

Active Surveillance for Prostate Cancer is a shared journey: The dyadic perspective

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BACKGROUND

Localised **prostate cancer (PCa)** sometimes grows very slowly and some men may never need treatment for it. For this reason 'active surveillance' may be recommended; this means the cancer is monitored closely without radical intervention such as surgery or radiotherapy.

Active surveillance (AS) comes without the unwanted side effects of radical intervention, such as urinary incontinence and erectile dysfunction; however, research has shown there may be psychological consequences such as heightened levels of anxiety^{1,2}, concern and distress³.

Previous research suggests that **significant others (SOs)** are influential in how the men experience, accept and adhere to the AS protocol⁴.

AIMS

Primary overarching aim:

To explore the experiences of men on AS for PCa and their significant others.

Secondary aims:

- To explore how the significant other responses to the PCa diagnosis and AS treatment plan impact on the PCa patient.
- To explore the way in which the dyads perceive each other's AS related feelings and reactions.
- To explore the feelings of both the patient and the SO around being managed with AS.
- To explore the way in which both the patient and the SO see the PCa treatment plan longer term.

METHODS

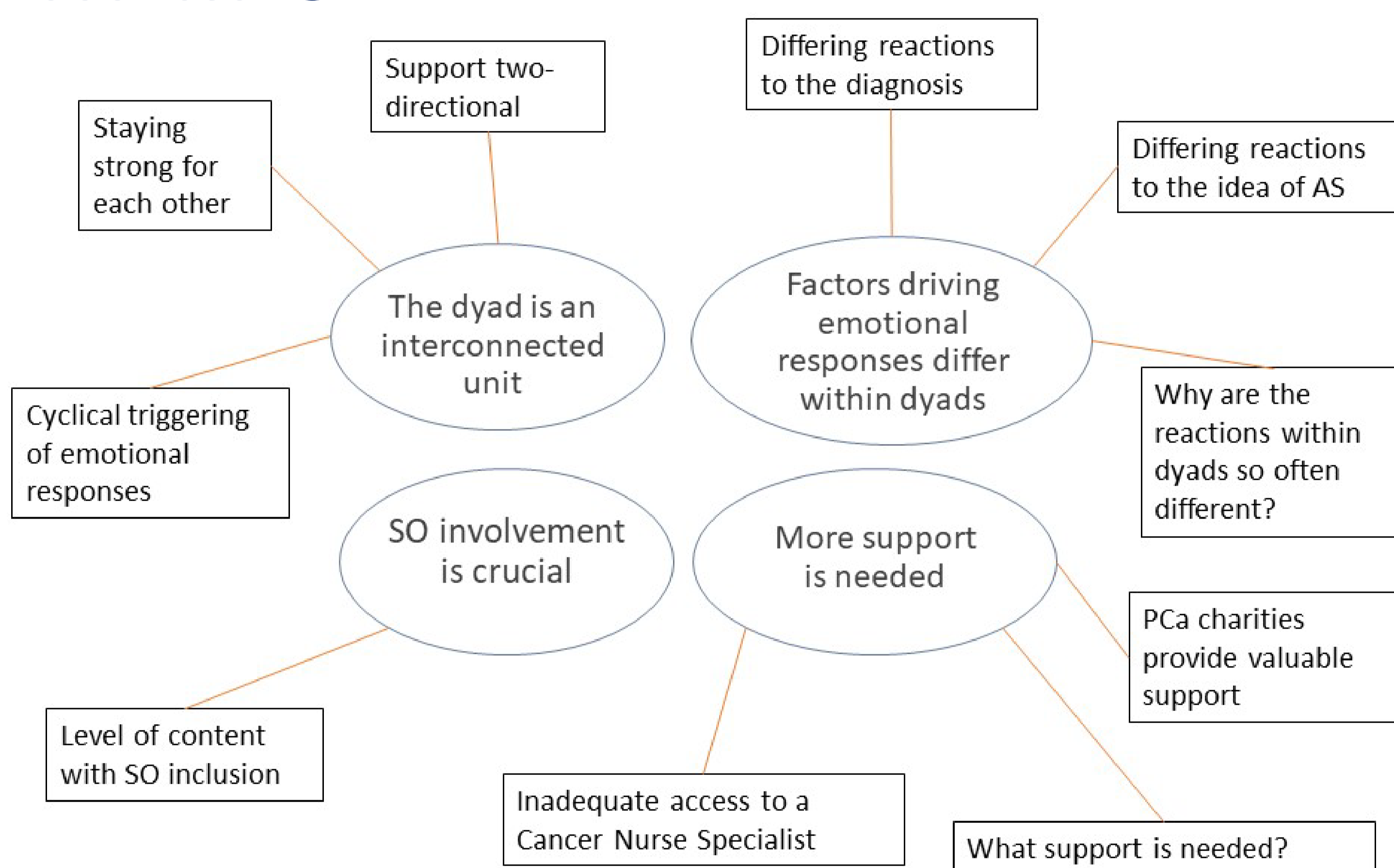
- Qualitative interviews with 9 dyads using semi-structured interview guides
- Participants recruited through two charities
- Interviews transcribed verbatim
- Coded using Nvivo and analysed using The Framework Method by Collaco et al. 2021
- Interviewed dyads by phone separately
- Approved by The University of Southampton Ethics Committee on 29th September 2017: ERGO 29805

