Prostate cancer is the most frequently diagnosed malignancy and the second-leading cause of cancer death in men. The 10-year survival rate for all stages of prostate cancer is 93%. Men with prostate cancer live with the disease for many years, and the side effects of the disease and treatments have physical and psychosocial implications for the patient, spouse, and family. This case study explores the evolution of a patient with prostate cancer, from time of diagnosis through treatment decision making and ultimately end of life. Discussion of the implications for practice and research is included.

**At a Glance**
- Prostate cancer is the most frequently diagnosed malignancy in men.
- Prostate cancer is a chronic illness with long-term consequences from treatment.
- A multidisciplinary approach to care is required to treat prostate cancer.

**Prostate Cancer: A Chronic Illness**

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Mr. C, a 69-year-old man, had an 8.0 ng/ml prostate-specific antigen (PSA) level at the time of diagnosis. His prostate biopsy revealed adenocarcinoma, consistent with prostate cancer. He was an otherwise healthy individual with a medical history of hypertension, controlled with lotensin 20 mg daily, and hypercholesterolemia, controlled with Lipitor® (Pfizer Inc.) 20 mg daily. Mr. C was married with two grown children. A retired math teacher, he and his wife remained active in a retirement community.

After his biopsy confirmed prostate cancer, Mr. C was seen by a urologist and radiation oncologist to discuss treatment. Mr. C chose to pursue RRP. The surgeon informed Mr. C that the frequency of RRP side effects varies depending on surgical technique. Reported prevalence rates of urinary incontinence vary from 15%–60%. Erectile dysfunction is estimated in 50%–90% of patients, although the rates are lower with the nerve-sparing procedure (Kendirci, Bejma, & Hellstrom, 2006). Urinary incontinence tends to improve with time, declining and leveling off within one to two years after surgery; however, some men experience incontinence that persists for years (Bhatnagar & Kaplan, 2005). According to the research, strengthening the pelvic floor muscles significantly improves postprostatectomy urinary continence, postmicturition dribble, and erectile function (Dorey, 2005).

An advanced practice nurse (APN), working in collaboration with the surgeon, arranged meetings before and after surgery to