More than 11.4 million cancer survivors are living in the United States, and the number is expected to increase in the next several decades. Men with prostate cancer make up about 20% of all cancer survivors (National Cancer Institute [NCI], 2011) and, of all survivor groups, the number of prostate cancer survivors is increasing at the most rapid rate (American Cancer Society [ACS], 2011; Institute of Medicine [IOM], 2006).

Although prostate cancer is unique to men, the aftermath of treatment impacts their lives and their relationships with others. As in other chronic illnesses, treatment and its sequela place an enormous burden on the physical and emotional resources of survivors. Challenges with communication and interruptions in intimacy often occur as survivors are faced with the long-term physical and psychosocial consequences of diagnosis and treatment (Badr & Taylor, 2009; Gomella, Johannes, & Trabulsi, 2009; Mols et al., 2009; Sanda et al., 2008). However, many members of the oncology healthcare team may not have sufficient information about the many challenges faced by survivors and, therefore, are not able to offer the most appropriate and effective treatment options.

The experience of men who have completed acute cancer treatment and transitioned into survivorship is not well understood; therefore, a qualitative, descriptive, narrative analysis was conducted with open-ended questions that participants responded to annually during the course of a 10-year period. The participants expressed that the experience was complex and three themes were identified: “symptoms,” “can’t go back,” and “needs.” Time also emerged as an important concern. Participants indicated that sexual and physical symptoms impacted their entire life and that acknowledgment, information, and help from others were important to their recovery. Returning to baseline functioning was no longer possible; rather, a new normal now existed. The findings will help oncology nurses better understand the experience of being a prostate cancer survivor. The need for long-term interventions with information delivered prior to, during, and beyond the treatment process was identified. Clinical interventions should move toward a more integrated approach that helps men develop their new normal.

**Literature Review**

Prostate cancer is the most common non-skin cancer diagnosis for men, accounting for an estimated 29% (240,890 cases) of all new cancer cases in 2011. Although the five-year survival for early-stage disease is about 100% and the 10-year survival rate is close to 91%, the process of diagnosing and treating men with prostate cancer has long-term physical, psychological, and emotional effects (ACS, 2011; Skerrett, 2005). Most prostate cancer survivors report adverse urinary, bowel, and sexual health outcomes that continue years after treatment. Those symptoms,