



P3 - PROSTATE CANCER - FORUM 2025

Perspectives, Possibilities, Progress

Improving sexual health outcomes in prostate cancer:
a focus on sexual & gender minorities

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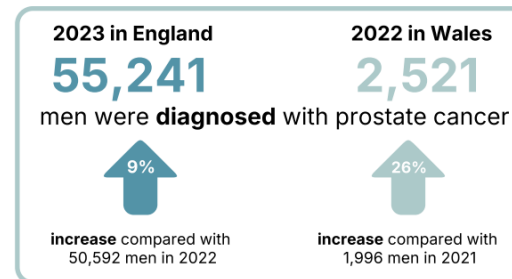
- Presentation today sponsored by Bayer
- Grant holder: Prostate Cancer UK, Movember, NIHR, Storz, Boston Scientific

Sexual health & prostate cancer

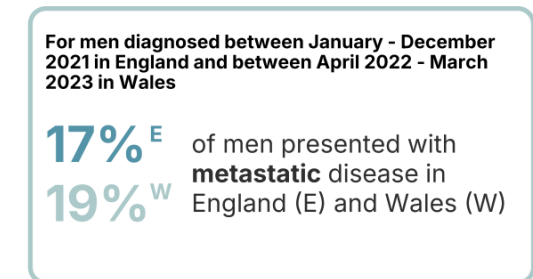


- Significant increase in prostate cancer diagnosis in the UK → rise of 9% new cases in England alone from 2022 to 2023¹
- Direct impact → many more patients will be faced with treatment choices
- Prostate cancer treatments can have substantial effects on sexual function²
- Sexuality is a critical component of cancer survivorship
- Sexual dysfunction, but not other patient-reported functional outcomes, is significantly associated with treatment-related regret → poorer HRQoL/mental health outcomes²

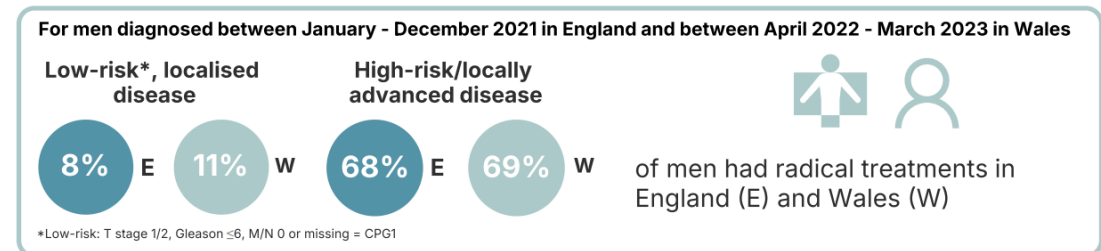
Diagnosis & staging



Disease presentation



Treatment allocation



Adapted from NPCA State of the Nation report, January 2025.

Sexual & Gender Minorities (SGM)



- Existing research focused on the effects of treatment in heterosexual intercourse → research into effects of treatment in sexual & gender minority populations is minimal¹⁻³
 - NCI Community Oncology Research Program, only 24% and 10% centres routinely collected sexual orientation and gender identity data²
- Estimates of the numbers of men who have sex with men globally suggest a prevalence of 6-20%⁴
 - Over 10% of individuals in England and Wales over the age of 16 did not identify themselves as heterosexual^{5,6}
 - 0.5% of people aged > =16 in England & Wales reported a gender identity different from their sex registered at birth⁵
 - In the US, an estimated 97,845–123,006 gay and bisexual prostate men are living with a diagnosis of prostate cancer, including 39,138–73,804 men in male couples⁷

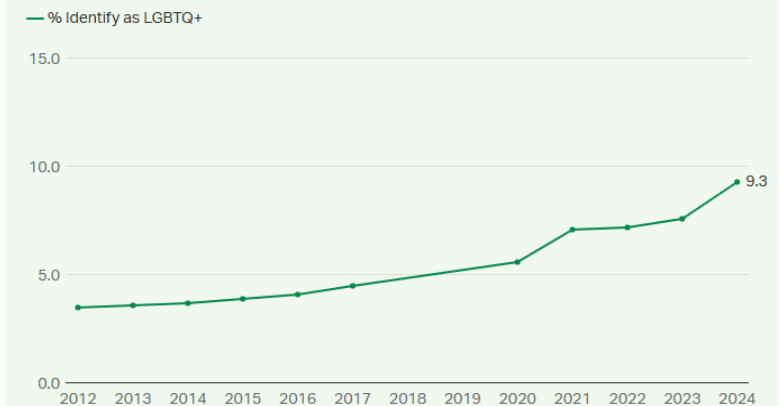
- The lack of data on sexual orientation is a barrier to care → SGM sexual health treatment, rehabilitation and social support¹
- In a national survey of oncologists, only 39.6% agreed that knowing a patient's sexual orientation was important²
- 16% who accessed public health services had a negative experience because of sexual orientation, and at least 38% because of their gender identity³
- In 2011 the United States declared LGBT people a health disparity population → untrained providers, discrimination and the related unsafe health care environment as the root causes¹
- The US NIH recommended that research be directed to understanding the healthcare needs of LGBT populations in order to provide care tailored to their needs⁴

Speaker's own opinion. LGBTQ+, lesbian, gay, bisexual, transgender or something other than heterosexual; SGM, sexual and gender minorities.

1. Graham R et al. The Health of Lesbian, Gay, Bisexual, and Transgender People Building a Foundation for Better Understanding. The Academies Press; 2011; 2. Schabath MB et al. J Clin Oncol. 2019 Jan 16;37(7):547–558; 3. The UK National LGBT Survey (n = 108,000); 4. Alexander R, et al. LGBT Health. 2016 Feb 1;3(1):7–10; 5. Gallup Poll, US sexual orientation and transgender identity survey, 2025. Available at: <https://news.gallup.com/poll/656708/lgbtq-identification-rises.aspx>. Accessed: April 2025.

Americans' Self-Identification as Lesbian, Gay, Bisexual, Transgender or Something Other Than Heterosexual, 2012-2024

Which of the following do you consider yourself to be? You can select as many as apply. Straight or heterosexual; Lesbian; Gay; Bisexual; Transgender



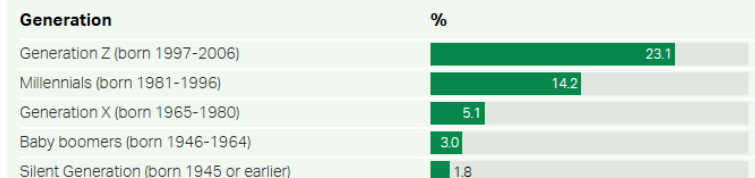
Respondents who volunteer another identity (e.g., queer; same-gender-loving; pansexual) are recorded as "Other LGBTQ+" by interviewers. These responses are included in the LGBTQ+ estimate. Data were not collected in 2018 and 2019. 2012-2013 wording: Do you, personally, identify as lesbian, gay, bisexual or transgender?

