



# Sexual Dysfunction and Prostate Cancer Prevalence, Treatment, and Resources



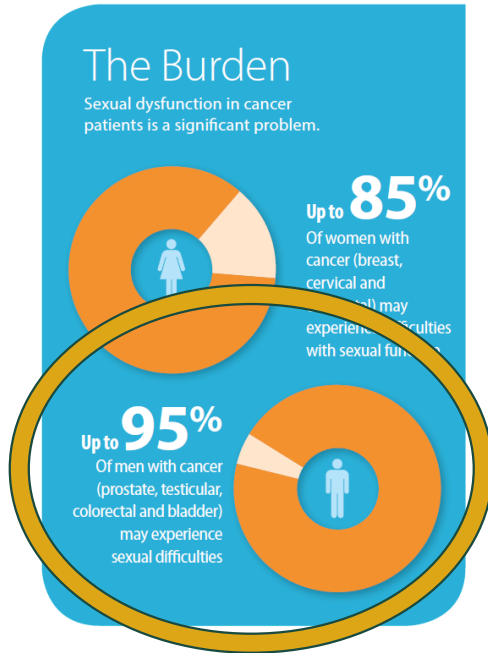
Ottawa, Canada

June, 2025



*Gerald Brock*  
*MD, FRCSC*

# CANCER AND SEXUAL DYSFUNCTION

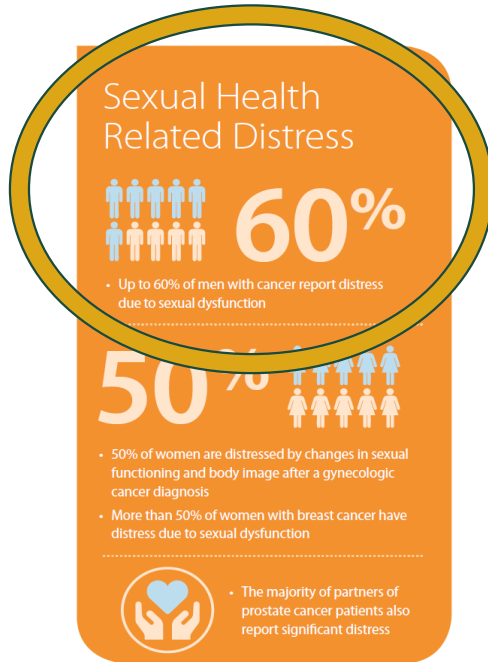


Sexual health is compromised by the diagnosis and treatment of virtually all cancer types.

## ***Prevalence rates of sexual dysfunction:***

- Prostate: **90%**
- Bladder: **60%**
- Colorectal: **60-80%**
- Non-pelvic / non-breast cancers: **>20%**

# SEXUAL DYSFUNCTION AND DISTRESS



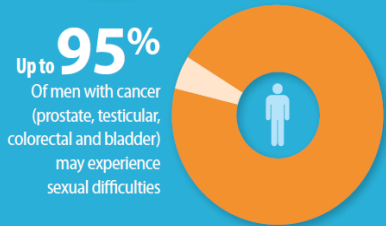
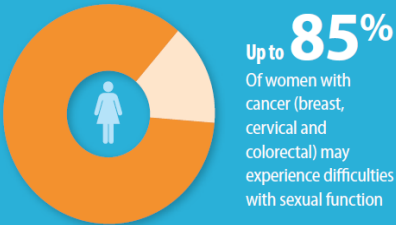
- Although sexual dysfunction can manifest uniquely within each cancer population, it consistently involves:
  - Biological Factors
  - Psychological Factors
  - Relational Factor

# BURDEN OF SEXUAL DYSFUNCTION

## Physical

### The Burden

Sexual dysfunction in cancer patients is a significant problem.



## Psychological

### Sexual Health Related Distress



- Up to 60% of men with cancer report distress due to sexual dysfunction



- 50% of women are distressed by changes in sexual functioning and body image after a gynecologic cancer diagnosis
- More than 50% of women with breast cancer have distress due to sexual dysfunction



- The majority of partners of prostate cancer patients also report significant distress

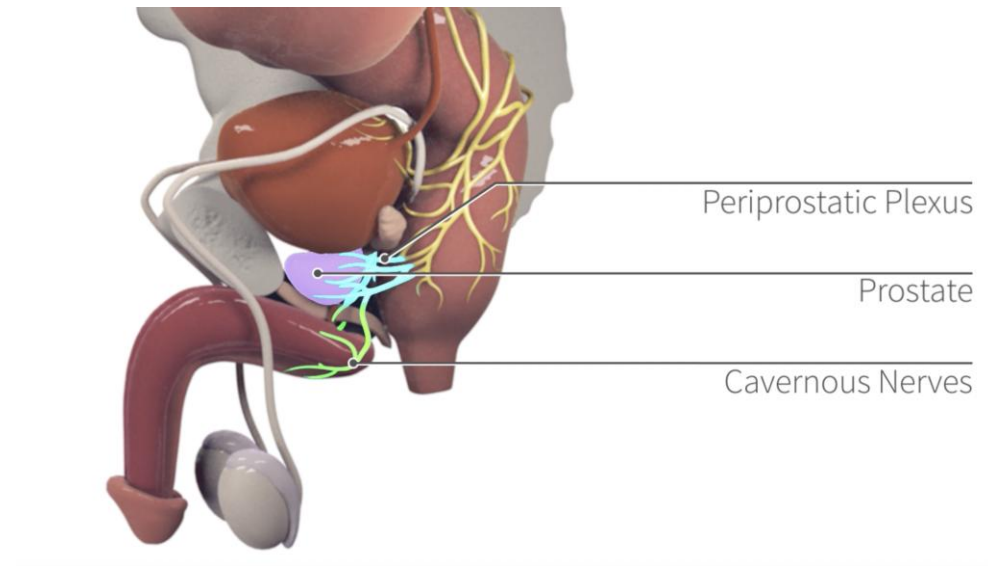


**HRQOL**

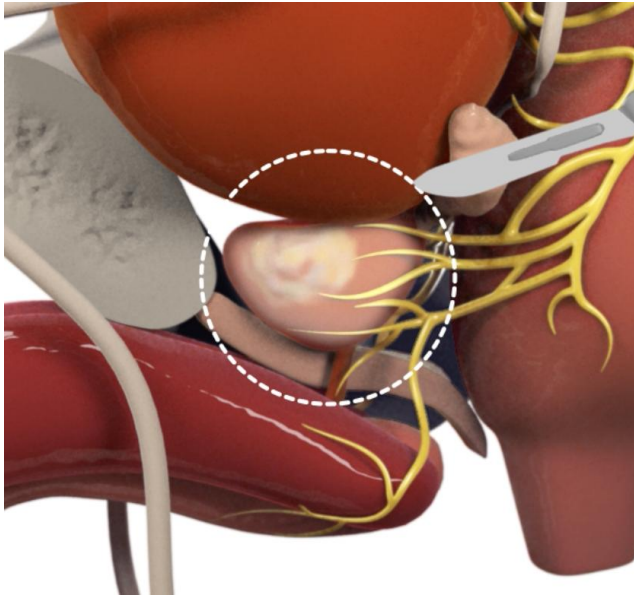
Single greatest impact on a patient's health-related quality of life (Prostate)

NATURE OF SEXUAL DYSFUNCTION	
<b>SEXUAL RESPONSE</b> <ul style="list-style-type: none"> <li>Decreased desire</li> <li>Erectile dysfunction</li> <li>Orgasm (alternate sensation/anorgasmia)</li> <li>Absence of ejaculate</li> </ul>	<b>INTIMACY /RELATIONSHIPS</b> <ul style="list-style-type: none"> <li>Partner sexual health concerns</li> </ul>
	<b>SEXUAL SATISFACTION</b>
	<b>FERTILITY</b>
	<b>VASOMOTOR SYMPTOMS</b> <b>FATIGUE</b>
<b>BODY IMAGE AND PENILE CHANGES</b> <ul style="list-style-type: none"> <li>Urinary/fecal incontinence</li> <li>Alopecia (loss of body hair)</li> <li>Penile/testicular changes in size and shape</li> </ul>	<b>PSYCHOSOCIAL</b> <ul style="list-style-type: none"> <li>Sexual Performance Anxiety</li> <li>Impact on Masculinity</li> <li>Sexual Distress</li> </ul>

