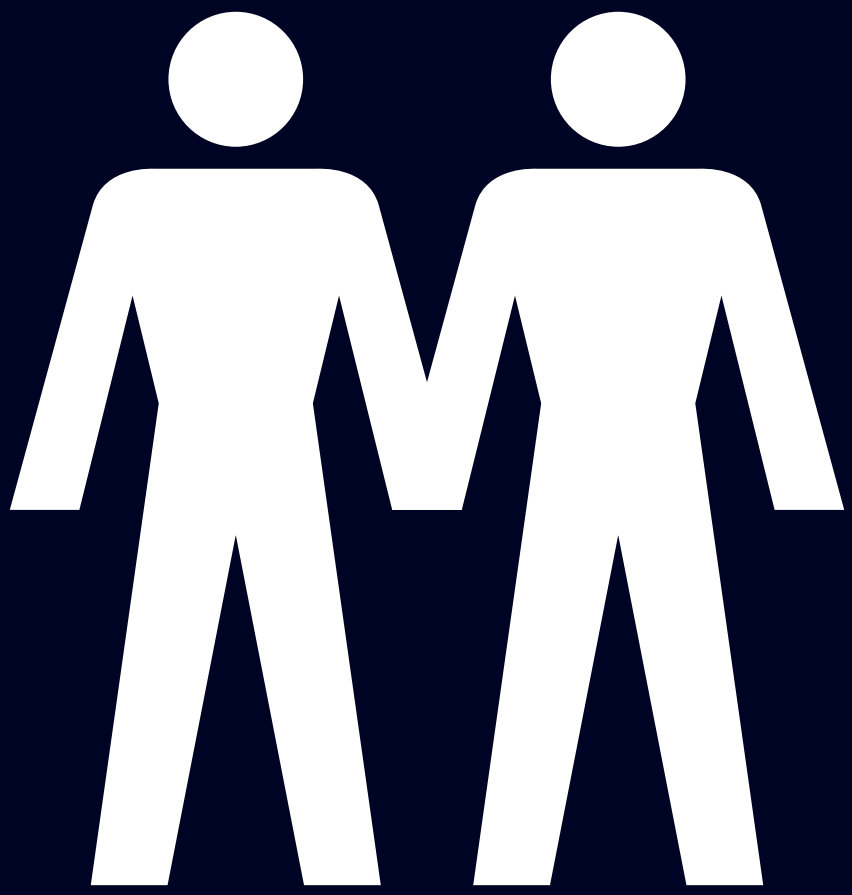
Exploring the needs of gay and bisexual men dealing with prostate cancer

A report by Prostate Cancer UK and Stonewall



PROSTATE CANCER UK

Stonewall
the lesbian, gay and bisexual charity

Contents

Executive summary 3

Introduction 4

An overview of gay and bisexual men's health in Britain 6

Current research about gay and bisexual men and prostate cancer 8

Workshop findings 12

Findings from discussions 15

Recommendations 19

More information 21

References 22

Executive summary

Prostate cancer is the most common cancer in men in the United Kingdom, yet there is a lack of research and knowledge about the needs and experiences of gay and bisexual men with prostate cancer, and currently no specific services for this group of men. With this in mind Prostate Cancer UK and Stonewall held a one-day workshop to explore these issues, bringing together health professionals, researchers, experts and gay men affected by prostate cancer. Presentations and discussions on the day considered the gaps in information, support and health professional knowledge.

Recommendations from the workshop include taking immediate steps such as using more diverse imagery on the Prostate Cancer UK website, and in leaflets and booklets, as well as formation of an internal equality and diversity and working group. Longer term goals include developing links between other cancer organisations and gay and bisexual organisations to share knowledge and good practice; developing resources for support groups and assisting gay and bisexual men who wish to set up their own groups, considering further training for health professionals and developing a specific information resource for gay and bisexual men.

Prostate Cancer UK and Stonewall will look for ways to work together to implement these recommendations.

Introduction

Prostate cancer is the most common cancer in men in the United Kingdom: 1 in 8 men will get prostate cancer at some point in their lives and 250,000 men are living with the disease. It is predicted to become the most prevalent of all cancers in the UK by 2030.[1] Prostate cancer can be treated, but most treatments come with side effects such as incontinence, sexual problems and fatigue. Diagnosis and treatment not only have a physical effect but also a psychological and social impact, challenging men's identities, daily life and relationships.

