

Childhood Cancer Survivor Study
Study Proposal: Male Health Questionnaire (MHQ)
November 6, 2012

- 1. STUDY TITLE:** Perceptions of risk for Male Health Problems in childhood and adolescent cancer survivors: A report from the Childhood Cancer Survivor Study
- 2. WORKING GROUP AND INVESTIGATORS:** This proposed publication will be within the Chronic Disease and Psychology Working Groups. Proposed investigators will include:

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3. BACKGROUND AND RATIONALE

Childhood cancer, subsequent treatments, and late effects of treatment can negatively impact adult survivors' quality of life and sexual functioning. Although the treatment related physiological risk factors for male health problems have become increasingly well known, no empirical research has been conducted examining the relationship between survivors' perceptions of their risks for male health problems and their current sexual functioning. In addition, relatively little research has been done investigating survivors' knowledge of their risk for male health problems and sources of sexual health information. The literature has indicated that survivors are oftentimes uncertain about their fertility status [1] and incorrect in their estimates of their risk for infertility, low hormone production, and physiological sexual dysfunction based on treatment history [2, 3]. Further, many survivors cannot recall discussing sexual health risks with a healthcare provider or parent [1], and even when information was recalled, beliefs about fertility did not always relate to information presented [4].

A questionnaire designed to better understand psychosexual effects on male survivors following childhood cancer treatment was administered. The Male Health Questionnaire (MHQ), funded by the Lance Armstrong Foundation, was created to obtain detailed information on sexual function, infertility, testicular function, and perceptions of the impact of cancer diagnosis and treatment on sexual function among this cohort of adult male survivors of pediatric cancers. The current proposal seeks to identify the frequency and evaluate the relationship between medical treatment history and survivors' perceived, self-reported risk for three male health problems including infertility, low testosterone levels, and sexual dysfunction. More specifically, survivors are asked to rate their risk for each male health

problem as compared to “other men [their] age never diagnosed with cancer or a disease like cancer”. For each of the three identified male health problems, participants will be classified into one of four groups (see Table 1) based on their risk perceptions as compared with treatment-related physiological risk (e.g., exposure to gonadotoxic therapy as defined by COG LTFU Guidelines). Also, the study will investigate the relationships between risk perceptions and: demographic factors, quality of life, sources and timing of education about male health risks and current sexual functioning.

Male Survivor Perception Classification System

| <u>Gonadotoxic therapy</u> | <u>Self-reported Perceived Risk as compared to peers</u> | |
|--|--|---|
| | <i>“More” perceived risk</i> | <i>“Same or less” perceived risk</i> |
| <i>History of gonadotoxic therapy</i> | Group 1: <i>At-Risk & Aware</i> <ul style="list-style-type: none"> Self-identifies as “More at-risk” & has cancer-related physiological risks | Group 3: <i>At-Risk & Unaware</i> <ul style="list-style-type: none"> Self-identifies as “Same or less risk” & has cancer-related physiological risks |
| <i>No history of gonadotoxic therapy</i> | Group 2: <i>Low risk & Unaware</i> <ul style="list-style-type: none"> Self-identifies as “More at-risk” & has NO cancer-related physiological risks | Group 4: <i>Low risk & Aware</i> <ul style="list-style-type: none"> Self-identifies as “Same or less risk” & has NO cancer-related physiological risks |

4. AIMS:

Aim 1: ACCURACY OF PERCEIVED MALE HEALTH RISK

To evaluate accuracy of survivors’ perceived risk for male health problems including infertility, low testosterone levels, and sexual dysfunction based on medical treatment history. Will also examine specific demographic, socioeconomic, and health status factors associated with accuracy of perceived risk.

Hypotheses—Male survivors of childhood cancers who accurately identify their risk for male health problems (Group 1: *At-Risk & Aware* and Group 4: *Low risk & Aware*) will be more educated, have higher income levels, have an older age at diagnosis, and have more recently participated in survivor care than survivors who do not accurately identify their risk for male health problems (Group 2: *Low risk & Unaware* and Group 3: *At-Risk & Unaware*).

Aim 2: PERCEIVED MALE HEALTH RISK & CURRENT QUALITY OF LIFE

To evaluate potential differences in male survivors’ self-reported current quality of life based on perceived risk-gonadotoxic history group classification.

Hypothesis— Male survivors of childhood cancers who perceive themselves to be at high risk for infertility, low testosterone levels, and sexual dysfunction (Group 1: *At-Risk & Aware* and Group 2: *Low risk & Unaware*) will report decreased emotional quality of life as compared to survivors who do not perceive themselves to be at risk for male health problems (Group 3: *At-Risk & Unaware* and Group 4: *Low risk & Aware*).

Aim 3: *PERCEIVED MALE HEALTH RISK, ATTRIBUTIONS, & EDUCATION INFORMATION*

Describe attributions for risk, sources of risk education, and timing of risk education among male survivors' who perceive themselves to be at high risk for male health problems. Identify differences in attributions, education, and timing among survivors who correctly versus incorrectly classify their risk status based on medical treatment history.

Hypothesis—Male survivors of childhood cancers who correctly classify their risk status (Group 1: *At-Risk & Aware*) will report more sources of education and multiple discussions of risk over time as compared to survivors who incorrectly identify themselves as high risk (Group 2: *Low risk & Unaware*).

Exploratory Aim: *PERCEIVED MALE HEALTH RISK & CURRENT SEXUAL FUNCTIONING*

To explore potential differences in male survivors' self-reported current sexual functioning based on perceived risk-gonadotoxic history group classification.

Hypothesis—Male survivors of childhood cancers who perceive themselves to be at high risk for infertility, low testosterone levels, and sexual dysfunction (Group 1: *At-Risk & Aware* and Group 2: *Low risk & Unaware*) will report more problems with sexual functioning as compared to survivors who do not perceive themselves to be at risk for male health problems (Group 3: *At-Risk & Unaware* and Group 4: *Low risk & Aware*).

