



SASKATCHEWAN CANCER AGENCY
FOLLOW-UP GUIDELINES

POST PROSTATE RADIOTHERAPY

These are guidelines to assist in follow-up and are not intended to replace physician judgement with respect to particular patients or special situations.

Follow-up for all patients:

- ✓ Clinical exam every six months for five (5) years, and then annually.
- ✓ History, physical, Digital Rectal Exam and PSA should be monitored at each visit.
- ✓ Patients may require renewal of their hormone prescriptions as discussed below.

Year	Month 6	Month 12	
1	PSA _____ µg/L Date:	PSA _____ µg/L Date:	<p>Rising PSA</p> <p>If PSA rises, it must be checked again in three months time.</p> <p>The radiation oncologist will recommend the PSA level for re-referral to the Cancer Centre.</p>
2	PSA _____ µg/L Date:	PSA _____ µg/L Date:	
3	PSA _____ µg/L Date:	PSA _____ µg/L Date:	
4	PSA _____ µg/L Date:	PSA _____ µg/L Date:	
5	PSA _____ µg/L Date:	PSA _____ µg/L Date:	
6	PSA _____ µg/L Date:		
7	PSA _____ µg/L Date:		
8	PSA _____ µg/L Date:		
9	PSA _____ µg/L Date:		
10	PSA _____ µg/L Date:		

Signs and Symptoms of Local Recurrence or Metastatic Disease

If your patient is having any of the following symptoms, we recommend you schedule the appropriate investigations:

Symptoms/Findings	Investigations
New persistent bone pain (such as back pain)	Urgent x-rays/bone scan
Back pain with limb weakness, changes in Back pain with limb weakness, changes in sensation, reflexes, or loss of bowel and bladder control	EMERGENCY referral to Neurosurgeon and Radiation Oncologist to rule out Spinal Cord Compression

Long-term complications following radiation therapy are rarely severe but may include:

- Urethral stricture may be seen in those who have had TURP or other urethral surgery prior to radiation therapy
- Urinary incontinence is very unusual (<1%)
- Changes in bowel habit and minor ano-rectal bleeding are common
- Impotence can be a long term side effect. This may be treated with medications or intracorporal injections as appropriate for each individual patient.
- Patients with chronic cystitis should be referred back to the urologist
- Patients with severe ano-rectal bleeding or chronic proctitis should be seen by a surgeon or GI specialist

Hormonal Therapy

Adjuvant androgen deprivation therapy is given for a total of 2 to 3 years to patients who are at high risk for recurrence. LHRH Analogs such as Leuprolide (Lupron™) or Goserelin (Zoladex™) are prescribed. The radiation oncologist will recommend the length of treatment, which should be discontinued at the recommended interval.

All follow-up guidelines apply including the monitoring of bone health and lipid profile. Patients who require androgen deprivation therapy are at high risk for accelerated bone loss and hyperlipidemia. All patients require adequate calcium and vitamin D intake, using supplements if necessary. Statins may be considered as you feel appropriate.

In Saskatchewan, there are designated communities where specially trained nurses administer the analog injections through the Community Oncology Program of Saskatchewan (COPS). Patients on treatment are referred to the COPS Centre nearest their home community. Occasionally when patients are unable to travel, family physicians are asked to administer the analog injections. The Cancer Centre will make arrangements with the family physician when such exceptions occur.

Prescriptions

If your patient is receiving LHRH Analogs paid for by the Saskatchewan Cancer Agency, **it will be continued under your directions.** Please contact the pharmacy at the applicable Cancer Centre for renewal. Please give patient's Cancer Centre number on the renewal request.

Pharmacy Department
Allan Blair Cancer Centre
4101 Dewdney Avenue
Regina, SK S4T 7T1
Phone: (306) 766-2816
Fax: (306) 766-2183

Pharmacy Department
Saskatoon Cancer Centre
20 Campus Drive
Saskatoon, SK S7N 4H4
Phone: (306) 655-2680
Fax: (306) 655-1035