

# Sex, Intimacy and Prostate Cancer



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Princess Margaret Hospital

University Health Network

# Outline

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- THE PROBLEM
  - The majority of men post-RP suffer long term Sexual Dysfunction
  - Patient/Partner/Couple Distress specific to Sexual Dysfunction post-RP
  - Biomedical approach– Pro-erectile Agents ???
- EXPLORING THE PROBLEM
  - Our previous research
- SOLUTION
  - Development of a Clinical/Research Program:  
Bio-psychosocial Sexual Health Rehabilitation Clinic and Research Program



# Sex and Intimacy after Prostate Cancer

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Who cares?

- Frame of reference shift



# Sexuality After Cancer

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Why is sex so important?



# Sexuality After Cancer

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- “I know I should be grateful to be alive, but...”



# Adaptation to living

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Sexuality is life long:

- Age 57 to 64 yrs – 73% sexually active
- Age 65 to 74 yrs – 53% sexually active
- Age 75 to 85 yrs – 26 % sexually active
  - Half of this oldest group reported a frequency of 2-3x's/month



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- ▣ Sex at age 90 is like trying to shoot pool with a rope."  
--*George Burns*



# Sexuality After Cancer

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Sex plays an essential role in our relationships with our partners





# The Triangular Theory of Interpersonal Relationships (“Couples”)

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**Intimacy** (closeness & connectedness)

Consummate  
love

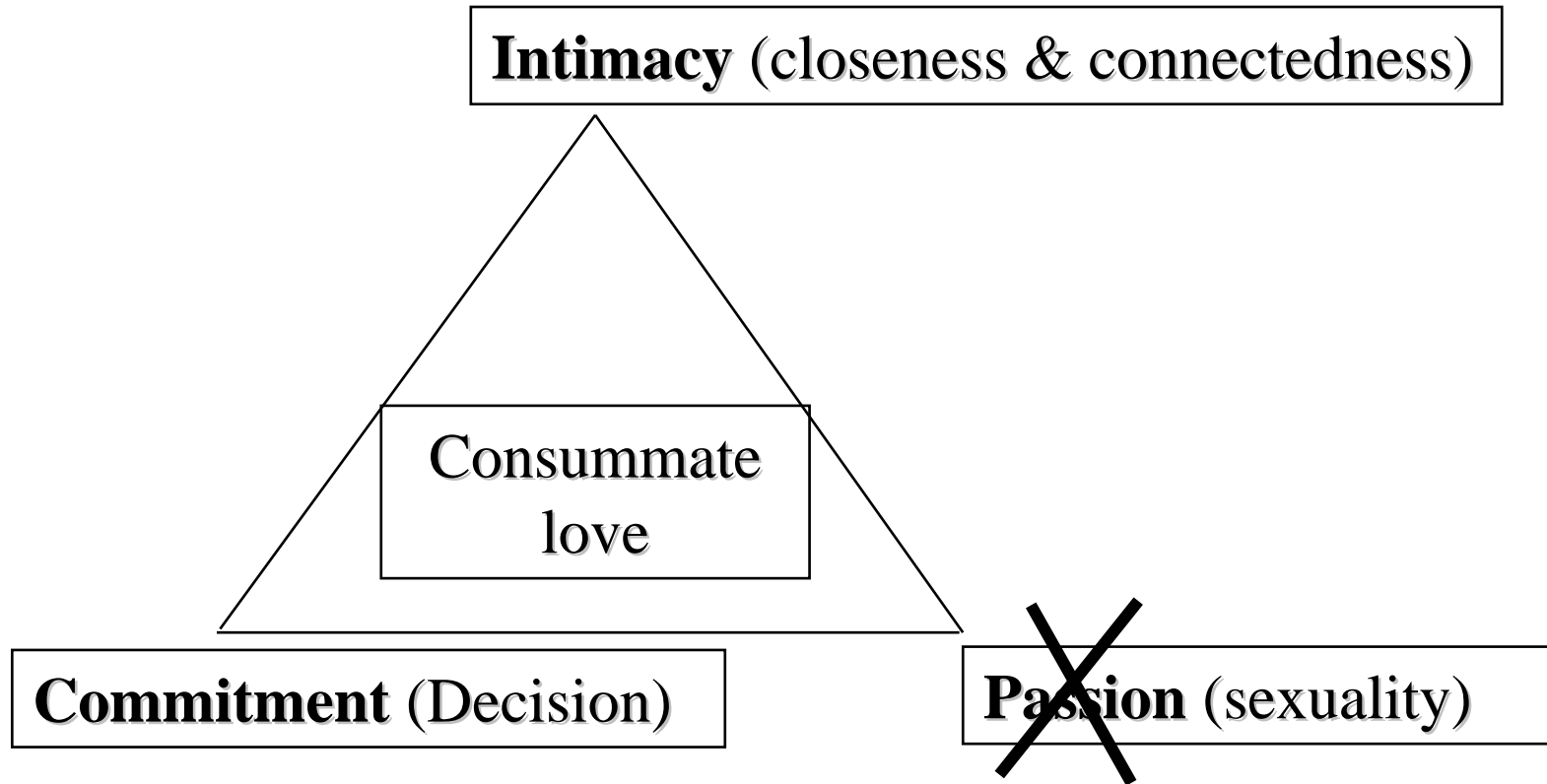
**Commitment** (Decision/Commitment)

**Passion** (sexuality)



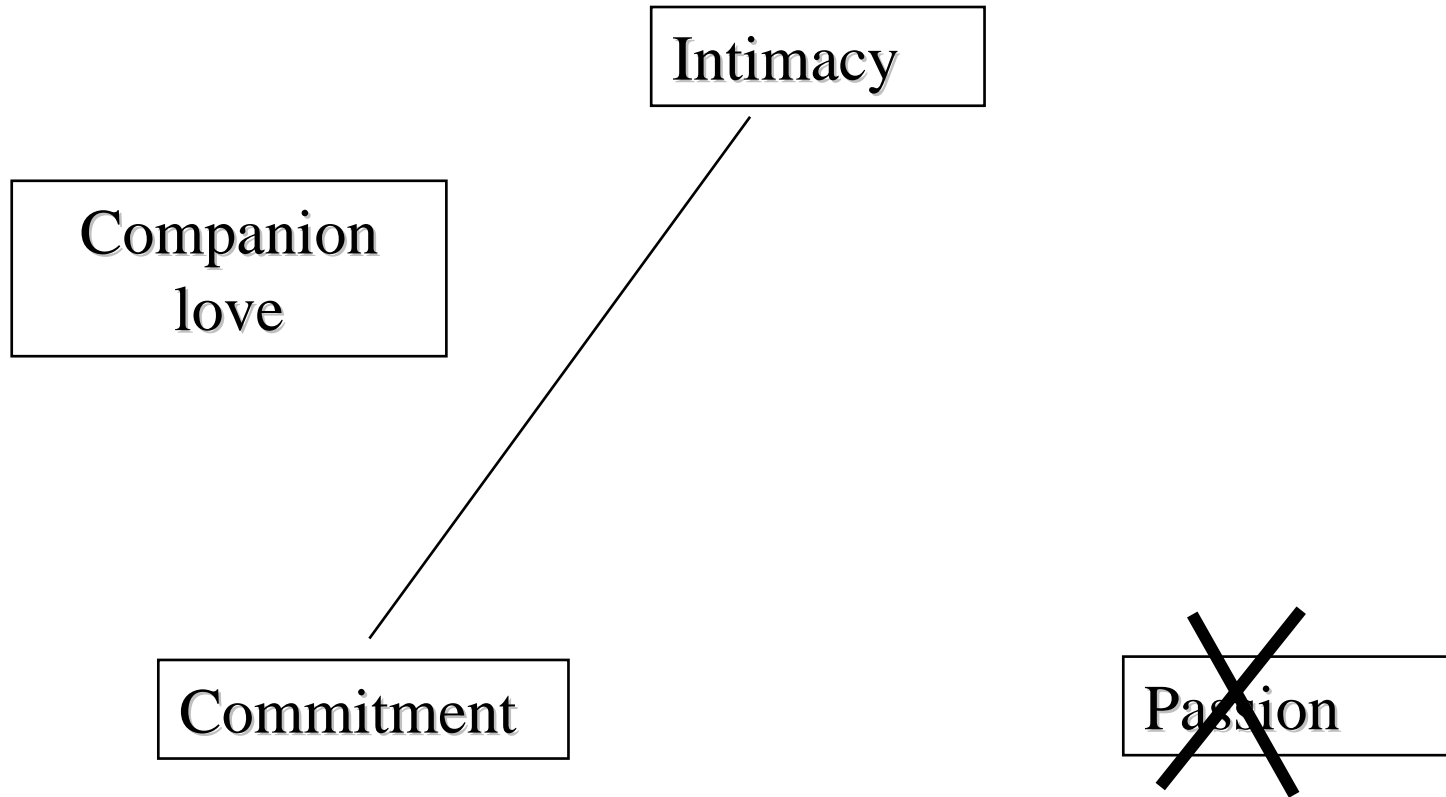
# Adaptation to Treatment: Theory of Interpersonal Relationships (Couples)

