

Prostate Cancer

Survivorship care case study, care plan, and commentaries

When delivering survivorship care, a nurse may start with incomplete information about the cancer survivor's treatment and follow-up. Therefore, this prostate cancer package includes an incomplete case study and care plan, and then follows with commentaries from expert nurses about their approach to comprehensive survivorship care.

This case study highlights the patient's status in care plan format and is followed by commentaries from expert nurse clinicians about their approach to manage the patient's long-term or chronic cancer care symptoms. Finally, an additional expert nurse clinician summarizes the care plan and commentaries, emphasizing takeaways about the patient, the commentaries, and additional recommendations to manage the patient.

As can happen in clinical practice, the patient's care plan is intentionally incomplete and does not include all pertinent information. Responding to an incomplete care plan, the nurse clinicians offer comprehensive strategies to manage the patient's status and symptoms.

For all commentaries, each clinician reviewed the care plan and did not review each other's commentary. The summary commentary speaks to the patient's status, care plan, and nurse commentaries.

Case Study

J.M. is a 70-year-old Korean American man with a history of prostate cancer who has been treated with radiation therapy and is undergoing androgen receptor inhibitor therapy. Electronic health record notes also suggest that J.M. may be a poor historian (see Figure 1).

- Electronic health record notes state that J.M. says he has had multiple aunts who he believes were diagnosed with breast cancer. He also believes his father had pancreatic cancer (died at age 57 years).
- J.M. has had careful monitoring because he has been diagnosed with diabetes. His hemoglobin A1c has been greater than 6.5, but he has made significant progress in lowering it. He started an exercise program and reduced his hemoglobin A1c from 6.8 to 6.1 as of last month.
- He is retired and lives with his wife of 40 years, who is showing signs of early-stage dementia.
- Blood pressure: 160/51
- Pulse: 57 beats per minute
- Temperature: 97.8°F (36.6°C)
- Weight: 115.2 kg (254 lbs)
- Oxygen saturation: 96%
- Body mass index: 38.62 kg/m²
- Other medical issues
 - ☐ Coronary arteriosclerosis in native artery; essential hypertension
 - ☐ Benign hypertensive heart disease without congestive heart failure
 - ☐ Tobacco history: 1.5 packs per day for 15 years (22 pack years; 1964–1979)
- Medication list
 - ☐ Aspirin: 81 mg by mouth two times daily
 - ☐ Atorvastatin: 40 mg by mouth at bedtime
 - ☐ Fluticasone propionate: 50 mcg per nasal spray at bedtime
 - ☐ Hydrochlorothiazide: 12.5 mg by mouth every morning
 - ☐ Losartan: 50 mg by mouth two times daily
 - ☐ Vitamin D₃: 25 mcg (1,000 U) by mouth daily

Challenges and Questions

- A focus of care is the patient's understanding of his goals of care and quality of life. He reports fatigue, difficulty sleeping, incontinence, bone pain, sexual dysfunction, weight changes, and hot flashes.
- Assess the patient's tolerance to the prescribed treatment with androgen receptor inhibitors and his understanding of the side effects of treatment.
- An updated prostate-specific antigen (PSA) test is needed to determine the status of his disease.
- His body mass index of 38.62 kg/m² and obesity-related health conditions (i.e., diabetes and hypertension) place him in the morbid obese category.

KEYWORDS

prostate cancer; survivorship care; care plan; cancer; nursing

DIGITAL OBJECT IDENTIFIER

10.1188/21.CJON.S2.50-56