DATA ANALYSIS:

Aim 1: ACCURACY OF PERCEIVED MALE HEALTH RISK

- Population:
 - Male survivors responding to MHQ without history of secondary malignancy

- Primary Outcome Variables (MHQ)- *Accuracy of Male Health Perceptions*
 - Infertility (F1a response & Gonadotoxic treatment history)
 - Group 1 *At-Risk & Aware*: F1a "Slightly more"/ "Much more" & History of Alkylating Agents / Cranial radiation > 40 Gy / Testicular radiation / Total Body Irradiation / Orchiectomy
 - Group 2 *Low risk & Unaware*: F1a "Slightly more"/ "Much more" & No history of gonadotoxic treatment history
 - Group 3 *At-Risk & Unaware*: F1a "Much less"/ "Slightly less"/ "About the same" & History of Alkylating Agents / Cranial radiation > 40 Gy / Testicular radiation / Total Body Irradiation / Orchiectomy
 - Group 4 *Low risk & Aware*: F1a "Much less"/ "Slightly less"/ "About the same" & No history of gonadotoxic treatment history

 - Low testosterone levels (F1b response & Gonadotoxic treatment history)
 - Group 1 *At-Risk & Aware*: F1b "Slightly more"/ "Much more" & History of Alkylating Agents / Cranial radiation > 40 Gy / Testicular radiation > 20 Gy / Total Body Irradiation / Orchiectomy
 - Group 2 *Low risk & Unaware*: F1b "Slightly more"/ "Much more" & No history of gonadotoxic treatment history
 - Group 3 *At-Risk & Unaware*: F1b "Much less"/ "Slightly less"/ "About the same" & History of Alkylating Agents / Cranial radiation > 40 Gy / Testicular radiation > 20 Gy / Total Body Irradiation / Orchiectomy
 - Group 4 *Low risk & Aware*: F1b "Much less"/ "Slightly less"/ "About the same" & No history of gonadotoxic treatment history

- Sexual dysfunction (F1c response & Gonadotoxic treatment history)
 - Group 1 *At-Risk & Aware*: F1c “Slightly more”/ “Much more” & History of Alkylating Agents / Cranial radiation > 40 Gy / Testicular radiation > 20 Gy / Total Body Irradiation / Orchiectomy / Neurosurgery – spinal cord / Pelvic surgery / Cystectomy
 - Group 2 *Low risk & Unaware*: F1c “Slightly more”/ “Much more” & No history of gonadotoxic treatment history
 - Group 3 *At-Risk & Unaware*: F1c “Much less”/ “Slightly less”/ “About the same” & History of Alkylating Agents / Cranial radiation > 40 Gy / Testicular radiation > 20 Gy / Total Body Irradiation / Orchiectomy / Neurosurgery – spinal cord / Pelvic surgery / Cystectomy
 - Group 4 *Low risk & Aware*: F1c “Much less”/ “Slightly less”/ “About the same” & No history of gonadotoxic treatment history
- Covariates
 - Age at assessment (date of MHQ-dob)
 - Age at diagnosis
 - Ethnicity (baseline)
 - Education level (A3 – 2007)
 - Income (A6/A8 – 2007)
 - Participation in survivor care (B6- 2007)
 - Learning/Memory problems (K1- 2007)
 - Health Status Variables (MHQ):
 - Other medical conditions (B1a-e, B2-alcohol, B2- drugs)
 - History of testosterone therapy (B4)
 - History of erectile dysfunction therapy (B11)
 - Fertility (Attempted to have children- C6, Hx of infertility- C7, Male fertility eval- C12)

Statistical analysis— Descriptive statistics of subject characteristics and outcome variables will be summarized using standard measures for the entire sample and for each of the four groups outlined above. Logistic regression will be used to evaluate whether demographic factors including age (date of MHQ-dob), age at diagnosis, education level (A3 – 2007), income (A6/A8 – 2007), participation in survivor care (B6- 2007), and health status variables (MHQ, see above) are associated with the likelihood that a survivor is aware of his true risk exposure status. Modeling of the awareness outcome will be conducted separately for subjects who were and who were not exposed to gonadotoxic therapies, since the factors that are associated with awareness of high risk may be different than the factors that are associated with awareness of low risk. Univariable modeling will be performed first and any variables that show a univariable association with the awareness outcome at the $p < 0.10$ level will be assessed further in multivariable modeling.

Aim 2: PERCEIVED MALE HEALTH RISK & CURRENT QUALITY OF LIFE

- Population:
 - Male survivors responding to MHQ without history of secondary malignancy

- Primary Outcome Variables
 - Quality of Life: SF12v2
 - SF12v2 Subscales
 - Perceived General Health (reverse score D1)
 - Physical Role (mean of D4 & D5)
 - Emotional Role (mean of D6 & D7)
 - Mental Health (mean of reverse score D9 & D 11)
 - Vitality (reverse score D10)
 - Social Functioning (D12)

- Covariates
 - Accuracy of Male Health Risks: Groups Membership 1-4 as in Aim 1 for Infertility, Low Testosterone, & Sexual Dysfunction
 - Age at assessment (date of MHQ-dob)
 - Age at diagnosis
 - Ethnicity (baseline)
 - Education level (A3 – 2007)
 - Income (A6/A8 – 2007)
 - Learning/Memory problems (K1- 2007)
 - Health Status Variables (MHQ):
 - Other medical conditions (B1a-e, B2-alcohol, B2- drugs)
 - History of testosterone therapy (B4)
 - History of erectile dysfunction therapy (B11)
 - Fertility (Attempted to have children- C6, Hx of infertility- C7, Male fertility eval- C12)

Statistical analysis- Descriptive statistics of subject characteristics and outcome variables will be summarized using standard measures for the entire sample and each of the four groups outlined previously. Descriptive statistics for the quality of life outcome variables will be summarized using standard measures for the entire sample and broken out by perceived risk level for each of the three male health problems. Regression modeling will be conducted to evaluate differences in the SF-12 measures of general health, physical functioning, physical and emotional role functioning, mental health, vitality, and social functioning between subjects who perceive themselves to be “more at-risk” vs “same or less at-risk” for male health problems compared to their peers. The influence of demographic variables (e.g. age at MHQ, marital status) on the outcomes will also be assessed and, where appropriate, adjustment for demographic factors will be included in the models.

