An Integrative Review of Nursing Research on Active Surveillance in an Older Adult Prostate Cancer Population

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Prostate cancer is a common diagnosis in the older adult male population. In the United States, 1 in 6 men are at risk for a prostate cancer diagnosis during their lifetime, with an estimated 241,740 new cases diagnosed in 2012 (Siegel, Naishadham, & Jemal, 2012). The detection of prostate cancer has evolved from being clinically detected at a stage of advanced disease, where cure was unlikely, to the evolution of the prostate-specific antigen (PSA) blood test beginning in the late 1980s that increased screening and detection of early, low-grade disease. The use of the PSA blood test identifies men who are at risk and who, subsequently, undergo prostate biopsy. Currently, a large percentage of prostate cancers are detected as indolent cancers that may never manifest as clinically significant (Thompson & Klotz, 2010).

The detection of disease classified as an insignificant or indolent cancer creates a dilemma for healthcare providers and patients. Current statistics reflect that even when Gleason score and volume of cancer are classified as both low risk and low volume and, therefore, unlikely to impact mortality, 90% of patients will still go on to receive a definitive treatment in the form of either radiation-based treatment or surgery (Thompson & Klotz, 2010). The impact on quality of life on those treated patients also is significant; common side effects include erectile dysfunction and incontinence for those who have surgery, and persistent irritative bowel and bladder symptoms for those who have radiation therapy (Hayes et al., 2010).

A treatment option under increasing consideration as an alternative to surgery or radiation for the patient with low-risk, low-volume disease is active surveillance. Active surveillance is a treatment strategy of cooperative, intentional, and prescribed monitoring of prostate cancer, with a clearly defined strategy for intervention management reserved for patients who exhibit signs of disease progression by either a rapid sequential PSA increase or an increase in Gleason score or volume.