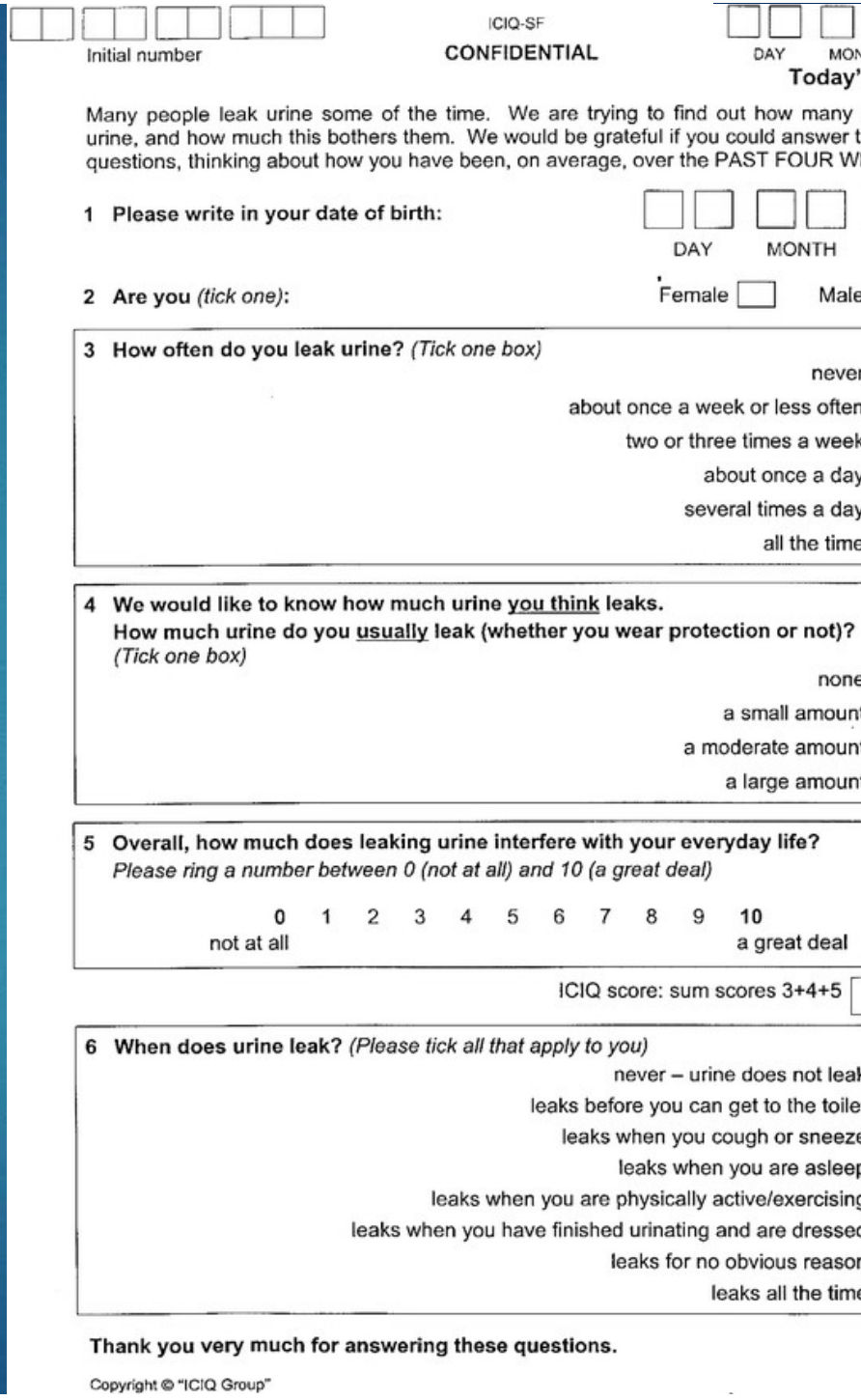
Case 3

- 68yo seen in your clinic. He is 12 months post robotic assisted radical prostatectomy. He complains of significant urinary leakage which is affecting his daily life.
- How would you assess him?

