



An Update on ISSM & Movember initiatives directed at Prostate Cancer Survivors and Sexual Health: **Relevance to Latin America**



Welcome



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Disclosure Gerald Brock

- Boston Scientific
- Haleon Pharmaceuticals
- Vitaris





1. Review of messaging
2. Understanding of existing Program
3. Feedback from SLAMS about future

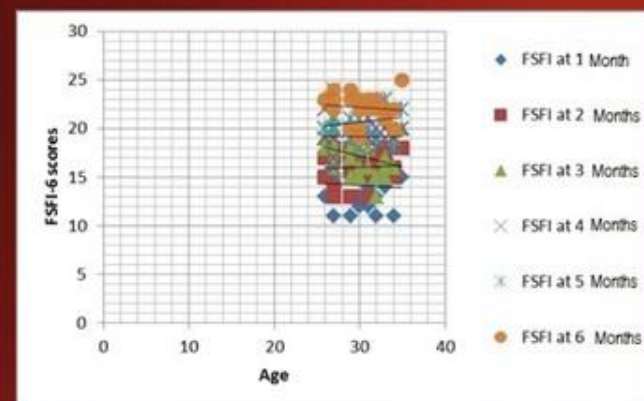
ONCOLOGY

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



Daniela Wittmann, PhD, MSW,¹ Akanksha Mehta, MD,² Eilis McCaughan, PhD, RN,³ Martha Faraday, PhD,⁴ Ashley Duby, MS,¹ Andrew Matthew, PhD,⁵ Luca Incrocci, MD,⁶ Arthur Burnett, MD,⁷ Christian J. Nelson, PhD,⁸ Stacy Elliott, MD,⁹ Bridget F. Koontz, MD,¹⁰ Sharon L. Bober, PhD,¹¹ Deborah McLeod, PhD,¹² Paolo Capogrosso, MD,¹³ Tet Yap, MD,¹⁴ Celestia Higano, MD,¹⁵ Stacy Loeb, MD,¹⁶ Emily Capellari, MLIS,¹⁷ Michael Glodé, MD,¹⁸ Heather Goltz, PhD, MSW,¹⁹ Doug Howell,²⁰ Michael Kirby, MD,²¹ Nelson Bennett, MD,²² Landon Trost, MD,^{23,24} Phillip Odiyo Ouma, MS,²⁵ Run Wang, MD,^{26,27} Carolyn Salter, MD,²⁸ Ted A. Skolarus, MD, MPH,^{1,29} John McPhail,³⁰ Susan McPhail,³⁰ Jan Brandon,³¹ Laurel L. Northouse, PhD, RN,³² Kellie Paich, MPH,³³ Craig E. Pollack, MD, MHS,³⁴ Jen Shifferd, MPT,³⁵ Kim Erickson, PT,³⁵ and John P. Mulhall, MD³⁶

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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)





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





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).



Background



Run Wang, MD, FACS

*Professor of Urology, Director of Sexual Medicine Fellowship
Program University of Texas*

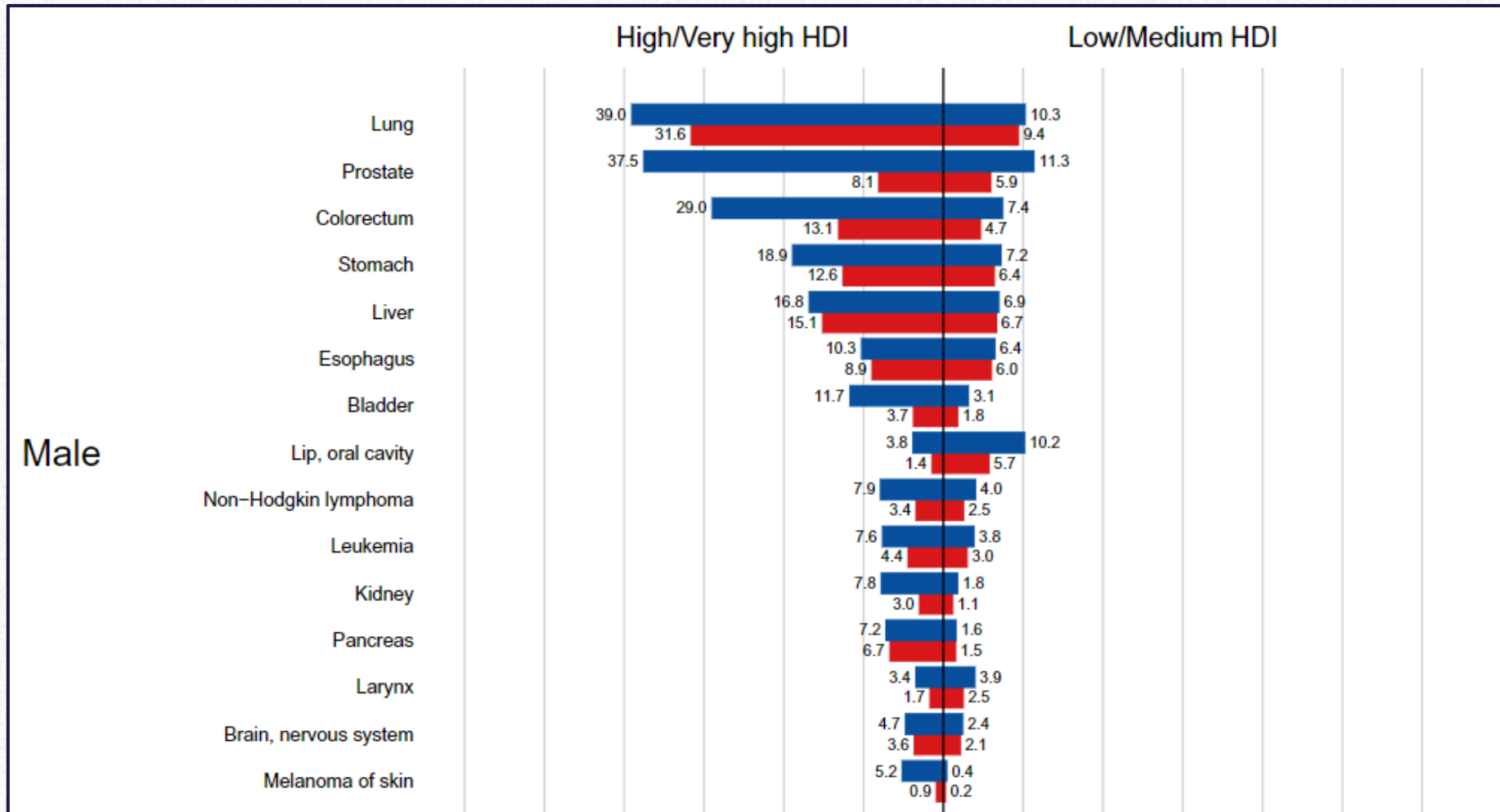
*MD Anderson Cancer Center and McGovern Medical School,
Houston, Texas, USA*

Disclosures Dr. Run Wang

- No disclosures



Global Cancer Incidence and Mortality



Statistics Brazil and Latin America



REVIEW ARTICLE

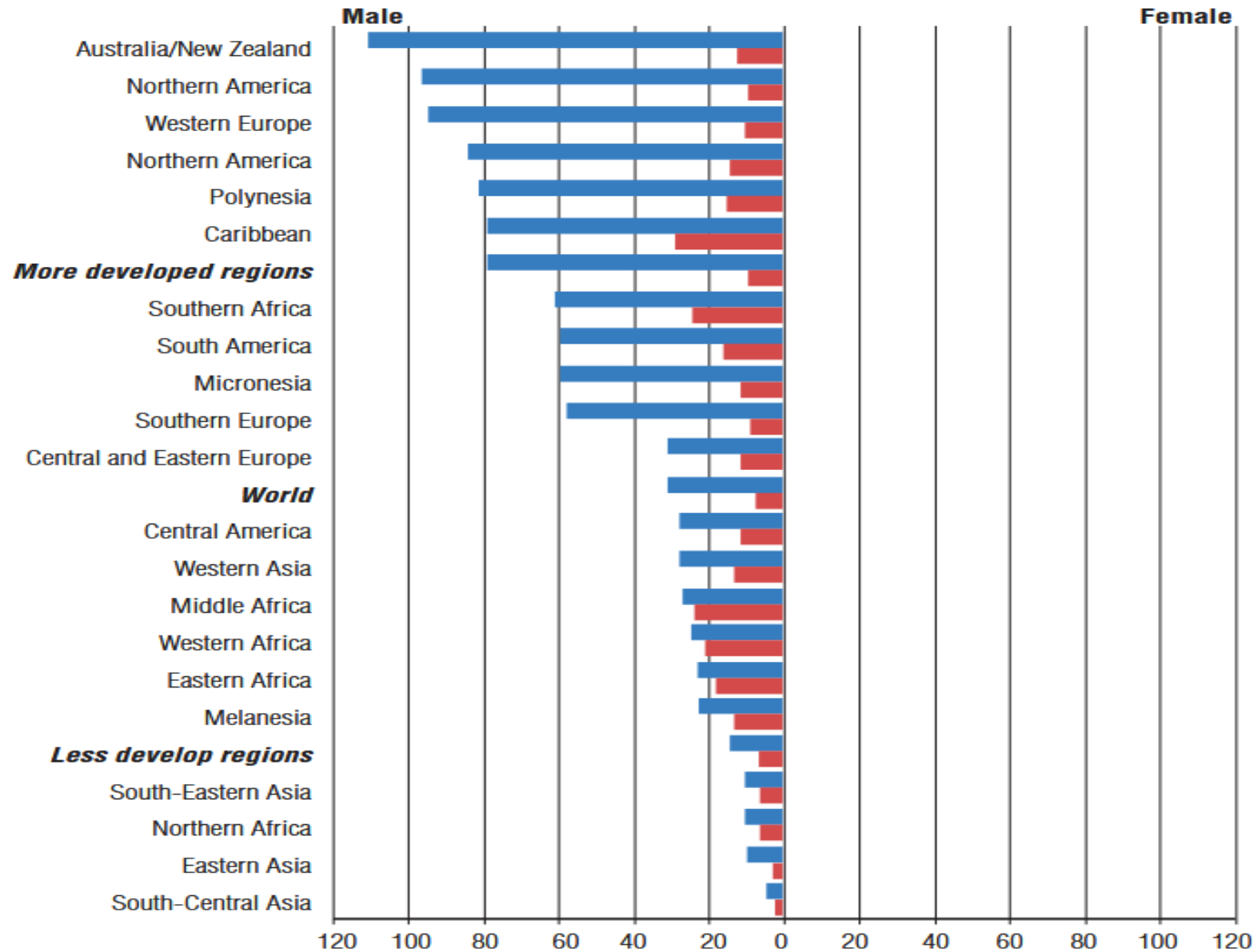
Vol. 42 (6): 1081-1090, November - December, 2016
doi: 10.1590/S1677-5538.IBJU.2015.0690

Prostate cancer in Brazil and Latin America: epidemiology and screening

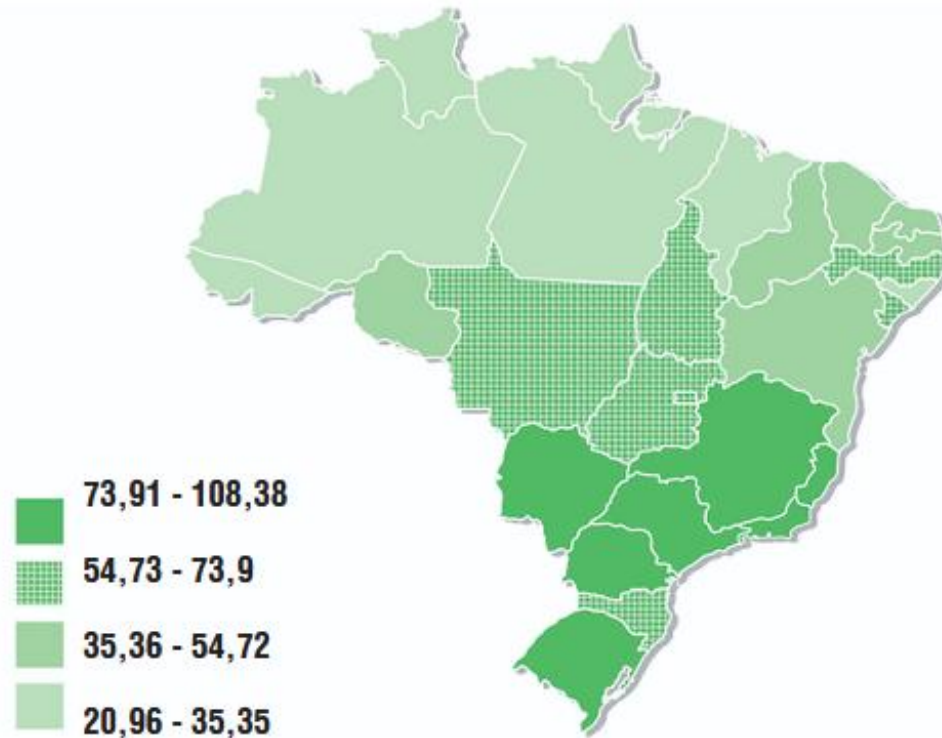
Rafael Rocha Tourinho-Barbosa ¹, Antonio Carlos Lima Pompeo ¹, Sidney Glina ¹



Incidence and mortality rates in World per 100.000 inhabitants source: GLOBOCAN, 2012.

