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The Supportive Care Needs of Men With Advanced Prostate Cancer

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Prostate cancer is the most common type of cancer in Canadian men and accounts for 27% of all cancer cases (Canadian Cancer Society and National Cancer Institute of Canada, 2010). Despite improvements in early detection and treatment, many men progress from localized to advanced disease. Advanced prostate cancer is a chronic condition requiring extended outpatient care for treatment, symptom management, and palliation. Two distinct patient populations live with advanced prostate cancer: those with hormone-sensitive cancers and those with hormone-refractory cancers. Treatment for hormone-sensitive prostate cancer involves controlling disease growth through androgen-deprivation therapy by medical or surgical castration. Eventually, most patients develop hormone-resistant prostate cancer, at which point the focus is on palliative treatment with chemotherapy, radiation, and supportive care (McMurtry & McMurtry, 2003).

Men with prostate cancer may live for long periods of time even after the development of advanced disease and, therefore, face many challenges living with a chronic illness (Stephenson, 2002). Common issues associated with advanced prostate cancer include deteriorating levels of function related to cancer and aging and issues related to sexual and urinary function, fatigue, and pain (McMurtry & McMurtry, 2003; Penson & Litwin, 2003). Aggressive supportive care is needed to manage symptoms, including pain, spinal cord compression, fatigue, cachexia, and bowel and urinary obstruction, related to bone metastasis and soft tissue disease (Khafagy et al., 2007; Lindqvist, Rasmussen, & Widmark, 2008). Physical symptoms related to androgen deprivation and chemotherapy for metastatic disease exacerbate disease-related issues (Penson & Litwin, 2003). Less urgent but no less important needs related to information, treatment decisions, side-effect management, and coping also exist (Gray et al., 2002; Gray, Fitch, Phillips, Labrecque, & Klotz, 1999). For Canadian patients with advanced prostate cancer, nursing support is provided in outpatient cancer treat-

Purpose/Objectives: To better understand the priority supportive care needs of men with advanced prostate cancer.

Research Approach: Qualitative, descriptive study.

Setting: Outpatient cancer center and urology clinics in central western Ontario, Canada.

Participants: 12 men with hormone-sensitive prostate cancer and 17 men with hormone-refractory prostate cancer.

Methodologic Approach: Patients participated in focus groups and interviews that examined their supportive care needs, their priority needs, and suggestions for improvements to the delivery of care. Tape-recorded focus group discussions and interviews were organized using NVivo software.

Main Research Variables: Patients' supportive care needs.

Findings: Participants identified prostate cancer-specific information and support to maintain their ability "to do what they want to do" as priority needs. Both hormone-sensitive and hormone-refractory groups cited problems with urinary function, the side effects of treatment, fatigue, and sexual concerns as major functional issues. Participants experienced emotional distress related to diagnosis and treatment.

Conclusions: A priority health need for men with advanced prostate cancer is to improve or maintain functional abilities. In addition, men require support to meet their stage-specific information needs and to address concerns about the diagnosis and ambivalent feelings about past treatment decisions.

Interpretation: Nurses could play an important role in addressing men's information needs and providing emotional support. The complex care needs of men with advanced prostate cancer provide opportunity for the development of advanced practice nurse roles that would use the clinical and nonclinical aspects of the role.

ment programs, hospitals, and through care delivered by healthcare professionals in the community in which patients live. However, restructuring of health care in Canada, poor access to supportive care expertise, and limited funding opportunities have hindered the development of supportive care services.