OBJECTIVES: To determine the relationship between a man’s current urinary and sexual function, qualitative valuations of future loss of function, and preferences for potential urinary and sexual impairment should he undergo screening or treatment. METHODS: We elicited preferences for prostate cancer treatment outcomes from 168 men. We performed logistic regression to (1) analyze the relationships between current function, valuation of future function, and (2) two direct elicitation methods, which were used to identify the qualitative responses and the optimal decision of whether to undergo screening for prostate cancer as determined from a previously-published decision-analytic model. RESULTS: Current function was not related to impacts on utilities. Importance of sexual function and anticipated adjustment to a loss of sexual function were strongly related to implantation utilities (p<0.05). Greater perceived difficulty adjusting to loss of bladder and sexual function, and 'dual-risk' profile, were associated with higher impairment utilities. Based on the multivariate analysis, significant predictors for the utility of severe incontinence were family income (OR=0.26 [CI 0.80-0.87] in men vs. 0.85 in women), 3-year screening interval, family history of prostate cancer (OR=2.5 [CI 0.96-6.45]), work status (OR=2.90 [CI 0.99-8.50]), and attitude toward needing to wear an incontinence pad (OR=6.47 [CI 0.76-54.4]). However, no variables were significant predictors for the complete impairment utilities. The importance of sexual functioning, with odds of 2.99 (CI 1.28-6.95), was a significant predictor of the optimal decision to screen. CONCLUSIONS: Current function and satisfaction are not necessarily useful as proxy measures of utility, however, anticipated difficulty adjusting to adverse health effects were highly related to preferences. Similarly, the importance of sexual functioning, a future preference, was related to the optimal decision, which validates our previously published decision-analytic model.

[The text continues with detailed research findings and conclusions related to various aspects of health, including screening intervals, patient adherence, and utility measures.]