The Consequences of Erectile Dysfunction and other Sexual Changes after prostate cancer: 
A comparison of Gay, Bisexual and Heterosexual Men 

Jane Ussher & Janette Perz 
Western Sydney University 
Translational Health Research Institute
Are gay/bisexual men’s experiences of prostate cancer different from that of heterosexual men?
Sexual Wellbeing and Quality of Life after Prostate Cancer for Gay and Bisexual Men and their Partners

Clr: Jane Ussher, Janette Perz, Suzanne Chambers, David Latini

AIs: Gary Dowsett, Ian Davis, Scott Williams, Ian Brotherton

Research Officers: Duncan Rose, Andrew Kellett

Collaboration: University of Western Sydney, ANZUP, Griffith University, La Trobe University, Baylor College, ACON

Funding Prostate Cancer Foundation Australia (PCFA)
Comparison of Gay/Bisexual Men and Heterosexual and with PCa

Gay/Bisexual Men (81% Gay, 19% bi)
- N= 124 (survey)
  - N=46 (interview)
- Average Age = 64
- Time since diagnosis = 5.9yr
- Currently partnered = 77%

Heterosexual men
- N= 225 (survey)
  - N= 44 (interview)
- Average Age = 71
- Time since diagnosis = 7.7yr
- Currently partnered = 86%
Difference in relationship context:

Context of sexual engagement implications for caring and support
Length of Current Relationship
GB men newer relationships

Gay/Bisexual
- 35, 59%
- 21, 36%
- 3, 5%

Heterosexual
- 142, 86%
- 18, 11%
- 5, 3%

Legend:
- Less than 6 months
- 6 months-10 years
- More than 10 years
Casual Sex
GB men more casual partners currently

Gay/Bisexual
- Yes: 49, 40%
- No: 74, 60%

Heterosexual
- Yes: 8, 4%
- No: 211, 96%
Number of Sexual Partners
(“How many different partners have you had sex with in the last 6 months?”)

2 or more

- Gay/Bisexual: 35%
- Heterosexual: 5%
Differences in sexual functioning, psychological wellbeing and health related QOL

Sexual Functioning & Sexual Domain of HRQOL

GM men significantly higher sexual functioning – before and after cancer
PCa-related QOL
GB men lower masculine self-esteem, higher sexual confidence

![Bar chart showing PCa-related QOL for Gay/Bisexual and Heterosexual groups in terms of Masculine Self Esteem and Sexual Confidence.]
GB men significantly higher psychological distress, lower health related QOL, higher PCa anxiety.
Satisfaction with Treatment
GB men significantly less satisfied

- Extremely Dissatisfied: Gay/Bisexual 7%, Heterosexual 4%
- Dissatisfied: Gay/Bisexual 8%, Heterosexual 6%
- Uncertain: Gay/Bisexual 6%, Heterosexual 6%
- Satisfied: Gay/Bisexual 39%, Heterosexual 44%
- Extremely Satisfied: Gay/Bisexual 45%, Heterosexual 25%
Gay Men’s experiences:

Prostate cancer threatens sexual disqualification

Threat to Gay Identity

I’m still a gay man but what that meant was, was suddenly quite different. Somehow being sexually active had always been a fundamental part of that identity, and that was then changed. And I suppose making sense of that was quite hard... my personal identity certainly went into a crisis

Mark, 45, prostate, gay

I think gay men are a lot more sexually aware, or I think part of our identity is that it’s about sex and our ability to function sexually, and I think we take a harder hit when it [ED] happens. Rick, 59, prostate, gay
Loss of functioning – loss of community

I think the most significant thing, apart – apart from the physical side or the – the sexual dysfunction side is the psychological side, you know, being a gay man and that feeling of, as a gay man you sort of feel a little bit outside of the mainstream, but as a gay man with prostate cancer, which along with erectile dysfunction, you feel even removed from – well I feel, um, that I’m removed slightly from that group as well

Rick, age 59, diagnosed 1 year
Threats to gay identity
Meaning of ejaculate loss

It's one of the criteria gay men use to measure a partner's satisfaction, and, therefore, whether it's enjoyable to them. In straight sex, it happens differently, the ejaculation is not noticed, because that's generally inside the woman. With gay sex - the sex is not always internal. It can be external. Um, in the foreplay, the pre-cum, is a fairly important, measure of how your partner is reacting to you. Um, and certainly, if the ejaculation is not there after orgasm, um, that's a judgement that the other partner didn't - didn't enjoy the sex and, therefore, um, you know, it's very likely that - that can create some difficulty in developing the relationship and having it go on.

