498

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QUALITY OF LIFE AT TIME OF DIAGNOSIS OF PROSTATE CANCER: PRELIMINARY RESULTS OF THE PROS-IT CNR STUDY

<u>Hypothesis / aims of study</u>
Physical and mental health, urinary symptoms and erectile function of men with a newly diagnosed prostate cancer (PCa) are determinant for the clinical outcomes after radical treatment. Aim of present study is to evaluate in a large cohort of consecutive patients the general health and the cancer-specific QoL at the time of the diagnosis of PCa.

<u>Study design, materials and methods</u>
The quality of life (QoL) of the enrolled patients was assessed by SF-12 (PCS=Physical Component Summary and MCS=Mental Component Summary) and UCLA-PCI (UF,UB=Urinary Function/Bother; SF,SB=Sexual Function/Bother; BF,BB=Bowel Function/Bother). The differences between subjects enrolled in urologic centers [URO] and radiatherapic and oncology centers [RO] were evaluated through the Generalized Linear Model procedure on the ranked data, adjusting for age at diagnosis. Spearman's rho non-parametric correlation coefficients between symptoms and bother were also calculated.
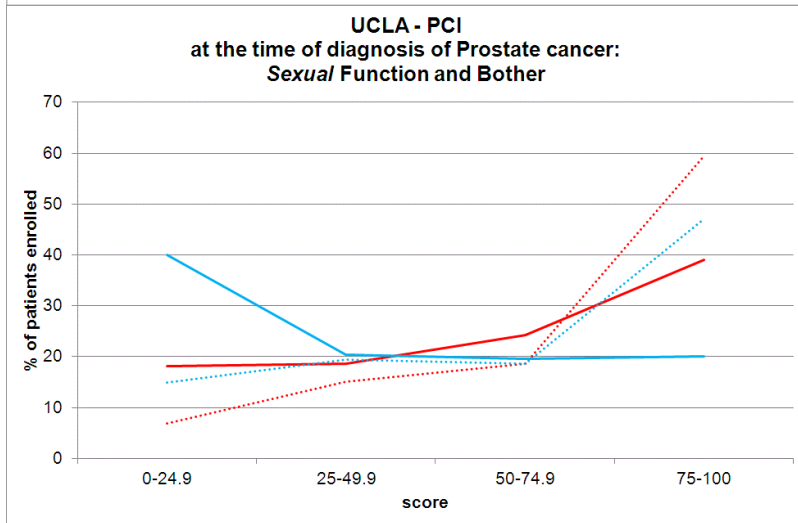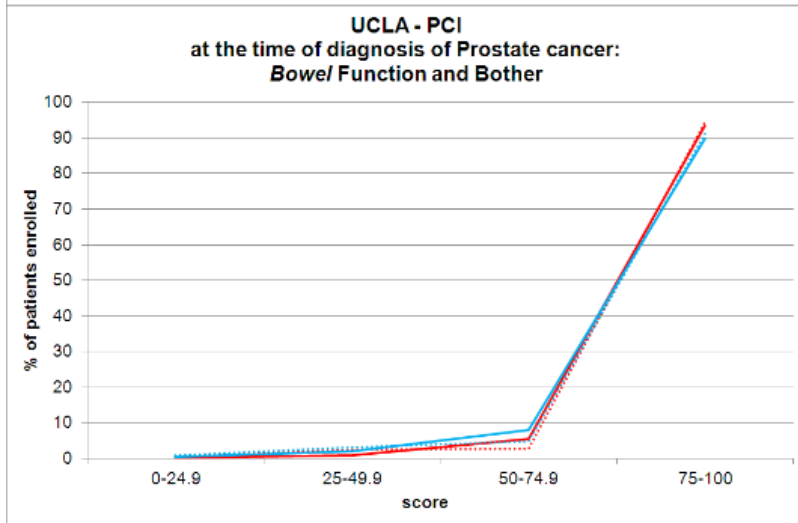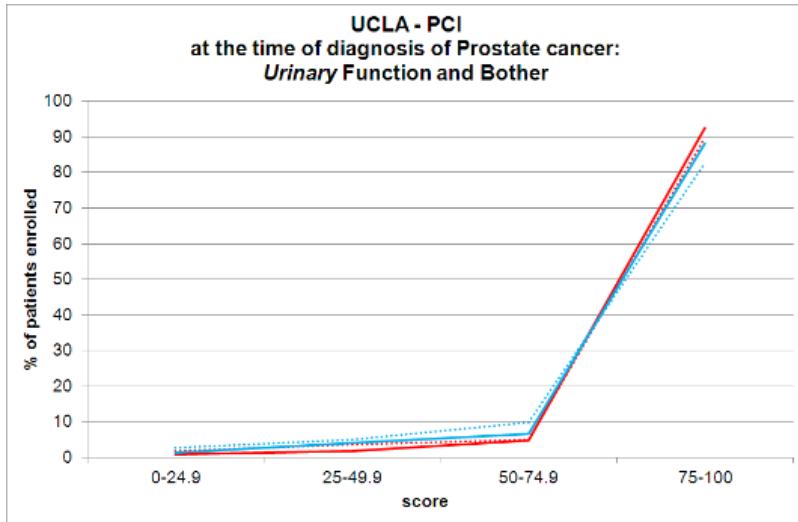
<u>Results</u>
1684 men were enrolled: 996 patients (59.1%) in URO, 688 (40.9%) in RO centers. The average PCS was 51.8 ± 7.5, while the average MCS was 49.3 ± 9.6. The average UCLA-PCI score at enrollment were: UF:93.1 ± 15.9, UB:88.5 ± 23.5, BF:93.8 ± 13, BB:93.6 ± 17.8, SF:49.4 ± 32.1, SB:64 ± 35.1. Age, was the main determinant of the general and prostate cancer specific health (all items: <0.01).

<u>Interpretation of results</u>
We reported remarkable differences between URO vs. RO populations in MCS (48.8 ± 9.6 vs. 50.1 ± 9.6, p=0.0446), but not in PCS (52.2 ± 7.3 vs. 51.2 ± 7.7, p=0.8858). Moreover, we identified significant differences between URO and RO patients regarding urinary symptoms (UF: 94.1 ± 14.7 vs. 91.6 ± 17.5, p=0.0350; UB: 90.9 ± 21.7 vs. 85 ± 25.7, p<0.0001), sexual activity (SF: 56.8 ± 30.6 vs. 38.6 ± 31.2, p<0.0001, SB: 68.2 ± 33.2 vs. 57.8 ± 36.8, p=0.0001) and bowel function (BF: 94.9 ± 11.6 vs. 92.2 ± 14.7, p=0.0015). We reported a strong or moderate correlation between UF-UB (a) and BF-BB (b) in both URO and RO populations ($0.5\leq rho\leq0.63$), while we found remarkable differences between SF-SB (c) in the subgroup of RO men (rho=0.38, indicating a weak correlation, see figure).

<u>Concluding message</u>
Pros-IT CNR is a multicenter, observational, prospective cohort study on PCa in Italy. The preliminary data, regarding the QoL at time of diagnosis underline the remarkable differences between men enrolled in URO vs. RO centers, in particular, regarding mental health and sexual activity.

UCLA - PCI
at the time of diagnosis of Prostate cancer:
***Urinary* Function and Bother**

UCLA - PCI
at the time of diagnosis of Prostate cancer:
***Bowel* Function and Bother**

UCLA - PCI
at the time of diagnosis of Prostate cancer:
***Sexual* Function and Bother**