

OPTIMIZING QUALITY OF LIFE FOR PROSTATE CANCER PATIENTS: A COMPREHENSIVE APPROACH

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ABSTRACT

This comprehensive review examines evidence-based interventions for optimizing quality of life in prostate cancer patients. Synthesizing a multifaceted approach, the review encompasses lifestyle modifications, educational support, cognitive-behavioural therapies, and survivorship care coordination. Robust evidence underscores the efficacy of integrating tailored exercise regimens, dietary modifications, and multidisciplinary care teams to address the multifaceted physical and psychological impacts of prostate cancer. Cognitive-behavioural approaches demonstrate significant value in mitigating emotional distress, while survivorship care coordination, interfacing with primary care, emerges as crucial for ensuring seamless transitions and long-term health optimization. Acknowledging inherent limitations, the review delineates key research recommendations to inform future investigations, emphasizing the dynamic nature of healthcare advancements in the ongoing pursuit of superior patient outcomes.

KEYWORDS *lifestyle, prostate cancer, quality of life, survivorship*



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INTRODUCTION

Cancer extends beyond a mere medical diagnosis; it constitutes a life-altering experience that profoundly impacts an individual's well-being. In the specific case of prostate cancer, a comprehensive management approach that prioritizes the patient's quality of life is paramount. This paper will provide an in-depth exploration of the multifaceted aspects inherent in such an approach.

Quality of Life in Cancer Patients

Quality of life is a multidimensional construct encompassing an individual's overall well-being, extending beyond the absence of disease (Bourke et al., 2014;

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Klaff et al., 2016). For individuals facing a cancer diagnosis, QOL becomes a particularly salient consideration. The patient journey involves navigating the complexities of medical treatments and the profound psychological, social, and emotional ramifications of the disease (Kaushik et al., 2022). Balancing the pursuit of curative treatment with the preservation of a fulfilling life presents a delicate challenge, underscoring the critical importance of addressing QOL in the context of prostate cancer management.

The Lived Experience of Prostate Cancer

A nuanced understanding of prostate cancer patients' individualised experiences is paramount for delivering truly holistic and patient-centred care (Bourke et al., 2015). The emotional and psychological toll exacted by a prostate cancer diagnosis, the often difficult treatment decisions, and the subsequent impact on daily living all contribute to the patient's lived experience (Nabid et al., 2018). Recognizing and acknowledging these subjective elements is essential for developing and implementing interventions that effectively address the unique challenges faced by each individual navigating the prostate cancer journey.

Adverse Effects of Anticancer Treatment

While cancer treatments are primarily directed towards disease eradication or control, they frequently carry the burden of a wide range of adverse effects. These adverse effects, ranging from physical discomfort to emotional distress, can significantly compromise the quality of life for prostate cancer patients (Parker et al., 2022).

Androgen Deprivation Therapy (ADT) For Prostate Cancer

Androgen Deprivation Therapy (ADT) is a cornerstone in the management of advanced prostate cancer. However, its use is not without consequences. Exploring the impact of ADT on patients' quality of life is essential, considering potential side effects such as hormonal changes, fatigue, and mood disturbances. Balancing the therapeutic benefits with the maintenance of high-quality providers must strive to achieve (Langlais et al., 2022). In essence, this sets the stage for a comprehensive exploration of how optimizing the quality of life for prostate cancer patients requires a nuanced understanding of their experiences, the implications of treatment modalities, and the delicate balance between medical interventions and holistic well-being.

RESEARCH METHOD

The research employs a systematic literature review method to assess evidence-based interventions aimed at optimizing the quality of life (QoL) for prostate cancer patients. Data were collected from peer-reviewed articles, clinical trials, and meta-analyses, focusing on lifestyle interventions such as exercise, dietary modifications, and cognitive-behavioral therapy (CBT). The synthesis of these findings evaluated the impact of these interventions on both physical and psychological well-being, examining outcomes such as disease-specific QoL, fatigue, emotional distress, and treatment side effects. Statistical analyses, including

t-tests, were used to compare intervention effects with control groups in various studies.

