

Functional outcomes similar across localized prostate cancer treatments

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irritative, sexual, and bowel function at one year versus active surveillance. While external beam radiation therapy (EBRT) was associated with urinary, sexual, and bowel function changes, they were not clinically different from active surveillance at any time point through five years. For men with unfavorable-risk disease, EBRT with [androgen deprivation therapy](#) was associated with lower hormonal function at six months and [bowel function](#) at one year but better sexual function at five years and better incontinence function at each time point through follow-up versus prostatectomy.

"These estimates of the long-term bowel, bladder and [sexual function](#) after localized [prostate](#) cancer treatment may clarify expectations and enable men to make informed choices about care," the authors write.

One author disclosed financial ties to the pharmaceutical industry.

More information: [Abstract/Full Text \(subscription or payment may be required\)](#)

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(HealthDay)—Most functional differences associated with contemporary management of localized prostate cancer attenuate by five years, according to a study published in the Jan. 14 issue of the *Journal of the American Medical Association*.

Karen E. Hoffman, M.D., from University of Texas MD Anderson Center in Houston, and colleagues compared functional outcomes associated with [prostate cancer](#) treatments over five years after treatment using data from five Surveillance, Epidemiology and End Results Program sites and a U.S. prostate cancer registry. The analysis included 1,386 men with favorable-risk and 619 men with unfavorable-risk prostate cancer.

The researchers found that for men with favorable-risk prostate cancer, nerve-sparing prostatectomy was associated with worse urinary incontinence at five years and sexual function at three years versus active surveillance. Low dose-rate brachytherapy was associated with worse urinary

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