# CANCER TREATMENTS AND SEXUAL DYSFUNCTION



# SURGERY

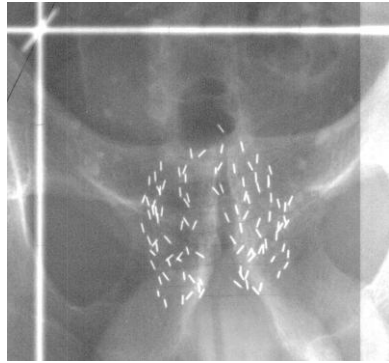


OPEN PROSTATECTOMY



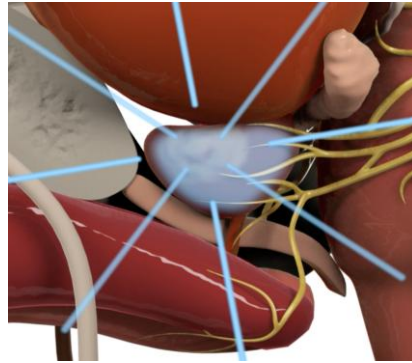
ROBOT-ASSISTED RADICAL PROSTATECTOMY

# RADIATION

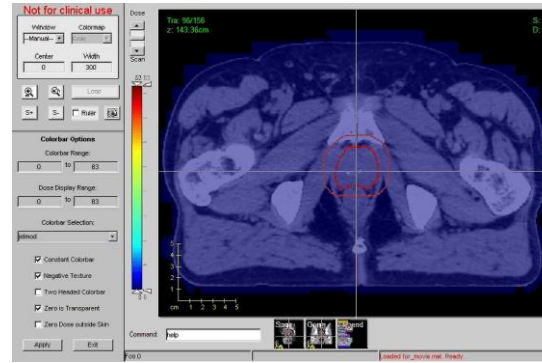


Low dose brachytherapy

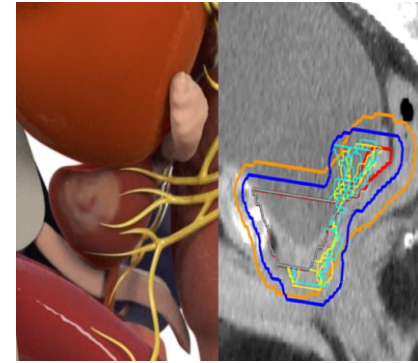
High dose brachytherapy



External Beam Radiation



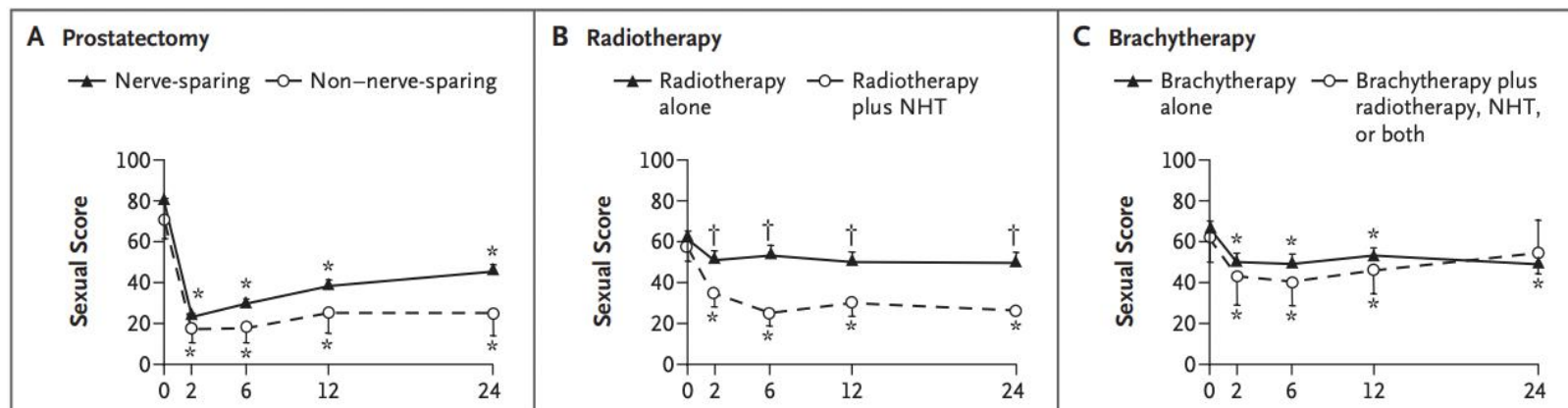
Volumetric Arc Modulated Therapy



Adaptive Radiation Therapy



# SURGERY AND RADIATION TREATMENT AND ED



- Surgery – 40% to 70%
- External Beam Radiation Therapy – 25% to 50%
- Brachytherapy – 35% to 60%
- (Other Factors: pre-tx function, nerve-sparing, age, comorbidities)

# HORMONE THERAPY

## Androgen Deprivation Therapy (~50% of RT patients also receive Neo-adjuvant ADT)

- 73% report ED
- 94% loss of sexual desire
- 83%-93% sexual activity cessation
- Difficulty reaching orgasm or anorgasmia
- Body image concerns  
breast growth, loss of body hair, genital shrinkage, loss of muscle mass

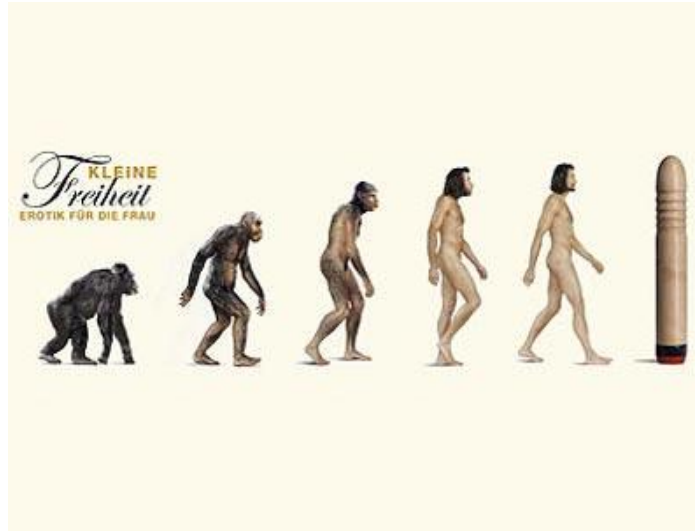


- Casodex
- Lupron
- Abiraterone (Zytiga)
- Enzalutamide (Xtandi)
- Apalutamide (Erleada)
- Darolutamide

