

SEXUAL FUNCTIONING AMONG MALE SURVIVORS OF CHILDHOOD CANCER: A REPORT FROM THE CHILDHOOD CANCER SURVIVOR STUDY (CCSS)

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Purpose: Cancer and its subsequent treatment can have profound results on future sexual functioning. In addition multiple factors, including aging and chronic medical conditions, affect sexual performance. The purpose of this investigation was to characterize sexual functioning among a large sample of adult male survivors of childhood cancers.

Methods: The Sexual Function Questionnaire (SFQ) was completed by N=1595 adult male survivors from the Childhood Cancer Survivor Study (CCSS), diagnosed between 1970-86 and XXX siblings as a comparison group. Survivors' whose SFQ Total scores were >2 standard deviations below the sibling cohort SFQ Total score mean were categorized as experiencing sexual dysfunction. Demographic and treatment variable were abstracted from CCSS data. Multivariable logistic regression was used to identify predictors of poor sexual function.

Results: The median age of participants was XX.X years (range: XX.X-XX.X), survivors were a median of XX.X (range XX.X-XX.X) years from diagnosis. As compared to sibling norms, 8.3% of male survivors reported low SFQ Total scores indicative of sexual dysfunction. Men with poor sexual functioning were more likely to report: older age at the time of survey (20-29 yrs - ref); 40-49 years (Odds Ratio [OR] 2.24, 95% Confidence Interval [CI] 1.07-4.69), ≥50 years (OR 3.44, 95% CI 1.28-9.26); lower educational attainment (Post-graduate - ref), college graduate (OR 2.28, 95% CI 1.06-4.91), some college (OR 2.43, 95% CI= 1.07-5.51), did not attend college (OR 3.46, 95% CI 1.52-7.87); and problems with learning or memory (OR 1.80, 95% CI 1.02-3.18). Men with poor sexual functioning were less likely to report unemployment (OR 0.32, 95% CI 0.20-0.52). As compared to those with no radiation history (ref), men who received high dose cranial (OR 4.70, 95% CI 2.23-9.92) or high dose testicular (OR 4.44, 95% CI 1.84-10.72) radiation were more likely to report poor sexual functioning.

Conclusions: A significant subset of adult male survivors report impairments in sexual functioning. The literature indicates that men typically do not voluntarily report sexual problems to their healthcare providers, nor do providers frequently ask about sexual concerns. Understanding predictors of sexual dysfunction among adult male childhood cancer survivors will allow treating clinicians to better identify and treat men to mitigate or prevent sexual impairment.