

# Baseline Functional Status May Predict Decisional Regret Following Robotic Prostatectomy

Hugh J. Lavery, Adam W. Levinson, Adele R. Hobbs, Dov Sebrow, Nihal E. Mohamed, Michael A. Diefenbach and David B. Samadi\*

From the Department of Urology, Mount Sinai Medical Center, New York, New York

**Purpose:** Physician knowledge of factors related to patient decisional regret following definitive management for localized prostate cancer is an important but under evaluated element in comprehensive patient counseling. Using validated instruments, we analyzed the relationships of pathological, perioperative and functional health related quality of life variables to treatment related regret following robot-assisted laparoscopic prostatectomy.

**Materials and Methods:** Of 953 consecutive patients presenting for followup after robot-assisted laparoscopic prostatectomy 703 (74%) completed validated measures of health related quality of life and treatment decisional regret. Baseline functional measures were assessed with the Sexual Health Inventory for Men and International Prostate Symptom Score. Questionnaires were administered a median of 11.1 months (IQR 4.6–26.1) after surgery. Clinicopathological, perioperative and functional outcomes were analyzed with univariable and multivariable models to examine associations with patient decisional regret.

**Results:** Of the patients 88% did not regret the decision to undergo robot-assisted laparoscopic prostatectomy. Baseline health related quality of life, specifically baseline incontinence and superior erectile function, independently predicted increased postoperative decisional regret. In addition, older age, postoperative incontinence measured by pad use, postoperative erectile dysfunction and longer time from surgery were independent predictors of increased decisional regret. Preoperative cancer risk, and histopathological and short-term biochemical outcomes were unrelated to decisional regret.

**Conclusions:** Decisional regret following robot-assisted laparoscopic prostatectomy is independently predicted by age, baseline urinary and erectile function, perioperative outcomes, and postoperative urinary and erectile function. These results may be useful to urologists during preoperative patient counseling to set realistic expectations for the postoperative course, potentially improving the surgical experience.

**Key Words:** prostate, prostatic neoplasms, prostatectomy, robotics, emotions

PATIENT regret with their treatment decisions has become a focus of prostate cancer research. Previous studies compared decisional regret in patients who elected different prostate cancer treatment modalities and showed substantial decisional regret among pa-

tients treated with prostatectomy and radiation therapy.<sup>1</sup> Other recent studies indicated that men were more regretful of their treatment decisions following RALP than those who underwent open prostatectomy.<sup>2</sup> With high rates of cancer control seen after all

## Abbreviations and Acronyms

BCR = biochemical recurrence  
DRS = Decision Regret Scale  
HRQOL = health related quality of life  
I-PSS = International Prostate Symptom Score  
LUTS = lower urinary tract symptom  
PSA = prostate specific antigen  
RALP = robot-assisted laparoscopic prostatectomy  
SHIM = Sexual Health Inventory for Men

Submitted for publication March 27, 2012.  
Study received institutional review board approval.

Supplementary material for this article can be found at <http://www.jurology.com>.

\* Correspondence: Department of Urology, Mount Sinai Medical Center, 625 Madison Ave., Suite 230, New York, New York 10022 (telephone: 212-241-8766; FAX: 212-308-6107; e-mail: [david.samadi@mountsinai.or](mailto:david.samadi@mountsinai.or)).

types of primary therapy, many patients place a high priority on maintaining quality of life when deciding on treatment. Thus, functional outcomes, ie postoperative urinary and sexual function, might impact decisional regret. Likewise, because functional outcomes are impacted by baseline functional status, preoperative factors may also predict postoperative regret.

Decisional regret represents feelings of distress triggered by consideration of a previous treatment choice, often involving a comparison of the status quo with a hypothetically better situation.<sup>1</sup> Given the numerous treatment options for low risk prostate cancer and the paucity of evidence comparing their oncological and functional outcomes, the primary treatment decision is often difficult and can trigger posttreatment decisional regret. Indeed, a handful of small prior studies showed that some degree of regret is relatively common among patients with prostate cancer.<sup>3-5</sup>

In these studies regret was identified in 15% to 20% of patients with prostate cancer and associated with poor post-procedural urinary quality of life.<sup>1,2,5</sup> Another study demonstrated that patients who elect RALP have inflated preoperative expectations compared to those who undergo open radical retropubic prostatectomy and these unmet expectations may drive higher rates of decisional regret.<sup>6</sup> Other factors, such as race and socioeconomic standing, affect patient satisfaction with cancer therapy.<sup>7-9</sup>

However, to our knowledge no groups have analyzed the effect of baseline function on decisional regret after prostate cancer therapy. We hope that such information will aid patients and physicians in preoperative decision making and counseling, and perhaps most importantly in setting realistic expectations.

