Familial clustering is common in prostate cancer (PCa), but the psychosocial consequences of being a PCa patient in an affected family are not well understood. This study investigated the effects of family history of PCa on psychosocial distress and perceived psychosocial treatment need. Data were gathered within the German national research project "Familial Prostate Cancer". 4,123 PCa survivors who had undergone prostatectomy at least 4 years ago received a questionnaire set. 3,623 of the respondents (68.3 % sporadic, sporadic prostate cancer (SPCa); 31.7 % familial, familial prostate cancer (FPCa)) filled in measures of cancer-specific distress (QSC-R10), depression (PHQ-2), and anxiety (GAD-2). Perceived psychosocial treatment need was assessed using a single item. The prevalence of psychosocial distress did not differ between SPCa and FPCa survivors (cancer-specific distress: 16.2 vs. 16.7 %; depression: 5.8 vs. 6.4 %; anxiety: 6.6 vs. 5.8 %; ps>= .397). Similarly, psychosocial treatment need did not differ between SPCa (11.8 %) and FPCa (13.1 %) cases (p = .303). However, family history moderated the effect of cancer-specific distress on treatment need (OR 2.67, 95 % CI 1.43-4.96, p = .002). Exploratory analyses for the hereditary subtype (HPCa) revealed that cancer-specific distress was lower...
in HPCa survivors who had only daughters compared to survivors without any children or with at least one son. No such effect was observed in SPCa survivors (p = .040). PCa survivors with a positive family history do not experience increased psychosocial distress. Nonetheless, family history may exert subtle effects that deserve further research.

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