

SYMPTOMS AFTER PROSTATE CANCER TREATMENT

Prostate cancer is such a common disease and since there are no modern or randomized studies, a group led by Talcott et al, evaluated men undergoing surgery or radiation and published their recent results in The Journal of Clinical Oncology. The purpose was to evaluate quality of life after prostate cancer therapy.

In their analysis, patients between 1990 and 1994 when consulting about localized prostate cancer, were recruited into a study. All patients had to have a diagnosis of prostate carcinoma and be free of metastatic disease with no prior surgery or radiation. CT scans and MRIs (Magnetic Resonance Imaging scans) were recommended but not required and each patient chose his own therapy and his own physicians.

After consultation, patients received a letter and a questionnaire and this served as the technique to recruit patients to the study. In those years, 428 patients were asked to participate and 30 were ineligible. Of 398 patients, 80 refused to participate and 29 agreed but did not complete questionnaires. Thus, 287 or 72% completed the base line questionnaire. Of these 287, 3% dropped out before completing the questionnaire and 9 patients (7%) dropped out before returning the three-month questionnaire and 10 patients (3%) dropped out before returning the twelve-month questionnaire. Fifteen other patients in the study had not yet returned their twelve-month questionnaire.

Patients in general chose radiation (48%) or radical prostatectomy (45%). Six percent did not elect to be treated and one patient had cryotherapy. Surgical patients on average were 62 years of age and radiation patients were 68 years of age. Otherwise, there were great similarities between the groups with essentially superimposable pre-treatment PSAs (Prostate Specific Antigen).

After treatment, radiation patients had more frequency of bowel movements but these symptoms had declined by twelve months after therapy. Daytime urinary frequency was increased in both patient groups at three months after treatment and returned to normal by twelve months. Urinary incontinence before treatment occurred in only 3% or less of the patients, however, urinary incontinence after treatment was very different based on the type of treatment.

Fifty-eight percent of patients undergoing surgery wore absorbent pads to collect urine and even twelve months after surgery, 35% of patients were wearing absorbent pads to collect urine. For patients undergoing radiation, the authors noted there was little incontinence after therapy. This was an area of marked difference.

Patients, after surgery, who reported "leaking or dribbling urine alot" rose to 24% in three months and was 11% at twelve months. Twelve months after radical prostatectomy, 5% of the patients used a penile clamp to control urinary incontinence. This was not seen in patients undergoing radiation.

Before treatment, complete sexual impotence with no erections, was seen in 11% of patients to undergo surgery and 18% of patients to undergo radiation. Prior to surgery, 32% of patients said they did not have adequate erections and 45% of the patients to undergo subsequent radiation reported similarly.

However, three months after radical prostatectomy complete erectile impotence rose to 85% and was still at 75% twelve months after treatment. Furthermore, no erections or inadequate erections were seen in 96% of men three months after surgery and 93% twelve months after surgery.

The authors reported that sexual dysfunction after radiation was less than in the surgical group. Complete impotence went from 18% prior to treatment to 33% at twelve months. The authors noted "Impotence was greater at every interval after surgery than after radiotherapy."

As another measure, 69% of surgical patients with erections before surgery reported they had no erections at twelve months compared to 24% of radiation patients. Ninety-one percent of surgical patients reported inadequate or no erections compared to 61% of radiation patients. These numbers were statistically evaluated and found to be highly significant differences, with improved sexual function going to the group having radiation. Only 9% of men having erections before surgery, had erections after surgery adequate for intercourse.

The authors concluded, "Choosing therapy for prostate cancer requires that men weigh the hope for prolonged life from therapy against the possibility of treatment-related symptoms that may reduce its quality. To the extent that accurate information quantifying complication rates has been unavailable in the past, patients were unable to assess accurately their risk of reduced quality of life due to treatment and provide fully informed consent, nor were physicians able to provide the best medical counsel. This study combines prospective third party data collection, standardized and clearly defined symptom assessment items, well-characterized, healthy cohort and unusually complete medical information for a study of quality of life."

Addendum:

What we continue to see is a high quality of life in men choosing our seed plus body radiosurgery program. Urinary leakage, which is commonly seen in men who have undergone radical prostatectomy is nearly never seen in men undergoing our seed plus body radiosurgery program. Sexual function, which is probably never perfect in any man, seems to be better in men undergoing seed plus body radiosurgery. Certainly the cancer-free survival is superior in our hands than elsewhere when we have done head-to-head analyses. Also, our patients avoid major surgery that is a traumatic, invasive procedure. We continue to follow our patients and update our data. This should be helpful for those contemplating treatment options.

Because there can be some symptoms after prostate cancer treatment, we encourage men to learn more about the risks, benefits and alternatives of therapy before undergoing any form of treatment. Free seminars are open to the public, to meet our physicians in an informal setting. We also have a hot line at 212-CHOICES and also questions can be e-mailed to gil.lederman@rsny.org. We believe that each man should investigate all treatment options before proceeding with cancer treatment.