Prostate cancer early detection strategies health essay

Health & Medicine

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ABSTRACT

Prostate cancer is an abnormal growth of cells in the prostate that form a lump (tumour). It is the most common cancer among Australians after non-melanoma skin cancer and the second-leading cause of cancer death after lung cancer. Numerous large, early detection programs have clearly documented the synergy of DRE and PSA testing in increasing the sensitivity for the detection of prostate cancer over the use of either test alone. A thorough discussion on the advantages and disadvantages as well as opportunities and threats of screening must be carried out between health care workers and the potential participant. Early detection guidelines do not address the management of prostate cancer.

INTRODUCTION

Prostate cancer is a significant health issue in Australia. After non-melanoma skin cancer, it is the most commonly diagnosed malignancy in men and it is responsible for as many deaths each year as breast cancer in Australian women. Yet, unlike breast cancer, there is no national screening program despite a widespread understanding that prostate-specific antigen (PSA) testing in conjunction with digital rectal examination (DRE) facilitates early detection of this disease. The controversy is whether the use of such a strategy for mass-population screening directly results in decreased mortality rates (Lam, Q. & Frydenberg, M. 2009). However, Melville (2012), presented the number of men receiving prostate cancer screening has sharply declined since the publication of a key trial showing no improvement of mortality rates from screening with the prostate-specific antigen (PSA) test. On the other hand, Nelson (2009) compared a vast study from the United States that prostate cancer screening does not decrease mortality from the disease besides an even bigger European study suggests that it does, and that it reduces prostate cancer mortality by about 20%. Population-based screening of asymptomatic men for prostate cancer in New Zealand is not recommended by the National Health Committee because of its lack of demonstrated benefit and the potential harm arising from needless radiotherapy, surgery or other treatment (McAvoy, B., Steginga, S., & Pinnock, C. 2006). Hence, this report targets to explore the different strengths, weaknesses, opportunities as well as threats of early detection strategies of prostate cancer.

BODY

STRENGTHSSimpleAccessibleLow-costWEAKNESSESPatient selectionInaccuracyGold StandardOPPORTUNITIESImprove diagnosisEarly treatmentReduce mortalityTHREATSOverdiagnosisOvertreatmentComplications

STRENGTHS

Screening comprises methodical structured efforts to recognize presymptomatic individuals in a population who is deemed to be at sufficient risk of a particular illness to warrant supplementary examination. Parpart, Rudis, Schreck, Dewan and Warren (2007) explicated that the PSA test and Digital Rectal Examination (DRE) are the most extensively used forms of prostate cancer screening. The PSA test is basically a blood test, commonly available to the general population. Crawford et. al. (as cited in Parpart et. al. 2007) mentioned it is inexpensive, amounting the patient roughly $30 to $60, and there are no risks or side effects. The DRE is also low-priced, costing approximately $28. It is readily accessible by appointment in a doctor's office.

WEAKNESSES

Kelly et al. (2008) talked about serum prostate-specific antigen (PSA) as the groundwork of prostate cancer screening. This test is flawed by the simple fact that PSA is produced both by prostate cancer and by the normal prostate. Thus, not unexpectedly, serum PSA screening for early recognition of prostate cancer is neither sensitive nor specific and leads to needless biopsies in men with benign prostatic hypertrophy (BPH) and high circulating

PSA as well as missed prostate cancer in men with smaller prostate glands and low circulating PSA. In fact, it has been argued that in the era of PSA screening, serum PSA is much more highly correlated with prostate volume than with the presence of prostate cancer. Whereas several variations of serum PSA may improve its characteristics slightly, overall it is a relatively poor screening test. The National Comprehensive Cancer Network (2010) explained that the choice about whether to employ early detection of prostate cancer is multifaceted. When, who, and how to test persist major topics of deliberation among physicians. The predicament is that because most men with prostate cancer will not die of this disease, treatment (often with significant side effects) is unnecessary for some patients.

OPPORTUNITIES

Berg mentioned it is essential that better and more accurate methods of diagnosing prostate cancer are developed, and essential to be able to identify which prostate tumors are the most likely to be deadly (as quoted in Nelson, 2009). Improving prostate cancer detection will ultimately lead to improving prostate cancer cure rates. Moreover, accurately quantifying prostate cancer burden could dramatically improve the ability to select appropriate candidates for active surveillance (Kelly et al., 2008). Fadich added, on the upside, the buzz around the recommendations against PSA screening has caused the issue to come to the forefront of men's health discussions (as quoted in Melville, 2012). Katz, M. J. & Swan, J. (2012) supplemented that healthcare providers are critical in the management of prostate cancer all through the disease continuum. Education and emotional upkeep to the patient and his significant are vital from screening to

diagnosis. Holistic care is requisite from identification to treatment. Nursing plays a crucial role in facilitating and maintain the utmost possible quality of life for each patient.

THREATS

Tice (2012) described the harms associated with screening. False positive screening tests are common and have been made known to escalate anxiety about prostate. Prostate biopsy is also concomitant with pain, bleeding problems, and infections with the need for hospitalization. More noteworthy harms arise because of overdiagnosis. Up to half of prostate cancers established with screening would not cause symptoms in the individual's lifetime. However, we do not presently have precise tools to decide which will progress and need treatment and which can be observed. Most of these men are managed with prostatectomy, radiation therapy, or androgen deprivation therapy. Each of these actions is related to high rates of impotence, urinary incontinence, and bowel symptoms that last for the remainder of the person's life.

CONCLUSION

Published methodical evaluations and analyses measured figures and concluded that PSA testing should not be customarily used to screen for prostate cancer because of outstanding uncertainty revolving around the benefits of screening and the degree of the recognized harms. New findings published in 2011 and 2012 do not change that assumption. PSA is an imperfect screening test because it can be elevated in benign prostate disorders and it is not precise for the aggressive cancers that will cause

medical illness in the future. Prostate cancer is a perfect disease for a screening test, but that test has not yet been recognized. Hence, at every single stage of a prostate cancer patient’s contact with the medical system, nurses are fundamental to guaranteeing that the patient obtains comprehensive care. In order for nurses to meet the informative needs of both patient and significant others, it is indispensable for them to be well-versed with the male genitourinary system in total. Education of male patients begins with each contact the nurse has with them. The goal of the nurse is to increase awareness, decrease apprehension, and support the patient and his significant other to openly converse their concerns.

RECOMMENDATIONS

It is therefore recommended that a global study be done not only for early detection of prostate cancer but also guidelines for active surveillance of probable patients which will include a multidisciplinary team of all allied health care workers most especially registered nurses.