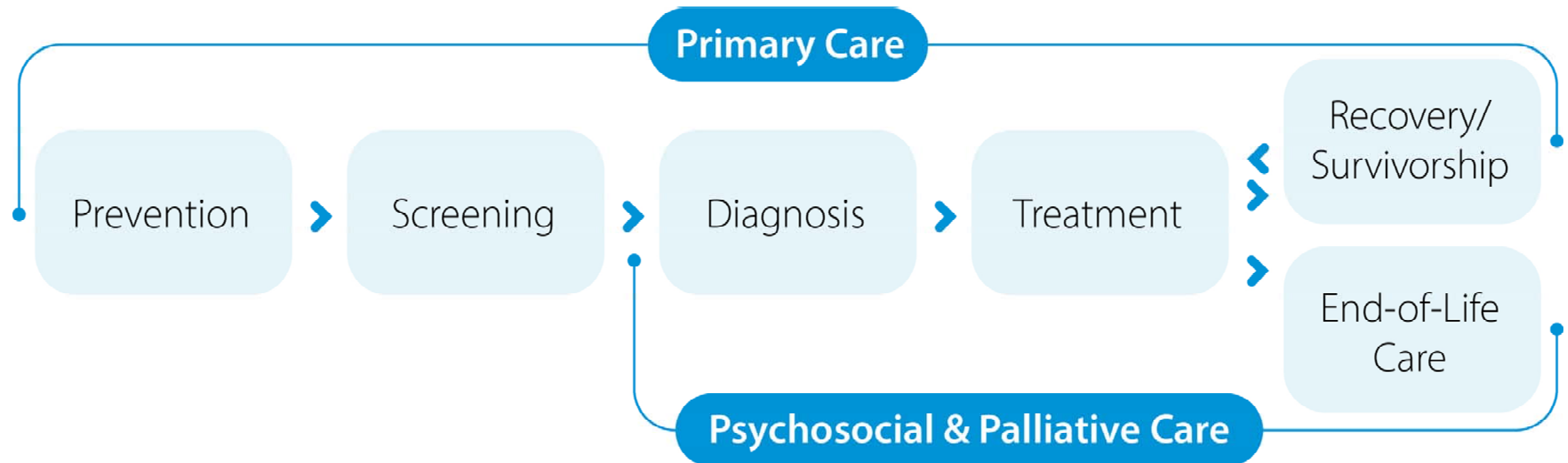


Prostate Cancer Diagnosis Pathway Map

Version 2022.01



Disclaimer: The pathway map is intended to be used for informational purposes only. The pathway map is not intended to constitute or be a substitute for medical advice and should not be relied upon in any such regard. Further, all pathway maps are subject to clinical judgment and actual practice patterns may not follow the proposed steps set out in the pathway map. In the situation where the reader is not a healthcare provider, the reader should always consult a healthcare provider if he/she has any questions regarding the information set out in the pathway map. The information in the pathway map does not create a physician-patient relationship between Ontario Health (Cancer Care Ontario) and the reader.



Ontario Health
Cancer Care Ontario

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Target Population

- Patients who present with signs or symptoms suspicious of prostate cancer.

Pathway Map Considerations

- Primary care providers play an important role in the cancer journey and should be informed of relevant tests and consultations. Ongoing care with a primary care provider is assumed to be part of the pathway map. For patients who do not have a primary care provider, [Health Care Connect](#) is a government resource that helps patients find a doctor or nurse practitioner.
- Throughout the pathway map, a shared decision-making model should be implemented to enable and encourage patients to play an active role in the management of their care. For more information see [Person-Centered Care Guideline](#) and [EBS #19-2 Provider-Patient Communication](#).*
- Hyperlinks are used throughout the pathway map to provide information about relevant Ontario Health (Cancer Care Ontario) tools, resources and guidance documents.
- The term ‘health care provider’, used throughout the pathway map, includes primary care providers and specialists, e.g. family doctors, nurse practitioners, and emergency physicians.
- Multidisciplinary Cancer Conferences (MCCs) may be considered for all phases of the pathway map. For more information on Multidisciplinary Cancer Conferences, visit [MCC Tools](#).
- For more information on wait time prioritization, visit [Surgery](#).
- Clinical trials should be considered for all phases of the pathway map.
- Psychosocial oncology (PSO) is the interprofessional specialty concerned with understanding and treating the social, practical, psychological, emotional, spiritual and functional needs and quality-of-life impact that cancer has on patients and their families. Psychosocial care should be considered an integral and standardized part of cancer care for patients and their families at all stages of the illness trajectory. For more information, visit [EBS #19-3](#).*

