Bone Pain Flags Worse Survival in Prostate Cancer

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CHICAGO — Once bone pain appears in patients with hormone-refractory prostate cancer, it is often too late for docetaxel therapy to have an impact on their survival, according to a poster presentation at the annual meeting of the American Society of Clinical Oncology.

For this reason, docetaxel (Taxotere) should be started earlier, when it can do some good, said Dr. Stéphane Oudard, professor of medicine at Georges Pompidou European Hospital, Paris.

He and his colleagues conducted a retrospective analysis of 145 consecutive chemotherapy-naive, hormone-refractory prostate cancer patients. The median 3-year survival rate for 25 patients with moderate or severe pain within the 90 days of starting chemotherapy was 4% vs. 11% for 41 patients who had mild pain, and 29% for the 79 patients who had no or minimal pain. One-year survival was 52%, 56%, and 75%, respectively.

Patients with minimal or no pain survived a median of 21.4 months; those with mild bone pain 15 months, and those with moderate or severe pain 13.1 months.

Bone pain in hormone-resistant prostate cancer patients is usually associated with poor Eastern Cooperative Oncology Group (ECOG) performance status, short prostate-specific antigen (PSA) doubling time, more aggressive disease, and worse prognosis. The study was designed to explore the impact of the presence and intensity of bone pain on overall survival, and also to test the link between PSA doubling time and survival of patients with minimal or no pain.

To do so, the researchers retrospectively analyzed their institution's database of 145 consecutive chemotherapy-naive patients who had failed androgen blockade and anti-androgen withdrawal. Patients had an ECOG performance status of 2 or less and were treated with docetaxel 70-75 mg/m^2 or mitoxantrone (Novantrone) 12 mg/m^2 every 3 weeks and prednisone 10 mg/day, continuously. The mean age of the patients was 68 years, 93% (135 patients) had bone metastases, and 55% had minimal or no pain at baseline. Median survival reached 32.4 months in those who had minimal or no pain at baseline and whose PSA doubling time was equal to or more than 45 days. It was 16.5 months in those with comparable pain at baseline and a PSA doubling time of 45 days or less. ■

Stress Coaching Eases Radical Prostatectomy Fears

CHICAGO — Just 2 hours of teaching men with prostate cancer how to self-manage their stress improves their ability to cope with their fears of undergoing radical prostatectomy.

Moreover, the effects of learning how to manage their stress are long-lasting, and could ultimately result in less cost to the health care system, according to a poster presented at the annual meeting of the American Society of Clinical Oncology.

Researchers at the University of Texas M.D. Anderson Cancer Center and Baylor College of Medicine, both in Houston, randomized 150 men with early-stage prostate cancer attending their urology clinics to receive stress management, supportive attention, or usual care.

Stress management consisted of two individual sessions, each 45-60 minutes long, with a clinical psychologist 2 weeks before surgery. During those sessions, the men were taught relaxation techniques including diaphragmatic breathing and guided imagery. They also received coaching on what would happen on the day of surgery and were given coping skills to use after their surgery. In addition, they had one brief, 5-10-minute session on the morning of their surgery, and another brief session 2 days after surgery. The men were also given a stress management guide and an audiotape to help them practice deep breathing and guided imagery at home.

Supportive attention consisted of two individual sessions, each 45-60 minutes long, with a clinical psychologist 2 weeks before surgery, in which the men discussed their fears but were not taught any relaxation skills. They also had two brief sessions—one on the morning of surgery and one 2 days afterward. The third group received standard medical care, and did not meet with a psychologist.

Patients reported better general health scores as far out as 12 months after the sessions on stress management.

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All of the men completed psychosocial and quality-of-life measures at baseline and 6 and 12 months after surgery. Most men were Caucasian (78%), married (85%), and highly educated (80% with some college or higher education).

After controlling for age, ethnicity, marital status, disease stage, baseline prostate-specific antigen, Gleason score, and baseline test scores, the researchers found that men who received either stress management or supportive attention had significantly less distress in the week prior to surgery than did the usual-care group.

On the morning of surgery, those who learned to manage their stress had the least distress, followed by those who got supportive attention. Those who received usual care had the greatest distress. "There was a clear dose-response effect [showing] that a very brief, two-session encounter can really buffer some of the distress and anxiety about going into surgery," said Dr. Lorenzo Cohen, Ph.D., chief of the integrative medicine section in the department of palliative care and rehabilitation medicine at M.D. Anderson Cancer Center.

"These patients had less interference in their ability to engage in physical functioning, reported less bodily pain and better general health scores as far out as 12 months later. These results strongly suggest that one needs to incorporate some form of stress management [before surgery]." ■

Quality of Life Tops List of Concerns in Prostrate Cancer

CHICAGO — The major worry of men with prostate cancer is their ability to maintain a good quality of life, according to a poster presented at the annual meeting of the American Society of Clinical Oncology.

The finding, from a Web-based survey of 2,128 men with prostate cancer, was "surprising, but not shocking" lead researcher, Dr. Richard J. Gralla, president of the New York Lung Cancer Alliance in New York City, said in an interview.

Sex also was a major concern of the men, he noted, much more than pain but less than not being able to sleep.

Dr. Gralla and colleagues collaborated with NexCura, (www.nexcura.com), a patient information resource on the Internet, which mandates that people register to use the site.

The investigators invited men with prostate cancer to rank 18 issues on a 5-point scale according to their importance. The survey was conducted anonymously over a 3-day period.

Following good quality of life, the next four most important concerns were maintaining independence, ability to sleep, sexual functioning, and incontinence.

"Sleep was ranked very highly by the patients. It was a surprise to me to see how important this was," Dr. Gralla said.

Another surprise was the importance of maintaining independence.

"We thought this might be because our survey respondents were all men, and it might be a gender-specific thing to fear becoming dependent. But we have since done the same thing for patients with lung cancer, where half the respondents are women, and have seen the same result."

Hot flashes, which many physicians think would be important to the men who have them, ranked near the bottom of respondents' concerns. So did pain, and poor appetite. "For families, eating, weight loss, appetite, are all very important, but the patients do not rank these so highly," Dr. Gralla said.

"Using this Web-based program, we were able to get opinions from over 2,000 patients with prostate cancer, which is far and away the largest effort for content validity," he said "Patient-reported outcomes, or PROs, can yield interesting and important information that may be more accurate than health professionals have heretofore expected, and provide a very good way for patients to be able to communicate with health care professionals. ■