

# Prostate Cancer in Gay and Bisexual Men



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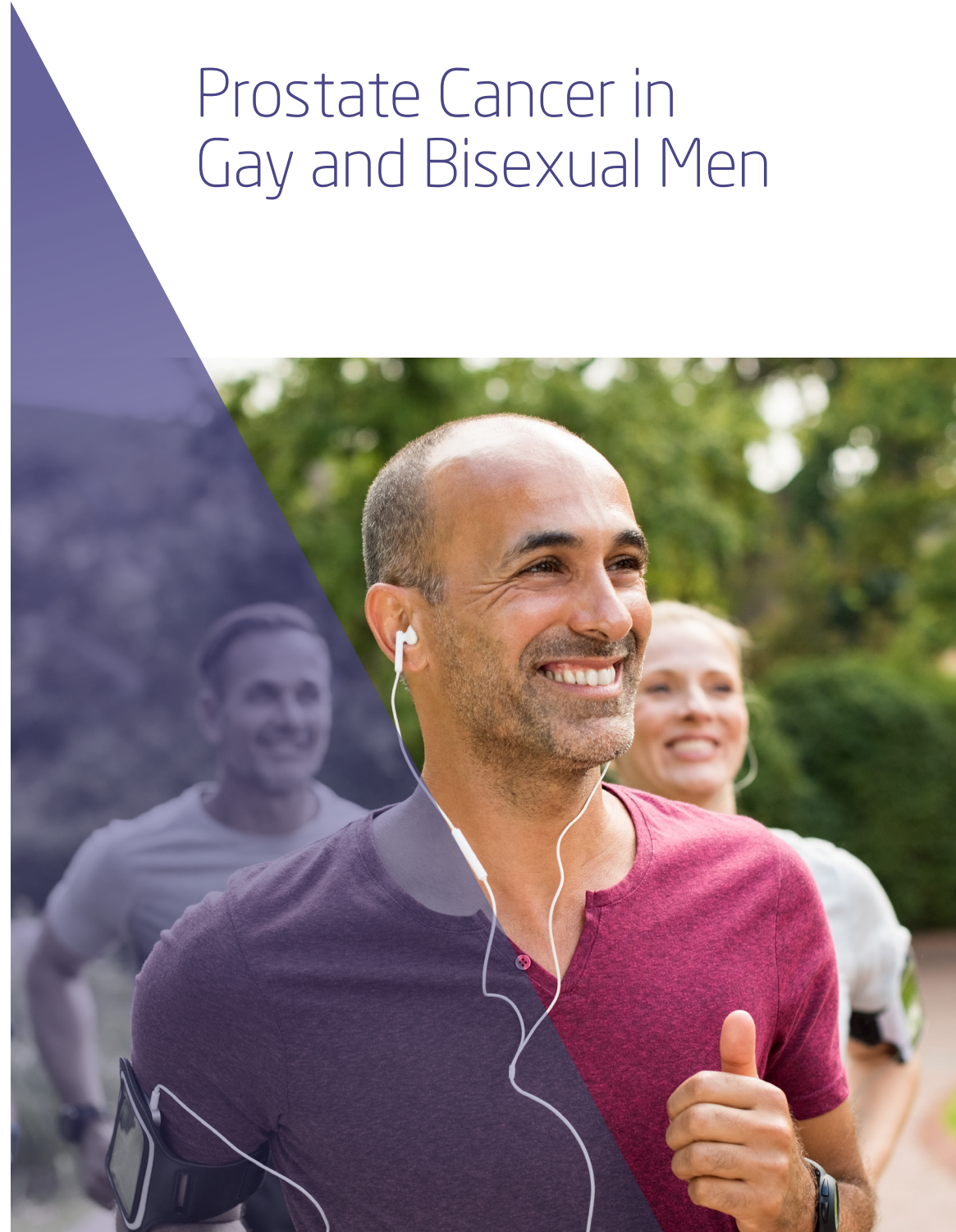
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## What is the prostate?

The prostate is a muscular, walnut-sized gland. It is located below the bladder and in front of the rectum. The prostate makes the thick fluid that is part of semen. It plays an important part in sexual function and can affect urinary function when enlarged. It is present in people assigned male at birth.

In prostate cancer, normal cells mutate and start to grow uncontrollably. They organize into clumps of cells called tumors. Fortunately, in many people with prostate cancer, the tumor is slow growing. About 1 in 9 men will be diagnosed with prostate cancer during their lifetime. It is the most common non-skin cancer in men. It is also the second leading cause of cancer death in the U.S.

