

ASSESSING LOCALIZED PROSTATE CANCER POST-TREATMENT QUALITY OF LIFE OUTCOMES AMONG GAY MEN

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ABSTRACT

Background: An estimated 2.3 million prostate cancer survivors reside in the United States, 50,000-70,000 of which are gay men. Fearing discrimination, stigma, or receipt of substandard care, gay men may not reveal their sexual orientation potentially affecting provider communication, treatment decision-making and post-treatment quality of life (QoL). Sexual orientation and other social factors may play an important role in men's QoL. Research suggests that functional impairments following treatment diminish QoL more for younger (i.e., age 50-64 years) than older men, while supportive partners can positively influence how men adapt to prostate cancer. Yet data are currently limited to heterosexual populations; it is unknown whether these effects are similar among gay prostate cancer survivors.

Aims: To revise recent measures of prostate cancer QoL to include the experiences of gay men, assess the role of age and partnership status among gay men and compare QoL between gay and straight men.

Methods: We administered a national QoL survey to gay prostate cancer survivors, including questions about sexual orientation disclosure and community rejection derived from qualitative interviews. Survey data were analyzed to assess the role of age and partnership status among gay men for four post-treatment prostate cancer QoL outcomes (masculine self-esteem, health worry, informed treatment decision and treatment regret) and QoL was then compared to straight prostate cancer survivors using data from a previous study to assess for differences based on sexual orientation.

Results: Younger gay men experienced poorer QoL outcomes following treatment than older men; no association with partnership status was found. Comfort in revealing one's sexual orientation to a provider may result in better outcomes. Gay men reported more stigma, lower masculine self esteem and more treatment regret following prostate cancer treatment than straight men.

Conclusions: For gay men, greater sensitivity to stigma as a sexual minority may result in poorer QoL compared to straight men. While both gay and straight men struggle with similar QoL issues following localized prostate cancer treatment, gay men may have more difficulty due to sexual orientation. Further research is needed to better understand the role that sexual orientation and stigma play in prostate cancer QoL.