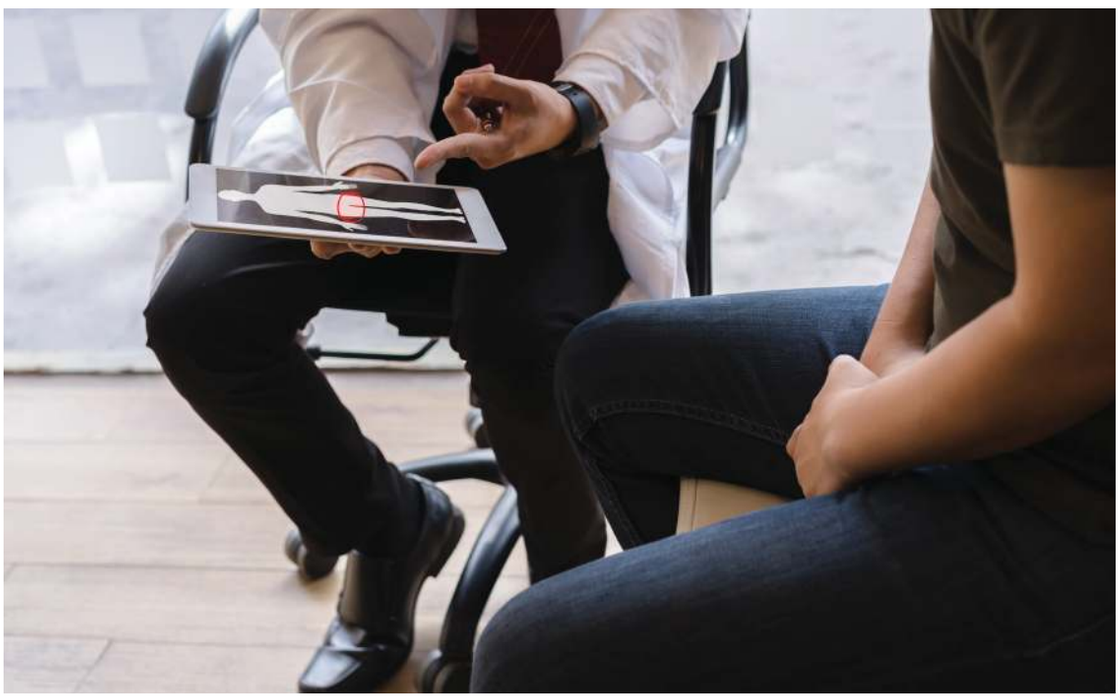
Prostate cancer in gay and bisexual men

Ian Peate discusses this often overlooked aspect of prostate cancer care



Sexual orientation is an important factor to consider when assessing patients

In the UK prostate cancer is the most common cancer in men and accounts for around a quarter (26%) of male cases.[1] One in 8 men at some point in their lives will get prostate cancer, 250,000 men are living with prostate cancer. Mistry et al[2] have predicted that by 2030 prostate cancer is set to become the most prevalent of all cancers in the UK.

There is a dearth of research and understanding concerning the needs and experiences of gay and bisexual men with prostate cancer. In most of the research undertaken to investigate issues affecting men with prostate cancer, one important factor that is repeatedly omitted is the man's sexual orientation.

Sexual orientation

Dibble et al[3] define sexual orientation as 'an enduring emotional, romantic, sexual, or affectional attraction toward others' and it 'exists along a continuum that ranges from exclusive heterosexuality to exclusive homosexuality and includes various forms of bisexuality'. It should be noted that there are men who have sex with men (MSM) or other homosexually active men but non-gay identified, men in heterosexual relationships but are sexually active with men, and transgender women. The needs of MSM will require specific investigation.

"Prostate cancer is often described as a male cancer, anyone who was born with a prostate gland can develop the cancer"

Although prostate cancer is often described as a male cancer, anyone who was born with a prostate can develop prostate cancer. Trans people assigned male at birth and male-assigned non-binary people can get prostate cancer or prostate disease. This includes trans women (or transgender women or transsexual women) who identify and live as women, it is acknowledged that many individuals identify along a spectrum and they may not choose to identify in this manner.

