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**CONTACT:**

**Kathy Gilbert, MS, MBA, [Kathy.Gilbert@mountsinai.org](mailto:Kathy.Gilbert@mountsinai.org)  
Nihal Mohamed, PhD, [Nihal.Mohamed@mountsinai.org](mailto:Nihal.Mohamed@mountsinai.org)  
Michael Diefenbach, PhD, [Michael.Diefenbach@mountsinai.org](mailto:Michael.Diefenbach@mountsinai.org)**

**Treatment Decision Processes Among Newly Diagnosed Prostate Cancer Patients**

**New Orleans, LA** - The importance of affect with regard to health information processing and decision making has recently been recognized. With respect to localized prostate cancer, treatment decision making is a complex process because each treatment option can cause devastating side effects that influence a patient's quality of life (QOL). Research has shown that uncertainty in deciding among diverse treatment options for prostate cancer can increase the patient's negative affect both at diagnosis and following treatment. "A prostate cancer diagnosis is often times accompanied by significant levels of negative affect and emotional distress. There is reason to believe that many patients with significant levels of negative affect and subclinical depression go undetected especially if this occurred around the time of their cancer diagnosis when expression of negative affect is socially accepted as normal and temporary. With the increasing number of men being tested and diagnosed with prostate cancer and making treatment decisions under the condition of uncertainty and emotional distress, it is very important to understand how distress factors influence treatment decision making processes and the patients' quality of life" says Dr. Nihal Mohamed, PhD, Assistant Professor at Mount Sinai School of Medicine, Department of Urology, New York.

In a poster session on Saturday, April 14 (8:00-10:00 am), at the Society of Behavioral Medicine's 33rd Annual Meeting and Scientific Sessions, Dr. Mohamed and Dr. Michael Diefenbach, Associate Professor at Mount Sinai School of Medicine, Department of Urology, New York, will review and discuss outcomes of a longitudinal study on treatment decision making and quality of life among prostate cancer patients. This study examined differences in treatment decision making outcomes and QOL between prostate cancer patients with low and high levels of pre-treatment negative affect over a 12-month period following diagnosis. Established psycho-social measures were used to examine negative affect and decisional making processes and outcomes (e.g., worries about surgery and radiation, treatment-related values, decisional conflict, and decisional regret) both at diagnosis (baseline) and at 6 months following treatment. Quality of life (i.e., physical, functional, social, and emotional well-being) was assessed at 12 months following treatment.

Findings from this study showed that patients with higher levels of negative affect were significantly less informed about their treatment options, more worried about treatment side effects and cancer recurrence, and were less positive about treatment efficacy than patients with lower levels of negative affect. The importance of avoiding incontinence and erectile dysfunction was significantly higher among patients with higher levels of negative affect than patients with lower levels. At 6 months patients with higher levels of negative affect reported more difficulty making a treatment decision, were more distressed and regretful about the treatment decision, and had lower physical, functional, social, and emotional quality of life at 12 months than patients with lower levels of depressive symptoms.

These findings emphasize the need to examine and address negative affect among men with prostate cancer. "Health care providers should be sensitive to the signs of negative affect among prostate cancer patients and consider intervening to reduce negative affect and depression to enhance treatment decision making and improve the patient's quality of life" said Dr. Diefenbach.

In addition to Drs Mohamed and Diefenbach, the study was co-authored by Simon J. Hall, MD, Chair of Department of Urology, and Mount Sinai School of Medicine, New York.

The authors reported no financial interests and/or other relationships.

*The Society of Behavioral Medicine is a multidisciplinary organization of clinicians, educators, and scientists dedicated to promoting the study of the interactions of behavior with biology and the environment and the application of that knowledge to improve the health and well being of individuals, families, communities, and populations. [www.sbm.org](http://www.sbm.org)*

*This study was presented during the 2012 Annual Meeting and Scientific Session of the Society of Behavioral Medicine (SBM) from April 11-14 in New Orleans. However, it does not reflect the policies or the opinion of the SBM.*

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