

13th International Conference of the Society for Integrative Oncology

November 5-7, 2016, Miami, FL

Difficulties in motivating early stage prostate cancer patients to engage in lifestyle changes? Experiences of a single-armed pilot trial

Kyung-Eun Choi*¹, Kathrin Cillis*¹, Dennis Anheyer*¹, Jochen Hess*², Herbert Rübber*², Manfred Schedlowski*³, Anna Paul*¹, Gustav Dobos*¹

1 = Department of Internal and Integrative Medicine, Kliniken Essen-Mitte, Faculty of Medicine, University Duisburg-Essen, Am Deimelsberg 34a, 45276 Essen, Germany

2 = Clinic and Policlinic of Urology, University Hospital Essen, Hufelandstraße 55, 45147 Essen, Germany

3= University Hospital Essen, Institute of Medical Psychology and Behavioral Immunobiology, Essen, Hufelandstraße 55, 45147 Essen, Germany.

Background:

The limited information for assessing the comparative effectiveness of early-stage prostate cancer (PC) treatments and their side-effects leads to controversy. While the lifetime risk of being diagnosed with PC is about 17%, the risk of death is only 3%. For many men, particularly those with small and localized tumors, conservative management strategies could therefore be a considerable alternative to operations. This pilot trial aims at evaluating the effects of a lifestyle intervention on disease-specific quality of life and psychological symptoms in men with localized PC.

Methods:

The 11-week lifestyle intervention consisted of weekly sessions (6 hrs./week) with physical exercise (Nordic walking, yoga), relaxation practice (guided imaginary, breathing), parallel dietary advice/practice, group discussion, and health education. Outcome measures encompassed Quality of Life (EORTC-CLC-C30), Perceived Stress Scale (PSS), Hospital Anxiety and Depression Scale (HADS), Illness Perceptions Questionnaire (IPQ-R), COPE, mindfulness (FFA), Brief Fatigue Inventory (BFI), salivary cortisol, and blood cytokine at baseline and after treatment.

Results:

At baseline, the 17 subjects (mean age 69,8 yrs.) had a comparably good state of health. There were no significant changes in mindfulness, stress, anxiety, depression, functions (except of FACT-P subscale “emotional wellbeing”, $p = .017$), illness perception (except of subscale “cyclic occurrence”, $p = .035$), and coping

(except of “instrumental support”, $p=.016$). Cortisol and cytokine levels were unobtrusive.

Most positive feedback was attributed to the dynamics of the group, the information provision and the cooking practice. All participants expressed the wish for continuing treatment and support. Many of the patients still meet in a newly organized self-help group.

Conclusion:

The arduous enrollment procedure delivered a subgroup of very motivated patients with a considerably good general state of health at the beginning of the treatment. Further studies should focus on methods how to reach target group participants who cannot organize such lifestyle change by themselves.