



Press information

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Brachytherapy helps maintain erectile function in prostate cancer patients without compromising treatment outcomes

Vienna, Austria: The use of permanent brachytherapy, a procedure where radioactive sources are placed inside the prostate, into or near to the tumour, preserves erectile function in approximately 50% of patients with prostate cancer, a researcher will tell the ESTRO 33 congress today (Saturday).

Brachytherapy works by giving a high dose of radiotherapy directly to the tumour, but only a very low dose to the surrounding normal tissues. Since erectile dysfunction (ED) can occur in up to 68% of patients who receive external beam radiotherapy for the condition, this is a significant improvement and the treatment should be offered to all patients, particularly those who are sexually active, the researchers say.

Dr Renée Oismüller, from the SMZ-Ost Donauespital, Vienna, Austria, analysed erectile function in 529 prostate cancer patients with an age range of 45 to 84 who had received a permanent brachytherapy implant between July 1999 and October 2013. The men completed validated questionnaires about their potency before the treatment, one month after treatment, and then every three months for the first two years, every six months up to five years, and once a year only after five years. The results showed that 46.3% of men had maintained potency two years after treatment, and at five years the rate was 51.4%.

“In our experience, brachytherapy used alone is as effective as other established therapies for localised low to intermediate risk prostate cancer. In addition to allowing the preservation of erectile function in half the men we studied, it has the advantage of involving a short hospitalisation of one to two days. The surgical removal of the entire prostate gland, usually involves an average of four to five days in hospital, so this is of benefit to both patients and healthcare systems,” Dr Oismüller will say.

The treatment is employed and most effective in patients with localised prostate cancer, where the disease has not spread to outside the prostate gland. Outcomes such as recurrence-free survival are excellent, and side-effects are minor and limited in the majority of patients, the researchers say. “I believe that it is our duty to inform all patients about all the treatment options available and perhaps to emphasise the advantages of brachytherapy implants to those who are sexually active,” says Dr Oismüller.

Provision of accurate information about the possibility of ED following radiation treatment to patients with prostate cancer is highly important, but healthcare professionals’ skills in this are sometimes lacking, says the author of another study to be presented at the conference. Ms Carla O’Connell, a radiation therapist from Trinity College, Dublin, Republic of Ireland, surveyed Irish radiation therapists as to whether information about ED was given to patients in their departments, how this information was given, and how comfortable therapists were with addressing issues of sexuality with prostate patients.

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“We found that a large proportion of therapists either did not address ED during discussions with patients about their disease, or only mentioned it if the patient raised the issue first. As far as we could ascertain, in many cases neither therapist nor patient felt comfortable enough to raise the topic. A lack of time, and the perception that patients do not expect radiation therapists to ask about sexual matters were the biggest barriers to addressing the problems of ED that we found,” she will say.

The researchers call for further training in the different methods that can be used in discussing and assessing potential sexual side-effects of radiation treatment, and for the establishment of guidelines on who should be responsible for these discussions and at what stage in the treatment they should take place. The study shows that patients may not be being informed adequately about treatment-related side-effects that can have a profound long-term effect on their sexual health, they say.

“We found that responsibility for educating patients on these matters was being shared between radiation therapists, nurses, and radiation oncologists, often with no clear direction as to who should be doing what. It would be interesting to follow up this study with a survey that ascertained radiation oncologists’ role in ED education; for example, whether they currently discuss the issue at an early stage in patient treatment. And I would also like to see whether training in discussing sexual issues with patients might help radiation therapists feel more confident in their ability to do so,” Ms O’Connell will say.

President of ESTRO, Professor Vincenzo Valentini, a radiation oncologist at the Policlinico Universitario A. Gemelli, Rome, Italy, said: “Modern radiotherapy is increasingly able to provide less demanding treatments that preserve organ function. This study provides the radiotherapy community with a benchmark for erectile dysfunction, and I hope it will encourage more centres to include brachytherapy in their treatment options.”

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Abstract nos: 0073, Proffered papers, prostate session, at 10.30 hrs (CEST) on Saturday, 5 April, Schubert 4-6, and 0589, Proffered papers, Current perspectives on patient care and clinical practice session, at 16.30 hrs (CEST) on Monday 7 April, Schubert 1-3.

When obtaining outside comment, journalists are requested to ensure that their contacts are aware of the embargo on this release.

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