# TREATMENTS FOR SEXUAL DYSFUNCTION

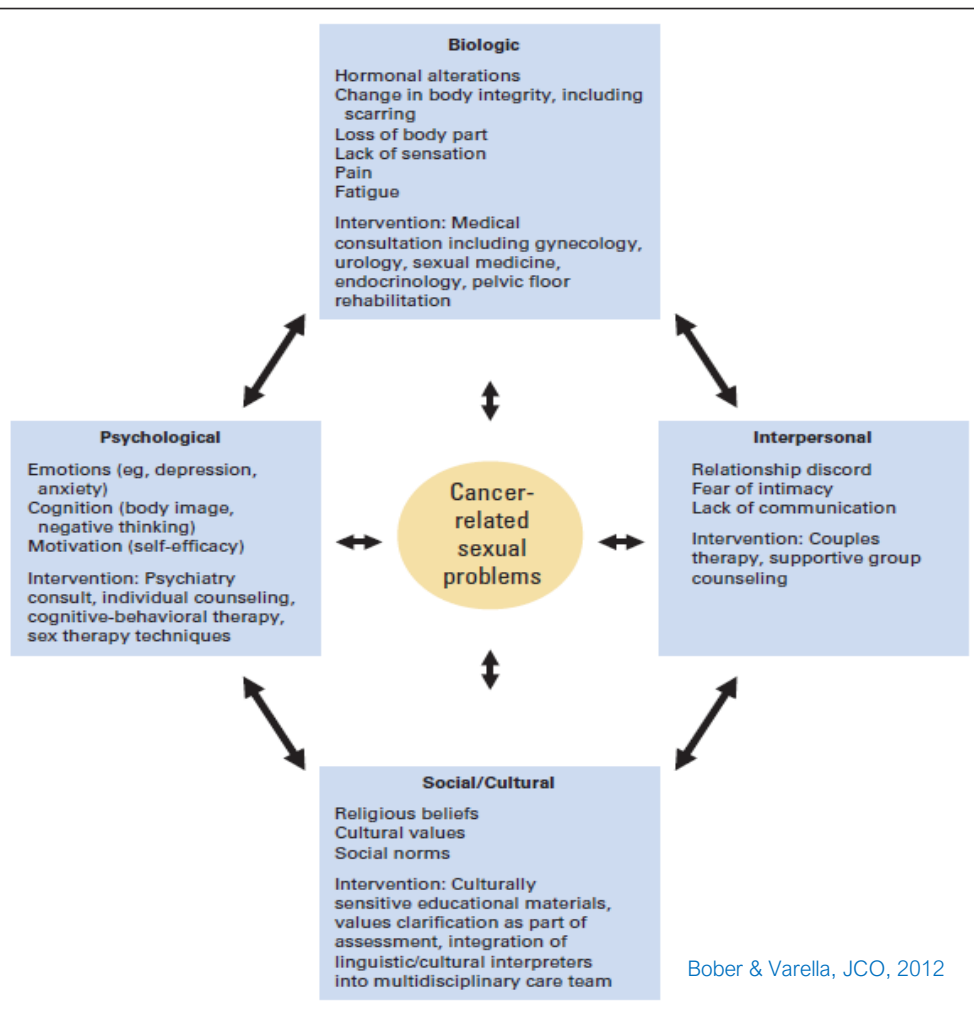


Sex is a multi-faceted activity and to claim otherwise, reeks of penocentricity

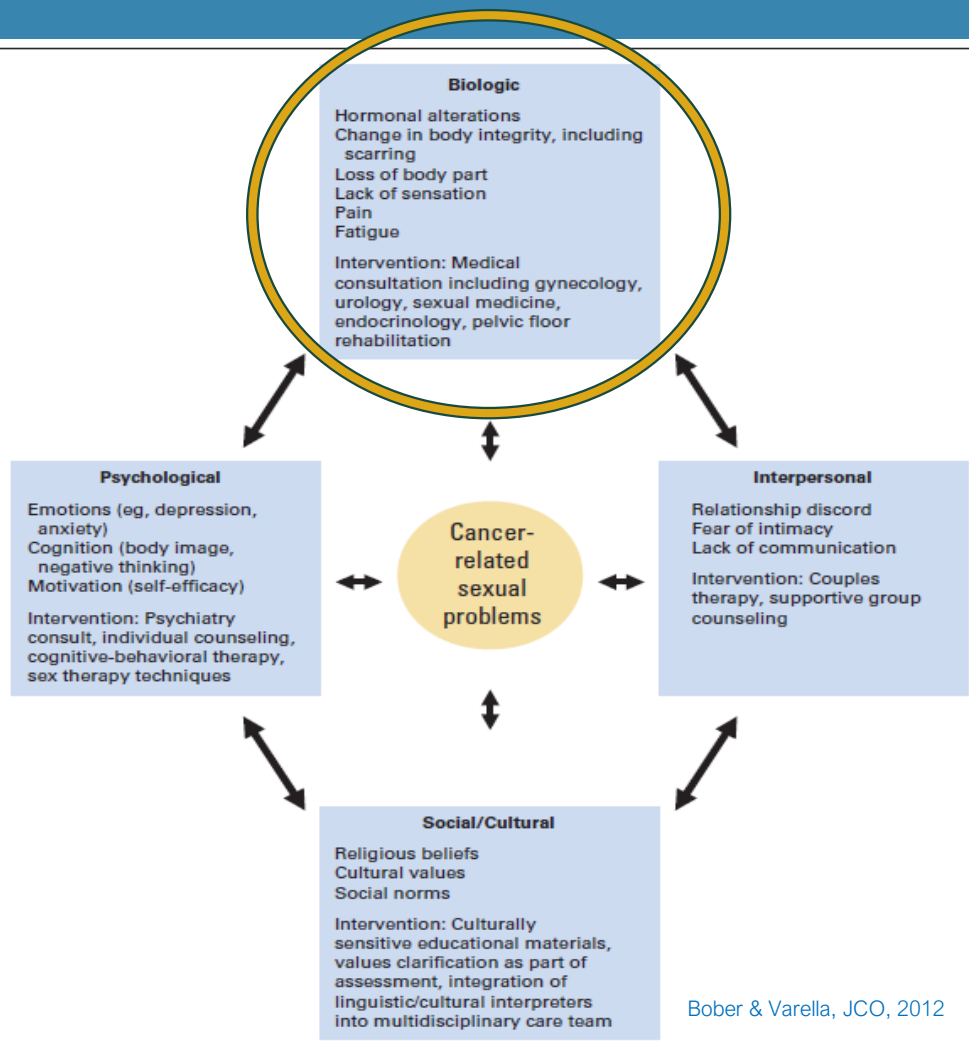


# SEXUAL HEALTH TREATMENT

## A Biopsychosocial-Cultural Model of Sexuality



# SEXUAL HEALTH TREATMENT - Biologic



## A Biopsychosocial-Cultural Model of Sexuality



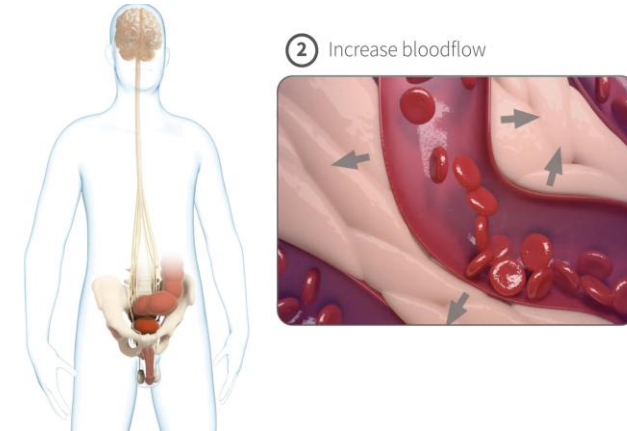
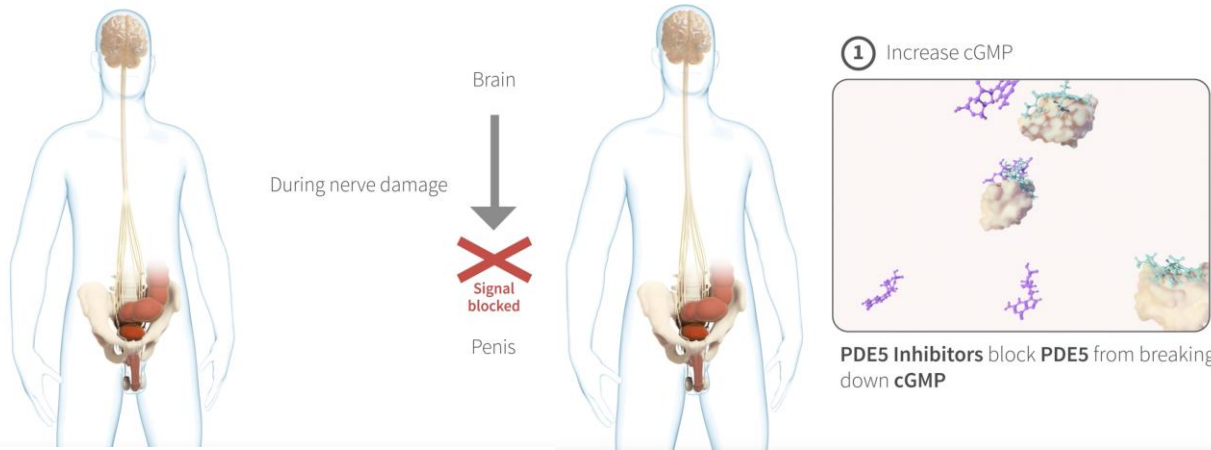
# ERECTILE DYSFUNCTION - PDE-5 INHIBITORS

Sildenafil (Viagra)

Vardenafil (Levitra, Staxyn)

Tadalafil (Cialis)

Avanafil (Stendra)



**EFFECTIVENESS: 30-60%**

# ERECTILE DYSFUNCTION : VACUUM ERECTION DEVICE



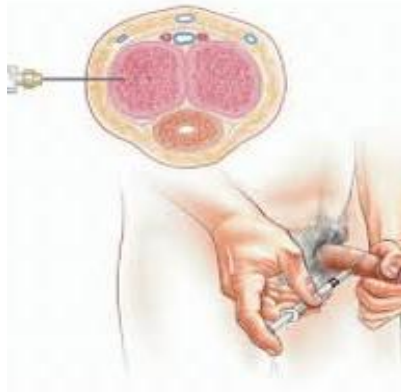
- Excellent choice for those who do not want medication
- Can be clumsy (need to involve partner)
- The ring must be removed within 30 min
- Penis can feel cool
- Firm but not erect

