LOSING YOUR MARBLE(S): A CROSS-SECTIONAL STUDY OF PSYCHOSOCIAL OUTCOMES IN AUSTRALIAN TESTICULAR CANCER SURVIVORS

Allan B Smith¹, Madeleine King¹,², Phyllis Butow¹, Tim Luckett³, Peter Grimison²,⁴, Guy Toner²,⁵, Martin Stockler²,⁴, Elizabeth Hovey²,⁶, John Stubbs²,⁷, Ian Olver⁸

¹. PoCoG, School of Psychology, University of Sydney, Sydney, Australia
². Australian New Zealand Urogenital and Prostate Cancer Trials Group (ANZUP), Sydney, Australia
³. ImPaCCT, South Western Sydney Clinical School, The University of New South Wales, Sydney, Australia
⁴. Sydney Cancer Centre, Sydney, Australia
⁵. Prince of Wales Hospital, Sydney, Australia
⁶. Cancer Voices Australia, Sydney, Australia
⁷. Cancer Council Australia, Sydney, Australia

Although > 95% of men with testicular cancer (TC) are cured, many experience ongoing physical and psychological effects related to diagnosis and treatment. This large study is the first to use a validated measure of TC-specific quality of life (QOL) to assess the long-term sequelae of TC.

**Aims:** To determine the prevalence/severity and correlates of impaired QOL, psychological distress, and unmet needs in Australian TC survivors.

**Methods:** Men who had completed active treatment for TC 0.5–5 years previously, showing no evidence of recurrence, were recruited from 14 Australian cancer centres. Participants completed a questionnaire measuring demographics, disease and treatment information, general (SF36v2) and TC-specific (EORTC QLQ-TC26) QOL, psychological distress (DASS21) and unmet needs (CaSUN).

**Results:** 244 of 486 eligible TC survivors participated. Compared to age adjusted Australian general population norms, TC survivors an average of 2.3 years post-treatment reported significantly higher levels of depression (p = 0.003, mean difference = 2.43, 95% CI 0.82, 4.04) and anxiety (p = 0.007, mean difference = 2.46, 95% CI 0.69, 4.24), lower mental QOL (p < 0.001, mean difference = −6.85 95% CI −8.47, −5.24) and marginally higher physical QOL (p = 0.036, mean difference = 0.99, 95% CI 0.07,1.91). The most commonly reported TC-specific QOL issues were anxiety about cancer recurrence and the future generally, plus the impact of TC on sexuality and fertility. Almost a quarter (22–23%) of TC survivors reported unmet needs relating to these issues. Variables most strongly associated with outcomes were: a helpless/hopeless adjustment style with depression (p < 0.001, B = 1.27, 95% CI 0.89, 1.65) and poorer mental QOL (p < 0.001, B = −1.23, 95% CI −1.83, −0.63); more severe treatment side effects with anxiety (p < 0.001, B = 0.14, 95% CI 0.09, 0.20); and more job problems with poorer physical QOL (p < 0.001, B = −0.12, 95% CI −0.17, −0.07).
Conclusions: Australian TC survivors have relatively good physical QOL, but suffer from ongoing impaired mental QOL and psychological distress. Effective management of side effects and intervention to reduce helplessness/hopelessness may facilitate better adjustment.