



## Men's Sexual Health after Transplant

Celebrating a Second Chance at Life Survivorship Symposium

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## Men's Sexual Health after Transplant


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## Disclosures

- There are no financial disclosures to report




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## Common Problems



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## Common Sexual Problems after Cancer Therapy

- Erectile dysfunction (ED)
- Difficulty reaching orgasm
- Dry orgasm
- Painful orgasm/ejaculation
- Orgasm associated urine leak
- Penile length alterations
- Penile curvature (Peyronie's Disease)
- Low sexual desire





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## What causes sexual problems in transplant recipients?

- High dose chemotherapy, total body irradiation can cause:
  - Hair loss
  - Risk of Infection
  - Loss of interest
  - Erectile dysfunction
  - Chronic fatigue
  - Possible nerve damage
- Graft-versus-Host Disease can cause:
  - Inflammatory genital skin changes
    - Redness
    - Rash
  - Narrowing of the urethra
  - Steroids can affect body image




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## How Often Does the Problem Occur?




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## Sexual function in 962 male survivors of hematopoietic cell transplant

- Years since transplant: mean = 11.9 years
- 27% were not sexually active during the past year (lower than general population).
  - 31.5% reported problems with sexual functioning
  - Erectile dysfunction was most frequently reported problem (37.5%)
  - 23.5% reported lack of sexual interest
- Lower sexual function was associated with worse physical, emotional, and relationship health



Syrjala et al., *Transplantation and Cellular Therapy*, 2021. Memorial Sloan Kettering  
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## Risk factors for sexual inactivity

- Problems were far more common in survivors who also reported poor physical health
- Other characteristics of those who were sexually inactive
  - older age
  - not in a committed relationship
  - unemployed or not in school
  - less than 4 years of college
  - had non-myeloablative transplant.

Syrjala et al., *Transplantation and Cellular Therapy*, 2021.



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## Sexual function in 159 male lymphoma patients after an autologous stem cell transplant

- 40% overall reported sexual problems
  - 43% had sexual drive problems
    - 30% had sexual drive only a few days, or less, in last month
  - 54% had erectile problems
    - 41% had erections firm enough to have sexual intercourse only a few times, or less, in last month
- 39% reported sexual satisfaction

Bersvendsen et al., *Bone Marrow Transplant*, 2020.




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## So What?




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## What I hear

- “Well...at your age, does it really matter?”
- “You shouldn’t be upset, your cancer is gone.”
- “You will get used to it.”



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## Impact of Erectile Dysfunction (ED) on Life

- Erectile dysfunction is associated with depression
- Concerns about erectile dysfunction don't go away over time
  - Can impact quality of life, general happiness
  - No logical predictors
- Can create significant relationship difficulties

<sup>1</sup>Araujo et al., *Psychosom Med*, 1998; <sup>2</sup>Nelson et al., *JSM*, 2010; <sup>3</sup>Nelson et al., *JSM*, 2010; <sup>4</sup>Muller et al., *Pharmacopsychiatry*, 2001



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# We Can Help



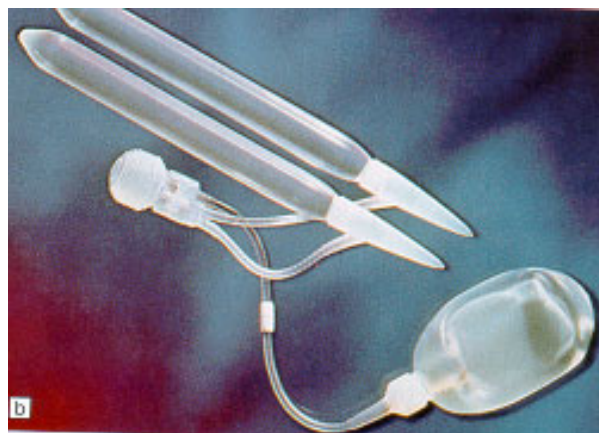
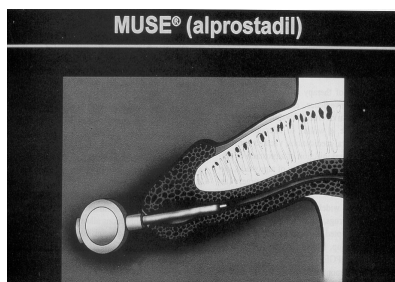
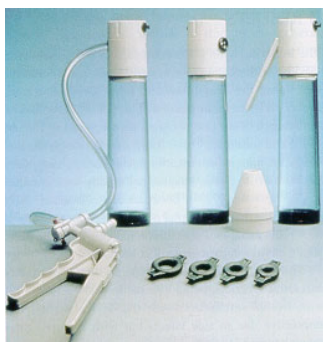
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## Possible treatments for erectile dysfunction



- Pills
- Penile injections
- Vacuum devices
- Muse
- Penile implant

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## Men Avoid and Drop-out of ED Treatment



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## Men Avoid & Drop-out of ED Treatment

