NKR_38_opdat_Rehabilitering af patienter med proststakræft: Sexologisk rådgivning- metaanalyse. København: Sundhedsstyrelsen, 2021.

Review information

Authors

Sundhedsstyrelsen[1]

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Characteristics of studies

Characteristics of included studies

Chambers 2015

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Baseline Characteristics** Intervention - Sexual counselling ● *Number of men on ADT (%)*: 0/62 (0%) ● *Number of men with prostatectomy (%)*: 62/62 (100%) Control - usual care ● *Number of men on ADT (%)*: 0/64 (0%) ● *Number of men with prostatectomy (%)*: 64/64 (100%) Overall ● *Age in years, mean (SD)*: 62.70 (6.8) ● Time since diagnosis in days, mean (SD): 127.57 (146.84) ● Length of couples relationship in years, mean (SD):32.48 (11.84) **Included criteria:** Patients who were scheduled for or undergone surgery for prostate cancer within 12 months and their female partners:Study inclusion criteria were as follows: (a) newly diagnosed with localised prostate cancer and having radical prostatectomy OR less than 12 months post-surgery; (b) in a heterosexual cohabitating couple relationship; (c) able to read and speak English; (d) no previous history of head injury, dementia or psychiatric illness;and (e) no other concurrent cancer. **Excluded criteria:** No specific exclusion criterias are stated **Pretreatment:** No significant differences between the study groups at baseline on outcomes or soviodemographics.

Interventions	**Intervention Characteristics** Intervention - Sexual counselling, couple-based ● *Description*: Nurse counselling intervention. The nurse counselling followed principles of cognitive–behavioural sex and couples therapy with an adult learning approach where couples self-selected goals [16,21].Content included education about prostate cancer, menopauseand sexuality; behavioural homework including increasingexpression of affection and non-demanding sexual touch; challenging negative beliefs about prostatecancer, ageing and sexuality; and helping the couple choose a medical treatment for ED and integrating this into their sexual relationship. Additional components targeting the challenges of the early treatment phase(e.g. urinary incontinence, pain and sleep disturbance) were selected if relevant.The intervention was delivered by two experienced prostate cancer nurse counsellors, who received additional training. This included a 1 day workshop on communicating with couples and 7 hours of training with an experiencedclinical psychologist covering problem solving,decision support, working with couples, communicationand research protocols. ● *Follow up*: 12 months ● *Personel*: nurse Kontrol - Vanlig behandling ● *Description*: Couples in usual care received standard medical management and a set of published patient education materials. ● *Follow up*: 12 months ● *Personel*: no information
Outcomes	*Seksuel relateret livskvalitet* ● **Reporting**: Not reported Tilfredshed med seksual funktion ● **Reporting**: Not reported *Seksuel funktion* ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**: International Index of Erectile Function (IIEF) ● **Range**: 0-75 ● **Unit of measure**: Points ● **Direction**: Higher is better ● **Data value**: Endpoint *Seksuel funktion hos partner* ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**: International Index of Erectile Function (IIEF) ● **Range**: 2-36 ● **Unit of measure**: Points ● **Direction**: Higher is better ● **Data value**: Endpoint Tilfredshed med seksual funktion hos patner ● **Reporting**: Not reported

	Tilfredshed med parforhold ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**: the revised Dyadic Adjustment Scale (DAS) ● **Range**: 0-151 ● **Unit of measure**: Points ● **Direction**: Higher is better ● **Data value**: Endpoint *Livskvalitet* ● **Reporting**: Not reported Frafald, alle årsager ● **Outcome type**: Dictomuous Outcome ● **Reporting**: Fully reported ● **Unit of measure**: Numbers ● **Direction**: Lower is better ● **Data value**: Endpoint
Identification	**Sponsorship source:** National Health and Medical Research Council: This project was funded by the National Health and Medical Re-search Council (ID496001) and Andrology Australia. We gratefullyacknowledge the support of the Urological Society of Australia andNew Zealand; Mr Bill McHugh and Mr Spence Broughton as con-sumer advisors; Sylvia Burns and Brigid Hanley as prostate cancernurse advisors; and all of our peer support volunteers in the under-taking of this research. **Country:** Australia and New Zealand **Setting:** School of Applied Psychology, Griffith University, Brisbane, Australia **Authors name:** Suzanne K. Chambers **Institution:** School of Applied Psycology, Griffith University **Email:** chambers@griffith.edu.au **Address:** School of Applied Psychology,Griffith University, Qld 4222,Australia.
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Low risk	Quote: "Randomisation occurred in blocks of 12, with each condition randomly generated four times within each block to ensure an unpredictable allocation sequence with equal numbers of couples in each group at the completion of each block." Judgement Comment: Det er lykkedes at finde beskrivelsen af randomiseringen.
Allocation concealment	Low risk	Quote: "This sequence was undertaken by the project manager and concealed from investigators."

Blinding of participants and personnel	High risk	Judgement Comment: Not possible to blind intervention
Blinding of outcome assessors	High risk	Judgement Comment: Not possible to blind as participants fillout qustionaires
Incomplete outcome data	Low risk	Judgement Comment: Frafrald i de 3 grupper var fuldstændig ens. Outcome data burde derfor være sammenlignelige. Og der ser ikke ud til at være patienter eller outcomes der ikke kan redegøres for.
Selective outcome reporting	High risk	Judgement Comment: Quality of life outcomes are missing,
Other sources of bias	Unclear risk	Judgement Comment: Grundlæggende er det er problem, at over 700 kunne deltage i undersøgelsen, men at man får så mange gange nej til deltagelse, at man ender med en patientpopulation på 200. Det er en risiko for bias, at de mest "syge" har takket nej, og at der derfor bliver forvredne resultater.

