

Factors Influencing Men Undertaking Active Surveillance for the Management of Low-Risk Prostate Cancer

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In North America, the widespread use of the prostate-specific antigen (PSA) prostate cancer screening test has resulted in approximately one of six men being diagnosed with prostate cancer. Although the overall mortality rate from prostate cancer has declined, this may reflect improved treatment or increased diagnosis of indolent disease that was not life threatening (Klotz, 2002, 2006). About 80%–90% of men diagnosed with asymptomatic, low-risk prostate cancer receive some form of active treatment (Harlan et al., 2003). In North America, radical prostatectomy, external beam radiation therapy, and brachytherapy continue to be the most common definitive treatments for early-stage prostate cancer, but newer treatments such as cryotherapy, thermo-ablation, and high-intensity focused ultrasound also are available at some larger centers. Despite the advances in the definitive treatment of prostate cancer, all forms of treatment affect quality of life, mainly in the areas of erectile dysfunction in more than half of patients, incontinence, and urinary irritation (Litwin et al., 1999, 2007; Litwin, Sadetsky, Pasta, & Lubeck, 2004). Therefore, active surveillance is considered by some men as a viable alternative to the aforementioned treatments. However, fewer than 10% of men in North America choose that approach (Barocas, Cowan, Smith, & Carrol, 2008; Harlan et al.). The literature is confusing with regard to the specific definitions of the terms *active surveillance*, *expectant treatment and management*, *conservative management*, and *watchful waiting*. Parker (2004) offered an explanation of the differences among the approaches. Watchful waiting (conservative management) is a palliative approach, typically used for older or physically unfit men with limited life expectancy. The approach follows patients until the cancer progresses to an incurable state, at which time treatment is palliative (Parker). Active surveillance (expectant treatment and management), on the other hand, is a proactive management approach with curative intent, where active treatment is delayed until

Purpose/Objectives: To identify and describe decision-making influences on men who decide to manage their low-risk prostate cancer with active surveillance.

Research Approach: Qualitative, semistructured interview.

Setting: The Prostate Centre at Vancouver General Hospital in Canada.

Participants: 25 patients diagnosed with low-risk prostate cancer and on active surveillance.

Methodologic Approach: An interpretative, descriptive, qualitative design.

Main Research Variables: Factors that influenced men's decisions to take up active surveillance.

Findings: The specialists' description of the prostate cancer was the most influential factor on men choosing active surveillance. Patients did not consider their prostate cancer to be life threatening and, in general, were relieved that no treatment was required. Avoiding treatment-related suffering and physical dysfunction and side effects such as impotence and incontinence was cited as the major reason to delay treatment. Few men actively sought treatment or health-promotion information following their treatment decision. Female partners played a supportive role in the decision. The need for active treatment if the cancer progressed was acknowledged. Patients were hopeful that new treatments would be available when and if they needed them. Being older and having comorbidities did not preclude the desire for future active treatment. Patients carried on with their lives as usual and did not report having any major distress related to being on active surveillance.

Conclusions: The study findings indicate that men are strongly influenced by the treating specialist in taking up active surveillance and planning future active treatments. As such, most men relied on their specialists' recommendation and did not perceive the need for any adjunct therapy or support until the cancer required active treatment.

Interpretation: Oncology nurses should work collaboratively with specialists to ensure that men receive the information they need to make informed treatment decisions.

the cancer shows signs of significant growth (Carter et al., 2007; Cooperberg, Lubeck, Meng, Mehta, & Carroll, 2004; Parker). Patients on active surveillance are