- PSA
- ? Had radiotherapy
- Urinary leakage – pad use, type of leakage
- Functional status – cognitive, hand function

nvestigations

- Bladder diary
- ICIQ – SF
- US to check post-void
- Urine test
- Pad test



Initial number

ICIQ-SF

CONFIDENTIAL

DAY MON

Today'

Many people leak urine some of the time. We are trying to find out how many urine, and how much this bothers them. We would be grateful if you could answer t questions, thinking about how you have been, on average, over the PAST FOUR W

1 **Please write in your date of birth:** DAY MONTH

2 **Are you** *(tick one)*: Female ☐ Male

3 **How often do you leak urine?** *(Tick one box)*

never
about once a week or less often
two or three times a week
about once a day
several times a day
all the time

4 **We would like to know how much urine you think leaks.**
How much urine do you usually leak (whether you wear protection or not)?
(Tick one box)

none
a small amount
a moderate amount
a large amount

5 **Overall, how much does leaking urine interfere with your everyday life?**
Please ring a number between 0 (not at all) and 10 (a great deal)

0 1 2 3 4 5 6 7 8 9 10
not at all a great deal

ICIQ score: sum scores 3+4+5

6 **When does urine leak?** *(Please tick all that apply to you)*

never – urine does not leak
leaks before you can get to the toilet
leaks when you cough or sneeze
leaks when you are asleep
leaks when you are physically active/exercising
leaks when you have finished urinating and are dressed
leaks for no obvious reason
leaks all the time

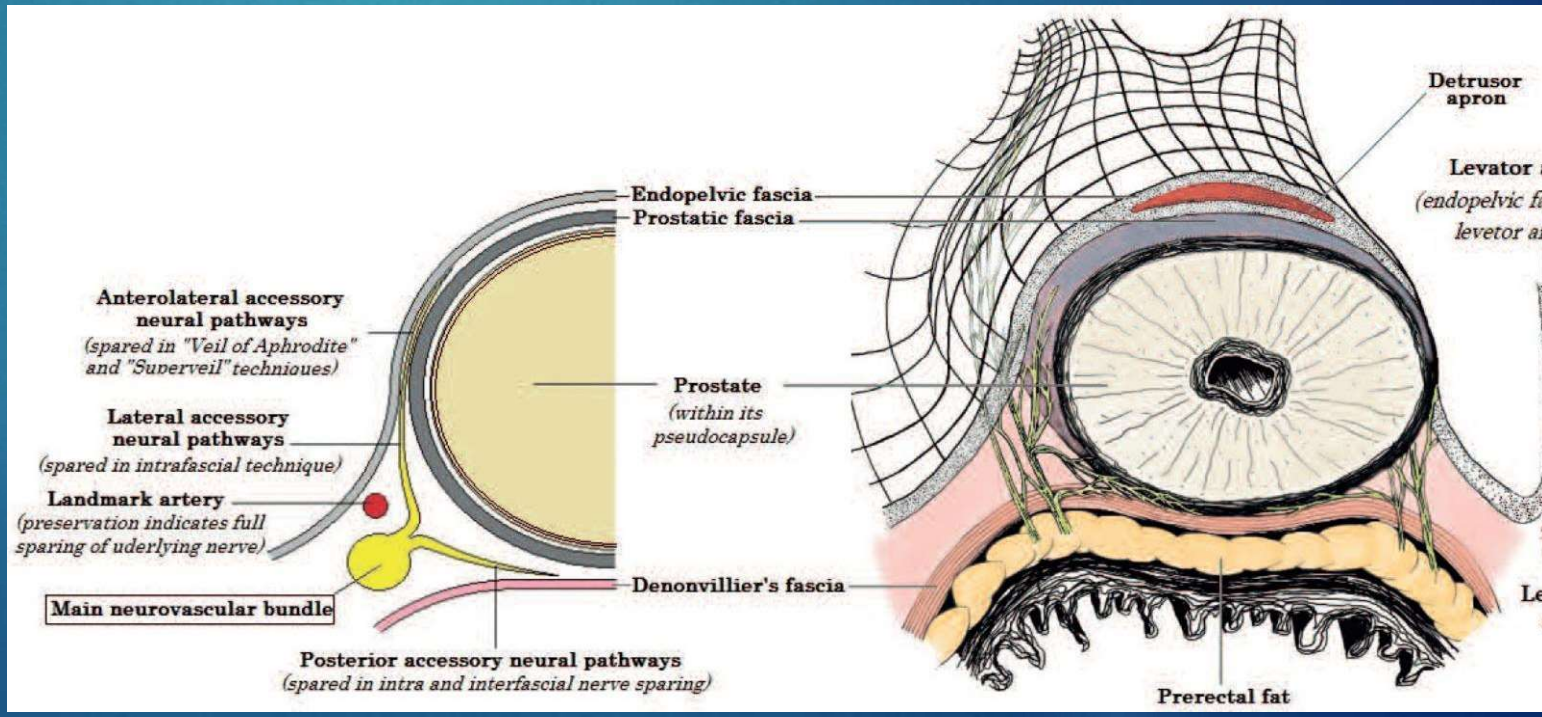
Thank you very much for answering these questions.

urvivorship

- Number of cancer survivors is growing
- Cancer survivors face physical, psychosocial and practical impacts from cancer and its treatment
- Aim
  - Improve quality of life
  - Health outcomes
- Primary care is key
- Patients need to be educated about long term/late effects of cancer and interventions available.

