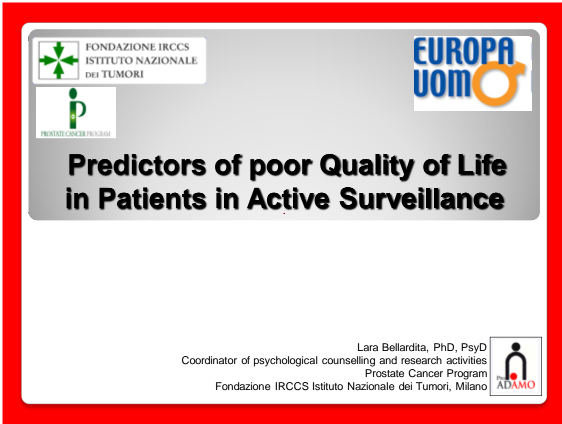


The diagnosis of cancer

The event ***cancer diagnosis*** is definitively to be included under the label "stressor", i.e. an event that the person is likely to consider as exceeding one's resources.

The level of stress is determined by the relationship between the person and the environment: it is the degree to which the individual appraises the event as unpredictable and overloading.

Being diagnosed prostate cancer

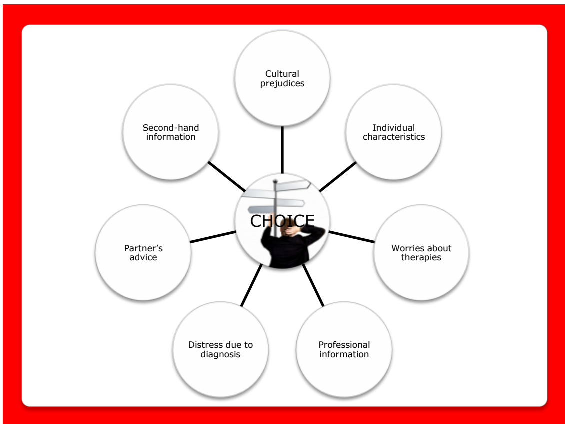
Diagnosis is not usually anticipated by any sign or symptom and is divergent from the individual perception of current, usually satysfying, state of health.

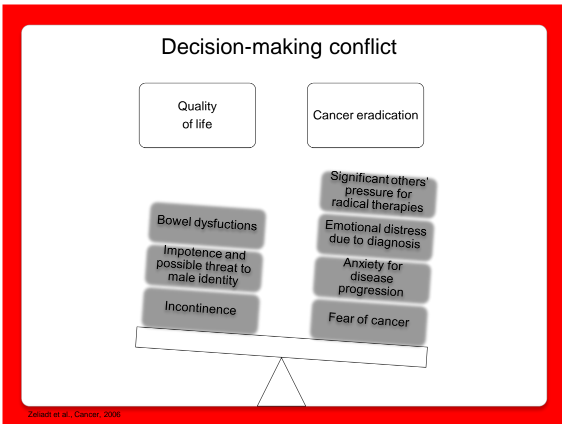
There is no consensus regarding the optimal treatment strategy for localized prostate cancer and available therapies are considered as equally effective → in a condition of psychological distress patients have to decide what therapy/observational strategy will suit them most.

The diagnosis of PCa is to be considered a stressful event from men's perspective as:

Most frequently the available therapies bring along side effects that are likely to negatively impact men's quality of life.

Korfage IJ, et al., Br J Cancer 2006





Active Surveillance: pros …

- Some men have the possibility of Active Surveillance (AS), which can be defined as the systematic monitoring of low prostate cancer (PCa), with the shift to active, curative treatment should the cancer show significant growth characheristics (previuosly defined).
- When choosing AS men may benefit from avoiding or postponing the adverse effects of the therapies
  «Needless to say …when you hear your prostate will be removed, you are likely to be incontinent and impotent…to be finished at 65. And I was told the the prostate thing is slow, it can last 10 years. In 1,2,3,4, years or 5 months I will see; in the meanwhile, I keep on living»

… and cons

- Nonetheless, some concerns have emerged:
  - Is it likely that «living with an untreated cancer» impair psychological wellbeing?
  - Does cancer-related anxiety trigger the decision to pass to active treatment regardless of lack of clinical progression?
- The potential anxiety and psychological distress that could stem from observational management of prostate cancer (PCa) are still debated.

