Quality of life after radical prostatectomy: Continuing to improve on our track record

Garson Chan, MD;[*] Stephen E. Pautler MD, FRCSC[†]*

[*]Division of Urology, Department of Surgery, Western University, London, ON; [†]Division of Surgical Oncology, Department of Oncology, Western University, London, ON

See related article on page 179.

Cite as: *Can Urol Assoc J* 2015;9(5-6):188-9. http://dx.doi.org/10.5489/cuaj.2999
Published online June 15, 2015.

In the past year alone, over 23 000 new cases of prostate cancer were diagnosed in Canada.[1] These Canadian men face multiple challenges along their cancer journey. Quite often, these patients report a lack of preparedness and confusion prior to choosing treatments, as well as challenges managing treatment side effects. The patient-driven and patient-centred medicine of today must focus on how these treatment decisions will affect their overall quality of life.

Although there have been published reports of patients who have undergone radical prostatectomy (RP), both robotic (RARP) and open RP (ORP), most are retrospective single surgeon experiences.[2-4] Numerous attempts have been made to quantify and evaluate the outcomes in RARP and ORP.[5] The article by Rush and colleagues[6] is the first of its kind to provide a uniquely Canadian-based experience with a large number of patients at the hands of experienced uro-oncologists. The authors have retrospectively analyzed the impact of RARP and ORP with respect to the individual patient's quality of life. This is a very important contribution to our understanding of quality of life in Canadian patients facing surgery.

Patient empowerment and shared decision-making with quality outcomes are becoming increasingly important in the area of oncological care. The important role that quality of life outcomes play in patient counselling and selection of treatment modality cannot be stressed enough. The manner in which post-surgical quality of life is discussed *before* surgery varies between surgeon and patient, thus the results in this study may vary by centre or by differing patient cohorts. Unfortunately, the authors do not comment on the preoperative counselling that took place in their cohort. Additionally, patients seek out information from other sources, such as prostate cancer survivors, the internet, and other health practitioners.[7] There can be a significant impact on patient perceptions and expectations before and after surgery. Again, this information is not presented.

Standardized preoperative counselling could help alleviate and optimize realistic expectations. In fact we know that patient satisfaction is highly correlated with preoperative expectations.[5,8-12] Satisfaction is multifactorial, and managing patient expectations should reduce unnecessary dissatisfaction. Symon and colleagues found discrepancies between patients' preoperative expectations regarding surgical outcomes and their observed sexual side effects.[10] Some institutions in Ontario have gone to a nurse navigator model for preoperative counselling prior to a patient choosing their definitive treatment modality. The thought is that this would reduce bias from surgeons or radiation oncologists. The evaluation of this type of model will provide us with further guidance.

It is evident that we, as physicians and healthcare providers, still struggle to provide patients with the information they need to make informed decisions.[13,14] Further improvements in direct communication and fostering an environment of patient-directed decision-making should continue. This article addresses the emergence of RARP at a Canadian academic centre and the quality of life outcomes. The constant evolution of innovative technology in medicine is a continual process, and what is popular now may not be so in the future. It is important to keep in mind the art of medicine; we are treating both the patient and the disease. As urologists, we face a complexity of issues in the new era of prostate cancer treatment. The intricacies of these issues undoubtedly conclude with the idea that the ideal outcomes are achieved by the careful preoperative selection of the right treatment for the right patient. In carefully counselling patients of the new available technologies, we can manage expectations and maximize satisfaction with optimal quality of life outcomes.

Competing interests: Dr. Chan declares no competing financial or personal interests. Dr. Pautler is currently participating in a clinical trial with Astellas.

References

1. Canadian Cancer Society's Advisory Committee on Cancer Statistics. Canadian Cancer Statistics 2014. Canadian Cancer Society; 2014:114.
2. Thompson JE, Egger S, Bohm M, et al. Superior quality of life and improved surgical margins are achievable with robotic radical prostatectomy after a long learning curve: A prospective single-surgeon study of 1552 consecutive cases. *Eur Urol* 2014;65:521-31. http://dx.doi.org/10.1016/j.eururo.2013.10.030
3. Tewari A, Srivasatava A, Menon M. A prospective comparison of radical retropubic and robot-assisted prostatectomy: Experience in one institution. *BJU Int* 2003;92:205-10. http://dx.doi.org/10.1046/j.1464-410X.2003.04311.x
4. Tseng TY, Kuebler HR, Cancel QV, et al. Prospective health-related quality-of-life assessment in an initial cohort of patients undergoing robotic radical prostatectomy. *Urology* 2006;68:1061-6. http://dx.doi.org/10.1016/j.urology.2006.06.017
5. Willis DL, Gonzalgo ML, Brotzman M, et al. Comparison of outcomes between pure laparoscopic vs robot-assisted laparoscopic radical prostatectomy: A study of comparative effectiveness based upon validated quality of life outcomes. *BJU Int* 2012;109:898-905. http://dx.doi.org/10.1111/j.1464-410X.2011.10551.x
6. Rush S, Alibhai SMH, Xu L, et al. Health-related quality of life in robotic versus open radical prostatectomy. *Can Urol Assoc J* 2015;9:179-87. http://dx.doi.org/10.5489/cuaj.2618
7. Pautler SE, Tan JK, Dugas GR, et al. Use of the internet for self-education by patients with prostate cancer. *Urology* 2001;57:230-3. http://dx.doi.org/10.1016/S0090-4295(00)01012-8
8. Sanda MG, Dunn RL, Michalski J, et al. Quality of life and satisfaction with outcome among prostate-cancer survivors. *N Engl J Med* 2008;358:1250-61. http://dx.doi.org/10.1056/NEJMoa074311
9. Smith DS, Krygiel J, Nease RF Jr, et al. Patient preferences for outcomes associated with surgical management of prostate cancer. *J Urol* 2002;167:2117-22. http://dx.doi.org/10.1016/S0022-5347(05)65099-9
10. Symon Z, Daignault S, Symon R, et al. Measuring patients' expectations regarding health-related quality-of-life outcomes associated with prostate cancer surgery or radiotherapy. *Urology* 2006;68:1224-9. http://dx.doi.org/10.1016/j.urology.2006.08.1092
11. Salonia A, Burnett AL, Graefen M, et al. Prevention and management of postprostatectomy sexual dysfunctions part 1: Choosing the right patient at the right time for the right surgery. *Eur Urol* 2012;62:261-72. http://dx.doi.org/10.1016/j.eururo.2012.04.046
12. Schroeck FR, Krupski TL, Sun L, et al. Satisfaction and regret after open retropubic or robot-assisted laparoscopic radical prostatectomy. *Eur Urol* 2008;54:785-93. http://dx.doi.org/10.1016/j.eururo.2008.06.063
13. Braddock CH 3rd, Edwards KA, Hasenberg NM, et al. Informed decision making in outpatient practice: Time to get back to basics. *JAMA* 1999;282:2313-20. http://dx.doi.org/10.1001/jama.282.24.2313
14. Volk RJ, Spann SJ, Cass AR, et al. Patient education for informed decision making about prostate cancer screening: A randomized controlled trial with 1-year follow-up. *Ann Fam Med* 2003;1:22-8. http://dx.doi.org/10.1370/afm.7

Correspondence: Dr. Stephen E. Pautler, Division of Urology, Department of Surgery and Division of Surgical Oncology, Department of Oncology, Western University, London, ON; stephen.pautler@sjhc.london.on.ca