WHAT ARE THE UNMET INFORMATION AND SUPPORTIVE CARE NEEDS OF CANADIAN PROSTATE CANCER PATIENTS?

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Purpose: There are well known negative consequences associated with the diagnosis, management and treatment of prostate cancer. We sought to determine what the perceived unmet information and supportive care needs of Canadian prostate cancer patients were according to treatment.

Methods and Materials: Surveys were conducted in 2014-15 using a random sample of men diagnosed with PC in 2012 from three provincial cancer registries (BC, AB, SK). Survey questions included demographics, treatment received, information and support needs. Participants were asked if they had met or unmet needs within last two months regarding 42 topics included in six domains: physical, psychological, sexual, care and support, health information, and prostate cancer-specific. An unmet need (UMN) was defined in the survey as a need that was not fully met as a result of having prostate cancer or its treatments.

Results: Proportional response rates ranged from 46%-55%. Patients (n = 810) were grouped into the following treatment categories: active surveillance (AS) (n = 37), watchful waiting (n = 25), surgery (S) (n = 294), S+external beam radiotherapy (EBRT) (n = 24), S+EBRT+hormone therapy (HT) (n = 22), EBRT (n = 68), EBRT+HT (n = 100), brachytherapy (BT) (n = 112), BT+HT (n = 19), EBRT+BT (n = 16), EBRT+BT+HT (n = 30), HT (n = 47), chemotherapy (CT) (n = 16). The mean total number of UMN (maximum 42) ranged from 1.8 to 8.5 across treatment groups. Patients who received local therapies had a higher mean total number of UMN (mean = 3.8) compared to AS (mean = 2.3) (p = 0.034). Treatment groups differed in mean UMN in the five physical domain questions (p = 0.001). Patients receiving CT (mean = 1.6) or EBRT+BT+HT (mean = 0.7) had higher UMN than all others (all means < 0.5).

The groups also differed in their mean UMN in the eight prostate cancer specific domain topics (p = 0.04). CT patients had the highest UMN (mean = 1.7), Patients undergoing AS (mean = 0.4) had fewer UMN compared to radiation treatments (BT+HT, EBRT+BT+HT, EBRT+HT) (means = 0.9-1.3). Patients receiving BT+HT (mean = 1.3) had higher UMN compared to EBRT or BT alone (mean = 0.6 for each).

Groups also differed in their mean UMN in the nine psychological domain topics (p = 0.05). CT patients (mean = 2.5) had higher UMN than other groups (means = 0.4-1.6). Surgical patients had higher sexual UMN (mean = 0.8) compared to other radiation local therapies (means=0.4-0.6) (p < 0.05) and AS (mean = 0.4) (p = 0.034). UMN regarding cancer fears, uncertainty, sexual feelings and relationships, loss of manhood or hot flushes were reported at high frequency (> 20%) in at least four of the treatment groups.

Conclusions: There is a range of UMN for men with PC across different domains and differences between treatment groups. Identification of high UMN may serve as impetus to further address these needs by the healthcare system and community.

SEXUAL HEALTHCARE AND CANCER PATIENTS: A NEEDS ASSESSMENT FOR PROSTATE CANCER PATIENTS

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Purpose: To obtain information from prostate cancer patients regarding their needs in the domain of sexual health care. The information, combined with clinical experience and expert knowledge of the health care team would enable the optimization of current resources and/or creation of new resources to meet the needs of patients and their partners related to sexual health issues. It could also provide baseline data with which to evaluate services and resources developed as a result of the needs assessment process.

Methods and Materials: A questionnaire was adapted by the investigators from a validated questionnaire utilized by the Alberta Health Board, investigating patients’ needs regarding sexual health care. Quantitative data was collected via the questionnaire; a four point Likert scale was utilized. Qualitative data was collected from the comments section after each question. Quantitative data was analyzed in terms of percentage responses. Qualitative data was subject to thematic analysis and reported according to identified themes. All prostate cancer patients, at all stages in the cancer continuum, were eligible to participate.

Results: One hundred patients were surveyed over a four month period. Forty-four patients responded although not every question was answered. Eighteen of 36 (50%) reported receiving written information and 22/38 (58%) verbal information about sexual health as it related to their cancer and treatment. Topics patients reported wanting to receive more information on were: 1) erections; 2) libido; and 3) fatigue.

Conclusions: Patients had differing experiences regarding the provision of sexual health information and services during their cancer treatment trajectory. Patients reported a variety of issues that were concerning to them on which they would like to receive more information. Adopting a framework for service delivery e.g. the PLISSIT model, may help in meeting the needs of patients while utilizing current resources. It may also facilitate service evaluation in the future.