Pathway Map Legend

| Colour Guide | Shape Guide | Line Guide |
|---|---|----------------------|
| <div></div> Primary Care | <div></div> Intervention | <div></div> Required |
| <div></div> Palliative Care | <div></div> Decision or assessment point | <div></div> Possible |
| <div></div> Pathology | <div></div> Patient (disease) characteristics | |
| <div></div> Organized Diagnostic Assessment | <div></div> Consultation with specialist | |
| <div></div> Surgery | <div></div> Exit pathway | |
| <div></div> Radiation Oncology | <div></div> Off page reference | |
| <div></div> Medical Oncology | <div></div> Referral | |
| <div></div> Radiology | | |
| <div></div> Multidisciplinary Cancer Conference (MCC) | | |
| <div></div> Genetics | | |
| <div></div> Psychosocial Oncology (PSO) | | |

Pathway Map Disclaimer

This pathway map is a resource that provides an overview of the treatment that an individual in the Ontario cancer system may receive.

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While care has been taken in the preparation of the information contained in the pathway map, such information is provided on an “as-is” basis, without any representation, warranty, or condition, whether express, or implied, statutory or otherwise, as to the information’s quality, accuracy, currency, completeness, or reliability.

Ontario Health (Cancer Care Ontario) and the pathway map’s content providers (including the physicians who contributed to the information in the pathway map) shall have no liability, whether direct, indirect, consequential, contingent, special, or incidental, related to or arising from the information in the pathway map or its use thereof, whether based on breach of contract or tort (including negligence), and even if advised of the possibility thereof. Anyone using the information in the pathway map does so at his or her own risk, and by using such information, agrees to indemnify Ontario Health (Cancer Care Ontario) and its content providers from any and all liability, loss, damages, costs and expenses (including legal fees and expenses) arising from such person’s use of the information in the pathway map.

This pathway map may not reflect all the available scientific research and is not intended as an exhaustive resource. Ontario Health (Cancer Care Ontario) and its content providers assume no responsibility for omissions or incomplete information in this pathway map. It is possible that other relevant scientific findings may have been reported since completion of this pathway map. This pathway map may be superseded by an updated pathway map on the same topic.

