



Questions & Answers about Sexuality and Intimacy after Bladder Cancer

A Valentine's chat with Dr. Trinity Bivalacqua

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Part I: Male Sexual Dysfunction

Presented by



***Dr. Trinity Bivalacqua** is the Christian Evensen Professor of Urology and Oncology and the Director of Urologic Oncology at the James Buchanan Brady Urologic Institute. He joined the Johns Hopkins Urology Department after completing his general surgery and urology training at Johns Hopkins Hospital. He also completed an American Urological Association (AUA) Foundation Post-Doctoral Fellowship from the AUA Care Foundation. Dr. Bivalacqua has an active clinical practice in Urologic Oncology and Sexual Dysfunction. As a member of the Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins, Dr Bivalacqua participates in multidisciplinary approaches to the treatment of a variety of genitourinary cancers. He has a special interest in cancers of the prostate and bladder with an emphasis on organ sparing therapies, minimally invasive techniques and orthotopic bladder substitution (neobladder). He has recently been acknowledged for his accomplishments in research with several grants including a Career Development Award from the National Institute of Health (NIH), Greenberg Bladder Cancer Institute, and the AUA "Rising Star" Award.*

Stephanie Chisolm: Hello, and welcome to Questions and Answers About Sexuality and Intimacy After Bladder Cancer. This is a Valentine's chat with Dr. Trinity Bivalacqua.

Dr. Bivalacqua: I thought I'd take this opportunity to tell everyone about myself, and how I became interested in sexual dysfunction as it relates to treatment of genitourinary tract cancers. I got interested in urology as a graduate student, or actually an undergraduate student, back in the mid to early 90s. This was prior to the development of Viagra, and actually my PhD thesis was focused on understanding how blood flow, how various factors such as systemic diseases like diabetes and hypertension affected blood flow of the heart, the lung, and believe it or not, the penis. This is what got me introduced to urology.

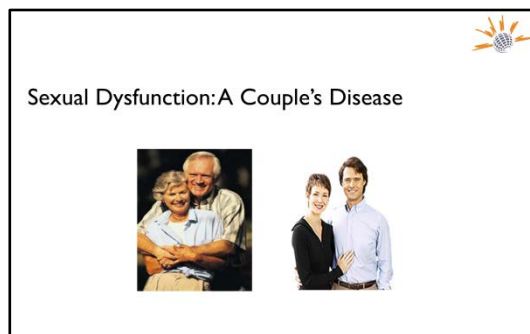
Sexuality and Bladder Cancer

Trinity J. Bivalacqua MD PhD

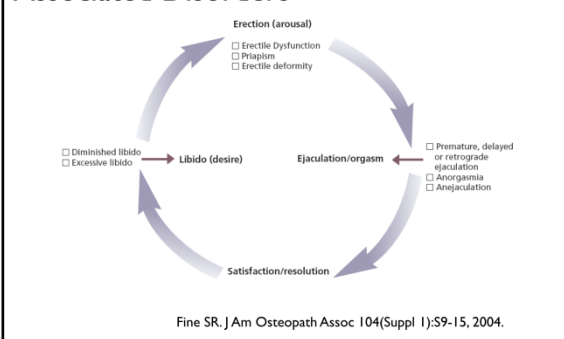


As a young resident and surgeon, I kept my sort of interest in penile vascular function, and I've stayed very active in research as well as care of patients that have sexual dysfunction. Mostly men. However, in the more recent years, we've developed some techniques to help women. I'm hoping over the next 20 to 30 minutes to share with you what our current understanding is about sexual dysfunction as it relates to bladder cancer treatment.

My first slide is just to remind me that sexual dysfunction is a couple's disease. This really relates to the fact that when a man or a woman is suffering from sexual dysfunction, problems with intimacy or a relationship, it is extremely important that both partners are involved in the care and understanding. One of my favorite things, or one of ... Not favorite, but one of the most important things I could do when I'm counseling a man or a woman that is going to undergo treatment for bladder cancer, and that doesn't matter if it's for non-muscle invasive bladder cancer or even for muscle invasive disease, is to bring in their partner to be involved in the conversation, because this affects both men and women.



The Male Sexual Response and Associated Disorders



I'll first start talking about males' sexual response and associated disorders, or sexual dysfunction as it relates to men. You can see in this slide that sexual dysfunction goes beyond that of just erectile dysfunction. There are a number of deformities that can occur in a man's penis, that can affect how they obtain an erection. Importantly, there is other effects on orgasm or ejaculation, which we'll go into in more detail, because that's extremely prevalent in men following surgery to remove the prostate and bladder. Additionally, as we get older, and when I say "we" I mean as men and women get older, we will develop

disorders of sexual desire. This term used to be called libido, and as men and women get older, sexual desire decreases. This goes beyond just hormonal influence. It also involves our relationship, as well as other ongoing medical conditions.

When we look at some of the major risk factors for the development of male erectile dysfunction, the most important thing to point out here is that there are a number of chronic diseases that cause erectile dysfunction. You can see here, in this slide, when we look at erectile dysfunction risk factors, we see that diabetes, prostate diseases, smoking, coronary artery disease, hyperlipidemia, and hypertension are the

major risk factors for the development of erectile dysfunction. If you think about it, the average age of a man that is diagnosed with muscle invasive bladder cancer, so I'll use that as just an example, is in your 70s. You can imagine that erectile dysfunction in a man in their 70s or a woman in their 70s is highly prevalent, because of their ongoing chronic conditions as well as just age.

Another thing to understand is that as we get older, both men and women, the degree of sexual dysfunction that occurs in a 60, 70, or 80 year old man, or even a 50 year old man or woman, is as high as 50%. Numbers to remember is that a man or woman that's in their 50s, over 50% of individuals in their fifth decade of life will have some degree of sexual dysfunction.

Chronic Disease	~ED Risk Multiplied*
Diabetes ^{1,2}	4.1
Prostate disease ¹	2.9
Smoking (active, history)	2.6
Cardiac problems ¹	1.8
Hyperlipidemia ¹	1.7
Hypertension ^{1,2}	1.6

*Age-adjusted odds ratio.
1. Martin-Morales A et al. J Urol. 2001;166:569-575. 2. Braun M et al. Int J Impot Res. 2000;12:305-311.

Emotional Predictor	~ED Risk Multiplied
Emotional problems/stress	3.6
General unhappiness	2.5
Dissatisfaction with partner	2.4
>20% decrease in income	2.1

*Compared with reference group without emotional factors.
†Based on National Health and Social Life Survey. (men, n=1410 [18-59 y])
Laumann EO et al. JAMA. 1999;281:537-544.

Other emotional predictors of erectile dysfunction in men are emotional problems or stress. This is one of the biggest risk factors, and this is coming from a national health and social life survey of men. In this study, they only surveyed men between 18 to 60 years of age, and you can see that one of the biggest predictors is emotional stress. That's really important when you're talking to patients that have bladder cancer. We all know that a cancer diagnosis, doesn't matter if it's colon cancer, breast cancer, bladder cancer, prostate cancer, is a very stressful situation, and it's very common to have a decline in erections or even in desire

during this time. Other emotional predictors include depression. I only put this here because depression is highly prevalent in cancer patients because of their ongoing medical treatments, coping mechanisms with a new diagnosis of cancer.