RESULTS

Demographics

Characteristics	N	%
Age		
• 51-60	3	16.7
• 61-70	14	77.8
• 71-80	1	5.6
Relationship status:		
• Married	16	88.9
• Co-habiting	2	11.1
Employment status:		
• Retired	14	77.8
• Employed part-time	2	11.1
• Employed full-time	2	11.1
Ethnicity:		
• White British	17	94.4
• White other	1	5.6
Education level:		
• Left school before 15	2	11.1
• Completed secondary education	4	22.2
• College/specialised training	7	38.9
• University	5	27.8

THEMES



"I think he responded very well. I think perhaps he's been a bit more supportive of me ... he's been very reassuring most of the time" (Mandy, 62)

"she could see how I was handling or not handling it mentally and – that was causing – she was concerned and worrying about me and I was concerned and worrying about her. And we have an uncanny ability to transfer our emotions on to each other... it really is uncanny about how one can impact on the other." (Ben, 78)

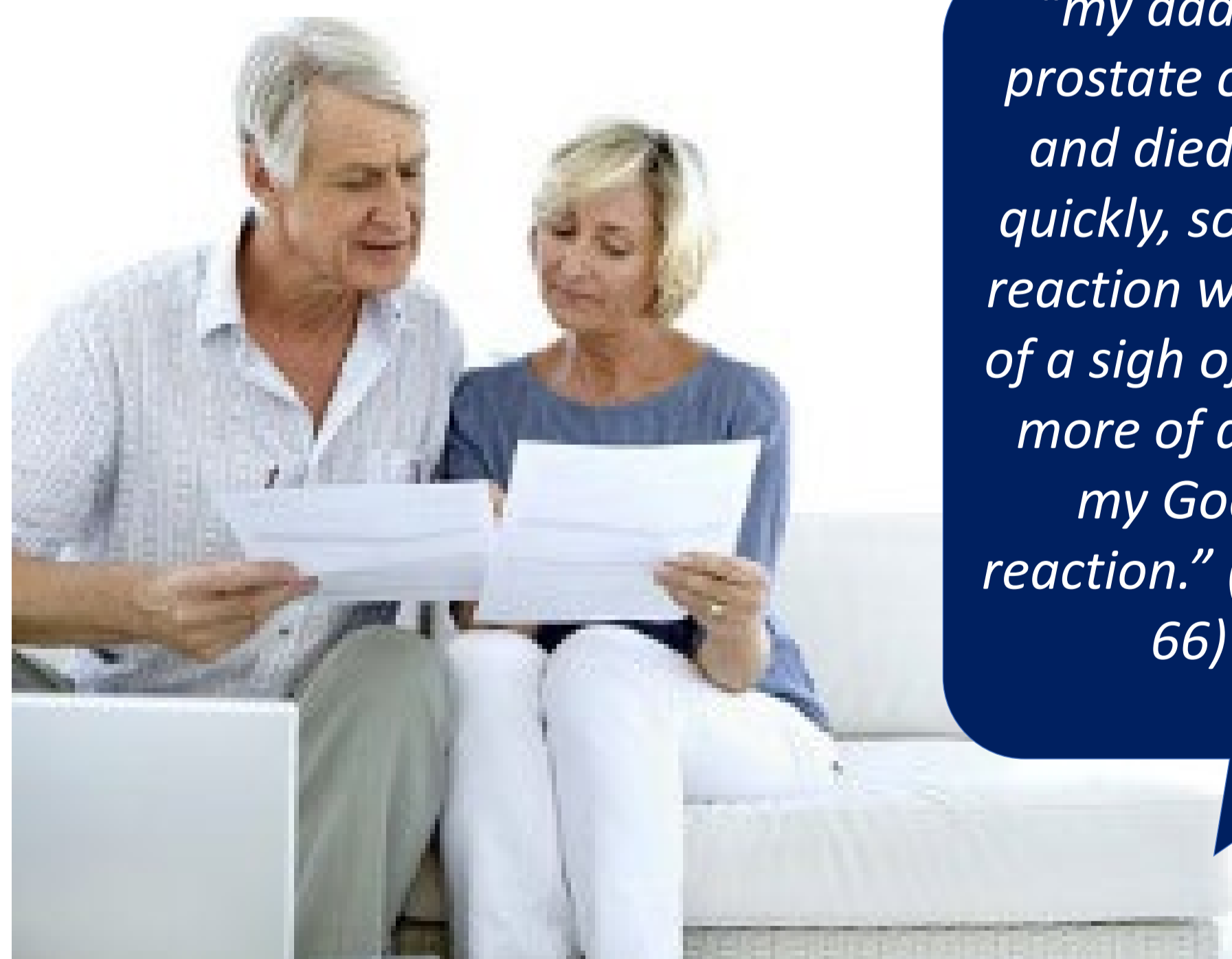
"I think I was a little bit sort of on my own there, on the active surveillance, because I think that ... men who had gone through various treatments and so on, were given the support group details to join if they wanted to and get help that way." (Max, 70)

