

Treating Localized Prostate Cancer Causes Functional Declines

Both Prostatectomy and Radiation Associated With Urinary, Sexual Problems

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Hello. I am Dr. Gerald Chodak for Medscape. A new study in the *New England Journal of Medicine* reports on the 15-year outcomes following radiation therapy or radical prostatectomy for men with localized prostate cancer.^[1] This is part of the Prostate Cancer Outcomes Study that began in 1994 and was set up by the National Cancer Institute. The results of this study are showing that at 15 years, most of the men report having problems with erectile dysfunction and that the difference in results is not statistically significant between the 2 treatment arms.

I thought it would be helpful to look at some of the earlier reports that are based on this series of patients, so I went back to the 2-year and 5-year results. What we see there is a significantly higher risk for erectile dysfunction and urinary incontinence in the men who had surgery compared with those who had radiation. Those differences decrease over time so that by 15 years, [the differences are not significant, as we see in this report]. But we should not lose sight of the fact that early on, there seems to be a greater risk of having impotence and incontinence after surgery than with radiation.

We have to acknowledge several caveats to these findings. First, this is not a randomized study. Second, of the more than 4000 men who were initially invited to participate, the 15-year results include only about 1600 men. This is a significant dropout rate, partly because of mortality and partly because people did not complete their surveys, and so we do not know the extent to which there may be bias in which men are completing the follow-up surveys.

Another issue is that at the outset, about 75% of the men had normal urinary function and about 65% of the men had normal sexual function. The study does not make an attempt to select or control for those [men who came into the study with existing urinary and sexual problems]. Some of the [outcomes may be related to] the fact that some men had problems to begin with.

What is the bottom line or take-home message here? As has been said before, a lot of men are getting treatment for prostate cancer who probably do not need immediate treatment, and they need to be aware of the significant risk for problems that will affect their quality of life in the early time after treatment -- at 1, 2, and 5 years after therapy. After 15 years, when they are older, those quality-of-life factors may be less important than they are early on after treatment. I am concerned, however, that not enough men are being adequately counseled about those risks. For men who are treated [for prostate cancer] in the community, it is important to ask their doctors about the patient outcomes obtained by those doctors, based on written surveys. Otherwise the patient will not get an accurate picture of what to expect.

To be sure, outcomes of men treated in the 1990s are not equivalent to outcomes of men being treated now. Techniques are better both for radiation and for surgery. People who specialize in doing either of those treatments do appear to get better results. So, the report reflects what is happening in several communities, but not necessarily what is happening with treatment by experts in the field.

At the end of the day, we are left with this growing dilemma: We recognize that a lot of men who are diagnosed and treated for prostate cancer do not benefit from that therapy. They can undergo a delayed or active surveillance approach and have the opportunity to delay or avoid the potential for these side effects. That really is the take-home message. I look forward to your comments. Thank you very much.

References

1. Resnick MJ, Koyama T, Fan KH, et al. Long-term functional outcomes after treatment for localized prostate cancer. *N Engl J Med*. 2013;368:436-445. [Abstract](#)

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