Examining Predictors of Fear of Cancer Recurrence Among Men Treated for Localized Prostate Cancer: The Role of Decisional Conflict, Psychological Distress and Sexual and Urinary Function

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Introduction and Objectives
Commonly available prostate cancer treatments have resulted in men living longer but with the fear of cancer recurrence (FoCR). Previous research examined associations between FoCR and health-related outcomes, however, little is known about predictors of FoCR in men with prostate cancer. The main objective of the study is to examine whether pre-treatment decisional conflict (e.g., decision-related difficulty and uncertainty), sexual and urinary function predict FoCR 6-month following treatment controlling for potential demographic and clinical covariates in a large sample of prostate cancer patients treated with prostatectomy (RP), radiation (XRT) or brachytherapy (BT). Results from cross-sectional and longitudinal analyses are presented.

Methods
A total of 869 patients completed baseline (i.e., after diagnosis) and 6-month questionnaires following treatment (146 RP, 483 XRT, 240 BT). Demographic (e.g., age, marital status), Clinical (e.g., Gleason score, PSA level), emotional (e.g., depressive symptoms, intrusion, avoidance) and cognitive factors (e.g., difficulty of treatment decision) and urinary and sexual dysfunction were assessed at baseline. FoCR was assessed with a 2-item scale at 6-month. A series of multivariate linear regression was performed to determine significant predictors of FoCR from baseline demographic, clinical, cognitive, affective, and symptom-related factors.

Results
Overall FoCR at 6-month was more severe among patients with higher Gleason scores, lower education level, or patients treated with XRT compared to patients treated with RP or BT. Among the baseline decisional conflict-related factors, difficulty making a treatment decision, decision-related uncertainty, need of more information, and worries about treatment decision significantly predicted FoCR. Among the symptom-related factors, higher levels of baseline sexual dysfunction were significantly associated with more severe FoCR. Baseline depressive symptoms (i.e., emotional factor) were significantly associated with more severe FoCR.

Conclusions
Fear of cancer recurrence (FoCR) imposes a substantial burden in patients especially after treatment. Understanding the impact of prostate cancer-related decisional conflict and FoCR can help physicians counsel patients on Pr Ca recurrence issues and enhance their adjustment to disease and treatment.