

time-points of their disease trajectory, except at last follow-up. Lastly, almost a fifth of our patients were lost to follow-up, making it difficult to correlate their final disease status to the results of the questionnaires.

To our knowledge, we are the first to investigate and compare mean PDSS and PHSDSS scores between younger and older BC patients. Our results have important clinical implications. Even though the young group in our study had a significantly lower rate of advanced disease compared to the older patients, younger patients were shown to require additional supportive psychological services, as part of their treatment, especially after diagnosis, and following RC.

SUPPLEMENTARY MATERIALS

Supplementary material associated with this article can be found in the online version at <https://doi.org/10.1016/j.urology.2019.08.032>.

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EDITORIAL COMMENT



A cancer diagnosis comes with profound effects on the patient's mental psyche. However, bladder cancer carries additional ramifications like potential of living with an ostomy bag, loss of sexual function, and repeat operations throughout a lifetime. Previous studies have created health related quality of life questionnaires like the Bladder Utility Symptom Scaled,¹ and Bladder Cancer Index² aimed at better understanding the disease burden on various facets of function. This study used the

Edmonton Symptom Assessment System-revised³ to evaluate patients over 65 and under 65 at different time points in treatment of bladder cancer. It fills an important gap in the literature by suggesting that age plays a vital role in the needs of the patient. It brings to light the concerns with bladder cancer in that younger patients might suffer more psychologically from the diagnosis and treatment of bladder cancer. This information can better guide urologists in managing expectations with this population of patients.

This study employed the Edmonton Symptom Assessment System-revised to assess bladder cancer patients at diagnosis, after radical cystectomy and at last clinic follow-up. Completion of the survey was on a voluntary basis. At each time point, the percentage of patients who qualified for and completed the survey varied.

Despite the inability to compare the 3 groups, this study does recognize the psychological impact the diagnosis and treatment of bladder cancer has on a patient. This type of study needs to continue longitudinally in the future so we may increase our understanding of the psychological burden of this cancer diagnosis on both the patient and caregivers/family members.

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<https://doi.org/10.1016/j.urology.2019.08.036>
UROLOGY 134: 160–161, 2019. © 2019 Elsevier Inc.

shown to harbor worse physical and psychological functions compared to their older counterparts.^{2,4}

There could be several potential reasons for this finding. Younger cancer patients have different demands of social roles than older patients, with their expectations about their respective future-shaping how they cope with this major stressor.⁵ Aside from increased life experience, older patients may have fewer demands in life, and their partners may be more able to support them as they are usually not engaged in full-time employment or in raising children. Additionally, the financial situation may be completely different among young and old patients. Older patients have usually reached their economic goals and have had time to accumulate more funds over the years. At the time of diagnosis, they are not engaged in large financial expenditures such as buying a house, raising children, or sending them to higher-education facilities. In contrast, younger patients, in their midlife, may be forced to lose their income due to their disease, resulting in devastating financial and social consequences to the entire family. The increasing expenses resulting from their newly diagnosed cancer makes matters worse and creates greater distress.

As the authors of the editorial state, in bladder cancer, there are additional ramifications which may potentially increase psychological distress. These include the fact that this is a chronic cancer, conferring numerous surgeries throughout a lifetime, the possibility of loss of sexual function, altered body image, and living with an ostomy bag. Although all bladder cancer patients may have these significant adverse effects, younger patients may be more psychologically affected by them. One example is the worsening of sexual function that has been shown to bother older bladder cancer patients much less than their younger counterparts.⁶

Cancer and its treatment have a tremendous psychological and psychosocial impact on both patients and their families.⁷ Acknowledging this significant and unique aspect is extremely important for cancer care professionals in order to provide integrated and comprehensive care in oncology. There is documented scientific evidence regarding the benefits of providing psychosocial cancer care as part of the standard care to patients and families. This has been shown to eventually lead to improved survival.⁸ Younger bladder cancer patients should probably be offered routine psychological support, due to their significantly higher levels of psychological distress.

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AUTHOR REPLY



We thank the authors of this editorial for their important and accurate comments. There is data from almost 25 years ago that older individuals with cancer, whether newly diagnosed or with more advanced disease, experience fewer negative psychosocial consequences than their younger counterparts.¹ Older cancer patients are at times more physically compromised than younger patients. One would intuitively expect that the older “frailer” cancer patients would experience more psychosocial problems and have a harder time coping emotionally and socially with their disease and its treatment. However, the exact opposite has been reported, with younger patients showing greater psychosocial distress.¹

These findings have been specifically reported in breast, endometrial, and bladder cancer patients with younger patients