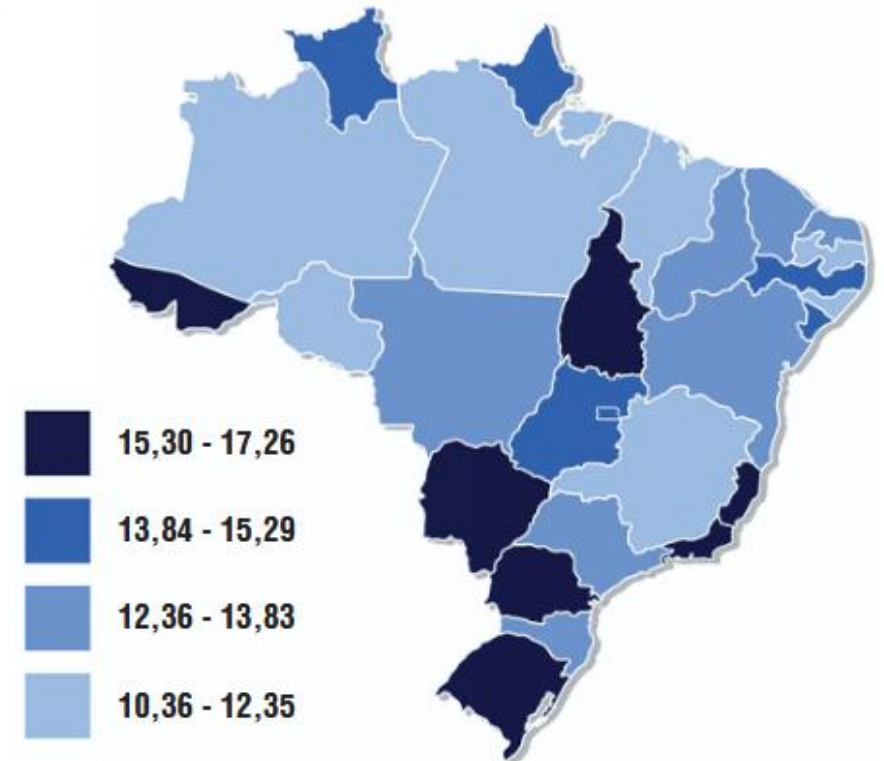


Crude rates of incidence of prostate cancer, per 100.000 men, estimated for the year 2014, according to Federation Units.



Source: INCA. Estimate 2014: Cancer incidence in Brazil

Figure 3 – Mortality rates of prostate cancer, per 100.000 men, adjusted to World population. Brazil, 2012.



Incidence and mortality rates of prostate cancer in each American country, 2012.

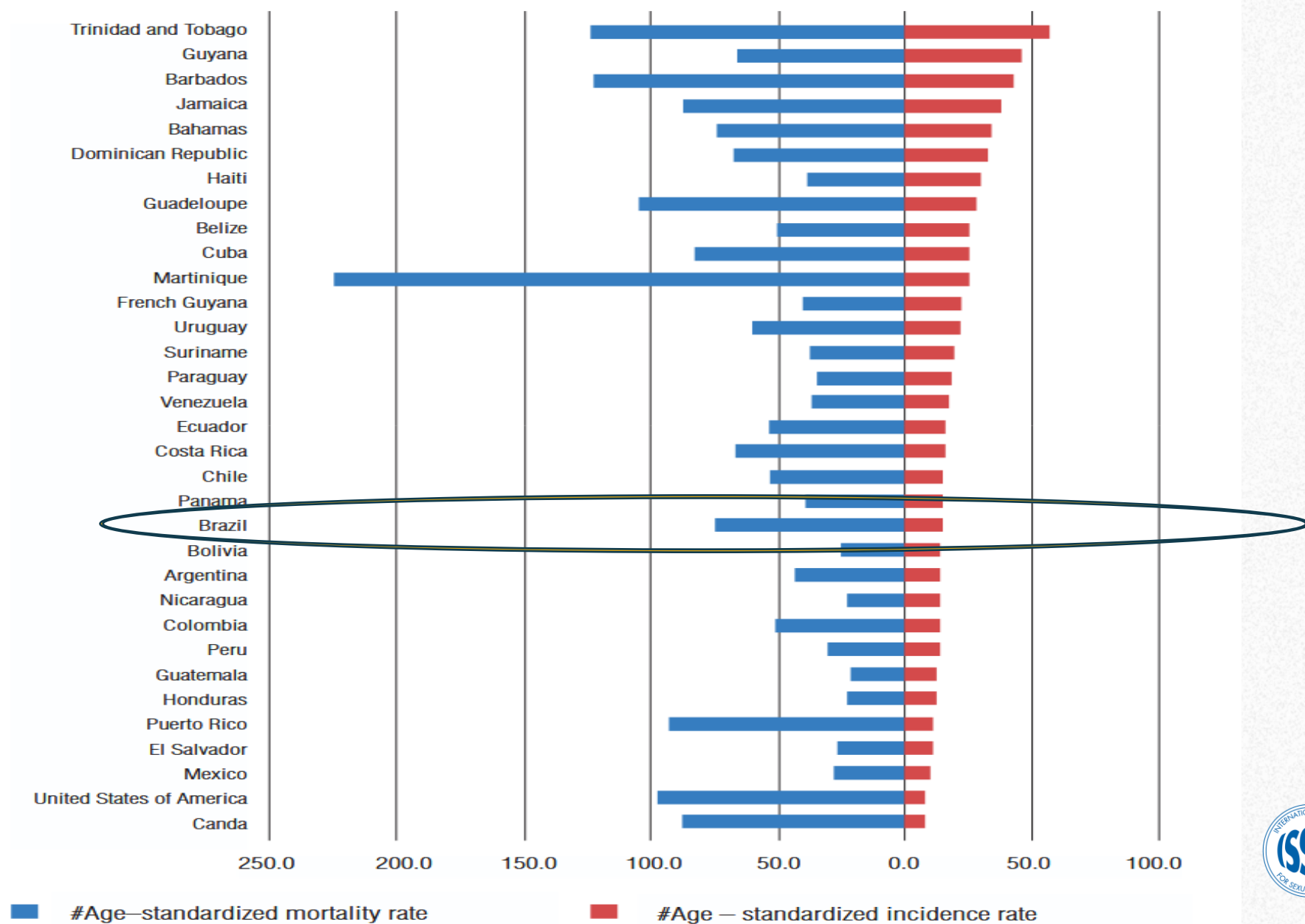
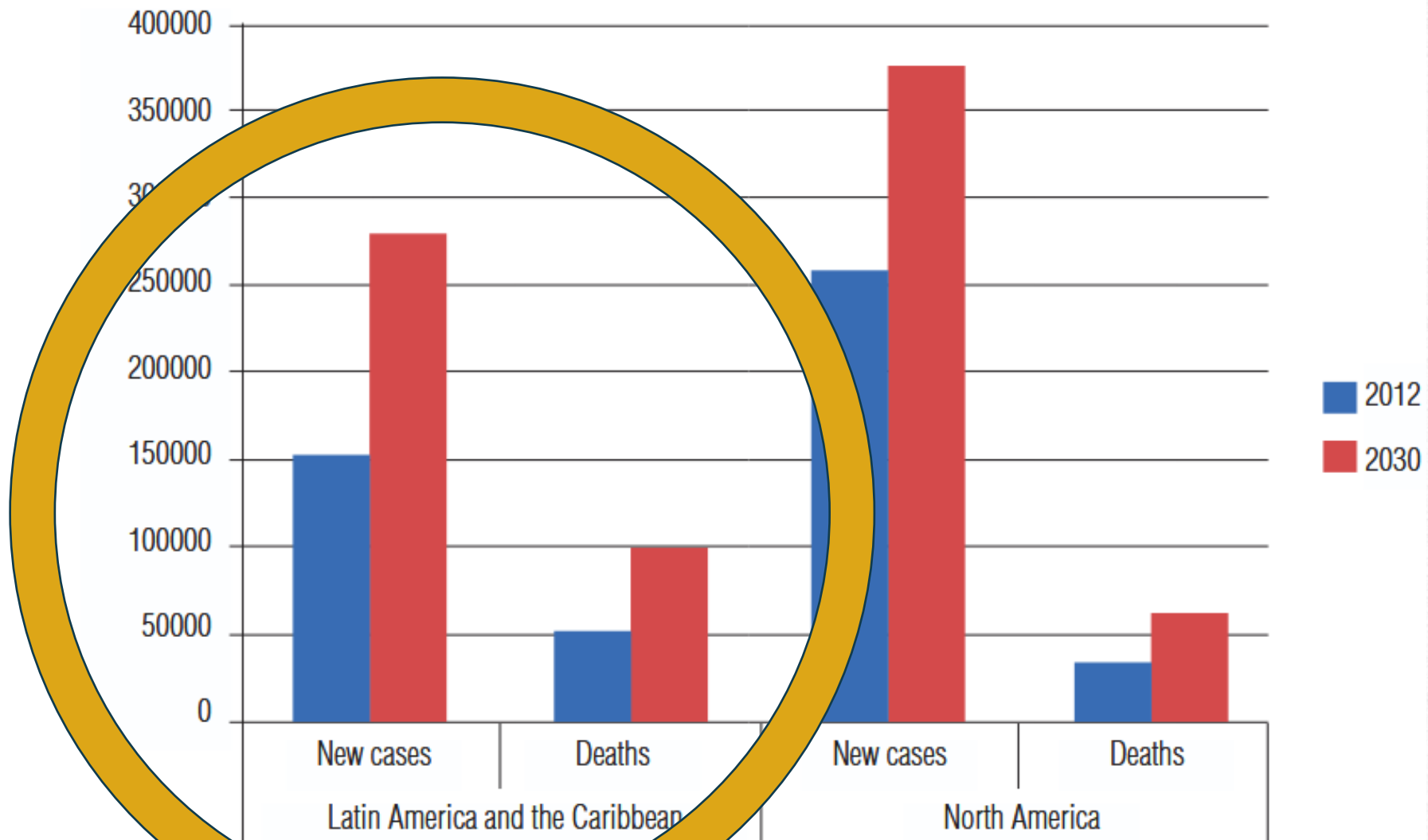


Figure 5 –Estimate of new cases and deaths due to prostate cancer in 2012 and 2030, in the Americas.



Cancer mortality predictions for 2025 in Latin America

➤ [Eur J Cancer Prev.](#) 2025 Feb 25. doi: 10.1097/CEJ.0000000000000959. Online ahead of print.

Cancer mortality predictions for 2025 in Latin America with focus on prostate cancer

Silvia Mignozzi ¹, Claudia Santucci ¹, Fabio Levi ², Matteo Malvezzi ³, Paolo Boffetta ^{4 5},
Giovanni Corso ^{6 7}, Eva Negri ⁵, Carlo La Vecchia ¹



Bar plots of age-standardized (world population) mortality rates (ASR) per 100 000 persons for the year 2020 and predicted ASR for 2025 with 95% prediction intervals for all cancers combined according to sex in Argentina, Brazil, Chile, Colombia, Cuba, and Mexico.

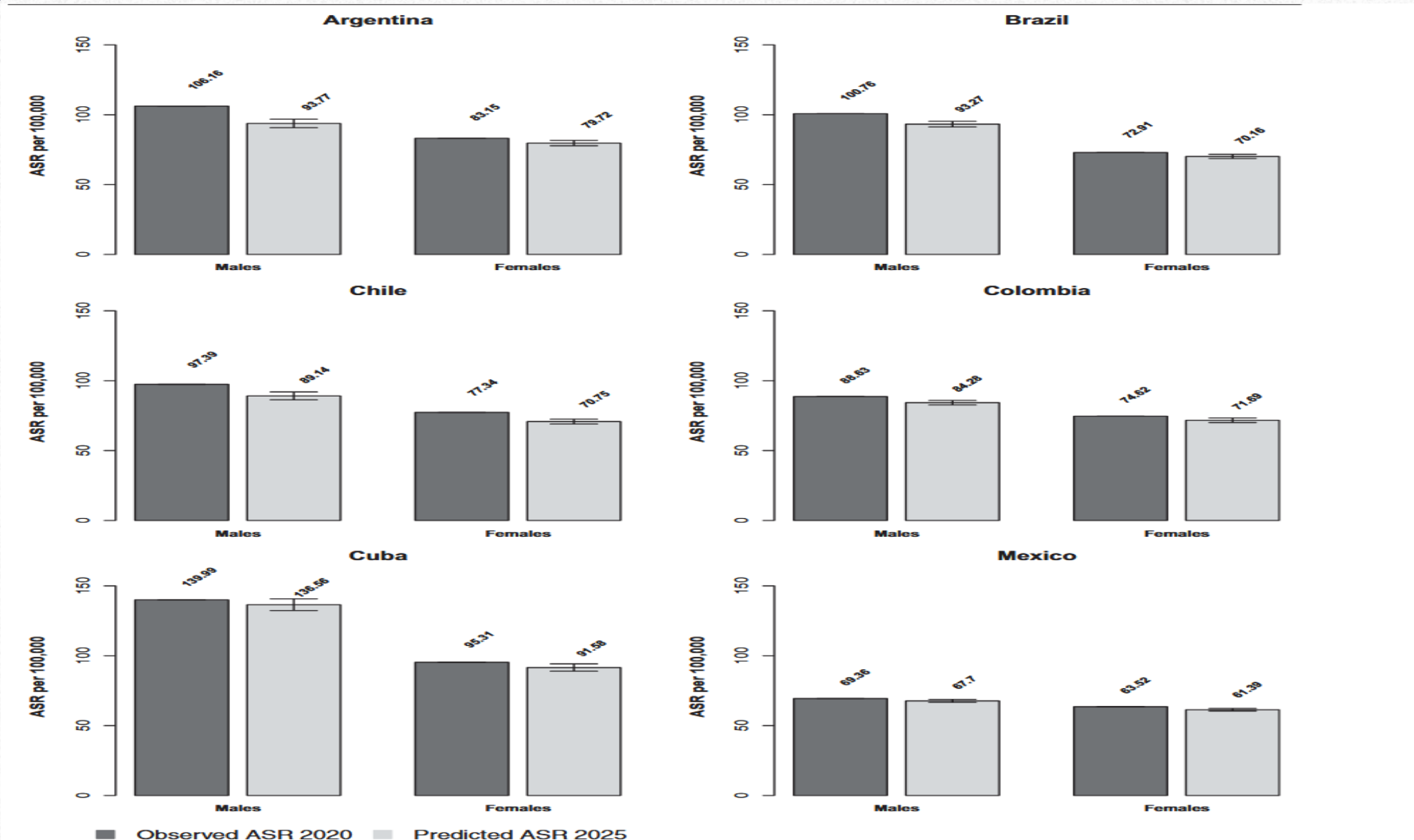
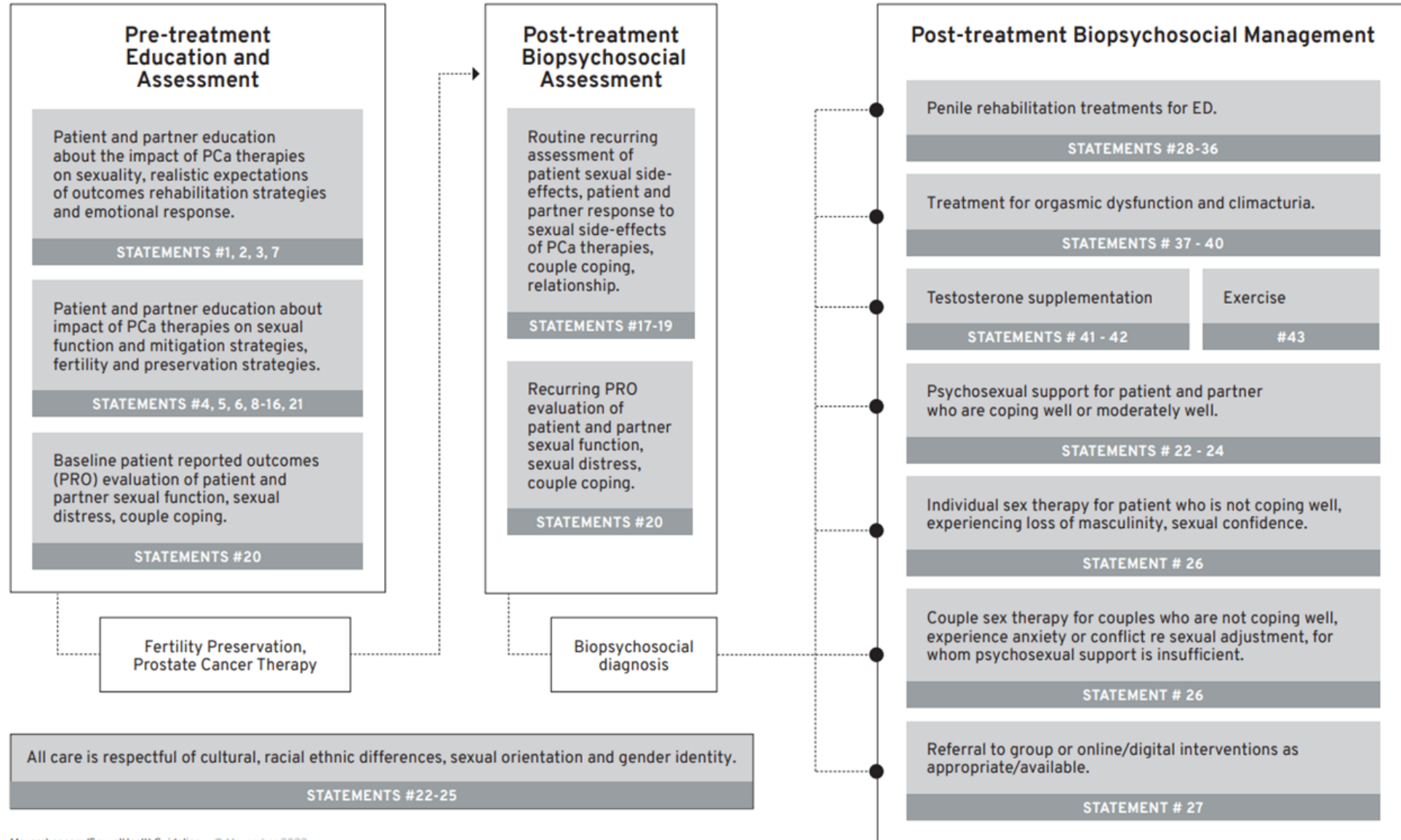


