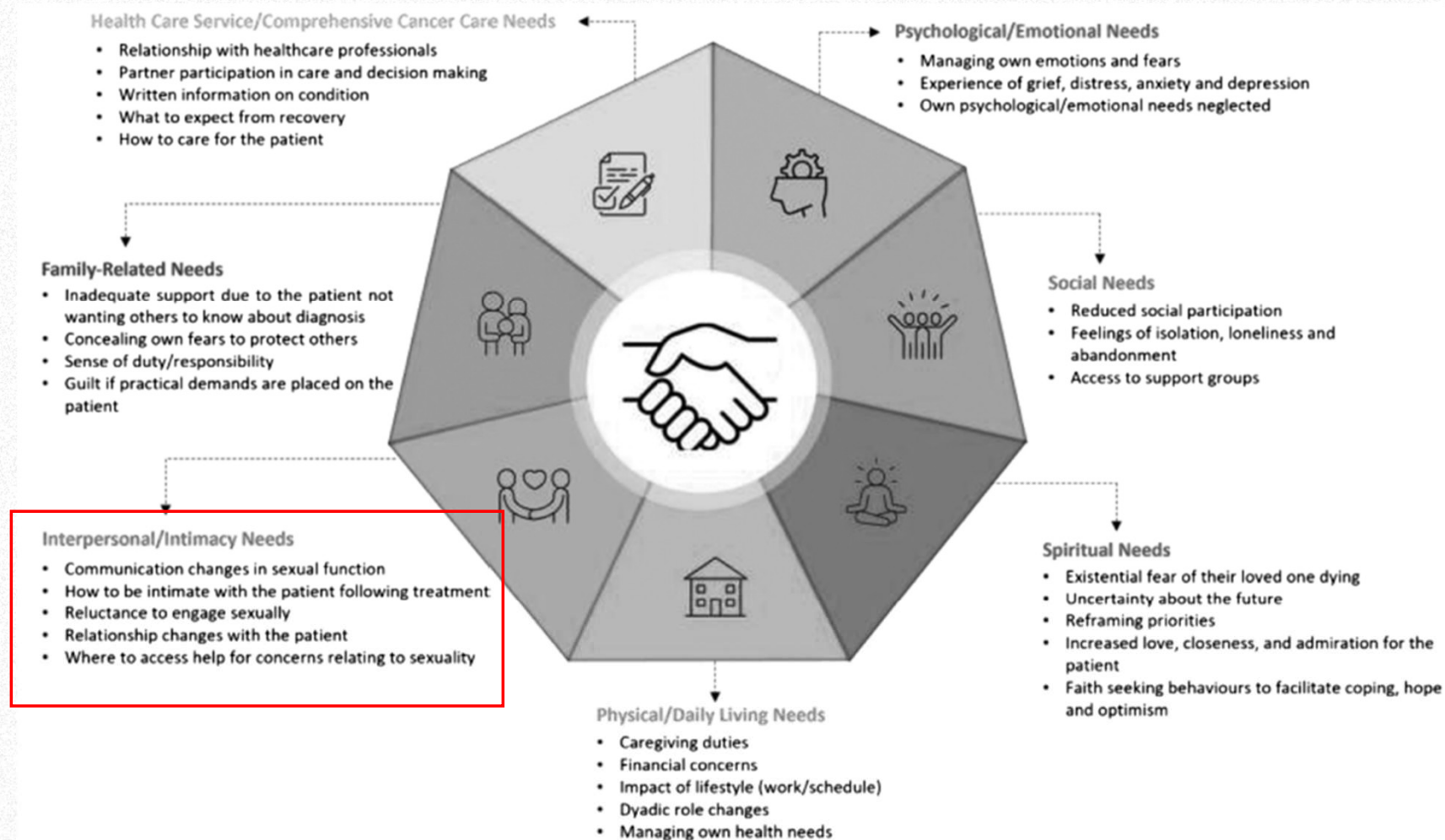
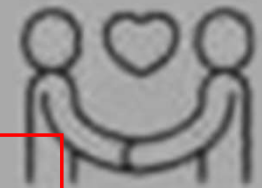


Figure 2 ■ Classification of the domains of supportive care needs (partners/caregivers).



