Disclaimer
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Prostate Cancer Treatment Pathway

Pathway Preamble

Patients with a confirmed prostate cancer diagnosis who have undergone the recommended diagnostic and staging procedures outlined in the Prostate Cancer Diagnosis Pathway.

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 family 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 CCO tools, resources and guidance documents.
- The term ‘health care provider’, used throughout the pathway map, includes primary care providers and specialists, nurse practitioners, and emergency physicians.
- Counseling and treatment for smoking cessation should be initiated early on in the pathway map and continued by care providers throughout the pathway map as necessary. Program Training & Consultation Centre – Hospital Based Resources.
- In order to minimize delays, processes may be carried out in parallel if disease management is not affected.
- 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.
- The following should be considered when weighing the treatment options described in this pathway map for patients with potentially life-limiting illness: (1) Palliative care may be of benefit at any stage of the cancer journey, and may enhance other types of care – including restorative or rehabilitative care – or may become the total focus of care. (2) Ongoing discussions regarding goals of care is central to palliative care, and is an important part of the decision-making process. Goals of care discussions include the type, extent and goal of a treatment or care plan, where care will be provided, which health care providers will provide the care, and the patient’s overall approach to care.
- For more information on the systemic treatment QBP please refer to the Quality-Based Procedures Clinical Handbook for Systemic Treatment.

Pathway Disclaimer

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

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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

Consider the introduction of palliative care, early and across the cancer journey Click here for more information about palliative care

1 If low risk prostate cancer patients are seeking definitive treatment, a radiation oncology consultation should be sought.
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**Intermediate Risk**

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**External Beam Radiation Therapy**

**Brachytherapy**

**Radical Prostatectomy**

Open, laparoscopic or robotic-assisted

**Standard Pelvic Lymph Node Dissection**

**Combined Modality Treatment**

(Brachytherapy and External Beam Radiation Therapy)

**Quality-Based Procedures Clinical Handbook for Cancer Surgery**

**PSA Test, DRE, Imaging as indicated**

**Comprehensive Care**

Consultations to discuss ALL treatment options

**Patient candidate for curative treatment?**

**Patient’s treatment decision**

**Assess candidacy for curative treatment**

(e.g. comorbidities, life expectancy, patient preference)

**Intermediate Risk**

Any one of the following:

PSA 10-20, Gleason score 7, T2b, and asymptomatic for metastases

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2 Active surveillance may be considered for a highly selective subset of patients in the intermediate risk group presenting with the following features: Stage ≤ T2 Gleason score 710 (3+4) with < 10% of total tumor pattern Gleason 4 and patient life expectancy 10-15 years, refer to EBS #17-9

3 Neoadjuvant/adjuvant androgen deprivation therapy can be considered for select patients.
Prostate Cancer Treatment Pathway

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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]

Consider the introduction of palliative care, early and across the cancer journey [Click here for more information about palliative care]

High Risk
Any one of the following: T2c or higher, Gleason score ≥ 8, PSA ≥ 20ng/mL, and select patients with nodal involvement

From Diagnosis Pathway (Page 5)

Consultations to discuss ALL treatment options

Urologist

Radiation Oncologist

High Risk/Locally Advanced

Radical Prostatectomy
Open, laparoscopic or robotic-assisted

EBS #17-3

Quality-Based Procedures
Clinical Handbook for Cancer Surgery

External Beam Radiation Therapy
Optimize bone health

External Beam Radiation Therapy Peer Review

Adjuvant Androgen Deprivation Therapy
Optimize bone health

Nonadjuvant Androgen Deprivation Therapy

Patient’s treatment decision

Yes

No

Assess candidacy for curative treatment
In p. comorbidities, life expectancy, patient preference

Patient candidate for curative treatment?

Yes

No

MCC

PSA Test, DRE, Imaging as indicated

Watchful Waiting
Ongoing assessment for symptoms and monitoring development of metastatic disease. Frequency up to discretion of managing physician

Progression to metastatic prostate cancer

E

From Diagnosis Pathway

(W) MCC

Consultations to discuss ALL treatment options

Urologist

Radiation Oncologist

High Risk
Any one of the following: T2c or higher, Gleason score ≥ 8, PSA ≥ 20ng/mL, and select patients with nodal involvement

[Click here for more information about symptom assessment and management tools]

[Click here for more information about palliative care]

Consider the introduction of palliative care, early and across the cancer journey

Screen for psychosocial needs, and assessment and management of symptoms.