Table 3 Age-standardized (world population) prostate cancer mortality rates (ASRs) per 100 000 males at all ages and at different age groups in selected Latin American countries during 2010–2014 and 2015–2019 periods and predicted ASRs for 2025 and the corresponding prediction intervals (PIs), along with percentage differences between 2015–2019 and 2025

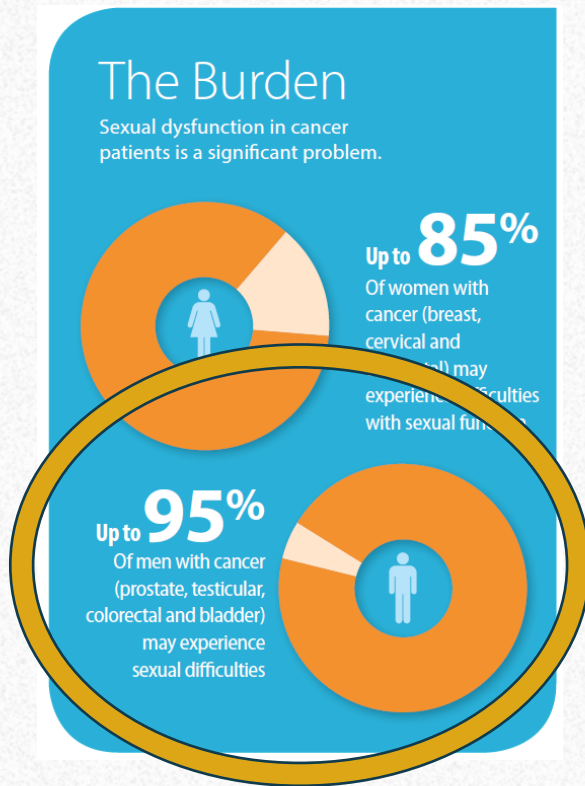
	ASR 2010–2014	ASR 2015–2019	Predicted ASR 2025 (95% PI)	% Difference 2025 vs 2015–2019
Argentina				
All ages	13.18	11.90	9.50 (8.96–10.03)	–20.17
50–59 years	6.08	5.51	4.53 (3.73–5.32)	–17.79
60–69 years	40.82	37.59	30.99 (28.12–33.86)	–17.56
70–79 years	154.94	137.41	115.28 (106.41–124.15)	–16.11
80+ years	502.26	455.85	337.46 (296–378.93)	–25.97
Brazil				
All ages	16.12	15.19	12.64 (12.41–12.87)	–16.79
50–59 years	6.03	5.62	5.18 (4.76–5.60)	–7.83
60–69 years	38.86	37.98	31.72 (29.96–33.47)	–16.48
70–79 years	152.55	143.55	119.58 (115.23–123.93)	–16.70
80+ years	818.64	762.78	627.6 (614.07–641.14)	–17.72
Chile				
All ages	15.66	13.88	11.50 (10.90–12.10)	–17.14
50–59 years	5.53	4.86	4.35 (3.18–5.51)	–10.49
60–69 years	41.15	38.10	31.95 (28.73–35.18)	–16.14
70–79 years	178.59	162.92	120.86 (110.6–131.13)	–25.82
80+ years	687.11	583.71	519.56 (474.22–564.9)	–10.99
Colombia				
All ages	13.96	13.30	12.17 (11.71–12.63)	–8.50
50–59 years	4.97	4.48	4.58 (3.83–5.33)	2.23
60–69 years	34.28	32.47	27.64 (24.76–30.52)	–14.88
70–79 years	141.11	133.28	122.95 (116.06–129.85)	–7.75
80+ years	681.04	655.83	608.30 (573.36–643.25)	–7.25
Cuba				
All ages	23.59	24.17	25.24 (24.00–26.49)	4.43
50–59 years	12.15	11.45	11.11 (9.19–13.02)	–2.97
60–69 years	73.99	75.80	70.92 (63.70–78.14)	–6.44
70–79 years	272.52	281.73	290.48 (266.48–314.48)	3.11
80+ years	902.31	929.16	1038.35 (952.2–1124.51)	11.75
Mexico				
All ages	10.13	9.59	9.72 (9.40–10.03)	1.36
50–59 years	5.46	5.09	4.82 (4.29–5.34)	–5.30
60–69 years	32.87	31.43	29.86 (28.24–31.48)	–5.00
70–79 years	122.45	114.60	105.68 (99.93–111.44)	–7.78
80+ years	359.03	343.49	395.64 (372.4–418.88)	15.18

SUMMARY OF GUIDELINES STATEMENTS

Sexual Health Care for Prostate Cancer Patients



CANCER AND SEXUAL DYSFUNCTION



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

Prevalence rates of sexual dysfunction:

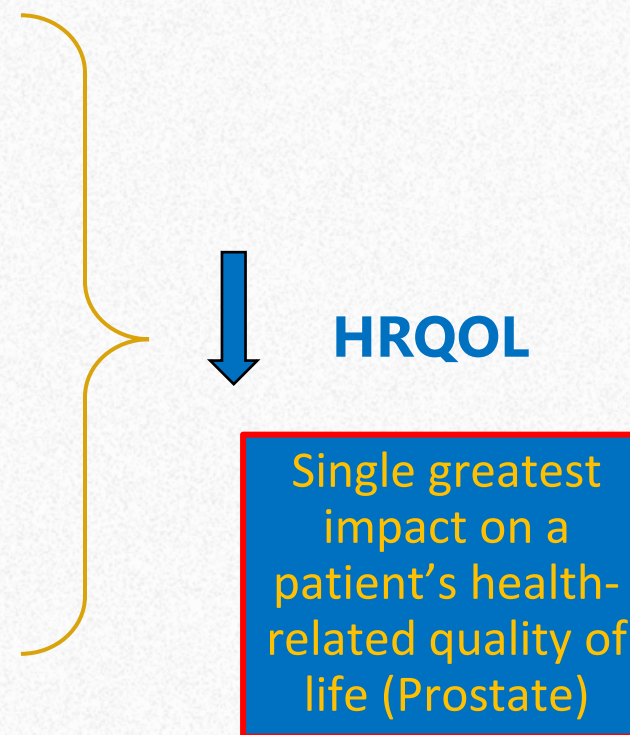
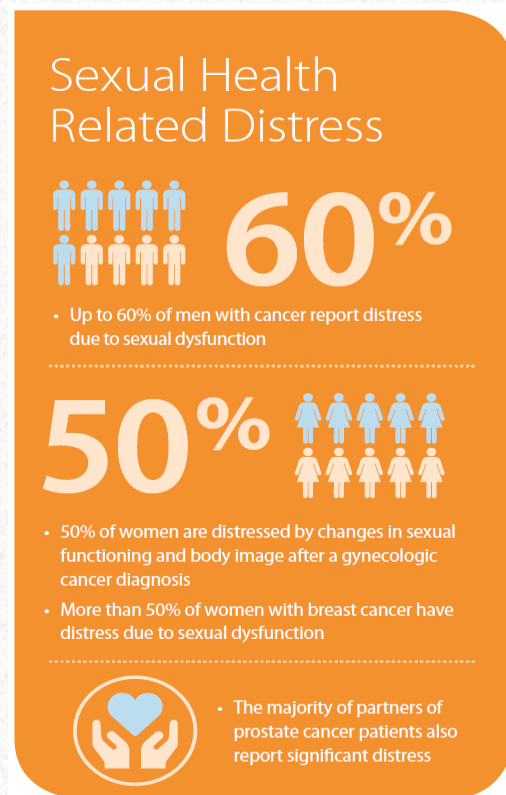
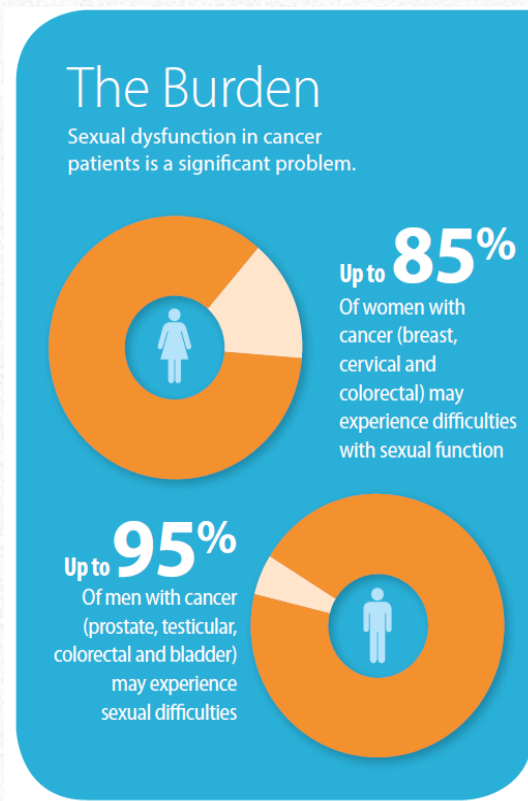
- Prostate: 90%
- Bladder: 60%
- Colorectal: 60-80%
- Non-pelvic / non-breast cancers: >20%

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



NATURE OF SEXUAL DYSFUNCTION

SEXUAL RESPONSE

- Decreased desire
- Erectile dysfunction
- Orgasm (alternate sensation/anorgasmia)
- Absence of ejaculate