Care components

- Oncological outcome
- Functional outcome



OSTATE CANCER SURVIVORSHIP CARE: LONG-TERM AND LATE EFFECTS SUMMA

Long-term Effects Start during treatment and persist	Late Effects Start after treatment ends
Surgery Effects (radical prostatectomy: open, laparoscopic, robotic-assisted)	
ysfunction incontinence (stress) symptoms (urgency, frequency, nocturia, g) l stricture formation (scarring at the urethra) **ysfunction** dysfunction (ED) ejaculation n changes (without erection, associated with nence) hortening	• Disease progression

Radiation Therapy Effects
(external beam or brachytherapy)

dysfunction
- incontinence
- a, urgency, frequency, nocturia, dribbling)
- uria
- al stricture

ysfunction
- ssive ED
- ased semen volume

ysfunction
- rgency, frequency, incontinence
- n stool
- inflammation, pain

- Disease progression

Urinary dysfunction
- Urethral stricture
- Hematuria due to small blood vessel changes

Sexual dysfunction
- ED can be delayed in onset 6 to 36 months aft therapy

Bowel dysfunction
- Rectal bleeding secondary to thinning/small bl vessel changes of anterior rectal wall mucosa

Hormone Therapy Effects
(androgen deprivation therapy)

dysfunction
f libido

shes/sweats
t gain, abdominal obesity
ge in body image
sive emotional reactions and frequent mood
es
ssion
e/decreased activity
omastia
a
hair loss
es

- Osteoporosis, fractures
- Metabolic syndrome
- Cardiovascular disease (possible increased risk myocardial infarction)
- Diabetes; decreased sensitivity to insulin and o glycemic agents
- Increased cholesterol
- Increased fat mass and decreased lean muscle mass/muscle wasting
- Venous thromboembolism
- Vertigo
- Cognitive dysfunction
- Disease progression

SEXUAL FUNCTION AND INTIMACY

- Discuss sexual function
- Use validated tools to monitor erectile function over time
- Erectile dysfunction (U) may be addressed through a variety of options, including penile rehabilitation or prescription of phosphodiesterase type 5 inhibitors (e.g., sildenafil, vardenafil, tadalafil)
- Refer men with persistent sexual dysfunction (U) to a urologist, sexual health specialist, or psychotherapist to review treatment and counseling options
- Encourage couples to discuss sexual intimacy and refer to counseling or support services as appropriate
- Instruct couples on use of sexual aids to improve erectile dysfunction (U) for men/male partners and for postmenopausal symptoms in female partners
- Refer to mental health professional with expertise in sex therapy

URINARY FUNCTION

- Discuss urinary function (e.g. decreased bladder capacity (U), dribbling (U), dysuria (U), fistula (U), frequency (U), hematuria (U), hesitancy (U), nocturia (U), overactive bladder (U), radiation induced cystitis (U), slowing of stream (U), urethral stricture (U), urgency (U), incontinence (U), retention (U))
- Consider timed voiding, prescribing anticholinergic medications (e.g. oxybutynin) to address issues such as nocturia (U), frequency (U) or urgency (U)
- Consider alpha-blockers (e.g. tamsulosin) for slow stream (U)
- Refer survivors with post-prostatectomy incontinence (U) to a physical therapist for pelvic floor rehabilitation; at a minimum, instruct survivors about Kegel exercises
- Refer men with persistent leakage (U) or other urinary symptoms to a urologist for further evaluation (e.g. urodynamic testing, cystoscopy) and discussion of treatment options including surgical placement of a male urethral sling or artificial urinary sphincter for incontinence

ANEMIA AND VASOMOTOR FUNCTION (SPECIFIC RISK FOR MEN RECEIVING ADT)

- Discuss hot flushes/sweats (M)
- Although not approved by the FDA for this indication, prescription of selective serotonin or noradrenergic reuptake inhibitors or gabapentin may offer symptom relief
- Assess for anemia (U), perform annual CBC to monitor hemoglobin levels

