



How Can the ISSM & Movember Initiative Help My Patients and My Practice?



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Welcome



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- Boston Scientific
- Haleon Pharmaceuticals
- Vitaris



ONCOLOGY

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

 Check for updates

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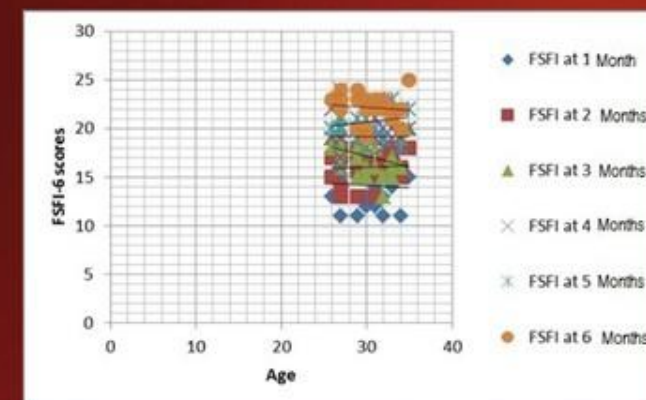
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These are the first **sexual health** guidelines that have been developed for the care of cancer patients.

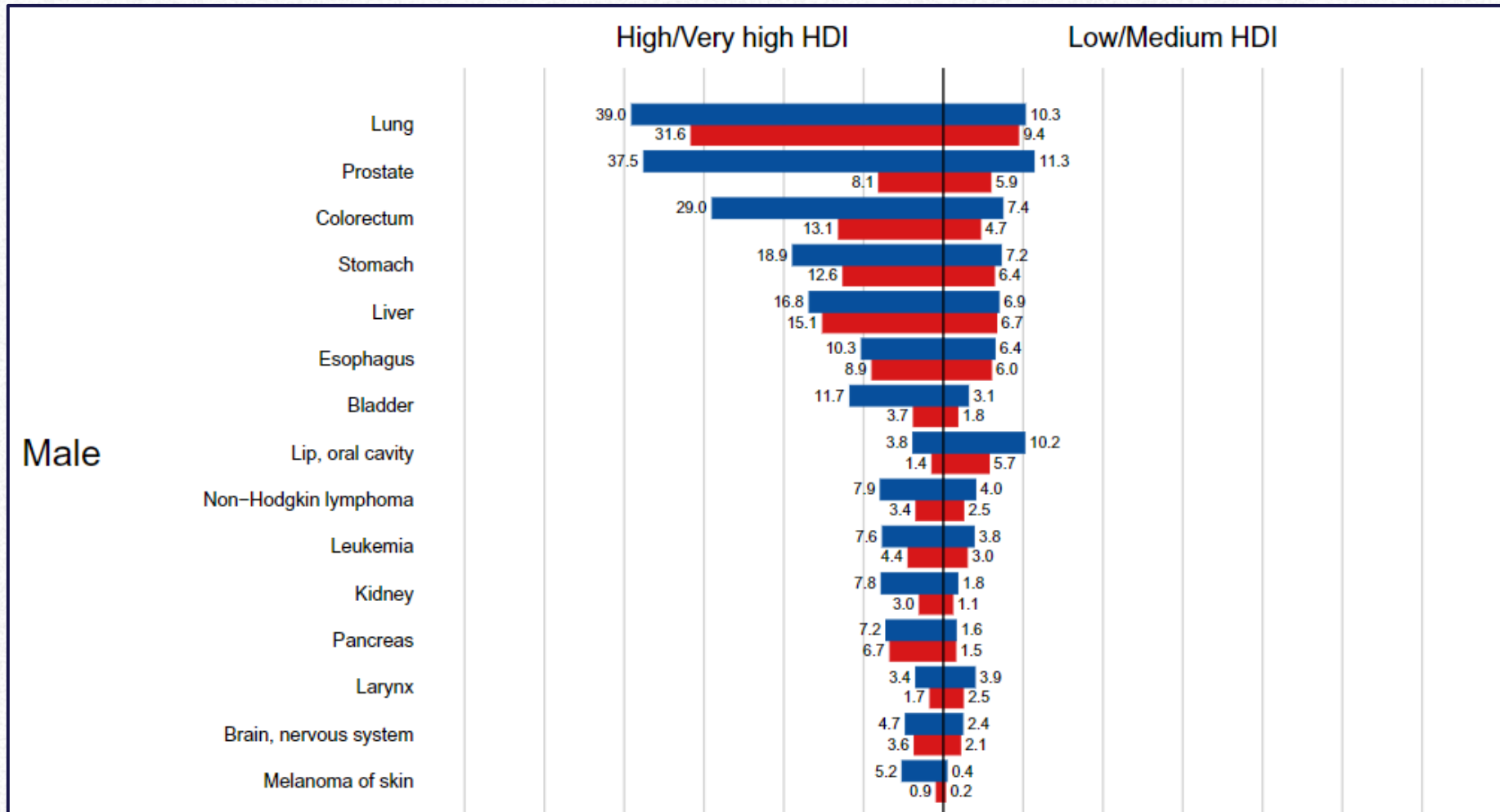




Background



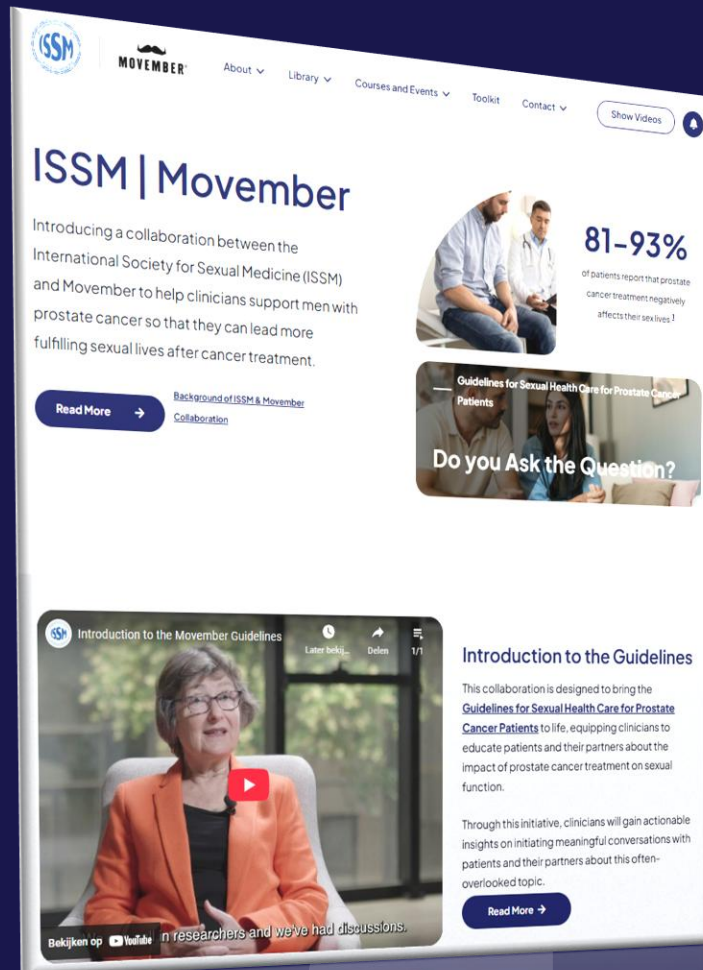
Global Cancer Incidence and Mortality





ISSM & MOVEMBER PARTNERSHIP

A collaboration between the International Society for Sexual Medicine (ISSM) and Movember to help clinicians support men with prostate cancer so that they can lead more fulfilling sexual lives after cancer treatment.





