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Letter to the Editor

Reply to Mauricio Plata, Cesar Diaz Ritter, and Nicolás Badillo's Letter to the Editor re: Gabriela Ilie, Ricardo Rendon, Ross Mason, et al. A Comprehensive 6-mo Prostate Cancer Patient Empowerment Program Decreases Psychological Distress Among Men Undergoing Curative Prostate Cancer Treatment: A Randomized Clinical Trial. Eur Urol. In press. https://doi.org/10.1016/j.eururo.2023.02.009

We read the Letter to the Editor from Plata et al in response to our article [1] with great interest. We applaud Dr. Plata et al for highlighting the opportunity we share as a global oncology community to empower our patients who have prostate cancer and improve their long-term physical and mental health. With burgeoning science showing how diet, exercise, stress reduction, and other healthy living interventions may impact prostate-specific antigen kinetics, physicians and their teams may feel increasing pressure to "activate" their patients by prescribing healthy living habits [2,3]. As access to the internet increases worldwide, busy uro-oncologists and teams will probably refer their patients to e-health platforms, which are convenient and cheap to administer [4]. However appealing this may be, we have significant concerns that we may be underserving our patients by sending them to patient education websites without the proper design, testing, and ongoing support. Here is why.

Despite the plethora of online educational materials and apps, ongoing patient compliance with e-health programs remains very low (perhaps 10% in the long term) [5,6]. We believe that human-to-human connections and interaction are essential elements of health promotion. Our 6-mo Prostate Cancer Patient Empowerment Program (PC-PEP) includes matching of participants to two "buddies" for a weekly phone call, and ongoing (indefinitely) monthly stress reduction, connection, and sexual education) in addition to the interactive elements listed above. Participants are exposed to multiple science-based healthy habits and habit formation tools and can tailor the program for themselves by prioritizing the components applicable to their needs and daily living. The program can be further individualized by adding modules (eg, penile rehabilitation) to the 6-mo backbone to be tested in a research trial.

We are currently looking to partner with international groups in a phase 4 implementation trial, with extension of the eligibility criteria to include men with stages from active surveillance to early metastatic disease. The questions essentially being asked in the trial are which men benefit the most and the least from PC-PEP, and whether the program would work for diverse communities and in different cultures. Embedded in the research design are extensive online surveys at 0, 6, 12, and 24 mo. International co-principal investigators and their residents would have access to their own patient data to be used for research and quality assurance purposes. Through collaborative research we can learn to modify the program for vulnerable populations and really make a difference in our patients' lives.

We thank Dr. Plata and colleagues for sharing their experience and calling for this global collaboration of interested researchers and clinicians who will continue to push the frontiers of patient education and empowerment science in cancer.

Conflicts of interest: The authors have nothing to disclose.

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