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**GUIDELINES FOR SEXUAL HEALTH CARE FOR PROSTATE  
CANCER PATIENTS: RECOMMENDATIONS OF AN  
INTERNATIONAL PANEL**

# GUIDELINES FOR SEXUAL HEALTH CARE FOR PROSTATE CANCER PATIENTS: RECOMMENDATIONS OF AN INTERNATIONAL PANEL

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Daniela Wittmann, PhD, LMSW  
Associate Professor Emerita  
Department of Urology  
Associate Director of the Weiser  
Center for Prostate Cancer  
University of Michigan, USA

John Mulhall, MD  
Director, Male Sexual and  
Reproductive Medicine Program  
Memorial Sloan Kettering Cancer  
Center, New York, USA

World Meeting on Sexual Medicine  
Rio de Janeiro, Brazil  
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# Disclosures

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## Daniela Wittmann

- Chair of the Oncosexology Committee of the Sexual Medicine Society of North America (SMSNA)
- Chair of the Global Outreach Committee of the International Society for Sexual Medicine (ISSM)
- Co-Chair of a panel of the International Consensus on Sexual Medicine of the International Society of Sexual Medicine
- Member supported the guidelines methodologist and project management

## John Mulhall

### Grants

- NIH (Co-PI; PI: Chris J. Nelson PhD)
- DOD (Co-PI; PI: Stacy Loeb MD)
- Sexual Medicine Society of North America (Mentor)
- Urology Care Foundation (Mentor)

### Academic Leadership Positions

- Editor-in-Chief, The Journal of Sexual Medicine
- Member, Practice Guidelines Committee, AUA
- Editorial Board, AUA Update Series

### Consultancies

- Ro
- FirmTech



# Authors and Affiliations

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Daniela Wittmann<sup>1</sup>, Akanksha Mehta<sup>2</sup>, Ellis McCaughan<sup>3</sup>, Martha Faraday<sup>4</sup>, Ashley Duby<sup>1</sup>, Andrew Matthew<sup>5</sup>, Luca Incrocci<sup>6</sup>, Arthur Burnett<sup>7</sup>, Christian J. Nelson<sup>8</sup>, Stacy Elliott<sup>9</sup>, Bridget F. Koontz<sup>10</sup>, Sharon Bober<sup>11</sup>, Deborah McLeod<sup>12</sup>, Paolo Capogrosso<sup>13</sup>, Tet Yap<sup>14</sup>, Celestia Higano<sup>15</sup>, Stacey Loeb<sup>16</sup>, Emily Capellari<sup>17</sup>, Michael Glode<sup>18</sup>, Heather Goltz<sup>19</sup>, Doug Howell<sup>20</sup>, Michael Kirby<sup>21</sup>, Nelson Bennett<sup>22</sup>, Landon Trost<sup>23, 24</sup>, Phillip Odiyo<sup>25</sup>, Run Wang<sup>26,27</sup>, Carolyn Salter<sup>28</sup>, Ted A. Skolarus<sup>1,29</sup>, John McPhail<sup>20</sup>, Susan McPhail<sup>30</sup>, Jan Brandon<sup>30</sup>, Laurel L. Northouse<sup>31</sup>, Kellie Paich<sup>32</sup>, Craig E. Pollack<sup>33</sup>, Jen Shifferd<sup>34</sup>, Kim Erickson<sup>34</sup>, and John P. Mulhall<sup>35</sup>.