## Interpersonal/Intimacy Needs

- Communication changes in sexual function
- How to be intimate with the patient following treatment
- Reluctance to engage sexually
- Relationship changes with the patient
- Where to access help for concerns relating to sexuality





# Interpersonal/ intimacy needs

- Shift of focus to affirming couple bond to maintain intimacy
- Lack of intercourse as an indication of attraction ➡ loss of self esteem
- Differences in communication ➡ reduced level of physical and emotional intimacy ➡ doubt about the relationship





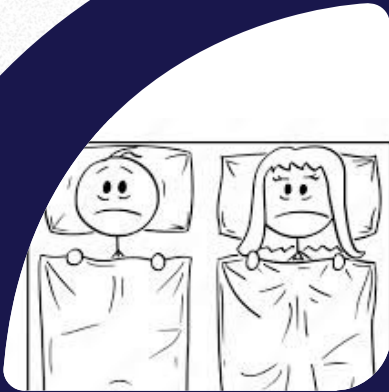
# Interpersonal/ intimacy needs



- Protects the man's sense of masculinity
- Grief
- Take the lead in sexual initiative
- Mindful it was a gradual process to resume sexual activity







ONCOLOGY

J Sex Med 2022;

## Unmet Sexual Health Needs of Patients and Female Partners Following Diagnosis and Treatment for Prostate Cancer

Randall Li, MD,<sup>a</sup> Daniela Wittmann, PhD, MSW,<sup>b</sup> Christian J. Nelson, PhD,<sup>c</sup> Carolyn A. Salter, MD,<sup>d</sup> John P. Mulhall, MD,<sup>e</sup> Nataliya Byrne, BA,<sup>a</sup> Tatiana Sanchez Nolasco, MPH,<sup>a</sup> Marina Ness, MPH,<sup>f</sup> Natasha Gupta, MD,<sup>a</sup> Caroline Cassidy, BA,<sup>c</sup> Theodore Crisostomo-Wynne, MD,<sup>d</sup> and Stacy Loeb, MD, MSc, PhD<sup>a</sup>

- Qualitative study of posts to the: Inspire Us TOO Prostate Cancer Online Support and Discussion Community
- 661 posts from women – analyzed 66 (10%)
- 66 posts from male patients



**Table 1.** Online community descriptive statistics

	Patient (%, n = 66)	Partner (%, n = 66)			
Prostate Cancer Treatment of the Associated Patient			Negative Emotions		
Surgery	39%	39%	Frustration	23%	32%
Radiation therapy	3%	18%	Loss of familiar sexual interaction	14%	21%
Hormonal therapy	3%	30%	Fear	6%	9%
Sexual Dysfunction			Anger	6%	12%
Erectile dysfunction	85%	83%	Interpersonal Relationship Problems		
Penile shortening	8%	0%	Communication difficulties	2%	18%
Penile curvature	2%	2%	Feeling of being pushed away	3%	11%
Pain with erection	2%	2%	Relationship conflict	2%	14%
Problems with orgasm or ejaculation	12%	11%	Isolation	2%	8%
Loss of libido	5%	17%	Concern that sex life is over	0%	9%
Positive Emotions			Sexual Health Treatment		
Hope	15%	29%	Oral medications (ie, PDE-5 inhibitors)	20%	35%
Gratitude	14%	26%	Vacuum erection device (VED)	24%	12%
Satisfaction	27%	18%	Intracavernosal injections (ie, Bimix, Trimix)	14%	25%
Relief	11%	14%	Penile prosthesis (IPP)	11%	5%
			Psychosocial treatment	0%	5%



# Partner Concerns



- Expanding the Sexual Repertoire
- Needs for intimacy and sexuality overlooked
- Survival > Sex
- Relationship concerns
- Importance of access to erectile aids



# Couple's Concerns



- Desire to share experiences with sexual recovery and sexual aids
- Coming to terms with changes in sexual function
- Frustration with insufficient sexual counseling from clinicians
- Lack of inclusion of the partner







## Take Home Messages

- Prostate Cancer is a "couple's disease"
- The partners and the couple's sexual health is affected negatively
- The partner's sexual health suffers, as do other aspects of their life
- There is a wish for more counseling and access to help from the clinicians



# THANK YOU

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# How Couples Adjust Psychologically and Sexually after Prostate Cancer Treatment



Daniela Wittmann, PhD, LMSW

*Associate Professor of Urology Emerita*

*AASECT Certified Sex Therapist and Therapy Supervisor*

*University of Michigan, Ann Arbor, MI, USA*

# Disclosure

- Consulting contract with Movember







# **Let's Agree on a Couple Based Approach to Sexual Recovery after Prostate Cancer**

## Mapping the contributions of dyadic approaches to couples' psychosocial adaptation to prostate cancer: a scoping review

