Prostate Notes

A resource guide for primary care

Evidence-based guidelines for prostate cancer patient follow-up and side effects.

Erie St. Clair
Regional Cancer Program
in partnership with Cancer Care Ontario

Introduction to Cancer Survivorship and Well Follow-up Care

Purpose of this Guide

This guide is intended to assist primary care providers (family physicians and nurse practitioners) in the well follow-up care of men diagnosed with early stage prostate cancer. The information is a combination of best practices from current national and international guidelines, literature review and regional cancer experts, and provides practical guidance about Erie St. Clair resources for prostate cancer survivors and their families.

What is Survivorship?

The Institute of Medicine defines survivorship as the period following first diagnosis and treatment and prior to the development of a recurrence of cancer or death.

Why Survivorship Care?

- In Canada, over the course of their lifetime, one in eight men will develop prostate cancer,
- Approximately 24,000 new cases are diagnosed each year,
- The relative five year survival is 96 percent,

This means that there are 23,000 new survivors each year.

In Canada, it is estimated that 2.5 percent of the population are cancer survivors. Of these, one half are prostate cancer survivors. This equates to 400,000 men living as prostate cancer survivors. Treatment is effective but is also associated with a variety of early and long-term complications. These complications fall into three broad categories: urinary dysfunction, bowel dysfunction and sexual dysfunction. All three of these categories are associated with a significant effect on psychosocial functioning and general well-being.

This is why survivorship guides are essential in primary care.

Introduction to Cancer Survivorship and Well Follow-up Care

Intended Patient Population

The information in this guide is relevant to men with Stage I, II, or III prostate cancer who have:

- Completed active therapy (i.e. chemotherapy and/or radiation therapy) with curative intent
- Been assessed as without evidence of prostate cancer
- Been or may still be on androgen deprivation therapy (ADT) and may be in shared care with an oncologist and/or urologist

Classification of Prostate Cancers

The Gleason score indicates the aggressiveness of the prostate cancer. The scale ranges from 0-5. Grades 1 and 2 are not commonly used as this tumour tissue looks and acts like normal tissue. A score of 0-5 is given based on the tumour type at the time of biopsy. The two most common types of growth patterns are identified and added together to achieve the final grade (Gleason score of 0-10). Most prostate cancers are low and intermediate grades (Gleason score of 6-7).

- Scores less than 7 indicate a more favourable prognosis
- A score of 7 indicates an intermediate prognosis
- Scores greater than 7 indicate a less favourable prognosis

Staging

Stage is an important prognostic factor for prostate cancer. Staging classifies a cancer based on the extent of cancer in the body. The less advanced a prostate cancer is at diagnosis, the more favourable the prognosis. Staging uses the TNM system: tumour, nodes, and metastases.

Tumours confined to the prostate (T1 and T2) have a better prognosis than tumours that have spread outside the prostate (T3 and T4).

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Relative Survival

Relative survival compares cancer patients' survival relative to people in the general population who do not have cancer but have similar characteristics (age and sex).