Get the data • Download image

GALLUP

U.S. Adults' Self-Identification as LGBTQ+, by Generation, 2024

Figures are the percentage who consider themselves to be Lesbian; Gay; Bisexual; Transgender; or something other than heterosexual.



Based on aggregated data from 2024 Gallup telephone polls

Get the data • Download image

GALLUP

Sexual dysfunction following prostate cancer treatment



Sexual dysfunction, but not other patient-reported functional outcomes, is significantly associated with treatment –related regret → poorer HRQoL/Mental health outcomes¹

- Erectile dysfunction²
- Anejaculation²
- Climacturia²
- Decreased penile length²
- Penile curvature²
- Change in orgasmic sensation²
- Unique treatment impacts in SGM might include^{3,4}:
 - problematic anal intercourse, including ano-dyspareunia & altered pleasurable sensation
 - altered sexual function in relation to receptive anal & neovaginal intercourse
 - changes to patients' role in sex
 - interaction with recreational substances

The Global Drug Survey (GDS) is an anonymous, international, online, self-selecting, cross-sectional drugs survey. In the most recently published report, covering 2021, the overall lifetime reported use of 'poppers' amongst 32,022 respondents was **15.8%** and use in the last year was 5.8% [GDS, 2021].

Global Drug Survey 2021;
Advisory Council on the
Misuse of Drugs 2021.

Speaker's own opinion

SGM, sexual and gender minorities.

1. Wallis CJD et al. JAMA Oncol. 2022;8(1):50-59.2. Harrington-Vogt M et al. Urology News 2024 28(3); 3. Tatum A et al., J Sex Res. 2023;60(5):752–761; 4. Crowley F et al. British Journal of Cancer (2023) 128:177–189; 5. Global Drug Survey 2021. Available at: http://www.globaldrugsurvey.com/wp-content/uploads/2021/12/Report2021_global.pdf. Accessed: April 2025.

Transgender Women/Gender Non-conforming patients

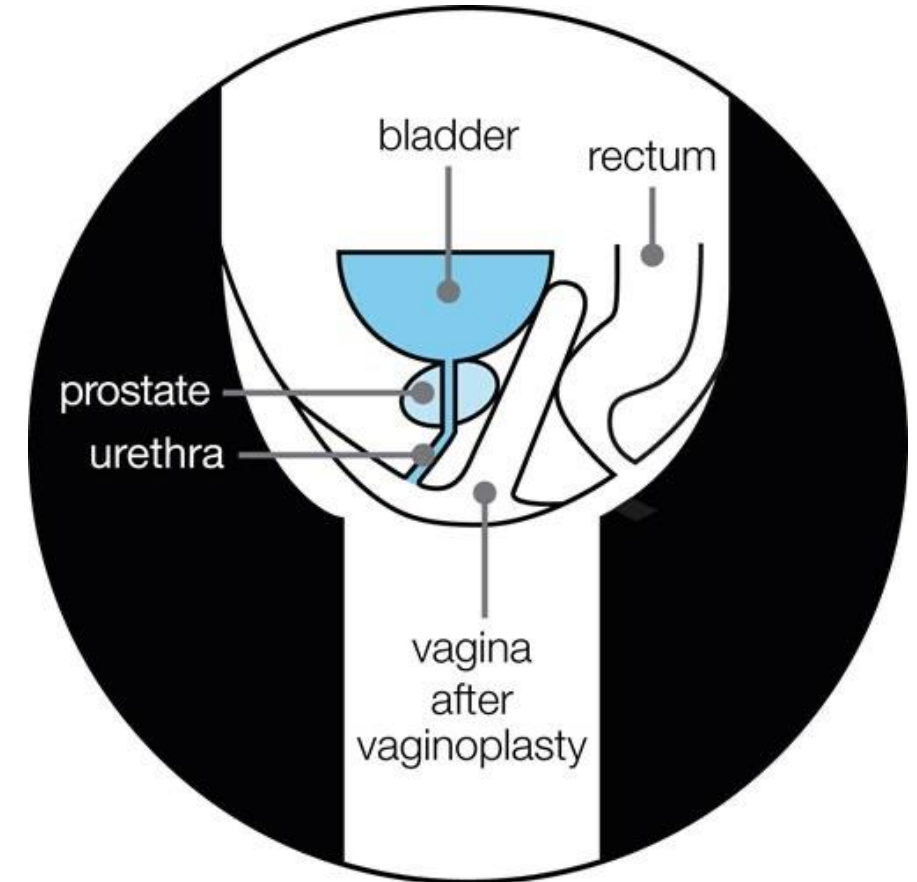


Stigma, discrimination and lack of knowledge can discourage trans and gender non-conforming patients from seeking care¹

Important to know:

→ stage of gender-affirming hormone therapy and gender-affirming surgical intervention

- If a neovaginal canal is present, the prostate can be palpated digitally via a transvaginal approach and should be biopsied only via a transvaginal approach²
- If patient has undergone vaginoplasty with creation of a vaginal canal, then prostatectomy and/or radiotherapy can compromise the skin lining the neovaginal canal²



*Image adapted from: Prostate Cancer UK.
Prostate cancer diagnosis in trans women*