The transgender patient population continues to increase, but information for trans women is limited as little known is known about trans women's experience of prostate cancer. There is much to be learnt about the impact that transitional hormones and gender-confirming surgery can have on the risk of prostate cancer. There is little in the current literature to help address the challenges and opportunities which face this unique patient population.[4]

Gay and bisexual men's health survey

Stonewall's Lesbian, Gay, Bi and Trans Health Report[5] and the Gay and Bisexual Men's Health Survey,[6] the largest survey ever conducted of gay and bisexual men's health needs in the world, demonstrates that many of these health needs are not being met. A number of significant areas of concern were identified noting that health needs for these members of the community have been overlooked by health services.

The Stonewall survey provides evidence that gay and bisexual men often feel neglected by a health system that has a duty to treat everyone equally.[7] This neglect is having an impact on whether these men take advice on health issues or access monitoring and testing services and this will include services associated with prostate disease.

Prostate cancer

Most research into prostate cancer has usually focussed on the experiences of heterosexual men.[8] Where there has been research conducted on the experiences and outcomes of gay and bisexual men living

Fig 1: Zones of the prostate

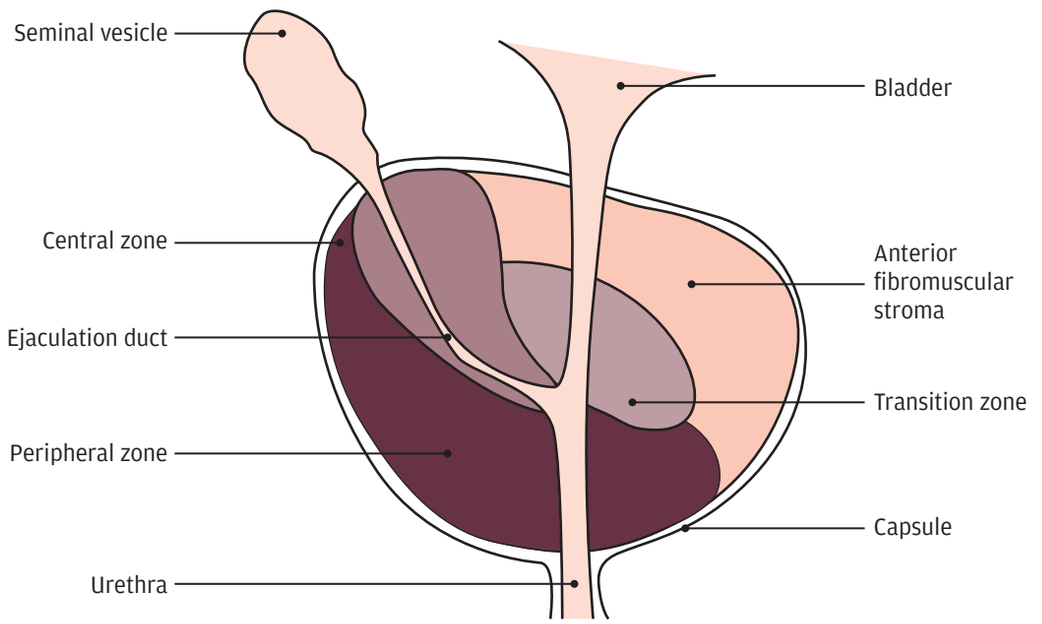


Table 1. Tests and investigation

Test/investigation	Discussion
Prostate Specific Antigen (PSA)	A blood test that measures the amount PSA in the blood.
Digital rectal examination (DRE)	A physical invasive examination
Prostate biopsy	An invasive investigation where thin needles are used to obtain small samples of tissue from the prostate gland. Trans-rectal ultrasound (TRUS) guided biopsy or trans-perineal biopsy

with prostate cancer, it has been small in number and small in scale. There is a need for more detailed research.

Data concerning sexual orientation and prostate cancer is not routinely collected by the NHS or Prostate Cancer UK, nor does it appear to be collected by Cancer Research UK. If this data was available it would have the potential to offer a national perspective of how many gay and bisexual men have prostate cancer, and how many gay and bisexual men use health and non-statutory services. There are however, potential challenges associated with the collection of such data, for example, when and how to ask potentially sensitive questions, respecting privacy and the possible fear amongst men about divulging their sexual orientation.

Despite these challenges, failure to collect such data is in effect failing gay and bisexual men. Gay and bisexual men are not hard to reach/hear groups, and they are not difficult to engage with. What is needed is more effort and creativity in seeking and amassing the data. It is the position of the organisation that is attempting to consult that makes a particular group hard to reach/hear and not the situation of those who are being consulted.

