



Prostate cancer

What men want from their family physicians

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How can primary care physicians help men at risk for, or diagnosed with, prostate cancer? Over the past few years, I have been involved with several initiatives that shed light on this question, including a national survey of men with prostate cancer; the 1997 National Prostate Cancer Forum; a qualitative, longitudinal study of prostate cancer patients and their spouses; and a survey of Canadian family physicians about prostate cancer issues (conducted in partnership with the College of Family Physicians of Canada [CFPC]).

Screening and early detection

At the 1997 National Prostate Cancer Forum, delegates (health professionals, policy makers, cancer organizations, and prostate cancer patients) endorsed a recommendation that Canadian men "be made aware of the benefits and risks of early detection testing, using [prostate-specific antigen] PSA and digital rectal examinations, so they can make informed decisions."¹ Following the forum, the newly formed Prostate Cancer Alliance of Canada (PCAC) made this recommendation part of their mandate and has been actively pursuing its implementation since then.

If endorsed by the CFPC, the recommendation has obvious implications for primary care physicians. The position of the CFPC on the recommendation is unclear at this point, although it is being reviewed and discussed. Due to an unfortunate error by organizers, the CFPC was not officially invited to the national forum and was consequently delayed in becoming formally involved with the recommendations brought forward at that event. The CFPC now has a representative, Dr Michael Evans, on the alliance and is contributing to ongoing initiatives.

Current practices for early detection

How do primary care physicians deal with issues of detecting prostate cancer early? Responses to our recent survey of family physicians revealed that many (34%) *never* provide the PSA test to asymptomatic patients.² According to

the physicians, when PSA testing is provided, it is usually because patients requested it, not because physicians discussed it or recommended it. This primarily passive stance on the PSA option is thus in marked contrast to the PCAC's recommended strategy of proactively informing men about pros and cons of testing. Physicians' reluctance to initiate early detection testing (or to discuss it) is understandable in light of the controversy and lack of definitive evidence surrounding PSA testing.³ It is not surprising that survey respondents varied widely in their estimates of test effectiveness and that many wanted to learn more about screening issues. While no definitive answers about PSA testing have been given and are unlikely to be given in the near future,³ this is not a good enough reason for doing nothing in clinical practice.

Enough evidence shows that PSA testing is good at detecting clinically significant cancers.^{3,4} Men have the right to be informed of that fact and to reflect on the pros and cons of being tested.

How to inform men?

One excellent tool is the PCAC paper "Early Detection of Prostate Cancer."⁵ Another is the recently revised pamphlet, *Prostate Cancer and the PSA Test*, developed by the Ontario Ministry of Health, in partnership with the Institute for Clinical Evaluative Sciences and the Canadian Cancer Society, Ontario Division.⁶ Also relevant is a PCAP project, led by Dr Michael Evans, currently under review by Health Canada. If approved, this project would see development and implementation of an information and decision-aid tool that would help primary care physicians discuss the option of PSA testing with their patients.

Men diagnosed with prostate cancer

Prostate cancer patients are also looking for help from primary care physicians. A striking finding from our national survey of men with prostate cancer was that only 51% agreed that their primary care physician was part of their treatment

team.⁷ Responses to open-ended questions showed that men wanted primary care physicians who would help them through the stages of illness.

Most family physicians responding to our recent CFPC survey seem interested in taking up this challenge. Most (85%) reported that it is important for them to be involved in the ongoing care of patients who are diagnosed with prostate cancer,² and prostate cancer patients want primary care physicians who care for them from the beginning, including early detection and decision-making about treatment.

It is difficult for primary care physicians to keep current on all topics; prostate cancer is but one. More than half of the respondents to our family physician survey identified the need for further information regarding preventive strategies, risk factors, management options, and sexual dysfunction. The Canadian Medical Association has recently published a useful resource book that addresses all of these issues (and others) with chapters written by Canadian experts.⁸

In terms of primary prevention, too little evidence exists to warrant wide-scale public interventions. But there is enough evidence about the possible benefits of many lifestyle interventions (ie, low-fat diet; regular physical activity; vitamin E; tofu) to warrant raising them with patients.⁹ Most patients would rather know that there are things they can do that *might* help prevent a diagnosis or recurrence than be told that there are insufficient data to warrant any action. Evidence-based practice, when narrowly interpreted, can too easily promote patients' helplessness.

Controversies about treatment

Considerable controversy surrounds treatments for prostate cancer, such that it can be difficult for men to decide how to proceed.^{10,11} Decisions are made depending on values and preferences as well as on evidence about treatment benefits. Primary care physicians are often best placed to facilitate such discussions, provided they have adequate information. Given the survey respondents' high interest in learning more about treatment for prostate cancer, any new educational initiatives should be well received.

Primary care physicians are also well placed to consider, with their patients, the likely benefits of experimental and complementary approaches. With so little hard data existing for survival benefits for mainstream treatments, it is hardly surprising that increasing numbers of men with prostate

cancer are broadening their search to include (other) unproven treatments. Patients are looking to their physicians to take their interest in non-standard approaches seriously and to engage in meaningful discussions.¹²

Other associated problems

Erectile dysfunction, a common treatment consequence for prostate cancer patients, was identified by half in our 1997 survey of patients. Importantly, only 20% of those identifying a sexual problem reported that they had received adequate help for it.⁷ Where do primary care physicians fit in this picture? Most respondents to our CFPC survey reported having conversations with their prostate cancer patients about sexual functioning issues, but less than a third indicated being comfortable with their level of knowledge about devices and interventions to help with sexual functioning problems.² Clearly, being able to discuss sexuality will be most helpful when physicians know more about effective remedial strategies.¹³

In our national survey, 25% of prostate cancer patients reported incontinence as a problem, with 37% of these feeling they had received adequate help.⁶ Interestingly, interview data from our longitudinal qualitative study showed that recently diagnosed men are typically more fearful about possible incontinence than about possible erectile dysfunction.¹⁴ We also heard many unhappy post-surgery stories from patients, complete with embarrassing accidents. Most couples described trial and error learning, beginning with walking through drug stores, looking at rows of diapers and pads without any idea about what might work best. This information should be available to every man about to begin treatment for prostate cancer. If family physicians do not have access to it, they should consider sending their patients to prostate cancer self-help groups, which is where many of the men in our study eventually discovered what they needed to know.

We know from the results of two separate studies that most Canadian family physicians believe in the value of cancer self-help groups.^{2,15} Yet, less than a quarter of survey respondents reported ever referring patients to such groups.² If lack of information about groups is part of the problem, see the Canadian Prostate Cancer Network's website (www.cpcn.org) for a listing of groups across the country.

Canadian men who are at risk for, or diagnosed with, prostate cancer are seeking the assistance of primary care physicians to obtain information,

clarify values, and cope with the consequences of illness and treatment. Many of the tools to help patients meet these needs are already in place. It is time to use them. ♦

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