RESULTS 1

- **Sexual treated troubles n = 126 i.e. 20.5% of our cancer outpatients**
  - **main request = erectile troubles 90.5% (n=114)**
  - **minor requests: lowering of desire (n=5), dysorgasmia (n=2), dysejaculation (n=2), penile pain (n=2), infertility (n=1)**

1rst group (AC) n = 615 non selected cancer patients

- Concerned cancers

- **116 urological (92%) = 99 various treated PC (54 radical prostatectomy, 22 radiotherapy, 8 HIFU, 11 simple or active surveillance, 4 hormonotherapy), 11 bladder, 2 kidney, 2 testis (1 for infertility) and 2 penile cancers.**
- **10 (8%) non urological = 1 male chest, 2 lymphoma, 1 throat, 2 rectal, 2 colon, 1 lung, 1 leukaemia.**

- Specific treatments: mainly PDE5 inhibitors (PDE5i) (n=50) and PGE1 intracavernous injections (ICI) (n=48), then by associations: PDE5i + vacuum (n=8), PDE5i + ICI (n=2) or rarely miscellaneous (n= 18)

- Referral physicians

- **large majority of patients (n =113) = already followed by our service.**
- **only 13 patients (10.3%) = minority sent by other physicians**
- **our department = main territorial and one of regional sexo-andrological referent centre, this strong differences point up a major inequality care access.**

RESULTS 2

- **Age : mean 70.6 varying from 48 to 91**
- **CP treatment : 70 radical prostatectomy; 18 HIFU; 38 radiotherapy; 62 (intermittent or not) hormonotherapy; 42 abstention or simple surveillance; 8 active surveillance; 8 waiting for radiotherapy, HIFU or radical prostatectomy.**
- **Specific ED treatment: n = 97 (48%) i.e. only half our ED patients including 43 PDE5i, 42 PGE1 ICI and 12 miscellaneous (vacuum 2, muse 1,ICI + vacuum 2).**
- **Erectile capacity**

2nd group n = 246 exclusive prostate cancer (CP) all age

  - **no ED = 45 (18%)**
    - **mean age: 67.8 and mean EHS: 3.7**
    - **CP treatment : 8 post-radical prostatectomy; 2 waiting for HIFU or radical prostatectomy; 1 post-radiotherapy; 1 intermittent hormonotherapy; 4 simple and 3 active surveillance.**
  - **ED (HES score < 3) = 201 (82%) mean age = 73.7 and mean EHS: 1.9**
- **Survey approval = a strong majority i.e. 95% agreed to be questioned and informed even if no specific demand !**
- **Surprising findings in our 14 patients > 80 years (11 %)**

  - **1 without ED + 13 with ED (93%) : mean EHS = 1.3**
  - **3 ED treatment : 1 ICI + 2 PDE5i**

RESULTS 3

- **PC treatment = clearly heterogeneous and centre dependant**
  - **intermittent or not hormonotherapy (27), surveillance (20), HIFU (18), radiotherapy + 3 years hormonotherapy (17), hormonotherapy after failure 1rst or 2nd treatment (15), radical prostatectomy (8), radiotherapy (8), waiting for treatment (3), radiotherapy after radical prostatectomy (2), brachytherapy (2), chemotherapy (2)**

3rd group n = 122 exclusive ageing prostate cancer (CP)

- **Main observations**
  - **as expected, almost all have an ED (92.6%) but, when proactively asked, theses "old patients" are still really interested**
  - **a strong majority (90.2%) agrees to be questioned and to be informed about the possibility of specific care (even if they don't use or demand it).**
  - **a non negligible minority (18.8%) uses (regularly or not) a pharmacological treatment (12 PD5i = 12, ICI = 10, ICI+ vacuum = 1)**
  - **85 years = a limit as all patient > 84 has an ED and no one wants or uses a treatment (only 2 disagree with the survey; 13/14 are interested by an information)**
  - **in the « youngest » patients, 1/3 (37.7%) of the 75-79 and 20.5% of the 80-84 are treated or interested by an information or a treatment.**

Unexpected but unquestionable and strong survey agreement

Age	Cases	Mean HES	No ED HES >2 (%)	Treatment (%)	Demand (%) (treatment / infomation)	Survey agreement = strong (%)	Survey agreement = real (%)	Survey agreement = why not (%)	Survey agreement = no (%)
75-79	69	1.62	5 (7.1)	2O* (29)	6 (8.7)	43 (62.3)	23 (33.3)	3	0
80-84	39	1.42	3 (7.7)	3** (7.7)	5 (12.8)	23 (59)	11 (28.2)	4	1
85-89	12	1.45	1 (8.3)	0	0	7 (58.3)	3 (25)	1	1
90	2	1	0	0	0	-	-	2	-
	122	1.53	9 (7.4)	23 (18.8)	11 (9)	73 (59.8)	37 (30.3)	10 (8.2)	2 (1.6)

CONCLUSIONS

In spite of several limitations, our observational surveys in selected male outpatient samples (n = 983 in daily real-life consultation of a non academic hospital) show 5 facts :

1. **a minority (20.5%) really benefit from specific care concerning: a) mainly ED (90%), b) prostate cancer (PC) (79%), c) pharmacological treatments (89%)**
2. **reduced number of non urological cancers (8%) = real inequality of specific care access (given to the prevalence of sexual problems in non urological cancers and to the fact that the urologists are the main male organic referent specialist)**
3. **if 82% all age prostate cancer patients have an ED, only half (48%) have a treatment .**
4. **strong impact of health professional attitude : if proactively asked, almost all PC patients want either specific information or treatment... even the older ones.**
5. **paradoxical situation concerning the reality of sexual complaint in our consulting PC population as a whole :**
   - **too often over-estimated in younger patients as 50% < 70 years already has either sexual problems before any CP treatment or are not really interested in or motivated for a treatment**
   - **vs. too often under-estimated in older patients as a non negligible proportion (almost one third) remains either interested in or asking at least for an information**