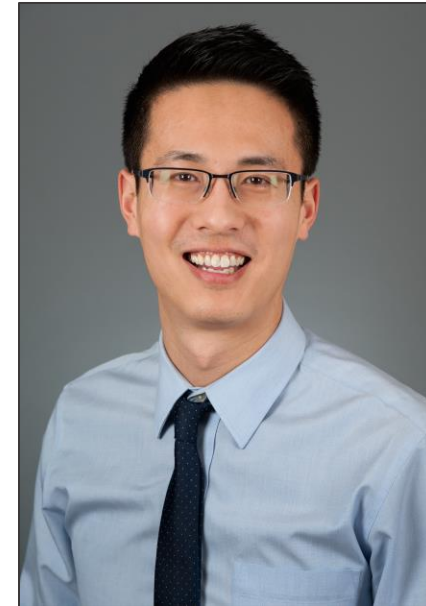


Men's Sexual Health after Transplant

Celebrating a Second Chance at Life
Survivorship Symposium

August 5, 2020



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MEN'S SEXUAL HEALTH AFTER TRANSPLANT

BMT InfoNet



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Clinical Research

Genital Chronic GVHD in Men after Hematopoietic Stem Cell Transplantation: A Single-Center Cross-Sectional Analysis of 155 Patients

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Article history:

Received 21 March 2013

Accepted 8 July 2013

Key Words:

Male genital GVHD

Allogeneic HSCT

Late effects

A B S T R A C T

We assessed the prevalence and clinical features of genital skin changes in men after allogeneic hematopoietic stem cell transplantation (HSCT) and evaluated the correlation between genital chronic graft-versus-host disease (cGVHD) and other manifestations of cGVHD as well as sexual issues. In a cross-sectional cohort study, 155 male recipients alive 1 year or more after HSCT were assessed during their annual follow-up evaluation. Correlation between genital skin changes and other cGVHD manifestations was evaluated, and post-transplantation sexual contentment and sexual functioning were assessed by 2 self-assessment questionnaires, including the 5-item version of the International Index of Erectile Function (IIEF-5) and the modified Brief Sexual Symptom Checklist (mBSSC). Median time between HSCT and genital examination was 5.9 years (range, 1 to 30.3 years). Thirty-one of 155 patients (20%) presented with genital skin changes. Twenty-one of those (13%) presented clinically inflammatory genital skin changes considered as genital cGVHD: 12 had inflammatory (noninfectious) balanoposthitis, 6 had lichen sclerosis–like lesions, 5 had phimosis, and 2 patients had more than 1 feature. Patients with inflammatory genital skin changes had a significantly higher coincidence of oral ($P < .0001$), ocular ($P < .002$), and/or cutaneous cGVHD ($P < .026$) when compared with patients without genital lesions. The rate of IIEF-5 questionnaire response was 59% (91 of 155). Among them, 67% reported erectile dysfunction. Erectile dysfunction was significantly more frequent in patients with genital cGVHD ($P = .0075$). Seventy-five of 155 patients (48%) answered the mBSSC questionnaire. Only 40% of them reported sexual contentment. Genital skin changes in male recipients after allogeneic HSCT are frequent and seem to be an under-reported relevant late effect. Inflammatory genital skin changes can be considered as a form of genital cGVHD often associated with manifestations of extragenital mucocutaneous cGVHD.

A Known Issue

- 155 male patients at 1 year+ post transplant
- 20% had genital skin changes
- 13% inflammatory genital skin changes
 - 8% inflammatory redness
 - 4% rash
 - 3% narrowing of the urethra
 - 1% had more than one feature

Treatment Impact

Transplant

- ✗ Hair loss
- ✗ Fear of infection for 100 days
- ✗ Graft versus host disease (rashes, nausea, mouth dryness)








