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 and NED

CONCURRENT COMPONENTS OF VISIT

Years 2-5:
- History and physical exam annually
- PSA and consider testosterone level every 6 months
- DRE

Years 6 and up:
- History and physical exam annually
- PSA and consider testosterone level annually
- DRE

SURVEILLANCE

Category 1:
- History and physical exam annually
- PSA and consider testosterone level every 6 months
- DRE

Category 2:
- History and physical exam annually
- PSA and consider testosterone level every 4 months
- DRE

Category 3:
- History and physical exam annually
- PSA and consider testosterone level annually
- DRE

MONITORING FOR LATE EFFECTS

RISK REDUCTION/EARLY DETECTION

PSYCHOSOCIAL FUNCTIONING

DISPOSITION

New primary or recurrent disease?

Yes
- Return to primary treating physician

No
- Continue survivorship monitoring

Category 1 and 2

Category 3

Years 2-5:

Category 1:

Years 6 and up:

Category 2:

Years 6 and up:

Category 3:

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

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 for patients with reported symptoms, failed to recover, borderline values or per provider’s discretion. Can discontinue after 2 consecutive normal levels.
5 As clinically indicated if PSA is undetectable
6 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 < 0.1 ng/mL or < 1 ng/mL if treated with radiation therapy only

Department of Clinical Effectiveness V7
Approved by The Executive Committee of the Medical Staff on 05/17/2022
ELIGIBILITY

Prostate cancer ≥ 2 years from completion of treatment and NED

CONCURRENT COMPONENTS OF VISIT

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

URINARY INCONTINENCE
- Erectile dysfunction
- Bowel dysfunction
- Bone health screening as clinically indicated

PSYCHOSOCIAL FUNCTIONING

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

MONITORING FOR LATE EFFECTS

Patient education, counseling, and screening:
- Lifestyle risk assessment
- Cancer screening
- Age appropriate immunizations including annual influenza, pneumonia, and shingles
- Screening for Hepatitis B and C as clinically indicated (see Hepatitis B Virus (HBV) Screening and Management algorithm)
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DISPOSITION

Refer or consult as indicated

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

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SUGGESTED READINGS


This survivorship algorithm is based on majority expert opinion of the Genitourinary Survivorship workgroup 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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