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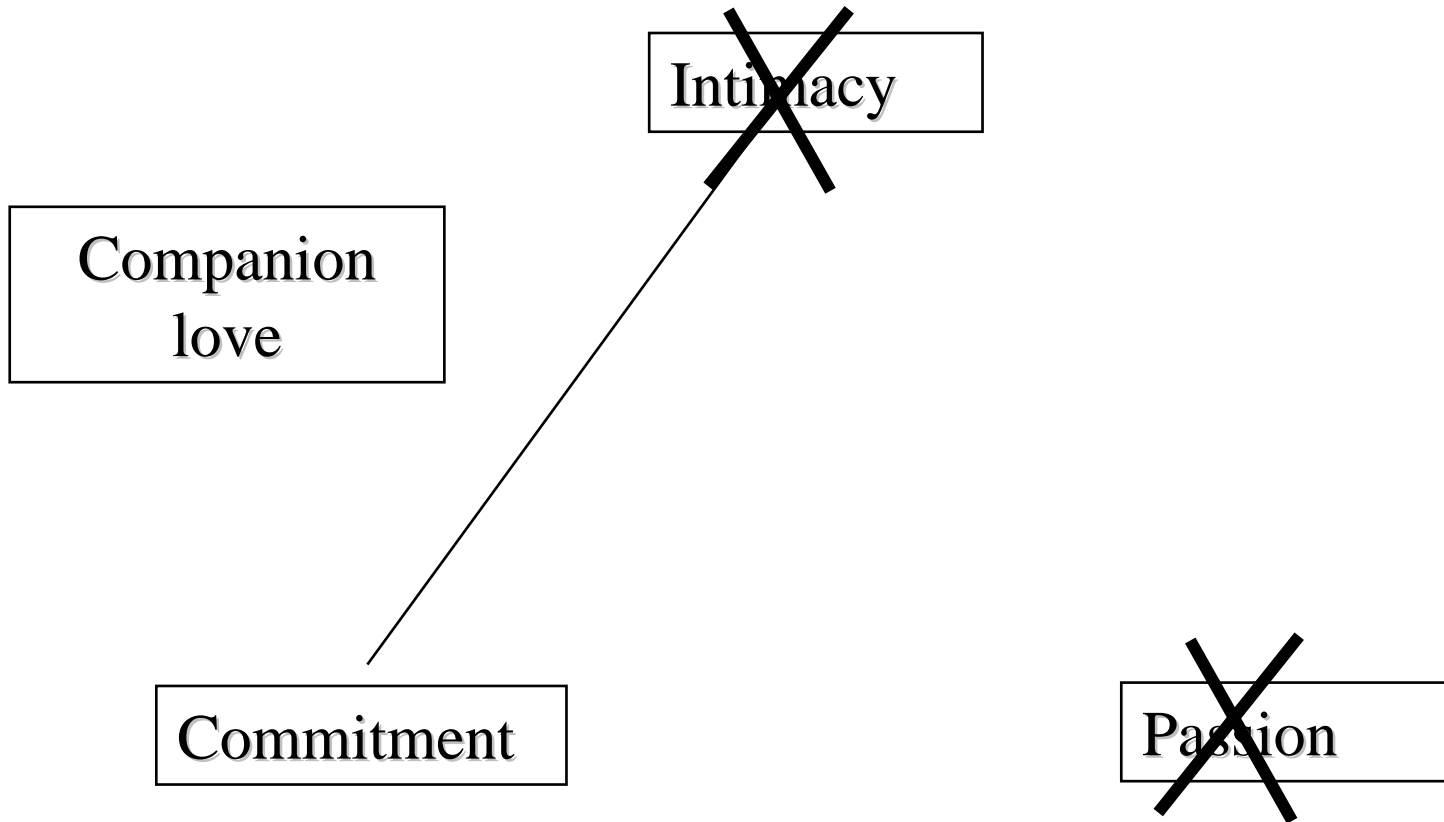
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~~Intimacy~~

Commitment

~~Passion~~

Empty love



# Adaptation to Treatment: Theory of Interpersonal Relationships (Couples)

**Intimacy** (closeness & connectedness)

Consummate  
love

**Commitment** (Decision/Commitment)

**Passion** (sexuality)



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- ▣ "My girlfriend always laughs during sex --no matter what she's reading."  
*--Steve Jobs (Founder, Apple Computers)*



# The Problem:

## Sexual Dysfunction After Radical Prostatectomy

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- Long-term Sexual Dysfunction after Prostate Cancer Surgery: *40% to 75%*





# The Problem:

## Distress specific to Sexual Dysfunction Post-RP

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- Distress re: SD: 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
- Partners experience greater distress



# The Problem:

## Pro-erectile Agents/Devices...solution??

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Assistive aids vary in invasiveness and effectiveness:

1) *Oral Medications* (PDE-5 inhibitors)

- effectiveness in post-RP patients 30-60%

2) *Intracavernous Injections*

- effectiveness in post-RP patients 85%

3) *Micro-suppositories*

- effectiveness in post-RP patients 57%

4) *Vacuum device*

- effectiveness in post-RP patients 80%

5) *Penile implant*

- satisfaction rates of 85%



# The Problem:

## Low rates of ongoing use

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- The high success rates assistive aids are offset by low rates of ongoing use
- Only 20-40% of men remain sexually active at 1-5 yrs. post-RP despite access or attempted use of pro-erectile aids/devices (in many cases 2 or more aids)



# Exploring the Problem: Our Previous Research

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## Objectives:

To map the field of couples' responses to sexual dysfunction (Distress)

To map the field of couples' responses to pro-erectile agents and devices (Lack of ongoing use)

To ascertain key cognitive-emotional and communicative interchanges re: adaptation to sexual dysfunction (Psychology Jargon)



# Sexual Dysfunction and Adaptation in Couples Affected by Prostate Cancer Surgery: Steps Towards A Biopsychosocial Model of Treatment.

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- Data Collection:
  - 25 Couple and patient/partner interview at 3-6mos, 12-15mos, 21-24 mos. (n=225 interviews)
- Design:
  - Longitudinal Qualitative-Dominant-Quantitative-Less-Dominant Multi-centre Parallel Mixed Methodology Research Design
- Results:
  - 24 Couples and patient/partner interviews
  - “A Couple’s Journey”



# Sex, Intimacy and Prostate Cancer: A Couple's Journey

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Patient difficulty with acceptance of ED



# Patients report severe difficulties accepting Erectile Dysfunction

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Patient: “I’ve never questioned my sexual prowess or feeling of manhood, you know I always felt very virile and able to have an erection and get turned on easily and now it’s the opposite and I’m, I find it difficult to sort of own up to that or to share because it’s foreign to me.”



# Sex, Intimacy and Prostate Cancer: A Couple's Journey

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Patient difficulty with acceptance of ED



Patients retreat inwardly





# Patients retreat inwardly with their acceptance difficulties

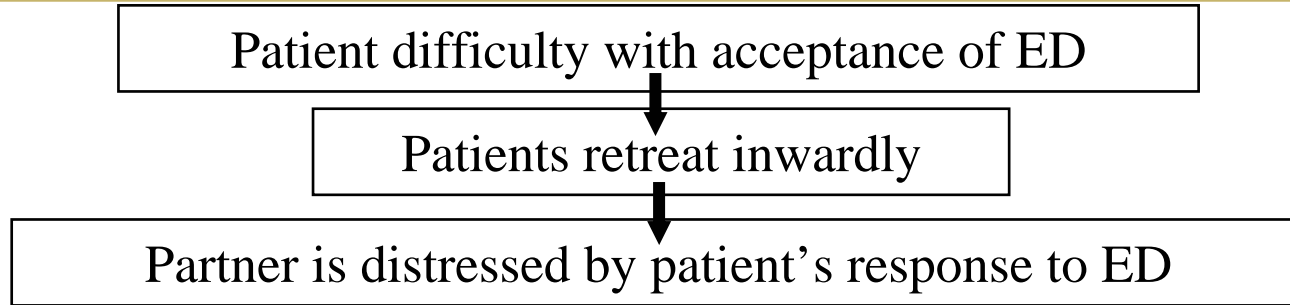
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Patient: “I keep the problems to myself, I don’t want to involve anybody else. And I realize it is wrong, especially in this case. Especially when you have somebody close to you and they really care about you.”



# Sex, Intimacy and Prostate Cancer: A Couple's Journey

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# Partners experience distress as a result of the patients' retreat from intimacy

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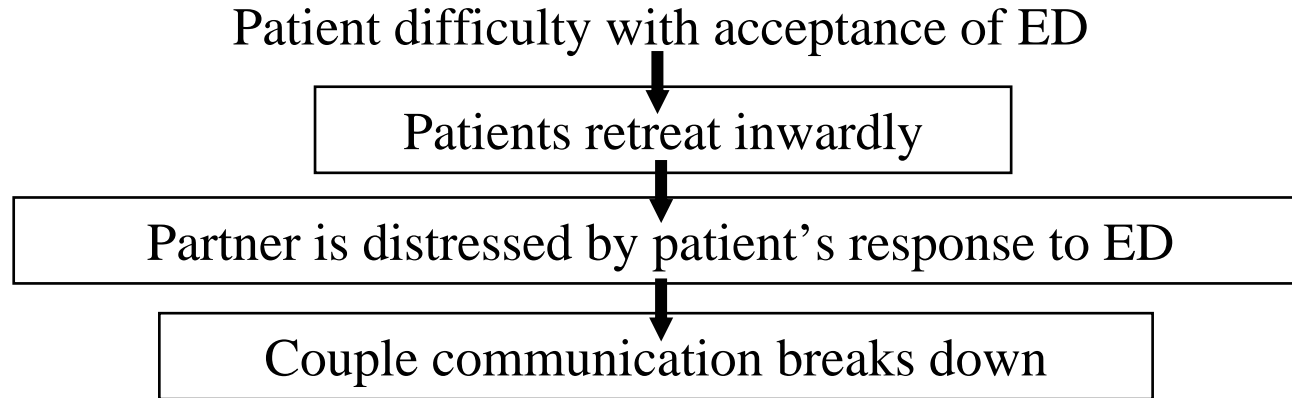
Partner: “There is kind of a series of emotions that you go through. I feel sad, I feel rejected, I feel angry, I’m pissed off. I’m too young for this...

