Your Symptoms Matter

Prostate Cancer (EPIC patient questionnaire) Clinician Guides

This toolkit includes five guides. Each guide provides clinical direction on the management of one symptom domain addressed in the Your Symptoms Matter, the Prostate Cancer (EPIC) patient questionnaire, including:

- Urinary incontinence;
- Urinary irritation & Obstruction;
- Bowel function;
- Sexual function; and
- Hormonal symptoms/Vitality.

Although symptom management is often addressed with an interdisciplinary team, these guides are primarily aimed at allied health.

These guides are created to compliment your skills as a clinical practitioner. They will assist in providing education and encourage time for a clinical interaction. Should you need a specialized service, the guide also provides suggestions as to when this may be considered.

Patients who report experiencing any of the above symptoms may feel embarrassed and/or uncomfortable discussing them beyond the questionnaire. Understanding this will help providers communicate with and support patients who may have feelings of shame or emasculation in a sensitive manner. Sexual side effects and hormonal/vitality symptoms are particularly sensitive topics. The psychological distress of this can manifest in different ways (anger, substance abuse, depression, etc.), and awareness of this is critical to supporting to the patient, beyond biomedical treatment (i.e. PDE5 inhibitors). Emotional or psychological symptoms are often (though not always) a response to the physiological side effects and addressing these first is therefore recommended.

Given the sensitivity of symptoms addressed in the Your Symptoms Matter Prostate Cancer questionnaire, we would like to emphasize the importance of balancing patient preferences and wants with their needs as you provide care.

- Gauge symptom impact: Understanding the impact of symptoms and their importance to the patient is pivotal to management. In some cases patients may report a symptom, but the impact of the symptom or the bother of that symptom may be negligible. These patients may not feel a need or want to receive any degree of symptom management.
- Seek patient permission: Even if symptoms are bothersome, patients may not want to discuss further, especially for certain symptoms. It is important to seek permission before delving into assessment and management. Even if a patient declines discussion on a particular visit, the door has been opened for discussions on a subsequent visit.

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Prostate Cancer (EPIC questionnaire) Sexual Function

Prostate cancer treatment (androgen deprivation therapy (ADT) in particular) can cause a number of sexual side effects including:

Erectile dysfunction • Inability to reach (anorgasmia) • Loss of ejaculate (orgasm but no ejaculate; very likely post-treatment) • Climacturia (leakage of urine at climax for men able to achieve sexual activity after treatment) • Loss of libido • Loss of intimacy • Painful orgasms (dysorgasmia) • Infertility

IMPORTANT: Admission and/or discussion of sexual symptoms may be uncomfortable and embarrassing for patients. Assessment or evaluation of symptoms should be considerate of this, and include a reminder to the patient that sexual symptoms are normal and expected side effects of treatment. Healthcare providers are also reminded to seek permission from the patient before discussing their symptoms further or offering treatment.

Step 1:

Check the patient's EPIC scores for questions 7-9. If he reports these symptoms to any degree (score of 1-4), proceed to Step 2.

- **Ability to reach orgasm**
  (Q7) i.e. inability to reach orgasm (anorgasmia)
- **Overall sexual function**
  (Q9) e.g., loss of ejaculate, climacturia, loss of libido/intimacy, delayed orgasm, infertility
- **Quality of erections**
  (Q8) i.e., firmness (for masturbation, foreplay, intercourse)

Step 2:

With the patient's permission, conduct an initial assessment for evaluation of the nature and severity of symptoms

Take a clinical history.

Systematically assess symptoms using the OPQRSTUV Acronym. Obtain a detailed history including:

- Functional status
- Medical and psychosexual history
- Comorbidities
- Concurrent medication
- Psychosocial status

Step 3:

Seek permission from the patient to proceed before considering treatment.

Ask:

- Are your symptoms a problem for you/bothersome?
- Is addressing and treating your symptoms important to you?
- Do you want to know how we can address and/or treat your symptoms?
- Do you want treatment?

Step 4:

Consider the following conservative interventions as first-line treatment.

Offer patients (more) information on symptoms.

- Provide assurance that sexual symptoms are normal and expected side effects of treatment.
- Dysorgasmia: Provide assurance that in most cases the pain will decrease over time.
- For infertility: Suggest a sperm bank prior to start of treatment.

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Step 5:

If biomedical treatment is required, consider behavioral and/or pharmacological interventions.

If patient remains distressed and demonstrates willingness, consider counselling, in particular for:

- Inability to reach orgasm;
- Erectile dysfunction;
- Overall sexual dysfunction;
- Loss of ejaculate; and
- Loss of intimacy.

For inability to reach orgasm:

- Suggest lubricant

Overall sexual dysfunction

For climacturia:

- Suggest regular pelvic floor muscle training i.e., Kegels
- Suggest bladder emptying prior to intercourse; Kegel thrust to ensure complete bladder emptying
- Reduce fluid intake and alcohol consumption prior to intercourse
- Use condoms during intercourse to capture leaking urine

For loss of libido:

- Provide continued engagement in sexual activity (penetrative and non-penetrative), as it is related to overall better sexual wellbeing over time.

