

P024 Preliminary results of patient reported quality of life outcome from moderate and extreme hypo fractionation for localised prostatic adenocarcinoma

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Introduction & Objectives: Moderate (MH) and extreme hypo fractionation (EH) for localised prostate cancer have been widely accepted. We report the Institutional prospective database for patient reported quality of life (QOL) outcome from MH and EH with the use of Expanded Prostate Cancer Index Composite for Clinical Practice (EPIC-CP).

Materials & Methods: We reviewed the patient reported EPIC CP questionnaires in 50 prostatic adenocarcinoma patients treated over 1.5 years. There were 50 patients with stage cT1-3N0M0 receiving radical radiotherapy by Image guided intensity modulated technique with either MH (40) or EH by stereotactic radiotherapy (SBRT-10). MH was 60 Gy/20 fractions over 4 weeks and EH by SBRT was 36.25 Gy/5 fractions alternate days. EPIC CP was given at baseline, completion of treatment, at 6 weeks, 3 months and 6 months. We used the paired t-test to compare pre and post-treatment EPIC-CP domain scores and p-values <0.05 statistically significant.

Results: Mean urinary incontinence domain scores increased (worsened) significantly from baseline to 6 months, more in MH group. Urinary obstructive scores improved from baseline to 6 months with more than 95% patients in each group not using any pads at 6 months. Bowel frequency scores were maximum at 6 weeks post SBRT and 3 months post MH. For SBRT group it persisted till 6 months. Sexual function scores declined gradually in both groups post treatment and more pronounced in MH with hormonal treatment cohort. The patient reported pad free rates at 3 and 6 months post treatment were 70% and 90% (MH) and 75% and 92% (SBRT) respectively and were not statistically significant among them. Rectal bleeding reported in 2 patients of each group. Vitality/hormonal scores were unchanged from baseline in both groups at 3 and 6 months.

Conclusions: Preliminary EPIC-CP documented QOL measures showed no difference between MH and SBRT. Long term follow-up and comparison between physician and patient reported outcomes will be important for future studies.