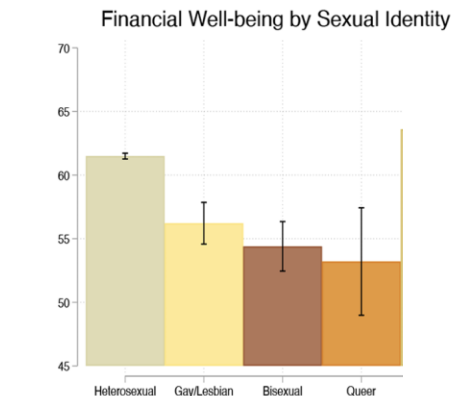
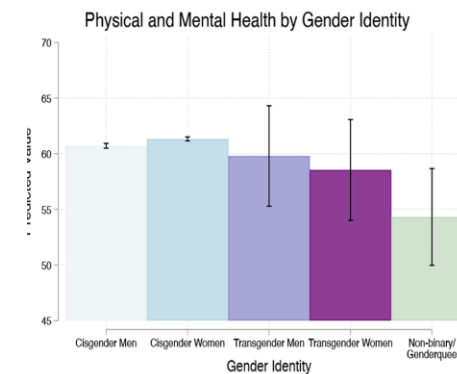
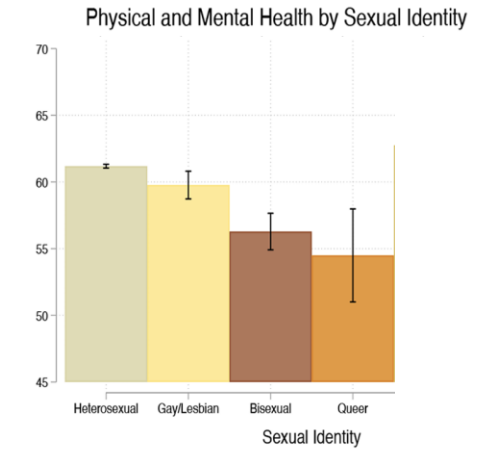
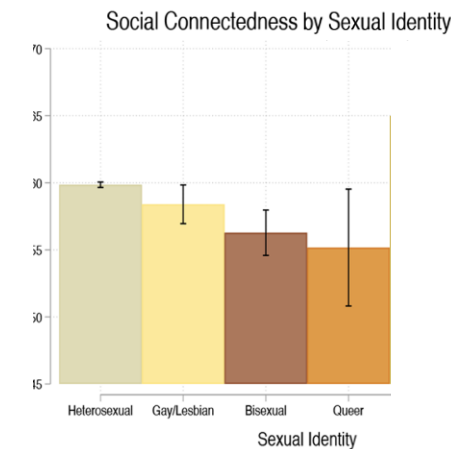
1. Prostate Cancer UK. Prostate cancer diagnosis in trans women. Available at: <https://prostatecanceruk.org/prostate-information-and-support/prostate-tests/prostate-cancer-diagnosis-in-trans-women>. Accessed May 2025;

2. Crowley F et al. British Journal of Cancer (2023) 128:177–189.

SGM Outcomes Challenges



- Trials investigating sexual outcomes after prostate cancer treatment do not collect sexual orientation & gender identity demographic data or outcomes
 - → Recent study of 21 cancer centers from the National Cancer Institute (NCI), only 14% collected sexual orientation information and only 19% distinguished current gender identity from sex assigned at birth
- The outcomes in SGM ethno-cultural minorities &, as a result, intersectional minorities (who are both sexual & ethnic minorities) are even more sparse
- Older lesbian, gay, bisexual & trans+ (LGBT+) people are subject to the same age-related problems as their heterosexual peers, but have poorer health outcomes & worse experiences of healthcare particularly for cancer, palliative/end-of-life and mental health¹
- This is attributable to:
 - Social inequalities, including 'minority stress'
 - Associated health-risk behaviours (e.g smoking, excessive drug/alcohol use, obesity)
 - Loneliness and isolation, affecting physical/mental health and mortality
 - Anticipated/experienced discrimination and
 - Inadequate understanding of needs among healthcare providers
- Lack of partner education → feelings of extreme isolation and consequent greater emotional, financial and health stress in LGBTQ caregivers



Adapted from: Stacey L, Reczek R, Spiker R. 2022.

LGBTQ, lesbian, gay, bisexual, transgender or something other than heterosexual; SGM, sexual and gender minorities.

1. Westwood S, et al. J Epidemiol Community Health. 2020 May;74(5):408-411; 2. Stacey L, Reczek R, Spiker R. 2022 Aug 1;59(4):1403-1430; 3. Boehmer U, et al. LGBT Health 2018 5:2, 112-120; 4. Daniels J, Stephenson R, Langer S, Langston M. Int J Environ Res Public Health. 2023 May 9;20(10):5756; 5. Wheldon CW et al LGBT Health 2018;5(3) 203-211; 6. Fredriksen-Goldsen K et al., Gerontologist. 2022 Aug 7;63(4):751-761.

“Disenfranchised, limited & undermined”



There are a number of regulations in place to protect LGBTQ+ people from discrimination, including:

- **The Equality Act 2010:** This act protects people from discrimination based on sexual orientation, gender reassignment, and other protected characteristics. It also protects people who are perceived to have a particular sexual orientation, or who are associated with someone who has a particular sexual orientation. [🔗](#)
- **The Employment Equality (Sexual Orientation) Regulations 2003:** This regulation prohibited discrimination against sexuality in the workplace. [🔗](#)
- **The Marriage (Same Sex Couples) Act 2013:** This act introduced same-sex marriage in England and Wales. [🔗](#)
- **The Marriage and Civil Partnership (Scotland) Act 2014:** This act introduced same-sex marriage in Scotland. [🔗](#)
- **Directive 2000/78/EC:** This directive prohibits discrimination based on sexual orientation in the workplace and occupation. [🔗](#)

Religious exemption laws can make it more difficult for LGBTQ+ people to access protections. These laws allow religious objectors to refuse service to people based on their personal beliefs. [🔗](#)

LGBTQ+, lesbian, gay, bisexual, transgender or something other than heterosexual.

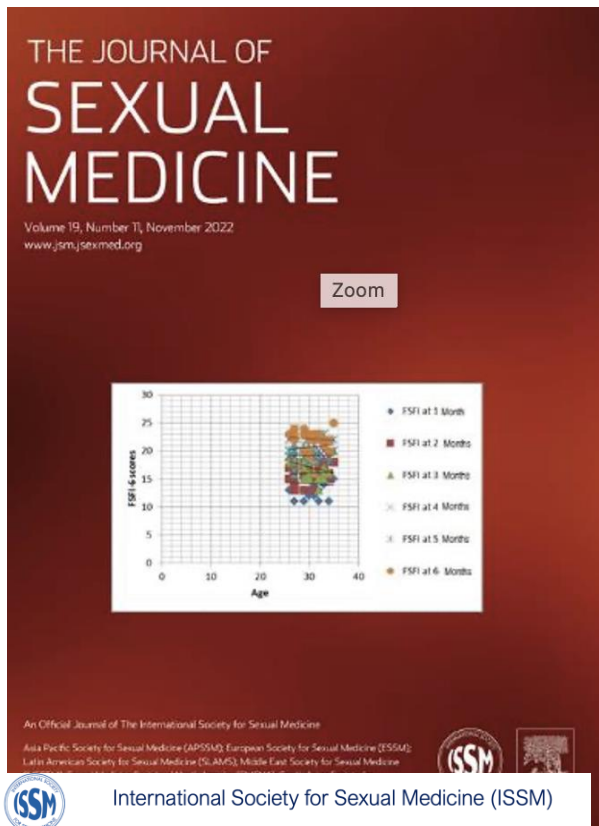
1. The Equality Act 2010. Available at: <https://www.legislation.gov.uk/ukpga/2010/15/contents>. Accessed: April 2025; 2. The Employment Equality (Sexual Orientation) Regulations 2003. Available at: <https://www.legislation.gov.uk/uksi/2003/1661/note/made>. Accessed: April 2025; 3. The Marriage (Same Sex Couples) Act 2013. Available at: <https://www.legislation.gov.uk/ukpga/2013/30/~/text=2013%20CHAPTER%2030.schemes%2C%20and%20for%20connected%20purposes>. Accessed: April 2025; 4. The Marriage And Civil Partnership (Scotland) act 2014. Available at: <https://www.legislation.gov.uk/asp/2014/5/contents>. Accessed: April 2025; 5. Gov.UK Directive 2000/78/EC. Available at: <https://www.legislation.gov.uk/eudr/2000/78/adopted>. Accessed: April 2025; 7. Equality and Human Right Commission. Sexual Orientation discrimination. Available at: <https://www.equalityhumanrights.com/equality/equality-act-2010/your-rights-under-equality-act-2010/sexual-orientation-discrimination>. Accessed May 2025.

