

# Survivors' perspectives on the impact of prostate cancer: Implications for oncology nurses

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## Abstract

*Providing effective care for individuals with prostate cancer is an important issue for oncology nurses. However, the paucity of empirical work regarding the impact of prostate cancer presents a limitation in designing and implementing appropriate nursing interventions. This article presents the findings from a national survey of 621 Canadian men living with prostate cancer regarding the impact of their disease and the availability of support. The most frequently identified problems included sexual function, side effects, fear of dying, incontinence, anger and pain. Approximately one-third of the respondents experienced a lifestyle change, but relatively few indicated experiencing a negative impact from the changes they experienced. The majority of respondents indicated they had been informed accurately about their treatment, but dissatisfaction was expressed regarding lack of information about emotional reactions, alternative therapies, how to speak with other prostate cancer patients and the availability of counselling and self-help groups. Clearly these results have implications for oncology nurses.*

Carcinoma of the prostate is the most frequently occurring cancer among Canadian men. In 1998, approximately 16,100 new prostate cancer cases were diagnosed in Canada (NCIC, 1998).

Providing effective care for individuals with prostate cancer is an important issue for oncology nurses. Effective care ought to include interventions aimed at limiting the impact of side effects and assisting the patient with the changes resulting from the disease and its treatment. Unfortunately, the literature regarding the impact of prostate cancer focuses almost exclusively on aspects of sexual function (Zinreich, Derogatis, Herpst, Auvil, Piantadosi & Order, 1990; Sinder, Tasch, Stocking, Rubin, Siegler & Weichselbaum, 1991; Franssen & Widmark, 1996). Other aspects regarding the impact of prostate cancer, especially from the perspective of the patient, have not received similar attention (Da Silva, Reis, Costa & Denis, 1993; Lim, Brandon, Fielder, Brickman, Boyer, Raub & Soloway, 1995; Litwin, Hays, Fink, Ganz, Leake, Leach & Brook, 1995). The paucity of empirical work regarding the impact of prostate cancer presents a limitation in designing and implementing appropriate nursing interventions or programs.

This study was part of a large survey regarding the experiences of Canadian men diagnosed with prostate cancer. Questions were included

in the survey regarding the difficulties men might confront across a broad range of potential problem areas, the impact they felt from any difficulties they experienced, and the help they received for those difficulties. This article reports the results from these questions. The results have relevance for the provision of nursing care to men with prostate cancer and point to areas where further research is needed.

## Background literature

Prostate cancer often has a protracted natural history of progression. There remains debate regarding the need for aggressive therapy in many patients and no single treatment is universally viewed as effective (Montie, 1994; Talcott, 1996). Multiple treatment options are available including established ones (i.e., external beam radiation, radical prostatectomy) and investigational ones (i.e., cryosurgery, implant radiation therapy, adjuvant hormonal therapy). Patients with clinically localized prostate cancer may be managed conservatively (watch and wait) or may be given potentially curative treatment in the form of radiotherapy or radical prostatectomy (Smith & Middleton, 1991). The objective of treatment is to cure the patient and reduce the risk of the disease progressing. With new operative techniques having reduced the complication rate of prostatectomy, this approach is often the treatment of choice for relatively young, otherwise healthy men (Pedersen, Carlsson, Rahmqvist & Varenhorst, 1993; Braslis, Santa-Cruz, Brickman & Soloway, 1995).

In making treatment decisions, the value of halting disease progression is balanced against any unfavourable effects of the intervention. The side effects of treatment (e.g., incontinence, impotence, dysuria, diarrhea) have the potential of influencing an individual's quality of life (Hanks, 1988; Leandri, Rossignol, Gautier & Ramon, 1992). Some side effects (e.g., nausea, fatigue, incontinence) are relatively short-term and may be more pronounced during the period of treatment delivery (Fossa, 1996). Others (e.g., impotence, incontinence) may remain for the rest of a man's life (Fowler, Barry, Lu-Yao, Wasson, Roman & Wennberg, 1995). Changes in lifestyle may be required. Coping with the changes may necessitate access to new types of information and the development of new skills. Cancer and its treatment have the potential to present a myriad of challenges for both patients and their family members.