**EFFECTIVENESS: 80%**



# INTRACAVERNOUS INJECTIONS

- ▶ **Caverject and Edex**
  - prostaglandin E2
- ▶ **Bimix**
  - papaverine and phentolamine
- ▶ **Triple Mix**
  - prostaglandin, papaverine, phentolamine

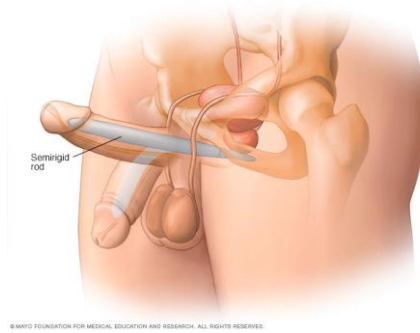


- Requires training
- Very effective
- Approx. 15 minutes for response

**EFFECTIVENESS: 90%**

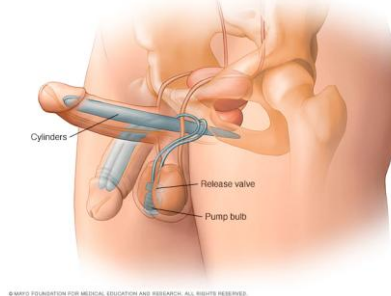
# ERECTILE DYSFUNCTION: PENILE IMPLANTS

## SEMI-RIGID



- ▶ Rigid and Semi-rigid
- ▶ Semi-Rigid
  - Hydraulic, inflatable
  - Concealed, reliable

## INFLATABLE



- ▶ Complication rate 2-10%
- ▶ Last for 10 to 15 years

**SATISFACTION RATE: 85%**

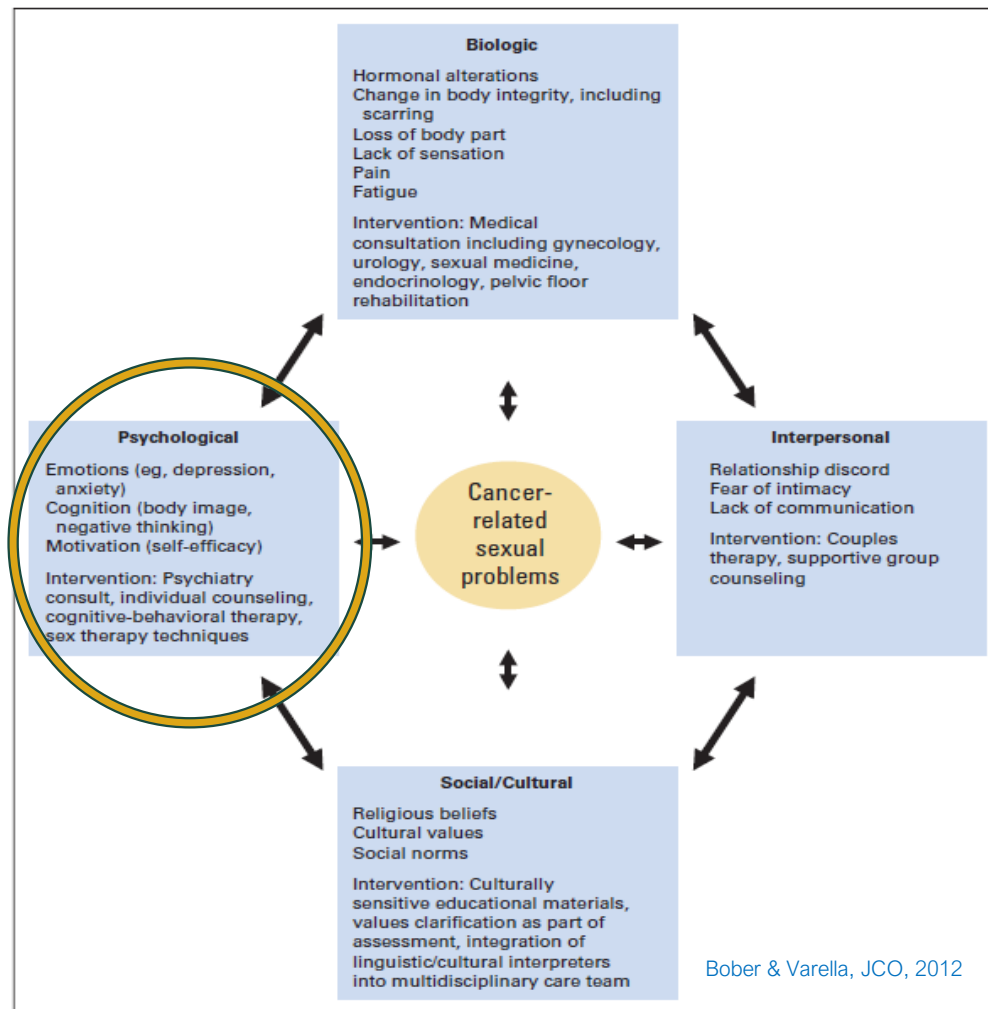
# NON-PENETRATIVE SEXUAL ACTIVITY

Non-penetrative sexual activity can play a vital role in recovery

- ▶ Allows for **adjustment**...bridging the period of dysfunction
- ▶ Support maintenance of **emotional intimacy**
- ▶ Exploration of new experiences....creativity
- ▶ Reduces sexual performance anxiety
- ▶ Avoids a lengthy period of non-sexual activity



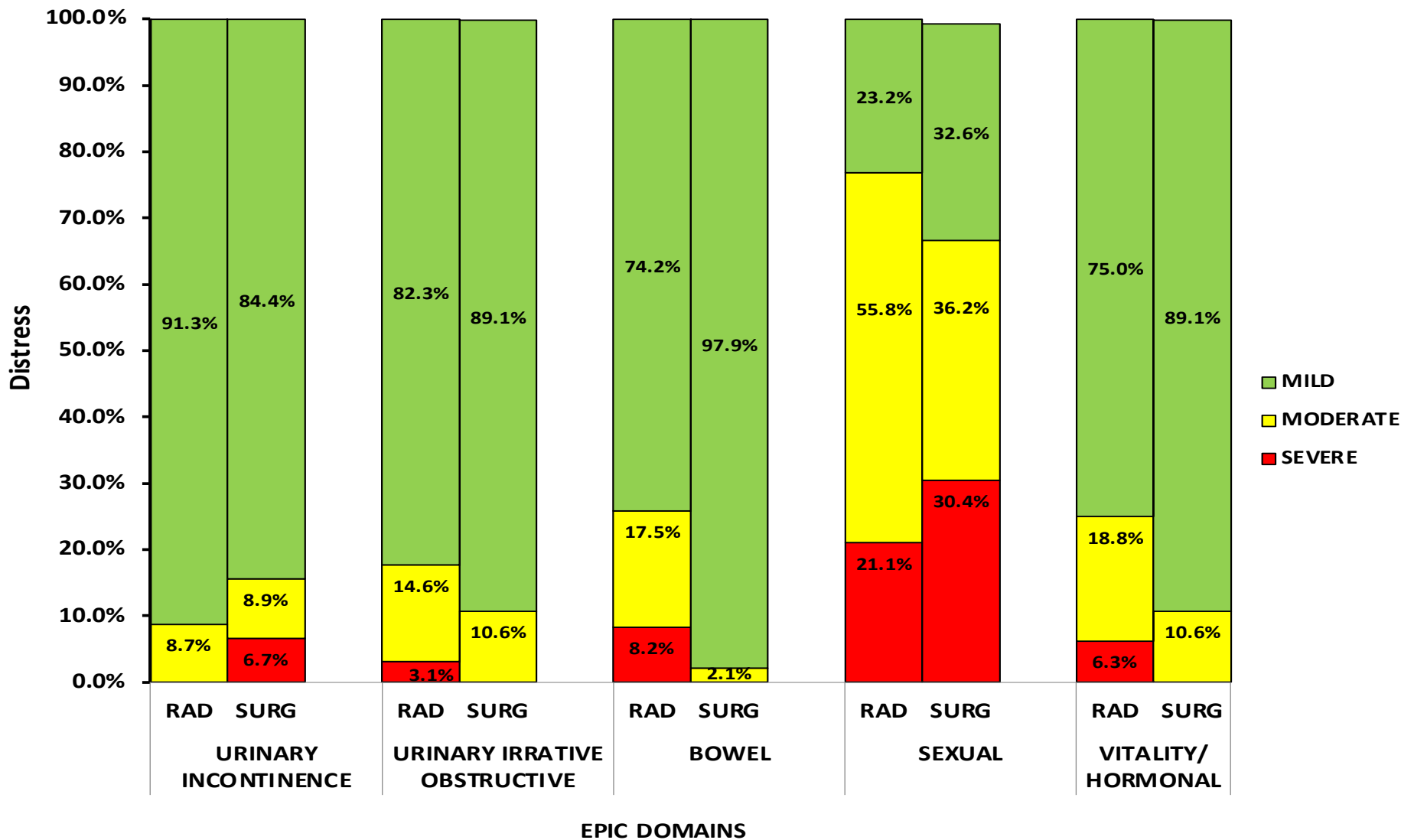
# SEXUAL HEALTH TREATMENT - Psychological