...now, we both have just let go a bit and it makes me unhappy...to think that this is where we’ll be headed”



# Sex, Intimacy and Prostate Cancer: A Couple's Journey

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Even in “strong” couples effects appear powerful

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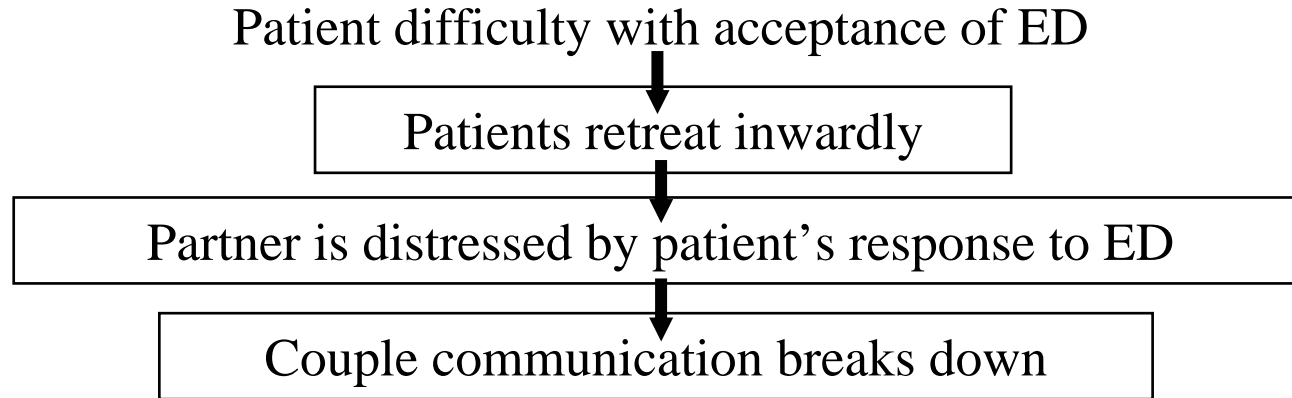
Patient: (Excellent communication)

“I think what was frustrating for my wife was that I wasn’t showing any interest,...and she, I think tried to with me, but didn’t seem to be getting anywhere so we just sort of got to a point of non-discussion, non-contact, non- and it affected our intimacy.”



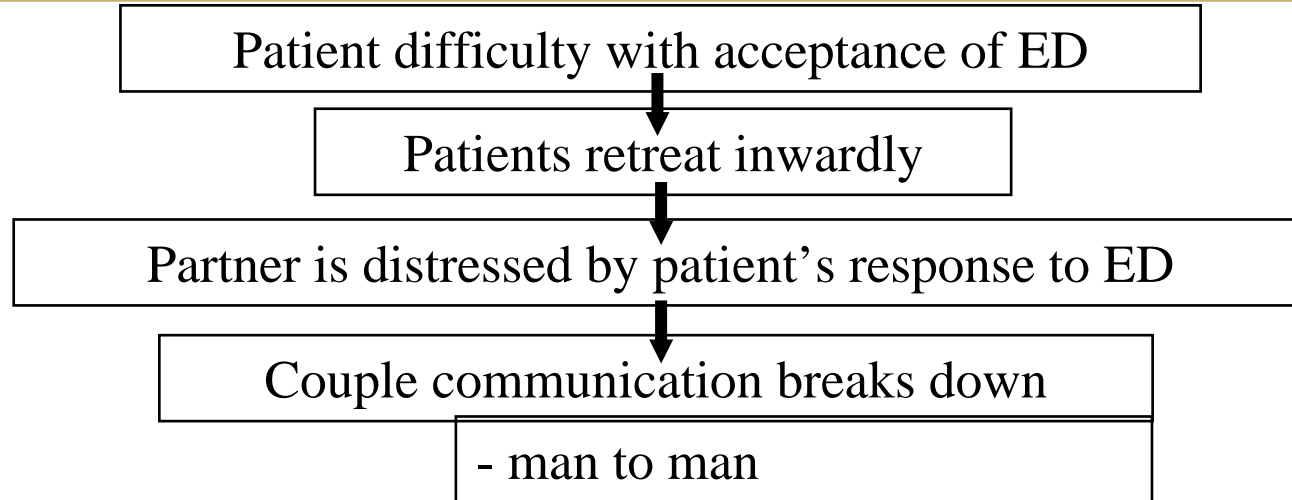
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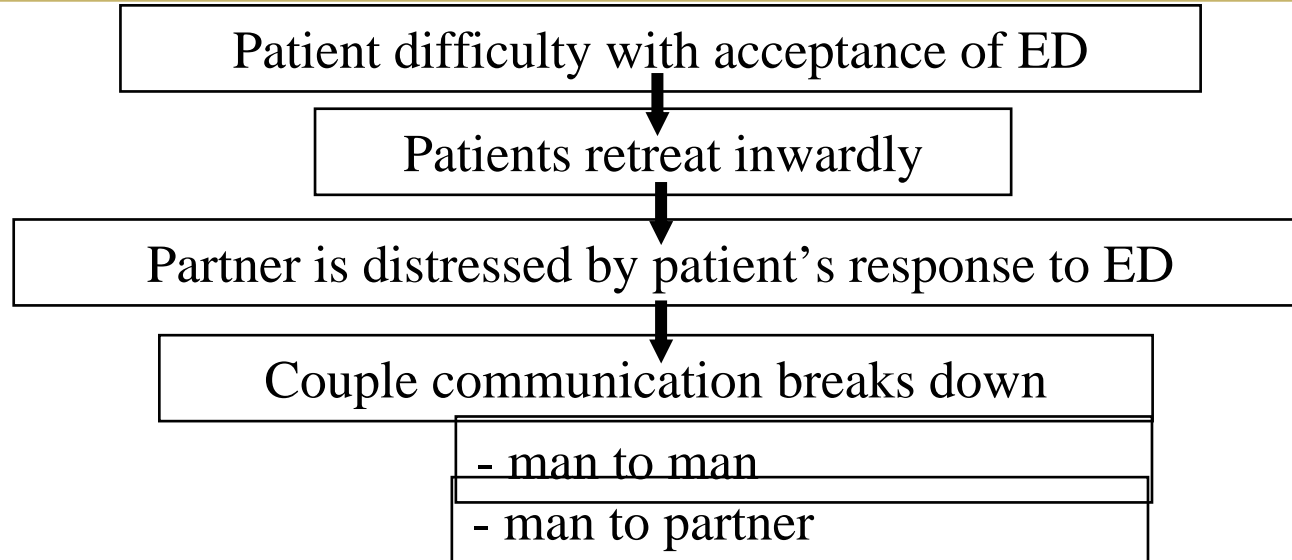
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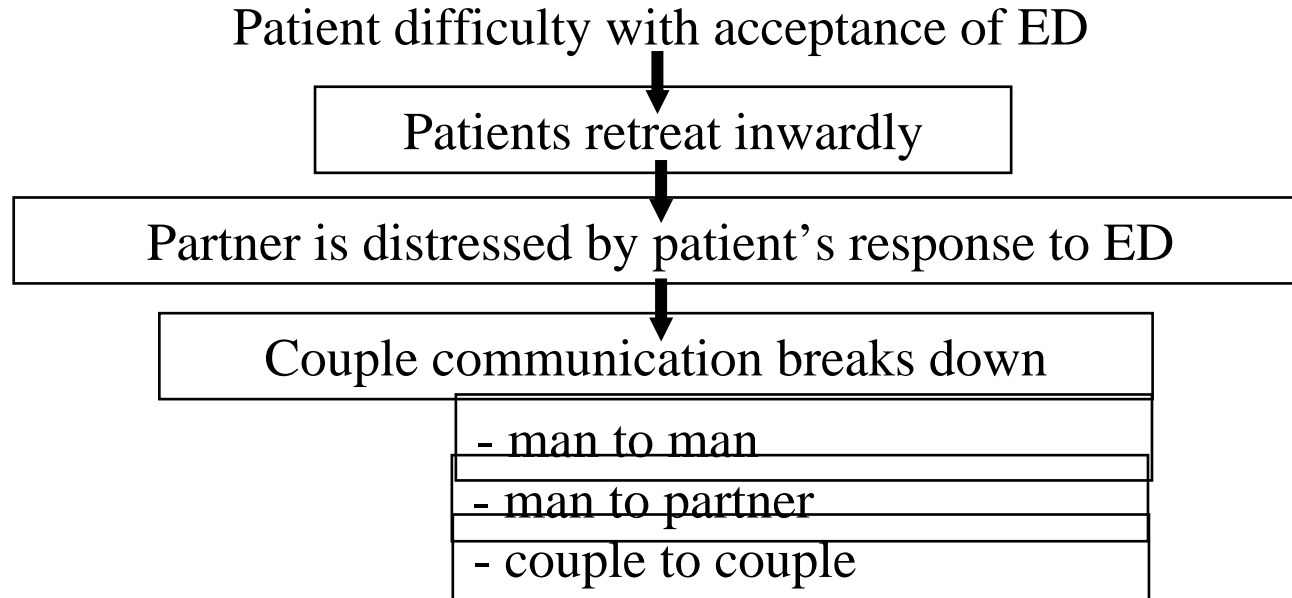
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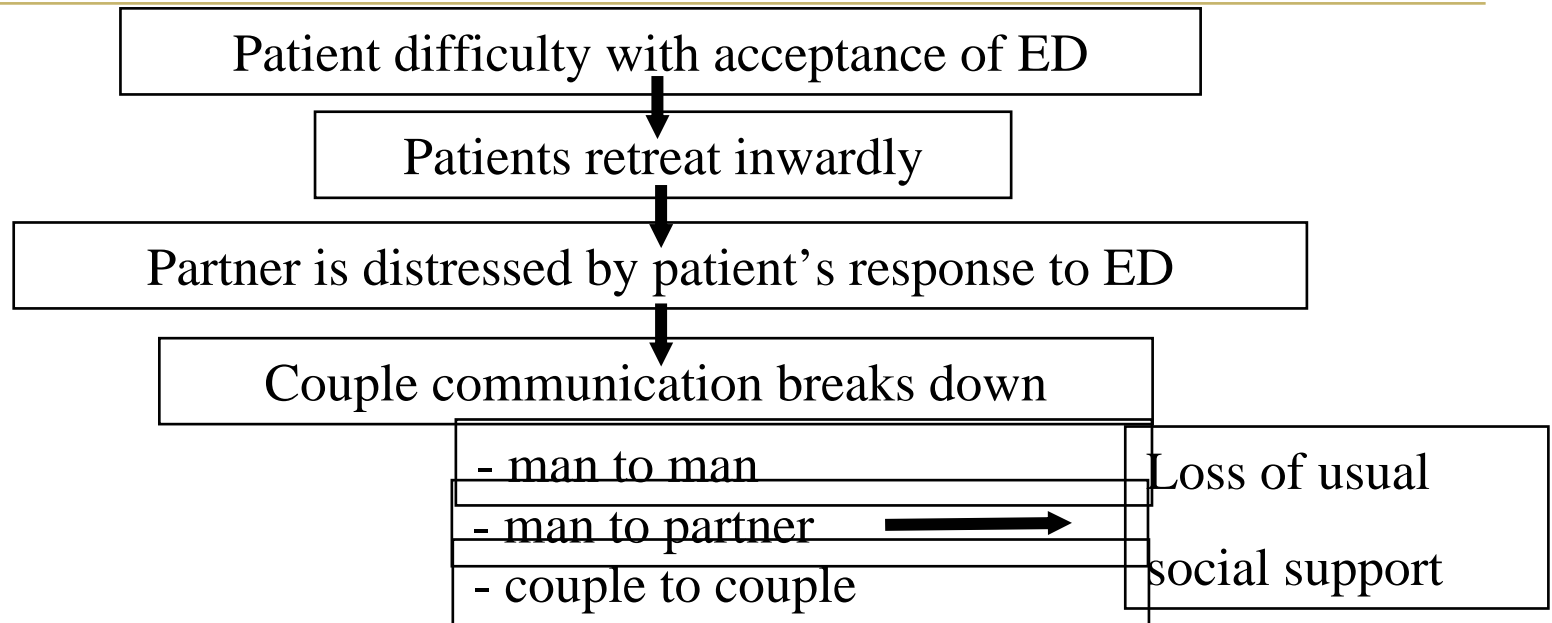
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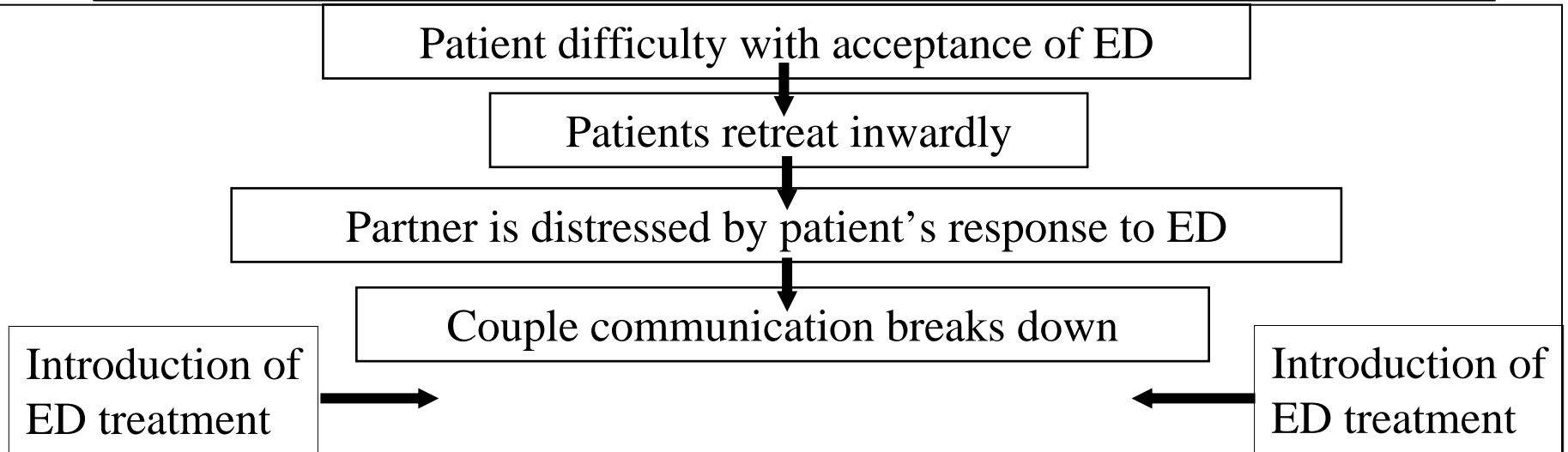


