

A STUDY OF URINARY SYMPTOMS ACCORDING TO TREATMENT MODALITY IN PATIENTS WITH PROSTATE CANCER

Hypothesis / aims of study

As the incidence of prostate cancer rises, various treatment modalities have been performed. Thus, we studied patients' urinary symptoms in accordance with treatment modality for prostate cancer.

Study design, materials and methods

Between January 2006 and June 2010, 242 patients who underwent a laparoscopic radical prostatectomy (LRP), radical retropubic prostatectomy (RRP), hormonal therapy (HT) or radiotherapy (RT) for prostate cancer were investigated. Of 242 patients, 215 were included in this study, except 11 who were still suffering from urinary incontinence and 16 who underwent combination treatment. The patients were classified according to the modality of treatment. The LRP group included 36 patients; the RRP group included 11; the HT group included 149; and the RT group included 29. We assessed the changes of urinary symptoms using the International Prostate Symptom Score (IPSS), quality of life (QoL) score, maximal urinary flow rate (Q_{max}) and postvoid residual volume (PVR) before and 1 and 2 years after treatments.

Results

The mean age of the patients was 72.8 years (50-88 years), and the mean pre-operative s-PSA was 36.2ng/mL (4.32-180.4ng/mL) and the mean gleason score was 7.94 (6-10). In LRP and RRP groups, there were no significant differences in the scores of irritative symptom in IPSS and QoL and the objective parameters including the results of uroflometry and post-void residual (PVR) urine measurement. However, the obstructive symptom scores were statistically improved ($p=0.041$; $p=0.024$). In HT group, there was no significant difference in the objective parameters, and IPSS but QoL scores were statistically improved ($p=0.035$). In RT group, the objective parameters and the obstructive symptom scores of IPSS did not present any statistical significance, but the QoL scores were statistically improved ($p=0.039$). And the irritative symptom scores of IPSS were statistically worsened ($p=0.043$).

Interpretation of results

According to the modality of treatment for prostate cancer, the obstructive symptom scores got better in surgical treatment groups. In HT and RT group, QoL scores were statistically improved. However, the irritative symptom scores were worsened in the RT group.

Concluding message

The urinary symptoms and QoL of patients should be considered in selection of treatment modality for prostate cancer.

Disclosures

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