McCorkle 2017

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Baseline Characteristics** Intervention ● *Age in years, mean (SD)*: Not reported ● *Number of men on ADT (%)*: Not reported ● *Number of men with prostatectomy (%)*: 62 (100) Control ● *Age in years, mean (SD)*: Not reported ● *Number of men on ADT (%)*: Not reported ● *Number of men with prostatectomy (%)*: 64 (100) **Included criteria:** Men who were newly diagnosed with prostatecancer, married, or in a committed relationship, elected radical prostatectomy as primary treatment, and lived within a 50-mile radius of the study centers were recruited. Spouses were recruited if they were married or in a committed relationship with a man undergoing radical prostatectomy **Excluded criteria:** No info **Pretreatment:**
Interventions	**Intervention Characteristics** Intervention ● *Description*: Couple-based. All men received usual care as specified by the urology clinic standards of the collaborating site. In addition to receiving usual care, the intervention group dyad received 16 contacts from an APN during an 8-week period immidiately following hospital discharge after radicalprostatectomy. The protocol focused on three key areas of postoperative rehabilitation: (a) symptom management during surgical recovery, (b) restoration of urinary continence, and (c) promotion of marital communication and psychosexual function. Advanced practice nurses provided the standardized protocol to patients and spouses during the 16 contacts (8 home visits, 8 telephone calls). Physical and psychosocial functioning, pain, urinary continence, and marital communication were the foci of the nursing visits and telephone consultations.

	● *Follow up*: 3 months ● *Personel: Nurses who were graduates of APN programs and were board-certified nurse pratitioners.* Control ● *Description*: Usual care ● *Follow up*: 3 months ● *Personel*: NA
Outcomes	*Seksuel relateret livskvalitet* ● **Reporting**: Not reported Tilfredshed med seksual funktion ● **Reporting**: Not reported *Seksuel funktion* ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**: Cancer Rehabilitation Evaluation System (CARES) subscale ● **Range**: 0-32 ● **Unit of measure**: Points ● **Direction**: Lower better ● **Data value**: Endpoint *Seksuel funktion hos partner* ● **Outcome type**: Continuous Outcome ● **Reporting**: Not reported Tilfredshed med seksual funktion hos patner ● **Reporting**: Not reported Tilfredshed med parforhold ● **Reporting**: Not reported *Livskvalitet* ● **Reporting**: Not reported Frafald, alle årsager ● **Outcome type**: Dictomuous Outcome ● **Reporting**: Fully reported ● **Unit of measure**: Numbers ● **Direction**: Lower is better ● **Data value**: Endpoint

Identification	**Sponsorship source:** This research was supported by the American Cancer Society, Grant 0TPRB-98-O1OPBP. 1998-2001 **Country:** USA **Setting:** **Authors name:** Ruth McCorkle **Institution:** Center for Excellence in Chronic Illness Care, Yale University, School of Nursing, New Haven, CT **Email:** **Address:** Center for Excellence in Chronic Illness Care, Yale University, School of Nursing, New Haven, CT
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Unclear risk	No information on allocation consealment
Allocation concealment	Unclear risk	No information on sequence generation
Blinding of participants and personnel	High risk	No information, blinding not feasible
Blinding of outcome assessors	High risk	Self-reported outcome measures and participants not blinded.
Incomplete outcome data	Unclear risk	8/62 couples dropped out in the intervention group and 11/64 in the control group. Reasons for dropout not stated per group. No intention to treat analyses
Selective outcome reporting	Unclear risk	No reference to trial register. Many of our outcomes not reported.
Other sources of bias	Unclear risk	Baseline characteristics not reported seperatly for the groups

Robertson 2016

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Baseline Characteristics** Intervention ● *Age in years, mean (range)*: 64.15 (55-76) ● *Number of men on ADT (%)*: ● *Number of men with prostatectomy (%)*: 21/21 (100%) Control ● *Age in years, mean (range)*: 63.27 (44-77) ● *Number of men on ADT (%)*: ● *Number of men with prostatectomy (%)*: 22/22 (100%)

	Included criteria: Men who (a) were 11 weeks to 4 years since surgery for prostate cancer; (b) had a partner who was willing to take part in the trial (in an established same- or different-sex relationship); (c) scored no higher than 60 (the clinical threshold for potency) on the sexual function domain of the Expanded Prostate Cancer Index Composite (EPIC); (d) had a prognosis longer than 1 year based on clinical risk of dying of prostate cancer drawing on the Scottish Cancer Taskforce 2014 guidelines; (e) could provide informed consent; (f) could communicate in English; and (g) lived within travelling distance of the intervention site. **Excluded criteria:** Patietns who lived in the south-west of Scotland because it would not have been feasible to travel. **Pretreatment:** No significant differences between the study groups at baseline on outcomes or sociodemographics.
Interventions	**Intervention Characteristics** Intervention - Sexual counselling, couple-based ● *Description*: The intervention was comprised of assistance with emotional disclosure, psychoeducation, relational and sexual needs, and dyadic adjustment and coping. The appropriate dose (six 50-minute sessions) was determined from the literature. A treatment manual was developed to guide and promote consistency in delivering the intervention. The manual was based on systemic principles combined wth techniques from sex therapy (ie. sensate focus). The manual offered an intermediate level of specificity, enabling practitioners to use their own therapeutic style and take some lead from the couple, while meeting the objectives of the intervention ● *Follow up*: 4 months (EoT) + 6 months efter EoT. ● *Personel*: Specialist training in delivery of the intervention was provided to practitioners holding accredited counselling or psychotherapy qualifications. Control ● *Description*: Usual care, no sexual conselling. ● *Follow up*: 4 months ● *Personel*: NA
Outcomes	*Seksuel relateret livskvalitet* ● **Reporting**: Not reported Tilfredshed med seksual funktion ● **Reporting**: Not reported *Seksuel funktion* ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**: Expanded Prostate Cancer Index Composite (EPIC) - Sexual bother subscale ● **Range**: 0-100 ● **Unit of measure**: Points ● **Direction**: Higher is better ● **Data value**: Endpoint *Seksuel funktion hos partner* ● **Reporting**: Not reported Tilfredshed med seksual funktion hos patner ● **Reporting**: Not reported