To integrate the diverse evidence, the study examined the effectiveness of multidisciplinary care approaches, including survivorship care coordination and educational support. This evidence synthesis provided a comprehensive understanding of how various interventions, when combined, contribute to improved QoL in prostate cancer patients. The research also highlighted gaps in current literature and offered recommendations for future studies, emphasizing the need for further exploration of novel therapeutic strategies and socio-cultural factors influencing patient outcomes.

RESULT AND DISCUSSION

Table 1. The evidence acquisition

Study	Topic	Results
[3]	Lifestyle intervention on disease-specific QoL, diastolic blood pressure, and cancer-related fatigue in sedentary men receiving long-term ADT for advanced prostate cancer.	A lifestyle intervention resulted in a clinically meaningful improvement in disease-specific QoL that was not maintained postintervention
[36]	Toxicity and quality of life (QOL) outcomes from a randomised trial of the prostate only versus whole pelvic radiotherapy in high-risk, node-negative prostate cancer.	Pelvic irradiation using hypofractionated IG-IMRT resulted in increased grade II or higher late genitourinary toxicity as compared to prostate-only RT. Still, the difference was not reflected in patient-reported QOL.
[21]	To determine whether men in this situation could change to a diet emphasizing plant-based foods and fish and to examine the effect on quality of life (QOL) and prostate-specific antigen (PSA) velocity.	Men with an increasing PSA level after primary treatment were able to make a change to a prostate-healthy diet, accompanied by increases in QOL.
[26]	Treatments for clinically localized prostate carcinoma are accompanied by sexual, urinary, and bowel dysfunction and other sequelae that can result in significant distress and reduced well-being.	The findings of the current study indicated that a computer-assisted, nurse-driven intervention was capable of providing durable improvements in the quality of life of men who underwent treatment for clinically localized prostate carcinoma.
[14]	To compare the generic and disease-specific health-related quality of life (HRQOL) among men with prostate cancer in the screening arm with the control arm of the PSA-based prostate cancer screening trial in up to 15 years of follow-up.	No significant differences were observed in HRQOL in men with prostate cancer between the prostate cancer screening and control arms during five to 15-year follow-up.

[34]	Analyses of patient-reported health-related quality of life (HRQoL) outcomes.	In patients with nmCRPC who are generally asymptomatic, darolutamide maintained HRQoL by significantly delaying the time to deterioration of prostate cancer-specific quality of life and disease-related symptoms versus placebo.
[6]	Effects of yoga in men with prostate cancer on quality of life and immune response: a pilot randomized controlled trial	Perioperative yoga exercise improved QoL, promoted an immune response, and attenuated inflammation in men with prostate cancer.

Evidence Synthesis

Delving into the multifaceted realm of optimizing the quality of life for prostate cancer patients necessitates an exhaustive examination of the robust evidence supporting various interventions. In this section, we embark on an in-depth exploration of lifestyle factors, meticulously dissecting the nuanced details of their impact on the intricate dimensions of well-being (Mardani et al., 2021).

Lifestyle

The canvas of lifestyle modifications unveils a tapestry of evidence beyond superficial adjustments. It becomes imperative to dissect the molecular underpinnings and systemic repercussions that define the influence of lifestyle on the trajectory of prostate cancer. Lifestyles that can increase the risk of prostate cancer generally involve factors such as an unhealthy diet, lack of physical activity, smoking and excessive alcohol consumption. Here are some lifestyle factors that can contribute:

Unhealthy Diet: Consumption of high-fat, especially saturated fat, foods can increase the risk of prostate cancer. Lack of intake of fruits, vegetables, and fibre can also play a role in increased risk.

Lack of Physical Activity: A sedentary lifestyle or lack of exercise can elevate the risk of prostate cancer. Regular physical activity helps maintain a healthy weight and promotes overall health.

Smoking: Smoking has been linked to an increased risk of various cancers, including prostate cancer.

Excessive Alcohol Consumption: Drinking alcohol excessively can raise the risk of prostate cancer. Moderate or low alcohol consumption is recommended.

Exposure to Carcinogenic Agents: Exposure to carcinogenic substances in the environment or certain occupations can contribute to the risk of prostate cancer.

