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See related article on page 410

Investing in prostate cancer survivorship

In this edition of the *Canadian Urological Association Journal*, Nuyens et al report the cost-effectiveness of the Prostate Cancer Patient Empowerment Program (PC-PEP), a survivorship intervention for men with prostate cancer.¹

Over six months, PC-PEP combines physical activity, pelvic floor training, mindfulness-based stress management, and healthy lifestyle education. Participants engage with daily video sessions and receive practical guidance on nutrition, sleep, and emotional well-being, reinforced through regular peer support. In this pre-specified economic analysis within their randomized trial, the authors found that PC-PEP not only improved patients' psychological well-being but also lowered overall healthcare costs — suggesting that programs focused on holistic survivorship can deliver both better outcomes and greater value for the healthcare system.

To many readers, these findings will be intuitive. The early period after prostate cancer treatment is often marked by physical and emotional recovery, a time when structured support can prevent distress, promote adherence, and sustain health behaviors. What is striking, however, is that these benefits were achieved at remarkably low cost. The program costs roughly \$200 per participant to deliver and was associated with savings of \$400–600 per patient in healthcare spending within a year. In a publicly funded system, such results only strengthen the case for embedding survivorship support into standard care. Yet, while the economic argument is compelling, the broader implications of this work potentially extend beyond cost containment.

There is renewed interest in whether survivorship interventions like PC-PEP, sustained over longer periods of time, can also influence oncologic outcomes. In a recent *New England Journal of Medicine* trial, Courmeya et al showed that structured exercise after adjuvant chemotherapy for colon cancer led to significantly longer disease-free survival.² Although replicating such a study in prostate cancer would be challenging, given lower event rates and longer disease trajectories, the principle remains provocative: survivorship interventions may not merely restore quality of life, but could also improve quantity of life

— and thus further support their cost-effectiveness and importance. Programs that address fitness, stress, diet, and social connection may have physiologic and behavioral effects that collectively influence long-term outcomes.

The real challenge lies in understanding which components of survivorship programs truly drive benefit, for whom, and under what circumstances. Interventions like PC-PEP are inherently multifaceted — part behavioral therapy, part rehabilitation, part education — and their success likely depends on how these elements reinforce one another. Yet, the evidence base for survivorship care remains limited and heterogeneous.³

Against this backdrop, PC-PEP stands out as a well-designed, comprehensive, and patient-centered initiative that has demonstrated measurable gains for both individuals and the health system. Still, as with most meaningful research, these findings raise new questions rather than close the discussion. Which patients stand to benefit most? Who might need less intensive intervention? And could there be unique aspects of how PC-PEP was implemented — elements not fully captured in its formal description — that explain its success?

Future studies should focus on implementation and scalability. The virtual delivery of PC-PEP makes it well-suited for dissemination across diverse health systems, including rural and underserved populations; however, as with any complex intervention, success will depend on local adaptation, sustained engagement, and institutional support. Cost-effectiveness analyses — especially those conducted from a healthcare payer perspective — are essential to guide resource allocation, but broader evaluations that include societal perspectives and equity considerations will further strengthen the case for adoption.

The study by Nuyens et al provides more than another incremental contribution to survivorship research; it offers a pragmatic model for how urologic oncology programs can translate evidence into practice. By rigorously demonstrating that a low-cost, virtual intervention can improve mental well-being and reduce healthcare spending, the authors bridge the gap between what is ideal and what is feasible

within a publicly funded system. Few survivorship initiatives have shown such tangible economic and patient-centered benefits in tandem. Their findings make a strong case for integrating structured, scalable, and psychologically informed survivorship care into routine urologic practice.

As ongoing work evaluates the durability of PC-PEP's effects and its adaptability across settings, this trial sets a new benchmark for what success in survivorship research can — and should — look like: measurable improvement in both human and system outcomes.

COMPETING INTERESTS: Dr. Wallis has been an advisory board member for Johnson & Johnson and Nanostics Inc.; has been a speaker for Abbvie, Astellas, AstraZeneca, Bayer, Johnson & Johnson, Knight, Intuitive Surgical, MashUP Media, Merck, Pfizer, Science & Medicine, Sumitomo, TerSera, and Tolmar; and has received grants/honoraria from Astellas, 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