Prostate cancer develops when the cells in the prostate gland start to grow in an uncontrolled way. There are risk factors associated with prostate cancer (see box 1).

Being gay or bisexual, or having anal sex, does not increase the man's risk of getting prostate cancer.

Most prostate cancers are adenocarcinomas arising in the peripheral zone of the prostate gland (see figure 1). The majority of prostate cancers are slow growing, there are some prostate cancers that are aggressive as they grow, in younger men when prostate cancer occurs this is often more aggressive.

The cause of prostate cancer is unknown, genetic and environmental factors are thought to play a role in the cause, the cancer is not believed to be related to benign prostatic hyperplasia. The genes BRCA 1 and BRCA 2 are important risk factors for breast and ovarian cancers that have been implicated in prostate cancer risk and are linked to the aggressive form of prostate cancer.[9]

Prostate cancer can be spread by local extension through the lymphatic system or via the blood stream. The most common sites for metastases are in the bone and lymph nodes.[10]

Signs and symptoms

Signs and symptoms in early prostate cancer are often asymptomatic. If the man does experience symptoms these may be similar to those of other prostate conditions. The symptoms of growths in the prostate are similar regardless if they are benign or malignant. Lower urinary tract symptoms:

- urinary frequency
- hesitancy
- nocturia
- slow urinary stream

Raised prostate specific antigen (PSA), weak urinary stream, hesitancy, a sensation of incomplete emptying of the bladder, urinary frequency, urgency, urge incontinence and urinary tract infection may be present in localized prostatic disease.

With locally invasive disease there may be haematuria, dysuria, incontinence, haematospermia, perineal and suprapubic pain. Urine output will be affected if the ureters are obstructed; there may loin pain, anuria and symptoms of renal failure. The man can also experience erectile dysfunction. If there are rectal symptoms present, tenesmus may be experienced. When there is metastatic disease this can cause pain in the back, hips or pelvis, malaise and weigh loss.

Diagnosis

There is no single test that enables a diagnosis of prostate cancer. Tests for diagnosing prostate cancer are the same for everyone (gay, bisexual, heterosexual), investigations

Box 1. Risk factors associated with prostate cancer[11,12]

- The main risk factor for prostate cancer is older age. This is due to cell DNA damage that has accumulated over time
- Ethnicity is a significant risk factor, higher incidence of prostate cancer in North America and Europe, predominantly amongst Black African or Black Caribbean groups.
- Risk increases 2-3 times if a first-degree relative is diagnosed at an early age. There is a greater risk with a family history of breast cancer.
- It has been suggested that diet could also be a significant risk factor.
- There is increased risk with those men in occupations such as farming (pesticide exposure) and those who are exposed to radiation or cadmium
- Overweight and obesity might be associated with later-stage diagnosis as hormonal factors in excess body weight may promote cancer development

Box 2. How long should men abstain from anal sex[13]

- Prior to PSA blood test - one week – may lead to an inaccurate result
- After transrectal biopsy - two weeks - may cause bleeding, pain or increase the risk of infection
- Following transperineal biopsy - one week - this allows bruising to settle, and reduce painful intercourse
- Following radical prostatectomy - six weeks - may cause bleeding, pain, and increase the risk of urinary incontinence
- After external beam radiotherapy - two months – could exacerbate acute side effects worse, increase pain, or cause long-term complications such as rectal bleeding
- After permanent seed brachytherapy, where radioactive seeds are inserted into the prostate gland to kill cancer - six months - minimises radiation exposure to sexual partner

and tests can be performed to determine if the man has a prostate problem (see table 2).

Treatment options

There are several approaches to treatment. The treatment options available to the man depend on where the cancer is, the stage of his cancer, the type of cancer, how abnormal the cells look, the man's general health and his preferences.

Treatment options, the benefits, potential side effects are discussed with the man and the multidisciplinary team. See table 2 for an overview of some treatment options.

The impact of treatment and sexual practices

Managing cancer and the side effects of treatment can change the way people have or think about sex, it can also impact on self-esteem and how the person feels about themselves. For some gay and bisexual men being the receptive partner in anal sex provides pleasure that comes from the penis rubbing against the prostate. If the man prefers to be the receptive partner during anal sex, then the experience of sex will probably change after some investigations and treatment.

For every man the prostate cancer journey is personal and unique. While many men may be on similar cancer trajectories, there will be some issues and concerns that will worry some men and some groups of men, more so than others.