Prostate Cancer UK fights to help more men survive prostate cancer and enjoy a better quality of life. We want the best diagnosis, treatment and support for all men with prostate cancer and other prostate diseases, and to cure or to prolong life without unwanted side-effects. We support men living with prostate cancer and prostate disease, and the effects of treatment, by providing specialist information and support services. We find answers by funding research into the causes and treatment of all prostate disease. We lead change by campaigning, creating conversations and co-operating with others.

Prostate Cancer UK fights for all men with prostate cancer, and we want to make sure we are inclusive of the 5-7% or more men in the United Kingdom who are gay and bisexual.

We have worked with Stonewall, the UK's leading lesbian, gay and bisexual equality charity, to produce this report. The report provides an overview of gay and bisexual men's health in Britain, summarises the existing research and covers key findings and recommendations following a one day workshop exploring these issues. Prostate Cancer UK is committed to taking the necessary steps to address the needs of gay and bisexual men affected by prostate cancer.

An overview of gay and bisexual men's health in Britain

James Taylor, Senior Health Officer, Stonewall

With 6,861 respondents from across Britain, Stonewall's Gay and Bisexual Men's Health Survey (2012) is the largest survey ever conducted of gay and bisexual men's health needs in the world. However, it demonstrates that many of these needs are not being met and that there are significant areas of concern – most particularly in mental health and drug use – that have been overlooked by health services, which too often focus solely on gay men's sexual health. The report provides hard evidence that gay and bisexual men feel neglected by a health system that has a duty to treat everyone equally, having an impact on whether they take advice on health issues or access monitoring and testing services.

> *"More information should be available about general health and well-being and not just about sexual health."*
> George, 56, Yorkshire and the Humber

- In the last year, **three per cent** of gay men and **five per cent** of bisexual men have attempted to take their own life. Just 0.4 per cent of men in general attempted to take their own life in the same period.
- **One in sixteen** (six per cent) gay and bisexual men aged 16 to 24 have attempted to take their own life in the last year. Less than one per cent of men in general aged 16 to 24 have attempted to take their own life in the same period.
- **Almost half** of gay and bisexual men worry about the way they look and wish they could think about it less.
- **One in five** gay and bisexual men have had problems with their weight or eating at some time.
- **Half** of gay and bisexual men have experienced at least one incident of domestic abuse from a family member or partner since the age of 16 compared to 17 per cent of men in general.
- **More than a third** of gay and bisexual men have experienced at least one incident of domestic abuse in a relationship with a man.
- Just **one in ten** (10 per cent) gay and bisexual men have ever discussed prostate cancer with a healthcare professional.

- **One in four** gay and bisexual men have never been tested for any sexually transmitted infection.

- **Three in ten** gay and bisexual men have never had an HIV test in spite of early diagnosis now being a public health priority.

- **A third** of gay and bisexual men who have accessed healthcare services in the last year have had a negative experience related to their sexual orientation.

- **More than a quarter** of gay and bisexual men said their healthcare professional acknowledged they were gay or bisexual after they had come out and just one in eight were told that their partner was welcome to be present during a consultation.

  "My partner is terminally ill with cancer. Even though he has asked for his treatment to be talked over with me and to call me before his family, they have often not done so."
  Eddie, 56, North West London

- Only **a quarter** of gay and bisexual men said that healthcare workers had given them information relevant to their sexual orientation.

Lesbian, Gay and Bisexual People in Later Life (Stonewall, 2011), conducted by YouGov, surveyed over 1,000 older lesbian, gay and bisexual people highlighting particular issues for older gay and bisexual men:

- **Nine per cent** of lesbian, gay and bisexual people over the age of 55 have taken illegal drugs in the last year.

- **35 per cent** of gay men over the age of 55 drink alcoholic drinks either everyday or at least five to six days per week.

- **Five per cent** of gay and bisexual men over the age of 55 have been diagnosed with depression in the last year.

- **29 per cent** of gay and bisexual men over the age of 55 have been diagnosed with anxiety.