From Diagnosis Pathway (Page 5)
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**Pathway Diagram:**

- **From Pages 3, 4, 5 (Radical Prostatectomy)**
  - **B D F**
  - **Pathology**
  - **PSA Test**
  - **Lymph node status**
  - **Yes, if one or more of the following:** surgical margins positive, post-prostatectomy PSA is rising and is > 0.1ng/mL
  - **Yes, if pT2, negative margins and PSA ≤ 0.1ng/mL
  - **Further treatment required?**
  - **No**
  - **Observation**
  - **Rising PSA**
  - **Patient candidate for adjuvant treatment?**
  - **Yes**
  - **Patient considers options**
  - **Patient’s treatment decision**
  - **Adjuvant External Beam Radiation Therapy**
    - **Within 6-18 weeks?**
    - **Yes**
  - **Proceed to Prostate Cancer Follow-up Pathway**
  - **No**
  - **Proceed to Page 7**

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

- **Consider the introduction of palliative care, early and across the cancer journey [Click here for more information about palliative care](#)**

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4 Early referral recommended, refer to **EBS #3-17** (This document is archived)
Screen for psychosocial needs, and assessment and management of symptoms. Click here for more information about symptom assessment and management tools

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**Secondary Hormone Manipulation**

10 Secondary Hormone Manipulation may include: antiandrogen, antiandrogen withdrawal, antiandrogen switch, luteinizing hormone releasing hormone (LHRH) switch, ketoconazole, or steroids

Prostate Cancer Treatment Pathway

End of Life Care (refer to Collaborative Care Plan)

- Revisit Advance Care Planning
  - Ensure the patient has determined who will be their Substitute Decision Maker (SDM)
  - Ensure the patient has communicated to the SDM their wishes, values and beliefs to help guide that SDM in future decision making

- Discuss and document goals of care with patient and family
  - Assess and address patient and family's information needs and understanding of the disease, address gaps between reality and expectation, foster realistic hope and provide opportunity to explore prognosis and life expectancy, and preparedness for death
  - Introduce patient and family to resources in community (e.g., day hospice programs)

- Develop a plan of treatment and obtain consent
  - Determine who the person wants to include in the decision making process (e.g., substitute decision maker if the person is incapable)
  - Develop a plan of treatment related to disease management that takes into account the person's values and mutually determined goals of care
  - Obtain consent from the capable person or the substitute decision maker if the person is incapable for an end-of-life plan of treatment that includes:
    - Setting for care
    - Resuscitation status
    - Having, withholding and or withdrawing treatments (e.g., lab tests, medications, etc.)

- Screen for specific end of life psychosocial issues
  - Specific examples of psychological needs include: anticipatory grief, past trauma or losses, preparing children (young children, adolescents, young adults), guardianship of children, death anxiety
  - Consider referral to available resources and/or specialized services

- Identify patients who could benefit from specialized palliative care services (consultation or transfer)
  - Discuss referral with patients and family

- Proactively develop and implement a plan for expected death
  - Explore place-of-death preferences and assess whether this is realistic
  - Explore the potential settings of dying and the resources required (e.g., home, residential hospice, palliative care unit, long term care or nursing home)
  - Anticipate/Plan for pain & symptom management medications and consider a Symptom Response Kit (SRK) for unexpected pain & symptom management
  - Preparation and support for family to manage
  - Discuss emergency plans with patient and family (who to call if emergency in the home or long-term-care or retirement home)

- Home care planning
  - Connect with Home and Community Care early (not just for last 2-4 weeks)
  - Ensure resources and elements in place
  - Consider a Symptom Response Kit (SRK) with access to pain, dyspnea and delirium medication
  - Identify family members at risk for abnormal/complicated grieving and connect them proactively with bereavement resources

Pathway Map Target Population:
- Individuals with cancer approaching end of life, and their families.

While this section of the pathway map is focused on the care delivered at the end of life, the palliative care approach begins much earlier on in the illness trajectory. Refer to Screen, Assess & Plan within the Psychosocial & Palliative Care Pathway Map.

Triggers that suggest patients are nearing the last few months and weeks life:
- ECOG/PRFS = 4
- PPS ≤ 30
- Declining performance status/functional ability
- Gold Standards Framework indicators of high mortality risk

Screen, Assess, Plan, Manage and Follow-Up

End of Life Care planning and implementation
- Collaboration and consultation between specialist-level care teams and primary care teams

For more information on the Gold Standards Framework, visit http://www.goldstandardsframework.org.uk/
At the time of death:

- Pronouncement of death
- Completion of death certificate
- Allow family members to spend time with loved one upon death, in such a way that respects individual rituals, cultural diversity and meaning of life and death
- Implement the pre-determined plan for expected death
- Arrange time with the family for a follow-up call or visit
- Provide age-specific bereavement services and resources
- Inform family of grief and bereavement resources/services
- Initiate grief care for family members at risk for complicated grief
- Encourage the bereaved to make an appointment with an appropriate health care provider as required

Bereavement Support and Follow-Up

- Offer psychoeducation and/or counseling to the bereaved
- Screen for complicated and abnormal grief (family members, including children)
- Consider referral of bereaved family member(s) and children to appropriate local resources, spiritual advisor, grief counselor, hospice and other volunteer programs depending on severity of grief

Provide opportunities for debriefing of care team, including volunteers