	Tilfredshed med parforhold ● **Outcome type**: Continuous Outcome ● **Reporting**: Not reported *Livskvalitet* ● **Reporting**: Not reported Frafald, alle årsager ● **Outcome type**: Dictomuous Outcome ● **Reporting**: Fully reported ● **Unit of measure**: Numbers ● **Direction**: Lower is better ● **Data value**: Endpoint
Identification	**Sponsorship source:** None **Country:** Scotland **Setting:** School of Social Science, University of Stirling **Authors name:** Jane Robertson **Institution:** School of Social Science, University of Stirling, Stirling, UK **Email:** elizabeth.forbat@acu.edu.au **Address:** Faculty of Health Sciences, Australian Catholic University and Calvary Health Care Bruce, Antill Street, Canberra 2602, Australia
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Low risk	Computer generated allocation sequence.
Allocation concealment	Low risk	Quote "Randomisation was carried out by a reseasch administrator who had no involvement in the study" Comment: Randomisation performed after screening by research administrator with no involvment in study.
Blinding of participants and personnel	High risk	No information, blinding not feasable.
Blinding of outcome assessors	High risk	All outcomes were self raported, blinding of participants not feasable
Incomplete outcome data	Unclear risk	7/21 dropouts in the intervention group vs 6/22 lost to follow-up in the control group. reasons for dropout stated, no intention to treat analysis. High number of dropouts in the intervention group, one third of the couples.
Selective outcome reporting	Unclear risk	Reference to a published protocol. The study reports on all the outcomes stated in the Protocol. Only one of our critical outcomes are reported and none of our important outcomes are reported except for dropouts

Other sources of bias	Low risk	No significant baseline differences. Authors had no conflicts of interest, no funding. The study apperas to be free of other sources of bias

Schover 2012

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Baseline Characteristics** Intervention - Face to Face (FF) ● *Age in years, mean (SD)*: 64 (8) ● *Number of men on ADT (%)*: No information ● *Number of men with prostatectomy (%)*: 28 (70) Intervention - WEB1 ● *Age in years, mean (SD)*: 64 (7) ● *Number of men on ADT (%)*: No information ● *Number of men with prostatectomy (%)*: 28 (68) Control ● *Age in years, mean (SD)*: Not reported ● *Number of men on ADT (%)*: Not reported ● *Number of men with prostatectomy (%)*: Not reported **Included criteria:** Couples were eligible if the male partner was heterosexual, aged 18 years, and had been treated for localized prostate cancer (T1-3N0M0) with either definitive surgery or radiotherapy between 3 months and 7 years previously. Couples had to be married or must have been living together for 1 year. Both partners agreed to participate in the assessments and intervention and had reasonable English fluency. Men were either unable to achieve and maintain an erection sufficient for sexual intercourse on 50% of attempts in the past 3 months or had not attempted intercourse for 3 months and also had not noted firm erections on waking from sleep. Men could not be using a satisfactory medical treatment for erectile dysfunction. **Excluded criteria:** Couples were excluded if the man currently was using hormone therapy for prostate cancer because of the profound impact of such therapy on the desire for sex. Couples who entered the randomized trial had to be willing to come to The University of Texas MD Anderson Cancer Center 3 times during the 12-week treatment period. **Pretreatment:**
Interventions	**Intervention Characteristics** Intervention, sexual copunseling, couple-baced. ● *Description*: , an immediate intervention group that received 3 face-to-face sessions over 12 weeks (90 minutes for session 1 and 50-60 minutes for sessions 2 and 3) (FF), and an immediate intervention group that used an internet format of the intervention though e-mail contact with their therapist (WEB1). The FF and WEB formats of CAREss included the same content and cognitive-behavioral homework. FF participants received printed handouts of materials from the web site, except for animations and videos. In the WEB groups, each partner had a unique user name and password and could not access the other's responses. Homework exercises had standardized report forms completed online (WEB) or on paper (FF) and were submitted by each partner. Therapists e-mailed feedback to the couple (WEB) or discussed homework in session (FF). If no homework reports were returned within 2 weeks of WEB entry, then e-mail and, subsequently, telephone reminders were given to 1 or both partners. WEB participants also could e-mail their therapist at any time.

	● *Follow up*: 12 weeks ● *Personel: Therapist (A therapist manual was used to train the therapists, who also had biweekly group supervision)* Kontrol ● *Description*: Wait-list ● *Follow up*: 3 months ● *Personel*: NA
Outcomes	*Seksuel relateret livskvalitet* ● **Reporting**: Not reported Tilfredshed med seksual funktion ● **Reporting**: Not reported *Seksuel funktion* ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**: International Index of Erectile Function (IIEF) ● **Range**: ● **Unit of measure**: Points ● **Direction**: Higher better ● **Data value**: Endpoint *Seksuel funktion hos partner* ● **Reporting**: Not reported Tilfredshed med seksual funktion hos patner ● **Reporting**: Not reported Tilfredshed med parforhold ● **Reporting**: Not reported *Livskvalitet* ● **Reporting**: Not reported Frafald, alle årsager ● **Outcome type**: Dictomuous Outcome ● **Reporting**: Fully reported ● **Unit of measure**: Numbers ● **Direction**: Lower is better ● **Data value**: Endpoint
Identification	**Sponsorship source:** This project was supported by grant TURG-02-189-01-PBP (L. R. Schover, principal investigator) from the American Cancer Society, National Office. **Country:** USA

