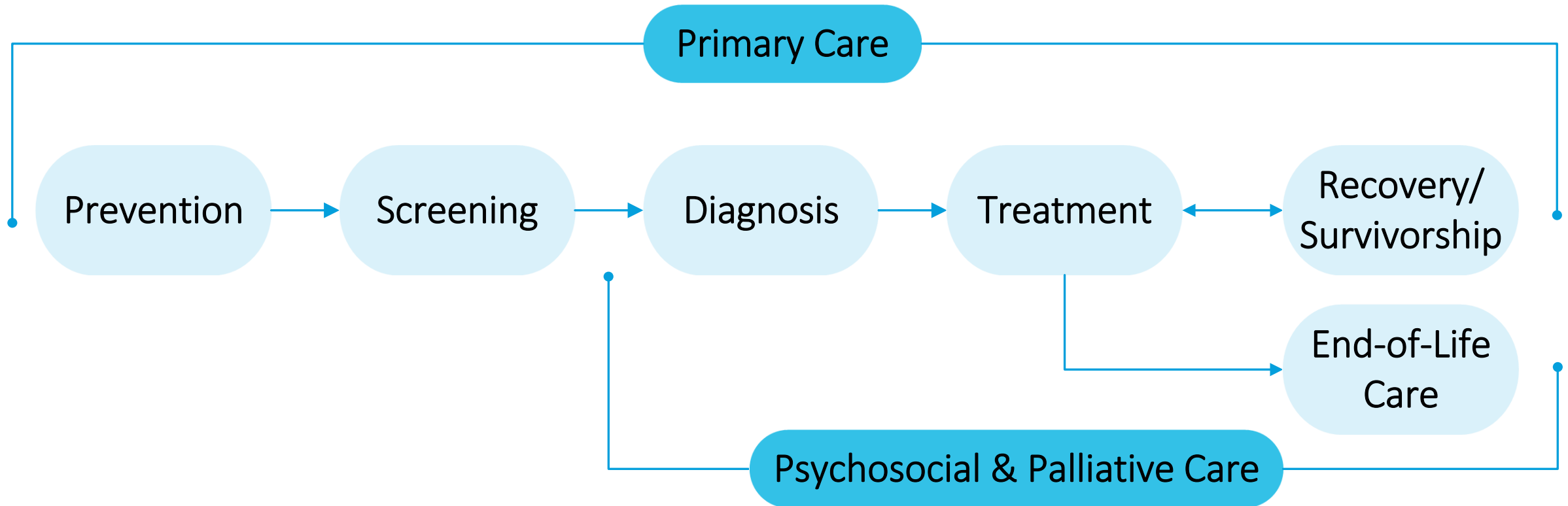


Prostate Cancer Diagnosis Pathway Map

Version 2024.10



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 health care provider, the reader should always consult a healthcare provider if they have 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, [Health811](#) 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 [Wait Times](#).
- 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
 Primary Care	 Intervention	 Required
 Palliative Care	 Decision or assessment point	 Possible
 Pathology	 Patient (disease) characteristics	
 Organized Diagnostic Assessment	 Consultation with specialist	
 Surgery	 Exit pathway	
 Radiation Oncology	 Off page reference	
 Medical Oncology	 Referral	
 Radiology		
