

Prostate cancer survey reveals doctor's severe blind spots with gay and bisexual patients

Most gay and bisexual men with prostate cancer did not feel their sexual identity was properly considered throughout the entirety of the medical process.

UNITED KINGDOM, July 27, 2026 /EINPresswire.com/ -- The majority of gay and bisexual men with prostate cancer did not have their sexual identity adequately considered throughout all stages of treatment and diagnosis, according to a new survey from [The Focal Therapy Clinic](#).

With prostate cancer incident rates set to increase by 14% over the next decade, doctors being properly equipped to manage patients across all walks of life grows only more vital.

Key findings:

- Approximately two in three gay and bisexual men did not feel their sexual identity was properly understood when discussing side effects of their prostate cancer treatment
- Changes in ability to engage in anal intercourse is the number one side effect among this demographic
- Just 1% of gay and bisexual men experienced no side effects that impaired their sexual function
- One in four were led to pick a treatment plan they did not feel was right for them
- Alan Doherty, Consultant Urologist at The Focal Therapy Clinic, weighs in on the findings

Table 1: When healthcare professionals failed gay and bisexual men with prostate cancer

The Focal Therapy Clinic explored how considerate patients felt healthcare professionals were of their sexual identity, at different stages of their experience with prostate cancer.

Stage their sexuality	% didn't feel doctors were sensitive of
When being diagnosed	71%

When discussing side effects of treatment	63%
When discussing recovery and ongoing care	53%
When discussing treatment options	53%

At the moment of diagnosis – perhaps when proper sensitivity is most critical – more than seven in ten respondents said that the relevant healthcare professionals were not sensitive and understanding of their sexual identity.

The more recent a diagnosis, the more likely this is to be true: 73% of respondents diagnosed from 1-5 years ago felt a lack of sexual sensitivity during diagnosis, compared to 67% of those diagnosed 6-10 years ago.

There is also a major shortcoming among doctors when discussing side effects of treatment. As prostate cancer poses several side effects that challenge sexual function, it is essential that healthcare professionals offer the information and materials that match the patient’s context – an essential which is being sorely missed.

Nearly two thirds (63%) of gay and bisexual men did not find that doctors understood their sexual identity and needs when discussing the potential side effects of treatment, which has had a demonstrable impact.

Table 2: The most common side effects of prostate cancer treatment among gay and bisexual men

Side effect	%
Changes in ability to engage in anal intercourse (e.g. comfort, pain, function)	39%
Erectile dysfunction that affected sexual activity	37%
Altered orgasmic function or sexual pleasure	35%
Difficulty maintaining intimacy or sexual communication	34%
Reduced sexual confidence or libido	31%
None of the above	1%

Practically all gay and bisexual men experienced at least one side effect that impaired their ability to enjoy sex, with only 1% reporting none at all.

Each side effect was reported by 31-39% of respondents. Of these, changes in ability to engage in anal intercourse were the most common (39%), shortly followed by erectile dysfunction (37%). One in four (25%) felt they weren't adequately prepared for these side effects (see table 3).

Better acknowledging the sexual context of gay and bisexual patients could meaningfully change the consequences of treatment. With 53% stating that doctors failed to understand their sexual identity when discussing treatment, and treatments such as HIFU preserving sexual function in 90%+ patients, there are clear failings in providing gay and bisexual men with the full picture of options.

Table 3: Other consequences of treatment

Outside of direct medical side effects, The Focal Therapy Clinic investigated the challenges of treatment and recovery among gay and bisexual prostate cancer patients.

Challenge
%

Faced issues in my relationship due to poor planning
31%

Contributed to depression, anxiety, or other mental health problems
29%

Experienced sexual side effects I wasn't adequately warned about
25%

I chose a treatment plan that wasn't right for me
25%

I had to find information elsewhere
25%

I didn't feel comfortable raising concerns with my doctor
21%

I felt embarrassed, isolated, or otherwise unable to discuss my experiences with my partner, friends, or family
19%

Every man surveyed cited at least one of these consequences, but facing issues due to poor planning was the most common problem experienced outside of side effects, at 31%. This was much more common among married men (42%) than those unmarried, but still in an active

relationship (15%).

Slightly fewer gay and bisexual men found that treatment and recovery contributed to depression, anxiety or another mental health condition – although at 29%, there are likely preventable mental health problems, as a result of unsatisfactory understanding from doctors.

Alan Doherty, Consultant Urologist at The Focal Therapy Clinic, says many clinicians simply don't have the time - or, in some cases, the experience - to fully counsel men on the benefits and risks of the various prostate cancer treatment options. "Initial discussions understandably tend to focus on cure, but quality of life is also a critical consideration," he says.

Patients differ considerably in how they balance quality of life against longevity, he notes, and it isn't yet known how far the priorities of gay men differ from those of heterosexual men who also place a high value on sexual function. "While sexual function isn't equally important to all men, it shouldn't be assumed unimportant just because a patient doesn't raise the issue," Doherty says.

As most prostate cancers do not prove fatal within 10 years of diagnosis, Doherty says men need to think carefully about what matters most to them and what trade-offs they're willing to accept - shaped by factors including the type and extent of the cancer, the treatment chosen, baseline sexual function, and how consistent and reproducible the outcomes are likely to be. "Given the complexity of these decisions," he says, "it's perhaps unsurprising that some men experience treatment regret."

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