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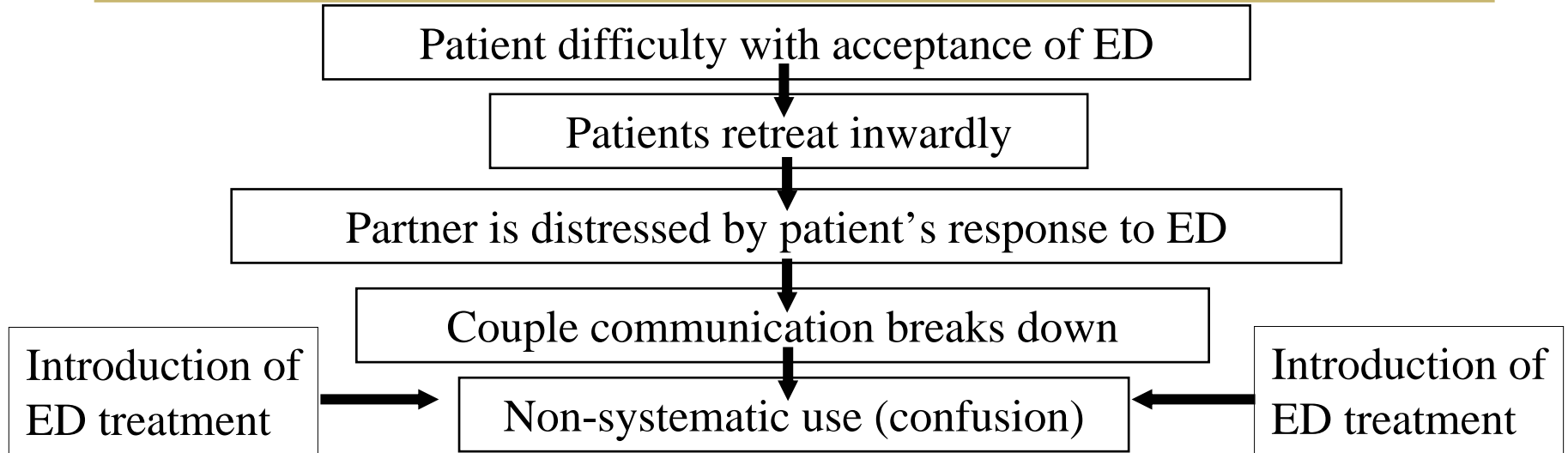


# Sex, Intimacy and Prostate Cancer: A Couple's Journey



# Sex, Intimacy and Prostate Cancer: A Couple's Journey

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## Confusion with ED Treatments

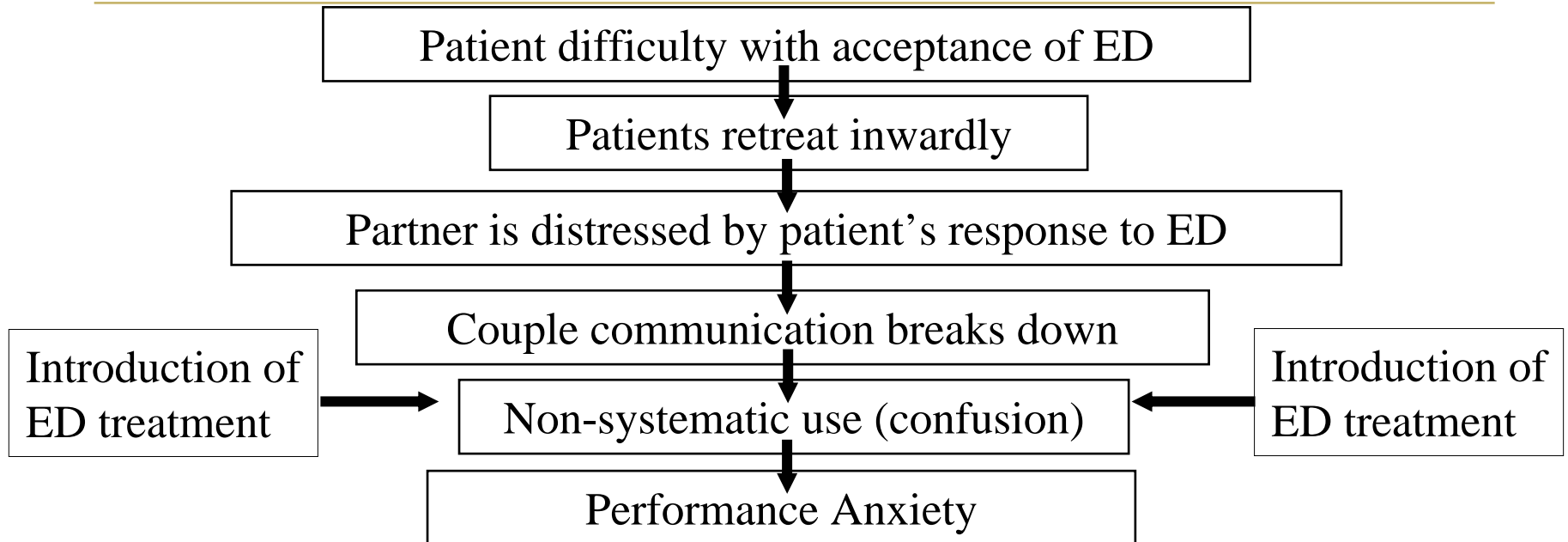
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Patient: “I was told ... for three days you take half a Viagra and then on your fourth day you take a full one and then you masturbate or you try and have sex... But is it like on a continual base...like every week? Is that what you’re doing so that the nerves are starting to reconnect...I was under the impression that we continually do this and that in time would make a difference, but that’s not what’s been happening”



