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COMORBIDITIES AND CONCOMITANT MEDICATIONS AT TIME OF DIAGNOSIS OF PROSTATE CANCER: DATA FROM THE PROS-IT CNR STUDY

Hypothesis / aims of study

Prostate cancer (PCa) is a significant health concerns and increase in prevalence as the population ages. Several comorbidities may coexist in elderly men affected by PCa, requiring several medications. Aim of the present analyses based on Pros-IT CNR (a multicenter, observational, prospective cohort study) is to evaluate the comorbidities and the medications of men with PCa at the time of the diagnosis.

Study design, materials and methods

A structured interview was used to record comorbidities and drugs assumptions. The severity of comorbidities was measured by the Cumulative Illness Rating Scale. Drugs used by patients were classified using the Anatomical Therapeutic Chemical classification. Quality of life was assessed by the 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 the characteristics of the men enrolled in urologic [URO] and radiotherapeutic and oncology centers [RO] were assessed, adjusting for age at diagnosis, considering logistic regression or generalized linear models on the ranked data.

Results

1684 patients were consecutively enrolled: 996 patients (59.1%) in URO and 688 (40.0%) in RO centers: CIRS data were available 1637. Moderate, severe or very severe diseases (MSVS), according to CIRS, were recorded in: a) 445 subjects (27.2%) at vascular, lymphatic or hematopoietic level b) 304 (18.6%) at cardiac apparatus, c) 231 (14.2%) at gastro-enteric localization, d) 163 (10%) at neurologic site. The presence of ≥ 3 MSVS comorbidities had a significant negative impact on PCS, MCS, UB, BF and BB, SF as compared to 0-2 MVSV comorbidities (all $p < 0.001$).

After age-adjustment, diabetes was more frequent in RO center vs. URO (18.4% vs. 11.4%, $p = 0.0082$). Moreover, men enrolled in URO centers were more frequently affected by MSVS gastroenteric disease (18.8% vs. 7.5%), abdominal hernia (5.7% vs. 4.8%), and neurogenic disease (11.4% vs. 7.9%).

74.3% of the enrolled men take drugs for the circulatory system, 36.7% of men was under treatment with antithrombotic agents, 34.2% for the digestive system (21.8% for acidosis) and metabolism (14.4% hypoglycemic drugs). About a third of the patients enrolled in the study (31.6%) used urological drugs (for LUTS or ED). We find a significant difference between URO and RO populations regarding the use of antithrombotic agent: 32.5% URO vs. 44% RO ($p = 0.0377$).

Interpretation of results

Our preliminary data demonstrate that number and severity of comorbidities had a remarkable negative impact on QoL of men at diagnosis of PCa. Moreover, men enrolled in urologic centers present a different pattern of associated diseases and medications as compared to those enrolled in radiotherapeutic/oncologic centers that can determine the treatment choice and the clinical outcomes.

Concluding message

The pre-treatment assessment of patient characteristics and comorbidities is critical to focus the best therapeutic option, the multidisciplinary approach guarantees the opportunity to consider every aspects of the disease.

Disclosures

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