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Research Article

# Empowering Patients through Education: Exploring Patients' Needs about Postoperative Radiation Therapy for Prostate Cancer at the Sunnybrook Odette Cancer Centre

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## ABSTRACT

**Introduction:** There is currently no consensus regarding the optimal treatment for postprostatectomy prostate cancer patients. The primary objective of this study was to investigate patient opinions regarding the questions that should be discussed between health care professionals and postprostatectomy patients who may require radiation therapy with adjuvant or salvage intent, to help facilitate the decision-making process.

**Methods:** Patients who were consulted for treatment of prostate cancer at the Sunnybrook Odette Cancer Centre and who had undergone a prostatectomy were invited to complete a survey. Respondents were asked to rate the importance of 74 questions that may be important to patients in their situation using a four-point ordinal scale (essential, important, no opinion, and avoid). Questions were grouped into six domains pertaining to diagnosis, decision making, radiation therapy procedures, benefits, side effects, and supportive network. Patients were also asked to list any other additional comments or questions that should be included. Descriptive statistics were calculated for all variables of interest. Chi-square analyses and Fisher exact tests were used to assess differences in numbers of patients choosing the essential response between demographics.

**Results:** Thirty-one patients agreed to participate and completed the survey. The majority of questions rated as essential or important by patients were from the "understanding my situation and prostate cancer diagnosis" domain, accounting for over 90% of patients. Overall, patients who were over 60, white, had an education of high school or less, and lived more than 10 km away from the cancer

centre were more likely to have rated these questions as "important" or "essential." A few additional comments were also listed regarding side effects, prostate-specific antigen levels, further testing, and radiation therapy treatment.

**Conclusions:** Our study showed that there is wide variability among patients regarding the information that they want and need. Every question in our study was essential to some patients, and there was no question deemed so by the whole group. The information from the study will help in building an educational tool for postprostatectomy patients with prostate cancer and their families.

## RESUME

**Introduction :** Il n'existe pas de consensus à l'heure actuelle sur le traitement optimal pour les patients ayant un cancer de la prostate après une prostatectomie. L'objectif principal de cette étude est d'obtenir l'opinion des patients sur les questions qui devraient faire l'objet de discussions entre les professionnels de la santé et les patients ayant eu une prostatectomie et qui peuvent avoir besoin de traitements de radiothérapie avec adjuvant ou dans un but de rattrapage afin de faciliter la prise de décision.

**Méthodologie :** Les patients qui ont été consultés en vue d'un traitement pour le cancer de la prostate au Centre de cancérologie Odette de Sunnybrook et qui ont subi une prostatectomie ont été invités à répondre à un sondage. On leur a demandé de classer par ordre d'importance 74 questions susceptibles d'être importantes pour un patient dans leur état selon une échelle ordinale de quatre point

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(essentielle, importante, sans opinion, et éviter). Les questions étaient regroupées en six domaines touchant le diagnostic, la prise de décision, les procédures de radiothérapie, les avantages, les effets secondaires et le réseau de soutien. On a également demandé aux patients d'indiquer leurs commentaires et les questions qui devraient être ajoutées, le cas échéant. Des statistiques descriptives ont été calculées pour toutes les variables d'intérêt. L'analyse du khi carré et la méthode exacte de Fisher ont été utilisées pour évaluer les différences dans le nombre de patients choisissant les réponses essentielles entre les groupes démographiques.

**Résultats :** Trente et un patients ont accepté de participer et ont répondu au sondage. La majorité des questions cotées « essentielles » appartenaient au domaine « comprendre ma situation et le diagnostic de cancer de la prostate », comptant pour plus de 90 % des

*Keywords:* Decision making; patient education; prostate cancer

## Introduction

Prostate cancer is the second most commonly diagnosed cancer and the sixth leading cause of cancer death among males worldwide [1]. Furthermore, prostate cancer accounts for approximately 14% of new cancer cases and 6% of total cancer deaths among males worldwide [1]. With the increased prevalence of prostate cancer come several treatment decisions that patients encounter during their entire illness trajectory. There are several treatment options available for patients with prostate cancer. These include active surveillance, radical prostatectomy, brachytherapy, external-beam radiation therapy, and hormone therapy [2]. Choosing a treatment option is challenging for patients because these treatment options may have similar success rates but different complication risks. Furthermore, there is a lack of consensus about the best treatment option among experts that can further complicate the decision-making process [3].

