

CHAPTER 9

Prostate Cancer Treatment Decision-Making and Survivorship Considerations among Gay and Bisexual Men

Implications for Sexual Roles and Functioning

Gwendolyn P. Quinn, Matthew B. Schabath, and Clement K. Gwede

CHAPTER SUMMARY

A man who identifies as a gay or bisexual man (GBM), or as a man who has sex with men (MSM), and who is diagnosed with prostate cancer may experience survivorship and sexual roles and functioning differently from a man who identifies as heterosexual or straight. Whether actual treatment decisions differ between gay or bisexual men and straight or heterosexual men is not known. The effects and consequences of prostate cancer treatment are typically experienced by all men, regardless of sexual orientation, but the concern and bother of treatment side effects in survivorship may have different manifestations. Partnered men of all sexual orientations may have improved survivorship over men not in relationships. Younger men, particularly younger GBM, may have poorer quality of life in cancer survivorship. Healthcare providers are encouraged to create safe and accepting environments for patients to disclose sexual orientation and gender identity and to make the appropriate clinical decisions based on this information with knowledgeable recommendations and strategies during treatment decision making and survivorship. In this chapter we review the published literature about GBM with prostate cancer, decision making when considering treatment options, symptom burden, and sexual roles and functioning in survivorship. Interspersed throughout the chapter are qualitative comments collected by our group from a series of surveys conducted among the LGBT community about their experiences with receiving general healthcare.

KEY TERMS

gay and bisexual men, prostate cancer, quality of life, treatment decision making

REFERENCES

1. American Cancer Society. *Cancer facts & figures 2017*. Atlanta: American Cancer Society; 2017.
2. Purcell DW, Johnson CH, Lansky A, et al. Estimating the population size of men who have sex with men in the United States to obtain HIV and syphilis rates. *Open AIDS Journal*. 2012; 6: 98–107.
3. Kurdek LA. Are gay and lesbian cohabitating couples really different from heterosexual married couples? *Journal of Marriage and Family*. 2004; 66 (4): 880–900.
4. Boehmer U, Miao X, Ozonoff A. Cancer survivorship and sexual orientation. *Cancer*. 2011; 117 (16): 3796–3804.
5. Klassen AC, Platz EA. What can geography tell us about prostate cancer? *American Journal of Preventive Medicine*. 2006; 30 (2 Suppl.): S7–S15.
6. American Cancer Society. Prostate cancer risk factors. 2016; https://www.cancer.org/cancer/prostate-cancer/causes-risks-prevention/risk-factors.html#written_by. Accessed June 26, 2017.
7. Ho T, Howard LE, Vidal AC, et al. Smoking and risk of low- and high-grade prostate cancer: Results from the REDUCE study. *Clinical Cancer Research*. 2014; 20 (20): 5331–5338.
8. Huncharek M, Haddock KS, Reid R, Kupelnick B. Smoking as a risk factor for prostate cancer: A meta-analysis of 24 prospective cohort studies. *American Journal of Public Health*. 2010; 100 (4): 693–701.
9. Moreira DM, Aronson WJ, Terris MK, et al. Cigarette smoking is associated with an increased risk of biochemical disease recurrence, metastasis, castration-resistant prostate cancer, and mortality after radical prostatectomy: Results from the SEARCH database. *Cancer*. 2014; 120 (2): 197–204.
10. Shiels MS, Goedert JJ, Moore RD, et al. Reduced risk of prostate cancer in US men with AIDS. *Cancer Epidemiology, Biomarkers & Prevention*. 2010; 19 (11): 2910–2915.
11. Williams DR, Kontos EZ, Viswanath K, et al. Integrating multiple social statuses in health disparities research: The case of lung cancer. *Health Services Research*. 2012; 47 (3): 1255–1277.
12. Tan JY, Xu LJ, Lopez FY, et al. Shared decision making among clinicians and