	Setting: Department of Behavioral Science, University of Texas MD Anderson Cancer Center, Houston, Texas **Authors name:** Leslie R. Schover **Institution:** Department of Behavioral Science, University of Texas MD Anderson Cancer Center, Houston, Texas **Email:** lschover@meanderson.org **Address:** Department of Behavioral Science, Unit 1330, The University of Texas MD Anderson Cancer Center, PO Box 301439, Houston, TX
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Low risk	No information on sequence generation.Quote: Couples were adaptively randomized to 1 of 3 groupsusing minimization.
Allocation concealment	Unclear risk	No information on allocation concealment
Blinding of participants and personnel	High risk	No information, blinding not feasable
Blinding of outcome assessors	High risk	No information, outcome measures were self-reported questionnaires, blinding of participants not feasable
Incomplete outcome data	High risk	5/48 dropped out during the waiting list period, 17/60 in the face to face group and 7/55 in the Web group, no reasons stated. state that the use intention to treat analyses, but for our data of interests, there were only complete case analysis. Attrition rates differ between groups. No information on reasons for attrition.
Selective outcome reporting	High risk	No reference to a protocol. Only one outcome is reported for the three groups separate (sexual function). No proper reporting on the waitlist group
Other sources of bias	Low risk	The study appears to be free of other sources of bias

Siddons 2013

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Baseline Characteristics** Intervention ● *Age in years, mean (range)*: 62.85 (54-71) ● *Number of men on ADT (%)*: ● *Number of men with prostatectomy (%)*: 34 (100) Control ● *Age in years, mean (range)*: 63.00 (46-73) ● *Number of men on ADT (%)*: ● *Number of men with prostatectomy (%)*: 26 (100)

	Overall ● *Age in years, mean (range)*: 62.34 (46-72) ● *Number of men on ADT (%)*: ● *Number of men with prostatectomy (%)*: 60 (100) **Included criteria:** English speaking men who had undergone a radical prostatectomy for localised prostate cancer at least 6 months and no more than 5 years prior to study participation. All participants had a prostte specific antigen reading of <0.1 **Excluded criteria:** Men who had insufficiant English skilld to participate in group discussion, were unable to give informed consent and had metastatic or locally advanced disease requiring hormone therapy **Pretreatment:** There were no significant group difference between age, time laspe since surgery and number of sessions attended
Interventions	**Intervention Characteristics** Intervention ● *Description*: Group-based cognitive-behavioural group intervention facilitating psycho-sexual adjustments. 8 sessions described in a tretment manual. Sexual intimacy aspects included in session 5 ● *Follow up*: 8 weeks ● *Personel: Therapists (no other information)* Kontrol ● *Description*: Wait-list ● *Follow up*: 8 weeks ● *Personel*: NA
Outcomes	*Seksuel relateret livskvalitet* ● **Reporting**: Not reported *Tilfredshed med seksual funktion* ● **Reporting**: Not reported *Seksuel funktion* ● **Reporting**: Not reported *Seksuel funktion hos partner* ● **Reporting**: Not reported Tilfredshed med seksual funktion hos patner ● **Reporting**: Not reported Tilfredshed med parforhold ● **Reporting**: Not reported *Livskvalitet* ● **Reporting**: Not reported

	Frafald, alle årsager ● **Outcome type**: Dictomuous Outcome ● **Reporting**: Fully reported ● **Unit of measure**: Numbers ● **Direction**: Lower is better ● **Data value**: Endpoint
Identification	**Sponsorship source:** Hospira **Country:** Australia **Setting:** Department of Urology, Royal melbourne Hospital **Authors name:** Heather M. Siddons **Institution:** Department of Urology, Royal melbourne Hospital **Email:** addie.wootten@mh.org.au **Address:** Department of Urology, Level 3 Centre, Main Building, Royal Melbourne Hospital, Grattan st, Parkville, Vic 3050, Australia.
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Low risk	Quote: "Computer-generated list of 96 random numbers (0 or 1) was used to randomly assign participants to either the intervention group (who received the intervention as soonas practicable) or the wait-list group (8-week wait)." Computer generated allocation sequence
Allocation concealment	Unclear risk	Quote "The chief investigator assigned and enrolles participants to the groups using this computer-generated algorith". No information of wether the allocation sequence was concealed for the investigator. Not clear if allocation was concealed
Blinding of participants and personnel	High risk	No information, blinding not feasable
Blinding of outcome assessors	High risk	Outcomes are self-reported. Sexual functioning were self-reported and blinding of participants not feasable. Persume the same for the quality of life scale.
Incomplete outcome data	Low risk	Not stated but according to table 4, there are data on all 60 participants
Selective outcome reporting	High risk	No usable data, reports only results for the entire sample as one group. End-point data are not reported seperately for the groups
Other sources of bias	Low risk	The study a to be free of other sources of bias

Titta 2006

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Baseline Characteristics** Intervention - Sexual counselling ● *Number of men on ADT : not reported* ● *Number of men with prostatectomy*: na Control - usual care ● *Number of men on ADT*: not reported ● *Number of men with prostatectomy*: na Overall ● *Age in years, mean (range)*:63.5 (55-72) ● *Number of men with prostatectomy*: 50/57 (7 men had muscle invassive bladder cancer) **Included criteria:** Histological proved localized prostate cancer or mucle invasive bladder cancer, good preoperative sexual performance and in a stable heterosexual relationship for at least 6 months, and PGE1-responsive. **Excluded criteria:** Not reported **Pretreatment:** Not reported
Interventions	**Intervention Characteristics** Intervention - Sexual conselling ● *Description*: The participants in the sexual counselling group, with their female partner if in attendance, completed an unvalidated semi-structured questionnaire on sexual history and difficulties and satisfaction with drug administration using the ICISexual counselling tailored (based on questionnaire response) to each participant involved six sessions over 18 months with a therapist to discuss drug administration and couple communication about sexual problems and psychodynamic-oriented sexual therapy to place therapy within the couples' sexual behaviours and relationship (it is unclear if all male participants had their female partner in attendance). Sessions were held at three, six, nine,12 and 18 months. The intervention also involved a telephone session aimed to identifythe lowest efficacious PGE1 home dose and to facilitate home sildenafil tests prior to followup sessions. ● *Follow up*: We performed 18-month ambulatory follow-up (at 3, 6, 9, 12, and 18 months after surgery); Kontrol - Usaul care ● *Description*: Participants were instructed to performICI twice a week. Before each assessment, tomeasurecompliance with ICI, participants were invited to attempt sexual intercourse after takingsildenafil 100mg one hour beforehand. Same as the Intervention group
Outcomes	*Seksuel relateret livskvalitet* ● **Reporting**: Not reported *Tilfredshed med seksuel funktion* ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**: International Index of Erectile Function (IIEF) subscale overall satisfaction ● **Range**:

