

Beyond Treatment: Sexual Recovery, Cultural Sensitivity, and Counseling After Prostate Cancer

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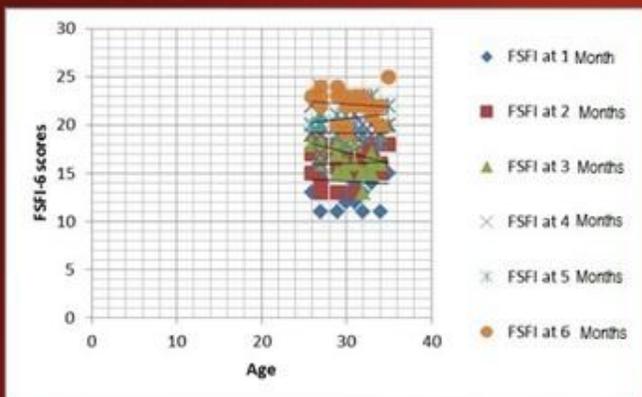
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THE JOURNAL OF SEXUAL MEDICINE

ORIGINAL RESEARCH & REVIEWS

ONCOLOGY

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

[Check for updates](#)

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



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



Statement 1

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

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*).

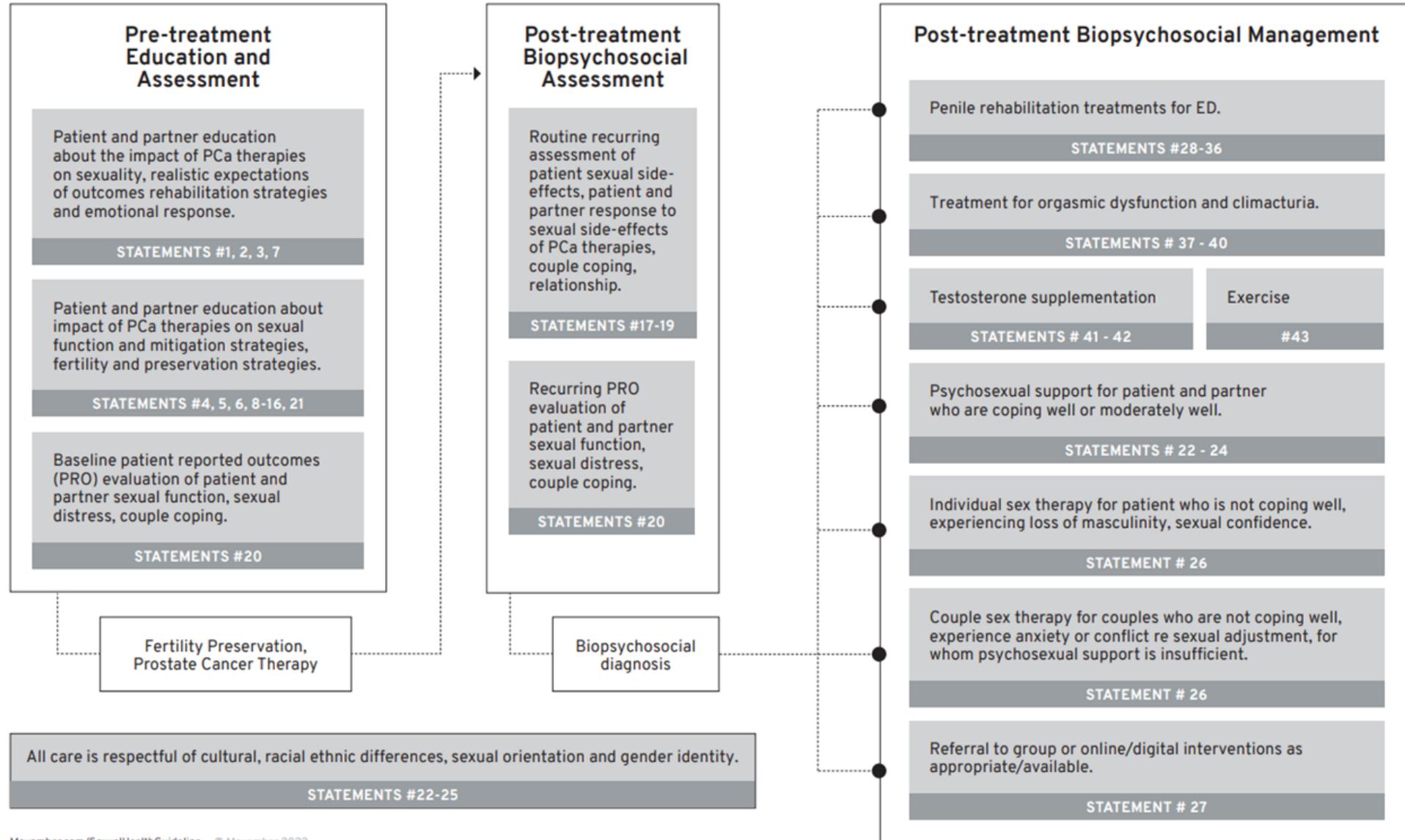
Wittmann D, Mehta A, McCaughan E, Faraday M, Duby A, Matthew A, Incrocci L, Burnett A, Nelson CJ, Elliott S, Koontz BF, Bober SL, McLeod D, Capogrosso P, Yap T, Higano C, Loeb S, Capellari E, Glodé M, Goltz H, Howell D, Kirby M, Bennett N, Trost L, Odiyo Ouma P, Wang R, Salter C, Skolarus TA, McPhail 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

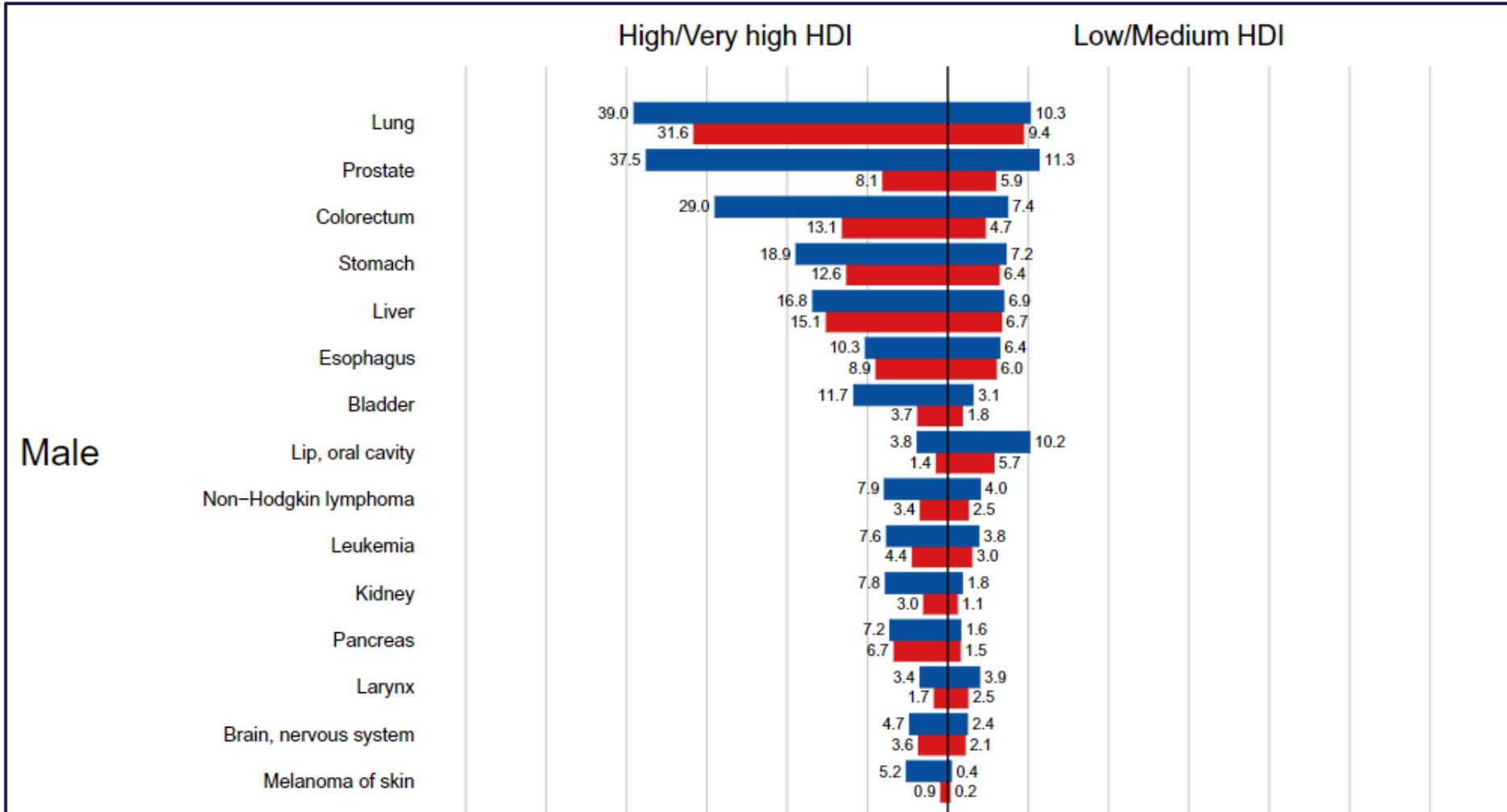


SUMMARY OF GUIDELINES STATEMENTS

Sexual Health Care for Prostate Cancer Patients



Global Cancer Incidence and Mortality



Understanding the cultural context is important

“Man in the driving seat”: A grounded theory study of the psychosocial experiences of Black African and Black Caribbean men treated for prostate cancer and their partners

Olufikayo Bamidele¹  | Helen McGarvey²  | Briega M. Lagan³  | Kader Parahoo⁴ | Frank Chinegwundoh MBE⁵ | Eilís McCaughan⁶

- Black African and Black Caribbean men have a traditional leadership role in their families; partners follow men’s lead
- Sexual dysfunction is highly problematic for the man’s status and difficult to discuss
- This can lead to the partners’ inability to provide support and the couple’s inability to problemsolve



The Cultural Role of Sex Goes Beyond Pleasure



- At the beginning of the rainy season, the head of the family has sex with the first wife, the next day they plant the first seed. This is the surest way to get a bumper harvest

The Luo (Kenya)



Counseling Patients and Partners on the Sexual and Urinary Effects of Radical Prostatectomy



Arthur L. (Bud) Burnett, M.D., M.B.A., F.A.C.S.