- Asian American and Pacific Islander sexual and gender minorities: An intersectional approach to address a critical care gap. *LGBT Health*. 2016; 3 (5): 327–334.
13. Schneider JA, Zhou AN, Laumann EO. A new HIV prevention network approach: Sociometric peer change agent selection. *Social Science and Medicine*. 2015; 125: 192–202.
 14. Peek ME, Lopez FY, Williams HS, et al. Development of a conceptual framework for understanding shared decision making among African-American LGBT patients and their clinicians. *Journal of General Internal Medicine*. 2016; 31 (6): 677–687.
 15. Gwede CK, Pow-Sang J, Seigne J, et al. Treatment decision-making strategies and influences in patients with localized prostate cancer. *Cancer*. 2005; 104 (7): 1381–1390.
 16. Johnson DC, Mueller DE, Deal AM, et al. Integrating patient preference into treatment decisions for men with prostate cancer at the point of care. *Journal of Urology*. 2016; 196 (6): 1640–1644.
 17. Barocas DA, Alvarez J, Resnick MJ, et al. Association between radiation therapy, surgery, or observation for localized prostate cancer and patient reported outcomes after 3 years. *Journal of the American Medical Association*. 2017; 317 (11): 1126–1140.
 18. Chen RC, Basak R, Meyer AM, et al. Association between choice of radical prostatectomy, external beam radiotherapy, brachytherapy, or active surveillance and patient-reported quality of life among men with localized prostate cancer. *Journal of the American Medical Association*. 2017; 317 (11): 1141–1150.
 19. Ussher JM, Perz J, Kellett A, et al. Health-related quality of life, psychological distress, and sexual changes following prostate cancer: A comparison of gay and bisexual men with heterosexual men. *Journal of Sexual Medicine*. 2016; 13 (3): 425–434.
 20. Hoffman RM, Lo M, Clark JA, et al. Treatment decision regret among long-term survivors of localized prostate cancer: Results from the Prostate Cancer Outcomes Study. *Journal of Clinical Oncology*. 2017; 35 (20): 2306–2314.
 21. Christie DR, Sharpley CF, Bitsika V. Why do patients regret their prostate cancer treatment? A systematic review of regret after treatment for localized prostate cancer. *Psycho-Oncology*. 2015; 24 (9): 1002–1011.
 22. Davison BJ, So AI, Goldenberg SL. Quality of life, sexual function and decisional regret at 1 year after surgical treatment for localized prostate cancer. *BJU International*. 2007; 100 (4): 780–785.
 23. Diefenbach M, Mohamed NE, Horwitz E, Pollack A. Longitudinal associations among quality of life and its predictors in patients treated for prostate cancer: The moderating role of age. *Psychology, Health and Medicine*. 2008; 13 (2): 146–161.
 24. Hu JC, Kwan L, Krupski TL, et al. Determinants of treatment regret in low-income, uninsured men with prostate cancer. *Urology*. 2008; 72 (6): 1274–1275.

25. Rose D, Ussher JM, Perz J. Let's talk about gay sex: Gay and bisexual men's sexual communication with healthcare professionals after prostate cancer. *European Journal of Cancer Care*. 2017; 26 (1).
26. Torbit LA, Albiani JJ, Crangle CJ, et al. Fear of recurrence: The importance of self-efficacy and satisfaction with care in gay men with prostate cancer. *Psycho-Oncology*. 2015; 24 (6): 691–698.
27. Allensworth-Davies D, Talcott JA, Heeren T, et al. Health effects of masculine self-esteem following treatment for localized prostate cancer among gay men. *LGBT Health*. 2016; 3 (1): 49–56.
28. Lee TK, Breau RH, Eapen L. Pilot study on quality of life and sexual function in men-who-have-sex-with-men treated for prostate cancer. *Journal of Sexual Medicine*. 2013; 10 (8): 2094–2100.
29. Motofei IG, Rowland DL, Popa F, et al. Preliminary study with bicalutamide in heterosexual and homosexual patients with prostate cancer: A possible implication of androgens in male homosexual arousal. *BJU International*. 2011; 108 (1): 110–115.
30. Wassersug RJ, Lyons A, Duncan D, et al. Diagnostic and outcome differences between heterosexual and non-heterosexual men treated for prostate cancer. *Urology*. 2013; 82 (3): 565–571.
31. Chen RC, Chang P, Vetter RJ, et al. Recommended patient-reported core set of symptoms to measure in prostate cancer treatment trials. *Journal of the National Cancer Institute*. 2014; 106 (7): dju32.
32. Davis KM, Kelly SP, Luta G, et al. The association of long-term treatment-related side effects with cancer-specific and general quality of life among prostate cancer survivors. *Urology*. 2014; 84 (2): 300–306.
33. Thomas C, Wooten A, Robinson P. The experiences of gay and bisexual men diagnosed with prostate cancer: Results from an online focus group. *European Journal of Cancer Care*. 2013; 22 (4): 522–529.
34. Blank TO. Gay men and prostate cancer: Invisible diversity. *Journal of Clinical Oncology*. 2005; 23 (12): 2593–2596.
35. Asencio M, Blank T, Descartes L, Crawford A. The prospect of prostate cancer: A challenge for gay men's sexualities as they age. *Sexuality Research and Social Policy Journal of NSRC*. 2009; 6 (4): 38–51.
36. Hartman ME, Irvine J, Currie KL, et al. Exploring gay couples' experience with sexual dysfunction after radical prostatectomy: A qualitative study. *Journal of Sex and Marital Therapy*. 2014; 40 (3): 233–253.
37. Gordon BBE, Basak R, Usinger DS, et al. Factors influencing prostate cancer treatment decisions for African American (AA) and Caucasian (CA) men. *Journal of Clinical Oncology*. 2017; 35 (15 suppl.): 6517.
38. Paterson C, Jones M, Rattray J, Lauder W. Exploring the relationship between coping, social support and health-related quality of life for prostate cancer sur-

