

multivariate analysis adjusted for disease aggressiveness, age and BMI. A TT > 10.4 nmol/l was associated with a hazard ratio of 1.78 (95% CI 1.06-2.98,  $p = 0.03$ ) for BCR. This difference in BCR appeared as a split on the Kaplan-Meier curve only five years after treatment. TT did not have an influence on overall survival ( $p = 0.28$ ).

**Conclusions:** Low baseline TT level is an independent prognostic factor associated with a lower BCR rate. This effect appears only five years after radiotherapy treatment. The results are to the contrary to what has been shown from patients treated with radical prostatectomy.

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WHAT ARE PROSTATE CANCER PATIENTS' PREFERENCES FOR INFORMATION AND DECISION SUPPORT? A SYSTEMATIC SURVEY OF PATIENTS DIAGNOSED IN EACH OF THREE PROVINCES  
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**Purpose:** Current clinical practice guidelines support the engagement of prostate cancer patients in their cancer care. However, the optimal timing of, and the most preferred sources of information provision and decision support desired by prostate cancer patients has not been systematically explored. In order to inform the design of strategies for information provision and decision support, we sought to determine prostate cancer patients' preferences by conducting a systematic survey of recently diagnosed patients.

**Methods and Materials:** Surveys were conducted in British Columbia, Alberta and Saskatchewan. Based on power calculations and estimated response rates, a random sample of prostate cancer patients in each provincial registry diagnosed in late 2012 was invited to participate.

**Results:** Provincial response rates were 46%-55%, total  $n = 1007$ . Across provinces, mean age was 69 years. During the interval between diagnosis and the treatment decision, preferred information sources (not mutually exclusive) were the urologist (90%), family physician (85%), and radiation oncologists (58%). The Radiation Oncologist being identified as information source was highly dependent on whether the patient was managed with prostatectomy only (39%) versus primary radiotherapy (92%,  $p < 0.01$ ) whereas both groups identified the urologist as an important source (98% versus 94% respectively). Across all patients, 73% wanted printed information and 58% wanted information from the internet. Barriers to obtaining information from physicians included patients' perception of physicians not having enough time (27%), worrying about physician time (21%), and worrying about asking too many questions (15%). Barriers to obtaining information from books and from the internet, respectively, included uncertain quality (37% and 46%, respectively), unclear if personally applicable (39% and 41%), and poor search skills (31% and 20%). Recommended facilitators for providing information included a person to guide its acquisition (71%), providing printed information (69%), and someone to answer questions: in person (77%), over the phone (53%), or via email (43%). Even if access was easy, 27% would not want information from the internet, and 13% would not want any printed information. Regarding decision making, 18% would have liked more help with their decision, though half of that group (53%) indicated that they felt well informed. 77% of all respondents either used decision support or would have wanted to if they had known about it. Recommended timing for decision support included before meeting any specialists (11%), at the urologist visit (31%), and after all specialist visits before the decision is made with a doctor (35%).

**Conclusions:** Most prostate cancer patients want information and decision support but vary in where, when, and preferred medium. Optimal support needs to be multi-faceted and flexible.

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IDENTIFICATION OF CIRCULATING MIRNA ASSOCIATED WITH DEVELOPMENT OF CASTRATE RESISTANCE IN HIGH-RISK AND BIOCHEMICALLY RECURRENT PROSTATE CANCER PATIENTS  
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**Purpose:** We previously identified circulating miRNA in metastatic prostate cancer patients that are associated with early castrate resistance (< 2 years). The current study determined whether the predictive miRNA were associated with time to castrate resistance (CRPC) in PSA recurrent and high-risk adjuvant patients.

**Methods and Materials:** Patients from a prospective biomarker trial were categorized into three groups: 1) CRPC within two years of ADT, 2) CRPC greater than two years, and 3) patients remaining ADT sensitive. Total RNA was isolated from pre-treatment plasma using the miRNeasy kit (Qiagen). For quality control, known concentrations of cel-miR-39 were added prior to RNA isolation. Isolated miRNA was subjected to reverse transcription (RT) using the miScript II RT Kit and primers specific to miRNA of interest. Quantification of individual miRNAs was performed by qPCR using the miScript SYBR Green PCR Kit and specific primers for miRNAs of interest following RT. Quantification of relative levels of miRNAs between samples was determined following comparison of the  $\Delta\Delta CT$  method of relative quantification following normalization to cel-miR-39 and the endogenous control SNORD61.

**Results:** Previous work in metastatic patients identified 3 miRNA associated with development of early versus delayed CRPC. In the current study similar trends were observed for the third miRNA which was increased in early CRPC compared to other two groups. The second miRNA showed more variable expression amongst the three cohorts, and was generally lower in those patients who developed early CRPC. First miRNA was also lower in patients with early CRPC as compared other two groups, similar to our original findings in metastatic patients.

**Conclusions:** A previously identified miRNA signature of early castrate resistance in metastatic patients appears to be applicable to PSA recurrent and high-risk patients. Future work will validate these findings in additional patients from our trial and independent cohorts.

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VALIDATION OF A FRENCH CANADIAN VERSION OF THE EXPANDED PROSTATE CANCER INDEX COMPOSITE INSTRUMENT (EPIC)  
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**Objectives:** To assess the psychometric properties of a French Canadian version of the Expanded Prostate Cancer Index Composite Instrument (EPIC-50), among a clinical sample of prostate cancer patients.

**Methods and Materials:** The validity of the French Canadian version of the EPIC-50 was assessed among patients from the radiation oncology and urology departments of CHU de Québec. A total of 251 patients were recruited. Participants taking part in the sensitivity to change study ( $n = 51$ ) were asked to complete a battery of self-report scales at their consultation and at a follow up visit at the hospital, approximately six months after the initiation of their treatment. Another subsample of 68 patients completed the EPIC on two occasions separated by two weeks to estimate temporal stability. The battery comprised the