Chemo

- ✗ Loss of interest
- ✗ Erectile dysfunction

Radiation

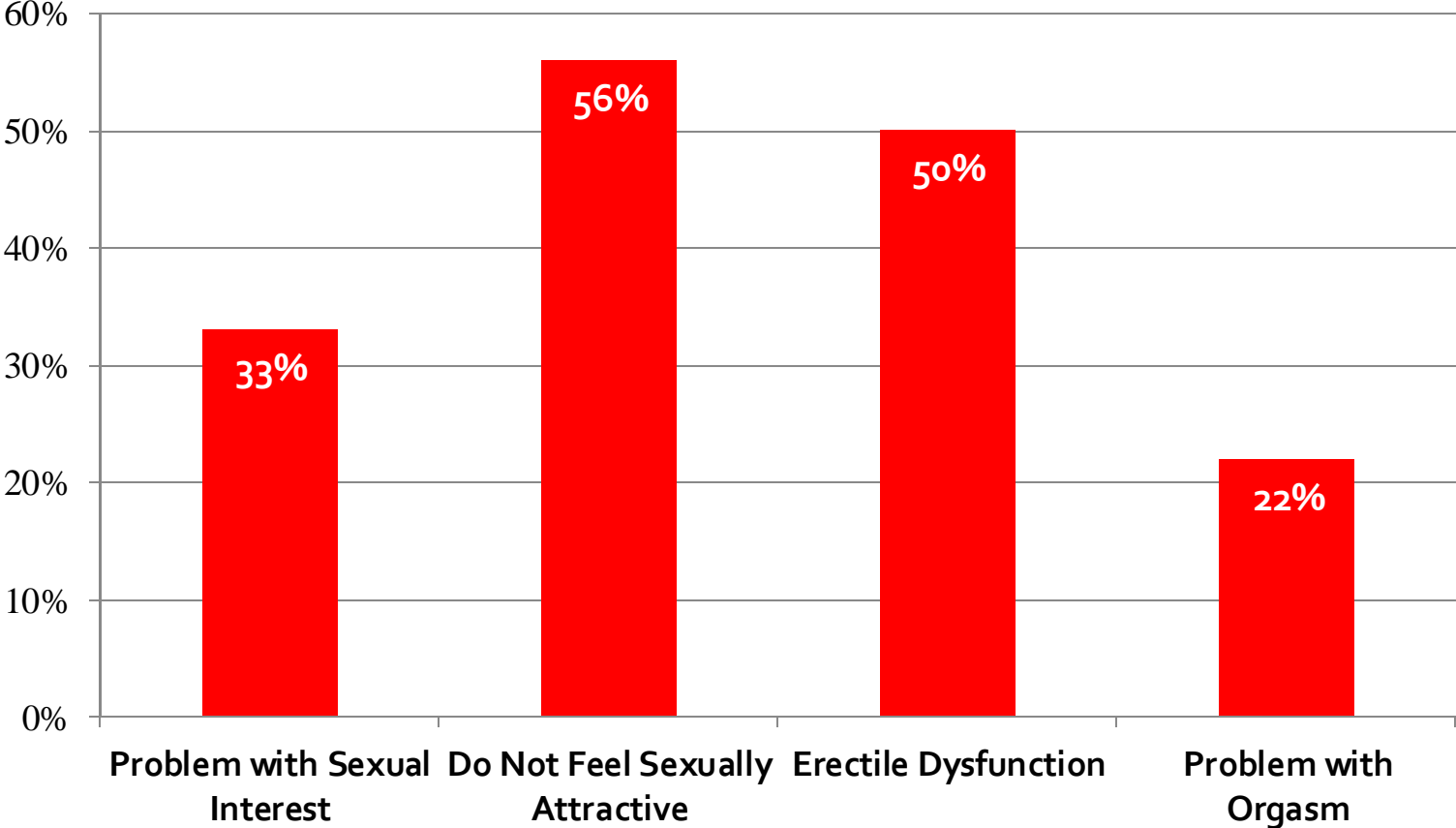
- ✗ Possible nerve damage
- ✗ Fatigue

Common Problems

-  Decreased interest/low desire
-  Problems with getting/keeping an erection
-  Difficulty reaching orgasm
-  Pain with erection/climax
-  Changes in body image, perceived attractiveness
-  Performance anxiety
-  Worry about infection, hurting partner