INTIMACY /RELATIONSHIPS

- Partner sexual health concerns

SEXUAL SATISFACTION

FERTILITY

VASOMOTOR SYMPTOMS FATIGUE

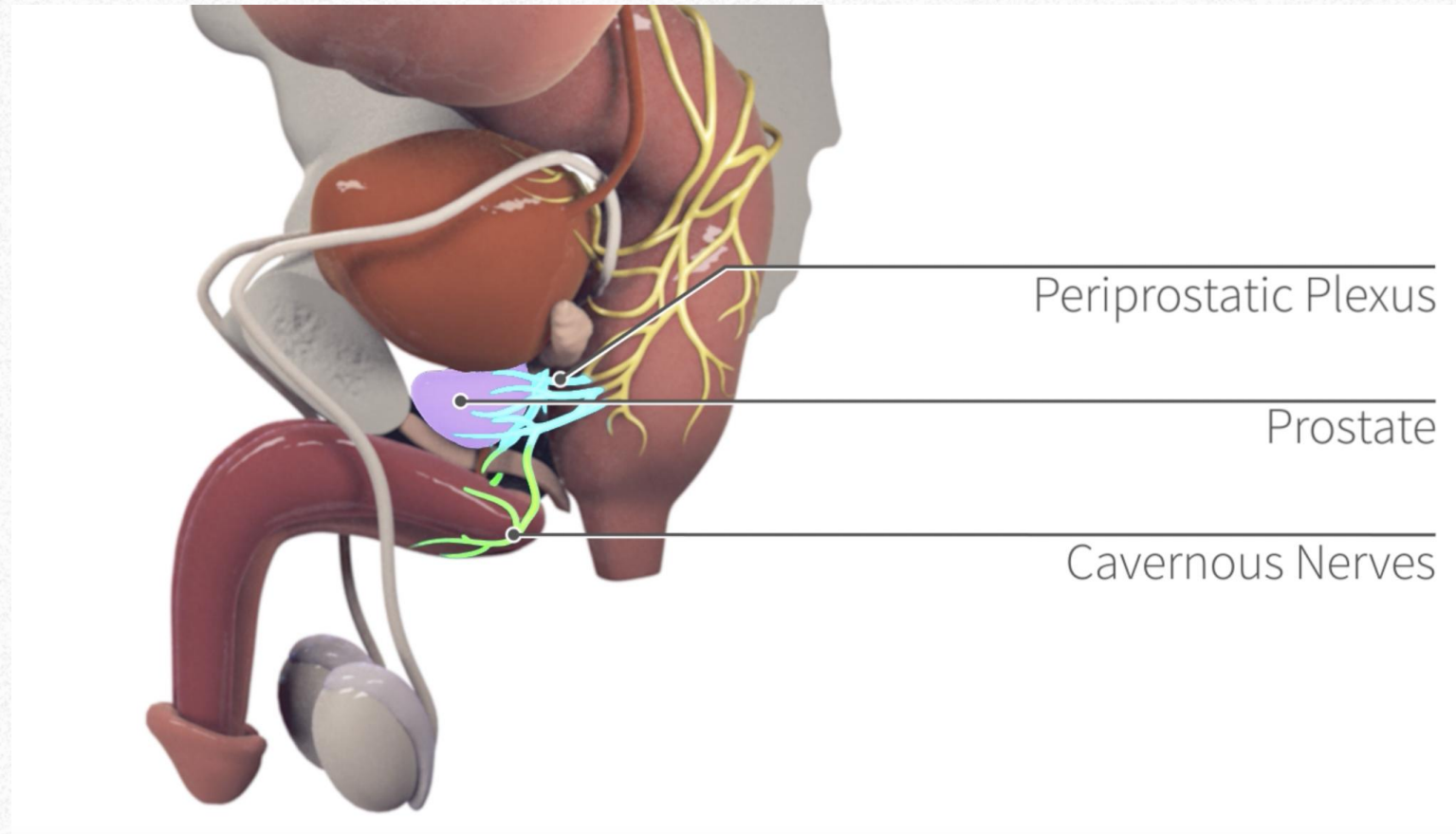
BODY IMAGE AND PENILE CHANGES

- Urinary/fecal incontinence
- Alopecia (loss of body hair)
- Penile/testicular changes in size and shape

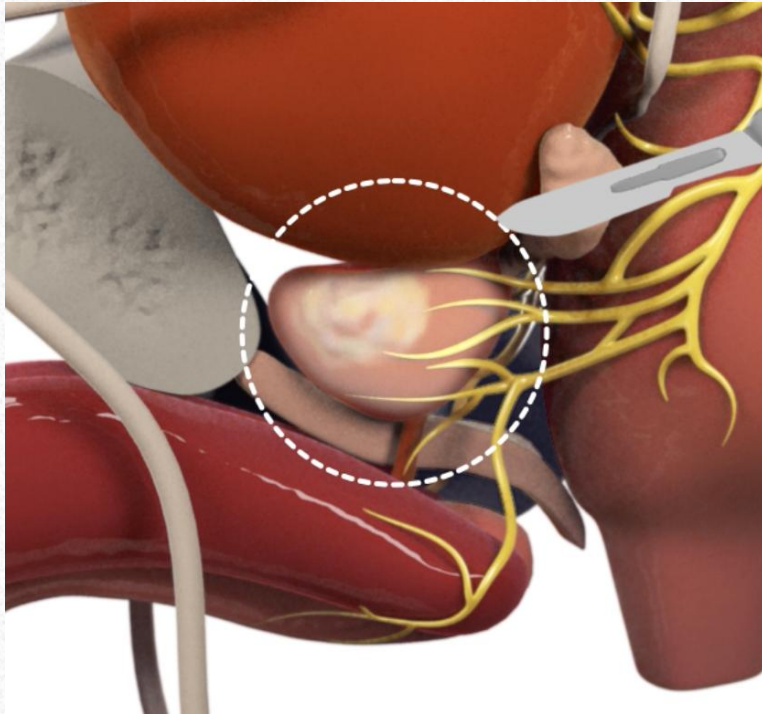
PSYCHOSOCIAL

- Sexual Performance Anxiety
- Impact on Masculinity
- Sexual Distress

CANCER TREATMENTS AND SEXUAL DYSFUNCTION



SURGERY

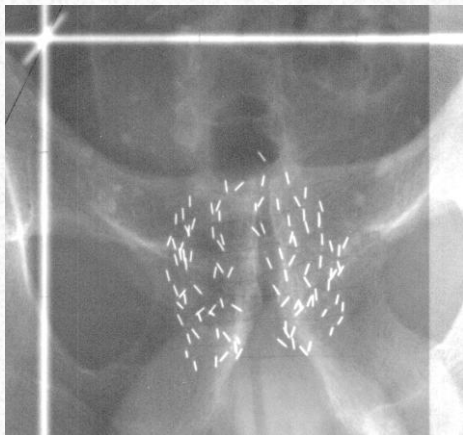


OPEN PROSTATECTOMY



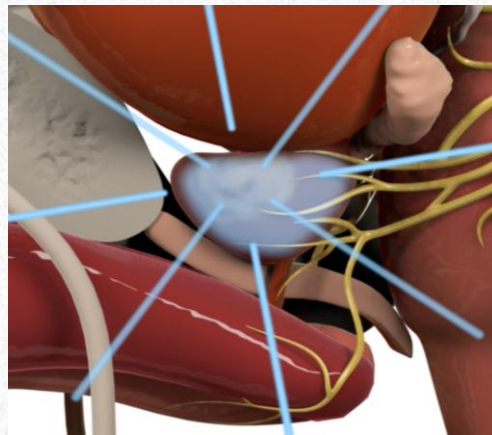
ROBOT-ASSISTED RADICAL PROSTATECTOMY

RADIATION



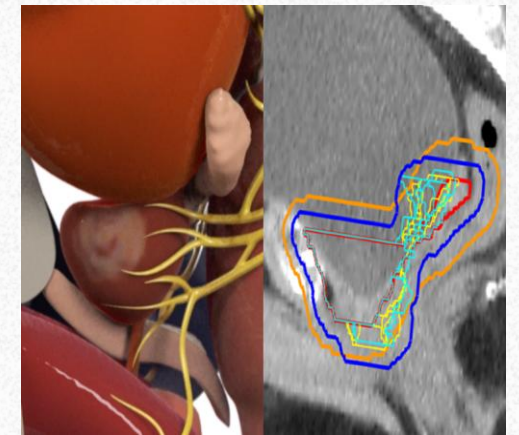
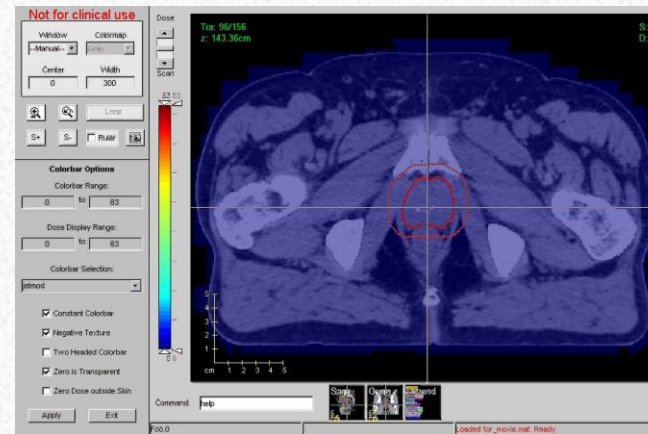
Low dose brachytherapy

High dose brachytherapy



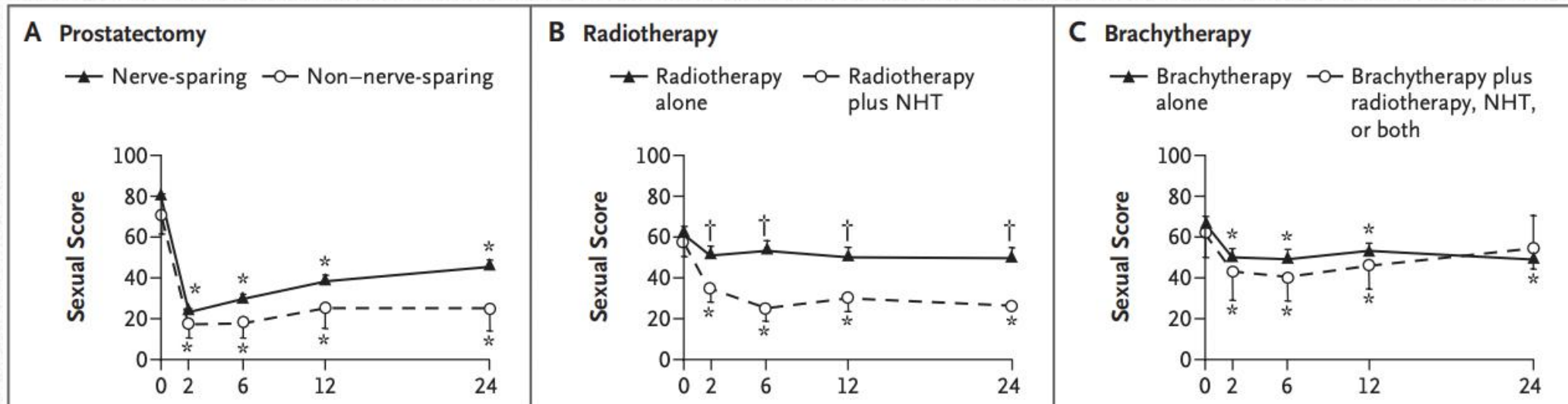
External Beam Radiation

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

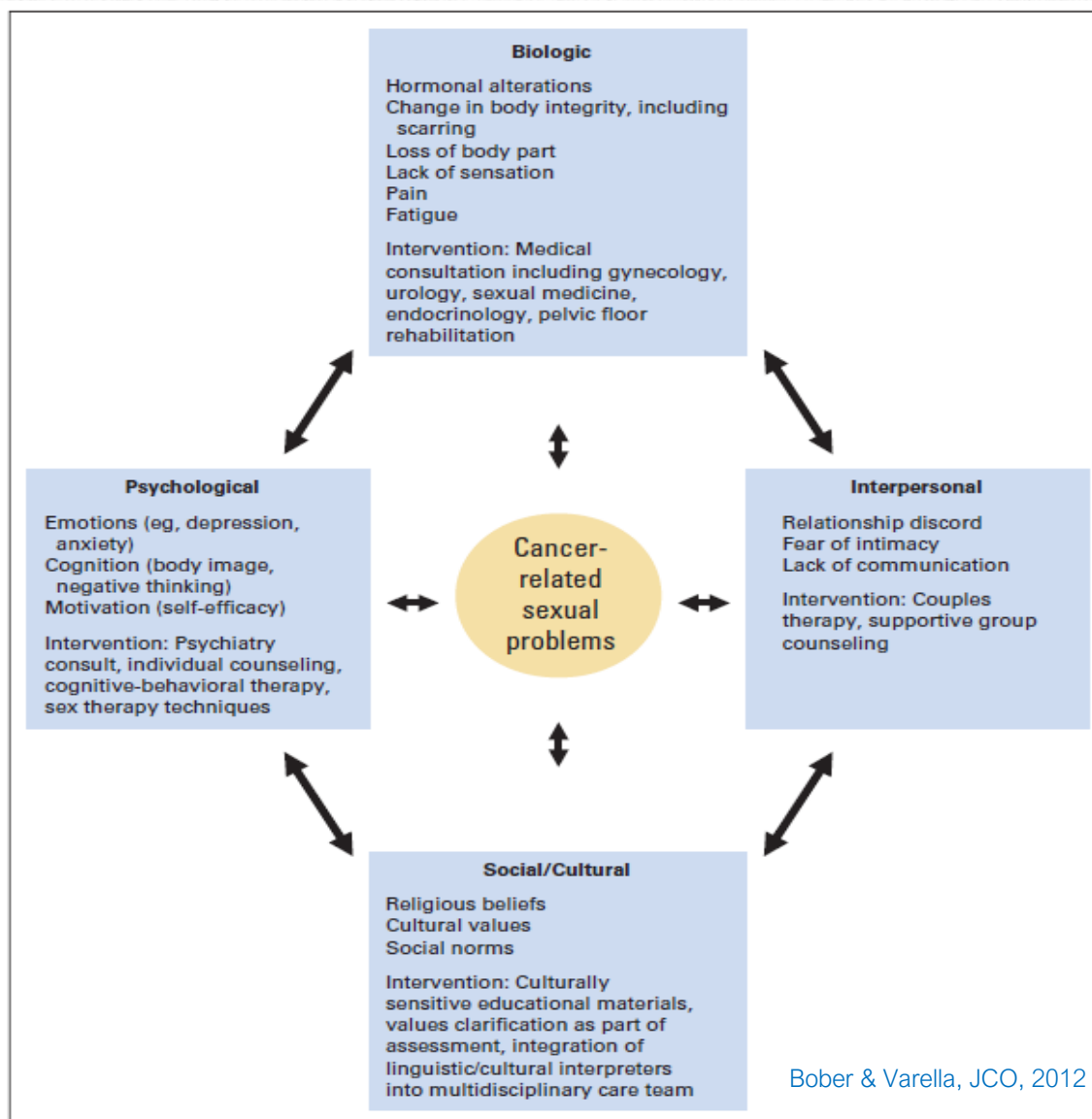


- Casodex
- Lupron
- Abiraterone (Zytiga)
- Enzalutamide (Xtandi)
- Apalutamide (Erleada)
- Darolutamide

