AD_____

Award Number: DAMD17-01-1-0006

TITLE: Facilitating Treatment Decision Making, Adjustment, and Coping in Men Newly Diagnosed with Prostate Cancer

PRINCIPAL INVESTIGATOR: Michael A. Diefenbach, Ph.D.

CONTRACTING ORGANIZATION: Fox Chase Cancer Center
Philadelphia, Pennsylvania 19111

REPORT DATE: November 2001

TYPE OF REPORT: Annual

PREPARED FOR: U.S. Army Medical Research and Materiel Command
Fort Detrick, Maryland 21702-5012

DISTRIBUTION STATEMENT: Approved for Public Release;
Distribution Unlimited

The views, opinions and/or findings contained in this report are those of the author(s) and should not be construed as an official Department of the Army position, policy or decision unless so designated by other documentation.

20020910 066

REPORT DOCUMENTATION PAGE

Form Approved
OMB No. 074-0188

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0188), Washington, DC 20503

1. AGENCY USE ONLY (Leave blank)

2. REPORT DATE
November 2001

3. REPORT TYPE AND DATES COVERED
Annual (1 Nov 00 - 31 Oct 01)

4. TITLE AND SUBTITLE
Facilitating Treatment Decision Making, Adjustment, and Coping in Men Newly Diagnosed with Prostate Cancer

5. FUNDING NUMBERS
DAMD17-01-1-0006

6. AUTHOR(S)
Michael A. Diefenbach, Ph.D.

7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES)
Fox Chase Cancer Center
Philadelphia, Pennsylvania 19111

E-Mail: MA_Diefenbach@fccc.edu

8. PERFORMING ORGANIZATION REPORT NUMBER

9. SPONSORING / MONITORING AGENCY NAME(S) AND ADDRESS(ES)
U.S. Army Medical Research and Materiel Command
Fort Detrick, Maryland 21702-5012

10. SPONSORING / MONITORING AGENCY REPORT NUMBER

11. SUPPLEMENTARY NOTES

12a. DISTRIBUTION / AVAILABILITY STATEMENT
Approved for Public Release; Distribution Unlimited

12b. DISTRIBUTION CODE

13. ABSTRACT ***(Maximum 200 Words)***

This study evaluates an intervention designed to facilitate treatment decision making, adjustment, and coping among early-stage prostate cancer patients (N = 435) and their spouse/partners, in a randomized controlled trial. The theory-driven intervention is based on a cognitive-social approach (C-SHIP) and consists of a 45 minute long counseling session. The goal of the CARE intervention is to facilitate treatment decision making, by improving understanding of disease and its treatment, as well as by preparing participants to anticipate the medical and psychological consequences. Specifically, participants' cognitive and emotional reactions to the treatment and its success; potential side effects; and relationships with others will be explored. The efficacy of the intervention will be evaluated with General Health Intervention (GHI) serving as a comparison condition, controlling for time and attention. Assessments will be obtained at baseline to assess treatment decisions, and at 6 months and 12 months post baseline to assess long-term adjustment and coping. We hypothesize that, in the short term, men receiving CARE, compared to men receiving GHI, will experience less distress during decision making, will have less difficulty making their decision, and will be more satisfied with their decision. In the long term, men receiving CARE, will cope and adapt better to the disease and treatment.

14. SUBJECT TERMS
Treatment decision making, Coping, Adjustment, Intervention, Prostate Cancer

15. NUMBER OF PAGES
65

16. PRICE CODE

17. SECURITY CLASSIFICATION OF REPORT	18. SECURITY CLASSIFICATION OF THIS PAGE	19. SECURITY CLASSIFICATION OF ABSTRACT	20. LIMITATION OF ABSTRACT
Unclassified	Unclassified	Unclassified	Unlimited

Table of Contents

Cover..... 1

SF 298..... 2

Introduction..... 4

Body..... 5

Key Research Accomplishments..... 8

Reportable Outcomes..... 8

Conclusions..... 8

References..... N/A

Appendices..... 9

Facilitating Decision Making, Adjustment, and Coping in Men Newly Diagnosed with Prostate Cancer

Michael A. Diefenbach, Ph.D.
Fox Chase Cancer Center

INTRODUCTION:

The study evaluates an intervention designed to facilitate treatment decision making, adjustment, and coping among early-stage prostate cancer patients and their spouse/partners, in a randomized controlled trial. The intervention is based on the Cognitive-Social Health Information Processing (C-SHIP) framework that postulates that decision making is determined by cognitive factors (i.e., perceptions about vulnerability; expectancies and beliefs; values and goals), affective factors (i.e., concerns and worry about the disease and its treatment), as well as self-regulatory skills (i.e., the ability to manage distress and effectively execute recommended behaviors). The goal of the Cognitive and Affective Reactions and Expectations (CARE) Intervention is to facilitate treatment decision making, by improving understanding of disease and treatment related facts, as well as by preparing the patient and his spouse/partner to anticipate the medical and psychological consequences of the disease and its treatment. This is being done in the context of a structured counseling session (approximate duration 45 min). Specifically, the patient's and spouse/partner's cognitive and emotional reactions to the following areas are explored: the treatment itself; potential side effects; long-term treatment success; relationship with others; and stress-management strategies. The efficacy of the intervention will be evaluated systematically with General Health Intervention (GHI) serving as a comparison condition, controlling for time and attention. In the GHI condition patients (and their spouse/partners) will receive and discuss current recommendations for general health (i.e., nutrition and stress management) and will explore their own attitudes, beliefs, and feelings on these topics with a health educator. Assessments will be obtained at baseline, and 6 weeks later, to assess treatment decisions, and at 6 months and 12 months post baseline to assess long-term adjustment and coping.