Problems are Common

Sexually Active Men 1-Year After BMT



Self-Image is Affected

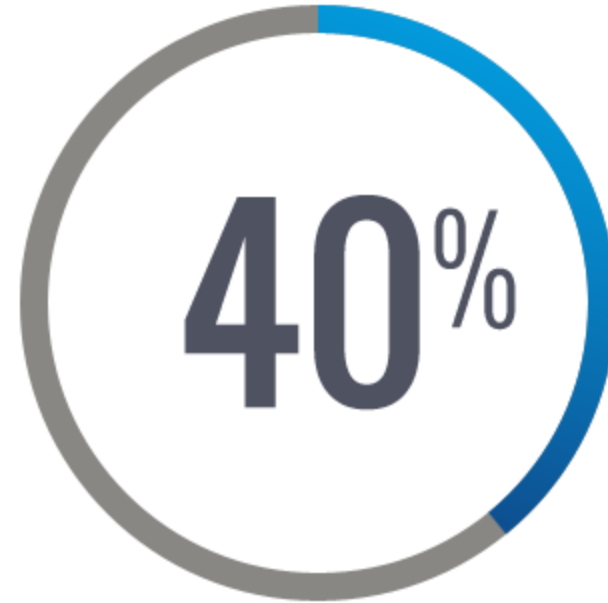
- Impact on feelings of masculinity
- Feelings about being damaged, sense of loss
- Changes/Feelings can be hard to talk about: shame, guilt, embarrassment
- When we feel bad about our body it also diminishes our desire

Sexually Active?

