

Quality of life in gay men diagnosed with prostate cancer

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Prostate Cancer Treatment

- Prostate cancer most frequently diagnosed type of cancer in North America
- **Most Common Forms of Treatment**
 - **Radical Prostatectomy**
 - Can lead to erectile dysfunction, incontinence, urethral strictures
 - **Pelvic Irradiation (external beam radiation or brachytherapy)**
 - Associated with erectile dysfunction, incontinence, bowel and bladder irritation, urethral strictures
 - **Watchful Waiting**
 - Can lead to significant anxiety about PSA testing
 - **Androgen Ablation (Hormone therapy)**
 - **Chemotherapy**

Why Study Gay Men with Prostate Cancer?

- Gay men experience significant disparities in their ability to access health care sensitive to their needs
- Little research has focused on gay men, other than that on HIV-related malignancies and anal cancer
- No evidence of that prostate cancer has a lower prevalence for gay men
- Little is known about unique factors affecting the survivorship experience for gay men with prostate cancer
- Ejaculate tends to disappear after surgery or radiation but may be better preserved after brachytherapy seeds,
- Orgasm possible, even if no erections
- Bloody ejaculate common after radiation



Study Aims

- To document disparities in health-related quality of life for gay men diagnosed with prostate cancer
- Compare quality of life scores to published norms