Age: The risk of prostate cancer increases with age. Prostate cancer is more common in men over the age of 50, and the risk continues to rise with advancing age.

Hormones: Certain hormones like testosterone can influence prostate cell growth. While the relationship between hormones and prostate cancer is complex and still under research, hormonal changes may play a role in the development of prostate cancer (Habl et al., 2016).

Prostate Infections: Some studies suggest that prostate infection or chronic prostate inflammation may increase the risk of prostate cancer. However, the relationship between the two is still an active area of research.

It's important to note that a combination of these factors influences prostate cancer risk, and no single factor can determine risk conclusively. Consult a healthcare professional for further assessment if you have concerns or specific risk factors.

Exercise Intervention

The evidence supporting exercise as a therapeutic modality for prostate cancer patients is compelling and multifaceted. Rigorous meta-analyses affirm the alleviation of treatment-induced fatigue and delineate the intricate molecular responses that orchestrate these benefits. Beyond subjective improvements, the empirical data delve into the upregulation of anti-inflammatory cytokines, the modulation of immune cell activity, and the neuroendocrine adaptations induced by structured exercise. These molecular insights provide a comprehensive understanding of how exercise acts as a systemic regulator, influencing physical well-being and immunological and neuroendocrine resilience.

Diet

Navigating the nutritional landscape unveils a wealth of evidence supporting the impact of dietary choices on the intricacies of prostate cancer. Cohort studies and prospective trials converge to advocate for diets rich in phytochemicals, antioxidants, and omega-3 fatty acids. These dietary components exhibit potential prophylactic attributes and showcase a profound capacity to mitigate the adverse effects of cancer treatments. The evidence extends to the molecular level, elucidating the anti-inflammatory properties of certain dietary constituents and their role in sculpting a metabolic milieu conducive to cancer resilience. The nutritional narrative thus transcends the realm of sustenance, evolving into a strategic modulator of cancer-related molecular pathways.

Exercise and Diet

The intersection of exercise and diet as synergistic pillars in prostate cancer care gains depth and complexity when scrutinized through rigorous evidence. Systematic reviews and meta-analyses unravel the intricacies of their interplay, illustrating how the combination surpasses the benefits derived from each in isolation. The evidence supports not only the reduction of treatment-related symptoms but also the modulation of systemic inflammation and enhancement of treatment efficacy. Molecular crosstalk between exercise-induced adaptations and dietary influences emerges as a potent mechanism for optimizing outcomes. This evidence-backed integration of exercise and diet goes beyond surface-level recommendations, offering a precision-guided approach that addresses the multifaceted dimensions of prostate cancer and its impact on quality of life.

By dissecting the rich landscape of evidence underpinning lifestyle interventions, healthcare providers gain a profound understanding of how these interventions, when meticulously tailored, can offer prostate cancer patients not just

relief but a holistic and scientifically grounded approach to enhancing their quality of life. This evidence-driven narrative not only empowers patients but also positions lifestyle interventions as pivotal components of a comprehensive, personalized care strategy rooted in the complexities of cancer biology.

Enhancing Standard Care

In the pursuit of elevating the standard of care for prostate cancer patients, educational support interventions play a pivotal role. The evidence underscores the significance of multidisciplinary approaches and the provision of literature and online resources in empowering patients and promoting informed decision-making.

Multidisciplinary Approaches

Prostate cancer is a complex disease that often requires a multifaceted approach. The evidence strongly advocates integrating multidisciplinary teams comprising oncologists, urologists, radiologists, psychologists, and other allied health professionals. Collaborative decision-making, facilitated by these diverse perspectives, enhances the comprehensiveness of care and ensures that each facet of the patient's experience is addressed.

Studies show that multidisciplinary clinics improve treatment adherence and outcomes and contribute to prostate cancer patients' holistic well-being. This approach fosters a supportive environment where patients receive comprehensive information, emotional support, and tailored interventions, ultimately enhancing their ability to cope with the challenges of prostate cancer and its treatments.

Literature Provision and Online Resources

In the era of information accessibility, providing patients with relevant literature and online resources becomes a crucial component of educational support. Evidence-based pamphlets, brochures, and online materials offer patients a continuous source of information, empowering them to engage in their care actively (Lane et al., 2022).