Mason, age 68, diagnosed 1 year
Ejaculate Loss – concern sig. higher in GB men

“How concerned are you with your current ability to ejaculate?”

Confirms Wassersug et al 2013 – 96 gay, 460 heterosexual men

![Bar chart showing concern levels]

- Not concerned at all: Gay/Bisexual 21.18%, Heterosexual 56.27%
- Not very concerned: Gay/Bisexual 16.27%, Heterosexual 25.42%
- Somewhat concerned: Gay/Bisexual 13.48%, Heterosexual 23.72%
- Very Concerned: Gay/Bisexual 13.95%, Heterosexual 29.66%
Threats to gay identity

Penis size

For a gay male, you know, we notice things like reduction in penis size.

Scott, 59, gay

I would like to know the statistics of, um, the suicides for guys, because, generally, the adjustment is absolutely – absolutely mind blowing. Especially for guys, because your dick shrinks and your diameter diminishes. It feels bloody terrible,

Drew, age 65, gay, diagnosed 5 years

there’s a – there’s a naked thing, and walking around naked at the sauna doesn’t really worry me but when you’re walking around and you’ve got this bloody now little dick, it’s awful, ah, my dick was sort of average I think, and now it’s – I wouldn’t think it’s average, it’s very – it’s small, smaller

Euan, age 66, diagnosed 3 years
PCa cutting short exploration of gay identity

I: What was it like for you exploring sexuality after being in a marriage for 32 years?

P: It was kind of... I suppose, thrilling and scary because you didn't know what you were doing. I didn't know what the basics were. There was no degree in gay male sex. So there was no literature available, if you like. The only thing you could do was look at the porn and say, "Is that what you do?"

So it was very difficult at an older age, you know. And then it just all crashed before I'd even sort of got there, because by the time I'd got the diagnosis I'd had a count of about 8.5 so it was all pretty fast, it was devastating. It was just...the whole thing had gone before it had even started

Clive, age 70, gay, diagnosed 16 years.
Openness to sexual experimentation and renegotiation of sex

- Sexual re-negotiation
- Non-penetrative practices
- Embracing intimacy
- Sexual aids
- GB men: Reduced monogamy; opening up relationships; giving up multiple partners
GB Men: Greater Use of Assistive Aids and Sexual Information

Disclosure and discussion with health care professionals (HCPs)
Gay identity disclosure

- Difficulties in disclosure – add to stress of cancer, dealing with sexual changes

- HCP responses – can create distress, or act as support

- HCP knowledge or openness to gay sex important

HCP accepting - rejecting

My GP is very good. He’s an unusual guy. He’s very straight, very manly. It doesn’t seem to worry him in the least. He said, “Well, as long as you don’t park your Mardi Gras float out the front of me surgery,” he said, “I don’t mind what we discuss.” He’s very good, and no – no worries at all.

Finn, 69, gay

I said to him, can you explain to me, about the, um, penis being reduced in size and everything like that and, you know, I – it doesn’t allow me to, um, have sex I think and he says, “I don’t want to know anything about your sex life” because I was gay.

Gareth, 65, gay
Conclusion

• Both gay and heterosexual men experience sexual changes after Pca

• Differences in relationship context, level of distress, and meaning of sexual changes between GB and hetero men need to be acknowledged

• Importance of HPs being informed about gay men’s sexuality - to provide appropriate information and advice
Out with Cancer
LGBTI experiences of cancer survivorship and care

CIs: Jane Ussher, Janette Perz, Martha Hickey, Suzanne Chambers, Gary Dowsett, Ian Davis, Kerry Robinson, Chloe Parton, Antoinette Anazodo

Australian Research Council Linkage Grant

outwithcancer@westernsydney.edu.au