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After your treatment is completed, it is important to have follow-up visits to monitor side effects of treatment, provide practical and emotional support, as well as to check if your cancer has come back. Information in this Care Plan will help your GP and specialists manage your follow-up care together. Please take this Care Plan with you when you visit your GP, specialist or another member of your treatment team. Ask them to record the outcomes of follow-up tests and any actions to be taken. If you are unsure with any information in this document, please discuss it with your GP/Specialist.

General Information

Health Care Providers

GP:	Ph:
Prostate Cancer Specialist Nurse:	Ph:
Urologic Surgeon:	
Radiation Oncologist:	
Medical Oncologist:	
Other Providers:	

Treatment Summary

Diagnosis

Diagnosis Date (mm/yy):

Cancer Type/Location/Histology Subtype: Prostate Cancer

Diagnostic Results (CT/MRI/Bone Scan):

Gleason Score:	PSA at Diagnosis:
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Treatment Completed

Surgery Yes No

Date:

Surgical procedure/location/findings:

Post-surgical PSA:

Radiation therapy Yes No

Prostate/Seminal Vesical only: <input type="checkbox"/> Yes <input type="checkbox"/> No	End Date (year):
Whole pelvis: <input type="checkbox"/> Yes <input type="checkbox"/> No	End Date (year):
Brachytherapy to prostate: <input type="checkbox"/> Yes <input type="checkbox"/> No	End Date (year):

Persistent symptoms or side effects at completion of treatment: No Yes (enter type(s)) :

Post-radiation Nadir:

Other Cancer related Treatment (Please specify)

Patient has consented to self/GP being contacted to monitor patient progress: Yes No



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Health and Wellbeing Management Plan		
Domain	Issues/Symptoms	Recommendation/ Follow up
Psychosocial (Depression/Anxiety)	Distress thermometer score (0-10): Problems identified: <i>*Refer to HealthPathwaysMelbourne</i>	
Urinary Function	<input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Bleeding <input type="checkbox"/> Pain	
Bowel Function	<input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Bleeding <input type="checkbox"/> Pain	
Sexual function* (Relationships/intimacy /erectile function)	<input type="checkbox"/> Erectile Dysfunction <i>*consider using the Sexual Health Inventory for Men questionnaire if appropriate – refer to HealthPathwaysMelbourne for more information</i>	
Lifestyle	Smoking: Nutrition: Alcohol consumption: Physical activity:	
Other (e.g. financial)		

GP Guidelines
(refer to HealthPathways Melbourne for further information- <https://melbourne.healthpathways.org.au>)

Clinical assessment required	Guideline	Action by GP
Evidence of disease progression as measured by PSA test	Definition of PSA progression: ➤ <i>Post-radical prostatectomy:</i> Any detectable rise in PSA ➤ <i>Post-radiation:</i> Rise of 2ng/ml above the post-treatment PSA-nadir (lowest value) <i>*ideal PSA nadir is <0.5ng/ml</i>	*Rapid referral back to WH <u>Fax to:</u> 8345 6856 AND <u>Contact:</u> Prostate Cancer Specialist Nurse to confirm referral has been sent <u>Ph:</u> 0411 853 290 <i>*All patients referred back will be categorized as requiring urgent care</i>
Treatment-related complications	<ul style="list-style-type: none"> - Urinary dysfunction - Sexual dysfunction - Bowel problems (post-radiation) - Examine wound for hernia 	Refer on as appropriate
Psychosocial issues	<ul style="list-style-type: none"> - Depression and anxiety - Lifestyle factors (e.g. nutrition, physical activity) 	Refer on as appropriate