BOWEL FUNCTION

- Discuss bowel function and symptoms (e.g. rectal bleeding (U))
- For men with a negative colorectal cancer screening result experiencing rectal bleeding (U), prescribe stool softeners, topical steroids or anti-inflammatories
- Refer survivors with persistent rectal symptoms (e.g. bleeding (U), sphincter dysfunction (U), rectal urgency (U) and frequency (U)) to the appropriate specialist

CARDIOVASCULAR AND METABOLIC FUNCTION (SPECIFIC RISK FOR MEN RECEIVING ADT)

- Follow U.S. Preventive Services Task Force guidelines for evaluation and screening for cardiovascular (U) risk factors, blood pressure monitoring, lipid profiles and serum glucose (possible increased risk of myocardial infarction)
- Assess for body hair loss (U), muscle wasting (U), diabetes (U), dry eyes (U), excessive emotional reactions/frequent mood changes (U), gynecomastia (U), high cholesterol (U), metabolic syndrome (U), subcutaneous fat accumulation (U), venous thromboembolism (U), vertigo (U), weight gain/abdominal obesity/increased fat mass (U)

DISTRESS, DEPRESSION, PSA ANXIETY

- Assess for distress (M), depression (L) and PSA anxiety (U) at least annually using a simple screening tool, such as the Distress Thermometer
- Manage distress/depression using in-office counseling resources or pharmacotherapy as appropriate
- Refer survivors experiencing distress/depression for further evaluation

FRACTURE RISK/OSTEOPOROSIS

- Assess risk of fracture for men treated with ADT (U) or older radiation techniques (H) through baseline DEXA scan and calculation of a FRAX score
- For men determined to be high risk (U), prescribe weekly bisphosphonate therapy (oral alendronate at a dose of 70 mg) or annual intravenous zoledronic acid at a dose of 5 mg to increase bone density
- Denosumab is also approved by the FDA to treat men at increased risk of osteoporosis

OTHER CONSIDERATIONS

More psychosocial effects (U):

- Fear of recurrence
- Pain-related concerns
- End-of-life concerns: death and dying
- Changes in sexual function and/or desire
- Challenges with body image (secondary to surgery and/or hormonal therapy)
- Challenges with self-image
- Relationship and other social role difficulties
- Return to work concerns and financial challenges