Aim 3: PERCEIVED MALE HEALTH RISK, ATTRIBUTIONS, & EDUCATION INFORMATION

- Population:
 - Male survivors responding to MHQ without history of secondary malignancy
AND
 - Responded to MHQ with ANY the following:
 - Risk for infertility (F1a) = “Slightly more”, “Much more”AND/OR
 - Risk low testosterone levels (F1b) = “Slightly more”, “Much more”AND/OR
 - Risk sexual dysfunction (F1c) = “Slightly more”, “Much more”
- Primary Outcome Variables:
 - Attributions for risk (F2a, F2b, F2c)
 - Sources of risk information (F3a, F3b, F3c)- sum of items marked
 - Timing of risk information (F4a, F4b, F4c)- sum of items marked
 - Timing of risk information (F4a, F4b, F4c)- marked “after treatment in a LTFU program/cancer survivor program” as source Y/N
- Covariates:
 - Accuracy of Male Health Risks: Groups Membership 1-4 as in Aim 1 for Infertility, Low Testosterone, & Sexual Dysfunction
 - Age at diagnosis
 - Recent participation in survivor care (B6- 2007≠ “5 or more years ago” or “Never”)
 - Learning/Memory problems (K1- 2007)
 - Health Status Variables (MHQ):
 - Other medical conditions (B1a-e, B2-alcohol, B2- drugs)
 - History of testosterone therapy (B4)
 - History of erectile dysfunction therapy (B11)
 - Fertility (Attempted to have children- C6, Hx of infertility- C7, Male fertility eval- C12)

Statistical analysis- For each of the three identified male health problems (infertility-F1a, low testosterone levels- F1b, and sexual dysfunction- F1c), all participants reporting “slightly more” or “much more” risk will be classified into two groups, based on the accuracy of their perceptions as compared with medical record review of gonadotoxic therapy history (Group 1 or Group 2, as in Aim 1).

Percentages of participants indicating each attribution option (F2a/F2b/F2c), source of information (F3a/F3b/F3c), and time point of risk discussion (F4a/F4b/F4c) will be calculated. The total number of sources of information endorsed will be summed for each male health problem (F3a/F3b/F3c), and t-tests will be conducted to determine if survivors who correctly classify their risk accessed more sources of information than survivors whose perception of high risk was inaccurate based on gonadotoxic treatment history. Similarly, the total number of discussions across medical care endorsed will be summed for each male health problem (F4a/F4b/F4c), and t-tests will be conducted to determine if survivors who correctly classify their risk participated in discussion of risk more frequently during their medical care than survivors whose perception of high risk was inaccurate based on gonadotoxic treatment history. Chi square analyses will be conducted to determine if survivors who correctly classify their risk were more likely to participate in recent survivor care (B6-2007) or discussion of sexual health

risk during survivor care (from F4a/F4b/F4c) than survivors whose perception of high risk was inaccurate based on gonadotoxic treatment history.

Exploratory Aim: PERCEIVED MALE HEALTH RISK & CURRENT SEXUAL FUNCTIONING

- Population:
 - Male survivors responding to MHQ without history of secondary malignancy
 - Classified into Groups 1-4 as in Aim 1 for Infertility, Low Testosterone, & Sexual Dysfunction

- Primary Outcome Variables (MHQ)
 - Sexual Function Questionnaire (SFQ):
 - Overall Sexual Functioning- mean of all subscale items below
 - Sexual Functioning Subscales- mean for each item set below
 - Interest (G4, G5a, G8a, G13 x .5)
 - Desire (G5c, G5d, G5e)
 - Arousal (G6a, G6c, G6d, G6e)
 - Orgasm (G9, G10, G11)
 - Satisfaction (G7, G14 x .5)
 - Masturbation (G5b, G6b, G8b)
 - Activity (G8c, G8d, G8e)
 - Relationship (G15c reverse scored, G17, G18, G20, G22 x .5, G23 x .5)
 - Problems (All reverse scored- G12a, G12c, G12d, G12g)
 - Erectile difficulty (G12a > “seldom-less than 25% of the time” AND/OR G12c > “seldom-less than 25% of the time”)
 - Lack of sexual interest or desire (G12b > “seldom-less than 25% of the time”)
 - Anxiety about sexual performance (G12e > “seldom-less than 25% of the time”)
 - Inability to achieve orgasm (G12f > “seldom-less than 25% of the time”)

- Covariates
 - Accuracy of Male Health Risks: Groups Membership 1-4 as in Aim 1 for Infertility, Low Testosterone, & Sexual Dysfunction
 - Age at assessment (date of MHQ-dob)
 - Age at diagnosis
 - Ethnicity (baseline)
 - Education level (A3 – 2007)
 - Marital Status
 - Income (A6/A8 – 2007)
 - Health Status Variables (MHQ):
 - Other medical conditions (B1a-e, B2-alcohol, B2- drugs)
 - History of testosterone therapy (B4)
 - History of erectile dysfunction therapy (B11)
 - Fertility (Attempted to have children- C6, Hx of infertility- C7, Male fertility eval- C12)

Statistical analysis—For each of the three identified male health problems (infertility-F1a, low testosterone levels- F1b, and sexual dysfunction- F1c), participants will be classified into the same four groups as in Aim 1, based on the accuracy of their perceptions as compared with medical record review of gonadotoxic therapy history. Descriptive statistics for each of the sexual function measures will be summarized overall and for each of the four groups. Regression modeling will be conducted to evaluate differences in sexual function measures across the four distinct risk exposure × risk perception groups. The influence of demographic variables (e.g. age at MHQ, marital status) on the outcomes will also be assessed and, where appropriate, adjustment for demographic factors will be included in the models. For the measures that are defined as binary outcomes (erectile difficulty, lack of sexual interest or desire, anxiety about sexual performance and inability to achieve orgasm) a logistic form for the regression model will be used.

REFERENCES

1. Zebrack, B.J., et al., *Fertility issues for young adult survivors of childhood cancer*. *Psycho-Oncology*, 2004. **13**(10): p. 689-699.
2. Meacham, L.R., Ford, J., Ritenour, C., Wasilewski-Masker, K., Shnorhavorian, M., Leisenring, W., Whitton, J., Armstrong, G., Stovall, M., Sklar, C., Robison, L., and Mertens, A. , *Male health and perceptions of risk for testicular/sexual dysfunction: A reported from the Childhood Cancer Survivor Study (CCSS)*, in *International Conference on Long-Term complication of Treatment of Children and Adolescents for Cancer2010*, June: Williamsburg, VA.
3. Oosterhuis, B.E., et al., *Concerns about infertility risks among pediatric oncology patients and their parents*. *Pediatric blood & cancer*, 2008. **50**(1): p. 85-89.
4. Crawshaw, M. and P. Sloper, *'Swimming against the tide'—the influence of fertility matters on the transition to adulthood or survivorship following adolescent cancer*. *European journal of cancer care*, 2010. **19**(5): p. 610-620.

