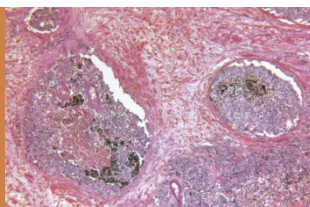


The focus of this column is to describe research studies published in other journals that may be of interest to oncology nurses. This issue highlights two studies related to prostate cancer.



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Men Note Penile Issues After Radical Prostatectomy

A large Swedish study by Carlsson et al. (2012) examined self-perceived penile shortening in 1,288 men after radical prostatectomy and compared them to 350 age-matched controls. Participants answered questions on a study-specific questionnaire. Findings confirm those of other smaller studies; 55% (n = 663 of 1,208) of those who had radical prostatectomy reported penile shortening compared to 26% (n = 85 of 329) in the control group. That reflected a relative risk of 2.1 (95% confidence interval [CI] [1.8, 2.6]). Those who reported a greater degree of erectile dysfunction also reported greater penile shortening. In addition, in a smaller subset of men (N = 395) for whom data about nerve-sparing surgery was available, 33% who had bilateral nerve sparing reported penile shortening as compared to 58% who had unilateral nerve-sparing surgery (relative risk = 1.8; 95% CI [1.1, 2.8]). Of importance was the finding that, for those with penile shortening, low-to-moderate quality of life and self-esteem were more prevalent. Limitations of the study include the lack of objective measurement of loss of length found in other studies and whether men reported on length of the flaccid or erect penis. However, the inclusion of men's perception of penile length is an important one and its link to self-esteem and quality of life is unique. Men are usually not warned about this side effect and it has practical consequences, too—men report difficulty when passing urine in public restrooms and often dribble on their clothing or shoes, compounding their loss of self-esteem.

Carlsson, S., Nilsson, A.E., Johansson, E., Nyberg, T., Akre, O., & Steineck, G.

(2012). Self-perceived penile shortening after radical prostatectomy. *International Journal of Impotence Research*, 24, 179–184. doi:10.1038/ijir.2012.13

Scottish Patients Support Virtual Visits With Specialists

An evaluation by Fraser Robertson, Windsor, and Smith (2012) of a Scottish initiative to reduce specialist visits by men with stable prostate-specific antigen (PSA) values after radiation therapy for prostate cancer suggests that a clinical nurse specialist (CNS)-led virtual clinic is acceptable to men. The motivation for this initiative came from the reality of a heavily burdened public health system in Scotland and a desire to reduce the number of men with stable disease being seen by a specialist after radiation therapy. A secondary goal was to reduce patient transportation costs and promote self-care. A three-year pilot project was conducted; men who were two years post-radiation therapy with stable PSA values were enrolled in the virtual clinic. Each man met with the CNS initially and, thereafter, care was provided at a distance. The CNS and oncologist met to discuss each patient, and a risk stratification was assigned to each patient based on PSA at diagnosis, grade of disease, and comorbidities. Men saw their primary care provider in person, who ordered regular PSA tests according to a predetermined schedule. The results were re-

ported to the CNS, who then informed the patient and his general practitioner by letter with instructions for the timing of the next PSA test. If any change occurred, the patient was seen by the CNS and additional investigations were ordered. For the evaluation of the virtual nurse-led clinic, patients were asked to complete a patient satisfaction questionnaire. A 63% response rate was obtained, with 98% reporting being very happy with the service and about 99% feeling well supported. The nurse-led clinic resulted in the freeing up of 50 specialist appointments per month. Based on these results, plans are being made to develop a similar service for men following radical prostatectomy and for those on androgen deprivation therapy.

This small patient satisfaction study is interesting in that it solved a real-world problem for the National Health Service in Scotland. However, no economic analysis was performed of the cost savings. Patient satisfaction surveys are known to have a positive bias and no comparison group of men was used who continued with usual care with a specialist. Although interesting, this idea has limited application in a for-profit system such as those found in the United States and, to a lesser extent, in Canada. However, the article provides a detailed description of the protocols used for this service, which may be useful for nurse administrators or those interested in nurse-led clinics for this population.

Fraser Robertson, A., Windsor, P.M., & Smith, A. (2012). Evaluation of a nurse-led service for followup of patients with prostate cancer. *International Journal of Urological Nursing*. Advanced online publication. doi:10.1111/j.1749-771X.2012.01161.x

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