Rita F. Castro, MSc<sup>1,\*</sup>, Silvana Araújo, BSc<sup>2</sup>, Ana Marques, MSc<sup>1</sup>, Diana Ferreira, MSc<sup>1</sup>, Hélia Rocha, MSc<sup>1</sup>, Sandra Aguiar, MSc<sup>1</sup>, Sonia Pieramico, MSc<sup>1</sup>, Ana Quinta-Gomes, PhD<sup>1</sup>, Inês M. Tavares, PhD<sup>3</sup>, Pedro J. Nobre, PhD<sup>1</sup>, Joana Carvalho, PhD<sup>4</sup>

- 25 studies reviewed
- Partners should be included because they are affected by the patient's experience of cancer (*Northouse, Kayser*)



Laurel Northouse  
PhD



Karen Kayser  
PhD



## Mapping the contributions of dyadic approaches to couples' psychosocial adaptation to prostate cancer: a scoping review

Rita F. Castro, MSc<sup>1,\*</sup>, Silvana Araújo, BSc<sup>2</sup>, Ana Marques, MSc<sup>1</sup>, Diana Ferreira, MSc<sup>1</sup>, Hélia Rocha, MSc<sup>1</sup>, Sandra Aguiar, MSc<sup>1</sup>, Sonia Pieramico, MSc<sup>1</sup>, Ana Quinta-Gomes, PhD<sup>1</sup>, Inês M. Tavares, PhD<sup>3</sup>, Pedro J. Nobre, PhD<sup>1</sup>, Joana Carvalho, PhD<sup>4</sup>

- Sexual function/dysfunction of patients and partners is related (*too many studies to mention*)
- Patients' and partners' coping styles affect each other (*Manne, Bodenmann, Fagundes*)



Sharon Manne  
PhD



Guy Bodenmann  
PhD



Chris Fagundes  
PhD



Promoting Realistic Expectations and  
Addressing Loss and Grief is Important  
for both Patients and Partners





**Patient Preoperative Expectations of Urinary, Bowel, Hormonal and Sexual Functioning Do Not Match Actual Outcomes 1 Year After Radical Prostatectomy**

Daniela Wittmann,\* Chang He, Michael Coelho, Brent Hollenbeck, James E. Montie and David P. Wood, Jr.†

- 32% patients thought that erections would be worse after surgery
- As many as 11% patients thought that erections would be better after surgery

