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ABOUT COVER

Peer Reviewer of *World Journal of Clinical Cases*, Pretty Sara Idiculla, MBBS, MD, Doctor, Internal Medicine, MountainView Regional Medical Center, Las Cruces, NM 88011, United States. sarahidiculla.psi@gmail.com

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Retrospective Study

Application effect of case management nursing based on patient safety in patients with prostate cancer

Ru Zhou, Chan-Ling Xu

Specialty type: Medicine, research, and experimental**Provenance and peer review:** Unsolicited article; Externally peer-reviewed.**Peer-review model:** Single-blind**Peer-review report's classification****Scientific Quality:** Grade C**Novelty:** Grade C**Creativity or Innovation:** Grade B**Scientific Significance:** Grade B**P-Reviewer:** Benitez R**Received:** May 10, 2024**Revised:** June 10, 2024**Accepted:** July 2, 2024**Published online:** September 26, 2024**Processing time:** 80 Days and 20.7 Hours**Ru Zhou, Chan-Ling Xu**, Department of Comprehensive Surgery II, Jiangnan University Affiliated Hospital, Wuxi 214101, Jiangsu Province, China**Corresponding author:** Chan-Ling Xu, MMed, Nurse, Department of Comprehensive Surgery II, Jiangnan University Affiliated Hospital, No. 200 Huihe Road, Wuxi 214101, Jiangsu Province, China. xc1992081@126.com**Abstract****BACKGROUND**

Globally, prostate cancer has become a major threat to men's health, with an increasing incidence and causes serious effects on the quality and length of life of patients. Despite the rapid development of medical technology, which provides treatments, including surgery, radiotherapy, and endocrine therapy, the treatment of patients with prostate cancer, especially with endocrine therapy, has become a major challenge in clinical treatment owing to the lengthy course of treatment, side effects of drugs, and impact of the disease on the psychological and physiological functioning of the patient, producing poor treatment adherence and a decline in quality of life.

AIM

To explore effects of nursing intervention prioritizing patient safety and case management in patients with prostate cancer undergoing endocrine therapy.

METHODS

Eighty patients with prostate cancer who received endocrine therapy at our hospital between January 2022 and January 2024 were divided into observation and control groups with 40 cases per group. The control group was treated using a routine nursing workflow while the observation group received case management nursing guidance prioritizing patient safety. Scores for anxiety and depression, prostate cancer symptoms, and quality of life and patient compliance and satisfaction were compared between the groups after three months of intervention.

RESULTS

After the nursing intervention, the anxiety and depression scores of the observation group were significantly lower than those of the control group ($P < 0.05$). The quality of life score, sexual function, and hormone function were significantly higher than those in the control group ($P < 0.05$).

CONCLUSION

Case management guidance based on patient safety effectively reduced anxiety and depression in patients undergoing endocrine therapy for prostate cancer and improved their quality of life, treatment compliance, and satisfaction.

Key Words: Prostate cancer; Case management; Endocrine therapy; Quality of life; Patient safety

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Core Tip: Case management nursing based on patient safety aims to provide personalized, comprehensive, and continuous medical care services for each patient, especially in treating chronic diseases such as prostate cancer, which highlights its value. We used systematic evaluation, individualized intervention plan formulation, efficient communication, and coordination between doctors and patients, as well as dynamic monitoring of treatment effects and timely adjustment of treatment plans to maximize patient compliance with endocrine therapy, reduce side effects, improve psychological status, improve quality of life, and enhance disease self-management.

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INTRODUCTION

Prostate cancer originates from the malignant proliferation of prostate epithelial cells and often exhibits no clinical signs in the early stages and is therefore difficult to detect. Although economic and social progress in China has improved living standards, unhealthy dietary structures, living habits, and other factors have caused a continuous increase in the incidence of prostate cancer[1-4]. According to relevant statistics from 2017, the number of patients with prostate cancer in China had increased to 145000[5].