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Objectives

- To present a urologist's perspective on patient and partner counseling of sexual and urinary functional effects in the management of prostate cancer
- To offer a management approach for initiating survivorship care, with attention to setting proper expectations with treatment
- To recognize cultural differences and individual patient considerations in survivorship care



Guidelines for Sexual Health Care for Prostate Cancer Patients

STATEMENT 9: Patients and partners should be counseled that both prostatectomy and radiation therapy may be associated with orgasmic pain, decreased sexual desire, anodyspareunia during anal intercourse, and changes in ejaculatory function. Prostatectomy results in immediate and complete loss of ejaculate volume, while radiation therapy is associated with a more gradual decline and variable reduction in ejaculate volume. (*Moderate Recommendation; Evidence Strength Grade C*)

STATEMENT 10: Patients and partners should be counseled that sexual arousal incontinence and climacturia may occur after radical prostatectomy with the potential to recover with recovery of urinary control. (*Strong Recommendation, Evidence Strength Grade C*)

STATEMENT 11: Patients and partners should be counseled that penile length and girth/volume loss may occur after radical prostatectomy. (*Moderate Recommendation, Evidence Strength Grade C*)

STATEMENT 12: Patients and partners should be informed that radical prostatectomy may be associated with an increased risk of the development of penile curvature (Peyronie's disease; PD). (*Conditional Recommendation, Evidence Strength Grade C*)

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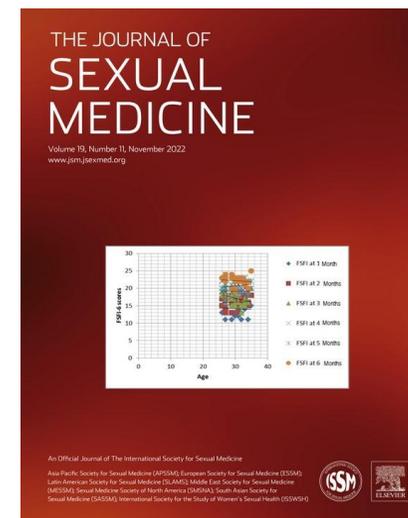
ORIGINAL RESEARCH & REVIEWS

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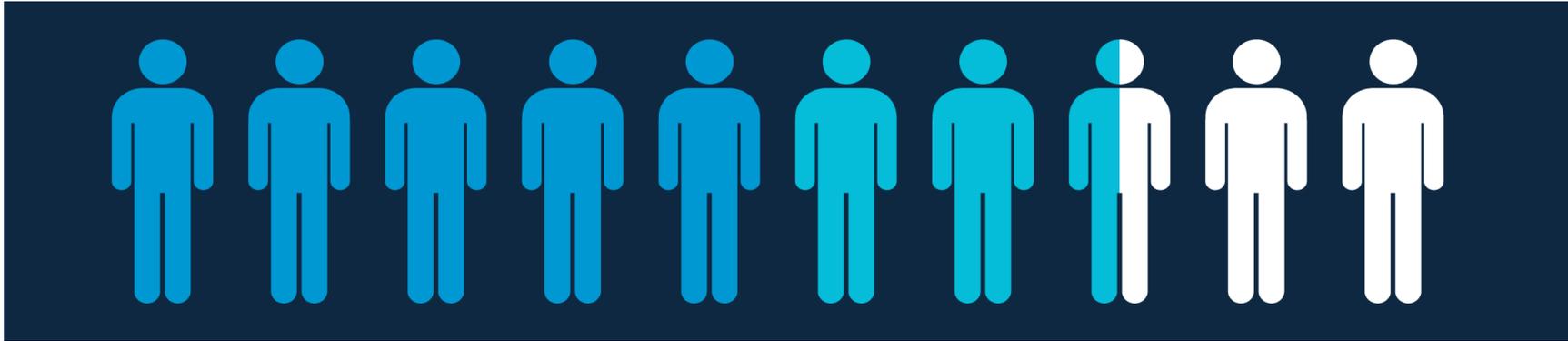
Guidelines for Sexual Health Care for Prostate Cancer Patients: Recommendations of an International Panel

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Sexual Dysfunction after Prostate Cancer Treatment



- Sexual dysfunction after radical prostatectomy affects **25-75%** of men
- Sexual dysfunction after radiation affects up to **50%** of men



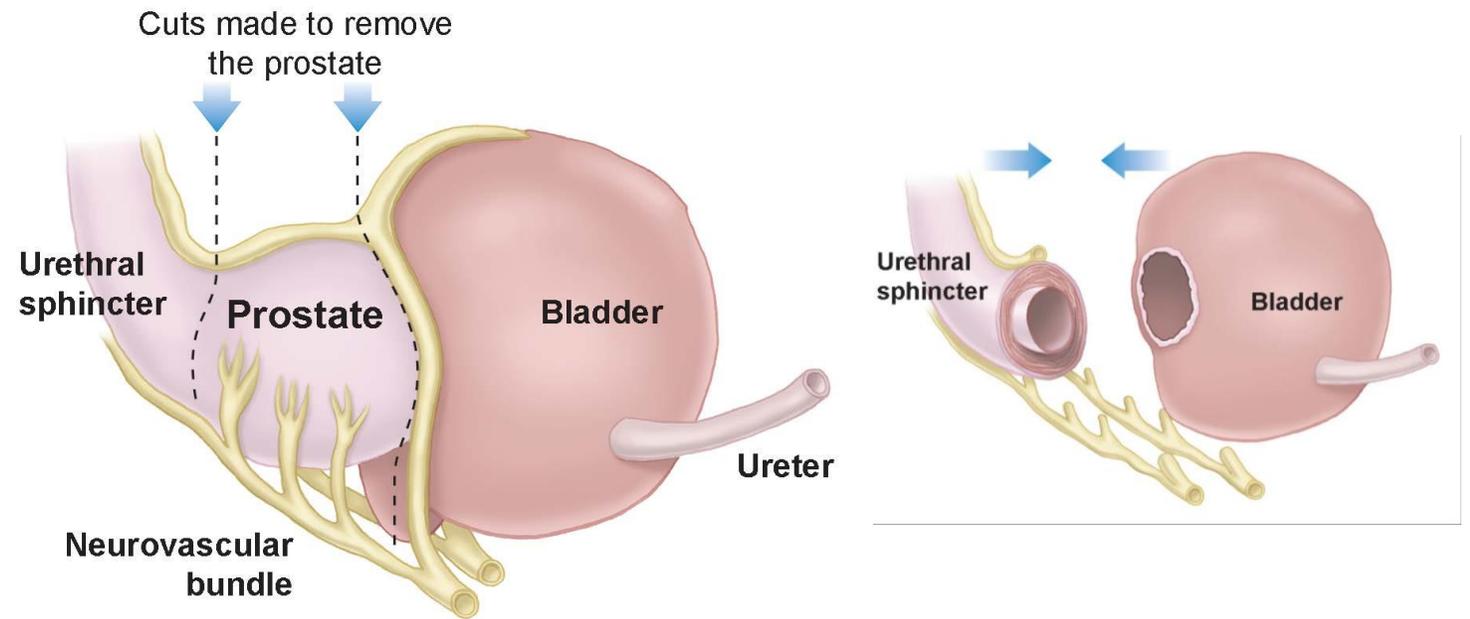
Possible Mechanisms for Erection and Sexual Function Loss after Radical Prostatectomy

- **Surgical Trauma**
 - Neural injury
 - Vascular injury
- **Psychosocial Factors**
 - Depression, anxiety
 - Relationship circumstances
- **Health Co-morbidities**
 - Cardiovascular disease states
 - Age



ED from Radical Prostatectomy

- The nerves and some blood vessels that supply blood to the penis for an erection lie very close to the prostate and may be injured during prostate cancer treatment
- Prostate cancer treatments can affect a man's ability to achieve an erection on a temporary or permanent basis



Urethra surgically re-attached to the bladder

Erection Recovery Natural History

Even with nerve-sparing robotic surgery, erectile dysfunction may persist a YEAR or more after surgery

Functional outcomes after robotic radical prostatectomy are equivalent to open surgery, although return to physical activity has been shown to be consistently better.