	● **Unit of measure**: Points ● **Direction**: Higher is better ● **Data value**: Endpoin *Seksuel funktion* ● **Reporting**: Not reported *Seksuel funktion hos partner* ● **Reporting**: Not reported Tilfredshed med seksual funktion hos patner ● **Reporting**: Not reporte Tilfredshed med parforhold ● **Outcome type**: Continuous Outcome ● **Reporting**: Not reported *Livskvalitet* ● **Reporting**: Not reported Frafald, alle årsager ● **Outcome type**: Dictomuous Outcome ● **Reporting**: Fully reported ● **Unit of measure**: Numbers ● **Direction**: Lower is better ● **Data value**: Endpoint
Identification	**Sponsorship source:** No information **Country:** Italy **Setting:** Single center **Authors name:** Matteo Titta **Institution:** University of Padova - department of Urology **Email:** matteo.titta@libero.it **Address:** via Giustiniani 2, Padova 35128, Italy
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Unclear risk	Judgement Comment: method not stated, and no protocol preceeds this study
Allocation concealment	Unclear risk	Judgement Comment: method not stated to permit a judgement

Blinding of participants and personnel	High risk	Judgement Comment: Participants were definitely not blinded to the IV, and as no methods nor attempts to describe blinding of personnel have been stated, I assume there is high risk of bias
Blinding of outcome assessors	High risk	Judgement Comment: self-reported outcomes meauseres therefore not possible
Incomplete outcome data	High risk	Judgement Comment: There is a relative large number of dropouts in the control group (8/28), 28,6%, and no information on whether authors have used ITT principle
Selective outcome reporting	Low risk	Judgement Comment: The purpose was to evaluate the effect of sexual conselling on outcomes of injection of PGE1 in patients with confirmed ED. Three parametres were evaluated; efficacy, compliance and drop-out rates. All three reported. However it must be noted that there was no preceeding protocol to this study.
Other sources of bias	Unclear risk	Judgement Comment: It's a problem that the study mix two group of patients without stratification. No baseline values presented. In principle, all cystectomized patients could have been 'randomised' into one and the same group, maybe affecting compliance to the intervention, and wrong estimation of the efficacy of the IV.

