

Candid discussion regarding sexuality can improve quality of life for prostate cancer survivors

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Physicians are now better able to predict a man's recovery of sexual function after prostate cancer treatment, making a conversation between doctor and patient an important part of pre-treatment planning, a Beth Israel Deaconess Medical Center-led research team suggests.

A study published in the Sept. 21 issue of the [Journal of the American Medical Association](#) found the increasing survivability of early stage prostate cancer has made health-related quality of life issues an increasingly important element of [treatment options](#). And sexual function in previously potent men is among the most important factors in satisfaction with treatment.

"It's a daunting situation for any man to face cancer," says Martin G. Sanda, MD, Director of the Prostate Center at Beth Israel Deaconess Medical Center and Associate Professor of [Urology](#) at Harvard Medical School and Principal Investigator of the study. "Fortunately, with prostate cancer, we are usually able to control the cancer – however the side effects can still be troubling. But we now have options beyond one-size fits all counseling to help men anticipate possible treatment side effects."

The research team used phone interviews and questionnaires to measure quality of life in 2,940 men nationwide before [prostate cancer treatment](#) and for two years thereafter at university-affiliated and community-

based hospitals alike. The received treatment including prostatectomy, or surgical removal of the gland; external beam radiation; or brachytherapy, or the implant of radioactive "seeds."

The study found 40 percent of men who had their prostates removed reported recovery of sexual function by two years after surgery, while 58 percent of men maintained sexual function after external radiation and 63 percent after brachytherapy.

However, prospects for sexual health were greatly influenced by other factors, including a man's age and prostate-specific antigen levels, the use of nerve-sparing surgical techniques or hormone therapy with radiation. Moreover, an unexpectedly large number of men who reported erectile dysfunction (ED) had not yet tried medications or other treatment for ED, suggesting an opportunity to improve quality of life among prostate cancer survivors.

"The ability to inform individual patients how likely they are to develop erectile dysfunction based on their personal baseline sexual function, cancer severity, individual clinical characteristics and treatment plan has been elusive," Sanda wrote.

In particular, baseline PSA level is associated with sexual function after surgery and radiation. Patients with higher PSA levels may have more extensive primary cancers or larger prostates that can affect surgical approach, even during nerve-sparing procedures, or lead to broader distribution of higher doses of radiation.

"Timely, proper treatment can reduce mortality from [prostate cancer](#), making the impact of side effects more significant," says Sanda. "Both patients and physicians can be uneasy talking about [sexual function](#), but men need to be open about their sexuality to optimize outcome after treatment for him and his spouse, and to determine whether medications

or other treatment for ED might be helpful.

"There doesn't need to be a black box of uncertainty when it comes to predicting treatment outcomes," he adds. "Each patient deserves to understand the expectations for his specific situation so that treatment decisions can be tailored to his individual circumstance."

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