Reply to K.P. Weinfurt et al.

Nnenaya Q. Agochukwu
Daniela Wittmann
Nicholas R. Boileau
Rodney L. Dunn
James Montie

See next page for additional authors

Follow this and additional works at: https://scholarlycommons.henryford.com/urology_articles

Recommended Citation
Reply to K.P. Weinfurt et al

Patient-reported outcomes (PROs) have the potential to transform patient-related care.\(^1\) PROs are reported directly from patients without interpretation by others and introduce a unique element into the patient-physician encounter.\(^2\) Although PROs have clear advantages, we agree with our colleagues that they are far from perfect, owing largely to their subjectivity.\(^3\) We would add that it is not just their subjectivity that is their limitation, but that, individually, they do not even approximate the complexity of human experience. Despite this, PROs offer unique insight into a patient’s experience and provide information on outcomes beyond morbidity and mortality, which is critical to patient care.\(^4\) Establishing the clinical usefulness of PROs is an ongoing process, and no one study can provide all the answers about the measurement properties of PROs.\(^5\) In addition, although measurement properties may be supported in some samples and under certain conditions, these same measurement properties may not be supported universally. It is important that we use PROs as part of a multimodal assessment of the patient experience if we wish to deliver top-notch personalized care to our patients.

After radical prostatectomy, erectile function generally declines\(^6\) and is directly associated with regret and distress.\(^7,8\) Typical outcomes focus narrowly on erectile function, an aspect of sexuality that is associated with anxiety and sadness after prostate cancer treatment. Recognizing that sexuality is a broader concept enables patients and couples to focus on sexual strengths that remain and can be leveraged. The Patient-Reported Outcomes Measurement Information System (PROMIS) Sexual Function and Satisfaction measurement system (SexFS) underwent thorough and rigorous evaluation.\(^9\) These measures present a unique opportunity to explore domains beyond the more traditional erectile function assessments. In our study, we had two main objectives.\(^10\) The first objective was to validate the use of the PROMIS SexFS Interest in Sexual Activity and Global Satisfaction with Sex Life single-item measures in this population. These measures are brief and efficient, and more information about their measurement properties are needed for clinicians and researchers to better understand their clinical usefulness, as Weinfurt and Flynn suggest. Our second objective was to better understand the relationship between these PROs and sexual function, in order to understand their application for prostate cancer survivorship.

Briefly, our analyses supported the measurement properties of the PROMIS measures in individuals undergoing radical prostatectomy and indicated that these measures have a strong potential for evaluating survivorship outcomes in these individuals. Despite functional losses, men remain interested in and satisfied with sex. Like the International Index of Erectile Function, the PROMIS SexFS Interest in Sexual Activity and Global Satisfaction with Sex Life measures can detect granular changes and unforeseen treatment effects. In addition, they provide clinicians with information that should help foster clinical conversations about these difficult and sensitive topics. Ultimately, we hope that these types of measures can be used to help patients and clinicians work together to target attainable individualized goals. For example, if a man is not interested in sexual activity and has erectile dysfunction, he may not experience as much distress as a man with high interest and erectile dysfunction. This is an important distinction, because successful treatment depends on the consideration of sexual interest, satisfaction, and erectile dysfunction; similar treatment approaches in these men would result in vastly different treatment outcomes. Using these measures together is a step toward using patients’ own self-assessment to provide feedback about the complexity of their sexuality after prostate cancer treatment, which can be the starting point for a discussion about rebuilding their sexual relationships.

We agree wholeheartedly with Weinfurt and Flynn, who astutely state that we should aim for a comprehensive, inclusive, and efficient approach to the measurement of PROs, and in this case, to the measurement of PROs after prostate cancer treatments, and that we should consider the inclusion of the PROMIS Interest in Sexual Activity and Global Satisfaction with Sex Life measures. Sexuality is an important aspect of health-related quality of life, and ensuring that we have assessment tools that have strong psychometric properties and provide valuable clinical information has the potential to reduce decisional regret, increase self-efficacy, and empower our patients as opposed to impose frustration, which may ensue if we continue to focus only on erections. Moreover, these PROs present an opportunity to provide a comprehensive and personalized approach to treatment. Clinicians and researchers alike, however, must also embrace these additional measures if we are to make progress. As we journey toward comprehensive PROs in prostate cancer survivorship, the road will certainly be rocky, but continued research and collaboration in this area is critical.

Nnenaya Q. Agochukwu, MD
Department of Urology, University of Michigan Health System, Ann Arbor, MI
Dow Division of Health Services Research, University of Michigan, Ann Arbor, MI
Department of Urology, University of California, San Francisco, San Francisco, CA

Daniela Wittmann, PhD
Department of Urology, University of Michigan Health System, Ann Arbor, MI
Dow Division of Health Services Research, University of Michigan, Ann Arbor, MI

Nicholas R. Boileau, MPH
Department of Physical Medicine and Rehabilitation, University of Michigan, Ann Arbor, MI

Rodney L. Dunn, MS; James Montie, MD; Tae Kim, BS; and David C. Miller, MD
Department of Urology, University of Michigan Health System, Ann Arbor, MI
Dow Division of Health Services Research, University of Michigan, Ann Arbor, MI

James Peabody, MS
Henry Ford Health System, Detroit, MI

Noelle E. Carlozzi, PhD
Department of Physical Medicine and Rehabilitation, University of Michigan, Ann Arbor, MI

AUTHORS’ DISCLOSURES OF POTENTIAL CONFLICTS OF INTEREST AND DATA AVAILABILITY STATEMENT
Disclosures provided by the authors and data availability statement (if applicable) are available with this article at DOI https://doi.org/10.1200/JCO.19.02642.

ACKNOWLEDGMENT
Supported by Blue Cross Blue Shield of Michigan (BCBSM) as part of the BCBSM Value Partnerships program, and by the National Institutes of Health (DK111011 to N.Q.A.).
The opinions, beliefs and viewpoints expressed herein do not necessarily reflect those of BCBSM or any of its employees.
Written on behalf of the Michigan Urological Surgery Improvement Collaborative.

REFERENCES

DOI: https://doi.org/10.1200/JCO.19.02642; Published at ascopubs.org/journal/jco on January 2, 2020.
Reply to K.P. Weinfurt et al

The following represents disclosure information provided by authors of this manuscript. All relationships are considered compensated unless otherwise noted. Relationships are self-held unless noted. I ~ Immediate Family Member, Inst ~ My Institution. Relationships may not relate to the subject matter of this manuscript. For more information about ASCO’s conflict of interest policy, please refer to www.asco.org/rwc or ascopubs.org/journal/jco/site/ifc.

Open Payments is a public database containing information reported by companies about payments made to US-licensed physicians (Open Payments).

James Montie
Stock and Other Ownership Interests: Histosonics
Consulting or Advisory Role: Histosonics

David C. Miller
Research Funding: Blue Cross Blue Shield of Michigan

James Peabody
Stock and Other Ownership Interests: Intuitive Surgical (I)

Noelle E. Carlozzi
Consulting or Advisory Role: Teva

No other potential conflicts of interest were reported.