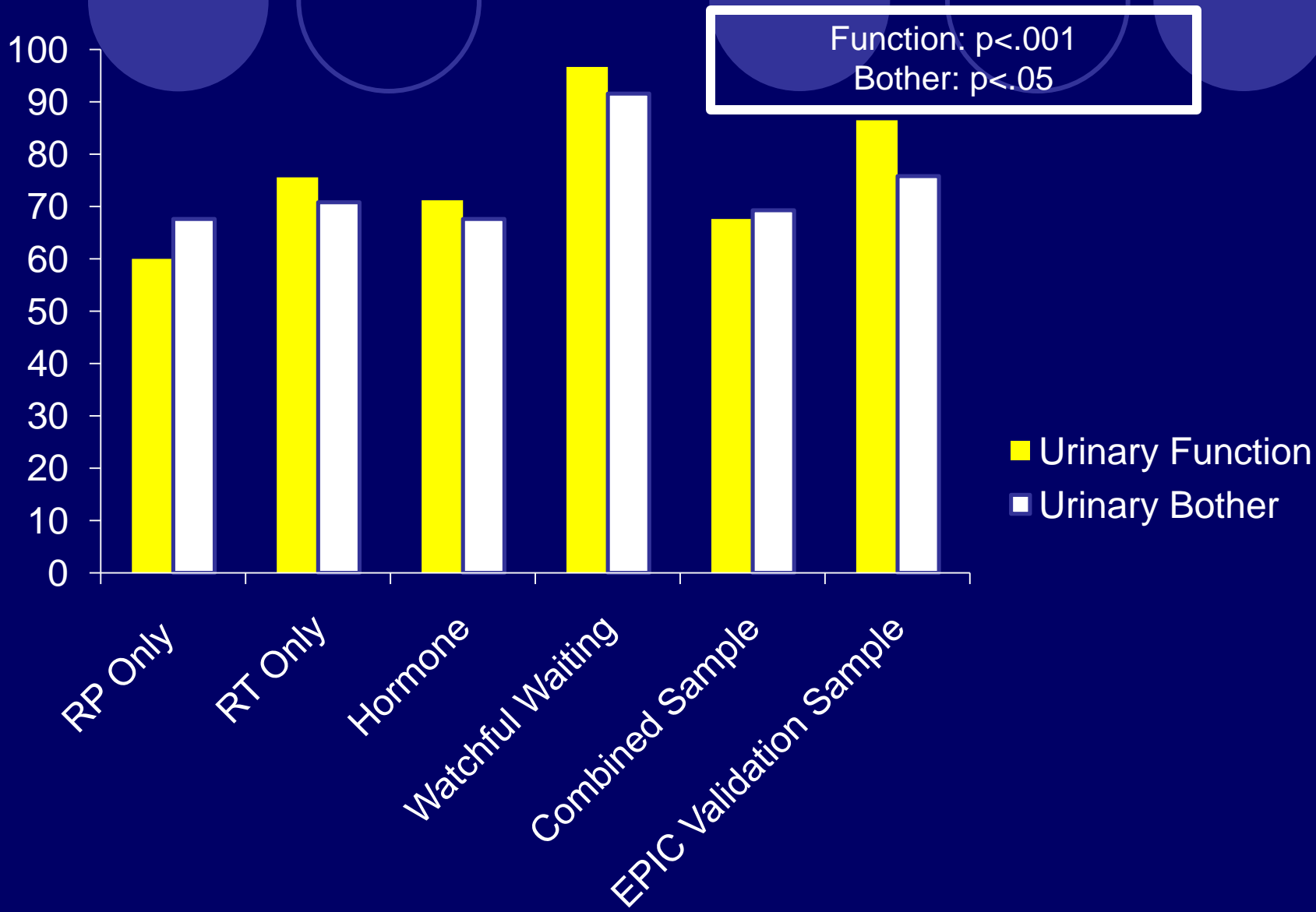
Methods

- Recruitment—Posting study ads through prostate cancer advocacy and support groups (newsletters, websites, listserves) in U.S. and across Canada.
- Inclusion criteria—Be diagnosed with prostate cancer within the last 4 years. Self-identify as gay or bisexual.