ISSM-Movember Sexual Health Guidelines Case Study



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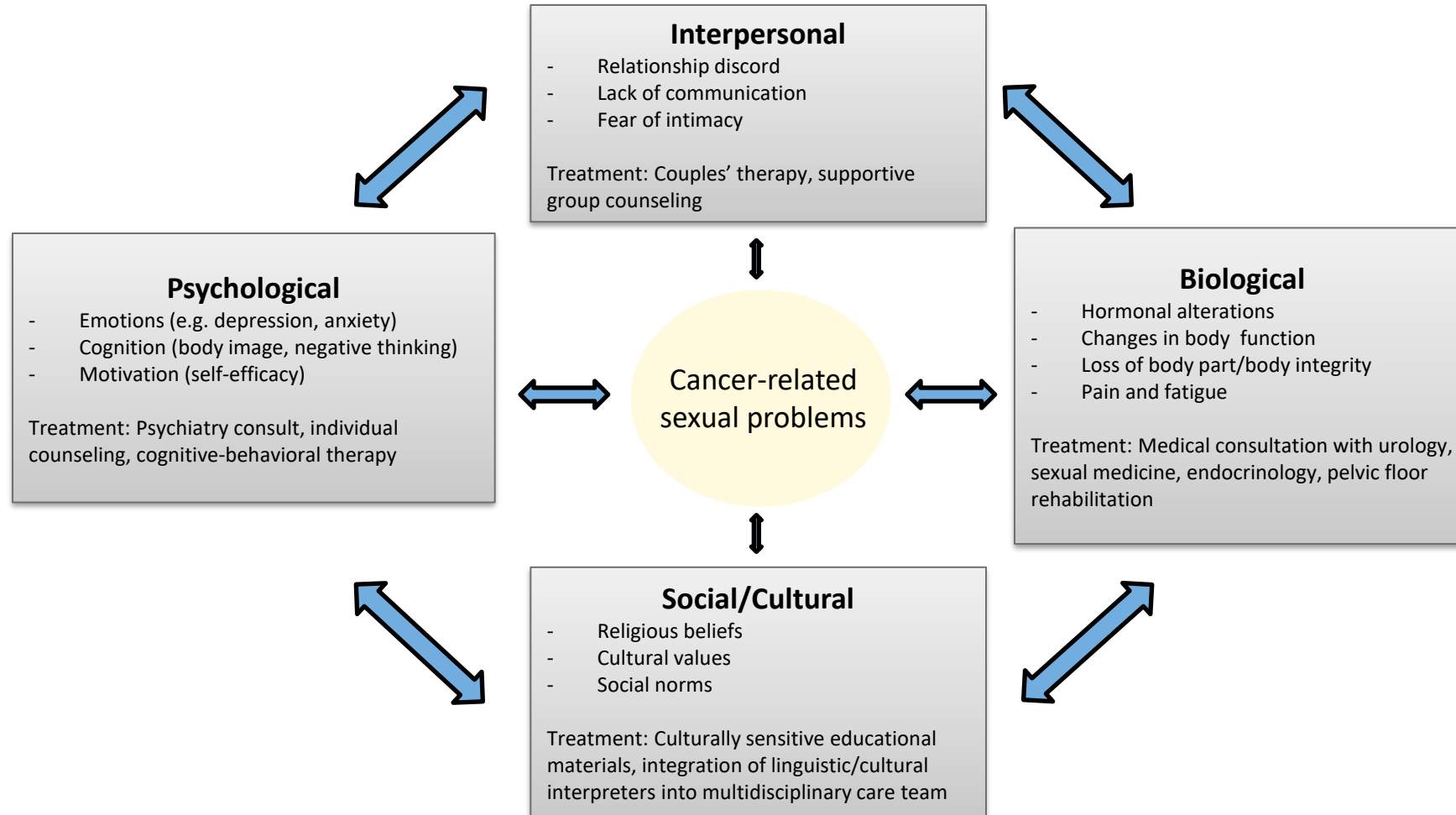
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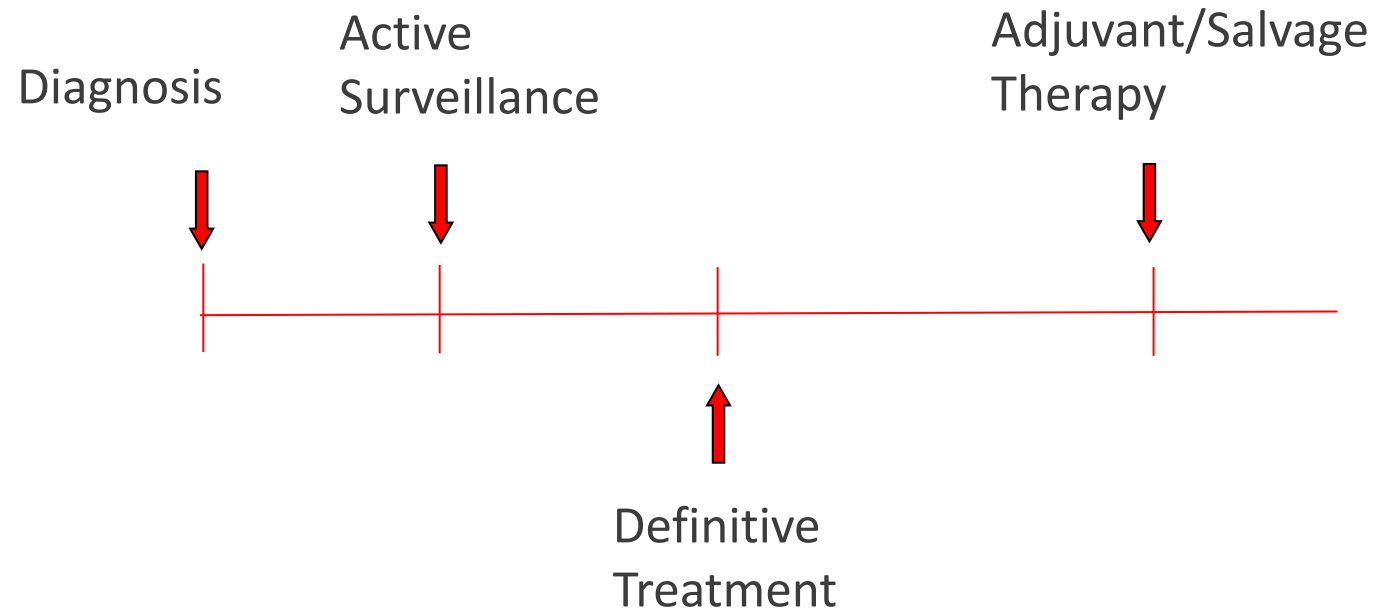
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Theoretical Model: Biopsychosocial



