

# Healthcare Providers' Perspectives of the Supportive Care Needs of Men With Advanced Prostate Cancer

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**P**rostate cancer is one of the most commonly diagnosed cancers among Canadian men, accounting for 24% of all new cancer cases (Canadian Cancer Society, 2014). In 2014, an estimated 23,600 men will be diagnosed with prostate cancer, and 4,000 will die from the disease (Canadian Cancer Society, 2014). Most men present with prostate cancer in the early stages; however, 10%–20% of men present with metastatic disease at diagnosis (Felici, Pino, & Carlini, 2012). In addition, despite improvements in early detection and treatment, 20%–30% of men who receive curative therapy for local disease will go on to develop advanced prostate cancer (APC), characterized by the spread of disease to surrounding soft tissue in the bladder or rectum, or metastases to lymph nodes, bones, liver, or lungs (Bahl, 2013). Metastatic disease can have a significant effect on health-related quality of life (HRQOL), and the enlarged prostate from the disease often leads to genitourinary problems (Resnick & Penson, 2012).

Men can live for long periods of time with APC, and outpatient care is often used for treatment, symptom management, and palliation. The usual first line of treatment for APC is either androgen-deprivation therapy or surgical castration, and disease burden and treatment can have negative effects on patients' HRQOL (Resnick & Penson, 2012). Androgen-deprivation therapy may result in a number of adverse effects, including sexual side effects (e.g., decreased libido, erectile dysfunction, gynecomastia, reduced penile or testicular size), vasomotor symptoms, weight gain, osteoporosis, diabetes, and anemia (Trost et al., 2013). The eventual progression to hormone-resistant prostate cancer requires treatment with a range of other systemic and immune therapies, which cause additional treatment-related symptoms such as fatigue (Flynn, 2013). Patients with skeletal-related metastases requiring radiation suffer significant declines in HRQOL secondary to pain and decrease in functional ability (Resnick & Penson, 2012).

**Purpose/Objectives:** To examine healthcare providers' (HCPs') perceptions of the supportive care needs of men with advanced prostate cancer (APC).

**Research Approach:** A qualitative, descriptive study.

**Setting:** Healthcare facilities caring for men with APC in a south-central region of Ontario.

**Participants:** 19 nurses, physicians, and allied health providers who cared for men with APC in outpatient settings.

**Methodologic Approach:** Interviews and focus groups.

**Findings:** HCPs identified four themes related to men's supportive care needs: pain and symptom management, informational needs, emotional needs, and the need for practical assistance. HCPs emphasized issues related to pain, urinary incontinence, and fatigue. They also reported that men continually ask for more information related to treatment, side effects, and prognosis. Participants identified a variety of barriers in meeting supportive care needs, including lack of management strategies, poor knowledge retention, and the "stoic and old-school" nature of men in this population.

**Conclusions:** Supportive care for this population can be improved through more focused implementation of inter-professional care, with clearly defined professional roles and additional specialized roles to address prostate cancer pain, urinary incontinence, and fatigue.

**Interpretation:** Specialized roles in the management of pain, urinary incontinence, and fatigue affecting men with APC could be integrated into interprofessional care to meet supportive care needs.

**Key Words:** nursing research; qualitative; prostate cancer; professional issues

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Men with APC also need long-term supportive care throughout the course of the disease, from diagnosis to palliation (Scotte, 2012; Sonnek & van Muilekom, 2013). Supportive care is "the provision of the necessary services as defined by those living with or affected by cancer to meet their physical, social, emotional, informational, psychological, spiritual, and practical needs