Introduction

- Approximately 3 million men currently live with prostate cancer in the US, an additional 233,000 patients are expected to be diagnosed in 2014.

- Prostate cancer is the most common cancer among male survivors, accounting for 20% of all cancer survivors in the United States.

- In 2014, the American Cancer Society (ACS) developed guidelines on prostate cancer survivorship care for primary care clinicians which addressed health promotion, detection of disease recurrence, screening and early detection of second primary cancers, assessment and management of physical and psychosocial long-term and late effects, and care coordination and practice implications.
ASCO Endorsement Methodology

The ASCO Clinical Practice Guidelines Committee (CPGC) endorsement review process includes:

• a methodological review by ASCO guidelines staff
• a content review by an ad hoc expert panel
• final endorsement approval by ASCO CPGC

The full ASCO Endorsement methodology supplement can be found at:
www.asco.org/endorsements/prostatesurvivorship

ACS Guideline Methodology can be found at:
Clinical Questions

The ACS guidelines address five key areas of prostate cancer survivorship to provide recommendations on best practice in the management of men after prostate cancer treatment, focusing on the role of primary care clinicians.

These areas include:

(1) health promotion
(2) surveillance for recurrence
(3) screening and early detection of second primary cancers
(4) assessment and management of physical and psychosocial long-term and late effects
(5) care coordination and practice implications
Target Population and Audience

Target Population: Post-treatment prostate cancer survivors

Target Audience: Primary care providers, medical oncologists, radiation oncologists, urologists, and other providers
ACS recommendations, with original language, are listed as follows, with modifications and qualifying statements added by the ASCO Expert Panel in **bold italics** when deemed necessary for clarification, expansion, and/or transference into a collaborative clinical setting.

### Health Promotion

- Assess information needs related to prostate cancer and its treatment, side effects, other health concerns, and available support services and provide or refer survivors to appropriate resources to meet these needs.

- Counsel survivors to achieve and maintain a healthy weight by limiting consumption of high-calorie foods and beverages and promoting increased physical activity.

- Counsel survivors to engage in at least 150 minutes per week of physical activity, this may include weight-bearing exercises.
Counsel survivors to achieve a dietary pattern that is high in fruits and vegetables and whole grains.

- Consume a diet emphasizing micronutrient-rich and phytochemical-rich vegetables and fruits, low amounts of saturated fat, intake of at least 600 IU of vitamin D per day, and consuming adequate, but not excessive, amounts of dietary sources of calcium (not to exceed 1,200 mg/d).

- Refer survivors with nutrition-related challenges (eg, bowel problems that impact nutrient absorption) to a registered dietitian

Counsel survivors to avoid or limit alcohol consumption to no more than two drinks per day.

Assess for tobacco use and offer and/or refer survivors to cessation counseling and resources. Counsel survivors to avoid tobacco products.
Summary of Recommendations
Surveillance for prostate cancer recurrence

• Measure serum PSA [prostate-specific antigen] level every 6 to 12 months for the first 5 years, then recheck annually thereafter.
  
  – ASCO Qualifying Statement: Prostate cancer specialists may recommend more frequent PSA monitoring during the early survivorship experience for some men, particularly men with higher risk of prostate cancer recurrence and/or men who may be candidates for salvage therapy. The exact schedule for PSA measurement should be determined by both the prostate cancer specialist and primary care physician in collaboration.
Summary of Recommendations
Surveillance for prostate cancer recurrence

- Ensure that survivors with elevated or rising PSA level are evaluated by their primary treating specialist for further follow-up and treatment.

- Perform an annual DRE [digital rectal examination] in coordination with cancer specialist to avoid duplication.
  
  - ASCO Qualifying Statement: Primary care physicians should discuss with the prostate cancer specialist the need for annual digital rectal examination (DRE), specifically as it relates to detection of disease recurrence in prostate cancer survivors.
Summary of Recommendations
Screening for second primary cancers

- Adhere to American Cancer Society screening and early detection guidelines (cancer.org/professionals). Prostate cancer survivors having undergone radiation therapy may have slightly higher risk of bladder and colorectal cancers and may need to follow screening guidelines for higher-risk individuals, if available.

