

Deliverable D2.1 Report on defined standard outcomes and DPFs for different stages of prostate cancer – publishable summary

To date, most of the PCa outcomes and Diagnostic and Prognostic Factors (DPF) have been arbitrarily defined and investigated in single cohorts only. Healthcare providers are choosing from a wide array of diagnostic tools and treatment modalities for each PCa patient based on the best available evidence. However, due to the lack of understanding of all disease stages and the lack of consensus on the most important PCa-related outcomes and DPFs, clinical practice decision-making is a more dauntingly complex task than it should be. This creates unacceptable inequalities for PCa patients throughout Europe. Therefore, confirmation of PCa outcomes and DPFs is needed from large studies involving patients with different lifestyles and healthcare providers, in order to identify outcomes that discern patient benefit to facilitate both drug development and more appropriate patient care.

The work of WP2 is to create consensus on a) what outcomes are the most important and how they should be measured for the different stages of the PCa care pathway, and b) what DPFs are the most important and how they should be measured.

Firstly, we identified which core outcome sets (COS) and DPFs already exist for the different stages of PCa care (i.e. screening, diagnostic, staging and treatment activities). We followed the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) guidelines to conduct systematic reviews for different stages of care to systematically extract what outcomes and DPFs are reported (e.g. epidemiological, clinical, economic, and patient reported outcomes) and how they are defined (1). These systematic reviews will determine current practice and complexities involved in diagnosis, prognosis and management of men with PCa and identify existing outcomes.

1. Shamseer L, Moher D, Clarke M, et al. Preferred reporting items for systematic review and meta-analysis protocols (PRISMAP) 2015: elaboration and explanation. *BMJ*. 2015;349(jan02 1):g7647-g7647. doi:10.1136/bmj.g7647