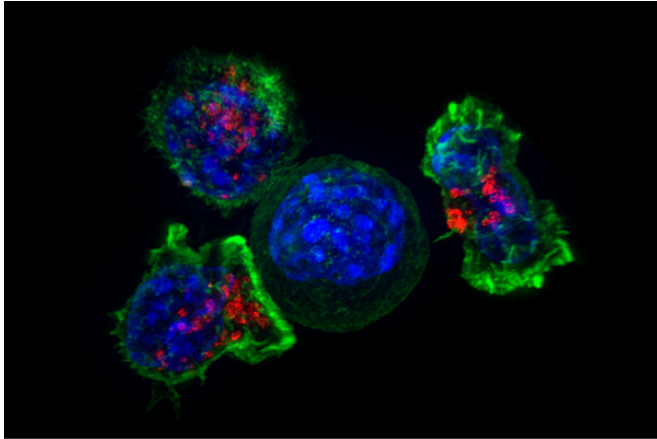


Tracking quality of life during prostate cancer treatment

16 April 2018, by Anna Williams



Killer T cells surround a cancer cell. Credit: NIH

Patients with advanced prostate cancer who received more intensive treatment experienced worse quality of life three months after treatment, but a better quality of life in the long term, compared to those on standard therapy, according to a new Northwestern Medicine study.

The findings were published in the *Journal of Clinical Oncology*.

"Treatment of prostate cancer is far more than just treating a cancer—it's treating a person," said first author Alicia Morgans, MD, MPH, associate professor of Medicine in the Division of Hematology and Oncology, and a member of the Robert H. Lurie Comprehensive Cancer Center of Northwestern University. "That means we need to truly understand what men with prostate cancer experience—both due to the disease and due to the treatments we prescribe. If we don't specifically ask questions about [quality of life](#) in our studies, we won't have be able to support men and their families as they go through [treatment](#)."

Prostate cancer is one of the most commonly

diagnosed cancers in American men. For patients with an advanced form of the disease called metastatic hormone-sensitive prostate cancer (mHSPC), hormone therapy has long been the backbone of treatment.

More recently, a landmark clinical trial called E3805 demonstrated that patients with mHSPC on hormone therapy who also receive a chemotherapy drug called docetaxel live significantly longer than those who undergo hormone therapy alone.

But it was not known how quality of life might be affected in men receiving docetaxel and hormone therapy, versus those receiving the standard treatment alone. Understanding quality of life in patients with prostate cancer is especially important, the authors note, since [metastatic prostate cancer](#) is incurable and commonly affects older men with comorbidities.

In the current study, patients in the E3805 clinical trial randomized to each treatment group also completed quality of life assessments. The 790 participants reported measures of quality of life—including physical, functional and emotional well-being—at baseline and at three-month intervals for up to a year after treatment.

The investigators found that at three months, patients who received chemotherapy in addition to hormone therapy reported significantly worse quality of life. However, at one year, the group reported significantly higher quality of life measures, compared to those who received [hormone therapy](#) alone.

"In other words, paying a bigger price up front is probably worth it in the long run, for the right patients," Morgans said.

The authors note that the findings from the study—the first comparison of quality of life in this population—will be critical in helping patients and

providers make more informed decisions about treatment for advanced prostate [cancer](#).

In the trial, the benefit of more intensive treatment appeared to be biggest for patients with high-volume disease—a larger amount of metastatic [prostate cancer](#)—although this is still being confirmed in additional [clinical trials](#), Morgans added.

More information: Alicia K. Morgans et al. Quality of Life During Treatment With Chemohormonal Therapy: Analysis of E3805 Chemohormonal Androgen Ablation Randomized Trial in Prostate Cancer, *Journal of Clinical Oncology* (2018). [DOI: 10.1200/JCO.2017.75.3335](https://doi.org/10.1200/JCO.2017.75.3335)

Christopher J. Sweeney et al. Chemohormonal Therapy in Metastatic Hormone-Sensitive Prostate Cancer, *New England Journal of Medicine* (2015). [DOI: 10.1056/NEJMoa1503747](https://doi.org/10.1056/NEJMoa1503747)

Provided by Northwestern University

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