We are well underway in addressing these objectives and have successfully completed the tasks set forth in the Statement of Work for the first year of this study.

BODY:

RESEARCH ACCOMPLISHMENTS:

The following are tasks taken from the approved Statement of Work

Year 1: Task 1

A) Training of Personnel –

All relevant personnel (Health Educators and Research Assistants) completed extensive training and practice in delivering the required intervention (CARE or GHI). All personnel have completed an online course on the conduct of human research as required by Fox Chase Cancer Center's (FCCC) Internal Review Board (IRB). All personnel have been trained to administer the consent form and to function as a witness to the signing of the consent form. Personnel are trained to answer any questions about the study that might arise. For quality control and continued training, the PI reviews audiotapes of completed CARE and GHI sessions on a regular basis to assess delivery of and adherence to the protocols.

B) Pre-testing Measures and Interventions

Protocols for both CARE and GHI sessions were reviewed and approved by the collaborating physicians, the IRB of FCCC, and DOD. Interventions were pilot tested (5 CARE; 5 GHI) with the target population.

C) Establishing a Database and Code Books

The data management group of FCCC has developed an Oracle database for storage of questionnaire data (baseline, 6 week, 6 month, and 12 month questionnaires) and developed input screens for entering the data. The system has been tested for accuracy and reliability. The database is programmed to provide reminders about follow-up assessments and follow-up phone calls to obtain assessments from participants who are delayed in returning their questionnaires. In addition, algorithms have been developed to convert data

from the Oracle database into a SPSS database. SPSS is a statistical program for social sciences that allows for the complete analyses of data.

Year 1: Task 2

A) Participant Recruitment and Enrollment:

To maximize patient recruitment, we designed flyers and brochures informing patients about the study. After these materials had been approved by the IRB they were placed in the waiting areas with high patient traffic (Appendix A). This has proven to be effective for generating interest in the study by eligible patients. Recruitment started in March 2001. Men who have early stage prostate cancer and who scheduled a treatment consultation with a physician at FCCC was referred into the study. As projected, we contact 20 eligible patients and schedule 18 sessions a month (11 CARE and 7 GHI). Recruitment has been consistent during the past eight months, but has been negatively affected by the number of eligible patients who choose to come to their appointments alone rather than with a spouse/partner. Eighty-six percent of those contacted agree to participate.

We currently have a 74% completion rate among the sessions that are scheduled. Out of 135 sessions that were originally scheduled (74 CARE; 61 GHI), 100 (i.e., 74%) sessions were completed. Of those 100 completed CARE/GHI sessions (58 CARE; 42 GHI), 99 of the couples are still actively participating (58 CARE; 41 GHI). Patients who initially agreed to participate in the study terminated their participation for the following reasons: 1) approximately 20% of patients cancel their treatment consultation with the physician; 2) approximately 50% of patients choose not to participate in the study because their treatment consultation appointment was extensively delayed by the physician; these participants spend an average of 45-60 minutes with the physician, have appointments scheduled late in the afternoon and have to travel more than 30 minutes to reach FCCC; 3) the

remainder of patients (approximately 30%) declined participation after they completed their treatment consultation for various other reasons (e.g., thought they received enough information from physician, were fatigued, or changed their mind).

B) Initiate Assessments:
Baselines were given to 100 couples that completed a CARE or GHI session. We currently have an overall 70% return rate for the baseline questionnaire (patient 69% and spouse/partner 71%).

C) Complete 6-week follow-up
Participants who did not indicate a treatment decision in their baseline questionnaire were sent a 6-week follow-up questionnaire. Of the 99 couples that completed a baseline questionnaire, seven required a 6-week follow-up questionnaire. The return rate of this assessment is 100%. In September 2001 we began mailing the 6-months follow-up questionnaire to participants.

D) Check Incoming Data for accuracy, Enter data into Data Base
All returned questionnaires are checked and entered into the database by the research assistant. Questionnaires are checked for completeness and inclusion of comments or questions posed by the participants.

Other Accomplishments:
We found that the 45-minute time allotment for the CARE and GHI sessions was not adequate to cover all of the information included in the protocol. We recognized that participants had just completed a consultation with the physician and although they were willing to participate, they often were pressed for time. To compensate for this, we developed a brief booklet that addresses the topic of stress management, which is handed to participants in both groups. The material in the booklet is identical to the material in the protocol that was approved by the IRB. For the GHI group we summarize the information in a second booklet. We have received positive feedback from participants

about the booklets (see Appendix B). In addition, we developed flip charts illustrating the main points of the protocol (see Appendix C).

To minimize participant attrition prior to their session appointment, couples are reminded through a postcard about their scheduled session with the health educator. To enhance the return rate of questionnaires participants are contacted via telephone and/or postcard reminding them to return their baseline or 6-month questionnaires.

KEY RESEARCH ACCOMPLISHMENTS:

- Training of personnel and human subject research certification
- Pilot testing and implementation of intervention (CARE) and comparison session (GHI)
- Development of a database for participation information and assessments
- Development and implementation of visual materials for distribution to participants and to illustrate session contents
- Participant recruitment meeting projected accrual goal
- Development of brochures and flyers materials to increase participant recruitment
- Initiation of baseline and 6-month assessments
- Successful return rates for baseline and 6-month assessments
- Development of follow-up procedure for contacting participants to maintain participation

REPORTABLE OUTCOMES

Data analyses are scheduled to begin in the first six months of Year 2 and will provide preliminary insights into the efficacy of the CARE intervention.

