

PROSTATE CANCER OUTCOMES

LIFE AFTER PROSTATE CANCER DIAGNOSIS

Decision regret in men treated with curative intent for prostate cancer: results from the Life After Prostate Cancer Diagnosis study

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Poster Wagland et al: The quality of treatment decision-making amongst men with prostate cancer: preliminary qualitative findings from the Life After Prostate Cancer Diagnosis (LAPCD) study

Incidence and survival

- Prostate cancer (PCa) is the commonest cancer in men in the United Kingdom (UK)

- Stage 1: 30% of cases

- Stage 2: 20% of cases



almost everyone will survive their
cancer for 5 years +

- Stage 3: 19% of cases



almost 95% will survive their
cancer for 5 years +

Cancer Research UK

Treatment options

Treatment options for stage 1 & 2 prostate cancer

- Active surveillance (no treatment)
- Surgery
- Radiotherapy
- May go on to receive androgen-deprivation therapy - ADT (hormones)

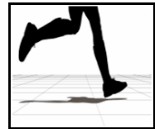
Treatment options for stage 3 (locally advanced) prostate cancer

- Try and cure the cancer - often with multiple radical treatments
- Accept incurability and go to Watchful Waiting (no treatment)

Patient Reported Outcomes



- Urinary



- Bowel

- Sexual



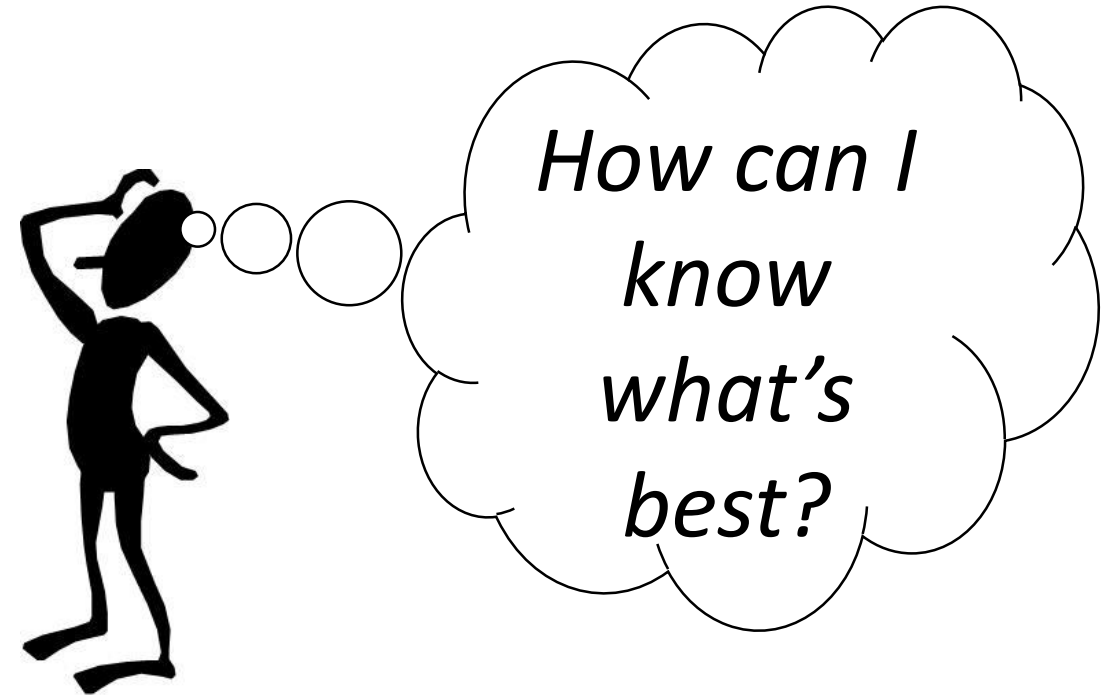
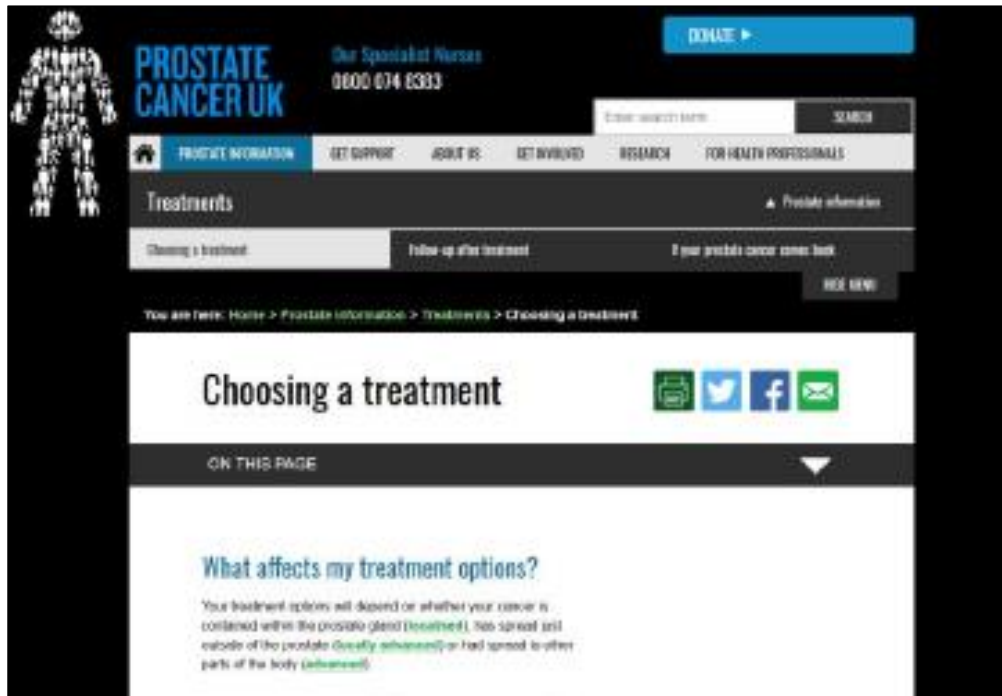
- Masculinity