The Prostate Cancer Journey





Patient

- **62-year-old straight male**
- **Married for 35 years**
- **Sexually active**
- **Diagnosed with Gleason 7 (3+4) prostate cancer**
- **He and his wife investigated multiple treatment options**
 - Active surveillance
 - Radical prostatectomy (RP)
 - External beam radiation/ADT
- **The couple decided on RP**
 - The couple has a very general sense of possible sexual side effect





Poll Question: In your experience, what was discussed related sexual side effects of RP?

- A. Not much, the patient believes he will have erections in a few months after surgery.
- B. A little, the patient understands ED may be a side effect of treatment, but his surgeon stated, “95% of his patients have erections after surgery.”
- C. A moderate amount of information. The patient has a good understanding of significant/probable risk of ED and that ED treatments are available.
- D. A lot, the patient has a good understanding of the risk/recovery of ED, understands recovery period of up to 2 years, understand there are other sexual side effects of RP.



Erections and Sexual Satisfaction

- **229 men undergoing RP**
- **Assessed for erections and sexual satisfaction at:**
 - Pre-RP
 - 24 months post-RP
- **Intercourse satisfaction decreased at 24 months:**
 - All men ($p < 0.01$, $d = 0.87$)
 - Men with penetration hardness erections ($p < 0.01$, $d = 0.50$)
 - Men with back to baseline erections ($p < 0.01$, $d = 0.35$)
- **Every man “takes a hit”**

Sexual Function Impact following PC Treatment

- **Erectile dysfunction**
- **Loss of ejaculate**
 - No ejaculate after RP
 - Reduction following radiation
- **Orgasm changes**
- **Sexual urinary incontinence**
 - Foreplay incontinence
 - Climacturia
- **Penile morphology changes**
 - Loss of length and volume
- **Loss of libido**
 - Secondary to other sexual function changes
 - Androgen deprivation therapy
- **Peyronie's disease**



Guideline Statements 1 to 21: Patient and Partner Pre/Post Treatment Education

- **Providers should educate patients and their partners pre- and post-treatment on:**
 - Impact of PC treatments on sexuality
 - Realistic expectations of impact and recovery
 - Emotional impact
 - Relationship impact
 - Education on treatments for sexual dysfunction
 - Fertility preservation strategies



6 Weeks Post-RP Visit with Surgeon

- **Adverse pathology (ECE+)**
- **Excellent nerve sparing**
- **Surgeon “Asked the Question”**
 - How is your sexual functioning?
- **The couple reports extreme frustration with sexual side effects, “We had no idea.”**
 - ED
 - Dry orgasm
 - Sexual incontinence
- **Patient states, “If I had known, I may not have had treatment.”**
- **Wife states, “He is withdrawn and irritable.”**





Poll Question: What would be the next step in this patient's care?

