Prostate Cancer Survivors Diagnosed with Advanced Disease Face Worse Health-Related Quality of Life than Other Men, Study Shows

FOR MORE INFORMATION, CONTACT:
American Cancer Society, Anne.Doerr@cancer.org

Prostate cancer survivors originally diagnosed with metastatic disease experience significantly worse health-related quality of life (HRQOL) than men diagnosed with early-stage disease and men without a cancer history across all domains, according to new findings by researchers at the American Cancer Society (ACS). The study will be presented at the annual American Society of Clinical Oncology (ASCO) Quality Care Symposium in Chicago, September 30 - October 1.

Researchers, led by Dr. Zhiyuan “Jason” Zheng, senior principal scientist, health services research at the American Cancer Society and lead author of the study, used the Surveillance Epidemiology and End Results (SEER) and the Medicare Health Outcomes Survey (MHOS) data linkage to identify prostate cancer survivors and men without a cancer history who enrolled in Medicare Advantage plans. Prostate cancer survivors (diagnosed between 1988-2017) who completed the SEER-MHOS baseline survey (between 1998-2019) after their cancer diagnosis but less than 10 years post diagnosis were included in the analyses. Survey records were clustered at the person-level for those who completed multiple survey waves. In total, 27,829 prostate cancer survivors with 40,611 survey records were identified (metastatic disease n=752 with 1040 survey records). Medicare Advantage enrollees living in SEER regions (n = 784,305) without a cancer history had about 1.15 million survey records. Multilevel linear regressions were used to compare HRQOL outcomes, i.e. The Veterans RAND 12 Item Health Survey (VR-12 scores), between metastatic survivors and survivors with other stage disease, and men without a cancer history. The VR-12 scores consist of eight principal health domains including general health perceptions, physical functioning, role limitations due to physical and emotional problems, bodily pain, energy-fatigue, social functioning and mental health. All analyses adjusted for age at survey, stage, number of comorbid conditions, body mass index, race/ethnicity, marital status, educational attainment, home ownership, SEER region, and survey era.

Compared to men without a cancer history, prostate cancer survivors were older, were more likely to be overweight, racial/ethnic minorities, married, and higher socioeconomic status. Compared to men without a cancer history, metastatic prostate cancer survivors were most likely to report worse general health (T-score difference: -6.26, 95% confidence internal [95CI]: -7.14 to -5.38; p<.001), physical component summary (T-score difference: -4.33, 95CI: -5.18 to -3.48; p<.001), and mental component summary (T-score difference: -2.64, 95CI: -3.40 to -1.88; p<.001), followed by survivors with early stage diseases in adjusted analyses. Results were similar for other HRQOL VR-12 measures.

Researchers suggest a need for better symptom management and palliative care as part of treatment for men diagnosed with metastatic prostate cancer.

Other ACS authors include: Kewei Shi and Dr. Robin Yabroff.

Funding Source: Supported by CDC Special Interest Project 19-009.