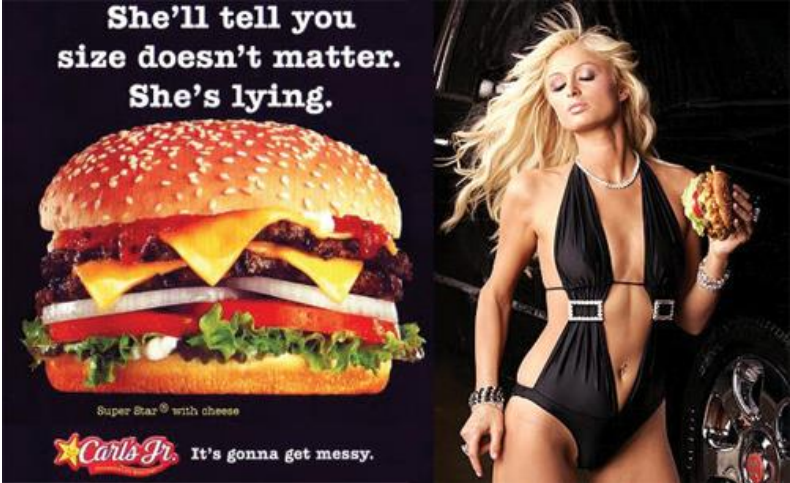
6 Months Prior



3 Years After

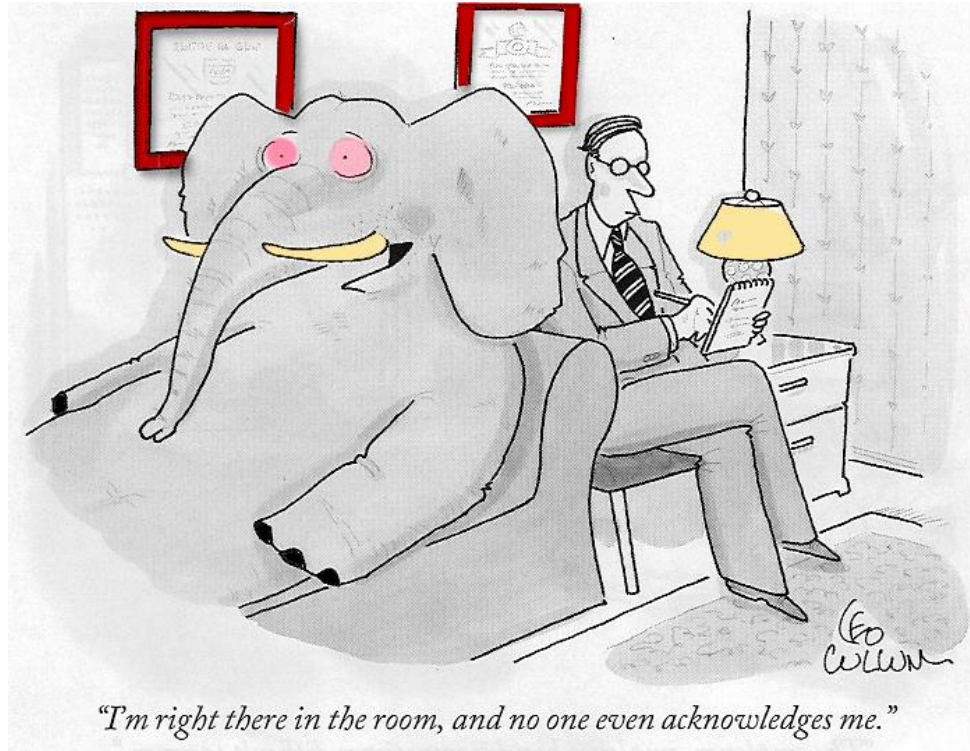


A Culture of Sex/Silence



Elephant in the Room

“ How has BMT affected your sex life?

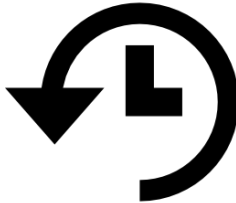


"I'm right there in the room, and no one even acknowledges me."

Sex Matters

- ✓ Sex encompasses an emotional and physical experience that is life affirming.
- ✓ Sexual problems have a direct, negative, impact on quality of life.

Risk Factors



Sex is Complex

VIAGRA
(sildenafil citrate) tablets

Function

Desire

Relationship

Pfizer VIAGRA.COM 1-888-4VIAGRA

The blue diamond tablet shape is a registered trademark of Pfizer Inc.

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Physical Function



Modify reversible causes

Medication change
Lifestyle modification
Hormone replacement

First-line therapy

Oral erection agent
Vacuum erection device
Couples/sexual therapy

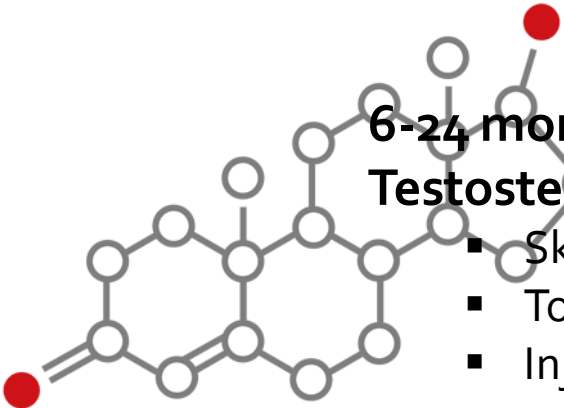
Second-line therapy

Self-injection (base of penis)
Vasodilators (into urethra)