CONCLUSIONS

The research is well underway and progresses as planned. All procedures are well established and will be maintained to achieve our recruitment goals throughout year 2 of the study.

APPENDIX A

It is our goal to offer complete care. This program is designed to address topics that may not have been covered by your doctor. Treatment side effects, treatment consequences, and nutritional needs during treatment may be discussed. With this patient centered program, we hope to ease the difficulties and frustrations you might experience when making a treatment decision. We thank you in advance for your time and your support.

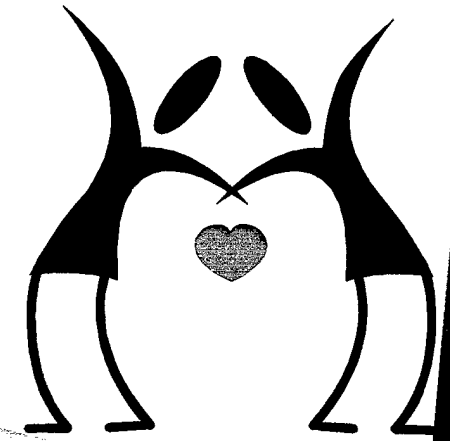
FOX CHASE
CANCER CENTER

Principle Investigator
Michael A. Diefenbach, Ph.D.
Associate Member
Psychosocial and Behavioral Medicine Program
Fox Chase Cancer Center
510 Township Line Road, 3rd Floor
Cheltenham, PA 19012

Phone: (215) 728 - 7047
Phone: (215) 728 - 0563
Phone: (215) 728 - 7417
Fax: (215) 214 - 2178

Partnerships in Prostate Cancer Treatment Decision Making

Are You Facing a Recent Diagnosis of Prostate Cancer?



Making a Treatment Decision

With the many treatment options available for prostate cancer, deciding which treatment is best for you and your spouse or partner can be a difficult task.

To help couples during this stressful time, Fox Chase Cancer Center offers free informational sessions, as a part of a research study, to discuss treatment options and potential side effects.

About the *Partnerships in Prostate Cancer Treatment Decision Making* Program

The purpose of this program is to help you and your spouse/partner with the treatment decision making process. Through your feedback, we hope to make this program a permanent part of Fox Chase's treatment consultation process.

Meeting with the Health Educator

After your scheduled appointment with your doctor, you and your spouse/partner will have the opportunity to meet with a health educator to:

- Discuss your reactions to treatment options.
- Identify the factors that are important to you in making a treatment decision.
- Prepare physically and emotionally for your treatment and it's possible side effects.
- Learn about your nutritional needs.

After Your Session with the Health Educator

At the end of the information session, you will receive a packet to take home with you. Included in this packet will be a questionnaire that we ask you to complete and return to us. You will also receive some informational booklets about prostate cancer. We will send you two more questionnaires — one at 6 months and one at 12 months after your initial session. Your involvement with this research study will end after one year.

To participate, please contact:

Jenevie Dorsey, M.S.H.Ed
(215) 728 - 7047

Cecily Knauer, B.S.
(215) 728 - 0563

Christy Vass, B.S.
(215) 728 - 7417

APPENDIX B

The information in this booklet has been adapted from various sources such as the American Cancer Society's Guide to Cancer at www.cancer.org and the National Cancer Institute at www.nci.nih.gov.

Funding for this program was provided by the Congressionally Directed Medical Research Programs of the Department of Defense.

Thank you for your participation !

FOX CHASE
CANCER CENTER

For more information about cancer you can call the Cancer Information Service's hotline at 1-800-4CANCER

Partnerships in Treatment Decision Making Project

COPING WITH PROSTATE CANCER

Utilization of Coping Techniques

Cancer can affect every aspect of your life. People who face a cancer diagnosis may experience a wide range of emotions while making decisions about their health care. Some men may feel sad or depressed, while others may experience anxiety, anger and uncertainty about the future.

While these reactions are completely normal, it is often useful to address these feelings to ensure successful and coping with the disease and its treatments.

People use many different strategies to cope with stress. Some of these may include listening to music, exercising, or talking with a close friend. It is possible that a person's usual coping strategies will help them deal with the stress of a cancer diagnosis. However, many men find that the addition of other techniques enhances their ability to cope.

If you are interested in learning more about these and other coping techniques and resources, please call the Social Services Department of the Fox Chase Cancer Center at (215) 728-2668.

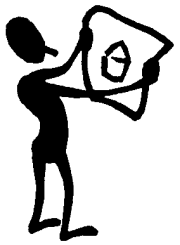
SUPPORT GROUPS

Participating in a support group allows patients to meet and interact with individuals who also have prostate cancer and might share similar problems with the stress and difficulties that are associated with the disease.

It gives patients the opportunity to openly talk about disease related issues, to learn from others in the group, and to develop an important support network. One of the most valuable aspects of participating in these groups is simply learning that one is not alone.

Fox Chase Cancer Center offers several support groups. The American Cancer Society also offers nationwide, community-based support groups, while organizations such as the *"Us Too"* can provide information, hotlines, referrals, education, and how to get in touch with a support group in your area.

Many structured techniques have been developed to aid cancer patients in their efforts to cope with their disease and the effects of various treatments. Some of these procedures are easy to learn, others are best learned with the help of a therapist.