"the only thing I've ever said to him is that, if he needs to have treatment, I'd rather he have it, I don't care what – as long as you're here, does it really matter? We can manage." (Mandy, 62)

"my dad had prostate cancer and died very quickly, so ... my reaction was less of a sigh of relief, more of a – oh my God – reaction." (Sarah, 66)

"she could see how I was handling or not handling it mentally and – that was causing – she was concerned and worrying about me and I was concerned and worrying about her. And we have an uncanny ability to transfer our emotions on to each other... it really is uncanny about how one can impact on the other." (Ben, 78)

"I remember the day (of diagnosis) very well and I felt like it was a weight lifted off my shoulders – because... it was just ... a very minor amount of cancer cells on the biopsy samples ... and I thought, well, that's fantastic, nothing serious happening because that might never do anything that affects me." (Stephen, 62)



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STRENGTHS & LIMITATIONS

- Novel insight into the complexities of undergoing AS for PCa as a dyad.
- Self-selecting nature of the participants.
- Sample diversity needs improvement.

CONCLUSIONS

- Reactions to the diagnosis and plan of active surveillance are complex, and feelings of the patient and their significant others are intertwined.
- More research is needed to explore how SOs can be better included and supported.

REFERENCES

- Watts S, Leydon G, Birch B, Prescott P, Lai L, Eardley S, et al. Depression and anxiety in prostate cancer: a systematic review and meta-analysis of prevalence rates. *BMJ Open* [Internet]. 2014;4(3)
- Watts S, Leydon G, Eyles C, Moore CM, Richardson a., Birch B, et al. A quantitative analysis of the prevalence of clinical depression and anxiety in patients with prostate cancer undergoing active surveillance. *BMJ Open* [Internet]. 2015;5(5)
- Watts S. "They say most men die with and not from prostate cancer, but how do you live with it?" A qualitative interview study of the supportive care needs of patients on active surveillance. *Patient Educ Couns*. 2015.
- Hughes JG, Leydon GM, Watts S, Hughes S, Brindle LA, Arden-Close E, et al. A feasibility study of a psycho-educational support intervention for men with prostate cancer on active surveillance. *Cancer Reports*. 2019.