

## Reflections of a prostate cancer specialist nurse

By Kalli Spencer

Kerry Santoro, Prostate cancer specialist nurse (Southern Adelaide Local Health Network) says that around 200 prostate cancer patients are diagnosed within her local health network each year, and that generally they remain in contact for a period of three years, meaning that at any one time Kerry is managing up to 600 patients on a rolling basis, consulting with 10 to 20 each day<sup>1</sup>.

Boxhall and Dougherty (also from Adelaide) aimed their research at focus groups in order to seek men's opinions and experiences with a specialist nurse. There was unanimous agreement that support services provided through a nurse, who worked as part of the clinical team, was beneficial. The study found that men appreciated the opportunity for further discussion where they felt less constrained by time pressures<sup>2</sup>.

According to a study by Turner et al, the nurse should give the patient psychological support prior to surgery, because the main risks of the procedure include incontinence and erectile dysfunction. General well being and risk factors for surgery are assessed and education is provided by nurses. Any anxieties the patient or their carers may have, also has the opportunity to be addressed at this time<sup>3</sup>.

The power of social network tools (e.g. Facebook) and telecommunication (cell phones) can also be harnessed to facilitate communication and strengthen supportive communities that can provide both practical and emotional support for care pressed for time, so being able to post health updates and requests for assistance to a broad range of family and friends could be a great resource<sup>4</sup>.

Education too, forms a significant part of the role, with abovementioned nurse Kerry often outlining both how the disease behaves, the benefits and shortfalls of various treatment options, while also connecting patients with other relevant health services.

She facilitates involvement with clinical trials and research, keeps abreast of the latest research, and also engages closely with her fellow staff and local support groups for Prostate Cancer.

Duties range from patient-facing focus in close consultation with urologists at SALHN, while other days will involve phone consults, the management of other significant projects and "upgrading guidelines and protocols"<sup>1</sup>. Nurses have traditionally been the profession most concerned with holistic care. As educators, nurses can provide accurate information, dispel myths, and correct misinformation<sup>3</sup>.

Cockle-Hearn et al's study sought to explore the relative predictive impact of prostate-specific dimensions of nursing care on the scope and extent of men's unmet supportive care needs across seven countries within Europe<sup>5</sup>. Data in the study shows that nurse provision leads to improvements in the management of chronic problems; increases patient knowledge and self-management; improved patient symptoms; and can lead to reduced use of acute services. Men with prostate cancer diagnoses also place importance on expert knowledge. In Boxhall's

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study (above) the practitioner was always alert to practice boundaries when counselling men through decision-making processes and was cautious not to “give an opinion” even when often asked by men at this vulnerable time. Nursing experience, not gender, was more important to this group of men, even given the intimate issues surrounding this disease<sup>2</sup>.

Further to the educational aspect of the nursing role, there is also an increasing focus on nurse-led clinics that focus on “cancer survivorship”, an area that Kerry describes as part of an “emerging field”, and one that allows her to ensure “continuity of care” while monitoring symptoms and side-effects that may have resulted from cancer treatment<sup>1</sup>.

Survivorship results in a requirement for healthcare monitoring and challenges providers of cancer care to effectively respond to men’s long-term supportive care needs. In addition to disease and treatment characteristics, lack of contact with a nurse or advice and support from a nurse has been associated with men’s unmet needs. Current services may not be addressing on-going concerns that have an impact on men’s long-term distress. It’s evident that access to supportive nursing care can influence patient outcomes, and there are areas of care, in particular after treatment, that nursing could improve<sup>5</sup>.

Post-surgical treatment may involve wound care, catheter management, preparing patients for their results and dealing with any anxieties around PSA results and follow up<sup>3</sup>. Clinical care includes advice on symptoms of infection, continence products, erectile dysfunction, strictures, post-treatment depression, allied health care resources, and domestic supports. Viewed from the nurse’s perspective, this role has evolved to additionally include liaison, counselling, advocacy, and research. The specialist nurse is seen to complement medical care in providing information, emotional support, and practical assistance with managing treatment side effects<sup>2</sup>.

A fundamental shift is required in survivorship care to improve outcomes for men with prostate cancer, especially after treatment is completed. Furthermore, more consistent provision of nurses across the care pathway, with training to address sexual dysfunction and psychological care, should be a priority for enhancing supportive care<sup>5</sup>.

For those who receive radiation therapy the specialist nurse may allay any anxieties around treatment side-effects or discomfort. In more advanced prostate cancer hormonal treatment in the form of injections may need to be administered. These are associated with significant physical and psychological side effects necessitating psychosocial support<sup>3</sup>.

Men in Cockle-Hearn’s study reported higher levels of unmet need in relation to specific treatment modalities, including chemotherapy and radical prostatectomy, which was strongly predictive of need for help with physical and daily living issues and unmet sexuality needs. Whether after-care is received from primary care, urology, and oncology it is important that all professionals recognise the extent of long-term consequences experienced by cancer patients. Services therefore need to provide effective and targeted supportive care for men after prostate cancer treatment to meet this expanding population of survivors<sup>5</sup>.

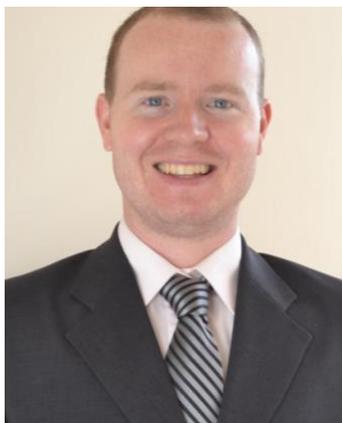
As discussed in detail above, specialist cancer nursing is widely recognized as an essential part of cancer care, meeting information needs, providing technical expertise, coordination and offering emotional support. Studies in the UK have also demonstrated a clear relationship

between positive patient experience and specialised cancer nurse access<sup>6</sup>. Patient satisfaction with health-care provision is an important measure in assessing the structure and process of cancer care. Lack of this care is associated with reduced quality-of-life including decline in post-treatment physical function<sup>5</sup>.

Nursing can be emotionally taxing like when having to break bad news such as return of disease (recurrence). Communication is key and an “advanced nursing level” is required for the role, as such a corresponding level of “autonomy and independence” will also be needed from the nurse<sup>1</sup>. Autonomy and empowerment have been recognised as key ‘magnet factors’ in attracting and keeping high quality staff<sup>6</sup>. The importance of working in a team with doctors, other nurses and administration staff should also not be discounted. Nurse Kerry perhaps sums up best how rewarding specialist nursing can be though, when she says, “The thanks that I get from men and their families, for just being that point of contact, for supporting them, for caring for them throughout their pathway is very satisfying.”

References:

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**About the Author**

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Kalli is an internationally renowned Urological Surgeon, specialising in oncology and robotic surgery. He trained and worked in South Africa, before relocating to Australia where he has worked at Macquarie University Hospital and Westmead Hospital. His passion for what he does extends beyond the operating room, through publichealth advocacy, education and community awareness of men's health, cancer and sexuality.

Kalli has been involved with the Prostate Cancer Foundation of Australia for many years, advocating for improved cancer care and facilitating community prostate cancer support groups.