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## **PROSTATE CANCER IN FIJI – DISEASE TRENDS AND SERVICES AVAILABLE FOR PATIENTS: A RETROSPECTIVE STUDY**

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## PROSTATE CANCER IN FIJI – DISEASE TRENDS AND SERVICES AVAILABLE FOR PATIENTS: A RETROSPECTIVE STUDY

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### ABSTRACT:

In this retrospective study prostate biopsy data from the three divisional hospitals in Fiji was reviewed to determine the rate of prostate cancer in the period 2001 – 2010. In addition key hospital staff members were interviewed to gain an understanding of the support services available to those diagnosed with cancer. A total of 455 prostate biopsies of patients in the age group 45 to 70+ years were done over the 10 year period. The results of 133 (29%) were positive. No statistically significant increase or decrease in prostate cancer (CaP) positive biopsies was observed over the study period. Although 80% of the samples were from the 60 years age group, the proportion of positive samples in each age group was not significantly different. Of 116 biopsies graded, 59% had a Gleason score of 7 or higher. The interviews with medical staff indicated that support was primarily surgical and clinical care. A number of areas of deficiency were perceived by staff including lack of support groups and counseling services, geographical and financial factors affecting access to clinics and medications and the need for improved staff training. Data obtained in this retrospective study indicated that those diagnosed with prostate cancer in Fiji are typically older, have a poor prognosis and that there is an opportunity for providing improved support services for patients.

**Keywords:** prostate cancer, social support, Fiji

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### INTRODUCTION:

Prostate cancer (CaP) is the second and third most common cause of death in developed and developing countries respectively [1-4]. In western countries, prostate cancer is the most commonly diagnosed malignancy and the second

leading cause of cancer death among elderly men [5]. Prostate cancer is the most common malignancy in American men and the second leading cause of cancer mortality and is diagnosed among African Americans more often than other ethnic groups [6]. In 2009,

approximately 27,130 African-American men were diagnosed with prostate cancer, and approximately 3,690 African-American men died of prostate cancer [6]. In Asian countries, CaP has become more common in recent years and is associated with a larger aging population and westernized lifestyle [5]. In Germany, prostate cancer is one of the most prevalent male cancers with an estimated annual incidence of 58 000 new cases in Germany and of 678 000 new cases worldwide [7]. In Australia prostate cancer causes 15% of the cancer burden in men with an estimated 16, 800 men in Australia diagnosed in 2010 and 3,300 died of the disease [8].

In many parts of Oceania, including Australia, Fiji, New Caledonia and New Zealand, CaP is the most common male cancer [9]. In addition, it is the most common cause of cancer-related deaths for males in New Caledonia (26%) and the second most common cause-related deaths in Australia (15%), New Zealand (14%), Fiji (12%), and Polynesia (10%) [10]. A study in 2011 reporting data from 2002-2005 revealed that the leading cancers among males were lymphoid and haemopoietic (12.6% of males cases) and followed by prostate (12.5% of cases) from the 2002-2005 data [11, 12].

In addition to the surgical and other treatment needs of those diagnosed with cancer, various support services play an important role in enhancing quality of life and providing resources to assist in the management of cancer or treatment-related symptoms. Research suggests that social support can have an impact on health-related quality of life. Social support has two separate domains; structural and functional. Structural social support is the actual physicality of the support such as frequency of contact with friends or family, voluntary organizations or associations, religious services and other community services. Functional social support includes happiness with such areas as verbal and physical appraisal, tangible help with tasks, communication of helpful information and guidance and social companionship [13]. Little is known about the support services that are available to men diagnosed with CaP in Fiji.

The purpose of this study was to investigate the rate of positive findings in prostate biopsies at the three divisional hospitals in Fiji for the period 2001-2010 and also to assess the types of support services available to patients with CaP.

#### **MATERIALS AND METHODS:**

Routinely collected data on prostate biopsies for the years 2001 – 2010 were extracted from the

histopathology registers at the three divisional hospitals in Fiji: Colonial War Memorial (CWM), Lautoka and Labasa hospitals. The variables extracted were: year of biopsy, patient age, ethnicity, Gleason grade and scores and hospital where the biopsy was taken and diagnosed.

Variables for patients below 30 years of age were excluded as the risk of prostate cancer was low amongst this group. Extracted data was entered in a paper-based collection form and subsequently entered into Statistical Package for the Social Sciences (SPSS) version 16.0 for data analysis. The variables were then analysed by year, age group (<49, 50-54, 55-59, 60-64, 65-69, 70-74, 75 years or above and unknown), ethnicity (Fijians, Indo-Fijians and others), hospital (CWM, Lautoka and Labasa) and Gleason score. The Gleason scores 2–4 were classified as well differentiated prostate cancer, 5 and 6 as moderately differentiated, 7 or higher as poorly differentiated [14]. Chi squared analysis was used to compare groups with  $p < 0.05$  deemed to be statistically significant.