TABLES

Aims 1, 2, 3 & Exploratory: Male Survivor Perception Classification System

Table 1. Infertility Classification

| <u>Gonadotoxic therapy</u> | <u>Self-reported Perceived Risk for <i>Infertility</i> as compared to peers</u> | |
|---|--|---|
| | <i>“More” perceived risk:</i> Infertility- F1a “Slightly more/Much more” | <i>“Same or less” perceived risk:</i> Infertility- F1a “Same/Slightly less/Much less” |
| <i>History of gonadotoxic therapy</i> Alkylating Agents Cranial radiation > 40 Gy Testicular radiation Total Body Irradiation Orchiectomy | Group 1: <i>At-Risk & Aware</i> (N / %) | Group 3: <i>At-Risk & Unaware</i> (N / %) |
| <i>No history of gonadotoxic therapy</i> None of the above | Group 2: <i>Low risk & Unaware</i> (N / %) | Group 4: <i>Low risk & Aware</i> (N / %) |

Table 2. Low Testosterone Classification

| <u>Gonadotoxic therapy</u> | <u>Self-reported Perceived Risk for <i>Low Testosterone</i> as compared to peers</u> | |
|---|---|--|
| | <i>“More” perceived risk:</i> Low Testosterone- F1b “Slightly more/Much more” | <i>“Same or less” perceived risk:</i> Low Testosterone- F1b “Same/Slightly less/Much less” |
| <i>History of gonadotoxic therapy</i> Alkylating Agents Cranial radiation > 40 Gy Testicular radiation > 20 Gy Orchiectomy | Group 1: <i>At-Risk & Aware</i> (N / %) | Group 3: <i>At-Risk & Unaware</i> (N / %) |
| <i>No history of gonadotoxic therapy-</i> None of the above | Group 2: <i>Low risk & Unaware</i> (N / %) | Group 4: <i>Low risk & Aware</i> (N / %) |

Table 3. Sexual Dysfunction Classification

| <u>Gonadotoxic therapy</u> | <u>Self-reported Perceived Risk for <i>Sexual Dysfunction</i> as compared to peers</u> | |
|---|---|--|
| | <i>“More” perceived risk:</i> Sexual Dysfunction- F1c “Slightly more/Much more” | <i>“Same or less” perceived risk:</i> Sexual Dysfunction- F1c “Same/Slightly less/Much less” |
| <i>History of gonadotoxic therapy</i> Alkylating Agents Cranial radiation > 40 Gy Testicular radiation > 20 Gy Orchiectomy Neurosurgery – spinal cord Pelvic surgery Cystectomy | Group 1: <i>At-Risk & Aware</i> (N / %) | Group 3: <i>At-Risk & Unaware</i> (N / %) |
| <i>No history of gonadotoxic therapy-</i> None of the above | Group 2: <i>Low risk & Unaware</i> (N / %) | Group 4: <i>Low risk & Aware</i> (N / %) |

Aim 1: ACCURACY OF PERCEIVED MALE HEALTH RISK

Table 4- Infertility: Perceptions and Accuracy (MHQ F1a & Gonadotoxic treatment history)

| Demographic & Health Status Variables | Group 1: <i>At-Risk & Aware</i> | Group 2: <i>Low risk & Unaware</i> | Group 3: <i>At-Risk & Unaware</i> | Group 4: <i>Low risk & Aware</i> | Overall: All participants |
|---|--|---|--|---|------------------------------|
| Age at assessment (Date of MHQ- DOB) | (M / SD) | (M / SD) | (M / SD) | (M / SD) | (M / SD) |
| Age at diagnosis (Date of Diagnosis -DOB) | (M / SD) | (M / SD) | (M / SD) | (M / SD) | (M / SD) |
| Ethnicity (Baseline) White Black American Indian or Alaskan Native Asian Pacific Islander Other | (N / %) | (N / %) | (N / %) | (N / %) | (N / %) |
| Education level (A3 – 2007) 1-8 years (grade school) 9-12 years (high school) but did not graduate Completed high school/GED Training after high school, other than college Some college College graduate Post graduate level Other | (N / %) | (N / %) | (N / %) | (N / %) | (N / %) |
| Income (A6/A8 – 2007) None Less than \$20,000 \$20,000 - \$39,999 \$40,000 - \$59,999 \$60,000 - \$79,999 \$80,000 - \$99,999 Over \$100,000 Don't know | (N / %) | (N / %) | (N / %) | (N / %) | (N / %) |

| Demographic & Health Status Variables | Group 1: <i>At-Risk & Aware</i> | Group 2: <i>Low risk & Unaware</i> | Group 3: <i>At-Risk & Unaware</i> | Group 4: <i>Low risk & Aware</i> | Overall: All participants |
|---|--|---|--|---|------------------------------|
| Participation in survivor care (B6- 2007) Less than 1 year ago 1-2 years ago More than 2 years but less than 5 years ago 5 or more years ago Never | (N / %) | (N / %) | (N / %) | (N / %) | (N / %) |
| Learning/Memory problems (K1- 2007) No Yes & still present Mild / Moderate / Severe / Disabling Yes & no longer present Not sure | N / % | N / % | N / % | N / % | N / % |
| Other medical conditions- (MHQ B1 a-e, B2) Depression (B1a) Obsessive Compulsive Disorder (B1b) Other Major Psychiatric Illness (B1c) Prostate disease (B1d) Spinal injury (B1e) Alcohol (B2) Substance Abuse (B2) | Yes- N / % No- N / % | Yes- N / % No- N / % | Yes- N / % No- N / % | Yes- N / % No- N / % | Yes- N / % No- N / % |
| History of Testosterone Therapy- (B4- MHQ) | Yes- N / % No- N / % | Yes- N / % No- N / % | Yes- N / % No- N / % | Yes- N / % No- N / % | Yes- N / % No- N / % |
| History of Erectile Dysfunction Therapy- (B11- MHQ) | Yes- N / % No- N / % | Yes- N / % No- N / % | Yes- N / % No- N / % | Yes- N / % No- N / % | Yes- N / % No- N / % |
| Fertility/Infertility (MHQ- C6, C7, C12) Tried to become pregnant (C6) Difficulty becoming pregnant (C7) History of Male Fertility Evaluation (C12) | Yes- N / % No- N / % | Yes- N / % No- N / % | Yes- N / % No- N / % | Yes- N / % No- N / % | Yes- N / % No- N / % |

