Introduction

- A large-scale, self-report fully digital survey was designed by DomiBepatient Intelligence, in collaboration with patient organizations and experts from the USA, UK and Germany.
- To avoid institutional and organizational bias, participants were recruited via social media (Facebook advertising, Google search engine marketing) and patient organizations (link sharing on their websites).
- Study recruitment opened on 9 February 2021, and the recruitment goal was reached in 60 days (10 April 2021), at which point the study was closed.
- 15,511 patient respondents were included in the analysis.
- Patients with non-metastatic and metastatic prostate cancer in the USA (N = 5,540), UK (N = 5,338) and Germany (N = 4,818) completed the adaptive survey, which comprised 48 to 83 questions. Participants had the option of completing the survey in one session, or pausing and resuming it at a later date.
- The total number of questions in the survey was based on the number of therapies received, with each therapy linked to specific, detailed follow-up questions.
- For treatments that were not yet received, participants rated their desire for positive versus negative views of each prostate cancer treatment type and its expected impact on QoL.

Methods

- Participants were asked to what extent they agreed with the following statements for each treatment type:
  1. I have bad associations with the therapy.
  2. I anticipate that the therapy to have a negative impact on my QoL.
- Responses of ‘yes, definitely’ or ‘yes, to some extent’ were deemed to be negative perceptions. Responses of ‘no, not so much’ or ‘no, not at all’ were considered to be positive perceptions.
- The survey also included questions to determine the impact on QoL of demographic and clinical factors, as well as disease and treatment history.
- In this analysis, QoL was assessed using the validated Functional Assessment of Cancer Therapy–Prostate questionnaire (FACT-P), in which a higher FACT-P score equates to a higher QoL.

Statistical analyses

- Data analyses were performed using primarily descriptive and inferential statistics, where applicable.
- QoL predictors were examined using analysis of variance, t-tests and χ²-tests.
- Multivariate regression analyses examined the relative impact of one predictor while controlling for others.
- Rather than examining statistically significant differences between groups, clinically meaningful between-group differences in QoL (previously determined to be a FACT-P score of at least 10 points) were assessed.

Results

- Overall, across all three countries, chemotherapy and orchectomy were viewed most negatively, followed by prostatectomy, then hormone therapy, radiation, radiopharmaceuticals and brachytherapy (Figure 2).
- Differences in FACT-P scores between countries, age groups and presence of comorbidities were assessed using analysis of variance, t-tests and χ²-tests.
- Differences in FACT-P scores between countries, age groups and presence of comorbidities at diagnosis were not clinically meaningful in univariate or multivariate analyses.

- Factors associated with worse overall QoL included:
  - Higher age
  - Non-metastatic prostate cancer diagnosed in the USA (27%) and Germany (80%) versus in the UK (79%).
  - Treatment-naïve patients generally had a worse QoL than those already receiving treatment.
  - The countries with the highest percentage of participants with metastatic prostate cancer were Germany (56%) and the USA (56%).
  - Clinical factors that were associated with worse QoL included:
    - Patients with metastatic prostate cancer versus those without.
    - Higher comorbidity burden.
    - Radiation, chemotherapy and orchectomy were viewed most negatively.

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References