

## CHAPTER 2

# Threat to Gay Identity and Sexual Relationships

## The Consequences of Prostate Cancer Treatment for Gay and Bisexual Men

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### CHAPTER SUMMARY

This chapter considers the effect of prostate cancer treatment on gay identity and sexual relationships. A total of 124 gay and bisexual men (GBM) with prostate cancer and 21 male partners completed an online survey, and a subsample of 46 men with prostate cancer and 7 partners also took part in a one-on-one interview. Erectile dysfunction, reported by 72% of survey respondents, was associated with reports of emotional distress, negative effect on gay identities, and feelings of sexual disqualification. Other sexual concerns included climacturia, pain or loss of sensitivity during receptive anal sex, non-ejaculatory orgasms, and reduced penis size. Many of these changes have particular significance in the context of gay sex and gay identities, and they can result in feelings of exclusion from a sexual community central to GBM's lives. Researchers and clinicians need to be aware of the meaning and consequences of sexual changes for GBM when designing studies to examine the influence of prostate cancer on men's sexuality, advising GBM of the sexual consequences of prostate cancer, and providing information and support to ameliorate sexual changes.

### KEY TERMS

ejaculate loss, erectile dysfunction, gay and bisexual men, identity, penis size, prostate cancer, sexual functioning

## INTRODUCTION

Sexual well-being after prostate cancer treatment is an important issue: the various prostate cancer treatment options often result in erectile dysfunction, penile deformities and shrinkage, ejaculatory and orgasmic dysfunctions, reduced libido, and changes in patient and partner sexual satisfaction.<sup>1</sup> Erectile dysfunction is consistently reported as one of the most central concerns for prostate cancer survivors,<sup>2, 3</sup> affecting intimate relationships<sup>4</sup> and psychological well-being.<sup>5</sup> Until recently, however, research examining the influence of prostate cancer on men's sexuality has focused on the ability to achieve and maintain an erection for penile-vaginal penetration,<sup>6</sup> assuming that men are in long-term heterosexual relationships and implicitly excluding the experiences of single and gay men.<sup>7</sup>

The primary focus of research and clinical interventions has been on the physical effects of cancer or cancer treatments on sexual functioning, which assumes that a man's experience of sexuality is limited to its embodied dimensions. This limitation serves to negate the influence of the social construction of sexuality and gender, as well as the ways in which men interpret and experience physical changes in the light of such social constructions.<sup>8</sup> Constructions of sexuality and masculinity are highly interwoven, meaning that loss of sexual functioning may pose a significant threat to manhood and masculinity.<sup>9-12</sup> But until recently there has been a dearth of research on the meaning of such sexual changes and the potential effect of prostate cancer on the identity or masculinity of gay and bisexual men (GBM). In one qualitative study examining knowledge about prostate cancer in healthy gay men,<sup>7</sup> participants speculated that gay men would be more able than heterosexual men to come to terms with challenges to their masculinity because gay men belong to a sexual minority. Conversely, the quantitative arm of the study found lower rates of masculine self-esteem in GBM with prostate cancer in comparison with heterosexual men with prostate cancer.<sup>13</sup> It has been also posited that gay men may ascribe different priorities and meanings to sexual changes after prostate cancer,<sup>14</sup> including the importance of the prostate as a site of pleasure during anal sex, the significance of visible ejaculate for "semen exchange" during sex, the need for a firmer erection for anal sex in comparison with vaginal sex, and the consequences of anal discomfort and incontinence for receptive partners.<sup>15, 16</sup> These concerns, however, have been

described as “speculative,” and “future research [is] needed to ascertain the impact of prostate cancer on the lives of gay men.”<sup>15</sup>

The aim of this chapter is to address these gaps and inconsistencies in the research literature by examining the meaning and consequences of sexual changes following prostate cancer for GBM, drawing on the findings of a study that used a combination of an online survey and one-on-one interviews.