**PROSTATE CANCER
SURVIVORSHIP CARE PLAN (SCP)**

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Schedule of shared care follow up				
Timeframe	Location	Date	Recommended Action	PSA Result
2 -4 weeks	Hospital		Initial Survivorship Care Plan completed <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why:	
3 months	Hospital		PSA test. Specialist review	
6 months	GP		PSA test. Initial discussion of Survivorship Care Plan PSA result faxed to WH Medical Records (Fax: 8345 1648)? <input type="checkbox"/> Yes <input type="checkbox"/> No Follow up required: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please explain)	
9 months	GP		PSA test. Review Survivorship Care Plan PSA result faxed to WH Medical Records (Fax: 8345 1648)? <input type="checkbox"/> Yes <input type="checkbox"/> No Follow up required: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please explain)	
12 months	Hospital		PSA test. Review Survivorship Care Plan PSA result sent to GP? <input type="checkbox"/> Yes <input type="checkbox"/> No Follow up required: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please explain)	
18 months	GP		PSA test. Review Survivorship Care Plan PSA result faxed to WH Medical Records (Fax: 8345 1648)? <input type="checkbox"/> Yes <input type="checkbox"/> No Follow up required: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please explain)	
24 months	Hospital		PSA test. Review Survivorship Care Plan PSA result sent to GP? <input type="checkbox"/> Yes <input type="checkbox"/> No Follow up required: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please explain)	
30 months	GP		PSA test. Review Survivorship Care Plan PSA result faxed to WH Medical Records (Fax: 8345 1648)? <input type="checkbox"/> Yes <input type="checkbox"/> No Follow up required: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please explain)	
3 years	Hospital		PSA test. Review Survivorship Care Plan PSA result sent to GP? <input type="checkbox"/> Yes <input type="checkbox"/> No Follow up required: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please explain)	
4 years	GP		PSA test. Review Survivorship Care Plan PSA result faxed to WH Medical Records (Fax: 8345 1648)? <input type="checkbox"/> Yes <input type="checkbox"/> No Follow up required: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please explain)	
5 years	GP		PSA test. Review Survivorship Care Plan PSA result faxed to WH Medical Records (Fax: 8345 1648)? <input type="checkbox"/> Yes <input type="checkbox"/> No Follow up required: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please explain)	



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Patients – When to contact your doctor

Contact your GP or specialist if you notice **ANY** new, unusual, or persistent symptoms that concern you. You don't have to wait for your follow-up appointment.

Contact your GP or Specialist if you notice:

- Significant change in urinary function (such as changes in passing urine or not being able to pass urine or feeling your bladder doesn't empty properly, bleeding)
- Rectal bleeding/pain
- persistent lowered energy levels
- unexplained weight loss
- unexplained persistent bone pain or discomfort

Further Information

- **The Australian Cancer Survivorship Centre** aims to improve health outcomes for cancer survivors, and provides timely and relevant information on important issues related to cancer survivorship.
www.petermac.org/services/support-services/australian-cancer-survivorship-centre
- **Cancer Council Victoria** provides information and support for cancer survivors. The helpline runs a free telephone based support service called Cancer Connect, where you can speak with another cancer survivor:
Telephone **13 11 20**
www.cancer.org.au;
<http://www.cancer.org.au/about-cancer/after-treatment/>
<http://www.cancerpathways.org.au/optimal-care-pathways/prostate-cancer> (available in other languages)
- **Prostate Cancer Foundation of Australia** is The National Peak Body for Prostate Cancer working to reduce the impact of this condition on Australian men, their partners and families, and the community.
Enquire about joining a local Support Group
Telephone **1800 220 999**
www.prostate.org.au
- **The National Continence Helpline** is staffed by a team of continence nurse advisors who provide information, education and advice to callers with incontinence or who are caring for someone with incontinence.
Telephone **1800 33 00 66**
www.continence.org.au
- **Peter MacCallum Cancer Centre:**
[Follow-up of Survivors of Prostate Cancer](#) document
- **Western Health Continence Clinic**
Fax referral to: (03) 8345 0777
- **Western Health Prostate Cancer Specialist Nurse**
Telephone: 0411 853 290

Completed by:

Name:

Designation:

Date: