

Identification of a novel cluster of patients with prostate cancer in Japan with improved quality of life – results of the largest international digital survey of people affected by prostate cancer

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KEY FINDINGS AND CONCLUSION

- Patients with PC surveyed across Japan showed notable differences to their counterparts in Western countries with respect to the treatment journey, demonstrating a lower level of involvement in treatment decisions and patient support groups, and a predominance of urologists as their primary treatment specialists, and male friends or relatives as their caregivers.
- Those patients who were more engaged in their care and showed a superior understanding of their disease experienced improved outcomes.
- While patients with PC tended not to join support groups, the majority of those who did reported satisfaction.
- Although not the most frequently reported symptoms, nausea and fatigue had the greatest impact on HRQoL.
- Taken together, these data suggest that a better understanding of the unique characteristics of patients with PC in Japan may inform future efforts to improve patient care via patient selection and education.



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To download a copy of this poster, visit the web at: <https://www.medicalcongresspresentations.com/ESMO25/PC/prostateCancer.html#HirojiUemura2474P>

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INTRODUCTION

- Understanding patient perspectives and experiences is a critical consideration as PC biology and its treatment landscape rapidly evolves.
- A digital survey was conducted across Japan to capture perspectives and treatment-related patient (n=1,860) and caregiver (n=163) experiences of the PC journey, and was compared with results of a previous survey of 15,824 participants from Western countries (Germany, UK and USA).¹
- The impact of a variety of factors on clinical practice was examined, with a focus on HRQoL between both surveys.

METHODS

- DontBePatient Intelligence conducted an online digital survey from 26 Sep–18 Nov 2024 (7.5 weeks), assessing diagnosis, disease status, treatment, symptoms and HRQoL measures.
- Patients and carers were recruited through online advertising (Yahoo! Japan, Facebook, Instagram advertisements) and patient organization link sharing.
- Incomplete surveys were excluded from final analysis.
- Data were analyzed using descriptive and inductive statistics.

PLAIN LANGUAGE SUMMARY

- What was this research about? This online survey looked at how people in Japan experience prostate cancer, from diagnosis to treatment, and its impact on quality of life. It also compared their experiences with patients in Germany, the UK, and the US.¹
- Who took part? 1,860 patients with prostate cancer and 163 caregivers.
- What were the main findings? Most patients said they understood their treatment options and were satisfied with their treatment decisions. Nausea and fatigue had the biggest impact on daily life, though they were not the most common symptoms. Patients who were more involved in decisions and learning about their disease reported better quality of life. Compared to Western countries, fewer patients in Japan took part in treatment decisions or joined support groups. Treatment was mainly provided by urologists, and most caregivers were non-cohabiting friends or relatives.

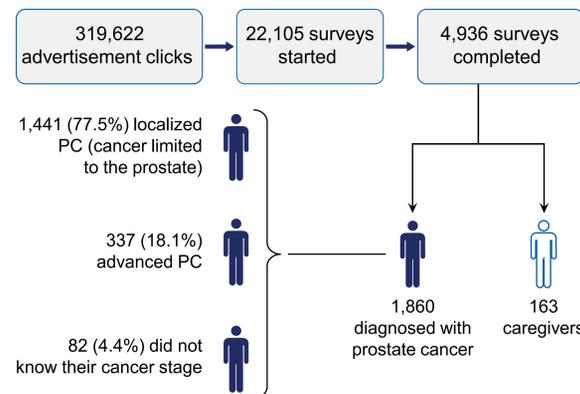
- What are the implications of this study? Patients with prostate cancer in Japan were less involved in treatment decisions than patients in Western countries, but those who showed more active involvement were linked to better outcomes. Improving education and support for patients could enhance care and quality of life.

RESULTS

Respondent characteristics

- Median age of patients reporting a PC diagnosis was 70 years, for both localized and advanced PC groups (Figure 1).
- For those reporting advanced PC, 187 (55.5%) were locally advanced and 150 (44.5%) were metastatic.