- Anxiety



Treatment decision making

Shared decision making is encouraged



Study Design

- Identified: Cancer Registration
- 18-42 months post diagnosis
- Cohort 1:
 - survey twice (12 months)
 - subset interviewed
- Cohort 2: survey once (England)
- Patient Reported Outcome Measures (PROMs)
- Data linkage



Downing et al. 2016, BMJ Open;6(12).

Study Design



- Cohort 1, Time 1, England only
- PROMs
 - The Decision Regret Scale Brehaut et al. 2003, Medical Decision Making.;23(4):281-92.
 - Item on decision participation

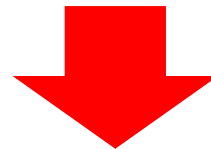
“Do you think your views were taken into account when the team of doctors and nurses caring for you were discussing which treatment you should have?”
 - EPIC-26 Wei et al, 2000; Urology. 56(6):899-905.
 - Five subscales (urinary x 2, bowel, sexual, hormonal)

Preliminary results

30,465 men participated (60%)



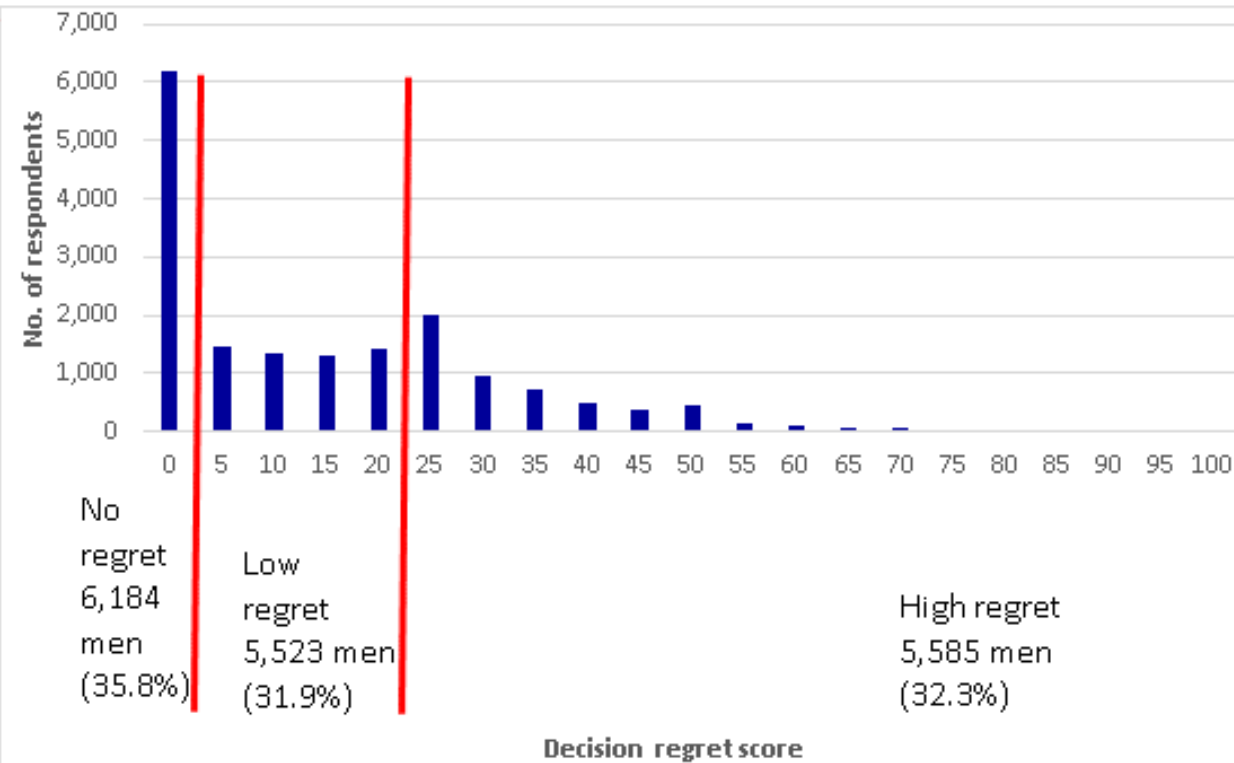
23,001 men were stage 1-3



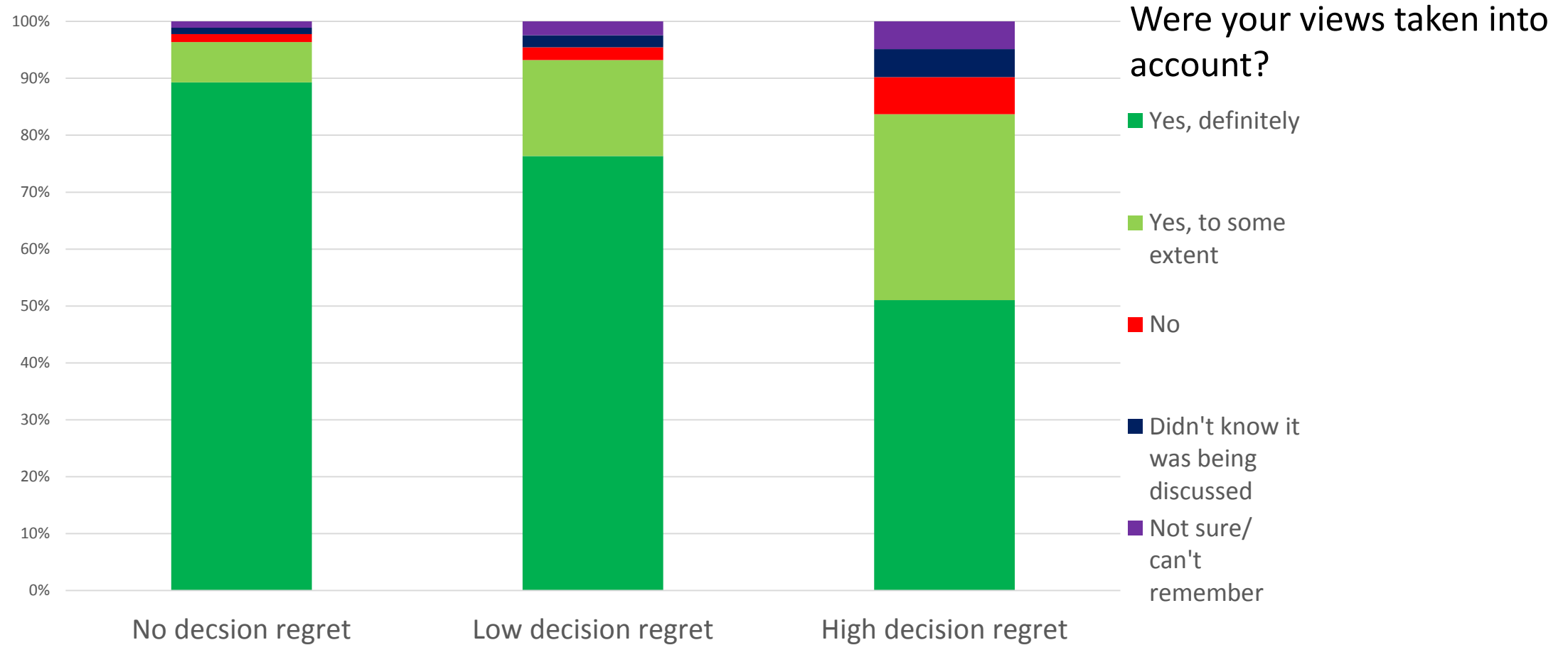
17,292 (75.2%) completed the Decision Regret Scale



