Survivorship – Prostate Cancer

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

**CONCURRENT COMPONENTS OF VISIT**

**SURVEILLANCE**

Category 1^2^ and 2^3^
- Years 2-5: History and physical exam annually
- DRE^4^
- PSA every 6 months

Category 3^5^
- Years 2-5: History and physical exam annually
- DRE annually
- PSA every 4 months

**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

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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 or equal to 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 or equal to 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
ELIGIBILITY

Prostate cancer 5 or more years from completion of treatment 1 and NED

CONCURRENT COMPONENTS OF VISIT

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

Patient education, counseling, and screening:
- Lifestyle risk assessment 2
- Cancer screening 3
- 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 4

Assess for:
- Distress management
- Body image
- Financial stressors
- Social support

PSYCHOSOCIAL FUNCTIONING

MONITORING FOR LATE EFFECTS

RISK REDUCTION/EARLY DETECTION

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

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.
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:

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