Other Sexual Dysfunctions associated with Radical Prostatectomy

- Immediate and complete loss of ejaculate volume
- Orgasmic changes (including climacturia)
- Penile length and girth/volume loss
- Penile curvature
- Decreased sexual libido



Urinary Incontinence in Men

Strongly correlates with prostate cancer surgery

- Up to 50% of men report leakage immediately following surgery for prostate cancer
- About 9–16% of men have incontinence one year after treatment

Can also be a result of:

- Neurologic disorders
- Enlarged prostate surgery
- Radiation
- Pelvic trauma



Erectile Dysfunction and Stress Urinary Incontinence Can Affect Quality of Life

Studies have shown that people suffering from ED and SUI are more:

- Depressed
- Psychologically distressed
- Emotionally disturbed
- Socially isolated



Radical Prostatectomy and ED

- Surgery offers excellent long-term rates of cancer control¹
- ED is a historically known significant complication of the surgery
- Cavernous nerve-sparing techniques have reduced ED to 15-40%²
- Other morbidities largely controlled today

1. Bill-Axelsson A et al. N Engl J Med 352:1977, 2005.
2. Burnett AL. JAMA 293:2648, 2005.



Radical Prostatectomy Dysfunction Management: What I Do

- **Education/Set Realistic Expectations**
 - Natural history of sexual function recovery
 - Patient-specific sexual dysfunction risk factors
 - Patient goals and motivations
- **Somatic Intervention – “individualized”**
 - Patient health fitness
 - On-demand treatments vs. definitive management
 - Rehabilitation options (PDE5i, statins, ARBs, erythropoietin)
- **Coaching/Counseling**
 - Monitoring and follow-up visits (3,6,12, 18, 24 months)
 - Psychosexual therapy ?
- Clinical trials (Implantable electrodes)



Goal-Directed Assessment

- Patients vary in their acceptance of management of sexual disorders
- Initial clinical assessment requires consideration of patient and/or partner needs, expectations, and priorities



Shared Decision-Making: Clinical Management Principle

- SDM is the cornerstone of patient-centered care
 - Sharing of information between patient and clinician is critical
- Clinicians should present and discuss risks, benefits, and expectations of different treatments
- Clinician needs to be aware of:
 - Health literacy of patient
 - Social, cultural, religious factors
- Involving a man's partner where possible and appropriate is strongly recommended



Importance of Partner Interview*

- Partner interview shown to impact diagnosis and treatment 58% of the time^{1,2}
- Partner can provide important information¹⁻³
 - New perspective on sexual issues
 - Insight into quality of the relationship
 - Role in sexual dysfunction
 - Partner interview may require a second visit

1. Tiefer L, Schuetz-Mueller D. *Urol Clin North Am.* 1995;22:767-773. 2. Chun J, Carson CC III. *Urol Clin North Am.* 2001;28:249-258. 3. Tiefer L, Melman A. *Sex Disabil.* 1983;6:167-175.



Sexual Dysfunction Outcomes Disparity?

- Management of prostate cancer has effects on quality of life
 - Impact for all men receiving prostate cancer treatment
- Relevance in the African-American community (high prostate cancer-risk)
 - Possible influence on clinical management decisions associated with survival outcomes



Sexual Dysfunction Cultural Dimension

- Consideration whether sexual dysfunction outcomes after prostate cancer treatment carry psychosocial and/or cultural correlates in different ethnic groups
- Correlates:
 - Cancer specific anxiety: higher in non-Caucasian men^{1,2}
 - Spirituality: greater in African-American and Hispanic men²

1. Tavalariades AM et al. *Psycho oncology* 2013; 22:1328-35
2. Krupski TL et al. *Ethn Dis* 2005; 15:461-8



Management Approaches for Survivorship Care

- Enhanced patient-provider communication
- Recognition of cultural differences in patients
- Identification of individual patient psychosocial needs

Silver SM. J Oncol Pract. 2008; 4:131

McKee Jr AL, Schover LR. Cancer 2001; 92:1008-12

Bober SL, Varela VS. J Clin Oncol 2012; 30:3712-9



How to counsel patients who are gay or bisexual, men who have sex with men, as well as transgender women on sexual functioning after prostate cancer treatment



Professor Tet Yap

Guys & St Thomas' Hospitals NHS Trust & King's College London

Director, The Klinefelter Syndrome MDT Clinics, UK

Lead, KCL Men's Health Inequalities Research Hub (HiRes)



Epidemiology & Prevalence

Prostate Cancer in SGM Populations

31,000
Gay & Bisexual Men
Diagnosed Annually in US

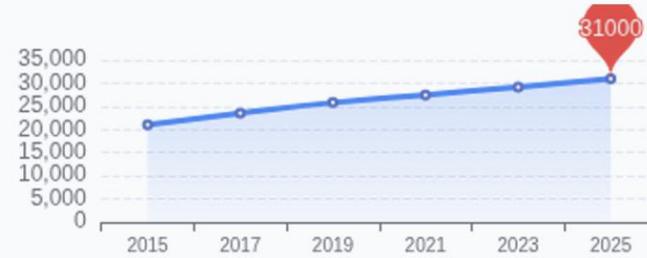
1 in 6
Gay/Bi Men Diagnosed
(Vs. 1 in 8 men overall)

Survivor Growth

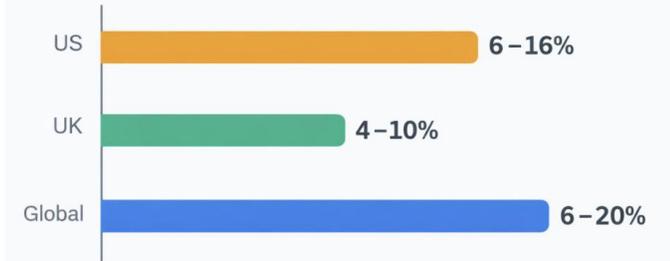
Est. 97,845 - 123,006 Survivors

"Prevalence data is critical for resource allocation, yet we remain largely invisible in the datasets."

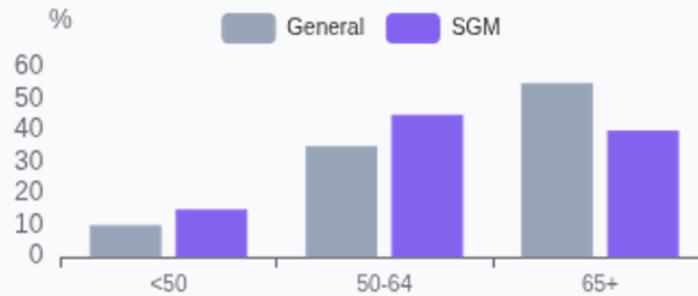
Diagnosis Trends (2015-2025): Rising Caseload



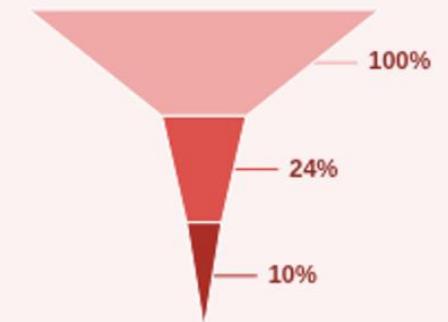
MSM Prevalence Comparison



Age at Diagnosis Comparison



Data Gap Cascade



Transgender Women & Risk

Crucial: Unless surgically removed, prostate remains after vaginoplasty. ~0.5% identify with different gender.



Anatomy



Prostate Retained

Sexual Dysfunction After Treatment

Impacts on GBM & Measurement

Identity & Role Change

24% **Role Shift**
Insertive partners ("tops") changed to exclusively receptive roles.

46% **Ceased Anal Sex**
Stopped anal intercourse entirely due to dysfunction/pain.

59% **Changed Practices**
Reported significant changes in sexual practices post-treatment.

Hormone Therapy (ADT) Impact

GBM report significantly worse hormonal functioning/bother than heterosexual men. Worse hormonal outcomes predict greater fear of recurrence.

Anal Sex Considerations

Receptive (Bottoms)

Loss of prostate pleasure; ED prevents penetration; pain/dryness from radiation/scarring.

Insertive (Tops)

ED prevents penetration; disrupts preferred sexual roles.

Loss of Ejaculate

Unique psychological loss; semen often eroticized ("cum play").

In a review of 12 common sexual function scales in prostate cancer survivors, all focused primarily or exclusively on erectile function & seven (58%) explicitly defined intercourse as vaginal penetration (Potter, 2022)

None addressed anal sex, receptive anal pain, role-in-sex adjustment or urinary incontinence problems during sex/at orgasm

SMACS Tool

Captures outcomes beyond vaginal penetration (e.g., anal comfort, role versatility).

