

available at [www.sciencedirect.com](http://www.sciencedirect.com)  
journal homepage: [www.europeanurology.com](http://www.europeanurology.com)



## Letter to the Editor

**Reply to Zhipeng Mai, Weigang Yan, and Zhien Zhou'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 2023;83:561–70**

We read the letter from Mai et al in response to our article [1] with great interest. In Table 1 of our paper [1] education and other sociodemographic characteristics reported did not statistically significantly differ between the control and intervention groups. The standard of care in Nova Scotia includes a one-on-one visit to a pelvic floor specialist 3–4 wk after surgery, which is available for all patients.

The point Mai and colleagues make about the role of uro-oncologists in promoting the overall physical and mental health of their patients with prostate cancer (PCa) and whether the high levels of psychological distress reported in our study would be found among PCa survivors from diverse cultures is important. There is greater awareness, worldwide, of the intersectionality between mental distress/psychiatric conditions and PCa, prompting an alert to clinicians for assessment and referral [2–4]. Given the effects on oncological and functional outcomes for patients, integration of physical and mental health care interventions in the standard of care has become urgent [1,3,4].

The positive interactions our clinicians have with their patients during follow-up simply do not match the high depression and anxiety rates that patients self-report when assessed using validated measures of depression and anxiety [5]. We can only expect that the silent epidemic of poor mental health among PCa survivors may have worsened as worldwide anxiety levels increased during and after the COVID-19 pandemic. For instance, in China the prevalence of mental distress among adults increased from 16% during 2013–2015 to 35% in 2022 [6]. In an already emotionally fragile world, we can expect that a PCa diagnosis will further impact the mental health of those affected. However, if we do not assess mental health and other important PCa outcomes using validated patient-reported measures, we will lose the opportunity to offer system-based and effective programming to our patients.

The Prostate Cancer - Patient Empowerment Program (PC-PEP) was designed to primarily address mental distress, as well as a comprehensive set of health issues faced by PCa

survivors. We drew on prehabilitation science, prescribed activities to address specific side effects, and integrated healthy lifestyle habits to help mitigate against the effects of hormone therapy. Our patients are more likely to die of cardiovascular disease than of PCa, so we addressed smoking, obesity, and poor diet to improve important overall health outcomes. The 6 mo of daily emails and videos are meant to maximize compliance to all the prescribed activities and to engrain positive lifestyle choices in the long term.

Uro-oncologists worldwide may argue that it is not their role to promote the overall health of their patients with PCa, and that they are simply too busy to address such complex concerns. However, physicians can advocate for or help in the development of comprehensive health-promotion programs such as PC-PEP. Patients listen carefully to the advice provided by their uro-oncologists, and the 10 s it takes during the initial consultation to recommend empowerment programs could have a profound influence on the physical and mental health of patients for decades to come.

**Conflicts of interest:** The authors have nothing to disclose.

**Acknowledgments:** This work was funded through Research Nova Scotia (establishment grant #2215; principal investigator Gabriela Ilie; co-investigators Rob Rutledge et al), the Dalhousie Medical Research Foundation, and the Soillse Research Fund (Gabriela Ilie).

## References

- [1] Ilie G, Rendon R, Mason R, 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>.
- [2] Brunckhorst O, Hashemi S, Martin A, et al. Depression, anxiety, and suicidality in patients with prostate cancer: a systematic review and meta-analysis of observational studies. *Prostate Cancer Prostat Dis* 2021;24:281–9. <https://doi.org/10.1038/s41391-020-00286-0>.
- [3] Chhatre S, Gallo JJ, Guzzo T, et al. Trajectory of depression among prostate cancer patients: a secondary analysis of a randomized controlled trial. *Cancers* 2023;15:2124. <https://doi.org/10.3390/cancers15072124>.
- [4] Cheng Y, Gao XH, Li XJ, et al. Depression promotes prostate cancer invasion and metastasis via a sympathetic-cAMP-FAK signaling pathway. *Oncogene* 2018;37:2953–66. <https://doi.org/10.1038/s41388-018-0177-4>.
- [5] Moodie L, Ilie G, Rutledge R, Pantelis A, Kirkland S. Assessment of current mental health status in a population-based sample of

DOI of original article: <https://doi.org/10.1016/j.eururo.2023.03.043>

<https://doi.org/10.1016/j.eururo.2023.05.015>

0302-2838/© 2023 European Association of Urology. Published by Elsevier B.V. All rights reserved.

Canadian men with and without a history of prostate cancer diagnosis: an analysis of the Canadian Longitudinal Study on Aging (CLSA). *Front Psychiatry* 2020;16:586260. <https://doi.org/10.3389/fpsyt.2020.586260>.

- [6] Editorial. Mental health after China's prolonged lockdowns. *Lancet* 2022;399:2167. [https://doi.org/10.1016/S0140-6736\(22\)01051-0](https://doi.org/10.1016/S0140-6736(22)01051-0).

Gabriela Ilie <sup>a,b,c,\*</sup>  
Robert D.H. Rutledge <sup>c</sup>

<sup>a</sup> *Department of Urology, Halifax, Canada*

<sup>b</sup> *Department of Community Health and Epidemiology, Dalhousie University, Halifax, Canada*

<sup>c</sup> *Department of Radiation Oncology, Dalhousie University, Halifax, Canada*

\*Corresponding author. Department of Community Health and Epidemiology, Dalhousie University, 5790 University Avenue, Halifax, Nova Scotia B3H 1V7, Canada. Tel. +1 902 9894114.  
E-mail address: [gabriela.ilie@dal.ca](mailto:gabriela.ilie@dal.ca) (G. Ilie).

May 16, 2023