Evidenced-Based Practice Guidelines for Prostate Cancer Care

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Editors Meredith Wallace, PhD, RN, CS-ANP, and Lorrie L. Powel, PhD, RN, have produced a well-organized book on prostate cancer. There are contributions from eight other authors in the fields of urology, hematology, oncology, and academic nursing. Each chapter is supported with research citations to provide nurses with evidence-based practice guidelines for prostate cancer care.

Prostate cancer is the most common cancer in U.S. men. With the introduction of PSA screening, earlier detection and staging of localized prostate cancer has improved survival rates. It is important for nurses to understand the disease and be knowledgeable about the physical, psychological, and socio-economic issues in the care of patients diagnosed with prostate cancer.

Epidemiology and Incidence

Chapter One provides information on the epidemiology, incidence, prevalence, pathophysiology, risk factors, and mortality rates for prostate cancer. Information on prostate cancer incidence rates is based upon data from the SEER (2000) study. Not mentioned, however, is the national disease registry known as CaPSURE which collects clinical, humanistic, and economic information on patients with prostate cancer over time with a cohort of over 7,000 patients at 35 participating sites in the United States. Data from CaPSURE will provide information on outcomes associated with the diagnosis and treatment of prostate cancer: cure, morbidity, resource utilization, cost, and health-related quality of life (Cooperberg, Lubeck, Grossfeld, Mehta, & Carroll, 2002; Grossfeld et al., 2001; Litwin, Lubeck, Spitalny, Henning, & Carroll, 2002; Penson et al., 2002). Five-year analyses have revealed stage migration to lower-stage disease becoming more common; an increase reliance on serum PSA, Gleason score, and extent of positive biopsies to assess prostate cancer risk versus imaging; and an increased use of androgen deprivation and brachytherapy.

Chapter Two includes a thoughtful literature review of prostate cancer risk factors and prevention as well as a review of nursing research. The role of nurses as change agents, use of evidence-based practice, and patient advocacy are emphasized.

Assessment, Screening, and Diagnosis

Chapter Three includes prostate cancer assessment, screening, and diagnosis. Aside from PSA, age-specific PSA, PSA density, PSA velocity, and Free PSA, there are currently other suggested methods which may improve screening that were not discussed. These include complexed PSA, hK2, ProPSA, a lower PSA cutoff of 2.5 ng/ml, earlier screening age, and PSA range-specific screening intervals. Additionally, European screening trials have stopped performing the DRE.

Controversy remains for issues such as the age to begin screening, screen intervals to use, and PSA threshold for biopsies. Although the author states that sextant biopsies are used during prostate biopsies, some medical centers are performing 10 to 12 or more biopsies to improve tissue sampling and to specifically sample the transitional zone or anterior capsule and apex. The addition of four more biopsies laterally will improve the positive biopsy rate to 42% from 36% from sextant biopsies. Power Doppler imaging is being considered to increase biopsy efficacy in the future. Lastly, endorectal MRI and MR spectroscopy are under investigation for their use in prostate cancer detection and staging.

Chapter Four outlines the factors involved in treatment decision making of early-stage prostate cancer. Bayesian models of statistical probability and nonograms are tools used to help patients and providers arrive at outcome predictions of survival. What further needs to be noted is although clinical staging is correlative with patient outcome, patients with organ-confined disease may have disease beyond the prostate and some high-risk patients may have localized disease. Current risk assessment should analyze many criteria in combination with clinical stage. The CaPSURE study used the Partin
Chapter Nine is a review of the literature on watchful waiting as a management option for prostate cancer. Nursing management should focus on monitoring for disease progression with PSA, DRE, and TRUS and helping patients cope with uncertainty or worsening symptoms.

**Patient Education**

Chapter Ten contains patient education issues including the need to understand the factors which affect how patients and their families learn and the learning goals nurses should set for them. The author highlights the five phases of the journey within which a patient with cancer travels. An emphasis on written information along with other forms of teaching is important in educating patients and their families.

Chapter Eleven includes end-of-life care such as pain from bony metastasis, barriers to pain management, and treatment options. Side effects of opioids, adjuvant medications, palliative radiation, surgical management, and complementary therapies are well-covered in the chapter. Additionally, fatigue, anemia, lymphedema, hydronephrosis, delirium, and depression are addressed.

The book is well organized from beginning to end and provides nurses who care for patients with prostate cancer a wealth of information on diagnosis, treatment, and supportive care. There is a good review of medical and nursing research in each chapter. The field of prostate cancer is changing rapidly and new research findings will continue to guide and modify nursing practice. Future revisions to provide more current information in the chapters will be necessary to keep nurses abreast of changes and developments in prostate cancer care.

**References**


