

Functional Quality-of-Life Outcomes Reported by Men Treated for Localized Prostate Cancer: A Systematic Literature Review

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Problem Identification: To systematically evaluate the literature for functional quality-of-life (QOL) outcomes following treatment for localized prostate cancer.

Literature Search: The MEDLINE®, CINAHL®, EMBASE, British Nursing Index, PsycINFO®, and Web of Science™ databases were searched using key words and synonyms for localized prostate cancer treatments.

Data Evaluation: Of the 2,191 articles screened for relevance and quality, 24 articles were reviewed. Extracted data were tabulated by treatment type and sorted by dysfunction using a data-driven approach.

Synthesis: All treatments caused sexual dysfunction and urinary side effects. Radiation therapy caused bowel dysfunction, which could be long-term or resolved within a few years. Sexual function could take years to return. Urinary incontinence resolved within two years of surgery but worsened following radiation therapy. Fatigue was worse during treatment with adjuvant androgen-deprivation therapy, and some men experienced post-treatment fatigue for several years.

Conclusions: This review identified that QOL outcomes reported by men following different treatments for localized prostate cancer are mostly recorded using standardized health-related QOL outcome measures. Such outcome measures collect data about body system functions but limit understanding of men's QOL following treatment for prostate cancer. Holistic outcome measures are needed to capture data about men's QOL for several years following the completion of treatment for localized prostate cancer.

Implications for Practice: Nurses need to work with men to facilitate information sharing, identify supportive care needs, and promote self-efficacy, and they should make referrals to specialist services, as appropriate.

Prostate cancer is classified as localized in men with a prostate-specific antigen (PSA) level of 10–20 ng/ml, a Gleason score of 7 or less, and a suspected prostate tumor stage of T1–T2c on digital rectal examination (European Association of Urology [EAU], 2015). Primary outcomes of different treatments for localized prostate cancer are equivocal; consequently, in England and Wales, a standard protocol for “best treatment” does not exist (National Institute for Health and Care Excellence [NICE], 2014). Men with low- and intermediate-risk localized prostate cancer are offered one of several treatment modalities, including active surveillance, radical retropubic prostatectomy (RRP), external beam radiation therapy (EBRT), and brachytherapy. Men with high-risk localized prostate cancer are offered radical surgery or radiation therapy but not active surveillance (NICE, 2014). Men with intermediate- and high-risk localized prostate cancer may also be offered androgen-deprivation therapy as an adjuvant to radiation therapy to maximize treatment