Footnotes

Characteristics of excluded studies

Ames 2011

Reason for exclusion	Wrong intervention

Badger 2011

Reason for exclusion	Wrong intervention

Badger 2013

Reason for exclusion	Wrong intervention

Bannowsky 2008

Reason for exclusion	Wrong intervention

Bannowsky 2012

Reason for exclusion	Wrong intervention

Brock 2015

Reason for exclusion	Wrong intervention

Canada 2005

Reason for exclusion	Wrong comparator

Canat 2015

Reason for exclusion	Wrong intervention

Cavallini 2005

Reason for exclusion	Wrong intervention

Chabrera 2015

Reason for exclusion	Wrong intervention

Chambers 2013

Reason for exclusion	Wrong intervention

Chambers 2013a

Reason for exclusion	Wrong intervention

Chambers 2017

Reason for exclusion	Wrong intervention

Collins 2013

Reason for exclusion	Wrong intervention

Costabile 1998

Reason for exclusion	Wrong intervention

Couper 2015

Reason for exclusion	Wrong intervention

Davison 2007

Reason for exclusion	Wrong intervention

Dieperink 2013

Reason for exclusion	Wrong intervention

Fode 2014

Reason for exclusion	Wrong intervention

Giesler 2005

Reason for exclusion	Wrong intervention

Hacking 2013

Reason for exclusion	Wrong intervention

Hanisch 2012

Reason for exclusion	Wrong intervention

Harrington 2010

Reason for exclusion	Wrong intervention

Helgeson 2006

Reason for exclusion	Wrong intervention

Hong 2007

Reason for exclusion	Wrong intervention

Incrocci 2001

Reason for exclusion	Wrong intervention

Incrocci 2006

Reason for exclusion	Wrong intervention

Kohler 2007

Reason for exclusion	Wrong intervention

Lambert 2016

Reason for exclusion	Wrong intervention

Lepore 2003

Reason for exclusion	Wrong intervention

Lin 2012

Reason for exclusion	Wrong intervention

Madsen 2006

Reason for exclusion	Wrong study design

Manne 2011

Reason for exclusion	Wrong intervention

Mareschal 2017

Reason for exclusion	Wrong study design

Matsushita 2009

Reason for exclusion	Wrong intervention

McCullough 2008

Reason for exclusion	Wrong intervention

McCullough 2010

Reason for exclusion	Wrong intervention

Molton 2008

Reason for exclusion	Wrong intervention

Moncada 2015

Reason for exclusion	Wrong intervention

Montorsi 2004

Reason for exclusion	Wrong intervention

Montorsi 2014

Reason for exclusion	Wrong intervention

Mosbah 2011

Reason for exclusion	Wrong intervention

Mulhall 2013

Reason for exclusion	Wrong intervention

Naccarato 2016

Reason for exclusion	Wrong intervention

Northouse 2007

Reason for exclusion	Wrong intervention

Osei 2013

Reason for exclusion	Wrong intervention

Padma Nathan 2008

Reason for exclusion	Wrong intervention

Park 2015

Reason for exclusion	Wrong patient population

Patel 2015

Reason for exclusion	Wrong intervention

Pavlovich 2013

Reason for exclusion	Wrong intervention

Penedo 2006

Reason for exclusion	Wrong intervention

Penedo 2007

Reason for exclusion	Wrong intervention

Porter 2012

Reason for exclusion	Wrong patient population

Prota 2012

Reason for exclusion	Wrong intervention

Raina 2006

Reason for exclusion	Wrong intervention

Ricardi 2010

Reason for exclusion	Wrong intervention

Schofield 2016

Reason for exclusion	Wrong intervention

Traeger 2013

Reason for exclusion	Wrong intervention

vanderMeulen 2014

Reason for exclusion	Wrong patient population

vandeWal 2017

Reason for exclusion	Wrong patient population

Victorson 2017

Reason for exclusion	Wrong intervention

Walker 2013

Reason for exclusion	Wrong intervention

Weber 2004

Reason for exclusion	Wrong intervention

Yanez 2015

Reason for exclusion	Wrong intervention

Footnotes

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[Empty]

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Data and analyses

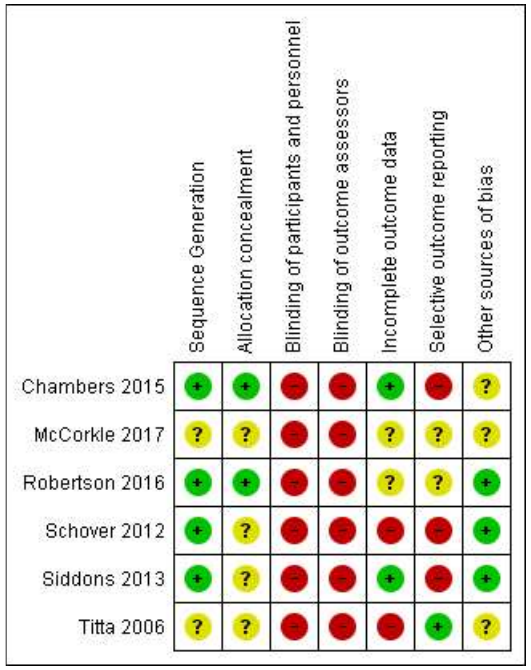
1 Sexologisk rådgivning vs Vanlig behandling

Outcome or Subgroup	Studies	Participants	Statistical Method	Effect Estimate
1.1 Seksuel relateret livskvalitet (sexual related quality of life))	1	36	Mean Difference (IV, Fixed, 95% CI)	17.70 [0.02, 35.38]
1.2 Tilfredshed med seksuel funktion (satisfaction with sexual fuction)	1	49	Mean Difference (IV, Fixed, 95% CI)	1.70 [0.16, 3.24]
1.3 Seksuel funktion (sexual function)	3	312	Std. Mean Difference (IV, Random, 95% CI)	-0.17 [-0.40, 0.05]
1.4 Livskvalitet (quality of life) SF -36 mental score	0	0	Mean Difference (IV, Fixed, 95% CI)	Not estimable
1.5 Livskvalitet (quality of life) SF -36 fysisk score	0	0	Mean Difference (IV, Fixed, 95% CI)	Not estimable

1.6 Tilfredshed med parforhold (satisfaction with relationship)	1	105	Mean Difference (IV, Fixed, 95% CI)	-0.56 [-3.25, 2.13]
1.7 Seksuel funktion hos partner (sexual function, partner)	2	209	Std. Mean Difference (IV, Random, 95% CI)	-0.01 [-0.55, 0.53]
1.8 Frafald, alle årsager (dropouts, all cauces)	3	374	Risk Ratio (M-H, Random, 95% CI)	2.07 [1.08, 3.99]