This booklet provides patients with a brief overview of techniques that have been found to be particularly helpful to reduce stress, tension, and feelings of anxiety and worry.

Try to think about which technique(s) may be best for you.

CONTROLLED BREATHING

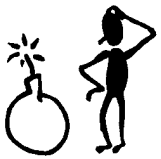
Controlled breathing is a simple but powerful technique used by some patients to deal with pain, anxiety, depression, muscle tension, headaches, and fatigue.

This procedure simple involves taking deep breaths through your nose– completely filling your lungs from bottom to top. After you take a breath, hold it just a moment, and then exhale slowly through your mouth. As you take these breaths concentrate your thoughts on breathing, and as you exhale, focus on the release of tension and on relaxing.

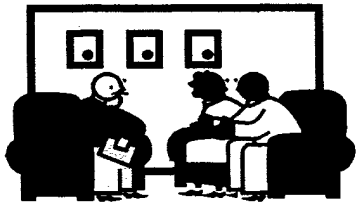
Breathing exercises can be learned in a matter of minutes, easily used almost anywhere, and the effects of this technique can be felt almost immediately.

PROBLEM SOLVING THERAPY

Problem Solving is a systematic and structured approach that deals with many of the issues that you face as a cancer patient. It is a technique which is used to enhance the many coping skills you already have, as well as to develop new ones. It focuses on the physical, social and psychological stressors that are present in an individual's life.



Patients have used this approach to deal with different types of cancer-related issues such as pain-management, communicating with friends and family about diagnosis and treatment, and dealing with challenges cancer treatment presents.



This thought is much more positive and will make you feel better about yourself .

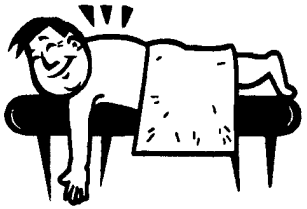
Learning how to become proficient in this technique usually takes a number of sessions with a therapist as well as practicing at home. Research has shown that cognitive restructuring is quite effective in helping patients cope with their illness and adjust to many life changes.

PROGRESSIVE MUSCLE RELAXATION (PMR)

The goal of this technique is :

- To help you to recognize the difference between tension and relaxation in the major muscle groups
- To identify chronic trouble spots
- To consciously eliminate tension in these areas.

This technique enables you to bring your muscles to a deeper state of relaxation.



To practice PMR, lie or sit in a comfortable position. The room should be quiet without distractions. Focus on a single body part or muscle. Take a deep breath, tense the muscle area, and then slowly relax it as you exhale. Continue doing this for each body part or muscle area. Many people start with their heads and work down to their toes.

PMR can be performed with relaxation tapes found at your local bookstore or the aid of a therapist. Ideally these exercises should be done at least twice a day.

VISUALIZATION

Visualization is a technique that has been successfully applied to alleviating anxiety, headaches, fatigue, and pain management. There are several types of visualization that are commonly used:

<u>Receptive Visualization</u>

-involves learning to vividly imagine yourself in a relaxing scene such as a beach or in a meadow.

<u>Programmed Visualization</u>

- involves imagining the healing process. For example, you might want to imagine that the cancer cells are being attacked or destroyed by you or some other source.

The goal of visualization is relaxation and most therapists recommend that it should last about 30 minutes. Once it is mastered it can be used to actively cope with distress affecting many areas of your life.

COGNITIVE RESTRUCTURING

Cognitive restructuring is based on the idea that our thoughts are closely connected with our feelings. The goal of cognitive restructuring is to learn how to identify automatic thoughts which make us to feel badly about ourselves and to replace them with alternative thoughts.

For example, you might be thinking... *"prostate cancer may prohibit me from having an intimate relationship with my partner."* This thought would probably make you feel upset.

Cognitive restructuring challenges such negative thought and replaces it with alternative thoughts such as, *"there are many ways for me to maintain an intimate and satisfying relationship with my partner."*

Conclusion

The information in this handout has been adapted from various sources such as the American Cancer Society's Guide to Cancer at www.cancer.org, the National Cancer Institute at www.nci.nih.gov, and Cancer Care at www.cancercareinc.org.

Funding for this program was provided by the Congressionally Directed Medical Research Programs of the Department of Defense.

Thank you for your participation.

FOX CHASE
CANCER CENTER

For more information about cancer you can call the Cancer Information Service's hotline at 1-800-4CANCER.

Partnerships in Treatment Decision Making

Fighting Cancer with Food

Introduction

During the course of your treatment for prostate cancer you might experience side effects that may effect your eating habits and your ability to eat a balanced diet.

This handout provides nutritional guidelines and gives you suggestions that may help you to better tolerate potential treatment related side effects.

Individuals react differently to their treatment and you may or may not experience side effects such as a poor appetite, nausea, dry mouth, or diarrhea. Please use the information provided here as a supplement to any side effect management or medication you have already been given by your doctor. The appropriateness of some suggestions might also be influenced by preexisting medical conditions you might have.

Dry Mouth/Thick Saliva

Some of your medications for treatment or for pain management may cause dry mouth or cause you to have thicker saliva.

- Drink plenty of fluids
- Use a straw
- Eat soft, bland, room or cold temperature foods
- Add broth, soup, sauce, gravy, butter, or margarine to your foods
- Suck on frozen grapes or Popsicles
- Keep your mouth clean
- Limit caffeine consumption

Food Suggestions:

- Meat and fish in sauces or gravy
- Soups and stews
- Cold and cooked cereals
- Canned fruits
- Decaffeinated hot tea, diluted juice
- Milkshakes, pudding, sour cream

Increasing Calories and Protein

In case you are not eating enough to obtain the right amount of calories during the course of a day, here is a list of foods to help you increase your protein and caloric intakes. Please be aware that these suggestions should not be used in the long term.