HEALTH PROMOTION

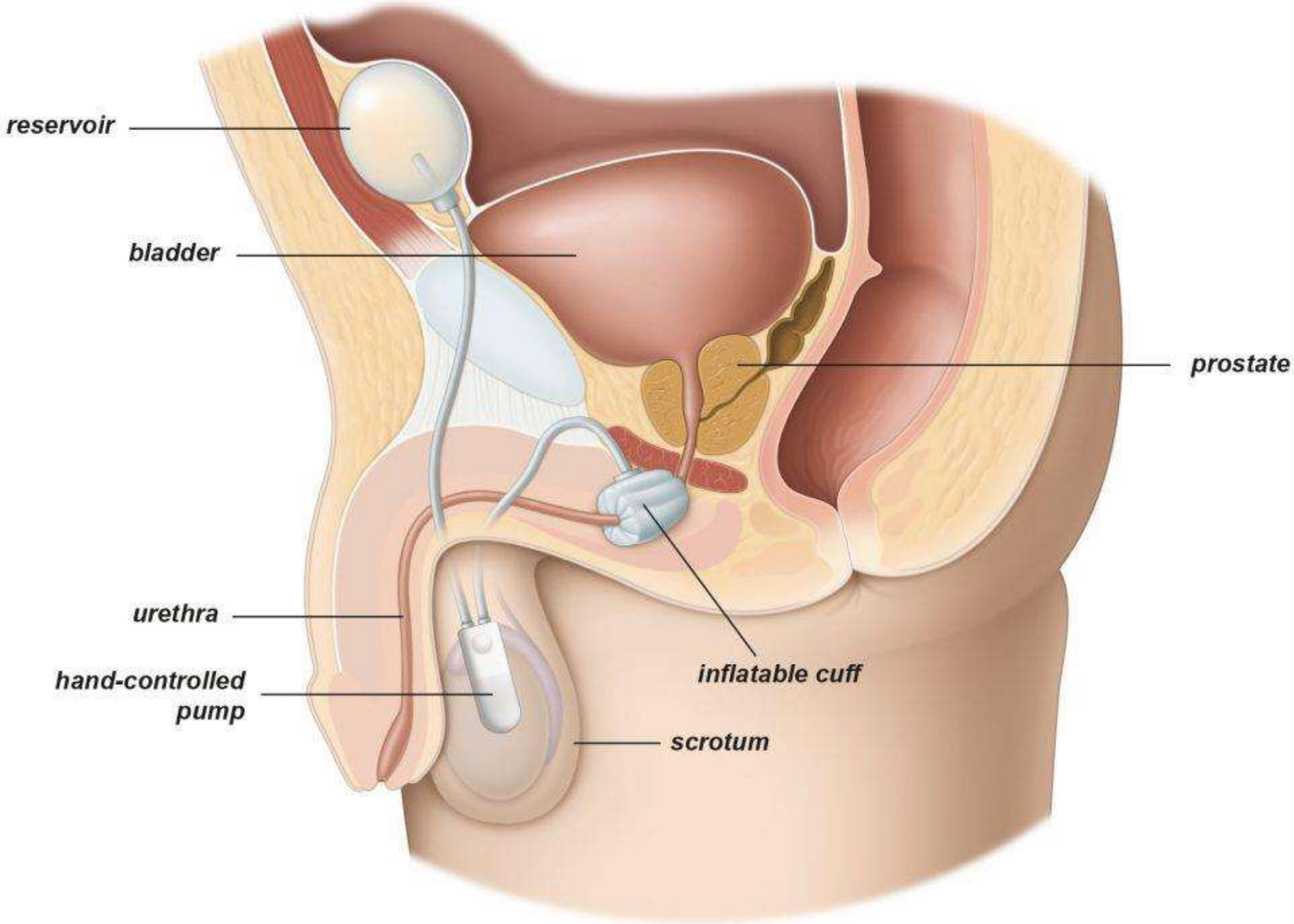
- Assess information needs related to prostate cancer and its treatment, side effects, other health concerns and available support services and provide or refer to appropriate resources to meet these needs
- Counsel survivors to achieve and maintain a healthy weight; weight management is considered a priority standard of care
- Counsel survivors to engage in regular physical activity including:
  - Aerobic exercise at least 150 minutes per week
  - Strength training exercise at least 2 days per week
- Counsel survivors to achieve a dietary pattern that is high in vegetables, fruits and whole grains
- Consume a diet emphasizing micronutrient-rich and phytochemical-rich vegetables and fruits, low amounts of saturated fat, intake of at least 600 IU of vitamin D per day and consuming adequate, but not excessive, amounts of dietary sources of calcium (not to exceed 1200 mg/day)
- Refer survivors with nutrition-related challenges (e.g. bowel problems that impact nutrient absorption (U) to a registered dietician
- Assess for tobacco use and offer and/or refer survivors to cessation counseling and resources and counsel survivors to avoid tobacco products
- Counsel survivors to avoid or limit alcohol consumption to no more than 2 drinks per day

SURVEILLANCE AND SCREENING

- Measure serum PSA level every 6-12 months for the first 5 years, then annually thereafter
- Refer survivors with elevated or rising PSA level back to primary treating specialist for further follow-up and treatment
- Perform annual DRE in coordination with cancer specialist to avoid duplication
- Adhere to American Cancer Society screening and early detection guidelines
- Prostate cancer survivors having undergone radiation therapy may have slightly higher risk of bladder and colorectal cancers and may need to follow screening guidelines for higher-risk individuals, if available
- Perform thorough evaluation to rule out bladder cancer, including urologist referral for cystoscopy for survivors with hematuria
- Refer survivors with persistent rectal bleeding, pain or other symptoms of unknown origin to appropriate specialist as well as treating radiation oncologist to conduct a thorough evaluation for rectal cancer

CARE COORDINATION

- Consult with cancer treatment team and request a treatment summary and survivorship care plan
- Maintain role as general medical care coordinator throughout the spectrum of prostate cancer detection, treatment and aftercare, focusing on preventive care and the management of preexisting comorbid conditions, regularly addressing the patient's overall physical and psychosocial status and those components of survivorship care that are mutually agreed upon with the treating clinicians
- Annually assess for the presence of long-term or late effects of prostate cancer and its treatment using validated tool
- Encourage the inclusion of caregivers, spouses or partners in usual prostate cancer survivorship care
- Refer survivors to appropriate community-based and peer support resources



World Continence Week

JUNE 19 to 23

World Continence Week is a global healthcare event commemorated every year between the **19th to 23rd of June** to raise awareness of bladder and bowel problems, persistent pelvic pain, and other debilitating conditions that significantly impact patients and caregivers.

Don’t be shy, we’ve seen it all before

If you’re suffering from a urological condition our experienced and friendly consultant urologists can help.

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