Pssst! Check out our feature on sex and intimacy, **Between the Sheets...**

Between the Sheets... *February 2019*

This column provides the platform for experts in the field to help men and women by providing answers to questions about sexual health and intimacy challenges that can result from prostate cancer treatment.

This column was compiled with the help of Dr. Jeffrey Albaugh, Director of Sexual Health at NorthShore University HealthSystem and at Jesse Brown VA Medical Center in Chicago, IL. Dr. Albaugh is a funded researcher, a board certified advanced practice urology clinical nurse specialist, and a board certified sexuality counselor. In addition to his many publications in peer reviewed journals and chapters in books on sexual dysfunction, Dr. Albaugh published *Reclaiming Sex and Intimacy After Prostate Cancer Treatment*. He has been quoted in media and publications as an expert in the treatment of sexual dysfunction, and is a member of the Us TOO Board of Directors.

QUESTION FROM PROSTATE CANCER SURVIVOR:
Can you provide information on rejuvenation therapies for erectile dysfunction after prostatectomy such as stem cells, platelet rich plasma or low intensity extracorporeal shock wave therapy?

RESPONSE FROM DR. JEFFREY ALBAUGH:
Thank you for asking about this. New innovations are exciting and, although some of these rejuvenative therapies show potential for the future, they have not yet had sufficient research to determine if and who they may benefit and how they may be delivered with minimal side effects or harm. There are a lot of people out there who are making a lot of money from rejuvenation therapies without adequate scientific evidence to support effectiveness and safety. Some of these therapies can cost $10,000 to $80,000 or more by the time they are complete. Please be clear that the American Urological Association, the Sexual Medicine Society of North America (I am members of both organizations) and the FDA have taken a very strong stance to say that all these therapies are off-label, lack adequate research and are not approved by the FDA. They should only be performed under an institutional review board (IRB) approved study. These procedures should not be undertaken in any clinic outside of a research study. To see the specific statements about these rejuvenative procedures, go to https://www.auanet.org/guidelines/male-sexual-dysfunction-erectile-dysfunction-(2018) and http://www.smsna.org/V1/news/433-smsna-position-statement-on-restorative-therapies-for-ed.

Stem cell therapy, low-intensity extracorporeal shock wave therapy and plasma rich protein therapy for erectile dysfunction represent potential restorative modalities to promote cell rejuvenation. Each treatment is designed to possibly regenerate erectile tissue. These are exciting, new approaches to treating erectile dysfunction, but more research is needed to determine safety and effectiveness of each treatment.

Animal studies have shown promise for some of these treatments, but the human studies have been very small and limited and, in some cases, no human studies have been published. In particular, there are no randomized controlled human studies of plasma rich protein (PRP) therapy, which is sometimes referred to as the P shot. There is nothing more to say about PRP until we have published scientific human studies. There are a few small randomized studies for stem cell therapy and for short-term extracorporal shock wave therapy (LI-ESWL).

The exact mechanism of action of stem cell therapy is not understood, but it is thought to be due to immune modulation leading to secretion of cytokines and growth factors to decrease inflammation and promote healing. Animal studies have shown promise with stem cell therapy, but there are only four small studies published on using it for erectile dysfunction. In men post radical prostatectomy, there are no randomized placebo controlled studies, but only two small studies (Metz, et al., 2018). Careful, methodic research is needed to determine both safety and efficacy to identify the best treatment protocol that may or may not help men with erectile dysfunction after prostate cancer treatment while minimizing harm. This research is just not accomplished yet.

Low-intensity shock wave therapy for erectile dysfunction is another treatment being investigated for treatment of erectile dysfunction. The mechanism is still being determined, but it is thought to decrease inflammation while causing cell membrane micro-trauma resulting in the release of blood flow promoting factors. It has been used for erectile dysfunction caused by blood flow problems (vaculogenic ED) specifically. From the limited small studies, it seems to work best in mild vasculogenic erectile dysfunction and younger patients do better with the treatment (Zhihuz, L., et al., 2017 & Zou, Z., et al, 2017). There was only one study (not a randomized controlled study) using the therapy in men after radical prostatectomy with a small improvement in erectile function scores at one month after treatment and very minimal improvement in the average score one year after treatment (Frey, Sonksen & Fode, 2016). Given the lack of any randomized placebo controlled studies in men treated for prostate cancer, further research is needed to determine if this treatment will have any positive effect on erectile function in these men and there is no good evidence to support this to date.

It is exciting to know there are completely different treatments for erectile dysfunction currently under scientific investigation. We all must be patient until definitive treatment regimens are determined that are both effective and safe. In addition, we need to know exactly which patients may benefit from these treatments and then ultimately we need them to be accessible to the men who will benefit from treatment. Please only participate in IRB approved research studies with these new experimental/investigational therapies.