Protein

- Eat cheese on toast or crackers
- Use grated cheese, eggs and peanut butter as a topping
- Add leftover meats to soups, salads and omelets.

Calories

- Melt butter and margarine over potatoes, rice, pasta, and vegetables, stir it into soups, or spread onto bread before adding luncheon meats.
- Use whipped cream as a topping on desserts
- Add sour cream to vegetables and baked potatoes.
- Use regular salad dressing on sandwiches and as a dip for vegetables

Poor Appetite

Some patients suffer from appetite loss during treatment. To cope better with your treatment it is important that your body still gets the nutrition it needs. Here are some suggestions that might help you to overcome a poor appetite.

- Eat 5-6 small meals
- Always keep snacks handy
- Include high calorie and high protein foods into your diet
- Supplement meals with high calorie drinks

Food suggestions:

- Hard boiled eggs
- Milk and cheese products
- Meats, poultry, and fish
- Beans, legumes, nuts and seeds
- Cream sauces and soups

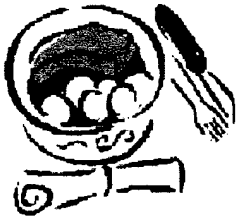
If you need to increase your caloric intake because of a poor appetite you can refer to page 5 of this handout for suggestions.

Nausea

If you are feeling nauseous because of your prostate cancer treatment, eating may become difficult. To help you feel better you may want to try some of these tips.

- Eat dry foods when you get up
- Eat cold instead of hot foods
- Sip clear liquids
- Eat bland foods on treatment days
- Eat in rooms that do not smell of food.
- Rinse your mouth before and after meals
- Suck on hard candy

Food suggestions:



- Low fat soup
- Dry toast
- Rice
- Boiled or baked meat
- Potatoes

Diarrhea

You may experience loose bowels as a result of your treatment. If this happens you should cut back on your fiber intake until the diarrhea passes.

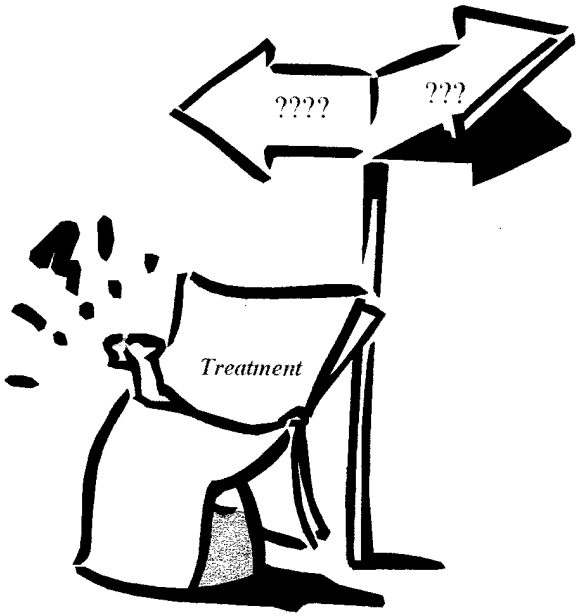
- Drink liquids all day
- Eat small meals frequently
- Limit milk and milk products to less than 2 cups per day
- Avoid foods and drinks that cause gas
- Drink and eat high sodium and potassium foods
- Eat foods high in pectin
- Drink 1 cup of liquid after each loose bowel movement

Food Suggestions:

- Baked or broiled meat and fish
- Pasta, cream of wheat, graham crackers
- Asparagus tips, zucchini, mushrooms, tomato sauce
- Cookies, gelatin, fruit pies, mayonnaise

APPENDIX C

Making a Treatment Decision for Prostate Cancer



Factors you may have to consider when making a decisior

CLINICAL

- Stage of tumor
- Tumor grade (Gleason score)
- Your age
- PSA level
- Your General Health
- Recommendation of your doctor

PERSONAL

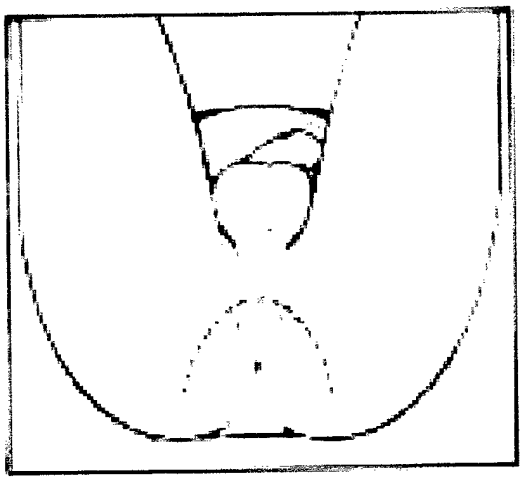
- Side Effects (incontinence, impotence, etc.)
- Time
- Family/Spouse
- Work Schedule
- Body Image/ feelings of masculinity

