

A Multidisciplinary Prostate Cancer Clinic for Newly Diagnosed Patients: Developing the Role of the Advanced Practice Nurse

**Lydia T. Madsen, RN, MSN, AOCNS®, OCN®,
Catherine Craig, RN, MPH, and Deborah Kuban, MD**

Newly diagnosed patients with prostate cancer have various treatment options, and a multidisciplinary prostate cancer clinic (MPCC) can present all options in a single setting. An MPCC was started in 2004 at the University of Texas M.D. Anderson Cancer Center, and 258 patients with prostate cancer were evaluated in its first year. The clinic expanded in 2006 and an oncology advanced practice nurse (APN) was recruited to address specific objectives. The APN role was used to implement a quality-of-life protocol, provide detailed patient education (including a treatment summary and care plan), and serve as a single point of contact as patients move toward a treatment decision. Formal evaluation of the MPCC showed that patients were satisfied with this approach to the complex decision-making process in prostate cancer.

Prostate cancer is the most common cancer in men. The American Cancer Society ([ACS], 2009) reported about 186,320 new cases of prostate cancer in the United States in 2008, and about 28,660 American men will die from this disease in 2009. Although one in six men will be diagnosed with prostate cancer, only one in 35 will die from this disease (ACS). When diagnosed with low-risk, early-stage disease, patients with prostate cancer often have several treatment options. The options may present a dilemma for the patient because each has a similar five-year biochemical disease-free survival rate as well as treatment-specific short- and long-term side effects. Standard treatments include external beam radiation therapy, radioactive seed implantation, or radical prostatectomy; proton therapy, cryotherapy, and active surveillance are additional options (Peschel & Colberg, 2003).

Much information about treatment options is available from the Internet, books, educational pamphlets, support programs, and word of mouth from other men with prostate cancer. However, patients often verbalize uncertainty and distress related to choosing from multiple treatment options (O'Rourke, 2007). Urologists, the physicians who routinely diagnose and counsel patients with prostate cancer, are well-versed in the various treatment options and routinely offer recommendations. However, surgical bias may be a concern for newly diagnosed patients when urologists provide counseling on appropriate treatment options (Hudak et al., 2007). As a result, patients may try to make treatment decisions based on incomplete or incorrect information. To address this deficiency, the University of Texas M.D. Anderson Cancer Center opened a multidisciplinary prostate cancer clinic (MPCC) in 2004. The primary objective was to provide patients with a setting in which all appropriate treatment choices could

At a Glance

- ◆ Patients with organ-confined, newly diagnosed prostate cancer have multiple treatment options, with similar five-year biochemical disease-free survival rates and specific short- and long-term side effects.
- ◆ A multidisciplinary prostate cancer clinic can provide a setting in which all appropriate treatment choices are presented, reviewed, and discussed in detail by specialists.
- ◆ An oncology advanced practice nurse provides the necessary link between specialists and the patient.

be presented, reviewed, and discussed in detail by the specific treatment specialists. The MPCC initially was an adjunct to the urologic oncologists' regular weekly clinic. Two patients who were undecided about treatment and desired information were scheduled in the MPCC twice weekly. Each patient was evaluated individually and consecutively by a urologic oncologist and a radiation oncologist. Both specialists then discussed the most appropriate recommendations for the patient's stage and grade

Lydia T. Madsen, RN, MSN, AOCNS®, OCN®, is an advanced practice nurse in the Department of Genitourinary Medical Oncology, Catherine Craig, RN, MPH, is a senior manager in the Genitourinary Center, and Deborah Kuban, MD, is a professor in the Radiation Oncology Center, all at the University of Texas M.D. Anderson Cancer Center in Houston. (Submitted August 2008. Accepted for publication November 19, 2008.)

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