Table 5- Low Testosterone: Perceptions and Accuracy (MHQ F1b & Gonadotoxic treatment history)

| Demographic & Health Status Variables | Group 1: <i>At-Risk & Aware</i> | Group 2: <i>Low risk & Unaware</i> | Group 3: <i>At-Risk & Unaware</i> | Group 4: <i>Low risk & Aware</i> | Overall: All participants |
|---|--|---|--|---|------------------------------|
| Age at assessment (Date of MHQ- DOB) | (M / SD) | (M / SD) | (M / SD) | (M / SD) | (M / SD) |
| Age at diagnosis (Date of Diagnosis -DOB) | (M / SD) | (M / SD) | (M / SD) | (M / SD) | (M / SD) |
| Ethnicity (Baseline) White Black American Indian or Alaskan Native Asian Pacific Islander Other | (N / %) | (N / %) | (N / %) | (N / %) | (N / %) |
| Education level (A3 – 2007) 1-8 years (grade school) 9-12 years (high school) but did not graduate Completed high school/GED Training after high school, other than college Some college College graduate Post graduate level Other | (N / %) | (N / %) | (N / %) | (N / %) | (N / %) |
| Income (A6/A8 – 2007) None Less than \$20,000 \$20,000 - \$39,999 \$40,000 - \$59,999 \$60,000 - \$79,999 \$80,000 - \$99,999 Over \$100,000 Don't know | (N / %) | (N / %) | (N / %) | (N / %) | (N / %) |

| Demographic & Health Status Variables | Group 1: <i>At-Risk & Aware</i> | Group 2: <i>Low risk & Unaware</i> | Group 3: <i>At-Risk & Unaware</i> | Group 4: <i>Low risk & Aware</i> | Overall: All participants |
|---|--|---|--|---|------------------------------|
| Participation in survivor care (B6- 2007) Less than 1 year ago 1-2 years ago More than 2 years but less than 5 years ago 5 or more years ago Never | (N / %) | (N / %) | (N / %) | (N / %) | (N / %) |
| Learning/Memory problems (K1- 2007) No Yes & still present Mild / Moderate / Severe / Disabling Yes & no longer present Not sure | N / % | N / % | N / % | N / % | N / % |
| Other medical conditions- (MHQ B1 a-e, B2) Depression (B1a) Obsessive Compulsive Disorder (B1b) Other Major Psychiatric Illness (B1c) Prostate disease (B1d) Spinal injury (B1e) Alcohol (B2) Substance Abuse (B2) | Yes- N / % No- N / % | Yes- N / % No- N / % | Yes- N / % No- N / % | Yes- N / % No- N / % | Yes- N / % No- N / % |
| History of Testosterone Therapy- (B4- MHQ) | Yes- N / % No- N / % | Yes- N / % No- N / % | Yes- N / % No- N / % | Yes- N / % No- N / % | Yes- N / % No- N / % |
| History of Erectile Dysfunction Therapy- (B11- MHQ) | Yes- N / % No- N / % | Yes- N / % No- N / % | Yes- N / % No- N / % | Yes- N / % No- N / % | Yes- N / % No- N / % |
| Fertility/Infertility (MHQ- C6, C7, C12) Tried to become pregnant (C6) Difficulty becoming pregnant (C7) History of Male Fertility Evaluation (C12) | Yes- N / % No- N / % | Yes- N / % No- N / % | Yes- N / % No- N / % | Yes- N / % No- N / % | Yes- N / % No- N / % |

Table 6- Sexual Dysfunction: Perceptions and Accuracy (MHQ F1c & Gonadotoxic treatment history)

| Demographic & Health Status Variables | Group 1: <i>At-Risk & Aware</i> | Group 2: <i>Low risk & Unaware</i> | Group 3: <i>At-Risk & Unaware</i> | Group 4: <i>Low risk & Aware</i> | Overall: All participants |
|---|--|---|--|---|------------------------------|
| Age at assessment (Date of MHQ- DOB) | (M / SD) | (M / SD) | (M / SD) | (M / SD) | (M / SD) |
| Age at diagnosis (Date of Diagnosis -DOB) | (M / SD) | (M / SD) | (M / SD) | (M / SD) | (M / SD) |
| Ethnicity (Baseline) White Black American Indian or Alaskan Native Asian Pacific Islander Other | (N / %) | (N / %) | (N / %) | (N / %) | (N / %) |
| Education level (A3 – 2007) 1-8 years (grade school) 9-12 years (high school) but did not graduate Completed high school/GED Training after high school, other than college Some college College graduate Post graduate level Other | (N / %) | (N / %) | (N / %) | (N / %) | (N / %) |
| Income (A6/A8 – 2007) None Less than \$20,000 \$20,000 - \$39,999 \$40,000 - \$59,999 \$60,000 - \$79,999 \$80,000 - \$99,999 Over \$100,000 Don't know | (N / %) | (N / %) | (N / %) | (N / %) | (N / %) |

| Demographic & Health Status Variables | Group 1: <i>At-Risk & Aware</i> | Group 2: <i>Low risk & Unaware</i> | Group 3: <i>At-Risk & Unaware</i> | Group 4: <i>Low risk & Aware</i> | Overall: All participants |
|---|--|---|--|---|------------------------------|
| Participation in survivor care (B6- 2007) Less than 1 year ago 1-2 years ago More than 2 years but less than 5 years ago 5 or more years ago Never | (N / %) | (N / %) | (N / %) | (N / %) | (N / %) |
| Learning/Memory problems (K1- 2007) No Yes & still present Mild / Moderate / Severe / Disabling Yes & no longer present Not sure | N / % | N / % | N / % | N / % | N / % |
| Other medical conditions- (MHQ B1 a-e, B2) Depression (B1a) Obsessive Compulsive Disorder (B1b) Other Major Psychiatric Illness (B1c) Prostate disease (B1d) Spinal injury (B1e) Alcohol (B2) Substance Abuse (B2) | Yes- N / % No- N / % | Yes- N / % No- N / % | Yes- N / % No- N / % | Yes- N / % No- N / % | Yes- N / % No- N / % |
| History of Testosterone Therapy- (B4- MHQ) | Yes- N / % No- N / % | Yes- N / % No- N / % | Yes- N / % No- N / % | Yes- N / % No- N / % | Yes- N / % No- N / % |
| History of Erectile Dysfunction Therapy- (B11- MHQ) | Yes- N / % No- N / % | Yes- N / % No- N / % | Yes- N / % No- N / % | Yes- N / % No- N / % | Yes- N / % No- N / % |
| Fertility/Infertility (MHQ- C6, C7, C12) Tried to become pregnant (C6) Difficulty becoming pregnant (C7) History of Male Fertility Evaluation (C12) | Yes- N / % No- N / % | Yes- N / % No- N / % | Yes- N / % No- N / % | Yes- N / % No- N / % | Yes- N / % No- N / % |

