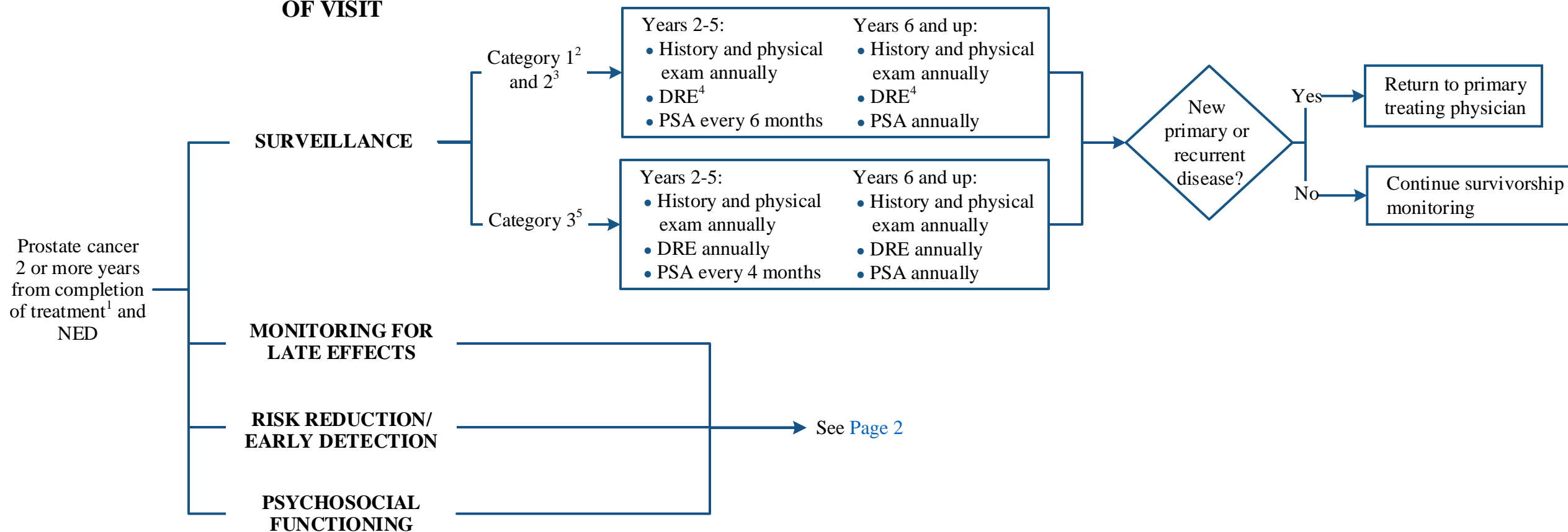


Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson's specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional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

## ELIGIBILITY

## CONCURRENT COMPONENTS OF VISIT

## DISPOSITION



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

<sup>1</sup> PSA less than 0.1 for status post prostatectomy and less than 1 for status post radiation therapy

<sup>2</sup> 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

<sup>3</sup> 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

<sup>4</sup> As clinically indicated if PSA is undetectable

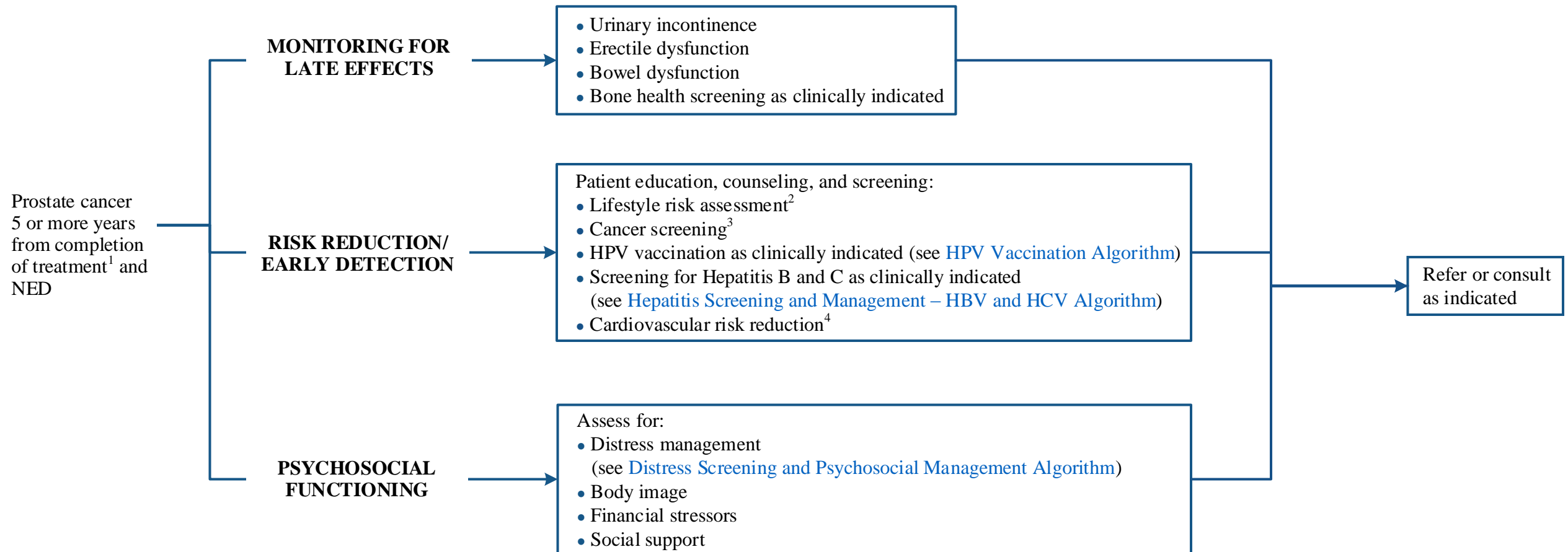
<sup>5</sup> Category 3: status-post prostatectomy or status-post prostatectomy plus radiation therapy or status-post radiation therapy; pathologic staging pT3, N0, M0; clinical stage, cT3, N0, M0; Gleason score 8-10 and PSA less than 0.1 ng/mL or less than 1 ng/mL if treated with radiation therapy only

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**ELIGIBILITY**

**CONCURRENT COMPONENTS OF VISIT**

**DISPOSITION**



<sup>1</sup> PSA less than 0.1 for status post prostatectomy and less than 1 for status post radiation therapy

<sup>2</sup> See [Physical Activity, Nutrition, and Tobacco Cessation](#) algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice

<sup>3</sup> Includes [colorectal, liver, lung, pancreatic, and skin cancer screening](#)

<sup>4</sup> Consider use of Vanderbilt’s [ABCDE’s approach to cardiovascular health](#)

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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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