## MATERIALS AND METHODS

Institutional review board approval was obtained before the study. A total of 1,615 patients underwent RALP, as performed by a single surgeon, from March 2003 to September 2010. A cross-sectional cohort of 953 consecutive patients with RALP who presented for postoperative followup between November 2009 and September 2010 were offered study inclusion, of whom 703 (74%) participated. Data were collected from a prospectively maintained database, which was analyzed retrospectively. At followup patients completed the validated DRS decisional regret instrument<sup>10</sup> as well as validated instruments assessing potency (SHIM)<sup>11</sup> and lower urinary tract symptoms (I-PSS),<sup>12</sup> and a patient reported, categorical assessment of continence based on quantitative pad use. We compared patient responses to the DRS instrument with HRQOL outcomes to assess the impact of functional outcomes on decisional regret.

The DRS instrument is a validated, 5-item Likert scale with 5 possible responses, ranging from strongly agree to

strongly disagree with 3 positive and 2 negative questions assessing decisional regret.<sup>10</sup> Original responses are recoded into a 100-point scale with the negative questions reversed.<sup>10</sup> Thus, higher scores indicate lower levels of decisional regret (better HRQOL). An overall DRS score is calculated by averaging the 5 weighted scores. On separate analysis patients were dichotomized into being regretful or not regretful by the response to question 2, "I regret choosing to have a robotic prostatectomy," as previously validated.<sup>1</sup> Patients who responded that they strongly agreed, agreed or neither agreed nor disagreed were considered regretful.

To exclude patients in the immediate postoperative recovery period, we analyzed the effects of postoperative continence and potency on regret only in patients at least 6 months after RALP who were functional preoperatively. Patients were grouped by baseline I-PSS scores according to the validated stratification system (0 to 7, 8 to 19 and 20 or greater) and compared to assess the impact of baseline LUTS on postoperative decisional regret.<sup>12</sup> Similar analyses were performed by baseline SHIM scores (less than 17, 17 to 22 and greater than 22).<sup>11</sup> Categorical postoperative potency was defined as mild or no erectile dysfunction, as defined by SHIM 17 or greater with or without phosphodiesterase-5 inhibitors in patients who were preoperatively potent (SHIM 17 or greater).<sup>13,14</sup> BCR was defined as a single postoperative PSA measurement of greater than 0.2 ng/ml.<sup>15</sup> Postoperative complications were graded according to the Clavien scale and categorically defined as a Clavien score of 1 or greater. Length of stay was measured continuously. Race was dichotomized as white and nonwhite.

Special attention was given to the relationship between continence and DRS. Prostate cancer functional outcome studies have variously defined continence by pad use with some requiring a strict zero daily pad definition and others using a more lenient definition of 0 to 1 daily pad.<sup>16-18</sup> The single pad is often described as a safety pad and such patients are often considered continent in prostate cancer outcome studies, although these patients may have inferior HRQOL compared to their completely dry counterparts.<sup>16,19,20</sup> To our knowledge there are no data to document whether patient decisional regret is also affected by the need for a single pad. To this end a 3-way analysis of patients who used zero, 1 and 2 or greater pads was done.<sup>17</sup> Baseline, histopathological and functional outcomes were compared between respondents and nonrespondents to assess for selection or nonrespondent bias.

## Statistical Analysis

Preoperative and pathological characteristics are reported using the mean for continuous variables and proportions for categorical variables. Differences between study groups were calculated using the chi-square test for categorical variables and the t test or ANOVA for continuous variables with the Bonferroni correction for multiple comparisons, as appropriate. A multivariable linear regression model predicting regret was created using all variables that were significant on univariable analysis as well as other known predictors of decisional regret after prostatectomy. Preoperative and postoperative SHIM, length

Download English Version:

<https://daneshyari.com/en/article/6159293>

Download Persian Version:

<https://daneshyari.com/article/6159293>

[Daneshyari.com](https://daneshyari.com)