# Sex, Intimacy and Prostate Cancer: A Couple's Journey

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# Performance Anxiety

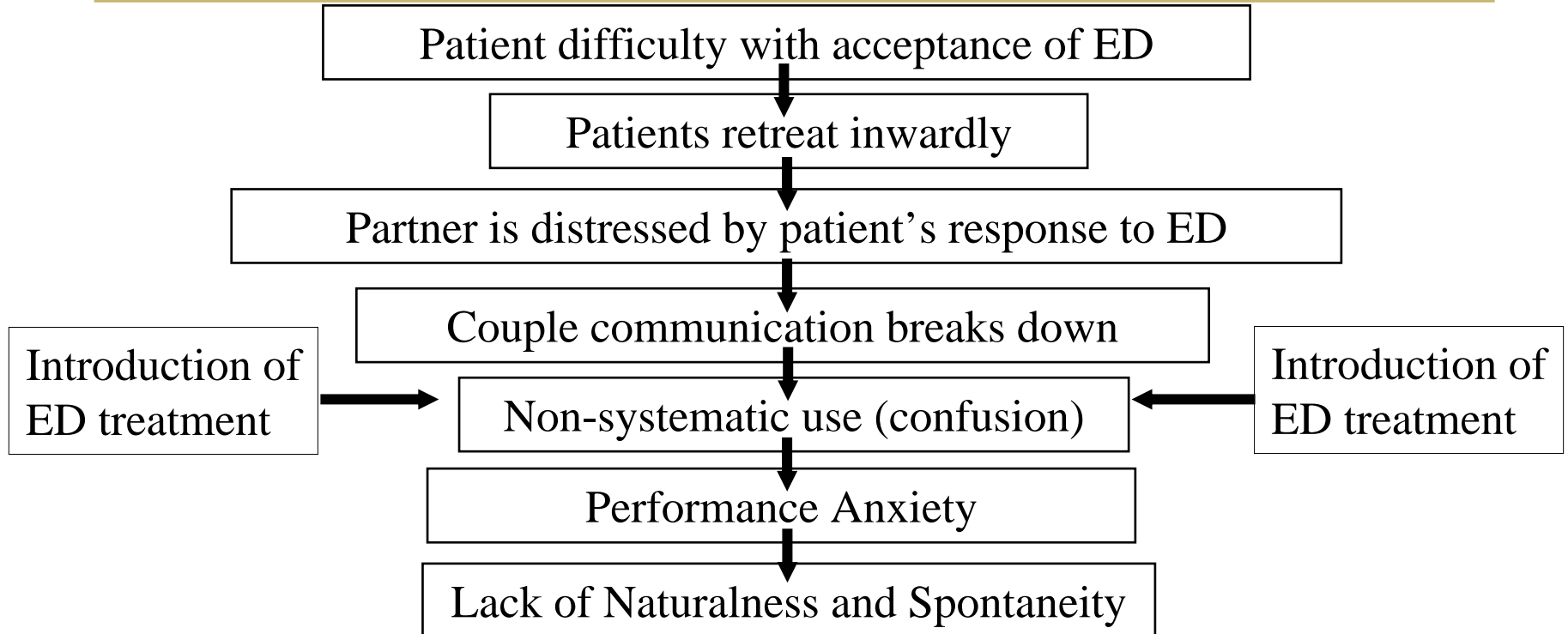
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Patient: “I mean there’s a lot of advertising on television and it works, I mean there’s people arriving in theatres late and there’s people skipping down the streets, but not me, it’s my fault, it’s not the product.”



# Sex, Intimacy and Prostate Cancer: A Couple's Journey

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# The meaning of using sexual aids: naturalness and spontaneity

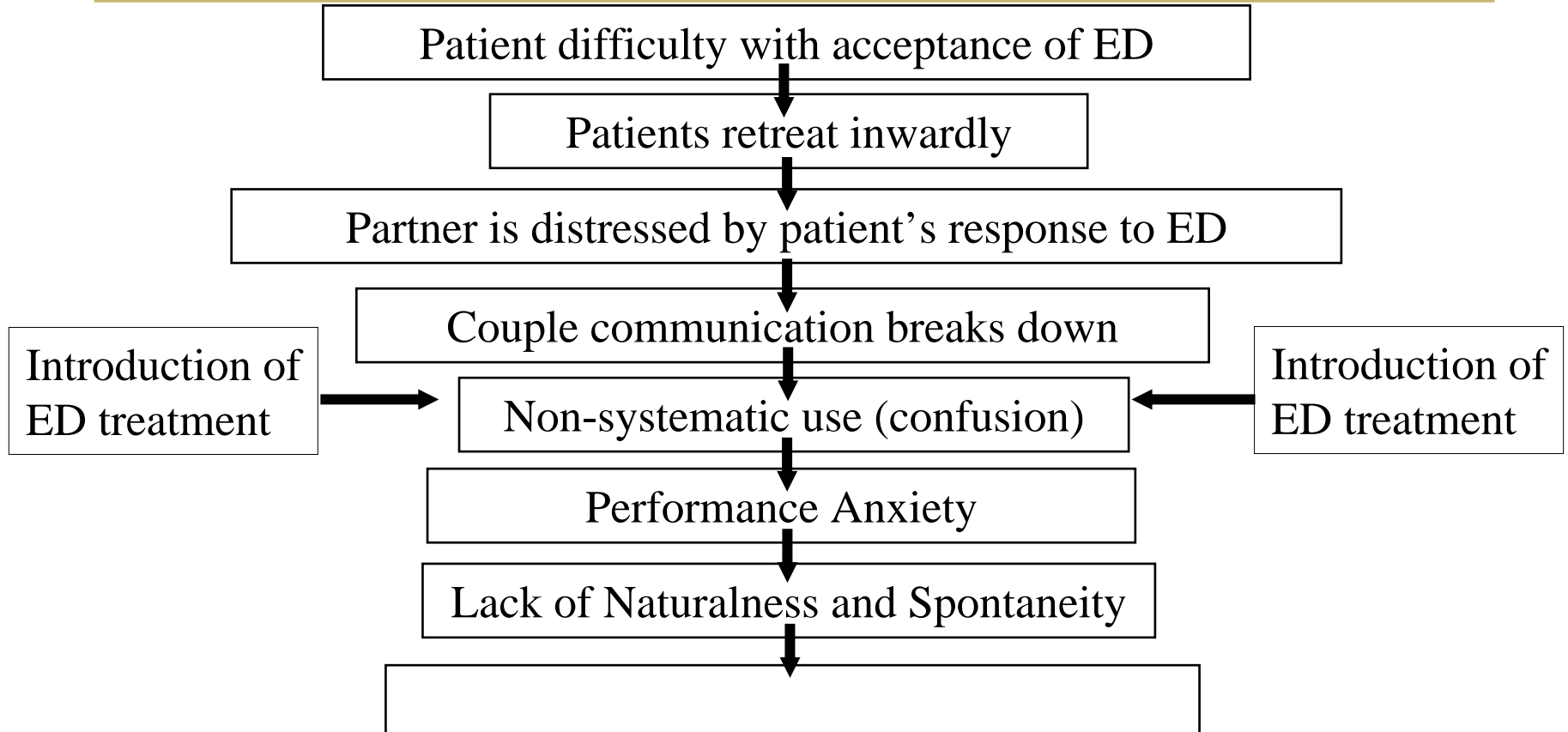
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Partner: “...like you remember how it was, it was very natural, spontaneous and pleasurable and now it’s almost like a job, ...you know you plan it and you think, is it worth it, ...do we want to go through this and then we think, forget about it.”



# Sex, Intimacy and Prostate Cancer: A Couple's Journey

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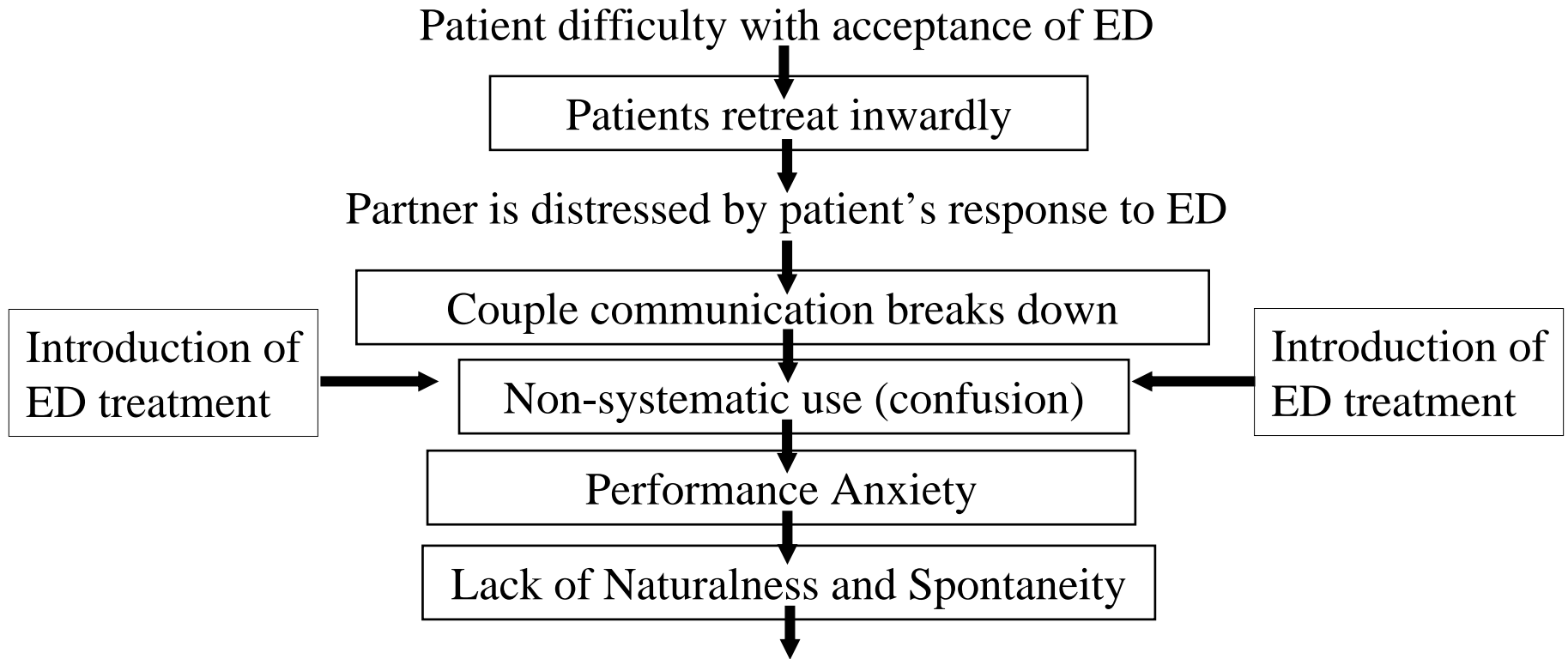
## Elevated Expectation Can Lead to Regret