Currently, the primary clinical treatments for prostate cancer include surgery, radiotherapy, chemotherapy, and endocrine therapy. However, as prostate cancer is mainly concentrated in elderly males, and patients in this age group often have multiple medical diseases, surgery and radiotherapy are relatively risky and unsuitable[6-9]. Conversely endocrine therapy has become the preferred option for elderly patients with prostate cancer patients because this can inhibit or eliminate the production and activity of androgens in the body to treat prostate cancer. However, as endocrine therapy has a long treatment course, patients who fail to take the medication on time can have a direct impact on the therapeutic effect; therefore, patients must comply with the medical directions. In addition, endocrine therapy may cause problems such as breast development, libido loss, and erectile dysfunction, which will bring significant psychological pressure to patients and easily induce low self-esteem, depression, anxiety, and other psychological problems, thus affecting their quality of life. Consequently, during the implementation of endocrine therapy for patients with prostate cancer, it is especially crucial to strengthen nursing interventions to improve the psychological status and quality of life of the patient[10]. A case management model based on patient safety is advantageous in treating prostate cancer because this can effectively deal with the treatment challenges incurred by individualized differences, integrate and deploy various medical resources to meet the health needs of patients and their family members, and provide timely and effective interventions to address the specific problems of each patient. This case management care model helps ensure patient outcomes and safety. Currently, the incidence of prostate cancer, one of the most common noncutaneous malignant tumors in men worldwide, is increasing annually, posing a serious threat to patient quality of life and life expectancy. Despite diverse and progressive treatments for prostate cancer, including surgery, radiotherapy, endocrine therapy, and chemotherapy, the quality of survival and long-term prognosis of patients during treatment remain challenging. This is particularly relevant for treating prostate cancer, which is characterized by a chronic course, and ensuring patient adherence to the treatment plan and effectively coping with the physical and psychological impacts of the disease and the treatment have become key to improving the overall treatment effect and patient satisfaction.

In recent years, as the healthcare model has gradually shifted to a patient-centered approach, the patient-safety-based case management model has demonstrated significant advantages in the care of various diseases. The model emphasizes individualized, comprehensive assessment, and management of each patient throughout the process, focusing not only on treating the disease itself but also on the psychological, social, and quality of life needs of the patient. In prostate cancer treatment, case management care based on patient safety is especially necessary to improve patient understanding and implementation of complex treatment plans, such as endocrine therapy, alleviate the distress caused by drug side effects, and improve the problems triggered by the disease and treatment, such as psychological stress and decreased quality of life, by means of systematic assessment, formulation, and implementation of personalized intervention plans, close patient-doctor communication and coordination, and dynamic monitoring and feedback of treatment effects.

This study focuses on exploring the application of patient safety-based case management care in endocrine therapy for patients with prostate cancer, aiming to reveal whether this can play a positive role in enhancing patient adherence to treatment, improving their mental health, optimizing their quality of life, and enhancing their knowledge of the disease and their ability of self-management to provide a more scientific, comprehensive, and humanized medical service and promote the development of endocrine therapy for these patients, as well as promoting the development of endocrine therapy for patients with endocrine cancer. This will help contribute to new ideas and bases for practical innovation and theoretical research in the field of prostate cancer treatment.

This study aims to evaluate the effect of case management guidance based on patient safety on the improvement of anxiety and depression scores, prostate cancer symptom scores, quality of life scores, treatment adherence, and satisfaction of patients with prostate cancer undergoing endocrine therapy through comparative clinical observation.

MATERIALS AND METHODS

Research object

Eighty patients who received endocrine therapy for prostate cancer between January 2022 and January 2024 in our hospital were selected, and all patients met the diagnostic criteria for prostate cancer. The inclusion criteria were as follows: Prostate cancer diagnosed *via* biopsy puncture or histopathology, patients requiring endocrine drug therapy according to the 2017 National Comprehensive Cancer Network guidelines, no obvious organic damage, no serious psychiatric illness; and no medical history. Exclusion criteria were non-cooperation with this study; severe cardio-cerebral, hepatic, and renal impairment; combination of other tumors; endocrine drug allergy; and illiteracy or accompanying family members who were illiterate. Based on the principle of comparability of basic data between groups, the patients were divided into observation and control groups, with 58 patients per group. In the control group, the age of patients was 55-80 years old, with an average age of 67.46 ± 5.26 years old, and the body mass index (BMI) was 18-27 while in the observation group, the age of patients was 52-81 years old, with an average age of 66.27 ± 4.78 years old, and the BMI was 17-28; the BMI of patients did not significantly differ between the two groups ($P > 0.05$). The information collection process ensured that the patients were informed and that their privacy was protected (Table 1).

