

End of Treatment Letter

Prostate Cancer

Physician



[DATE]

Re: End of Treatment

Dear Dr. _____,

Your patient [ARIA: Insert Name] has completed active treatment(s) at our Cancer Centre for prostate cancer. Your patient's initial follow up will be provided by their **oncology treatment team**. We anticipate your patient will be followed up within the cancer system for [XX months/years]. This letter outlines:

- Follow-up procedures that will be carried out by the oncology treatment team, and
- Relevant information for you as their primary care provider related to
 - Potential signs and symptoms of recurrence
 - Late and long-term treatment complications to be monitored for
 - Wellness supports that may be helpful to your patient
 - Other cancer screening recommendations

You will receive a **Transfer of Care Letter from the Cancer Centre** when your patient meets our criteria for full transition back to you for the remainder of their prostate cancer surveillance. This subsequent letter will outline in detail our follow up recommendations for your patient's longer term surveillance in primary care.

Surveillance for Prostate Cancer Recurrence

As part of the minimum recommended follow-up, the Cancer Centre will organize and monitor:

- **Prostate Specific Antigen (PSA) every 6-12 months for 5 years from treatment completion date, then annually** (please refer to oncologist dictation to confirm the follow-up schedule)
- **Regular evaluation of late effects/treatment complications**

The oncology care team will do active surveillance for recurrence of prostate cancer, but does not conduct any other cancer prevention and or cancer screening procedures.

While we are providing your patient with active surveillance for their prostate cancer; the patient may present to your primary care location with signs and symptoms that may signal a cancer recurrence. **Patients reporting a new incidence, or escalation of any of the symptoms below should be directed back to their oncology treatment team for further assessment and follow up.**

Monitoring for Complications

Following treatment for prostate cancer, your patient may present with some of the complications outlined below. The oncology treatment team will continue to monitor and address concerns related to cancer therapy during this active follow-up phase. If any of these concerns persist, escalate, or

reoccur, encourage the patient to contact their oncology treatment team to facilitate the required referrals.

Radiotherapy-related side effects, if they occur, are usually minor in severity and self-limiting. These may include:

- **Urology:** cystitis, hematuria, urethral stricture or urinary incontinence, impotence and sexual dysfunction
- **Gastroenterology:** proctitis or rectal bleeding, persistent diarrhea or fecal incontinence
- **Psychosocial:** illness adjustment issues such as anxiety about recurrence, changes in sexual function, incontinence, self-image, employment, and financial concerns

If your patient has persistent and bothersome symptoms (i.e. persistent bone pain), please contact the oncology treatment team for management.

Patient Support and General Recommendations

Other resources available to your patient in the surveillance period include:

- **After Treatment Book:** Information and resources to help patients set priorities and take action following cancer treatment. It is handed to patients by the oncology team at the end of treatment

Counselling and Support: Post-treatment adjustment should be assessed. If issues are identified, treat or refer to an appropriately trained professional. Resources are available from the following sources (Community Cancer Centre patients should call the nearest Associate or Tertiary site):

Calgary: 403-355-3207	Lethbridge: 403-388-6814	Other Communities visit www.ahs.ca/cpn and click: Provincial Cancer Patient Navigation
Edmonton: 780-643-4303	Medicine Hat: 403-529-8817	
Grande Prairie: 825-412-4200	Red Deer: 403-343-4485	

Healthy Lifestyle Recommendations: Your patient is encouraged to lead a healthy lifestyle. Here are some evidence informed recommendations about modifiable lifestyle factors for your information:

Modifiable Lifestyle Factor	Recommendations
Body Weight	<ul style="list-style-type: none"> • Body mass index (BMI): 18.5-25 kg/m² • Waist circumference: less than 80 cm for women / less than 94 cm for men.
Physical Activity	<ul style="list-style-type: none"> • Try to be active for 2.5 hours (150 minutes) every week. • Spread out exercise throughout the day and week, such as 30 minutes 5 days a week. • Focus on moderate (brisk walking) to vigorous activity (jogging).

Nutrition	<ul style="list-style-type: none"> • Avoid sugary drinks and foods. • Eat a variety of vegetables, fruits, whole grains, and legumes. • Limit consumption of red meats (such as beef, pork, and lamb), and avoid processed meats. • Limit consumption of salty foods and foods processed with salt.
Dietary Supplements/ Bone Health	<ul style="list-style-type: none"> • Vitamin D: 1000 - 2000 IU per day. • Calcium: 1000 mg per day (from all sources). • Treatment and follow up as per Canadian Osteoporosis Guidelines.
Alcohol	Limit alcohol consumption (<1 drink/day, <3 drinks/week).
Smoking	Practice smoking cessation. For help contact Alberta Quits 1-877-710-QUIT (7848) or visit www.albertaquits.ca and www.ahs.ca/guru for the clinical practice guideline.
Sun Exposure	<ul style="list-style-type: none"> • Advise on avoidance of excessive or potentially harmful UV exposure. • Advocate for the use of sunscreen and sunglasses. • Advise against the use of indoor tanning beds. • Check skin regularly for suspicious lesion.
Immunizations	<ul style="list-style-type: none"> • Annual non-live influenza vaccination unless contraindicated. • Other vaccinations as appropriate.
Other cancer screening	<ul style="list-style-type: none"> • Age-appropriate screening such as breast, colorectal and other cancers. • Refer to www.screeningforlife.ca/healthcare-providers-resources/ for more information.

Specific Concerns for Prostate Cancer Patients

For patients on long term **androgen deprivation therapy**, i.e. leuprolide (Eligard®), bone density scans (DEXA Scans) should be performed at baseline and every 2-3 years. If the patient is found to have osteopenia or osteoporosis, they should be treated according to clinical practice guidelines (www.osteoporosis.ca). Standard recommendations in terms of optimizing bone health include:

- Calcium 500 mg per day, Vitamin D 2000 IU per day
- Regular physical activity and risk factor assessment

At any time if you have any concerns or are in need of more information please call the **referring oncologist at XXX**.

We appreciate your partnership in caring for this patient.

Sincerely,
The Alberta Provincial Genitourinary Tumour Team