

SEXUAL HEALTH IN MALE CHILDHOOD CANCER SURVIVORS: A REPORT FROM THE CHILDHOOD CANCER SURVIVOR STUDY (CCSS)

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Purpose—To assess sexual behavior in adult male survivors of childhood and adolescent cancers and to identify potential risk factors for sexual dysfunction.

Methods—Male survivors in the CCSS cohort were asked to complete a questionnaire on sexual activities and function and the validated International Index of Erectile Function (IIEF) and Sexual Function Questionnaires. Demographic data were collected from the 2007 CCSS questionnaire. Survivors were compared to sibling controls with descriptive statistics and multivariable analyses.

Results—Of those offered participation, 1622 survivors (40%) and 271 siblings (25%) completed the questionnaire. All siblings and 99.2% of survivors reported sexual activity in their lifetime ($p=0.23$), with 92% of survivors and 97.4% of siblings reporting sexual activity alone or with a partner in the past year ($p=0.0001$). Types of sexual experience by partners were similar in survivors compared to siblings: lifetime experience with opposite gender (94.9% vs. 97%) and same gender (4.2% vs. 5.2%) and in the past year experience with opposite gender (80.5% vs. 82.2%) and same gender (2.2% vs. 3.3%).

As measured by the IIEF Erection Function domain (IIEF-EF), survivors reported greater erectile dysfunction (ED) than siblings (RR 2.66; 95%CI 1.41, 5.01) among subjects with recent (past four weeks) sexual activity. In addition to older age, testicular radiation dose ≥ 4 Gy (RR 2.16; 95% CI 1.05, 4.42), history of surgery involving the spinal cord or sympathetic nerves (RR 2.83; 95% CI 1.34, 5.96), and history of prostate surgery (RR 6.20; 95% CI 3.50, 10.97) were all significantly associated with ED in the survivors. Survivors (5.9%) also had a higher likelihood than siblings (2.3%) of receiving treatment for ED (RR 2.63; 95% CI 1.17, 5.93).

Conclusion—Adult male survivors of childhood cancer are sexually active but have greater risk for erectile dysfunction as measured by IIEF-EF and self report of treatment for ED.

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Presentation: no preference