

## FOREWORD

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In Lin-Manuel Miranda's Pulitzer, Tony, and Grammy Award-winning musical *Hamilton*, Angelica Schuyler promises to fight to overcome the second-class citizenship offered to everyone other than white males. As she tells her sisters, Eliza and Peggy: "You want a revolution? I want a revelation. So listen to my declaration: 'We hold these truths to be self-evident that all men are created equal.' And when I meet Thomas Jefferson, I'm 'a compel him to include women in the sequel!"

The stains of sexism, racism, and homophobia remain indelible in 2017, two and a half centuries after Alexander Hamilton helped found the United States. Medical science has conspicuously—and shamefully—been complicit in valuing straight white men above all others. Women, racial minorities, and members of the lesbian, gay, bisexual, transgender, and questioning/queer (LGBTQ) communities are under-represented in clinical trials, which limits our ability to identify their needs and to respond to them thoughtfully. Not all of us are deemed important enough to include. Congress responded to this injustice in 2012 by passing Section 907 in the Food and Drug Administration Safety and Innovation Act (FDASIA), tasking the FDA with identifying such disparities and taking action.

As Rosser and colleagues highlight in chapter 1 of this book, in no disease is this inequality better encapsulated than in prostate cancer. Of the hundreds of thousands of studies devoted to prostate cancer, 88 small-scale efforts have focused on understanding the experiences of gay, bisexual, and transgender individuals with prostate cancer. That the needs of this community are so self-evidently likely to be unique only highlights the degree to which we have abrogated our duty to care for them properly.

As practicing urologists, we recognize that understanding the experiences ofGBTQ men with prostate cancer is likely to help all men with prostate cancer. Wittmann (chapter 3) astutely highlights the need to communicate about sexual needs and adapt an individual's and a couple's sexual repertoire after a prostate cancer diagnosis. Few communities are more adept at adapting their sexual arsenals than those comprisingGBTQ men, whose inchoate sexual endeavors rarely hewed closely to the borders drawn by their parents or health educators. How

often do we counsel a straight man about the options his sex life might offer even if he was not fully potent, and how his sex life might evolve in exciting and creative ways after prostate cancer treatment? By better understanding how sexual activity evolves in gay and bisexual men with prostate cancer, we can improve the care we provide all men.

As the authors of the later chapters note, progress is on the horizon. Innovative, comprehensive models of care that center on shared decision making, communication, and individualized care are being developed. We are starting to hear the stories like that of the man in chapter 17 who wondered whether anyone was listening to him when he was diagnosed with prostate cancer as a 46-year-old single gay man. If we are to make progress toward equality, we must listen to men like him and value his humanity as tenderly as we would his straight male counterpart. We must understand his individual needs and respond to them. In so doing, we improve the quality of care for all men with prostate cancer.