

EUPROMS study

Europa Uomo patient reported outcome study

The first ever prostate cancer quality of life survey conducted by patients for patients

EUROPA UOMO 

The Voice of Men with Prostate Cancer in Europe

About this presentation

This presentation is for prostate cancer patient groups and the general public

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EUPROMS study

Background information

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The Voice of Men with Prostate Cancer in Europe

EUPROMS background 1

EUPROMS stands for Europa Uomo Patient Reported Outcome Study

It is the first major study on quality of life after prostate cancer treatment to be conducted by patients themselves

It is based on an online questionnaire completed by nearly 3,000 men in Europe

It provides a new perspective because most other quality of life studies are conducted by and with doctors in a clinical environment

The study began in August 2019 and the first results were reported in January 2020

EUPROMS background 2

Europa Uomo has reported EUPROMS findings at many important medical conferences including:

- The European Association of Urologists (EAU) Congress 2020
- The EAU Section of Oncological Urology annual meeting
- The European Society for Medical Oncology (ESMO) Congress
- The European Multidisciplinary Congress on Urological Cancers (EMUC)
- European Organisation for Research and Treatment of Cancer (EORTC) webinar

Findings are also being published in various publications including European Urology Focus magazine

EUPROMS background 3

These survey findings provide a “snapshot” picture of the quality of life issues experienced by men with prostate cancer across Europe at a particular point of time

They provide information that may help patients and their doctors make decisions about treatments

They may help in campaigning for early diagnosis of prostate cancer and promoting approaches such as active surveillance

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How the study was conducted

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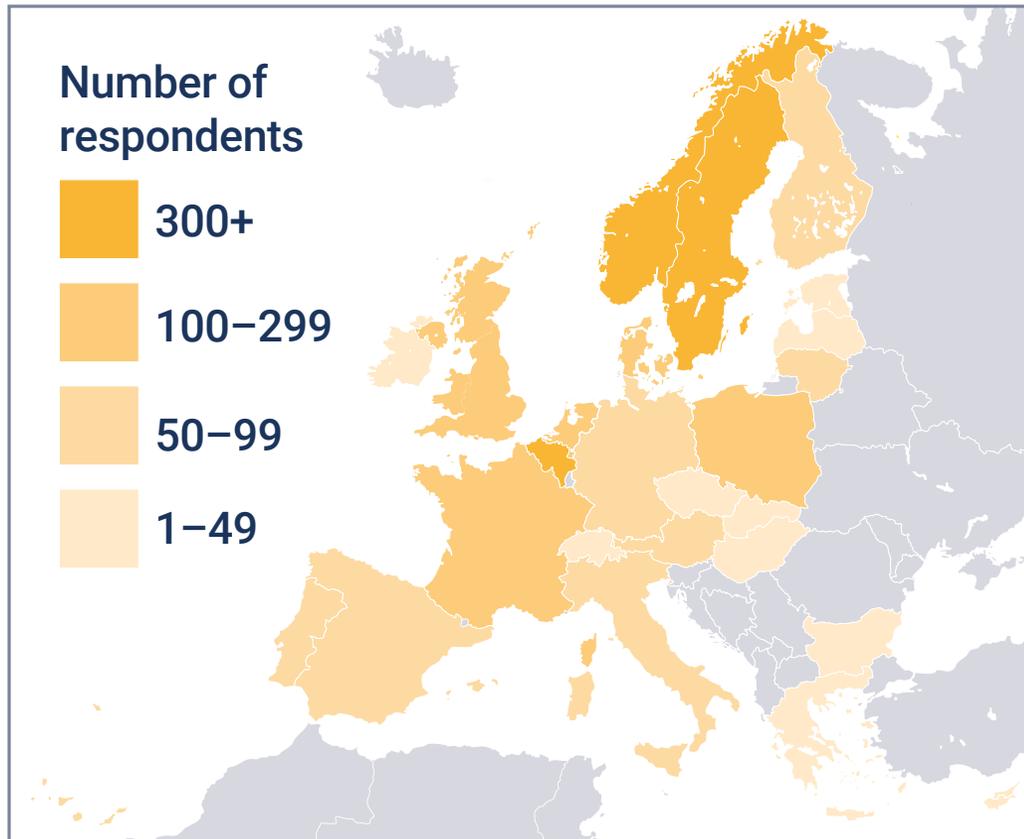
The questionnaire

- 20 minute online survey for men who have received treatment for prostate cancer
- Available in 19 languages
- Used validated quality-of-life questionnaires: EPIC-26 and EORTC-QLQ and EQ-5D-5L
- Responses were anonymous

Geographical response

2,943 responses

25 countries



Norway: **506**
Sweden: **386**
Belgium: **339**

Germany: **253**
The Netherlands: **244**
France: **234**
Denmark: **188**
UK: **187**
Poland: **109**

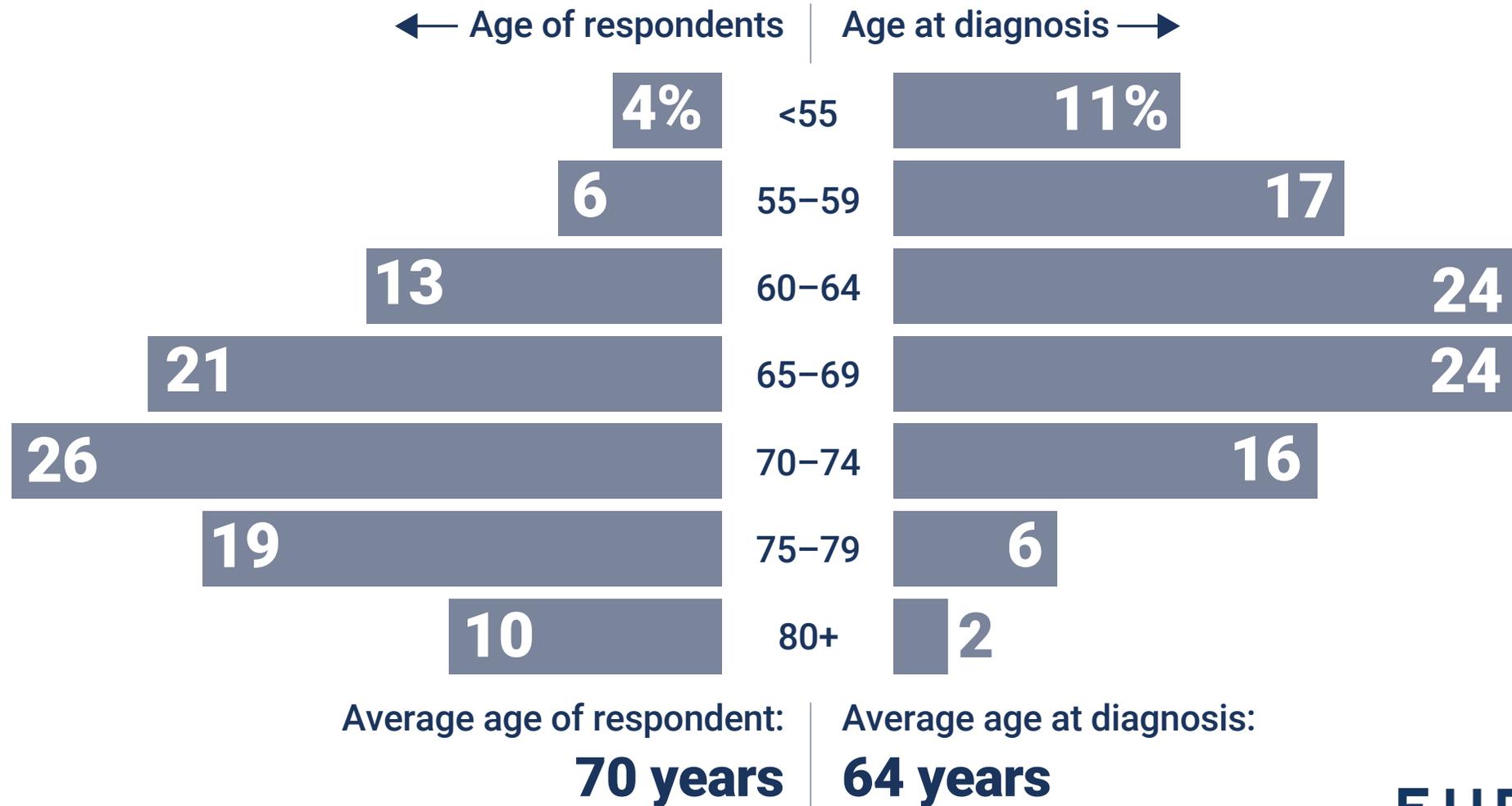
Portugal: **75**
Italy: **71**
Austria: **66**
Finland: **65**
Spain: **55**
Lithuania: **52**