What do we know about quality of life in AS?

- Overall, the findings of the different studies have showed that:
  - patients who choose Active Surveillance (AS) report similar or higher levels of Health-Related Quality of Life (HRQoL) compared to patients who choose other therapeutic options (such as prostatectomy, radiotherapy or brachiterapy)
  - percentages of men reporting anxiety and depression are low and do not differ from distress reported by men undergoing radical therapies.
- Nonetheless, a minority of patients report some level of psychological distress and reduced quality of life.

The perception of low quality of life in patients undergoing AS is not directly determined by the idea of living with an untreated cancer but seems to be mediated by psychological characteristics and individual experiences that may hinder or promote subjective wellbeing

What individual factors can be associated with the risk for AS patients to experience low levels of HRQoL?

Factors associated with the risk of poor quality of life

Some individual factors that may be associated with higher risk of poor quality of life are:

- Personality traits, such as the enduring tendency to experience negative emotional states (anxiety, anger, guilt, resentment) → these characteristics have been found to be associated with higher PC-specific anxiety
- Relationship/trust with physicians → men who perceived that the physician(s) played the most important role in the decision-making process were more likely to have more doubts about AS

Van den Bergh, Cancer 2009

Coping with Pca in AS?

Question: Are strategies that men in AS adopt in order to cope with the idea of «living with an untreated cancer» associated with risk of poor QoL?

Coping has been defined as the constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person , i.e. a stressor.

Men may differ in the extent they appraise the event as unpredictable and overloading → they may feel helpless in terms of their cancer or feel the threat of disease progression.

Style of coping has been found to predict wellbeing among long-term PCa survivors.

Lazarus, Psychosom Med 1993; Blank et al, Cancer 2006

Evaluating coping and QoL in AS

Knott V, et al., Br J Health Psychol 2011

Rationale of PRIAS-Quality of Life study

Materials and Methods (1)

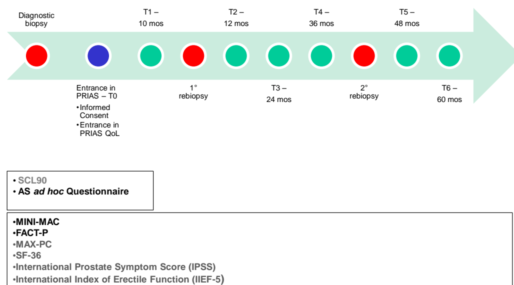
Aim: to evaluate quality of life

Design: Observational prospective non-randomized study

Enrolment: from September 2007 to November 2011, **136**/193 men (mean age = 66; range 46-80) entered the PRIAS QoL protocol

Collection of data through men' self-report about Health-Related QoL, mental health, general health, adjustment to cancer, PCa-related anxiety

Materials and Methods (2)



Assessment of coping

Psychological construct: Coping

Frame: coping was assessed based on the **model of mental adjustment to cancer** which has been defined as the cognitive and behavioral responses made by an individual when facing cancer.
The model comprises both appraisal (the individual's perception of the implication of cancer), the ensuing reaction (thought and behaviors to reduce the threat) and involuntary emotional reactions to the disease.

Tool: Mini-Mental Adjustment to Cancer Scale (Mini-MAC), version validated for Italian population.

Greer S, Watson M., Cancer Surv 1987; Grassi L, et al., Psychooncology 2005 Feb

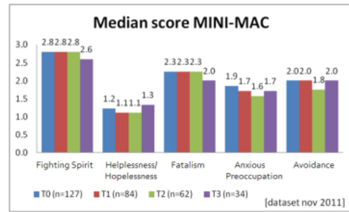
Mini-MAC subscales

- The **fighting spirit** (FS) subscale assesses whether the patient views cancer as a challenge and takes an active and optimistic role in his or her treatment *("I see my illness as a challenge");* it has been associated with decreased clinical anxiety and depression.
- The **helplessness–hopelessness** (HH) subscale assesses whether the patient believes to have no control on his life and feels hopeless toward cancer and its outcome *("I can't handle it");* associated with psychological burden in terms of anxiety and depression.
- The **anxious preoccupation** (AP) subscale assesses whether the patient has an overly anxious and diffuse preoccupation with cancer *("I worry about the cancer returning or getting worse")*; associated with psychological burden in terms of anxiety and depression.
- The **fatalism** (F) subscale assesses whether the patient exhibits a passive, fatalistic, and stoic acceptance of cancer *("At the moment I take one day at the time").*
- The **cognitive avoidance** (AV) subscale assess the tendency to avoid direct confrontation with illness-related issues ("*Not thinking about it helps me cope")*.

Results

Adjustment to cancer from T0 to T3

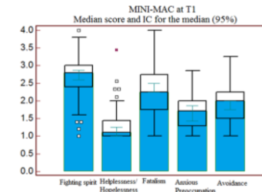
- Median scores for Fatalism and Avoidance are slightly higher but tend to decrease → these variables can play a controversial role in the emotional state of AS. As a matter of fact they could be related to the effort of «living a normal life» but also may prevent them to avoid self-disclosure (Oliffe et al., 2009)
- Scores for subscales mostly describing negative adjustmen to cancer, i.e. Help/Hope-lessness and Anxious Preoccupation are low and tend to decrease over the first year in PRIAS.
- Median scores for Fighting Spirit, considered the most beneficial style of coping, are very high until the first year of PRIAS.



T0 = entrance
T1 = 10 mos
T2 = 12 mos
T3 = 24 mos

Scores range = 0 - 3

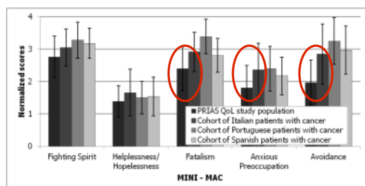
Adjustment to cancer after 10 months in PRIAS



After 10 months in PRIAS (T1) anxious preoccupation and help/hope-lessness tend to decrease → the monitoring of the disease, including PSA testing and biopsies, does not seem to be a significant source of distress

Comparison with other cancer patients at T0

Overall, patients in AS report better adjustment to cancer compared to other patients with cancer. PRIAS patients are less fatalist, avoidant and anxiuosly preoccupied about cancer than the cohort of Italian patients.

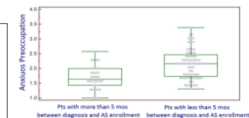


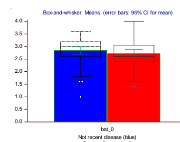
Comparison of the Mini-MAC scores for the PRIAS QoL study population with the values for cohort of Italian, Portuguese and Spanish cancer patients

Grassi L. et al., J Affect Disord 2004.

Factors correlated with adjustment to cancer at enrollment in AS

→ The percentage of anxious preoccupation is higher (31.58%) in patients who entered PRIAS within 5 months from the diagnosis than in patients who entered PRIAS 5 months after the diagnosis (13.8 %)





→ Patients who recently experienced disease of significant others showed a lower level of fighting spirit p=0.036, mean rank 38.6 vs 28.3

How is adjustment to cancer associated with HRQoL?

Men reporting low physical wellbeing also report higher Help/hope-lessness and avoidance.

Men reporting low levels of emotional wellbeing also report higher help/hope-lessness, anxious preoccupation and avoidance.

Men reporting low levels of functional wellbeing also report higher help/hope-lessness, anxious preoccupation and avoidance.