Interest has increased in recent years regarding outcomes other than survival and disease progression for men diagnosed with prostate cancer. The interest emerged from the recognition that quality of life is an important influence on the choices patients make about treatment and that the viewpoints held by health care professionals and patients about a specific individual's quality of life frequently differ (Da Silva, Reis, Costa & Denis, 1993). To date, however, relatively little work has focused on determining the influence specific changes resulting from treatment have on quality of life (Kornblith, Herr, Ofman, Scher & Holland, 1994). Additionally, little work has been completed in documenting prostate cancer patients' perspectives of their experience with illness and treatment. Much of the work to date has focused on performance status and clinical symptoms, without incorporating parameters that reflect the patient's own viewpoint of his condition or what has been found to be helpful.

Two recent studies have attempted to fill this gap. Caffo, Fellin, Graffer & Luciani (1996) included psycho-relational measures in studying 70 patients following radical prostatectomy. They reported that patients adjusted well and the relational aspects of life were affected very little. Patients maintained their relationships with friends (73%) and relatives (83%) and found they did not make fewer trips (69%). The subjective global evaluation of the influence of treatment on social life and life overall was good. Kornblith et al (1994) studied 172 patients of which 55% had received medical and/or surgical hormonal therapy, 28% had received a radical prostatectomy and/or

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radiation only, and 18% had not been placed on treatment. In addition to physical symptoms, Kornblith included psychological measures and reported 29% of the patients were worried, 21% were feeling depressed, 19% were tense, 15% were irritable and 16% were lonely.

## Purpose

This current study was undertaken to gather the perspectives of Canadian men about their experiences with prostate cancer, its impact upon them and the help they received in dealing with the impact. It was anticipated this work would provide increased understanding of the various domains in which prostate cancer and its treatment may have an impact and insight regarding strategies for appropriate interventions.

## Methods

This study used a descriptive survey approach to provide information about the experiences of Canadian men diagnosed with prostate cancer. The surveys were distributed in two ways. Urologists on the mailing list of two national urology associations, and physicians in selected cancer centres were asked to distribute survey questionnaires to consecutive patients meeting the eligibility criteria over a one-week period. Eligibility criteria included a diagnosis of prostate cancer and ability to read English or French. Forty prostate cancer self-help groups across Canada were requested to distribute the questionnaire at their meetings held during the same time period. Letters were sent to physicians two months later advising them additional surveys could be provided. As a result an additional 110 surveys were distributed, of which 67 were returned.

Questionnaires were completed by the men at home and returned in a stamped, pre-addressed envelope. A total of 965 completed questionnaires from men with prostate cancer were received. Sixty-eight per cent of those were distributed by physicians, 30% by self-help groups and two per cent of unknown source. Based on estimates of the number of questionnaires actually distributed to individual men, the overall response rate was 53%.

### Survey instrument development

A survey instrument was designed for this study by the members of the research team. The broad range of topics considered important for inclusion was based on clinical practice and research experience with prostate cancer patients. In particular, previous interview work with members of prostate cancer self-help groups (Gray, Fitch, Davis & Phillips, 1997a) informed the item development. The survey instrument was pilot tested for clarity and understanding with 10 prostate cancer patients. Minor changes were made to reflect their feedback prior to wide distribution of the questionnaire.

The survey had a total of 52 items which covered the topics of demographics, illness and treatment information, access to information, communication with health care professionals, health system usage, support, impact of illness and treatment, use of unconventional therapies, knowledge about cancer causation and suggestions for public strategies to promote funding for prostate cancer research and care. Although most of the items were close-ended, several provided

the opportunity for respondents to write additional details about their experiences.

The focus of this article will be on the detailed results from the items on support, and impact of illness and treatment for those patients who received one type of treatment (i.e., did not receive more than one treatment modality).

### Data analysis

For the purposes of this analysis, a subgroup of respondents (n=621) was selected from the total sample (n=965). The subgroup was selected on the basis of having undergone only one treatment for prostate cancer (i.e., external beam radiation, hormonal therapy, prostatectomy, observation). The four treatment groups were analyzed separately. Data analysis consisted of descriptive statistics to calculate the frequency of responses for each close-ended item.

## Results

### Sample characteristics

In the sample of 621 men, 253 (40.7%) received radiation therapy, 238 (38.3%) underwent surgical removal of the prostate, 84 (13.5%) received hormonal therapy, and 46 (7.4%) were placed on an observation or surveillance plan.

