Follow-up of prostate cancer survivors

Prostate cancer survival rates are among the highest five-year survival rates (for all cancers).

PSA and other screening techniques mean that more men are being diagnosed with prostate cancer earlier. Men often need to choose between surgery or radiotherapy and sometimes 'watchful waiting', as there is uncertainty regarding which method offers the best survival benefit.

Relatively common long-term effects of prostate cancer treatment include sexual and urinary dysfunction. For most men with prostate cancer, these, plus fear of recurrence, compound the other stresses of growing older.

Follow-up includes scheduling regular review to monitor for recurrence and the effects associated with prostate cancer treatment.

Five- and 10-year survival (Australia)
In 2004, five-year survival for prostate cancer was 85.3% and 10-year survival was 75.4%.

Potential issues for survivors
Survivors may experience many different issues after completing treatment: physical, emotional, psychosocial and practical. Survivorship care ideally addresses all of these issues. The four main aims of care during the survivorship phase, as detailed by the Institute of Medicine's report (see Hewitt et al. 2006) 'From cancer patient to cancer survivor: lost in transition', are:

- surveillance for cancer spread, recurrence or second cancers
- coordination between specialists and primary care providers to ensure that all of the survivor’s health needs are met (incl. health promotion, immunisation, screening for cancer and non-cancerous conditions, and the care of concurrent conditions)
- intervention for consequences of cancer and its treatment (e.g. problems such as sexual dysfunction, symptoms including pain and fatigue, psychological distress experienced by cancer survivors and their caregivers, and concerns related to employment and insurance)
- prevention and detection of new cancers and recurrent cancer.

Surveillance for cancer spread, recurrence or second primary cancers
There is uncertainty about what defines optimal surveillance for men who have been treated for localised prostate cancer. Patient’s individual preferences, overall health status and the impact of treatment of recurrent disease on quality of life and survival need to be considered.
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Guidelines from the National Comprehensive Cancer Network (NCCN) recommend that patients who are initially treated with intent to cure should have a serum PSA level measured every 6 to 12 months for the first five years and then be rechecked annually. An annual DRE is recommended. After radiotherapy it is recommended that serum PSA levels be measured every six months for the first five years and then annually. Again, DRE is recommended at least annually.

Symptoms should be assessed as they arise. The follow-up schedule may change, for example due to the detection of recurrence or the development of other illnesses.

New symptoms: advice for survivors
Cancer survivors may wait to discuss some symptoms if they know a surveillance/follow-up appointment is scheduled. Advise the cancer survivor you are treating to contact you if they notice any other symptom that concerns them between follow-up appointments.

Advise the cancer survivor you are treating to contact you if they experience:

- significant change in urinary function
- persistent lowered energy levels
- persistent unexplained bone pain or discomfort.

Coordination between specialists and primary care providers
Guidelines included in the Victorian Government’s patient management framework (genitourinary tumour stream) recommend that follow-up should be by a multidisciplinary team, although not all disciplines need to be involved in the longer term follow-up.

The guidelines recommend that the team, in consultation with the GP, decides on who will coordinate follow-up: the lead clinician should be determined by the primary treatment modality. Responsibility needs to be agreed between the designated lead clinician, GP and cancer survivor, and an agreed survivorship care plan documented. The plan should identify who should be notified if the patient does not attend for follow-up.

The GP may wish to co-monitor patients for PSA. The GP has a key role in follow-up.

### Intervention for consequences of cancer and its treatment

**Late effects of prostate cancer treatment**

*Note to cancer survivors: late effects from cancer treatment are generally uncommon and often rare. Do not assume that you will get a late effect if you had a treatment described here. Please speak to your doctor if you have any concerns about late effects from your cancer treatment.*