The second part of the study involved carrying out key informant interviews with urology clinic staff. The aim of this data collection was to explore the types of service available for CaP patients and identify gaps in the services. Staff members at the urology clinic were approached,

the purpose of the study was explained and each was invited to participate. Permission was sought from the interviewees to record the interviews. Each interviewee was asked a series of questions relating to support services: (1) Can you describe for me the range of services that you offer to patients with prostate cancer? (2) Apart from health services, what other services do you think are important for the care and support of patients with prostate cancer? (3) What are these other services and what “needs” would they address? (4) In your opinion what do you see as weakness in the support services for prostate cancer patients? (5) Do you have any recommendations in relation to the identified weakness? The duration of the interview was between 15 to 30 minutes. Recorded interviews were later transcribed verbatim and analyzed thematically.

This study was approved by the Ministry of Health Ethics committee, the Medical Superintendents at the three divisional hospitals and the Charles Sturt University Ethics in Human Research Committee.

## **RESULTS:**

In the period 2001-2011 a total of 455 specimens were received for CaP testing and diagnosis at the three divisional hospitals, with 133 (29%) of

all samples testing positive (Table 1). The proportion of positive samples from the three ethnic groups was not statistically different with 32% of samples from Fijians testing positive; 22% from Indo-Fijians and 39% from others. Most samples were tested at the CWM hospital (n=307) followed by Lautoka (n=112) and Labasa hospitals (n=36). There were 94 (31%) positive cases in CWM, 27 (24%) in Lautoka and 12 (33%) in Labasa hospitals.

There was no statistically significant ( $p = 0.37$ ) increase or decrease in the percentage of positive samples during this time period, nor was there any trend based on ethnicity over the ten years. Positive biopsies were found in men over a wide age range (Table 1). The prevalence was higher among the over 60 years age group with a total of 87% of positive samples. The highest number of total biopsies (i.e. suspicious of CaP) was also higher in this group with 80% of all biopsies from those in the over 60 years age group. There was no statistically significant difference ( $p=0.52$ ) in the percentage of positive samples in each age group. The average age when the men were diagnosed with CaP was  $68 \pm 9$  years (mean  $\pm$  standard deviation). In total of 29 (7%) individuals had more than one biopsy and in all but 8 cases these multiple biopsies were in the same year. Gleason scores were

available for 86.5% of positive biopsies (Table 2) with 59% of biopsies having a score of 7 or higher (45% had scores of 8-10). The data also showed that 51% of individuals were both over 60 years and had a Gleason score of 7 or more with 17% aged over 60 and having a Gleason score of 5 or 6; this suggests that the majority (68%) of men in this study were both 60 years or older and had a Gleason score indicting a moderately to highly aggressive cancer.

In response to the first question, the interviewees responded that the only services provided to CaP patients within the hospitals were urology clinics, blood tests, x-ray, surgery, helping CaP patients in the wards for post-operations and medicine for treatment. The interviewees also felt that other medical and psychological supports are important for the care and support for patients.

Responding to the second question, interviewees nominated provision of counseling services, 24-hour access to medical and other support (either in-person or via toll-free phone lines), the important role of church groups and family, and ensuring that pharmaceutical needs were met. Counseling was felt to provide a safe, supportive and confidential environment at a regular time and place where CaP patients can explore their feelings.

**TABLE 1:** Summary of biopsy data for the 455 specimens collected at three divisional hospitals in the period 2001-2011.

	<b>Positives cases N (%)</b>	<b>Total (N = 455)</b>	<b>P value</b>
<b>Ethnicity of patient</b>			
Fijian	87 (32)	271	0.05
Indo-Fijian	34 (22)	153	
Other	12 (39)	31	
<b>Hospital</b>			
Colonial War Memorial	94 (31)	307	0.37
Labasa	12 (33)	36	
Lautoka	27 (24)	112	
<b>Age group</b>			
<49	3 (27)	11	0.52
50-54	5 (25)	20	
55-59	6 (16)	38	
60-64	18 (28)	65	
65-69	30 (31)	96	
70-74	29 (29)	100	
75+	38 (36)	105	
Not recorded	4 (20)	20	
<b>Year</b>			
2001	13 (18)	74	0.13
2002	25 (40)	63	
2003	21 (42)	50	
2004	8 (27)	30	
2005	14 (30)	46	
2006	8 (22)	36	
2007	16 (29)	56	
2008	11 (28)	39	
2009	9 (33)	27	
2010	8 (24)	34	