The mean ages for the treatment groups who received radiation therapy, hormonal therapy and observation were similar and above 70 years (see Table One), while the prostatectomy group had a mean age of 65.8 years. The majority of the respondents were married (84.7%), Caucasian (92.4%) and retired (71.7%). The lowest proportion of retired men was in the prostatectomy group (58.4%). The distribution of household incomes was similar across all treatment groups, with

**Table One: Selected characteristics of sample (n=621)**

Characteristic	Hormonal Therapy n=84 %	Radiation Therapy n=253 %	Removal of Prostate n=238 %	Observation n=46 %
Mean age (in years)	70.8 (7.6)	71.0 (6.0)	65.8 (6.7)	72.3 (7.6)
Marital status				
Married/common law	82.1	86.7	84.0	80.4
Never married/divorced/ widowed	16.7	10.6	13.0	19.6
Caucasian	92.9	91.4	93.7	87.0
Work status (past year)				
working	22.6	14.1	34.5	17.4
retired	76.2	80.4	58.4	80.4
unable to work	-	2.0	2.1	-
Highest education level				
no formal	2.3	0.8	0.8	-
primary	11.9	14.5	13.9	10.9
secondary/high school	42.8	42.0	37.8	47.8
college/university	35.7	32.2	43.3	32.6
Total household income				
0 - 19,999	7.1	16.5	11.3	8.7
20,000 - 39,999	31.0	31.4	25.2	43.5
40,000 - 79,999	33.3	31.0	39.5	19.6
> 80,000	10.7	6.7	12.6	13.0
Time since diagnosis				
< 1 year	16.7	17.6	8.8	17.4
1 - 5 years	77.3	69.0	81.5	73.9
> 5 years	4.8	10.0	8.0	8.7

approximately two-thirds having a household income between \$20,000 and \$79,000. The majority of men (75.5%) were diagnosed between one and five years prior to completing the survey.

**Impact of disease and treatment**

*Frequently identified problems.* A list of potential problems was presented in the survey and respondents were asked to indicate which problems had been experienced since diagnosis. Table Two (A) presents the problems identified most frequently by the respondents. In descending order, the problems identified most frequently by the whole

group were sexual function (49.8%), side effects (31.6%), fear of dying (28.3%), incontinence (24.0%), anger (13.5%), and pain (11.8%).

Sexual function was the most frequently identified problem for the men who had had a prostatectomy (65.5%), those who received hormonal therapy (47.6%) and those who were on surveillance (30.4%). Coping with side effects was the most frequently identified problem for the men in the radiation therapy group (42.7%).

Of those men who had experienced a particular problem since their diagnosis, a proportion indicated they did not feel they had received

adequate help with their difficulties. Table Two (B) outlines the percentage of men who felt they had not received adequate help. Sexual function (52.5%) and anger (40.5%) were the problems for which the largest percentage of men in the total sample felt they had not received adequate help. Respondents also indicated they had not received adequate help for fears of dying (50.0%), incontinence (34.9%), side effects (22.4%), and pain (19.2%).

*Perceived impact on lifestyle.* In total, 188 (30.6%) of the respondents indicated they had experienced a lifestyle change since their diagnosis and treatment. Respondents were asked to indicate the impact of their cancer diagnosis and treatment on a number of aspects of their lives, using a five-point Likert scale. These aspects included relationships with partners, children and friends; employment opportunities and work life; financial status; leisure time; mental health and household responsibilities.

Table Three outlines the proportion of respondents in each treatment group who indicated a negative impact from their cancer and its treatment. Overall, the majority of respondents indicated experiencing either a positive or no impact from their cancer and its treatment. The largest proportion of respondents citing a negative impact indicated the effect was on leisure time (14.7%) and mental health (14.7%). Less than 10% of the respondents cited a negative impact for the remainder of the items.