Treatment Options

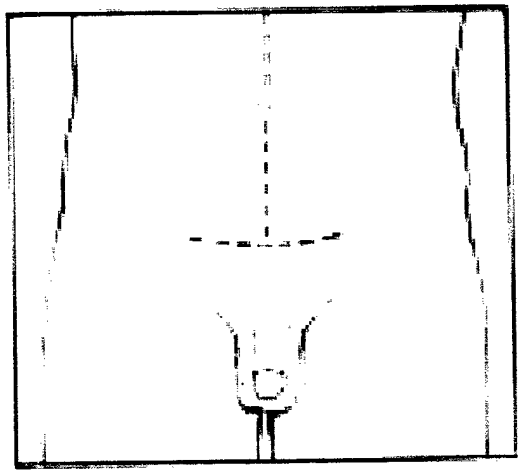
- Surgery
  - Radical Prostatectomy
  - Nerve Sparing Prostatectomy
- Radiation Therapy
  - External Beam Radiation
  - Internal Seed Implants (Brachytherapy)
- Watchful Waiting

Surgery –

Radical Prostatectomy

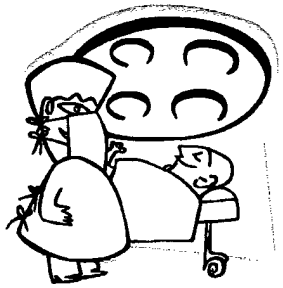


Perineal approach



Retropubic approach

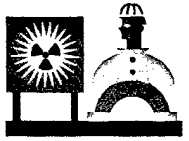
Surgery



- Can often remove all of the cancer
- Positive long term survival rate
- minimal post-operative pain
- bladder catheter 10-14 days

- Impotence (60-80%)
  - w/nerve sparing(30-50%)
- Incontinence 20-30%
  - w/nerve sparing (5-7%)
- hospital stay 3-5 days
- recovery period 3-6 weeks

Radiation Therapy

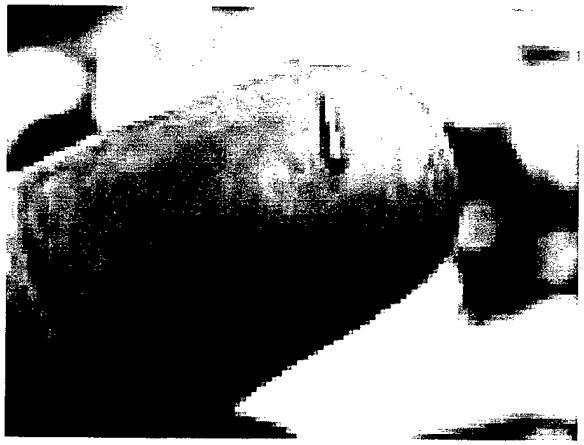


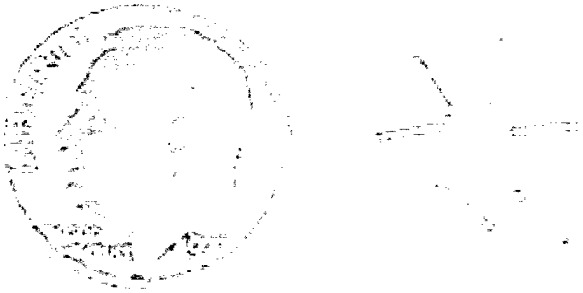
- External beam radiation

- lower risk of impotency- 20-50%
- lower risk of incontinence
- no lengthy recovery period or hospitalization
- radiation does not harm the rest of your body

- multiple treatments required - 5 days a week for 7 weeks
- fatigue
- skin irritation
- frequent/painful urination
- bowel problems- diarrhea, rectal irritation

Radiation Therapy
- Internal Seed Implants



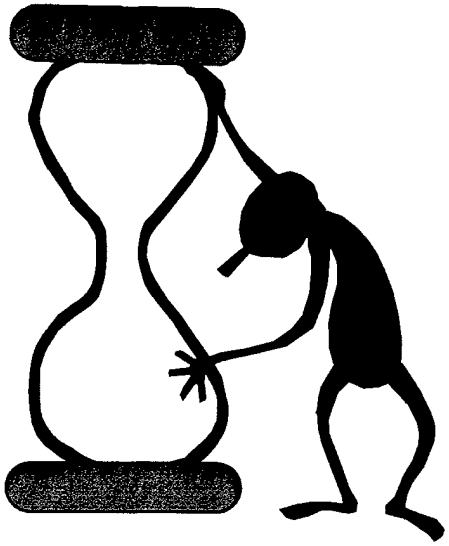


Radiation Therapy
-Internal Seed Implantation

- Outpatient procedure 45 minutes - 1hour
- 80% effectiveness in destroying cancerous tissue
- Low risk of incontinence 0-2%
- Low risk of impotence 15%
- Very little discomfort
- Short duration of side effects
- Urinary frequency
- Urinary burning
- Feeling of inability to pass urine freely
- Condom usage necessary during first two weeks after placement to prevent passage of seeds

Watchful Waiting

Men continue to have their prostate cancer monitored at least every six months through PSA testing, digital rectal exams (DRE's) and possible repeat prostate ultrasounds



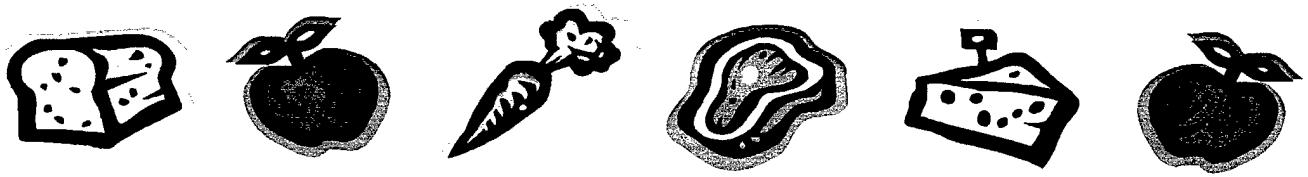
Some men are uncomfortable with not actively treating the disease. They may become anxious or distressed about the possibility of cancer progression

