Erectile dysfunction (ED) affects as many as 30 million American men at any given time (National Institutes of Health [NIH] Consensus Development Panel, 1993) and frequently is associated with potentially curative local treatments for prostate cancer (Merrick, Butler, Lief, & Galbreath, 2001a). Although the majority of the prostate brachytherapy literature reports biochemical results as favorable as the most promising radical prostatectomy and external beam radiation therapy series to date, no difference has been found in overall survival between the aforementioned treatment modalities (Merrick, Butler, Lief, & Dorsey, 2001; Merrick et al., 2001b). Because of the absence of a survival advantage, quality-of-life issues have assumed increased importance for both physicians and patients.

The NIH Consensus Development Panel (1993) defined ED as “the inability to attain or maintain penile erection sufficient for satisfactory sexual performance” (p. 83). ED results in a deleterious effect on quality of life, including physical and emotional well-being, marital discord, and loss of self-esteem (Burnett, 1998; Day, Ambegaonkar, Harriot, & McDaniell, 2001; Laumann, Paik, & Rosen, 1999; NIH Consensus Development Panel). Following permanent prostate brachytherapy using either palladium-103 (i.e., Pd103) or iodine-125 (i.e., 125I) with or without external beam radiation therapy, ED has resulted in 6%–61% of cases (Incrocci, Slob, & Levendag, 2002; Merrick, Butler, Galbreath, et al., 2002; Merrick et al., 2001a). The reported wide ranges of ED may be a result of differences in patient characteristics and follow-up and potentially may be distorted by the mode of data collection. Litwin, Lubeck, Henning, and Carroll (1998) suggested that “physician ratings of patient symptoms do not correlate well with patient self-assessment of quality of life” (p. 1988). Most brachytherapy studies evaluating ED have utilized physician interviews, whereas others did not provide a definition of ED or a description of the collection methods (Merrick, Butler, Galbreath, et al.). To date, only one study has utilized patient-administered questionnaires (Merrick, Butler, Galbreath, et al.). Self-reporting should be the preferred method of quality-of-life data collection because it provides the best estimate of highly subjective phenomenon, such as potency. When patient-administered questionnaires have been utilized after radical prostatectomy, potency rates as low as 7% have been reported (Talcott, Clark, Stark, Nadir, & Ragde, 1999).

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