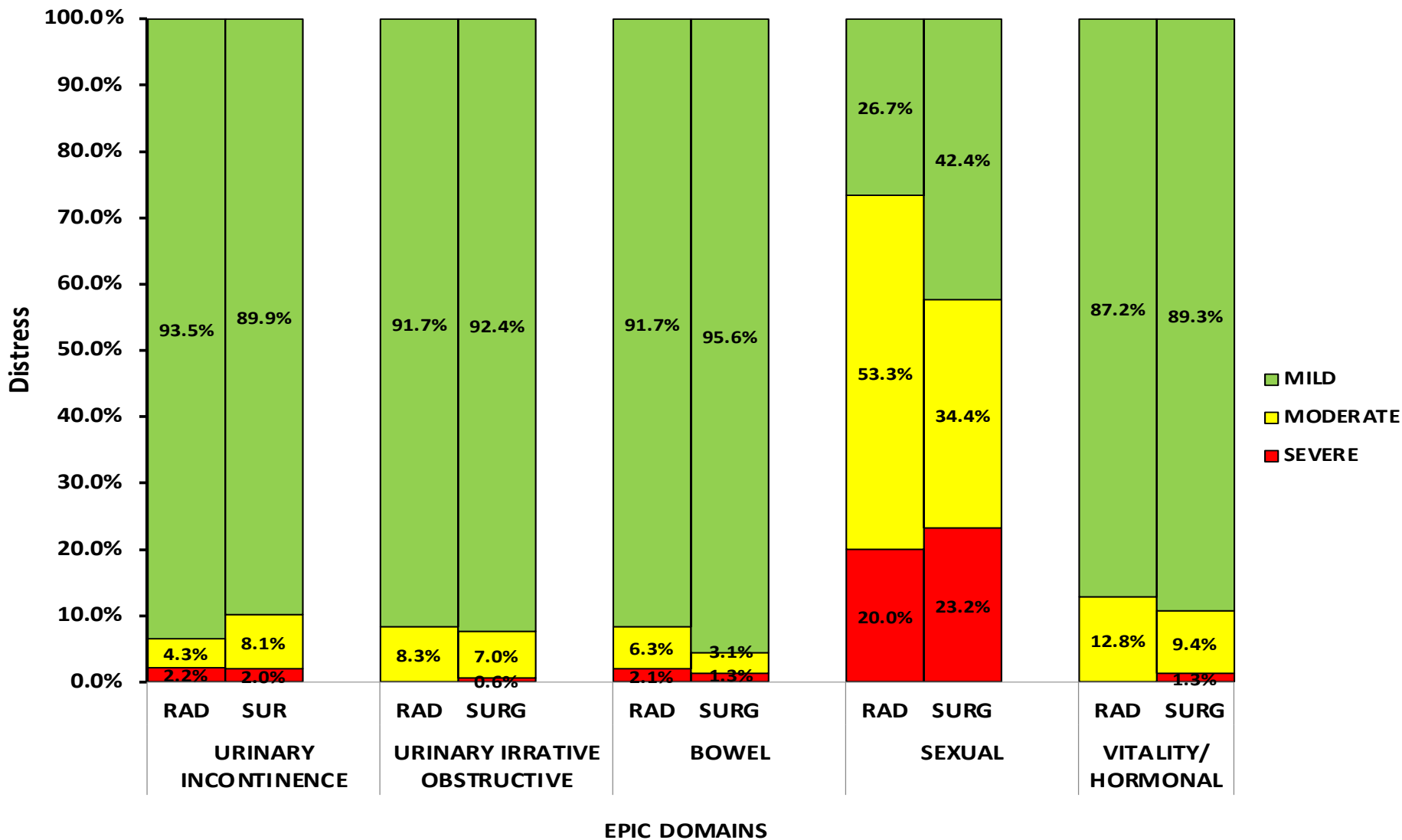
## A Biopsychosocial-Cultural Model of Sexuality



## PMH EPIC Domain Scores by Surgical and Radiation Treatment < 1 year



## PMH EPIC Domain Scores by Surgical and Radiation Treatment > 1 year



# ERECTILE DYSFUNCTION AND DISTRESS

- SD Distress: 60% of patients reported moderate to severe distress
- In a quality of life study on 1-year post-surgery patients:
  - only 12% reported fear of cancer recurrence
  - 40% reported sexual dysfunction concerns
- Distress is especially elevated in younger men
- Significant impact on partner and couple



# BODY IMAGE CONCERNS

## ➤ **Radical Proctectomy**

- Loss of penile length

## ➤ **Androgen Deprivation Therapy:**

- Breast Growth
- Loss of Muscle Mass
- Genital Shrinkage
- Loss of Body Hair



## TREATMENT

### ➤ Radical Proctectomy

- Loss of penile length

### ➤ Androgen Deprivation Therapy:

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**Preservation of penile length after radical prostatectomy: early intervention with a vacuum erection device**

[B L Dalkin](#) & [B A Christopher](#)

[International Journal of Impotence Research](#) 19, 501–504 (2007) | [Cite this article](#)

5098 Accesses | 11 Altmetric | [Metrics](#)

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## TREATMENT



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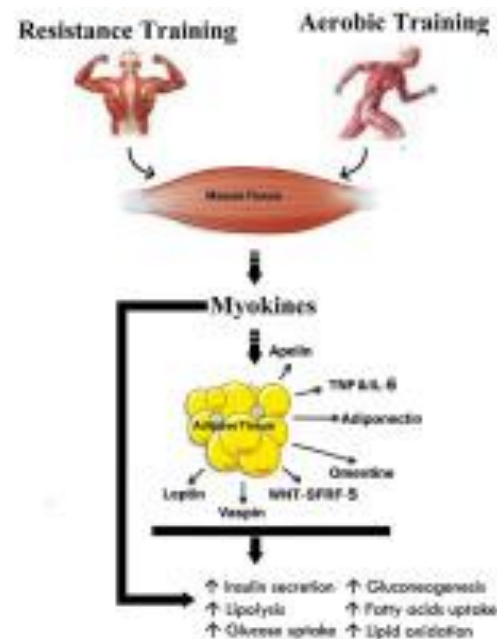
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## TREATMENT



# LOW SEX DRIVE

- DETERMINE ETIOLOGY:
  - ORGANIC
    - Testosterone is mainly responsible for sex drive
    - Fatigue
  - PSYCHOGENIC
    - loss of sexual confidence
    - learned helplessness = sexual performance anxiety

