
Your Symptoms Matter

Prostate Cancer (EPIC patient questionnaire) Clinician Guides



This toolkit includes five guides. Each guide provides clinical direction on the management of one symptom domain addressed in the Your Symptoms Matter, the Prostate Cancer (EPIC) patient questionnaire, including:

- Urinary incontinence;
- Urinary irritation & Obstruction;
- Bowel function;
- Sexual function; and
- Hormonal symptoms/Vitality.

Although symptom management is often addressed with an interdisciplinary team, these guides are primarily aimed at allied health.

These guides are created to compliment your skills as a clinical practitioner. They will assist in providing education and encourage time for a clinical interaction. Should you need a specialized service, the guide also provides suggestions as to when this may be considered.

Patients who report experiencing any of the above symptoms may feel embarrassed and/or uncomfortable discussing them beyond the questionnaire. Understanding this will help providers communicate with and support patients who may have feelings of shame or emasculation in a sensitive manner. Sexual side effects and hormonal/vitality symptoms are particularly sensitive topics. The psychological distress of this can manifest in different ways (anger, substance abuse, depression, etc.), and awareness of this is critical to supporting to the patient, beyond biomedical treatment (i.e. PDE5 inhibitors). Emotional or psychological symptoms are often (though not always) a response to the physiological side effects and addressing these first is therefore recommended.

Given the sensitivity of symptoms addressed in the Your Symptoms Matter Prostate Cancer questionnaire, we would like to emphasize the importance of balancing patient preferences and wants with their needs as you provide care.

- Gauge symptom impact: Understanding the impact of symptoms and their importance to the patient is pivotal to management. In some cases patients may report a symptom, but the impact of the symptom or the bother of that symptom may be negligible. These patients may not feel a need or want to receive any degree of symptom management.
- Seek patient permission: Even if symptoms are bothersome, patients may not want to discuss further, especially for certain symptoms. It is important to seek permission before delving into assessment and management. Even if a patient declines discussion on a particular visit, the door has been opened for discussions on a subsequent visit.

Your Symptoms Matter

Prostate Cancer (EPIC questionnaire) Hormonal Symptoms/Vitality



The side effects of hormonal therapies to treat prostate cancer can include

Hot flashes • Anemia; Fatigue • Gynecomastia (enlargement of a man's breasts sometimes causing tenderness i.e., mastodynia • Emotional distress i.e., depression

IMPORTANT: Admission and/or discussion of hormonal symptoms can be uncomfortable and embarrassing for patients. Assessment or evaluation of symptoms should be considerate of this, and include a reminder to the patient that hormonal symptoms are normal and expected side effects of treatment. Healthcare providers are also reminded to seek permission from the patient before discussing their symptoms further or offering treatment.

Step 1: Check the patient's EPIC scores for questions 10 a-c. If he reports these symptoms to any degree (score of 1-4), proceed to Step 2.

● Hot flashes or breast tenderness or enlargement (Q10a): possible complications of antiandrogen therapy

● Feeling depressed (Q10b)

● Lack of energy (Q10c)

Step 2:

With the patient's permission, conduct an initial assessment to screen for the nature and severity of symptoms.

A. Take a clinical history.

Systematically assess symptoms using the OPQRSTUV Acronym. Obtain a detailed history including:

- Functional status
- Medical and psychosocial history
- Comorbidities
- Concurrent medication
- Psychosocial status

B. Conduct a physical examination.

- Perform a breast examination for tenderness and to determine composition (fat or glandular tissue)

Note: OPQRSTUV Acronym stands for Onset, Provoking/Palliating, Quality, Region/Radiation, Severity, Treatment, Understanding/impact on you, values.

Step 3:

Seek permission from the patient to proceed before considering treatment.

Ask:

- Are your symptoms a problem for you/bothersome?
- Is addressing and treating your symptoms important to you?
- Do you want to know how we can address and/or treat your symptoms?
- Do you want treatment?

Step 4:

Consider the following conservative interventions as first-line treatment.

Provide assurance that hormonal symptoms are normal and expected side effects of treatment.

- Destigmatize depression framing it as a serious problem requiring treatment rather than a personal weakness or failure to cope
- Provide assurance that fatigue is a common side effect of androgen deprivation therapy

For mastodynia and/or gynecomastia and/or hot flashes:

- If patients remain distressed and demonstrate willingness, consider counselling for body image support.
- Suggest exercise (helpful but will not reduce breast size/tenderness).
- Wear form-fitting clothing (underneath shirts) to decrease visibility.