**Availability of support**

*Communication with others regarding cancer.* Table Four outlines the responses from subjects in each treatment group. The majority of respondents (77.5%) indicated they had been

**Table Two A: Most frequently identified problems since cancer diagnosis**

Item	Per cent of respondents who experienced the problem				
	Hormonal Therapy n=84	Radiation Therapy n=253	Removal of Prostate n=238	Observation n=46	Whole Group n=621
Sexual function	47.6	38.8	65.5	30.4	49.8
Side effects	36.9	42.7	21.4	10.9	31.6
Incontinence	17.9	12.5	40.8	10.9	24.0
Anger	15.5	9.8	18.5	4.3	13.5
Fear of dying	15.5	8.6	16.0	6.5	28.3
Pain	10.7	10.2	13.4	13.0	11.8

**Table Two B: Participants who felt they did not receive adequate help for problems they experienced\***

Item	Per cent of respondents who experienced the problem who felt they did not receive adequate help				
	Hormonal Therapy	Radiation Therapy	Removal of Prostate	Observation	Whole Group
Sexual function	47.5	51.5	55.1	50.0	52.5
Side effects	9.7	20.2	33.3	40.0	22.4
Incontinence	40.0	34.4	34.0	40.0	34.9
Anger	53.8	36.0	38.6	50.0	40.5
Fear of dying	53.8	45.5	52.6	33.3	50.0
Pain	11.1	19.2	18.8	33.3	19.2

\* The percentages calculated in each case used the number of patients who actually experienced the problem as the denominator.

**Table Three: Negative impact of cancer diagnosis and treatment**

Impact Items	Per cent of respondents in each treatment group who experienced a negative impact			
	Hormonal Therapy n=84	Radiation Therapy n=253	Removal of Prostate n=238	Observation n=46
Relationship with partner	7.1	9.9	10.5	8.7
Relationships with children	1.2	5.1	2.9	4.3
Relationship with friends	4.8	5.9	4.6	6.5
Employment opportunities	4.8	7.8	6.7	8.7
Work life	6.0	8.3	9.7	8.7
Financial status	7.1	9.1	10.5	8.7
Leisure/retirement time	13.1	13.4	16.0	17.4
Mental health	9.5	11.9	17.7	23.9
Household responsibilities	7.1	8.3	7.1	8.7

informed accurately about the consequences of their treatment (see Table Four). The highest proportion of those who felt they were accurately informed was observed within the group who had undergone prostate surgery (83.2%).

In the six weeks following diagnosis, 65.1% of the respondents indicated they had a health care professional with whom they could discuss their diagnosis and treatment. Physicians were cited most frequently as the professional with whom the respondents talked. The physicians cited included urologists (85.3%), family physicians (56.4%), oncologists (25.6%), and radiation specialists (18.8%). Nurses were cited by 9.7% of the respondents. Few respondents (2.4%) stated they experienced difficulties talking with health care professionals.

When asked about the desire to talk about their difficulties with cancer, 38.5% of the respondents indicated they had felt the need to talk (see Table Four). Of these men who cited the need to talk, the majority indicated they had someone with whom they could talk. Family and friends were cited most frequently (35.1%) followed by medical professionals (31.8%) and support groups (26.4%).

The respondents were asked to rate their satisfaction with the various types of information they received. Table Five presents the responses from subjects in each treatment group who were dissatisfied with the information they received. The largest proportion of respondents who indicated they were not satisfied with the information they had received focused on information concerning possible emotional reactions (19%), alternative therapies (18.5%), how to speak to another man with prostate cancer (17.4%), counselling services available (15.3%), and self-help groups (15.1%). The smallest proportion of respondents who indicated dissatisfaction with the information they received was for information about their medical condition (10.1%) and available treatment choices (10.5%).

**Participation in support groups.** A total of 284 (45.7%) of the respondents indicated they had attended or wanted to attend a self-help support group. These respondents indicated several benefits of attending such groups (see Table Six). Getting more information about prostate cancer and its treatment was cited as a benefit by 62% of these respondents. Other benefits included having the opportunity to find out that others feel the same way (57.7%), having opportunities to help others (50.0%), feeling encouragement and reinforcement (42.2%), hearing about alternative therapies (28.2%) and learning about how to cope with impotence (22.9%).

**Helpfulness of others.** Respondents were asked to rate, on a five-point scale, how helpful others had been to them since their diagnosis. Table Seven provides the percentages for each treatment group. More than three-quarters of respondents indicated that family members (80.7%) and physicians (78.3%) had been helpful. Approximately half indicated nurses (54.8%) and friends (53.3%) had been helpful, while other cancer patients (32%), support groups (23.7%), the Canadian Cancer Society (22.1%) and clergy or counsellors (10.3%) were also cited.

