

Rates of social continence and sexual function in high-risk prostate cancer patients: results from a statewide collaborative.

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INTRODUCTION AND OBJECTIVE: To examine the patient reported outcomes (PRO) for patients who underwent radical prostatectomy (RP) for high-risk prostate cancer (HRPCa) within the Michigan Urological Surgery Improvement Collaborative. Sexual function data was reported among patients with good baseline function.

METHODS: We collected data for patients with HRPCa at MUSIC practices between 2014-2020. Data abstractors recorded clinical, pathologic, surgical, patient surveys, and follow up data into the registry for HRPCa patients. HRPCa was defined as PSA > 20, Gleason grade group 4 (GG4) or above, and/or clinical stage greater than or equal to cT3a with cancer spreading outside the prostate on at least one side. Patients undergoing RP completed a questionnaire prior to surgery and then at 3, 6, 12, and 24 months after surgery. The questionnaire utilizes the Expanded Prostate Cancer Index Composite (EPIC-26). The study has two primary outcomes: (1) Social continence at 3- and 6-months post-RP, which was defined as 0-1 pad used per day; and (2) Good sexual function at 12- and 24-months post-RP, which was defined as the ability to achieve erections firm enough for intercourse.

RESULTS: A total of 2805 patients diagnosed with HRPCa were identified. At 3 months after RP, 57% of HRPCa patients had social continence, compared to 69% and 66% for low and intermediate risk patients, respectively ($p < 0.01$). At 6 months 79% HRPCa patients had social continence, 84% for low risk, and 85% for intermediate risk ($p < 0.01$). At 12 months post-RP 16% HRPCa patients had good sexual function, low risk PCa had 31% and intermediate risk PCa had 26% ($p < 0.01$). At 24 months post-RP 19% of HRPCa patients had good sexual function, 39% for low risk, and 31% for intermediate risk ($p < 0.01$).

CONCLUSIONS: Post-RP HRPCa patients have significantly lower rates of social continence, but social continence nears low and intermediate risk at 6 months. Sexual function in HRPCa patients is significantly lower compared to low and intermediate risk patients which persists throughout our study period. This information has important implications for pre-operative counseling and post-operative follow-up.

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