Goals of SGM outcomes research



Providing clinicians & SGM patients with an evidence base & tools for optimal management of sexual health consequences of prostate cancer treatment

- Review of current evidence and lessons from other specialties
 - Unclear how frequently issues around problematic anal intercourse occur, what their impact is on quality of life or how effective the strategies employed e.g., adjusting roles in anal sex actually are
- Finding, testing & using inclusive assessment tools
- Engaging SGM in research
- Tailoring interventions for SGM patients
- Developing tools to communicate recommendations to SGM & HCPs
- Training HCPs on how to initiate discussions with SGM



International Society for Sexual Medicine (ISSM)



Sexual Medicine Society of North America SMSNA



Society of Urologic Nurses and Associates (SUNA)



European Association of Urology Nurses (EAUN)

THE JOURNAL OF SEXUAL MEDICINE

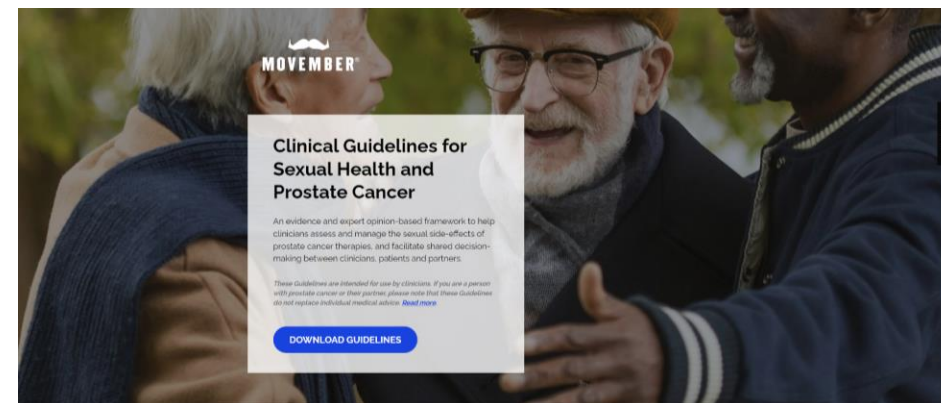
ORIGINAL RESEARCH & REVIEWS

ONCOLOGY

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

Check for updates

Daniela Wittmann, PhD, MSW,¹ Akanksha Mehta, MD,² Eilis McCaughan, PhD, RN,³ Martha Faraday, PhD,⁴ Ashley Duby, MS,¹ Andrew Matthew, PhD,⁵ Luca Incrocci, MD,⁶ Arthur Burnett, MD,⁷ Christian J. Nelson, PhD,⁸ Stacy Elliott, MD,⁹ Bridget F. Koontz, MD,¹⁰ Sharon L. Bober, PhD,¹¹ Deborah McLeod, PhD,¹² Paolo Capogrosso, MD,¹³ Tet Yap, MD,¹⁴ Celestia Higano, MD,¹⁵ Stacy Loeb, MD,¹⁶ Emily Capellari, MLIS,¹⁷ Michael Glodé, MD,¹⁸ Heather Goltz, PhD, MSW,¹⁹ Doug Howell,²⁰ Michael Kirby, MD,²¹ Nelson Bennett, MD,²² Landon Trost, MD,^{23,24} Phillip Odiyo Ouma, MS,²⁵ Run Wang, MD,^{26,27} Carolyn Salter, MD,²⁸ Ted A. Skolarus, MD, MPH,^{1,29} John McPhail,³⁰ Susan McPhail,³⁰ Jan Brandon,³¹ Laurel L. Northouse, PhD, RN,³² Kellie Paich, MPH,³³ Craig E. Pollack, MD, MHS,³⁴ Jen Shifferd, MPT,³⁵ Kim Erickson, PT,³⁵ and John P. Mulhall, MD³⁶



Systematic Literature Review

- The guideline was developed by an international multidisciplinary expert panel and a guideline methodologist – Martha Faraday, PhD.
- A systematic literature review, designed to reflect the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA)[4] using the Ovid MEDLINE, Scopus, CINAHL, PsychINFO, LGBT Life, and Embase databases (search dates 1995 through 2022) was conducted.
- 610 manuscripts were included in the review.

External Peer Reviewers

- 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

Statements

- 47 statements
- Statements generally focus on clinicians educating the patients and partners