Patient: “at times I feel frustrated and a little bit angry about it ... I really wonder if I made the right decision in having the surgery, or should I have taken whatever number of years I had and had more normal functioning in the shorter term ”



# Sex, Intimacy and Prostate Cancer: A Couple's Journey

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## Adaptation – Resuming Sexual Activity

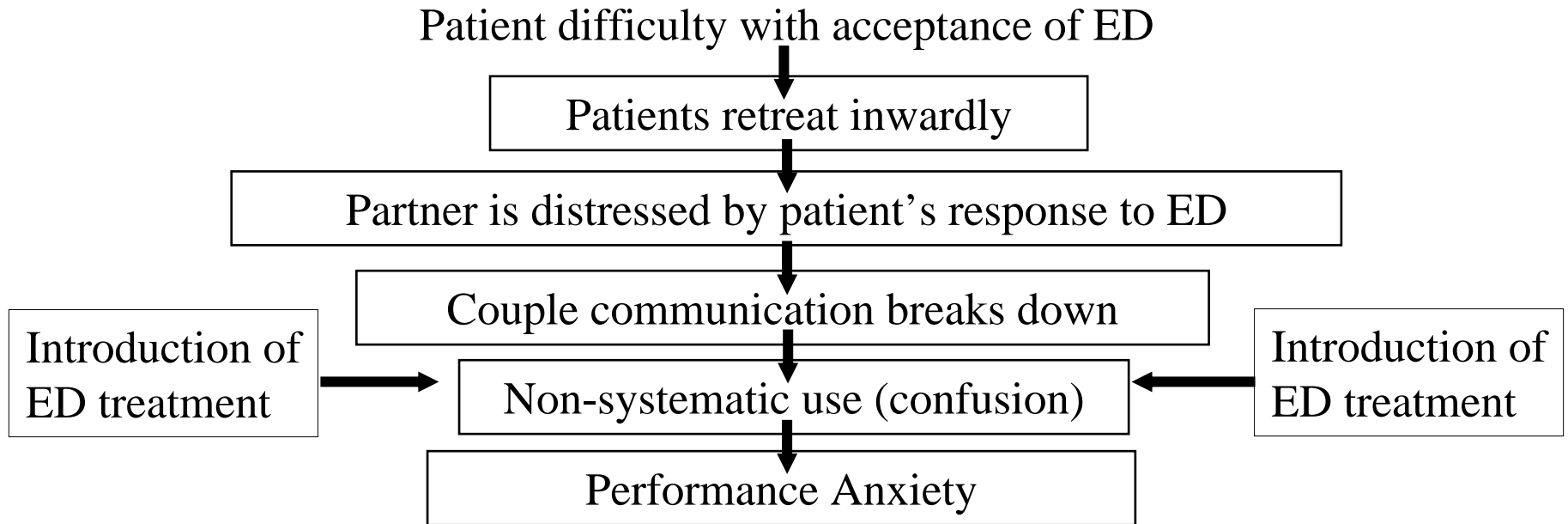
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Partner: “I didn’t think it would matter to me...but it matters. Before the operation he was ready to have intercourse more often than I was so sometimes it was easy to let him take the lead role and I could just accommodate basically without getting involved... and I would ultimately enjoy it too somewhat. But now I have to be more involved, I have to be more engaged...I was quite sad that our sex life had changed...That’s what I felt, it was like a mourning...”

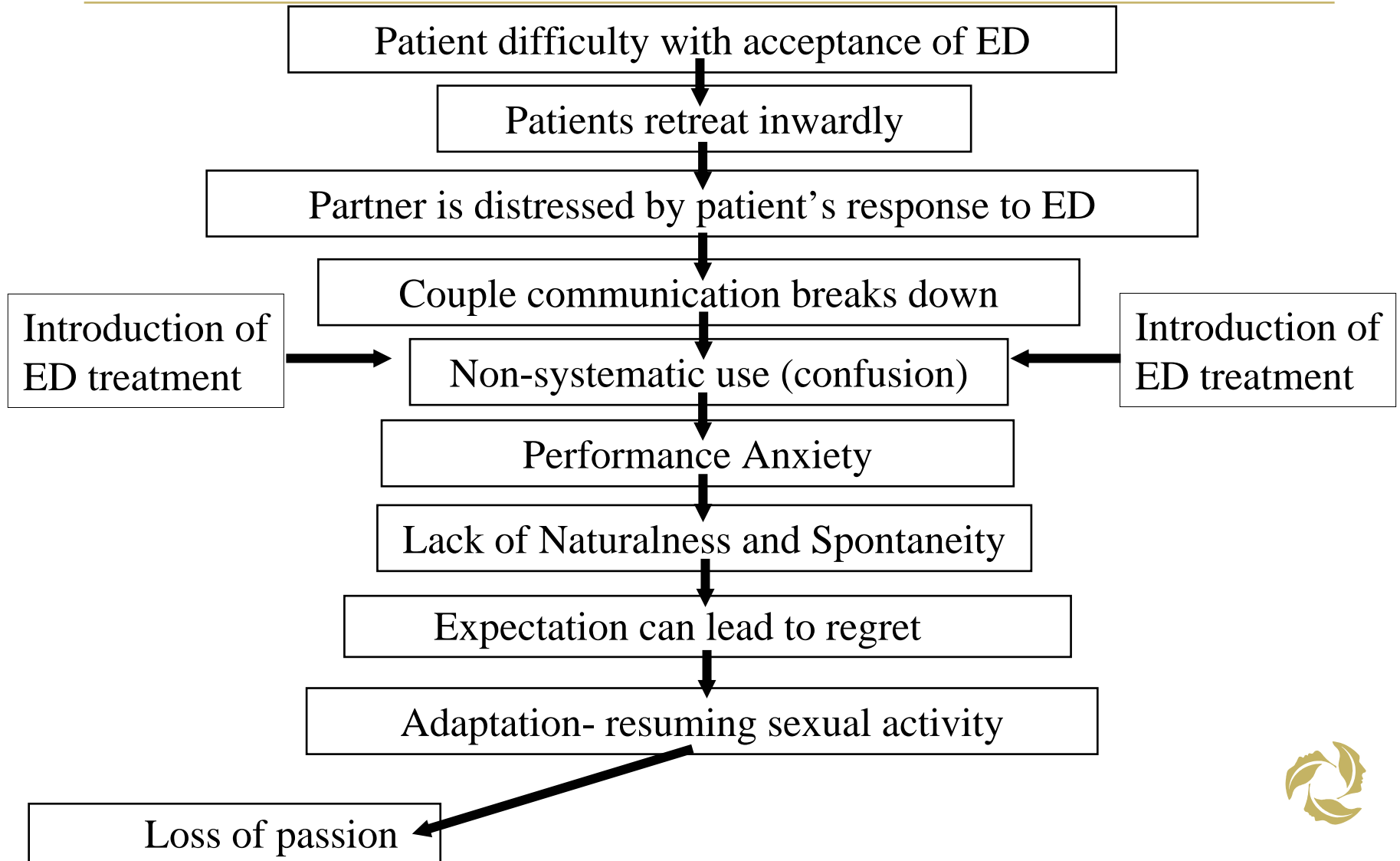


# Sex, Intimacy and Prostate Cancer: A Couple's Journey

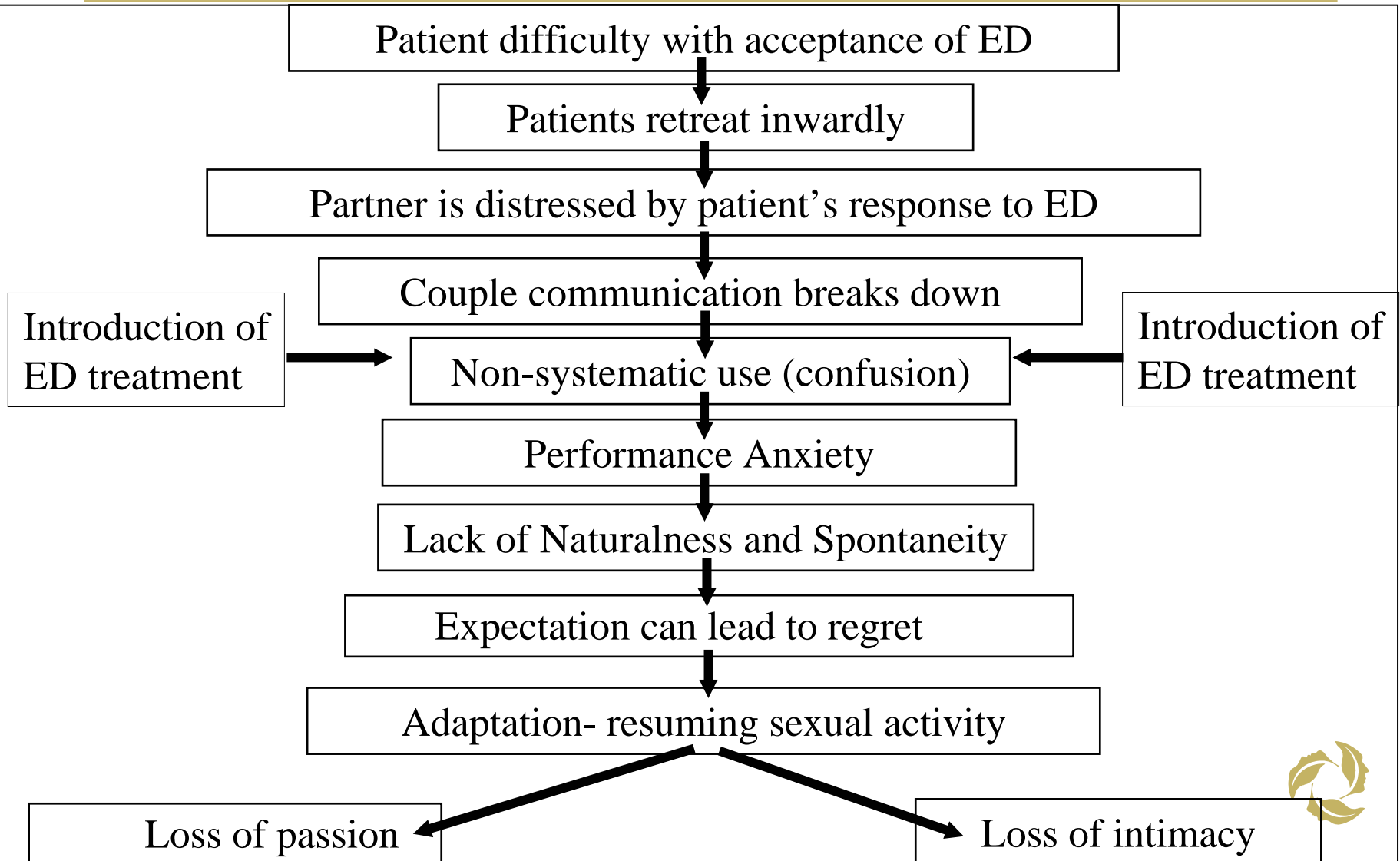
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# Sex, Intimacy and Prostate Cancer: A Couple's Journey