- Procedure—Participants call a toll-free number and undergo a brief phone-based screening interview to determine study eligibility. Eligible participants provided a link to the web-based survey.
- Questionnaires: Quality of Life (SF-36 and EPIC), Fear of Recurrence, Ejaculatory Function, Sexual Behaviors

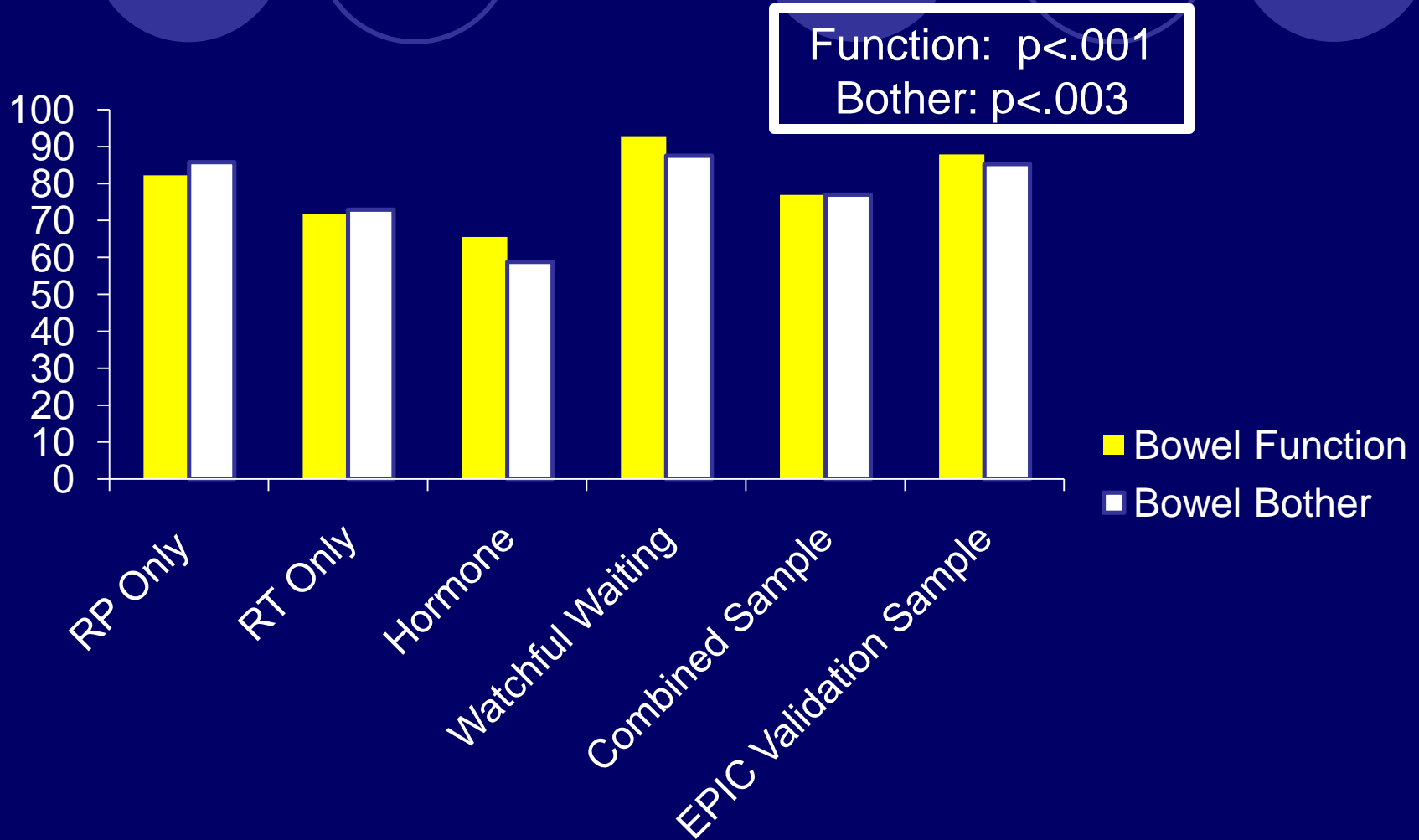
Descriptive Data (N=76)