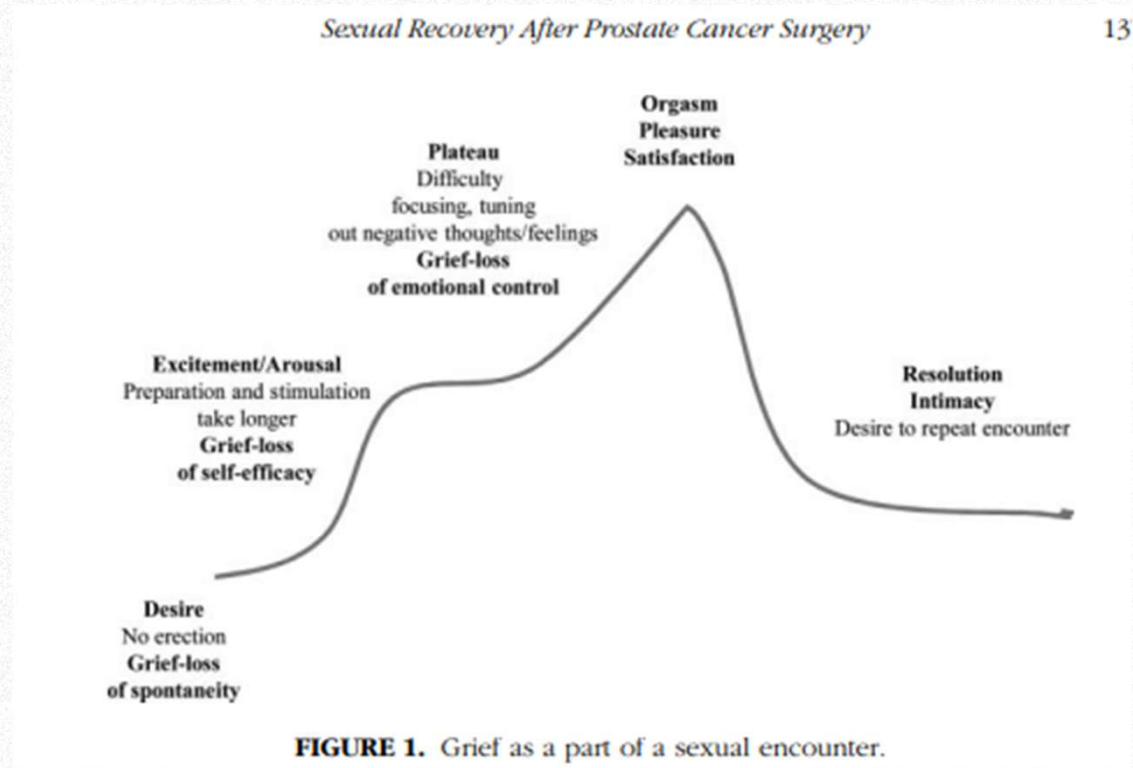
**Education**

**Preparing Patients and Partners for Recovery From the Side Effects of Prostate Cancer Surgery: A Group Approach**

Kellie Paich, Rodney Dunn, Ted Skolarus, James Montie, Brent Hollenbeck, Ganesh Palapattu, David Wood Jr., Staci Mitchell, Victor Hola, Kim Erickson, Jennifer Shifferd, and Daniela Wittmann

- 73% patients thought that erections would be worse after surgery
- 65% partners thought that erections would be worse after surgery
- 84% patients thought the ability to be sexually active after prostatectomy would be different
- 78% partners thought that the ability to be sexually active after prostate cancer would be different
- 4% patients thought erections would be better after surgery

# Grief and Mourning Occurs During Sexual Activity





# Patients and Partners Have Shared and Unique Grief Foci



# Men and Partners May Grieve Different Aspects of their Sex Lives

Men and partners share grief about

- The loss of spontaneity
- Familiar sexual interactions



# Men and Partners May Grieve Different Aspects of their Sex Lives

Men singularly grieve

- Loss/change of body image – see erections daily throughout their lives
- Threat to masculinity
- Confidence about satisfying the partner
- The pleasure of ejaculation



# Men and Partners May Grieve Different Aspects of their Sex Lives

Partners singularly grieve

- Penetration
- The man's confidence during sex, sometimes his leadership
- The way in which the man's erection is interpreted as a sign that the patient finds the partner attractive





# Men and Partners May Grieve Different Aspects of their Sex Lives

Partners singularly grieve

- 

“When  
does

“I

“I’m not a man any more!”



# What Helps Couples Recover?

# Factors Contributing to a More or Less Successful Couples' Sexual Recovery (from a study of 20 couples with prostate cancer)

## Patient and Partner post-prostatectomy

- Post-surgery self-consciousness, going  
sexual activity, partner's  
positive interaction, partner's  
"I wish I could be back to being  
unselfconscious!"  
(not return of erectile function)
- Post-surgery self-consciousness, no or  
infrequent sexual activity, no or  
sexuality, partner's low or no interest sex *regardless of menopause*



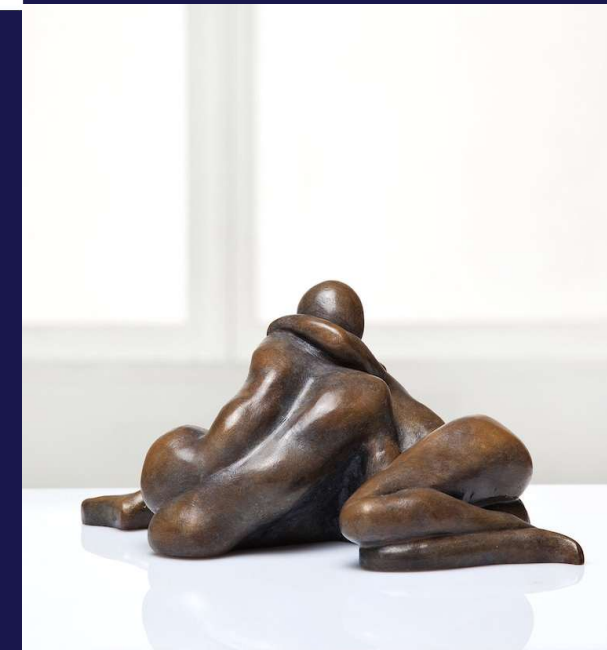
## Prostate cancer and the impact on couples: a qualitative metasynthesis