# Sex, Intimacy and Prostate Cancer: A Couple's Journey





# Loss of Passion and Intimacy:

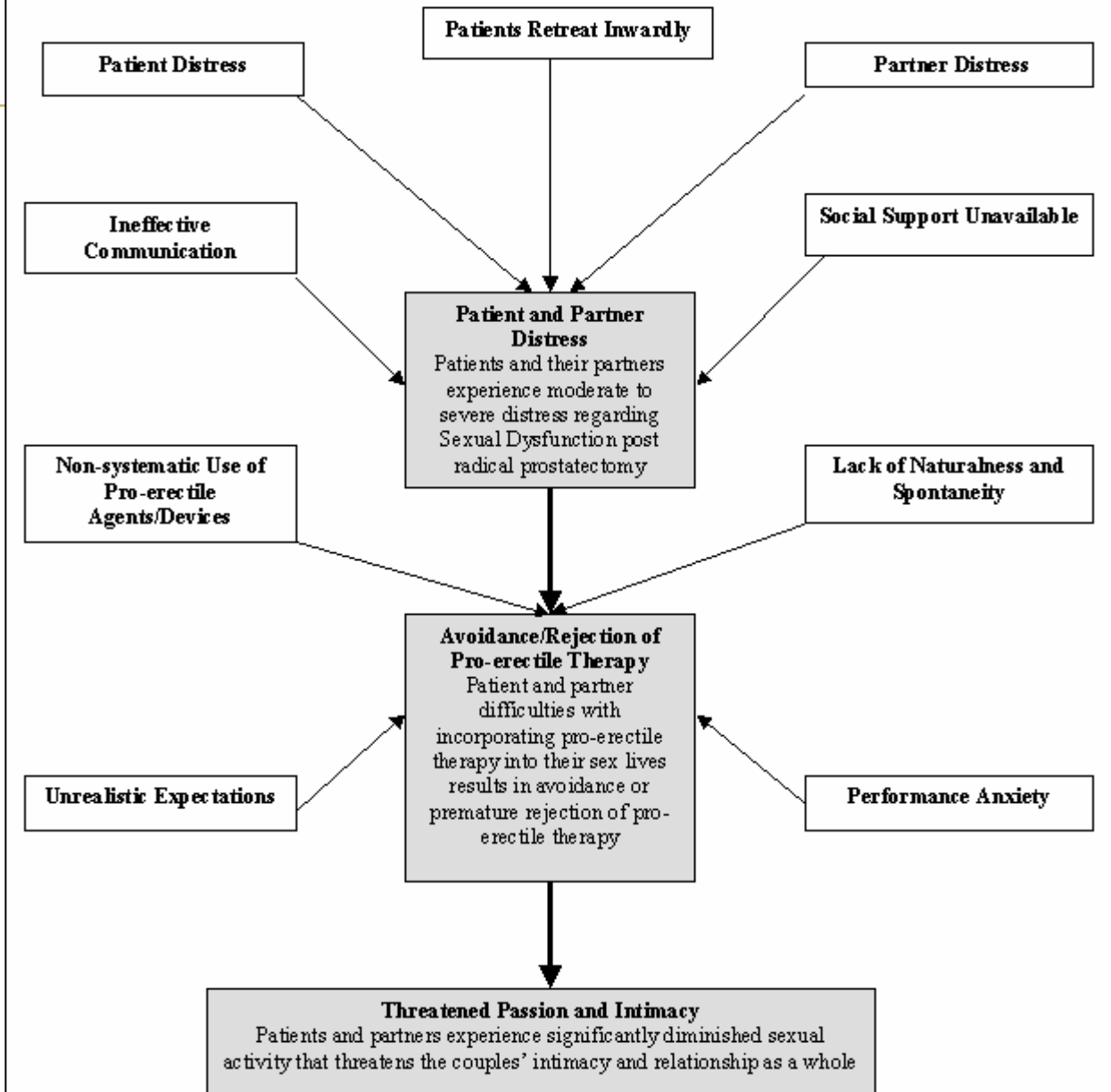
## Excerpt from a 12 to 15 month Interview

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Partner: “I don’t feel like it’s as natural,... touching used to be a big thing with us. I was very spontaneous and all that. Now, I feel uncomfortable. I’m not sure what it means. If I say I love you, what does it mean? I’m not sure anymore. You know you get in to a pattern of ships passing in the night and it just makes it difficult. I think we have drifted a long way apart.”



## Summary of Our Past Work



# Exploring the Problem: Sex, Intimacy and Prostate Cancer

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- Given the prevalence
- Given the severity of distress
- Given the gap between *efficacy* and *ongoing use*
- Given the influence of psychosocial factors
- Given that the usual support network is unavailable  
(Isolation)

We need new clinical approaches and more research



# The Solution: Bio-psycho-social Sexual Health Program

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*Development of the*

*Bio-psycho-social Sexual Health  
Clinic and Research Program*



# The Solution: (Psychosocial)

## Bio-psychosocial Sexual Health Program

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### BSH Intervention: Timing of Intervention

#### Couple-Oriented Clinic Visits With a Sexual Health Counsellor

- Pre-Radical Prostatectomy
- 3 to 6 months post-RP
- 12 to 15 months post-RP
- 21 to 24 months pos-RP



# The Solution: (Psychosocial) Assessment

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- Contextual Factors (Pre)
  - Clinical Interview
    - Personal Wellbeing
    - Couple's Wellbeing
- Sexual Dysfunction Specific Process Factors (Pre and Post)
  - Physical Functioning e.g. erectile functioning
  - Psychological Functioning e.g. distress re: sex functioning or masculinity
  - Interpersonal Functioning e.g. intimacy
  - Behavioural Functioning e.g. sexual activity
  - Social Functioning e.g. social activity (Isolation)



# The Solution: (Psychosocial)

## Assessment: con't

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- Body Image and Body Integrity (Post)
  - shortening of penis
  - loss of ejaculate
  - change in quality of orgasm
  - leakage of urine during orgasm
- Fantasy (Post)
  - present or absent
  - change in frequency/intensity
  - erectile functioning vs. non-functioning



# Solution: Sexual Health Counsellor (Psychosocial)

## BSH Intervention: Pre-Radical Prostatectomy

- GOALS:
  - Increase Patient and Partner AWARENESS
  - Manage EXPECTATION
- normalizing sexual health rehabilitation
- awareness of potential changes in sexual response
- awareness of available ED treatments
- awareness of early ED treatment approach
- awareness of the importance of intimacy





# Solution: Sexual Health Counsellor (Psychosocial)

## BSH Intervention: 3 to 6 months post-RP

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- GOALS:
  - NORMALIZING DISTRESS
  - IMPORTANCE OF INTIMACY
  - RESUME SEXUAL ACTIVITY
- Normalize patient/partner/couple level of psychological distress
- Intimacy Counselling and Couple Communication
- Resume Sexual Activity (intercourse or non-intercourse)
  - Provide a systematic approach to ED therapy
  - Provide guidance concerning “naturalness and spontaneity”
- Sensate focus



# Solution: Sexual Health Counsellor (Psychosocial)

## BSH Intervention: 12 to 15 months post-RP

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- GOALS:- Determine EFFECTIVE ED TREATMENT
  - Maintenance of INTIMACY and SEXUAL ACTIVITY
  - Focus on PARTNER CONCERNS
- Provide strategies for coping with more invasive ED therapies
- Couple management of “Trial and Failure”
- Self-efficacy counselling (performance anxiety) (non-intercourse based)
- Continued Intimacy Counselling
- Partner concerns
- Sexual fantasy



# Solution: Sexual Health Counsellor (Psychosocial)

## BSH Intervention: 21 to 24 months post-RP

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- GOALS:      - ADAPTATION
  - ACCEPTANCE
  
- Realistic and Hopeful Approach
- Adaptation to changes in sexual response
- Adaptations to promote long term intimacy
- Acceptance of current circumstances
  - mourning of loss
  - meaning of life



# Solution: Patient Manual (Psychosocial)

## BSH Intervention: KISS

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### **Kindness Intimacy Sexuality and Satisfaction**

Chapter 1: FAQs: Post-Surgery effects on Sexual Functioning

Chapter 2: Early Use of Phosphodiesterase Type 5 Inhibitors (PDE5i)

Chapter 3: Introduction to Other Pro-erectile Therapies

#### **Kindness and Intimacy**

Chapter 4: Resuming Sexual Activity (Intercourse and Outercourse)

Chapter 5: Couples' Communication

Chapter 6: Maintaining Intimacy (Closeness and connectedness)