For painful orgasms:

- Suggest ibuprofen if the pain is too severe

Communication with parter:

- Importance of having a respectful and open discussion with partner about what they are experiencing
- Suggest other methods of intimacy (foreplay and stimulation without penetration)

For erectile dysfunction:

- Consider phosphodiesterase type 5 inhibitor (PDE5i) medications

For loss of libido:

- Provide continued engagement in sexual activity (penetrative and non-penetrative), as it is related to overall better sexual wellbeing over time.

If patients are reluctant or refractory to PDE5i, consult with an urologist for alternative interventions (e.g., vacuum erectile device, constriction rings).

Annotated Reference List

Step 2: Conduct an initial assessment for evaluation of the nature and severity of symptoms.

Take a clinical history	6: Recommendation 1.3.31 (p. 19) Expert Opinion

Step 3: Seek permission from the patient to proceed before considering treatment.

Questions for patient permission	Expert Opinion

Step 4: Consider the following conservative interventions as first-line treatment.

More information	Expert Opinion
Assurance	Expert Opinion
Dysorgasmia	Expert Opinion
Counselling:	
• Inability to reach orgasm	Expert Opinion
• Erectile dysfunction	3: First-line table (p. 5) 5: Recommendation 26 (p. 4) 6: Recommendation 1.1.13 (p. 12) & 1.3.31 (p. 19) Expert Opinion
• Overall sexual dysfunction	1: Overall Sexual Functioning & Satisfaction, Recommendation 5 (p. 6). 5: Recommendation 26 (p. 4) Expert Opinion
• Loss of ejaculate	Expert Opinion
• Loss of intimacy	1: Intimacy/Relationships, Recommendation 3 (p. 5) 5: Recommendation 27 (p. 4) Expert Opinion
For infertility: Sperm bank	6: Recommendation 1.4.7 (p. 23) Expert Opinion

Step 5: If biomedical treatment is required, consider behavioral and/or pharmacological interventions.

Inability to orgasm: Lubricant	Expert Opinion
Erectile dysfunction: PDE5i	1: Sexual Response, Recommendation 1 (p. 5) 3: First-line table (p. 5) 5: Recommendation 25 (p. 4) 6: Recommendation 1.3.31-33 (p. 19) & 1.4.10 (p. 23)
Loss of ejaculate	Expert Opinion
Climacturia:	
• Pelvic floor muscle training	3: First-line table (p. 5) & Advantages and disadvantages for each ED management strategy table (p. 6) Expert Opinion
• Bladder emptying	Expert Opinion
• Reduced fluid/alcohol intake	Expert Opinion
• Condoms	Expert Opinion
Loss of Libido	Expert Opinion
Dysorgasmia: Pain medication	Expert Opinion

References

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2. K. Hatzimouratidis (Chair), I. Eardley, F. Giuliano, I. Moncada, A. Salonia. Guidelines on Male Sexual Dysfunction: Erectile Dysfunction and Premature Ejaculation. European Association of Urology. Update March 2015. 38 p. [274 references]
3. Prostate Cancer UK. Treating erectile dysfunction after radical radiotherapy and androgen deprivation therapy (ADT) for prostate cancer: A quick guide for health professionals: supporting men with erectile dysfunction. Macmillan Cancer Support. Retrieved from: http://prostatecanceruk.org/media/2491351/treating-ed-after-radiotherapy-and-adt-for-prostate-cancer.pdf.
4. N. Mottet (Chair), J. Bellmunt, E. Briers (Patient Representative), R.C.N. van den Bergh (Guidelines Associate), M. Bolla, N.J. van Casteren (Guidelines Associate), P. Cornford, S. Culine, S. Joniau, T. Lam, M.D. Mason, V. Matveev, H. van der Poel, T.H. van der Kwast, O. Rouvière, T. Wiegel. Guidelines on Prostate Cancer. European Association of Urology. Partial Update 2015. 137 p. [885 references]
5. Resnick MJ, Lacchetti C, Bergman J, Hauke RJ, Hoffman KE, Kungel T, Morgans AK, and Penson DF. Prostate Cancer Survivorship Care Guideline: American Society of Clinical Oncology Clinical Practice Guideline Endorsement. J Clin Oncol 33. 2015.
6. National Clinical Guideline Centre for Acute and Chronic Conditions. Prostate Cancer: Diagnosis & Management. London (UK): National Institute for Health and Care Excellence (NICE); 2014 Jan. (Clinical guideline; no. 175).
7. Fraser Health. Hospice palliative care program: Symptom Guidelines. Surrey, BC: Fraser Health Website; 2006. Website: http://www.fraserhealth.ca/media/SymptomAssesment.pdf.