Stonewall research is available at:
stonewall.org.uk/publications

Current research about gay and bisexual men and prostate cancer

Anneliese Levy, Senior Information Development Officer, Prostate Cancer UK

The main body of research into prostate cancer has tended to focus on the experiences of heterosexual men. Where research has been conducted that includes the experiences and outcomes of gay and bisexual men living with prostate cancer, it has been fairly small in scale. It is clear that there is a need for more detailed research.

Incidence and awareness of prostate cancer

At the moment there is little information relating to rates of cancer by sexual orientation in the UK. The All Party Parliamentary Group on Cancer's Inquiry into Inequalities in Cancer (2009) reported that gay men have a higher incidence of anal cancer and cancers related to HIV/AIDS;[2] but any differences in the incidence of prostate cancer in gay and bisexual men from the general population is not known.

A mixed picture of levels of cancer awareness exists. In terms of general cancer awareness, a survey commissioned by the Department of Health reported that gay and bisexual people, particularly men, tended to be slightly more aware of cancer issues (signs, symptoms and risk factors) and anticipated seeking medical help more quickly than heterosexuals.[3] Yet, as previously discussed, Stonewall's survey of gay and bisexual men's health needs, found that only one in ten (10 per cent) gay and bisexual men have ever discussed prostate cancer with a healthcare professional. More than two thirds (68 per cent) of gay and bisexual men aged over 50 have not had a discussion. This is a slighter lower rate of awareness than amongst men in general.[4]

Living with prostate cancer

Over the past thirty years research has shed light on the profound psychological and social effects of living with prostate cancer.[5] However nearly all of this research has been in heterosexual men.[6] [7]

Prostate cancer is likely to affect gay men in many of the same ways as heterosexual men, but there may also be some different concerns and impacts.[8] [6] Indeed, two recent studies have shown that gay men had lower levels of functioning than heterosexual men after prostate surgery and during hormone therapy treatment.[9] [10]

There may be specific historical, social and cultural context for gay men with prostate cancer. In one study a gay man worried that his weight loss after surgery might be perceived within the gay community as HIV/AIDS related.[11] In the same research gay men with cancer

acknowledged an interaction with the effect of cancer on the body and the importance placed on physical appearance for some gay and bisexual men. One single gay man said:

> *"It has a lot to do with body image. It's a very sexually charged community and I think that dealing with your new shape, your new form, wondering how people are going to perceive that… The body image thing grew – where you become more conscious of how you look and how you present to others."* [11]

Sexual issues

Treatments for prostate cancer can cause sexual side effects such as problems with erections and loss of sex drive. Specific issues for gay men may not be addressed in standard advice and information. During anal sex, the prostate gland can be an area of sexual pleasure, and it is argued that prostate cancer therefore, carries a particular significance to gay men and their sense of sexuality.[12]

Assumptions made during sexual rehabilitation after prostate cancer treatment may need challenging. For example rehabilitation is often focused on creating erections rigid enough for vaginal penetration when anal penetration may require a greater degree of rigidity.[13] [14] Different advice and treatment may be needed for gay men who do have anal sex.

Radiotherapy to the prostate and the surrounding area can cause bowel problems such as diarrhoea, pain in the back passage, or, more rarely, bleeding from the back passage. Gay men who receive anal sex, need to be made aware in a sensitive way of these side effects, not only after treatment, but before treatment during decision-making.[6] [15]

> *"I had a request from a gay man about anal penetration recently. He asked if we could make it known that after radiotherapy, rectal pain and sensitive internal 'skin' means that lots of gay men worry about engaging in anal sex but don't know who to ask. Could it be in some publication? My advice would be to use a condom for sure, and lots of lubrication once the acute side effects have settled."*
> A psychosexual therapist

Sex and relationships

Much of the research around erectile dysfunction assumes that men are in long-term, monogamous relationships and doesn't address issues that single men may experience. Stonewall's research shows that older gay men are more likely to be single than older heterosexual people.

> *"It seems to me that current views on sorting out sexual activity with prostate cancer generally seem to be concerned with 'working things through with a partner,' which as a recently single gay man does not apply to me. It seems now to me that finding a partner is going to be more difficult."*
> A gay man with prostate cancer

Patterns of sexual behavior in gay/bisexual men may be different to heterosexual men.[16] Single gay and bisexual men face challenges and worries around explaining their loss of erection or libido to a new partner with whom they don't have established trust.[17]

> *"I found loss of libido really difficult – it was just totally 'switched off.' On the gay scene this is really difficult – size matters and you show you like someone with your erection."*
> A gay man with prostate cancer.

