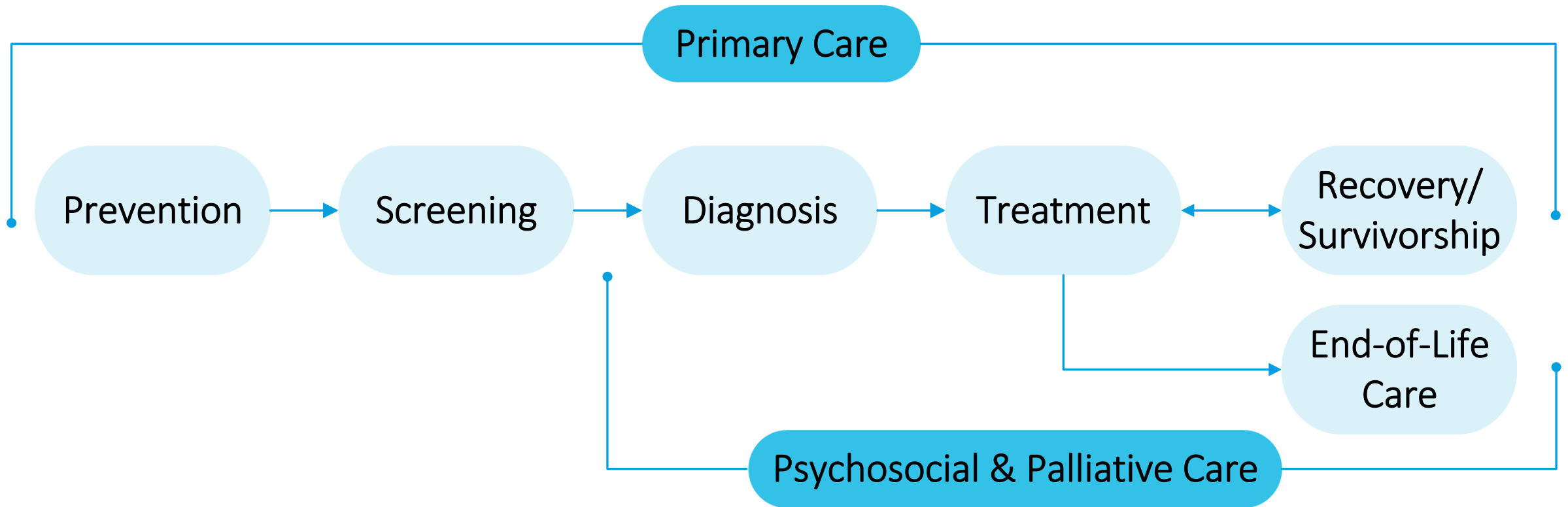


Prostate Cancer Follow-Up Pathway Map

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.

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Ontario Health

Cancer Care Ontario

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Target Population












- Prostate cancer patients who have completed primary treatment for prostate cancer and are without evidence of disease, but would potentially be candidates for further treatment if recurrence or new prostate cancer were detected.

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

	Primary Care
	Palliative Care
	Pathology
	Organized Diagnostic Assessment
	Surgery
	Radiation Oncology
	Medical Oncology
	Radiology
	Multidisciplinary Cancer Conference (MCC)
	Genetics
	Psychosocial Oncology (PSO)

Shape Guide

	Intervention
	Decision or assessment point
	Patient (disease) characteristics
	Consultation with specialist
	Exit pathway
	Off page reference
	Referral

Line Guide

	Required
	Possible

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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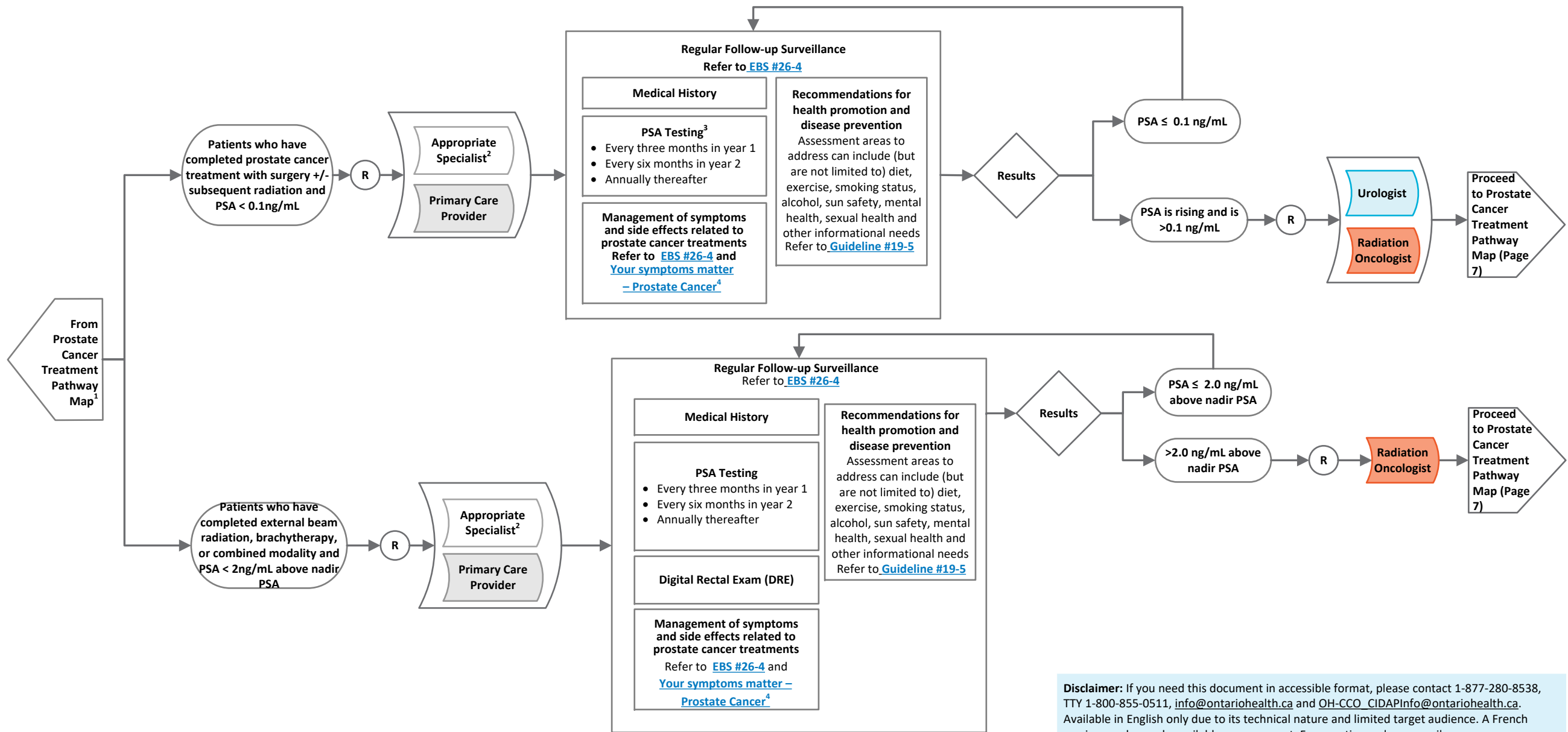
This pathway map may not reflect all the available scientific research and is not intended as an exhaustive resource. Ontario Health (Cancer Care Ontario) and its content providers assume no responsibility for omissions or incomplete information in this pathway map. It is possible that other relevant 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 Follow-Up Pathway Map

Surveillance for Prostate Cancer

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¹This 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 Patient-reported outcomes should be collected and reviewed throughout journey post radiation therapy or post radical prostatectomy.