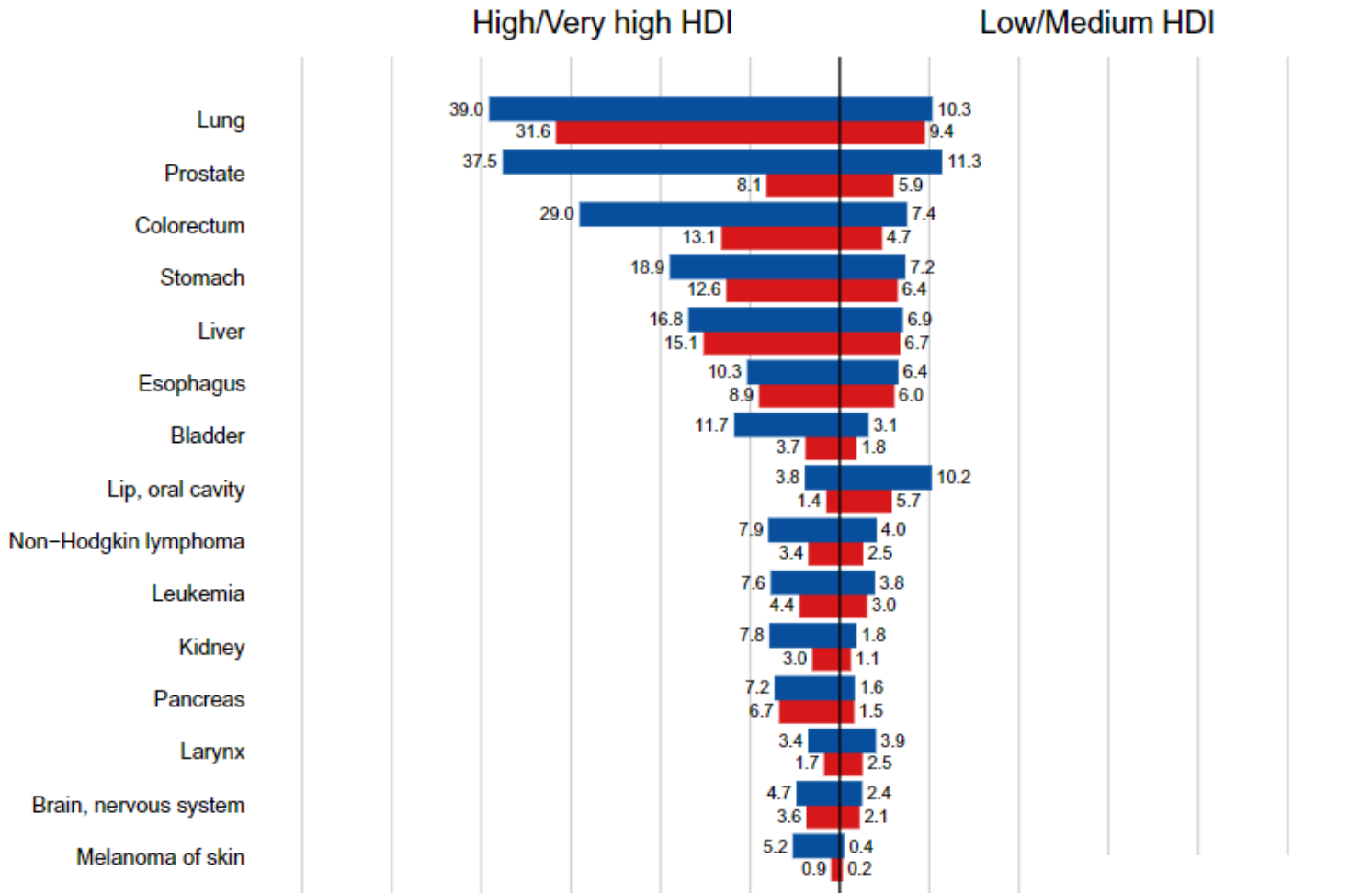
1. Department of Urology, University of Michigan, USA 2. Department of Urology, Emory University, USA 3. In Memoriam, Ulster University School of Nursing, United Kingdom 4. 4Oaks Consulting, Berryville, Virginia, USA 5. Princess Margaret Cancer Center, Toronto, Canada 6. Department of Radiation Oncology, Erasmus MC Cancer Institute, The Netherlands 7. Department of Urology, Johns Hopkins University, USA 8. Department of Psychiatry and Behavioral Sciences, Memorial Sloan Kettering Cancer Center, USA 9. Departments of Psychiatry and Urologic Sciences, University of British Columbia, Canada 10. Genesis Care, North Carolina, USA 11. Department of Psychiatry, Dana Farber Cancer Institute and Harvard University, USA 12. NS Health Authority and Dalhousie University, Canada 13. Department of Urology, Circolo & Fondazione Macchi Hospital, University of Insubria, Italy 14. Guys & St Thomas' Hospital, United Kingdom 15. Department of Urologic Sciences University of British Columbia, Canada) 16. Department of Urology at NYU Grossman School of Medicine, New York, USA 17. Taubman Health Sciences Library, University of Michigan, USA 18. University of Colorado Cancer Center, USA 19. University of Houston-Downtown, USA 20. Patient with Lived Experience 21. University of Hertfordshire, United Kingdom 22. Department of Urology, Northwestern University Feinberg School of Medicine, USA 23. Brigham Young University, USA 24. Mayo Clinic, Department of Urology, USA 25. Faraja Cancer Support Trust, Kenya 26. Department of Surgery-Urology, University of Texas McGovern Medical School at Houston, USA 27. MD Anderson Cancer Center, USA 28. Madigan Army Medical Center, USA 29. VA Health Services Research & Development, VA Ann Arbor Healthcare System, USA 30. Partner with Lived Experience 31. School of Nursing, University of Michigan, USA 32. Movember Foundation, USA 33. Department of Health Policy Management, Johns Hopkins University, USA 34. Michigan Medicine Therapy Services, USA 35. Department of Sexual and Reproductive Medicine, Memorial Sloan Kettering Cancer Center, USA

