Localized low-risk prostate cancer and cancer specific anxiety: results of the START study group

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OBJECTIVE:

- Active surveillance (AS) is the preferred management of low risk prostate cancer (LRPCa).
- "START" study is a multi-center prospective observational study that collect data of patients affected by LRPCa, whatever is the chosen treatment (AS, radical prostatectomy [RP] or radiotherapy [RT]).
- Cancer specific anxiety during active surveillance could play a significant role in influencing long term adherence.
- The objective of our study was to estimate the risk of cancer specific anxiety among time in men who choose AS instead of radical treatment (radical prostatectomy or radiotherapy).

PATHIENTS and METHODS :

- Data of patients enrolled in the START study until the 15th of March 2018 were evaluated.
- Anxiety was evaluated with the HADS (Hospital Anxiety and Depression Scale) and rated from a minimum of 7 (no anxiety) to a maximum of 21 (maximum value of anxiety); a score between 8-10 indicates a borderline level of anxiety, a score above 10 indicates a pathological value of anxiety.
- We evaluate the difference between the 6-months anxiety score and the baseline score.
- T test and the linear regression model adjusted for age and baseline anxiety value were used for statistical analysis.

	AS	RP	RT
Mean Age, years (+SD)	69.7 (+7)	67.5 (+7.4)	73.2 (+ 5.4)
PSA > 7 ng/ml, %	31	50,9	32
GS 3+4, %	12,5	10	42
The Charlson's score > 2, %	22	9,1	-

RESULTS:

- We evaluated 330 patients. 256 patients (77.6%) chose AS, 55 patients (16.7%) RP and 19 patients (6%) chose RT at baseline.
- Patient's characteristics are summarized in Table 1.
- The study showed no significant difference between the three groups in term of average baseline anxiety score (available on 310 patients): 11.7 (+ 2.4) for AS, 11.5 (+ 2.0) for RP and 11.4 (+ 2.1) for RT.
- 204/310 (65.8%) anxiety questionnaires were completed after 6 months; There was a slight average increase in anxiety in all three groups between the 6-month and baseline scores, equal to 0.2 for AS, 0.7 for RP and 1.8 for RT.
- The 2 most represented groups (AS and RP) were compared for subsequent statistical analyzes.
- Figure 1 shows the distribution of anxiety change after 6 months (T6-T0) in the AS and RP groups. There is no statistical difference (0.5) in term of anxiety between the two groups (t = 1.04, p=0.30). The regression model, adjusted for age and baseline anxiety, did not show any difference in change between the two groups (b = 0.11, if=0.38, p=0.77).
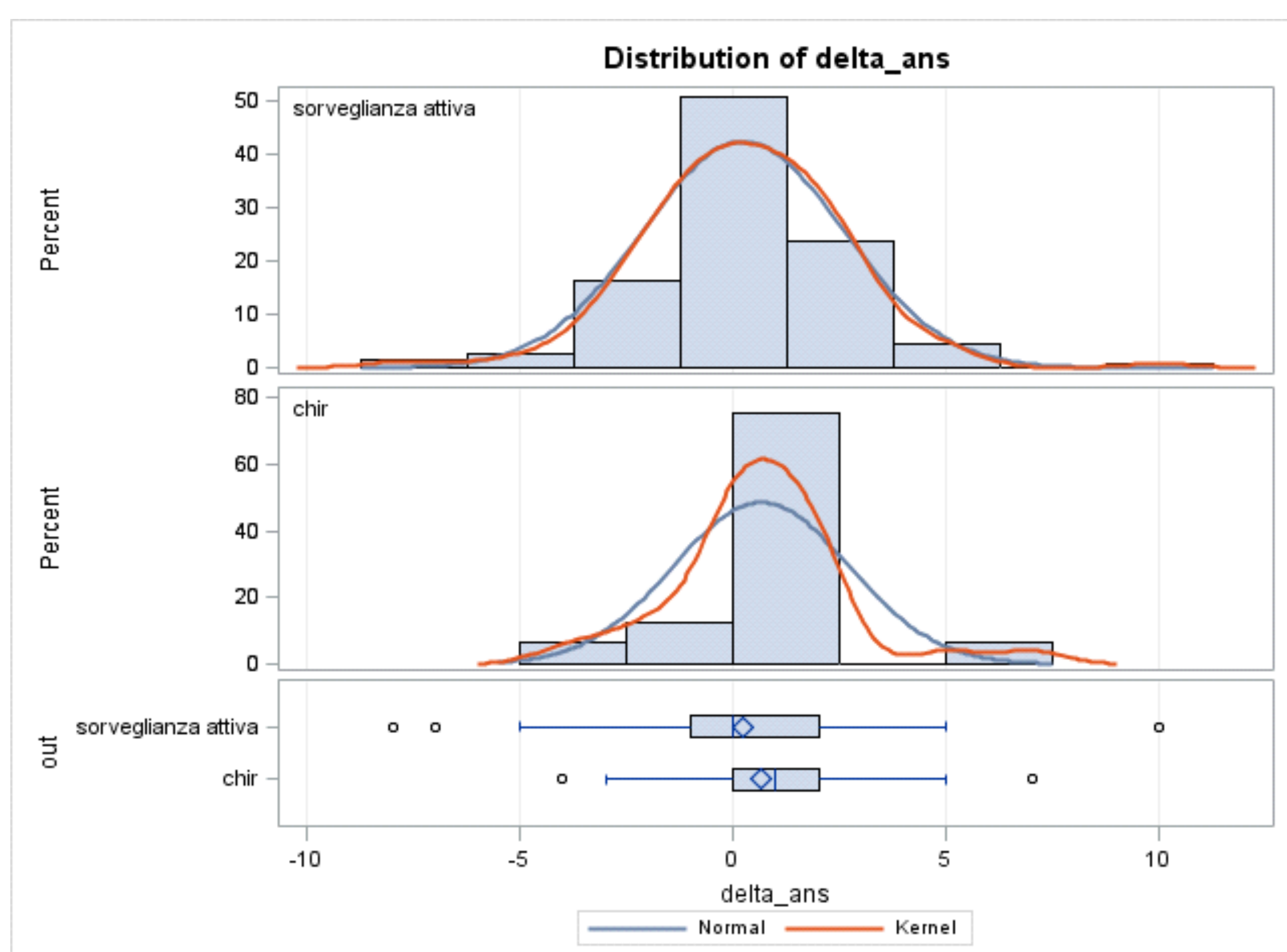
CONCLUSIONS:

Our data suggested that there is no statistical significant difference in terms of anxiety in men with LRPCa who choose AS instead of RP and after 6 months. This is a preliminary study and other studies are necessary to assess any medium-term difference, but we think it's useful a systematic follow-up during expectant management of prostate cancer

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