Support

Prostate cancer mainly affects men over the age of 50 and risk increases with age. Gay men with prostate may have social support, but this support may be different from heterosexual men. For example, older gay and bisexual people are more likely to live alone and less likely to have children.[18]

Additionally, gay and bisexual men may be excluded from non-family support enjoyed by heterosexual men, such as support groups.[8] [11] Currently there are no specific face-to-face support groups for gay men with prostate cancer in the UK. Although some gay men may try to find a support group open to having gay men participate, others may remain closeted, rely on internet-based support groups, or be socially isolated.[13] Support groups need to offer a space for gay men to discuss problems openly.

For gay men who are in long term relationships, there is very little research about male-to-male support and if and how this differs from female partner support in long-term relationships.[6]

Experiences of healthcare

It is important for health professionals working in oncology to consider patients' sexual orientation, as there may be separate or different issues for gay men affected by prostate cancer.[15] However, many gay men report that healthcare providers fail to ask about sexual orientation during initial consultations and assume they are heterosexual.[19] [12] Limited research suggests than men with prostate cancer may not disclose their sexuality to health care professionals because they are worried about negative reactions; [12] or that when they do let them know they are gay, this may then be ignored.[11] More generally, in the latest Cancer Patient Experience Survey respondents who described themselves as non-heterosexual had less positive experiences of many aspects of treatment, care and information within the NHS. These negative experiences were mainly related to issues with communication, respect and dignity.[20] Stonewall's Gay and Bisexual Men's Health Survey highlights that a third of gay and bisexual men who have accessed healthcare in the last year have had a negative experience in relation to their sexual orientation.

As gay men with prostate cancer are typically older, they may have more concerns about disclosing their sexuality to healthcare providers than younger gay men who may feel more comfortable being open about their sexuality.[19] Older gay men might also be less likely than younger gay men to insist on including partners in consultations.[13]

Health professional education

As there is little attention in research or practice on dealing with prostate cancer in gay or bisexual men, health professionals may lack knowledge of potential differences in physical or psychological experiences.[6] Some oncology nurses believe that they will not be able to offer specific advice and support to gay and bisexual men because they feel that they do not know enough about their lives, cultures or sexual practices.[21]

Case study: Shine a light programme, Prostate Cancer Foundation of Australia (PCFA)

Better prostate cancer support for the gay community.

PCFA has been working with the gay and bisexual community to identify and close the gap in resources and support for gay and bisexual men. They established a working group involving activists, clinicians, Cancer Councils, academics and others who are interested in this area. As well as working closely with Malecare, a men's cancer advocacy organisation based in New York (see **page 21**).They used an evidence based approach and conducted workshops in Sydney and Melbourne to understand men's support needs. These workshops led to the establishment of a Shine a Light support group in each city. In addition, with Cancer Council Victoria, an audit of existing resources and websites was conducted by. It showed, as expected, that non-hetero-sexual men are almost invisible in print and online information, including (unfortunately) PCFA's resources. The second phase of work is to build an action plan to address the issues that have been identified.

prostate.org.au

Workshop findings

With the lack of research and knowledge in mind, Prostate Cancer UK and Stonewall organised a one day workshop on Friday 21 September 2012 at the Wellcome Collection in London. The event brought together health professionals, researchers and expert organisations in gay and bisexual men's health; and some gay men affected by prostate cancer to discuss the issues and decide on some next steps. It was the first event of its kind in the United Kingdom specifically exploring the potential needs of gay and bisexual men dealing with prostate cancer.

Through presentations on research and existing practice, and group discussion, attendees explored the potential issues and differences in experiences and needs in this group of men, as well as considering next steps in addressing these needs.

Presentations

An overview of gay and bisexual men's health in the UK, James Taylor, Stonewall
Report on the findings of Stonewall's Gay and Bisexual Men's health survey (2012).
See **page 6**.

Prostate cancer: where are the gaps in knowledge about men's needs? Professor Danny Kelly, Cardiff University. Professor Kelly set the topic within the wider context of qualitative research into men's experiences of prostate cancer. Sexuality lies at the heart of prostate cancer which 'throws the body into a different focus,' forcing the private domain of men's bodies to become public. Professor Kelly suggested that although discussions about sexuality can be tricky, they can also provide a vehicle for forming bonds and getting necessary support. Professor Kelly challenged Prostate Cancer UK to do some 'innovative and brave work,' considering what we need to know about gay and bisexual men's needs in more depth.

