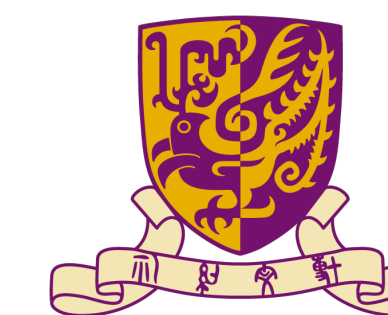


Sexual Functioning, Intimacy, and Quality of Life of Men Diagnosed with Prostate Cancer in Hong Kong: A Cross-Sectional Study

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INTRODUCTION

- Prevalence of prostate cancer (PCa) in Asia region is relatively high.¹

	% incidence	Incidence ASR	% mortality	Mortality ASR
Asia	26.2	11.5	32.1	4.4
North America	16.9	73	9.9	8.3
Europe	33.5	63.4	28.8	11.1
Africa	6.6	29.7	12.6	16.3
Latin America & Caribbean	15.2	59.2	15.3	14.2
Oceania	1.6	70.3	1.3	11
World	100	30.7	100	7.7

ASR = Age-standardized rate (per 100,000); PCa = Prostate cancer

- Sexual function impairment, a common side effect of PCa and its treatments which affects relationship and quality of life, was reported by 20%–60% men with PCa after treatments.²⁻⁴
- In public hospital settings, resource shortages and excessive demands hinder the access to sexual health services that may address this distressful side effect.⁵⁻⁶
- Little is known about level of sexual functioning of these men receiving public hospital care in Hong Kong.

AIMS

- To examine the level of sexual functioning of men with PCa receiving public hospital care in Hong Kong.
- To identify factors associated with the level of sexual functioning.

METHODS

- Design:** Cross-sectional survey
- Participants:** 150 men with PCa receiving care in 2 public hospitals in Hong Kong
- Instruments:**

Variables	Instruments	
Background information	Demographic form	5 items (age, marital status, employment, education level, household income)
Sexual function	Expanded Prostate Cancer Index Composite (EPIC) Sexual Domain	13 items Cronbach's $\alpha = 0.93-0.96$
Sexual intimacy	Intimacy Scale	2 items
Quality of life	Quality of Life in Adult Cancer Survivors (QLACS)	47 items Cronbach's $\alpha = 0.71-0.92$
Patient satisfaction	9-Item Chinese Patient Satisfaction Questionnaire (ChPSQ-9)	9 items Cronbach's $\alpha = 0.89-0.97$
Financial wellbeing	Comprehensive Score for Financial Toxicity (COST)	11 items Cronbach's $\alpha = 0.86$

- Statistical analysis:** Binomial logistic regression
- Potential participants were approached during their oncologist visits and provided informed consent to participate.
- This study was approved by Survey and Behavioural Research Ethics Committee of The Chinese University of Hong Kong (Ref. No.: SBRE-21-0346)

RESULTS

- Background information:**

Mean age 71.9 years	Married 89.3%	Retired 74.7%	Secondary education 50.0%	Income <10,000 HKD 50.7%
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	Range	Mean	SD
QLACS generic	28–196	77.79	19.04
QLACS cancer-specific	20–140	36.12	16.01
ChPSQ-9	5–45	36.11	5.64
COST	0–44	23.89	6.09

- Sexual functioning and intimacy:**



Poor sexual desire
82.0%



Poor erection
76.7%



Inability to reach orgasm
81.3%

89.3% had no sexuality activity in the past 4 weeks

84.7% rated poor sexual functioning

	Range	Mean	SD
EPIC	0–100	14.23	6.09
Intimacy scale	2–8	2.75	1.44

- Only QLACS generic and Intimacy Scale scores were correlated with the status of sexual functioning in univariate analyses ($p < 0.05$).
- Entering these variables into the regression model, both QLACS generic ($B = -0.03$; $OR = 0.97$; $p < 0.05$) and Intimacy Scale ($B = 0.48$; $OR = 1.62$; $p < 0.001$) scores were significantly associated with the status of sexual functioning.

DISCUSSION

- This study has revealed a low level of sexual functioning among men with PCa in Hong Kong. Given its impact on quality of life, sexual health should be prioritised in PCa care.
- The association between sexual functioning and intimacy suggests possible interventions to facilitate dyadic interactions (e.g., counselling, communication training, recreational activities) to alleviate the side effects of PCa and its treatments.⁷
- The relatively good financial wellbeing (cf. COST cutoff: 17.5)⁸ and satisfaction with care reflects that these men received support even in the resource-limited public hospital settings.
- Limitations:** Heterogenous sample in terms of treatment received, cross-sectional design, limited time to explore sensitive topics
- Future research:** Incorporating sexual health care addressing functioning and intimacy issues in PCa care

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