The prostate cancer experience differs in numerous ways for some gay and bisexual men, some differences may be physical whilst for others they are psychological and social, even watchful waiting (table 2) can have side effects such as the significant anxiety and emotional distress associated with PSA monitoring. For gay and bisexual men who are asymptomatic they may not have to make any adjustments to their usual sex practices.

All treatments for cancer have side effects and this is also true for prostate cancer and these will depend on the treatment option. Sexual side effects and the impact of these will depend on each individual man and his partner(s). Factors unique to some gay and bisexual men can include:

- The physical experience of having sex with other men
- The social aspect of communicating a diagnosis to other men
- Accessing the support needed from healthcare professionals
- Body image related to the prostate cancer diagnosis
- HIV and prostate cancer diagnosis

How the sexual side effects impacts on the man depends on his approach to sex, sensuality and intimacy. It has to be recognised that not all gay and bisexual men engage in anal sex however, if the man does then the impact of side effects will depend on whether he is an active ('top') or passive ('bottom') partner. Box 3 offers an overview on how long men should be advised to abstain from receiving anal sex.

Erectile dysfunction

Perhaps one of the most serious side effects that concern men is erectile dysfunction. It could be suggested that for gay and bisexual men it may have a greater impact on their lives if they are active ('tops') as a stronger, more rigid penis is required to penetrate an anus than a vagina. For all men erectile dysfunction can have an impact, he may be perceived uninterested in his partner(s) or not aroused.

Thinking about other ways of gaining sexual and sensual pleasure can be considered such as oral sex and masturbation. A strong erection for oral sex is not always needed. Some men may make a decision to change their roles during sex if they experience erection problems.

A discussion with a nurse specialist, GP or surgeon may help to address this issue. Treatments for erection problems are available for free on the NHS to those men with prostate cancer.

Dry orgasms

Some men ejaculate less semen or stop ejaculating completely after radiotherapy. This can be difficult to come to terms with if the man feels he needs to ejaculate to enjoy sex, or for his partner(s) to think that he is enjoying sex. It can take some time to adjust to these changes

Radical prostatectomy will result in an inability to produce semen and ejaculate during an orgasm. These orgasms are known as 'dry orgasms.' For some men, they may feel that this diminishes their and their partners' sexual experience. It is important for the man to openly discuss this with his partner(s) he is having sexual relationships with where realistic expectations can be agreed up on. There might be a

Table 2. Some treatment options for prostate cancer

Treatment option	Outline
Watchful waiting	Whilst not a form of treatment this is an approach used to monitor prostate cancer that is not causing any symptoms or problems
Surgery	Radical prostatectomy
Permanent seed brachytherapy (internal radiotherapy)	Also called low dose rate brachytherapy. Involves implanting tiny radioactive seeds into the prostate gland. This may be used alone or together with external beam radiotherapy or hormone therapy
Hormone therapy	Inhibits the production of testosterone or stopping testosterone from reaching the cancer cells (androgen ablation) Prostate cancer cells typically require testosterone to grow, testosterone controls how the prostate grows and develops
High dose-rate brachytherapy	Also known as HDR or temporary brachytherapy. A type of internal radiotherapy used to treat prostate cancer. Involves inserting thin tubes into the prostate gland and a source of radiation is passed down the tubes into the prostate for a few minutes to destroy cancer cells
High intensity focussed ultrasound (HIFU)	HIFU uses high-frequency ultrasound energy to heat and destroy cancer cells in the prostate. A beam of ultrasound energy travels into the prostate from a probe put into the rectum
Cryotherapy	This is a treatment that uses extreme cold to freeze and destroy cancer cells, also called cryosurgery or cryoablation
Chemotherapy	Chemotherapy uses cytotoxic drugs to destroy cancer cells, wherever they are in the body. It aims to shrink it and slow down the growth of cancer
Palliative care	Symptom control treatment. An approach to improve the quality of life for those facing problems associated with life-threatening illness

conversation to be had about other ways of having a fulfilling sex life.

Infertility

There are some prostate cancer treatments can affect the man's ability to produce sperm and as such to have children. Sperm banking can be considered prior to commencing any prostate cancer treatment. A referral to a fertility clinic can be made.

Decreased libido

A reduced libido is a common physical and psychological side effect of prostate cancer treatment. A referral to a counsellor or sex therapist should be considered if it is anxiety that may be contributing to erectile dysfunction or decreased libido.

