

TREATMENT DECISION REGRET IN MEN WITH EARLY-STAGE PROSTATE CANCER: FINDINGS FROM THE UK-WIDE LIFE AFTER PROSTATE CANCER DIAGNOSIS (LAPCD) STUDY.

Sarah Wilding¹, Eila Watson² (presenter), Peter Selby¹, William Cross⁵, Amy Downing¹, Penny Wright¹, Richard Wagland³, David Donnelly⁴, Adam Glaser^{1,5*}, Anna Gavin^{4*} on behalf of the LAPCD study team. *Joint Senior Authors.

Institutions: 1. University of Leeds; 2. Oxford Brookes University; 3. University of Southampton; 4. Queen's University Belfast; 5. Leeds Teaching Hospitals

Background

- Prostate cancer (PCa) is the most common cancer affecting men in the UK
- Men and their families are frequently presented with a choice at the time of diagnosis between therapeutic strategies that vary in intensity and side effect profile.
- This may result in retrospective regret over the treatment choices made.

Aim:

To investigate which sociodemographic, clinical, and treatment-related factors are associated with decision regret in men with localised prostate cancer.

Methods

- Cross-sectional postal survey of all men diagnosed with PCa in the UK 18-42 months previously.
- Validated patient reported outcomes covering generic and PCa specific domains alongside sociodemographic, psychological and social outcomes.
- Men also completed 'involvement in decision making' question.
- Decision regret was assessed using the validated Decision Regret Scale (Brehaut et al., 2003).

Decision regret scale

- It was the right decision
- I regret the decision that was made
- I would make the same decision if I had to do it again
- The decision did me a lot of harm
- The decision was a wise one

The decision regret scale is scored out of 100.

Decision regret was categorised as:



Results

- 12,857 men with localised disease completed the Decision Regret Scale.

37% of men report no decision regret



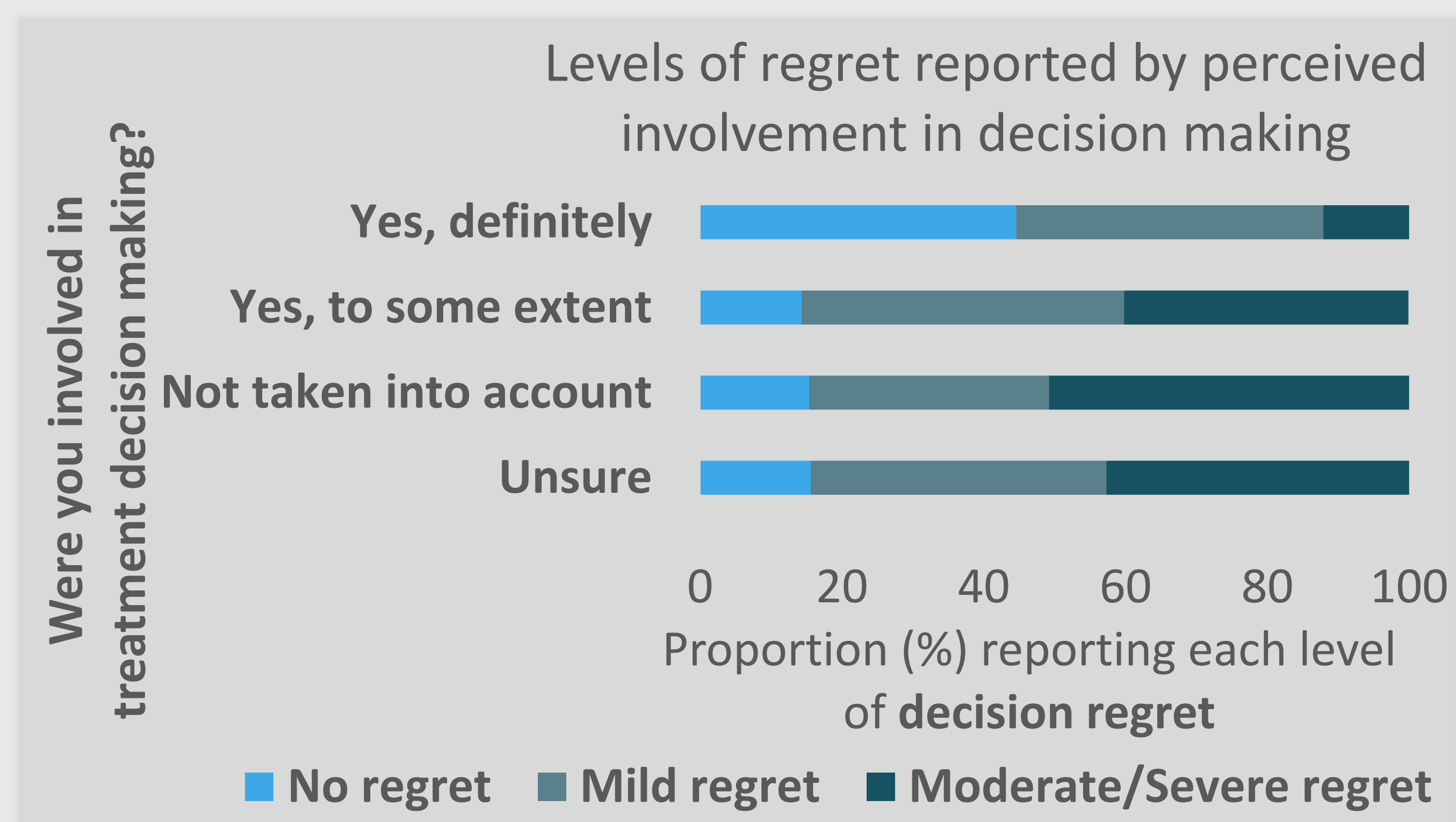
43% of men report mild regret



20% reported moderate/severe regret



Multivariate ordinal regression found **involvement in treatment decision making** as the factor with the strongest association with decision regret.



Men who indicated they were 'definitely' involved in decision making were less likely to report regret than those who reported they were involved 'to some extent' (OR, 4.52, 95% CI 4.17-4.90) or were not involved (OR, 6.06, 95% CI 5.08, 7.22).

- Androgen Deprivation Therapy, non-white ethnicity, being unemployed and having ≥3 co-morbidities were also associated with greater regret.

Conclusions

- Involvement in decision making is key to experience of treatment decision regret.
- It is important to assess the level of involvement men desire and tailor the clinical decision making process.

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