Receptive Anal

Role Shift

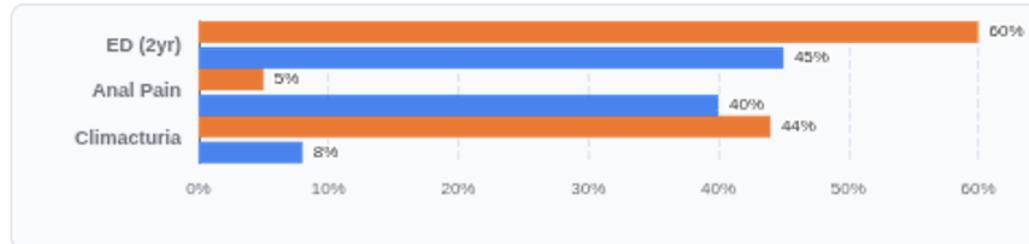
Incontinence

7 Domains

401 (US)

305 (UK)

Treatment Outcome Comparison



The Information Gap (Alexis, 2025)

"GBM frequently lack tailored information on how treatments affect **anal sex, ejaculation, and other aspects of their sexuality**, leaving many feeling isolated from mainstream (heterosexual-oriented) support resources."

Surgery (RP)

High ED risk (60%) & climacturia. Can avoid rectal radiation.

Radiation (EBRT)

Anal pain/stenosis risk. Problematic for receptive partners.



Transgender Women

Unique Clinical & Sexual Health Considerations

Prevalence Reality

Prostate cancer in transgender women is rare but likely under-reported.

Fact

The prostate remains unless surgically removed.

Psychological Impact

A "male" cancer diagnosis can trigger severe gender dysphoria.

- ✓ Use affirmed name & pronouns
- ✓ Avoid gendered terminology

Screening

Warning: PSA >1.0 ng/mL

PSA: Suppressed by GAHT

DRE: Prostate anterior to neovagina. Palpation challenging; MRI often preferred. GAHT can reduce size

Knowing stage of GAS important

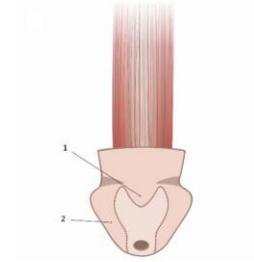


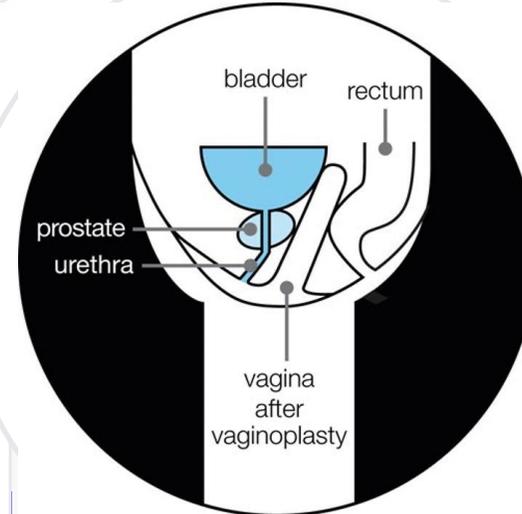
Figure 1. The areas from the glans penis to the neo vagina, tip of glans penis to neo clitoris (1), skirt of glans penis to the second spot sensation (2).

Sexual Function

Priorities: Tailor plan to her goals

Baseline: Low libido/ED often pre-dates cancer due to GAHT.

Orgasm: Via neoclitoris (dorsal nvb) but sensation can involve bulbourethral/prostate nerves. Nerve-sparing may preserve overall sensation.



Treatment Risks

Anatomy Distortion

RP Risk: Rectal/neovaginal injury due to altered planes. Vaginoplasty impacts approaches.

Radiation: Causes fibrosis/dryness. Dilator therapy mandatory during/after. Secondary malignancy ris, spacers may not be feasible

MDT Care

Urology

Endocrinology

Gender Surgeons

Mental Health

Post-Tx: Coordinate neovaginal revisions with gender surgeon.

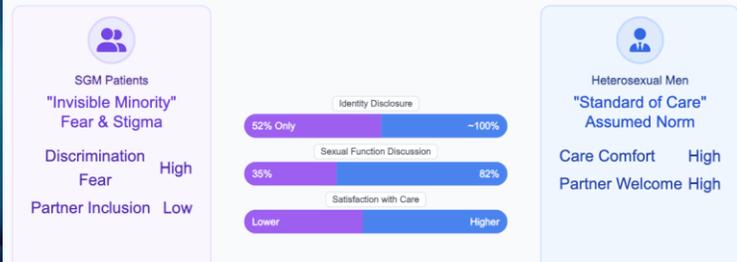
Disclosure Barriers & Stigma

Global & Regional Realities

Non-Disclosure Rates

48% of SGM patients withhold identity due to fear of bias
Global Average

Patient Experience Gap: SGM vs. Heterosexual Men



Healthcare Avoidance Cascade

1 in 5 LGBTQ+ adults avoid medical care entirely due to anticipated discrimination.

"In conservative contexts, disclosure risks not just bias, but safety and family expulsion."

Provider Barriers to Care

- Lack of Training**
SGM-specific gaps
- Discomfort**
Sexual health talks
- Heteronormative Assumptions/Forms**
- Knowledge Gaps**
SGM health needs

16% who accessed public health services had a negative experience because of sexual orientation, and at least 38% because of their gender identity (2017 National LGBT survey)



High Barriers	Moderate	Lower Barriers
<ul style="list-style-type: none"> ME, Africa, SE Asia Legal Risk Family Rejection 	<ul style="list-style-type: none"> LatAm & E. Europe Cultural Stigma Non-Disclosure 	<ul style="list-style-type: none"> Western Countries Knowledge Gap Discrimination

US Disparities (ACS Survey 2023, n=200)

Experiences of anti-LGBTQ+ discrimination & worse HRQOL outcomes are highest among **Black & Hispanic patients**, persisting even in "lower barrier" settings.

Maragh-Bass et al., 2017; Ayhan et al. Systematic Review; ACS Survey 2023. ILGA World – State-Sponsored Homophobia; Voice of Salam (Muslim LGBTQI Taboo). UK National LGBT Survey 2018; Pew Research Center (Global Attitudes).



Ethnocultural Stigma

Global Challenges & Intersectionality

 67

Countries where same-sex intimacy is **illegal**

Severe penalties (imprisonment or death) exist in some regions, creating profound fear of disclosure.



Family Rejection: In collectivist cultures, "coming out" can be viewed as bringing shame to the family, leading to ostracization or "honor" violence.



Religious Taboos: Strong conservative norms in many communities fuel silence.

Intersectionality

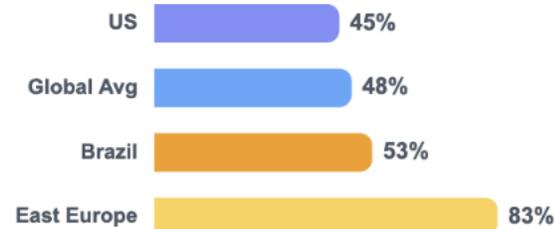
LGBTQ+ patients from minority ethnic groups often face **dual discrimination** (Racism + Homophobia).

The Reality of Stigma: Impact



Non-Disclosure in Healthcare

% of SGM patients withholding identity from providers



Migration Studies: Attitudes

First Generation

High Stigma

Strong adherence to home-country norms

Second Generation

Conflict

Cultural conflict between family expectations and Western LGBTQ+ acceptance.

 "Acculturation stress correlates with higher concealment."



Culturally Competent Care Strategies



Language Matters

Use **neutral terms** ("partner"). Use affirmed names.



Cultural Liaisons

Connect with faith-specific support (e.g., Voice of Salam).



Ensure Privacy

Confidential setting. **Do not use family as interpreters.**



Avoid Assumptions

Don't assume legal progress equals lack of stigma.

Pew Research Center,
Patel 2025 Lancet Global Health.

UK Study ICM/C4 2015

Immigrant Attitudes: Acculturation and concealment (APA 2018); Voice of Salam.



Psychosocial & Peer Support

Navigating Mental Health & Community

81% Improved

Well-being reported by participants in GBT-tailored prostate cancer support groups.

