

Long-term Care Guidelines for Prostate Cancer Survivors

By Stacy Simon

An estimated 2.8 million men in the United States are living with prostate cancer or have had it at one time, and that number is growing. Prostate cancer is the most common cancer in American men after skin cancer – and long-term survival is common. But even long after diagnosis and treatment, survivors have continuing needs for follow-up care to manage treatment side effects, test to see if the cancer has come back, and treat other health conditions.

To help primary care doctors and prostate cancer survivors better manage prostate survivors' long-term care, the American Cancer Society has released its first ever Prostate Cancer Survivorship Care Guidelines, published June 10, 2014 in *CA: A Cancer Journal for Clinicians*. These newly developed guidelines provide detailed recommendations around nutrition and physical activity, cancer testing, management of side effects, and coordination of care among primary care doctors and specialists.

“We are hopeful that the hard work that went into the development of these much-needed guidelines will pay off in improved care for the approximately 240,000 men diagnosed with prostate cancer every year,” said Rebecca Cowens-Alvarado, MPH, principal investigator for the National Cancer Survivorship Resource Center, director of Cancer Control Mission Strategy at the American Cancer Society and co-author of the report. “The adoption of these guidelines will be a critical step forward to improve the delivery of prostate cancer survivorship care.”

The Society is developing survivorship care guidelines for other cancer types as well, based on the number of survivors and the severity of health problems survivors face. The types include: breast, colon, lung, cervical, ovarian, endometrial, uterine, head and neck cancers, and melanoma skin cancer.

Healthy behaviors

The new prostate cancer survivorship guidelines recommend that primary care doctors talk to prostate cancer survivors about their lifestyle habits and give them advice on how to make changes. Increasingly, studies show that healthy eating and maintaining an active lifestyle after a prostate cancer diagnosis can lower the chances of the cancer coming back. Healthy behaviors include:

- Achieving and maintaining a healthy weight by limiting high-calorie foods and beverages, and getting more physical activity.
- Regardless of current weight, getting at least 150 minutes of physical activity every week, with a doctor's approval.

- Eating a diet rich in vegetables, fruits, and whole grains, and low in saturated fats, with adequate calcium and vitamin D. Men facing challenges to good nutrition should talk to their doctor or ask for a referral to a registered dietician.
- Limiting alcohol consumption to no more than 2 drinks per day.
- Avoiding tobacco.

Testing for cancer

Depending on their treatment, survivors must have regular follow-up tests to check whether their prostate cancer has come back or worsened, and must also follow testing guidelines to check for any new cancer. Men who've had radiation therapy may be at slightly higher risk for bladder or colon cancer, and may need different screening than people at average risk.

Most prostate cancer survivors should have a PSA test every 6 to 12 months for the first 5 years after active treatment ends, then every year after that. They should also have a digital rectal exam every year. Survivors on active surveillance may have a different schedule of tests.

Men should report any new symptoms, including blood in the urine, rectal bleeding, or pain to their doctor.

Side effects from treatment

Surgery, radiation, chemotherapy, and hormone treatments for prostate cancer can cause urinary, bowel, and sexual side effects. In addition, hormone therapy can cause anemia and hot flashes, and raise men's risk for heart problems and bone fractures. It is important to discuss these side effects with a doctor so they can be evaluated and if possible, treated.

It is not unusual for people who've had cancer to experience anxiety or depression. Feelings of sadness or distress should be discussed with a doctor, who can evaluate whether they are signs of clinical depression. Clinical depression can lower quality of life, and also make people less able to take care of their own health. There are many ways to treat clinical depression, including medicine, counseling, or a combination of both.

Coordinating care

When active cancer treatment ends, patients should ask their oncologist for a written follow-up care plan that they can share with their primary care doctor. It should include an explanation of which provider – oncologist, primary care doctor, or other specialist – should be in charge of cancer-related and other medical care.

A study from the National Cancer Institute found that primary care doctors who received a written plan from the patient's oncologist were 9 times more likely to discuss recommendations for survivorship with the patient than primary care doctors who received no written plan.

Beginning next year, the American College of Surgeons Commission on Cancer will require that every cancer patient receive a [survivorship care plan](#) from their oncologist when treatment ends, that includes written guidelines for monitoring and maintaining their health.