Factors Influencing Men Undertaking Active Surveillance for the Management of Low-Risk Prostate Cancer

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In North America, the widespread use of the prostate-specific antigen (PSA) prostate cancer screening test has resulted in approximately one of six men being diagnosed with prostate cancer. Although the overall mortality rate from prostate cancer has declined, this may reflect improved treatment or increased diagnosis of indolent disease that was not life threatening (Klotz, 2002, 2006). About 80%–90% of men diagnosed with asymptomatic, low-risk prostate cancer receive some form of active treatment (Harlan et al., 2003). In North America, radical prostatectomy, external beam radiation therapy, and brachytherapy continue to be the most common definitive treatments for early-stage prostate cancer, but newer treatments such as cryotherapy, thermo-ablation, and high-intensity focused ultrasound also are available at some larger centers. Despite the advances in the definitive treatment of prostate cancer, all forms of treatment affect quality of life, mainly in the areas of erectile dysfunction in more than half of patients, incontinence, and urinary irritation (Litwin et al., 1999, 2007; Litwin, Sadetsky, Pasta, & Lubeck, 2004). Therefore, active surveillance is considered by some men as a viable alternative to the aforementioned treatments. However, fewer than 10% of men in North America choose that approach (Barocas, Cowan, Smith, & Carrol, 2008; Harlan et al.). The literature is confusing with regard to the specific definitions of the terms active surveillance, expectant treatment and management, conservative management, and watchful waiting. Parker (2004) offered an explanation of the differences among the approaches. Watchful waiting (conservative management) is a palliative approach, typically used for older or physically unfit men with limited life expectancy. The approach follows patients until the cancer progresses to an incurable state, at which time treatment is palliative (Parker). Active surveillance (expectant treatment and management), on the other hand, is a proactive management approach with curative intent, where active treatment is delayed until the cancer shows signs of significant growth (Carter et al., 2007; Cooperberg, Lubeck, Meng, Mehta, & Carroll, 2004; Parker). Patients on active surveillance are