Other (mainly Cyprus): **38**
Ireland: **26**
Latvia: **11**
Hungary: **10**
Estonia: **8**
Slovak Republic: **8**
Switzerland: **7**
Czech Republic: **3**
Bulgaria: **1**
Greece: **1**

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Respondent profile

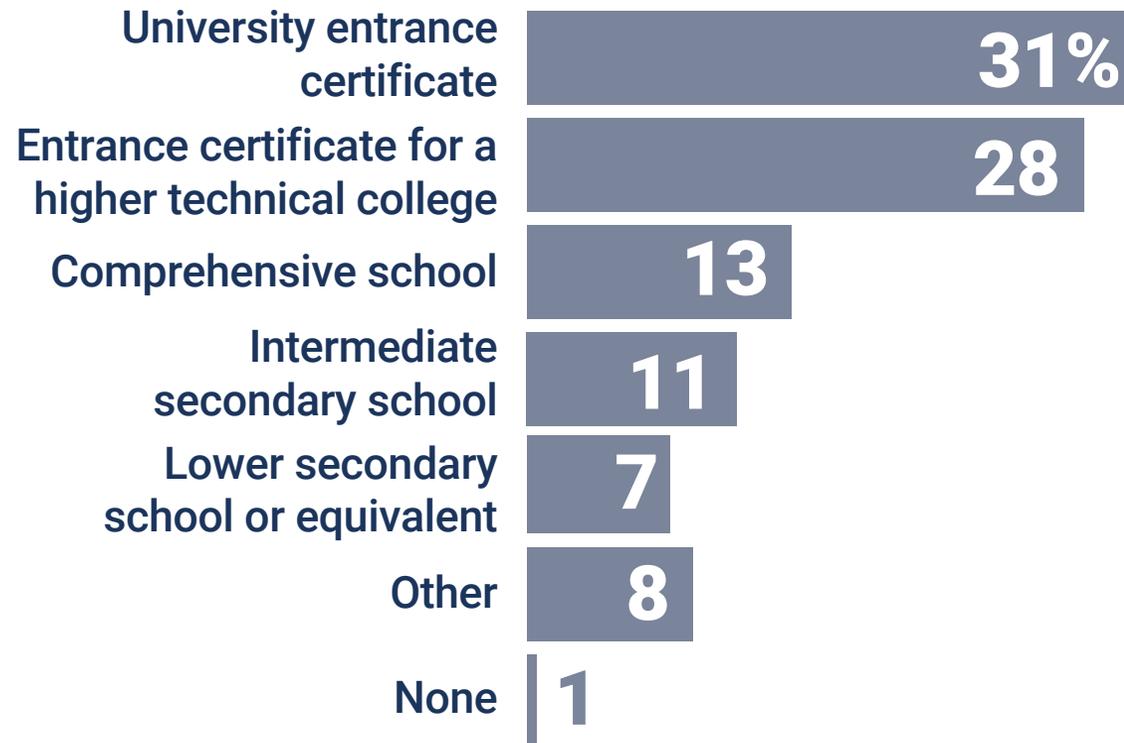


Respondent profile

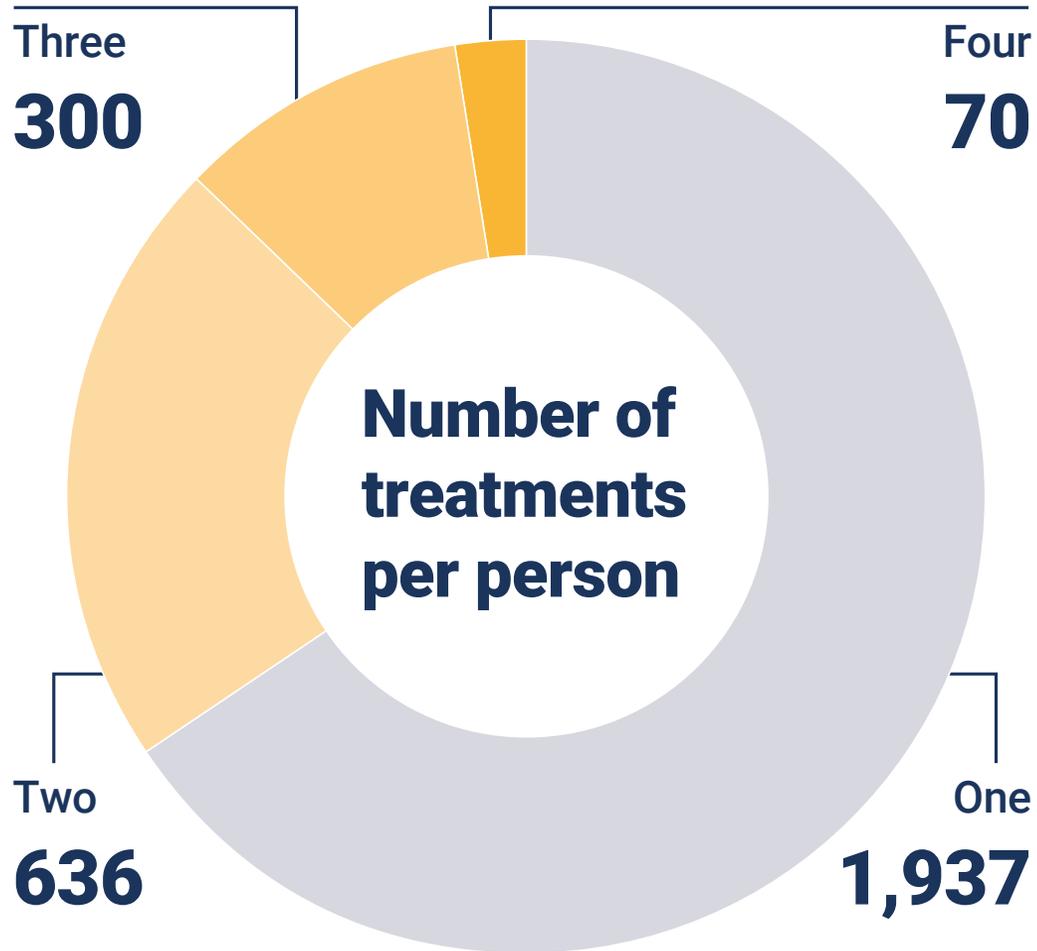
Living situation



Education



Treatment profile



Most common first treatments:

1. Surgery
2. External beam radiotherapy (EBR)
3. Active surveillance (AS)

Most common second treatments:

1. Surgery and EBR
2. Androgen deprivation therapy and EBR
3. AS and surgery

The analysis

Analysis of the data was conducted by Professor Monique Roobol and her team at Erasmus University Medical Centre, Department of Urology, Rotterdam.

Their analysis provided the findings here and in scientific papers.

Some of the findings here are based on raw survey responses, and statistical significance has not been calculated or displayed.