TREATMENTS FOR SEXUAL DYSFUNCTION



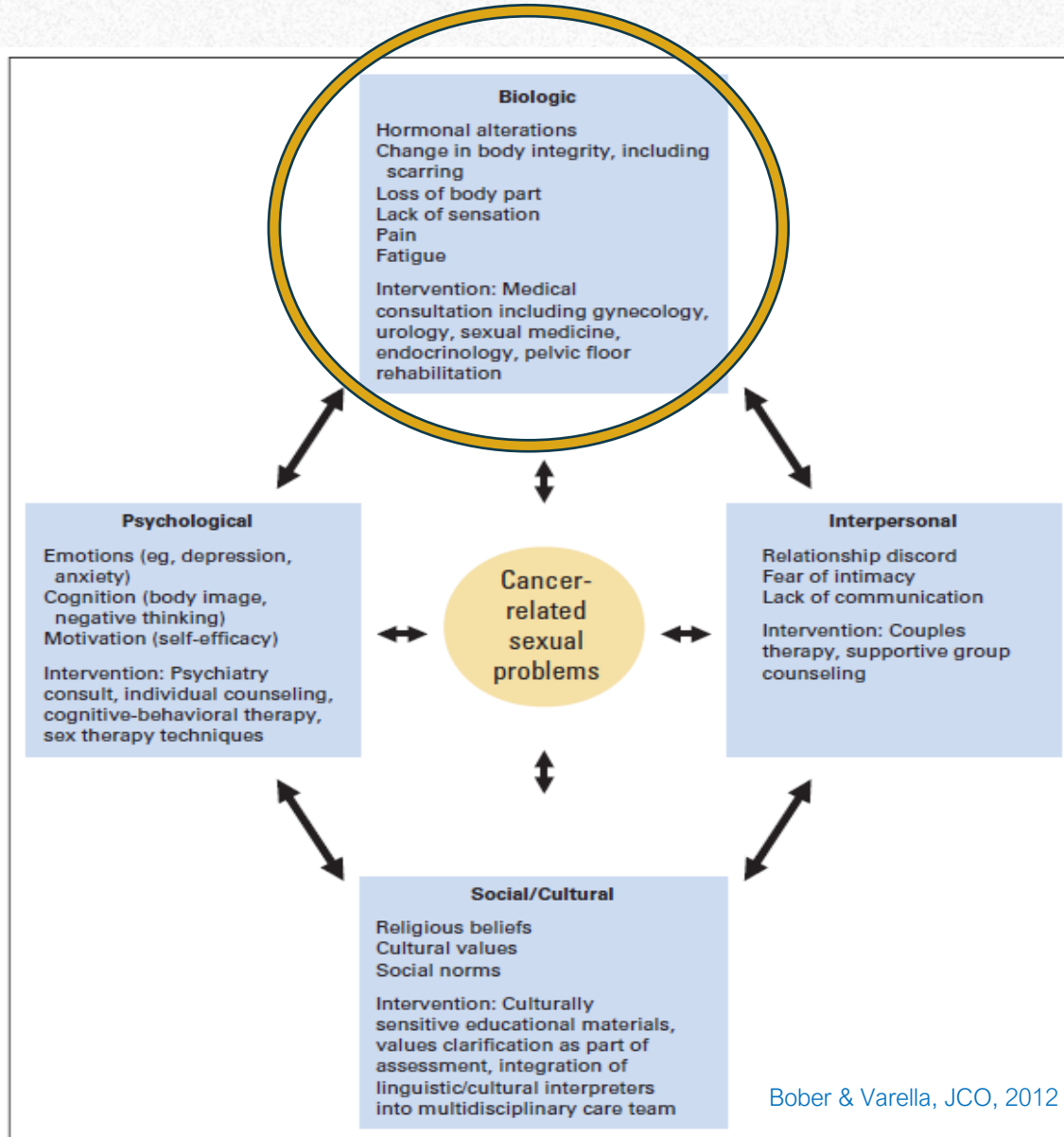
SEXUAL HEALTH TREATMENT



A Biopsychosocial-Cultural Model of Sexuality



SEXUAL HEALTH TREATMENT



A Biopsychosocial-Cultural Model of Sexuality



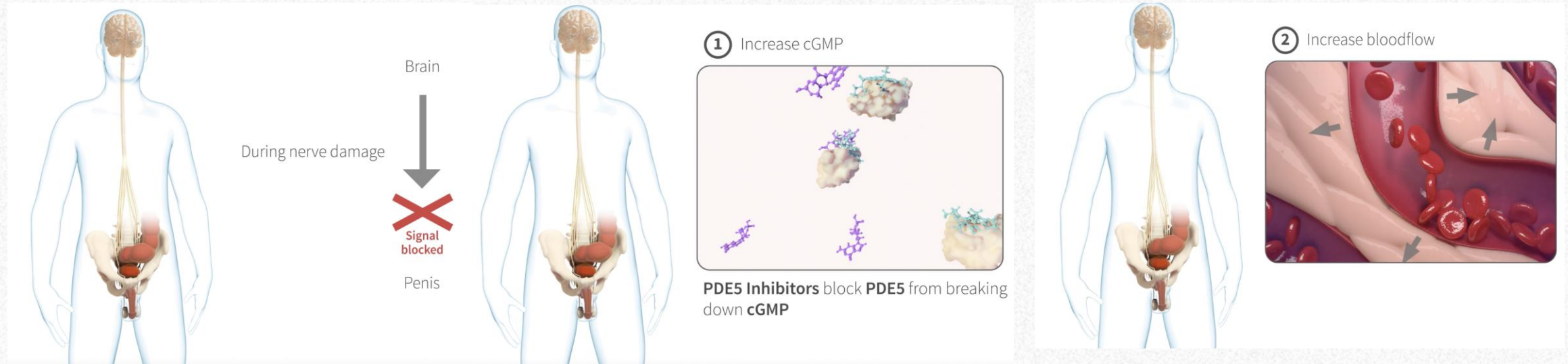
ERECTILE DYSFUNCTION - PDE-5 INHIBITORS

Sildenafil (Viagra)

Tadalafil (Cialis)

Vardenafil (Levitra, Staxyn)

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

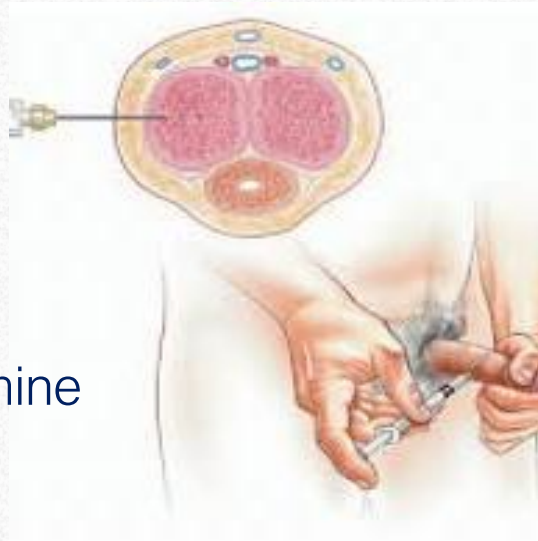
- prostaglandin E2

Bimix

- papaverine and phentolamine

Triple Mix

- prostaglandin, papaverine, phentolamine

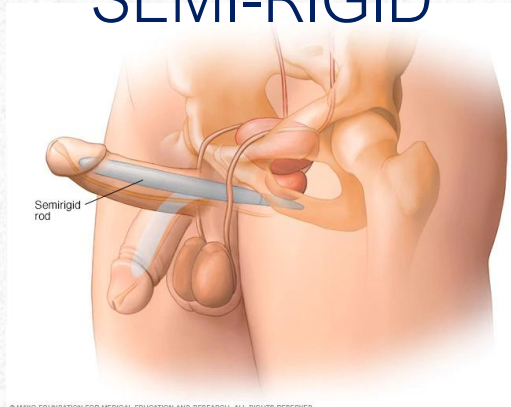


- Requires training
- Very effective
- Approx. 15 minutes for response

EFFECTIVENESS: 90%

ERECTILE DYSFUNCTION: PENILE IMPLANTS

SEMI-RIGID

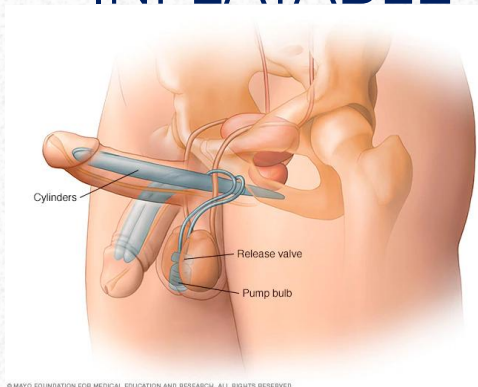


Rigid and Semi-rigid

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**

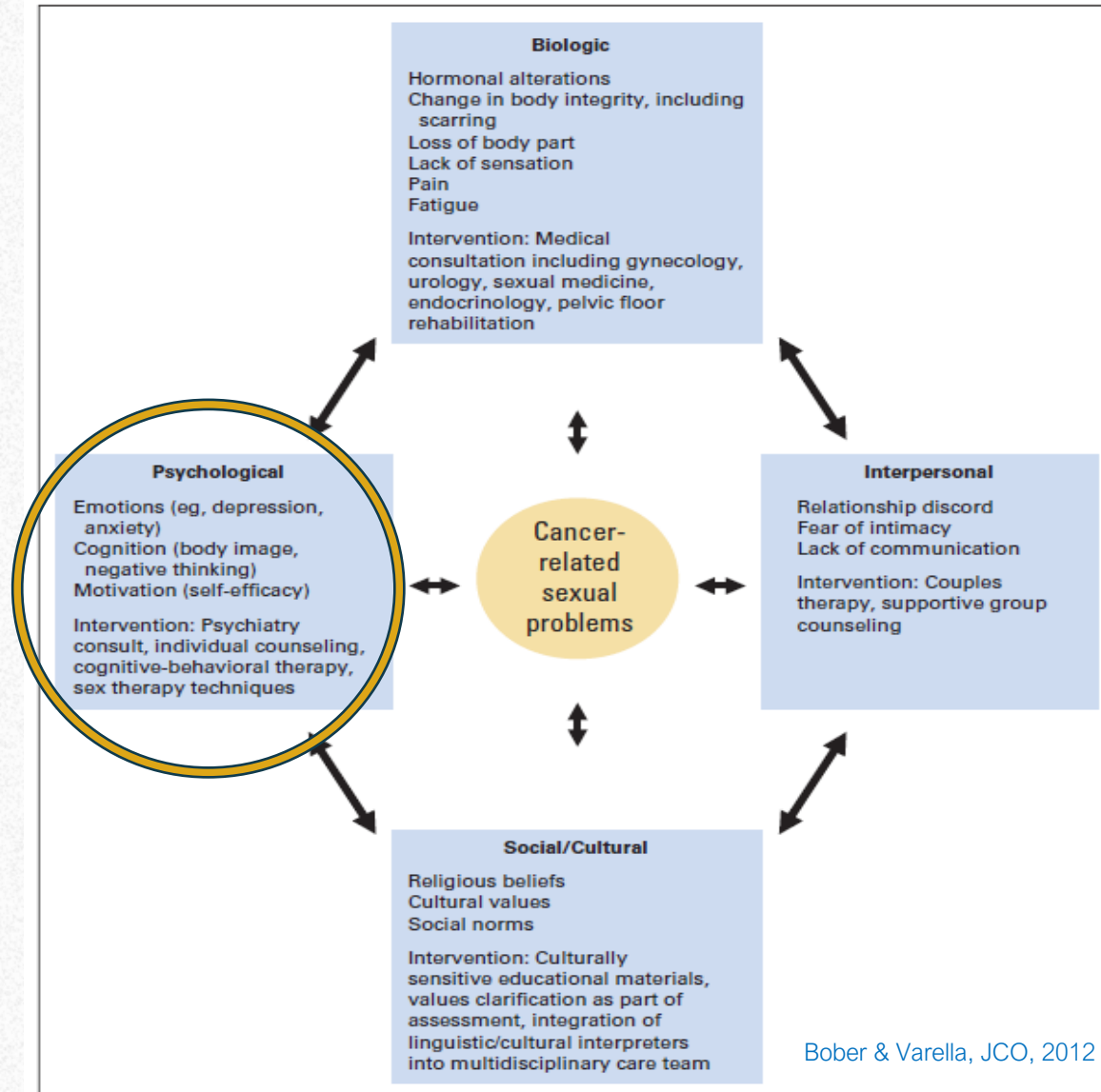
Exploration of new experiences....creativity