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# Background

# Global Cancer Incidence and Mortality

Male



# Men and Partners Experience Negative Consequences of Treatment

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- Sexual dysfunction is the most commonly reported health-related quality of life outcome following therapies for prostate cancer, affecting men, partners and their relationships.
- National origin, ethnicity, and race affect perspectives on gender roles, sexual orientation, relationships, culture-driven health beliefs, disparities in access to healthcare, and uptake of healthcare offered.
- The guidelines are a part of a broader True North Movember initiative to provide maximum support for men and their partners in prostate cancer survivorship.



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These are the first sexual health guidelines  
that have been developed for the care of cancer patients



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# Methods

- A systematic literature was conducted, designed to reflect the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA), using the Ovid MEDLINE, Scopus, CINAHL, PsychINFO, LGBT Life, and Embase databases (search dates 1995 through 2022).

Evidence and recommendations strengths were aligned with AUA guidelines

602 manuscripts were included in the review.

The guidelines were developed by multidisciplinary international experts, patients and partners



# External Peer Reviewers

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- An international panel of multidisciplinary experts in the psychosexual care of prostate cancer patients was invited to provide peer review
- 26 peer reviewers and 2 patients provided comments
- Following comment review, the Panel revised the draft as needed

# External Peer Reviewers

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## SOUTH AFRICA

Padaruth (Prithy)  
Ramlachan, MD

## NIGERIA

Elizabeth Akin-Odanye,  
PhD

## BRAZIL

Sidney Glina, MD

## ITALY

Andrea Salonia, M.D.,  
Ph.D.

## SINGAPORE

Mark Lin,  
Martha Tara Lee, D.H.S.

## CHINA

Angela Ng, MD

## JAPAN

Daisaku Hirano, MD  
Takahiro Osawa, MD, PhD  
Shunichi Namiki, MD

## CANADA

Gerald Brock, MD  
John Oliffe, PhD  
Ken Noel, Lived Experience

## NEW ZEALAND

Erik Wibowo, PhD

## AUSTRALIA

Kath Schubach, MSN  
Melissa Hadley Barrett, MSN  
Sally Sara, MClinN  
Victoria Cullen  
Vicki Windholtz, MBBS

## UNITED KINGDOM

Isabel White, PhD  
Lorraine Grover  
Will Kinnaird, MS

## UNITED STATES

Maurice Garcia, MD, MAS  
Mohit Khera, MD  
B. R. Simon Rosser, PhD,  
MPH, LP  
Lawrence Jenkins, MD  
William West, Lived  
Experience

## AUSTRIA

Elfriede Greimel, PhD.