There does not seem to be a difference in the number of cases of prostate cancer in gay and bisexual men compared to the general population. How prostate cancer affects gay and bisexual men, until recently, has not been well studied. This brochure aims to highlight the impact of prostate cancer on gay and bisexual men.

# Screening for prostate cancer

In its early stages, prostate cancer often does not cause symptoms. That is why regular checkups are important. They should include a digital rectal exam and prostate-specific antigen (PSA) blood test.

Some studies show that gay and bisexual men, particularly Black gay and bisexual men, are screened for prostate cancer at lower rates than heterosexual men. There are many reasons for this, such as health disparities facing lesbian, gay, bisexual, transgender or questioning (LGBTQ) people. Health disparities also particularly affect people of color.

## **PSA blood test**

PSA is a chemical made by prostate cells. A PSA blood test shows the amount of prostate-specific antigen in your blood. A higher PSA level may mean you have a greater chance that prostate cancer is present. While a PSA level more than 4 nanograms per milliliter (ng/mL) is often considered abnormal, this is not true for all men. Many physicians will adjust this value based on your age. Or, they will use a PSA density value, which adjusts for the volume of your prostate.

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PSA levels can be elevated due to:

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Prostate infection

Prostatitis (a non-cancerous inflammation of the prostate)

Straddle activities that put pressure on the prostate, such as biking

Enlargement of the prostate (benign prostatic hyperplasia)

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Sexual activity can also increase your PSA level. This is important for men who engage in receptive anal intercourse (bottoming). This can stimulate the prostate. It can cause a falsely elevated PSA level if you have the test after sexual activity. Do not engage in sexual activity (including masturbation) for at least 48 hours before a PSA test.

## Prostate biopsy

The only way to know if you have prostate cancer is to have a prostate biopsy. This test is usually done in the urology clinic. You will not need to be sedated for this procedure. But, the physician will inject a numbing medication near your prostate. Then the physician will use a thin needle to remove a small piece of prostate tissue. They will send the tissue to a laboratory. There, they will look at it under a microscope to check for abnormal cells.

If your physician needs more information, they may order an MRI of your prostate or other tests to help make a diagnosis.

Afterwards, it is normal to have aftereffects. They may last 1 to 2 weeks.

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They can include:

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Blood in your urine

Blood from your rectum

Blood with bowel movements

Blood in your semen (may last for 1 to 2 months)

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There is a risk of infection after a prostate biopsy.

Men who bottom should talk with their physician about when they can resume sexual activity after a prostate biopsy.

## After a prostate cancer diagnosis

A diagnosis of prostate cancer can lead to anxiety. It can also be hard to process. It may help to have support to help navigate the healthcare system. Support systems for gay and bisexual men can differ from those for heterosexual men. Most often, gay and bisexual men have support systems that include friends. But, heterosexual men are more likely to rely on a spouse or family member. If you wish to have a friend or someone unrelated to you involved in your care, let your healthcare team know. They will work with you to include these people in your care plan.

Many gay and bisexual men find it hard to talk with their care team if the clinicians assume they are heterosexual. This may lead to isolation and frustration. Sharing your sexual orientation with your healthcare team is a personal decision and optional. However, your care team may be better able to tailor your care and support you when they know your sexual orientation. Note that in the U.S., what you share with your healthcare team about your sexuality and health stays confidential by law.

**If you feel like your rights are not being respected, talk with your primary care physician. They may recommend that you get a second opinion from another clinician.**

# Treatment for prostate cancer

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There are many ways to treat prostate cancer. Treatments include:

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Active surveillance (monitoring prostate cancer without treating it right away)

Radiation therapy in the form of external beam radiation or brachytherapy (seed placement)

Surgery to remove the prostate

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**Side effects vary depending on the type of treatment and your own experience. Talk with your urologist about the risks and benefits of each treatment they recommend.**

Gay and bisexual men can face additional challenges. They may need to talk with their healthcare teams about what is important to them and how treatment may impact these priorities. This may differ from the needs of heterosexual men. For instance, compared to heterosexual men, a greater number of gay and bisexual men have flexible relationships. These can range from monogamous partnerships to arrangements that permit more than one partner. The sexual behaviors of men who have sex with men can also differ from heterosexual men.

Treatment-related impacts on erectile, ejaculatory and rectal function can affect men who have sex with men in unique ways.

