

Life After Prostate Cancer Diagnosis: A UK population-wide study of functional outcomes and health-related quality of life in men with advanced and localised cancer

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Background

Prostate cancer (PCa) outcome studies frequently focus on localised cancer and little is known regarding advanced disease. The Life After Prostate Cancer Diagnosis (LAPCD) study is a large-scale population-wide evaluation of patient-reported outcomes in men with PCa, including all stages of disease and all treatments. **We describe functional outcomes and health-related quality of life (HRQL) in men with advanced and localised disease.**

Method

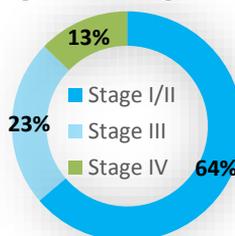
Men diagnosed 18-42 months previously were identified through cancer registration data in each United Kingdom (UK) nation.

Postal surveys were used to collect data on:

- functional outcomes (EPIC-26 plus use of interventions for sexual dysfunction);
- generic HRQL (EQ-5D-5L and self-assessed health [SAH; rated 0-100])

Stage at diagnosis was obtained from cancer registration data and treatment was self-reported.

Stage at diagnosis



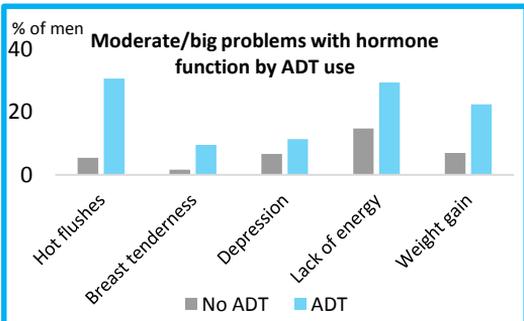
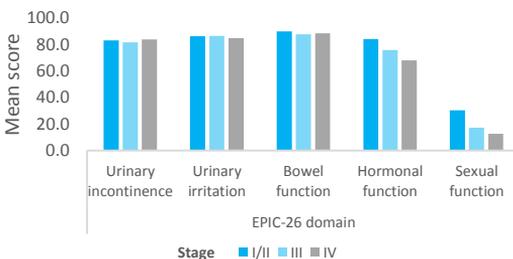
Results

35,823 (60.8%) men responded; median age 71 years.

Stage at diagnosis was known for 85.8% of respondents; 63.8% stage I/II, 23.5% stage III, 12.8% stage IV.

Overall HRQL reports were good. SAH was 6 points lower in men with stage IV disease (71.6) compared to men with localised cancer (77.8), but this difference was greater in younger men (<55 years: 68.7 stage IV vs. 78.5 localised).

Mean score for EPIC-26 domains by stage



Urinary and bowel function were generally good, whilst sexual function was poor regardless of disease stage. Few men received help for sexual dysfunction (55.8% offered no intervention).

Men treated with androgen deprivation therapy (ADT) reported substantial problems with hormonal function and fatigue.

A quarter of men with stage IV disease reported no problems on any EQ-5D dimension (compared to 42.1% stage I/II, 56.4% stage III).

Conclusions

18-42 months after diagnosis of PCa, loss of HRQL through ADT is common and is more pronounced in younger men. A high proportion of men report sexual dysfunction and few receive sufficient help.

The good overall HRQL allows clinicians to present positive goals for quality of survival after PCa, including for many diagnosed with advanced disease.

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