LONGTERM EFFICACY AND COMPLIANCE OF SILDENAFIL CITRATE FOR ERECTILE DYSFUNCTION AFTER I-125 SEED RADIATION THERAPY FOR PROSTATE CANCER (T1-2): SHIM (IIEF-5) ANALYSIS
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To evaluate the long-term effect and safety of sildenafil citrate for the treatment of erectile dysfunction (ED) following I-125 radiation therapy for prostate cancer. Baseline and follow-up data were collected from 43 patients (mean age 63.5 ± 7.7 yr.) undergoing iodine-125 (I\(^{125}\)) seed implantation (1997-1999) with low volume prostate cancer (PSA <10, GS ≤6, stage T1-2). None of the patients received any neoadjuvant hormone therapy and all were pre-operatively sexually active. All patients waited at least 6 months after seed implantation before they agreed to a trial of sildenafil citrate. The starting dose was 50 mg, which was increased to 100 mg if the patients did not have a positive response. Data was analyzed using the abridged 5-item version of the International Index of Erectile Function (IIEF) questionnaire, referred to as the SHIM (Sexual Health Inventory for Men); and the Erectile Dysfunction Inventory of Treatment Satisfaction (EDITS). Data was also collected on treatment effects, patient and partner satisfaction, and side effects. With a mean follow-up of 49.7 ± 7.1 months (range 36-66), 74% (32/43) responded positively to sildenafil citrate after mean use of 1.8 years with a total IIEF-5 score of 18.3 ± 1.2. The mean EDITS score was 76.5 ± 3.2 and the ability to achieve vaginal penetration correlated directly with the spousal satisfaction rate of 72% (31/43). 22% (7/32) of the respondents augmented their dose to 100 mg. The drop-out rate was 37% (16/43); 63% (10/16) discontinued due to lack of efficacy and 19% (3/16) due to return of natural erections sufficient for vaginal penetration. Only 2 patients discontinued the drug because of headaches. ED is a major issue after I-125 seed radiation therapy for clinical T1-2 prostate cancer. Sildenafil citrate can improve the ability to achieve and maintain an erection in most patients with ED.