The evidence supports the efficacy of educational materials in improving patient knowledge, treatment adherence, and shared decision-making. Online platforms, including reputable websites, forums, and virtual support groups, allow patients to access information, share experiences, and seek guidance from healthcare professionals. The integration of technology into educational support interventions not only broadens the reach of information but also fosters a sense of community and shared understanding among prostate cancer patients.

By incorporating multidisciplinary approaches and leveraging literature provision and online resources, healthcare providers can enhance the standard of care for prostate cancer patients. The evidence-driven implementation of these interventions ensures that patients are well-informed and actively engaged in their treatment journey (Huri et al., 2015). This comprehensive approach acknowledges the diverse needs of patients and reinforces the importance of education as a cornerstone in optimizing the quality of life for those navigating prostate cancer.

Optimizing the quality of life for prostate cancer patients involves lifestyle modifications and a nuanced approach to standard care. The evidence supporting

the enhancement of conventional therapeutic modalities becomes crucial in tailoring treatments to patients' individual needs and characteristics.

Selection of ADT Therapy

Androgen Deprivation Therapy (ADT) stands as a cornerstone in the management of advanced prostate cancer, but the landscape of available agents introduces a complex decision-making process. Rigorous clinical trials and meta-analyses provide invaluable insights into the optimal selection of ADT therapies, considering factors such as efficacy, side-effect profiles, and patient-specific considerations (Morgans et al., 2018).

The emergence of novel androgen receptor inhibitors, including enzalutamide and darolutamide, has added complexity to ADT decision-making. Evidence suggests that enzalutamide may be a preferred choice in specific clinical scenarios, with its efficacy in extending progression-free survival. On the other hand, darolutamide, with its favourable safety profile and efficacy, may offer advantages in mitigating treatment-related adverse effects (Smith et al., 2021).

The evidence synthesis explores the intricate criteria for selecting ADT therapies, considering factors such as disease stage, comorbidities, and individual patient characteristics. Understanding the nuanced differences between these agents allows healthcare providers to tailor ADT regimens, aligning them with the overarching goal of controlling the disease and preserving and enhancing the patient's quality of life (Hamilton et al., 2021).

By integrating the evidence on ADT selection into the broader context of prostate cancer care, healthcare providers can navigate the therapeutic landscape with precision. This evidence-driven approach ensures that ADT becomes a therapeutic ally in pursuing optimal outcomes while minimizing the impact on patients' overall well-being. The selection of ADT therapy becomes a strategic decision, intricately woven into the fabric of personalized care for prostate cancer patients.

Cognitive Behavioral Approaches

Recognizing the intricate interplay between the physical and psychological dimensions of prostate cancer, cognitive-behavioural approaches emerge as a valuable tool in optimizing the quality of life for patients. The evidence supporting the integration of cognitive-behavioural interventions, such as mindfulness-based stress reduction and cognitive-behavioural therapy, indicates their effectiveness in addressing psychological distress, anxiety, and depression (Murthy et al., 2020).

Studies highlight the role of cognitive-behavioral approaches in enhancing coping mechanisms, promoting emotional resilience, and fostering a positive outlook among prostate cancer patients. The evidence underscores the potential of these interventions to alleviate psychological symptoms and contribute to overall well-being, creating a holistic framework for care.

Survivorship Care Coordination and Interface with Primary Care

As prostate cancer transitions into a chronic disease for many survivors, the coordination of survivorship care becomes paramount. The evidence supports

establishing structured survivorship care plans that facilitate seamless transitions from oncology to primary care settings. Coordinated care ensures ongoing monitoring of treatment-related effects, recurrence surveillance, and comorbidities management.

Survivorship care coordination interfaces with primary care to bridge gaps in healthcare delivery. The evidence emphasizes effective communication between oncology specialists and primary care providers, ensuring a collaborative approach to address cancer-specific and general health needs. This interface not only optimizes the quality of life for survivors but also enhances their long-term health outcomes.

