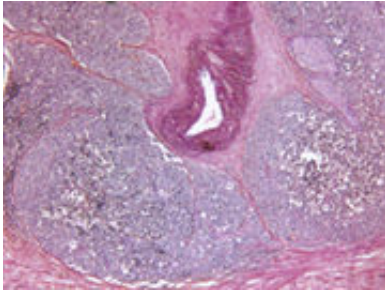


Strategy can up odds for intact sexual function post radiation

19 November 2015



cavernosa and penile bulb D_{mean} ; and corpora cavernosa + penile bulb D_{mean} was the strongest predictor for pain [symptoms](#).

"Chances for intact sexual functionality may be increased if dose to the total penile structure can be restricted for these domains in the planning of RT," the authors write.

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(HealthDay)—For long-term prostate cancer survivors, sexual dysfunction following radiation therapy (RT) can be classified into three symptom domains: erectile dysfunction, orgasmic dysfunction, and pain, and chances for intact sexual functionality may be increased if dose to the total penile structure can be restricted for these domains in the planning of RT. These findings were published online Nov. 13 in *The Journal of Sexual Medicine*.

Maria Thor, Ph.D., from the Memorial Sloan Kettering Cancer Center in New York City, and colleagues examined [sexual dysfunction](#) in two treated prostate cancer cohorts and in one non-pelvic-irradiated cohort. The men were prescribed primary/salvage external-beam RT. Absorbed RT doses (D_{mean} and D_{max}) of the corpora cavernosa, penile bulb, and total penile structure were correlated with 13 patient-reported symptoms on sexual dysfunction.

The researchers found that across all cohorts, three distinct symptom domains were identified: erectile dysfunction (two to five symptoms), orgasmic dysfunction (two to four symptoms), and pain (two to three symptoms). Corpora cavernosa + penile bulb D_{max} was the strongest predictor for [erectile dysfunction](#) symptoms; prediction of orgasmic dysfunction was equally good for corpora

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