## Discussion

This nation-wide study was mounted to provide insight regarding Canadian men's experiences being diagnosed and treated for prostate cancer. The findings presented in this article regarding the impact on lifestyle and the availability of support have particular relevance for oncology nurses, especially in the areas of problem identification, patient education and information provision.

The original intent of selecting respondents who had undergone a single treatment was to explore whether there were differences in impact or the availability of support among the treatment groups. With few exceptions, the treatment groups presented very similar profiles. The proportions of respondents reporting changes, difficulties or unmet needs are very similar across the four treatment groups. This implies the planning of nursing care may not have to be entirely specific to the treatment modality.

Clearly, these men experienced problems in both the physical and the psychosocial realms. The proportion of the respondents who experienced problems with sexual functioning and side effects of radiation or surgery is similar to that reported in previous studies. However, the identification of problems regarding anger and fear of dying is new.

**Table Four: Perspectives on communication regarding cancer**

Items	Per cent of respondents in each treatment group			
	Hormonal Therapy n=84	Radiation Therapy n=253	Removal of Prostate n=238	Observation n=46
Informed accurately about consequences of treatment				
Yes	73.8	76.7	83.2	58.7
No/uncertain	26.2	20.2	15.5	34.8
In six weeks after diagnosis had health care professional to talk with				
about diagnosis	14.3	13.0	11.3	19.6
about treatment	3.6	9.5	5.5	8.7
about both	65.5	63.6	66.4	65.2
Was able to talk with				
family physician	58.3	56.1	55.5	58.7
urologist	76.2	81.8	91.2	91.3
oncologist	22.6	37.2	15.1	21.7
radiation specialist	8.3	34.8	8.0	8.7
nurse	9.5	13.8	5.9	6.5
Experienced difficulties talking with health care professional	2.3	2.4	2.1	4.3
Felt the need to talk with anyone about difficulties with cancer				
Yes	50.0	32.5	41.6	32.6
No	47.6	60.8	54.6	56.5
For those who felt the need to talk had someone with whom to talk				
Yes - medical professional	31.0	37.3	28.3	26.7
Yes - family/friend	40.5	37.3	31.3	33.3
Yes - support group	23.8	19.3	33.3	26.7

Of particular interest is the proportion of respondents who did not receive what they thought was adequate help for the problems they experienced. It is unclear from these data whether they did not receive any assistance at all or received assistance that was inadequate. Nevertheless, the finding of unmet need raises several questions of clinical significance. Are the problems men with prostate cancer experience being identified? Are referrals for further assessment and intervention being made when the problems are identified? Are appropriate services available to provide the required assistance? Are the available interventions which are provided found to be unhelpful?

In light of the high prevalence of problems and perceived inadequacy of assistance, it is surprising so few men reported lifestyle change or experienced a negative impact from the disease and its treatment. A high proportion of the men in the sample were retired at the time of their diagnosis. Thus the impact on employment opportunities and work life would be understandably small. The higher negative impact on leisure activities is perhaps more reflective of how their time is spent on a daily basis.

The highest proportion of men indicating a negative impact on mental health was in the observation group. This may reflect difficulties or issues in living with uncertainty and waiting. Men in the other groups have received an intervention aimed to remove the tumour while the men in the observation group continue to live with their tumour and wait to see whether it will change. The challenge in clinical practice is to identify the small proportion of men for whom the impact of their diagnosis is negative and provide effective assistance for them.

Confronting a life-threatening illness is difficult, but it can draw a family closer together, force a re-ordering of priorities and influence a change toward a more healthy lifestyle. These types of changes are frequently perceived as positive and may account for the high proportion of men who indicated a positive impact from their diagnosis and treatment.

#### Availability of support

The findings concerning communication indicate that many men felt informed about their medical condition and potential consequences of treatment. Many had someone with whom they could discuss the

situation. However, the practice issue emerges from the observation that a proportion of the men did not feel informed about the consequences and a proportion did not have anyone with whom they could talk. The challenge is to be able to identify those individuals and provide appropriate assistance to them.

Nurses were not identified very often as someone with whom to discuss cancer and its treatment. This could reflect the lack of nursing staff in physicians' offices, short hospital stays, or the roles that nurses have in ambulatory settings. It may also reflect a choice on the part of patients about what topics they talk to certain people about. Given the age of the respondents in this study, many may see the physician as the one to talk with about diagnostic and treatment information. Additionally, some of the men have difficulty talking to female nurses about issues of incontinence, impotence and emotional responses.