  - **ASCO Qualifying Statement:** Patients and physicians should be informed of the increased risk of bladder and colorectal cancer (CRC) after pelvic radiation therapy. Patients should undergo routine screening for CRC as suggested by existing evidence-based guidelines and should undergo appropriate evaluation for any signs or symptoms suggestive of either bladder cancer or CRC.

  ^ASCO Footnote: Based on Level 2A evidence

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Summary of Recommendations
Screening for second primary cancers

• For survivors presenting with hematuria, perform a thorough evaluation to determine the cause of symptoms and to rule out bladder cancer, including urologist referral for cystoscopy and upper urinary tract evaluation.

• Refer survivors presenting with persistent rectal bleeding, pain, or other symptoms of unknown origin to the appropriate specialist as well as the treating radiation oncologist to conduct a thorough evaluation for cause of symptoms and to evaluate for colorectal cancer.
Summary of Recommendations
Assessment and management of physical and psychosocial effects of prostate cancer and treatment

Anemia

- specific risk for men receiving ADT [androgen-deprivation therapy]

- Perform [the ASCO Panel has changed “Perform” to “Consider”] annual CBC to monitor hemoglobin levels, particularly in men presenting with symptoms suggestive of anemia.

Bowel dysfunction

- Discuss bowel function and symptoms (eg, rectal bleeding) with survivors.
Bowel dysfunction (con’t)

• For men with a negative colorectal cancer screening result, prescribe stool softeners, topical steroids, or anti-inflammatories for survivors experiencing rectal bleeding.
  
  – **ASCO Qualifying Statement:** For survivors experiencing rectal bleeding after radiation therapy, CRC should be ruled out and appropriate management should be discussed with the treating Radiation Oncologist. Management may include corticosteroid suppositories to decrease inflammation, stool softeners, and dietary changes.

• Refer survivors with persistent rectal symptoms (e.g., bleeding, sphincter dysfunction, rectal urgency, and frequency) to the appropriate specialist.
Summary of Recommendations
Assessment and management of physical and psychosocial effects of prostate cancer and treatment

Cardiovascular and metabolic effects (specific risk for men receiving ADT)
• Follow USPSTF [US Preventive Services Task Force] guidelines for evaluation and screening for cardiovascular risk factors, blood pressure monitoring, lipid profiles, and serum glucose (uspreventiveservicestaskforce.org/uspstopics.htm).

Distress/depression/PSA anxiety
• Assess for distress/depression/PSA anxiety at initial visit, at appropriate intervals, and as clinically indicated. (Note. The Panel removed wording that recommended assessment should occur “periodically, at least annually” and removed the suggestion that a “simple screening tool” be used “such as the Distress Thermometer.”)

– ASCO Qualifying Statement: Physicians should refer to ASCO’s Screening, Assessment, and Care of Anxiety and Depressive Symptoms in Adults With Cancer guideline (www.asco.org/adaptations/depression) for more information on management of this important problem.

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Summary of Recommendations

Assessment and management of physical and psychosocial effects of prostate cancer and treatment

Distress/depression/PSA anxiety (con’t)

- Manage distress/depression using in-office counseling resources or pharmacotherapy as appropriate.

- If office-based counseling and treatment are insufficient, refer survivors experiencing distress/depression for further evaluation and or treatment by appropriate specialists.

Fracture risk/osteoporosis - specific risk for men receiving ADT

Summary of Recommendations
Assessment and management of physical and psychosocial effects of prostate cancer and treatment

Fracture risk/osteoporosis - specific risk for men receiving ADT

• For men determined to be high risk, prescribe weekly bisphosphonate therapy (oral alendronate at a dose of 70 mg) or annual intravenous zoledronic acid at a dose of 5 mg to increase bone density. Denosumab is also approved by the FDA [US Federal Drug Administration] to treat men at increased risk of osteoporosis.

