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Patient-reported outcomes (PROs) have the potential to transform patient-related care.¹ PROs are reported directly from patients without interpretation by others and introduce a unique element into the patient-physician encounter.² Although PROs have clear advantages, we agree with our colleagues that they are far from perfect, owing largely to their subjectivity.³ We would add that it is not just their subjectivity that is their limitation, but that, individually, they do not even approximate the complexity of human experience. Despite this, PROs offer unique insight into a patient's experience and provide information on outcomes beyond morbidity and mortality, which is critical to patient care.⁴ Establishing the clinical usefulness of PROs is an ongoing process, and no one study can provide all the answers about the measurement properties of PROs.⁵ In addition, although measurement properties may be supported in some samples and under certain conditions, these same measurement properties may not be supported universally. It is important that we use PROs as part of a multimodal assessment of the patient experience if we wish to deliver top-notch personalized care to our patients.

After radical prostatectomy, erectile function generally declines⁶ and is directly associated with regret and distress.^{7,8} Typical outcomes focus narrowly on erectile function, an aspect of sexuality that is associated with anxiety and sadness after prostate cancer treatment. Recognizing that sexuality is a broader concept enables patients and couples to focus on sexual strengths that remain and can be leveraged. The Patient-Reported Outcomes Measurement Information System (PROMIS) Sexual Function and Satisfaction measurement system (SexFS) underwent thorough and rigorous evaluation.⁹ These measures present a unique opportunity to explore domains beyond the more traditional erectile function assessments. In our study, we had two main objectives.¹⁰ The first objective was to validate the use of the PROMIS SexFs Interest in Sexual Activity and Global Satisfaction with Sex Life single-item measures in this population. These measures are brief and efficient, and more information about their measurement properties are needed for clinicians and researchers to better understand their clinical usefulness, as Weinfurt and Flynn suggest. Our second objective was to better understand the relationship between these PROs and sexual function, in order to understand their application for prostate cancer survivorship.

Briefly, our analyses supported the measurement properties of the PROMIS measures in individuals

undergoing radical prostatectomy and indicated that these measures have a strong potential for evaluating survivorship outcomes in these individuals. Despite functional losses, men remain interested in and satisfied with sex. Like the International Index of Erectile Function, the PROMIS SexFs Interest in Sexual Activity and Global Satisfaction with Sex Life measures can detect granular changes and unforeseen treatment effects. In addition, they provide clinicians with information that should help foster clinical conversations about these difficult and sensitive topics. Ultimately, we hope that these types of measures can be used to help patients and clinicians work together to target attainable individualized goals. For example, if a man is not interested in sexual activity and has erectile dysfunction, he may not experience as much distress as a man with high interest and erectile dysfunction. This is an important distinction, because successful treatment depends on the consideration of sexual interest, satisfaction, and erectile dysfunction; similar treatment approaches in these men would result in vastly different treatment outcomes. Using these measures together is a step toward using patients' own self-assessment to provide feedback about the complexity of their sexuality after prostate cancer treatment, which can be the starting point for a discussion about rebuilding their sexual relationships.

We agree wholeheartedly with Weinfurt and Flynn, who astutely state that we should aim for a comprehensive, inclusive, and efficient approach to the measurement of PROs, and in this case, to the measurement of PROs after prostate cancer treatments, and that we should consider the inclusion of the PROMIS Interest in Sexual Activity and Global Satisfaction with Sex Life measures. Sexuality is an important aspect of health-related quality of life, and ensuring that we have assessment tools that have strong psychometric properties and provide valuable clinical information has the potential to reduce decisional regret, increase self-efficacy, and empower our patients as opposed to impose frustration, which may ensue if we continue to focus only on erections. Moreover, these PROs present an opportunity to provide a comprehensive and personalized approach to treatment. Clinicians and researchers alike, however, must also embrace these additional measures if we are to make progress. As we journey toward comprehensive PROs in prostate cancer survivorship, the road will certainly be rocky, but continued research and collaboration in this area is critical.

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