Anticipated Consequences of Various Treatments

- Pain & Soreness
- Sexual dysfunction
- Urinary Incontinence
- Fatigue
- Skin reactions (dryness, redness, swelling of the treated area)
- Emotional Responses
  - body image
  - sexuality
  - family/spouse relationships

Concerns vs. Treatment Options

	Surgery	*External Beam Radiation*	*Internal Seed Implants*	*Watchful Waiting*
Incontinence				
Impotence				
Pain				
Fatigue				
Recovery Period				
Inconvenience				
Other...				
Other...				
TOTAL				

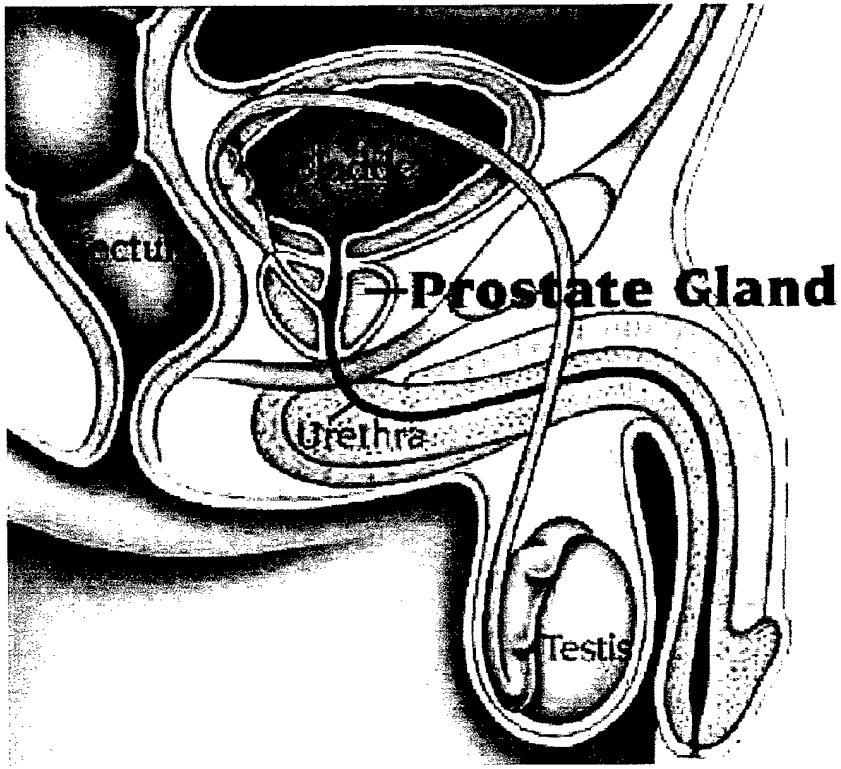


Prostate Cancer Treatment and Nutrition

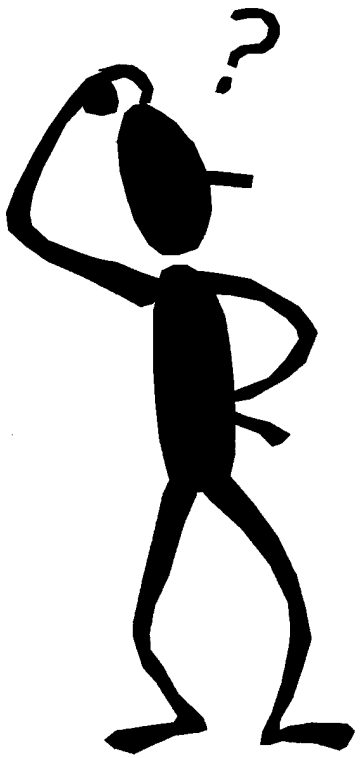
How can what you eat during treatment help you feel better?

Partnerships in Treatment Decision Making Project

Diagram of the Prostate



Is your present diet adequate for dealing with the side effects of your chosen treatment?

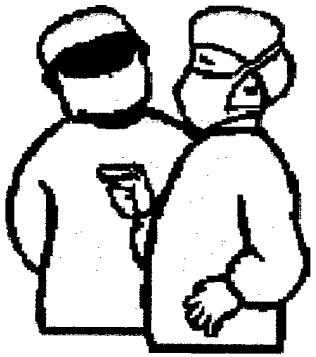


Types of Treatment

- Surgery
- Radiation
  - external
  - seed implant
- Watchful Waiting

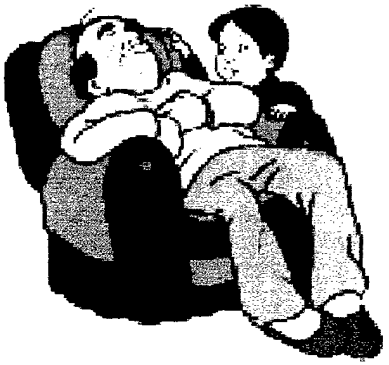
Surgery

- Possible Side Effects
  - Fatigue
  - Changes in usual urination habits
  - Infection



Surgery

- Tips
  - You'll need extra calories and protein
  - Try to avoid or cut back on caffeine
    - Counter possible changes in normal urination habits
  - Try not to over exert yourself
    - May feel fatigue
  - Cook foods thoroughly to reduce chance of infection