Removal of the prostate

As prostatic tissue is sensitive to touch and pressure, this makes it an erotic zone for many men. Some men get pleasure from stimulation of the prostate, either through a vibrator, anal intercourse or perineal massage. Prostatectomy and other treatment regimens either remove or destroy prostate tissue, causing a change in the sexual experience for some men who enjoy this kind of stimulation. Open discussion with partner(s) can lead to an exploration of different ways to feel aroused and enjoy sex.

Incontinence

The involuntary leakage of urine (incontinence) occurs when the urinary sphincter weakens and cannot contract effectively. Some treatments for prostate cancer are high risk for sphincter damage causing incontinence. Treating and managing incontinence may involve, lifestyle changes, use of specific medication, pelvic floor exercises, surgical correction.

Bowel side effects

There are a number of treatments for prostate cancer that will affect the wall of the rectum, causing inflammation, sensitivity, tenesmus, abdominal cramps, diarrhoea and faecal incontinence. These effects can alter the man's sexual experience particularly if the man is the receptive ('bottom') partner.

It may be recommended that the man avoids anal sex whilst undergoing radiotherapy. If the man (receptive) has had permanent seed brachytherapy as a treatment modality, there is a risk that the man's partner(s) might be exposed to some radiation during sex. The man may be advised to avoid having anal sex in the first six months after having permanent seed brachytherapy.[13] The health care provider will be able to offer individual advice to the patient. If sensitivity or other problems are experienced explain to the man that he might want to wait until these have subsided before engaging in anal sex.

The nurse might suggest to the man that he try sitting on his partner using extra lubrication and moving up and down on his penis so that he can have more control of the penetration and then, if desired, moving positions. An alternative might be for the man's partner to gently insert a small, well-lubricated dildo until anal sex becomes easier.[13]

Body image

Prostate cancer treatments and side effects have the potential to impact specifically on a man's body image. There may be some men who perceive themselves as unattractive, they may be anxious about their sexual performance or may be uncomfortable with the body changes that accompany some treatments. Sharing these concerns may help the man understand the feelings he is experiencing. Joining a support group for men in a similar situation and talking

with his partner(s), family and friends about his feelings and what he is going through can help some men.

HIV and prostate cancer

There has been little research that considers a man's risk of developing prostate cancer if he is HIV positive. If an HIV positive man is diagnosed with prostate cancer, he should be encouraged to talk to the healthcare team. An adjustment may need to be made to his treatment plan to ensure that treatment for his disease does not negatively interact. If oral medication is being used to help with erection problems, a smaller dose may be prescribed if the man is already taking antiretrovirals as HIV drugs can react with some other medicines, which can result in side effects that may be serious.

If the man has had a biopsy or surgery for prostate cancer, there may be some bleeding post procedure. Some bleeding after treatment is normal and this usually resolves spontaneously. It is normal to see some blood in the urine or faeces for approximately two weeks post biopsy. The man may also notice blood in his semen for a couple of months which may appear red or dark brown. The man can still masturbate and have sex if he is the penetrative partner in anal sex (top), but he might prefer to use a condom until the bleeding stops.

The role of the nurse

Some men may feel uncomfortable informing their nurse or/and healthcare provider of their sexual orientation or preferences.[5,6] There are older gay and bisexual men alive from the time when it was illegal to be a gay man in the UK and they may have experienced hostile treatment from the state and others.

The role of the nurse is to put the interests of people using or needing nursing services first. The nurse must make the man's care and safety their main concern ensuring that his dignity is preserved and his needs are recognised, assessed and responded to. Those men the nurse offers care and support to have to be treated with respect, their rights have to be upheld and any discriminatory attitudes and behaviours challenged.[14]

Gay and bisexual men come from a large and diverse group of individuals who like everyone else have unique experiences, needs and preferences. Sexuality is a part of who we are and how we experience the world, developing cultural competence allows the nurse to provide quality care that honours a person's sexuality. The nurse should never make any assumptions about a person's sexual orientation or sexual preferences. Assumptions that are made during sexual rehabilitation after prostate cancer treatment may need to be challenged. Rehabilitation, for example, is often focused on creating an erection that is rigid enough for vaginal penetration when anal penetration may require a greater degree of rigidity. Different advice and treatment may be required for some gay and bisexual men who do not have anal sex.