Aim 2: PERCEIVED MALE HEALTH RISK & CURRENT QUALITY OF LIFE

Table 7- Infertility: Perceived Risk and Quality of Life (MHQ F1a & Gonadotoxic treatment history)

| Quality of Life Variables (MHQ) | Group 1: <i>At-Risk & Aware</i> | Group 2: <i>Low risk & Unaware</i> | Group 3: <i>At-Risk & Unaware</i> | Group 4: <i>Low risk & Aware</i> | All participants |
|---|--|---|--|---|------------------|
| Perceived General Health (reverse score D1) | (M / SD) | (M / SD) | (M / SD) | (M / SD) | (M / SD) |
| Physical Role (mean of D4 & D5) | (M / SD) | (M / SD) | (M / SD) | (M / SD) | (M / SD) |
| Emotional Role (mean of D6 & D7) | (M / SD) | (M / SD) | (M / SD) | (M / SD) | (M / SD) |
| Mental Health (mean of reverse score D9 & D 11) | (M / SD) | (M / SD) | (M / SD) | (M / SD) | (M / SD) |
| Vitality (reverse score D10) | (M / SD) | (M / SD) | (M / SD) | (M / SD) | (M / SD) |
| Social Functioning (D12) | (M / SD) | (M / SD) | (M / SD) | (M / SD) | (M / SD) |

Table 8- Low Testosterone: Perceived Risk and Quality of Life (MHQ F1b & Gonadotoxic treatment history)

| Quality of Life Variables (MHQ) | Group 1: <i>At-Risk & Aware</i> | Group 2: <i>Low risk & Unaware</i> | Group 3: <i>At-Risk & Unaware</i> | Group 4: <i>Low risk & Aware</i> | All participants |
|---|--|---|--|---|------------------|
| Perceived General Health (reverse score D1) | (M / SD) | (M / SD) | (M / SD) | (M / SD) | (M / SD) |
| Physical Role (mean of D4 & D5) | (M / SD) | (M / SD) | (M / SD) | (M / SD) | (M / SD) |
| Emotional Role (mean of D6 & D7) | (M / SD) | (M / SD) | (M / SD) | (M / SD) | (M / SD) |
| Mental Health (mean of reverse score D9 & D 11) | (M / SD) | (M / SD) | (M / SD) | (M / SD) | (M / SD) |
| Vitality (reverse score D10) | (M / SD) | (M / SD) | (M / SD) | (M / SD) | (M / SD) |
| Social Functioning (D12) | (M / SD) | (M / SD) | (M / SD) | (M / SD) | (M / SD) |

Table 9- Sexual Dysfunction: Perceived Risk and Quality of Life (MHQ F1c & Gonadotoxic treatment history)

| Quality of Life Variables (MHQ) | Group 1: <i>At-Risk & Aware</i> | Group 2: <i>Low risk & Unaware</i> | Group 3: <i>At-Risk & Unaware</i> | Group 4: <i>Low risk & Aware</i> | All participants |
|---|--|---|--|---|------------------|
| Perceived General Health (reverse score D1) | (M / SD) | (M / SD) | (M / SD) | (M / SD) | (M / SD) |
| Physical Role (mean of D4 & D5) | (M / SD) | (M / SD) | (M / SD) | (M / SD) | (M / SD) |
| Emotional Role (mean of D6 & D7) | (M / SD) | (M / SD) | (M / SD) | (M / SD) | (M / SD) |
| Mental Health (mean of reverse score D9 & D 11) | (M / SD) | (M / SD) | (M / SD) | (M / SD) | (M / SD) |
| Vitality (reverse score D10) | (M / SD) | (M / SD) | (M / SD) | (M / SD) | (M / SD) |
| Social Functioning (D12) | (M / SD) | (M / SD) | (M / SD) | (M / SD) | (M / SD) |

Aim 3: PERCEIVED MALE HEALTH RISK, ATTRIBUTIONS, & EDUCATION INFORMATION

Table 10- Infertility: Perceived Risk, Attributions, & Health Education

| Risk Attributions and Health Education (MHQ) | Group 1: <i>At-Risk & Aware</i> | Group 2: <i>Low risk & Unaware</i> | All participants |
|--|---|---|---|
| Attributions for risk (F2a) Surgery Radiation Chemotherapy Diagnosis | Yes- N / % No- N / % | Yes- N / % No- N / % | Yes- N / % No- N / % |
| # of attributions for risk (Sum of items marked- F2a) | (M / SD) | (M / SD) | (M / SD) |
| Sources of risk information (F3a) Oncologist Family General Practitioner Printed Information Internet Other | Yes- N / % No- N / % | Yes- N / % No- N / % | Yes- N / % No- N / % |
| # of sources of risk information (Sum of items marked- F3a) | (M / SD) | (M / SD) | (M / SD) |
| Timing of risk information (F4a) At Diagnosis At Treatment After Treatment, by oncologist After Treatment, in Survivor Program After Treatment, other setting | Yes- N / % No- N / % | Yes- N / % No- N / % | Yes- N / % No- N / % |
| # of settings risk information presented (Sum of items marked- F4a) | (M / SD) | (M / SD) | (M / SD) |
| Age at diagnosis | (M / SD) | (M / SD) | (M / SD) |
| Recent participation in survivor care (B6- 2007# "5 or more years ago" or "Never") | Yes- N / % No- N / % | Yes- N / % No- N / % | Yes- N / % No- N / % |
| Learning/Memory problems (K1- 2007) No Yes & still present Mild / Moderate / Severe / Disabling Yes & no longer present Not sure | N / % N / % N / % N / % N / % | N / % N / % N / % N / % N / % | N / % N / % N / % N / % N / % |