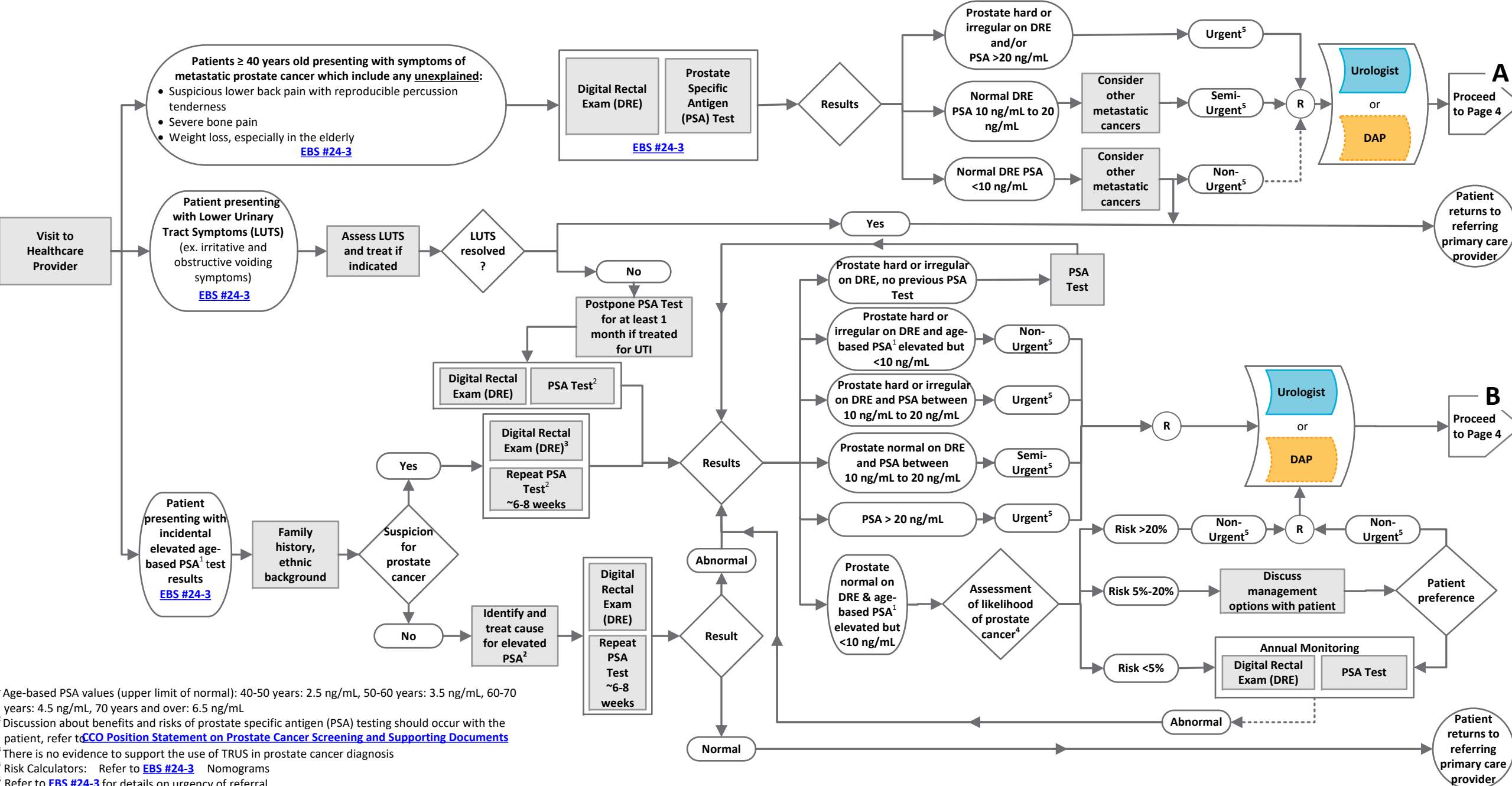
* **Note.** [EBS #19-2](#) and [EBS #19-3](#) are older than 3 years and are currently listed as ‘For Education and Information Purposes’. This means that the recommendations will no longer be maintained but may still be useful for academic or other information purposes.

