On-going evaluation of Living With Prostate Cancer (LPC) Program, a group therapy intervention to alleviate psychological distress (P123)

David Kuhl a, b, Kevin Lutz c, Lindsay Hedden a, d, e, Maria Spillane a, f, Phil Pollock a, g, S. Larry Goldenberg a, h, Celestia S. Higano i

a Department of Urologic Sciences, UBC; b Department of Family Practice, UBC; c Department of Educational & Counselling Psychology, & Special Education, UBC; d Centre for Clinical Epidemiology and Evaluation, Vancouver, BC; e Vancouver Prostate Centre, Vancouver, BC; f University of Washington, Fred Hutchinson Cancer Research Centre, Seattle, WA.

Background

Many men with prostate cancer (PC) will experience psychological distress at some point after diagnosis.

To complement the psycho-social resources available, the Prostate Cancer Supportive Care program at the Vancouver Prostate Centre initiated the LPC Program in Autumn 2016.

LPC utilizes a small-group format to develop a cohesive working group, learn strategic communication skills, and understand how to manage depressive symptoms, suicidal ideation and transitional life stressors associated with PC.

Objectives

This is a prospective evaluation to determine the effectiveness of the PCSC Program’s group therapy program, Living with Prostate Cancer (LPC). Data for this evaluation will be derived from self-report questionnaires that participants will complete immediately prior to the intervention, immediately following the intervention and at 3-, 6-, and 12-months post-intervention.

The primary objective is to determine whether group therapy sessions focused on the experience of living with PC (including incontinence, erectile dysfunction, feminization, and dying/death) are an effective means of reducing depression and anxiety, and improving overall psychological well-being among men with the disease.

The secondary objective is to calculate the cost-per-patient of running the group therapy program from the health system and patient perspectives, and to compute cost per unit improvement in depression and anxiety symptoms.

Sample Size

Over the 18-month study period, we plan to hold a minimum of 12 LPC programs. We intend to recruit as many participants as possible to this evaluation and we are aiming for a minimum of 72 study participants.

LPC Program

• LPC is an intervention which utilizes a small-group format (5 to 7 participants with 2 leaders).
• LPC is for men with a diagnosis of PC Stages I to III.
• LPC takes place over one day (7 hours) a week for 3 weeks with a follow-up meeting (3 hours) 3 months later.
• This follow-up meeting is has a focus group component to serve as an evaluation of the program, potentially identifying strengths and weaknesses. A qualitative interview is conducted over the telephone after the 12 month questionnaires have been completed to ask questions about their experience with the LPC Program.
• The focus of the LPC program is to develop a cohesive working group, learning strategic communication skills, and understanding and learning how to manage depressive symptoms, suicidal ideation and transitional life stressors associated with PC.
• In addition, the men participate in a guided autobiographical life review.
• It also focuses on the processing and integrating of critical events that contribute to the men’s present day identity and psychological function, and involves the consolidation of the personal learning that occurs.
• It shifts the focus on transitioning into the future by developing specific individual, family and/or career goals that are reinforced by ongoing support from peers in the group.
• Post-group referral plans are developed on an individual basis as needed.

Research Questions

This project explores the benefits of a targeted group therapy program for men with PC:

Does group therapy result in improvements in the following among men with early stage PC?
• depression and anxiety symptoms;
• masculinity; and
• overall well-being

Is the cost-per-patient reasonable from the health system and patient perspectives, given any improvement in depression and anxiety symptoms?

Outcomes

Primary Outcome Measure
• Changes in depressive and anxiety symptoms, as measured by the Beck Depression Inventory

Secondary Outcome Measures
• Changes in overall well-being measured by the Warwick-Edinburgh Mental Wellbeing Scale;
• Changes in perceptions of masculinity measured by the Personal Attributes Questionnaire and the Masculine Behaviour Scale;
• Group cohesion and dynamics measured by the Group Questionnaire; and
• Patient-incurred costs for attending the session, measured by an annotated cost questionnaire for completion by patients

Recruitment Methods

When a PC patient has enrolled in LPC, the Study Coordinator will contact them to explain the evaluation of the LPC Program. If they are interested in participating, they are provided with a consent form for the study to review before the first workshop.

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Assessments

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Current Study Status

To date, 4 LPC series with a total of 21 attendees have been conducted. The first series was a pilot, thereafter 14/14 men consented to participate in the evaluation. The median age is 64 (range 56 to 74); 8 participants had a radical prostatectomy a median of 10 months (range 3-20) before study entry and 2 participants were scheduled to have surgery within 1-3 months.

Acknowledgements

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