 Multidisciplinary Cancer Conference (MCC)		
 Genetics		
 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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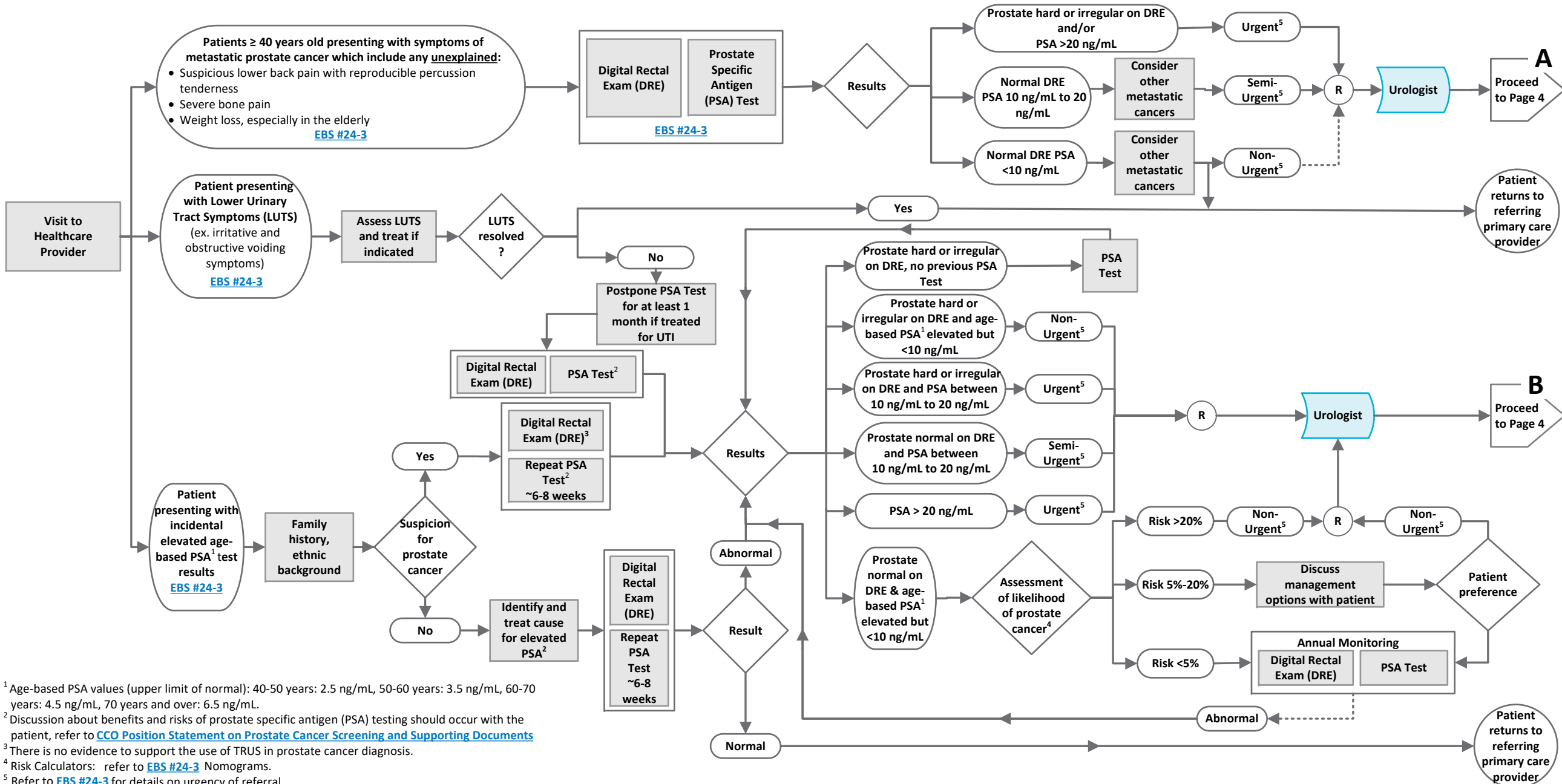
* **Note.** [EBS #19-2](#) and [EBS #19-3](#) are older than 3 years and are currently listed as ‘For Education and Information Purposes’. This means that the recommendations will no longer be maintained but may still be useful for academic or other information purposes.

Prostate Cancer Diagnosis Pathway Map

Suspicion

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Screen for psychosocial needs, and assessment and management of symptoms. [Click here for more information about symptom assessment and management tools](#)



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.

