

Life After Prostate Cancer Diagnosis: A UK-wide health-related quality of life outcomes study

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Background

- Prostate cancer (PCa) outcome studies are frequently restricted to specific disease stages or treatments
- Interpretation may be restricted through selection bias and lack of comparable general population data
- The Life After Prostate Cancer Diagnosis study has collected population-level data from men across the UK

Aim:

- To evaluate functional outcomes and health-related quality of life (HRQL) in men 18-42 months post-diagnosis of PCa, irrespective of disease stage or treatment

Methods

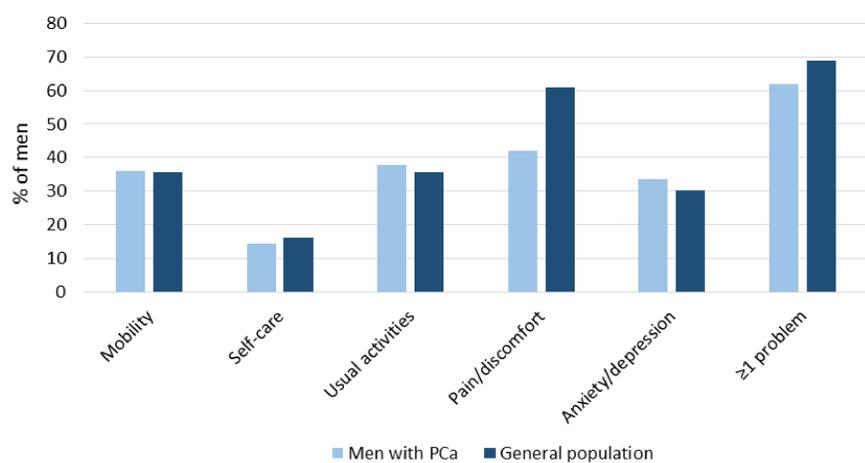
- Cross-sectional postal survey of all men diagnosed with PCa in the UK 18-42 months previously
- Stratified sample of 10,000 men in Northern Ireland (excluding men with a previous diagnosis of PCa) provided a general population comparison
- Measures included EQ-5D-5L, self-assessed health rating, EPIC-26 and use of interventions for sexual dysfunction
- Data from the general population were weighted by age and deprivation to match the PCa data

Study cohorts

- 35,823 men with PCa (60.8% response)
- Median age 71 years; 54.7% stage I/II, 20.1% stage III, 11.0% stage IV (stage unknown: 14.2%)
- 2,955 men from the general population (29.6% response)
- Median age 68 years

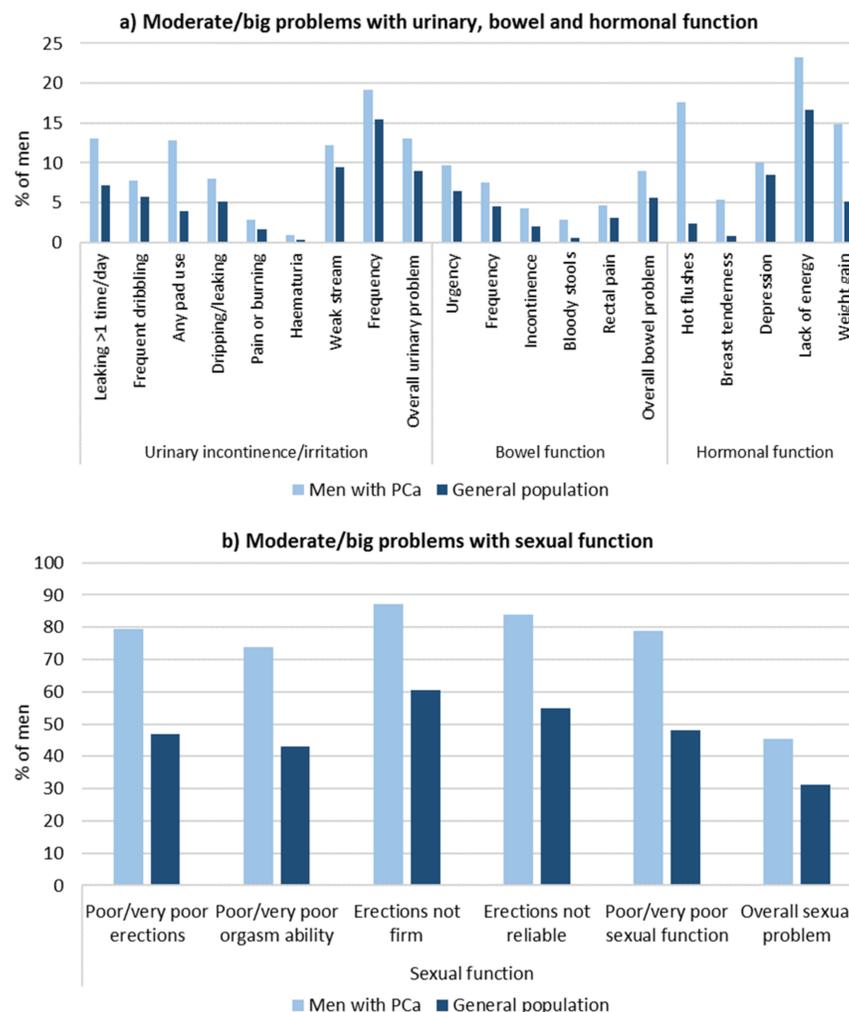
Health-related quality of life

Problems on EQ-5D dimensions (any level)



Self-assessed health (100=best possible health)
Men with PCa: 76.6; General population: 78.4

Functional outcomes



Use of interventions to improve sexual function

In men with PCa:

- 41%** were offered **medications** to aid or improve erections
- 23%** were offered **devices** to aid erections
- 15%** were offered **specialist services** to help with sex life
- 43%** were offered **one or more** of these interventions
- Of those offered intervention(s), **39%** found them **helpful**

Conclusions

- Men living 18-42 months after diagnosis of PCa report similar overall HRQL compared to the general population
- However, men experience significant functional problems, particularly sexual dysfunction and support is not always offered
- Service improvements are required to address these issues to further enhance the quality of survival for men living with and beyond prostate cancer
- Further analysis will focus on the difference in outcomes between men with localised and advanced disease