- vivors: A review of the literature *European Journal of Oncology Nursing* 2013; 17 (6): 750–759.
39. Capistrant BD, Torres B, Merengwa E, et al. Caregiving and social support for gay and bisexual men with prostate cancer. *Psycho-Oncology*. 2016; 25 (11): 1329–1336.
 40. Kamen C, Mustian K, Johnson MO, Boehmer U. Same-sex couples matter in cancer care. *Journal of Oncology Practice*. 2015; 11 (2): 212–215.
 41. Johnson MO, Dilworth SE, Taylor JM, et al. Primary relationships, HIV treatment adherence and virologic control. *AIDS and Behavior*. 2012; 16 (6): 1511–1521.
 42. Dieperink KB, Hansen S, Wagner L, et al. Living alone, obesity and smoking: Important factors for quality of life after radiotherapy and androgen deprivation therapy for prostate cancer. *Acta Oncologica*. 2012; 51 (6): 722–729.
 43. McSorley O, McCaughan E, Prue G, et al. A longitudinal study of coping strategies in men receiving radiotherapy and neo-adjuvant deprivation for prostate cancer: A quantitative and qualitative study. *Journal of Advanced Nursing*. 2014; 70 (3): 625–638.
 44. Krongrad A, Lai H, Burke MA, et al. Marriage and mortality in prostate cancer. *Journal of Urology*. 1996; 156 (5): 1696–1700.
 45. Matheson L, Watson EK, Nayoan J, et al. A qualitative metasynthesis exploring the impact of prostate cancer and its management on younger, unpartnered and gay men. *European Journal of Cancer Care*. 2017; doi: 10.1111/ecc.12676.
 46. Harden JK, Northouse LL, Mood DW. Qualitative analysis of couples' experience with prostate cancer by age cohort. *Cancer Nursing*. 2006; 29 (5): 367–377.
 47. Fenge LA, Hicks C. Hidden lives: The importance of recognising the needs and experiences of older lesbians and gay men within healthcare practice. *Diversity in Health & Care*. 2011; 8 (3): 147–154.
 48. Lim FA, Brown DV Jr., Justin Kim SM. Addressing health care disparities in the lesbian, gay, bisexual, and transgender population: A review of best practices. *American Journal of Nursing*. 2014; 114 (6): 24–34.
 49. Shetty G, Sanchez JA, Lancaster JM, et al. Oncology healthcare providers' knowledge, attitudes and practice behaviors regarding LGBT health. *Patient Education and Counseling*. 2016; 99 (10): 1676–1684.
 50. Margolies L. *LGBT patient-centered outcomes: Cancer survivors teach us how to improve care for all*. National LGBT Cancer Network. 2013; www.cancer-network.org/patient_centered_outcomes.