Third-line therapy

Surgical prosthesis
Vascular reconstruction

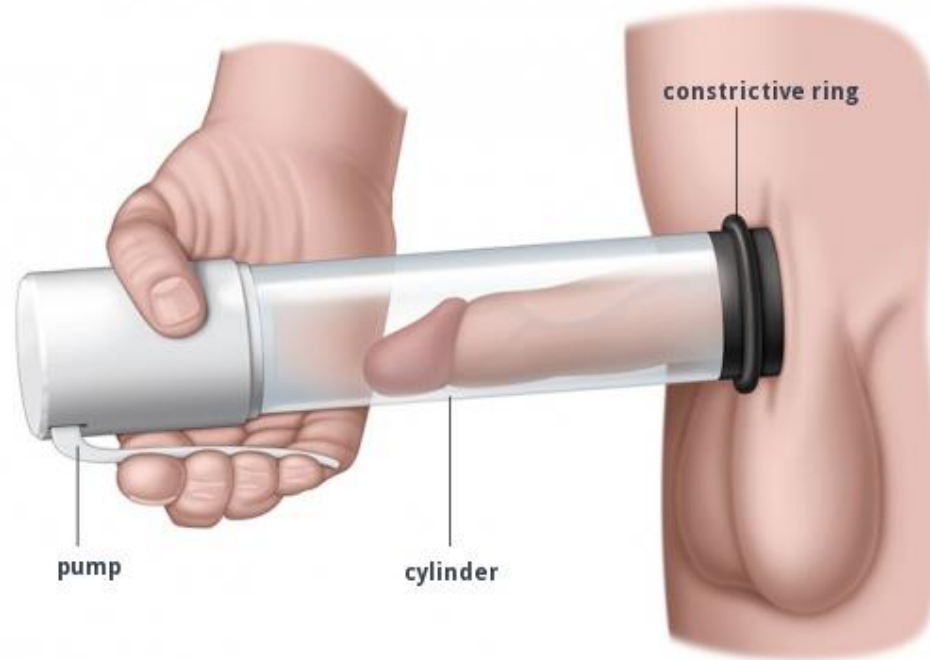
Reversible Causes



**6-24 months post-BMT recovery
Testosterone replacement therapy**

- Skin patches
- Topical gel
- Injection

1: Vacuum Erection Devices



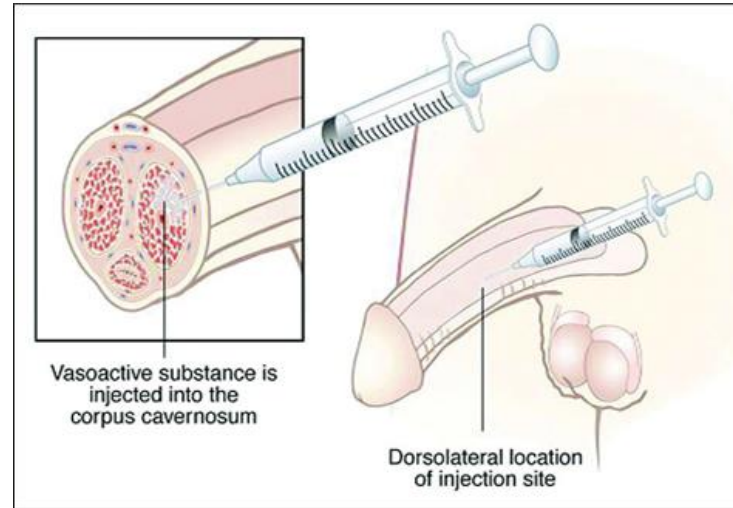
- Airtight cylinder attached to handheld pump
- Need lubrication
- Use ring around the base of penis to maintain erection

1. Oral Medication



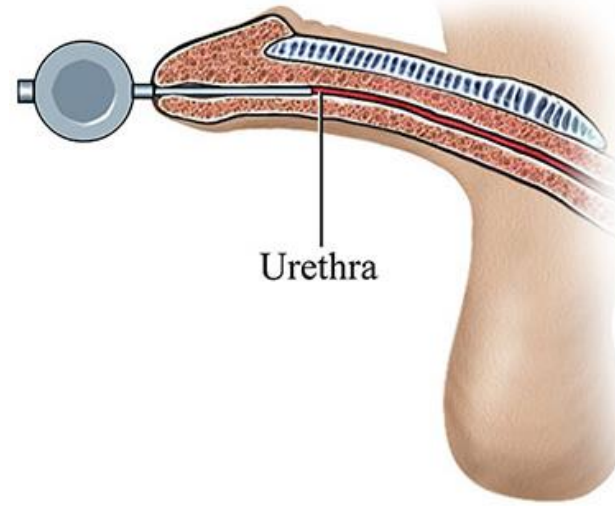
- Oral drugs relax smooth muscles cells in arteries of penis allowing more blood flow
- They do not impact desire (sexual stimulation is needed)
- They will not work if nerves are damaged
- Not always effective after BMT
- There can be side effects
- It can be expensive