- **Many drop out of treatment**
  - 50% of PDE5i users<sup>1</sup>
  - 50% of injection users<sup>2</sup>
- **Self-report injection use<sup>3</sup>**
  - Only 60% continue at 4 months
  - Only 33% at a rate suggested for rehabilitation
- **Syringe count injection use<sup>4</sup>**
  - Mean injections/week: 0.9
  - Only 10% at a rate suggested for rehabilitation

<sup>1</sup>IMS Health, 2001; <sup>2</sup>Sundaram et al., *Urology*, 1997; <sup>3</sup>Nelson et al., *JSM*, 2013; <sup>4</sup>Nelson et al., *SMSNA*, 2015



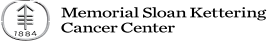
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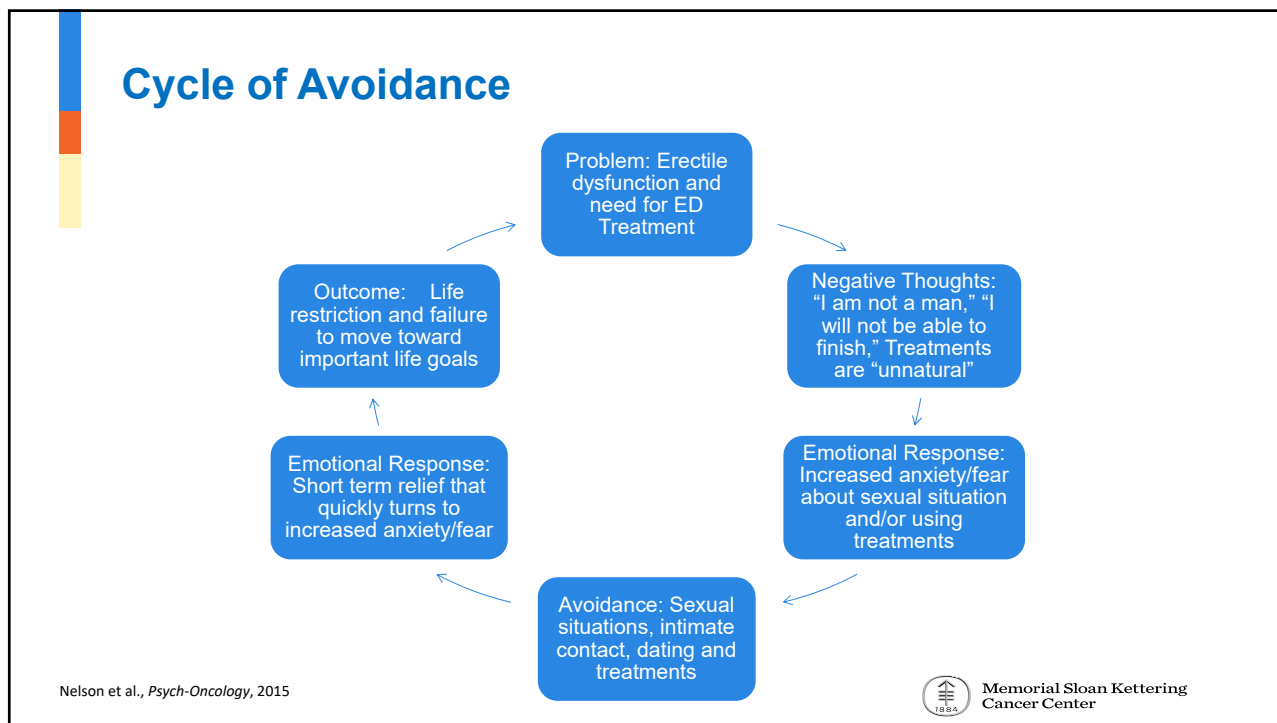
## Qualitative Study: Cycle of Frustration and Avoidance

- **Disappointment/shame related to ED**
  - “I’m not a man”
  - Distress and depressive symptoms
- **Fear/anxiety of entering into a sexual situation**
  - Fear of not having a firm erection
  - “Treatments are a turn-off”
  - “The whole process is humiliating”
- **Avoidance of sexual situations**
- **Loss of valued life experience**
- **Increased frustration/distress/depression**