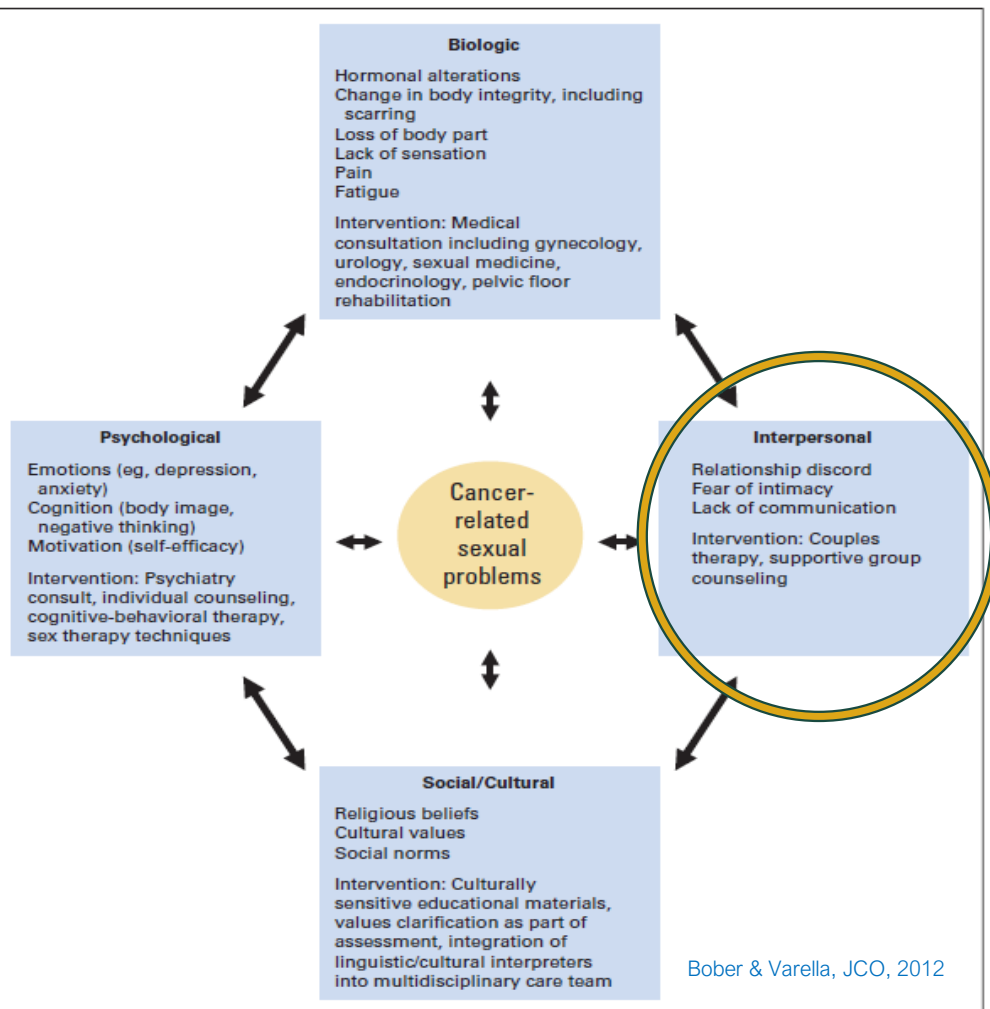


## TREATMENT

- Most difficult SD to treat (ADT)
- Acceptance, Adjustment, Adaptation
- TRT under very specific circumstances

# SEXUAL HEALTH TREATMENT

## A Biopsychosocial-Cultural Model of Sexuality



# IMPACT ON RELATIONSHIPS

- Patient's concern
  - Not manly
  - Inadequacy in pleasing partner
  - Physical and emotional retreat ("Why start what I can't finish")
- Partners concern (e.g. Female)
  - Not focused on loss of penetrative sex
  - Distress related to partner's retreat
  - Inadequacy in pleasing partner
- Avoidance – not wanting to upset the other

## TREATMENT



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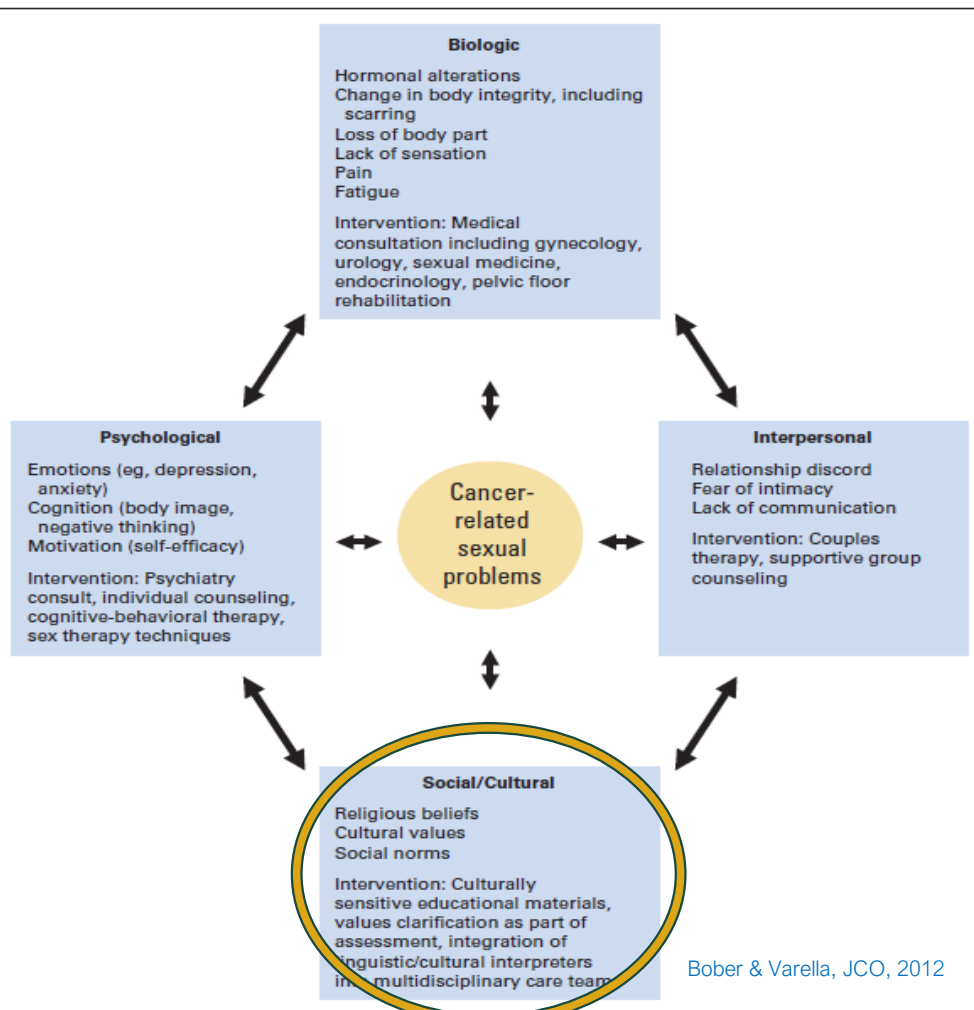


## TREATMENT

- Encourage couple to work as a **team**
- Verbal communication is the key to success
  - Avoid assumptions
- Professional help is available
  - E.g. Sex Therapists

# SEXUAL HEALTH TREATMENT

## A Biopsychosocial-Cultural Model of Sexuality

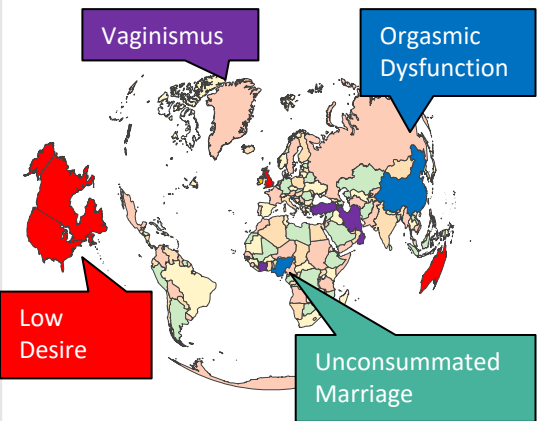




# DETERMINANTS OF SEXUAL HEALTH

## SOCIO-CULTURE

Sexual knowledge, sexual beliefs & sexual practices are all shaped by social and cultural factors



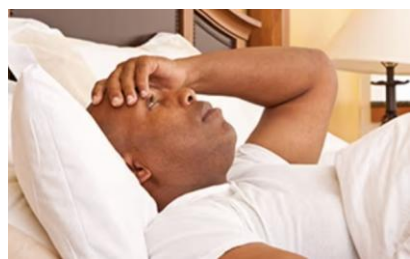
## GENDER

It is estimated that up to 70% of **men** with ED do not seek treatment.