  – ASCO Qualifying Statement: A collaborative strategy should be developed between the primary care physician and prostate cancer specialist to optimize bone health in men at risk for osteoporosis. This strategy should include a thorough discussion of the benefits and harms of bone-targeted agents.
Summary of Recommendations
Assessment and management of physical and psychosocial effects of prostate cancer and treatment

Sexual dysfunction/body image

• Discuss sexual function with survivors.

• Use validated tools to monitor erectile function over time. (Note: The ASCO Panel removed the reference to “the SHIM” tool)

• Erectile dysfunction may be addressed through a variety of options, including penile rehabilitation or prescription of phosphodiesterase type 5 inhibitors (eg, sildenafil, vardenafil, tadalafil).

• Refer men with persistent sexual dysfunction to a urologist, sexual health specialist, or psychotherapist to review treatment and counseling options.
Summary of Recommendations
Assessment and management of physical and psychosocial effects of prostate cancer and treatment

Sexual intimacy

• Encourage couples to discuss their sexual intimacy and refer to counseling or support services as appropriate.

• Prescribe medication as described above to address erectile dysfunction.

• Instruct couples on use of sexual aids to improve erectile dysfunction for men/male partners as well as postmenopausal symptoms for women. Refer to mental health professional with expertise in sex therapy.
Summary of Recommendations
Assessment and management of physical and psychosocial effects of prostate cancer and treatment

Urinary dysfunction

• Discuss urinary function (eg, urinary stream, difficulty emptying the bladder) and incontinence with all survivors.

• Consider timed voiding, prescribing anticholinergic medications (eg, oxybutynin) to address issues such as nocturia, frequency, or urgency. Consider alpha-blockers (eg, tamsulosin) for slow stream.

• Refer survivors with postprostatectomy incontinence to a physical therapist for pelvic floor rehabilitation; at a minimum, instruct survivors about Kegel exercises.

• Refer men with persistent, bothersome leakage or other urinary symptoms to a urologist for further evaluation (eg, urodynamic testing, cystoscopy) and discussion of treatment options including surgical placement of a male urethral sling or artificial urinary sphincter for incontinence.

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Summary of Recommendations
Assessment and management of physical and psychosocial effects of prostate cancer and treatment

Vasomotor symptoms (eg, hot flushes) - specific risk for men receiving ADT
• Although not approved by the FDA for this indication, prescription of selective serotonin or noradrenergic reuptake inhibitors or gabapentin may offer symptom relief.
  – ASCO Qualifying Statement: The Endorsement Panel believes further clinical investigation is required to validate this recommendation. Until that time, physicians should be aware of the development of vasomotor symptoms with ADT and should discuss with their patients the risks, benefits, and costs of available therapies for possible symptom relief.
The primary treating specialist is encouraged to provide a treatment summary and survivorship care plan to the primary care clinician (PCC) when survivorship care is transferred to the PCC. PCCs and treating oncology specialists should confer regarding the survivorship care plan components and determine roles and responsibilities that are appropriate for the survivor’s condition and the resources available in the primary care setting.

PCCs should maintain their role as general medical care coordinator throughout the spectrum of prostate cancer detection, treatment, and aftercare, focusing on preventive care and the management of preexisting comorbid conditions, regularly addressing the patient’s overall physical and psychosocial status, and those components of survivorship care that are mutually agreed upon with the treating clinicians.
Summary of Recommendations
Care coordination and practice implications

- Annually assess for the presence of long-term or late effects of prostate cancer and its treatment, *including potential urinary, bowel, sexual, and hormonal symptoms*. (Note: The ASCO Panel removed the following: “Use of a validated tool such as EPIC-CP may be helpful in this assessment.”)

- Encourage the inclusion of caregivers, spouses, or partners in usual prostate cancer survivorship care.

- Refer survivors to appropriate community-based and peer support resources.
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Endorsement Recommendation


*Additional discussion regarding the addition of ASCO’s qualifying statements can be found in the full endorsement text.
Additional Resources

More information, including a Data Supplement with a reprint of all ACS recommendations, a Methodology Supplement, slide sets, and clinical tools and resources, is available at:
www.asco.org/endorsements/prostatesurvivorship

The original ACS guideline can be found at:

Patient information is available at www.cancer.net
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