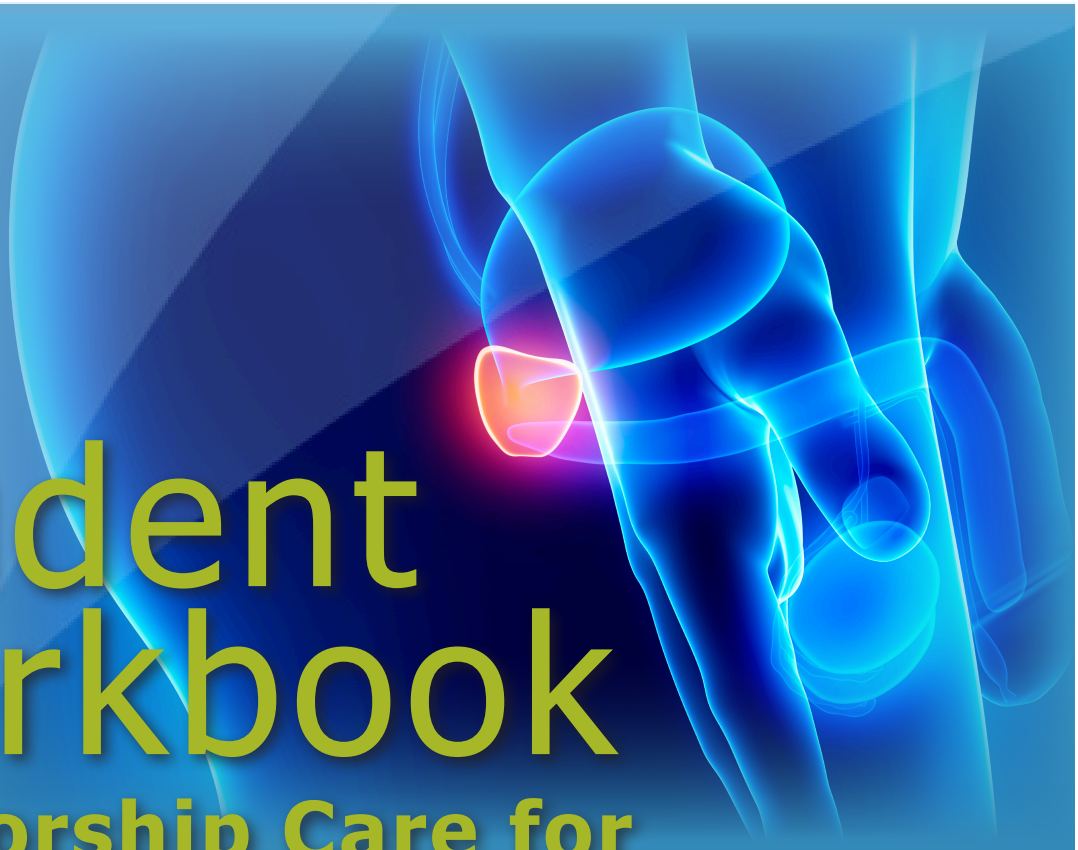

Student Workbook

Survivorship Care for Prostate Cancer Survivors

Moving Forward After Cancer

a Learning Suite for Family Medicine and Oncology Postgraduate Trainees

integrating primary care + cancer care in survivorship

An initiative of / Une initiative du

CANADIAN PARTNERSHIP AGAINST CANCER

PARTENARIAT CANADIEN CONTRE LE CANCER

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FIRST EDITION

Access to the complete *Moving Forward After Cancer* curriculum is available on the University of Manitoba Continuing Professional Development website, at:
https://www.cpd-umanitoba.com/elearning/moving-forward-after-cancer/

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Prostate Cancer Case: Chuck

Part 1

Narrative

You are seeing Chuck today in clinic. Chuck is a 78-year-old married man who was diagnosed with Stage IIB prostate cancer last year when his PSA was found to be 6.2 ng/L. His Stage IIB cancer was T2c N0 M0, which means: confined to the gland but bilateral, with no nodal involvement. His prostate biopsy came back showing Gleason score 8 (4+4) or "high grade" adenocarcinoma.