## **THE STUDY**

One-hundred and twenty-four GBM who currently have, or had, prostate cancer, and 21 male partners of men with prostate cancer participated in the survey, and 53 took part in semistructured interviews (46 GBM with prostate cancer and 7 partners). The methods are detailed elsewhere.<sup>3, 13, 17, 18</sup> The average age of men with prostate cancer was 64.25 years, and of their partners 55.57 years. Prostate cancer had been diagnosed five years previously on average; it resulted in a range of treatments, the majority of participants currently being monitored post-treatment. Participants were recruited primarily within Australia (71%), and a minority was recruited from the United States (21%) and the United Kingdom (8%). The survey items used in this analysis consisted of a series of closed and open-ended questions examining the nature of sexual changes experienced by GBM with prostate cancer.<sup>13</sup> The items reported in this chapter include erectile functioning ability and concerns; sexual desire levels and concerns; ejaculatory ability and concerns; and difficulty in urinating. The open-ended survey questions asked for additional comments on how sexuality has changed since the onset of prostate cancer; whether there have been any significant changes to relationships; and whether there were any other issues about prostate cancer and sexuality that the participant would like to comment on. One-on-one semistructured telephone interviews, lasting approximately one hour, were conducted to examine the subjective experience, meaning, and consequences of sexual changes following prostate cancer treatment. Frequency data and percentages were collected for responses to the closed survey items. The analysis of open-ended survey responses and interviews was conducted using theoretical thematic analysis.<sup>19</sup>

## **EFFECT OF PROSTATE CANCER TREATMENT ON GAY IDENTITY: "THE IMPACT ON MY LIFE AS A GAY MALE HAS BEEN REALLY PROFOUND, IN A NEGATIVE SENSE"**

### **ERECTILE DYSFUNCTION: "IT'S A BIG THING FOR A MAN, NOT BEING ABLE TO HAVE ERECTIONS"**

Loss of erectile functioning during the preceding four weeks was reported by 72% of survey respondents; 40% of this group reported that they could not achieve an erection, and 32% reported only a partial erection. Most men (81%) who reported loss or change in erectile functioning over the preceding four weeks rated it as a problem that had a "great emotional impact" and was experienced as "depressing," "very difficult," "an enormous loss," or a cause of "great sadness." For example, David (64, gay) said, "I feel devastated; the erection functioning is a really emotional thing for me," and Jonny (54, bisexual) said, "It's quite a big thing for a man, especially for a younger man, at 49, not being able to have erections."

The magnitude of loss of erectile functioning and ability to engage in penetrative sex across the sample was comparable to that reported in previous population studies of men with prostate cancer.<sup>20, 21</sup> The rate of distress associated with erectile dysfunction, however, was substantially higher than that reported in heterosexual men of a comparable age,<sup>22</sup> which confirms previous reports of significantly higher rates of psychological distress in GBM with prostate cancer who experience the associated sexual changes.<sup>13, 23</sup> This outcome could be explained by the finding that men who engage in more frequent sexual activity report significantly lower tolerance for living with erectile dysfunction,<sup>24</sup> as more frequent sexual activity is found in population studies of gay men.<sup>25</sup>

Many of the participants in this study emphasized the importance of sexual activity to their identities as a gay man, and that threat to identity was exacerbated by erectile dysfunction. Some of our participants described themselves as "not feeling whole" or feeling "cheated" of some core aspect of their masculinity as a result of erectile changes. For example, Graham (74, gay) said, "I am not the man I was, never will be," and Alex (62, gay) told us, "I don't see myself as a full man." The magnitude of this sense of loss is illustrated by Scott (59, gay), who said, "If I had the choice again, I would take my risks with the cancer, and not have the operation"; he described the loss of erections after

robotic prostatectomy as “a defining moment in my life . . . the impact on my life as a gay male has been really profound, and in a negative sense.”

While erectile dysfunction is widely recognized as having a potential effect on *masculine* identities, it is the influence on *gay* identities that is identified in Scott’s account of changes to his life as a “gay male.” As a result of what Mark (45, gay) described as a “crisis” in identity, some men said that they did not “feel so good about being gay anymore” (Benjamin, 63, gay), that they felt “outside the sexual community” (Jason, 49, gay), or that they felt as if they had been “forcibly retired from the gay human race” (Scott, 59, gay). The significance of an erect penis for gay identity cannot be underestimated,<sup>7</sup> as one man noted: “Previously I’d been a top and I was a good-looking male. I had a big cock and I could get whatever I wanted. All of a sudden it was all taken away. I’m no longer a man. You know, I’ve got a cock that doesn’t work anymore” (Finn, 69, gay).

Absence of erection is problematic whether GBM prefer the insertive or receptive mode in anal intercourse.<sup>16</sup> This is not only because an erection may enhance sexual satisfaction,<sup>26</sup> but also because erections signal to other GBM arousal, attraction, interest, and pleasure.<sup>27, 28</sup> As Mark (45, gay) explained, “Partners would comment, ‘Aren’t you turned on, aren’t you into this, don’t you want to do this?’” Graham (74, gay) said, “It’s a very, very flattering thing when somebody gets an erection in your company.” There is also reciprocity in many sex acts between men, such as mutual oral sex or swapping insertive and receptive modes in anal intercourse.<sup>28</sup> Loss of erectile function is therefore a significant loss to participation in that reciprocity.

