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Assessment of pain, acceptance of illness, adjustment to life with cancer and coping strategies in prostate cancer patients

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Background: Prostatic gland cancer is the second most common type of carcinoma in men. The rate of prostate cancer increased approximately fivefold over the last 30 years. The purpose of the study was to evaluate coping strategies, pain management, illness acceptance, and adjustment to cancer in patients diagnosed with prostate carcinoma and the effect of socioeconomic variables on the above mentioned issues.

Methods: The study included 228 patients diagnosed with prostate cancer. PAPI technique was applied. The questionnaire interview consisted of demographic questions and four psychometric tests: BPCQ, measuring the influence of factors affecting pain management, CSQ, designed to evaluate pain coping strategies, AIS questionnaire, measuring disease acceptance and the Mini-Mac scale.

Results: Pain locus of control scores in prostate cancer patients are distributed evenly across all three BPCQ subscales. The top mean score was observed in the area of beliefs that powerful others (doctors) control pain. Increased behavioral activity was the most frequently selected coping strategy (mean score = 18.27). The average level of disease acceptance in study patients was 30.39 at a standard deviation of 8.07. The results were differentiated by education and income. The most often indicated coping strategies were: fighting spirit (mean score = 22.46) and positive re-evaluation (mean score = 22.04).

Conclusions: The beliefs about pain control in prostate cancer patients are mainly the convictions that powerful others (doctors) control pain. The study patients cope with disease constructively. The main socioeconomic variables which differentiate the scores obtained across all tests are income and education.

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The negative impact of tobacco smoking on survival after prostate cancer diagnosis

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Purpose: Tobacco smoking has been found to increase prostate cancer (PCa) mortality in cohorts of healthy men but its effects on prognosis of men with PCa are still unclear. This study investigated the role of smoking on long-term survival after PCa diagnosis.

Methods: A retrospective cohort including 780 men with incident PCa previously enrolled (between 1995 and 2002) as cases in an Italian case-control study. Information on vital status up to 2013 (median follow-up 13 years) and cause of death were retrieved through health archives. Hazard ratios (HRs) of all cause and PCa-specific death and corresponding 95% confidence intervals (CIs) were calculated using Cox models, adjusting for Gleason score and major confounders.

Results: Out of 263 PCa deceased patients, 81 died because of PCa. Smokers at PCa diagnosis reported increased risks of all cause (HR=1.5, 95% CI 1.1-2.2) and PCa death (HR=2.0, 95% CI 1.0-3.8) as compared to never smokers. Dose-response effects emerged according to smoking intensity (HRs for >15 cigarettes/day: 1.9, 95% CI 1.3-3.0, for all causes and 2.3, 95% CI 1.1-4.9 for PCa) and duration (HRs for >45 years: 1.7, 95% CI 1.1-2.6, for all causes and 2.6, 95% CI 1.2-5.5 for PCa). Conversely, former smokers at PCa diagnosis showed no statistically significant higher risks of PCa death. The effects of smoking were consistent in strata of Gleason score.

Conclusions: Current smoking at PCa diagnosis negatively impacted PCa-specific, long-term survival, regardless of Gleason score. Our findings suggest that smoking could be a modifiable risk factor to improve prognosis of men diagnosed with PCa.

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