

# 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

online or  
paper  
version

- 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

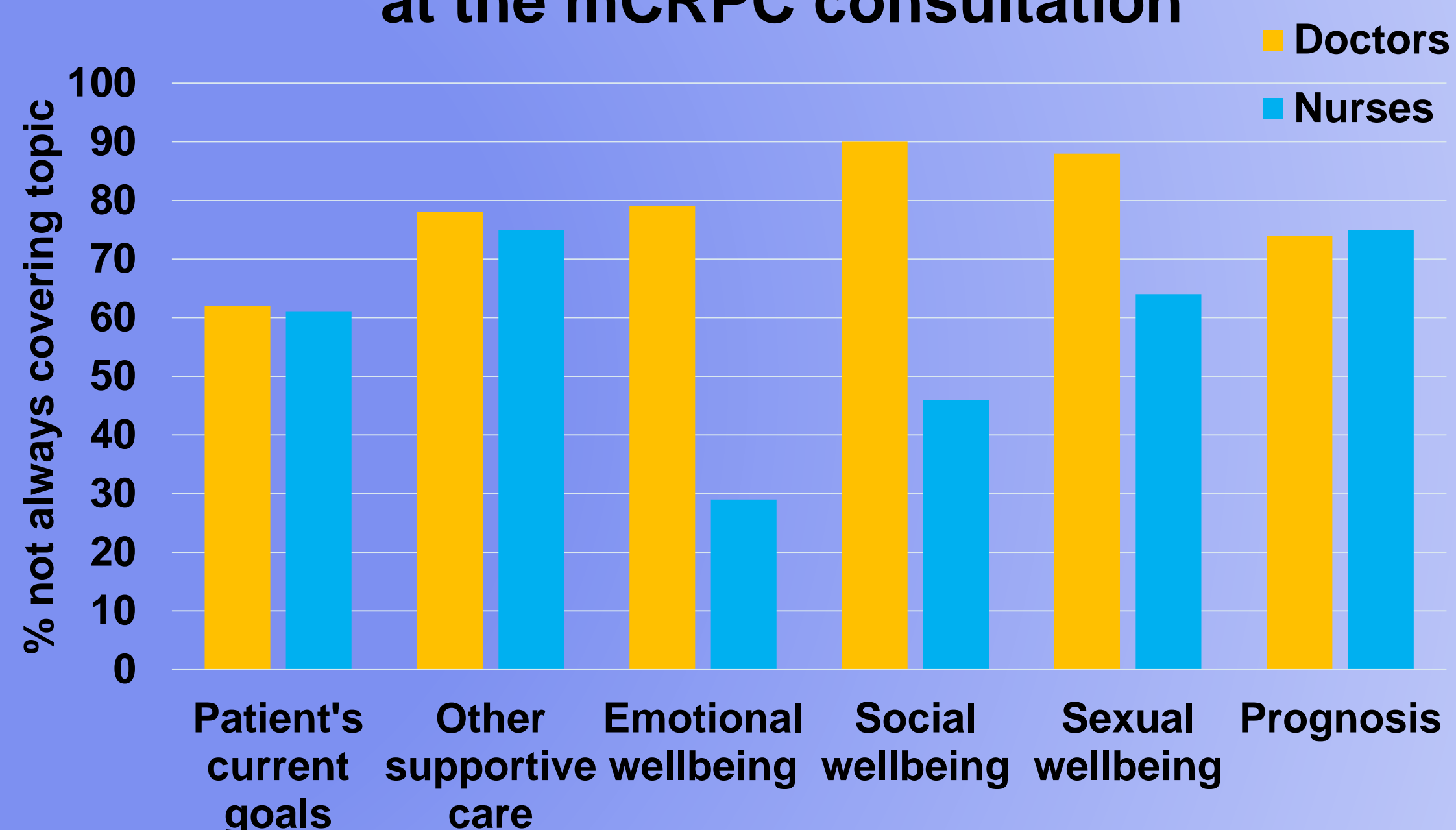
### Clinical services

- 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

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



### 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%)

### STAFF COMMENTS

"ideally joint clinics with palliative care"

"more communication between all medical staff"

"a mCRPC nurse"

## Conclusions 5

- 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