A personal experience of prostate cancer, Martin Wells. Martin was diagnosed with prostate cancer in December 2005 at the age of 53. Martin shared his personal experiences of dealing with the diagnosis as a gay man, including difficulties with erections and loss of libido whilst having treatment for his cancer. He suggested that sex and sexuality can be difficult to talk about even in support group settings, and people don't necessarily go into the 'nitty gritty' that is needed. Martin also presented his view that being a gay man could help straight men be better informed about prostate cancer; based on his idea that gay and bisexual men can often be more relaxed about sexual issues.

Working with health professionals. Dennis Baldwin, Lesbian & Gay Foundation (LGF). An overview of the development of Pride in Practice, a benchmarking tool that identifies GP surgeries that are fully committed to ensuring that their lesbian, gay and bisexual patients are treated fairly and able to discuss their issues openly with their GP or healthcare provider. The process involves surgeries undergoing self-assessment which are then verified by the LGF, which will help to identify precisely the kind of gaps which can then be addressed to ensure that their surgery is fully accessible to their LGB patients and their needs. The project is being delivered in partnership with NHS North West and the Department of Health.

Equality means mind your language. Mary Birch, Older Lesbian Gay, Bisexual and trans Association (OLGA). This presentation explored OLGA's work to tackle discrimination faced by older LGBT people in health and social care, with a special emphasis on careful use of inclusive language. In particular, Mary focused on some of the barriers they have faced in doing this work, for example care homes not acknowledging that they may have non-heterosexual residents. Life may change for older people when they have to go into hospital, residential home or if they have care workers coming into their own home – they suddenly face problems that mean they have to go 'back in the closet.' Mary also emphasized that it is up to organizations to 'come-out' as LGBT friendly.

Working with volunteers, Barrie Dwyer, HERO (incorporating GMFA). Barrie covered the organizations' group work, health coaching, media campaigns, fundraising, events, outreach and lobbying. Their work is user led and informed by the experiences of gay men. Barrie emphasised the importance of understanding 'the community norms' for the group you are targeting. He noted the crossover between work in HIV and cancer – dealing with taboo subjects – sex, death, disease and stigma. Emphasing the learning to be found in HIV work, for example moving from the medical to social model of health where people are empowered to take care of their own well-being. Barrie also highlighted some steps he felt Prostate Cancer UK needs to take: involving gay men in the work we do, stating publically that there is not enough research into these issues and ensuring that gay men can 'see themselves' and 'hear themselves' reflected in any work we do.

Darryl Mitteldorf, Malecare, New York (via videoconference). Malecare founded in 1997 and became the first men's cancer survivor organisation to focus on gay and bisexual men's survivorship. Malecare created the world's first gay men's prostate cancer support group which has expanded into a global network of in-person and online support. Darryl answered questions from the floor about Malecare's work.

Findings from discussions

What do we already know about the needs of gay and bisexual men affected by prostate cancer?

The workshop highlighted that there is a lack of knowledge around the health needs of gay and bisexual men affected by prostate cancer, including a paucity of research and limited good practice. Data about sexual orientation is not routinely collected by the NHS or Prostate Cancer UK. This data would help build a national picture of how many gay and bisexual men have prostate cancer and how many gay and bisexual men use the charity's services. However, the potential challenges of data collection were acknowledged: when and how to ask potentially sensitive questions, respecting privacy and possible fear amongst men about divulging sexuality.

Some potential 'basic' needs were established:

- needs around masculinity and sexuality
- particular information needs, for example inclusive images and language
- contact and support with other gay men or partners.

What are the key issues we need to think further about?

Prostate Cancer UK could champion further research to increase knowledge about gay and bisexual men's needs – focus groups are one way to do this. Particular issues that we need to know more about:

- The myths around the causes of prostate cancer in men who have sex with men (e.g. stimulation of the prostate via anal sex) and how to address them.

- The supporting role of the partner in gay and bisexual relationships.

- Isolation, and subsequent double isolation. Once gay and bisexual men reach a certain age, they may be deemed old within the gay scene, which can lead to isolation; a diagnosis of prostate cancer could lead to further stigma and double isolation.