**TABLE 2:** Gleason scores for positive biopsies

Category	Gleason scores	Number (%)
Well differentiated	2 - 4	26 (22%)
Moderately differentiated	5 - 6	22 (19%)
Poorly differentiated	7 - 10	68 (59%)

For medical support, all interviewees mentioned that service provision was limited by a low national health budget, lack of infrastructure and staffing in Fiji including lack of access to specialist oncology services. They also felt that medications should be readily available at the hospitals pharmacies and that CaP patients, especially low income earners, should not buy their medications at private pharmacies. An interviewee said *“we don’t basically offer all the drugs especially with pain killers as pain management is important for those with very last stage or critically ill patients and with that age too they will have a low pain tolerant so they need a lot of these basic pain management”* (interviewee 1).

For those experiencing financial hardship medication may only be bought when money is available and therefore there is potential for delayed treatment. The cost of patient’s

medication, travel to appointments and phone calls to the hospitals were all mentioned as limiting factors, particularly for patients in geographically remote areas. All those interviewed mentioned strategies that could assist in this area, for example government subsidized travel, toll free help lines. An interviewee point out that the church groups address the spiritual life, an area for source of hope to CaP patients, *“spiritually we need to lift them up as well, if the person is up spiritually then they can think properly I think that’s why the church leaders need to come in and advice patients because most of these patients have no hope to give them”* (interviewee 3); providing support by getting the message out about men’s health awareness an interviewee said, *“people listen to pastors and sermons and what’s delivered in the pulpit ... if we are going to try and improve the services they could come in ... a prostate cancer message could be relayed down*

*from the pulpit it's a wellness issue its about ... when the pastors and preachers say something the community listens to these people and so why can't we use this to effectively deliver strong messages across ... any message and prostate cancer is included"* (interviewee 4).

The interviewees all saw a need for a more integrated and centrally-provisioned support system in Fiji. An interviewee said *"I think that's where we lacking in our department is support services because we don't have the toll free number, we don't have anybody that can go and visit them at home when they can't make it to the hospital. just a touch of hand or a lend of hand for that support"* (interviewee 3). Also highlighted by one interviewee was the need for family support, *"family support is one of the main important part to play in their life since they are sick and they are having cancer what we always do is bring the family and advise them on the disease"* (interviewee 2).

In addition, most patients present with metastatic disease as one interviewee said, *"now interestingly and very sad also is that most of our patients present in its metastatic form, the last stage of prostate cancer, we rarely seen people coming with curable prostate cancer"* (interviewee 4), which is a product of the lack of

screening and other early detection activities. The lack of health services was also mentioned by the interviewee stating that *"the weaknesses I would say is on our health services is our oncological services in Fiji is poorly develop, we lack good clinical leadership in oncology, number one we don't have an oncologist ... prostate cancer like any cancer falls under oncology. In the oncology, we lack proper availability of medication ... any cancers; chemotherapy drugs are not available on time"* (interviewee 4).

The interviewees made several recommendations to improve support for those with prostate cancer including for the government to have special medication provisions to improve cost and availability, subsidized or free bus fares for CaP patients, provision of counseling services should be provided for all types of cancers and not only for some, toll-free phone lines for CaP patients so that they can access the nurse and urologist 24 hours/day especially those who are non-ambulatory and/or geographically isolated. Finally there was a need to increase staff levels and training.

#### **DISCUSSION:**

Prostate cancer is a disease that is seen predominantly in older men in Fiji and is accompanied by high Gleason scores; however

there is no evidence of an increase or decrease in the rates of CaP positive biopsies in the period 2001-2010. While the difference in percentage of positive tests based on ethnicity did not reach statistical significance the data suggests that this may be an area for further exploration. Medical/nursing staff felt that there were deficiencies in the current support services and that there were opportunities for improving support by subsidizing bus fares, providing more affordable and accessible medication medical devices (e.g. indwelling catheters (IDC) and urine bags), having toll-free help lines, provision of home visit services, and providing counseling and support groups. There was also felt to be a need for more staff at the clinics and for training to enable nurses to do some of the work such as IDC changes in the community and at clinics.

