

Transfer of Care Letter

Prostate Cancer

Physician



[DATE]

Re: Transfer of Care

Dear Dr. _____,

Your patient [ARIA: Insert Name] has received external beam radiation treatment (EBRT) for prostate cancer at the Cancer Centre and is now being **transitioned** back to you for ongoing prostate cancer surveillance in addition to their regular care.

Your patient is in XXX year of their follow up surveillance.

The evidence-based recommendations outlined below outline the standard follow-up procedures for prostate cancer surveillance, and are intended to assist you in providing optimal prostate cancer follow-up care for your patient; these recommendations are not intended to be a substitute for clinical judgment.

Surveillance for Prostate Cancer Recurrence

As part of the minimum recommended follow-up, we ask that you organize:

- **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**

After radiation therapy for prostate cancer, the serum PSA should reach its nadir (i.e., the lowest value of PSA) by 24 months. Transient PSA rises can occur in the post-radiation therapy setting.

Should the PSA rise to 2 µg/L above nadir, the treating radiation oncologist should be contacted regarding the possibility of repeat consultation for biochemical relapse.

Complications and Late Effects of Prostate Cancer Treatment

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

However, if they are persistent and bothersome, referral to the following specialty clinics should be considered:

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

Patient Support and General Recommendations

Other resources available to your patient 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 (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