- A. PSA test at six months, reassess sexual functioning at that time.
- B. Provide information about ED rehabilitation.
- C. Referral to Sexual Medicine specialist for assessment of sexual functioning and treatment.
- D. Referral to sex therapy to deal with emotional and couple issues that have emerged.
- E. All of the above.



Guideline Statements 28 to 36: Rehabilitation Strategies

- **Clinicians should inform patients and their partners of:**
 - All erectile function treatments
 - Evidence/limitations in data related to penile rehabilitation strategies
 - If patients wish to continue to engage in sexual activity, clinicians should support patients' use of:
 - Pro-erectile aids
 - As well as non-penetrative sexual activity



Guideline Statements 37 to 40: The “Other” Dysfunctions (23)

- Loss of ejaculate
- Orgasm changes
- Sexual incontinence
- Penile morphology changes
- Loss of libido

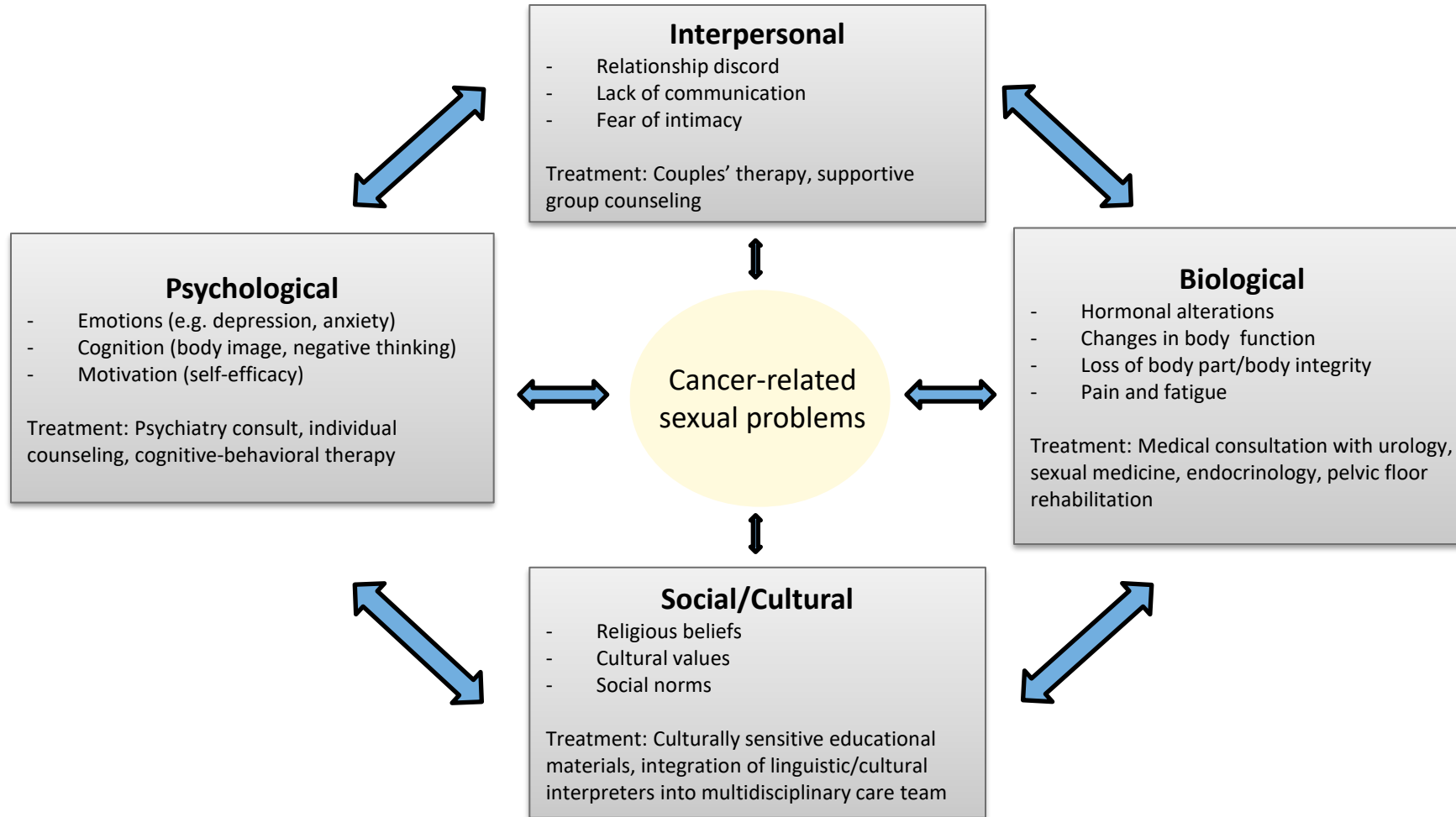


Poll Question: Which treatment option do you use as your primary option for climacturia?

