

**Recommendations for Prostate Cancer
Survivorship Care: An update to the 2009
Michigan Cancer Consortium Guidelines for the
Primary Care Management of Prostate Cancer
Post-Treatment Sequelae**

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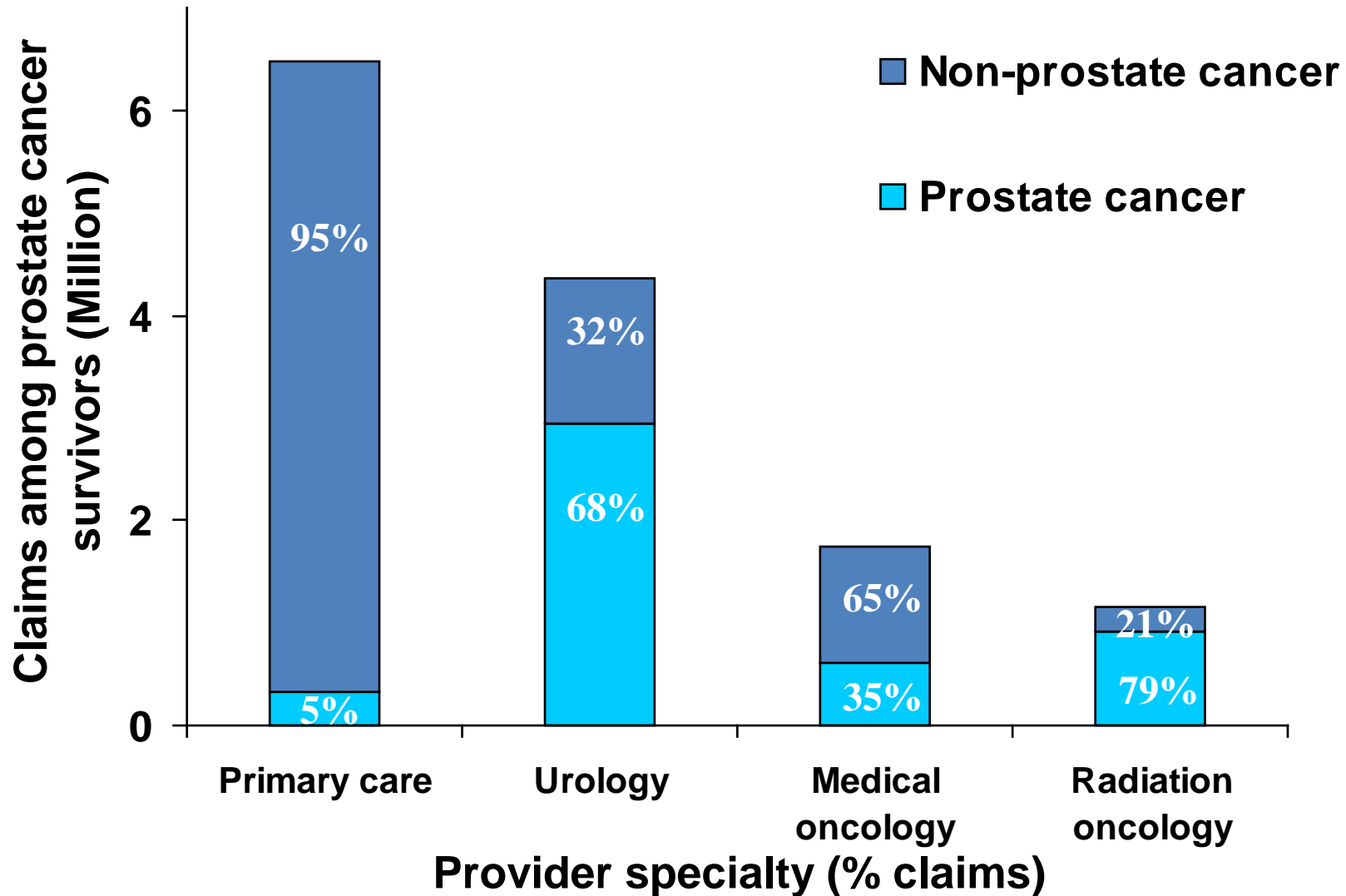
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Primary care providers and prostate cancer care

- Primary care providers inevitably care for men with prostate cancer
 - Responsible for the majority of screening
 - Prolonged clinical course
 - Increasing number of survivors
- Primary care provider roles in prostate cancer survivorship care remain undefined
 - Who is responsible for surveillance, management ongoing sequelae?
 - Urinary control
 - Sexual function
 - Quality of life

Primary care providers responsible for overall health care



Primary care providers in Michigan are not very comfortable addressing survivor needs

Side effect	Very uncomfortable (%)	Somewhat comfortable (%)	Very comfortable (%)	p -value
Urinary incontinence				0.09
Physician	12.2	75.6	12.2	
Nurse practitioner	19.2	73.1	7.7	
Physician assistant	21.8	65.5	12.7	
Impotence				0.02
Physician	10.6	68.2	21.2	
Nurse practitioner	19.2	65.4	15.4	
Physician assistant	21.8	61.8	16.4	

Primary care provider guidelines for post-treatment care



Michigan Cancer Consortium Prostate Cancer Action Committee Guidelines for Primary Care Management of Prostate Cancer Post-Treatment Sequelae



Download copies at www.prostatecancerdecision.org

Levels of Evidence (LOE) indicated if research available: LOE I = Randomized Controlled Trial; LOE II = Non-randomized Controlled Trial; LOE III = Case Series; LOE O = opinion, observation, literature review, pilot study

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)	Variable onset depending on type of	Pharmacologic - Pharmacological regimen may be complicated. Provider must have in-depth knowledge or refer to specialist for optimal management

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Primary Care Management of Symptoms after Prostate Cancer Treatment:

Evaluation of Guideline Dissemination,
Acceptance, and Implementation
among Primary Care Providers



Approach

- Three focus groups with a total of 10 PCPs and 7 members of a university-based prostate cancer survivorship working group
- Used the 2009 MCC guidelines and plain language prostate cancer survivorship fact sheets as templates
- Participants asked to comment on feasibility of use in primary care practice and their experiences with self-management of prostate cancer treatment sequelae
- Notes arranged by topic area to inform the guideline update.
- Manuscript in preparation

Contributors to the updated MCC guidelines

- 5 family practice and internal medicine PCPs
- 1 urology nurse
- 4 urologic oncology nurse practitioners
- 3 urologic oncologists
- 1 urologist
- 1 sexual health therapist
- 2 pelvic floor physical therapists
- 1 health communications expert
- 2 behavioral medicine experts
- 2 state-level public health professionals
- PCAC approval at May 2013 meeting

Major updates to the 2009 MCC guidelines

- Title updated to facilitate web search
- Modified to serve as a point-of-care resource and to facilitate care transitions and coordination between specialty and primary care.
- Patient-reported symptom assessment
- Distinctions between medical and self-management strategies for prostate cancer treatment-related side effects
- Strengthened recommendations for involving partners in survivorship care
- Online guidance for medical therapy and self-management resources

Ongoing Prostate Cancer Action Committee activities

- The updated Michigan Cancer Consortium prostate cancer survivorship tools convert a static guideline into a dynamic resource to improve outcomes and support coordination among primary care providers, cancer specialists, patients and caregivers.
- Ongoing efforts from the Prostate Cancer Action Committee
 - Shared decision-making in prostate cancer care
 - Updating prostate cancer decision aid, interactive and online
 - Further develop online resources for prostate cancer survivorship care

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