



Differences in perception of sexual side effects from treatment of prostate cancer by sexual orientation

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Abstract #18-9240

Background

The impact of prostate cancer treatment side effects on the general population has been well studied, but studies on the impact specifically on men who have sex with men (MSM) is lacking. Previous studies, mainly qualitative, have found that differences in their sexual practices may put them at greater risk of increased distress from side effects of prostate cancer treatment.

Objectives

To understand and quantify differences in perception of prostate cancer treatment side effects between men who have sex with men (MSM) and heterosexual males (HSM).

Methods

Study Design: Cross sectional study

Selection criteria: 618 men (285 MSM, 333 HSM) between 50-89 years old from across the US

Assessment of importance of prostate cancer treatment side effects: We developed a survey assessing side effects of prostate cancer treatment that have been previously reported in the literature. Survey questions were reviewed and modified by non-participating gay and straight men to make sure they were clear.

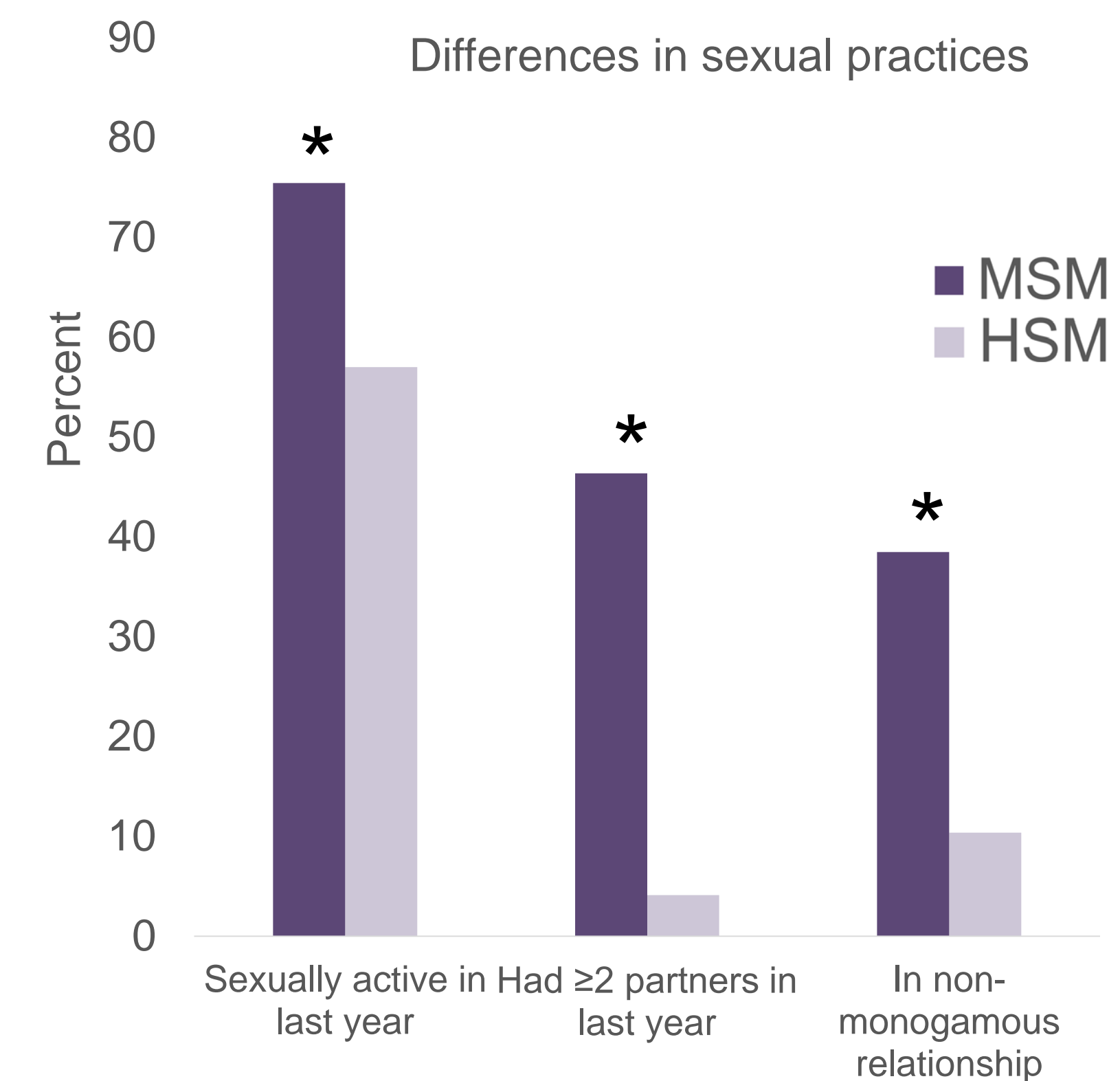
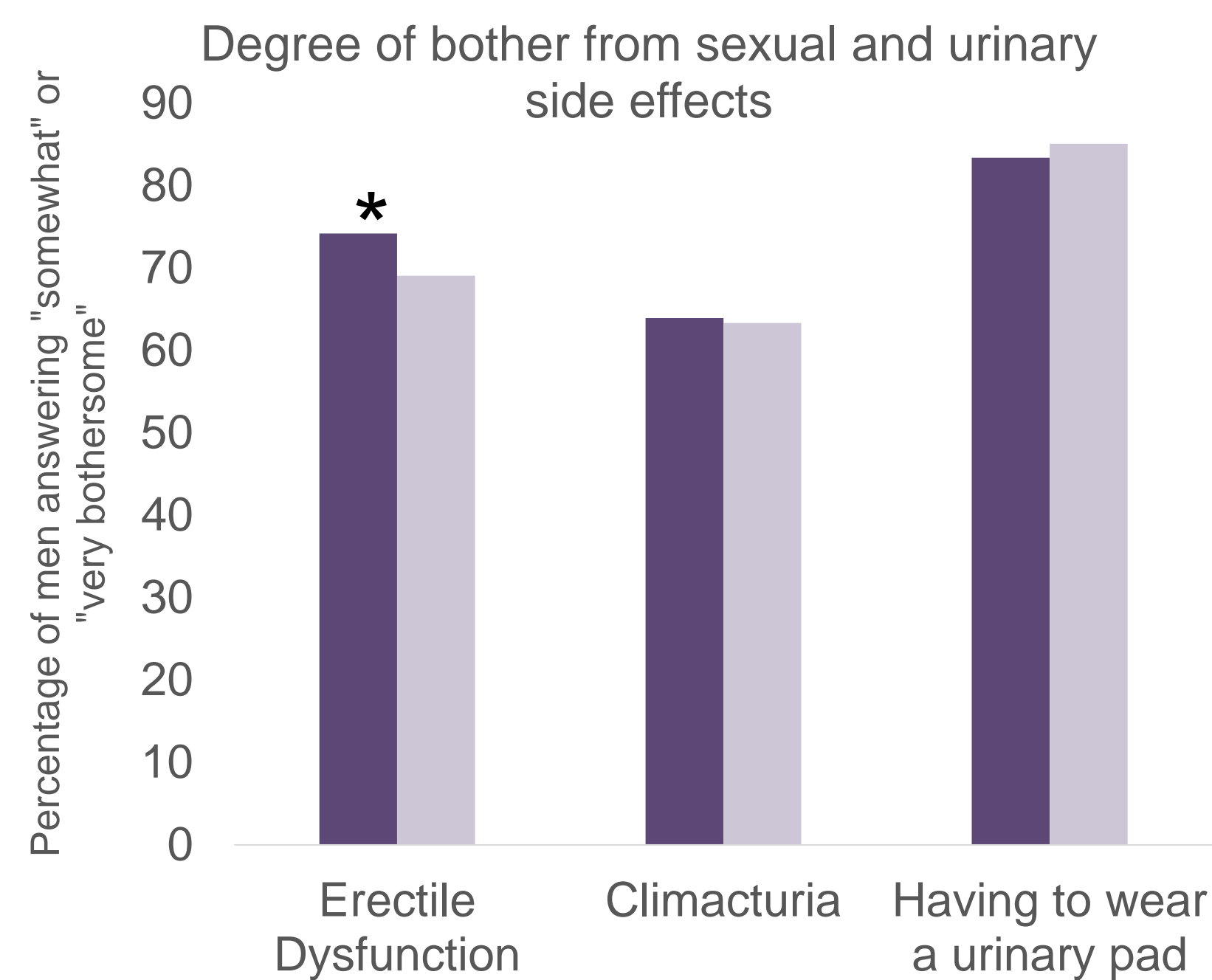
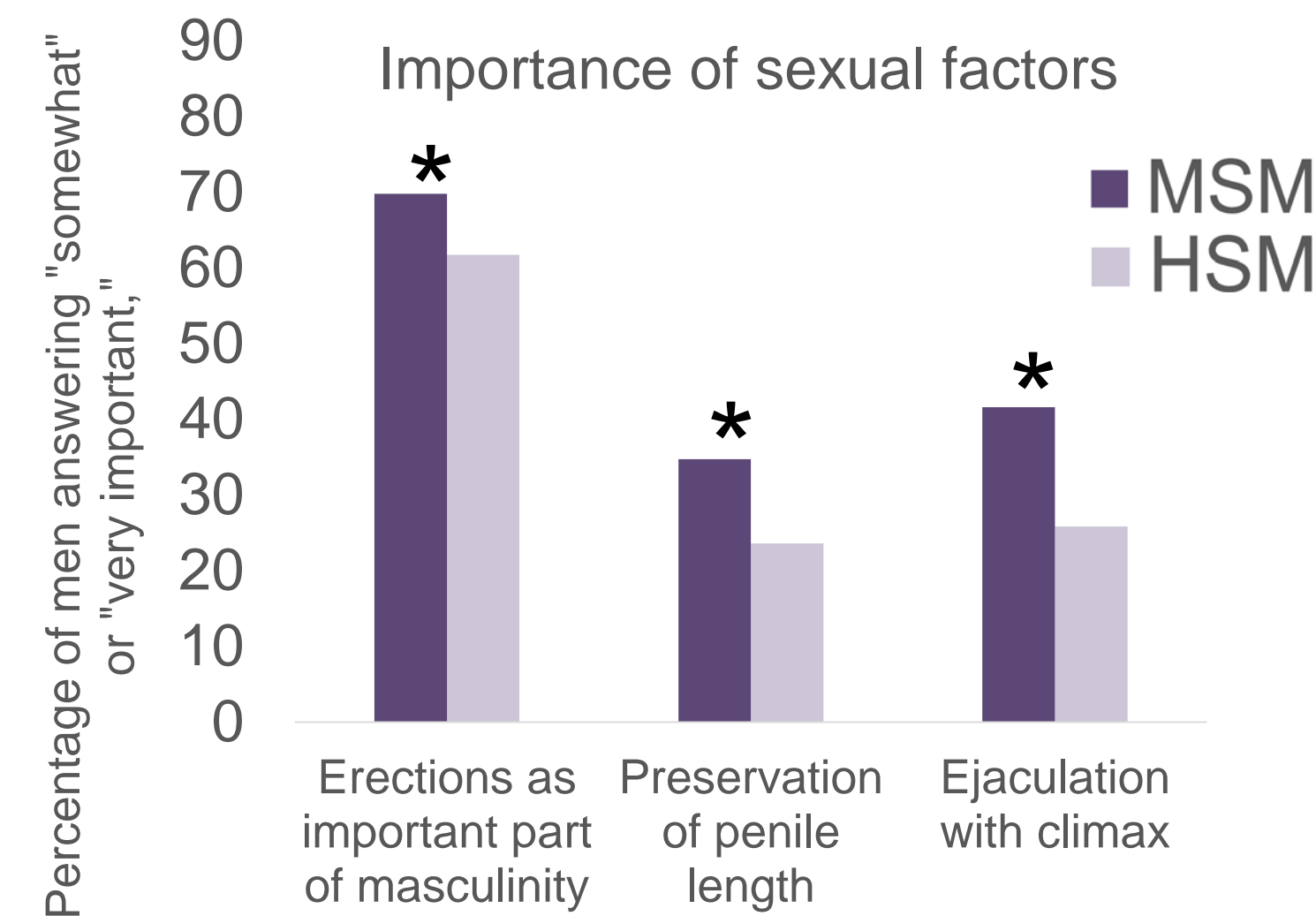
Statistical analysis: Continuous variables were analyzed with a t-test, and a chi-square test was utilized for categorical variables.