Prostate Cancer UK[8] suggest that research around erectile dysfunction, for example, makes the assumption that men are in long-term, monogamous relationships, this assumption does not address the issues that single men may face. Stonewall[5] research shows that older gay men are more likely to be single than older heterosexual people.

A wide variety of terms are in use to describe sexual orientation and gender identity. Whilst it may be useful to understand the terms, the nurse should avoid using them to label others. Language evolves over time, if a patient uses a term the nurse is unfamiliar with, then ask for help in understanding it.

The nurse's personal values and assumptions can influence how they practice in ways they may not be aware of. Being aware of these values and assumptions can help to reduce any unintended discrimination or bias. Patients appreciate sincere intentions, supported by the nurse's body language, their facial expression and tone of voice.

The nurse and the healthcare team are there to help the patient along the prostate cancer journey. If the nurse or other members of the health care team make the man feel uncomfortable about his sexual needs during and after treatment then this is tantamount to misconduct. The aim is to provide care and support to people and when a man informs the nurse of his sexual orientation he deserves to be treated with respect and provided with information that has been tailored to meet his needs.

Conclusion

Prostate cancer is likely to affect gay and bisexual men in a number of the same ways as it does heterosexual men, however there may also be some different concerns and impacts.

Treatments and investigations for prostate cancer have the potential to cause sexual side effects, for example, problems with erections and loss of sex drive. Specific and focussed issues that may concern some gay and bisexual men may not be addressed in current advice and information. For some gay and bisexual men during anal sex, the prostate gland can be an area of sexual pleasure and it can be suggested therefore that prostate cancer, carries a particular significance to some gay and bisexual men and their sense of sexuality. **IN**

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References

1. Cancer Research UK. 2019. Cancer Incidence for Common Cancers https://www.cancerresearchuk.org/health-professional/cancer-statistics/incidence/common-cancers-compared#heading-One last accessed June 2019
2.Mistry M, Parkin D M, Ahmad A et al. 2011. Cancer Incidence in the UK: Projections to the Year 2030. British Journal of Cancer Vol 105 No 11 pp 1795-803.
3. Dibble, S. L, Eliason, M. J. and Christiansen, M. A. 2007. Chronic Illness Care for Lesbian, Gay, and Bisexual Individuals. Nursing Clinics of North America. Vol 42 No 4 pp 655-674.
4. Ingham M D, Lee R .J, MacDermed D, Olumi A F. 2018. Prostate Cancer in Transgender Women Urological Oncology. Vol 36 No 12 pp 518-525
5. Stonewall. 2012. Gay and Bisexual Men's Health Survey. https://www.stonewall.org.uk/system/files/Gay_and_Bisexual_Men_s_Health_Survey__2013_.pdf last accessed June 2019
6. Stonewall. 2018. LGBT in Britain. Health Report. https://www.stonewall.org.uk/system/files/lgbt_in_britain_health.pdf last accessed June 2019
7. National Health Service. 2015. The NHS Constitution. The NHS belongs to us all. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/480482/NHS_Constitution_WEB.pdf last accessed June 2019
8. Prostate Cancer UK. 2013. Exploring the needs of gay and bisexual men dealing with prostate cancer. https://prostatecanceruk.org/media/1798529/gay_and_bisexual_men_dealing_with_pc_report.pdf last accessed June 2019
9. Prostate Cancer UK. 2013. BRCA 1 and 2: The genes, the myths, the mutations. https://prostatecanceruk.org/about-us/news-and-views/2013/8/brca-genes-myth-busters
10. CRUK. 2017. About secondary bone cancer. https://www.cancerresearchuk.org/about-cancer/secondary-cancer/secondary-bone-cancer/about
11. Bagnell B. 2014. Diagnosis and treatment of prostate cancer. Nursing Times. Vol 110 No 9 pp 12-15
12. Hu M B, Liu S H, Jiang H W, et al. 2014. Obesity affects the biopsy-mediated detection of prostate cancer, particularly high-grade prostate cancer: A dose-response meta-analysis of 29,464 Patients. PLoS One. Sep 3;9. 9. :e106677. doi: 10.1371/journal.pone.0106677.
13. Prostate Cancer UK. 2018. Prostate cancer tests and treatment: A guide for gay and bisexual men. https://prostatecanceruk.org/media/2492023/guide_for_gay_and_bisexual_men-ifm.pdf last accessed June 2019
14. Nursing and Midwifery Council. 2018. The Code. Professional standards of practice and behaviour for nurses, midwives and nursing associates. https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf