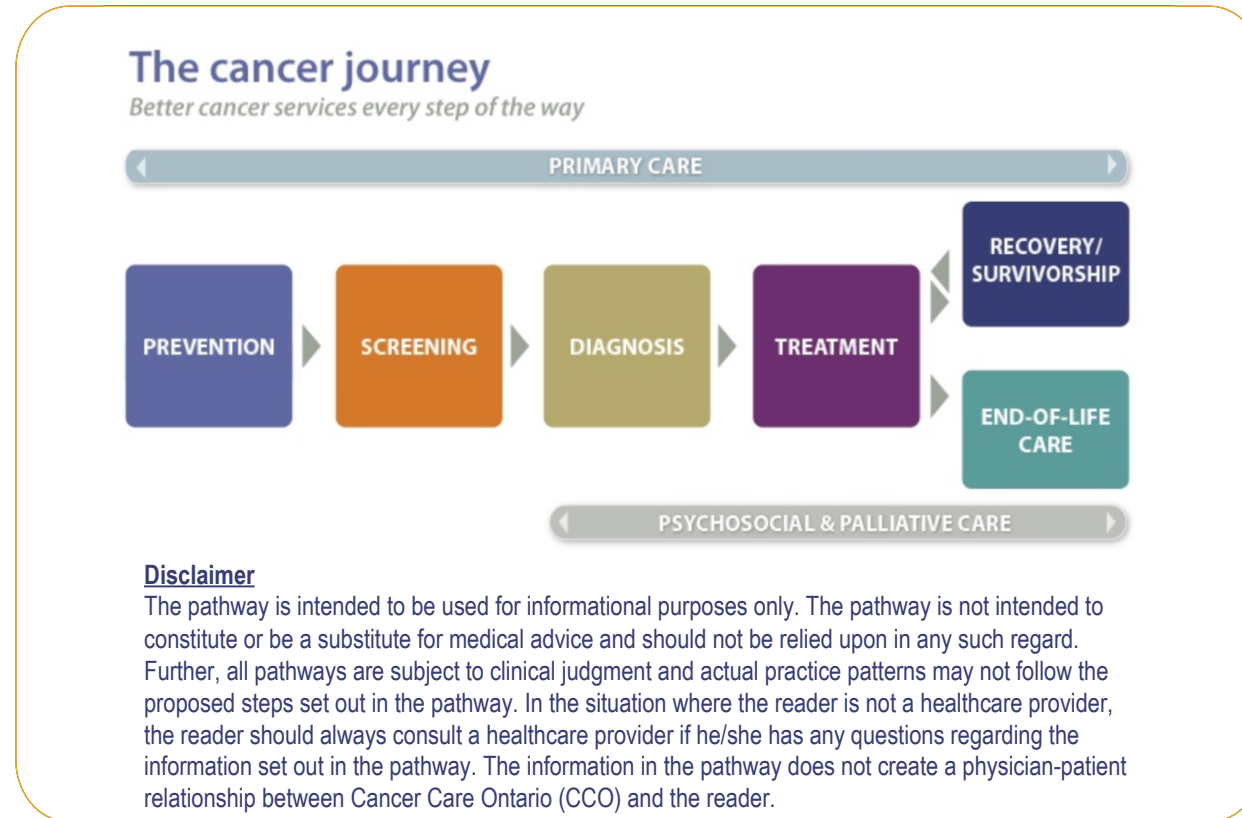


# Prostate Cancer Diagnosis Pathway

Version 2018.03



### 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. 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, 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 to provide information about relevant CCO tools, resources and guidance documents.
- The term 'health care provider', used throughout the pathway, includes primary care providers and specialists, nurse practitioners, and emergency physicians.
- For more information on the Diagnostic Assessment Program (DAP) refer to the [Organizational Standards for DAPs](#)
- 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\\*](#)
- Counseling and treatment for smoking cessation should be initiated early on in the pathway and continued by care providers throughout the pathway as necessary [Program Training & Consultation Centre – Hospital Based Resources](#)

\* **Note.** [EBS #19-2](#) and [EBS #19-3](#) is older than 3 years and is 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.

### Pathway Legend

#### Colour Guide

- Primary Care
- Palliative Care
- Pathology
- Diagnostic Assessment Program (DAP)
- Surgery
- Radiation Oncology
- Medical Oncology
- Radiology
- Multidisciplinary Cancer Conference (MCC)
- Respirologist
- Psychosocial Oncology (PSO)

#### Shape Guide

- Intervention
- Decision or assessment point
- Patient (disease) characteristics
- Consultation with specialist
- Exit pathway
- Off-page reference
- Patient/Provider Interaction
- Referral
- Wait time indicator time point

#### Line Guide

- Required
- Possible

### Pathway Disclaimer

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

The pathway is intended to be used for informational purposes only. The pathway is not intended to constitute or be a substitute for medical advice and should not be relied upon in any such regard. Further, all pathways are subject to clinical judgment and actual practice patterns may not follow the proposed steps set out in the pathway. 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. The information in the pathway does not create a physician-patient relationship between Cancer Care Ontario (CCO) and the reader.

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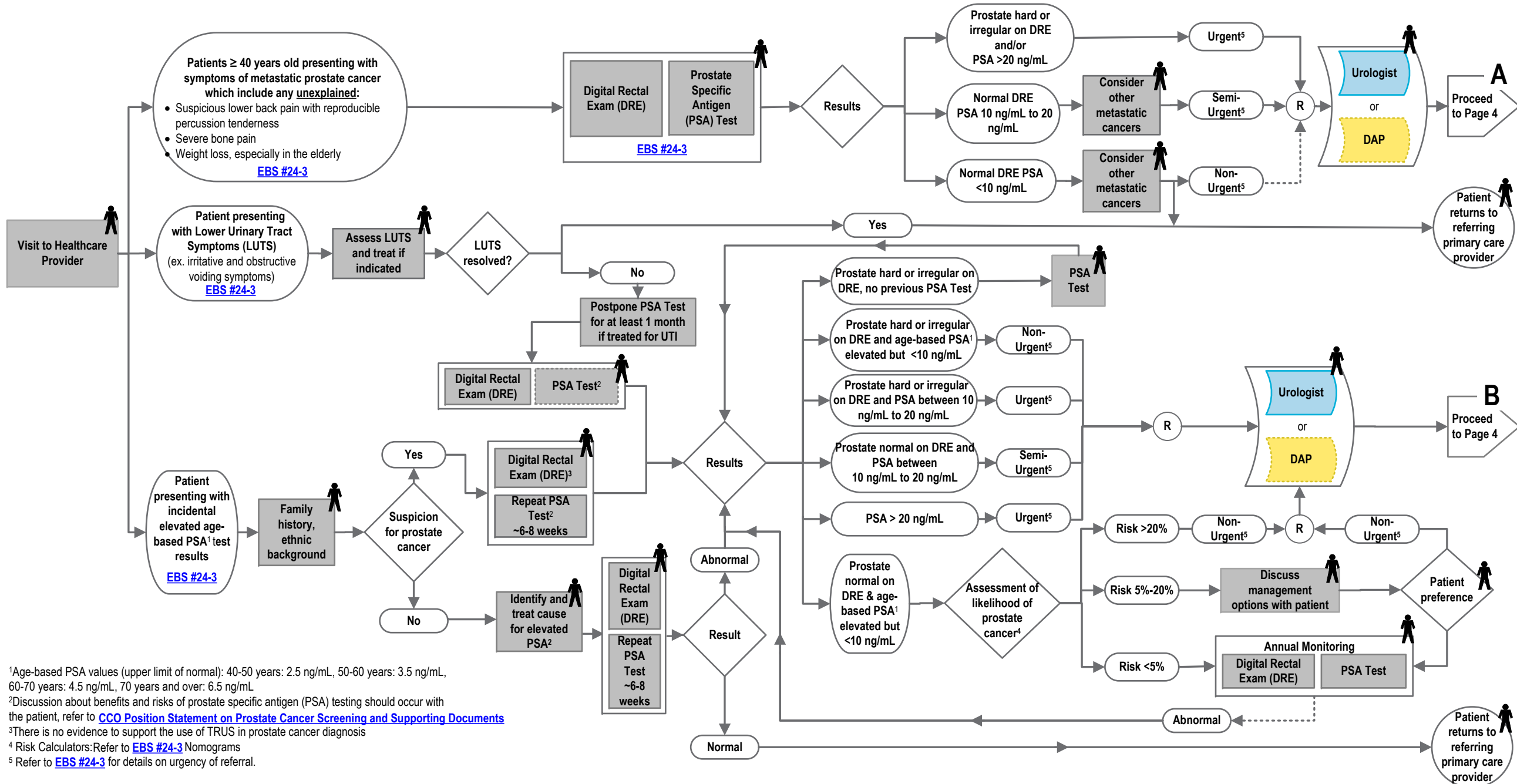
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# Prostate Cancer Diagnosis Pathway

## Suspicion

The pathway is intended to be used for informational purposes only. The pathway is not intended to constitute or be a substitute for medical advice and should not be relied upon in any such regard. Further, all pathways are subject to clinical judgment and actual practice patterns may not follow the proposed steps set out in the pathway. 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. The information in the pathway does not create a physician-patient relationship between Cancer Care Ontario (CCO) and the reader.



<sup>1</sup>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

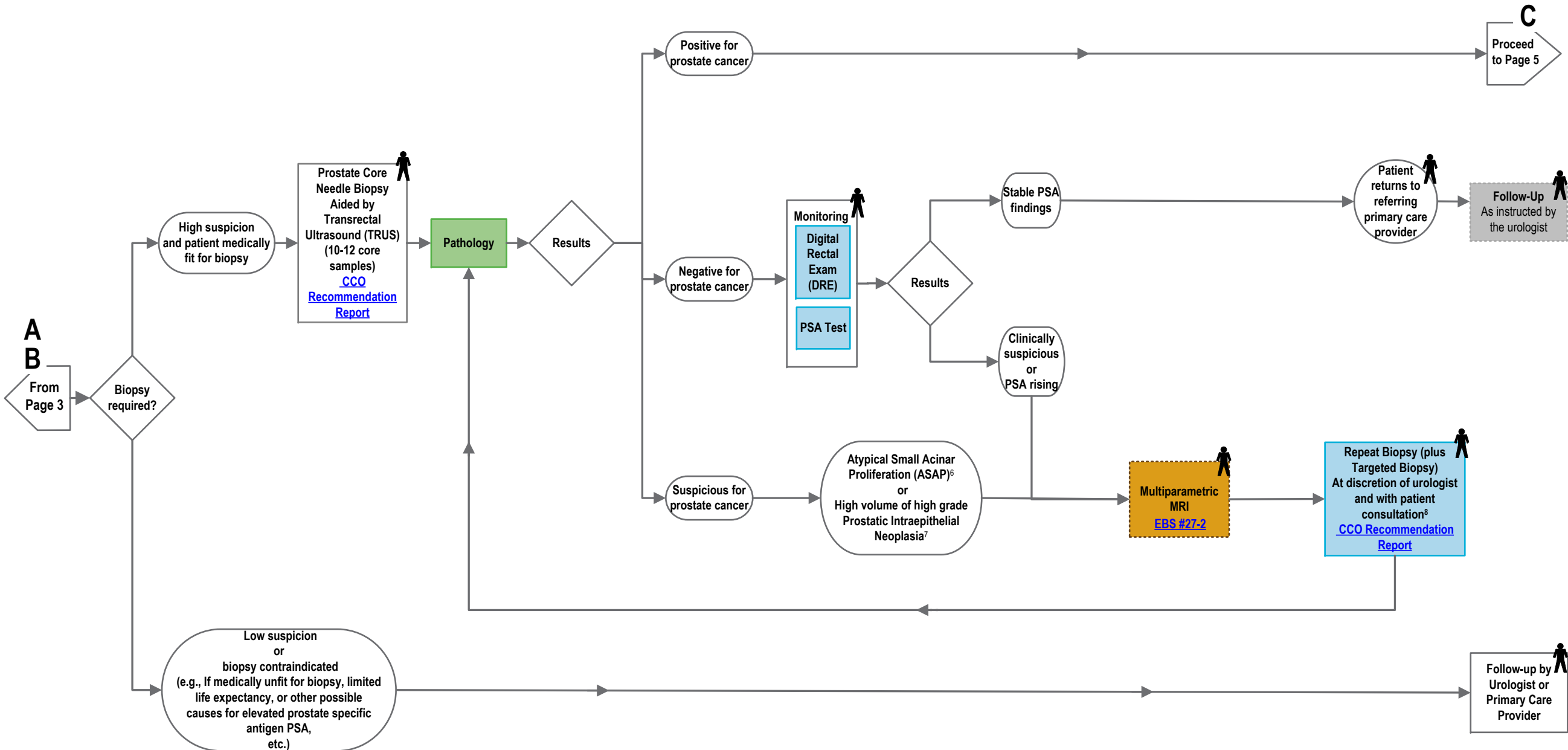
<sup>2</sup>Discussion about benefits and risks of prostate specific antigen (PSA) testing should occur with the patient, refer to [CCO Position Statement on Prostate Cancer Screening and Supporting Documents](#)

<sup>3</sup>There is no evidence to support the use of TRUS in prostate cancer diagnosis

<sup>4</sup> Risk Calculators: Refer to [EBS #24-3](#) Nomograms

<sup>5</sup> Refer to [EBS #24-3](#) for details on urgency of referral.

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<sup>6</sup> Consider uropathologist specimen review

<sup>7</sup> Bilateral and/or more than 2 cores

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

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