Nicole Collaço<sup>1</sup>  • Carol Rivas<sup>2</sup> • Lauren Matheson<sup>1</sup> • Johana Nayoan<sup>2</sup> • Richard Wagland<sup>2</sup> • Obrey Alexis<sup>1</sup> • Anna Gavin<sup>3</sup> • Adam Glaser<sup>4</sup> • Eila Watson<sup>1</sup>

Supp Care Ca, 2018

### Review of 37 studies of couples with prostate cancer

- Maintaining connection
- Working as a team
- Not shielding each other from feelings
- Experimenting with new sexual activities
  - Re-eroticization of the body
    - sensate focus exercises to reduce anxiety,
    - encouragement of flexibility to expand sexual repertoire beyond intercourse: oral sex, mutual masturbation, use of sex toys, visual stimuli  
“OUTERCOURSE” IS SEX!
  - Neuroplasticity: explore alternative erotic sensations (neck, ears, wrists, nipples, stomach, anus)
- Recognizing the importance of the partner's needs

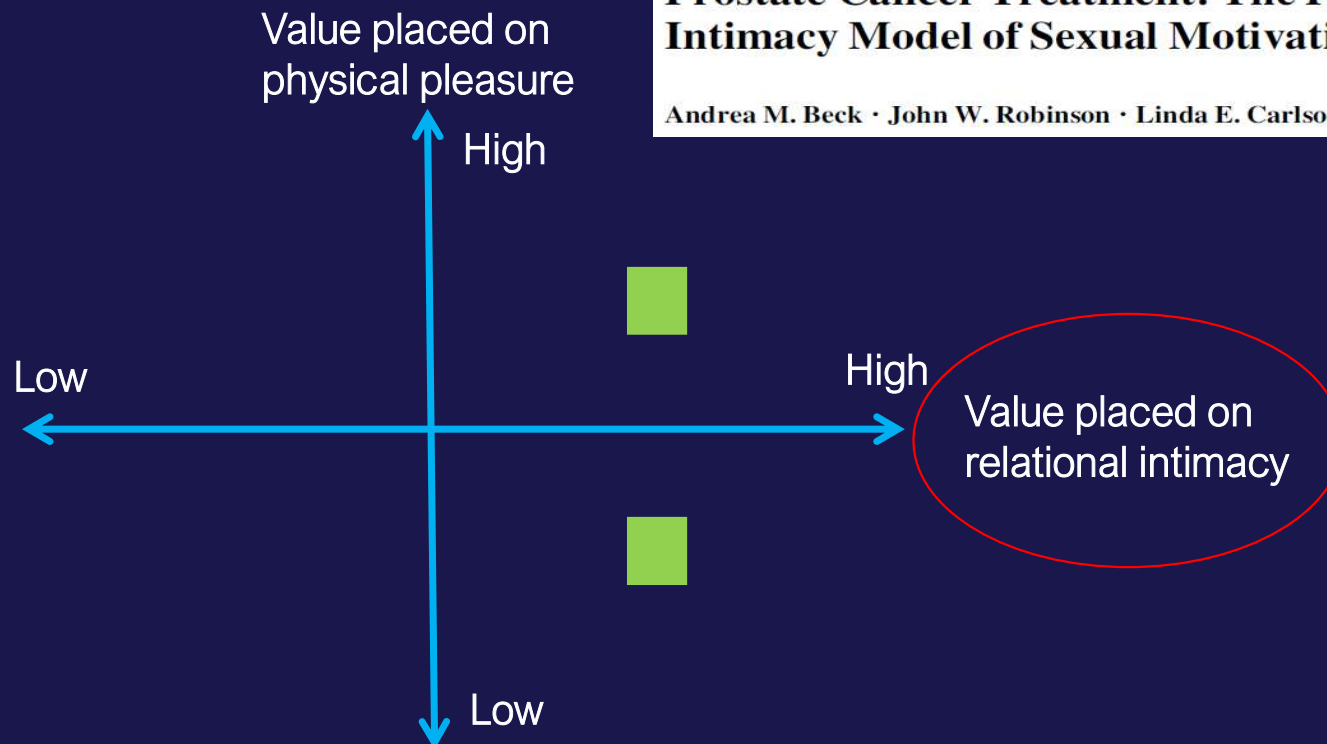


# Maintaining Connection

## Sexual Values as the Key to Maintaining Satisfying Sex After Prostate Cancer Treatment: The Physical Pleasure–Relational Intimacy Model of Sexual Motivation

