



Follow-up of survivors of prostate cancer

This resource provides guidance for general practice when caring for men who have had prostate cancer treatment.

GPs have an important role in caring for their patients diagnosed with prostate cancer (1). Once a patient enters the post-treatment phase, his care may be partly or fully transitioned back to his GP. The timing and degree of involvement will vary depending on the patient, his stage of disease and the treatments he had.

Five-year survival

Improvements in cancer screening and treatments mean that more people are living beyond cancer. In Australia, males diagnosed with prostate cancer had a 94% chance of surviving for five years compared to their counterparts in the general Australian population (2).

Potential issues for survivors

Men often need to choose between surgery, radiotherapy or active surveillance as there is uncertainty regarding which option offers the best outcomes. Men may experience poor general health outcomes, comorbidities and complex late or long-lasting effects of

their treatment. Relatively common long-term effects of prostate cancer treatment include sexual and urinary dysfunction (3).

It is important that GPs also consider other health needs (e.g. healthy living, immunisation, screening for cancer and non-cancerous conditions, and care of concurrent conditions).

Care coordination

Australian guidance in the 'Optimal cancer care pathway for men with prostate cancer' (4) recommends follow-up care needs to be agreed between the designated lead clinician, GP and cancer survivor, and an agreed care plan documented and shared. GPs and treating oncology specialists should discuss care plan components and determine roles and responsibilities ('shared care').

GPs should coordinate the patient's care from detection, into treatment, and through aftercare, when the GP's focus is on preventive care and managing pre-existing comorbid conditions. GPs can address the patient's overall physical and psychosocial status, and those components of survivorship care that are mutually agreed with the treating oncology specialist.

Guidelines for follow-up

The 'Optimal cancer care pathway for men with prostate cancer' recommends care in the post-treatment phase respond to predicted risks as well as individual clinical and supportive care needs. The Prostate Cancer Survivorship Care Guideline (5) describes the role of GP follow-up care in addressing potential long-term and late effects after prostate cancer treatment. The guideline was developed using a combined approach of evidence synthesis and expert consensus and is summarised in the following table.

Key messages

- Five-year survival rates are high (over 90%) for men with prostate cancer, particularly when the disease is detected and treated early.
- Prostate cancer survivors may experience physical, emotional, psychosocial and practical effects from prostate cancer and its treatment.
- General practitioners (GPs) play a vital role in the ongoing follow-up of a prostate cancer survivor.



Follow-up of survivors of prostate cancer



GP follow up	Guidelines	Explanatory notes
Surveillance for prostate cancer recurrence	<ul style="list-style-type: none"> Measure serum prostate-specific antigen (PSA) level every six to 12 months for the first five years, then recheck annually thereafter Any elevated or rising PSA should be immediately referred to the prostate oncology specialist Discuss need for annual digital rectal examination (DRE) with prostate oncology specialist 	<ul style="list-style-type: none"> Urologists / other cancer specialists may recommend more frequent PSA monitoring and the schedule should be determined collaboratively between the oncology specialist and GP Some patients may benefit from routine DRE and collaboration with prostate oncology specialist will help identify those patients
Screening for other primary cancers	<ul style="list-style-type: none"> Investigate or refer if any signs of haematuria Investigate or refer any rectal bleeding, pain or other symptoms of unknown origin 	<ul style="list-style-type: none"> Patients who have undergone pelvic radiation have an increased risk of bladder and colorectal cancer
Urinary dysfunction	<ul style="list-style-type: none"> Assess urinary function (stream, difficulty emptying the bladder) and incontinence 	<ul style="list-style-type: none"> Consider prescribing alpha-blockers for slow stream, and anticholinergic medications for nocturia, frequency or urgency Refer for incontinence/pelvic floor rehabilitation and/or surgical treatment options
Bowel dysfunction and symptoms	<ul style="list-style-type: none"> Assess bowel function and symptoms that are outside the norm Some patients may have persistent diarrhoea 	<ul style="list-style-type: none"> For rectal bleeding after radiation therapy, colorectal cancer should be ruled out (though other causes are more likely). Discuss with treating radiation oncologist
Sexual intimacy/dysfunction	<ul style="list-style-type: none"> Assess sexual function/erectile function Erectile dysfunction may be addressed through a variety of options 	<ul style="list-style-type: none"> Encourage couples to discuss their sexual intimacy and refer to counselling or support services as appropriate Consider PDE 5 inhibitors or intracavernosal injections Refer to a urologist, sexual health specialist or psychotherapist to review treatment and counselling options
Healthy living	<p>Advise patient to:</p> <ul style="list-style-type: none"> achieve and maintain a healthy weight achieve and maintain a healthy diet achieve and maintain daily physical activity limit alcohol intake avoid tobacco products/quit smoking 	<ul style="list-style-type: none"> Follow Clinical Practice Guidelines for the Management of Overweight and Obesity in Adults, Adolescents and Children in Australia (6) Follow Australian Dietary Guidelines (7) Follow Australia's Physical Activity and Sedentary Behaviour Guidelines for Adults (8) Follow Australian Guidelines to Reduce Health Risks from Drinking Alcohol (9)
Distress, depression and PSA anxiety	<ul style="list-style-type: none"> Assess at appropriate intervals and as clinically indicated 	<ul style="list-style-type: none"> Manage distress/depression using counselling, support groups and/or pharmacotherapy as appropriate

Source: Adapted from Resnick et al. 2015 (5), except where otherwise indicated. Please see the full guideline for more information: <http://www.instituteforquality.org/prostate-cancer-survivorship-care-guideline-american-society-clinical-oncology-clinical-practice>.