However, all the findings help to provide vital information for clinical decision-making, making them clinically relevant

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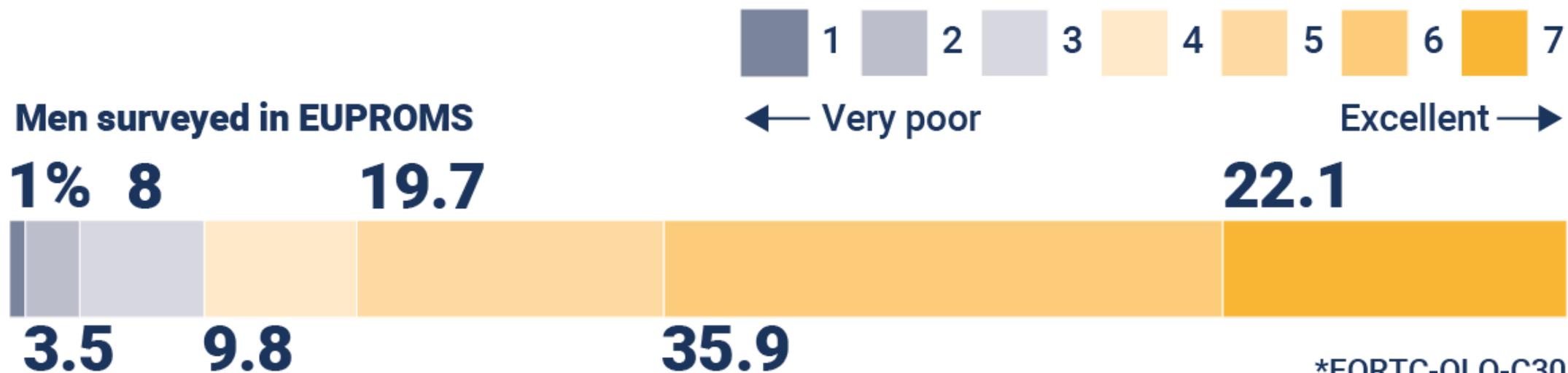
Results: general quality of life

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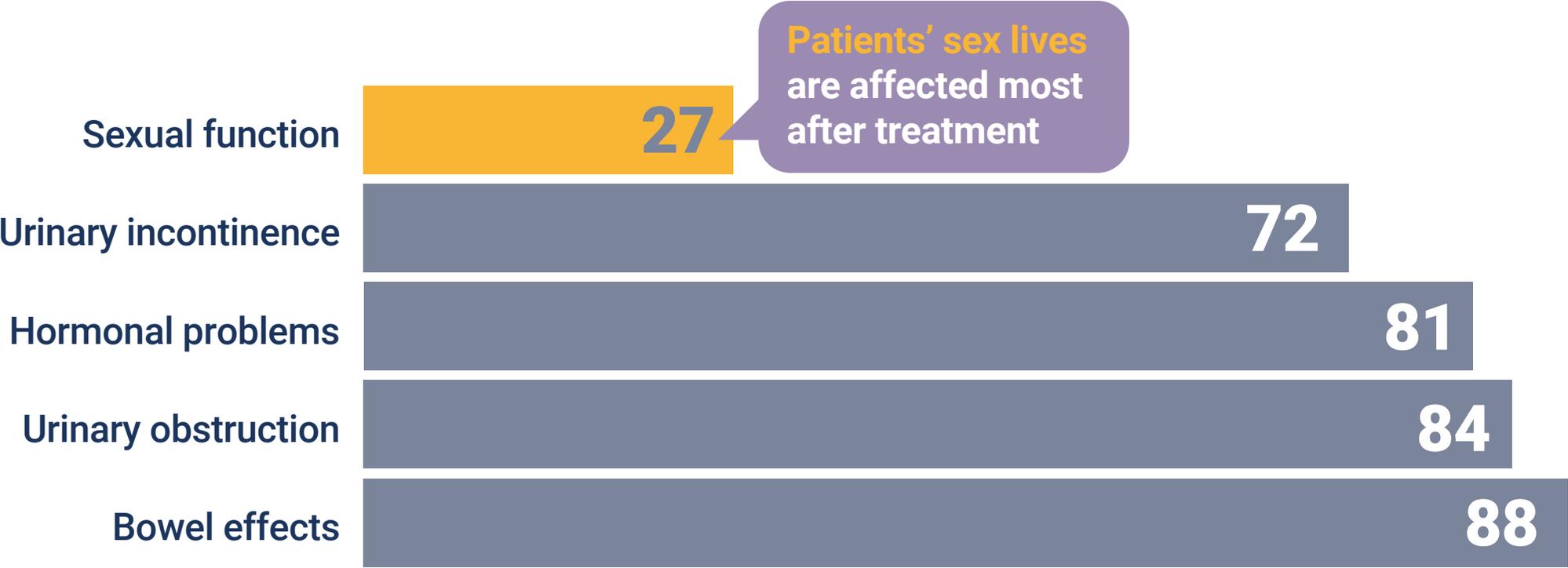
(G1) Quality of life during the past week

Very poor to excellent (% of all respondents)



(G2) How does treatment affect quality of life?

(Quality of life scores*. Lowest score indicates most troublesome effects)



Patients' sex lives are affected most after treatment

*EPIC-26 scores

← Worse quality of life

Better quality of life →

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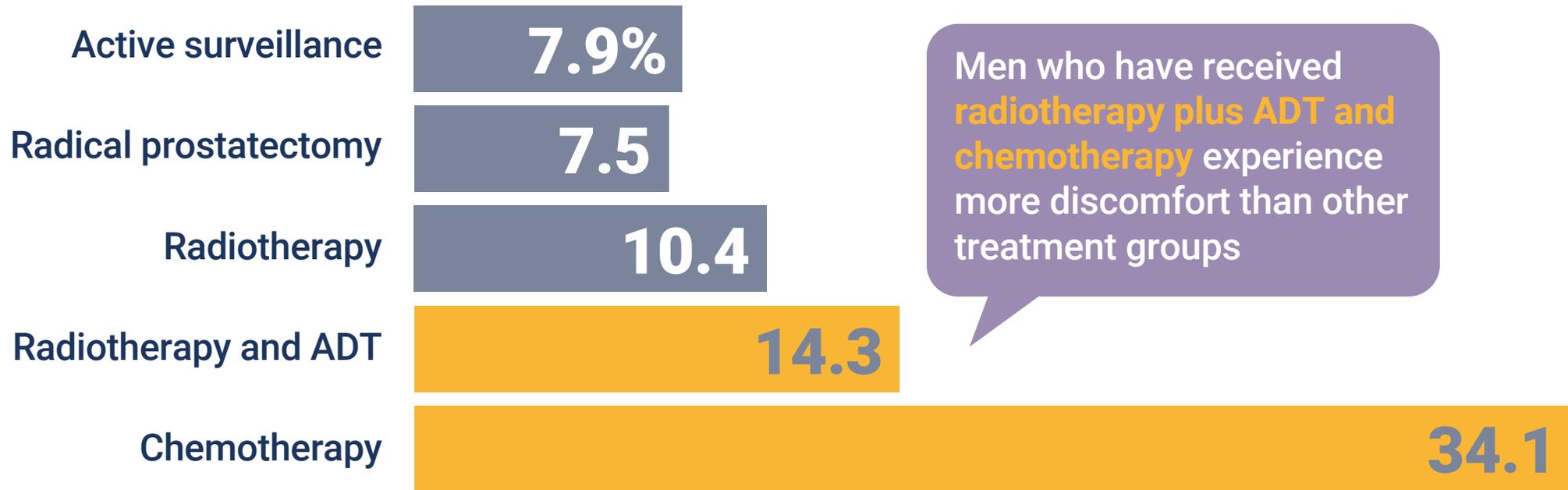
Results: Discomfort, tiredness, insomnia

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(D1) Which treatments are linked with pain or discomfort?

