

LONG-TERM RESULTS ON DISEASE SPECIFIC QUALITY OF LIFE AND SATISFACTION WITH INFORMATION AFTER RADICAL PROSTATECTOMY, RADICAL EXTERNAL BEAM RADIATION THERAPY AND POST OPERATIVE RADIATION THERAPY

Hypothesis / aims of study

Prostate cancer is the leading cancer disease among men in the western world. Radical primary and secondary prostate cancer treatments are associated with changes in disease specific quality of life (QOL). A reduced QOL in the domains sexual, urinary, bowel and hormonal function are recognized to persist over time. A major task for health care providers in prostate cancer care is to help and support patients to cope with side effects related to cancer treatment. Assessments of QOL and satisfaction with care offer valuable information to give health care providers input to plan the content of patient care. The aims of the present study are to increase knowledge about patients symptoms and experiences long term after radical treatment for prostate cancer, by comparing disease specific QOL and satisfaction with information received from health care, 3-4 years after radical prostatectomy, radical external beam radiation therapy and post operative external beam radiation therapy. Furthermore, to analyze the relationship between disease specific QOL and satisfaction with information. Based on this new knowledge, future health care service for these patients can be tailored to their needs and thus be improved.

Study design, materials and methods

This study has a cross-sectional survey design and all data are collected by self-report using standardized validated mailed questionnaires with one reminder. The study was conducted at a university hospital in Norway. All men, 176, being treated with either radical prostatectomy or/and radical external beam radiation therapy at the hospital between January 2008 to December 2008, and was still alive in the autumn 2011, were invited to participate. Prostate cancer specific QOL was measured by using the 50-item Expanded Prostate Cancer Index Composite instrument. Selected questions developed and validated by the Norwegian Knowledge Centre for the Health Service, was used to collect baseline demographic data of age, marital status, educational level, language and employment, as well as questions assessing satisfaction with received information. To compare demographic and clinical variables, differences in satisfaction and QOL, and relationship between satisfaction and disease specific QOL, Chi-squared tests, correlations and linear regression analyses, were used as appropriate.

Results

Completed questionnaires were obtained from 143 participants (81%), where 27% had received radical prostatectomy, 41% radical external beam radiation therapy, and 32% had undergone both treatments.

Except that radiation therapy was associated with less urinary incontinence and better urinary function, there were no significant differences between groups regarding disease specific QOL scores. Sexual QOL was reported very low in all three groups. Having undergone surgery was associated with reporting having received more information and also higher satisfaction with information scores. This group also reported to be more satisfied with written information and with information about health problems they could get in the future, but these differences were not significant. Urinary function was a predictor of satisfaction with information, where having more bother was related to less satisfaction with information. It was a significant and positive correlation between the satisfaction with information sum score and all of the disease specific QOL sum scores.

Interpretation of results

This study has demonstrated that patients reports high levels, i.e. few problems, in disease specific QOL in several areas 3-4 years after being treated for prostate cancer. The domain where there is poorest QOL is in sexual function. Even if there are few differences between groups in QOL, one of the groups reported to have received more information, and was more satisfied with information, than the other treatment groups. Having received more information appear to be associated with better disease specific QOL.

Concluding message

Based on the results from our study the long-term QOL is being affected by all treatments and there seem to be a benefit of structured information and patient education for all men going through primary and secondary radical prostate cancer treatment, not only for patients undergoing surgery as is the case in our clinical practice today.

Disclosures

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