Survivorship – Prostate Cancer

This cancer survivorship algorithm has been specifically developed for MD Anderson using a multidisciplinary approach and taking into consideration circumstances particular to MD Anderson, including the following: MD Anderson’s specific patient population; MD Anderson’s services and structure; and MD Anderson’s clinical information. This algorithm is provided as informational purposes only and is not intended to replace the independent medical or professional judgment of physicians or other health care providers.

ELIGIBILITY

Prostate Cancer 2 or more years from completion of treatment\(^1\) and NED\(^2\)

CONCURRENT COMPONENTS OF VISIT

\- **Category 1\(^3\)**
  - History and Physical exam annually
  - DRE\(^6\)
  - PSA every 6 months

\- **Category 2\(^4\)**
  - History and Physical exam annually
  - DRE\(^6\)
  - PSA every 6 months

\- **Category 3\(^5\)**
  - History and Physical exam annually
  - DRE annually
  - PSA every 4 months

MONITORING FOR LATE EFFECTS

- 2-5 years:
  - History and Physical exam annually
  - DRE\(^6\)
  - PSA every 6 months

- 6 years and up:
  - History and Physical exam annually
  - DRE\(^6\)
  - PSA annually

RISK REDUCTION/EARLY DETECTION

PSYCHOSOCIAL FUNCTIONING

DISPOSITION

New primary or recurrent disease?
- Yes
  - Return to primary treating physician
- No
  - Continue survivorship visits

\[1\] PSA less than 0.1 for status post prostatectomy and less than 1.0 for status post radiation therapy.

\[2\] NED = No Evidence of Disease

\[3\] Category 1: status-post radical prostatectomy or radiation therapy: Pathologic stage: pT2, N0, M0, negative margins, or Clinical stage cT2, N0, M0, Gleason 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.

\[4\] Category 2: status-post prostatectomy or status-post prostatectomy plus radiation therapy, Pathologic stage: pT2, N0, M0, positive margins, Gleason less than or equal to 7, PSA less than 0.1 ng/mL.

\[5\] 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 8-10, and PSA less than 0.1 ng/mL or less than 1 ng/mL if treated with radiation therapy only.

\[6\] DRE: Digital rectal examination as clinically indicated if PSA is undetectable.
Prostate Cancer 5 or more years from completion of treatment\(^1\) and NED\(^2\) continued from previous page

### ELIGIBILITY
- Prostate Cancer 5 or more years from completion of treatment\(^1\)
- NED\(^2\) continued from previous page

### CONCURRENT COMPONENTS OF VISIT

#### SURVEILLANCE
- See Page 1

#### MONITORING FOR LATE EFFECTS
- Urinary incontinence
- Erectile dysfunction
- Bowel dysfunction
- Bone health screening as clinically indicated

#### RISK REDUCTION/EARLY DETECTION
- Patient education/counseling/screening:
  - Colorectal cancer screening (See Colorectal Cancer Screening Algorithm)
  - Diet/weight management
  - Exercise/activity
  - Tobacco cessation
  - Sun exposure/skin cancer screening if indicated

#### PSYCHOSOCIAL FUNCTIONING
- Assess for:
  - Distress
  - Financial stressors
  - Body image
  - Social support

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\(^1\) PSA less than 0.1 for status post prostatectomy and less than 1.0 for status post radiation therapy.

\(^2\) NED = No Evidence of Disease
SUGGESTED READINGS

Available at: NCCN.org. Accessed [Sep 19, 2012].

Up To Date (online database). External beam radiation therapy for localized prostate cancer.
Up To Date (online database). Follow-up surveillance for men with early prostate cancer

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DEVELOPMENT CREDITS

This practice algorithm is based on literature review conducted by the Genitourinary Survivorship Committee, and majority expert opinion of the Genitourinary Center Faculty at The University of Texas MD Anderson Cancer Center. Core committee team members include:

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