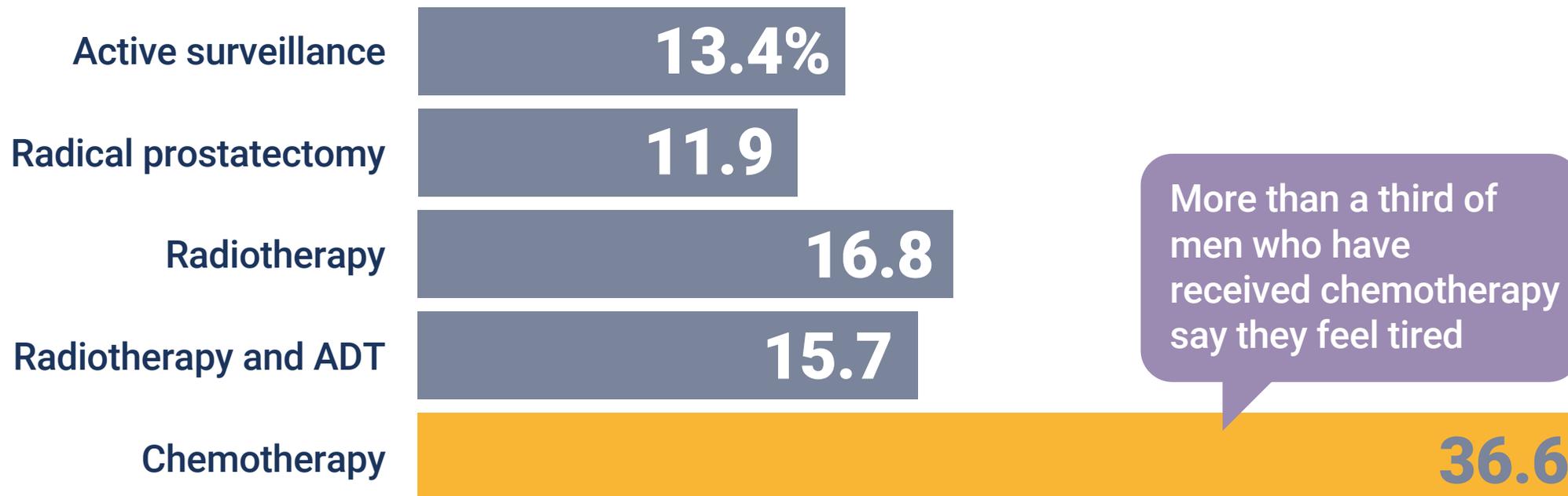
(% of respondents saying they were in moderate, severe or extreme pain/discomfort at time of survey*)



*EQ-5D-5L questionnaire

(D2) Which treatments are linked with tiredness?

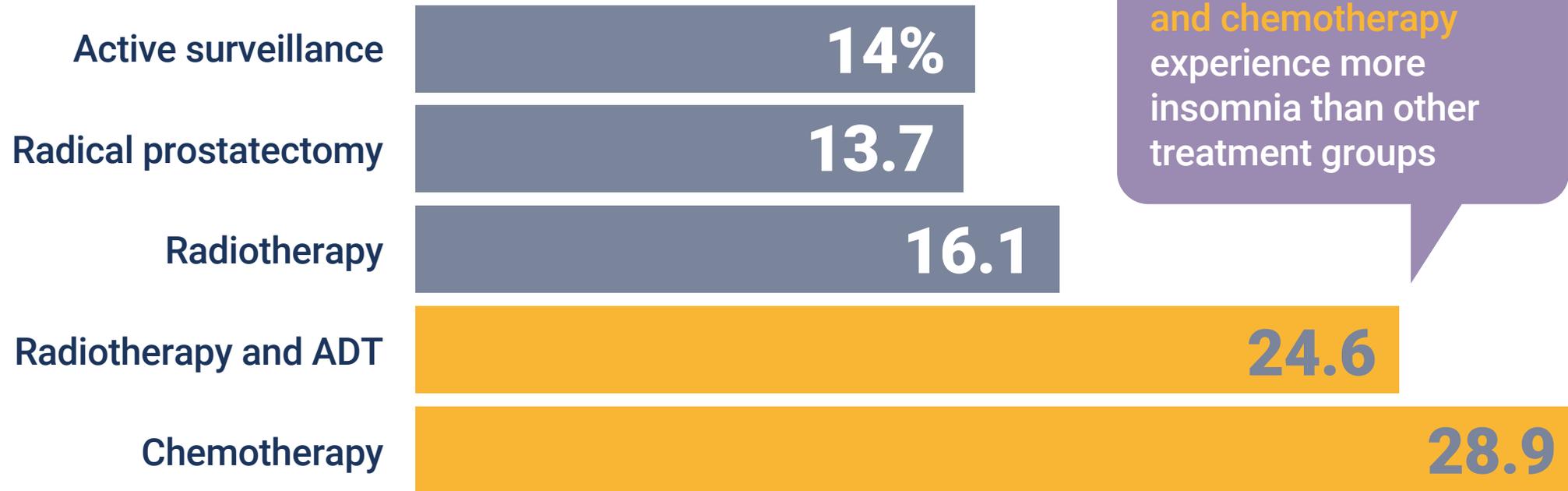
(Respondents who said they have been quite or very tired in the past week*)



*EORTC-QLQ-C30

(D3) Which treatments are linked with insomnia?

(Respondents who said that have had 'quite a bit' or 'very much' trouble sleeping in the past week*)



*EORTC-QLQ-C30

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Results: mental health

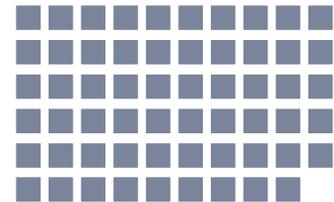
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(M1) How depressed/anxious are men at different stages of treatment?

■ Not ■ Slightly ■ Moderately ■ Severely ■ Extremely

On active surveillance



59%

27

10

4

First line of therapy



36

37

20

7

Second line of therapy or later



38

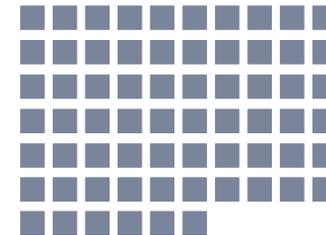
35

18

8

1

Previously, but not currently, receiving treatment



66

24

8

2

Men experience roughly equal levels of anxiety in first and second line treatment

(M3) What proportion of men who have been treated for prostate cancer are anxious or depressed?

(At time of survey*)