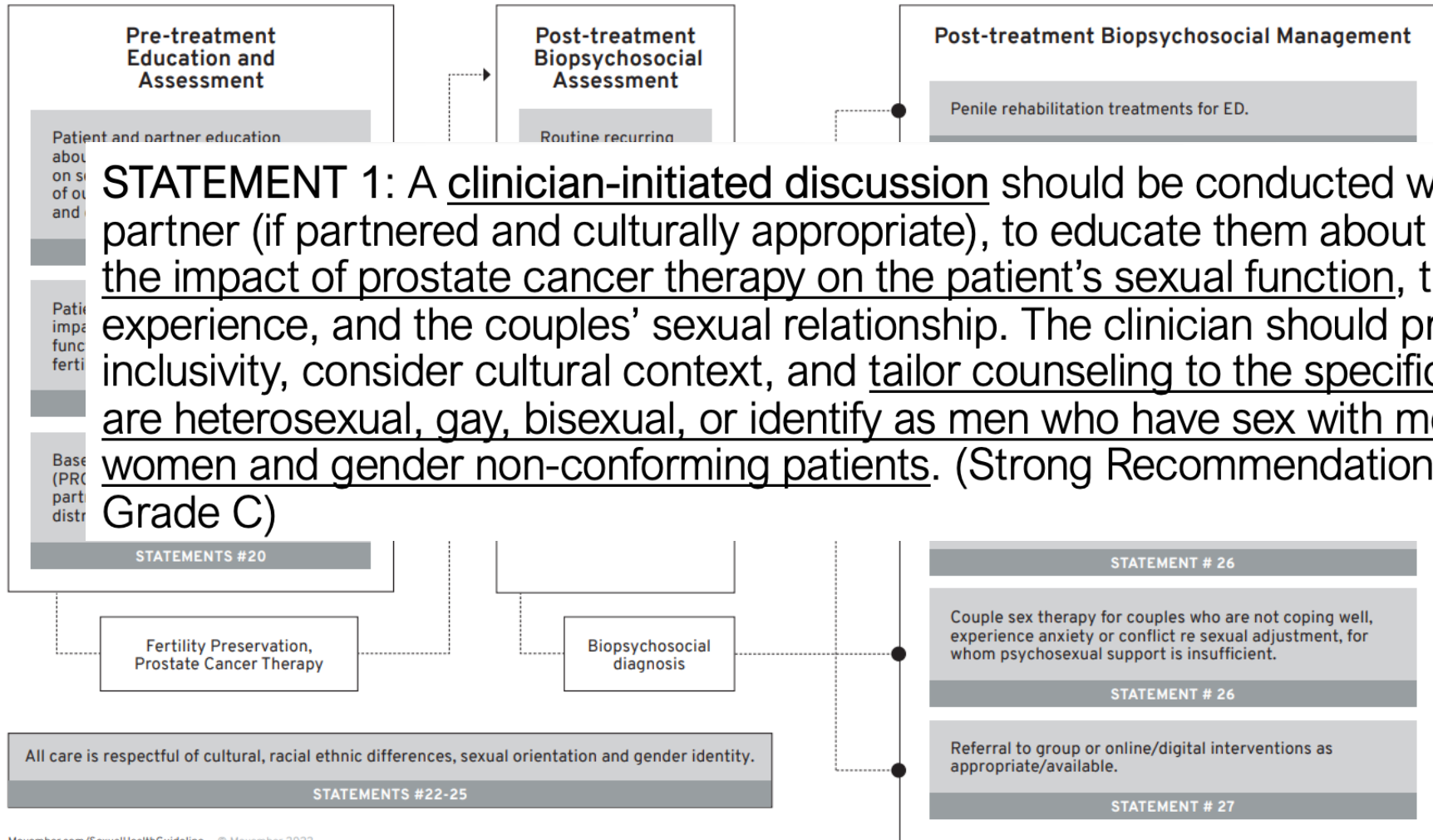
Evidence Statements

Nomenclature Linking Statement Type to Level of Certainty, Magnitude of Benefit or Risk/Burden, and Body of Evidence Strength (AUA)

	Evidence Strength A (High Certainty)	Evidence Strength B (Moderate Certainty)	Evidence Strength C (Low Certainty)
Strong Recommendation	Benefits > Risks/Burdens (or vice versa)	Benefits > Risks/Burdens (or vice versa)	Benefits > Risks/Burdens (or vice versa)
(Net benefit or harm substantial)	Net benefit (or net harm) is substantial Applies to most patients in most circumstances and future research is unlikely to change confidence	Net benefit (or net harm) is substantial Applies to most patients in most circumstances but better evidence could change confidence	Net benefit (or net harm) appears substantial Applies to most patients in most circumstances but better evidence is likely to change confidence (rarely used to support a Strong Recommendation)
Moderate Recommendation	Benefits > Risks/Burdens (or vice versa)	Benefits > Risks/Burdens (or vice versa)	Benefits > Risks/Burdens (or vice versa)
(Net benefit or harm moderate)	Net benefit (or net harm) is moderate Applies to most patients in most circumstances and future research is unlikely to change confidence	Net benefit (or net harm) is moderate Applies to most patients in most circumstances but better evidence could change confidence	Net benefit (or net harm) appears moderate Applies to most patients in most circumstances but better evidence is likely to change confidence
Conditional Recommendation	Benefits = Risks/Burdens	Benefits = Risks/Burdens	Balance between Benefits & Risks/Burdens unclear
(No apparent net benefit or harm)	Best action depends on individual patient circumstances Future research unlikely to change confidence	Best action appears to depend on individual patient circumstances Better evidence could change confidence	Alternative strategies may be equally reasonable Better evidence likely to change confidence
Clinical Principle	A statement about a component of clinical care that is widely agreed upon by urologists or other clinicians for which there may or may not be evidence in the medical literature		
Expert Opinion	A statement, achieved by consensus of the Panel, that is based on members' clinical training, experience, knowledge, and judgment for which there is no evidence		

Summary of guidelines statements

Sexual Health Care for Prostate Cancer Patients



Movember.com/SexualHealthGuideline © Movember 2022

LGBT, lesbian, gay, bisexual, trans.

1. Movember. Guidelines for sexual health care for prostate cancer patients. 2022. Available at: <https://truenorth.movember.com/images/assets/SexualHealthGuidelines.pdf>. Accessed: April 2025.

SECTION 5: GUIDELINE STATEMENTS SUPPORTING WITH EVIDENCE

I.	Counseling Patients and Partners about the Impact of Prostate Cancer Therapies on the Biopsychosocial Aspects of Sexuality
II.	Counseling Patients and Partners about the Specific Impact of Individual Prostate Cancer Therapies on Sexual Function
III.	Assessment of Sexual Function and Sexual Distress
IV.	Lifestyle Modification
V.	Psychosocial Treatment
VI.	Biomedical Treatment
VII.	Lifestyle Modification Strategies
VIII.	Clinician Education and Training
IX.	Healthcare Programs and Systems

III. Assessment of Sexual Function and Sexual Distress

STATEMENT 17: Clinicians should offer screening and assessment prior to prostate cancer therapy regularly throughout follow-up, tailored to cultural context, sexual orientation, and gender identity. *(Clinical Principle)*

V. Psychosocial Treatment

STATEMENT 22: Clinicians should provide education, individualized sexual rehabilitation, and psychosexual support to patients and partners across the entire to survivorship continuum, tailored to: prostate cancer therapy type; partnership status, cultural, ethnic, and racial context, sexual orientation, and gender identity. *(Strong Recommendation; Evidence Strength Grade C)*

STATEMENT 25: Clinicians should support patients who are gay or bisexual, men who have sex with men, transgender women and gender non-conforming patients and their partners with information relevant to their sexual experience and guide them towards finding meaningful support resources. *(Expert Opinion)*

I. Counseling Patients and Partners about the Impact of Prostate Cancer Therapies on the Biopsychosocial Aspects of Sexuality

Clinicians should adopt an inclusive approach and ensure that counseling is tailored to the patient's cultural background, ethnicity, race, sexual orientation, and gender identity.

II. Counseling Patients and Partners about the Specific Impact of Individual Prostate Cancer Therapies on Sexual Function

STATEMENT 9: Patients and partners should be counseled that both prostatectomy and radiation therapy may be associated with orgasmic pain, decreased sexual desire, anodyspareunia during anal intercourse, and changes in ejaculatory function. Prostatectomy results in immediate and complete loss of ejaculate volume, while radiation therapy is associated with a more gradual decline and variable reduction in ejaculate volume. *(Moderate Recommendation; Evidence Strength Grade C)*

STATEMENT 10: Patients and partners should be counseled that sexual arousal incontinence and climacturia may occur after radical prostatectomy with the potential to recover with recovery of urinary control. *(Strong Recommendation, Evidence Strength Grade C)*

People with different sexual orientations and gender identities, such as gay and bisexual men, transgender women, and those who do not identify as male or female, may have unique needs that require tailored treatment approaches. For instance, counseling for gay and bisexual men should address topics like the importance of a firmer erection for anal penetration or the significance of ejaculate.