Given his age and co-morbidities, he was treated at the cancer centre with radical radiation to his pelvis and a "boost" of radiation to the prostate. He also received LHRH agonist therapy ("hormonal" or androgen deprivation therapy) as neoadjuvant (preceding radiation), concurrent (with radiation) and adjuvant (post-radiation), with a plan to receive this therapy for a total of three years after radiation.

Chuck finished his radiation treatment six months ago. His PSA had decreased to 2.0 ng/L when it was checked at the cancer centre recently.

Chuck's other medical problems include longstanding hypertension, type II diabetes and being a smoker. Chuck smokes 1 pack of cigarettes per day with a 50 pack year history of smoking. His family history is negative for cancer and cardiac disease.

Chuck's most recent BP is 144/88 and his most recent HgbA1c is 8.8%, on metformin 500 mg bid and enalapril 10 mg od. His recent cholesterol profile is TChol 6.6, HDL 1.1, LDL 4.6, TG 1.8. TChol/HDL is 6.0.

Chuck has done fairly well after the radiation treatments. However, he has noticed problems with increasing urinary frequency, urgency and nocturia over the past three months.

Chuck raises a concern with you, his FP, during the visit today. He telephoned the on-call radiation oncologist last week when his urinary frequency was particularly bothersome. He got good advice, but was told he should speak with his FP about such concerns. Today Chuck asks: "I really don't know what to do. How am I supposed to know which doctor to call?"

Questions

Working on your own, jot down your answers to these three questions (three minutes). Next, discuss your answers in your small group (10 minutes). Finally, be prepared to share your answers and discussion with the larger group (10 minutes).

1. What are the possible causes for his urinary tract symptoms? What can be done to manage his symptoms? Are they likely to worsen, remain the same, or improve?

2. What would be your goals in blood pressure, diabetes and lipid management for Chuck?

3. Chuck is six months from radiation. Make a list of the patient concerns that, in your opinion, should be addressed with his FP, and those that should be addressed with his cancer specialist at this point. How can you help Chuck identify which doctor to call, or does it matter?

Part 2

Narrative

You are seeing Chuck today in clinic. Chuck is a 78-year-old married man who was diagnosed with Stage IIB**.** It has now been 12 months since the completion of his radiation treatment, and Chuck's radiation oncologist has indicated her readiness to transfer responsibility for Chuck's care back to his family physician for ongoing management and follow-up. Chuck is happy to continue his prostate cancer care closer to home, since he lives almost two hours away from the cancer centre. However, he is feeling nervous about losing regular touch with his cancer specialist, and is concerned about his cancer monitoring being done right. Chuck has been busy with cancer treatment and hasn't seen his FP for several months.

Questions

4. How often would you see this patient in follow-up, and how frequently would you monitor his PSA? After radiation treatment, what change in PSA should warrant concern on your part that a change in therapy may be needed?

5. Chuck is wondering if his 52-year-old son should be checked for prostate cancer. Chuck was 78 at diagnosis and his family comes from Eastern Europe. There is no other prostate or breast cancer in the family. How would you respond to his concerns about screening his relatives for cancer?

6. Generate a list of the information you think the oncologist should provide the FP at the time of this care transition. Should the patient get the same information?

Part 3

Narrative

Chuck is now back seeing his family physician in follow-up. During a visit today, his wife has a question. She had read in the educational materials provided by the cancer centre that his general health and pre-existing medical issues may need to be monitored more closely, especially since he will be on hormonal therapy with LHRH agonists (androgen deprivation therapy) in the form of subcutaneous injections for an extended period.

Questions

*7. What are the most important **immediate** and **long-term** side effects of receiving androgen deprivation therapy? What are the recommended surveillance and intervention strategies?*

8. Given that the patient lives quite far away from the large urban cancer centre, would you feel comfortable administering the LHRH agonist SQ injections in your office? Why or why not? What other options exist in this situation?

9. How would you address smoking cessation with Chuck? He has expressed that he has lived a good life and doesn't seem very interested in discussing quitting.