Table 11- Low Testosterone: Perceived Risk, Attributions, & Health Education

| Risk Attributions and Health Education (MHQ) | Group 1: <i>At-Risk & Aware</i> | Group 2: <i>Low risk & Unaware</i> | All participants |
|--|---|---|---|
| Attributions for risk (F2b) Surgery Radiation Chemotherapy Diagnosis | Yes- N / % No- N / % | Yes- N / % No- N / % | Yes- N / % No- N / % |
| # of attributions for risk (Sum of items marked- F2b) | (M / SD) | (M / SD) | (M / SD) |
| Sources of risk information (F3b) Oncologist Family General Practitioner Printed Information Internet Other | Yes- N / % No- N / % | Yes- N / % No- N / % | Yes- N / % No- N / % |
| # of sources of risk information (Sum of items marked- F3b) | (M / SD) | (M / SD) | (M / SD) |
| Timing of risk information (F4b) At Diagnosis At Treatment After Treatment, by oncologist After Treatment, in Survivor Program After Treatment, other setting | Yes- N / % No- N / % | Yes- N / % No- N / % | Yes- N / % No- N / % |
| # of settings risk information presented (Sum of items marked- F4b) | (M / SD) | (M / SD) | (M / SD) |
| Age at diagnosis | (M / SD) | (M / SD) | (M / SD) |
| Recent participation in survivor care (B6- 2007≠ "5 or more years ago" or "Never") | Yes- N / % No- N / % | Yes- N / % No- N / % | Yes- N / % No- N / % |
| Learning/Memory problems (K1- 2007) No Yes & still present Mild / Moderate / Severe / Disabling Yes & no longer present Not sure | N / % N / % N / % N / % N / % | N / % N / % N / % N / % N / % | N / % N / % N / % N / % N / % |

Table 12- Sexual Dysfunction: Perceived Risk, Attributions, & Health Education

| Risk Attributions and Health Education (MHQ) | Group 1: <i>At-Risk & Aware</i> | Group 2: <i>Low risk & Unaware</i> | All participants |
|--|---|---|---|
| Attributions for risk (F2c) Surgery Radiation Chemotherapy Diagnosis | Yes- N / % No- N / % | Yes- N / % No- N / % | Yes- N / % No- N / % |
| # of attributions for risk (Sum of items marked- F2c) | (M / SD) | (M / SD) | (M / SD) |
| Sources of risk information (F3c) Oncologist Family General Practitioner Printed Information Internet Other | Yes- N / % No- N / % | Yes- N / % No- N / % | Yes- N / % No- N / % |
| # of sources of risk information (Sum of items marked- F3c) | (M / SD) | (M / SD) | (M / SD) |
| Timing of risk information (F4c) At Diagnosis At Treatment After Treatment, by oncologist After Treatment, in Survivor Program After Treatment, other setting | Yes- N / % No- N / % | Yes- N / % No- N / % | Yes- N / % No- N / % |
| # of settings risk information presented (Sum of items marked- F4c) | (M / SD) | (M / SD) | (M / SD) |
| Age at diagnosis | (M / SD) | (M / SD) | (M / SD) |
| Recent participation in survivor care (B6- 2007≠ "5 or more years ago" or "Never") | Yes- N / % No- N / % | Yes- N / % No- N / % | Yes- N / % No- N / % |
| Learning/Memory problems (K1- 2007) No Yes & still present Mild / Moderate / Severe / Disabling Yes & no longer present Not sure | N / % N / % N / % N / % N / % | N / % N / % N / % N / % N / % | N / % N / % N / % N / % N / % |

Exploratory Aim: PERCEIVED MALE HEALTH RISK & CURRENT SEXUAL FUNCTIONING

Table 13- Infertility: Perceived Risk and Sexual Functioning

| Sexual Functioning Variables (MHQ) | Group 1: <i>At-Risk & Aware</i> | Group 2: <i>Low risk & Unaware</i> | Group 3: <i>At-Risk & Unaware</i> | Group 4: <i>Low risk & Aware</i> | All participants |
|--|--|---|--|---|------------------|
| SFQ Overall Sexual Functioning Score- Mean of all items: Interest (G4, G5a, G8a, G13 x .5); Desire (G5c, G5d, G5e); Arousal (G6a, G6c, G6d, G6e); Orgasm (G9, G10, G11); Satisfaction (G7, G14 x.5); Masturbation (G5b, G6b, G8b); Activity (G8c, G8d, G8e); Relationship (G15c reverse scored, G17, G18, G20, G22 x .5, G23 x .5); Problems (All reverse scored- G12a, G12c, G12d, G12g) | (M / SD) | (M / SD) | (M / SD) | (M / SD) | (M / SD) |
| Interest (mean of G4, G5a, G8a, G13 x .5) | (M / SD) | (M / SD) | (M / SD) | (M / SD) | (M / SD) |
| Desire (mean of G5c, G5d, G5e) | (M / SD) | (M / SD) | (M / SD) | (M / SD) | (M / SD) |
| Arousal (mean of G6a, G6c, G6d, G6e) | (M / SD) | (M / SD) | (M / SD) | (M / SD) | (M / SD) |
| Orgasm (mean of G9, G10, G11) | (M / SD) | (M / SD) | (M / SD) | (M / SD) | (M / SD) |
| Satisfaction (mean of G7, G14 x .5) | (M / SD) | (M / SD) | (M / SD) | (M / SD) | (M / SD) |
| Masturbation (mean of G5b, G6b, G8b) | (M / SD) | (M / SD) | (M / SD) | (M / SD) | (M / SD) |
| Activity (mean of G8c, G8d, G8e) | (M / SD) | (M / SD) | (M / SD) | (M / SD) | (M / SD) |
| Relationship (mean of G15c reverse scored, G17, G18, G20, G22 x .5, G23 x .5) | (M / SD) | (M / SD) | (M / SD) | (M / SD) | (M / SD) |
| Problems (mean of all reverse scored- G12a, G12c, G12d, G12g) | (M / SD) | (M / SD) | (M / SD) | (M / SD) | (M / SD) |
| Erectile difficulty (G12a > “seldom-less than 25% of the time” AND/OR G12c > “seldom-less than 25% of the time”) | (M / SD) | (M / SD) | (M / SD) | (M / SD) | (M / SD) |
| Lack of sexual interest or desire (G12b > “seldom-less than 25% of the time”) | (M / SD) | (M / SD) | (M / SD) | (M / SD) | (M / SD) |
| Anxiety about sexual performance (G12e > “seldom-less than 25% of the time”) | (M / SD) | (M / SD) | (M / SD) | (M / SD) | (M / SD) |
| Inability to achieve orgasm (G12f > “seldom-less than 25% of the time”) | (M / SD) | (M / SD) | (M / SD) | (M / SD) | (M / SD) |

