Survey Results on Managing
Metastatic Castrate Resistant Prostate Cancer (mCRPC)

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1 Background

• Managing mCRPC requires a multidisciplinary team approach
• Awareness of roles plus accurate and consistent information provision to patients is essential
• The current work is part of an on-going prospective study examining the Experiences, TreAtments and Quality Of Life (EXTREQOL) in men diagnosed with mCRPC

2 Aim

• To explore the views of UK doctors and nurses

3 Methods

• A study specific survey questionnaire
• Sent to members of the British Urology Group (BUG) and British Association of Urology Nurses (BAUN)
• Questions investigated current clinical practices
• The two professions’ views were explored and compared

4 Results

• The response rate for nurses canvassed was lower than the doctors (11% versus 43%)
• 109/117 questionnaires were evaluable (28 completed by nurses and 81 by doctors)
• Doctors’ and nurses’ views were broadly similar

Clinical services

• Oncologists saw men with mCRPC in busy general urological oncology clinics
• Rarely were palliative care doctors (7%) and specialist urology nurses (28%) at hand

Confirmation of mCRPC

• 72% of staff used the abbreviated term mCRPC with clinical colleagues
• “advanced prostate cancer” was preferred by most (56%) when talking with patients
• Figure 1 shows topics not always discussed with patients; some differences between doctors and nurses are evident

5 Conclusions

• Dedicated clinics with staffing levels/mix targeted for mCRPC patients are warranted
• Added/earlier palliative team input would improve the lives of patients & their partners

Acknowledgements: Thanks to all the healthcare professionals who completed the survey. Sanofi funded this investigator initiated & led study.

Figure 1
Topics not always covered with patients at the mCRPC consultation

<table>
<thead>
<tr>
<th>% not always covering topic</th>
<th>Doctors</th>
<th>Nurses</th>
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<tbody>
<tr>
<td>Patient’s current goals</td>
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<td>Other supportive care</td>
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<td>Emotional wellbeing</td>
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<td>Prognosis</td>
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STAFF COMMENTS
"ideally joint clinics with palliative care"
"more communication between all medical staff"
"a mCRPC nurse"

Symptom management

• More nurses (71%) than doctors (53%) were confident about ameliorating fatigue, a key problem for this population
• Pain control seen as the remit of the oncologist (86%), palliative team (69%), & GP (56%)
• Usually referral to the palliative team happened when symptoms became problematic (86%) and/or the patient requested it (42%)