Health-related quality of life after radical prostatectomy depends on patient's age but not on comorbidities.

Localized prostate cancer affects younger and healthy patients as well as older patients with comorbidities. The purpose of this study was to evaluate the effect of age and comorbidities on the quality-of-life (QoL) course before and after radical retropubic prostatectomy. Overall, 374 patients with localized prostate cancer scheduled for radical prostatectomy were prospectively included. The QoL questionnaire QLQ-C30 (European Organisation for Research and Treatment of Cancer) was completed 1 day before surgery and 3, 6, 9, and 12 months after radical prostatectomy. Sexual and urinary functions were not assessed in this analysis. Subgroups according to age at diagnosis (60 to 70y) and comorbidities (Charlson scores=3) were defined. Subgroups were compared using the Wilcoxon-Mann-Whitney test, whereas changes in a group over time were analyzed with the Wilcoxon signed rank test. In all patient groups, no change was found 12 months after surgery compared with preoperative values in global health as well as functioning (role, physical, cognitive, and social). Emotional functioning improved significantly after surgery compared with preoperative functioning. Older patients (>70y) had better emotional and social functioning compared with younger patients (=3 did worse regarding fatigue and dyspnoe. The QoL of older patients or
patients with multiple comorbidities is not negatively influenced by radical prostatectomy. This should be considered when discussing the indication for prostatectomy in older or comorbid patients.