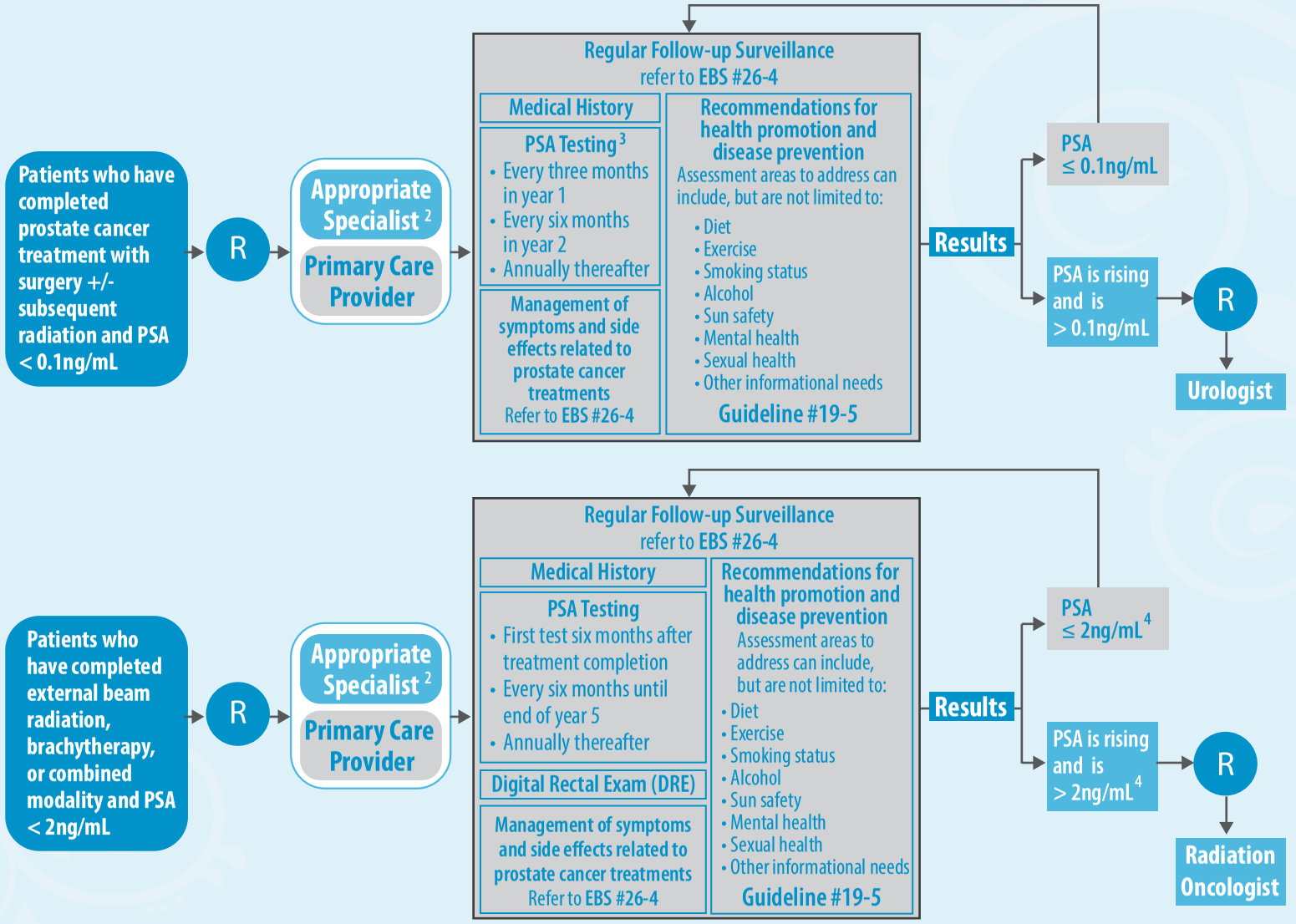
In Canada, the five year relative survival for men with prostate cancer is 96 percent. Since prostate cancer grows slowly, many men will die from diseases other than prostate cancer. Survival varies by stage; earlier diagnosis leads to improved outcomes. Sometimes, prostate cancer is not found until it is at an advanced stage which can make it more difficult to treat.

Well Follow-up Care

These practices include:

- Surveillance for local and/or distant cancer recurrence
- Surveillance for late effects of treatment
- Screening for a new primary cancer and metachronous prostate cancer
- Care of psychosocial issues
- General medical and preventive care, including prevention and screening for other cancers

Prostate Cancer Follow-up Care Pathway Map[1]



[1] This pathway map does not include patients currently receiving androgen deprivation therapy.
[2] Appropriate specialist may be an oncologist, urologist, nurse practitioner, or hospital-based nurse. Models of care are described more thoroughly in EBS #26-1
[3] If PSA levels become detectable, a more frequent PSA surveillance schedule may be appropriate.
[4] Biochemical failure is defined as a rise of 2.0ng/mL or more above the nadir after radiation with or without hormonal therapy.

Surveillance Guidelines

Evaluation	Recommendation	Recommended Frequency
Physical exam and history including DRE	Medical history and physical	Every 6-12 mos for five years, then annually
PSA	PSA testing (post surgery)	Every 3 mos in year one, every 6 mos in year two, and then annually
	PSA testing (post radiation therapy)	Every 6 mos for five years, then annually
Abdominal imaging	**Not recommended**	
Chest imaging	**Not recommended**	
Pelvic imaging	**Not recommended**	
*CBC	Screen for anemia	Yearly for patients on ADT (androgen deprivation therapy)
*BMD	Baseline	After 6-12 mos of ADT
*Cholesterol/TS	Screening for dyslipidemia	Patients on ADT

*** For patients on androgen deprivation therapy (ADT)**

Surveillance Strategies - PSA

Serum PSA is a sensitive marker for recurrent prostate adenocarcinoma in this setting, and is elevated in 95 percent of men with recurrent disease. While the use of PSA for cancer screening is controversial, there is little debate that it is an excellent tumour marker in men with an established diagnosis of prostate cancer.

