The management of sexual dysfunction in advanced prostate cancer

Will Kinnaird
University College London Hospitals & University College London

Background:
Prostate cancer is the most common malignancy in the UK, with more than 57,000 new diagnoses each year. Around 21% of cases are diagnosed with metastatic disease at presentation and others will progress to advanced disease following the failure of primary treatments. Sexual dysfunction is a common side effect of almost all prostate cancer treatments. This includes erectile dysfunction, morphological penile change, ejaculatory dysfunction, reduced or loss of semen production, infertility, orgasmic disturbance, climacturia and arousal incontinence. Emotional and psychosexual changes also undermine men's sense of masculinity, self-esteem and sexual confidence. The aetiology of sexual dysfunction in people with advanced disease is often complex and encompasses both anatomical and psychological factors. Many men will have problems with sexual function at baseline and this may be compounded by cancer-specific anxiety following diagnosis. Most men will also experience the deleterious effects of primary treatments such as prostatectomy, radiotherapy, focal therapy and ADT in the adjuvant, neo-adjuvant or salvage setting. In the advanced setting, there is likely to be further decline caused by long-term or permanent ADT, often in combination with novel androgen-targeted agents, chemotherapy, radioisotope treatment and/or radiotherapy. The loss of sexual function causes high levels of bother in men and is often cited as the most distressing long-term side effect. Despite the negative effects of treatment, men undergoing treatment for advanced disease may retain sexual function and continue with sexual activity. Intimacy remains a complex and multifactorial process combining personal, psychosexual and physical aspects. Men may benefit from interventions to help them to improve their sexual function. Psychosexual support may also help them continue with non-penetrative activities or redefine their sex lives to maintain satisfying sexual relationships. Current guidelines focus on rehabilitation in the post-treatment setting. These strategies are often focused on helping men with localised disease, so may be less effective in the advanced disease setting. New approaches are needed to help men whose sexual function and interest are being affected by both past and present treatments. With advanced disease, indefinite androgen deprivation is likely to form the cornerstone of treatment, meaning the primary cause of sexual problems cannot be eliminated.

Aim:
To develop national guidance to support the management of sexual dysfunction in advanced prostate cancer

Methods:
Systematic Review – Review of current literature to establish an overview of existing evidence pertinent to the management of sexual dysfunction in advanced disease.
Mixed-methods questionnaire - Survey of UK uro-oncologists to determine their current practice in sexual dysfunction management and how it varies by disease stage.
Mixed-methods questionnaire – Survey of men diagnosed with prostate cancer to determine their experience of sexual side effects, their experience of support and management and their views on improving services.
Interviews – Qualitative work to investigate men's experience of sexual dysfunction in advanced prostate cancer.
Consensus panel – Formation of a consensus panel to develop national guidance for managing sexual dysfunction in advanced prostate cancer based on clinical practice, literature and the findings of earlier projects.