### **REDUCTION IN PENIS SIZE: “IT’S A BLOW TO THE EGO”**

In the interviews and open-ended surveys, many participants reported significant reductions in penis size following cancer treatment. Some men estimated the reduction numerically: for example, going from “a normal 6½-, 7-inch penis . . . to 2–3 inches . . . literally, a couple of fingers and the thumb” (Gareth, 65, gay), and losing “about half the length and half the diameter” (Mark, 45, gay). Others described the loss of size qualitatively: “like in fantastically cold weather and it’s like that all the time” (Stanley, 78, gay), or “slowly but surely disappearing. . . . It’s not long before I’ll have a string on the end of it to find it to go to the toilet” (Pete, 73, gay). These reductions in size were described as “bloody terrible,” “a blow to the ego,” “the most dramatic thing” to fol-

low treatment, and a cause of suicidal ideation: "I would like to know the statistics of the suicides for guys, because, generally, the adjustment is absolutely mind blowing . . . because your dick shrinks and your diameter diminishes" (Drew, 64, gay).

Visibility and comparison of penis size with other gay men, linked to negative consequences of penis size reduction, were evident in many accounts. For example, Scott (59, gay) said, "For a gay male, you know, we notice things like that [loss of penis size], and other people do, too." Drew (64, gay) described comparing himself to his friends: "[I felt] bloody terrible, because I've always had a fairly decent dick . . . and a couple of our friends have got small dicks, so I thought, I've always thought, 'You poor bastards,' and now I'm in the same boat as them."

The effect of loss of penis size on successfully engaging in sexual encounters and new relationships was evident in men's accounts. Euan (66, gay) described the "shame" of walking around naked in the sauna. "You've got this bloody now little dick, it's awful." Mark (45, gay) described "losing the positive commentary," as his penis had previously been "a fair bit bigger than average," which "was always a bit of a talking point when I had sex." Scott (59, gay) said, "People used to be attracted to me" because of penis length, and that it was a "calling card" that was now "gone." Cameron (65, bisexual) described being embarrassed about the fact that his penis was "often drawn right back into" his body, speculating, "If I go into a relationship with someone, I will have to say, 'Well, look, honestly, it used to be bigger than this' [laughter]." These accounts demonstrate the negative meanings ascribed to real changes to the penis in terms of self, gay identity, and sexual relationships.

Reduction in penis size has been reported as a concern for many heterosexual men<sup>29, 30</sup> and GBM<sup>12</sup> treated for prostate cancer. There are specific issues with regard to penis size for GBM.<sup>31</sup> In gay male culture, the size of a man's penis can be part of what signifies sexual attractiveness and sexual viability, as penises are "seen, compared, [and] contrasted,"<sup>32</sup> and a below-average-sized penis is associated with lower psychosocial adjustment.<sup>33</sup> In contrast, a large penis is representative of heightened masculinity,<sup>32</sup> and so emasculation in the social domain following prostate cancer treatment is the potential result, as the accounts of the participants in the present study attest.

These concerns about reduced sexual desirability associated with penis size are not unfounded. Previous research has reported that many gay men have a preference for partners with large penises;<sup>34</sup>

smaller penis sizes sometimes are linked to sexual dissatisfaction owing to being “boring” or not being able to be “felt”: “In a gay world, the bigger the dick, usually the more people want to have sex with you.”<sup>32</sup> Penis size can also be associated with men’s preferred sexual mode in anal sex, as men who have smaller penises are more likely to take the receptive mode.<sup>33, 35</sup> This suggests that change in penis size after prostate cancer surgery may also affect some GBM’s preferred sexual modes, encouraging them to try a receptive mode in anal sex.<sup>36</sup>