2. Injection Therapy



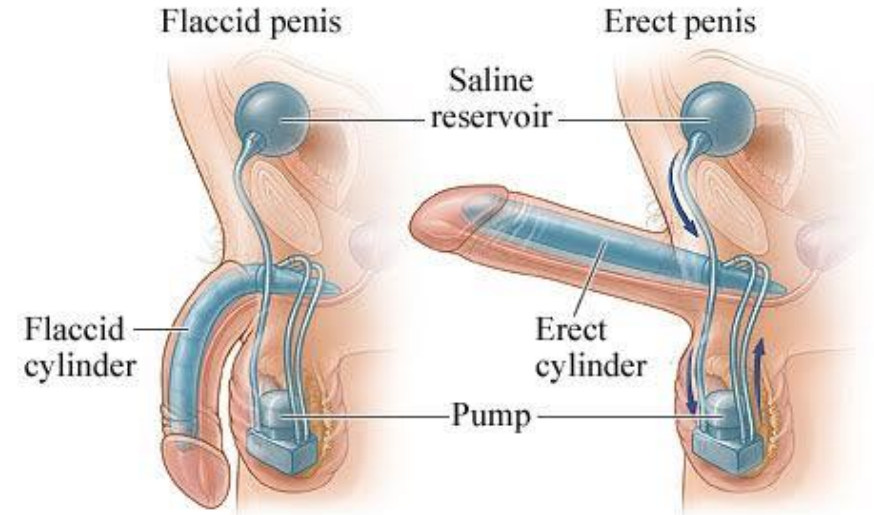
- Relaxes the blood vessels, increases blood flow to penis and prevents flow of blood out of the penis
- Most common side effect: about 1/3 men report some pain
- Must have 24 hours between doses, no more than 3x/week

2. *Transurethral Treatment*



- Small pellet of drug (alprostadil) is introduced into the urethra (the tube through which urine is passed) using a special disposable applicator
- The drug is then absorbed through the wall of the urethra and passes into the erectile tissue, giving an erection within 5 to 10 minutes

3. Penile Prosthesis

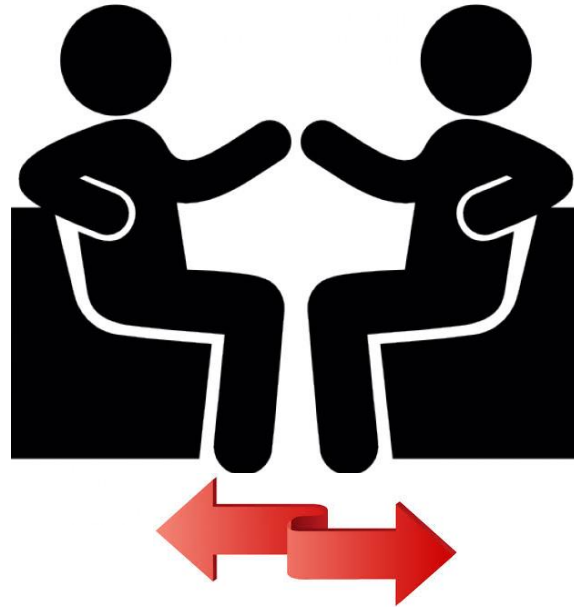


- Inflatable prosthetic device that is surgically implanted
 - Reservoir is implanted under the groin muscles; a pump sits under the loose skin of the scrotal sac, between the testicles
- Majority successful, with orgasm and sensation maintained at 5 years
- “Natural” erection no longer possible, but satisfaction is generally high

Reduced Desire

- It is common and frustrating
- “Use it or lose it”
- Consider the cause:
 - Rule out hypogonadism (testosterone replacement therapy?)
 - Stress
 - Fatigue
 - Depression
 - Body image changes
 - Pain
 - Medication side effects (e.g., anti-depressants such as SSRI)
 - Relationship problems

Relationship



- Men with erectile dysfunction may pull back physically
 - They often report a fear of not being able to perform
- At the same time, partners are afraid of setting the patient up for failure and also pull back

What Has Worked For You?



Desire Through Communication

An opportunity to write a new chapter

- Sensate focus
 - Shifting from penetration to pleasure
 - Program of systematic touch
 - Set the stage
 - Bathe/Shower together
 - Massage
- Intimate talk
- “Desire diary”
- Self-stimulation
- Using aids (reading, video etc.)

<https://www.cancer.org/treatment/understanding-your-diagnosis/after-diagnosis/how-will-cancer-affect-my-sex-life.html>

<http://www.sexhealthmatters.org/>



Published in final edited form as:

Cancer. 2015 December 1; 121(23): 4124–4131. doi:10.1002/cncr.29675.

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Questions?



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