

**Prostate Cancer**

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## **Prostate Cancer**

Prostate cancer affects the lives of thousands of men each year. According to the National Cancer Institute (n.d.), about 12.5% of men will be diagnosed with prostate cancer at some point of their lifetime. In the year 2021 there have been an estimated 248,530 new cases of prostate cancer reported and an estimated 34,130 deaths (National Cancer Institute, n.d.). While prostate cancer accounts for 5.6% of all cancer deaths, there is still a 97.5% 5-year relative survival rate (National Cancer Institute, n.d.). Prostate cancer has a relatively good prognosis compared to other cancers when men are educated. This is possible because of the different diagnostic techniques, screening, and treatment methods.

### **Statement of the Problem**

Prostate cancer is an adenocarcinoma usually found on the posterior prostate. Prostate cancer has a slow onset, and many men may not experience any symptoms until the cancer has advanced. Prostate cancer is classified on the TMN staging system, as well as the Gleason grading system that is used to quantify cancer aggressiveness (“Prostate Cancer” [ClinicalKey], 2022).

There are many risk factors that increase the chances of men getting prostate cancer. These factors include age over 50, African American, a family history of prostate cancer, certain genetic markers, obesity, a diet high in fat and low in fiber, and exposure to environmental agents. If left untreated, prostate cancer can cause complications such as compression of spinal cord, blood clots, pulmonary emboli, and death. Untreated prostate cancer can metastasize to the bone and cause Myelophthisis, a form of bone marrow failure (“Prostate Cancer”, [Lippincott

advisor], 2022). If treatment is decided to be the best course of action it can prevent these complications from occurring.

Since prostate cancer is slow growing and typically found in older men, many signs and symptoms may go unnoticed or be attributed to increased age. Some late signs of prostate cancer are difficulty initiating a urine stream, dribbling, urine retention, nocturnal urination, frequent, painful urination, and observable blood in urine. Sexual dysfunction and edema of the scrotum may also be a late sign (“Prostate Cancer” [ClinicalKey], 2022). Because screening recommendations and treatments are not consistent for all men, prostate cancer can be more complex for oncology nurses, doctors, and patients to come to a common agreement regarding care. This may cause a deferral in treatment/screening or possible treatment related regret from the patient. It is recommended that men should have a discussion with their doctor about the risks and benefits of diagnostic testing starting at age 50, unless there is a higher risk, which they start at age 40 or 45 (“Prostate Cancer” [Lippincott advisor], 2022).

### **Risk Reduction/Treatment of Prostate Cancer**

Once a man reaches the age of 50, he should have a discussion with his doctor about whether screening for prostate cancer is right for him. There are many benefits and risks regarding screening. Some benefits of screening are an early diagnosis and early treatment. Risks of screening are possible false-positive tests or receiving treatment that may be worse than a tumor that is clinically insignificant. There are two main diagnostics used for prostate cancer: digital rectal exams and prostate-specific antigen tests (PSA test).

Digital rectal exams are usually done routinely during physical exams by a doctor. This diagnostic is when a doctor inserts a finger into the rectum and palpates the prostate for any

abnormalities, such as a nodule. A normal prostate will be smooth and rubbery, whereas one with cancer may have hardened nodules. PSA testing is a blood test used to assess abnormal prostate-specific antigens. A normal PSA is 0-4 ng/mL. A PSA above 4 is not a definitive diagnosis for prostate cancer because other factors may increase PSA, such as benign prostate hyperplasia (“Prostate Cancer” [ClinicalKey], 2022). PSA testing helps aid in detecting abnormalities and monitoring treatment progression.