Prostate Cancer Diagnosis Pathway Map

Suspicion

Version 2022.01 Page 3 of 5

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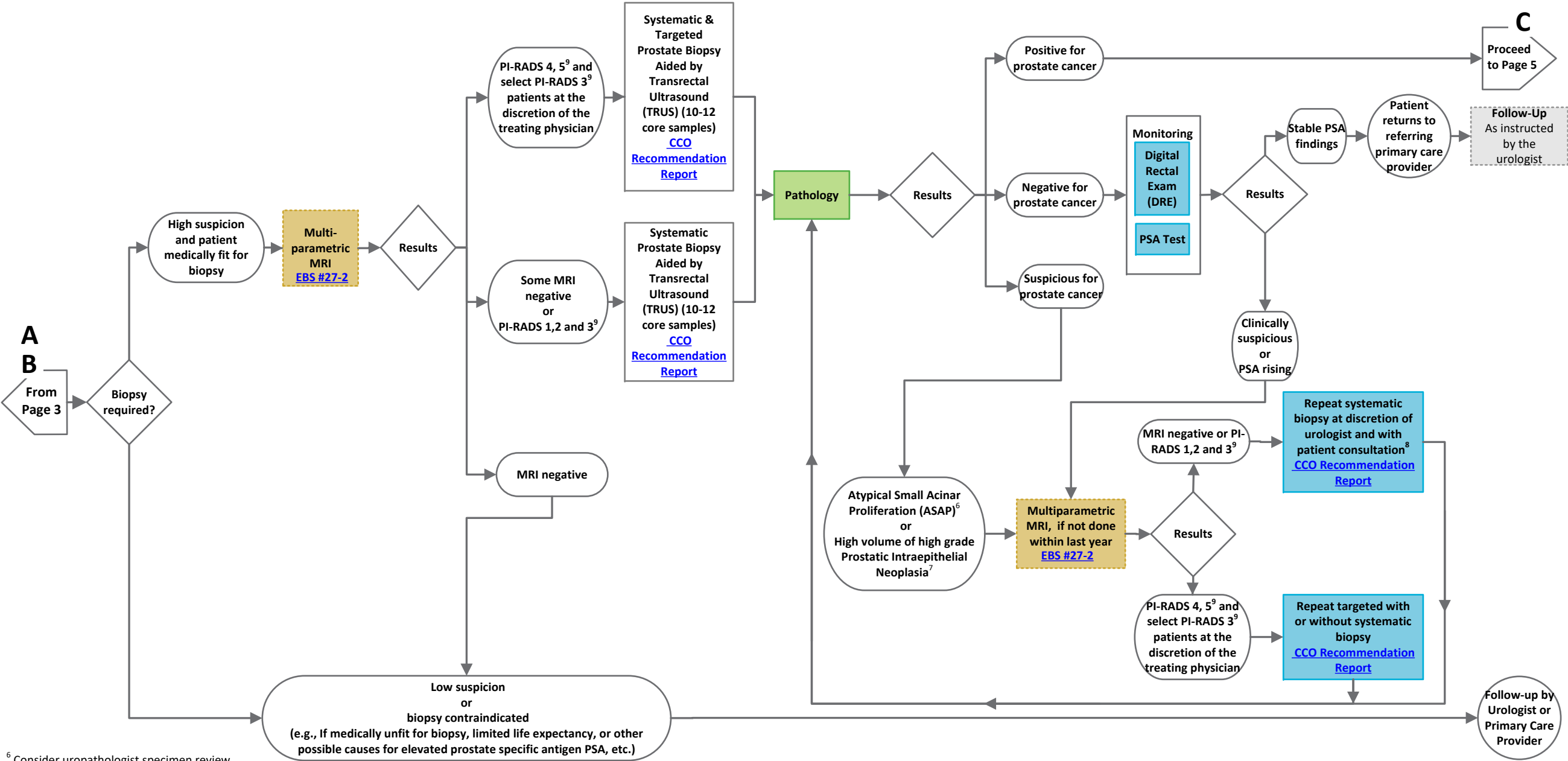
¹ Age-based PSA values (upper limit of normal): 40-50 years: 2.5 ng/mL, 50-60 years: 3.5 ng/mL, 60-70 years: 4.5 ng/mL, 70 years and over: 6.5 ng/mL
² Discussion about benefits and risks of prostate specific antigen (PSA) testing should occur with the patient, refer to [CCO Position Statement on Prostate Cancer Screening and Supporting Documents](#)
³ There is no evidence to support the use of TRUS in prostate cancer diagnosis
⁴ Risk Calculators: Refer to [EBS #24-3](#) Nomograms
⁵ Refer to [EBS #24-3](#) for details on urgency of referral.

Prostate Cancer Diagnosis Pathway Map

Initial Presentation and Referral

Version 2022.01 Page 4 of 5

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⁶ Consider uropathologist specimen review
⁷ Bilateral and/or more than 2 cores
⁸ If biopsy repeatedly inconclusive or negative consider additional tests: biopsy, MRI or other imaging.
⁹ American College of Radiology Committee on Prostate Imaging Reporting and Data System Version 2.1 (PI-RADS™ v2.1)

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