QUALITY OF LIFE PROFILE OF MEN AT-RISK FOR PROSTATE CANCER: THE FIT AND THE WORRIED WELL
Kulkarni SG1, Watkins Bruner D1, Babb J2, Uzzo R3, Konski A2, Lai JS3, Cella D1
1Fox Chase Cancer Center, Cheltenham, PA, USA; 2Fox Chase Cancer Center, Philadelphia, PA, USA; 3Evanston Northwestern Healthcare, Evanston, IL, USA

OBJECTIVES: Men’s motivation to attend a Prostate Cancer Risk Assessment Program (PRAP) is under study. Previous PRAP work shows motivation to be unrelated to risk-knowledge and perceptions. This study assesses differences in quality of life profiles between two cohorts; men “at-risk” for prostate cancer (PC); and “normal” men without known risk of PC. METHODS: Functional Assessment Cancer Therapy (FACT) sub-scale scores were compared between cohorts; 331 men participating in PRAP in the NE United States and 456 men with complete FACT data, from an internet-based survey sample (1400 men randomly drawn from a demographically balanced sample of the United States population) recruited through Knowledge Networks, Menlo Park, CA. RESULTS: Three hundred seventy-six (82%) of “normal” men vs. 142 (43%) of “at-risk” men were Caucasian. Mean [median] age was 48.1 [46] for “at-risk” and 43.5 [42] years for “normal” men. Age and ethnicity were controlled in subsequent analyses. The “at-risk” group demonstrated higher physical and functional well-being (PWB/FWB) scores than the “normal” group (p < 0.0001). Analyses showed that the effect of PC risk on emotional well-being (EWB) depended on subject’s age (p < 0.027). When separated into 2 groups depending on the overall median age, both younger (<44 years) and older (>45 years) “normal” men showed significantly higher EWB scores than “at-risk” men; the difference being more pronounced among younger men. EWB score did not depend on the race of the subjects. CONCLUSION: The results indicate that although the men “at-risk” were older, they report being more physically fit than the younger “normal” group but had poorer EWB. Since risk knowledge and perceptions have been poor predictors of motivation to screen, it may be that motivation is associated with an emotional “gestalt” related to risk and a desire to stay fit to overcome risk.

FEAR OF CANCER RECURRENTITY AFTER TREATMENT FOR PROSTATE CANCER: DATA FROM CAPSURE
Mehta SS1, Lubeck DP2, Pasta DJ3, Ye JS4, Carroll P2
1TAP Pharmaceutical Products Inc, Lake Forest, IL, USA; 2University of California, San Francisco, San Francisco, CA, USA

OBJECTIVES: Fear of cancer recurrence has been well documented for colorectal cancer, breast cancer and bone marrow transplantation. Limited information exists for prostate cancer. This study describes fear of cancer recurrence (FOCR) in patients undergoing radical prostatectomy (RP) radiation (XRT) and brachytherapy (BT) as prostate cancer treatment. METHODS: Five hundred twenty-seven patients who underwent initial treatment (RP = 328, XRT = 56, BT = 143) were identified from CaPSURE, a national longitudinal registry of men with prostate cancer. Patients in this analysis completed at least one pretreatment and two post-treatment health related quality of life (HRQOL) questionnaires and had complete clinical information. HRQOL was assessed using the SF-36 and the UCLA Prostate Cancer Index (PCI). FOCR was assessed with a five-question scale and was described at baseline and after treatment. All questionnaires at each time interval were used to calculate the cross-sectional mean FOCR score. Linear regression was performed to determine predictors of FOCR. RESULTS: RP patients were younger (mean 61.2) than XRT (mean 71.6) and BT (mean 69.3) patients. Clinical characteristics among groups were similar except mean PSA, which was higher for XRT (8.3) as compared to RP (5.7) and BT (6.2). Mean FOCR scores were similarly low pretreatment (more fear) for RP (64.1), XRT (60.4) and BT (62.3), increased after treatment (less fear) for RP (77.4), XRT (72.9) and BT (68.9) but did not change substantially over 24 months thereafter. Regression revealed that only general health was a significant predictor of FOCR. No other general or disease specific HRQOL domains or clinical characteristics were significant predictors. CONCLUSIONS: Undergoing treatment for prostate cancer decreases the FOCR that patients experience; however, fear level does not change substantially over time. General health is the strongest predictor of FOCR and thus evaluation of this one domain is important for understanding overall HRQOL outcomes in prostate cancer patients.

DIFFERENCES IN HUSBAND/WIFE PREFERENCES AND UTILITIES FOR PROSTATE CANCER THERAPIES
1Fox Chase Cancer Center, Cheltenham, PA, USA; 2Fox Chase Cancer Center, Philadelphia, PA, USA

OBJECTIVE: This pilot study compared the preferences and utilities for impotence and incontinence associated with prostate cancer (PC) treatments between men with PC and their wives. Several studies have shown little congruence between stated and observed preferences. We hypothesize that spousal influence may be a significant predictor of observed, versus stated, preferences. METHODS: Seven husband/wife dyads were recruited from radiotherapy and urology follow-up clinics. Each spouse was interviewed without the other present, using the Time Trade-Off Technique. RESULTS: The husband-wife dyads demonstrated disparate preferences 50% of