VIII. Clinician Education and Training

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

Allensworth-Davies D, Blank TO, de Vries B and Lombardi E. Toward a more comprehensive model of prostate cancer care inclusive of gay and bisexual men and transgender women. In Ussher J, Perz J and Rosser BRS: *Gay and Bisexual Men Living with Prostate Cancer*, Harrington Park Press, New York, NY, 2018.

Screening	Diagnosis	Treatment	Post Treatment/ Survivorship
<ul style="list-style-type: none"> • More behavioral risk factors (e.g., alcohol, drug, or tobacco use) • More psychiatric comorbidity • More likely to be HIV+ • Even if partnered, may be in a sexually nonmonogamous relationship • May have a partner who has already been diagnosed/ treated or prostate cancer • Lower baseline self-esteem owing to stigma as a sexual minority • May not be “out” • May have internalized homophobia/trans-phobia • May not present or identify as male 	<ul style="list-style-type: none"> • May not disclose sexual orientation or gender identity owing to fear of discrimination/receiving substandard quality of care • May perceive providers or care environment as insensitive and/or inhospitable • Patient requires help in treatment decision making, emotional support, and postsurgical planning. May not have a partner or amily member to assist in these roles • Willingness to disclose sexual orientation and comfort with provider(s) may affect engagement in treatment decision making 	<ul style="list-style-type: none"> • Urinary, bowel, and sexual function concerns may overlap • Sex more broadly conceptualized and may include: <ul style="list-style-type: none"> ◦ anal sex ◦ oral sex ◦ masturbation ◦ kissing/massage ◦ role play/toys • Sexual function in some form still central to identity among gay/bisexual men, including erectile function and ejaculate • Non-masculine identity would provide different concerns regarding side effects and treatment 	<ul style="list-style-type: none"> • Willingness to disclose sexual orientation or gender identity and comfort with provider(s) may affect compliance with follow-up care • Because sex is conceptualized differently, may be more adaptable to changes in function • If partnered, type of support available and effect on relationship may be different from those for straight men (e.g., monogamous relationship may become nonmonogamous) • If not partnered, may have few or no sources of practical/emotional support • Few outside support resources available to gay or transgender prostate cancer survivors (e.g., support groups)

STATEMENT 17: Clinicians should provide a baseline assessment prior to prostate cancer treatment and continue assessment throughout follow-up, tailored to the patient's needs, sexual orientation, and gender identity.

STATEMENT 22: Clinicians should provide individualized sexual rehabilitation, and support to patients and partners across survivorship continuum, tailored to: prostate therapy type; partnership status, cultural/racial context, sexual orientation, and gender identity. *(Strong Recommendation; Evidence Sufficient)*

From Simon Rosser, B. R., et al. (Sexual and Relationship Therapy, 2016) The effects of radical prostatectomy on gay and bisexual men's sexual functioning and behavior: qualitative results from the restore study

Conceptual Model for Cancer Screening for Trans Women

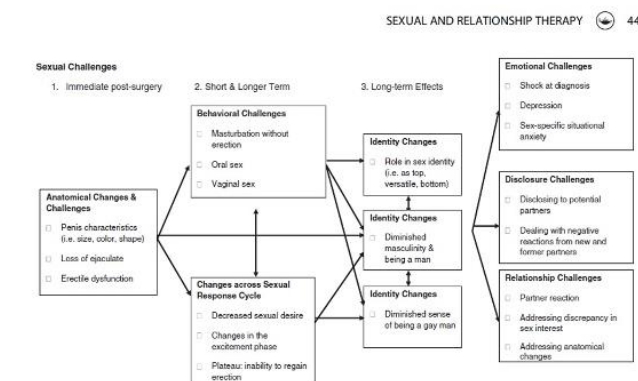


Figure 1. Visual schematic of the psychosexual effects of radical prostatectomy on gay and bisexual men ($N = 19$ in-depth qualitative interviews).

In Sterling & Garcia, Cancer screening in the transgender population: a review of current guidelines, best practices, and a proposed care model. *Translational Andrology and Urology*, 2020

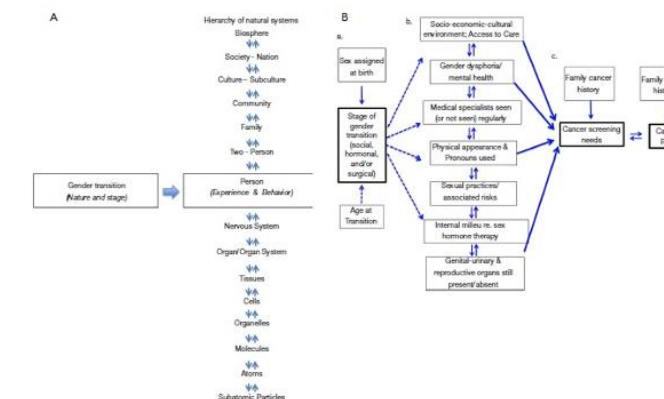


Figure 2 Gender transition and the biopsychosocial model. (A) Model for healthcare of the transgender and gender non-conforming individual that accounts for the complex interplay between the individual; gender transition, biological and social systems; (B) cancer risk at any given time is influenced by the multiple levels of organization that Ensel describes in the biopsychosocial model.

ethnic and racial diversity and to sexual minorities.
(*Strong Recommendation: Evidence Strength Grade C*)