- Information preferences – where do gay and bisexual men go with health questions, is online information preferred for increased privacy and downloading of potentially sensitive material?

There may be training needs for health and social care professionals working in prostate cancer care. It is important to challenge assumptions, for example that the effect of prostate cancer treatment can have on fertility is not relevant, even though gay and bisexual men might still have plans for family

The experience of prostate cancer should be considered in the context of other health and social issues for this community, such as the higher risk of HIV, previous criminalisation of homosexuality and subsequent 'treatment' of gay men with 'chemical castration,' which is also a treatment for advanced prostate cancer. We may also be able to draw on models of good practice from other more established areas of health, for example developments of better HIV services, through increased collaboration with service users.

What do gay and bisexual men need to know about prostate cancer and how it impacts on quality of life – are there differences?

It was felt that gay and bisexual men need to know the same as any man. For example what the prostate is and what it does.

However, there may be some additional issues that are important for gay and bisexual men living with prostate cancer:

- knowing that there are other gay men out there that could help them
- knowing that they are important to Prostate Cancer UK and that they can 'see themselves' in our material, so they know that the charity is open to gay and bisexual people
- signposting to non-discriminatory organizations that provide good advice
- differences in sexual practice and how this may be affected by prostate cancer, what is safe sexually and what is not?
- how physical and psychological side effects may impact differently. Are there particular vulnerabilities?

What may stop gay and bisexual men using prostate cancer related services?

> *'A majority of services that provide support services and the people working in housing, health and social care just don't get it when it comes to the needs and aspirations of the lesbian, gay and bisexual community.'*
> Alan, 59, East of England

Stonewall's Gay and Bisexual Men's Health Survey (2012) found that 1 in 3 gay and bisexual men have had a negative experience of healthcare in the past year. Respondents also identified that healthcare settings are not always welcoming for gay and bisexual men, which can lead to lack of uptake of services in the future. Fears of being judged, having assumptions made and, exclusive language can all make it difficult for gay and bisexual men to access services.

Delegates discussed how simple things like images of a gay couple, using open language and engaging with gay and bisexual men about their needs would all help improve access to services.

The role of support groups

> *'It's difficult to find other gay men unless you go clubbing or pubbing and so much of gay socialising involves alcohol and often drugs.'*
> John, 40, London

Delegates discussed the need for a gay and bisexual men's support group, alongside resources and materials for existing prostate cancer support groups. Support groups play an important role in dealing with a diagnosis of prostate cancer and offer a means for men to talk openly with one another and share their experiences of prostate cancer. Support groups can offer a safe, non-judgemental environment to enable participants to explore their emotions which they may otherwise keep to themselves. Groups also offer a space for positive reinforcement, emotional support and hopefulness.

Gay and bisexual men report that there are very few prostate cancer support groups that are specific to gay and bisexual men. Gay and bisexual men also report that there is often an assumption made that all men attending prostate cancer support groups are heterosexual and there is limited, if any, opportunity to discuss same-sex partners and their experiences as gay and bisexual men.

Case study: OLGA

The Older Lesbian, Gay, Bisexual and Trans Association is a voluntary organisation which is user led. OLGA aims to support the needs of the older lesbian, gay and bisexual and trans-community through social support and befriending. OLGA also raise awareness of the needs of its users by working with service providers.
www.olga.uk.com

What approaches to gay and bisexual men's health work well?

> *'Hospital staff have always treated me with respect, not turning a hair when I gave my civil partner as my next-of-kin and allowing him access at all times during my stay in hospital.'*
> Peter, 72, London

Health service provision for gay and bisexual men has typically focused on their sexual health and as such approaches to their health have historically built around this. Delegates discussed a number of different approaches to gay and bisexual men's health including a focus on user-led approaches. Organisations that provide services to meet the wider health needs of gay and bisexual men are typically community led and developed, and offer holistic approaches to health and well-being.

There are simple steps healthcare organisations and services can take to deliver a more accessible, inclusive service for gay and bisexual men. For example, promoting a zero-tolerance approach to sexual orientation discrimination, increasing visibility by using inclusive imagery.