Decision regret



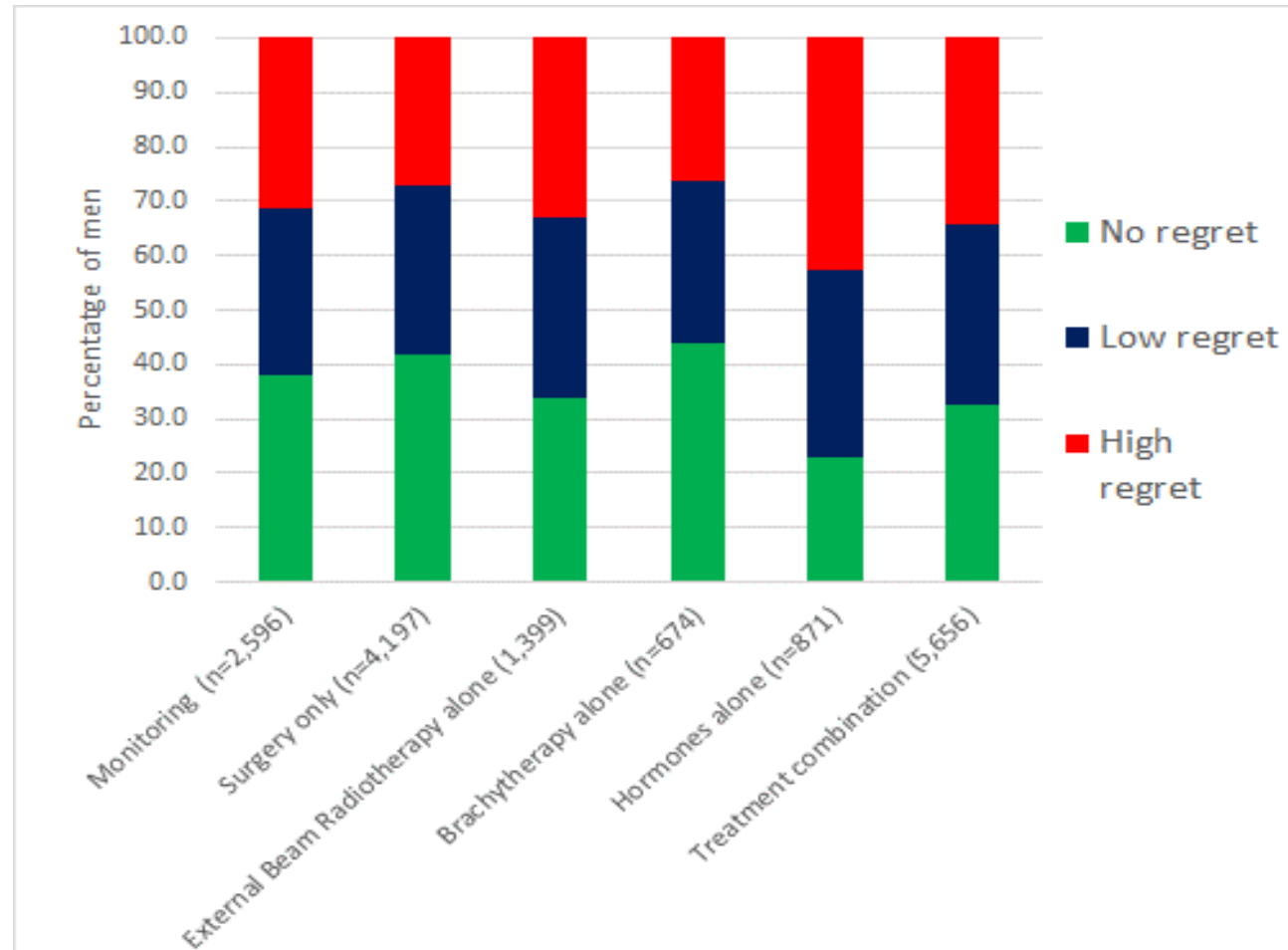
Decision involvement & regret



Decision regret & treatment

Least regret

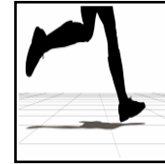
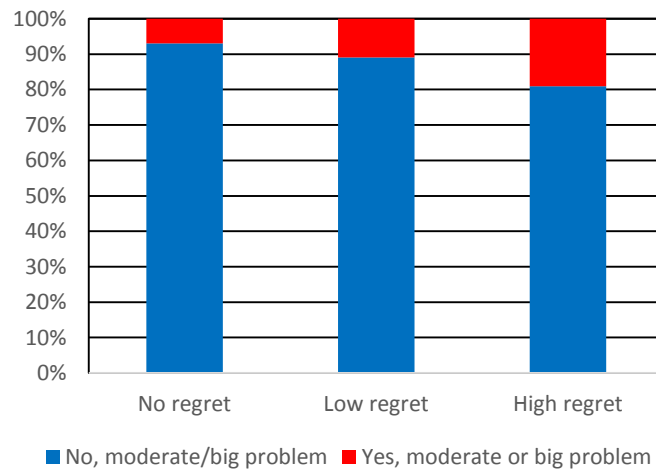
- surgery alone
- brachytherapy alone
- monitoring (no treatment)



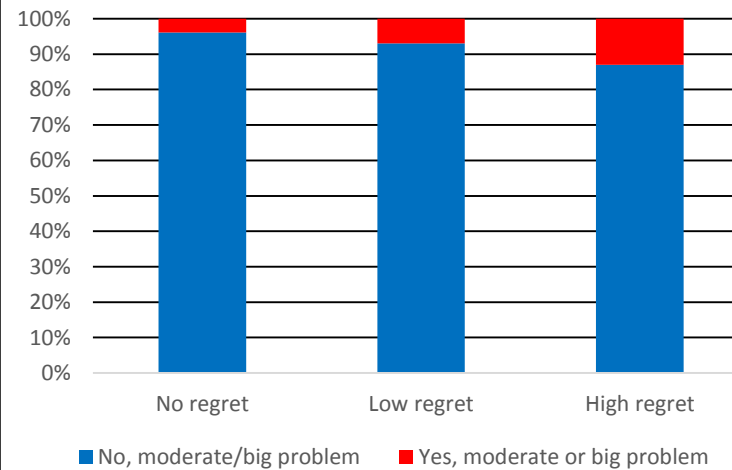
Decision regret & PROMs



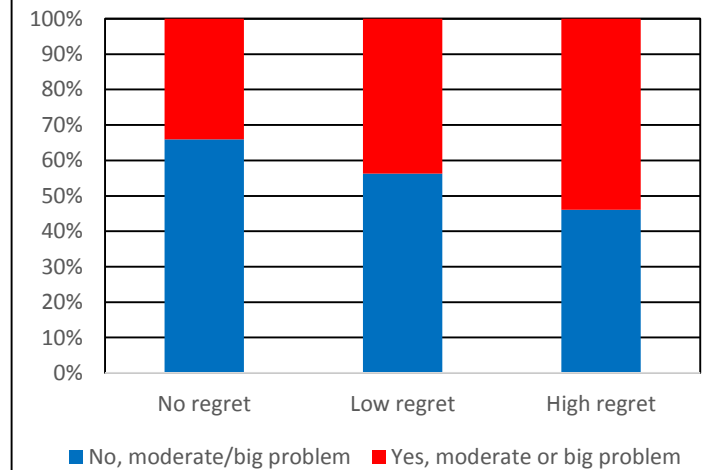
Moderate or big urinary problem



Moderate or big bowel problem



Moderate or big sexual problem

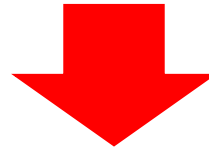


Conclusions

- 73% of men reported their views were definitely taken into account
- Decision regret was experienced by >60 % of men
- We don't know if they would have regretted a different treatment choice
- Less regret is associated with
 - ❖ Reporting being involved in the decision making process
 - ❖ Brachytherapy, surgery alone and monitoring
- Regret is associated, to an extent, with the level of 'problem' experienced

Next

- Need to undertake more complex analysis/modelling
 - Include sociodemographic variables (e.g. age)
 - Include clinical variables (e.g. co-morbidity)
- Need to separate stage 1 & 2 from stage 3 to check if results remain constant
- Include data from the devolved nations



We would like to provide men and clinical teams with knowledge of specific personal issues for the men to consider when making their treatment choice, based on the findings of this population based study

Thanks to



All the men who took part
The LAPCD User Advisory Group
The LAPCD Clinical & Scientific Advisory Group
Prostate Cancer UK and MOVEMBER