



The experience of men having androgen deprivation therapy for early stage prostate cancer in a regional setting



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Aim: This study aims to understand the extent and impact of side effects experienced by men with non-metastatic prostate cancer who were treated with androgen deprivation therapy (ADT) in a regional cancer care centre. The study will examine if differences in side effects exist in men under or over 75 years and will also examine differences that may exist between age and prostate cancer risk categories. The role of the doctor in managing side effects will also be explored.

Study Design: A retrospective cross-sectional study. All eligible patients visiting a regional cancer care facility between 1 January 2007 and 31 December 2009 were invited to complete a questionnaire (n=451).

Method: Ethics approval was obtained from the North Coast Area Health Human Research Ethics Committee on 29th March 2010, with Site Specific Approval from the Coffs Harbour Health Campus on 20 May 2010 (NCAHS HREC No. 483N; NEAF – AU/1774/25292/1/499). Using the MOSAIQ electronic medical record participants names were generated in a report. The parameters used for selection of participants were ICD-10AM code C61 (prostate cancer) between 1st January 2007 and 31st December 2009 and were still alive.

Participants: Two hundred and seventy four men with early stage prostate cancer who were prescribed neo-adjuvant and/or adjuvant ADT with their radiotherapy.

Results: Ninety two percent of men in this study reported that they experienced at least one negative sexual, physical, emotional and cognitive side effect secondary to ADT. The study revealed that n=129 men with intermediate and low risk prostate cancer were prescribed ADT regardless of a lack of evidence that it is beneficial in these risk groups. N=116 men with two or more co-morbidities with n=51 of those being over the age of 75 were given ADT despite evidence that these comorbidities can be exacerbated by ADT. Men over 75 are less likely to discuss any negative effects with their doctors.

Conclusion and Implications for Practice: Cure is being considered at the expense of care when prescribing ADT for men with early stage prostate cancer. Treating clinicians need to be fully cognisant of the extent of ADT side effects and impact they are having on the lives of their patients. Treating specialists must discuss the likely side effects in a style and level that can be easily understood so that patients can make informed decisions. It is imperative a balanced opinion regarding the risks and benefits of treatment is given. Nurses need to advocate and empower the patients so they have all the information to make educated decisions about their treatment options and confidence to ask questions of the clinicians.

For the full report on this project visit our website, follow the link to the Rural Research Capacity Building Program and click on 'view completed projects'

Karen is a Clinical Nurse Consultant working as a Cancer Care Coordinator at the North Coast Cancer Institute at the Coffs Harbour Health Campus.



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