

Patient characteristics and outcomes of those who attend the Sexual Health Service of the Vancouver Prostate Cancer Supportive Care Program

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Background

- The majority of men treated with prostate cancer (PC) will experience changes in sexual functioning¹. This impacts both the patient and partner and can result in emotional and relational distress².
- The Sexual Health Service (SHS) is a core component of the Prostate Cancer Supportive Care (PCSC) Program. Providers in this clinic focus specifically on sexual adaptation for the individual or couple following PC treatment, using a biopsychosocial approach to rehabilitation.

The purpose of this study is to characterize the patient population of the SHS and assess sexual satisfaction outcomes.

Methods

Subjects:

Men who registered with the PCSC program at the Vancouver Prostate Centre and attended at least one SHS session between July 2013 and July 2019 (N= 965 patients, 3392 appointments).

Measures and Analyses:

- Data were abstracted from the urology and SHS clinic charts and patient-reported outcomes (PROs) were summarized.
- Self-reported sexual function scores were measured using the International Index of Erectile Function (IIEF)-5.
- Analyses include descriptive statistics and pre-post comparisons made with parametric (paired t-tests) tests.

Results

Table 1 Patient Characteristics

Age, years, median (range)	66 (42-92)	Gleason score, n=825 (%)	
Ethnicity, n=377 (%)		<6	3 (0.4)
Caucasian	283 (75.0)	6	211 (25.6)
East Asian	44 (11.7)	3+4 = 7	281 (34.1)
South Asian	21 (5.6)	4+3 = 7	116 (14.1)
African-American ¹ /Caribbean	11 (2.9)	8	102 (12.4)
Latino/Hispanic	6 (1.6)	9+	112 (13.6)
Middle Eastern	5 (1.3)	Baseline sexual function pre-tx, n=965 (%)	
Other/Prefer not to answer	4 (1.1)	Sexually active	718 (74.3)
Mixed	3 (0.8)	PDE5 ² inhibitor as needed	286 (29.6)
Education (highest completed), n=498 (%)		PDE5 inhibitor daily	15 (1.6)
University undergraduate	197 (39.6)	Intracavernosal injection	10 (1.0)
Graduate	125 (25.3)	Vacuum erectile device	5 (0.5)
High school	96 (19.2)	Marital status, n= 672 (%)	
Apprenticeship/non-university	79 (15.9)	Married	507 (75.5%)
Comorbidities, n=860 (%)		Single	63 (9.4%)
Hypertension	211 (24.5)	Partnered	23 (3.4%)
Coronary artery disease	96 (11.2)	Common-law/co-habiting	21 (3.1%)
Diabetes	82 (9.5)	Separated	21 (3.1%)
Primary Treatment Type, n=899 (%)		Divorced	20 (3.0%)
Prostatectomy	791 (88.0)	Widowed	15 (2.2%)
Brachytherapy	46 (5.1)	Other	2 (0.3%)
External beam radiation (EBRT)	33 (3.7)	Sexual Orientation, n=461 (%)	
EBRT + brachytherapy	16 (1.8)	Heterosexual	439 (95.2)
Androgen deprivation therapy	13 (1.4)	Homosexual	19 (4.1)
		Bisexual	3 (0.7)

1. Also includes African
2. PDE5= Phosphodiesterase type 5

Table 2 Partner Attendance at Appointments

	# appointments/total (%)
Total appointments with a partner present	620/3391 (18.3)
Initial appointments with a partner present	318/965 (33.0)
Follow-up appointments with a partner present	302/2426 (12.4)
Patients with partners present at ≥1 appointment	346/965 (35.8)

- Of the 899 patients with known primary PC treatment modality, 88.0% were treated with surgery, 5.1% brachytherapy, 3.7% external beam radiation therapy (EBRT), and 1.4% primary androgen deprivation therapy (ADT).
- As compared to the total number of cases treated by surgery or radiation per year, SHS patients make up 15-35% of all surgery patients and 0-2% of all radiation patients.

- 708 patients (73.4%) attended at least 1 follow-up appointment. Of this subset, the median number of follow-up appointments was 3 (range 1-14) and the median number of days enrolled in the program was 406 days (range 10-2015).
- Enrollment in the SHS program ranged from 143-182 new patients/year.
- From 2013-2018, median time between the end of prostate cancer treatment to first SHS appointment was 281 days (SD=1054.3, 0-7766 days). (Figure 1)

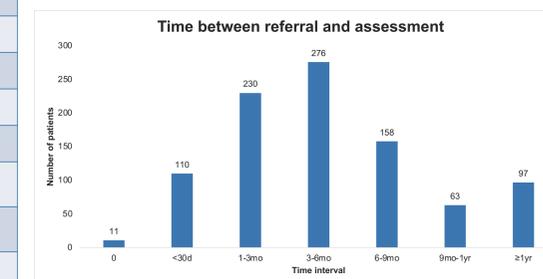


Figure 1 Time from referral to the Vancouver Prostate Cancer Supportive Care Program's Sexual Health Service to initial assessment at the clinic

- Starting in 2018, clinic visits and referrals were streamlined, and this decreased time to first appointment to a median of 175 days (SD=923.8).
- Over the period of enrollment in the SHS clinic, mean self-reported overall sexual satisfaction (IIEF) significantly increased both with erectile aids from 1.69 (SD=1.52) at baseline to 2.26 (SD=1.66) at last follow up and without erectile aids from 1.72 (SD=1.43) at baseline to 2.34 (SD=1.58) at last follow up, P<0.001.

Summary & Conclusions

- The majority of men seen in the PCSC SHS were treated with radical prostatectomy. This is likely due to the location of the SHS in a urology clinic.
- Referral rates for patients undergoing radiation therapy were very low. This is probably due to the time course of ED after EBRT.
- The majority of men were partnered, yet the majority of appointments were attended alone despite the emphasis of the program on partner participation.
- Of those that attended follow-up appointments, the median number attended was 3, suggesting that patients found the program useful.
- Patients reported a significant improvement in sexual satisfaction over time.
- Future directions: We are currently collecting additional PROs and further systemizing follow-up in order to better understand the contribution of the SHS to improved patient outcomes.

References

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