Minority Stress

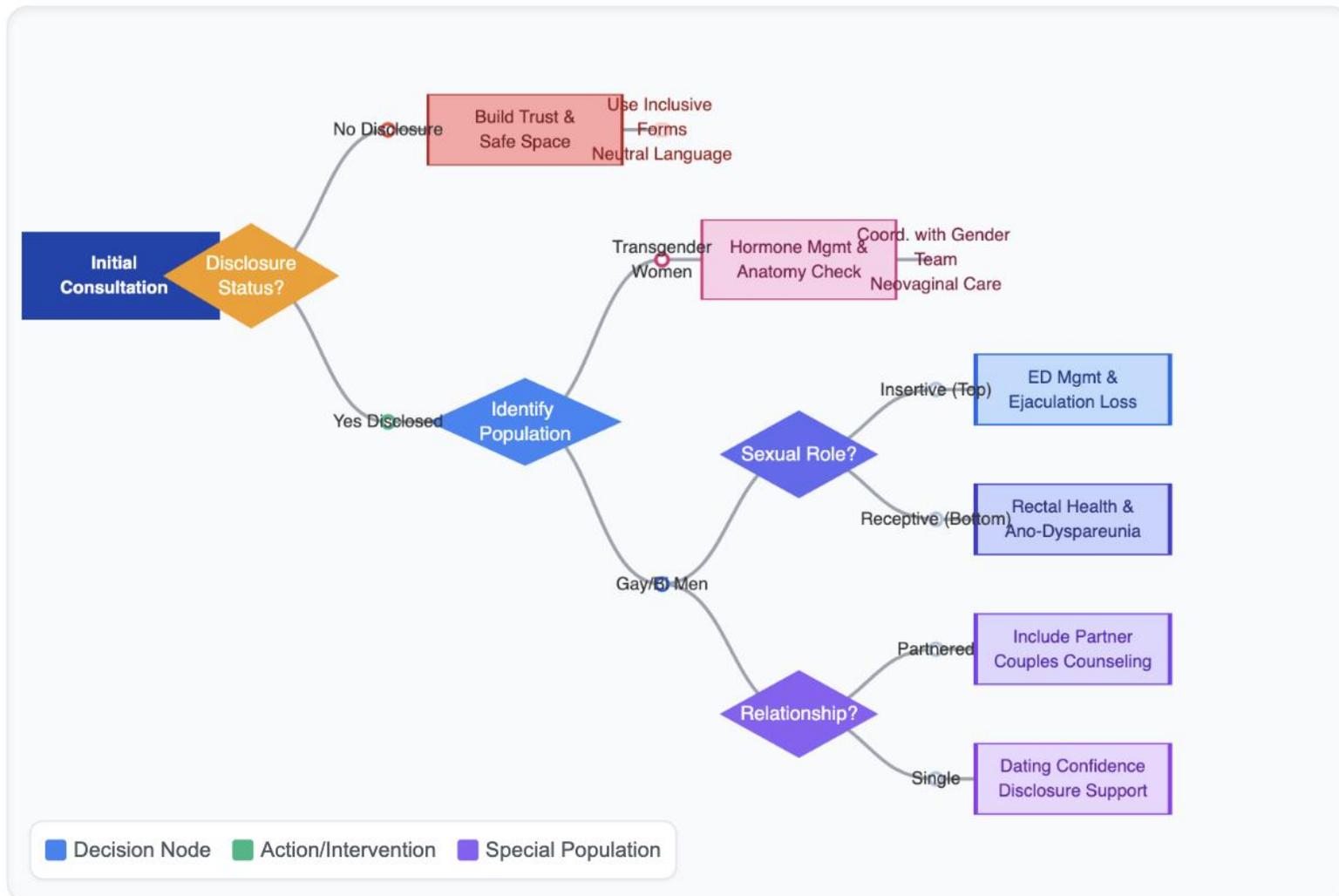
LGBTQ+ survivors often carry higher baseline stress loads due to societal stigma. Post-treatment sexual dysfunction can amplify feelings of "otherness" and isolation.

Global Networks

- ✓ **Prostate Cancer UK:** Dedicated LGBTQ+ support services
- ✓ **Cancer Council Australia:** LGBTQ+ cancer care resources
- ✓ **Europa Uomo:** European patient coalition initiatives

Tailored Counseling Pathway: SGM Patient Scenarios

Interactive decision tree for guiding clinical conversations based on patient characteristics

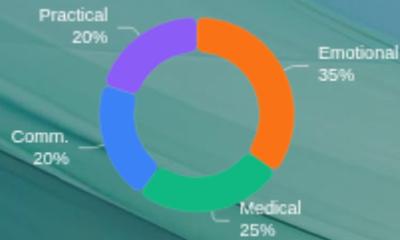


ASCO Post 2022 – Tailored Approach to PC Care.
 Rose et al. (2022) - Peer support efficacy in GBT survivors.
 Couples Counseling Improves Sexual Intimacy (MD Anderson)

Including Partners in Rehabilitation

A Shared Journey to Recovery

Types of Partner Support



Why It Matters

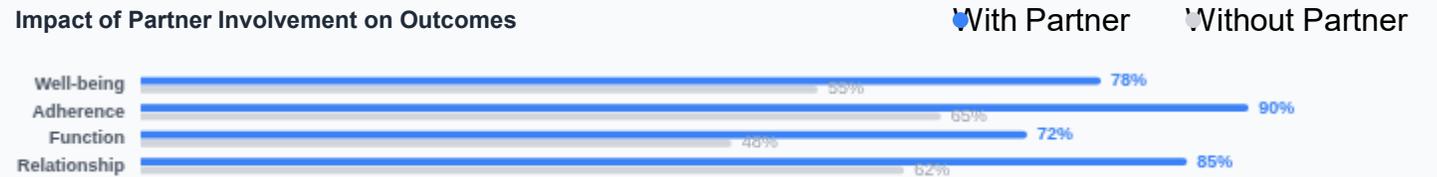
- Better communication & aligned expectations
- Reduced patient performance anxiety



Chosen Family

Respect non-biological support networks.

Impact of Partner Involvement on Outcomes



Partner Barriers: Critical Gap

Some same-sex partners avoid appointments, fearing open identification might compromise care.

Consequence: Partners excluded → isolation & burden. **Action:** Actively invite partners (use "partner," not "wife") to engage support systems.

Practical Strategies & The Toolkit



Role Shifts Explore

Discuss top/bottom role adjustments or non-penetrative options.



Medical Aids Normalize

PDE5i, VED, and injections as standard rehab tools.



Safety Manage

Condoms & lube for sensitivity/climacturia management.



Counseling Support

LGBTQ-affirming therapy for intimacy changes.

The "Explicit Invitation" Benefit

- ✓ Active partner inclusion creates a **Shared Recovery Model**, moving from "his problem" to "our journey."

Clinical Counseling

Aligning Treatment with Sexual Goals

The Core Question

"Which sexual activities are most important for you to preserve?"



Shared Decision-Making

Move beyond survival stats. Integrate sexual priorities (Top/Bottom roles) into oncologic choice.



Documentation & Digital tools

Record sexual goals clearly in notes. Revisit these goals at every follow-up visit. Use digital tools for easy access to information.



Include Physical & Psychosexual Aspects

		Sexual side effect	
		RP alone (240)	RT+ADT (147)
Physical	Erectile dysfunction	190 (94.5%)	104 (95.4%)
	Anatomical penile change	184 (78.0%)	97 (66.4%)
	Ejaculatory disturbance	209 (90.1%)	113 (86.3%)
	Climacturia/arousal incontinence	134 (56.5%)	13 (9.0%)
	Anorgasmia/dysorgasmia	141 (59.7%)	84 (59.6%)
	Anodyspareunia	6 (2.5%)	7 (4.8%)
Psychosexual	Loss of sex drive	117 (52.7%)	111 (87.4%)
	Loss of self-esteem	147 (62.6%)	74 (52.9%)
	Loss of sexual confidence	187 (80.6%)	102 (77.3%)
	Relationship problems	73 (31.3%)	36 (25.5%)
	Don't 'feel like a man'	115 (48.7%)	69 (49.3%)
	Anxiety/depression	115 (52.3%)	68 (51.5%)
	Too tired for sexual activity	62 (26.6%)	75 (53.6%)



Sexual Priority Decision Framework

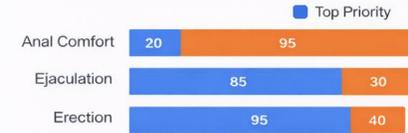
EBRT = External Beam Radiation | RP = Radical Prostatectomy

Post-Treatment Dysfunction Prevalence (GBM)

- Erectile Dysfunction
- Ejaculatory & Orgasm Changes
- Ano-Dyspareunia
- Climacturia
- Role Changes



Top Priorities by Role Preference



Estimated Functional Outcomes Comparison



Priority: Insertive ("Top")

Goal: Preserve Erectile Rigidity & Length

- ✓ **EBRT Advantage:** Better initial preservation of erectile function.
- ⚠ **Surgery Risk:** Immediate ED risk & potential penile shortening.

💡 Consider Radiation/AS

Priority: Receptive ("Bottom")

Goal: Preserve Anal Comfort

- ✓ **Surgery Advantage:** Avoids radiation proctitis/fibrosis.
- ⓘ **Trade-off:** Removal of prostate ("P-Spot") alters sensation.

👤 Surgery May Be Preferred

LDR Brachytherapy Risk



Radioactive seeds = exposure risk during receptive anal sex.

🛡️ **Condoms**



PDE5i + Poppers
Combination causes dangerous hypotension. Screen for use!

🚫 **NO MIX**



Guideline Highlights

Sexual Health Care for Prostate Cancer Patients

Guideline Statement 25

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

(Expert Opinion)

Core Principles

- 1. **Openness & Inclusivity:** Create a safe environment for disclosure.
- 2. **Cultural Context:** Recognize intersectionality and stigma.
- 3. **Proactive Education:** Discuss sexual health *before* treatment.

Best Practices

- 1. Routine sexual function assessment (baseline & follow-up).
- 2. **Partner Inclusion:** Involve partners in rehab early.
- 3. Referral pathways to Sex Therapy & Pelvic Floor PT.

SGM-Specific Guidance

Tailored Counseling

Address specific needs like **anal sex roles** (insertive vs. receptive) and **neovaginal care** for trans women.