CONCLUSION

Optimizing the quality of life for prostate cancer patients is a dynamic and multifaceted endeavour, necessitating a comprehensive and evidence-based approach. This review has highlighted the critical role of lifestyle interventions, educational support, cognitive-behavioural techniques, and survivorship care coordination in enhancing the well-being of individuals navigating the complexities of this disease.

Substantial evidence supports the implementation of tailored exercise regimens, dietary modifications, and integrated multidisciplinary care teams. These interventions demonstrate potential in alleviating physical symptoms and fostering psychological resilience. Cognitive-behavioural approaches provide valuable tools for addressing the emotional burden of prostate cancer, contributing to a holistic framework for patient care.

Furthermore, survivorship care coordination, seamlessly integrated with primary care, is essential in managing prostate cancer as a chronic disease. Structured survivorship care plans are crucial for ongoing monitoring, management, and optimization of cancer-specific and overall health outcomes.

However, it is essential to acknowledge the limitations of current evidence and the evolving nature of healthcare. This review underscores the need for continued research to refine our understanding, address methodological variations, and account for diverse patient populations. Key research recommendations from this review include exploring novel therapeutic interventions, refining risk stratification models, and investigating socio-cultural determinants influencing patient experiences.

In conclusion, the evidence presented provides a foundation for current practices while illuminating avenues for ongoing advancements in prostate cancer care. Integrating lifestyle modifications, educational support, cognitive-behavioural strategies, and survivorship care coordination has the potential to reshape the care landscape, fostering not only longevity but also a high quality of life for individuals facing the challenges of prostate cancer.

Review Limitations

In acknowledging the depth and breadth of evidence synthesized, it is imperative to delineate the limitations inherent in the current understanding of optimizing the quality of life for prostate cancer patients. Limitations may include

variations in study methodologies, patient populations, and the evolving landscape of treatment modalities. Additionally, the dynamic nature of healthcare delivery and individual patient factors contribute to the complexity of evidence synthesis.

While the evidence presented offers valuable insights, ongoing research is essential to refining and expanding our understanding of the multifaceted aspects of prostate cancer care. Recognizing these limitations positions current knowledge as a foundation for future investigations and encourages continuous evolution in the pursuit of enhanced patient outcomes.

Research Recommendations

Building on the existing evidence, it is imperative to outline critical areas for future research to advance the optimization of quality of life for prostate cancer patients. Research recommendations may include exploring novel therapeutic interventions, refining risk stratification models, and investigating the long-term impact of survivorship care coordination.

Moreover, understanding the socio-cultural determinants influencing patient experiences and outcomes remains a critical avenue for investigation. The evidence gap in certain aspects of prostate cancer care underscores the need for targeted research endeavours that align with the evolving landscape of oncology and prioritize the holistic well-being of patients.

REFERENCES

- Bourke, L., Boorjian, S. A., Briganti, A., Klotz, L., Mucci, L., Resnick, M. J., Rosario, D. J., Skolarus, T. A., & Penson, D. F. (2015). Survivorship and improving quality of life in men with prostate cancer. *European Urology*, *68*(3), 374–383.
- Bourke, L., Gilbert, S., Hooper, R., Steed, L. A., Joshi, M., Catto, J. W. F., Saxton, J. M., & Rosario, D. J. (2014). Lifestyle changes for improving disease-specific quality of life in sedentary men on long-term androgen-deprivation therapy for advanced prostate cancer: a randomised controlled trial. *European Urology*, *65*(5), 865–872.
- Habl, G., Uhl, M., Katayama, S., Kessel, K. A., Hatiboglu, G., Hadaschik, B., Edler, L., Tichy, D., Ellerbrock, M., & Haberer, T. (2016). Acute toxicity and quality of life in patients with prostate cancer treated with protons or carbon ions in a prospective randomized phase II study—the IPI trial. *International Journal of Radiation Oncology* Biology* Physics*, *95*(1), 435–443.
- Hamilton, R. J., Ding, K., Crook, J. M., O’Callaghan, C. J., Higano, C. S., Dearnaley, D. P., Horwitz, E. M., Goldenberg, S. L., Gospodarowicz, M. K., & Klotz, L. (2021). The association between statin use and outcomes in patients initiating androgen deprivation therapy. *European Urology*, *79*(4), 446–452.
- Huri, M., Huri, E., Kayihan, H., & Altuntas, O. (2015). Effects of occupational therapy on quality of life of patients with metastatic prostate cancer: a randomized controlled study. *Saudi Medical Journal*, *36*(8), 954.
- Kaushik, D., Shah, P. K., Mukherjee, N., Ji, N., Dursun, F., Kumar, A. P., Thompson Jr, I. M., Mansour, A. M., Jha, R., & Yang, X. (2022). Effects of

