Guidelines Address Long-Term Needs of Prostate Cancer Survivors

Recommendations to Support Primary Care of Estimated 2.8 Million Men with History of Prostate Cancer in the U.S.

ATLANTA – June 10, 2014 –New American Cancer Society Prostate Cancer Survivorship Care guidelines released today outline posttreatment clinical follow-up care for the myriad of long-term and late effects an estimated 2.8 million prostate cancer survivors in the United States may face. The guidelines report is published Early Online in the Society's journal, CA: A Cancer Journal for Clinicians.

The guidelines are designed to promote optimal health and quality of life for the posttreatment prostate cancer survivor by facilitating the delivery of comprehensive posttreatment care by primary care clinicians. They are based on recommendations set forth by an expert panel convened as part of the work of the National Cancer Survivorship Resource Center, a collaboration between the American Cancer Society and The George Washington University Cancer Institute, funded by a 5-year cooperative agreement from the Centers for Disease Control and Prevention (CDC).

Prostate cancer survivors represent more than four in ten male cancer survivors and one in five of all cancer survivors in the United States. While guidelines exist for treatment and surveillance for recurrent disease, availability of guidelines for long-term posttreatment care is limited. The American Cancer Society Prostate Cancer Survivorship Care guidelines were developed using a combined approach of evidence synthesis and expert consensus. They address health promotion, surveillance for recurrence and screening for second primary cancers, and the assessment and management of physical and psychosocial long-term and late effects resulting from prostate cancer and its treatment. A key challenge to the development of the guidelines was the limited availability of published evidence informing the clinical management of prostate cancer survivors after treatment.

Among the recommendations:

- Since information needs evolve as patients transition from treatment through various stages of survivorship, survivor and caregiver information needs should be assessed regularly, with information and support services provided or referred to as necessary.
- Primary care clinicians should provide regular evaluations of survivors to determine appropriate levels of participation in health promotion and lifestyle modification programs.
- Primary care clinicians should conduct routine assessments of body mass index among survivors across the prostate cancer survivorship continuum, with recommendations for limiting consumption of high-calorie foods and beverages for survivors who are overweight or obese.
- Primary care clinicians should educate survivors regarding the association between physical activity and lower overall and prostate cancer-specific mortality and improved quality of life.
- Since smoking after treatment of prostate cancer increases the risk of cancer recurrence and second cancers, primary care clinicians should assess for tobacco use and offer or refer survivors to cessation counseling and resources.
- While existing evidence is not definitive with regard to frequency of monitoring for recurrence using PSA testing, a leading clinical practice guideline, The NCCN guidelines for prostate cancer treatment recommend measuring serum PSA levels every 6 to 12 months for the first 5 years after definitive treatment, and then to recheck annually.
- Clinicians should be aware of a small increased risk of second primary cancers after radiation therapy compared with men receiving surgery. While evidence does not support increased frequency or intensity of screening, adherence to routine ACS screening guidelines for the early detection of any new cancers is recommended.
- Survivors should be assessed for physical (e.g.: urinary, sexual, bowel) and psychosocial effects of prostate cancer and its treatment; the focus of assessment should be tailored to the type of cancer treatment received and current disease state to trigger appropriate self-management and clinical management strategies for support and therapy.

- Estimates indicate that as many as 30% of patients with prostate cancer experience clinically relevant general distress, 25% have increased anxiety, and nearly 10% experience major depressive disorder. These guidelines affirm early identification, treatment, and ongoing assessment for psychological distress as important aspects of prostate cancer survivorship care.

“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.”

About The National Cancer Survivorship Resource Center

The National Cancer Survivorship Resource Center (The Survivorship Center) is a collaboration between the American Cancer Society and The George Washington University Cancer Institute funded through a 5-year cooperative agreement with the Centers for Disease Control and Prevention. Its goal is to shape the future of cancer survivorship care and improve the quality of life of cancer survivors as they transition from treatment to recovery. For more information about The Survivorship Center, visit cancer.org/survivorshipcenter. The guidelines are supported in part by Cooperative Agreement #5U55DP003054 from the Centers for Disease Control and Prevention. The contents of the guidelines article are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.

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