

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ CR#: \_\_\_\_\_

Diagnosis Date: \_\_\_\_\_

## Follow-Up Recommendations for Prostate Cancer Patients Post Radiation Therapy

**Note:** Copy provided to patient as well.

	Years 1 – 10	Years 10+
<b>Primary Care Visits (Family Physician):</b> - Physical exam	Every 6 months	Annually
<b>Prostate Specific Antigen (PSA) Test</b> - PSA testing should occur every 6 months at appointment. If PSA rises this should be repeated in 3 months. - If PSA level is > ___ patient should be referred back to CancerCare Manitoba (CCMB).	Every 6 months	Annually
<b>Digital Rectal Exam</b>	Annually	
<b>X-Rays, CT- US- MRI- Bone-PET Scans, tumour markers, CBC, Biochemistry</b>	NOT performed if asymptomatic	
<b>Long Term Complications following radiation therapy are rare but may include:</b> <ul style="list-style-type: none"> <li>- Urinary tract related complications including urethral stricture, urinary incontinence (rare &lt;1%) hematuria or chronic cystitis. For these issues, patients should be referred to the urologist</li> <li>- Bowel related complications may include changes in bowel habit, chronic proctitis or ano-rectal bleeding. For these issues, patients should be referred to a gastroenterologist or a surgeon for further assessment.</li> <li>- Erectile difficulties are a long term side effect of radiation and usually develop 1-2 years after radiation. If the man is on androgen deprivation therapy, loss of libido and erectile dysfunction will occur. Post radiation, medications for erectile dysfunction can be prescribed and may work. Patients can be referred to the sexuality counselor at CCMB (fax referral to 204 786 0637).</li> </ul>		

### Physician Visits

- Abnormal symptoms or signs should be investigated with physical examination, laboratory testing and imaging. New inexplicable persistent bone pain warrants urgent x-rays and bone scan. Inexplicable neurological signs and symptoms warrants ruling out spinal cord compression or nerve root compression urgently.  
If proven by imaging to be related to metastatic disease, urgent contact should be established with the radiation oncologist and neurosurgeon.
- Encourage patient to see primary care provider regarding any worrisome symptoms **without waiting** for their next regular appointment.

### What to do if concerned about cancer recurrence:

- Evidence of recurrence? Please initiate investigations and fax a referral to the CCMB Referral Office at **204-786-0621** and indicate if patient is highly symptomatic. Patient will be contacted within 2-3 working days.

These guidelines have been developed to assist family physicians in follow-up of patients once they are discharged from CCMB post radical or adjuvant radiation therapy. Androgen deprivation therapy may be part of their treatment and patients would have been given their last injection before discharge. The patient being discharged will have finished treatment for prostate cancer under the radiation oncologist and no future treatment is planned unless they experience a recurrence. Patients will be approximately 6 months post radiation therapy if radiation was delivered alone. If androgen deprivation therapy was part of treatment as well, patients will be discharged approximately 6 months after their last injection or the end of their radiation treatment depending which part of therapy finished later. These guidelines don't replace the clinical judgement of individual family physician and in case of any ambiguity the family physician should contact the radiation oncologist.

**Cancer Question? Expert Help for Primary Care** call-text ► 204-226-2262 email ► [cancerquestion@cancercare.mb.ca](mailto:cancerquestion@cancercare.mb.ca)

**Important caution:** This is a summary document whose purpose is to review the highlights of the cancer diagnosis and treatment experience for this patient. This does not replace information available in the medical record, a complete medical history provided by the patient, examination and diagnostic information, or educational materials that describe strategies for coping with cancer, radiotherapy and chemotherapy in detail. Both medical science and an individual's health care needs change, and therefore this document is current only as of the date of preparation. This summary document does not prescribe or recommend any particular medical treatment or care for prostate cancer or any other disease and does not substitute for the independent medical judgment of the treating professional.