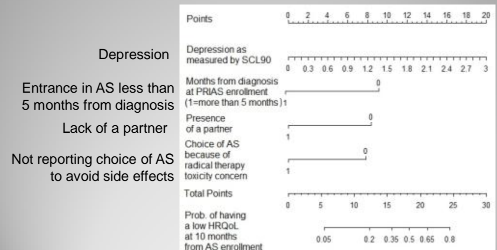
What other factors are associated with risk of poor quality of life?

Depression

Entrance in AS less than 5 months from diagnosis

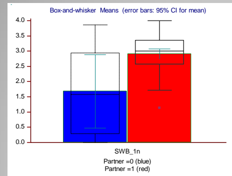
Lack of a partner

Not reporting choice of AS to avoid side effects



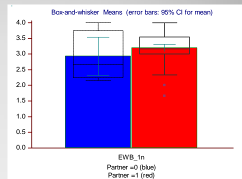
Rancati, Bellardita et al. unpublished data

Protective factor: presence of a partner



→ The presence of a partner is associated with a high social wellbeing score.

→ and with emotional wellbeing



Summary

- ✓ Coping with cancer is a factor to take into account when assessing men's quality of life during Active Surveillance
- ✓ Men in AS in our study showed a positive adjustment to cancer in terms of:
  - ✓ a high level of fighting spirit (i.e. an attitude of optimism in the face of a realistic appraisal of the illness)
  - ✓ low levels of helplessness/hopelessness and anxious preoccupation
- ✓ Men reporting help/hope-lessness, anxious preoccupation and avoidance also reported low HRQoL
- ✓ Specific issues are likely to be associated with the experience of poor quality of life

Should men be screened for factors that are associated with poorer quality of life?
Should men presenting those characteristics be excluded from AS protocols?

Quality of life should be monitored and men experiencing distress should be helped to fully understand what their psychological burden may be related to:
- Are they still dealing with the trauma of cancer diagnosis?
- Do they think that AS is not (or not anymore) the right choice for them?
- Do they have personality characteristics that affect the way they are dealing with cancer? And if so, how can they be supported?
- Is the choice of AS not fully endorsed by their beloved ones?

→ a comprehensive evaluation of psychosocial issues (supported by professional psychological counseling if necessary) will help patients and their families to face the challenging event of PCa.

Resilience

Rather than excluding men with characteristics associated with likelihood of experiencing poor quality of life, resilience should be enhanced.

→ Resilience is the ability of a material to absorb energy when it is deformed elastically, and release that energy upon unloading. The modulus of resilience is defined as the maximum energy that can be absorbed per unit volume without creating a permanent distortion

→ What can be considered resilience factors in dealing with Pca?

Patient-physician relationship: Shared decision making

Gwede et al. Treatment decision-making stategies and influences in patients with localized prostate carcinoma, Cancer, 2005: 1381-1390

Collaborative coping

Cancer-related challenges affect not only the patient but also family members and particularly spouses

Coping could be addressed as an interpersonal phenomenon rather than an individual characteristic.

Couples can develop functional problem-focused and emotion-focused strategies to deal with PCa.

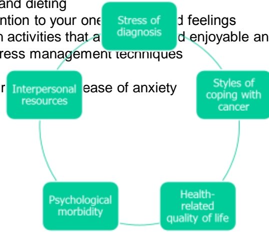
Collaborative Coping and Daily Mood in Couples Dealing With Prostate Cancer

Peer support too can be a source of both problem and emotion-focused coping.

Health promotion and lifestyle changes

- ✓ Exercising and dieting
- ✓ Paying attention to your one d feelings
- ✓ Engaging in activities that a d enjoyable and relaxing
- ✓ Learning stress management techniques

→ With the pur ease of anxiety



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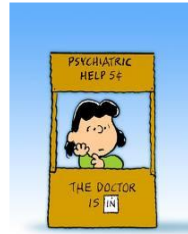

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Acknowledgements to Foundations I. Monzino and Pro ADAMO Onlus for supporting
the psychological research and clinical activities dedicated to men with prostate cancer and their families.