Andrea M. Beck • John W. Robinson • Linda E. Carlson

Arch Sex Beh, 2013



Qualitative study with 17 men with prostate cancer

Reported factors that enabled couples to retain their sexual relationship were *acceptance, flexibility and persistence*

# Sexual Script Flexibility

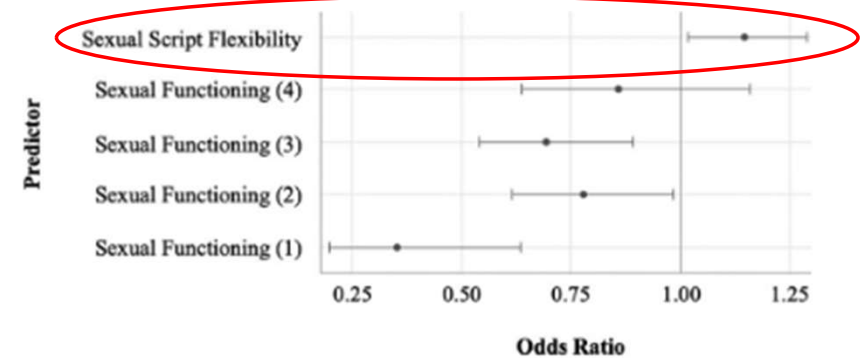
61 men with prostate cancer  
Crossectional study

**Table 3.** Correlations among measures of interest.

	1	2	3
1. Sexual Satisfaction	1.00	.37**	-.69**
2. Sexual Script Flexibility	–	1.00	-.15
3. Sexual Functioning	–	–	1.00

Spearman correlations were calculated for correlations involving sexual satisfaction; a Pearson correlation was calculated between sexual functioning and sexual script flexibility.

\*\* $p < .01$ .



**Figure 2.** Odds ratios.



# Mutuality is Important, but Generally Overlooked

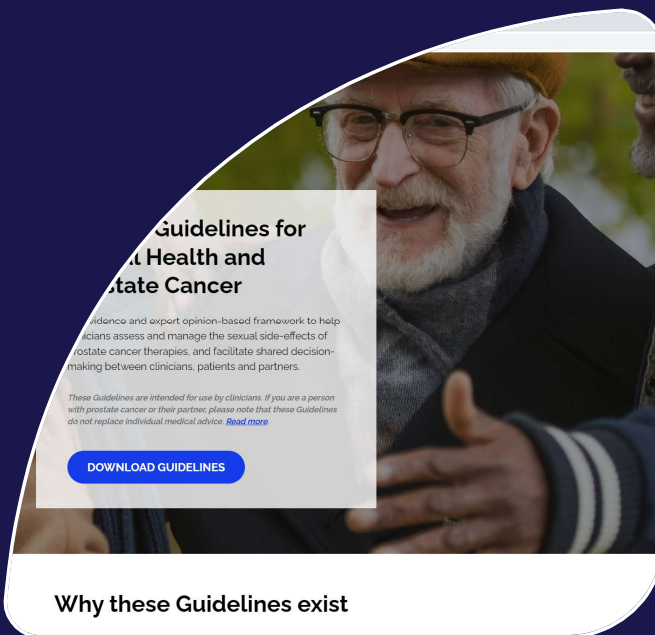


10 patients and 9 partners interviewed

Key result:

- Patients were unaware of partner's sexual needs
- This changed my practice

# Guidelines Principles and Statements Recognize the Importance of the Couple Approach



## Principle #3

The role of grief and mourning in couples' recovery of sexual intimacy has emerged as a path towards a new sexual paradigm despite sexual dysfunction.

## Principle #5

Including the partner in sexual health counseling, if both partners agree, is preferable when men are partnered.

29/47 statements are addressed to both patients and partners

# Take Home Messages



- Include the partner in a discussion of sexual side-effects of prostate cancer and rehabilitation whenever possible
- Couples do best when they work together as a team
- Being able to express and tolerate each other's feelings of loss and grief bodes for a better sexual recovery
- Mutuality is key







# THANK YOU

[dwittman@med.umich.edu](mailto:dwittman@med.umich.edu)

Complete our session survey to  
enter a raffle for a FREE  
one-year ISSM membership!





# Instructions



- Scan the QR code with your device or go to [www.issm.info/movember](http://www.issm.info/movember)
- This poll gathers insights to improve sexual health guidelines and resources in prostate cancer care through the ISSM and Movember partnership.







# THANK YOU