Figure 1. Survey responses and patient demographics



Survey responses from patients

- Around half of all patients reported that travelling for treatment was stressful (Table 1).
- Most patients felt that they had sufficient access to information, understood their treatment options at least reasonably well and were satisfied with their treatment decisions (Table 1).

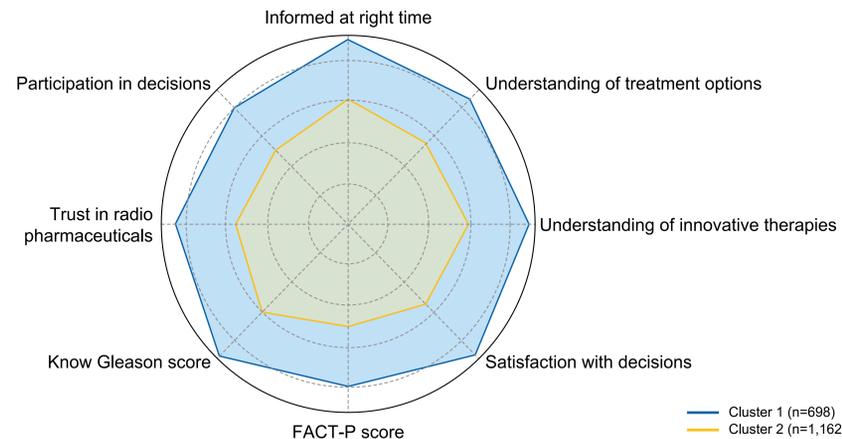
Table 1. Patients' treatment experiences and perceptions

	Localized PC	Advanced PC
I found treatment travel stressful	49.4%	56.3%
I sought information from trustworthy websites (e.g., cancer information sites) or asked my doctor	95.3%	92.8%
I had access to the right information at the right time to make informed decisions	78.8%	63.9%
I understood my treatment options	73.4%	58.2%
I am satisfied with my treatment decisions	78.0%	68.7%
Perception of radiopharmaceutical therapy (score 0=worrisome to 100=trustworthy)	62 (median 70)	64.5 (median 71)

Cluster analysis of Japan survey data

- An unsupervised cluster analysis of the Japan survey data identified two distinct patient groups: cluster 1 (37.5% of all respondents) exhibited a superior understanding of PC and treatment options, higher participation in treatment decisions, less regret, and better HRQoL (as assessed by FACT-P score), regardless of disease status and therapies received, whereas cluster 2 patients (62.5%) scored lower in all these aspects (Figure 2).

Figure 2. Patients with PC in Japan who took a more active role in their care experienced better outcomes



Comparison between Japanese and Western data

- Although most patients with PC in Japan did not engage with patient organizations (Table 2), 75.8% of those who did reported satisfaction.
- Patients in Japan who reported having no participation in their treatment decisions (Table 2) commonly cited trust in their doctors' decisions as the reason for this (86.6%).
- Most primary caregivers in Japan were male (87%), non-cohabiting (77.2%) friends or relatives of the patient.

Table 2. Comparison of characteristics from Japan vs. Western countries

	Japan		Germany		UK		USA	
	Localized PC	Advanced PC	Localized PC	Advanced PC	Localized PC	Advanced PC	Localized PC	Advanced PC
Treated patients, %	86.8%	95.5%	90.1%	96.1%	82.4%	97.2%	87.2%	97.1%
Primary treating specialist	Urologist: 93.5%	Urologist: 91.4%	Urologist: 50.5%	Urologist: 50.7%	Urologist: 35.8%	Oncologist: 46.7%	Urologist: 39.5%	Oncologist: 46.9%
Most common treatment	Surgery: 51.0%	Hormone therapy: 79.2%	Surgery: 71.3%	Hormone therapy: 64.9%	Radiation therapy: 47.6%	Hormone therapy: 77.3%	Surgery: 57.4%	Hormone therapy: 73.0%
Median FACT-P score	113	101	123	109	121	106	122	107
Median PC subscale score	34	31	35 localized; 31 advanced					
Patients not participating in treatment decision	47.3%	54.2%	11.2%					
Engagement with patient organizations	2.7%	6.3%	9.3%	13.1%	15.9%	21.0%	13.5%	22.7%
Primary caregiver	Friends/relatives 85.9%, mostly male				Spouse: 81.7%, female			