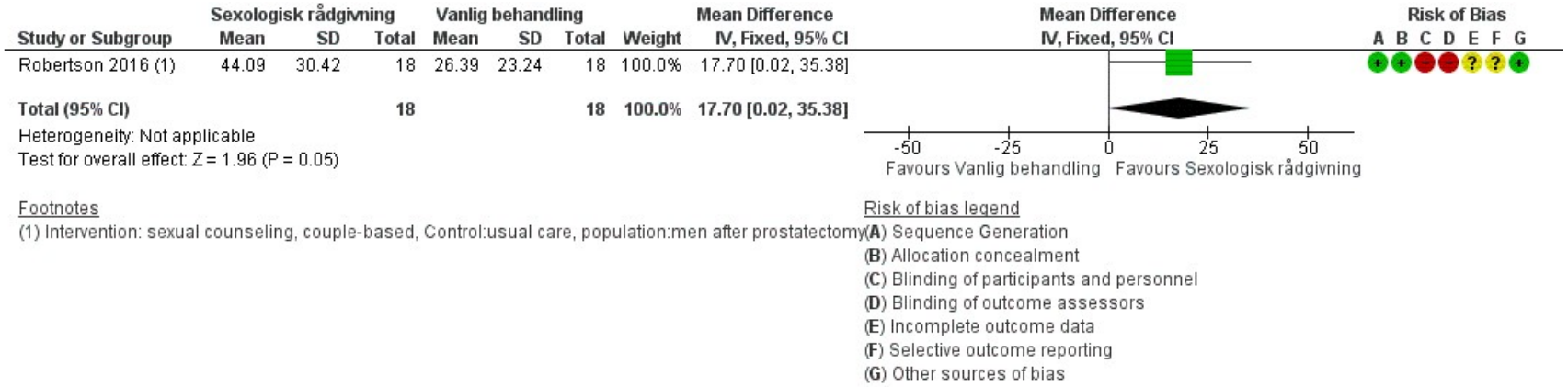
Figures

Figure 1



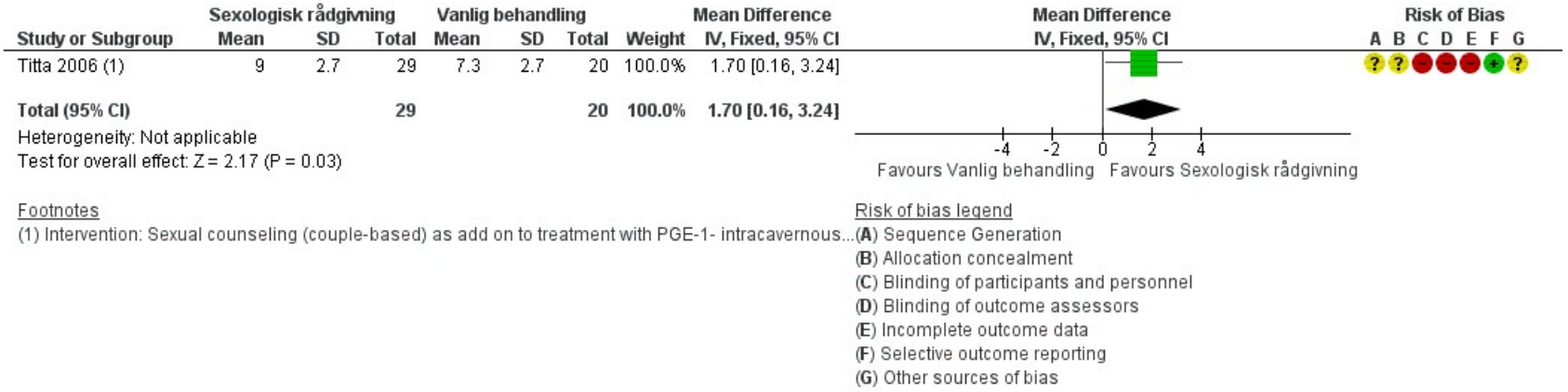
Risk of bias summary: review authors' judgements about each risk of bias item for each included study.

Figure 2 (Analysis 1.1)



Forest plot of comparison: 1 Sexologisk rådgivning vs Vanlig behandling, outcome: 1.1 Seksuel relateret livskvalitet (sexual related quality of life)).

Figure 3 (Analysis 1.2)

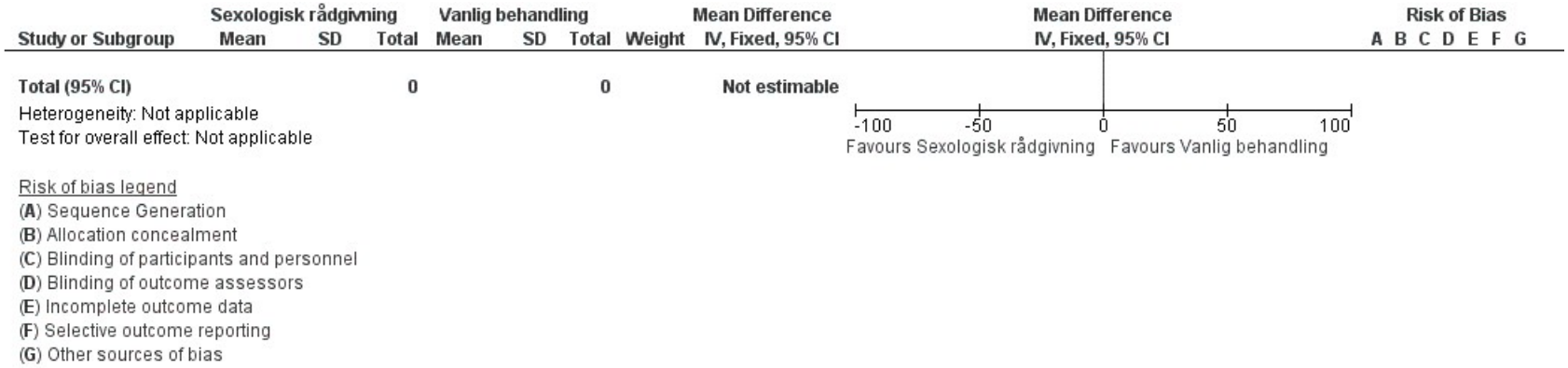


Forest plot of comparison: 1 Sexologisk rådgivning vs Vanlig behandling, outcome: 1.2 Tilfredshed med seksuel funktion (satisfaction with sexual fuction).

Figure 4 (Analysis 1.3)

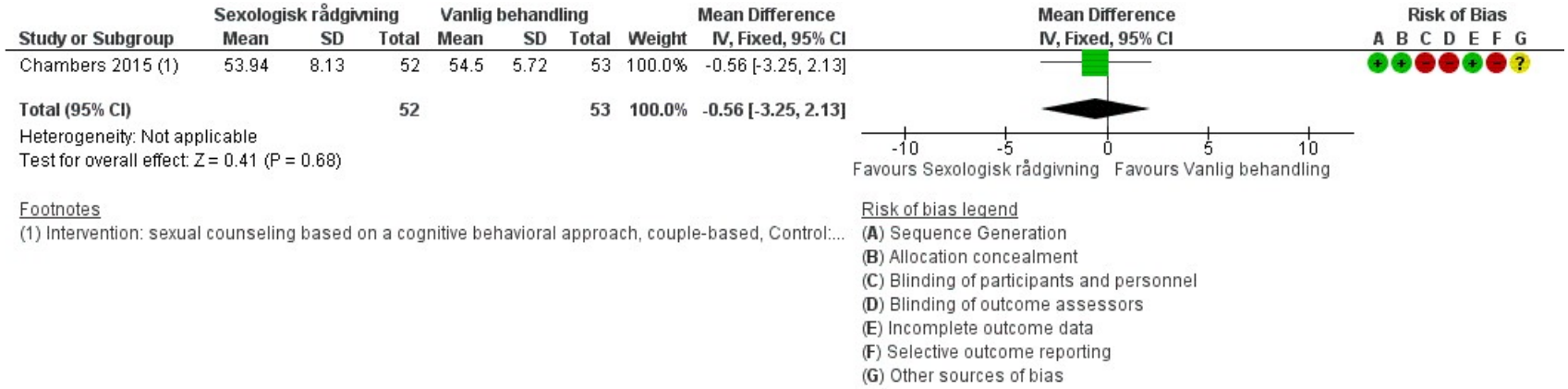
Forest plot of comparison: 1 Sexologisk rådgivning vs Vanlig behandling, outcome: 1.3 Seksuel funktion (sexual function).