42% of men say they are anxious or depressed to some extent

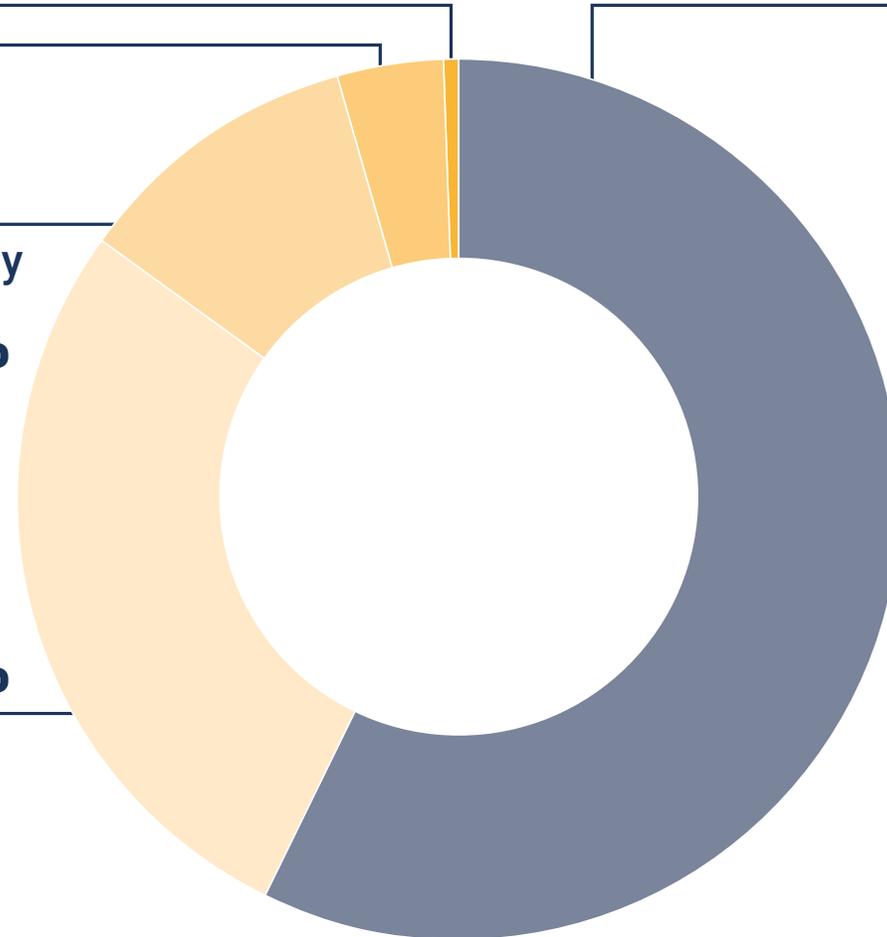
Extremely
0.5%

Severely
3.7%

Moderately
10.8%

Slightly
27.7%

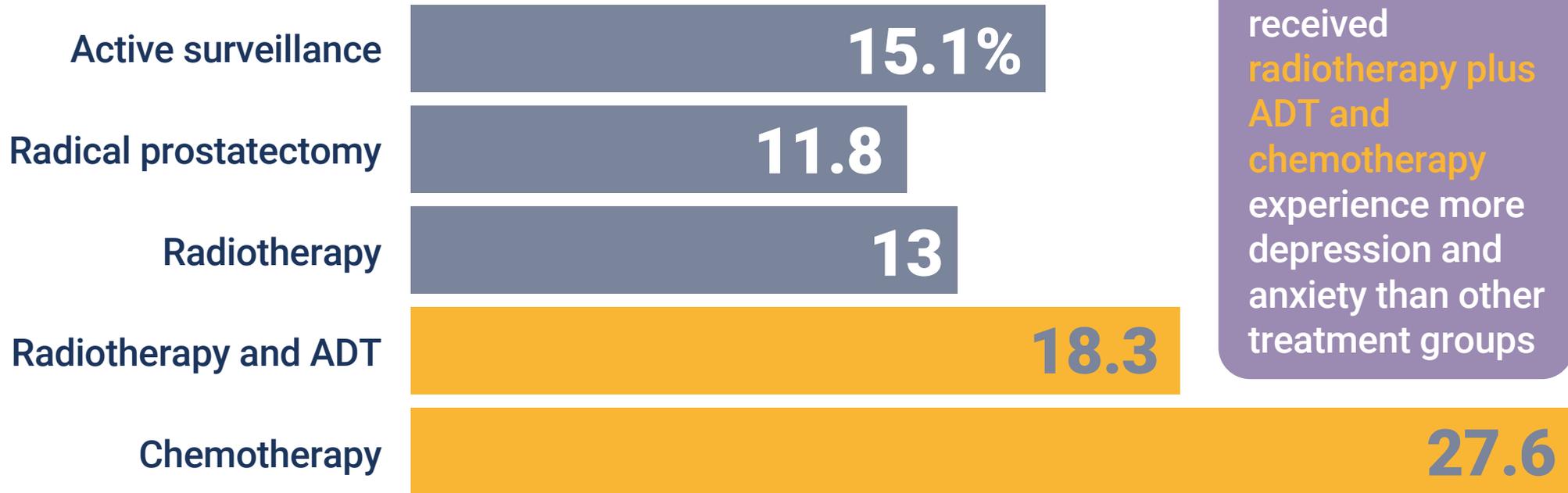
Not at all
57.4%



*EQ-5D-5L questionnaire

(M4) Which treatments are linked with mental health problems?

(% of respondents saying they were moderately, severely or extremely depressed or anxious at time of survey*)



*EQ-5D-5L questionnaire

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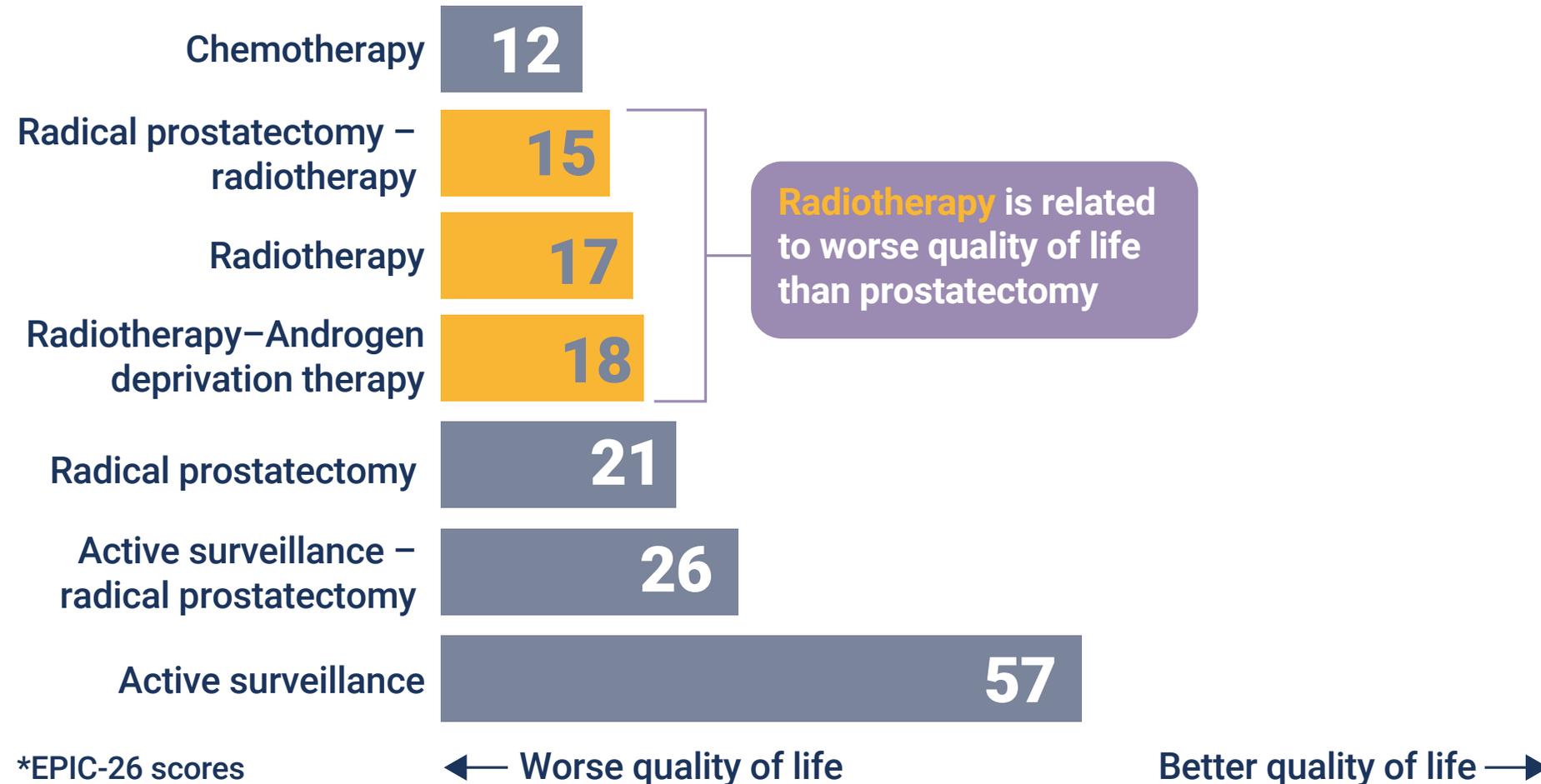
Results: sexual function

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(S1) How is sexual function after different treatments?

