Survivorship – Prostate Cancer

Prostate cancer 2 or more years from completion of treatment and NED

ELIGIBILITY

CONCURRENT COMPONENTS OF VISIT

SURVEILLANCE

PSYCHOSOCIAL FUNCTIONING

MONITORING FOR LATE EFFECTS

RISK REDUCTION/EARLY DETECTION

NED = no evidence of disease    DRE = digital rectal exam    PSA = prostate specific antigen

1 PSA less than 0.1 for status post prostatectomy and less than 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 less than or equal to 7 and PSA less than 0.1 ng/mL or less than 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 less than or equal to 7 and PSA less than 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 or status-post radiation therapy; pathologic staging pT3, N0, M0; clinical stage, cT3, N0, M0; Gleason score 8-10 and PSA less than 0.1 ng/mL or less than 1 ng/mL if treated with radiation therapy only

DISPOSITION

New primary or recurrent disease?

Yes

No

Return to primary treating physician

Continue survivorship monitoring

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Survivorship – Prostate Cancer

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ELIGIBILITY

Prostate cancer 2 or more years from completion of treatment 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 assessment
- Cancer screening
- 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 reduction

PSYCHOSOCIAL FUNCTIONING

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

DISPOSITION

Refer or consult as indicated

1 PSA less than 0.1 for status post prostatectomy and less than 1 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 V5
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SUGGESTED READINGS


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:

John W. Davis, MD (Urology)
Wendy Garcia, BS*
Jeri Kim, MD (Genitourinary Medical Oncology)
Deborah A. Kuban, MD (Radiation Oncology)
Paula Lewis-Patterson, DNP, RN, NEA-BC (Cancer Survivorship)
William E. Osai, RN, APN, FNP (Genitourinary Medical Oncology)
Amy Pai, PharmD*

*Clinical Effectiveness Development Team