

P025 Sexual function of men undergoing single prostate cancer treatment – results of the EUPROMS study

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Introduction & Objectives: A prostate cancer (PCa) diagnosis and its subsequent treatment will impact a man's quality of life (QoL) over a longer period of time. Representing the voice of men with prostate cancer (PCa) in Europe, Europa Uomo collected patient reported outcome (PRO) data in a unique patient-driven QoL study – EUPROMS – with the primary aim to provide PCa patients with an idea of what really to expect after PCa treatment. In this abstract the focus will lie on sexual function of patients who underwent, up until the moment of questionnaire completion, radical prostatectomy (RP), radiotherapy (RT), or followed an active surveillance (AS) management strategy.

Materials & Methods: PCa patients in Europe who received treatment were invited to complete a one-time, 20 minute online survey, which included demographical questions as well as the items of the validated EQ-5D-5L (generic health), the EORTC-QLQ-C30 (QoL of cancer patients) and the Expanded Prostate Cancer Index Composite short form 26 (EPIC-26, prostate-specific function). The survey was available in 19 languages.

Results: 2,943 men from 24 European countries completed the cross-sectional EUPROMS survey between August 21-November 19, 2019. Median age of respondents at questionnaire completion was 71 (interquartile range (IQR) 65-75) and 81.9% was living with a spouse. Of the 1,937 (65.8%) men who indicated that they underwent a single PCa treatment, 1,101 (56.8%) underwent RP (median age 69, IQR 64-73), 304 (15.7%) underwent RT (median age 74, IQR 69-78) and 179 (9.2%) underwent AS (median age 70, IQR 65-76). Time between treatment and questionnaire completion is heterogeneous. The ability to have an erection was rated as very poor to none/poor by 79.6% of men on RP, 77.7% on RT, and 44.7% on AS (table 1). The ability to reach orgasm was rated very poor to none/poor by 56.5% of men on RP, 72.4% on RT, 37.4% on AS. 72.8% of men on RP rated their overall ability to function sexually as very poor/poor,

versus 78.7% for RT and 43.1%.

Table 1: sexual function measured with the EPIC-26 for men who underwent a single PCa-treatment.

	RP (n, %) N=1,101	RT (n, %) N=304	AS (n, %) N=179
EPIC-26: How would you rate your ability to have an erection during the last 4 weeks?			
Very poor to none/Poor	876 (79.6%)	236 (77.7%)	80 (44.7%)
Fair	128 (11.6%)	42 (13.8%)	37 (20.7%)
Good/Very good	97 (8.8%)	26 (8.5%)	62 (12.3%)
EPIC-26: How would you rate your ability to reach orgasm (climax) during the last 4 weeks?			
Very poor to none/Poor	622 (56.5%)	220 (72.4%)	67 (37.4%)
Fair	244 (22.2%)	52 (17.1%)	47 (26.3%)
Good/Very good	235 (21.4%)	32 (10.5%)	65 (36.3%)
EPIC-26: Overall, how would you rate your ability to function sexually during the last 4 weeks?			
Very poor/Poor	802 (72.8%)	239 (78.7%)	77 (43.1%)
Fair	182 (16.5%)	41 (13.5%)	40 (22.3%)
Good/Very good	117 (10.6%)	24 (7.9%)	62 (34.6%)

Conclusions: PRO data from this one-of-a-kind patient-driven QoL study show the impact of single PCa treatment on men their overall sexual function, their ability to have an erection and reach orgasm. The impact of RP and RT on sexual function, erection and orgasm are major as compared to AS, and need to be taken into account when making a preference-sensitive decision for PCa treatment.