# P069 Harnessing the patient voice in prostate cancer research: Using patient-reported outcomes in randomized controlled trials to support clinical decision-making

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Van Hemelrijck M.[1], Sparano F.[2], Moris L.[3], Beyer K.[1], Cottone F.[4], Sprangers M.[5], Efficace F.[2]

[1]King's College London, Translational Oncology & Urology Research (TOUR), London, United Kingdom, [2]Italian Group for Adult Hematologic Disease , Data Center and Health Outcomes Research Unit, Rome, Italy, [3]University Hospitals, Dept. of Urology, Leuven, Belgium, [4]Italian Group for Adult Hematologic Disease, Data Center and Health Outcomes Research Unit, Rome, Italy, [5]Amsterdam University Medical Center, Medical Psychology, Amsterdam, The Netherlands

**Introduction & Objectives:** Given the increasing importance of the use of patient-reported outcomes (PROs) as part of 'big data' in improving patient care, there is a need to provide evidence-based PRO information that can be used to facilitate clinical-decision-making. The main objective of this study was to update our 2014 review to synthetise most recent high-quality PRO data from prostate cancer (PCa) randomised clinical trials (RCTs), i.e. those studies most likely to robustly inform patient care through for example inclusion in the EAU guidelines. A secondary objective was to assess whether quality of PRO reporting in PCa research improved over time.

**Materials & Methods:** We conducted a systematic literature search using PubMed/Medline, from April 2012 until February 2019. We additionally included the RCTs identified in the previous review. Study identification and evaluation followed standardised criteria used in the PROMOTION Registry (Patient-Reported Outcomes Measurements Over Time In ONcology).

**Results:** A total of 49 new RCTs were published since April 2012, of which number 29 (59%) involved >1 country. 22 (45%) RCTs were found to be of high-quality regarding PRO assessments. Of these, only 9 (41%) have been reported in the most recent EAU Guidelines for PCa. Thirteen (out of 22) were conducted among patients with advanced PCa and six RCTs were exclusively conducted in men with localised PCa. Overall QoL and sexual, urinary, and bowel function were the most commonly reported PROs, whereby the Functional Assessment of Cancer Therapy – Prostate (FACT-P) (6/22), EORTC QLQ C-30 (5/22), and Expanded Prostate Cancer Index Composite (EPIC) (5/22) were the most frequently used questionnaires. An overall improvement in the reporting of the PRO instrument's validity and reliability was noted.

**Conclusions:** Thirteen out of 22 high-quality PRO trials were found to not be included in the EAU guidelines, suggesting that there is a need for an increased uptake of PRO-reporting RCTs. There has to be a better consensus on the use of PRO data for PCa patients, which will then be reflected in the Guidelines and future data collection. Ultimately, this will then enable 'big data' Consortia, like the EAU-led PIONEER Consortium, to increase the patients' voice in clinical research needs.