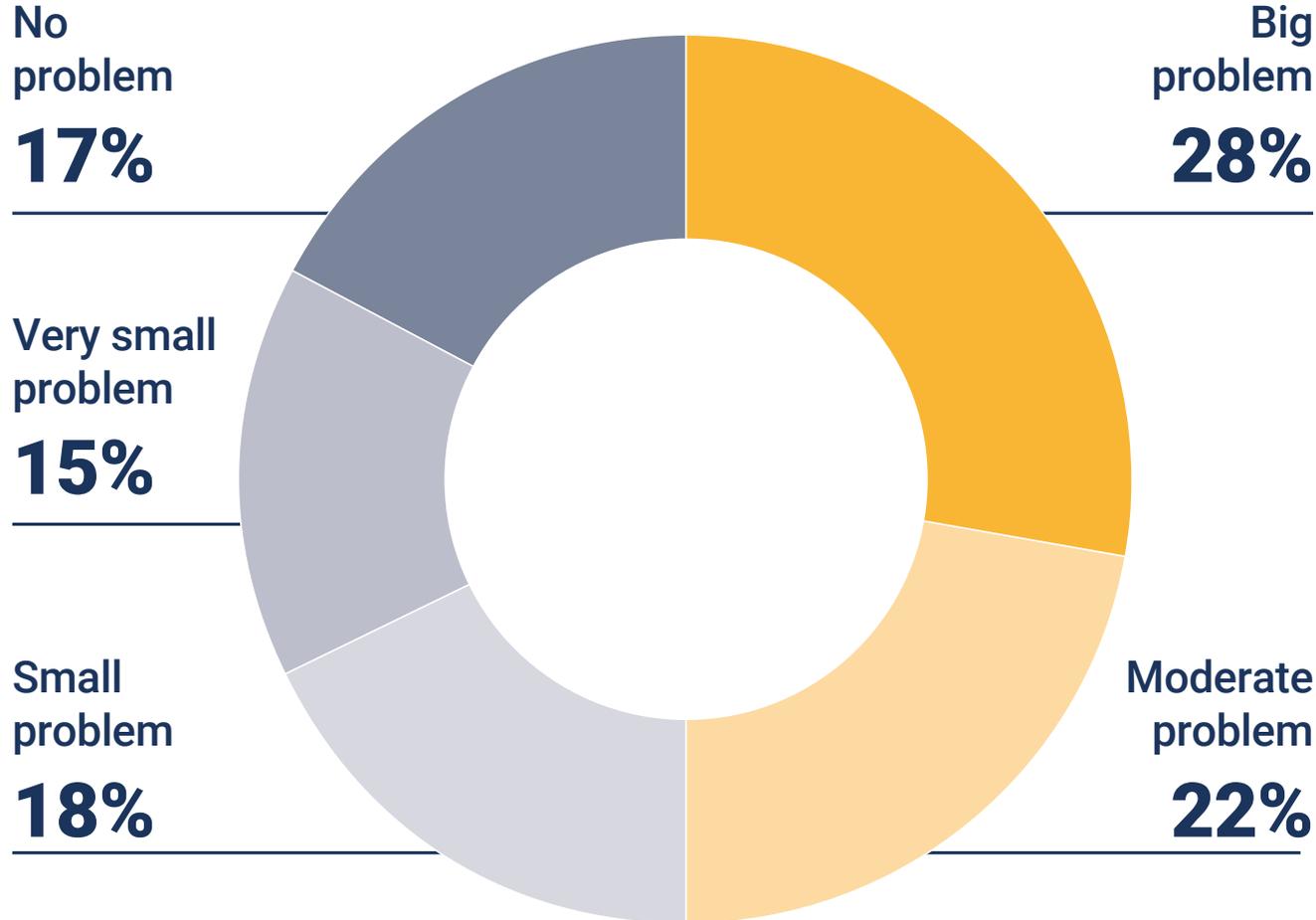
(Quality of life scores*. Lowest score indicates worst effects)



*EPIC-26 scores

(S2) How big a problem is sexual functioning?

(All respondents*)



Half of all men responding said that sexual function has been a **moderate or big problem** after treatment

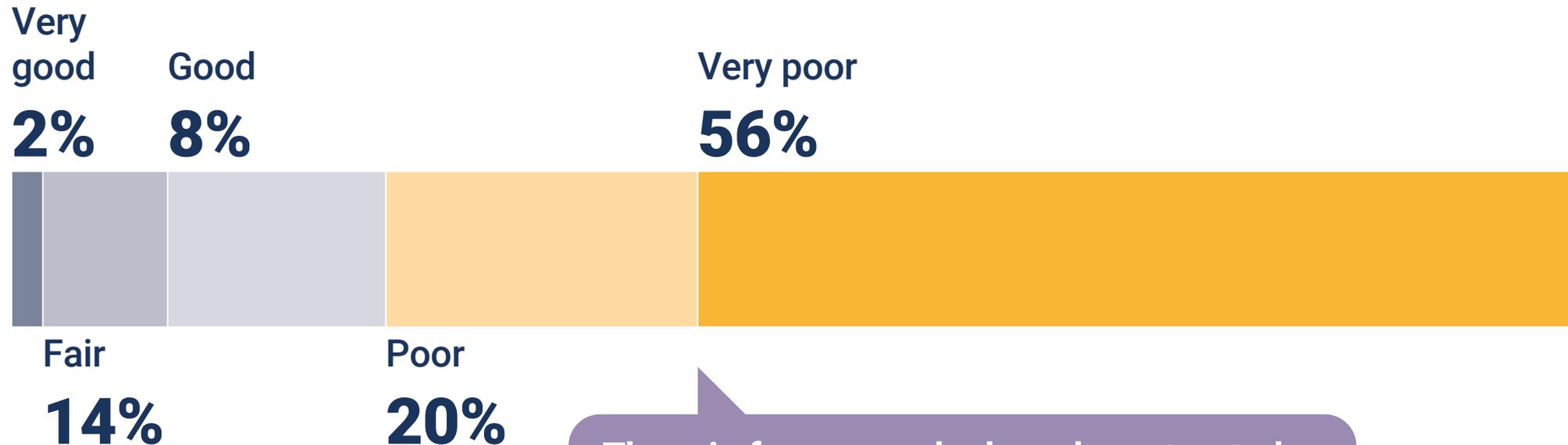
*EPIC-26 scores

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(S3) How do men rate their current ability to function sexually after treatment?

(All respondents*)



Three in four men who have been treated for prostate cancer rate their current ability to function sexually as poor or very poor.

*EPIC-26 scores

(S4) How big a problem is lack of sexual functioning after surgery?

(Prostatectomy patients only*)

54.5%

Big problem or moderate problem

33%

Small or very small problem

12.5%

No problem

More than half of prostatectomy patients say lack of sexual function is a significant problem to them.

How big a problem is sexual functioning after radiotherapy?

(Radiotherapy patients only*)

44.5%

Big problem or moderate problem

40%

Small or very small problem

15%

No problem

*EPIC-26 scores

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(S5) How many prostate cancer patients have tried medications and devices to improve erections?

(All survey respondents)



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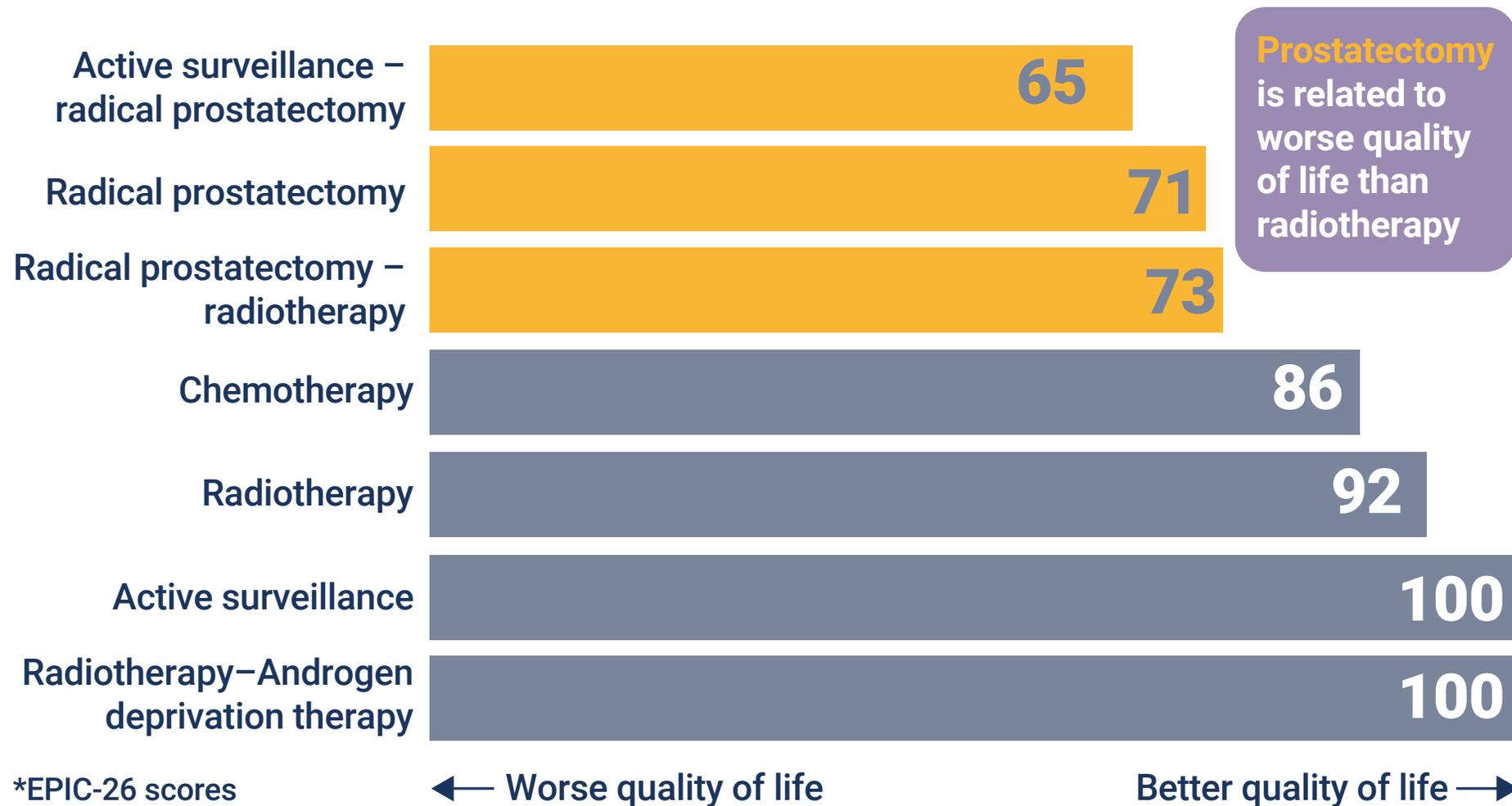
Results: urinary incontinence

