

Measurement of Quality of Life in Men With Prostate Cancer

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Prostate cancer continues to be one of the most common cancers diagnosed in men. In light of the excellent survival rates for prostate cancer, quality of life is a primary concern during and following prostate cancer treatment. Quality of life is defined and determined in multiple ways. This article explores quality of life in men with prostate cancer. Quality-of-life dimensions, measurement tools, and implications of quality of life with prostate cancer on clinical practice for oncology nurses will be presented.

Prostate cancer is the most common non-skin cancer diagnosis in men, yet mortality rates from prostate cancer continue to decline (American Cancer Society, 2007). Men have a one in six lifetime risk for prostate cancer, and older men, African Americans, and men with a family history of prostate cancer have the greatest risk (American Cancer Society). Given the survivor rate—99% for five years—quality of life is a central focus in the care of this patient population (American Cancer Society). Ninety percent of prostate cancer cases are diagnosed in the early stages and are clinically localized within the prostate organ (American Cancer Society). The issues and choices facing men diagnosed with prostate cancer differ depending on whether the cancer is organ contained or has spread beyond the prostatic capsule (the outer layer of the prostate). Men may live for many years if prostate cancer is discovered in the early stages, but later stages of the disease can be very debilitating (Herr, 1997).

Men face a difficult decision when choosing treatment options, such as radical prostatectomy, robotic-assisted laparoscopic prostatectomy, external beam radiation, brachytherapy (radiation seed implants), hormone ablation therapy, or the watchful waiting approach. The potential cure for the disease must be weighed along with the potential impact of treatment on quality of life. All prostate cancer treatments carry the risk of side effects that compromise quality of life. For instance, prostate surgery and radiation therapy are considered potentially curative for organ-contained prostate cancer, although both treatment modalities may result in sexual dysfunction and/or bowel and urinary issues (Clark et al., 2003). Hormone ablation is considered palliative and is associated with sexual dysfunction, hot flashes, weight gain, fatigue, sleep disturbances, and osteoporosis (Penson & Litwin, 2003). The side effects may impact quality of life. To complicate matters further, researchers disagree about the need to treat some men with prostate cancer because survival with treatment may be comparable to survival with watchful waiting (delaying treatment or not treating the prostate cancer) (Warner & Whitmore, 1994).

At a Glance

- ◆ Quality-of-life issues for men with prostate cancer may differ depending on the stage of the disease and treatment choice.
- ◆ A comprehensive approach to quality-of-life measurement in men with prostate cancer includes general, cancer, and prostate-specific assessments.
- ◆ Quality-of-life instruments are available for use in the clinical setting or for research purposes to better elucidate patients' struggles in living with prostate cancer and deleterious outcomes from prostate cancer.

The negative impact of treatment on quality of life in older men with very slow-growing tumors may be greater than the impact of prostate cancer without treatment. This particularly applies to cases of older men with multiple comorbid conditions who are likely to die from other causes within 10–15 years. These reasons have thrust quality of life into the center of the treatment decision-making process.

The Concept of Quality of Life

Quality of life has been defined in many ways, but a consensus definition does not exist. Quality of life has been conceptualized as normal functioning, social usefulness, general well-being,

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