Case Study: Pink Therapy

Pink Therapy is the UK's largest independent therapy organisation working with gender and sexual diversity clients. As an organisation Pink Therapy aims to promote high quality therapy and training services for people who are lesbian, gay, bisexual and transgender and others who identify as being gender or sexual diversities.
www.pinktherapy.com

What can Prostate Cancer UK do?

Delegates suggested a number of actions for Prostate Cancer UK and how it engages and supports gay and bisexual men:

- Develop materials that include gay and bisexual men – for example factsheets and information guides.
- Train staff – both who provide advice to men and clinical nursing staff.
- Produce personal stories – of gay and bisexual men who have prostate cancer to raise awareness of the condition and support available.
- Involve gay and bisexual men – to share experiences and tailor advice and support.

Recommendations

Immediate steps the charity will take:

- Prostate Cancer UK needs to visibly declare itself gay and bisexual 'friendly.' For example by having some statements of intent on the website, as well as including some photographic imagery depicting gay and bisexual men and partners online and in leaflets and booklets.

- Forming an internal equality and diversity working group within Prostate Cancer UK. This group would champion issues such as sexual orientation and ethnic diversity within the workplace and also within the charity's programmes of work. The group should have buy-in from senior management and the Chief Executive.

- Work is already underway to produce information specific to gay and bisexual men within a new publication about the sexual side effects of prostate cancer; as well as short personal story films, include a gay man's experiences.

Longer term recommendations:

There are a number of recommendations for Prostate Cancer UK as well as other cancer organisations and health services:

- Establish national representation – There is a need for closer alignment between cancer organisations and lesbian, gay and bisexual organisations to address the limited information and support currently available for diverse populations.

- Resources for support groups – Support groups play an important role throughout a person's cancer journey. However, gay and bisexual men report there are limited support groups in which they feel comfortable. Developing resources for support group facilitators and assisting gay and bisexual men who wish to set up their own groups can help address this isolation.

- Training – Healthcare professionals receive limited training on the health of gay and bisexual men, and limited training on equality and diversity. A possible solution to be investigated is developing a training package for oncologists and wider cancer support health professionals on sexual orientation equality (and possibly other equality and diversity issues).

- Increasing visibility – A specific resource for gay and bisexual men on prostate cancer from prevention through diagnosis, treatment and support would help address the limited knowledge of prostate cancer in the population.

- Further workshops – Prostate Cancer UK will consider holding further workshops, for example with more gay and bisexual men with prostate cancer or to update on work done since this report.

- Areas that were not covered – Evaluation of the workshop highlighted a need to consider the issues of trans-women (men who have transitioned to female and so will still have a prostate). Although the workshop was only intended to cover gay and bisexual men, trans people are an important group with whom Prostate Cancer UK need to engage in the near future.

More information

Organisations represented at the workshop:

College of Sex and Relationship Therapists

www.cosrt.org.uk

020 85432707

The national specialist charity for sexual and relationship therapy.

HERO (incorporating GMFA)

www.gmfa.org.uk

The UK's leading charity dedicated to gay men's health. Their mission is to improve gay men's health by increasing the control they have over their own lives.

The Lesbian and Gay Foundation

www.lgf.org.uk

LGF Helpline 0845 3 30 30 30

A registered charity fighting for and supporting lesbian, gay and bisexual people.

Malecare

www.malecare.org

U.S based men's cancer support group and advocacy national nonprofit organization. Malecare were the world's first men's cancer survivor organization to focus on gay and bisexual men's survivorship.

Older Lesbian Gay, Bisexual and Trans Association (OLGA)

www.olga.uk.com

An all-inclusive voluntary group whose main aim is to support the needs of the older lesbian, gay, bisexual and trans community

Social Care Institute for Excellence

www.scie.org.uk

An independent charity working with social care and social work services across the UK.

References

1. Mistry M, Parkin DM, Ahmad A, et al. Cancer incidence in the UK: Projections to the year 2030. Br J Cancer 2011;105(11):1795-803

2. All Party Parliamentary Group On Cancer. Report of the All Party Parliamentary Group on Cancer's Inquiry into Inequalities in Cancer. 2009 Dec.

3. YouGov. Cancer awareness: the impact of sexual orientation. 2010 Mar.

4. Prostate Cancer UK commissioned survey.

5. Weber BA, Sherwill-Navarro P. Psychosocial consequences of prostate cancer: 30 years of research. Geriatr Nurs. 2005 Jun;26(3):166–75.