Inclusive Communication

Use non-heteronormative language (e.g., "partner" vs "wife") and validate diverse sexual practices.

Implementation & Collaboration Goals

SMACS Adoption

Drive adoption of the SMACS tool in clinical settings.

Resource Dev

Create tailored resources for patients and HCPs.

Training

Train teams in cultural competency & SOGI capture.



Summary & Take-Home Messages

"Equitable care requires proactive inquiry, inclusive counseling and culturally sensitive support."

- ✓ Ask, Don't Assume
- ✓ Treat the Couple
- ✓ Normalize Adaptation

1. ASSESS

- ✓ Capture SOGI data & preferred pronouns
- ✓ Ask about sexual practices (anal/oral roles)
- ✓ Identify patient's specific sexual goals
- ✓ Ensure privacy & cultural sensitivity for safe disclosure

2. COUNSEL

- ✓ Discuss anal sex changes (pain, pleasure loss)
- ✓ Explain dry orgasm & climacturia realities
- ✓ Address hormone/surgery impact for trans women
- ✓ Use shared decision-making for treatment choice

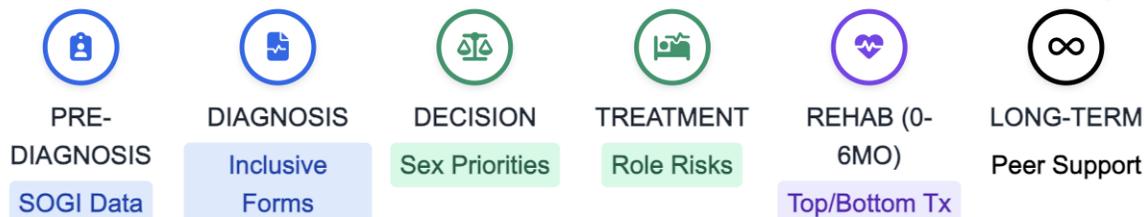
3. REHABILITATE

- ✓ Include partners (same-sex & chosen family)
- ✓ Normalize use of medical aids (VED, injections)
- ✓ Start penile rehab & pelvic floor PT early
- ✓ Refer to specialized sex therapy when needed

4. SUPPORT

- ✓ Apply Movember & ISSM Guidelines
- ✓ Embed cultural competence in clinic flow
- ✓ Connect to peer groups (Malecare, ZERO)
- ✓ Validate identity & foster resilience

SGM PATIENT JOURNEY: KEY TOUCHPOINTS



The effects of (novel) androgen deprivation therapy on body image and sexual functioning.



Andrew Matthew, PhD. C.Psych

Psychologist, Lead, Depts. of Surgical Oncology and Supportive Care,
Princess Margaret Cancer Centre, Toronto, Canada

Associate Professor, Depts. of Surgery, and Psychiatry,
University of Toronto, Canada



Prostate Cancer and ADT

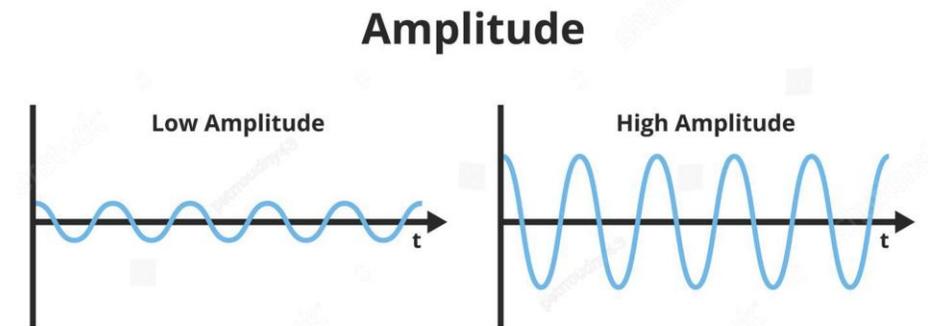
- **45-50%** of men will receive ADT (incl ARPIs)

(MENG 2002, Gilbert 2011, Herr 2023)

- **~30%** of patients present with **advanced disease or disease recurrence** (Batra 2021)

- Side-effects occur within 2 months (Gray 2005)
- Increase with duration of therapy (Grossman 2011)
- May increase with age (Mohile et al., 2009)

- Patients vary significantly in ADT side-effect profile



ADT and Sexual Functioning

Sexual dysfunction is one of the most distressing side-effects reported by men on ADT

(Benedict 2014, De 2022)



**Body Image
and
Sexual Functioning**



Erectile and Orgasmic Dysfunction

- 82% suffer Erectile Dysfunction (Wibowo 2019)
- PDE5i's less effective in context of ADT

- Delayed or difficulty reaching orgasm (Mazzola et al., 2016)
- Loss of ejaculate volume (Elliot et a., 2010)



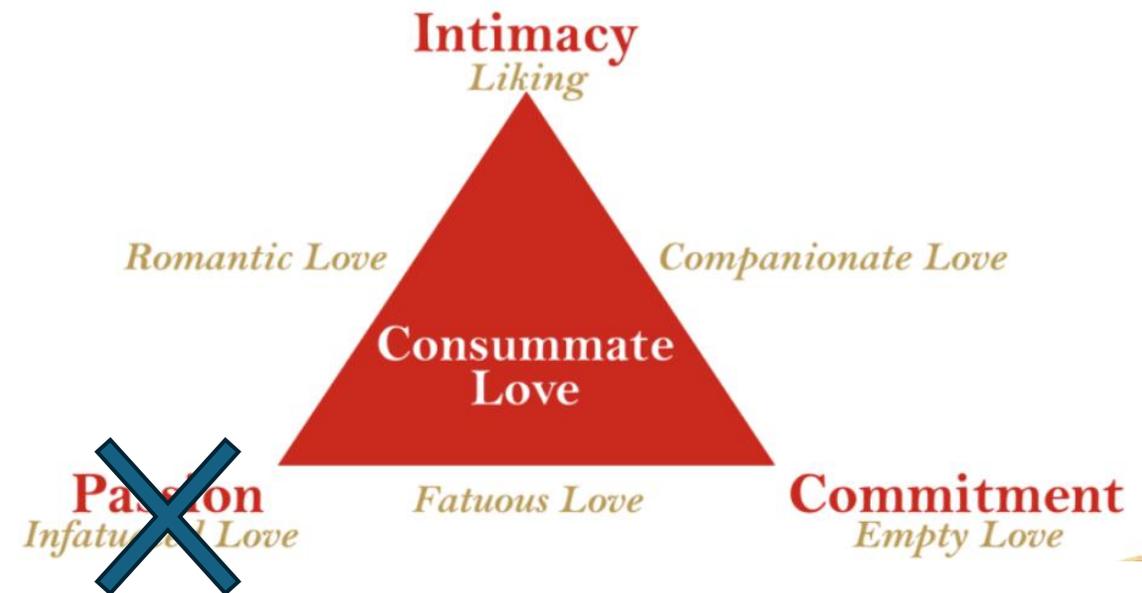
Loss of Sexual Desire

- **94%** of men on ADT will experience loss of sexual desire (Ng 2022, Kinnaird 2025)
- The most distressing side-effect of ADT (Casey 2012)
- Loss of Sexual Fantasy/Sexual Dreams
- Men will describe a void in their lives (loss/grief)



Partner and Couple Intimacy Concerns

- Distressing for Partner (Gupta 2023)
- Distressing for Couple
 - Reductions in overall relationship intimacy (Walker 2015)



ADT and Sexual Functioning - not in a vacuum -

The impact of ADT on Sexual Functioning does not happen in a vacuum



Body Image
and
Sexual Functioning



ADT and Sexual Functioning - in a constellation of side-effects -



Metabolic



Cardiovascular



Muscle Loss



Body Image
and
Sexual Functioning



Masculinity



Cognitive



Weight Gain



Fatigue



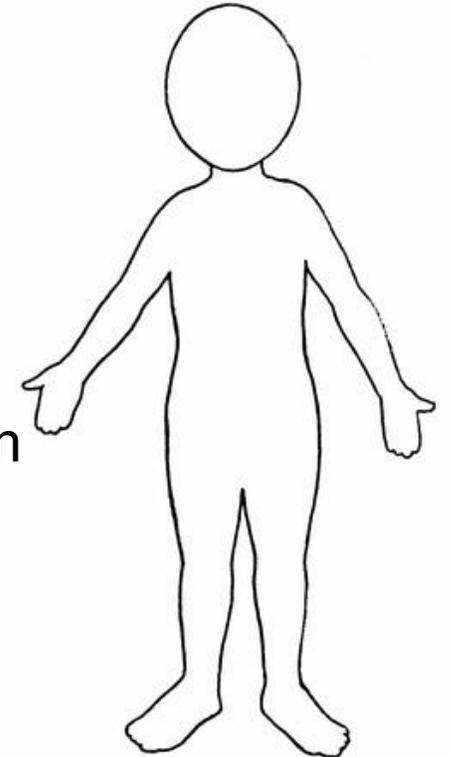
Body Image

- Weight gain
- Muscle and strength loss
- Breast growth (15% men on ADT)
- loss of body hair
- genital shrinkage
- loss of muscle mass

(Nguyen 2015, Storer 2012, DiLorenzo 2005, Gentili et al., 2019)



Body Feminization



Fatigue – Trifecta for Exhaustion

FATIGUE (Story 2011, Casey 2012)

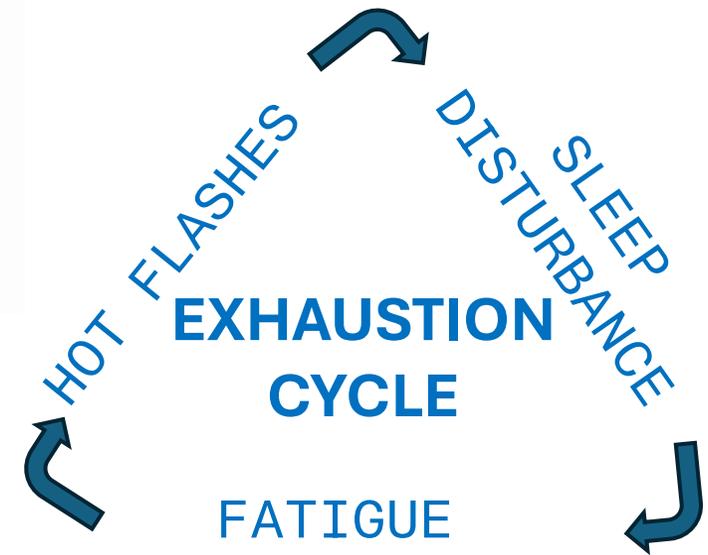
- **40%** of men on ADT will experience fatigue

HOT FLASHES (Frisk 2010)

- **80%** of men on ADT will experience hot flashes

SLEEP DISTURBANCE (Gonzalez et al., 2017)

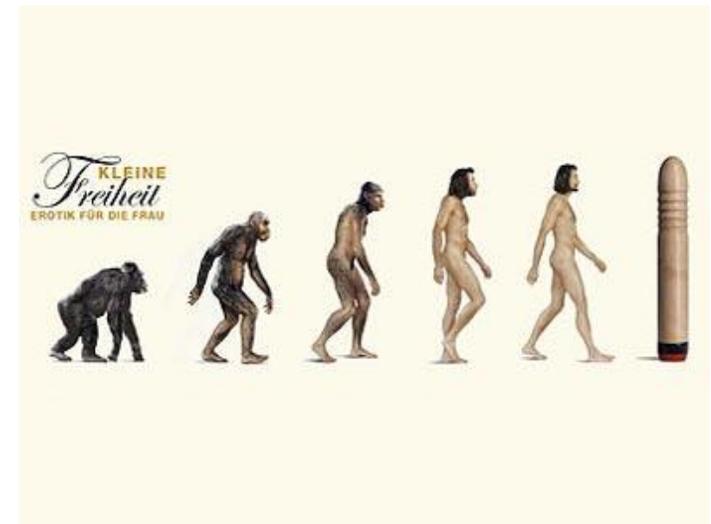
- **59%** of men report poor sleep



Masculinity

- Androgen deprivation is associated with losses in traditional male traits
(Oliffe 2006, Donovan 2015, Harrington 2009)
- After only 3 months on ADT 50% of men reported feeling less masculine (Ng 2012)

- **Competitiveness**
- **Physical Strength**
- **Sexual Prowess**
- **Reactive aggression... assertiveness (Vigor)**
- **Stoic emotional regulation**



Depression

DSM V DIAGNOSTIC CRITERIA FOR DEPRESSION

Low Mood / Irritability

Loss of Interest/Motivation

Weight Gain or Loss

Poor Sleep

Psychomotor Retardation

Fatigue/Low Energy

Diminished Concentration

Indecisiveness

Worthlessness

Suicidality

Reduced Sexual Activity/Libido

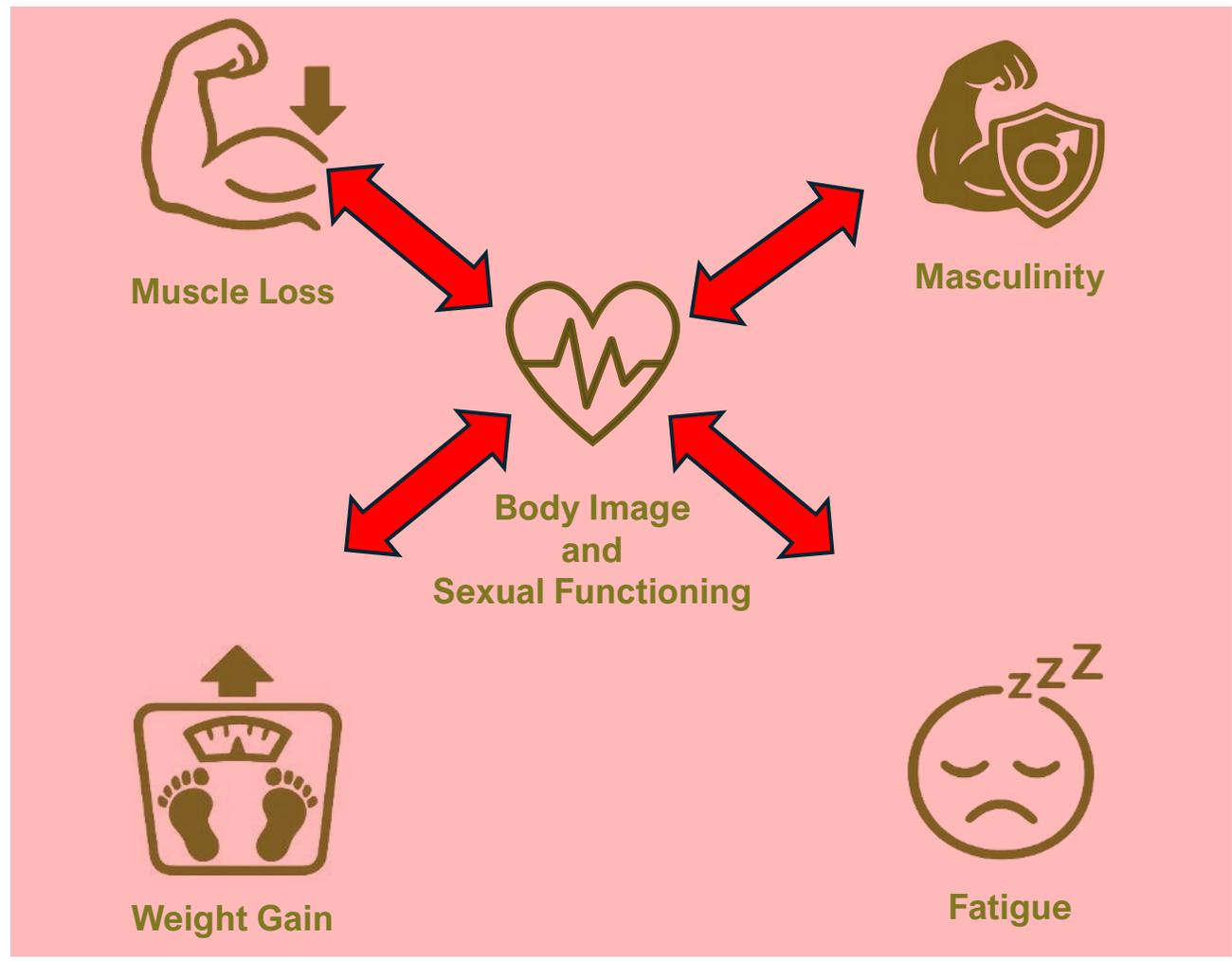
**11% in general
male population**
(Lee 2015)

Depression

DSM V DIAGNOSTIC CRITERIA FOR DEPRESSION	ADT SIDE-EFFECT PROFILE
Low Mood / Irritability	Depression, Emotional Lability
Loss of Interest/Motivation	Loss of vigor/competitiveness
Weight Gain or Loss	Weight Gain
Poor Sleep	Hot Flashes – Sleep Disturbance
Psychomotor Retardation	<p>39% in men treated with ADT <small>(Watson 2014, Lee 2015)</small></p>
Fatigue/Low Energy	
Diminished Concentration	Cognitive Impairment/Memory
Indecisiveness	
Worthlessness	Losses In Masculinity
Suicidality	Elevated In Men On ADT
Reduced Sexual Activity/Libido	Reduced Sexual Activity/Loss of Instinctual Libido

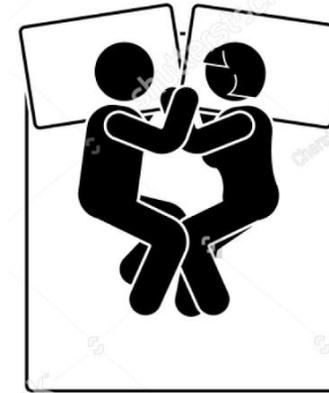
11% in general male population
(Lee 2015)

ADT and Body Image and Sexual Functioning - in a constellation of side-effects -



Loss of Sexuality

- Stigma and embarrassment
- Sexual Performance Anxiety
- Loss of sexual self-esteem
- Physical and emotional withdrawal
- Learned helplessness and hopelessness
- Loss of satisfaction in relationship



➤ **83% - 93%** Sexual Activity Cessation (Ng 2012, Walker 2013, Duthie 2020)

