MALE CANCERS AND SPECIFIC REQUESTS FOR SEXUAL CARE

LESSONS FOR DAILY PRACTICE BASED ON 3 PROSPECTIVE SURVEYS IN AN OUTPATIENT UROLOGY CLINIC IN PUBLIC HOSPITAL

Pierre BONDIL*, Daniel HABOLD, Tony DAMIANO*****

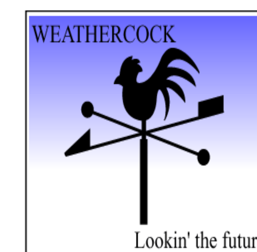
Department of Urology–andrology General Hospital, Chambery 73011 FRANCE

* urologist-oncologist-sexologist ** oncosexologist, *** ROSA *pierre.bondil@ch-chambery.fr*

Abstract: In order to better specify our needs in oncosexology, prospective investigations were made among successive cancer male outpatient populations (n = 983), first all cancers (AC) then prostate cancer (PC) consulting in urology whatever the stage, treatment or follow-up. Material and method: All cancer: investigation of exclusive patient requests followed by a specific treatment for sexual problems among 615 successive male outpatients with cancer. Five analyzed parameters: age, sexual problems, cancers and concerned treatments, effected sexual treatments, referral physician. PC : proactive analysis of: a) erectile capacity (Hardness Erectile Score: HES), b) eventual demand for treatment, c) survey well-founded in successive 246 all ages patients (mean age: 70.6) then only in 122 ageing (> 74 years) ones. Results : All cancer: sexual troubles treatment: only for 126 patients (20.5%) i.e. 114 erectile dysfunction (ED), 5 lowering of desire and 7 miscellaneous; concerned cancers: only 8% non urological; specific treatment: mainly pharmacological using oral PDE5 inhibitors (PDE5i) (n=50), PGE1 intracavernous injections (ICI) (n=48) or associations (n= 10); referral physicians: only 10% patients specifically sent by other physicians. PC: a) all age: 18% no ED (mean HES 3.7) vs. 82% ED (HES score < 3); treatment demand = 48% (43 PDE5i, 42 ICI, 12 other); survey approval = 95%; b) ageing: 7% no ED vs. 93% ED; treatment demand (9%) or already treated (19%); survey approval (99%). In our 368 unselected PC outpatients, 20% have no ED problem, 40% ask for or are treated. If 40% are not interested in a treatment, 95% agree to be questioned and informed about the potential impact of PC treatments on sexual health and intimacy. Conclusion: In spite of several limitations, these observational investigations show 5 facts: 1) a minority (20.5%) of our all cancers patients benefits from specific care concerning mainly ED (90%), PC (79%) and pharmacological treatments (89%), 2) the low number of non urological cancers (8%) reflects an inequality of access to oncosexological care, 3) 82% of our all ages PC patients have ED but only half is treated, 4) when proactively asked, 95% wanted specific information or treatment even the older ones proving a contrast between both "sexual" interest and survey approval and ED treatment demand, d) a paradoxical situation in CP group: overestimation of ED negative impact in youngest population vs. underestimation of sexual interest in oldest one.

CONTEXT

- To cure the cancer without sequels in order to preserve the quality of life = a real challenge.
- Sexual and intimacy difficulties induced by cancer or its treatment usually impair both quality of life and well-being of patients and couples.
- On 2008, according to our hospital plan, 2 specific oncosexological consultations were set up in 2 different sites :
  - urology (Dr P Bondil MD)
  - supportive care centre (Dr D Habold MD)



OBJECTIVE

- In order to better evaluate our needs in oncosexology, several surveys were made among successive cancer male outpatient population consulting in urology whatever the stage, treatment or follow-up : 1) all cancers (AC), 2) exclusive prostate cancers (PC) with 2 aims:
  - quantitative : to better evaluate the potential number of patients.
  - qualitative : to better identify their different requests, treatments, needs.

MATERIAL AND METHODS

- 3 prospective surveys among 2 successive populations (all cancers then only prostate cancer)
- Choice of sample = arbitrary for practical reasons
  - only male cancer outpatients +++
  - consulting in the urology site ++
  - concerning a single physician (P Bondil)
- Surveys = observational in selected male outpatient samples (n = 983)

3 successive surveys

1rst survey	2nd survey	3rd survey
March 2008 to September 2008	July 2009 to November 2009	October 2010 to May 2011

- 615 consecutive consultants with cancer (41%) whatever the stage / treatment / follow-up of cancer
- Analysis of exclusive patient requests for sexual problems followed by a specific treatment (i.e. only reactive action)
- 5 analyzed parameters
  1. age
  2. sexual problems involved
  3. cancers and treatments involved
  4. effected treatments
  5. referral physician.

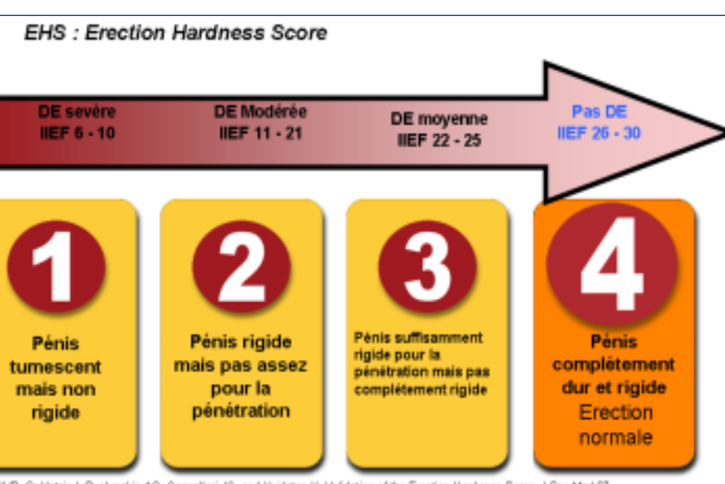
1rst group (NSC) non selected cancer patients

- Two different exclusive prostate cancer (PC) populations
  - 1rst = successive all age outpatients
  - 2nd = successive ageing (> 74 years old) outpatients
- Both samples = whatever the PC treatment, stage, follow-up
- Proactive +++ analysis of 6 parameters in 368 consecutive patients
  1. age
  2. PC treatment
  3. erectile capacity* (ED if EHS < 3)
  4. specific erectile dysfunction (ED) treatment
  5. eventual interest for ED treatment or not
  6. survey well-founded

2nd group (PC) exclusive prostate cancer patients

* erectile capacity quoted from 1 to 4 according to HES erection hardness score J Sex Med 2007.

Evaluation of erectile capacity by using the visual EHS questionnaire



Severe ED = 1
Moderate ED = 2
Mild ED = 3
No ED = 4

ED if EHS < 3

2nd group (CP) exclusive cancer prostate patients

	all ages	> 74 year
number	246	122
mean age	70.6	79.8