6. Blank TO. Gay men and prostate cancer: invisible diversity. J. Clin. Oncol. 2005 Apr 20;23(12):2593–6.

7. Doran, D. PhD Student Spotlight – Dawn Doran, University of Lancaster. British Psychosocial Oncology Society. Newsletter. 2012;(Issue 2).

8. Latini DM, Hart SL, Coon DW, Knight SJ. Sexual rehabilitation after localized prostate cancer: current interventions and future directions. Cancer J. 2009 Feb;15(1):34–40.

9. Susman E. Gay Men Face Extra Burden Coping with Prostatectomy. Oncology Times. 2011 Jun;33(11):23.

10. Motofei IG, Rowland DL, Popa F, Kreienkamp D, Paunica S. Preliminary study with bicalutamide in heterosexual and homosexual patients with prostate cancer: a possible implication of androgens in male homosexual arousal. BJU Int. 2011 Jul;108(1):110–5.

11. Katz A. Gay and lesbian patients with cancer. Oncol Nurs Forum. 2009 Mar;36(2):203–7.

12. Filiault SM, Drummond MJN, Smith JA. Gay men and prostate cancer: voicing the concerns of a hidden population. Journal of Men's Health. 2008 Dec;5(4):327–32.

13. Cornell D. A Gay Urologist's Changing Views on Prostate Cancer. Journal of Gay & Lesbian Psychotherapy. 2005;9(1-2):29–41.

14. Goldstone SE. The Ups and Downs of Gay Sex After Prostate Cancer Treatment. Journal of Gay & Lesbian Psychotherapy. 2005;9(1-2):43–55.

15. Pillet S. Don't ask, don't tell? The unique needs of GLBT patients with cancer. ONS Connect. 2011 Jan;26(1):8–12.

16. Laumann EO, Gagnon JH, Michael RT, Michaels S. Social Organization of Sexuality. Chicago: University of Chicago Press; 1994.

17. McCarthy BW. Treatment of erectile dysfunction with single men. In: Rosen RC, Leiblum S, editors. Erectile Disorders: Assessment and Treatment. New York: Guildford Press; 1992. page 313–40.

18. Department of Health. Briefing 4: Older lesbian, gay and bisexual (LGB) people. 2007.

19. Mitteldorf D. Psychotherapy with Gay Prostate Cancer Patients. Journal of Gay & Lesbian Psychotherapy. 2005;9(1-2):57–67.

20. Department of Health. Cancer Patient Experience Survey 2011/12. National Report. [Internet]. 2012 Aug. Available from: https://www.wp.dh.gov.uk/publications/files/2012/08/Cancer-Patient-Experience-Survey-National-Report-2011-12.pdf

21. Dibble S, Eliason MJ, Dejoseph JF, Chinn P. Sexual issues in special populations: lesbian and gay individuals. Semin Oncol Nurs. 2008 May;24(2):127–30.

About Prostate Cancer UK

Prostate Cancer UK fights to help more men survive prostate cancer and enjoy a better life. We support men by providing vital information and services. We find answers by funding research into causes and treatments and we lead change, raising the profile of the disease and improving care. We believe that men deserve better.

Information about prostate cancer can be ordered free of charge from Prostate Cancer UK.

Call us on **0800 074 8383**

Email us at **literature@prostatecanceruk.org** You can also download and order all of our publications from our website at **prostatecanceruk.org**

If you want to talk about prostate cancer or other prostate problems, call our Specialist Nurses in confidence. You can also email the nurses using the contact form on our website.

Visit **prostatecanceruk.org** and click on 'support'.

Speak to our Specialist Nurses
0800 074 8383*
prostatecanceruk.org

The helpline is open Mon - Fri 9am - 5pm, plus Wed 7pm - 9pm
* Calls are recorded for training purposes only.
Confidentiality is maintained between callers and Prostate Cancer UK.

About Stonewall

Stonewall are the lesbian, gay and bisexual charity campaigning for equality, at home, at work, and at school.

Need some support? Call us on **08000 50 20 20** or email us at **info@stonewall.org.uk**

© Prostate Cancer UK January 2013

Prostate Cancer UK is a registered charity in England and Wales (1005541) and in Scotland (SC039332).
Registered company number 2653887.

1652