

## CONTINUING EDUCATION

# The Watchful Waiting Management Option for Older Men With Prostate Cancer: State of the Science

Meredith Wallace, PhD, APRN, Donald Bailey, Jr., PhD, RN, Maureen O'Rourke, PhD, RN,  
and Michael Galbraith, PhD, RN

**Purpose/Objectives:** To summarize the recent literature and report the issues and controversies surrounding watchful waiting as a management option for prostate cancer.

**Data Sources:** All recent, published articles describing the experience, outcomes, and quality of life of men undergoing watchful waiting and the psychoeducational interventions tested in this population.

**Data Synthesis:** The outcomes of men living with prostate cancer often do not vary greatly from men who are cured from the disease through radical prostatectomy or brachytherapy. Limited intervention studies have been aimed at improving these outcomes among those who have chosen watchful waiting.

**Conclusions:** A paucity of information remains surrounding interventions to support men undergoing watchful waiting for prostate cancer. A consensus must be reached on who is most appropriate for watchful waiting. Watchful waiting does not mean doing nothing. Men who undergo watchful waiting should be assured that it is an active, deliberate process, not an opportunity to be overlooked by the healthcare system.

**Implications for Nursing:** Future nursing care and research must concentrate on understanding the experience of men who are undergoing watchful waiting and interventions to improve outcomes in this population.

**W**atchful waiting, also known as surveillance and expectant management, has been defined as initial surveillance followed by active treatment if and when progression of the prostate tumor produces bothersome symptoms (Adolfsson, 1995). The therapeutic goal of watchful waiting is to spare patients with clinically localized disease from further morbidity and mortality without compromising survival. The rationale for watchful waiting has its basis in the empiric observation that more men were dying *with* prostate cancer than *from* prostate cancer. This is supported by research showing that incidence rates far exceed mortality rates (Jemal et al., 2003). The widespread use of prostate-specific antigen (PSA) testing also has led to the early diagnosis of disease that is more likely to be organ confined and, in some cases, clinically insignificant. Diagnosis at this early juncture often leads to aggressive treatment resulting in significant morbidity, including incontinence and impotence, that detracts from quality of life (QOL).

Recommendations for watchful waiting have not come without strong opposition. Opponents cite evidence that

### Key Points . . .

- ▶ Watchful waiting is a prostate cancer management option for older men with well-differentiated low-volume prostate cancer and a life expectancy of less than 10 years.
- ▶ Watchful waiting involves an active, deliberate management approach to prostate cancer and is not an opportunity for men to be overlooked by the healthcare system.
- ▶ Little information is available to help men understand this management option and help them deal with the uncertainty and anxiety that accompanies living with cancer.

### Goal for CE Enrollees:

To enhance nurses' knowledge about the issues and controversies surrounding watchful waiting as a management option for prostate cancer.

### Objectives for CE Enrollees:

1. List criteria used to determine which men with prostate cancer may be candidates for watchful waiting.
2. Compare outcomes for men who receive watchful waiting as opposed to surgery or radiation therapy.
3. Discuss interventions being studied to address the physical and psychosocial concerns of men with prostate cancer.

*Meredith Wallace, PhD, APRN, is an assistant professor in the School of Nursing at Fairfield University in Connecticut; Donald Bailey, Jr., PhD, RN, is an assistant professor in the School of Nursing at Duke University in Durham, NC, and a John A. Hartford Foundation Building Academic Geriatric Nursing Capacity Scholar; Maureen O'Rourke, PhD, RN, is an associate clinical professor in the School of Nursing at the University of North Carolina in Greensboro and adjunct assistant professor of medicine, hematology, and oncology in the School of Medicine at Wake Forest University in Winston-Salem, NC; and Michael Galbraith, PhD, RN, was a professor in the School of Nursing and Department of Psychology at Loma Linda University in California at the time this article was written. (Submitted October 2003. Accepted for publication December 30, 2003.)*

Digital Object Identifier: 10.1188/04.ONF.1057-1066