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The impact of informed decision-making on prostate cancer survivorship

In this month's issue of *CUAJ*, Southall et al report findings from their cross-sectional survey of Manitoba Prostate Cancer Support Group members.¹ While there are limitations to this analysis, including the lack of validated measures of treatment regret,² their study highlights a critical aspect of prostate cancer survivorship: the association between informed and shared decision-making at the time of treatment selection and treatment decisional regret. This work builds on an established body of evidence linking decision-making processes to treatment satisfaction and underscores the enduring impact of pre-treatment counseling on patient well-being.³

Southall et al's findings not only confirm the relationship between decision-making and regret within their local prostate cancer survivor communities, but also underscore the broader implications of these dynamics for survivorship experiences. Their observation that limited informed and shared decision-making is associated with increased regret raises the possibility that these processes influence clinically significant outcomes, such as patient-reported bother with symptoms, satisfaction with sexual function, and overall quality of life. While treatment-related complications, such as erectile dysfunction or urinary incontinence, may be unavoidable, how patients perceive and cope with these adverse effects appears to depend heavily on their expectations, preparation, and engagement in the decision-making process.

Data from a secondary analysis of the Comparative Effectiveness Analysis of Surgery and Radiation (CEASAR) study further emphasize this point, revealing that a misalignment between patient expectations and actual treatment outcomes — particularly regarding treatment efficacy and toxicity — has a greater impact on treatment-related regret than functional outcomes (e.g., erectile dysfunction, urinary incontinence, or bowel dysfunction).⁴ These findings suggest that treatment-related regret, closely tied to pretreatment expectations, is a more modifiable component of the survivorship experience than functional outcomes. Addressing this misalignment through improved pre-treatment counseling and

shared decision-making processes thus represents an important opportunity to not only reduce regret but also enhance patient satisfaction and quality of life.

Beyond generating hypotheses, their work highlights specific areas for improvement in prostate cancer care. Informed and shared decision-making in localized prostate cancer begins with equitable access to appropriate treatment options and specialist consultations; however, disparities in access to multidisciplinary care persist, as evidenced by studies from Ontario showing inequities in pre-treatment consultation with radiation oncologists.⁵ Addressing these disparities is essential for ensuring informed decision-making.

While resource limitations remain challenging, expanding virtual care for patients lacking access to radiation oncology or other specialists may offer a pragmatic solution. Virtual consultations could bridge geographic and logistical gaps, promoting more equitable access to comprehensive pre-treatment counseling; however, ensuring the quality of these interactions presents a greater challenge.

Evidence regarding the effectiveness of decision aids in improving patient outcomes remains limited, often characterized by a high risk of bias and low-quality studies.⁶ Further research and innovation are needed to optimize these tools and develop strategies that enhance the depth and impact of virtual and in-person consultations, ensuring patients receive meaningful and actionable support to engage in informed and shared decision-making.

In summary, Southall et al's study reminds us that survivorship begins at cancer diagnosis. By prioritizing informed, empathetic, and collaborative decision-making from the outset, we can not only mitigate decisional regret but also enhance the long-term quality of life of prostate cancer survivors. This approach ensures that survivorship is defined not merely by the number of years lived but by the richness and fulfillment of those years.

COMPETING INTERESTS: Dr. Wallis has been a speaker for AbbVie, Astellas, AstraZeneca, Bayer, EMD Serono, Haymarket Media, Healing and Cancer Foundation, Knight Therapeutics, Merck, TerSera, and Tolmar; has received consulting fees from Janssen Oncology, Nanostics Inc, Precision Point Specialty LLC, and SESEN Bio; and has received honoraria from Bayer, Knight, and Tolmar. Dr. Nguyen does not report any competing personal or financial interests related to this work.

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CORRESPONDENCE : Dr. Christopher J.D. Wallis, Division of Urology, Department of Surgery, University of Toronto, Toronto, ON, Canada; wallis.cjd@gmail.com