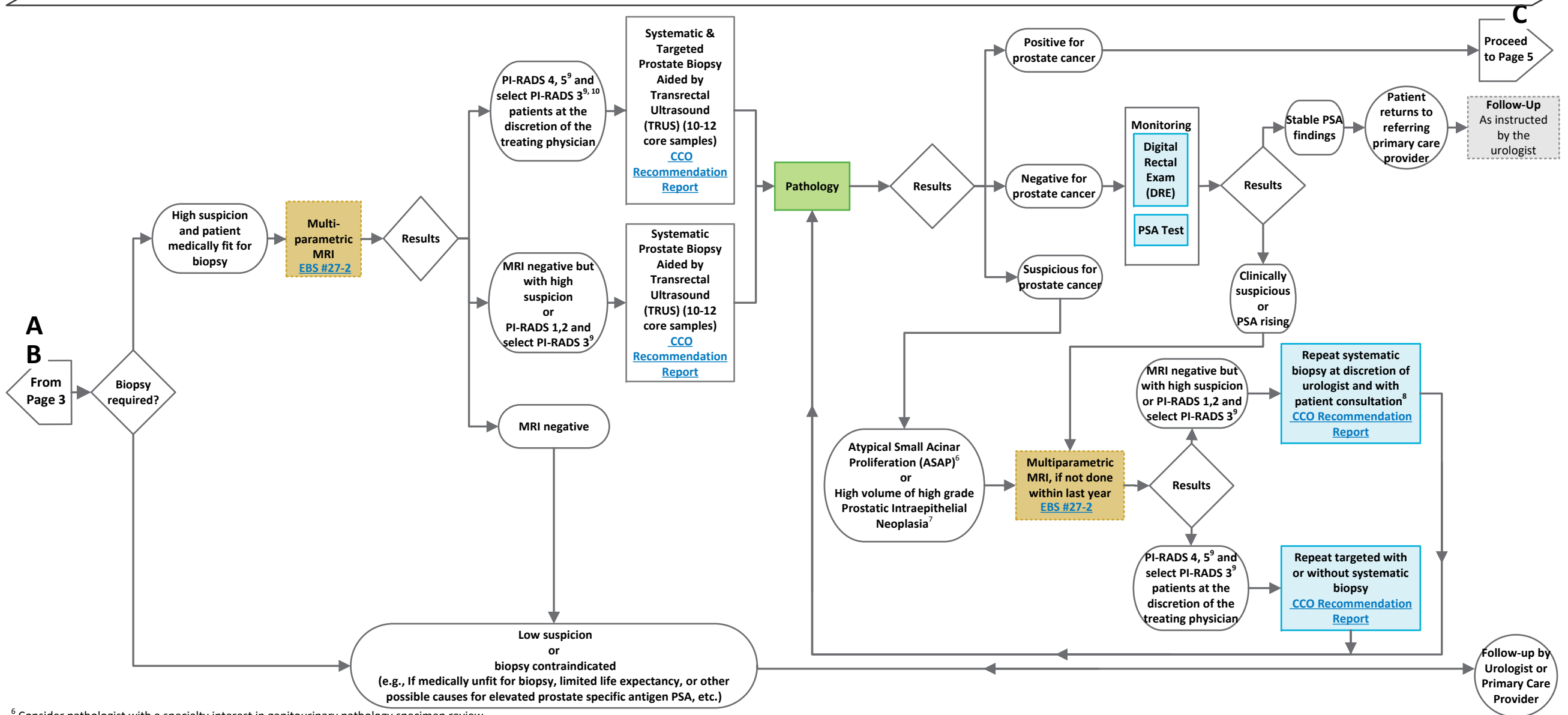
Prostate Cancer Diagnosis Pathway Map

Initial Presentation and Referral

Version 2024.10 Page 4 of 5

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⁶ Consider pathologist with a specialty interest in genitourinary pathology specimen review.

⁷ Bilateral and/or more than 2 cores.