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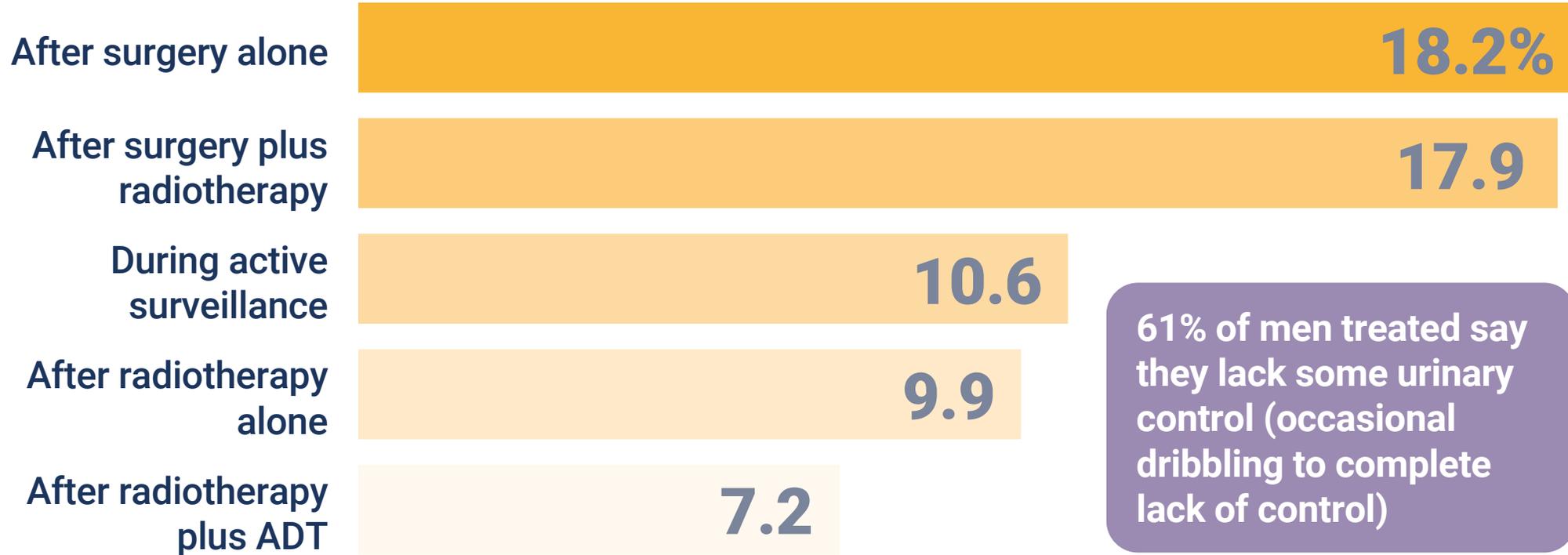
(U1) How is continence after different treatments?

(Quality of life scores*. Lowest score indicates worst effects)



(U2) What proportion of men lack urinary control after treatment?

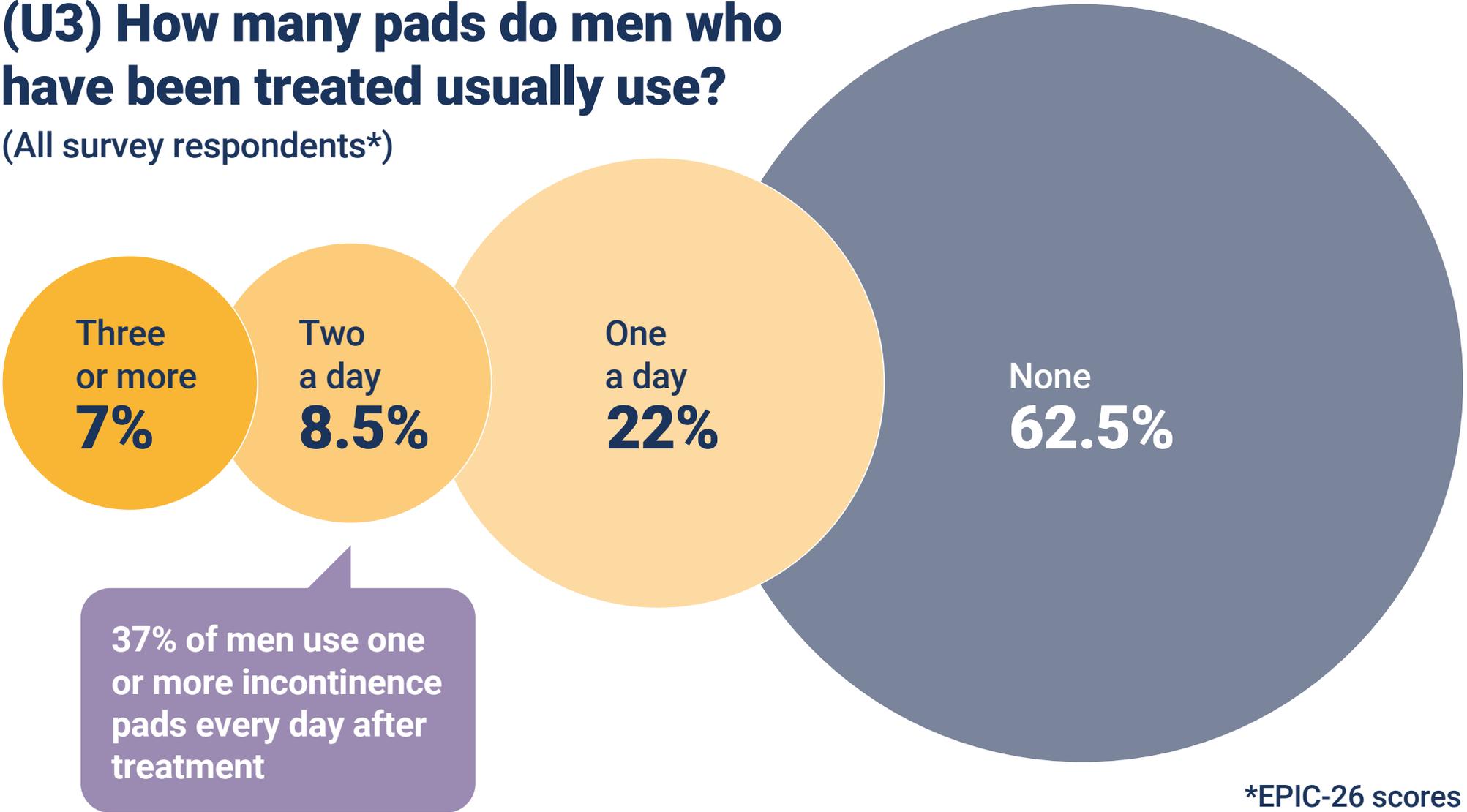
(Proportion of all men surveyed with frequent dripping or no control*)



*EPIC-26 scores

(U3) How many pads do men who have been treated usually use?