- A. Bladder emptying**
- B. Imipramine**
- C. Condom use**
- D. Variable tension penile band**
- E. “Sling” surgery**



Theoretical Model: Biopsychosocial



Guideline Statements 19 to 27: Psychosocial support

- **Offer psychosocial support for patients and couples who are coping well**
- **Individual therapy/sex therapy for those who are:**
 - Not coping well
 - Experience a loss of masculinity
 - Experience loss of self-confidence
- **Couples therapy/sex therapy for couples who are:**
 - Not coping well
 - Experience anxiety or relationship conflict due to sexual changes
- **Referral to group or online resources when appropriate**



Sexologist Evaluation

- **Sees the couple together, then separately**
- **Learns about the couple:**
 - Highly dependent on intercourse
 - Very little foreplay
 - Sex life was satisfactory
 - No significant pre-existing relationship or sexual problems
 - Assesses both patient and partner sexual function
- **Individual sessions:**
 - Partner is angry that patient is pulling away in all aspects of life
 - Partner expresses sadness of loss of connection with patient
 - Patient is upset about ED and need to use injections
 - Patient thinks partner may leave him



Sexologist Works with Couple

- **Begins with:**
 - Normalizing feelings of loss
 - Identifying feelings and fears expressed
 - Assessing avoidance
 - Emphasizing importance of couple communication
- **Provided education on possible different approach**
 - Expanding view of emotional connection
 - Other than genital sources of pleasure
 - Discusses what make a good lover (not just intercourse)
- **Discusses other forms of sexual pleasure**
 - Foreplay, Oral sex, Mutual masturbation, Sex toys
- **Discusses importance of couple communication**
 - Provides skills
 - Discusses intimate moments “outside the bedroom”



Sexologist Works with Couple

- **Sexologist sees couple on a regular basis**
 - Weekly for a few months
 - Potentially move to monthly as couple develops increase communication and connection
- **Assesses**
 - Avoidance
 - Communication
 - Grief process
 - Sexual satisfaction



Tailoring Treatment: Statements 22-25

- Prostate cancer therapy type
- Partnership status
- Cultural, ethnic, and racial context
- Sexual orientation
- Gender identity

Statement 25: Clinicians should support patients who are gay or bisexual, men who have sex with men, as well as transgender women and gender non-conforming patients and their partners with information relevant to their sexual experience, and guide them towards finding meaningful support resources.



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A Year Post-RP

- **The couple have pursued treatment options, which include:**
 - Sexual medicine rehabilitation protocol
 - Sexologist
- **The patient is using ICI effectively**
 - Only partial response to PDE5i
- **Communication and intimacy have improved**
 - Worked to turn focus from primarily on erections to focus on pleasure, enjoyment, and expanding sexual repertoire.
- **Patient reports embarrassment with penile morphology changes:**
 - Loss of length
 - Loss of girth
 - Slight bend (intercourse not impacted)





Poll Question: Would you discuss a penile implant for this patient?

- A. Yes**
- B. No**



A Year Post-RP: Low Sexual Desire

- **Assess for causes of low desire:**
 - Psychosexual
 - Low T
- **Testosterone replacement therapy?**
 - Early morning total T level = 200 ng/dL (on two occasions)





Guideline Statements 40 to 42: Testosterone Replacement Treatment

- **Clinicians may discuss the risks and benefits of testosterone therapy to improve low sexual desire in hypogonadal men following prostate cancer treatment.**



Is Testosterone Replacement An Option?

- **Old theory**
 - Linear relationship between testosterone and PC
- **New theory**
 - Saturation therapy
 - Once total T above approximately 50 ng/dL, PC cells active (if there are PC cells)
- **Several studies suggest TTh in some PC patients is safe**
 - Organ confined or not?
 - Grade of disease?
 - Stage of disease?