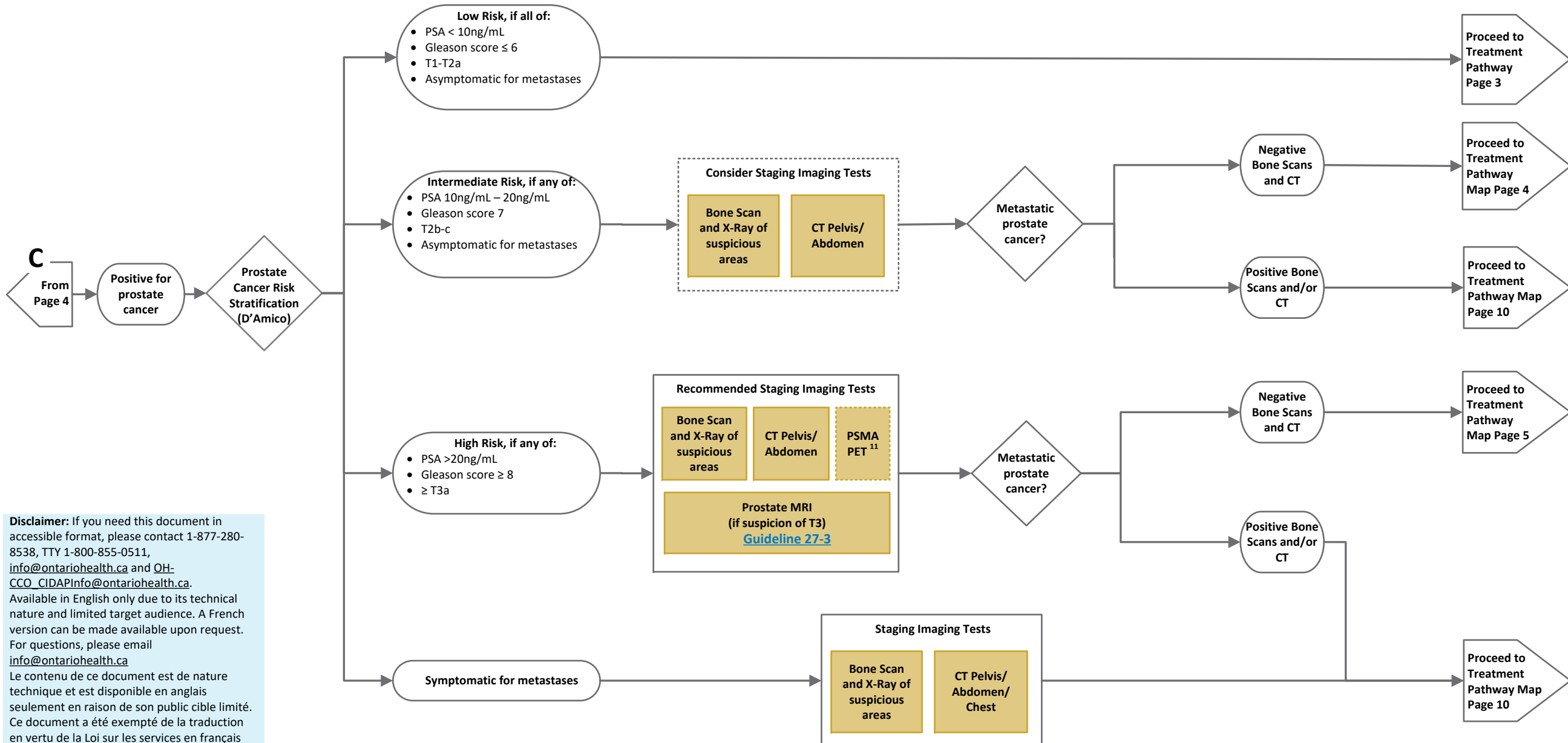
⁸ If biopsy repeatedly inconclusive or negative consider additional tests: biopsy, MRI or other imaging.

⁹ PI-RADS[®] v2.1 PI-RADS[®] Prostate Imaging -Reporting and Data System 2019 [Internet]. Available from: <https://www.acr.org/-/media/ACR/Files/RADS/PI-RADS/PI-RADS-V2-1.pdf>.

¹⁰ Biopsy is suggested if PSA density is greater than or equal to 0.2. See Table 5.4: EAU Guidelines on Prostate Cancer - DIAGNOSTIC EVALUATION - Uroweb [Internet]. Uroweb - European Association of Urology. Available from: <https://uroweb.org/guidelines/prostate-cancer/chapter/diagnostic-evaluation>.

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¹¹ For a list of centres offering PSMA PET, please visit: [PSMA-PET for Prostate Cancer Requisition to PET Centre](#)