Survivorship – Prostate Cancer

Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson’s specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient’s care.

**ELIGIBILITY**

Prostate cancer ≥ 2 years from completion of treatment\(^1\) and NED

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**CONCURRENT COMPONENTS OF VISIT**

\(1\) PSA < 0.1 for status post prostatectomy and < 1 for status post radiation therapy

\(2\) Category 1: status-post radical prostatectomy or radiation therapy; pathologic stage pT2, N0, M0, negative margins, or clinical stage cT2, N0, M0; Gleason score ≤ 7 and PSA < 0.1 ng/mL or < 1 ng/mL if treated with radiation therapy

\(3\) Category 2: status-post prostatectomy or status-post prostatectomy plus radiation therapy; pathologic stage pT2, N0, M0, positive margins; Gleason score ≤ 7 and PSA < 0.1 ng/mL

\(4\) As clinically indicated if PSA is undetectable

\(5\) Category 3: status-post prostatectomy or status-post prostatectomy plus radiation therapy; pathologic staging pT3, N0, M0; clinical stage, cT3, N0, M0; Gleason score 8-10 and PSA < 0.1 ng/mL or < 1 ng/mL if treated with radiation therapy only

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**DISPOSITION**

New primary or recurrent disease?

Yes → Return to primary treating physician

No → Continue survivorship monitoring

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**MONITORING FOR LATE EFFECTS**

- History and physical exam annually
- PSA annually
- DRE annually

**PSYCHOSOCIAL FUNCTIONING**

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ELIGIBILITY

Prostate cancer ≥ 2 years from completion of treatment¹ and NED

CONCURRENT COMPONENTS OF VISIT

MONITORING FOR LATE EFFECTS

- Urinary incontinence
- Erectile dysfunction
- Bowel dysfunction
- Bone health screening as clinically indicated

RISK REDUCTION/EARLY DETECTION

Patient education, counseling, and screening:
- Lifestyle risk assessment²
- Cancer screening³
- Age appropriate immunizations including annual influenza, pneumonia, and shingles
- HPV vaccination as clinically indicated (see HPV Vaccination algorithm)
- Screening for Hepatitis B and C as clinically indicated (see Hepatitis Screening and Management – HBV and HCV algorithm)
- Cardiovascular risk reduction⁴
- Genetic counseling if family history of prostate or pancreas cancer or family history consistent with Lynch syndrome

PSYCHOSOCIAL FUNCTIONING

Assess for:
- Distress management (see Distress Screening and Psychosocial Management algorithm)
- Body image
- Financial stressors
- Social support

Refer or consult as indicated

DISPOSITION

Prostate cancer ≥ 2 years from completion of treatment¹ and NED

¹ PSA < 0.1 ng/mL for status post prostatectomy and < 1 ng/mL for status post radiation therapy
² See Physical Activity, Nutrition, and Tobacco Cessation algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice
³ Includes colorectal, liver, lung, pancreatic, and skin cancer screening
⁴ Consider use of Vanderbilt’s ABCDE’s approach to cardiovascular health

Department of Clinical Effectiveness V6
Approved by The Executive Committee of the Medical Staff on 05/19/2020

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SUGGESTED READINGS


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DEVELOPMENT CREDITS

This survivorship algorithm is based on majority expert opinion of the Genitourinary Survivorship work group at the University of Texas MD Anderson Cancer Center. It was developed using a multidisciplinary approach that included input from the following:

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