- yoga in men with prostate cancer on quality of life and immune response: a pilot randomized controlled trial. *Prostate Cancer and Prostatic Diseases*, 25(3), 531–538.
- Klaff, R., Berglund, A., Varenhorst, E., Hedlund, P. O., Jönler, M., Sandblom, G., & 5, S. P. C. G. (SPCG) S. N. (2016). Clinical characteristics and quality-of-life in patients surviving a decade of prostate cancer with bone metastases. *BJU International*, 117(6), 904–913.
- Lane, J. A., Donovan, J. L., Young, G. J., Davis, M., Walsh, E. I., Avery, K. N. L., Blazeby, J. M., Mason, M. D., Martin, R. M., & Peters, T. J. (2022). Functional and quality of life outcomes of localised prostate cancer treatments (Prostate Testing for Cancer and Treatment [ProtecT] study). *BJU International*, 130(3), 370–380.
- Langlais, C. S., Chen, Y.-H., Van Blarigan, E. L., Kenfield, S. A., Kessler, E. R., Daniel, K., Ramsdill, J. W., Beer, T. M., Graff, R. E., & Paich, K. (2022). Quality of life of prostate Cancer survivors participating in a remotely delivered web-based behavioral intervention pilot randomized Trial. *Integrative Cancer Therapies*, 21, 15347354211063500.
- Mardani, A., Pedram Razi, S., Mazaheri, R., Haghani, S., & Vaismoradi, M. (2021). Effect of the exercise programme on the quality of life of prostate cancer survivors: A randomized controlled trial. *International Journal of Nursing Practice*, 27(2), e12883.
- Morgans, A. K., Chen, Y.-H., Sweeney, C. J., Jarrard, D. F., Plimack, E. R., Gartrell, B. A., Carducci, M. A., Hussain, M., Garcia, J. A., & Cella, D. (2018). Quality of life during treatment with chemohormonal therapy: analysis of E3805 chemohormonal androgen ablation randomized trial in prostate cancer. *Journal of Clinical Oncology*, 36(11), 1088–1095.
- Murthy, V., Maitre, P., Bhatia, J., Kannan, S., Krishnatry, R., Prakash, G., Bakshi, G., Pal, M., Menon, S., & Mahantshetty, U. (2020). Late toxicity and quality of life with prostate only or whole pelvic radiation therapy in high risk prostate cancer (POP-RT): A randomised trial. *Radiotherapy and Oncology*, 145, 71–80.
- Nabid, A., Carrier, N., Martin, A.-G., Bahary, J.-P., Lemaire, C., Vass, S., Bahoric, B., Archambault, R., Vincent, F., & Bettahar, R. (2018). Duration of androgen deprivation therapy in high-risk prostate cancer: a randomized phase III trial. *European Urology*, 74(4), 432–441.
- Parker, C. C., James, N. D., Brawley, C. D., Clarke, N. W., Ali, A., Amos, C. L., Attard, G., Chowdhury, S., Cook, A., & Cross, W. (2022). Radiotherapy to the prostate for men with metastatic prostate cancer in the UK and Switzerland: Long-term results from the STAMPEDE randomised controlled trial. *PLoS Medicine*, 19(6), e1003998.
- Smith, M. R., Shore, N., Tammela, T. L., Ulys, A., Vjaters, E., Polyakov, S., Jievaltas, M., Luz, M., Alekseev, B., & Kuss, I. (2021). Darolutamide and health-related quality of life in patients with non-metastatic castration-resistant prostate cancer: an analysis of the phase III ARAMIS trial. *European Journal of Cancer*, 154, 138–146.