

PROSTATE CANCER CARE

Interactive Patient Journey Map

The goal of this map is to illustrate Primary Care Provider roles and responsibilities within a shared care model, throughout a patient's journey.

We recognize that other health care professionals (including but not limited to: technicians, radiologists, chemo nurses and nurse navigators) are involved in the care and management of patients.



External resource links

YES

NO

Buttons are clickable

GET STARTED

Routine Screening

Waiting for Diagnosis

Diagnosis

Investigations

Treatment Decision Point



Patient



Primary Care Provider



Urologist/
Radiation
Oncologist

Regular health surveillance, taking account of family history and patient risk factors

Patient presents to family physician with signs or symptoms consistent with prostate cancer, or asymptomatic with positive screening test

Waiting for test results

Review history, conduct digital rectal exam (DRE) or Prostate Specific Antigen test (PSA)

Assess likelihood of prostate cancer

High Risk

Refer to Urologist or conduct organized diagnostic assessment

Low Risk

Annual monitoring with DRE or PSA test

Determine if patient is candidate for biopsy

Conduct biopsy and review pathology

Serious Illness Conversation

Initiate conversations exploring patient feelings and fears.
Regularly review wishes, preferences, and goals of care in context of illness trajectory and with cultural safety and humility.
Encourage patient to attend support groups.

Pre-book visits to family physician every 4-6 weeks

Provide patient letter and information package

Order investigations as needed for staging often consisting of CT scan, bone Scan and staging laboratory work.

Consult with health care team to decide on treatment options

TREATMENT DECISION POINT
Is prostate cancer localised?

Localized: Proceed to curative treatment or active surveillance

Not localized: Go to systemic therapy

Localised Cancer

Treatment

Adjuvant treatment (if needed)

Surveillance



Patient

Manage Psychosocial Effects

- o Cultural safety and humility
- o Social and emotional support
- o Family and caregiver support
- o Community supports and resources (e.g. patient support groups)



Primary Care Provider

Suggest changes to patient lifestyle (e.g. Cutting down smoking/alcohol, changes in diet, etc.)

Help prepare patient for surgery/radiation treatment

Patient, primary care provider, Urologist and Radiation Oncologist makes a joint decision on treatment. Often includes a multidisciplinary discussion or rounds.

Communicate any post-op concerns with oncology/urologist

Providing support and addressing patient concerns, alongside oncologist & urologist

Manage side effects alongside oncologists

Meeting regularly with patients

Surveillance for recurrence, conduct regular PSA testing/DREs, Make recommendations for health promotion and disease prevention



Urologist/
Radiation
Oncologist

Localised Cancer

Determine patient candidacy options

Plan and complete surgery

Review pathology, PSA test, order any additional investigations

Low risk

Localised prostate cancer

High Risk

Locally advanced Prostate Cancer (Go to page)

Plan and complete androgen deprivation (ADP)

High Risk

Continue ADP

Low Risk

Active Surveillance (go to page)

Go onto monitor PSA. PSA should be undetectable post surgery and if not likely adjuvant therapy required.

Active Surveillance



Patient

Manage Psychosocial Effects
- Cultural safety and humility
- Social and emotional support
- Family and caregiver support
- Community supports and resources (e.g. patient support groups)

Continue conversations exploring patient feelings and fears.
- Regularly review wishes, preferences, and goals of care in context of illness trajectory and with cultural safety and humility.

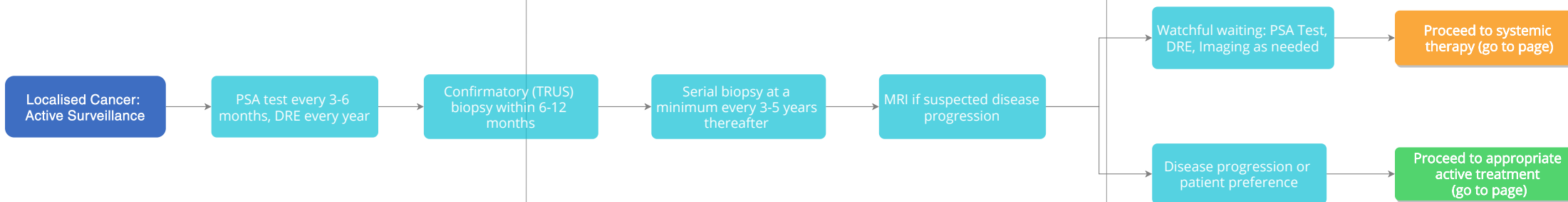
Meeting regularly with patients.
Make recommendations for health promotion and disease prevention



Primary Care Provider



Urologist/
Radiation
Oncologist



Cancer not localised

Determine Goals of Care

Palliative Systemic Therapy



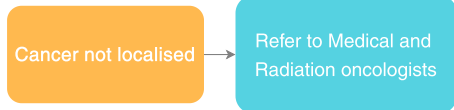
Patient



Primary Care Provider



Urologist/
Radiation
Oncologist



Multidisciplinary discussion between patient, GP, oncologists, and other care providers (e.g. supportive and palliative care providers)

Initiate a conversation about Advance Care Planning and goals of care. Share what Advance Care Planning and goals of care entail, check patient understanding

Determine goals of care on context of illness trajectory

Palliative therapy options tailored to patient

Managing pain & side effects, as well as psychosocial effects

Symptom control only

Hospice or comfort care

Radiation

Surgery
(In rare circumstances)

Palliative systemic therapy
*Often consists of 4-5 treatments, spanning 2-8 years