- Type of treatment: 55.3% Prostatectomy, 27.6% XRT, 21.1% Hormone therapy, 6.6% Brachytherapy, 10.5% Watchful Waiting, 7.9% “Other”
- Age: M=57.7 years, SD=9.6
- Race: 84.9% Caucasian, 9.1% African-American, 3% Asian, 3% “other”
- Relationship status: 46.7% living with partner, 18.7% partnered not cohabitating, 25.3% no primary partner, 4% dating, 5.3% single
- Yearly Income: 41.9% >75K; less than 20% under 30K
- Education: 70.3% at least university graduate

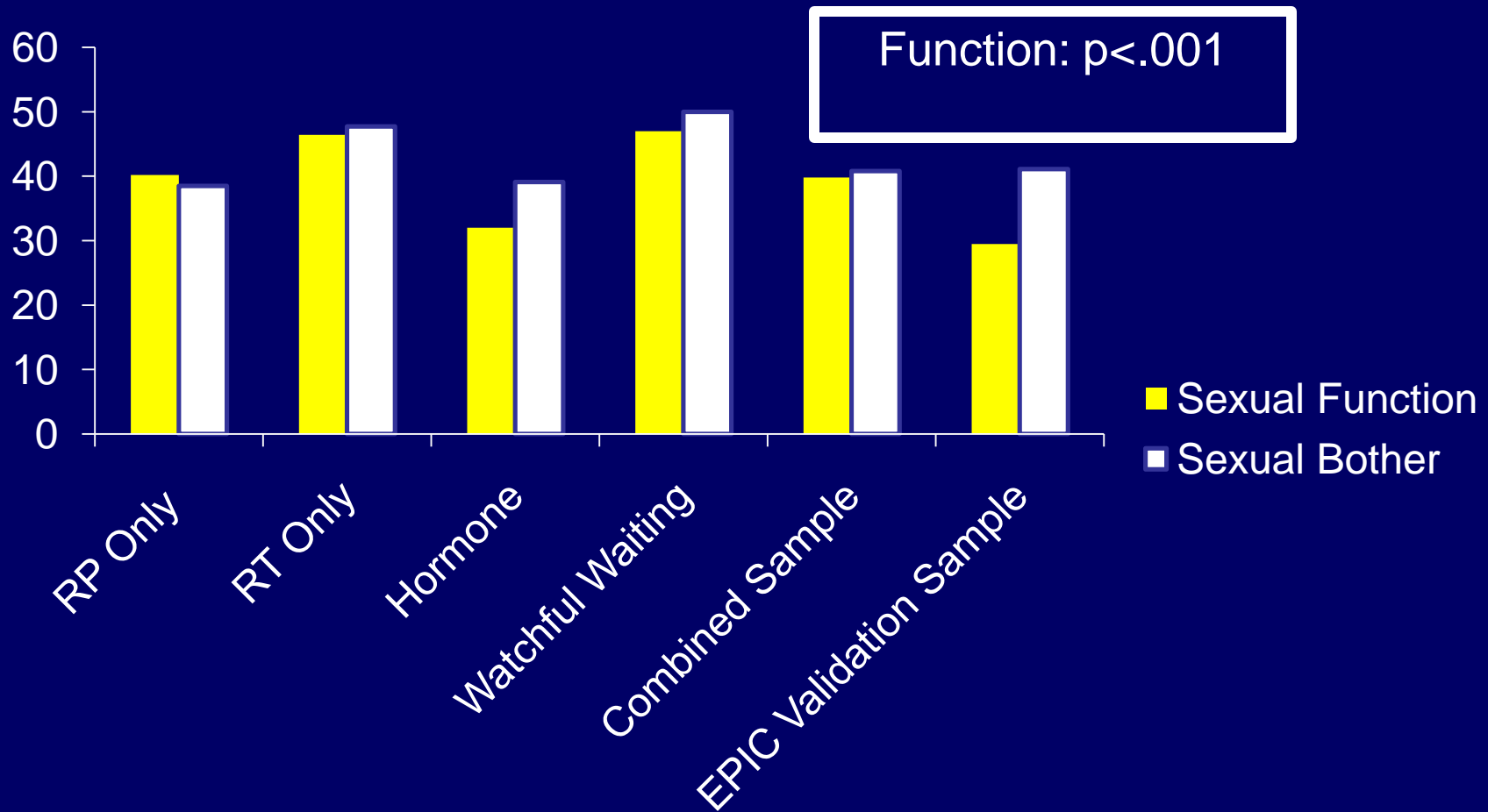
EPIC: Urinary Functioning and Bother



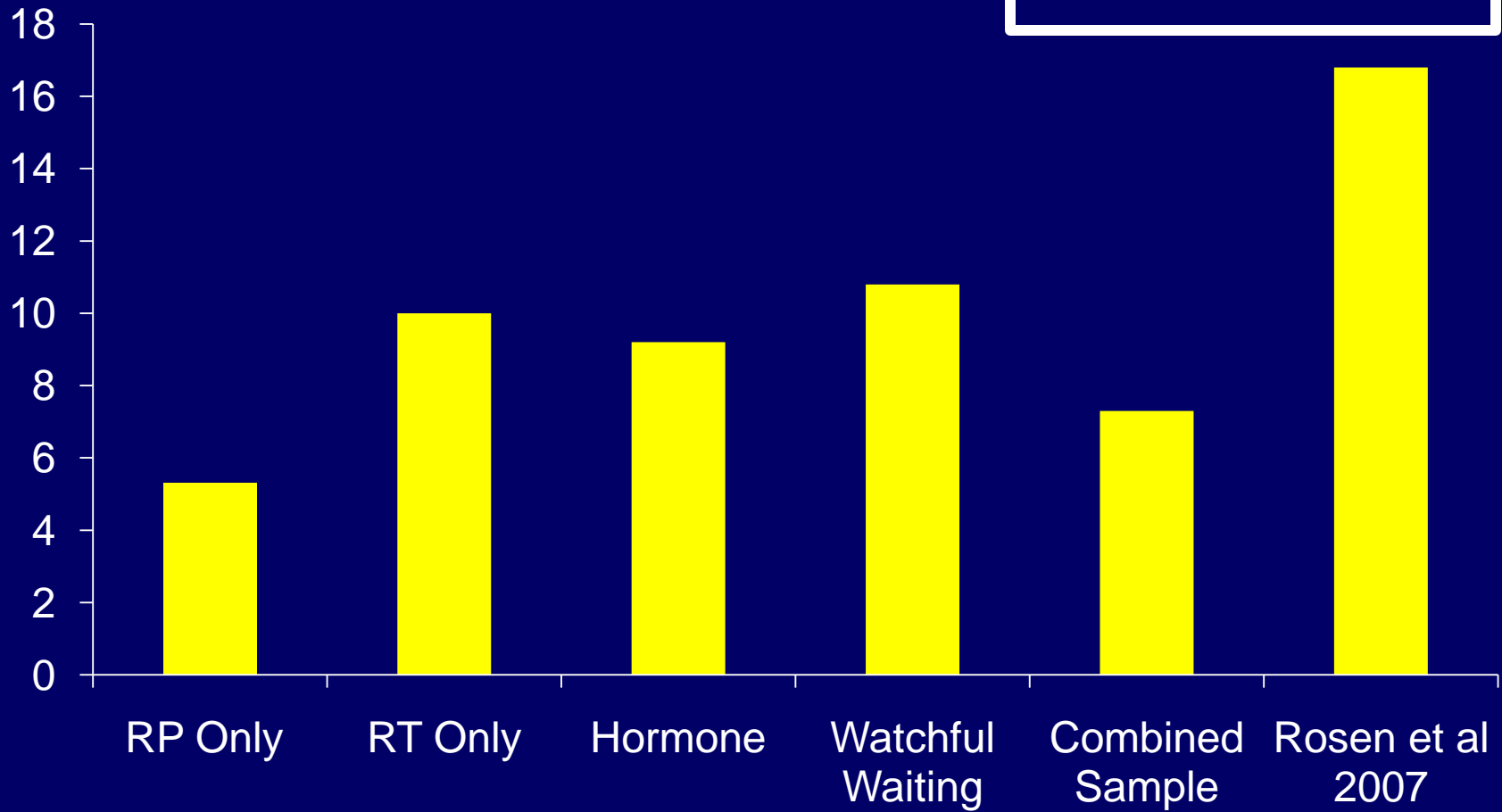
EPIC: Bowel Functioning and Bother