Radiation

- Possible side effects

  - loss of appetite
  - nausea
  - vomiting
  - diarrhea
  - gas and bloating
  - difficulty tolerating milk products

Radiation

- Tips
  - Add extra calories and protein into diet
  - Use nutritional supplements
  - Consume most of the food you eat during the time of day you find you eat the best

Nausea and Vomiting

- Ample fluid intake to prevent dehydration
- Sip on clear liquids throughout the day
- Clear ***cool*** liquids are better to tolerate than very hot or very cold temperatures
- Begin with easy-to-digest foods

Food Suggestions - treatment days

- **Recommended**
  - Commercial supplements
  - Dry toast, saltines, rice
  - Apple, cranberry, and grape juice
  - Ginger ale, sports drinks, gelatin, popsicles
  - Pretzels
- **May Cause Distress**
  - Meat
  - Fresh fruits and vegetables
  - Bread, pastas
  - Carbonated drinks
  - Caffeine

Food Suggestions -
Non-treatment days

- **Recommended**
  - Boiled/baked meat, eggs, non fat yogurt
  - Bread, toast, rice, bagels
  - Potatoes, juice, canned/fresh fruit
  - Vegetables as tolerated
  - Iced tea, sports drinks, angel food cake, pudding, popsicles, salt, cinnamon
- **May Cause Distress**
  - Fatty/fried meat, fried eggs, milkshakes
  - Doughnuts, pancakes, waffles
  - Potato chips, french fries, hash browns, fried or creamed vegetables
  - Alcohol, coffee, pie, ice cream, spicy salad dressings, olives, cream, hot sauce.

Diarrhea

- Avoid high fiber foods
- Avoid greasy, fried, high fat foods, and gassy foods
- Avoid carbonated beverages

Food Suggestions

- **Recommended**
  - Baked/broiled beef, pork, chicken, turkey, milk, cheese
  - White bread/rolls, pasta, cream of wheat, oatmeal, muffins
  - Asparagus tips, beets, carrots, peeled zucchini, mushrooms, tomatoes, celery, canned or fresh fruit (with reduced fiber)
  - Butter, mayonnaise, salad dressing, cake, cookies, gelatin, sherbet, gravy
- **May Cause Distress**
  - Whole grain breads and cereals, bran, granola, wild rice
  - Fresh, unpeeled fruit, pears, melon, and all other vegetables
  - Desserts with nuts, coconut, dried fruit, chocolate, licorice, pickles, popcorn, taco seasoning, hot sauce, too much pepper.

Poor appetite

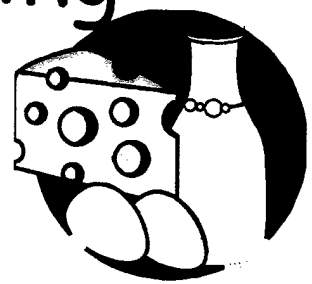
- Eat smaller more frequent meals and snacks
- Always keep snacks handy so you have something to eat whenever you do get hungry
- Eat high calorie and protein snacks to get the most out of everything you eat

Increasing Protein in Your Diet

- Milk Products
  - use milk instead of water to prepare cereals and soups. Use grated cheese as a topping, use cream sauces on vegetables and pasta, add powdered milk to mashed potatoes.

- Eggs
  - keep hard boiled eggs in the refrigerator, add to salads, soups, and vegetables.
- Meats
  - use leftover meats in casseroles, salads, and omelets
- Beans, Legumes, Nuts and Seeds
  - add seed to salads and fruits, ice cream, pudding, and custard. Use peanut butter in milkshakes, or spread on toast and fruit.

Suggestions for Increasing Calories in Your Diet



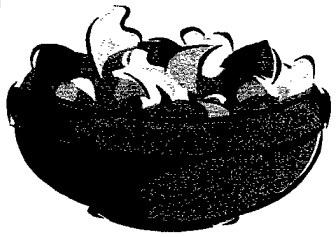
- <u>Milk Products</u>: butter, cream, cheese, ice cream
  - use milk instead of water to prepare cereals and soups. Use grated cheese as a topping, use cream sauces on vegetables and pasta, add powdered milk to mashed potatoes
- <u>Oils</u>: margarine, salad dressings, nuts
  - Melt margarine over vegetables, potatoes, pasta or melt it into soups and casseroles, add extra dressing to salads, add nuts to sweets and salads
- <u>Sweets</u>: Chocolate, candy bars, pastries, cookies, cake, custard, ice cream

Watchful Waiting

- This option has no side effects since you are monitoring your cancer instead of treating it

- Diet suggestions for watchful waiting are different than the suggestions for individuals who are receiving treatment

Watchful Waiting: Tips



- Eat a diet high in fiber
  - High fiber foods: Berries, fruits, vegetables, oatmeal, bran cereals, beans, whole wheat bread, nuts, grains
- Avoid foods that are high in fat
  - High Fat foods: Milk products (cream, ice cream, butter, cheese), sweets, margarine, salad dressings, fried foods

What can you start doing now?

- Take notice to foods that currently cause you distress.
  - They may be even harder to tolerate during treatment/recovery
- Take notice to beverages that make you urinate more frequently
- Keep track of the times during the day you feel the most hungry.

Conclusion

- Use this information to complement anything given to you by your doctor and nurses.
  - advice from them is **most** important.

- Adjust the information to what you already know about your own body.
  - diabetes, high blood pressure, food allergies, etc…

Thank you very much for your participation!

If you have any questions or concerns, please give me a call!