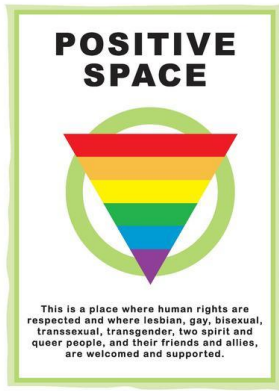
## RACE

It is estimated that **over 70% of black men** with ED do not seek treatment

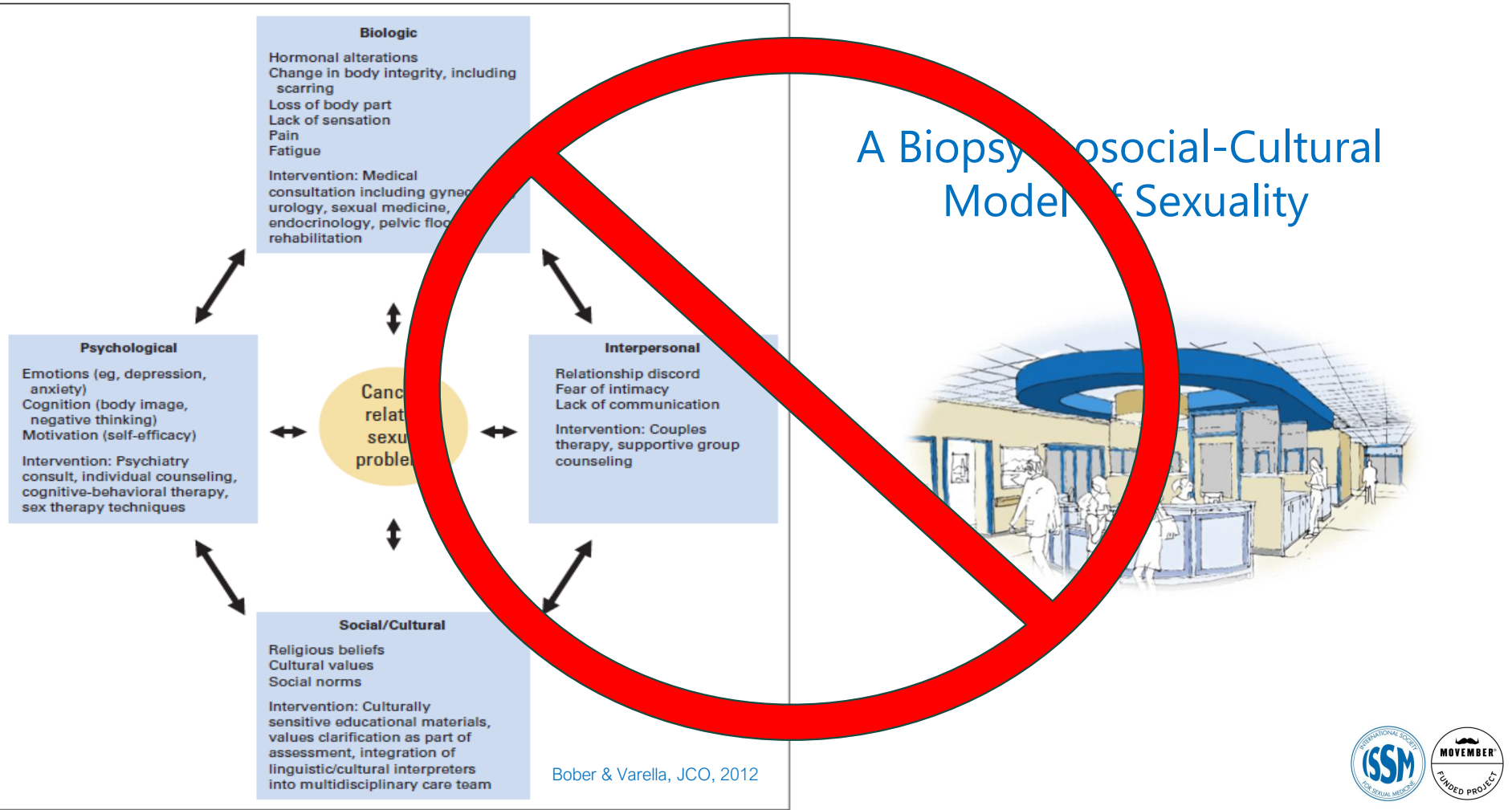


## SEXUAL ORIENTATION

**Heterosexism** - The social conventions of North American society are overwhelmingly heterosexual



# BARRIERS TO SEXUAL HEALTH TREATMENT



# BARRIERS: COMMUNICATION AVOIDANCE

## PATIENTS

- **62%** of males are interested in receiving information about sexual dysfunction
- **15%** ask for help
  - Stigma and Embarrassment
  - Wrong place, Wrong Time

## ONCOLOGISTS

- **Majority** of Oncologists don't inquire about sexual health concerns
  - Discomfort in discussing sexual concerns
  - Lack of resources to respond to sexual health concerns




# BARRIERS: COMMUNICATION AVOIDANCE FEEDBACK LOOP




- Patients don't ask
- HCPS don't ask
- Cancer Centres don't provide





## Unfortunately Sexual Healthcare in Oncology is the exception in Canadian Cancer Centres



# SEXUAL HEALTHCARE IN PROSTATE CANCER

**WE NEED RESOURCES TO ASSIST THE TWO  
PRIMARY STAKEHOLDERS IN ACHIEVING THIS  
GOAL:**

**PATIENTS AND THEIR PARTNERS**

**AND**

**CLINICIANS**





## THE JOURNAL OF SEXUAL MEDICINE

ORIGINAL RESEARCH & REVIEWS

### ONCOLOGY

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



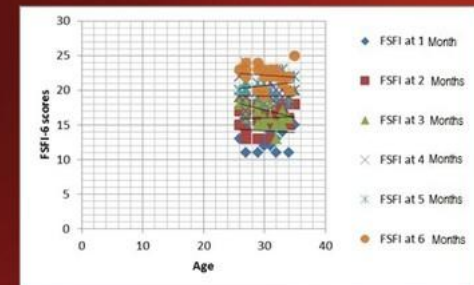
Daniela Wittmann, PhD, MSW,<sup>1</sup> Akanksha Mehta, MD,<sup>2</sup> Ellis McCaughan, PhD, RN,<sup>3</sup> Martha Faraday, PhD,<sup>4</sup> Ashley Duby, MS,<sup>1</sup> Andrew Matthew, PhD,<sup>5</sup> Luca Incrocci, MD,<sup>6</sup> Arthur Burnett, MD,<sup>7</sup> Christian J. Nelson, PhD,<sup>8</sup> Stacy Elliott, MD,<sup>9</sup> Bridget F. Koontz, MD,<sup>10</sup> Sharon L. Bober, PhD,<sup>11</sup> Deborah McLeod, PhD,<sup>12</sup> Paolo Capogrosso, MD,<sup>13</sup> Tet Yap, MD,<sup>14</sup> Celestia Higano, MD,<sup>15</sup> Stacy Loeb, MD,<sup>16</sup> Emily Capellari, MLIS,<sup>17</sup> Michael Glodé, MD,<sup>18</sup> Heather Goltz, PhD, MSW,<sup>19</sup> Doug Howell,<sup>20</sup> Michael Kirby, MD,<sup>21</sup> Nelson Bennett, MD,<sup>22</sup> Landon Trost, MD,<sup>23,24</sup> Phillip Odiyo Ouma, MS,<sup>25</sup> Run Wang, MD,<sup>26,27</sup> Carolyn Salter, MD,<sup>28</sup> Ted A. Skolarus, MD, MPH,<sup>1,29</sup> John McPhail,<sup>30</sup> Susan McPhail,<sup>30</sup> Jan Brandon,<sup>31</sup> Laurel L. Northouse, PhD, RN,<sup>32</sup> Kellie Paich, MPH,<sup>33</sup> Craig E. Pollack, MD, MHS,<sup>34</sup> Jen Shifferd, MPT,<sup>35</sup> Kim Erickson, PT,<sup>35</sup> and John P. Mulhall, MD<sup>36</sup>

### ➤ CORE FEATURES

- Comprehensive Treatment
- Inclusive Treatment
- Equitable Treatment

## THE JOURNAL OF SEXUAL MEDICINE

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An Official Journal of The International Society for Sexual Medicine

Asia Pacific Society for Sexual Medicine (APSSM); European Society for Sexual Medicine (ESSM); Latin American Society for Sexual Medicine (SLAMS); Middle East Society for Sexual Medicine (MESSM); Sexual Medicine Society of North America (SMSNA); South Asian Society for Sexual Medicine (SASSM); International Society for the Study of Women's Sexual Health (ISSWSH)





# INTERNATIONAL GUIDELINES – RECOMMENDATION #1

Guideline Recommendation #1 is seen as a foundational standard for improving patient outcomes.

## RECOMMENDATION #1:

### RECOMMENDATION #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.”***





# AVOID MOTHBALLS – GLOBAL DISEMINATION STRATEGY

## PATIENT EDUCATION



### Erectile dysfunction (ED) and prostate cancer treatment: what to know

Erectile dysfunction (ED) happens when your penis cannot get hard enough to have sex. Learn why this happens after some prostate...

[Continue reading](#) →



### Rebuilding sexual intimacy after a prostate cancer diagnosis

Intimacy goes beyond the physical act of sex. Use sensual exercises to explore different ways to experience pleasure and...

