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Krebsepidemiologie (3)

Chair: Karen Steindorf, Ute Mons

16:15 **Update on radiotherapy-related early adverse effects and quality of life in prostate cancer patients of the prospective **REQUIRE** study**

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Abstract-Text :

Introduction: We previously assessed treatment adverse effects (AEs) and worsening of quality of life (QoL) in 480 prostate cancer patients undergoing radiotherapy (RT) recruited for the REQUIRE study. We now report on an updated analysis in the final REQUIRE prostate cohort.

Methods: Prostate cancer patients undergoing RT (N=1,811) were recruited in eight countries between 04/2014-09/2016 for a multi-centre prospective cohort study (www.require.eu). Global Health Status/QoL was assessed using EORTC/QLQ-C30. Early AEs (gastrointestinal/GI, genitourinary/GU) were physician-scored using CTCAE v4.0. We excluded patients with brachytherapy and toxicity scores ≥ 2 at baseline. Multivariable logistic regression analysis was used to investigate associations between common early AEs and a worsening of QoL (drop ≥ 10 points) at the end of RT, adjusted for age, prostatectomy, hormonal therapy, smoking, equivalent RT dose.

Results: In this preliminary analysis, treatment data as well as QoL and toxicity data prior to and at the end of RT were available for 1,172 patients (28% with prostatectomy). About a third of the patients experienced a worsening of QoL during RT. Early GI toxicity (\geq grade 2) was reported by 13% of the patients and by 17% for GU toxicities. Four percent experienced both GI and GU. The most commonly reported early symptoms were proctitis/GI (7%) and urinary frequency/GU (10%). Overall GI toxicity was significantly associated with a worsening of QoL (OR 1.9, 95% CI 1.3-2.7), but not GU. Symptoms with the strongest impact on QoL worsening were proctitis/GI (OR 2.0, 95% CI 1.3-3.3) and urinary tract obstruction/GU (OR 2.2, 95% CI 1.1-4.5).

Conclusions: We confirmed that overall physician-rated GI toxicity and some specific GI and GU symptoms significantly impaired QoL at end of RT. Recognition of early AEs with greatest impact on the worsening of QoL may provide information for optimization of specific aspects of treatment and management of relevant symptoms.