# Statements

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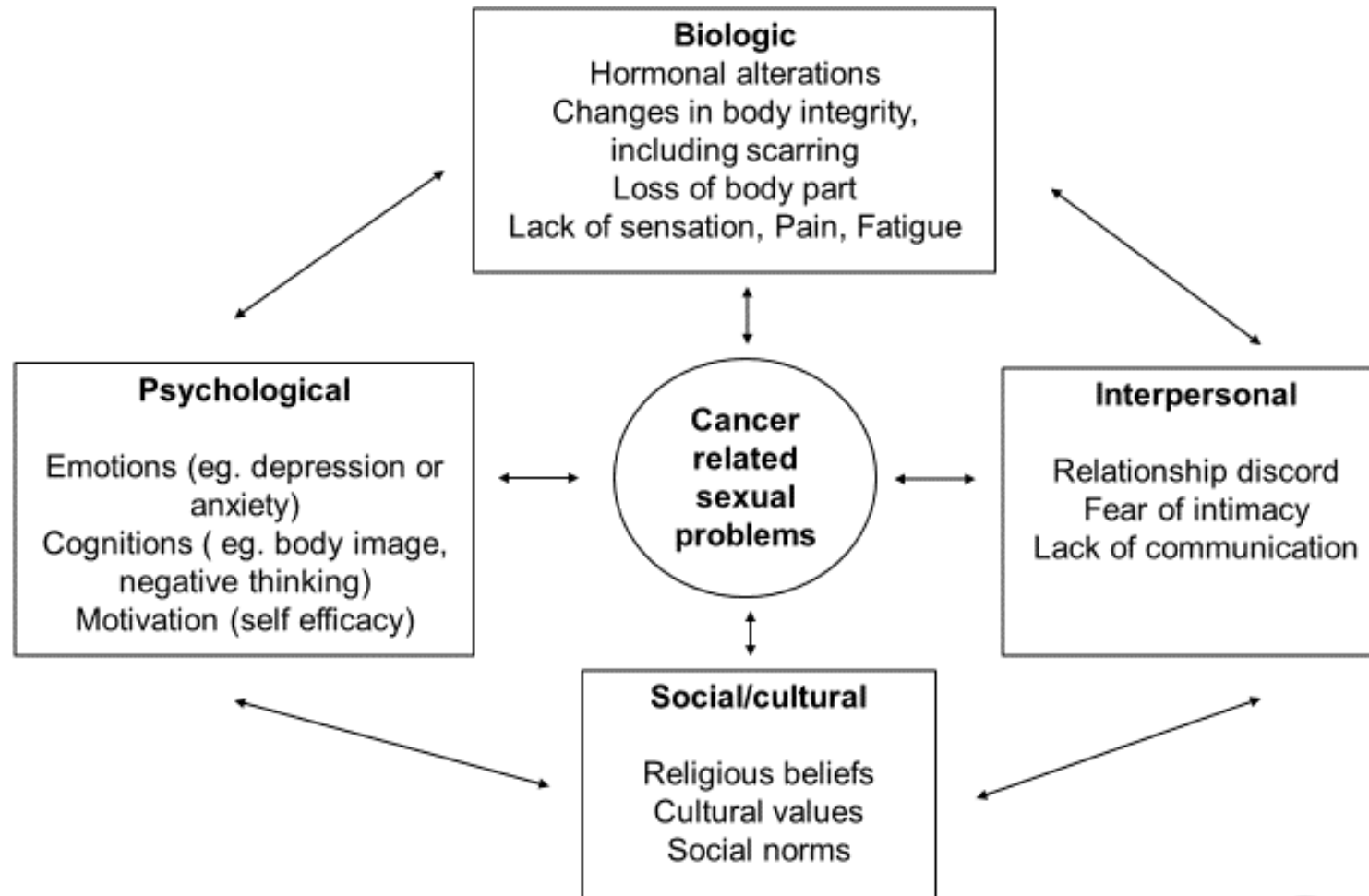
- 47 statements in 9 sections
- We will present a summary of the sections with the range of evidence and recommendation strengths noted at the bottom of the page
- Statements generally focus on clinicians educating the patients and partners



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# Theoretical Model and Guiding Principles

# Impact of Cancer on Sexuality



# Guiding Principles

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- 1) The healthcare provider plays an active role in routinely addressing sexual concerns in prostate cancer survivorship.
- 2) Sexuality and sexual recovery are multi-dimensional.
- 3) The role of grief and mourning in couples' recovery of sexual intimacy has emerged as a path towards a new sexual paradigm despite sexual dysfunction.
- 4) Men rarely return to baseline sexual function after prostate cancer treatment.
- 5) Including the partner in sexual health counseling, if both partners agree, is preferable when men are partnered.
- 6) Support by a multidisciplinary team of healthcare providers is needed to best assist support men and their partners who desire to recover sexual intimacy after prostate cancer therapy.

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## Part I

# The Impact of Prostate Cancer Therapies on the Biopsychosocial Aspects of Sexuality

# Example of Statements 1 - 3

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- **STATEMENT 1:** A clinician-initiated discussion should be conducted with the patient and the partner (if partnered and culturally appropriate), to educate them about realistic expectations of the impact of prostate cancer therapy on the patient's sexual function, the partner's sexual experience, and the couples' sexual relationship. The clinician should promote openness and inclusivity, consider cultural context, and tailor counseling to the specific needs of patients who are heterosexual, gay, bisexual, or identify as men who have sex with men, and of transgender women and gender non-conforming patients. (Strong Recommendation; Evidence Strength Grade C)
- **STATEMENT 2:** Patients and partners should be advised that biopsychosocial treatment for sexual problems can mitigate sexual dysfunctions and lead to the recovery of sexual intimacy. (Strong Recommendation; Evidence Strength Grade C)
- **STATEMENT 3:** Patients and partners should be advised that psychological distress, including grief and mourning about sexual losses, resulting from the sexual side-effects of prostate cancer therapies, can be experienced by patients after prostate cancer therapy and by their partners and that this distress can be mitigated with appropriate biopsychosocial rehabilitation strategies. (Strong Recommendation; Evidence Strength Grade C)