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Frey, A., Sonksen, J., & Fode, M. (2016). Low intensity shock wave therapy in…Scand J Urol. 2016; 50(2):123-7
Metz, E.L., Terlecki, R., Zhang, Y. & Jackson, J. and Atala, A. (2018). Stem cell therapy for erectile dysfunction. Sexual Medicine Review, S2050-0521(18)30014-3;
Zhihuz, L. et al. (2017). Low intensity shock wave treatment improves erectile function: A systemic review & meta-analysis. European Urology, 71, 213-233.
Zou, Z. et al. (2017). Short term efficacy & safety of low-intensity extracorporeal shock wave therapy in erectile dysfunction: a systemic review & meta-analysis, IBJU, 43(5), 805-821.

You can access the new edition of my book or download a free copy of my original book at www.drjeffalbaugh.com.

Do you have a question about sexual health or intimacy? If so, we invite you to send it to Us TOO. We'll select questions to feature in future *Between the Sheets* columns.

Please email your question to: ustooBTS@ustoo.org

Or mail your letter to:
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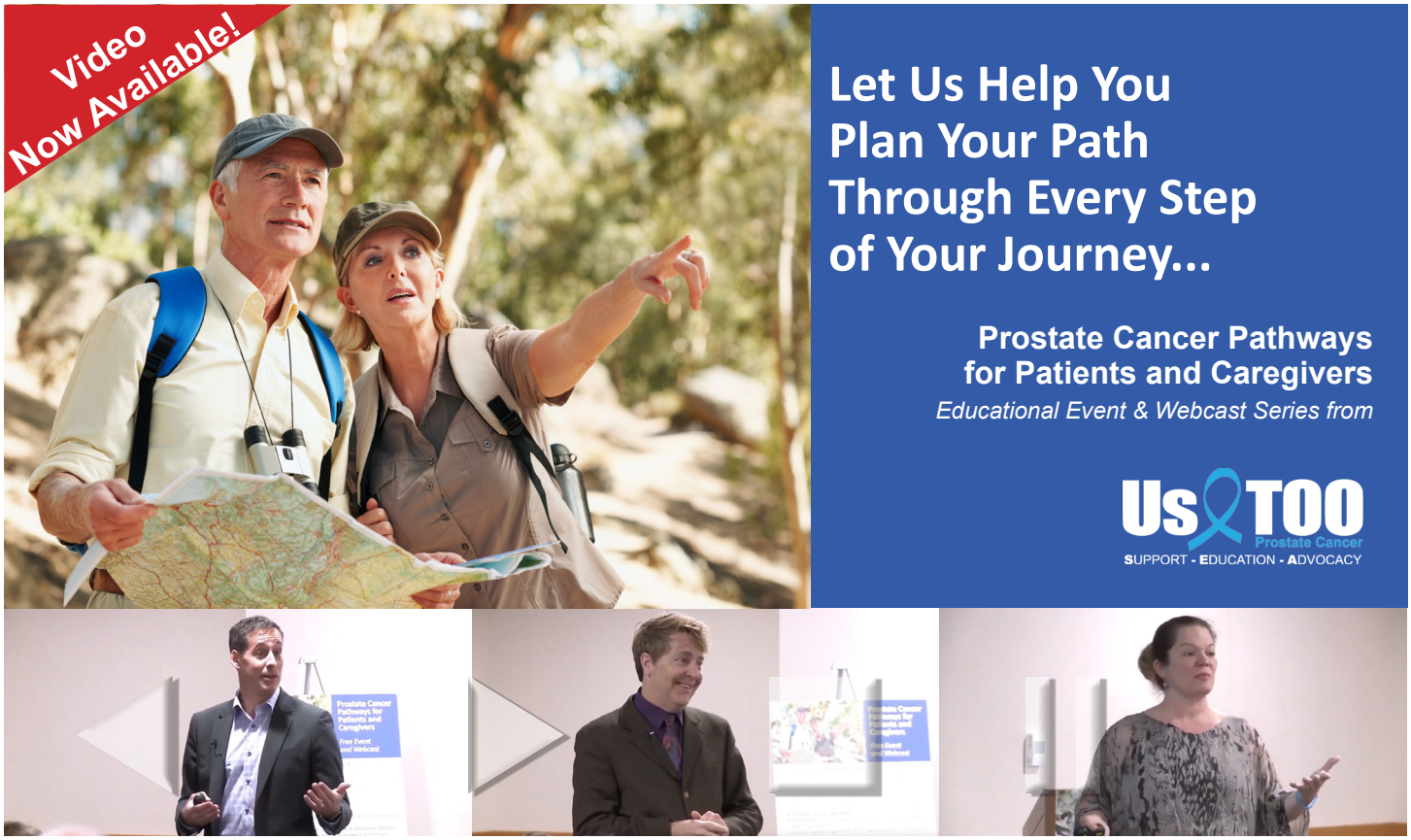

Video is now available of our *Prostate Cancer Pathways for Patients and Caregivers Chicago* event and webcast! The webcast was recorded on November 3 at NorthShore University HealthSystem in Skokie, IL.

Men's Health Risks - *PSA Testing* - Active Surveillance
Treatment Options* - Side Effects - *Sex and Intimacy After Treatment
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