The quantitative arm of our study found that in comparison with heterosexual men, GBM reported significantly lower masculine self-esteem and higher psychological distress, as well as higher sexual functioning and sexual confidence.<sup>13</sup> While previous research has recognized the influence of prostate cancer treatment on heterosexual men’s idea of masculinity,<sup>10</sup> feelings of a relative inadequacy may be different for gay men. Gay masculinity is already marginalized or “subordinated”<sup>37</sup> in relation to hegemonic masculinity; gay men are often not considered to be “real men,”<sup>38</sup> and gay masculinity stands as “the repository of whatever is symbolically expelled from hegemonic masculinity.”<sup>39</sup> This means that for gay men living with erectile dysfunction and other difficulties in sex following prostate cancer treatment, their already marginalized masculinity may take another blow, through the loss of ability to affirm the self through contact within a sexual community, one where they were among equals or peers as GBM, which results in a challenge to both gay masculinity and gay identity. Thus, our findings question the prediction that gay men may be more able to come to terms with challenges to their particular sense of masculinity following prostate cancer treatment,<sup>7</sup> suggesting that the relationship between sexual functioning and gay masculinities is complex and multifaceted.

**EFFECT OF PROSTATE CANCER TREATMENT ON GBM SEXUAL RELATIONSHIPS:  
“DISQUALIFICATION IN THE SEXUAL EXPERIENCE”**

Erectile dysfunction was described by many participants as resulting in feeling “sexually inferior,” or being “a eunuch,” which led to a sense of “disqualification in the sexual experience.”<sup>3</sup> These descriptions demonstrate that erectile dysfunction can significantly influence GBM’s sexual and social interactions, and the consequences of dysfunction can play out in a relational context, as discussed in chapters 3, 4, and 6 in this book.

Many men gave accounts of avoiding sexual encounters with new or casual partners because of these concerns. As Grant (72, gay) said, "I don't even like to think of trying to interest a new prospective partner in sex with me because of my limited ability to perform." Mason (68, gay) said that he was "desperate" to be in a relationship but would not feel "worthy" because he was "worried that will affect my ability to find a partner." For men who performed an insertive mode in anal intercourse, the inability to achieve or maintain an erection had the potential to influence their sexual engagement with others. For some, the consequence was cessation of sex. For example, Scott (59, gay) described himself as having been "fortunate to have a bit of a following" whereby regular partners knew what they could expect "in terms of satisfaction," but that since his prostatectomy, "I've become a basically inactive gay male without the sex part." The result was social and sexual isolation.

In ongoing relationships, participants found ways of communicating desire and pleasure through touch or talk. These methods, however, were described as more difficult in the context of casual sex: "If you're not putting out all signs that you might be interested, then people get the wrong message" (Euan, 67, gay); "If you can't get an erection, guys tend to turn away" (Cameron, 65, bisexual). The consequence of erectile dysfunction for many participants was a sense of sexual inadequacy in comparison with other gay men, particularly in the context of casual encounters. As Andy (61, gay) commented, "As a gay man and interacting with other gay men, yeah . . . I'd feel a little bit worthless." David (64, gay) said that he tended "to withdraw somewhat when there is lighthearted banter between guys about their [sexual] experiences . . . because I can't experience that anymore," and he also felt "inadequate" as a result.

These accounts demonstrate that the threat of sexual disqualification that results from erectile dysfunction is particularly acute during casual encounters, when "flexible"<sup>40</sup> or "renegotiated"<sup>41</sup> sexual practice intentions or desires are not always discussed expressly or are difficult to discern,<sup>27</sup> and rejection by prospective partners, accompanied by embarrassment or shame on the part of the man with prostate cancer, is anticipated. As GBM are more likely than heterosexual men to engage in casual sexual encounters<sup>13, 42</sup> or to have concurrent partners,<sup>43</sup> this concern is likely to be more common among GBM than heterosexual men.

Many GBM are versatile in terms of sexual modes during anal

intercourse.<sup>28</sup> For this reason, pursuing flexibility in sexual modes following prostate cancer – induced erectile dysfunction may offer further sexual options for some GBM<sup>6</sup> and accommodate some experiences of inadequacy and distress. Secondary self-labeling in relation to preferences in sexual modes during anal intercourse, however, is an important aspect of identity for some GBM,<sup>44</sup> and changing sexual mode is not always desirable.<sup>7, 45</sup> A number of men in this study were reluctant to become the receptive partner because of what it meant to them in terms of sexual mode, not wanting to take on what can be regarded by some men as a submissive position, or not finding it a pleasurable experience: “It doesn’t appeal to me at all” (Damon, 52, gay); “It was like an unevenness in the sexual relationship. The sex became more about the other person and their enjoyment of it and it was something I was almost doing just for them” (Mark, 45, gay).