Note: PSA follow-up is usually directed by the treating urologist or other cancer specialist in the first one to three years following initial management as part of a shared care approach to survivorship.



Follow-up of survivors of prostate cancer



Follow-up for patients on androgen-deprivation therapy (ADT)

GP follow up	Guidelines	Notes
Anaemia	Assess for signs of anaemia	Consider annual monitoring of haemoglobin levels
Cardiovascular and metabolic effects (including insulin resistance, lipid profiles, diabetes and weight changes)	Assess and screen for cardiovascular risk factors	Blood pressure, lipid profiles and serum glucose
Fracture risk/osteoporosis	Perform baseline DEXA scan and calculation of a fracture risk assessment score	GP and prostate oncology specialist need to collaborate to optimise bone health in men at risk for osteoporosis. Consider bisphosphonate therapy for those at high risk
Vasomotor symptoms (hot flushes)	Discuss and monitor symptoms and consider symptom relief medications	Prescription of selective serotonin or noradrenergic inhibitors require further clinical investigation. Discuss with the patients the risks, benefits and costs of therapies for possible symptom relief

Source: Adapted from Resnick et al. 2015 (5), except where otherwise indicated. Please see the full guideline for more information: <http://www.institutequality.org/prostate-cancer-survivorship-care-guideline-american-society-clinical-oncology-clinical-practice>.





Follow-up of survivors of prostate cancer



Resources

- This information sheet is part of a series designed for health professionals. Review the rest of the series on our website: <https://www.petermac.org/services/support-services/australian-cancer-survivorship-centre/health-professionals/resources>
- If you have a passion for cancer survivorship, contact us to join our online collaborative workspace: contactacsc@petermac.org

Further resources for cancer survivors

- Australian Cancer Survivorship Centre, support services for survivors, <https://www.petermac.org/services/support-services/australian-cancer-survivorship-centre/cancer-survivors>
- Australian Cancer Survivorship Centre, information resources, <https://www.petermac.org/services/cancer-information-resources/survivorship-life-after-treatment>
- Cancer Council, Prostate cancer: what to expect, <http://www.cancerpathways.org.au/optimal-care-pathways/prostate-cancer>
- Cancer Council Information and Support Service, 13 11 20
- Prostate Cancer Foundation of Australia, www.prostate.org.au

Acknowledgement

Thank you to the health professionals who reviewed this resource.

Further information

This overview was prepared with reference to:

1. Rubin G, Berendsen A, Crawford S, et al. The expanding role of primary care in cancer control. *The Lancet Oncology*. 2015;16:1231–72.
2. Australian Institute of Health and Welfare. Prostate cancer. 2016. www.aihw.gov.au/cancer/prostate/.
3. Skolarus T, Wolf A, Erb N, et al. American Cancer Society prostate cancer survivorship care guidelines'. *CA: A Cancer Journal for Clinicians*. 2014;14(64):225–49.
4. Victorian Department of Health and Human Services, 2015 Optimal cancer care pathway for men with prostate cancer. Melbourne. Available at <https://www.cancervic.org.au/for-health-professionals/optimal-care-pathways>
5. Resnick M, Lacchetti C, Bergman J, et al. Prostate cancer survivorship care guideline: American Society of Clinical Oncology Clinical Practice Guideline Endorsement. *Journal of Clinical Oncology*. 2015;33(9): 1078–85.
6. National Health and Medical Research Council. Clinical Practice Guidelines for the Management of Overweight and Obesity in Adults, Adolescents and Children in Australia. 2013. <https://www.nhmrc.gov.au/guidelines-publications/n57>.
7. National Health and Medical Research Council. Australian Dietary Guidelines. 2013. <https://www.nhmrc.gov.au/guidelines-publications/n55>
8. Australian Government Department of Health. Australia's Physical Activity and Sedentary Behaviour Guidelines for Adults. 2014. <http://www.health.gov.au/internet/main/publishing.nsf/content/health-publhlth-strateg-phys-act-guidelines>
9. National Health and Medical Research Council. Australian Guidelines to Reduce Health Risks from Drinking Alcohol. 2009. https://www.nhmrc.gov.au/_files_nhmrc/publications/attachments/ds10-alcohol.pdf

Also see:

Optimal care pathways – the Australian Optimal cancer care pathways outline the best cancer care for specific tumour types.

For General Practitioners and practice managers:



Refer survivors to www.cancerpathways.org.au and print and provide them with a copy of the 'what to expect' consumer guides.



Import the GP quick reference guides and consumer version PDFs from www.cancer.org.au/OCP into your software.

