

# Prostate Cancer Rehabilitation: Outcomes of a Sexual Health Clinic

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## BACKGROUND

Radical prostatectomy (RP) leaves 45–75% of patients with long-term sexual dysfunction (SD). Approximately 60% of patients report significant emotional distress related to their SD. Despite high levels of effectiveness, 30-50% of patients discontinue use of sexually assistive aids within one year. The available research exploring this gap between effectiveness and ongoing use supports a biopsychosocial perspective of SD. The Prostate Cancer Rehabilitation Clinic (PCRC), at Princess Margaret Cancer Centre in Toronto, Canada, employs a biopsychosocial approach to assist patients and couples in achieving optimal sexual health and intimacy post-RP.

## PCRC CORE FEATURES



- Integrated into “usual care”
- Electronic PROs data collection
- A multidisciplinary intervention team, including a urologist, psychologist, nurse, sexual health counsellors and residents.
- Active participation of the partner
- A broad-spectrum bio-psychosocial intervention
- Seven clinic visits across a two year period of recovery
- Topics include:
  - Erectile-rehabilitation
  - Understanding post-treatment SD
  - Resuming sexual activity
  - Managing recovery expectations
  - Partner SD concerns
  - Normalization of sexual rehabilitation
  - Maintaining intimacy
  - Biomedical treatment decision-making
  - Performance anxiety
  - Systematic use of pro-erectile therapy
  - Impact of masculinity beliefs
  - Non-penetrative sexual activity

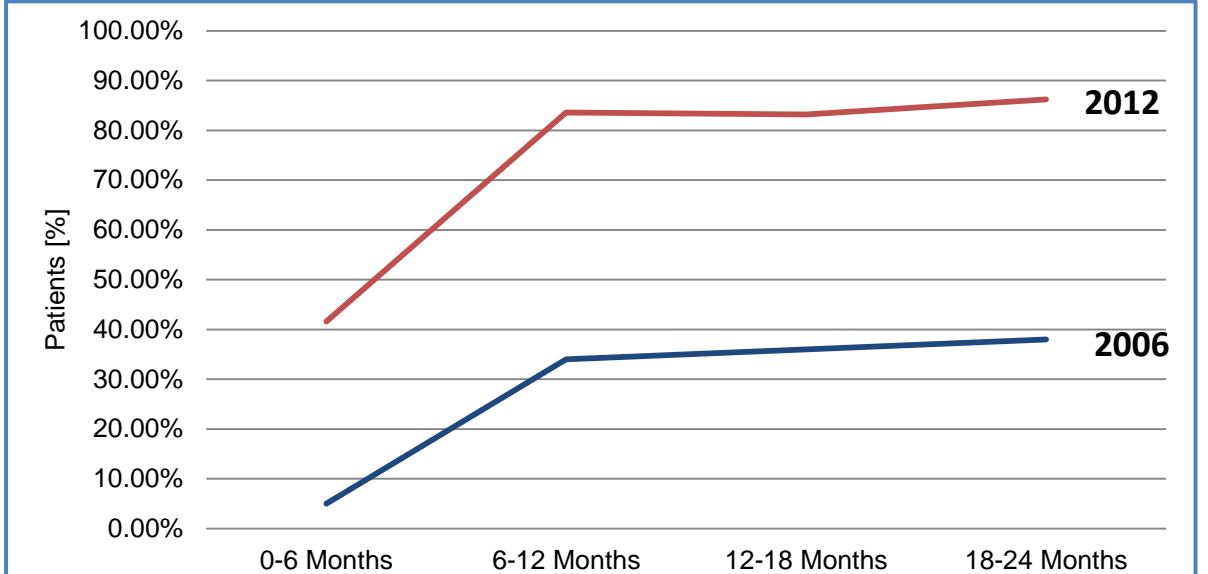
## METHODS

We conducted a retrospective study comparing sexual health outcomes from patients who had a RP in 2006 prior to PCRC (N=304) and in 2012 after PCRC (N=342). Data are compared over a two year recovery period post-RP, including information on the use of erectile aids. Multivariable logistic regressions were conducted to detect temporal changes in sexual functioning and potential confounding factors.

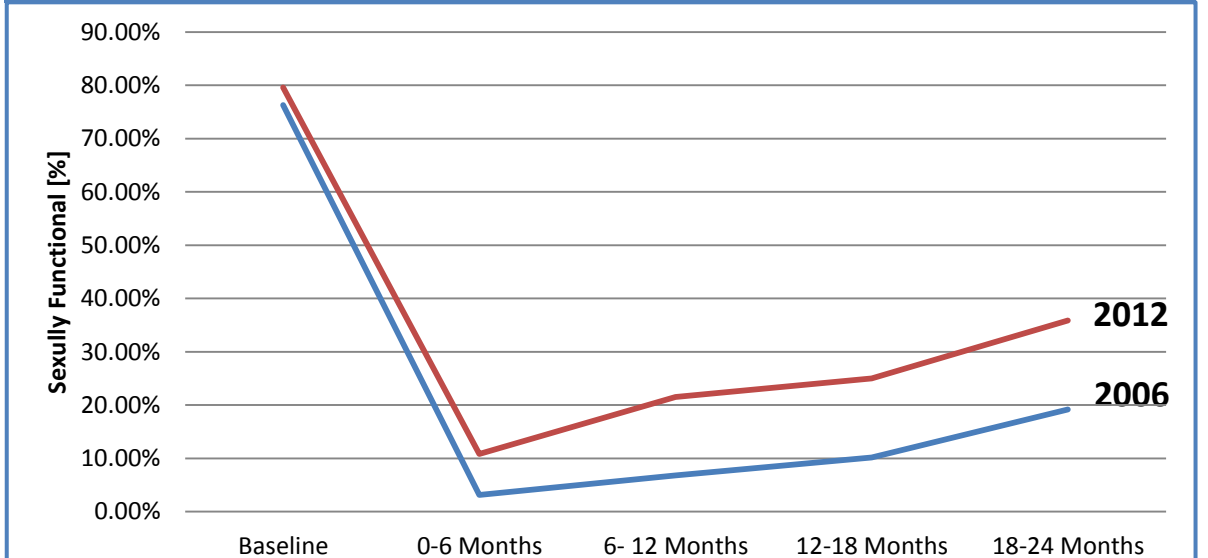
## RESULTS

Patients who had RP in the year of 2012 were 1.9 times more likely to have sexual function 2 years post-surgery compared to patients who had RP in 2006 (35.8% vs 19.2%,  $P < 0.001$ ). This finding was maintained when controlling for treatment type (open vs robotic RP), surgeon, and D’Amico risk scores. Patients who attended the PCRC were more likely to take pro-erectile medications 2 year post-surgery (86.2% vs 38%) and had a stable level of intimacy and anxiety over the 2 year course. Patients and partners who attended the PCRC also reported a very high rate of satisfaction (95.8% for patients and 99.6% for partners) with the care they received at the clinic.

## USE OF MEDICATION AFTER PROSTATE CANCER SURGERY



## SEXUAL FUNCTION AFTER PROSTATE CANCER SURGERY



## CONCLUSION

The PCRC has proved beneficial to RP patients and their partners in achieving better sexual health, continued use of pro-erectile medications, and maintenance of intimacy and low anxiety.



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