Nursing methods

The control group received routine nursing guidance and follow-up visits, *i.e.*, appropriate prehospital guidance and routine health education when patients were first admitted to the hospital, as well as regular follow-up visits. The observation group implemented case management nursing guidance based on patient safety, with the following specific content: (1) Establishing a patient safety and quality management committee. The director is the head of the department and the head nurse, and the members are doctors or nurses with > 5 years of clinical experience, who formulate the committee's duties, work system, nursing quality, and patient safety goals and plans, conduct weekly seminars on nursing quality and patient safety, check the implementation of various safety measures, and propose improvement strategies; (2) Establishing a case management team and patient electronic medical records. The process involved an intervention team comprising a case manager and urology nurse to collect general information about the patient, comprehensively assess the patient's condition and medical history, and establish an electronic medical record that can be quickly accessed; (3) Constructing a case management intervention program for patient safety. The intervention team analyzes and interprets the theoretical framework of prostate cancer patient safety, analyzes possible safety risks for patients with prostate cancer, keeps abreast of the patient's previous chemotherapy experience and treatment experience, reviews the patient's electronic medical record, and makes decisions for different patients and clinical scenarios. For example, if the intervention team understands that the patient's individual experience of the chemotherapy process is poor or they are obviously uncomfortable, timely decision-making is made on whether to increase the dose of the relevant drugs or reduce the duration and intensity of chemotherapy for subsequent treatment. Another example is psychological guidance for patients: The intervention team understands the emotional changes of the patient in the hospital or out of the hospital in a timely manner, understands where the issue is and provides targeted guidance and solutions; (4) Planning and implementation. With the case manager as the core, the intervention team implements individualized management for the patient, and implements "in-hospital-out-of-hospital" integrated management, including understanding the patient's symptoms and their dietary management, drug management, psychological care, home, follow-up, and follow-up management; (5) Coordination and supervision. The case manager is responsible for coordinating the relationship between the healthcare provider, patient, and family, and ultimately supervising the accurate implementation of the defined plan by the patient to ensure that the patient is provided holistic and professional individualized care; and (6) Outcome assessment. The intervention team uses five aspects to assess patient outcomes: Anxiety, depression, prostate cancer symptom scores, quality of life scores, patient compliance, and satisfaction. The program can be adjusted in a timely manner, if necessary, to ensure that patients can benefit exactly and truly from practicing quality care.

Observation indexes

Anxiety and depression scores: Anxiety scores were detected using the self-assessment scale for anxiety (SAS), and depression scores were detected using the self-depression scale for depression (SDS), with full scores of 100 points; the cut-off values of the SAS and SDS were 50 and 53 points, respectively. Higher scores on the SAS and SDS scales indicate a more serious degree of anxiety and depression in the patients.

Table 1 Baseline data

Group	Age range	Average age	BMI range
Observation group	52-81	66.27 ± 4.78	17-28
Control group	55-80	67.46 ± 5.26	18-27

BMI: Body mass index.

Prostate cancer symptom score: The prostate cancer symptom score was evaluated using the prostate cancer symptom scale, which evaluates four functional areas: Urinary system, intestinal, sexual, and hormone functions. Each area score comprises a symptom and function score, and the higher the score, the better the quality of survival.

Quality of life scores: Patient quality of life scores were assessed using the quality of life measurement scale, which contains four sub-functional scales, including role, somatic, emotional, and social functions, with scores ranging from 0 to 100, with higher scores indicating a better quality of life.

Data analysis method

Statistical software (Statistical Package for the Social Sciences 20.0) was used for data analysis. Measurement information was expressed as mean ± standard deviation, and the *t*-test was used for comparison of means between groups; Wilcoxon test was used for comparison of hierarchical information between groups. Differences between the two groups were considered statistically significant at $P < 0.05$.

RESULTS

Comparison of SDS and SAS scores before and after intervention in the two groups of patients

Before the intervention, the SDS and SAS scores of the two groups of patients were compared, and the difference was not significant ($P > 0.05$). After the intervention, the SDS and SAS scores of the patients in the observation group were significantly lower than those of the control group ($P < 0.05$) (Table 2).

Comparison of prostate cancer symptom scores between the two groups after intervention

After the intervention, the urinary system and intestinal functions of the two groups did not significantly differ ($P > 0.05$). However, the sexual and hormone function scores of the patients in the observation group were significantly higher than those of the control group ($P < 0.05$), indicating that the quality of life was significantly improved (Table 3).

Comparison of quality of life scores between the two groups after intervention

After the intervention, the scores for the role, physical, emotional, and social functions of the patients in the observation group were significantly higher than those of the control group ($P < 0.05$). Thus, the quality of life of patients in the observation group was significantly better than that of patients in the control group (Table 4).

DISCUSSION

Prostate cancer is a malignant tumor that develops slowly and lasts for a long period, and patients with prostate cancer are highly concerned about the side effects of treatment and their quality of survival; however, for various reasons, the quality of survival of patients has not improved, which is a key issue that must be addressed in the current field of prostate cancer treatment[11]. The core of case management is to conduct a comprehensive assessment of the patient, develop and implement a personalized intervention plan[12], coordinate healthcare resources and relationships, monitor and evaluate the effectiveness of the intervention, and improve the quality of care through effective communication and resource integration to ensure patient safety and adapt to the health needs of patients and their families[13].