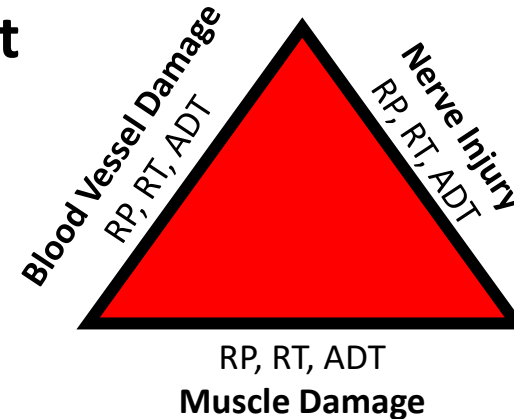
Rising PSA

- **At year follow-up with surgeon**
 - PSA available the following day, PSA is detectable
- **The couple follows the PSA for 12 months (2y post RP)**
 - PSMA indicates cancer in the prostate bed
- **The patient will pursue RT/ADT**
 - Six-month course of ADT
- **The patient has reported improved response to PDE5i**
 - Primarily uses PDE5i in sexual situation
- **The couple reports**
 - Distress related to cancer
 - Desire to maintain sexual satisfaction while patient undergoes RT/ADT
- **What does the couple need to know about sexual consequences?**



Impact of “triple therapy” for prostate cancer

- Negative synergism between the 3 therapies
- T is needed for NO-cGMP pathway
- ADT induces rapid CCSM collagenization
- Nadir in EF after RT 3-5 y post-treatment
- Little literature addressing this group
- <10% PDE5i response
- 90% of men develop CVOD
- 50% of the latter do NOT respond to ICI
- Role of rehab?



Referrals for Mental Health Professionals

- **Referral sources:**
 - Society for Sex Therapy and Research (SSTAR) at www.sstarnet.org
 - American Association for Sexuality Educators, Counselors, and Therapists (AASECT) at www.aasect.org
- **Develop capacity within your practice:**
 - Make connections with mental health professionals in your community
 - Keep trying
 - Help train

Sexologist Works with Couple

- **Education on impact of triple prostate treatment**
 - Discuss importance of continued communication
- **Provide psycho-education on sexual impact of ADT**
 - Loss of libido
 - Impact of loss of libido on couple closeness
 - Impact of loss of libido on initiation of sexual activity
 - Possible impact on erections
 - Impact on orgasm
- **Revisit focus on other forms of pleasure**
- **Educate on the other side effect of ADT**
 - Fatigue
 - Emotional response
 - Hot flashes





Continued PSA Rise

- **A year following completion of RT/ADT, patients PSA is detectable and continues to rise**
- **PSMA indicates two small lesions in patient's back**
 - Patient re-initiates ADT
 - Spot RT to lesions
- **The couple is clearly concerned about the cancer**
 - Understand the chronic nature of the cancer and treatment
- **The couple wants to remain sexual activity**
 - They report their intimate connection has helped them maintain a strong connection while going through the cancer experience
- **What does the couple need to know about sexual consequences?**





Multidisciplinary Panel Discussion



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Disclosures

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Arthur Burnett, MD, MBA, FACS

- NeuroVascular Research and Design,
- Comphyra: Scientific/ Medical Advisory Board Member
- Boston Scientific, Coloplast, Endo Pharmaceuticals, National Institutes of Health; Research Grant Site Principal Investigator
- Norvartis Pharmaceuticals: Consultant
- MHN Biotech: Owner

Run Wang, MD, FACS

- None

John Mulhall, MD MSc FECSM FACS FRCSI

Grants

- NIH
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- Sexual Medicine Society of North America
- Center for Intimacy after Cancer Therapy

