

MALE HEALTH AND PERCEPTIONS OF RISK FOR TESTICULAR/SEXUAL DYSFUNCTION: A REPORT FROM THE CHILDHOOD CANCER SURVIVOR STUDY (CCSS).

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Background: Limited research has been conducted in the long-term implications of treatment for childhood cancer on sexual function among adult males.

Methods: We surveyed male subjects from the CCSS, a cohort of 5+ year survivors of childhood cancer diagnosed from 1970-86. Subjects were asked to complete a male health questionnaire (MHQ) with items on puberty and sexual development, fertility, testosterone and erectile dysfunction therapy and perceptions of risk of male health problems. Demographic information was ascertained from questionnaires and treatment data was abstracted from medical records. Gonadotoxic therapy was defined as treatment with alkylating agents or cranial, pelvic, testicular or total body radiation.

Results: 3016 survivors expressed interest in the MHQ and 1634 (54.2%) completed the questionnaire. Survivors were an average of 37.4 years of age (range 21-59), and 56.5% reported very good to excellent health. 90.3% of survivors had received gonadotoxic therapy. 152(9.5%) reported having ever received treatment with testosterone of whom 105 were currently on testosterone therapy, and 496 (54.7%) of those who tried to have children reported infertility. 92.9% of survivors reported being sexually active in the past year and 94 (5.8%) were treated for erectile dysfunction. Gonadotoxic therapy was associated with testosterone treatment (OR 10.4; 95% CI 2.2-186.1) and infertility (OR 4.6; 95% CI 2.6-8.2). The proportion of survivors who received gonadotoxic therapy but did not report their perceived risk to be slightly more or much more compared to peers was 35.3% for infertility, 58.5% for low testosterone and 68.3% for sexual dysfunction.

Conclusions: Survivors' perceptions of their risks do not accurately reflect their expected risk due to exposure. Education and screening related to testicular function should be a regular component of long-term follow-up care. Additional analyses of this population are underway to evaluate treatment-specific risks for testicular/sexual dysfunction.

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