Given that prostate cancer treatment usually involves the long-term use of endocrine drugs, patient compliance is extremely important. Discontinuing or irregularly using drugs without medical advice can seriously affect the therapeutic effect, causing disease progression or even deterioration[14,15].

When patients with prostate cancer undergo endocrine therapy, they may experience physiological changes similar to de-emphasis, such as decreased libido, breast enlargement, and accumulation of abdominal fat, all of which are caused by a decrease in androgen levels during the treatment process[16].

Survival and quality of life of patients with prostate cancer have received extensive research attention[17]. Many daily life factors are closely associated with prostate cancer development. For example, frequent alcohol consumption may increase the risk of prostate cancer by generating carcinogens such as acetaldehyde, accelerating carcinogen absorption, and interfering with DNA methylation[18]. Similarly, smoking is strongly associated with prostate cancer, and a large body of data demonstrates that smoking is associated with poorer tumor prognosis. The mechanism of carcinogenesis

Table 2 Comparison of self-depression scale for depression and self-assessment scale for anxiety scores between the two groups before and after intervention

Group	SDS		SAS	
	Before intervention	After intervention	Before intervention	After intervention
Control group	61.46 ± 4.62	52.60 ± 5.21	64.36 ± 6.24	50.27 ± 5.16
Observation group	62.02 ± 4.32	41.89 ± 5.63	63.68 ± 6.02	42.69 ± 4.98
<i>t</i> value	0.674	10.633	0.597	8.050
<i>P</i> value	0.502	0.000	0.552	0.000

SAS: Self-assessment scale for anxiety; SDS: Self-depression scale for depression.

Table 3 Comparison of prostate cancer symptom scores between the two groups after intervention

Group	Urinary system function	Intestinal function	Sexual function	Hormone function
Control group	75.36 ± 9.68	73.67 ± 10.36	57.43 ± 8.79	64.19 ± 7.26
Observation group	78.69 ± 10.12	75.16 ± 10.95	64.62 ± 8.09	75.19 ± 7.62
<i>T</i> value	1.811	0.753	4.584	7.960
<i>P</i> value	0.073	0.453	0.000	0.000

Table 4 Comparison of quality-of-life scores between the two groups after intervention

Group	Role function	Physical function	Emotional function	Social function
Control group	74.23 ± 5.60	59.98 ± 6.01	72.16 ± 5.49	52.18 ± 6.32
Observation group	85.16 ± 5.43	67.47 ± 6.25	85.19 ± 5.01	68.23 ± 7.19
<i>t</i> value	10.671	6.579	13.352	12.840
<i>P</i> value	0.000	0.000	0.000	0.000

may be the action of polycyclic aromatic hydrocarbons and other carcinogens in tobacco smoke[19]. Additionally, dietary habits affect tumorigenesis, and foods such as tomatoes, vitamin E, selenium, soy, and coffee have been linked to the risk of prostate cancer[20]. In response to these lifestyle-related prostate cancer risk factors, we advocate that patients adjust their lifestyles during treatment, and that the case management model can design targeted treatment strategies based on the individual disease course characteristics of each patient. This study aimed to provide a more comprehensive and rational treatment pathway through the implementation of patient safety-based case management to overcome the limitations of traditional interventions in dealing with individual patient differences. The experimental results showed that the scores of patients in the observation group in terms of role, somatic, emotional, social, sexual, and hormonal functioning significantly improved, demonstrating the importance of implementing well-targeted and effective interventions to improve the quality of survival of patients with prostate cancer.

This study had the following limitations: Only 80 patients from one hospital were selected, and the sample size was relatively small. Thus, it does not fully represent the situation of all patients with prostate cancer, and there are certain restrictions on the promotion of our findings. The research period covers January 2022 to January 2024, which is relatively short and may not fully reflect the long-term effects and potential changes. The medical environment and patient group characteristics of a single hospital is unique and cannot fully reflect the general situation in different regions and hospitals. Although there are clear exclusion criteria, there may still be some potential influencing factors that have not been considered, such as the patient's lifestyle, genetic background, and other potential interferences with the nursing effect. There are no multicenter comparative studies with other hospitals or different nursing models, and it is difficult to comprehensively evaluate the advantages and disadvantages of the nursing model.

CONCLUSION

In the endocrine treatment of prostate cancer, the combination of case management guidance based on patient safety can effectively improve patient adherence and satisfaction, reduce anxiety and depression, and improve the quality of survival and life, demonstrating an important clinical application value.

FOOTNOTES

Author contributions: Zhou R designed the research study and was responsible for revising the manuscript for important intellectual content; Zhou R and Xu CL performed the primary literature search and data extraction, analyzed the data, wrote the manuscript, read and approved the final version.

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