➤ **Loss, Grief and Isolation (Patient and Partner)**



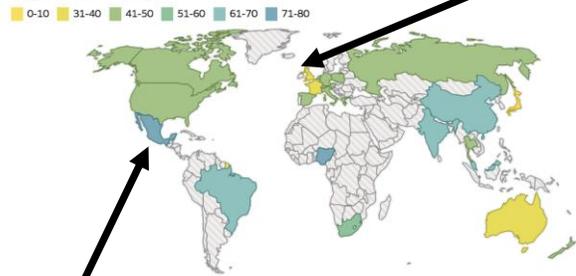
Loss of Sexuality in the Context of Cultural Factors

CULTURE

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

England
(31-40%)

Percent of people reporting "exciting" sex life by country



Mexico
(70-80%)

GENDER

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



RACE/ETHNICITY

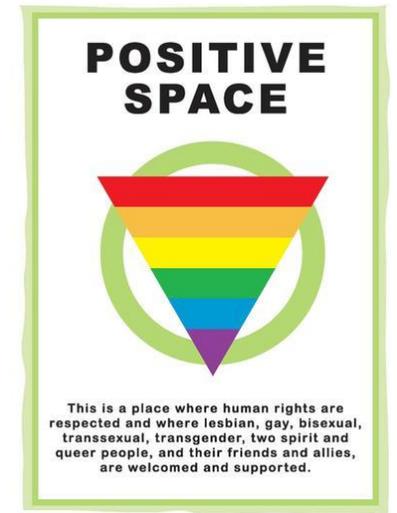
It is estimated that **over 70% of black men** with ED do not seek treatment



SEXUAL ORIENTATION

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

Health outcomes are strongly shaped by sociocultural determinants, often exerting a greater influence than genetic factors. WHO (2025)



Guidelines for Sexual Health Care for Prostate Cancer Patients

STATEMENT 13:

Patients and partners should be counseled regarding the diverse impacts ADT ... on sexual desire, erectile function, penile girth and length, ejaculatory function, orgasmic function and couples' intimacy.

STATEMENT 3:

Patients and partners should be advised that psychological distress, including grief and mourning about sexual losses, ... and that this distress can be mitigated with appropriate biopsychosocial rehabilitation strategies.

THE JOURNAL OF
SEXUAL MEDICINE

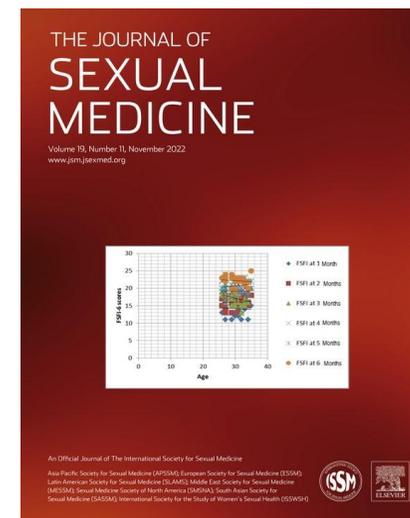
ORIGINAL RESEARCH & REVIEWS

ONCOLOGY

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

 Check for updates

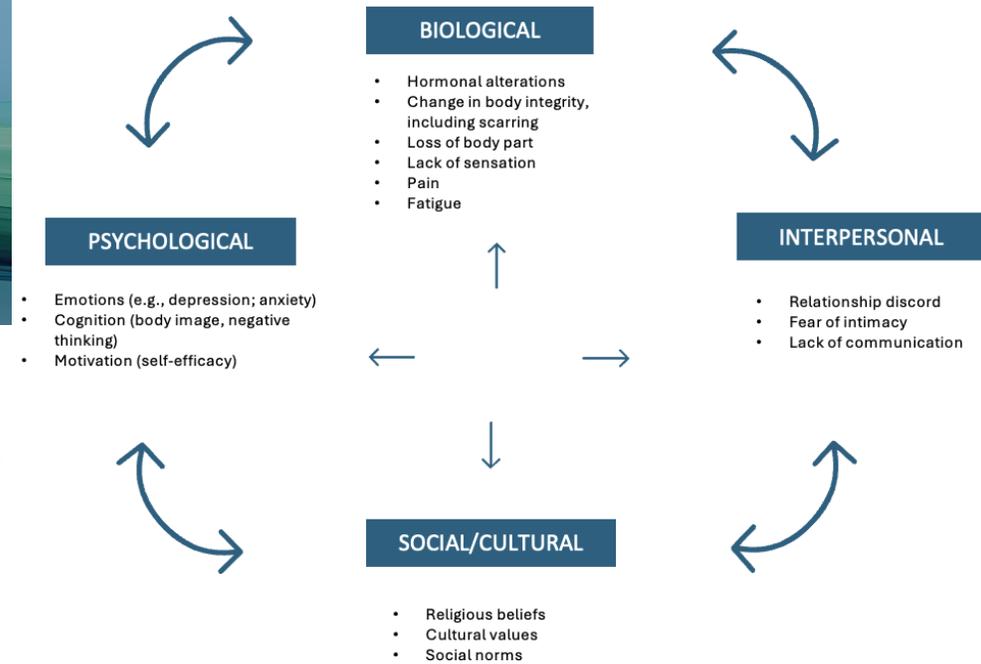
Daniela Wittmann, PhD, MSW,¹ Akanksha Mehta, MD,² Eilis McCaughan, PhD, RN,³ Martha Faraday, PhD,⁴ Ashley Duby, MS,¹ Andrew Matthew, PhD,⁵ Luca Incrocci, MD,⁶ Arthur Burnett, MD,⁷ Christian J. Nelson, PhD,⁸ Stacy Elliott, MD,⁹ Bridget F. Koontz, MD,¹⁰ Sharon L. Bober, PhD,¹¹ Deborah McLeod, PhD,¹² Paolo 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



Biopsychosocial Treatment

- PDE5I's, ICI, VED, Surgical Implants (Fode 2014, Doherty 2019)
- Non-penetrative sexual activity (Corona 2021)

- Psychosexual education (Wibowo 2020)
- Building sexual self-confidence (Walker 2012, Wibowo 2020)
- Acceptance, adjustment, and adaptation (e.g. ACT) (Nelson 2019, Bossio 2021)
- Psychological Flexibility (Hulburt-Williams 2015, Spindelow 2018, Bowie 2022)
- Cognitive Behavior Therapy: Insomnia (CBTi) (Meyers 2023)
- Mindfulness (Kemerer 2023)
- Process and integration of loss and grief (Wittmann 2011)
- Couples' communication skills (Donovan 2018)
- Intimacy counselling (Donovan 2018)



Bober and Varella, Cancer, 2012



Create an Inclusive Care Environment

- **Avoid assumptions by avoiding heterosexism**
 - *encourages “openness” and protect against unintentional marginalization*
- **Create a safe environment to normalize disclosure**
 - E.g. use inclusive forms, wear a rainbow lanyard
- **Use inclusive, inviting language**
 - Ask open, neutral questions about sex, intimacy, and relationships
- **Recognize socio-cultural context**
 - If unsure, be curious and respectful



Thank you

ANDREW.MATTHEW@UHN.CA



Key Takeaways

1. Apply evidence-based Guideline recommendations in counseling prostate cancer survivors and their partners.
2. Address cultural, ethnic, and gender diversity in sexual rehabilitation strategies.
3. Provide inclusive, patient-centered care to heterosexual and LGBTQ+ populations.
4. Recognize the psychosocial effects of androgen deprivation therapy on body image and sexual identity.
5. Promote interdisciplinary collaboration in post-treatment sexual health recovery.

The socio-cultural aspects of sexual medicine: recommendations from the Fifth International Consultation on Sexual Medicine (ICSM 2024)

Daniela Wittmann, PhD, MSW^{1,*} , Kunjappan Promodu, PhD², Joachim Osur, PhD³, Jasmine Abdulcadir, MD, PhD⁴, Crista Johnson-Agbakwu, MD⁵, Natalie Sorial, MD⁵, Hussein Ghanem, MD⁶, Ira Sharlip, MD⁷, Pedro Caetano Edler Zandoná, MD⁸, Amy Pearlman, MD⁹, Hong-Chiang Chang, MD¹⁰, Sidney Glina, MD¹¹

Recommendation statements

Strength of recommendation

Sexuality, religion, tradition, and culture

- | | |
|--|--------|
| 1. Clinicians should be aware of the patient's cultural context, recognizing that members of the same couple may not have the same beliefs; recommendations should respect the possibility that patients do not wish there to be a conflict between their beliefs and treatment recommendations. | Strong |
| 7. Clinicians should be aware of their own personal and cultural biases and resist negative judgment about cultural practices with which they are unfamiliar. | Strong |

“It is important that clinicians who practice in the complex domain of sexual medicine approach all their patients with cultural humility so that they, the clinicians, can continuously learn to provide patient-centered care.”



Panel discussion



Scan the QR code



Help Shape the Future of Sexual Health Care in Prostate Cancer!

Take this quick survey to help us understand how we can improve sexual health care for prostate cancer patients and their partners worldwide.

Scan the QR code to participate and enter a raffle for a free one-year ISSM membership!



Thank you!



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