



ONTARIO PROSTATE CANCER FOLLOW-UP CARE CLINICAL GUIDANCE SUMMARY

What is follow-up care?

Follow-up care after the completion of cancer treatment is important to help maintain good health, which consists of activities and processes related to the following major areas: prevention of recurrent and new cancers; surveillance for cancer spread, recurrence, or second cancers; management of the consequences of cancer treatment (e.g., side effects, late effects); and, coordination of care. Surveillance includes monitoring for cancer recurrence or second cancers, and assessing the physical and psychosocial consequences of cancer and its treatment on the survivor. Surveillance should be coordinated and conducted in accordance with evidence-based clinical guidelines.

Purpose:

The purpose of this guideline summary document is to serve as an informational tool for health professionals who are engaged in the follow-up care of prostate cancer patients who have completed curative-intent treatment and are clinically disease-free. This information is based on a summary of current evidence-based recommendations from provincial and international clinical practice guidelines, existing published literature, and the consensus of provincial cancer experts where evidence is insufficient. These recommendations are not exhaustive nor intended to replace the independent clinical judgement of the treating professional, and should be considered in accordance with available resources and/or individual patient’s needs.

Intended patient population:

Adult prostate cancer patients who have undergone curative-intent treatment.¹

Prostate Cancer Follow-up Care Surveillance

Recommended Tests ^{1,2,3}	Year 1	Year 2	Year 3+
Medical follow-up care appointment:¹ a) Medical history and physical examination where indicated b) Any new and persistent or worsening signs/symptoms to watch for, especially: <ul style="list-style-type: none"> • Severe and progressive axioskeletal bone pain • Hematuria • New urinary symptoms <ul style="list-style-type: none"> • Significant incontinence requiring changing of undergarments, pads, or diapers • Urgency • Obstructive symptoms <ul style="list-style-type: none"> • Voiding discomfort • Nocturia • New bowel symptoms <ul style="list-style-type: none"> • Rectal bleeding • Rectal pain • Urgency • Change in bowel movement • Vague constitutional symptoms such as: <ul style="list-style-type: none"> • Fatigue • Unexplained weight loss Note: For patients that present with symptoms that could suggest recurrence, a prostate-specific antigen (PSA) test should be performed and a referral back to the appropriate specialist should be considered. c) Health promotion and disease prevention counselling, including (but not limited to): <ul style="list-style-type: none"> • Diet, exercise, smoking status, alcohol, sun safety, mental health, sexual health, and other informational needs 	Every 3 months	Every 6 months	Every 12 months
Prostate-specific antigen (PSA) test:¹ a) For patients following curative-intent treatment with surgery*	Every 3 months	Every 6 months	Every 12 months
b) For patients following curative-intent treatment with non-surgery primary therapy (e.g., radiation therapy, cryotherapy, or high-intensity focused ultrasound)*	Every 6 months	Every 6 months	Every 12 months (until the end of year 5, then annually thereafter)

*CAUTION: PSA lab test results:²

• PSA lab reports typically flag a PSA value of >4 ng/ml as abnormal, which is considered abnormal and very late in the detection of a recurrence among prostate cancer survivors. Therefore, primary care providers should review the actual values and ensure patients are referred back to the oncologist if **any** measurable PSA is detected.

Prostate Cancer Follow-up Care Surveillance

Recommended Tests^{1,2,3} (continued)

For patients on androgen deprivation therapy (ADT):³

- Consider annual complete blood count (CBC) to monitor hemoglobin levels, particularly in men presenting with symptoms suggestive of anemia
- Assess risk of fracture for men treated with ADT through baseline DEXA (dual energy x-ray absorptiometry) scan and calculation of a FRAX (WHO fracture risk assessment) score

Special Considerations^{2,3,4}

Digital rectal exam (DRE):^{2,3}

- There is insufficient evidence supporting the DRE, specifically as it relates to the detection of recurrence among prostate cancer survivors. Therefore, primary care providers should discuss and collaborate with prostate cancer specialists to identify those patients who may benefit from routine DREs to optimize the ratio of benefit to physical and psychological harm related to routine DREs in prostate cancer survivors.

Survivors of Childhood, Adolescent, and Young Adult Cancers:⁴

- Adults who have a history of pediatric, adolescent, and/or young adult cancers (i.e., diagnosis and treatment prior to age 30) are at increased risk for additional late effects and should also be followed according to the Long-Term Follow-Up Guidelines published by the Children's Oncology Group

Common Long-term and Late Effects¹

Physical:

- Sexual dysfunction (for all treatments)
 - Erectile dysfunction
 - Loss of libido
 - Anorgasmia
 - Dry ejaculate
 - Climacturia
 - Penile shortening or curvature
 - Infertility
- Urinary dysfunction (for those treated with surgery or RT)
 - Obstructive symptoms
 - Urgency symptoms
 - Hematuria
 - Incontinence requiring urinary pads
- Bowel dysfunction (for those treated with RT)
 - Rectal bleeding
 - Urgency and frequency symptoms
- Other (mostly for those treated with ADT)
 - Anemia
 - Body composition alterations
 - Fatigue (for all treatments)
 - Gynecomastia/mastodynia
 - Hot flushes
 - Bone health

For additional information and resources on symptom and side-effect management, please refer to Cancer Care Ontario's Symptom Management Guides available at: cancercareontario.ca/en/symptom-management

Psychosocial:

- Psychological distress (e.g., depression, anxiety, worry, fear of recurrence)
- Cognitive side-effects
- Changes in sexual function/fertility
- Challenges with body and/or self-image, relationships, and other social role difficulties
- Return to work concerns and financial challenges

For additional information and resources on psychosocial oncology care management, please refer to Cancer Care Ontario's Psychosocial Oncology Guides available at: cancercareontario.ca/en/guidelines-advice/modality/psychosocial-oncology-care

References

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2. Finelli, T. Personal Communication, January 18, 2019. Ontario Genitourinary Cancer Lead, CCO Genitourinary Cancers Advisory Committee.
3. Resnick MJ, Lacchetti C, Bergman J, Hauke RJ, Hoffman KE, Kungel TM, et al. Prostate Cancer Survivorship Care Guideline: American Society of Clinical Oncology Clinical Practice Guideline Endorsement. J Clin Oncol 33:1078-1085. ascopubs.org/doi/full/10.1200/JCO.2014.60.2557?url_ver=Z39.88-2003&rft_id=ori:rid:crossref.org&rft_dat=cr_pub%3dpubmed
4. Children's Oncology Group. Long-Term Follow-Up Guidelines for Survivors of Childhood, Adolescent, and Young Adult Cancers. Version 5.0; October 2018. survivorshipguidelines.org/pdf/2018/COG_LTFU_Guidelines_v5.pdf

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