

Prostate Cancer

Natali Ricks

Margret H. Rollins School of Nursing

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T. Lynch, RN

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Have you or your loved one ever been screened or diagnosed with prostate cancer?

Prostate cancer is the second most common cancer among men. Prostate cancer can potentially become lethal to an individual (Elsevier Point of Care, 2022). This type of cancer is usually a slow growing process (Lutz 2020). Even though screening is often controversial with prostate cancer, early detection and treatment can be possible through screenings and examinations and can preserve quality of life or increase chances of recovery. Treatments, screening protocols, and statistics will be covered throughout this paper, as well as topics that can be used to further educate others about how prostate cancer impact people.

Statement Of the Problem

The most common type of prostate cancer is Adenocarcinoma, and the cause, like many cancers, is not fully understood. However, it is known that it is caused by chronic inflammation and mutations of several genes that affect cell growth. This type of cancer is spread by three different routes: direct, lymph, and hematogenous. “The direct route involves seminal vesicles, urethral mucosa, bladder wall, and external sphincter. The lymph route is spread to lymph nodes, and the hematogenous route is spread to pelvic bones, head of femur, lower lumbar spine, liver, and lungs” (Lutz 2020). Black people in the U.S. are at highest risk and have the highest incidence of prostate cancer in the world. Often, men younger than 40 have a rare chance of getting this cancer This is due to the fact the mean age of diagnosis is 66 years old (Cabrera, 2018). In early stages, pancreatic cancer is in a localized area and asymptomatic. However, when it becomes more advanced it can metastasize to other organs. Prostate cancer can then disseminate through the lymph system, to regional lymph nodes, to the bloodstream, liver, lungs, and most commonly the bones (Cabrera, 2018). This problem left untreated would greatly

impact the nursing community because most of the care given would be focused on palliative as opposed to curative measures.

Risk Reduction/Treatment of the Problem

There are many risk factors for prostate cancer that can increase the risk of occurrence. Risk factors that cannot be modified include age, race, and family history. There are however, some risk factors that can be modified to reduce your chances of getting prostate cancer. Those risk factors include dietary factors, obesity, and environment. Lifestyle modifications are promoted in early stages or during prevention to increase one's overall health. It is recommended to reduce the intake of red & processed meats, eat low fat dairy products, and increase the amount of fruits and vegetables that you eat. Obesity is an additional risk factor, so changing your diet and losing weight will also decrease the likelihood of getting this cancer. Additionally, farmers may be at higher risk for developing this cancer because of chemicals that are in their environment (Lutz 2020). This is possibly due to the chemicals specifically found in pesticides on farms. Proper protection and decreasing exposure to these chemicals is recommended. Prostate cancer is not definitively associated with smoking tobacco but can increase your risk for many other cancers. Due to this, smoking cessation is always encouraged to promote one's overall health. In regards to screening, recommendations often vary depending on the source and/or personal opinions of many individuals. There are two primary screening tools available. One being PSA, or prostate-specific antigen, which is a serum blood test. The other test being DRE, which is a digital rectal examination. Overall, it is recommended that individuals at high risk get screened between 40-45 years old. If an individual is considered moderate risk they should receive screening at the age of 50, but neither PSA or DRE are definitive (American Cancer Society [ACS], n.d.). Other options include a biopsy, CT, MRI, and

bone scan to look at the spread and location of cancer that has formed. Some current treatments for prostate cancer include surgical therapy, radiation therapy, drug therapy, and chemotherapy. Surgical options include a radical prostatectomy, where the entire gland, seminal vesicles, and a section of the bladder neck is removed. Another operation that can be done is cryotherapy, where cancer cells are destroyed by freezing tissue. The radiation options include external beam radiation and brachytherapy. External beam radiation is the most widely used method of treatment and treats cancer confined to the prostate and surrounding tissue. This is typically done outpatient, 5 days a week. Brachytherapy involves a radioactive seed that is implanted and delivers high doses of radiation to the prostate (Lutz 2020). Drug therapy is available for treatment include androgen deprivation therapy, which reduces the levels of androgens in the body and reduce the growth of the tumor. Another pharmaceutical option is androgen synthesis inhibitors that ultimately decrease testosterone levels as well as the luteinizing hormone (LH) which is secreted by the hypothalamus. Finally, there are androgen receptor blockers, which compete with androgens that are circulating in receptor sites of the prostate. Chemotherapy is available for those in late stages with hormone-refractory prostate cancer because the goal of chemotherapy is predominantly for palliative care. For some patients that are not interested in certain procedures, treatment, or screenings there is another option. Active surveillance otherwise known as “watchful waiting”, can be done in the presence of an early-stage tumor (Lutz 2020).

Planning of Teaching Content

Some important learning objectives that should be taken away from this research would be the benefits of early screening, diagnosis, and how to recognize signs and symptoms of prostate cancer when symptomatic. Early diagnosis and screening promotes a better outcome for

individuals in the early stages because often they are asymptomatic. Getting treatment and implementing those lifestyle changes that were covered earlier can produce a better outcome and increase the years an individual may have to live after this traumatizing diagnosis. When one is in the later stages of cancer, certain symptoms may become visible such as dysuria, hesitancy, dribbling, and frequency with urination. They may also experience blood in their urine, retention, and interruption in their stream. They can have recurrent infections as well as loss of sex-drive (Lutz 2020). Knowing these signs and symptoms can be beneficial to diagnose and treat early on. It also gives idea of what to report to the healthcare provider if one has symptoms. Some teaching strategies include asking questions to make the learner feel involved, identifying similarities and differences with topics the learner is familiar with, and providing visualization of the issue by using a poster, picture, and/or chart. A trifold poster as well as a handout would be helpful for the learner because they can see the information all at once. Additional benefits of a handout is that the listener can take it home to read and reinforce their learning independently.

Conclusion

The priority for someone with prostate cancer is to reduce overall risk factors, preserve their quality of life with treatment, and know the resources available to them during recovery. This diagnosis is important and can be life changing for an individual and their families, so they should be approached with caring support and encouragement. This content can be expected to be taught during the health fair by a visualized poster and handouts. The poster should use bold colors to grab the attention of a learner and be straight to the point with a bulleted list to make it easy to understand.

Reference Page

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