EPIC: Sexual Functioning and Bother



Ejaculatory Functioning

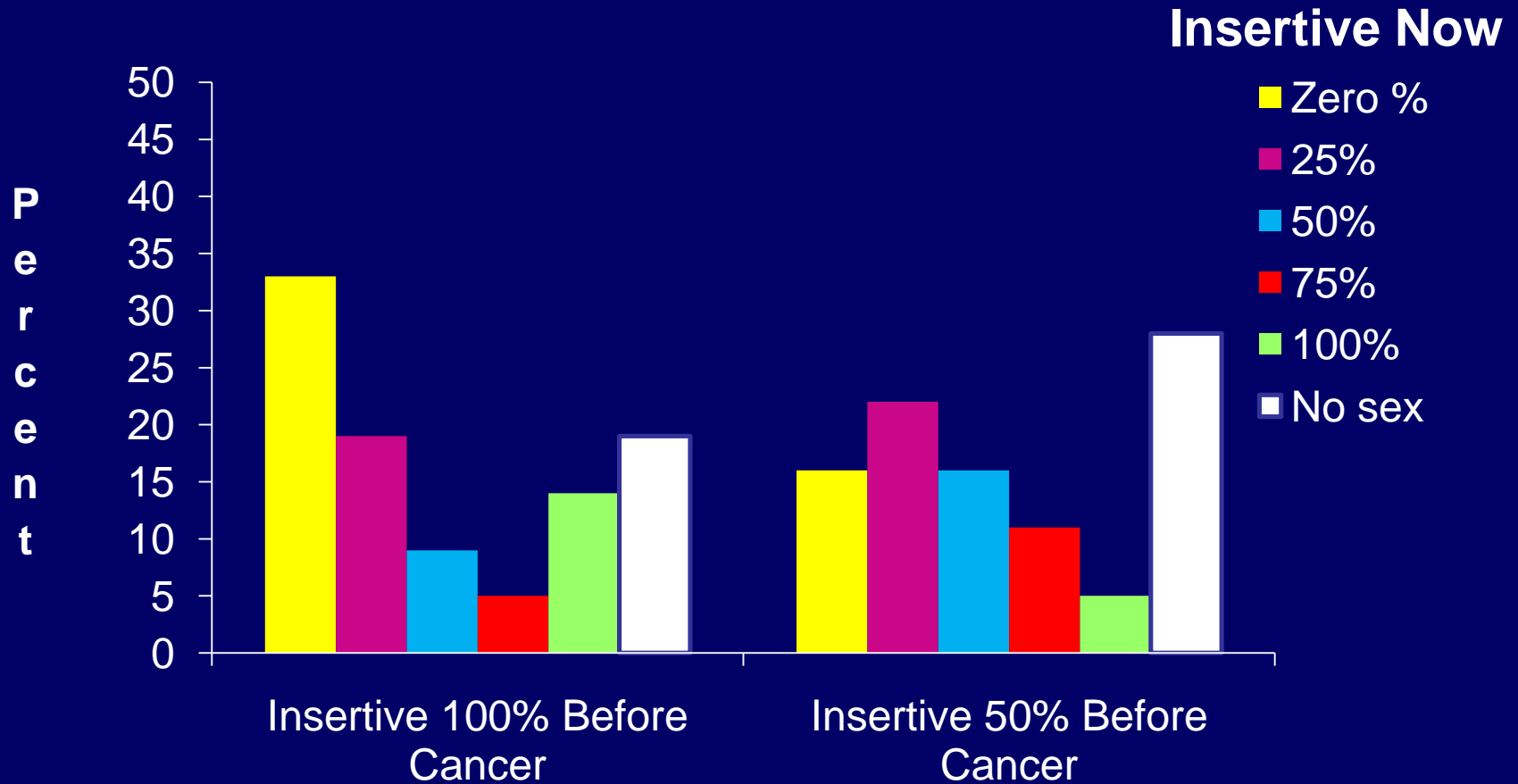


Frequency of Sexual Behavior

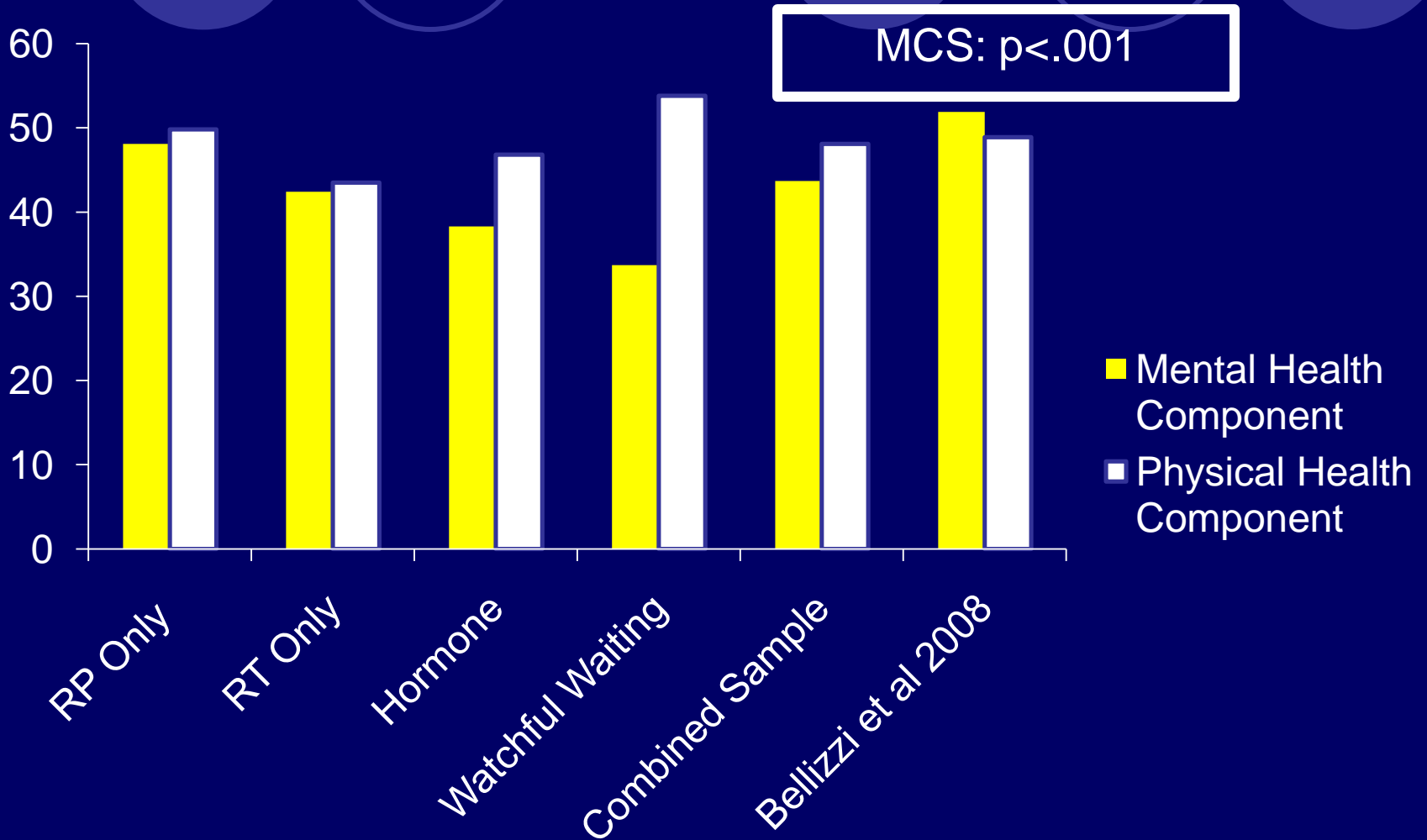
After your prostate cancer treatment, how did the frequency of having any kind of sexual activity with a partner change?