## **Radiation therapy**

Radiation therapy kills cancer cells or stops them from growing in the prostate. Treatment options include brachytherapy (seeds) and external beam radiation therapy.

## **Brachytherapy**

In this treatment, radiation is put right into the prostate. Tiny, radioactive seeds are inserted in your body. They send radiation to your prostate.

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Side effects may include:

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Erectile dysfunction (trouble getting or keeping an erection)

Rectal irritation and bleeding

Diarrhea

Reduction in the volume of semen

Rectal leakage

Increased urination

Secondary cancers in the field of radiation (often 10 years or more after treatment)

Urinary obstruction

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Radiation to the prostate may cause long-term rectal bleeding, fibrosis and irritation. These symptoms may cause discomfort for men who bottom.

You should abstain from anal intercourse for up to 6 months after brachytherapy. This is because it can deliver harmful doses of radiation to the insertive partner's penis. Your physician will tell you how long you must abstain from anal intercourse. This may be from 2 to 6 months. It depends on the type of radioactive seed used for brachytherapy.

### External beam radiation

This type of radiation uses a machine like an X-ray to send radiation to your prostate.

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Side effects of external beam radiation are similar to side effects of brachytherapy. They may include:

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Frequent or painful urination	Erectile dysfunction
Blood in the urine	Reduction in the volume of semen
Urinary leakage	Skin reactions
Diarrhea	Secondary cancers in the field of radiation (often 10 years or more after treatment)
Rectal bleeding	
Rectal leaking	

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Rectal bleeding, fibrosis and discomfort may affect men who bottom. Unlike with brachytherapy, there is no risk to the insertive partner with anal intercourse. You do not need to abstain from intercourse due to radiation concerns.

Patients who are treated with radiation may have bowel issues. These may include an urgent need to move their bowels or rectal bleeding. In addition, the sensation of the prostate changes after radiation. These effects may bother men who bottom or those who enjoy sexual activities that involve rectal stimulation.

## Prostate surgery

A prostatectomy is surgery that removes the whole prostate.

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Long-term side effects may include:

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Erectile dysfunction

Urinary incontinence at rest and during intercourse

Narrowing of the urethra

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Since this surgery removes the prostate, this may be a concern for men that enjoy prostate massage and rectal stimulation of the prostate. Removing the prostate also leads to a loss of semen with climax ("dry orgasms"). This may be a concern for some men and their partners.

## Recovery after treatment

Navigating the healthcare system and going through treatment and recovery is challenging. It may seem that current follow-up for prostate cancer is designed for straight men. It may focus on the recovery of sexual function only in terms of erectile function, which may not apply to men who have sex with men. In addition to watching for changes in erectile and ejaculatory function, men who have sex with men may need to look out for changes in rectal and prostate sensitivity. They should also watch for changes in anal intercourse stemming from the removal of the prostate if they practice anal intercourse. These issues are not commonly addressed after treatment for prostate cancer.

Gay and bisexual men may feel like they are alone in dealing with prostate cancer. It can be hard to apply information meant for straight men to their life. If you feel this way, know that you are not alone. There are many gay and bisexual men who feel the same way, or have been through the same thing. Virtual support groups for gay and bisexual men are a great way to meet like-minded people who can support you.

## For more information

Below are useful books and websites that can help. They can address questions specific to gay and bisexual men with prostate cancer.

### Books

*Gay and Bisexual Men Living with Prostate Cancer: From Diagnosis to Recovery.* BR Rosser et al. (Harrington Park Press)

*What Every Man Needs to Know about Prostate Cancer: The Essential Guide to Diagnosis, Treatment & Recovery.* G Perlman. (Magnus Books)

### Websites

- [prostatecanceruk.org/prostate-information/living-with-prostate-cancer/gay-and-bisexual-men](http://prostatecanceruk.org/prostate-information/living-with-prostate-cancer/gay-and-bisexual-men)
- [malecare.org](http://malecare.org)
- [cancer.ca/en/about-us/prostate-cancer](http://cancer.ca/en/about-us/prostate-cancer)
- [zerocancer.org/learn/about-prostate-cancer/risks/lgbt-community-prostate-cancer](http://zerocancer.org/learn/about-prostate-cancer/risks/lgbt-community-prostate-cancer)
- [ustoo.org/forumforgaymen](http://ustoo.org/forumforgaymen)
- [prostate.org.au/media/246179/4\\_wellbeing.pdf](http://prostate.org.au/media/246179/4_wellbeing.pdf)
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**If you have any questions, please talk with your urologist.**