Reduces sexual performance anxiety

Avoids a lengthy period of non-sexual activity



SEXUAL HEALTH TREATMENT



A Biopsychosocial-Cultural Model of Sexuality

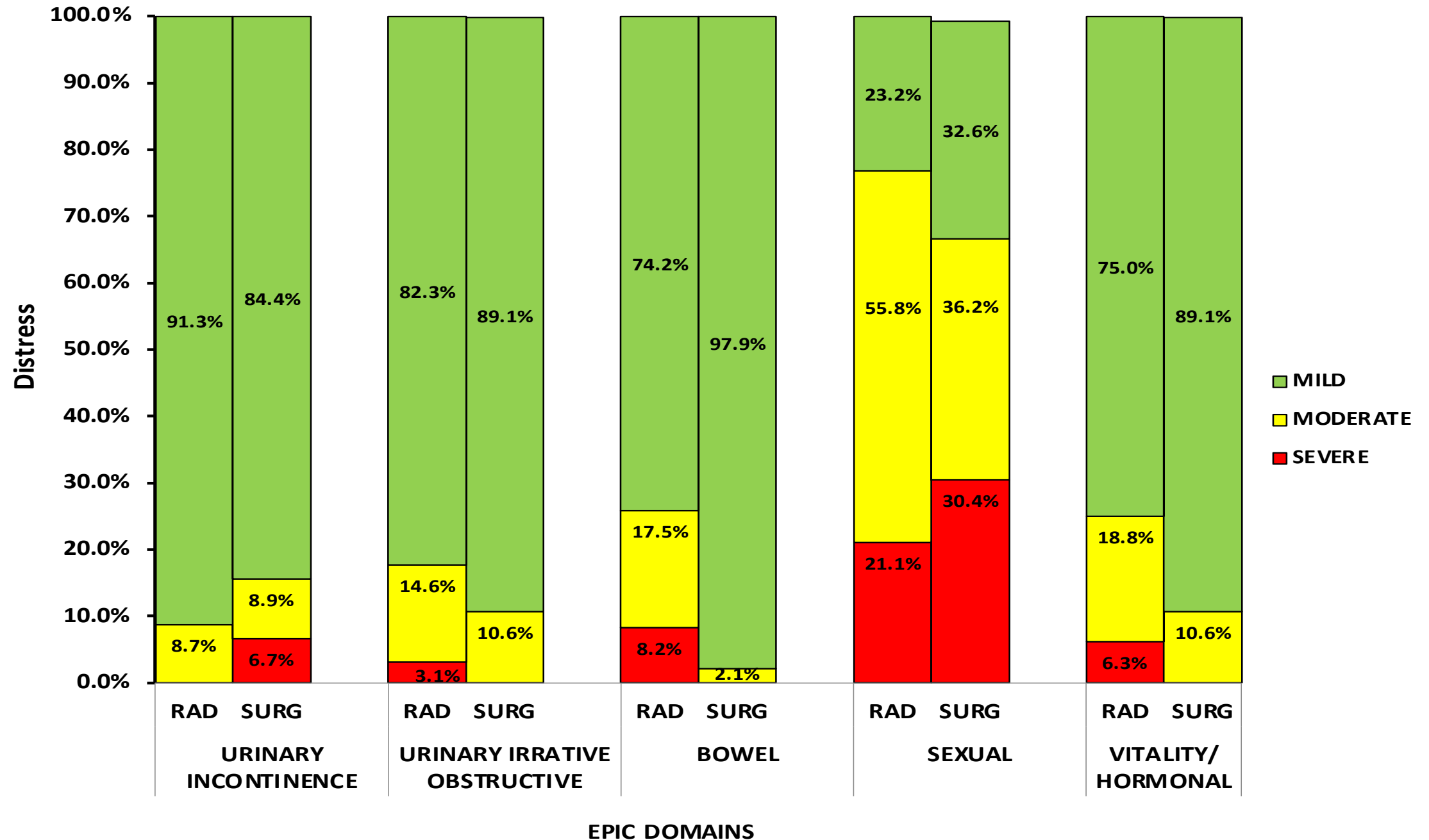




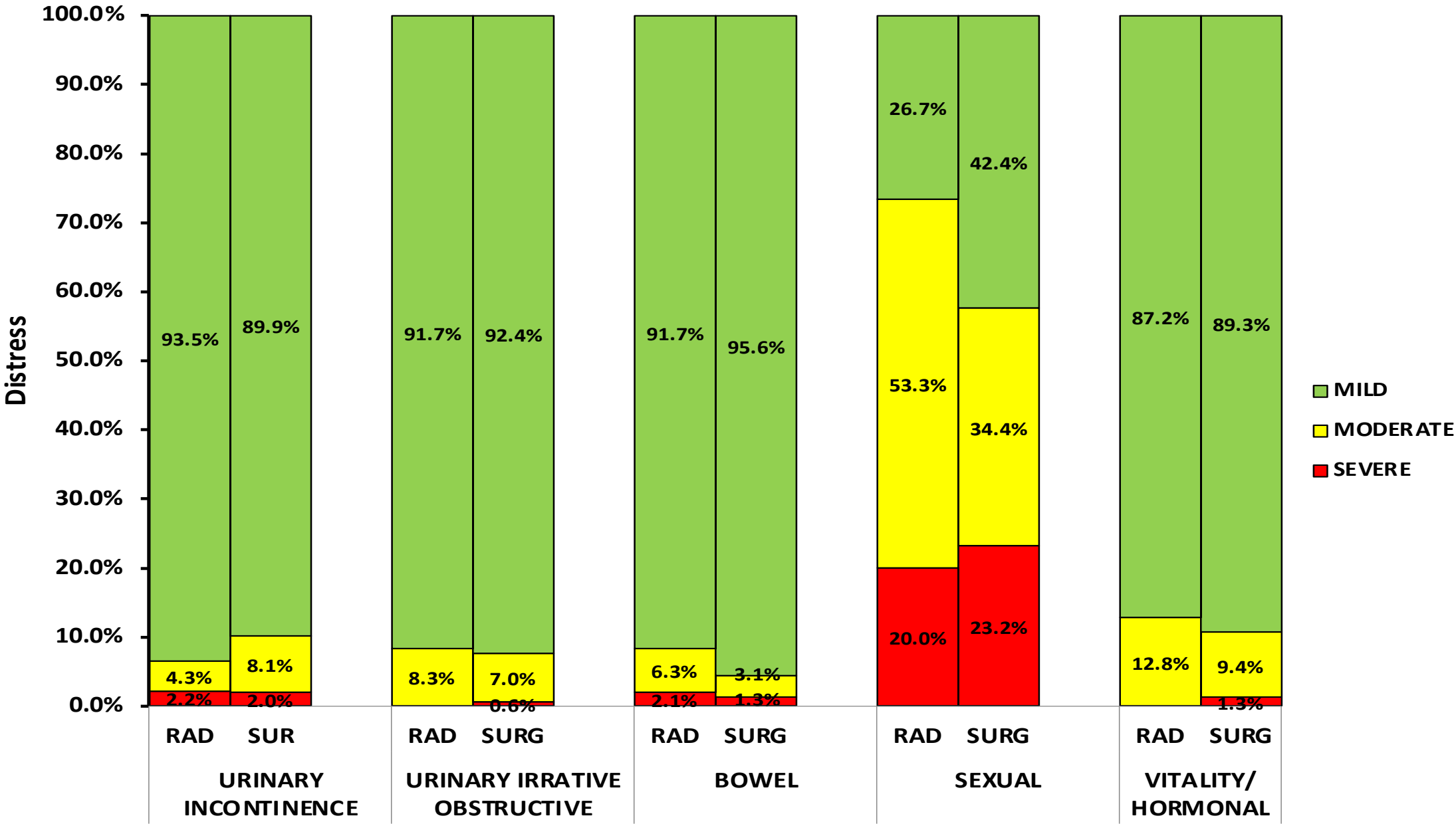
Gerald Brock, MD, FRCSC

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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 Prostatectomy
 - Loss of penile length
- Androgen Deprivation Therapy:
 - Breast Growth
 - Loss of Muscle Mass
 - Genital Shrinkage
 - Loss of Body Hair

BODY IMAGE CONCERNS

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TREATMENT



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](#)



BODY IMAGE CONCERNS

TREATMENT

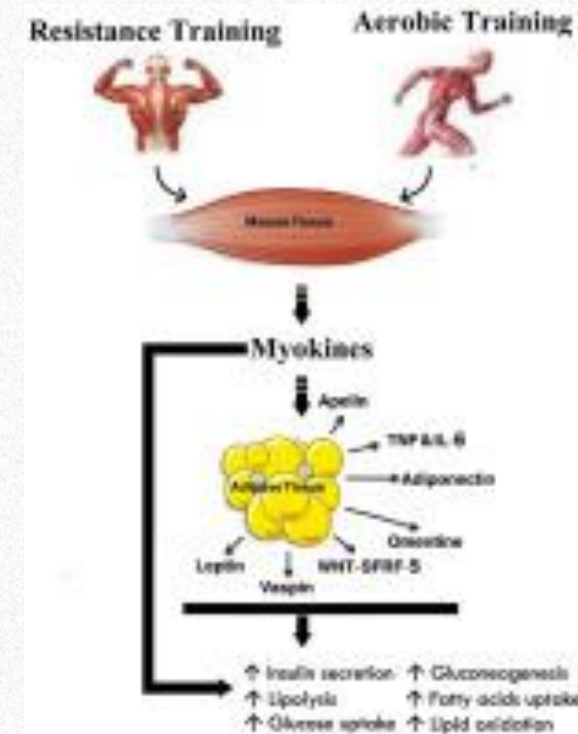
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LOW SEX DRIVE

- Radical Prostatectomy
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TREATMENT



LOW SEX DRIVE

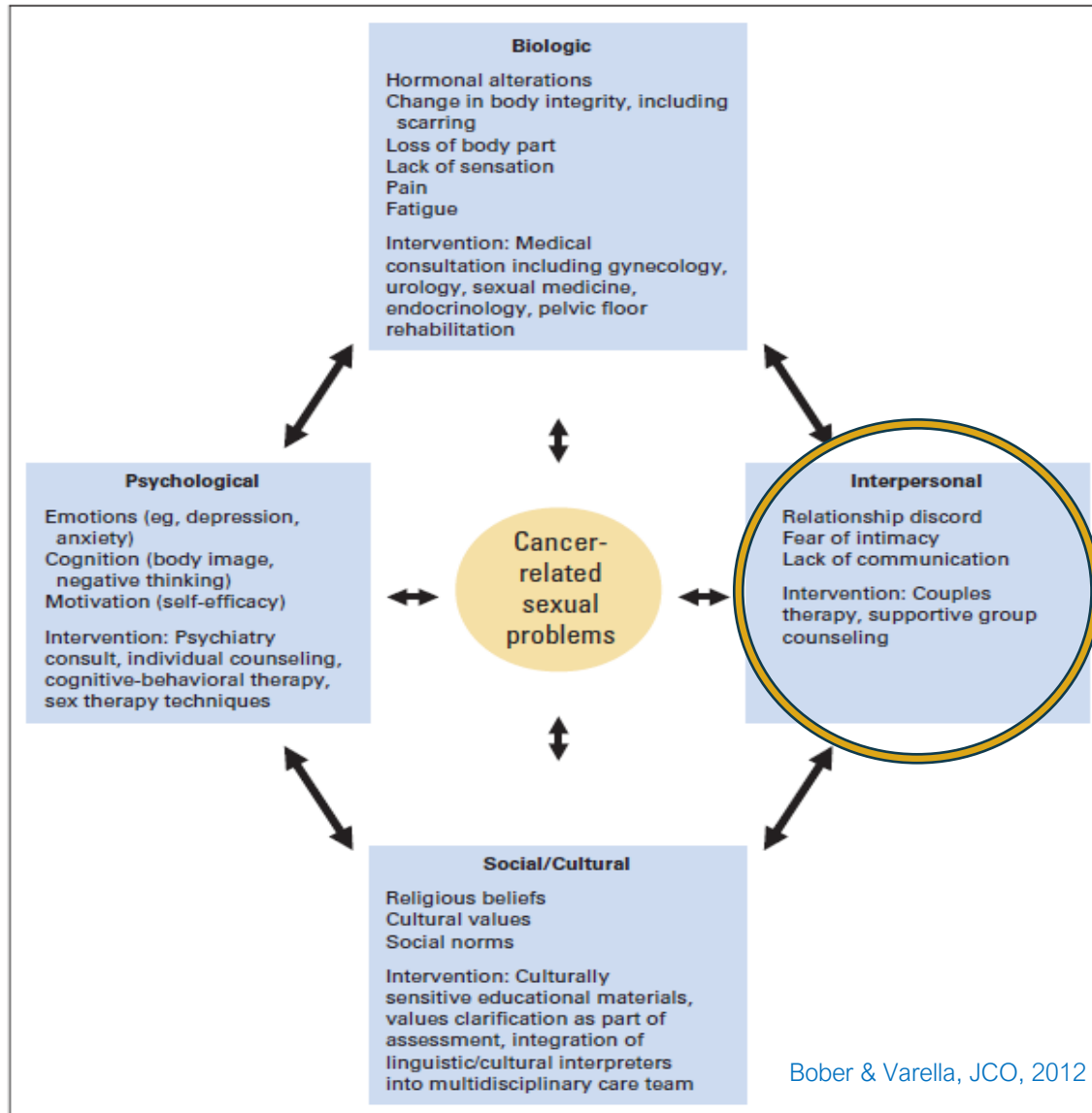
- DETERMINE ETIOLOGY:
 - ORGANIC
 - Testosterone is mainly responsible for sex drive
 - Fatigue
 - PSYCHOGENIC
 - loss of sexual confidence
 - learned helplessness = sexual performance anxiety