The definition of a PSA recurrence depends upon the initial treatment:

Treatment Type	Treatment Result	Definition of Recurrence
Surgery	All prostate tissue is removed during a successful radical prostatectomy	Any detectable PSA in the serum using the standard immunoassay (the typical limit of detection is 0.1ng/mL) theoretically indicates remaining prostate tissue and presumably represents persistent or recurrent disease.
Radiation Therapy (RT)	Benign prostate tissue remains after RT. PSA may never reach completely undetectable levels and rather will reach a very low nadir, typically below 1.0ng/mL within a few years after therapy.	Biochemical failure is defined as a rise of 2.0ng/mL or more above the nadir after radiation with or without hormonal therapy

ALTHOUGH LAB REPORTS MAY INDICATE REGULAR PSA LEVELS, THE PSA ABSOLUTE VALUE MUST BE MONITORED FOR ABNORMALITIES AS PER PATIENT'S TREATMENT PATHWAY/DISCHARGE NOTES

History and Physical

History and physical examination should focus on symptoms of local or distant disease. Frequent sites of metastasis include liver, lung and bone.

The history should include asking about:

- Bowel, bladder and sexual function
- Unexplained weight loss
- Fatigue
- New onset of bone pain
- New headaches or other neurological symptoms

The physical exam should include asking about:

- Trouble voiding - pushing or straining to empty the bladder
- Blood in urine
- Blood in stool
- The sensation of not being able to empty the bladder
- Frequent voids less than two hours apart
- Urgency - having trouble postponing urination
- Increase in the number of times having to get up during the night to void
- Increase in incontinence or leakage of urine
- New or ongoing pain in pelvic area
- New or ongoing pain particularly in the back or bones

General Symptom Management

Any new, persistent or worsening symptom warrants the consideration of a recurrence, especially:

- Vague constitutional symptoms such as:
  - ✓ Fatigue
  - ✓ Nausea
  - ✓ Bloating
  - ✓ Unexplained weight loss
- Headaches or other neurological symptoms
- Abdominal pain
- Dry persistent cough
- New nodules or masses
- New back/bone pain

Fatigue is a very common side effect of cancer treatment.

Recommendations:

The only proven intervention for benign fatigue is exercise. Fatigue improves with time; if it persists longer than six months post treatment, other causes such as those listed below should be ruled out.

More serious cancer or cancer treatment related causes can include:

- Thromboembolic events
- Recurrence of cancer
- Changes in heart function related to chemotherapy

Refer the patient back to the Cancer Program for management of these issues.

For more information about cancer fatigue, visit:
http://www.cancerview.ca/idc/groups/public/documents/webcontent/manage_cancer_fatigue.pdf

Psychosocial Concerns

Psychosocial concerns can include:

- Anxiety/depression
- Fear of recurrence
- Relationship concerns
- Body image issues
- Genetic risk
- Spirituality
- Cognition

Some providers may wish to use a quick screening tool in their own evaluation to identify any concerns that emerge post treatment. In some cases, multiple vague physical symptom complaints may be an indicator of poor post treatment psychological adjustment.

Recommendations:

- Rule out underlying physical diagnosis
- Treat anxiety/depression
- Suggest non-pharmacological resources including referral to counselling or psychotherapy, relaxation training, cognitive behavioural therapy (CBT), supportive-expressive therapy, or psychoeducational interventions.