If both PSA tests and digital rectal exams are abnormal, a doctor may suggest a biopsy to confirm cancer. Asymptomatic patients with a life expectancy of 5 years or less may not benefit from testing (“Prostate Cancer” [ClinicalKey], 2022). Patients who also are classified as low risk for the disease may be advised about active surveillance. Active surveillance includes “periodic prostate-specific antigen tests, digital rectal examination, and prostate biopsies, with intent to intervene with definitive treatment when test results suggest increasing risk” (“Prostate Cancer” [ClinicalKey], 2022). It is important to note that “only a minority of prostate cancers progress to advanced disease” (“Prostate Cancer” [ClinicalKey], 2022) and definitive treatments (surgery, chemotherapy, radiation) may not be the correct choice for everyone.

Treatment of prostate cancer has many goals including relieving symptoms, preventing the progression of the disease, and maximizing the quality of life. Two common treatment choices are a radical prostatectomy and androgen deprivation therapy. Radical prostatectomy is the removal of the prostate gland. This procedure is usually only performed on patients with localized cancer and have life expectancy greater than 10 years. Pelvic lymph node dissection may also be done if there is possible cancer in the lymph nodes (“Prostate Cancer: NCCN Guidelines,” 2022). Side effects of the surgery include urinary incontinence and erectile dysfunction (nerve sparing surgery may preserve sexual function).

Androgen deprivation therapy is used to decrease the level of testosterone in the body. “Endocrine factors may play a role, leading researchers to suspect that androgens speed tumor growth” (“Prostate Cancer”, [Lippincott advisor], 2022). This is a treatment option for regional and advanced cancer. Because the testosterone levels decrease and eventually stop, side effects may be hot flashes, loss of libido, erectile dysfunction, breast enlargement, depression, and loss of muscle (“Prostate Cancer: NCCN Guidelines,” 2022). ADT may also be used in combination with radiation. Many lifestyle changes can help aid in the treatment and prevention of prostate cancer.

Living an active lifestyle and losing weight can prevent obesity. Increasing the amount of omega-3 fatty acids and having a low-fat diet may also slow the progression of the disease (“Prostate Cancer”, [Lippincott advisor], 2022). Diets high in animal fat and red meat are associated with higher rates of prostate cancer, so increasing intake of vegetables, fruits, and vitamins can help prevent the disease as well. It is also important that men get tested for STIs and wear condoms to prevent infection of the reproductive system (“Prostate Cancer” [ClinicalKey], 2022).

### **Reflection**

After completing research on prostate cancer, I find it very interesting the recommended age for screening is different for everyone depending on a variety of factors. As I was researching the effects of ADT, I could not help but think of the amount of emotional support that will be needed. The side effects of losing many factors that one may attribute to manhood (loss of muscle and strength, breast enlargement, erectile dysfunction, and shrinkage of penis/testicles) could affect a patient mentally and emotionally. Some men may even opt out of ADT because of the changes that occur when decreasing testosterone. I think that using ADT

should be a conversation with the whole family. A man having feelings of an altered manhood could lead to a role strain and change family dynamics, thus affecting the whole family.

Learning about the risks and benefits to screening for prostate cancer will help me understand why a man would and would not want to participate. Before doing research, I was not sure why a man would not want to be screened and treated. After learning that many prostate cancers do not become an advanced disease, the side effects of medications, and the chance of false positives, I am more understanding as to why some men prefer to not be screened.

A challenge that I anticipate implementing what I learned into practice would be trying to console a patient who is diagnosed or having side effects of the treatment. As I am a female, I would not ever be able to relate to how a man being treated with prostate cancer would feel. Because I am unable to relate, some men might not want to discuss their progress and emotions or may even be too embarrassed to admit symptoms such as erectile dysfunction to a female nurse. This can cause a lack of communication between my patient and me as a care provider.

### **Conclusion**

In conclusion, prostate cancer is prevalent in all older men, and can further be associated with a variety of risk factors. Screening for prostate cancer is different for every patient based on the risk factor unique to them. Two of the main diagnostic factors are digital prostate exams and PSA testing. Treatment methods include radical prostatectomy and androgen deprivation therapy. After learning about prostate cancer, I now know that when implementing care with these patients I should take into consideration their emotional health. Even though there are multiple methods used to treat prostate cancer, early treatment is not always the right choice for each patient.

## References

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