

New prostate cancer checklist to help patients weigh up treatment options

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University of Aberdeen researchers have developed a list of core outcomes for prostate cancer patients and doctors. Credit: University of Aberdeen

Prostate cancer patients and doctors could get much-needed guidance on treatment options and their consequences thanks to a new 'checklist' developed by the University of Aberdeen.

Researchers have created a list of the most important potential outcomes

of treatments aimed at curing [prostate](#) cancer.

Medical professionals may find it difficult to use the results of current prostate cancer medical trials to decide on best treatments for patients because each trial focusses on a different specific outcome and measures it in a different way.

There is also a large number of different treatments for prostate cancer, which complicates things further.

"At the moment, we are effectively comparing apples and oranges when it comes to prostate cancer studies," explains chief investigator, Thomas Lam, a consultant urological surgeon at NHS Grampian and an honorary senior clinical lecturer at the University of Aberdeen.

"Some studies only look at incontinence, some look only at erectile dysfunction, others will look at different outcomes, and they often have different scales of success and failure. As a result it is incredibly difficult for patients and surgeons to make informed decisions about which treatments will yield the best results for them personally."

Funded by CRANES (Cancer Research Aberdeen and North East Scotland), the three-year study carried out a systematic review of hundreds of prostate cancer trials from all over the world.

Researchers were surprised to find dozens of different ways to define and measure the same outcomes making it very difficult to compare and contrast the findings of different studies looking at the same treatments

After completing the review of existing trials, the research team held extensive interviews with patients, and then asked those patients and [medical professionals](#) including urologists, cancer specialists and specialist nurses to complete a large online questionnaire.

This was followed up by a meeting with a sample of the patients and medical professionals to review the questionnaire results and vote on the final list of outcomes. More than two thirds of the participants were prostate cancer patients, which makes the study truly unique in the prostate cancer setting.

As a result of the research, in conjunction with patients and healthcare professionals, the team were able to produce a list of 19 core outcomes which every localised prostate cancer trial should record. This set of outcomes applies across all treatments aimed at curing prostate cancer, including surgery to remove the prostate, external radiation and active surveillance (ongoing monitoring of the condition).

One of the patient volunteers who contributed to the study, Andrew Mackie from Kemnay, Aberdeenshire, lost both his father and grandfather to prostate cancer and he too was diagnosed with the disease in 2013.

Andrew was given the option of 'watch and wait', or go ahead with surgery by his doctor. Given his family history, he opted to have the surgery.

"It was a relatively straightforward choice for me, as I had lost my father and grandfather to prostate cancer," Andrew explains. "But for many men, it's a choice they would struggle to make because despite the support from medical staff and cancer charities, the information is not clear. There didn't exist a clear indication of the number of people who might be affected by [erectile dysfunction](#) or urinary issues, etc. They couldn't say, 'if you go down this route, studies say 50% of people have this or that outcome'.

"That's where this study comes in. It will ensure that there are these core outcomes for future trials and analysis of interventions so people can

make a more informed decision about what route to take."

Dr Steven MacLennan, Research Fellow at the University of Aberdeen adds: "This is the first step in standardising the outcomes we use to demonstrate how effective treatments are in prostate cancer research - ultimately helping men with prostate cancer and the doctors who treat them make a more informed choice about [treatment options](#)."

"There are research trials being done comparing treatments for [prostate cancer](#) all the time, but the outcomes they are recording are not all uniform and so it is difficult to compare like for like. If all trials record the same outcomes in the same way, it will be far easier for patients and surgeons to interpret the data and understand clearly what their options are with regards to [treatment](#) and what the likely side effects could be."

Mr Lam adds: "This is a solution made for patients by patients, in equal partnership with surgeons, [cancer](#) specialists, nurses and numerous other specialists."

"Different treatment options have different outcomes. One might lead to increased chance of incontinence, but better sexual function, another might result in better quality of life, and there are many more. Everyone has different priorities, and we want [patients](#) to be able to decide what the most important outcomes are for them and choose treatment that will meet their needs. This core outcome list is the first step towards us achieving that."

Gladys Sangster from CRANES, who funded the research, said: "CRANES is pleased to support the work and its next phase, all of which I'm sure will benefit the people of north-east of Scotland and beyond."

It is hoped the next phase of research will involve looking at standardising the way these 19 core outcomes should be measured.

More information: Steven MacLennan et al. A core outcome set for localised prostate cancer effectiveness trials, *BJU International* (2017). DOI: [10.1111/bju.13854](https://doi.org/10.1111/bju.13854)

Provided by University of Aberdeen

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