Community Counselling Agencies and other Resources

Canadian Cancer Society Peer Support
1-800-263-6750 • www.cancer.ca

The Hospice of Windsor & Essex County - Wellness Centre
519-251-2590
www.thehospice.ca/article-18/patient-family-programs-wellness-centre

Windsor Essex Prostate Cancer Support Group
wpcsg.com

Prostate Cancer Canada
1-888-255-0333 • www.prostatecancer.ca

Symptoms Related to Surgery

SEXUAL DYSFUNCTION	
SYMPTOM	**RECOMMENDATIONS FOR MANAGEMENT**
Erectile dysfunction	• PDE5 inhibitors as first line treatment • Men who do not respond to PDE5 inhibitors will need more advanced treatments and should be referred to a urologist • Men may be referred to penile rehabilitation programs which include PDE5 inhibitors, vacuum constriction devices, intracorporal or intraurethral therapy, or penile prostheses
Loss of libido	• Men and their partners should be referred to a healthcare professional with training in sexual health counselling • Testosterone therapy may benefit men with signs and symptoms of testosterone deficiency and documented low serum testosterone levels, provided their cancer is treated and without evidence of persistent or recurrent disease and if prescribed by the treating oncologist after review of potential risks
Anorgasmia	• Men and their partners should be referred to a healthcare professional with training in sexual health counselling
Dry ejaculate	• Men should be educated on dry ejaculate
Climacturia (leakage of urine during orgasm)	• Men should be provided with information on self-management strategies such as emptying the bladder before sexual relations, use of a condom, use of a penile constriction band and Kegel exercises
Penile shortening or curvature	• Men may be prescribed PDE5 inhibitors, intraurethral and intracorporal prostaglandins, vacuum erection device, or penile prostheses
Infertility	• Men and their partners should be informed that men treated with surgery may have trouble with fertility afterwards

Symptoms Related to Surgery

URINARY DYSFUNCTION	
SYMPTOM	**RECOMMENDATIONS FOR MANAGEMENT**
Obstructive symptoms	• Men should be referred to a urologist to determine whether bladder neck dilation, transurethral resection, or clean intermittent catheterization may be necessary
Urgency symptoms	• If the man is able to completely empty his bladder, anticholinergic medications may be appropriate • All refractory symptoms should result in a referral to a urologist for evaluation and escalation of therapy, if appropriate
Incontinence requiring urinary pads	• Men with persistent leakage impacting their QoL should be referred to a urologist to evaluate the cause of incontinence (stress, overflow) • Exercise intervention including resistance, flexibility, and Kegel exercises may improve incontinence

BOWEL DYSFUNCTION	
SYMPTOM	**RECOMMENDATIONS FOR MANAGEMENT**
Rectal bleeding	• All men with rectal bleeding should be referred to a gastroenterologist for a colonoscopy • For men with rectal bleeding post-RT, referral to a gastroenterologist who has experience in managing RT proctitis is recommended • For men with bleeding secondary to RT proctitis, the following strategies may be considered: ✓ Dietary changes to add bulk to stool ✓ Hydration education ✓ Medical treatments: Salofalk (mesalamine) suppositories, topical formalin or argon plasma laser treatments ✓ Refractory RT proctitis should be considered for hyperbaric oxygen therapy
Urgency and frequency symptoms of stool	• Dietary changes to add bulk to stool • Hydration education • Medical treatments: antidiarrheals, anticholinergics • Pelvic floor muscle therapy

Symptoms Related to ADT

PHYSICAL SIDE EFFECTS	
SYMPTOM	**RECOMMENDATIONS FOR MANAGEMENT**
Anemia	• Investigation for common sources of anemia should be considered
Body composition alterations	• Men should be encouraged to participate in an exercise program ✓ Strategies thoroughly described in PEBC Guideline 19-5 "Exercise for People with Cancer" *www.cancercare.on.ca/toolbox/qualityguidelines/clin-program/psychonc/*
Fatigue	• Men should be encouraged to participate in an exercise program ✓ Strategies thoroughly described in PEBC Guideline 19-5 "Exercise for People with Cancer" *www.cancercare.on.ca/toolbox/qualityguidelines/clin-program/psychonc/*
Gynecomastia/ Mastodynia	• In severe cases, surgical excision can be considered and patients should be referred to the appropriate specialist
Hot flushes	• Treatment with diethylstilbestrol, megestrol acetate, venlafaxine, cyproterone acetate, and medroxyprogesterone have been shown to decrease the number of hot flushes, but should be used with caution because treatment with these medications have been associated with adverse side effects (e.g. gynecomastia, depression, weight gain, muscle spasms, insomnia, nausea, elevated blood pressure)
Physical activity/ function	• Men should be encouraged to participate in an exercise program ✓ Strategies thoroughly described in PEBC Guideline 19-5 "Exercise for People with Cancer" *www.cancercare.on.ca/toolbox/qualityguidelines/clin-program/psychonc/*
Bone health and osteoporosis	• This outcome is described in PEBC Guideline 3-14v2 "Bone Health and Bone-Targeted Therapies for Prostate Cancer" *www.cancercare.on.ca/toolbox/qualityguidelines/diseasesite/genito-ebs/* • Vitamin D