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## Part II

# The Impact of Individual Prostate Cancer Therapies on Sexual Function

# Statements 4-16

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- Side-effects of surgery, radiation and hormonal therapy
- Difference between recovery/decline of erectile function, based on treatment type
- Likelihood of not returning to baseline erectile function
- Impact of treatment on sexual function, regardless of RP or RT approaches
- Additional sexual sequelae
- Fertility

*(Strong Recommendation; Evidence Strength Grade B) (Moderate Recommendation; Evidence Strength Grade C)*

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## Part III

# Assessment of Sexual Dysfunction and Sexual Distress

# Statements 17-20

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- Assessment of all aspects of sexuality pre-treatment and throughout follow-up
- Assessment tailored to culture, ethnicity/race, orientation and gender identity
- Assessment of partner's sexuality for designing support for the recovery of sexual intimacy
- Use of validated patient reported outcomes (PROs)

*(Clinical Principle) (Strong Recommendation, Evidence Strength C)*

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## Part V

# Psychosexual Treatment



# Statements 22 - 27

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- Individualized sexual rehabilitation and psychosexual support to be available across the entire survivorship continuum, tailored to prostate cancer therapy type; partnership status and cultural, ethnic, and racial context
- Grief normalized as a typical reaction to sexual losses
- Recognition of unique needs of patients who are gay, bisexual, have sex with men, are transgender or do not identify as male or female
- Referral for specialized treatment in sex therapy if support and education are insufficient
- Referral to group and online support

*(Strong Recommendation; Evidence Strength Grade C)(Clinical Principle)(Expert Opinion)(Moderate Recommendation, Evidence Strength Grade C)*

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# Part VI

## Biomedical Treatment

# Statements 28-42

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## Nerve sparing

- Nerve-sparing surgical treatment options, when available and oncologically safe, irrespective of baseline erectile function.
- *(Strong Recommendation; Evidence Strength Grade C)*

## Penile Rehabilitation

- Define the intent and goals of penile rehabilitation strategies on an individualized basis, including preservation of penile length, maintenance of corporal tissue quality, and early patient engagement in sexual recovery. Penile rehabilitation should not be equated with treatment for the recovery of unassisted erectile function

*(Moderate Recommendation, Evidence Strength Grade C) (Conditional Recommendation, Evidence Strength C)*

# Statements 28-42

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## Other Sexual Dysfunctions

- Offer discussion of other sexual dysfunctions, such as anorgasmia, dysorgasmia, climacturia, penile curvature, and suggest strategies for mitigation
- Insufficient evidence for pelvic floor rehabilitation's effectiveness in treatment of sexual arousal incontinence and climacturia

## Testosterone Therapy

- Individualized offer of treatment with discussion of benefits and risks

*(Expert Opinion) (Moderate Recommendation, Evidence Strength Grade C) (Conditional Recommendation, Evidence Strength Grade C) (Clinical Principle)*

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# Part IV and Part VII

## Lifestyle Modification

# Statement 21 and Statement 43

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- Optimizing overall and sexual health by reducing/avoiding smoking, engaging in physical activity and increasing plant-based food vs red and processed meat.  
*(Clinical Principle)*
- Patients and partners should be informed about the importance of and benefits of exercise for sexual health as a component of medical management related to ADT.  
*(Moderate Recommendation; Evidence Strength Grade C)*

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# Part VIII

## Clinician Education

# Statement 44

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- **STATEMENT 44:** Clinicians should be provided with sexual health education in interprofessional groups using case based/reflective learning approaches, adopting a biopsychosocial lens and incorporating attention to diversity and sexual minorities. (*Strong Recommendation; Evidence Strength Grade C*)



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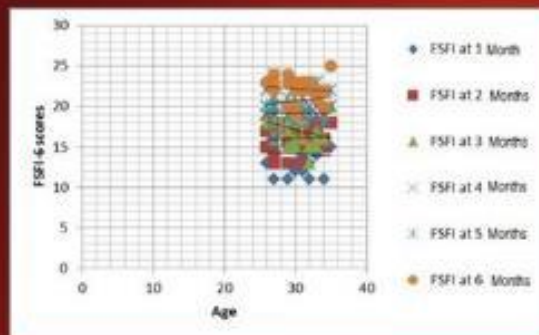
## Part IX

