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Quality of life and patient-reported early adverse effects in prostate cancer patients treated with radiotherapy in the multi-center observational REQUITE study

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Purpose: We assessed the relationship between patient-reported early adverse effects (AEs) and health related worsening of quality of life (QoL) among prostate cancer patients.

Methods: Prostate cancer patients (N = 1,810) undergoing radiotherapy (RT) were recruited in eight countries between 04/2014–09/2016 for a multi-center prospective observational study (<http://requite.eu>). Treatment data as well as QoL and toxicity data prior to and at the end of RT were available for 1,345 patients. Global Health Status (GHS)/QoL was assessed using EORTC/QLQ-C30. Early AEs (gastrointestinal/GI, genito-urinary/GU) were scored using a patient-reported pelvic symptom questionnaire based on LENT/CTCAE. Multivariable logistic regression was used to investigate associations between common early AEs and worsening of QoL (= drop of 10 points) at the end of RT, adjusted for age, prostatectomy, hormonal therapy, normalized RT dose, baseline QoL score, and stage.

Results: 60% of the patients reported moderate/severe early GI and 73% GU toxicities, 32% experienced worsening of QoL during RT. The most commonly reported AE symptoms were rectal urgency/GI (33%) and urinary urgency/GU (54%). Both overall GI and GU toxicities were significantly associated with a worsening of QoL (OR, 95% CI 1.8, 1.4–2.3, and 2.4, 1.8–3.2, respectively). Symptoms most strongly associated with QoL worsening were for GI bowel pain (OR, 95% CI 2.3, 1.4–3.7) and for GU urinary pain (OR, 95% CI 1.90, 1.3–2.7).

Conclusions: The recognition of early AEs (e.g. pain) that have the greatest impact on the worsening of QoL may provide information for adjustment of treatment and management of symptoms. Comparisons with health professional rated AEs will be presented.