Symptoms Related to ADT

QOL AND PSYCHOSOCIAL SIDE EFFECTS	
SYMPTOM	**RECOMMENDATIONS FOR MANAGEMENT**
Cognitive side effects	• Healthcare provider may consider neurocognitive assessment
Psychological distress (depression and anxiety)	• In-office psychological therapy and pharmacotherapy, as appropriate • Recommendations for depression in cancer survivors are described in PEBC Guideline 19-4v2 "The Management of Depression in Patients with Cancer" *www.cancercare.on.ca/toolbox/qualityguidelines/clin-program/psychonc/*
General QoL and psychosocial sequelae	• During scheduled follow-up clinical visits, the psychosocial status of men should be assessed and distress should result in referral to specialized psychosocial care • Patients should be encouraged to participate in an exercise program ✓ Strategies thoroughly described in PEBC Guideline 19-5 "Exercise for People with Cancer" *www.cancercare.on.ca/toolbox/qualityguidelines/clin-program/psychonc/*

Symptom Management Resources

Despite the lack of high-quality evidence on secondary prevention in prostate cancer survivors, the following counselling goals would be reasonable based on lower levels of evidence and the expert opinion of the authors:

- Maintain an ideal body weight
- Engage in a physically active lifestyle
- Regular cardiovascular exercise, preferably weight bearing
- Refer the patient for dietary counselling
- Refer to local exercise and fitness programs aimed at cancer survivors
- Eat a healthy diet

Incontinence and Erectile Dysfunction Counselling and Physiotherapy Services:

Lana Berton - Berton Physiotherapy and Chiropractic **519-966-8200**
2816 Howard Ave., Windsor ON • www.bertonphysiotherapy.com

Internal and external pelvic examination performed by Registered Physiotherapist, Lana Berton, specializing in pelvic conditions.

Male conditions treated:

- Post Prostatectomy Incontinence
- Urinary Stress and Urge Incontinence
- Pelvic Pain (Testicular/Penile/ Perineum)
- Erectile Dysfunction
- Constipation &/or Fecal Incontinence
- Pudendal Neuralgia and Entrapment

Willow Health Centre **519-365-0122**
423 Richmond St., Chatham ON • www.willowhealthcentre.com

- All Physiotherapists are trained and experienced in treating men's pelvic health, including pre and post prostatectomy pelvic floor muscle training
- Registered Social Worker, Marlene Maddocks, MSW, offers counselling for sexual health, including erectile dysfunction/sexual dysfunction in both individual and couple formats

Symptom Management Resources

Bill Landry - Family Physiotherapy Centre of London **519-439-6111**
310 Wellington Road South, London ON • www.fpclondon.com

Post Prostatectomy Continence Recovery Program includes:

- Post prostatectomy incontinence therapy
- Education on the latest exercises specifically for men post prostatectomy
- Diagnostic ultrasound imaging to review pelvic function, strength and tone while performing exercises

Additional Community Counselling Agencies and Resources:

The Hospice of Windsor & Essex County - Wellness Centre
519-251-2590
www.thehospice.ca/article-18/patient-family-programs-wellness-centre

Canadian Cancer Society Peer Support
1-800-263-6750 • www.cancer.ca

RENEW: A Life After Cancer Educational Series
519-253-5253 • renew@wrh.on.ca
An interactive education series that offers patients, family and caregivers information and support at the post-treatment phase of the cancer journey.

RENEW Back to Fitness Program
519-253-5253 • renew@wrh.on.ca

Check with patient to see if they have private counselling coverage through Employer Benefits.

Erie St. Clair Regional Cancer Program

SURVEILLANCE/SURVIVORSHIP PRIMARY CARE GUIDES:

1. Pink Notes (Breast)
2. Blue Notes (Colorectal)
3. Prostate Notes

To access any of the above online
or to request a hard copy, call:
519-254-5577 x 58620

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Revised October 2018