

## NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

**Submission Id:** 6453

### **Title**

*Decisional Regret Two-Year after Diagnosis with Low-risk Prostate Cancer in a Population-based Sample*

### **Priority 1 (Research Category)**

Cancer research (not screening)

### **Presenters**

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### **Abstract**

Context: Men newly diagnosed with low-risk prostate cancer (LPC) have multiple treatment options available, each with potential effects on quality of life (QOL). Objective: To assess decisional regret (DR) and QOL changes by treatment choice (surgery, radiation or active surveillance) two years after diagnosis in a cohort of men with LPC. Design: Longitudinal cohort study. Setting: Population-based sample recruited from two cancer registries. Patients: Black and White men  $\leq 75$  years with newly diagnosed LPC, 2014 to 2017. Instrument: Mailed surveys that included validated Decision Regret Scale (DRS), and EPIC-26 prostate cancer-specific QOL measures. Main and Secondary Outcome Measures Multivariable logistic regression was used to compare decision regret (DR) and changes in QOL at 2 years of follow-up by treatment. Results: Of the 1688 eligible patients recruited at baseline, 1057 were followed-up at 2-year after diagnosis; 913 had complete data on all variables used in this analysis. Among these, 736 (81%) were white and 177 (19%) were black, with a mean age of 62.7 years at baseline (SD=6.7, range 42-75); 525 (58%) were recruited from Detroit and 388 (42%) from Georgia. At 2-year follow-up, 504 (55%) men were still on active surveillance (AS), and 409 (45%) men received active treatment (Tx, surgery or radiation). At baseline, there was only minimal differences in QOL measures between AS and Tx groups. At 2-years, there were significant declines in the Urinary Incontinence (UI) and Sexual Function (SF) from baseline in the Tx group but minimal changes in the AS group. Overall, ~30% of men reported DR. In unadjusted analysis, DR is significantly associated with treatment status where more Tx men reported DR than men still on AS. However, mediation analysis showed almost all of treatment effects on DR were due to both UI and SF declines, after controlling for covariates (age, race, income, education, comorbidity and study site,  $p=0.002$ ,  $p<0.001$ , respectively). Compared to men who were still on AS at 2-year follow-up, men in the Tx group had lower function in UI and SF and reported higher DR. Additionally, men with higher education had lower DR (OR=0.56,

$p < 0.001$ ) as did men with more comorbidities ( $OR = 0.82$ ,  $p = 0.047$ ). Conclusions: Overall, ~30% of men reported regret about their treatment decision at 2-years after diagnosis. Compared to men who were on AS, men who received active treatment reported higher DR, which was mostly mediated by reduced UI and SF.

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