

Prostate cancer survivorship: lifestyle changes, much needed!

Sanchia S. Goonewardene · Raj Persad · V. Nanton ·
A. Young · A. Makar

Received: 16 May 2014 / Accepted: 11 June 2014
© Crown Copyright as represented by the National Health Service, UK 2014

Dear Editor,

Over 40,000 men are diagnosed with prostate cancer each year in the UK. This is over 100 per day [1]. By 2030, prostate cancer is estimated to be the most common cancer overall [1]. Current follow-up care focuses on monitoring of acute disease, not holistic care. In addition, this cohort has a proven significant number of unmet patient needs, ranging from physical to social, psychological and psychosexual components [2–4].

Patients themselves are open to new techniques of management [5]. So the question arises, what are the needs of this cohort and what can we do to support them?

We designed a questionnaire with the aim of trying to ascertain what patients wanted as part of their survivorship care at the newly built patient support centre. A systematic review was conducted (Goonewardene SS et al.), to identify need to identify unmet needs cancer survivors. Certain themes were identified: psychosexual health, nutrition, exercise, current trends in treatment and management of prostate cancer survivors [6–8].

At our annual Prostate Cancer Survivorship Conference, 91 questionnaires were filled out by prostate cancer

survivors (100 % response rate). The (67 %) majority of patients specified they do not need advice on physical fitness, side effects of treatment, sexual concerns, social, emotional, occupational and financial concerns, education or nutrition. A small minority, however, did request advice (33 %). This information was gained overall from health professionals. The majority of patients did request information on their condition to be available as well as information on new developments in prostate cancer and information on side effects of treatment. Patients were also happy to receive this information in a community-based setting, rather than secondary care.

Based on these results, we can take prostate cancer survivorship one step further. Radical prostatectomy has been shown to afford an acceptable oncological control [9]. This current step of the survivorship programme has involved patients post radical therapy, who are cured. The next steps forward for this programme include application of survivorship for patients undergoing active surveillance. This is known to be a reasonable management option for patients with low risk prostate cancer [10]. Patients can be further supported during this phase with patient seminars, should they need healthcare professional contact. Patient cohorts such as those on watchful waiting or hormone therapy can also be followed up in the same manner.

This is the way forward for survivorship.

Conflict of interest None.

References

1. Prostate Cancer UK (2014)
2. Ganz PA (2009) Survivorship: adult cancer survivors. *Prim Care Clin Off Pract* 36(4):721–741
3. Grunfeld EA, Drudge-Coates L, Rixon L, Eaton E, Cooper AF (2013) “The only way I know how to live is to work”: a

S. S. Goonewardene (✉) · V. Nanton · A. Young
University of Warwick, Coventry, UK
e-mail: ssg7727@yahoo.co.uk

S. S. Goonewardene
Department of Urology, Guys Hospital, Kings College London,
London SE1 5NB, UK

R. Persad
Bristol Southmead Hospital, Bristol, UK

A. Makar
Worcestershire Acute Hospitals, Worcester, UK

- qualitative study of work following treatment for prostate cancer. *Health Psychol* 32(1):75–82
4. Maher EJ (2013) Managing the consequences of cancer treatment and the English National Cancer Survivorship Initiative. *Acta Oncol* 52(2):225–232
 5. Demark-Wahnefried W, Aziz NM, Rowland JH, Pinto BM (2005) Riding the crest of the teachable moment: promoting long-term health after the diagnosis of cancer. *J Clin Oncol* 23(24):5814–5830
 6. Demark-Wahnefried W, Morey MC, Sloane R, Snyder DC, Miller PE, Hartman TJ, Cohen HJ (2012) Reach out to enhance wellness home-based diet-exercise intervention promotes reproducible and sustainable long-term improvements in health behaviors, body weight, and physical functioning in older, overweight/obese cancer survivors. *J Clin Oncol* 30(19): 2354–2361
 7. Miller DC, Wei JT, Dunn RL, Montie JE, Pimentel H, Sandler HM, McLaughlin PW, Sanda MG (2006) Use of medications or devices for erectile dysfunction among long-term prostate cancer treatment survivors: potential influence of sexual motivation and/or indifference. *Urology* 68(1):166–171
 8. Klotz L (2005) Active surveillance with selective delayed intervention is the way to manage ‘good-risk’ prostate cancer. *Nat Clin Pract Urol* 2(3):136–142
 9. Masson-Lecomte A, Hupertan V, Comperat E, Vaessen C, Chartier-Kastler E, Cussenot O, Bitker MO, Roupret M (2011) Pathological findings and oncological control afforded by radical prostatectomy in men with high-risk prostate cancer: a single-centre study. *World J Urol* 29(5):665–670
 10. Mason DJ, Ferrell BR (2007) Where’s your prescription for living? Cancer survivorship is not simply a matter for oncology nurses. *Am J Nurs* 107(4):11