
Predictors of Health-Related Quality of Life in Patients on Androgen Deprivation Therapy for Metastatic Prostate Cancer

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- Castration is required for metastatic prostate cancer
 - ADT is associated with worse adverse effects and lower HRQOL than orchiectomy
 - Can we identify predictors of poor QOL in a cohort of patients on ADT for metastatic prostate cancer?
- Methods
 - Mail-based survey, single institution
 - 142 patients identified via pharmacy database
 - Evaluated understanding of treatment options/alternatives as well as degree of bother with current side effects
 - HRQOL assessed with validated FACT-P questionnaire

Results

- 47.6% response rate
 - 54% bothered by side effects
 - 50% bothered by cosmetic changes to genitalia
- Mean FACT-P score 114.5 out of 156 possible points (SD 20.7)
- Lower FACT-P score associated with:
 - Bother with clinic appointments (p=0.05)
 - Side effects of therapy (p<0.01)
 - Changes to genitalia (p=0.03)
- Patients with castrate resistant disease (p=.010) and increased interval to metastatic diagnosis (p=0.16) also tended to report lower QOL
- Conclusion
 - HRQOL in metastatic prostate cancer is most negatively impacted in patients bothered by side effects and cosmetic genital changes