Consultancies

- Ro, FirmTech





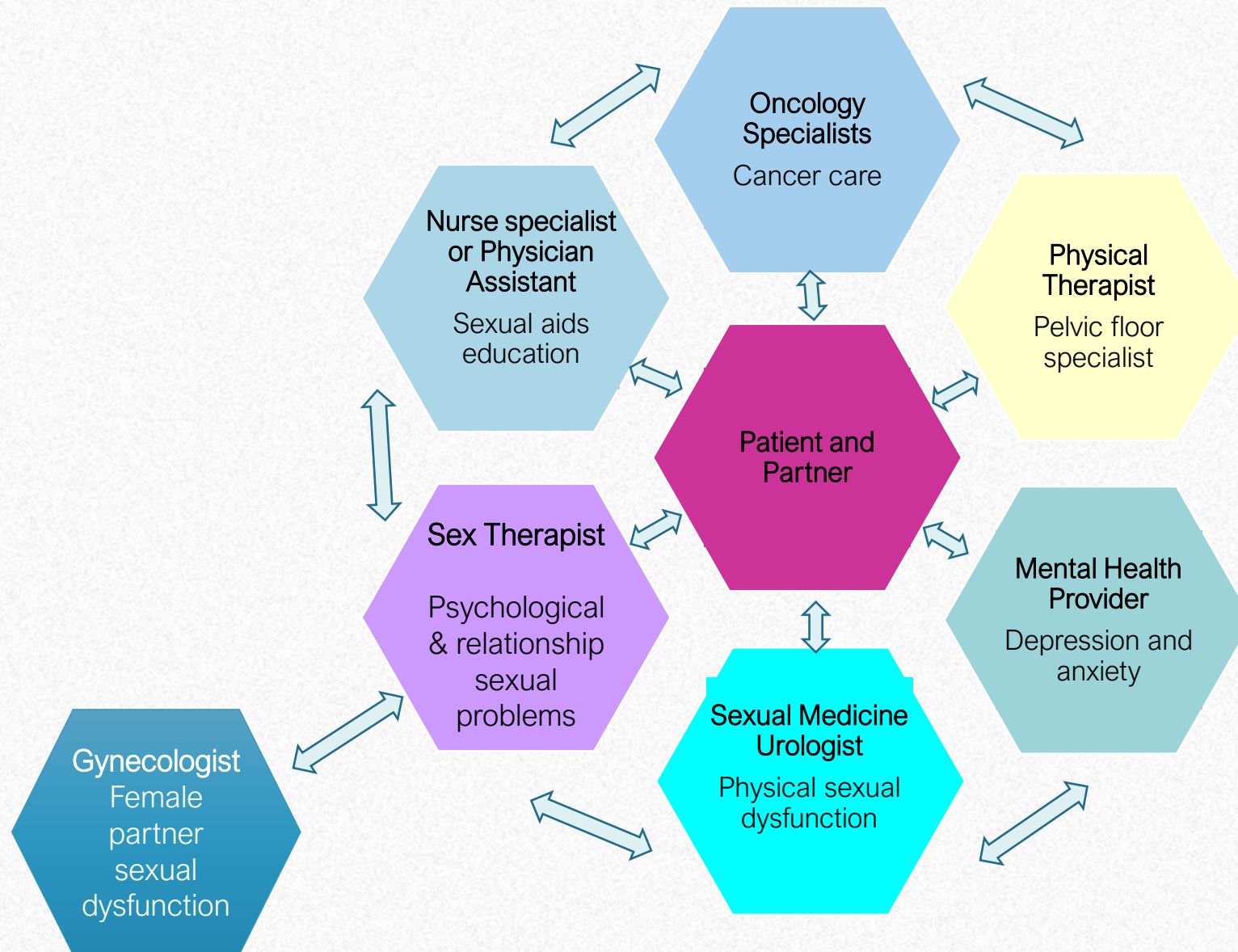
ISSM & MOVEMBER

A Global Dissemination Strategy



To ensure widespread adoption of the Guidelines, ISSM and Movember have launched a multi-faceted dissemination project.

A Multidisciplinary Team is Needed



Visit: www.issmmovember.com

- **Expert video series** addressing key concerns about sexual health in prostate cancer care.
- **Educational webinars** to provide clinicians with practical strategies for implementation. Always **FREE registration** and **CME Accredited**.
- A **clinician toolkit** to support guideline adoption in diverse healthcare settings. **Clinician Checklists, Fact Sheets and Sample Scripts**
- **Sessions and workshops** at major conferences worldwide to reach healthcare professionals on a global scale.





Key Takeaways

1. To understand the value of a multidisciplinary approach to managing sexual health after prostate cancer therapy.
2. To learn what novel evolving treatments are being developed for improved sexual health outcomes for the Prostate Cancer patient /partner.
3. To gain a better appreciation for how educational tools directed at patients can assist in clinical sexual outcomes in the Prostate cancer population.



Questions?

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.





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