In addition, because the prostate is an erogenous zone for many gay men,<sup>15</sup> loss of pleasure or discomfort during anal sex following prostate cancer may deter men from engaging in receptive anal intercourse, regardless of their preferred sexual mode before prostate cancer treatment. “It’s a very sensitive part of a man’s body, and it is a great part of the enjoyment of anal sex . . . and so without [the prostate], a great deal of the enjoyment disappears” (Jack, 59, gay); “In terms of penetrative sex, when I’m the receiver, the pleasure that I had for that has basically gone” (Rick, 59, gay). These quotes suggest that some men may cease being receptive after treatment because of a lack of pleasure. Conversely, for a minority of men, anal sensitivity was described as having increased following prostate cancer treatment; for example, Bruce (61, gay) suggested that the “intense sexual gratification” provided by the prostate had masked other areas of sensitivity that he had “not necessarily realized or engaged,” meaning “the simple act of being on the receptive end of sex is somehow more satisfying than it used to be.” Thus, while men may have the “physiological capacity to both penetrate and be penetrated (through anal intercourse),”<sup>35</sup> the corporeality of the body, as well as the meanings attributed to anal sexual modes, will determine whether some GBM continue to engage in anal intercourse, whether they change anal sexual modes, and whether they focus on other sexual practices after prostate cancer treatment. Consequently, the effect of erectile dysfunction on casual sexual relationships may differ significantly among GBM, depending on their ability, willingness, and physical comfort in adopting a receptive mode during anal sex.

**ABSENCE OF EJACULATE: "IT'S MORE DIFFICULT TO TALK ABOUT THAN ERECTION ISSUES"**

Seventy-one percent of survey participants reported complete loss of ejaculation at orgasm following prostate cancer treatment, and an additional 13% of men reported that they ejaculated "rarely" or "sometimes." Fifty-two percent of survey participants reported being "somewhat" (21%) or "very" (31%) concerned about their ability to ejaculate. Many men gave accounts of loss of sensation and pleasure as a result of ejaculatory loss. "Climax doesn't feel complete without the feeling of ejaculation," and "I don't ejaculate any more. I never will. I miss it a great deal," related two survey participants. For some men, the magnitude of this loss was unforeseen. "Lack of semen has affected me much more than I expected. . . . It's more difficult to talk about than erection issues" (Greg, 53, gay).

The absence of semen in sexual encounters and the potential effect on partners was a major concern: GBM reported significantly higher ejaculatory concern than heterosexual men in the quantitative arm of our research.<sup>13</sup> Ejaculation of semen stands as visible evidence of sexual completion, satisfaction, and excitement for GBM.<sup>46</sup> As Clive (70, gay) commented, "Ejaculation is an essential part of sexual enjoyment to both partners." Absence of ejaculate was also associated with partner disappointment, as following accounts attest: "Happy not to clean up. Not happy with partner's disappointment" (Michael, 69, gay); "I miss the sensation of ejaculating and I think it disappoints my male partner" (Boris, 68, bisexual). Other men were concerned about disappointing future partners if they could not provide the "gift" of semen: "Semen is important to some prospective partners; this has restricted the number of potential partners" (Greg, 53, gay); "I miss the sensation of pumping ejaculate. I am also concerned that some guys really enjoy swallowing a load or being ejaculated on and will be disappointed when I cannot provide that" (Arnold, 57, gay). These concerns were borne out in the accounts of a number of partners we interviewed, who described missing the visible evidence of pleasure signified by ejaculation. As Anton (54, gay, partner) said: "When you ejaculate, you watch someone's face and you hear the noises they make, you know that they are effectively engaged in that process and enjoying it to a degree, whereas when that's not present it makes it a little bit more unknown."

The consequence was that many men worried that they would lose face or could be judged a failure as a result of lack of ejaculate: "My fear

is that they think less of me. Ah, in the fact that I can no longer ejaculate" (Lucian, 51, gay); "I worry in my mind that I'm judged that I haven't been enjoying the other person" (Mason, 68, gay). The result was avoidance of casual sex, during which the absence of semen, often combined with erectile difficulties, would have to be explained. As Andy (61, gay) said, "It would be too hard to kind of disclose or to pick up somebody and say, 'Well, nothing is going to happen on my part, you know . . . I can't cum.'"

