

Comparing Sexual Quality of Life in Cancer Survivors

New study looks at long-term impacts in people with prostate, bladder, colorectal and lung cancers

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Early detection and effective therapies have increased the life expectancy of cancer patients after diagnosis. Now that survivors are living longer, older cancer survivors are becoming an important group to study. Currently, there are over 17 million cancer survivors in the United States over the age of 65. Still, research focusing on the long-term impact of health-related quality of life lacks assessment.

There are over 8 million prostate cancer survivors and men with local stage prostate cancer who are projected to survive after treatment. However, several studies have reported that treatments (surgery, radiation) can increase the risk of morbidity and bowel dysfunction. Thus far, many studies have not evaluated contextual factors for prostate cancer, specifically how genitourinary and bowel side effects compare to the experiences of other early-stage cancers in male survivors. In this study, [the Ramsey group](#) from the Division of Public Health Sciences evaluated the genitourinary and bowel symptoms, sexual symptoms, and quality of life from local stage cancers survivors (bladder, colorectal, and lung) and long-term prostate cancer survivors. This study was published in the [Journal of Geriatric Oncology](#).

The study population – local stage prostate cancer patients– came from the Family and Cancer Treatment Selection (FACTS) study, and data was collected from the five-year follow-up period. The comparison group consisted of male patients with local stage bladder, colorectal, and lung cancer at 3-5 years from diagnosis and was collected from California, South Carolina, and Texas State Registries. The comparison group of cancer types was chosen based on its association with genitourinary (bladder) and bowel (colorectal) issues. Lung cancer patients were selected as a control group because this type of cancer is not expected to be associated with genitourinary and bowel issues. The 12-item Short Form Survey (SF-12) was used to assess the quality of life; the Expanded Prostate Cancer Index Composite (EPIC) ascertained urinary, bowel, and sexual side effects after cancer treatment, and the Patient Health Questionnaire-9 (PHQ-9) Depression Scale assessed depression. A total of 77 prostate and 124 non-prostate cancer (bladder, colorectal, and lung cancer) study participants. All statistical analyses were performed using SAS.

In the SF-12 and EPIC, higher scales indicate better quality of life, and lower scores associated with

PHQ-9 indicate positive results. In the multivariate analysis, prostate cancer survivors had higher physical component scores in comparison to non-prostate cancer survivors (difference =8.11, $p<.0001$). However, a difference was not seen within mental physical component scores in prostate cancer survivors and non-prostate cancer survivors. As the age and comorbidity of the survivors increased, the physical component scores decreased. However, greater mental function was reported for male survivors with older ages and higher morbidities. Prostate and non-prostate cancer survivors did not significantly differ in terms of their EPIC urinary, bowel, or sexual component scores in adjusted analyses. There was also no significant difference in PHQ-9 depression scores.

Long-term impacts of cancer and treatment continue to remain a major concern for cancer survivors. Based on this study's results, prostate cancer survivors fare well in comparison to non-prostate cancer survivors. The Ramsey group summarized the findings, "Our findings suggest that long-term impacts in physical, mental, and clinical function may not be dependent on cancer type but may be impacted by advanced age. As the US population ages, it is critical to continue to explore the post-treatment healthcare requirements of aging cancer survivors and meet their continuing needs. For example, there is a need for more research to determine how best to transition long term survivors' care from oncologists to primary care and community settings." This is the first study to use EPIC to evaluate non-prostate cancer survivors. The Ramsey group commented on future research "Factors other than initial treatment and the cancer type per se may provide more meaningful information regarding factors that predict disparities on HRQoL among longer-term survivals of early stage male cancers."

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