Living with Prostate Cancer: A Group Therapy Intervention to Alleviate Psychological Distress in Men with Prostate Cancer

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Methods, cont’d

Measure and Analyses:

Quantitative: Comparison of each time point with the pre-test as the baseline, using Paired T-tests and Wilcoxon Signed-Rank Tests.

Qualitative: Based on 8 focus groups conducted 3 months after the program. Content of the focus groups was reviewed by 3 people. Themes were identified by consensus.

Results, cont’d

Table 1. Participant Characteristics and Response Rates

Table 2. Comparison of questionnaire responses at each timepoint

Methods

Many men diagnosed with and/or treated for prostate cancer (PC) experience psychological distress at some point after diagnosis and treatment. Frequently, men do not speak of their distress nor do they seek psychological support.

The Prostate Care Supportive Care (PCSC) Program at the Vancouver Prostate Centre was designed to address the complex supportive care needs of men with PC by providing educational and clinical services. To complement existing psycho-social resources available, the PCSC program initiated a pilot study called Living with Prostate Cancer (LPC).

The objective of this analysis is to determine the effectiveness of the LPC Program.

Methods

Men who met with the PCSC clinical counsellor for at least 1 private appointment between Jan 2016 and Mar 2018 and who were deemed suitable for group sessions were invited to participate. The study was approved by UBC CREB (H16-02050). Study measurements included:

• Questionnaires at Day 1 and 3 of the sessions, as well as 3-, 6-, 12 months post intervention

• Focus group at 3 months and individual telephone interviews at 12 months to capture the qualitative components.

LPC Program:

• Small-group format (5-7 participants with 2 facilitators).

• Guided autobiography life review to develop a cohesive working group, learn communication skills, and understand and address life stressors (e.g. grief, depression, altered sense of self and relationships with partners).

• Process and integrate critical events that contribute to present day identity and psychological function, and consolidates lessons participants learn about themselves and the impact of their experience.

Results

Table 1. Participant Characteristics and Response Rates

Table 2. Comparison of questionnaire responses at each timepoint

• Majority of pts (28/42, 66.7%) received prostatectomy as their primary treatment. 6/42 (14.2%) received ADT with/without chemotherapy, 5/42 (11.9%) were still deciding or awaiting treatment, and 3/42 (7.1%) were on active surveillance.

• High completion rates for the questionnaires were observed (Table 1).

Results, cont’d

Group content was effective in assisting participants to identify significant issues/concerns in their lives

“Self-examination, attempting to understand one’s emotions or reactions, that’s all really helpful.”

“It just builds a lot of empathy, and a better understanding of where you are at yourself.”

Facilitators and their approach to facilitation are essential to guiding participants to “speak the unspeakable”

“The facilitators ability to create a safe environment...Everyone felt comfortable opening up.”

“I thought there was real value and...strength [in] having a medical doctor and a psychologist who have knowledge of prostate cancer.”

Summary & Conclusions

Men with PC who speak of their experience in a group setting with a guided process incorporating features of a life review gain insight into the impact of PC in their lives with:

• diminished features of depression, distress and isolation.

• enhanced communication skills within the group and with family and friends.

• increased hope for the future.

Addressing those features ought to be a high priority for healthcare teams working with men with PC in order to enhance their quality of life.

Challenges faced:

• Recruitment: many participants were skeptical and reluctant to attend at first, due to the unfamiliarity with group therapy sessions.

• Scheduling conflicts between the participants and facilitators.

These issues would need to be addressed in order to allow the LPC program to be systematically applied on a wider scale.

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