# Healthcare Programs and Systems

# Statements 45-47

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- Providers and healthcare systems should develop culturally appropriate materials for counseling regarding to the impact of prostate cancer treatment on sexual health
- Insurance coverage for the treatment of sexual dysfunctions secondary to prostate cancer therapies should become universally available in order to recognize the validity of this aspect of prostate cancer care and to reduce disparities in access to care



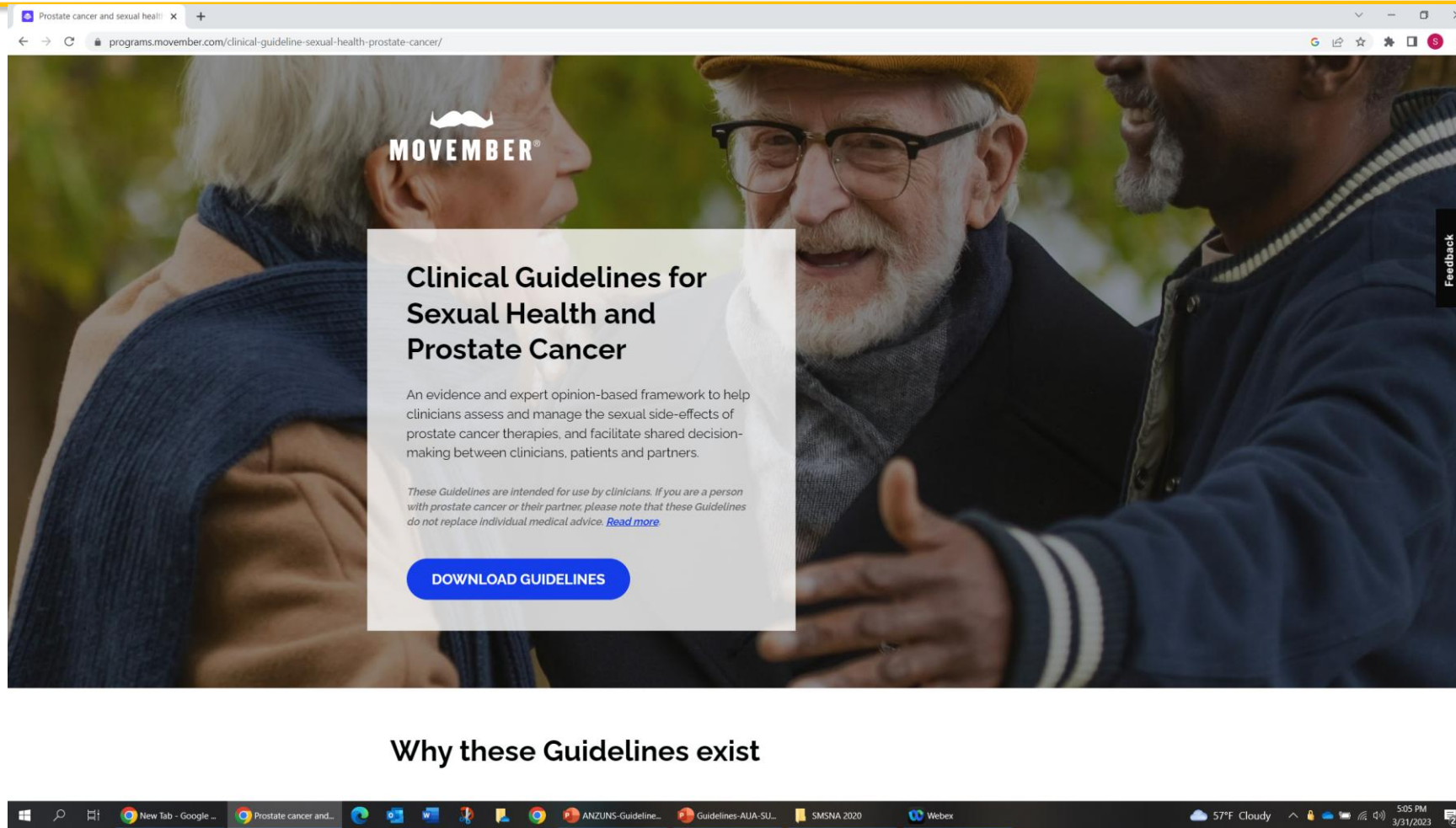
ONCOLOGY

## Guidelines for Sexual Health Care for Prostate Cancer Patients: Recommendations of an International Panel



Daniela Wittmann, PhD, MSW,<sup>1</sup> Akanksha Mehta, MD,<sup>2</sup> Eilis McCaughan, PhD, RN,<sup>3</sup> Martha Faraday, PhD,<sup>4</sup> Ashley DUBY, MS,<sup>1</sup> Andrew Matthew, PhD,<sup>5</sup> Luca Incrocci, MD,<sup>6</sup> Arthur Burnett, MD,<sup>7</sup> Christian J. Nelson, PhD,<sup>8</sup> Stacy Elliott, MD,<sup>9</sup> Bridget F. Koontz, MD,<sup>10</sup> Sharon L. Bober, PhD,<sup>11</sup> Deborah McLeod, PhD,<sup>12</sup> Paolo Capogrosso, MD,<sup>13</sup> Tet Yap, MD,<sup>14</sup> Celestia Higano, MD,<sup>15</sup> Stacy Loeb, MD,<sup>16</sup> Emily Capellari, MLIS,<sup>17</sup> Michael Glodé, MD,<sup>18</sup> Heather Goltz, PhD, MSW,<sup>19</sup> Doug Howell,<sup>20</sup> Michael Kirby, MD,<sup>21</sup> Nelson Bennett, MD,<sup>22</sup> Landon Trost, MD,<sup>23,24</sup> Phillip Odiyo Ouma, MS,<sup>25</sup> Run Wang, MD,<sup>26,27</sup> Carolyn Salter, MD,<sup>28</sup> Ted A. Skolarus, MD, MPH,<sup>1,29</sup> John McPhail,<sup>30</sup> Susan McPhail,<sup>30</sup> Jan Brandon,<sup>31</sup> Laurel L. Northouse, PhD, RN,<sup>32</sup> Kellie Paich, MPH,<sup>33</sup> Craig E. Pollack, MD, MHS,<sup>34</sup> Jen Shifferd, MPT,<sup>35</sup> Kim Erickson, PT,<sup>35</sup> and John P. Mulhall, MD<sup>36</sup>