Table 1: Cohort Demographics

	MSM	HSM	p-value
Number Patients	285	333	
Median age	69 years	67 years	
Ethnicity			p=0.45
White/Non-Hispanic	262 (93%)	294 (91%)	
Hispanic/Non-white	20 (7%)	29 (9%)	
Education			p=0.82
No college degree	71 (25%)	77 (23%)	
Undergraduate	82 (29%)	10 (33%)	
Master	131 (46%)	145 (44%)	
Income			p=0.004
\$0-\$49,999	98 (38%)	75 (26%)	
\$50,000-\$99,999	105 (40%)	110 (38%)	
\$100,000 and up	58 (22%)	102 (35%)	
Relationship Status			p<0.001
Married/Civil union	78 (28%)	238 (72%)	
Has partner	68 (25%)	21 (6%)	
Divorced/Separated/Widowed	51 (18%)	41 (12%)	
Single	80 (29%)	32 (10%)	

Results

Figure 1: Differences in perception of prostate cancer side effects
Asterisks (*) represent a statistically significant difference



Conclusion

MSM are more likely than HSM to feel bothered by erectile dysfunction ejaculatory dysfunction, and loss of penile length, all of which can be affected by prostate cancer treatment. MSM are less likely to be in monogamous relationships, are more likely to have a greater number of sexual partners, and are more likely to be sexually active. Knowledge gaps in expectations and relationship status in MSM are not well elucidated and may play an important part in helping MSM with prostate cancer maintain sexual satisfaction.