

FEATURE ARTICLE

Prostate Cancer: A Chronic Illness

Susan Doyle-Lindrud, RN, APN-C

Prostate cancer is the most frequently diagnosed malignancy and the second-leading cause of cancer death in men. The 10-year survival rate for all stages of prostate cancer is 93%. Men with prostate cancer live with the disease for many years, and the side effects of the disease and treatments have physical and psychosocial implications for the patient, spouse, and family. This case study explores the evolution of a patient with prostate cancer, from time of diagnosis through treatment decision making and ultimately end of life. Discussion of the implications for practice and research is included.

Prostate cancer is the most frequently diagnosed malignancy and the second-leading cause of cancer death in men (American Cancer Society [ACS], 2007). In 2007, an estimated 218,890 new cases of prostate cancer will occur in the United States, with an estimated 27,050 deaths (ACS, 2007). The five-year relative survival rate for all stages of prostate cancer combined has increased to nearly 100%, and the 10-year relative survival rate for all stages of prostate cancer combined is 93% (ACS, 2007). Treatment decisions related to the diagnosis of prostate cancer are different. Local therapies include retropubic radical prostatectomy (RRP), laparoscopic prostatectomy, cryosurgery, radiation with conformal external beam radiation, brachytherapy (seed implants), and a watch-and-wait approach. Treatment decisions are based on patients' age, comorbidities, access to treatment, stage and grade of the tumor, and preference (Cohen & Jaskulsky, 2001). This article will focus on one patient and the evolution of his disease, from his initial diagnosis through the different stages of his prostate cancer, revealing the chronic nature of the disease and the comprehensive medical management required.

Case Study

Mr. C, a 69-year-old man, had an 8.0 ng/ml prostate-specific antigen (PSA) level at the time of diagnosis. His prostate biopsy revealed adenocarcinoma, consistent with prostate cancer. He was an otherwise healthy individual with a medical history of hypertension, controlled with lotensin 20 mg daily, and hypercholesterolemia, controlled with Lipitor® (Pfizer Inc.) 20 mg daily. Mr. C was married with two grown children. A retired math teacher, he and his wife remained active in a retirement community.

After his biopsy confirmed prostate cancer, Mr. C was seen by a urologist and radiation oncologist to discuss treatment. Mr. C chose to pursue RRP. The surgeon informed Mr. C that the

At a Glance

- ◆ Prostate cancer is the most frequently diagnosed malignancy in men.
- ◆ Prostate cancer is a chronic illness with long-term consequences from treatment.
- ◆ A multidisciplinary approach to care is required to treat prostate cancer.

frequency of RRP side effects varies depending on surgical technique. Reported prevalence rates of urinary incontinence vary from 15%–60%. Erectile dysfunction is estimated in 50%–90% of patients, although the rates are lower with the nerve-sparing procedure (Kendirici, Bejma, & Hellstrom, 2006). Urinary incontinence tends to improve with time, declining and leveling off within one to two years after surgery; however, some men experience incontinence that persists for years (Bhatnagar & Kaplan, 2005). According to the research, strengthening the pelvic floor muscles significantly improves postprostatectomy urinary continence, postmicturition dribble, and erectile function (Dorey, 2005).

An advanced practice nurse (APN), working in collaboration with the surgeon, arranged meetings before and after surgery to

Susan Doyle-Lindrud, RN, APN-C, is an assistant director of clinical research in the Gallo Prostate Cancer Center at the Cancer Institute of New Jersey in New Brunswick. No financial relationships to disclose. Mention of specific products and opinions related to those products do not indicate or imply endorsement by the *Clinical Journal of Oncology Nursing* or the Oncology Nursing Society. (Submitted October 2006. Accepted for publication April 20, 2007.)

Digital Object Identifier: 10.1188/07.CJON.857-861