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



IMPACT ON RELATIONSHIPS

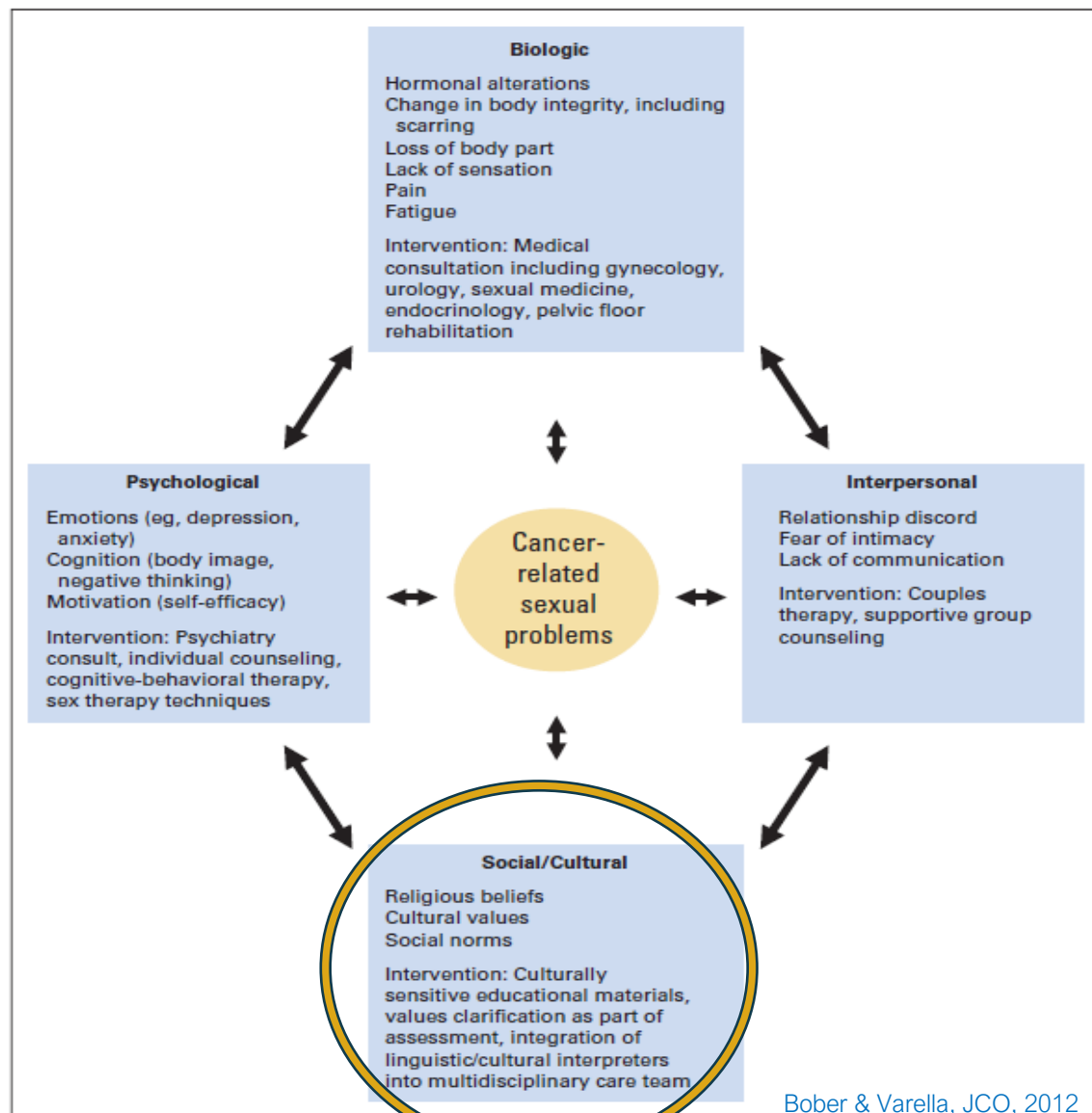
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TREATMENT

- 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



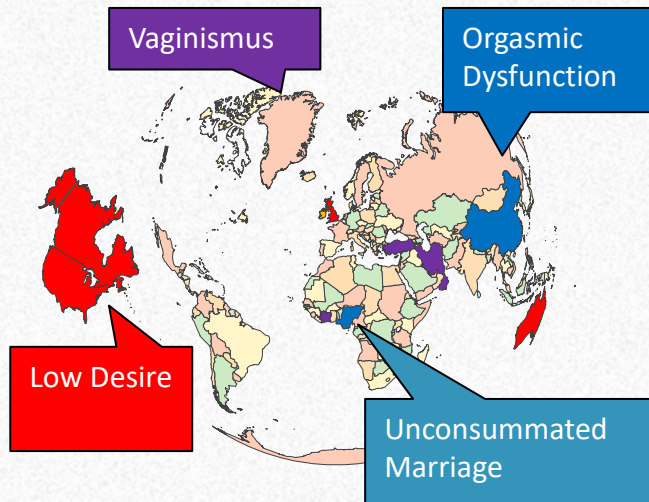
A Biopsychosocial-Cultural Model of Sexuality



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.



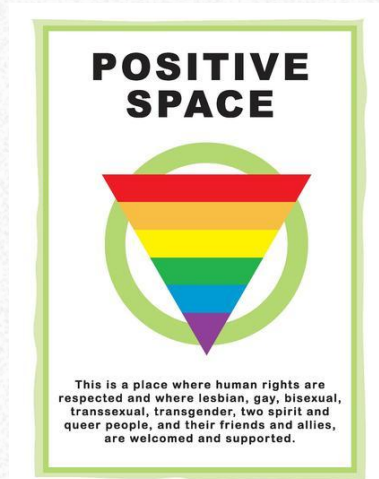
RACE

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



SEXUAL ORIENTATION

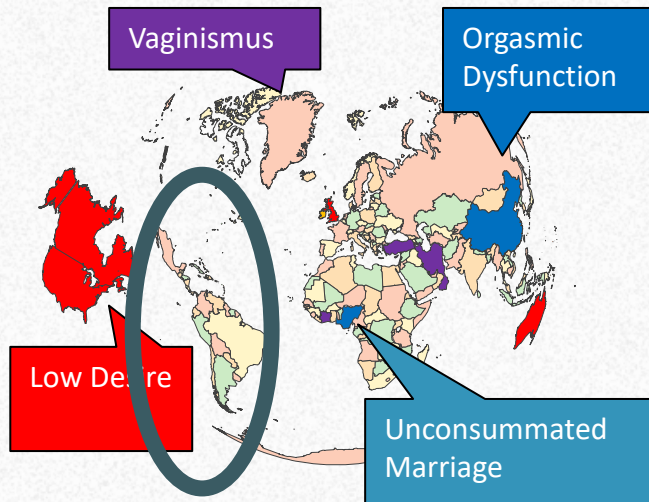
Heterosexism - The social conventions of North American society are overwhelmingly heterosexual



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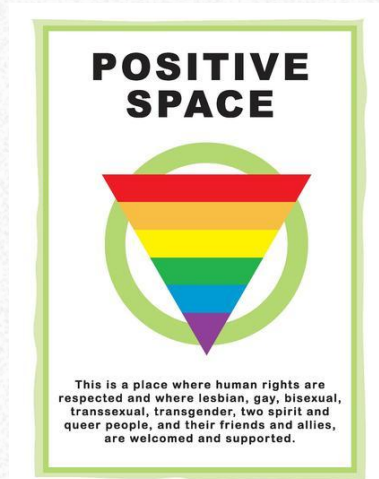
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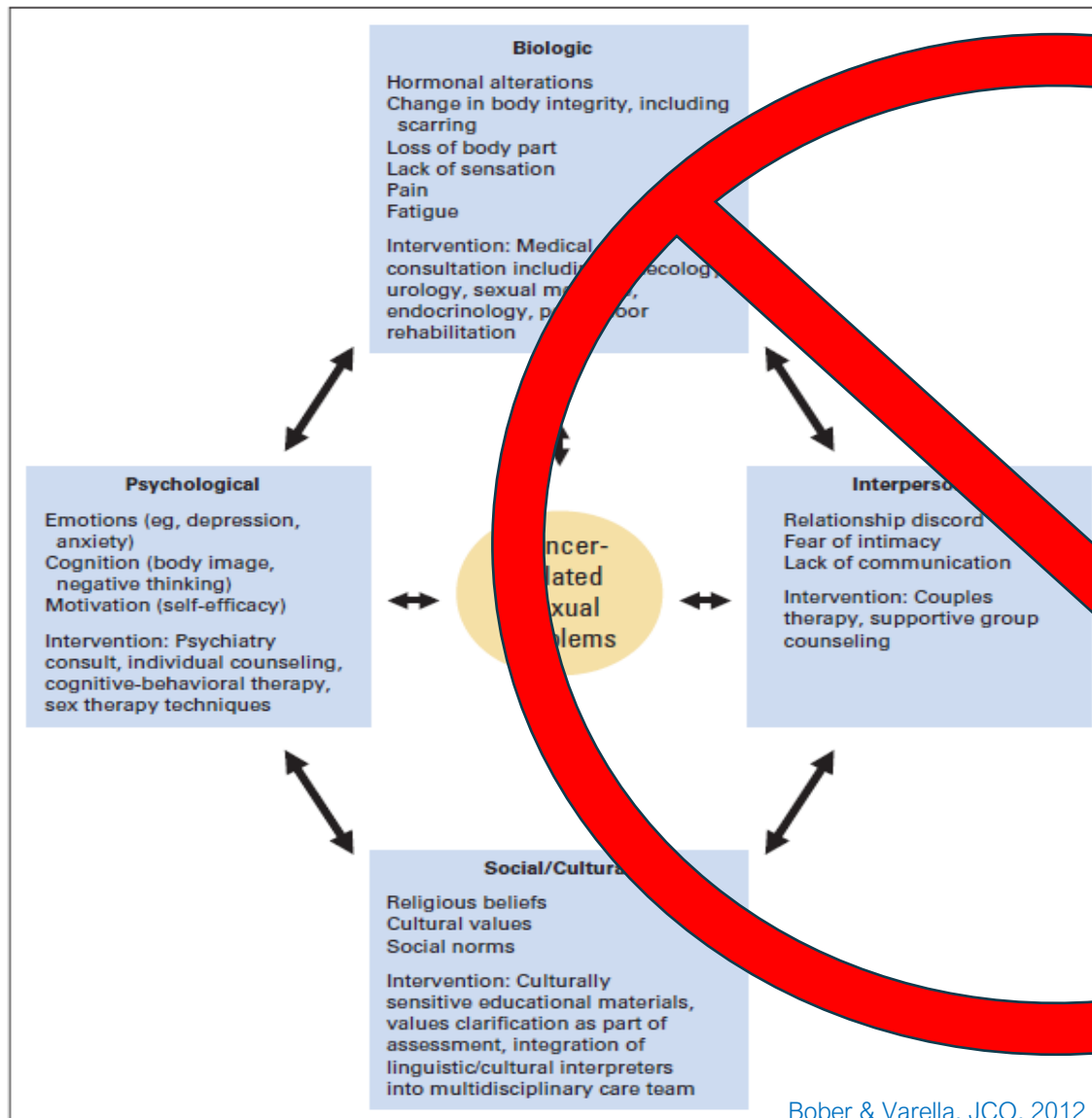


SEXUAL ORIENTATION

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BARRIERS TO SEXUAL HEALTH TREATMENT



A Biopsychosocial-Cultural Model of Sexuality



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



SEXUAL HEALTHCARE IN PROSTATE CANCER

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

PATIENTS AND THEIR PARTNERS

AND

CLINICIANS



INTERNATIONAL GUIDELINES

THE JOURNAL OF
SEXUAL MEDICINE

ORIGINAL RESEARCH & REVIEWS

ONCOLOGY

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



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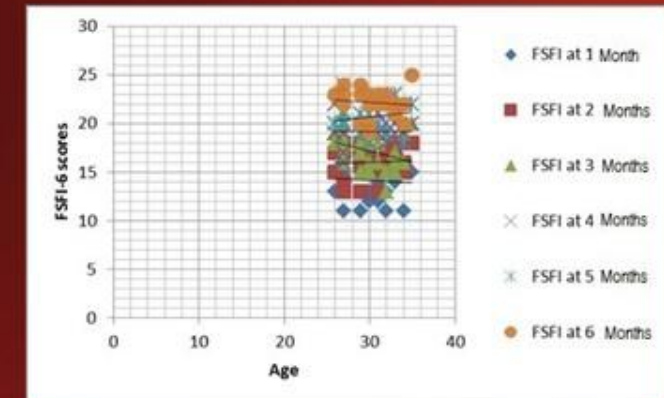
- CORE FEATURES
 - Comprehensive Treatment
 - Inclusive Treatment
 - Equitable Treatment



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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:

“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.”





Run Wang, MD, FACS

*Professor of Urology, Director of Sexual Medicine Fellowship
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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](#).

Guidelines for Sexual Health Care for the Prostate Cancer Patient



MOVEMBER®

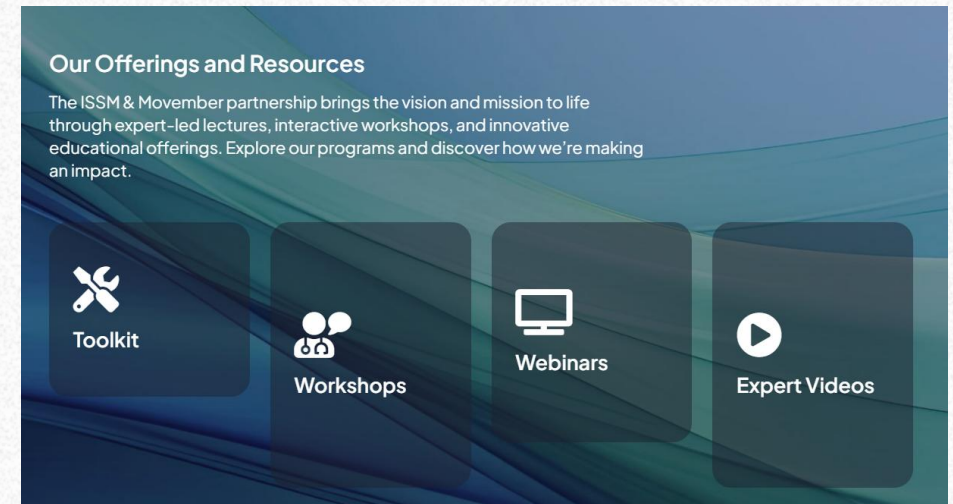


CLINICIAN RESOURCES

A Global Dissemination Strategy

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

- **Expert 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.



Q&A Video Series

Now Live! A 16-part video series. Watch at www.issmmovember.com

Purpose: To raise awareness of how prostate cancer treatments impact sexual health and give providers practical tools to support patients.

Target Audience: Multidisciplinary prostate cancer care teams, including oncologists, PCPs, nurses, therapists, and rehab specialists.

Key Features:

- Concise videos covering guideline topics from both clinical and patient perspectives
- Designed for use in clinician education and patient conversations




Webinar Series

Register for free at
www.issmmovember.com/webinars/

The 10-part webinar series (2025-2027) provide practical tools, real-life patient scenarios, and inclusive strategies to help clinicians feel more confident in initiating conversations about sexual health across different treatment phases, care settings, and patient backgrounds.

Join us!


- Always **FREE** registration
- Access available on-demand after registration
- CME Accredited
- Case study discussions with patients in selected webinars.
- Ample time for **interactive dialogue**
- Valuable learning opportunities.



September 22, 2025
Webinar – Rural and Urban Practice – Different Challenges, Different Approaches
Andrew Matthew, John Mulhall & Luca Incrocci

Healthcare professionals face distinct challenges when addressing sexual health in rural and urban settings. Limited resources, time constraints, and cultural differences all shape how patients receive care. This webinar explores practical strategies to ensure equitable sexual health discussions, no matter the setting.