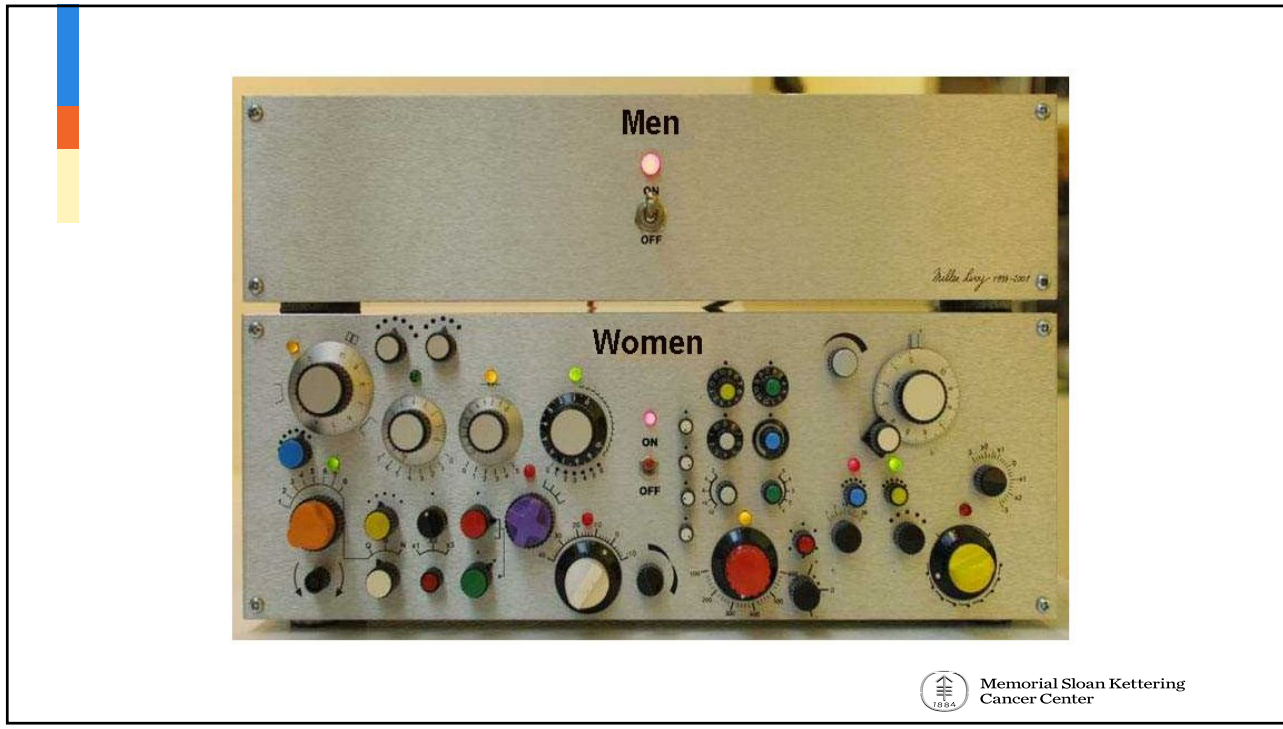
Nelson et al., *Psych-Oncology*, 2015



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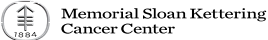
# Helping Men Engage in Treatment

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## How to Overcome Avoidance

- **Coaching vs. Therapy**
- **Explore importance of sexuality**
- **Accept short-term anxiety for long-term goal**
  - Listen to patients' "predictions" about sexual experience
  - Willingness to experience anxiety and frustration
- **Defuse anxiety and frustration**
  - Cognitive/emotional processing
  - Humor
  - Focus on physical sensations in sexual situation
- **Discuss barriers and solutions**
- **Commitment**
  - Set target

Nelson et al., *Psych-Oncology*, 2015; Nelson et al., *JSM*, 2019

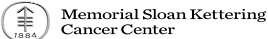


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## Cycle of Acceptance and Commitment

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graph TD; Values[Values/Goals: Improved sexual function, intimacy, and relationships] --> Acceptance[Acceptance: Willingness to accept anxiety and fear in sexual situations and using treatments]; Acceptance --> Diffusion[Diffusion: Self talk: "No pain...no gain," use of humor, normalize feelings, support from partner]; Diffusion --> Action[Action: Engaging in sexual situations and using injections]; Action --> Growth[Growth: Increase intimacy, use of injections, increase rehabilitation]; Growth --> Commitment[Commitment: Increase life flexibility, moving toward important goals]; Commitment --> Values;
```

Nelson et al., *Psych-Oncology*, 2015




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## Maintaining Sexual Relationships

<sup>1</sup>Riley & Riley, *Int J Clin Pract*, 2000; Muller et al., *Pharmacopsychiatry*, 2001; Nelson et al., *Transl Androl Urol*, 2015



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## Impact of Sexual Dysfunction on Relationships

- Men with ED tend to withdraw from partner<sup>1</sup>
  - May fear they cannot perform
  - Predictor of relationship distress
- Partner may also fear setting patient up for failure and also pull back
- He Said, She Said

<sup>1</sup>Riley & Riley, *Int J Clin Pract*, 2000; Muller et al., *Pharmacopsychiatry*, 2001; Nelson et al., *Transl Androl Urol*, 2015



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## Strategies to improve sexual relationship

Non- pharmacological strategies to improve sexual relationship.

- Sensate focus (explain)
- Set time aside for intimate talk
- Desire diary
- Self-stimulation
- Consultation with sex therapist



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## Resources that can help

- **Referral sources:**
  - Society for Sex Therapy and Research (SSTAR) at [www.sstarnet.org](http://www.sstarnet.org)
  - American Association for Sexuality Educators, Counselors, and Therapists (AASECT) at [www.aasect.org](http://www.aasect.org)
- **American Cancer Society Website**
  - [www.cancer.org](http://www.cancer.org)
  - Questions Adult Males Have About Cancer and Sex
  - Sex and the Adult Male with Cancer



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# Questions?

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