Impact of symptoms

- More frequent urination, impact on sex life and urinary incontinence were the most common symptoms reported (Figure 3A) and those top ranked in relation to HRQoL (Figure 3B); however, nausea and fatigue showed the highest HRQoL impact score, regardless of disease stage (Figure 3C).

Figure 3. Nausea and fatigue had the highest impact on HRQoL

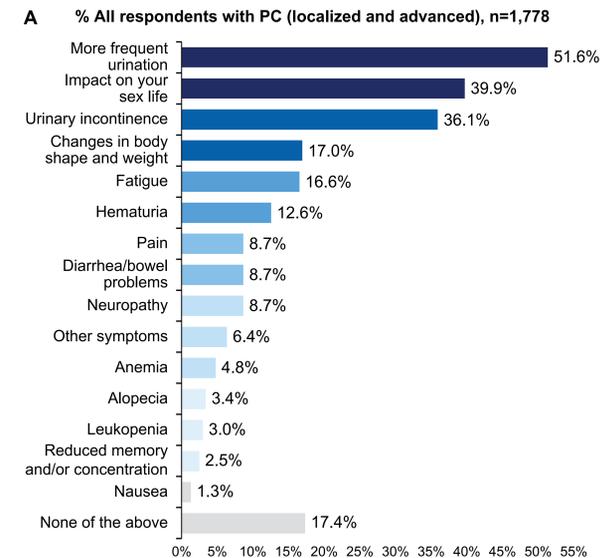


Figure 3B. HRQoL impact score (sum), n=1,091

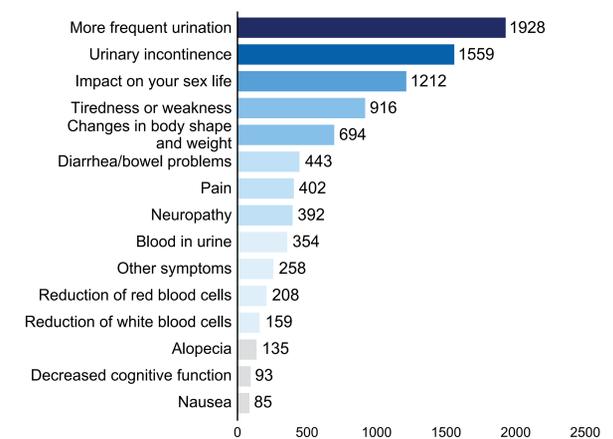
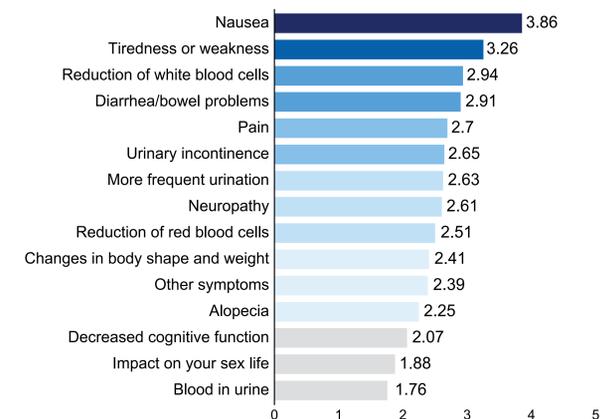


Figure 3C. Mean HRQoL impact score ranking, n=1,091



Abbreviations

FACT-P, Functional Assessment of Cancer Therapy – Prostate; HRQoL, health related quality of life; PC, prostate cancer.

References

1. O'Sullivan JM, et al. European Urology Oncology. 2025; doi.org/10.1016/j.euo.2025.03.006.

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