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Psychosocial Consequences of Overdiagnostic of Prostate Cancer

Sigrid Brisson Nielsen & John Brodersen

Introduction In Denmark there are approximately 4400 men diagnosed with prostate cancer each year and nearly 1200 men dies of this disease yearly. The incidence of prostate cancer has increased for the past twenty years and make up 24 % of all cancer incidents in men. However, the mortality of prostate cancer has not changed in line with this increase.
Empirical evidence shows that the increase in incidence of prostate cancer in Denmark without an increase in the mortality is mostly caused by opportunistic PSA screening in General Practice.
It is recommended that men ≥ 60 year old diagnosed with prostate cancer and a Gleason score ≤ 6 are monitored with active surveillance. This is due to the probability of this type of cancer metastasizing is very small as approximately 90 % of them is assumed to be overdiagnosed.
The purpose of active surveillance described above is to spare patients from sequlae due to possible overtreatment. The problem with this approach is that there can be severe negative psychosocial consequences with being overdiagnosed with prostate cancer.
In international literature a Canadian qualitative study from 2000 and an American qualitative study from 2005 has been identified. However, the Canadian study focused on developing a classification system and the US study explored the effect of a psychosocial intervention. There are several quantitative studies trying to examine whether men diagnosed with prostate cancer experiences psychosocial consequences. The problem with most of the quantitative studies is that they have used questionnaires with low content validity and they have not investigated the questionnaires' statistical measurement properties (psychometrics).

Aim The aim of this study was to examine qualitative which psychosocial consequences men diagnosed with prostate cancer Gleason score ≤ 6 who is under active surveillance experiences. The informants was divided into three sub groups. The first group was men <75 years who were followed in Active Surveillance. The next group was men with an expected remaining lifetime of 10-15 years typically >70-75 years, who were followed in Watchfull Waiting. The last group was men that clinically belonged to one of the previous mentioned groups, but who insisted on active treatment despite medical advice.

Methods Semi-structured qualitative interviews was conducted. The interviews was audio-recorded and transcribed. The interview data was read and coded using Strauss and Corbin's (1998) concept of open -, axial -, and selective coding, which identify core themes, generally shared in all interviews, forming the basis of the findings section.

Results and Conclusions Will be presented at the conference.