Chapter 7: Sensate Focus

#### **Sexuality**

Chapter 8: Incorporating Pro-erectile Agents/Devices into Lovemaking

Chapter 9: Strategies to Mitigate the Negative Impact of SD On Your Relationship

Chapter 10: Partner Concerns

Chapter 11: Non-Intercourse Sexuality

#### **Satisfaction**

Chapter 12: Adaptation and Acceptance

#### **Special Population**

Chapter 13: Specifics for Homosexual Couples



# Solution: Penile Rehabilitation Protocol (Biomedical)

Pre-OP

Sexual Hx and Assessment

6-8 Wks

Initiate PDE5i Full Dose with sexual activity equivalent to pre-diagnosis

3 to 6 M

Uro-Oncologist Assessment of ED – Referral to Rehab Clinic if appropriate

**Responders**

Maintenance of PDE5i Full Dose

Systematic Experimentation with reductions in PDE5i

12-15 M

Attempt natural erections with PDE5i breakthrough

21-24 M

Non-responder (ED or PDE5i non-use) – Referral to Rehab Clinic

**Non Responders**

Initiate ICI/Vacuum/MUSE with sexual activity equivalent to pre-diagnosis

Re-challenge with PDE5i Full Dose with use of ICI as a breakthrough

Switch from ICI to PDE5i once PDE5i responder



# Theory of Relationships and Adjustment to Erectile Dysfunction

**Intimacy** (closeness & connectedness)

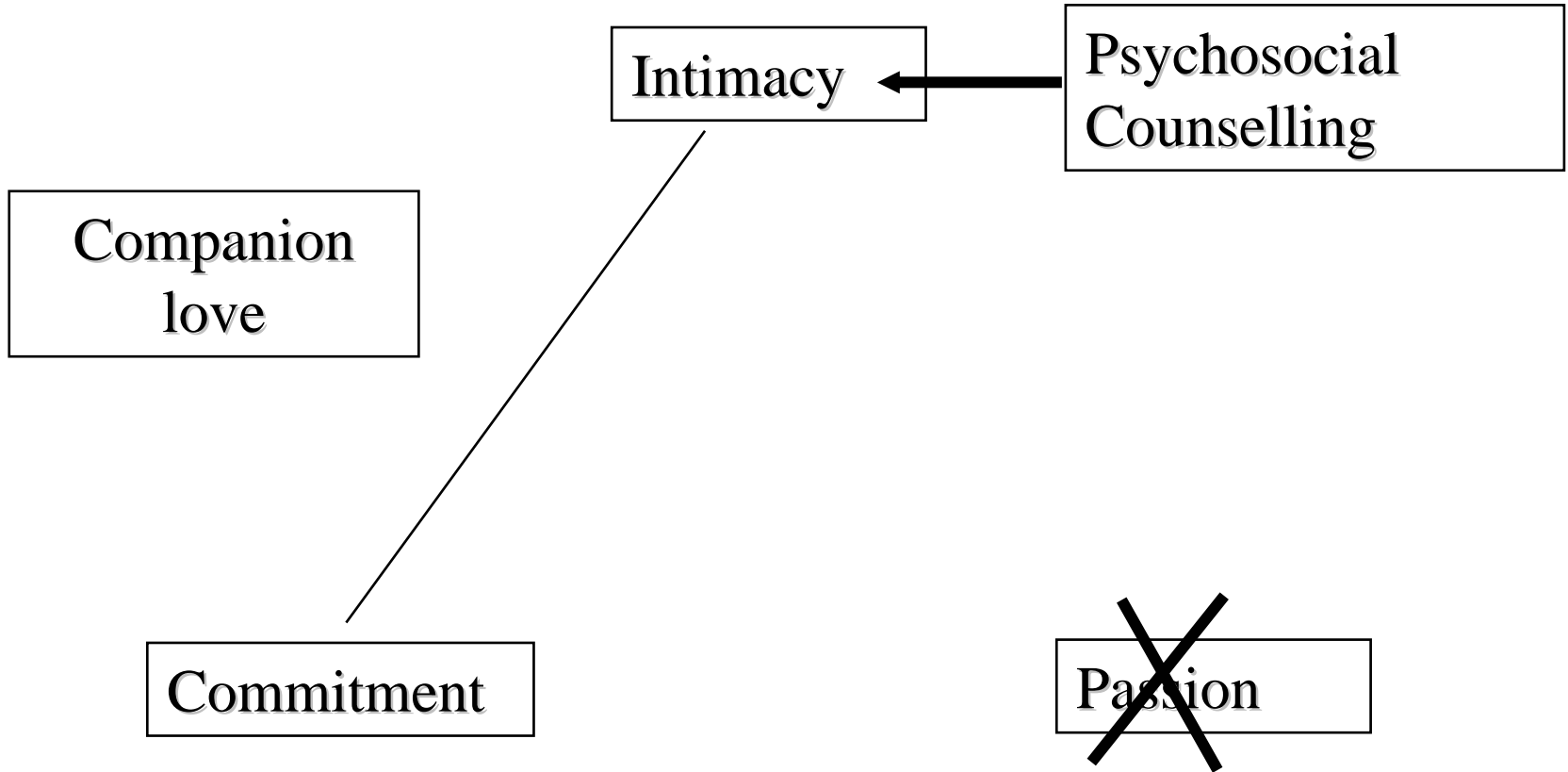
Consummate  
love

**Commitment** (Decision/Commitment)

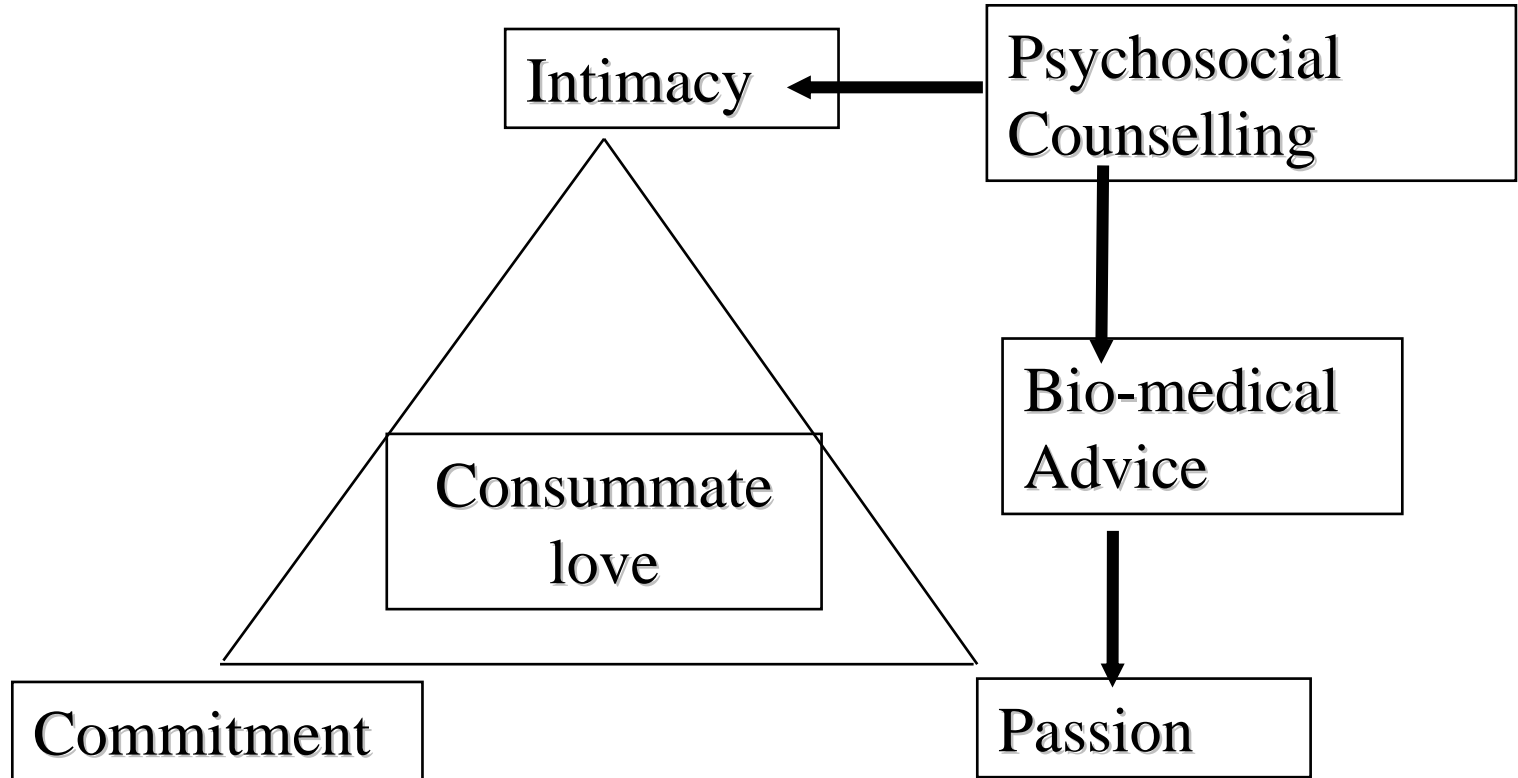
**Passion** (sexuality)



# Theory of Relationships and Adjustment to Erectile Dysfunction



# Theory of Relationships and Adjustment to Erectile Dysfunction





# Treatment Effectiveness: Clinical Criteria

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- Goals:

The establishment of effective “pro-erectile agent/device” treatment

OR

the establishment of confidence in the couple that they approached ED therapy in an educated and thoughtful manner even if not successful with ED tx

To restore intimacy (Communication)

To restore passion (intercourse or non-intercourse)

To restore consummate love



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☐ "You know "that look" women get when they want sex? Me neither."  
--*Steve Martin*



# Sex, Intimacy and Prostate Cancer

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The journey continues....

The team:

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- John Trachtenberg MD.
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- Alex Zlotta MD.
- Paul Ritvo Ph.D.
- Sidney Radomski MD.
- Neil Fleshner MD.
- Tony Finelli MD.
- Kristen Currie MA.



# Feel Free to Contact Me

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