

UROLOGICAL CANCER
LIFE AFTER PROSTATE
CANCER TREATMENT

As the therapeutic landscape of available prostate cancer treatments becomes increasingly complex, some very basic questions remain about the differences between the two most common treatments: surgery and radiotherapy. For men with clinically localized prostate cancer, who typically survive 13.8 years after treatment (median survival), the true differences are starting to become clear with the publication of the 15-year quality-of-life findings from the Prostate Cancer Outcomes Study (PCOS).

“The previous literature is limited by the fact that many reports come from single centres or from multiple academic centres, which limit the applicability of findings to the general population, and have relatively short follow-up periods,” investigator David Penson tells us. Instead, this latest PCOS report identified >1,600 men from six sites who had already completed the 2-year and 5-year follow-up surveys, ensuring continuity of the findings. Of these men, 1,164 had undergone prostatectomy and 491 had undergone radiotherapy.

Although sexual, urinary and gastrointestinal dysfunction are all common after treatment for prostate cancer, these affect patients to varying degrees. For example, sexual dysfunction is more common after surgery than radiotherapy at 5 years, but by 15 years the rates are comparable and high. Similarly, urinary incontinence was initially more common after surgery than radiotherapy, but bowel urgency was more commonly reported in men who underwent radiotherapy. At 15 years, there was no statistical difference in these outcomes, but there might be a trend towards continued differences. “Consequently,” Penson explains, “patients need to be aware that, ultimately, there are going to be differences in the quality-of-life effects after treatment and personal decisions about treatment should be based on this.”

Given that the majority of men have slow-growing or indolent disease, are these quality-of-life issues offset by life-years saved? “We are currently analysing survival in these men in an effort to help inform the ‘quantity of life’ piece of the puzzle,” says Penson. “We are also exploring ways to make these data accessible to patients to aid decision making.”

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