Figure 5 (Analysis 1.4)



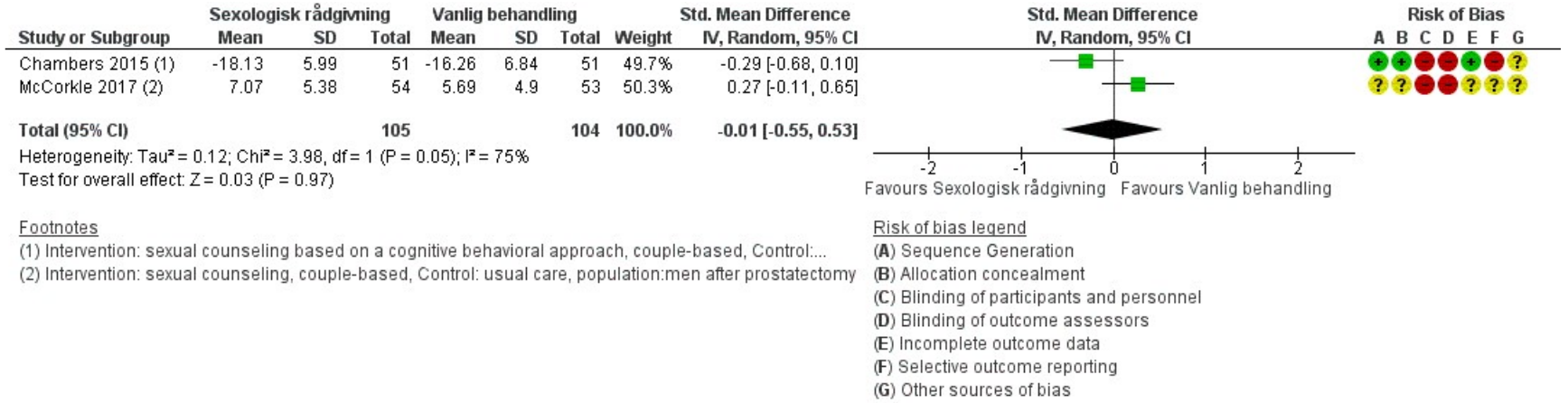
Forest plot of comparison: 1 Sexologisk rådgivning vs Vanlig behandling, outcome: 1.4 Livskvalitet (quality of life) SF -36 mental score.

Figure 6 (Analysis 1.6)



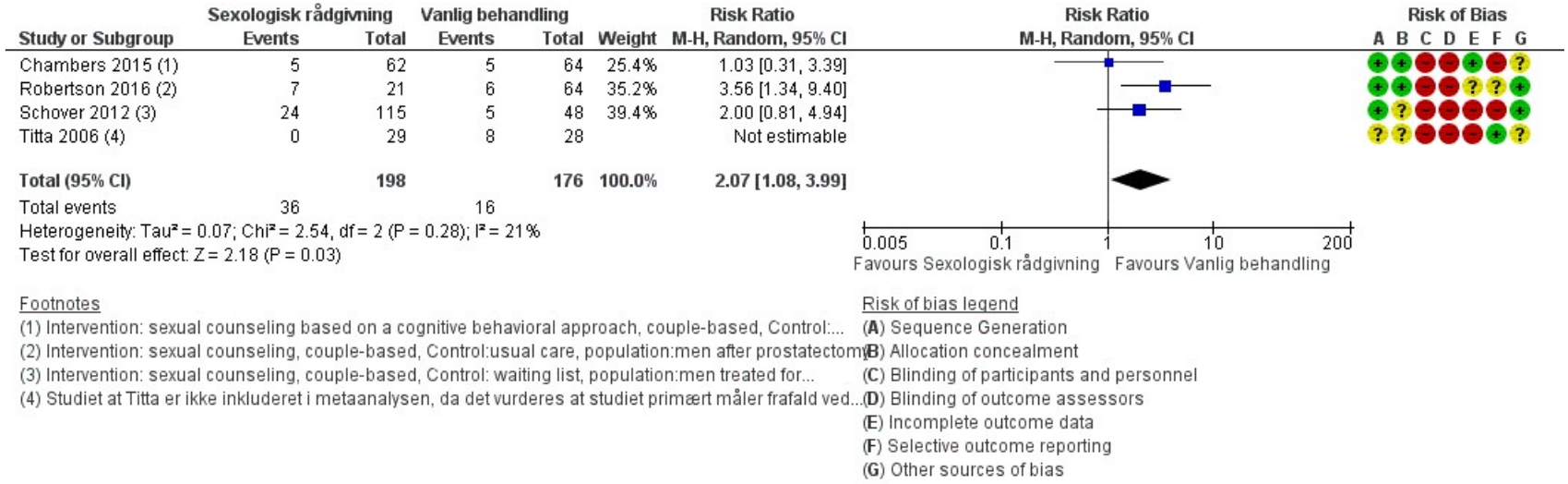
Forest plot of comparison: 1 Sexologisk rådgivning vs Vanlig behandling, outcome: 1.6 Tilfredshed med parforhold (satisfaction with relationship).

Figure 7 (Analysis 1.7)



Forest plot of comparison: 1 Sexologisk rådgivning vs Vanlig behandling, outcome: 1.7 Seksuel funktion hos partner (sexual function, partner).

Figure 8 (Analysis 1.8)



Forest plot of comparison: 1 Sexologisk rådgivning vs Vanlig behandling, outcome: 1.8 Frafald, alle årsager (dropouts, all cauces).