

Quality of survival among symptomatic compared to PSA-detected prostate cancer survivors

Project objectives

Quality of life among prostate cancer survivors is known to vary by type of treatment received. It is also known to vary by the personal characteristics of men such as age and whether they have additional medical conditions. However, less is known about differences in quality of life by the reason why men were originally suspected as having prostate cancer. In other words, do men diagnosed with prostate cancer after having visited a GP with symptoms have a different quality of life than men who had no symptoms but were diagnosed with prostate cancer after a positive PSA-test? We investigate this question by examining differences in reported urinary, bowel, sexual and hormonal problems between symptomatic and PSA-detected men.

What we did

A UK wide survey of prostate cancer survivors who had been diagnosed in the previous 18-42 months was carried out in late 2015 and throughout 2016. The men who received the survey were asked questions on any urinary, bowel and sexual problems they were having along with questions on hormone-related conditions such as fatigue and depression. Each man was also asked questions about themselves and their cancer such as their age, whether they had any long-term medical conditions, what type of treatment they received, and how they were diagnosed. The last of these questions gave a range of options, with possible responses including “attended my GP with urinary symptoms” or “had no symptoms and I asked my GP to measure my PSA”. These responses allowed us to assign men to either being symptomatic or PSA-detected at the time of diagnosis. We then used the data collected to compare quality of life between symptomatic and PSA-detected men, taking account of the fact that these two groups of men can have different characteristics and receive different types of treatment.

Our results

We found that prostate cancer survivors who had symptoms at diagnosis reported poorer quality of life than those identified using a PSA-test. In particular, they reported more difficulty with urinary incontinence and had more irritation when urinating. They also reported more bowel problems, poorer sexual function and less vitality, such as more fatigue and depression. Differences between the two groups of men were present regardless of what age the men were, the stage which the disease was diagnosed at, and the treatment type the men had received.

Conclusions and implications for service improvement

Prostate cancer survivors who had symptoms at diagnosis reported poorer quality of life than survivors who had no symptoms at diagnosis and were detected using a PSA-test. Differences were not a result of having different treatment types, being diagnosed at a later stage or personal characteristics such as age. The most likely explanation for differences is that symptomatic men had poorer general health prior to diagnosis. As a result, men with symptoms at the time of diagnosis are more likely to need additional aftercare once any treatment for prostate cancer has finished.