# Unabridged Guidelines on Movember Website



The screenshot shows a web browser window with the URL `programs.movember.com/clinical-guideline-sexual-health-prostate-cancer/`. The page features a background image of three people: a woman with white hair, an older man with glasses and a beard, and a younger man. The Movember logo is in the top left. The main heading is "Clinical Guidelines for Sexual Health and Prostate Cancer". Below it is a paragraph: "An evidence and expert opinion-based framework to help clinicians assess and manage the sexual side-effects of prostate cancer therapies, and facilitate shared decision-making between clinicians, patients and partners." A smaller paragraph follows: "These Guidelines are intended for use by clinicians. If you are a person with prostate cancer or their partner, please note that these Guidelines do not replace individual medical advice. [Read more](#)". A blue button labeled "DOWNLOAD GUIDELINES" is at the bottom of the text box. A "Feedback" button is on the right side of the page. The Windows taskbar at the bottom shows several open applications and the system tray with the date 3/31/2023 and time 5:05 PM.

Prostate cancer and sexual health | x +

programs.movember.com/clinical-guideline-sexual-health-prostate-cancer/

**MOVEMBER**

## Clinical Guidelines for Sexual Health and Prostate Cancer

An evidence and expert opinion-based framework to help clinicians assess and manage the sexual side-effects of prostate cancer therapies, and facilitate shared decision-making between clinicians, patients and partners.

*These Guidelines are intended for use by clinicians. If you are a person with prostate cancer or their partner, please note that these Guidelines do not replace individual medical advice. [Read more](#)*

