

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



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## Introduction

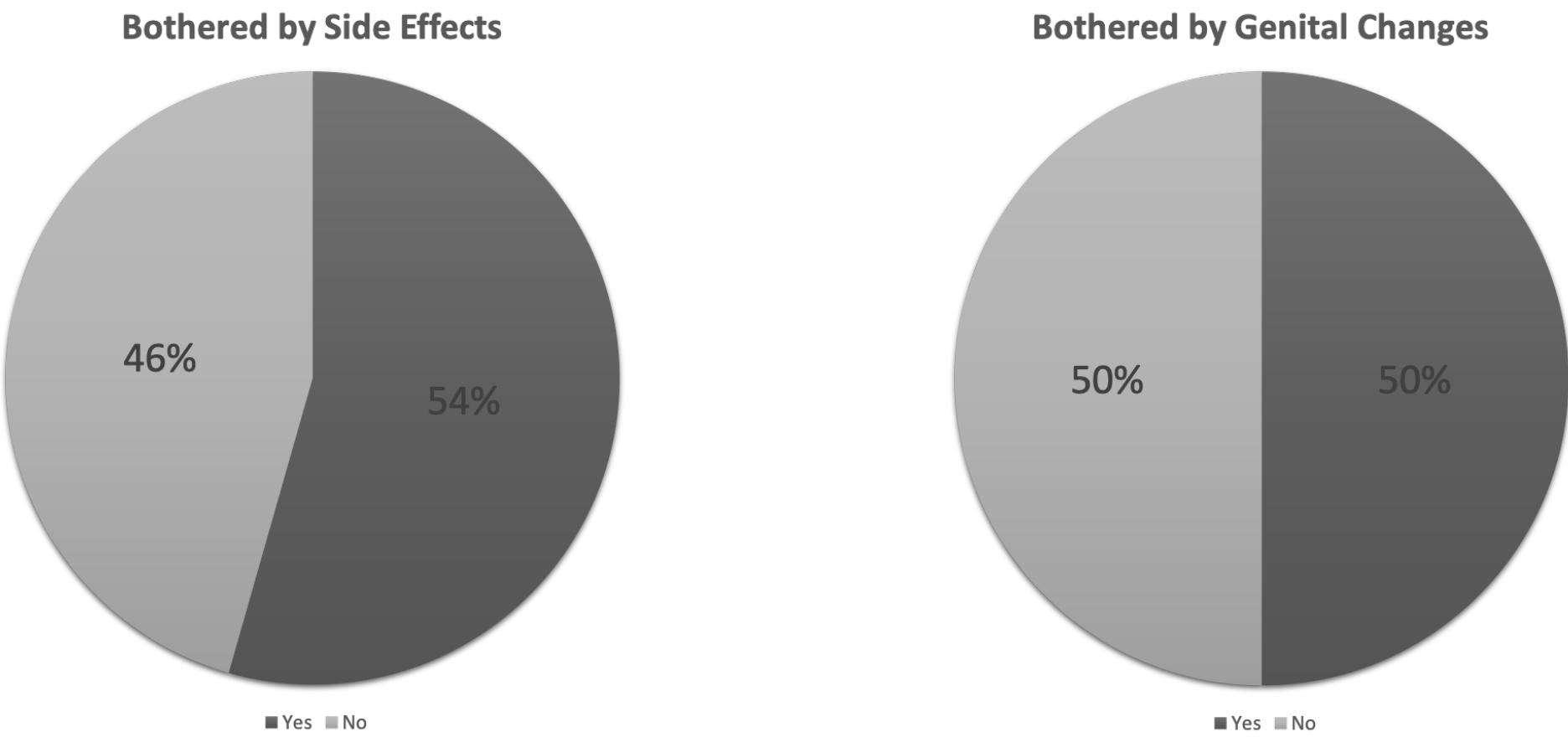
- Castration is required for metastatic prostate cancer treatment
- Castration is accomplished by orchiectomy or androgen deprivation therapy (ADT)
- ADT is associated with worse adverse effects and lower quality of life (QOL) than orchiectomy
- We sought to identify predictors of poor QOL in a cohort of patients on ADT for metastatic prostate cancer

## Methods

- Prospective survey of patients receiving ADT at a single institution between January 2015 and April 2018
- Inclusion criteria: N1 or M1 prostate cancer currently receiving medical therapy
- 312 patients screened, 142 met criteria
- Mail-based survey
- QOL assessed using validated Functional Assessment of Cancer Therapy – Prostate (FACT-P)
- Also assessed bother from current treatment and understanding of alternatives
- Clinical and demographic details obtained by electronic chart review

## Results

- 68 surveys returned (47.6%)
- Mean FACT-P score 114.5 (SD 20.7) out of 156 possible points
- Lower FACT-P score associated with:
  - Bother with clinic appointments (p=0.05)
  - Treatment side effects (p<0.01)
  - Changes to genitalia (p=0.03)
- QOL scores not associated with age, metastatic burden, time on ADT, PSA levels



Covariate	N	95% CI	p-value
Bother with appointments	68	-9.92, -0.11	0.05
Bother with side effects	68	-10.95, -4.49	<0.01
Bothered by genital changes	67	-7.44, -0.36	0.03
Castrate Resistance			
Yes	19	-19.80, 1.60	0.10
No	49		
Interval from initial to metastatic diagnosis	68	-0.26, 1.60	0.16

Univariate analysis of factors associated with lower FACT-P score.

## Discussion

- Lower FACT-P scores associated with increased bother from ADT side effects and cosmetic changes to genitalia
- Patients with castrate resistant disease tend to report lower QOL scores, though not significantly associated
- Increased interval from localized to metastatic prostate cancer diagnosis may also be associated with lower QOL
- Overall, QOL is something we need to do better job of routinely assessing

## Conclusions

- HRQOL of patients on ADT for metastatic prostate cancer is negatively impacted in patients bothered by side effects and those bothered by genital changes

## Limitations and Future Studies

- This study involved a small cohort at a single institution
- Surveys are subject to recall bias
- Future studies include quality of life comparison between medical ADT and surgical castration cohorts