It has previously been reported that most heterosexual men with prostate cancer "are not bothered by absence of ejaculate" but that it may interfere with sexual satisfaction.<sup>47</sup> In addition to loss of sexual pleasure during non-ejaculatory orgasms, GBM with prostate cancer also grieve the absence of the ejaculate itself.<sup>48</sup> Semen is of erotic significance during gay male sex,<sup>49</sup> and exchange of semen is a central objective of sex for some GBM.<sup>50</sup> Exchange or "gifting"<sup>50</sup> of semen signifies intimacy, mutual satisfaction, and connection with partners;<sup>51</sup> partner disappointment often results from absence of ejaculate, which provides an explanation for previous accounts that gay men report higher rates of ejaculatory bother after prostate cancer than heterosexual men do.<sup>3, 52</sup>

#### **URINARY INCONTINENCE AND CLIMACTURIA: "YOU LOSE YOUR BODY MANAGEMENT"**

Of the survey participants, 65% of survey participants reported changes in urinary patterns, primarily urinating more often following prostate cancer; 40% reported that problems with urinating limited their activities, and 25% said that they had difficulties urinating. In the open-ended survey items and interviews, men focused on the implications of urinary incontinence in the sexual and social arena. Many men reported climacturia (urinating during climax). As Pete (73, gay) commented, "It comes out, about the normal time of having an orgasm, but it just comes out in high pressure wee, instead of the normal white stuff [semen]." Others reported urinary leakage during arousal or anal sex. Clive (70, gay) said, "When you get a bit excited, you tend to leak a bit. You seem to lose your body management a bit."

Many participants reported avoidance of casual sex because explaining urination in sex was "too difficult," "unsexy," "humiliating," or "embarrassing." Negative reactions from prospective casual partners who were being informed of potential leakage of urine were common. Gordon

(56, bisexual) explained that in meeting men online, he would say, “When I climax, there’s usually some spurting of urine,” which he said was a turnoff, and sex would not result. Avoidance of sex with a regular or long-term partner was also reported, because of the practical difficulties of negotiating the consequences of urinary leakage during sex: “I just had to put up with being incontinent for three years and wear pads and all that kind of thing, so in terms of sexual activity, you can imagine it’s extremely limited. . . . I’d finish up very wet and I’d have to have towels all over the bed, and, you know, hardly worth doing, basically” (Morris, 74, gay).

Cultural ideals of masculinity and youth are associated with bodily control,<sup>53</sup> and urinary incontinence can disrupt a sense of control during sexual activity for men with prostate cancer. Previous research has reported that urinary incontinence<sup>12, 54</sup> and climacturia<sup>55</sup> are associated with distress in men with prostate cancer, and that for some men urinary incontinence is worse than erectile dysfunction.<sup>9</sup> Our finding that difficulty in negotiating climacturia with casual or new partners was of concern for some GBM suggests that this is a difficulty that might affect a proportion of GBM with prostate cancer, given the varied nature of these relationships.

## **CONCLUSION**

This study has demonstrated that while GBM experience the same physical sexual changes after prostate cancer treatment that have been reported by heterosexual men, there are a number of GBM-specific meanings and psychological and physical consequences attached to sexual changes that need to be considered by researchers and clinicians, in the context of the construction of gay sex, identity, and relationships. When designing studies to examine the effects of prostate cancer on any man’s sexuality and quality of life, researchers need to ask about sexual orientation and include questions on anal sex, ejaculatory bother, climacturia, reduction in penis size, and types of sexual relationships—concerns that are often overlooked. Equally, when clinicians are advising men of the sexual consequences of prostate cancer treatment, they need to provide information and support relating to the broad spectrum of sexual changes, in addition to information on erectile dysfunction and incontinence. Clinicians also need to be aware of the specific meaning of sexual changes for GBM, in the context of both long-term sexual relationships and casual sexual encounters, and to

avoid heteronormative assumptions about their patients. Only then will we be able to address the concerns and needs of the hitherto “hidden population”<sup>15</sup> of GBM with prostate cancer.

### ACKNOWLEDGMENTS

This study was funded by the Prostate Cancer Foundation of Australia (PCFA), in the form of a new concept grant, no. NCG 0512, in partnership with Australian and New Zealand Urogenital and Prostate (ANZUP) Cancer Trials Group. Sections of this chapter draw on a previously published paper: Ussher, J.M., Perz, J., Rose, D., Dowsett, G.D., Chambers, S., Williams, S., Davis, S., Latini, D. (2016). Threat of Sexual Disqualification: The Consequences of Erectile Dysfunction and Other Sexual Changes for Gay and Bisexual Men with Prostate Cancer, *Archives of Sexual Behavior*, 2017; 46 (7): 2043–2057.

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