<table>
<thead>
<tr>
<th>Late effect</th>
<th>Cause/association</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bladder dysfunction:</td>
<td>Prostatectomy</td>
</tr>
<tr>
<td>• stress incontinence</td>
<td>Radiotherapy</td>
</tr>
<tr>
<td>• leakage</td>
<td></td>
</tr>
<tr>
<td>• urination pain, frequency, urgency</td>
<td></td>
</tr>
<tr>
<td>Erectile dysfunction</td>
<td>Radical prostatectomy</td>
</tr>
<tr>
<td></td>
<td>Radiotherapy (external beam radiation and brachytherapy)</td>
</tr>
<tr>
<td>Loss of libido, hot flushes, fatigue, weight gain, depression, osteoporosis, loss of bone mineral density, anaemia</td>
<td>Testosterone-suppressing hormones</td>
</tr>
<tr>
<td>Bowel dysfunction:</td>
<td>External beam radiotherapy or brachytherapy</td>
</tr>
<tr>
<td>• bowel necrosis</td>
<td>Prostatectomy</td>
</tr>
<tr>
<td>• rectal urgency</td>
<td></td>
</tr>
<tr>
<td>• diarrhoea</td>
<td></td>
</tr>
<tr>
<td>Second primary cancer incl. possible increased risk of:</td>
<td>May be associated with:</td>
</tr>
<tr>
<td>• bladder cancer</td>
<td>• increased surveillance following prostate cancer treatment</td>
</tr>
<tr>
<td>• male breast cancer</td>
<td>• prostate irradiation</td>
</tr>
<tr>
<td>• rectal cancer</td>
<td></td>
</tr>
<tr>
<td>Impaired sexual functioning or sexual discomfort</td>
<td>Urinary problems and erectile dysfunction associated with radiotherapy and surgical treatment for prostate cancer</td>
</tr>
<tr>
<td>• May especially affect younger survivors</td>
<td></td>
</tr>
<tr>
<td>Distress, depression</td>
<td>Association with treatment is not well understood</td>
</tr>
<tr>
<td></td>
<td>Depression may be related to testosterone-suppressing hormones in addition to psychosocial factors</td>
</tr>
<tr>
<td>Impaired cognitive function</td>
<td>Association with treatment is not well understood</td>
</tr>
<tr>
<td></td>
<td>May be an association with testosterone-suppressing hormones</td>
</tr>
</tbody>
</table>

Late effects can occur as a consequence of radical prostatectomy or radiotherapy. Radiotherapy includes external beam and interstitial radiotherapy (brachytherapy) treatments.

For survivors and their partners, there may be relationship effects from cancer and its treatment, including difficulties over changed roles, fear of recurrence and the survivor’s fear of being a burden.

Late effects of prostate cancer treatment
Follow-up of prostate cancer survivors

Survivors who go through and beyond cancer treatment without partners or close family and friends may experience great loneliness.

Men who experience distressing effects from treatment may also question or regret their treatment choice.

Further information related to late effects

- Assess for urinary function. Bladder symptoms tend to improve with time (usually over two years). Bladder symptoms may be helped by drugs for urge incontinence, management of diet and food intake (referral to a dietitian may be helpful), pelvic floor exercises, use of pads and in persistent or severe cases surgical intervention.

- Assess sexual dysfunction. It’s important to assess how the survivor feels about any dysfunction: some men are more troubled about sexual dysfunction than others. Interventions may include oral agents, mechanical vacuum devices, penile injection therapy. Support groups and/or contact with a fellow survivor through a service such as Cancer Connect may be helpful.

- Assess bowel dysfunction. Most bowel symptoms decline over one to two years. Interventions include antispasmodics, suppositories and surgery (for rectal necrosis).

- Monitor for second primary cancer occurrence.

- Enquire about mood and whether the survivor feels they are coping. Assess the survivor’s level of distress/depression. Support groups and/or contact with a fellow survivor through a service such as Cancer Connect may be helpful.

- Men treated with testosterone-suppressing hormones may need assessment for bone mineral density. Advise about bone density loss prevention such as weight-bearing exercise, and smoking cessation. Consider preventive treatment with calcium and vitamin D supplementation, and bisphosphonates for men with osteoporosis, fractures or high rates of bone loss.

Prostate cancer treatment effects touch the partners of survivors as well as the survivors, perhaps more so than for other cancers. Referral for relationship counselling may be in order. Carers Cancer Connect is a telephone-based peer support service (contact via the Cancer Council Helpline on 13 11 20).

Prevention and detection of new cancers and recurrent cancer

Follow-up care should include counselling about improved diet, maintaining a healthy weight, smoking cessation and increasing physical activity as these may help to prevent recurrent prostate cancer or the development of other cancers. They may also reduce many of the psychosocial consequences of cancer treatment.

Advise survivors (unless there are health reasons that indicate otherwise) to do at least 30 minutes of moderate-intensity physical activity on most, preferably all, days. The NHMRC has produced dietary guidelines for Australian adults, on which advice to survivors can be based.

Don’t neglect other aspects of primary health care. Where indicated, monitor survivors’ cholesterol, blood pressure and blood glucose. Survivors should have regular dental examinations and be counselled on routine sun protection.

Survivors need appropriate screening for other cancers at recommended time intervals. Men over 50 should be counselled regarding screening for bowel cancers.
Follow-up of prostate cancer survivors

Further information

This overview was prepared with reference to:

- Australian Prostate Cancer Collaboration (APCC) 2006. Monitoring after treatment. Available at APCC online.
- Stull V et al. 2007. Lifestyle interventions in cancer survivors: designing programs that meet the needs of this vulnerable and growing population. Journal of Nutrition 137: 243S–8S.

Also see:

- Lions Australian Prostate Cancer website.
- National Comprehensive Cancer Network. This US site provides consensus-based guidelines developed by expert groups, and other clinical resources.
- Prostate Cancer Foundation of Australia website.

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