

# Symptom Burden

## Experiences of Puerto Rican men with prostate cancer prior to external beam radiation therapy

Velda J. Gonzalez, PhD, RN, Susan C. McMillan, PhD, ARNP, FAAN, Maureen Groer, PhD, RN, FAAN, Segundo Imbert, MD, Jamie Tome, MD, and Elsa Pedro, Pharm.D

**BACKGROUND:** Prostate cancer is the most frequently diagnosed cancer in men in Puerto Rico, and external beam radiation therapy (EBRT) is a popular treatment. Although symptom management is a clinical priority of comprehensive oncology care, symptom assessment at the time of primary or adjuvant EBRT has received limited attention.

**OBJECTIVES:** This article examines the prevalence and severity of symptoms experienced by 54 Puerto Rican men prior to EBRT.

**METHODS:** Participants completed a demographic form and the MD Anderson Symptom Inventory. Descriptive statistics were generated.

**FINDINGS:** Most participants had received hormonal treatment, and about a third had received no treatment prior to EBRT. About a third of those who received hormonal treatment reported experiencing side effects before EBRT, and disturbed sleep, numbness and tingling, fatigue, and dry mouth were the most severe. Puerto Rican men with prostate cancer who receive hormonal treatment are at increased risk for experiencing symptom burden prior to EBRT. Greater need for symptom surveillance, treatment, and control may be needed among this population.

### KEYWORDS

prostate cancer; radiation therapy; symptom science

### DIGITAL OBJECT IDENTIFIER

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**PROSTATE CANCER IS A CURABLE DISEASE**, but it is still one of the most prevalent malignancies worldwide (Siegel, Miller, & Jemal, 2016). From 2007–2011, prostate cancer not only had the highest incidence among Puerto Rican men, but it was also the leading cause of cancer deaths among Puerto Rican men (Puerto Rico Cancer Control Coalition [PRCCC] & Puerto Rico Comprehensive Control Program [PRCCP], 2014; Soto-Salgado et al., 2012). During that period, prostate cancer incidence was higher in Puerto Rico (150 per 100,000 men) than the United States overall (128.3) and the U.S. Hispanic population (105), but lower than that observed for the U.S. non-Hispanic Black population (197.7) (PRCCC & PRCCP, 2014). Hispanics often are diagnosed at a later stage, need more intense treatments, and experience worse symptoms than other populations (Im, Chee, Lim, & Liu, 2008; Jacob, McCarthy, Sambuco, & Hockenberry, 2008).

External beam radiation therapy (EBRT) is one of the most commonly chosen treatment options among patients with nonmetastatic prostate cancer in the United States, including Puerto Rico. The use of neoadjuvant hormonal therapy (NHT), such as androgen-deprivation therapy (ADT), before EBRT has become part of standard therapy for nonmetastatic prostate cancer (Guise et al., 2007). Although hormone therapy cannot cure cancer, it has been shown to prevent biochemical relapse after RT and to provide relief for clinical symptoms (Casey, Corcoran, & Goldenberg, 2012). However, cancer treatments have side effects. Commonly reported side effects of hormone therapy include hot flashes, loss of libido, sexual dysfunction, gynecomastia, osteoporosis, obesity, insulin resistance, alteration in lipids, increased risk for diabetes and cardiovascular diseases, and fatigue (Casey et al., 2012; Guise et al., 2007; Jones, Kohli, & Loprinzi, 2012). Specifically, the literature on fatigue and NHT prior to EBRT has reported that more than 40% of patients with prostate cancer may experience fatigue during EBRT, and about 30% will continue to experience fatigue after a treatment regimen is completed (Walker, Tran, & Robinson, 2013). This fatigue has been associated with decreased health-related quality of life and physical functioning (Truong et al., 2006).

Symptom management is a clinical priority of comprehensive oncology care, yet symptom assessment during initiation of primary or adjuvant EBRT has received limited attention. Pre-EBRT distressing symptoms may be exacerbated by the initiation of treatments that affect individuals' health-related quality of life and may lead to a need for dose adjustment or interruption of