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We can cure, but can we care? Favourable-risk disease ≠ favourable psychological wellbeing in men recently diagnosed with PCa: Baseline findings from a prospective, longitudinal study

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We can cure, but can we care? Favourable-risk disease ≠ favourable psychological wellbeing in men recently diagnosed with PCa: Baseline findings from a prospective, longitudinal study.

Background/Purpose

Despite the medical benefits of Active Surveillance (AS), living with untreated cancer may create a significant emotional burden for patients. The present paper reports preliminary findings from a longitudinal study assessing psychological wellbeing in men with favourable-risk Prostate Cancer (PCa) from diagnosis to 12 months post-diagnosis.

Methods

The aim was to determine baseline/pre-treatment differences in psychological wellbeing in recently diagnosed men eligible for AS (n=40) immediately post-diagnosis (i.e. within 4 weeks of diagnosis, and prior to treatment decision making). General anxiety (STAI-6), PCa-specific anxiety (MAX-PC), and depression (CES-D) were assessed at diagnosis. Scores were compared once patients made their treatment decision (AS or AT).

Results

No significant differences in general anxiety or depression were observed at time of diagnosis. PCa-specific anxiety was approaching significance, with AS patients reporting higher PCa-specific anxiety than patients opting for AT. Gleason score at diagnosis (i.e. Gleason 6 or Gleason 7) was significantly associated with PCa-specific anxiety; Gleason 6 patients reported higher PCa-specific anxiety and fear of recurrence (MAX-PC subscales) at diagnosis in comparison to Gleason 7 patients.

Conclusions

To our knowledge, this is the first study to utilise early baseline measures i.e. immediately post-diagnosis and pre-treatment decision making. Interestingly, findings suggest that patients' with lower-risk disease have higher PCa-specific anxiety than those who, from a medical perspective, are at increased risk of progression. There are a number of possible

explanations for this, one of which may be related to how diagnosis information and treatment options are presented by health care professionals.