

# SELF-REPORTED FATIGUE BEFORE AND AFTER TREATMENT IN PROSTATE CANCER PATIENTS AND IN AN AGE-SIMILAR CONTROL GROUP

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## Fatigue

«A condition marked by extreme tiredness and inability to function due to lack of energy. Fatigue may be acute or chronic.»

National Cancer Institute

- Fatigue is a well-known adverse effect after e.g., breast cancer treatment
- Fatigue can also be an adverse effect of prostate cancer treatment (Drummond et al., 2015)
- Aim: To investigate differences in fatigue in Norwegian prostate cancer patients receiving curative treatment

## Fatigue measurement and scoring

- Fatigue is measured as part of the Cancer Registry of Norway's collection of PROs (Patient Reported Outcomes)
- Prostate cancer patients and persons with no history of prostate cancer (control group) are invited to a national, digital survey on health and quality of life
- Patients were invited shortly after diagnosis, and then after one and three years

Fatigue was measured with the fatigue symptom scale of the Norwegian translation of the EORTC (European Organisation for Research and Treatment of Cancer) QLQ-C30 (Aaronsen et al., 1993).

### During the past week:

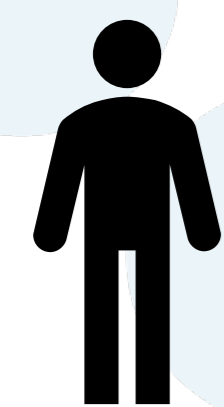
- Did you need to rest?
- Have you felt weak?
- Were you tired?

Possible responses to each item were «not at all», «a little», «quite a bit» or «very much»

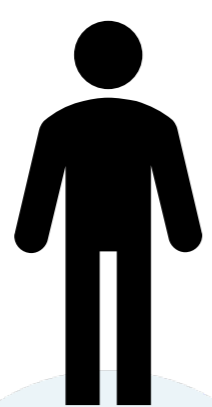
- Results were calculated according to official scoring instructions (EORTC, 2001)
- The results were adjusted for age at diagnosis / baseline participation.

## Inclusion criteria

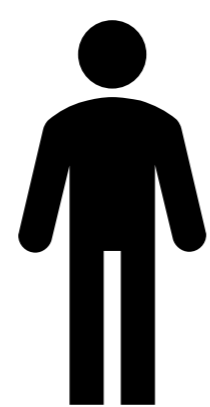
Patients and controls who participated at baseline (before treatment if they had undergone radical prostatectomy or radical radiotherapy), and one year later, were included in the analysis.



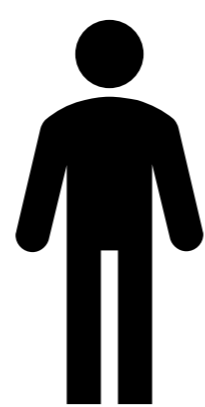
Radical prostatectomy  
N=578



Radical radiotherapy  
N=462



Active surveillance  
N=568



Control group  
N=2 856

## Results

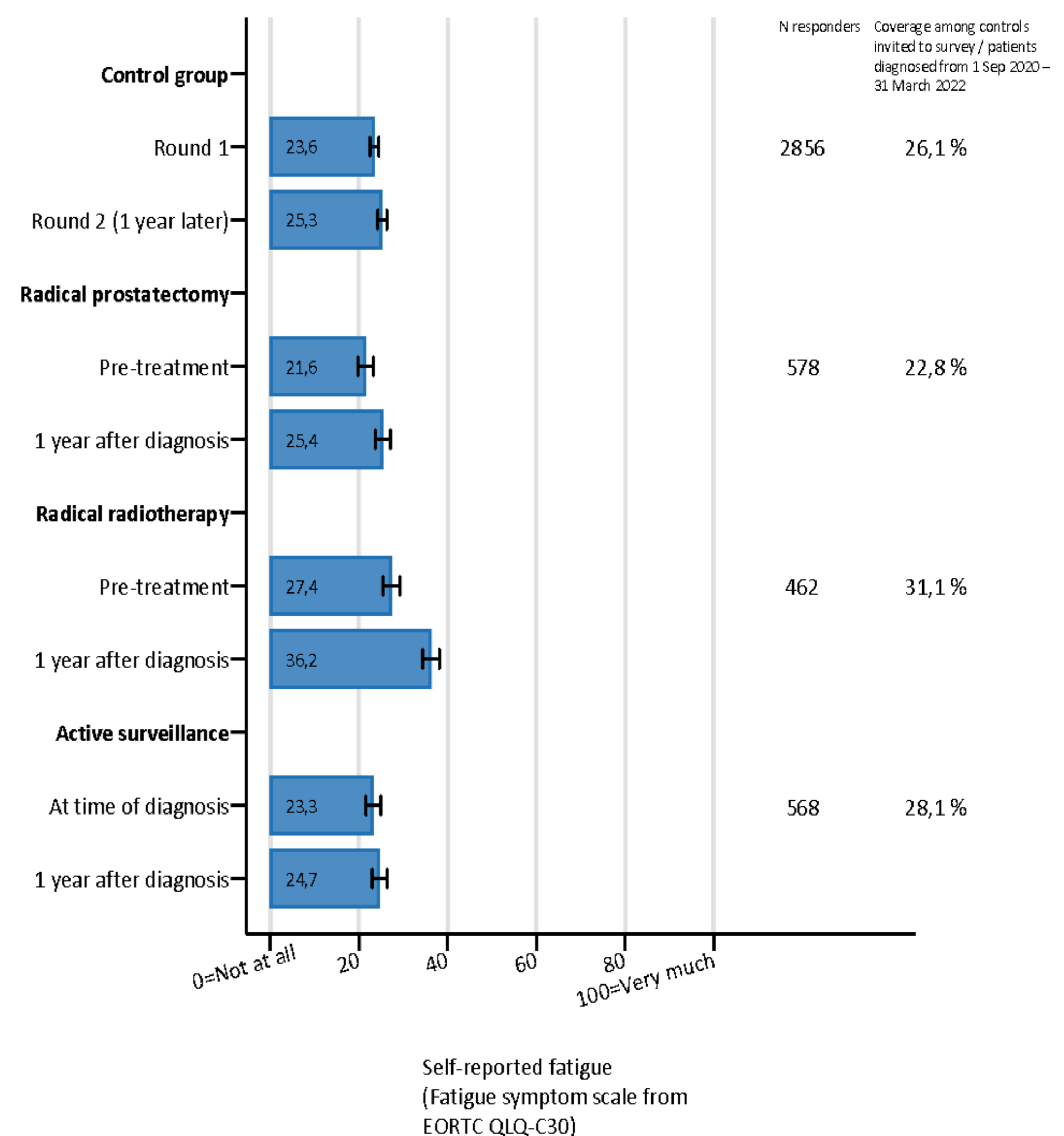


Figure 1. Self-reported fatigue among prostate cancer patients (N=1 608) shortly after diagnosis and one year later, and men without prostate cancer (N=2 856) at the same time points.

## Conclusions

Patients who had been treated with radiotherapy reported more fatigue at both baseline and after one year than the other survey participants, and their fatigue worsened more.

- Comorbidities and status for hormone therapy were not known and may have affected the results
- Selection bias may also have influenced the results. A dropout analysis among the cancer patients is planned
- To investigate the burden of lasting fatigue among prostate cancer patients, an analysis on three year PROs data with linkages to comorbidity and hormone therapy data, is planned.

Although the results may have been influenced by selection bias and comorbidities / lacking hormone therapy data, patients treated with radical radiotherapy should be informed of fatigue as a potential adverse effect.