Healthcare Accessibility Patient-Centered Care
Rural vs. Urban Healthcare Sexual Health
Telehealth Solutions



November 14, 2025
Webinar – Asking the Question in the Context of Specific Treatments
Andrew Matthew, Evie Mertens, John Mulhall & Mohit Khara

Sexual health concerns often go unspoken during prostate cancer treatment, yet they significantly impact patients' well-being. This webinar explores how to navigate these conversations with sensitivity and confidence, addressing common challenges across different treatment modalities.

Androgen Deprivation Therapy
Patient-Centered Care Prostate Cancer Treatment
Radiation & Surgery Side Effects
Sexual Health Communication



Webinar Series Calendar 2025-2027

1. *Introduction to Asking the Question about Sexual Health -> May 27, 2025*
2. *Rural and Urban Practice – Different Challenges, Different Approaches -> September 22, 2025*
3. *Asking the Question in the Context of Specific Treatments -> November 14, 2025*
4. *Involving Partners and the biopsychosocial Approach -> 2026*
5. *Cultural Sensitivity in Asking the Question -> 2026*
6. *Sexual Orientation and Gender Identity -> 2026*
7. *Leveraging Resources for Comprehensive Sexual Health Care -> 2026*
8. *Interdisciplinary Collaboration -> 2027*
9. *Long-term Strategies for Managing Sexual Health Post-Treatment -> 2027*
10. *Technological Aids and Innovations -> 2027*





Gerald Brock, MD, FRCSC

*Professor Emeritus, Western University, London, Ontario,
Canada*

Upcoming webinars

Register for free at
www.issmmovember.com/webinars/

- Monday, September 22, 2025, 08.00-09.00 AM BRT (11.00 AM-12.00 PM UTC)

Rural and Urban Practice – Different Challenges, Different Approaches

Faculty: *Andrew Matthew, John Mulhall & Luca Incrocci*

- Friday, November 14, 2025, 06.00-07.00 PM BRT (09.00-10.00 PM UTC)

Asking the Question in the Context of Specific Treatments

Faculty: *Andrew Matthew, Evie Mertens, John Mulhall & Mohit Khera*



In-person workshops

Purpose: Deliver hands-on workshops before select medical conferences to build real-world communication skills for prostate cancer care, focusing on empathy, inclusivity, and confidence in addressing sexual health.

Workshop Format:

- Small group role-play with structured feedback
- Video-based communication training using the 5As Framework (Ask, Advise, Assess, Assist, Arrange)
- Inclusive scenarios addressing underserved populations

Upcoming Workshops:

- IPOS/COSA Conference in Adelaide, Australia – November 11, 2025
- ISSM/ESSM Joint Meeting in Porto, Portugal – February 2026



Conference Sessions

Purpose: The conference sessions promotes the implementation of the Guidelines for Sexual Health Care in Prostate Cancer by engaging healthcare professionals at key global meetings to integrate sexual health into routine care.



Upcoming Conference Sessions:

- 25th Asia-Pacific Prostate Cancer Conference (APCC), Sydney, Australia -> *August 22, 2025*
- SMSNA Annual Scientific Meeting, Dallas, Texas, USA -> *October 9, 2025*
- Society for Urologic Nurses (SUNA), Louisville, Kentucky, USA -> *October 31, 2025*
- Societe International d'Urologie (SIU), Edinburgh, UK -> *October 31, 2025*
- ISSM/ESSM World Meeting on Sexual Medicine, Porto, Portugal -> *February 25-28, 2026*
- EAU (European Society for Urology), London, UK -> *March 13-16, 2026*



Toolkit for Healthcare Professionals

The toolkit is expected to launch by November 2025 and will be available via www.issmmovember.com, ensuring easy access from any device.

Purpose: To equip clinicians in prostate cancer care with practical tools to improve communication around sexual health, with a focus on openness, inclusivity, and guideline-based care.



What's Included:

- **Exemplar Video Series:** Five clinician and patient role-play videos with pre- and post-prostate cancer treatment guidance on sexual health care
- **Clinician Slide Deck** and a **Clinician Checklist**
- **Fact Sheets**
- **Sample Scripts**



ISSM & MOVEMBER INITIATIVE WEBSITE AND RESOURCE HUB

Visit us at:
www.issmmovember.com



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Toolkit

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Show Videos



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](#)



81-93%

81-93% of patients report that prostate cancer treatment negatively affects their sex lives.



Guidelines for Sexual Health Care for Prostate Cancer Patients

Do you Ask the Question?

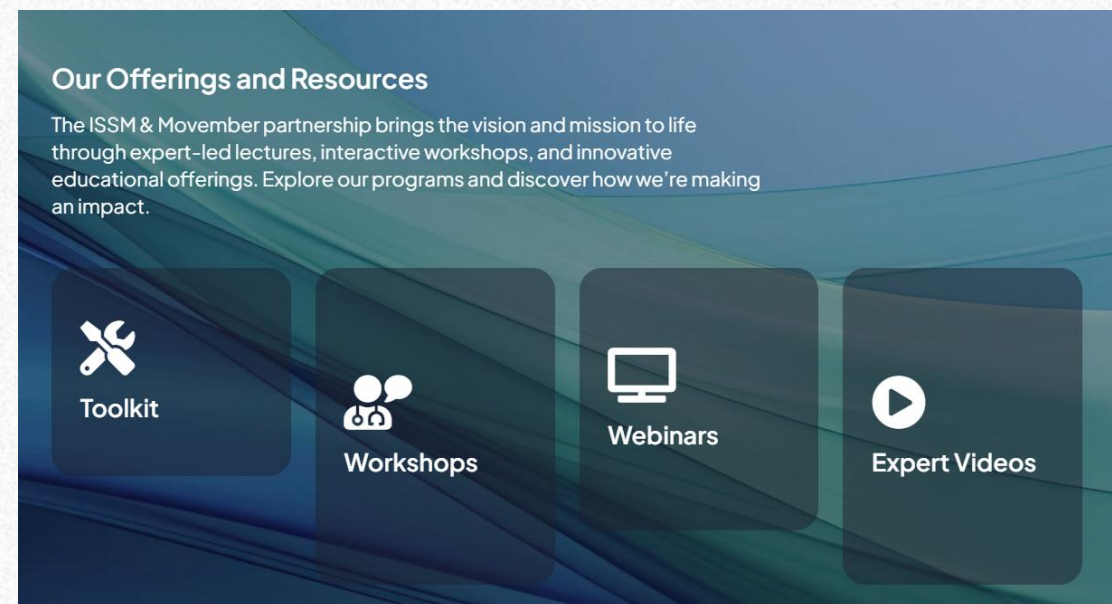


MOVEMBER
FUNDED PROJECT

www.issmmovember.com

Target Audience

- Multidisciplinary prostate cancer care teams
- Oncologists (urologic, radiation, medical) & primary care providers
- Nurses, mental health professionals, and rehabilitation specialists
- Sexual medicine experts and sex therapists



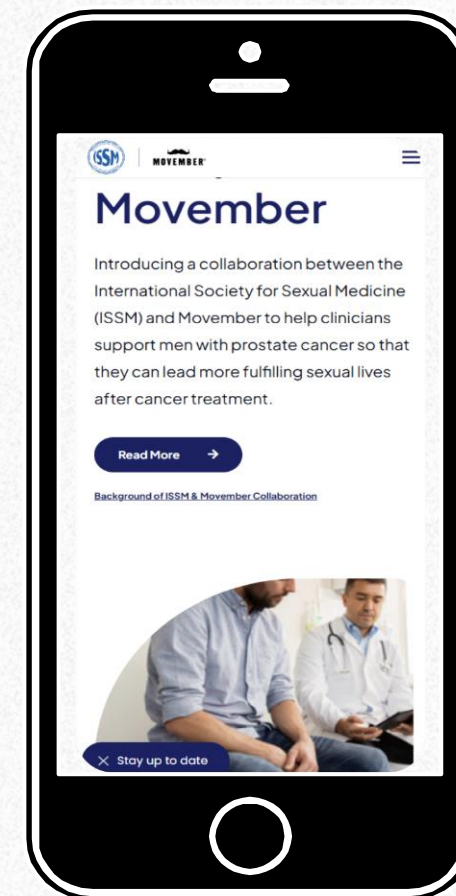
www.issmmovember.com

Key Features:

- A mobile-friendly, easy-to-navigate experience
- Educational webinars, short videos, and a clinical toolkit
- Downloadable patient resources focused on sexual recovery
- Content currently available in English

Why It Matters:

- Centralized access to guideline-based resources, tailored for real-world clinical use
- Aims to improve patient outcomes by supporting sexual health across the continuum of prostate cancer care



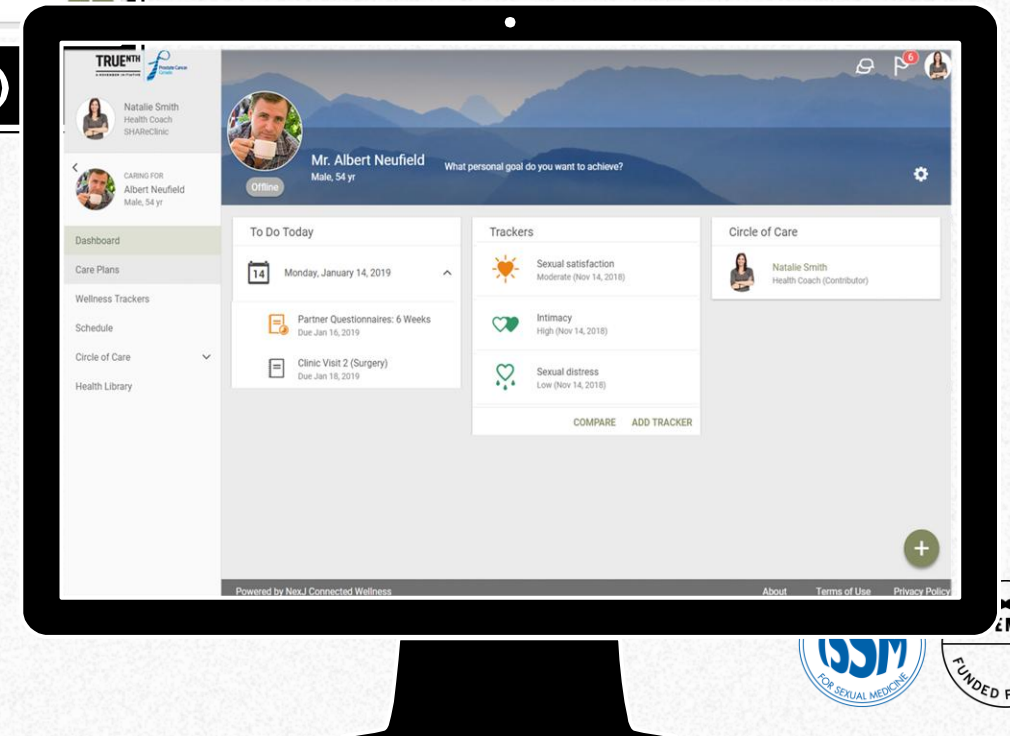
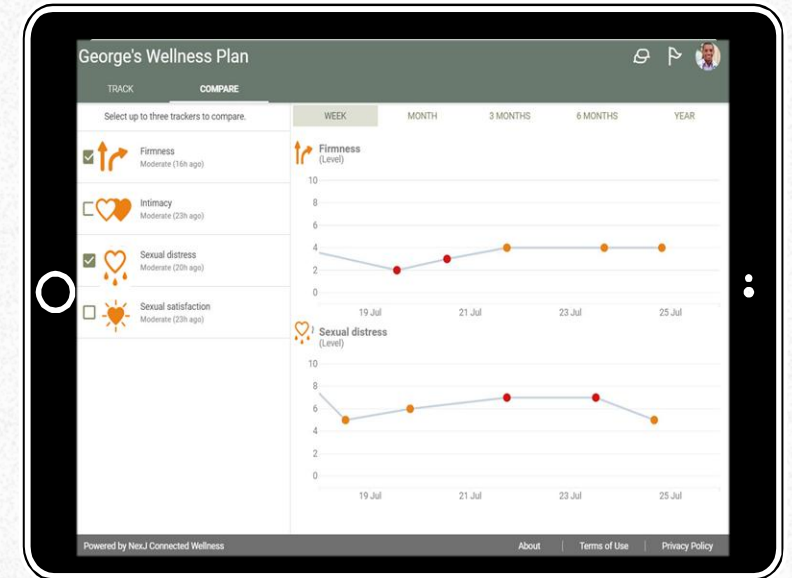
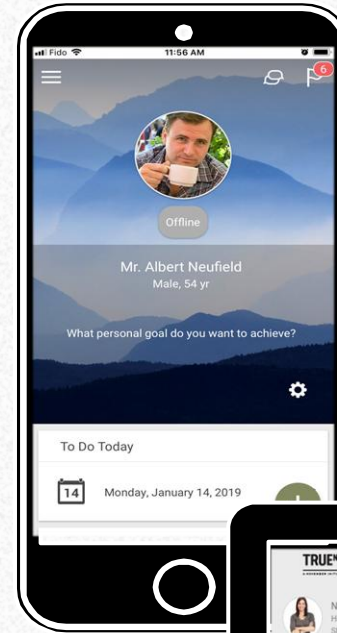
VIRTUAL PROGRAMMING

CLINICIAN TRAINING

- Sexual Health and Rehabilitation eTraining (SHAReTraining)

PATIENT CARE

- Sexual Health and Rehabilitation eClinic (SHAReClinic)



SHAPING THE PROGRAM FOR LATIN-AMERICA

- What aspect of the Program are needed in Latin America?
- Are Spanish/Portuguese language translations needed?
- Will the videos be helpful and which topics are most impactful?





Key Takeaways

- Sexual health is compromised by all prostate cancer treatments
- Sexual health concerns impact the patient, partner, & couple
- Sexual health concerns require a biopsychosocial approach



Questions?



THANK YOU

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

This poll gathers insights to improve sexual health
guidelines and resources in prostate cancer care
through the ISSM and Movember partnership.

