



ORIGINAL ARTICLE

Impact of locally advanced or metastatic prostate cancer on the quality of life[☆]



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KEYWORDS

Prostate cancer;
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Abstract

Objective: The aim of this study was to assess the health-related quality of life of patients with prostate cancer in advanced phases to obtain additional information on the patients' health. The growing interest in understanding the patient's perspective and the scarcity of prospective studies of this population motivated this research study.

Material and methods: We present an observational study performed on 131 urology consultations, with a sample of 601 patients with locally advanced or metastatic prostate cancer, assessed during 2 visits: baseline and at 12 months. We collected demographic, clinical, quality-of-life (PROSQoL and EuroQoL-5D-5L questionnaires) and anxiety/depression (HADS questionnaire) endpoints.

Results: The mean age (SD) was 73.8 (8.2) years, and 87.2% of the participants were retired or pensioners. Some 58.7% of the patients presented locally advanced prostate cancer. Urinary symptoms were the most common, decreasing significantly after 1 year ($p < 0.05$). Urinary problems and fatigue were the most affected measures, and pain/discomfort was the dimension present in most patients (65.3%). According to the linear regression model, asthenia and pain were 2 of the factors most closely related to a poorer quality of life. The presence of anxiety/depression was low. Finally, the health condition as assessed by the clinician was more positive than when assessed by the patients.

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PALABRAS CLAVE

Cáncer de próstata;
Calidad de vida;
Estudio observacional

Conclusions: This study broadens the scarce information on the quality of life of the population with advanced prostate cancer, information of use for the clinical management of these patients.

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Impacto del cáncer de próstata localmente avanzado/metastásico en la calidad de vida

Resumen

Objetivo: El objetivo de este estudio fue evaluar la calidad de vida relacionada con la salud en pacientes con cáncer de próstata en fases avanzadas para obtener información adicional sobre la salud de los pacientes. El creciente interés por conocer la perspectiva del paciente y la escasez de estudios prospectivos en esta población motivaron esta investigación.

Material y métodos: Se presenta un estudio observacional realizado en 131 consultas de urología, con una muestra de 601 pacientes con cáncer de próstata localmente avanzado o metastásico, evaluados en 2 visitas: basal y a los 12 meses. Se recogieron variables sociodemográficas, clínicas, de calidad de vida (cuestionarios PROSQoL y EuroQoL-5D-5L) y ansiedad/depresión (cuestionario HADS).

Resultados: La edad media (DE) era de 73,8 (8,2) años y el 87,2% eran jubilados o pensionistas. El 58,7% de los pacientes presentaba cáncer de próstata localmente avanzado. La sintomatología urinaria fue la más frecuente, disminuyendo significativamente al cabo de un año ($p < 0,05$). Los problemas urinarios y el cansancio fueron las dimensiones más afectadas y el dolor/malestar la dimensión presente en más pacientes (65,3%). Según el modelo de regresión lineal, la astenia y el dolor fueron 2 de los factores más relacionados con una peor calidad de vida. La presencia de ansiedad/depresión fue baja. Finalmente, el estado de salud valorado por el clínico fue más positivo que el valorado por los pacientes.

Conclusiones: Este estudio amplía la escasa información existente sobre la calidad de vida de la población con cáncer de próstata avanzado, información de utilidad en el manejo clínico de los pacientes.

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Introduction

Prostate cancer (PCa) is the most common neoplasm among men in Spain, with a prevalence of 31.4%.^{1,2} PCa is a major health care problem² at the level of clinical-therapeutic management due to its high prevalence and its negative impact on health-related quality of life (HRQoL),^{3,4} which increases with the progression of the disease.⁵ In addition, an oncological disease causes an emotional burden and an increased prevalence of depressive symptomatology. Those factors should be also considered in a clinical approach as it also causes a worsening of HRQoL.^{6,7}

The preservation of HRQoL in patients with PCa can make the difference in advanced stages where clinical improvement is limited. The impact of some adverse effects can be very limiting for the patient, therefore, knowing how this affects HRQoL facilitates therapeutic decision making.⁸ In these patients, it should be evaluated, for example, if the impact of the adverse effects is greater than the therapeutic benefit. Moreover, some studies show that, given the persistence of certain symptoms, patients do not always report a decrease in their HRQoL.⁹⁻¹¹

The impact of urological tumors on HRQoL is a not well explored topic due to its complexity and the scarcity of tools adapted and validated for other languages. In recent

years, some HRQoL studies have been developed, as well as the elaboration and validation of questionnaires for the Spanish population, such as Abáigar-Pedraza J et al. for bladder cancer.¹² Specifically, in the case of PCa in advanced stages, there are very few studies in Spain that evaluate HRQoL with standardized tools and are not linked to specific treatments.^{10,13} The additional information that the evaluation of the HRQoL can contribute to the clinical management of the specialist and the scarcity of prospective observational studies in this field motivated this research study.

Material and methods

We present an observational, prospective and multicenter study. This study was performed on 131 urology consultations with a sample of 655 adult patients with locally advanced or metastatic prostate cancer. The patients signed a written consent form and were assessed during two visits: baseline and after 12 months. The study met the necessary regulatory requirements.

The sample size was determined based on the main variable: the difference between the initial and final scores of the PROSQoL questionnaire. A standard deviation (SD) of 22 points was assumed, with a minimum difference between visits of 3 points and a significance of 0.05. Taking into

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