It is of interest, however, that many of the topic areas in which patients feel they are not receiving all the information they would like are areas where the potential for nursing input is large. Descriptions about the emotional reactions to a cancer diagnosis, dialogues about alternative therapies, information about the availability of counselling services and self-help groups are all topic areas where nurses could be providing information for men with prostate cancer.

#### Implications for oncology nurses

Given that nursing interventions ought to include limiting the impact of side effects and assisting the patient to cope with the changes he may be experiencing as a result of the disease and its treatment, there are implications for oncology nurses from this national survey. The clinical implications fall into the arenas of problem identification, information provision and patient education.

Regardless of whether a nurse is in an inpatient or outpatient setting, or interacting with a patient at any point along the

**Table Five: Participants reporting dissatisfaction with the information they received**

Topic of information	Proportion reporting dissatisfaction with the information they received			
	Hormonal Therapy n=84	Radiation Therapy n=253	Removal of Prostate n=238	Observation n=46
Medical condition	8.3	9.5	9.2	21.7
Possible side effects of cancer	13.1	12.3	17.2	17.4
Treatment choices available	8.3	9.1	12.2	13.0
Possible side effects of treatment	11.9	12.7	14.7	17.4
Possible emotional reactions	15.5	16.2	24.0	15.2
What to do to relieve physical discomfort	14.3	14.6	14.7	17.4
Diet and nutrition	16.7	11.5	20.2	13.0
Supplies and equipment	6.0	11.5	19.8	10.9
Counselling services available	11.9	12.7	21.0	6.5
How to speak with another man with prostate cancer	13.1	17.8	21.0	4.4
Alternative therapies	11.9	18.6	21.0	17.4
Self-help groups	19.1	12.7	18.1	6.5

**Table Six: Benefits of participation in support groups as perceived by those who attended**

Benefits (mentioned by >10%)	Per cent of respondents in each treatment group who reported benefit			
	Hormonal Therapy n=84	Radiation Therapy n=253	Removal of Prostate n=238	Observation n=46
Get more information about prostate cancer and treatment	73.0	61.3	60.5	52.9
Chance to find out that others feel the same way I do	54.1	58.5	62.1	33.3
Opportunities to help others	48.6	42.5	58.9	40.0
Encouragement/reinforcement	43.2	36.8	47.6	4.0
Hearing about alternative treatments	32.4	31.1	23.4	40.0
Coping with impotence	13.5	17.0	33.9	-

spectrum of illness, a nursing assessment of the patient diagnosed with prostate cancer needs to be broad and include both physical and psychosocial domains. Particular attention needs to be paid to the issues surrounding sexual functioning. For the patient who is experiencing difficulties, referral to another program or agency may be appropriate. At the very least, nurses ought to be informing patients of the types of services which are available and how those services might be able to assist. Helping patients to understand the patterns of emotional responses to a life-threatening illness and providing the opportunity to talk about their feelings can help in normalizing the situation for them. With the growing interest in complementary and alternative therapies in the cancer population (Gray, Greenberg, Fitch, Parry, Douglas & Labrecque, 1997b), patients will often ask nurses about a complementary or alternative therapy. Nurses need to be in a position where they can discuss the therapies in a nonjudgmental manner. With the growth of self-help groups across the country and the value patients place on their experiences within these groups (Gray, Fitch, Davis & Phillips, 1997c), nurses ought to be able to inform patients about the potential benefits and whether or not a group is available in the local community. ❀

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**Table Seven: Helpfulness of others since cancer diagnosis**

Source of help	Per cent of respondents rating 4 or 5* in each treatment group			
	Hormonal Therapy n=84	Radiation Therapy n=253	Removal of Prostate n=238	Observation n=46
Family/partner	84.5	79.2	82.8	67.4
Friends	52.4	53.3	51.4	43.5
Nurses	47.6	59.2	55.5	43.5
Doctors	82.1	76.9	80.3	65.2
Self-help groups	20.2	24.7	25.6	13.0
Other cancer patients	28.6	32.5	34.0	23.9
Clergy/counsellors	10.7	11.0	10.1	6.5
Canadian Cancer Society	15.5	32.2	16.0	8.7

\* Scale: 1=not at all helpful, 5=extremely helpful.

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