



Advanced Prostate Cancer and Sexuality

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Jeff Folloder:

Doctor, I'm going to start at one end, and we're gonna cascade straight down. Do men talk to you up front about how this affects their sex life?

Dr. Subudhi:

I'd say about a quarter of men do. It's interesting because some of them will kick out their young ones or even their daughters out of the room. And I'm like, uh-oh, what's going on here? And I've learned that it's the sex talk that we're gonna have. But no, I think it's important because it affects 100 percent of patients with prostate cancer.

Jeff Folloder:

Not 90 percent but 100 percent.

Dr. Subudhi:

I think at one level or another because if it's not the treatments, it's the emotional part that also can affect them. And I think that's important to understand, and that's 100 percent.

Jeff Folloder:

Joe, I hate to put you on the spot.

Joe:

Well, actually, that wasn't an issue for me, not from the perspective of being able to perform. I just didn't care about it. In the breakout group, I discussed with the guys that that never really entered my mind. But I have such a wonderful wife that she actually brought it up, that that's not why she married me. And then I thought about oh, yeah, that could probably

be a problem. Once my wife assured me that my marriage was secure, then I continued to focus on making sure that I was able to receive my treatments and to live and have some quality of life. Fortunately, I came through it, and I'm fine now.

Jeff Folloder:

Let's hear a different perspective.

Yolanda:

He's pretty accurate. I listened to the information that the doctors gave him, and so I knew that there was the potential that it would have an impact on his performance in the bedroom. So I was just thinking about that, and I know from listening to lots of different shows and lots of different discussions that that's kind of what a man considers their manhood. And so I just brought it up to him and said, listen, as a result of all of this, at the end if it affects your ability, I said that's not a problem for me. I didn't marry you for that, and it isn't priority, and that's not going to be a priority now. So it wasn't a problem at all. So it never has been an issue, and we still have a healthy life. We do really well. It's not really an issue.

Jeff Folloder:

But, Dr. Kim?

Dr. Kim:

In general, a lot of my patients don't want to talk about it, or they don't open up about sexual dysfunction. Also, I've found that depending on the stage of prostate cancer patients have, so, for example, patients who have early stage prostate cancer, because they have to consider potential side effects of their treatments—surgery or radiation therapy—that they are more willing to talk about their sexuality or sexual dysfunction.

But patients with more advanced stage prostate cancer, a lot of patients I've found that they just accept it as a part of their treatment, so they don't really talk about sexual dysfunction and erectile dysfunction. And so again, I think that is very important for patients and caregivers really to communicate with your doctor about erectile dysfunction as being part of the side effects of treatment and because there are a lot of different ways to treat it. There are devices available, there are medications available as well. So it's really important to communicate.

Jeff Folloder:

Let's be very specific. Since you brought up medications, there's a difference between not being able to perform and not caring about performing and being too tired to perform, correct?

Dr. Kim:

Right, that's true.

Jeff Folloder:

Are those three different situations treated differently by the medical community?

Dr. Kim:

Again, you have to seek an expert's help. For patients with advanced prostate cancer who are being treated with hormonal therapy, hormonal therapy can decrease libido. So you just don't feel like it. Also, treatments in general can cause fatigue, so you just don't have energy to do it. For patients who have had treatments such as surgery or radiation therapy, in the case of early stage prostate cancer patients, because their testosterone level is normal, medications such as sildenafil citrate (Viagra), tadalafil (Cialis) can work in those situations. So it really depends on the cause of impotence or cause of erectile dysfunction. There are different ways to treat it or address it.

Jeff Folloder:

Bill, this is a part of well-being. You're a chief wellness officer, as we discussed earlier.

Bill Baun:

Yes, I've been at this for eight years. So if I looked at my journey from a sexual standpoint, I can tell you that in the beginning years, my wife and I—because I was on hormone therapy for three years straight—it wasn't an easy thing to deal

with. We talked a lot. Our physician opened up that conversation, which I thought was really good. And we worked at it. I'm an advanced prostate cancer survivor now. Again, my wife and I have worked our way through that. I think that this is a part of life. But just because my penis doesn't work anymore doesn't mean that our love and our sexual togetherness—our relationship—is the same. It's changed a little, what we do together.

What we do together, what we enjoy together has changed. And I think that's what's important, is being able to have that conversation with the person you have a relationship with—where that can change. And so I think that my wife and I have been able to do that, and that's what's crucial. Life is not all about this, but there is an important part of what we share with that person that we love or that significant person that we have in our lives. And so I think that this isn't about me, it's not about her. It's about us together. And I think having that conversation is very important.

And then experimenting and playing around with what does work and what makes you feel good. For us right now, because I had told you that my wife was diagnosed with breast cancer and both of our energy levels are much lower than they have been before in life, really just lying together, having her head on my shoulder or my breast, on my chest, doing things like that is just as warm as 20 years ago when we were having sex together.

Zita Dubauskas Lim:

I want to echo that. I don't think anybody can say it any better than you did just now. As a healthcare provider, I just want to tell patients that I really encourage you to come to us. Because honestly, I say it a little bit jokingly but when you come in, when you look at something called performance status, it means how well do you feel overall, how much side effects do you have from the cancer and from the treatment. So if a patient comes in and asks me about what can I do to improve my sex life, I automatically increase your performance status rate right there. The fact that you're mentally at a place where you're interested in this again, where you're physically trying to find—those are good signs.

We know that the immune system—there are so many other benefits from having that closeness, that sexual activity, and then most importantly that closeness with your loved one. You guys are going through the routines of coming to clinics and back and forth. But to have that intimate time for just the two of you, that's important. And so by all means, please come to us if we can help you with that.

Jeff Folloder:

Whether you're too tired to do it, whether you just don't want to do it or whether you can't do it, there [are] things that the medical community can help with, right?

Kathie Rickman:

And the psychiatric community. I'm Kathie Rickman. I'm a psychotherapist at MD Anderson. We have quite a large department in psychiatry, and we believe that sexual function is a very big quality-of-life issue. We even have an experts on our staff. Her name is Mary Hughes. She has had special education in this area, and she loves to see women, men and couples to talk about sexual dysfunction as a result of cancer and cancer treatment. She's available five days a week. It's just one of the many issues that we see in psychiatry.

There are as many issues with not being able to go to work, not being able to run a marathon that someone's been training for, and now they have cancer. Having a diagnosis during pregnancy and having a newborn to take care of while going through cancer—these are all important issues and psychiatry is here to help you deal with those. We have six psychiatrists and four of us mid-levels who are psychotherapists.

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