Quality of life after treatments for prostate cancer

Radical prostatectomy, external beam radiotherapy, brachytherapy, and active surveillance were associated with differing patterns of adverse events and quality-of-life scores in men with newly diagnosed, localised prostate cancer, according to a population-based, prospective cohort study.

Ronald Chen (University of North Carolina, Chapel Hill, NC, USA) and colleagues assessed quality of life by telephone using the validated Prostate Cancer Symptom Indices (PCSI), which scores each symptom domain from 0–100 (higher scores indicate worse dysfunction). Each participant was called before they received treatment, and at 3, 12, and 24 months after treatment.

Of 1141 participants, 469 (41%) received prostatectomy, 109 (10%) brachytherapy, 249 (22%) external beam radiotherapy, and 314 (28%) active surveillance. At 3 months, worsened sexual dysfunction was found in patients who received radical prostatectomy (36·2 [95% CI 30·4–42·0]), external beam radiotherapy (13·9 [6·7–21·2]), and brachytherapy (17·1 [7·8–26·6]); urinary incontinence worsened in patients who had radical prostatectomy (33·6 [27·8–39·2]); urinary obstruction and irritation worsened with external beam radiotherapy (11·7 [8·7–14·8]) and brachytherapy (20·5 [15·1–25·9]); and worsened bowel symptoms were found in patients who received external beam radiotherapy (4·9 [2·4–7·4]). However, by 24 months, scores did not differ significantly between groups for most domains.

Chen said, “This is the first large-scale, prospective study to provide information [about quality of life] regarding modern surgery and radiation techniques, compared with active surveillance. We found that radical prostatectomy still causes more urinary leakage and sexual dysfunction than the other treatment options. However, patients who received modern radiation treatment or brachytherapy had very similar quality of life as active surveillance patients at 2 years.” Manish Kohli (Mayo Clinic, Rochester, MN, USA) added, “After a cancer diagnosis, the two foremost questions in the mind of a patient are ‘How long will I live, and how well will I live?’ The study by Chen and colleagues provides a handy decision aid on how well patients will live after each treatment modality. This will help physicians and patients to make a shared decision based on not just therapeutic efficacy, but also on the risks of interventions.”

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