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Title: Patient-reported outcomes in men with advanced and localised disease: Results from the UK-wide Life After Prostate Cancer Diagnosis study

Amy Downing, Penny Wright, Sarah Wilding, David Donnelly, Luke Hounsome, Eila Watson, Richard Wagland, Hugh Butcher, Paul Kind, Peter Selby, James Catto, William Cross, Dyfed Huws, David Brewster, Anna Gavin*, Adam Glaser*
*Joint Principal Investigators

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. Here we report the functional outcomes and health-related quality of life (HRQL) of 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 interventions for sexual dysfunction) and generic HRQL (EQ-5D-5L and self-assessed health [SAH; rated 0-100]), alongside sociodemographic and treatment information.

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. Poor sexual function was common (78.9%), regardless of disease stage and few men received help for this (medication: 41.4%; devices: 22.6%; specialist services: 14.8%; 56.5% offered no intervention). Androgen deprivation therapy (ADT) use was associated with poorer HRQL, hot flushes and lack of energy. A quarter of men with stage IV disease reported no problems on any EQ-5D dimension (compared to 42.1% stage I/II, 36.4% stage III). 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.

Conclusion: 18-42 months after diagnosis of PCa, a high proportion of men report sexual dysfunction and less than half were offered intervention. Loss of HRQL through ADT is common and is more pronounced in younger men. The good overall HRQL allows clinicians to present positive goals for quality of survival after PCa, including for many diagnosed with advanced disease.