he patient's cultural background,

Specific Impact of Dual Function

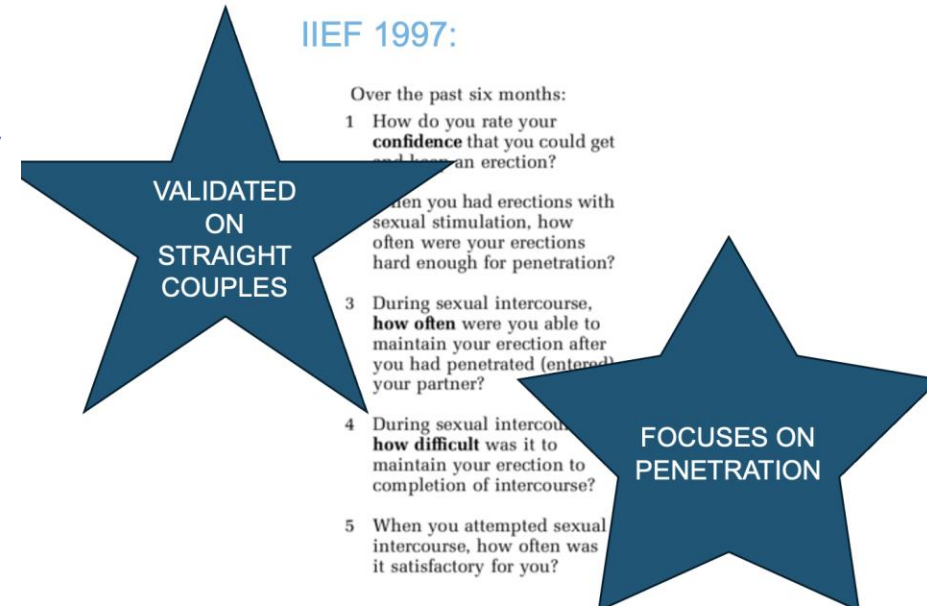
ts and partners should be
rousal incontinence and
after radical prostatectomy
cover with recovery of urinary
Recommendation, Evidence Strength

Inclusive assessment tools



- In a review of 12 common sexual function scales in prostate cancer survivors, all focused primarily or exclusively on erectile function & seven (58%) explicitly defined intercourse as vaginal penetration¹
 - None addressed anal sex, receptive anal pain, role-in-sex adjustment or urinary incontinence problems during sex/at orgasm
- Existing PROMs lack validity in measuring quality of life among SGM with prostate cancer^{1,3}
- Up to 35% of heterosexual men may also engage in anal intercourse²
- These drivers fuel the need for a more inclusive PROMs that takes into account diverse sexual practices for all patients¹

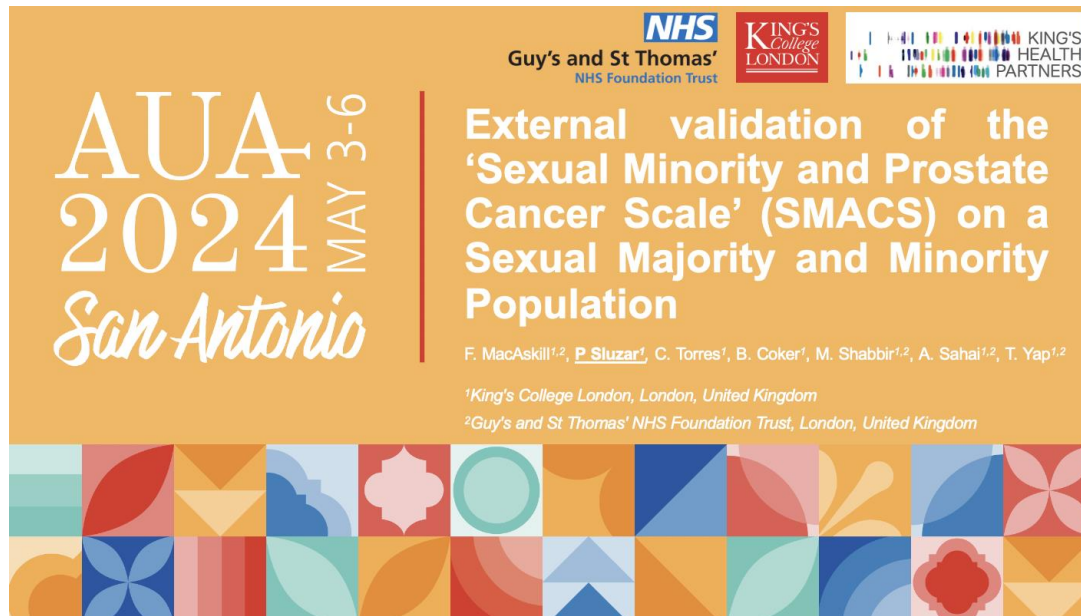
Heteronormative PROMs



Adapted from SHIM/IIEF-5 Patient Questionnaire 1999.

IIEF, international index of erectile function; PROM, patient reported outcomes measures; SGM, sexual and gender minorities.

1. Polter EJ, et al. J Sex Med. 2022 Mar;19(3):529-540; 2. Hess KL, DiNenno E, Sionean C, Ivy W, Paz-Bailey G; NHBS Study Group. AIDS Behav. 2016 Dec;20(12):2966-2975; 3. SHIM/IIEF-5 Patient Questionnaire 1999. Available at: https://www.baus.org.uk/_userfiles/pages/files/patients/leaflets/SHIM.pdf. Accessed: April 2025; 4. Cappelleri JC and Rosen RC. International Journal of Impotence Research 2005;17:307-319.



Creation and Psychometric Validation of the Sexual Minorities and Prostate Cancer Scale (SMACS) in Sexual Minority Patients - The Restore-2 Study

Created with 401 Gay and Bisexual Men

- Validated with EPIC in this population

Assesses 7 domains:

- Problem Count (PC)
- Sexual satisfaction (SS)
- Sexual confidence (SC)
- Frequency of sexual problems (FSP)
- Urinary incontinence in sex (UI)
- Problematic receptive anal sex (PRS)
- Role in Sex Assessment (RIS)

- Successfully validation (vs IIEF & ICIQ/LUTS) of SMACs in an unselected general population of prostate cancer patients in London (n = 305)
- SMACs captured additional independent domains: 'Problems with Receptive Anal Intercourse' and 'Role in Sex' subscales
- Importantly, the SMACS was rated highly acceptable, easy to understand, simple to complete, relevant to sexual issues & appropriately phrased



European Urology
Volume 85, Supplement 1, March 2024, Page S956



A0200 - External validation of the Sexual Minorities and Prostate Cancer Scale (SMACS) in a sexual majority and minority population following robotic prostatectomy (RARP): NCT05772598

MacAskill F.E.N., Torres C., Coker B., Sahai A., Shabbir M., Yap T.

Further work



- **Validate & measure acceptability** of the SMACS in geographically diverse patients across the UK who have had different types of prostate therapy
- **Focus on intersectional minority inclusion** (e.g., ethnic minorities)
- **Gap analysis** for the UK including SGM (focus groups, focused interviews with patients, partners & HCPs)
- Implementation studies including **online survey of HCPs across the UK currently using prostate cancer PROMS**
 - This survey will present findings from the SMACS study & assess the feasibility of centres adopting SMACS as a PROM
- **Crosswalk analysis**, including feasibility of replacing/adapting existing PROMs with the SMACS
- **Movember/PCUK/PCR collaborations**



Centre location	Base Hospital	Site Lead (s)
Scotland	Aberdeen	Prof James N'Dow
Scotland	Edinburgh	Mr Abhishek Sharma & Prof Alan McNeill
Northern Ireland	Belfast	Mr Ram Beekhary
Wales	Swansea	Mr Gokul Kandaswamy
England (SW)	Bristol	Mr Jonathan Anning
England (NW)	Newcastle	Mr Bhavan Rai & Prof Colin Harding
England (NE)	Manchester	Mr Jeremy Oates & Mr Arie Parnham
England (L/East)	GSTT	Dr Simon Hughes & Prof Prokar Dasgupta
England (L/Central)	UCLH	Prof Caroline Moore & Prof Heather Payne
England (L/West)	Imperial	Prof Suks Minhas
England (L/Essex)	Barts Health	Ms Paula Allchorne
England (L/SE)	Croydon/St Georges	Ms Eleni Anastasiadis

Speaker's own opinion and data.

