

Problem	Onset	Primary Care Management Options
Recurrence	Lifelong	Confirm that PSAs are being done at appropriate intervals: PSA every 6-12 months after prostatectomy or radiation therapy; PSA every 3 months after Androgen Deprivation Therapy. Any confirmed detectable PSA after surgery is indication for referral to specialist. Any confirmed two rises in PSA level from nadir after radiation is indication for referral to specialist.
Erectile Dysfunction (ED) (Erections not firm enough; Erections not reliable; Poor erections; Poor orgasm; Libido decreased or non-existent)	Variable onset depending on type of treatment – can be immediate (surgery) or delayed (radiation).	<p>Pharmacologic - Pharmacological regimen may be complicated. Provider must have in-depth knowledge or refer to specialist for optimal management</p> <p>Sildenafil^{1,2} (LOE = III, 0) (Viagra, Revatio)</p> <p>Tadalafil² (LOE = 0) (Cialis)</p> <p>Vardenafil² (LOE = 0) (Levitra)</p> <p>Prostaglandin E1³ (LOE = I); Alprostadil (Caverject intracavernosal injection) (Muse-intraurethral pellet)</p> <p>Other Strategies</p> <p>Assess status of marital/primary relationship to look for other psychological issues that may contribute to ED.</p> <p>Assess pre-treatment function and treatable contributing factors</p> <p>Vacuum erection device^{4, 5} (LOE = 0,0)</p> <p>Surgery to place penile prosthesis⁶ (LOE = 0)</p> <p>Counseling/therapy (general and/or sexual)</p>
Urine Control (Leaked urine; Increased frequency; Dysuria; Weak stream)	Variable: Leaked urine more common after surgery than radiation; symptoms caused by urethral irritation after radiation may occur in the short term, but generally resolve with minimal intervention.	<p>Pharmacologic^{7,8} (LOE = 0,III)</p> <p>Oxybutynin (Ditropan)</p> <p>Tolterodine (Detrol)</p> <p>Imipramine (Tofranil)</p> <p>Flavoxate (Urispas)</p> <p>Other strategies</p> <p>Limit fluid intake⁷ (LOE = 0), Avoid bladder irritants (coffee, acidic juices)⁷ (LOE = 0)</p> <p>Weight loss⁷ (LOE = 0)</p> <p>Increase physical activity⁷ (LOE = 0)</p> <p>Smoking cessation⁷ (LOE = 0)</p> <p>Pelvic floor exercises (stress incontinence)^{9,10} (LOE = I), Biofeedback</p> <p>Incontinence pads/undergarments</p> <p>External Penile Clamp¹¹ (LOE = I), Condom Catheter</p> <p>For profound problems refer to urologist to consider further surgery (bulking agents, urethral sling, urinary sphincter).^{7,12,13,14,15,16,17} (LOE = II, 0, III, III, III, III,III)</p>

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Bowel problems (Fecal incontinence, increased urgency to defecate, increased frequency, pain, hematochezia)	Infrequently occurs after radiation; urgency, frequency of defecation may begin to improve soon after completion of therapy.	Other Strategies ^{18 (LOE = 0)} Assess for contributing co-morbidities; rule out colon cancer Dietary strategies Biofeedback, pelvic floor exercise Surgical interventions For intractable symptoms refer to prostate or Gastrointestinal specialist.
Hot Flashes	After Androgen suppression/Deprivation Therapy (ADT); may persist for up to 2 years even with less than 1 year of ADT	Pharmacologic Antidepressants (venlafaxine [Effexor], fluoxetine [Prozac], paroxetine [Paxil]) ^{19 (LOE = 0)} Oral progestins Gabapentin ^{20 (LOE = III)} (Neurontin) Cyproterone acetate ^{21 (LOE = 0)} Other Strategies Alternative therapies (cooling fan, acupuncture, soy, black cohosh, ginseng, licorice, vitamin E) ^{22,23 (LOE = 0, III)} Check for possible interactions between alternative therapies and medications.
Bone Health	After ADT	Pharmacologic Calcium with Vitamin D ^{24 (LOE = I)} Biphosphonates ^{25 (LOE = III)} (i.e. Fosamax, Boniva, Zometa) Other Strategies ^{26 (LOE = 0)} Promote healthy behaviors (exercise, smoking cessation, caffeine and alcohol reduction) Consider bone density scan 2 years after ADT
Gynecomastia/Nipple Tenderness	After ADT in 3-13% of men	Refer to specialists for consideration of pre-treatment radiation or Tamoxifen, and for managing the metabolic aspects of hormone manipulation (endocrinologist).
Relationship Issues, Fear of unknown		Pharmacologic Consider appropriate medications to treat underlying depression/anxiety Coping Strategies Support groups Counseling Depression evaluation
Metabolic Syndrome – presence of 3 of 5 risk factors: abdominal obesity, hypertension, low levels of HDL, hypertriglyceridemia, abnormal fasting plasma glucose.	After ADT-increases risk for Type II diabetes (DM), cardiovascular disease (CVD)	Assess for DM, CVD Treat and control risk factors Promote healthy lifestyle behaviors (weight control, exercise, smoking cessation)