Decreased a lot	57.8%
Decreased a little	40.0%
Increased a lot	2.2%

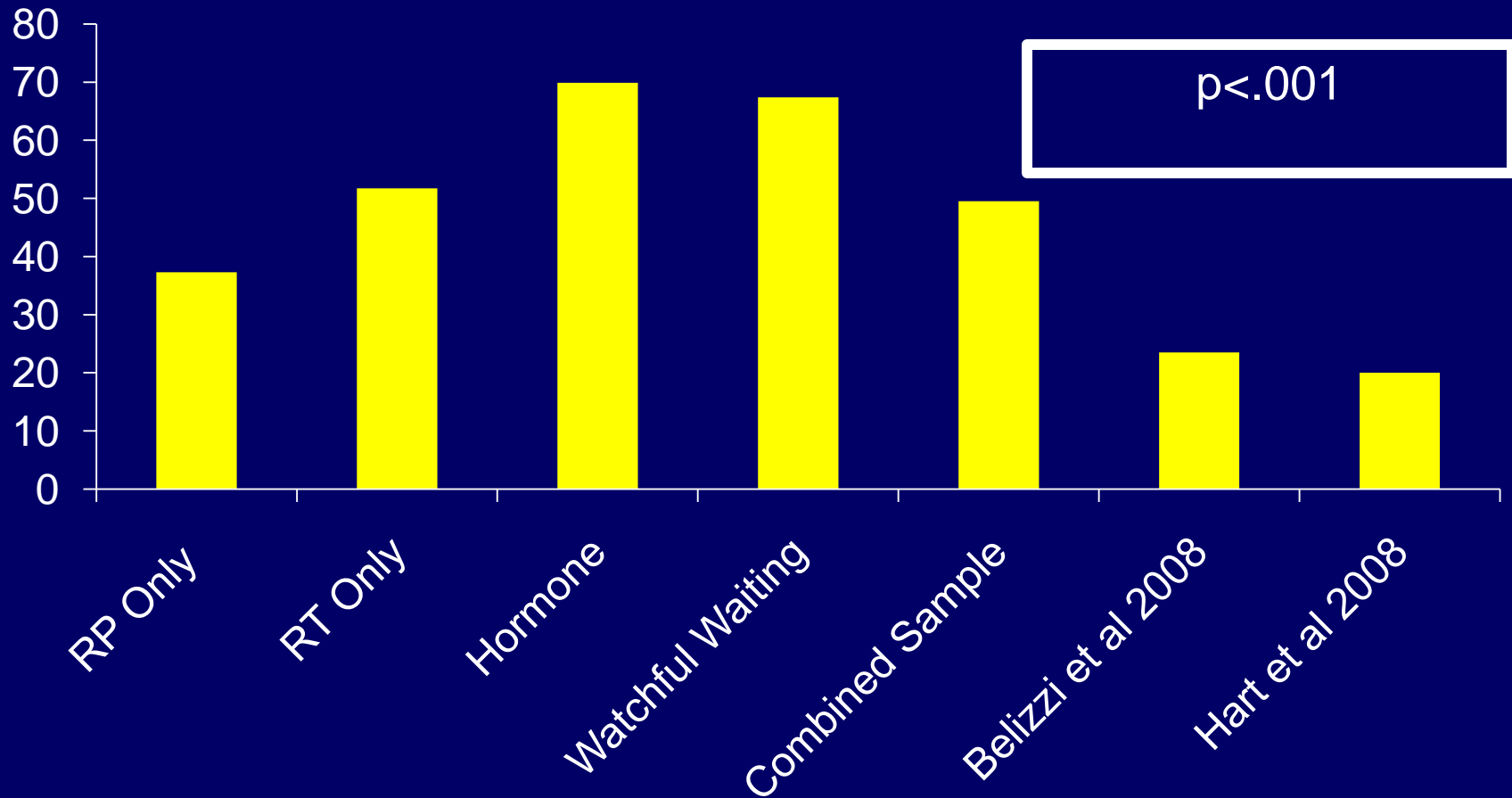
Change in Sexual Behaviors



Quality of Life: Short-Form 36



CaPSURE Fear of Cancer Recurrence



Summary of Findings

- No significant differences between Canadian and U.S. samples
- Overall, gay men in this study reported significantly worse functioning and bother scores, compared to “heterosexual” samples in the published literature
- Almost 100% of men reported decreased sexual activity, many not having sex at all
- Gay men reported significantly lower QOL scores compared to published norms
- In addition, gay men in this study reported significantly higher fears of cancer recurrence

Next Steps



- Continue data collection
- Examine data from couples
- Examine the role of social support for gay men in predicting QOL
- Do men with supportive partners report better QOL?