(All survey respondents*)



*EPIC-26 scores

(U4) How big a problem is dripping and leakage?

(All survey respondents*)

17%

Big problem or moderate problem

41%

Small or very small problem

42%

No problem

58% of men who have been treated for prostate cancer say dripping and leakage is a problem

*EPIC-26 scores

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(U5) How big a problem is dripping and leakage after surgery?

(Prostatectomy patients only*)

20%

Big problem or moderate problem

47%

Small or very small problem

33%

No problem

67% of prostatectomy patients say dripping and leakage is a problem

How big a problem is dripping and leakage after radiotherapy?

(Radiotherapy patients only*)

9%

Big problem or moderate problem

39%

Small or very small problem

52%

No problem

*EPIC-26 scores

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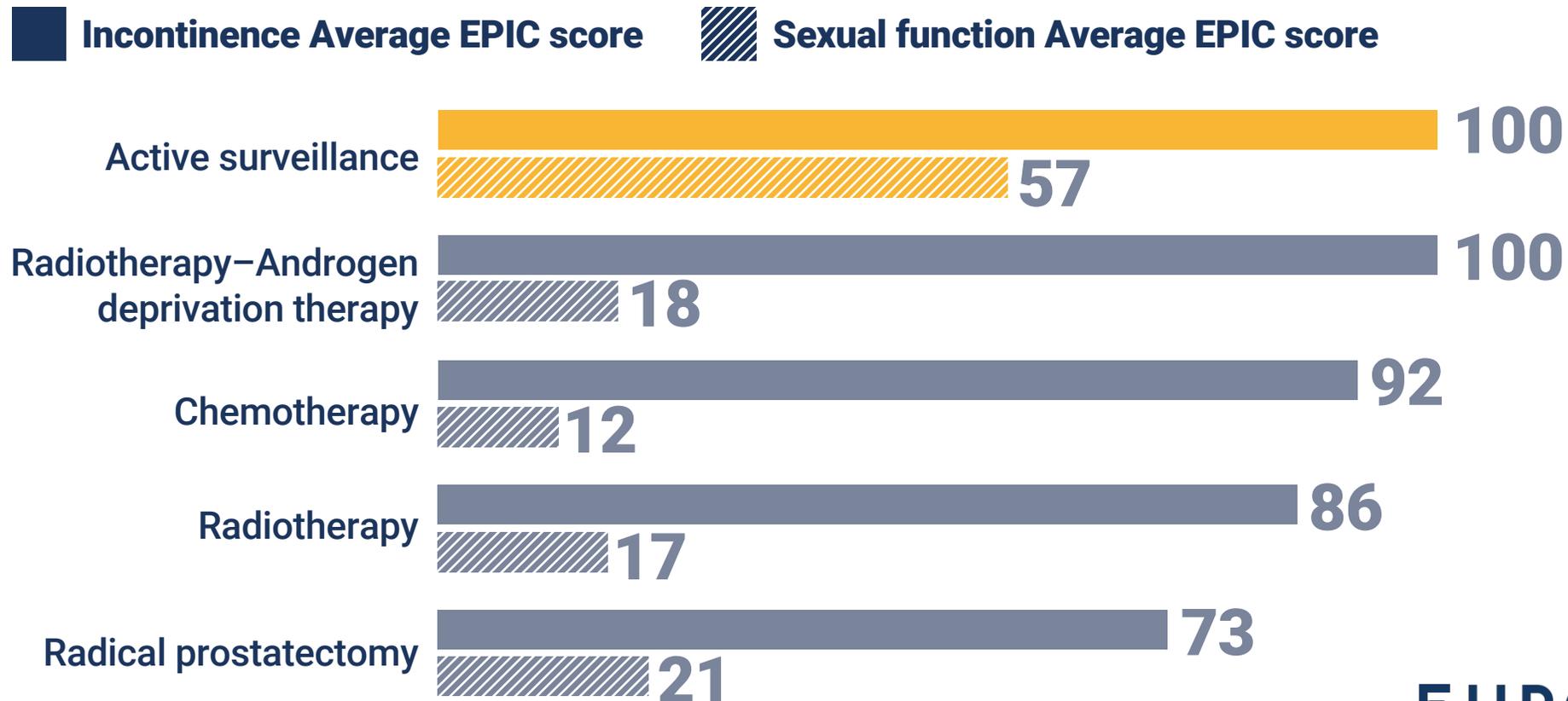
Take home messages

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Take-home messages

1. Active surveillance should be considered as the first treatment in order to ensure the best quality of life

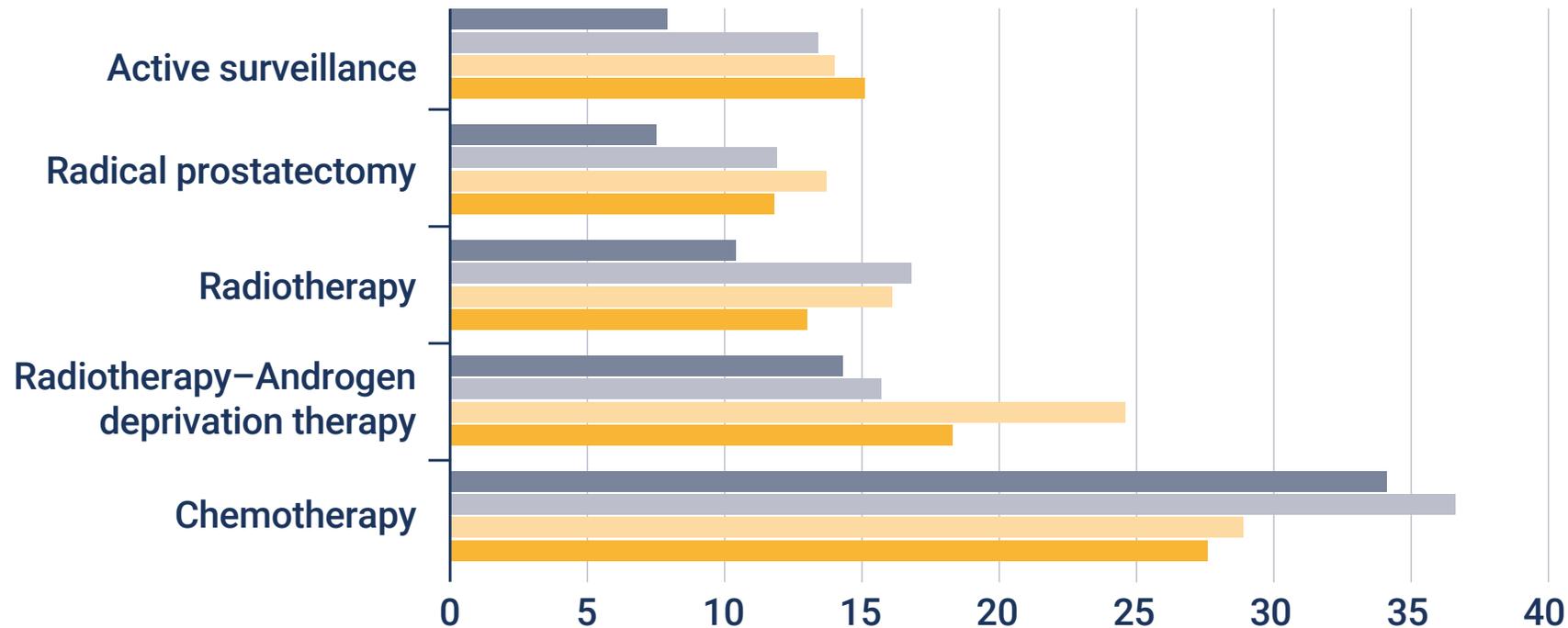


Take-home messages

2. Early detection is key

(% of patients with moderate, severe and very severe problems)

■ Discomfort ■ Tiredness ■ Insomnia ■ Mental health



Take-home messages

3. We need cancer centres with multidisciplinary teams

