

LETTER TO EDITOR

Beyond survival: Addressing sexual health in advanced prostate cancer care

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Dear Editor,

The therapeutic landscape of *prostate cancer* (PCa) has changed considerably over the last decade, with clear improvements in diagnosis (1-4), including PSMA PET and fusion biopsies, treatment options (5-6), and survival. Consequently, a growing number of patients are now living longer after their PCa initial diagnosis, and increasing attention is progressively shifting toward long-term quality of life (7). In Italy, men living after a diagnosis of prostate cancer increased from 217,000 in 2014 to 485,000 in 2024, with a five-year survival rate of approximately 91%. These numbers confirm that prostate cancer is increasingly becoming a chronic condition for many patients (8). Despite this progress, sexual health is still often overlooked, especially in men treated for advanced disease. This appears paradoxical when compared with other oncological settings, such as breast cancer, where sexuality, body image, and couple wellbeing have been more widely explored (9-10).

Men undergoing radical prostatectomy may experience erectile dysfunction, absent ejaculation, changes in orgasm, and urinary symptoms that can affect intimacy. In patients requiring additional treatments, the impact may be even greater. Radiotherapy may progressively worsen erectile function, while androgen deprivation therapy commonly leads to loss of libido, fatigue, reduced sexual interest, and mood changes (11-14).

These issues are particularly important in younger or otherwise active patients, who may expect not only disease control, but also preservation of relational and sexual wellbeing. For many men, sexual consequences of treatment remain difficult to discuss and are therefore underreported during follow-up visits. In everyday practice, however, the need is evident. We recently managed a patient previously treated with radical prostatectomy, followed by radiotherapy and enzalutamide, with undetectable PSA, who requested penile prosthesis implantation. Although oncologically controlled, he still considered recovery of sexual function a priority. This is a reminder that successful cancer treatment and unmet quality of life needs may coexist. This need is also reflected by concrete clinical data. Over the last four years, at least three patients with advanced prostate cancer have undergone implantation of three-piece penile prostheses in a private setting, personally bearing significant costs. This highlights the strong motivation of these patients to recover sexual function. In addition, 16 patients performed private clinical evaluation to start intracavernosal self-injection of *Prostaglandin E1* (*Caverject*), further emphasizing that this issue is not only perceived but also supported by real-world numbers.

For this reason, sexuality should be considered part of survivorship care in prostate cancer, including advanced stages of disease. More data are needed on sexual outcomes, partner impact, and access to rehabilitation pathways. Open discussion with patients, together with collaboration between urologists, oncologists, and sexual medicine specialists, may improve overall care. Greater support from the public healthcare sector and health policies is also needed to ensure equitable access to sexual rehabilitation services, such as penile prosthesis implant and long-term survivorship care (15). Prolonging life is essential. Helping patients live well should be equally important.

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