HCP, healthcare professional; PCR, Prostate Cancer Research; PCUK, Prostate Cancer UK; PROM, patient reported outcomes measures; SGM, sexual and gender minorities; SMACS, Sexual Minorities & Prostate Cancer Scale.

Developing Resources



- For SGM patients
 - Awareness of sexual health impacts (including partner) in prostate cancer survivorship
- For HCPs
 - Awareness of SGM issues in prostate cancer survivorship and how to initiate sexual health discussions with SGM patients

DEVELOPING A DIGITAL PROSTATE CANCER RESOURCE FOR SEXUAL AND GENDER MINORITY PATIENTS

LESSONS LEARNED FROM BREAST CANCER

Usamah Ibn Kafil Haling, Piotr Sluzar, Yap Tet

What are the barriers to disseminating and encouraging the use of a new inclusive PROM for prostate cancer patients across the UK? A Literature Review

Heather Watson, Louis Wheeler, Akash Nakirikanti, Rachel Attakora-Bonsu, Poppy Cook, Rachel Bautista, Piotr Sluzar, Tet Yap

A SYSTEMATIC REVIEW OF FACTORS CONTRIBUTING TO THE POOR CANCER SURVIVORSHIP OUTCOMES IN SEXUAL AND GENDER MINORITY PATIENTS

Rishabh Chakrabarti, Tet Yap, Piotr Sluzar

King's College London

Category	Barrier Description	Number of Supporting Studies	Key Findings
Systemic/Assessive Assumptions	HCPs assume patients are cisgender and heterosexual, leading to inappropriate care.	16	One study found 83% of respondents (American Urological Society [Urologists]) do not ask patients about sexual orientation and 26% assume the patient to be heterosexual.
Fear of Disclosure	SGM patients fear bias or dismissal when discussing their identities to HCPs.	13	Survey of South patients and providers indicate that LGBT people experience prejudicial treatment in clinical settings and that some providers exhibit anti-LGBT bias. As a result, many LGBT people report culturally incompetent care, or avoid visiting health care facilities for fear of receiving substandard care.
Lack of SGM Specific Knowledge	HCPs lack knowledge about SGM specific health issues.		Questionnaire Responses: SGM questions cause discomfort or confusion amongst both SGM and non-SGM.

Assessing the Suitability of Current Patient Reported Outcome Measure Surveys in Prostate Cancer Treatment for the Sexual and Gender Minority Population: A Systematic Review

Akash Nakirikanti*, Rachel Bautista*, Louis Tann Wheeler*, Heather Watson*, Poppy Cook*, Rachel Attakora-Bonsu*, Piotr Sluzar*, Tet Yap*

*GKT School of Medical Education, King's College London, London, United Kingdom; *Guy's and St Thomas' NHS Trust, London, United Kingdom

Assessment of Readability and Understandability of the Sexual Minorities and Prostate Cancer Scale

Heather Watson*, Louis Wheeler*, Akash Nakirikanti*, Rachel Attakora-Bonsu*, Poppy Cook*, Rachel Bautista*, Piotr Sluzar*, Tet Yap*

*GKT School of Medical Education, King's College London, London, United Kingdom; *Guy's and St Thomas' NHS Trust, London, United Kingdom

EAU25 MADRID, SPAIN

21-24 March 2025

Cutting-edge Science of Europe's largest Urology Congress

Barriers to acceptance of an inclusive prostate cancer PROM for sexual and gender minority patients: a narrative synthesis of national datasets.

Louis Wheeler, Heather Watson, Poppy Cook, Rachel Attakora-Bonsu, Rachel Bautista, Akash Nakirikanti, Tet Yap, Piotr Sluzar, Tet Yap

www.eau25.org

	North	Midlands	South	London	Wales	Scotland	Urban	Rural
Not open about sexuality in healthcare (%)	20-24	20-22	19-20	16	15	14	18	21
Not open about gender identity in healthcare (%)	6-20	21-24	16-25	15	21	18	17	23
Experienced a hate crime (%)	18-35	19-22	18-19	25	-	-	-	-
Think LGBTQ+ rights have "gone too far" (%)	22	12	19	19	29	21	19	17
Opposed to LGBTQ+ teaching (%)	20	15	18	27	14	27	20	20

Figure 1: Table displaying metrics of acceptance of sexual and gender minorities in the UK and their geographical variation

A comprehensive review exploring exemplar models of training resources for health care professionals on how to discuss sexual function in sexual & gender minority patients in other cancers.

Purav Shah, Piotr Sluzar, Yap Tet

Model Name	Accessibility (/5)	Cost (/5)	Digital (/5)	Frequency of Updates (/5)	Translatable to Other Communities and Languages (/5)	Overall Rating (/25)
Fenway Health	4	4	5	4	4	21
OncolGBT+	5	5	5	4	4	23
SGM Care Workshop	3	3	4	3	3	16

Speaker's own data
HCP, healthcare professional; SGM, sexual and gender minorities.
Wheeler LT et al. Abstract A0149. EAU25, 21-24 Madrid, 2025; Chakrabarti R et al. IR25-33. AUA 2025; Nakirikanti A et al. IP25-27. AUA 2025; Bautista RJV et al. IP25-15. AUA 2025.

Developing Resources



- Focus groups

- >15 SGM patient groups across UK (including partners/caregivers)
- HCP groups (clinicians e.g., urologists, oncologists & psychiatrists, radiation therapists, psychosexual counsellors, nurse practitioners)
- Design & testing

- Focused interviews

- Patients, partners & HCP
- NIHR Research Engagement Group / EORTC Health diversity group
- Design & testing

- Relevant organisations:

- Imperial College Healthcare NHS Trust, UK
- Michigan Medicine, University of Michigan, USA
- Erasmus University Medical Center, Netherlands
- Tackle Prostate Cancer, UK
- Guy's Cancer Academy, UK
- Out with Prostate Cancer, UK
- Prostate Cancer UK
- Prostate Cancer Research, UK
- METRO Charity, UK
- Gender Doctors, UK
- Macmillan Cancer Support, UK
- Barts Cancer Institute, University of London, UK
- University College London, UK
- Orchid, UK

Thank You

&

Questions

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