## **Social Support and** Health-Related Quality of Life **Among Gay and Bisexual Men** With Prostate Cancer

Benjamin D. Capistrant, ScD, Lindsey Lesher, MPH, Nidhi Kohli, PhD, Enyinnaya N. Merengwa, MD, MPH, MHAc, DrPHc, CPH, Badrinath Konety, MD, MBA, Darryl Mitteldorf, MSW, MPA, William G. West, PhD, and B.R. Simon Rosser, PhD, MPH, LP

**OBJECTIVES:** To describe social support patterns of gay and bisexual men with prostate cancer (GBMPCa) and how social support is associated with prostate cancer outcomes.

SAMPLE & SETTING: A cross-sectional online survey with 186 GBMPCa recruited from a national cancer support group network.

METHODS & VARIABLES: Descriptive statistics of social support and linear regression of social support on general and prostate cancer-specific quality of life (QOL). Social support and health-related QOL were assessed generally and specific to prostate cancer.

**RESULTS:** Participants primarily relied on partners or husbands, gay and bisexual friends, chosen family, and men from support groups for support. The most common types of support received were informational and emotional social support. Low general social support was significantly associated with worse prostate cancer symptom bother and general mental QOL. Wanting more social support was significantly associated with worse prostate cancer-specific and general QOL.

IMPLICATIONS FOR NURSING: Clinicians should be aware of the different social support networks and needs of GBMPCa and refer them to relevant support groups to improve QOL.

KEYWORDS bisexual men; caregiving; quality of life; homosexuality; prostate cancer; social support ONF, 45(4), 439-455.

**DOI** 10.1188/18.0NF.439-455

espite being the most common cancer among men, prostate cancer in gay and bisexual men is a severely under-researched area (Institute of Medicine, 2011; Quinn, Sanchez, et al., 2015; Wender, Sharpe, Westmaas, & Patel, 2015). Sexual minority men (including gay, bisexual, and other men who have sex with men) have higher prevalence of cancer, more risk behaviors, and lower access to health care, including cancer screenings (Boehmer & Case, 2004; Boehmer, Miao, & Ozonoff, 2011; Kamen et al., 2014). Reviews of the scant literature on gay and bisexual men with prostate cancer (GBMPCa) suggest that these men may have worse prostate cancer outcomes than heterosexual men (Rosser, Merengwa, et al., 2016; Ussher et al., 2016). GBMPCa have reported significantly lower healthrelated quality of life (QOL), masculine self-esteem, and satisfaction with treatment and higher psychological distress, cancer-related distress, and ejaculatory concern than heterosexual men (Ussher et al., 2016; Wassersug, Lyons, Duncan, Dowsett, & Pitts, 2013).

Social support is consistently associated with better prostate cancer outcomes, including QOL, emotional distress, and mortality (Colloca & Colloca, 2016; Du et al., 2012; Jan et al., 2016; Kamen, Mustian, et al., 2015). The most common conceptual framework for social support (Berkman & Glass, 2000) articulates that multiple dimensions of social support (instrumental, informational, appraisal, and emotional support) are provided through one's social network. Applied to prostate cancer, social support frameworks identify distinct points of support throughout prostate cancer diagnosis, treatment, and survivorship that have been active areas of research among heterosexual men, particularly instrumental support and caregiving after radical prostatectomy