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## **We can cure, but can we care? Favourable-risk disease ≠ favourable psychological wellbeing in men recently diagnosed with PCa: Baseline findings from a prospective, longitudinal study**

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**We can cure, but can we care? Favourable-risk disease ≠ favourable psychological wellbeing in men recently diagnosed with PCa: Baseline findings from a prospective, longitudinal study.**

**Background/Purpose**

Despite the medical benefits of Active Surveillance (AS), living with untreated cancer may create a significant emotional burden for patients. The present paper reports preliminary findings from a longitudinal study assessing psychological wellbeing in men with favourable-risk Prostate Cancer (PCa) from diagnosis to 12 months post-diagnosis.

**Methods**

The aim was to determine baseline/pre-treatment differences in psychological wellbeing in recently diagnosed men eligible for AS (n=40) immediately post-diagnosis (i.e. within 4 weeks of diagnosis, and prior to treatment decision making). General anxiety (STAI-6), PCa-specific anxiety (MAX-PC), and depression (CES-D) were assessed at diagnosis. Scores were compared once patients made their treatment decision (AS or AT).

**Results**

No significant differences in general anxiety or depression were observed at time of diagnosis. PCa-specific anxiety was approaching significance, with AS patients reporting higher PCa-specific anxiety than patients opting for AT. Gleason score at diagnosis (i.e. Gleason 6 or Gleason 7) was significantly associated with PCa-specific anxiety; Gleason 6 patients reported higher PCa-specific anxiety and fear of recurrence (MAX-PC subscales) at diagnosis in comparison to Gleason 7 patients.

**Conclusions**

To our knowledge, this is the first study to utilise early baseline measures i.e. immediately post-diagnosis and pre-treatment decision making. Interestingly, findings suggest that patients' with lower-risk disease have higher PCa-specific anxiety than those who, from a medical perspective, are at increased risk of progression. There are a number of possible

explanations for this, one of which may be related to how diagnosis information and treatment options are presented by health care professionals.