**DOWNLOAD GUIDELINES**

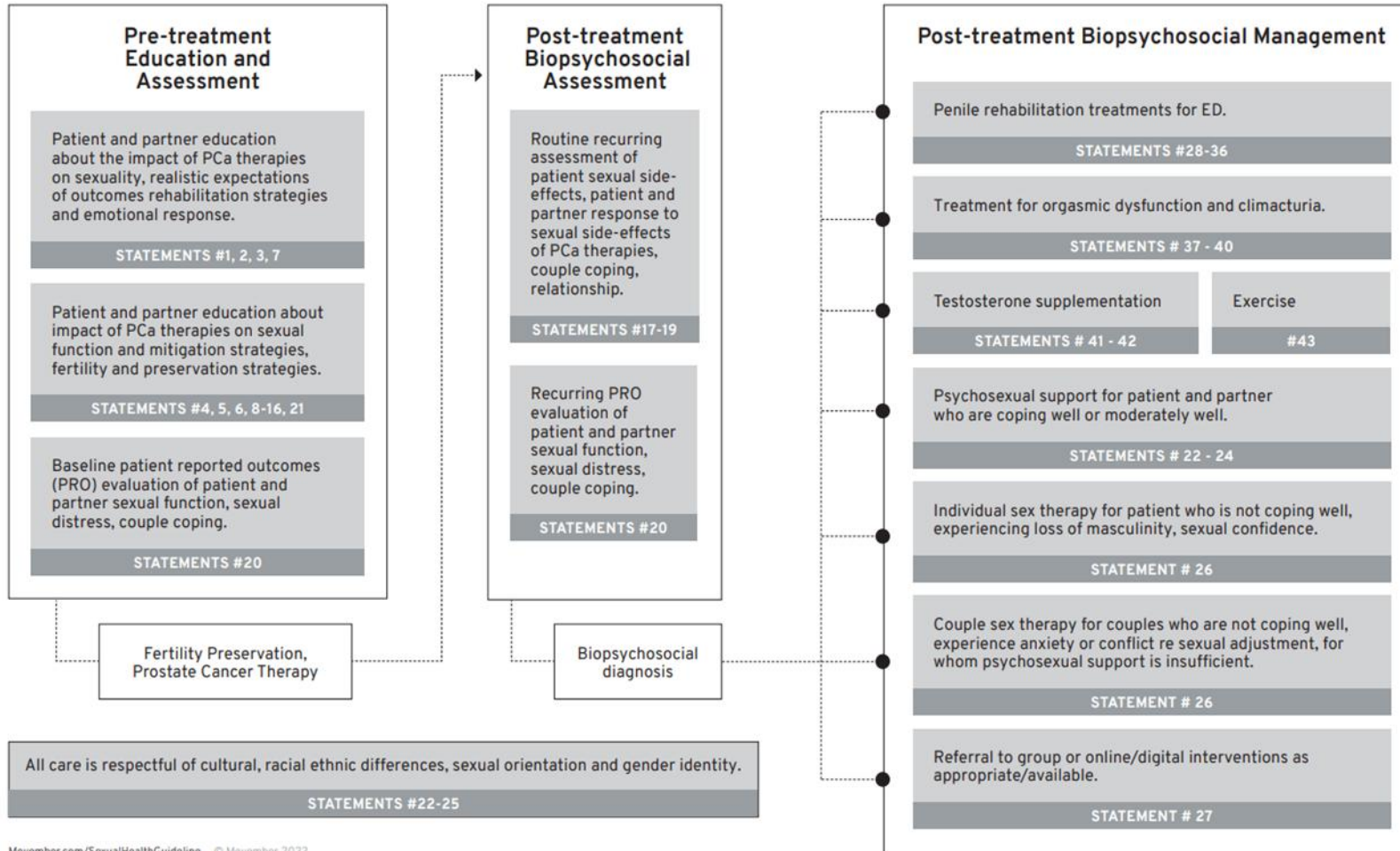
Feedback

### Why these Guidelines exist

Windows taskbar: New Tab - Google..., Prostate cancer and..., ANZUNS-Guideline..., Guidelines-AUA-SU..., SMSNA 2020, Webex, 57°F Cloudy, 5:05 PM 3/31/2023

# SUMMARY OF GUIDELINES STATEMENTS

## Sexual Health Care for Prostate Cancer Patients



Movember.com/SexualHealthGuideline © Movember 2022



# Patient Version

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- Patient version is now available, published on Movember website

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# Endorsements



International Society for Sexual Medicine (ISSM)



Sexual Medicine Society of North America (SMSNA)



Society of Urologic Nurses and Associates (SUNA)



American Psycho-oncology Society (APOS)



European Association of Urology Nurses (EAUN)



# Dissemination and Implementation

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- Movember has approved \$750K over 3 years to fund a global dissemination of the guidelines in partnership with ISSM
- Efforts to implement the guidelines in several countries are under way  
Australia, UK, USA, Canada, New Zealand



# Thank You



[dwittman@med.umich.edu](mailto:dwittman@med.umich.edu)



@DrWittmann



[mulhallj1@mskcc.org](mailto:mulhallj1@mskcc.org)



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Memorial Sloan Kettering  
Cancer Center