For depression:

- Screen patients to determine symptom severity.
- Provide psychoeducation about the nature of depression in patients with cancer and consider providing handouts such as those published by the National Cancer Institute
- Discuss the importance and value of support groups
- Encourage family members' involvement and education, communication with family members regarding prognosis, and resolution of problems within the support network

Step 5:

If biomedical treatment is required, consider behavioral and/or pharmacological interventions.

Mastodynia and/or Gynecomastia:

- Suggest camouflage apparel (gym clothing that is elastic in nature that can help camouflage enlarged breasts)
- Suggest use of antiandrogen therapy

Hot flashes:

- Suggest relaxation techniques e.g., yoga, deep breathing, acupuncture
- Suggest antidepressants

For depression:

- Refer patients for counselling if the severity of their depression demands specialized support and/or pharmacological treatment
- Refer to the depression symptom management guide for further details.

For a lack of energy:

- Consider looking for reversible causes of lack of energy i.e. anemia and hypothyroidism
- Encourage good sleep habits, importance of relaxing body and mind (i.e. yoga), stress management (focus on what you can control) and healthy diet

Annotated Reference List

Step 2: With the patient's permission, conduct an initial assessment to screen for the nature and severity of symptoms.

- a. Take a clinical history. > Expert Opinion
- b. Conduct a physical examination > Expert Opinion

Step 3: Seek permission from the patient to proceed before considering treatment.

Questions for patient permission > Expert Opinion

Step 4: Consider the following conservative interventions as first-line treatment.

Assurance Expert Opinion
Destigmatize depression 2: Recommendation 2, item 3 (p. 7)
Assurance of fatigue as common 1: Recommendation 1.4.18
3: Major Quality of Life Concerns: Fatigue

Mastodynia/Gynecomastia/Hot flashes:

- Body image support Expert Opinion
- Exercise Expert Opinion
- Form-fitting clothing Expert Opinion

Depression:

- Screen patients 2: Recommendation 1 (p. 7)
Expert Opinion
- Patient education 2: Recommendation 2, item 1 (p. 7)
Expert Opinion
- Support groups Expert Opinion
- Family discussions 2: Recommendation 2, item 6 (p. 7)
Expert Opinion

Step 5: If biomedical treatment is required, consider behavioral and/or pharmacological interventions.

Mastodynia/Gynecomastia/Hot flashes:

- Nonsteroidal antiandrogens 1: Recommendation 1.5.8
Expert Opinion
- Acupuncture 6: Recommendation 5 (p. 6)
- Antidepressants 1: Recommendations 1.4.3 & 1.4.4
3: Major Quality of Life Concerns: Hot Flashes
4: Section 6.8.7.1.2 (p. 73)
6: Recommendation 5 (p. 6)
Expert Opinion

Depression:

- Refer patients 3: Psychological and Psychiatric Management
Expert Opinion

Lack of energy:

- Gentle exercise 1: Recommendation 1.4.19
3: Major Quality of Life Concerns: Fatigue (p. 6)

References

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2. M. Li, E.B. Kennedy, N. Byrne, C. Gerin-Lajoie, E. Green, M. R. Katz, H. Keshavarz, S. M. Sellick, and the Management of Depression in Patients with Cancer Expert Panel. The Management of Depression in Patients with Cancer. 2015 May 11. A Quality Initiative Endorsed by Cancer Care Ontario in Partnership with the Program in Evidence-Based Care (PEBC).
3. Roth AJ, Weinberger MI & Nelson CJ. Prostate Cancer: Quality of Life, Psychosocial Implications and Treatment Choices. Future Oncol. 2008; 4(4): 561-568.
4. N. Mottet (Chair), J. Bellmunt, E. Briers (Patient Representative), R.C.N. van den Bergh (Guidelines Associate), M. Bolla, N.J. van Casteren (Guidelines Associate), P. Cornford, S. Culine, S. Joniau, T. Lam, M.D. Mason, V. Matveev, H. van der Poel, T.H. van der Kwast, O. Rouvière, T. Wiegel. Guidelines on Prostate Cancer. European Association of Urology. Partial Update 2015. 137 p. [885 references]
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6. L. Barbera, C. Zwaal, D. Elterman, K. McPherson, W. Wolfman, A. Katz, A. Matthew and the Interventions to Address Sexual Problems in People with Cancer Expert Panel. Interventions to Address Sexual Problems in People with Cancer. 2016 Feb 11. A Quality Initiative Endorsed by Cancer Care Ontario in Partnership with the Program in Evidence-Based Care (PEBC).