[Continue reading](#) →

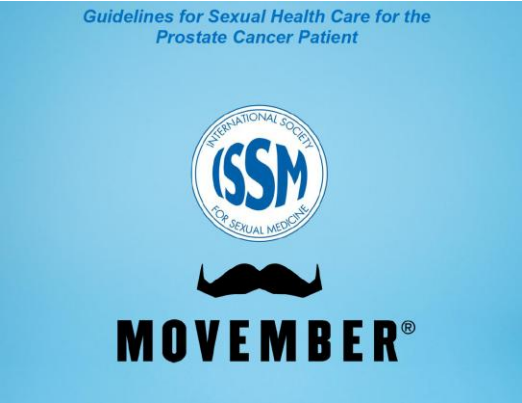


### What bodily changes can you expect after prostate cancer treatment?

Knowing what physical changes to expect after prostate cancer treatment, from orgasms to penis size, can help you adapt and heal.

[Continue reading](#) →

## CLINICIAN EDUCATION



## ISSM-Movember Partnership

[Home](#) > [About](#) > [ISSM-Movember Partnership](#)

### Background of the ISSM-Movember Partnership

The collaboration between the International Society for Sexual Medicine (ISSM) and Movember stems from a shared commitment to addressing the often-overlooked sexual health challenges faced by prostate cancer survivors. While advances in oncology have improved survival rates, post-treatment complications, particularly sexual dysfunction, remain a significant concern. Recognizing this critical gap, ISSM and Movember have partnered to develop and disseminate the [Guidelines for Sexual Health Care for the Prostate Cancer Patient](#).



# ISSM-MOVEMBER INITIATIVE – CLINICIAN RESOURCES

## A Global Dissemination Strategy

To ensure widespread adoption of the guidelines, ISSM and Movember have launched a multi-faceted dissemination project, including:

- **Q&A videos** addressing key concerns about sexual health in prostate cancer care.
- **Educational webinars** to provide clinicians with practical strategies for implementation.
- **A clinician toolkit** to support guideline adoption in diverse healthcare settings.
- **Sessions and workshops** at major conferences worldwide to reach healthcare professionals on a global scale.

## ASK THE EXPERTS: Q&A VIDEO SERIES

## CLINICIAN TOOLKIT

## EDUCATION WEBINARS & WORKSHOPS

-Exemplar clinician and patient role-play videos

- Discussion Scripts

- Clinician Checklists



September 5, 2025

**Webinar – Rural and Urban Practice – Different Challenges, Different Approaches**

Healthcare professionals face distinct challenges when addressing sexual health in rural and urban settings. Limited resources,



### Partners of Prostate Cancer Patients

Dr. Daniela Wittmann and Dr. Sharon Bober highlight how prostate cancer affects both patients and their partners. Learn why partner involvement matters and how sexual changes impact relationships.

Expert: Sharon Bober

Tags: Movember, partner, prostate cancer, sexual health



### Penile Rehabilitation and Shared Decision-Making

Dr. Gerald Brock and Dr. John Mulhall discuss penile rehabilitation after prostate cancer treatment. Learn the science, key principles, and how personalized plans support recovery.

Expert: John Mulhall

Tags: Movember, penile rehabilitation, prostate cancer, sexual health, shared decision-making



### Psychological Distress and Managing Expectations: Pre-Treatment

Dr. Daniela Wittmann and Dr. Chris Nelson dive into the emotional challenges of prostate cancer treatment. Learn why setting realistic sexual health expectations matters and how to overcome barriers to these conversations.

Expert: Chris Nelson

Tags: Movember, prostate cancer, sex therapy, sexual health



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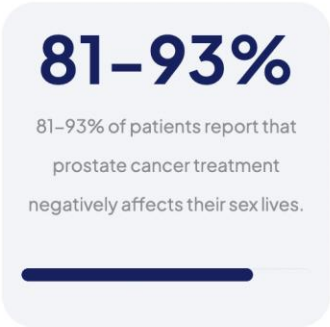


# ISSM | Movember

Introducing a collaboration between the International Society for Sexual Medicine (ISSM) and Movember to help men with prostate cancer lead more fulfilling sexual lives after cancer treatment.

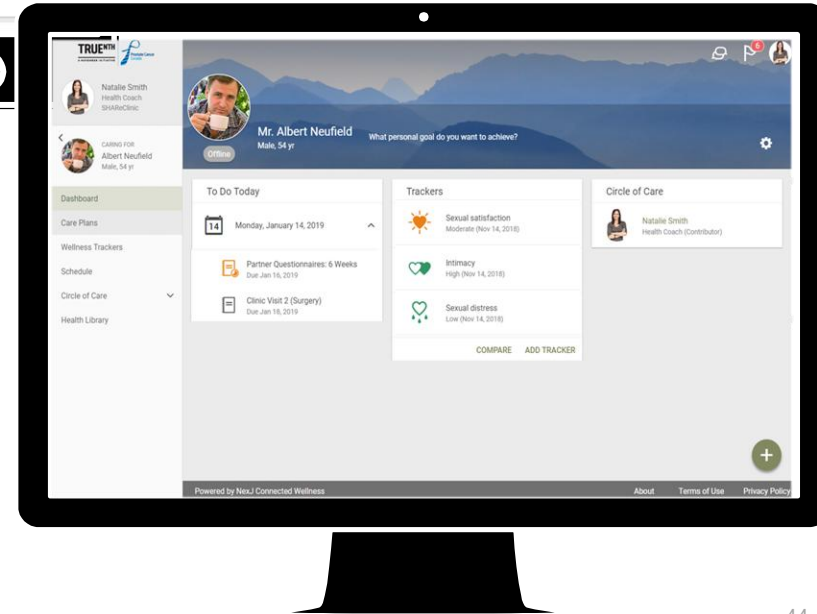
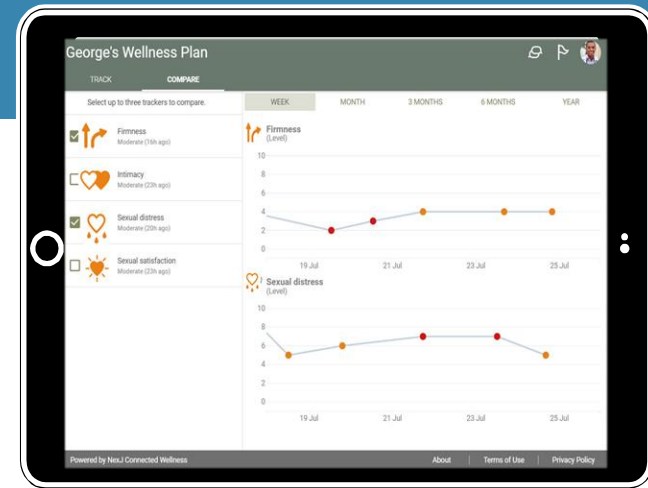
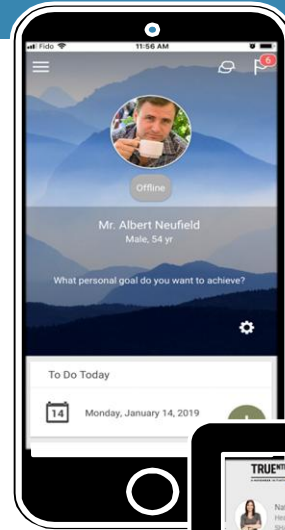
Read More →

[Background of ISSM-Movember Collaboration](#)



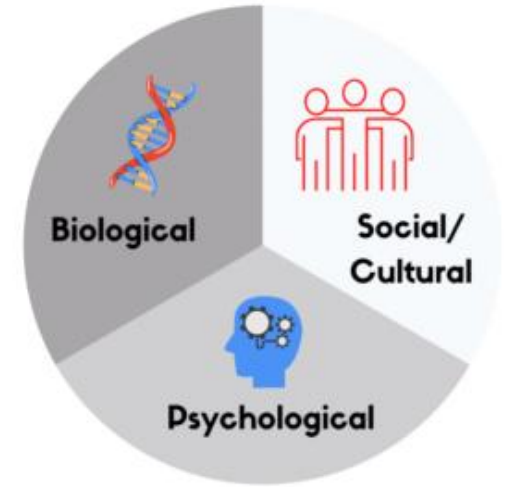
# VIRTUAL PROGRAMMING

- ▶ CLINICIAN TRAINING
  - ▶ Sexual Health and Rehabilitation eTraining (SHAReTraining)
- ▶ PATIENT CARE
  - ▶ Sexual Health and Rehabilitation eClinic (SHAReClinic)



# TAKE HOME MESSAGES

- Sexual health is compromised by all prostate cancer treatments
- Sexual health concerns impact the patient, partner, & couple
- Sexual health concerns require a biopsychosocial approach
- “Asking the question” is challenging without appropriate resources to respond



THANK YOU!



# HELP US IMPROVE

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



Scan this QR code with your device

