The increasing popularity of brachytherapy for treatment of early-stage prostate cancer requires oncology nurses to have a comprehensive knowledge of the disease, its treatment, and management of side effects. Because quality-of-life (QOL) issues have become an important consideration in treatment selection for many patients, oncology nurses must have a thorough understanding of these QOL issues and their management. Armed with knowledge about prostate brachytherapy and its effect on QOL, oncology nurses can offer accurate information and evidence-based symptom management techniques to patients undergoing brachytherapy for prostate cancer.

**Key Words:** prostatic neoplasms, radioisotope brachytherapy, quality of life

**Risk Stratification**

No prospective randomized trials have offered a comparative analysis of the efficacy of treatment options. Therefore, risk stratification based on pretreatment PSA, clinical staging, and the Gleason score has been invaluable in comparing treatment outcomes.

PSA is a protein produced by the lining of the prostate. In normal, healthy men, a small amount of this protein (0–4 ng/ml) can be detected in the bloodstream. In men with prostate cancer, a larger amount is produced. PSA also can be abnormally elevated in men with benign prostatic hypertrophy. However, in men diagnosed with prostate adenocarcinoma, the higher the pretreatment PSA (i.e., PSA level at the time of biopsy), the more likelihood exists for increased incidence of extracapsular extension, positive lymph node involvement, and positive margins (Partin et al., 1997).

The Gleason score is used to grade the aggressiveness of prostate cancer. This universally recognized scoring system is reliable, reproducible, time efficient, and of significant value in comparing treatment outcomes.

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