As this study was based on data from the three divisional hospitals the findings may under-represent the actual number of prostate cancer cases in Fiji as those presenting to other clinics and hospitals or who fail to present for biopsy were not included. This is supported by the interview findings, *“most of our patients present in its metastatic form, the last stage of prostate cancer, we rarely seen people coming with curable prostate cancer”*. Carlsson et al. reported that some men did not present for biopsy at all;

this maybe due to personal reasons or the presence of co-morbid conditions [15]. In addition the lack of local availability of the single urologist due to work in non-Fijian sites or while attending training may contribute to lower levels of screening and to presentation of men at later stages of the disease compared to sites where a higher level of services are available. The effect of lower levels of screening on presentation at later stages of the disease was reported in a Chinese population [16]. In this study it was reported that prostate specific antigen (PSA) testing was not popular in China in the years preceding the study and hence patients were more likely to be biopsied because they were experiencing other symptoms. They observed higher detection rates of CaP which subsequently dropped thereafter due to widespread use of PSA test.

In the present study the highest prevalence (87%) of CaP was among the over 60 years age group. This is consistent with reports in the literature that the majority of CaP cases are diagnosed in advanced stage in men older than 65 years [17], and approximately 25% of cases are diagnosed in men older than 75 years [18]. Bolenz et al. in their diagnostic (exploratory cohort) study found that many patients remain under-graded and under staged; an initial

transrectal sextant or 10–12-core biopsy might miss tumor areas in up to 30% of patients, leading to false-negative biopsy results [19]. A study to evaluate the diagnostic findings and treatment options chosen in men aged 70 years and older referred for prostate biopsy revealed that autopsy studies show older men are significantly more likely to have higher Gleason scores and more advanced stage cancer than younger men [18, 20].

The participants for the interview were senior staff nurses and urologist who had at least 3 years experience in their divisions. The types of support services which they highlighted as being important were psychological and medical support services; with gaps being in areas of out-of-hospital support, access to facilities and medication and lack of specialist staff. Currently the Fiji Cancer Society is the only non-governmental organisation (NGO) which provides information about cancer, prevention, diagnosis and treatment. It also offers support and hope to cancer patients and their families. This NGO provides the services of a hospital nurse who administers pain relief morphine injections and patient/family counseling. A similar support group, the “hospital in the home” also provides dressings to cancer patients and social activities for patients in their homes. Local religious

organizations provide spiritual encouragement and direction to cancer patients.

For psychological support, community based support which revolved around family and church was highlighted as a need. A similar study [21] reveals that patients felt that more emotional, spiritual and other support services would have been beneficial for CaP patients during their cancer journey. Home visit service to the community is needed especially when patients become bed ridden or when they have bus fare problems to improve their quality of life. It is reported that those men who have low levels of social support from friends or family, voluntary organizations or associations, religious services and other community services also have a lower overall health-related quality of life than those men with higher levels of social support [13]. Nursing staff are also seen to have a key role in assisting those with CaP with both clinical and non-clinical support [22]. Furthermore, in this study pastors were seen as an influential persons in both providing support and getting the message out about men’s health awareness. Finally, the institutional support group that did exist focused only on breast and cervical and not on CaP.

The interviewees highlighted that very little medical support was available to CaP patients. An example provided by one interviewee was

adequate provision of analgesics by the hospital pharmacy to assist patients to manage pain. When out of hospital patients may hold on to their prescriptions until they have the money to buy their medication which may delay treatment or symptom control. In other countries cancer foundations or agencies may provide and distribute medication [23] for their patients hence it is suggested that this may be a strategy to assist patient support in Fiji. Currently patients need to attend divisional hospitals when IDC and urine bags require changing, which incur extra cost and inconvenience especially for those in geographically isolated areas. It is also recommended that this facility be made available at sub divisional hospitals to provide greater access to services by patients. Awareness campaigns are needed to highlight the need for early diagnosis and management of prostate to minimise the number of men presenting with advanced or metastatic cancer; previous studies have shown that this can reduce the rate of death from prostate cancer by 20% [3].

This study is the first to provide information about the needs to improve support services of men with CaP patients where qualitative interview method of data collection was used and in-depth interviews to effectively capture the unmet health needs that are important to CaP patients in Fiji. There is a need to do research on CaP patients

to record their experiences and opinions of the currently available services and how to provide better clinical services support systems for cancer patients. Further as most care is delivered on an outpatient basis, community program planners should consider increasing supportive care services to CaP in their homes.

### **CONCLUSION:**

The results obtained in the present study indicate that prostate cancer is prevalent among older men in Fiji and is accompanied by high Gleason score. There was no statistically significant data to indicate increase or decrease in the rates of CaP positive samples in the period 2001-2010. Urology services are provided monthly at all three divisional hospitals; however improvements in a number of areas could enhance the medical and other support services needed by patients diagnosed with prostate cancer.

### **Conflict of Interests:**

The authors declare that they have no conflict of interests

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