Table 14- Low Testosterone: Perceived Risk and Sexual Functioning

| Sexual Functioning Variables (MHQ) | Group 1: <i>At-Risk & Aware</i> | Group 2: <i>Low risk & Unaware</i> | Group 3: <i>At-Risk & Unaware</i> | Group 4: <i>Low risk & Aware</i> | All participants |
|--|--|---|--|---|------------------|
| SFQ Overall Sexual Functioning Score- Mean of all items: Interest (G4, G5a, G8a, G13 x .5); Desire (G5c, G5d, G5e); Arousal (G6a, G6c, G6d, G6e); Orgasm (G9, G10, G11); Satisfaction (G7, G14 x.5); Masturbation (G5b, G6b, G8b); Activity (G8c, G8d, G8e); Relationship (G15c reverse scored, G17, G18, G20, G22 x .5, G23 x .5); Problems (All reverse scored- G12a, G12c, G12d, G12g) | (M / SD) | (M / SD) | (M / SD) | (M / SD) | (M / SD) |
| Interest (mean of G4, G5a, G8a, G13 x .5) | (M / SD) | (M / SD) | (M / SD) | (M / SD) | (M / SD) |
| Desire (mean of G5c, G5d, G5e) | (M / SD) | (M / SD) | (M / SD) | (M / SD) | (M / SD) |
| Arousal (mean of G6a, G6c, G6d, G6e) | (M / SD) | (M / SD) | (M / SD) | (M / SD) | (M / SD) |
| Orgasm (mean of G9, G10, G11) | (M / SD) | (M / SD) | (M / SD) | (M / SD) | (M / SD) |
| Satisfaction (mean of G7, G14 x .5) | (M / SD) | (M / SD) | (M / SD) | (M / SD) | (M / SD) |
| Masturbation (mean of G5b, G6b, G8b) | (M / SD) | (M / SD) | (M / SD) | (M / SD) | (M / SD) |
| Activity (mean of G8c, G8d, G8e) | (M / SD) | (M / SD) | (M / SD) | (M / SD) | (M / SD) |
| Relationship (mean of G15c reverse scored, G17, G18, G20, G22 x .5, G23 x .5) | (M / SD) | (M / SD) | (M / SD) | (M / SD) | (M / SD) |
| Problems (mean of all reverse scored- G12a, G12c, G12d, G12g) | (M / SD) | (M / SD) | (M / SD) | (M / SD) | (M / SD) |
| Erectile difficulty (G12a > “seldom-less than 25% of the time” AND/OR G12c > “seldom-less than 25% of the time”) | (M / SD) | (M / SD) | (M / SD) | (M / SD) | (M / SD) |
| Lack of sexual interest or desire (G12b > “seldom-less than 25% of the time”) | (M / SD) | (M / SD) | (M / SD) | (M / SD) | (M / SD) |
| Anxiety about sexual performance (G12e > “seldom-less than 25% of the time”) | (M / SD) | (M / SD) | (M / SD) | (M / SD) | (M / SD) |
| Inability to achieve orgasm (G12f > “seldom-less than 25% of the time”) | (M / SD) | (M / SD) | (M / SD) | (M / SD) | (M / SD) |

Table 15- Sexual Dysfunction: Perceived Risk and Sexual Functioning

| Sexual Functioning Variables (MHQ) | Group 1: <i>At-Risk & Aware</i> | Group 2: <i>Low risk & Unaware</i> | Group 3: <i>At-Risk & Unaware</i> | Group 4: <i>Low risk & Aware</i> | All participants |
|--|--|---|--|---|------------------|
| SFQ Overall Sexual Functioning Score- Mean of all items: Interest (G4, G5a, G8a, G13 x .5); Desire (G5c, G5d, G5e); Arousal (G6a, G6c, G6d, G6e); Orgasm (G9, G10, G11); Satisfaction (G7, G14 x.5); Masturbation (G5b, G6b, G8b); Activity (G8c, G8d, G8e); Relationship (G15c reverse scored, G17, G18, G20, G22 x .5, G23 x .5); Problems (All reverse scored- G12a, G12c, G12d, G12g) | (M / SD) | (M / SD) | (M / SD) | (M / SD) | (M / SD) |
| Interest (mean of G4, G5a, G8a, G13 x .5) | (M / SD) | (M / SD) | (M / SD) | (M / SD) | (M / SD) |
| Desire (mean of G5c, G5d, G5e) | (M / SD) | (M / SD) | (M / SD) | (M / SD) | (M / SD) |
| Arousal (mean of G6a, G6c, G6d, G6e) | (M / SD) | (M / SD) | (M / SD) | (M / SD) | (M / SD) |
| Orgasm (mean of G9, G10, G11) | (M / SD) | (M / SD) | (M / SD) | (M / SD) | (M / SD) |
| Satisfaction (mean of G7, G14 x .5) | (M / SD) | (M / SD) | (M / SD) | (M / SD) | (M / SD) |
| Masturbation (mean of G5b, G6b, G8b) | (M / SD) | (M / SD) | (M / SD) | (M / SD) | (M / SD) |
| Activity (mean of G8c, G8d, G8e) | (M / SD) | (M / SD) | (M / SD) | (M / SD) | (M / SD) |
| Relationship (mean of G15c reverse scored, G17, G18, G20, G22 x .5, G23 x .5) | (M / SD) | (M / SD) | (M / SD) | (M / SD) | (M / SD) |
| Problems (mean of all reverse scored- G12a, G12c, G12d, G12g) | (M / SD) | (M / SD) | (M / SD) | (M / SD) | (M / SD) |
| Erectile difficulty (G12a > “seldom-less than 25% of the time” AND/OR G12c > “seldom-less than 25% of the time”) | (M / SD) | (M / SD) | (M / SD) | (M / SD) | (M / SD) |
| Lack of sexual interest or desire (G12b > “seldom-less than 25% of the time”) | (M / SD) | (M / SD) | (M / SD) | (M / SD) | (M / SD) |
| Anxiety about sexual performance (G12e > “seldom-less than 25% of the time”) | (M / SD) | (M / SD) | (M / SD) | (M / SD) | (M / SD) |
| Inability to achieve orgasm (G12f > “seldom-less than 25% of the time”) | (M / SD) | (M / SD) | (M / SD) | (M / SD) | (M / SD) |