The surgical option, called a prostatectomy, involves the removal of the prostate gland and is a prominent treatment for patients with nonmetastatic prostate cancer [4]. A prostatectomy is often accompanied by radiation therapy to improve disease-free survival and biochemical control of the disease. Radiation therapy can be given as adjuvant treatment immediately after surgery, when postoperative pathology indicates a high risk of recurrence, or as salvage treatment when the incidence of biochemical failure occurs [4]. However, there is currently no consensus on which of these two methods is optimal and when radiotherapy should be started after prostatectomy for prostate cancer. The American Association of Radiation Oncology formulated evidence-based guidelines to help radiation oncologists make treatment recommendations for patients who may need radiotherapy with adjuvant or salvage intent after prostatectomy for prostate cancer [5].

There are many benefits and drawbacks to consider when comparing adjuvant with salvage radiation therapy regimens. For instance, adjuvant radiation therapy can decrease the

patients. De façon générale, les patients de plus de 60 ans, de race blanche, ayant fréquenté l'école secondaire ou moins et habitant à plus de 10 km du centre de cancérologie étaient plus susceptibles d'avoir coté ces questions comme « importantes » ou « essentielles ». Quelques commentaires ont également été ajoutés concernant les effets secondaires, les niveaux d'antigène prostatique spécifique (APS), les tests supplémentaires et les traitements de radiothérapie.

**Conclusion :** Notre étude a démontré qu'il existe une grande variabilité au sein de cette population de patients quant à l'information qu'ils souhaitent obtenir et dont ils ont besoin. Chacune des questions de notre étude a été jugée essentielle par certains patients et aucune question ne l'a été par tout le groupe. L'information tirée de l'étude nous aidera à bâtir un outil d'éducation pour les patients ayant subi une prostatectomie après un cancer de la prostate et leurs familles.

likelihood of clinical progression and biochemical recurrence. Furthermore, it can improve overall metastasis-free survival [6–13]. In contrast, travel time, cost, and the development of acute or late toxicities can impact a patient's decision. Salvage radiation therapy results in complete response in a large proportion of patients with advanced histopathological features. The literature shows that salvage radiation therapy can decrease the cancer-specific mortality rate in men with shorter prostate-specific antigen (PSA) doubling times [12,14,15].

Considering these factors, postoperative radiation therapy is a value-laden decision; thus, it is important that prostate cancer patients are actively involved in their treatment decisions. For informed decision making, patients need to be provided with adequate information, which is not always the case in current practice [16]. Encouraging patient participation in health care decisions can be beneficial because it can increase patient satisfaction with treatment outcomes, help facilitate informed consent, and decrease psychological anxiety associated with treatment [17].

A prior study by D'Alimonte et al [18] asked health care professionals to rate the importance of questions they felt should be discussed with prostate cancer patients requiring postoperative radiation therapy. A survey consisting of 74 questions was presented to urologists, radiation oncologists, nurses, and radiation therapists involved in the care of prostate cancer patients. Overall, the results of the study showed that the majority of questions were rated as either essential or important (the top two categories of a four-category ordinal scale) by all the health care professionals. However, there was some disagreement between health care providers of different professional groups regarding "essential" questions, which mainly showed some discrepancy between nurses and urologists in the side effects domain. For example, on average, nurses rated more questions related to side effects as essential to address. There was general agreement among all groups of health care professionals regarding questions that should be avoided [19].

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