

SWAG Cancer Alliance GP Treatment

Summary: Hormone Therapy for Prostate Cancer

National Cancer Survivorship Initiative (NCSI) - Working in Partnership



Name	Born	Gender	Hospital No	NHS No
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Diagnosis:	Information will already be in place	
Date of Diagnosis:		
Organ/Staging:		
Treatment Aim:	Drop Down Options: Curative/Symptom Control/Palliative/End of life	Indicate from drop down treatment plan
Treatment Aim Comments:		
This treatment summary is to provide relevant information following commencement of primary/ maintenance (delete as appropriate) hormone therapy for prostate cancer and may change with subsequent consultation and if so you will be advised by the consultant or urology clinical nurse specialist		
Local/Distant	No	
Summary of treatment and relevant dates	State what treatment has been given including dates and for how long if information not already in place	

Comments:
<p>The following to be used for all patients UNLESS YOU STATE OTHERWISE:</p> <p>Possible treatment consequences:</p> <ul style="list-style-type: none"> Fatigue – this can improve over time; regular exercise and daily planning is advised Hot flushes – advised not to eat hot, spicy food and to wear layers of clothing. Advice from the urology nurse specialist is available if this is impacting on quality of life Changes to sex life – erectile dysfunction (consider referral to Erectile Dysfunction clinic), loss of libido, penile and testicle shortening, reduction in semen production Weight gain Loss of strength and muscle mass due to reduction in testosterone Breast swelling/ tenderness – ongoing symptoms can be relieved by single dose radiotherapy, medication or occasionally surgery Loss of body hair Bone thinning – bone thinning FRAX score is recommended to monitor this. Baseline FRAX score is..... Increased risk of heart disease, type 2 diabetes and stroke – uncommon but more likely if patient already has an existing heart condition Mood changes, anxiety & depression – advice from urology clinical nurse specialist team, patient support groups and counselling services are available Decline in cognitive function For patients on Degarelix – injection site irritation can occur but usually settles after a few days. Mild analgesics i.e. paracetamol and using a cool pack on the area can be helpful
Alert symptoms that require referral back to specialist team
<p>The following will be automatically inserted UNLESS YOU STATE OTHERWISE:</p> <ul style="list-style-type: none"> Doubling of PSA within 3 months Unexplained rise in PSA Unexplained back or bone pain

Secondary Ongoing Management Plan (Tests Appointments etc.)
PSA surveillance testing will be ongoing to ensure treatment is optimal . Patients are discharged from clinic to PSA Tracker if stable and recalled to clinic if any Alert symptoms noted Patients with a history or high risk of osteoporosis should be considered for a DEXA scan
Indicate if referral to palliative care has been made in this space

Advise entry onto primary care palliative or supportive care register	Drop Down Options:	Indicate Yes/No
DS1500 application completed	Drop Down Options:	Indicate Yes/No
Prescription Charge exemption arranged	Drop Down Options:	Indicate Yes/No
Contacts for re-referrals or queries: In Hours/Out of hours	In Hours (provide number) Out of hours: (provide number) Urology Clinical Nurse Specialists (provide number)	

Referrals made to other services:			Tick relevant boxes or advise secretary which boxes to tick
AHP	Menopause/Endocrine support	Sexual dysfunction therapist	
Benefits/Advice Service	Occupational Therapist	Social Worker	
Bowel or bladder Incontinence service	Other	Speech and language therapist	
Clinical Nurse Specialist	Physical activity	Stoma service	
Complementary Therapist	Physiotherapy	Support Group	
Dietitian	Prosthetics service	Vocational Rehabilitation (work)	
District Nurse	Psychologist	Wig service	

Required GP actions in addition to GP Cancer Care Review
State the following AS APPROPRIATE: We would be grateful if you could continue to prescribe an LHRH analogue of your choice: <ul style="list-style-type: none"> • Decapeptyl 3mg monthly/ 11.25mg 3-monthly/ 22.5mg 6-monthly or • Prostag 3.75mg monthly/ 11.25mg 3-monthly or • Zoladex 3.6mg monthly/ 10.8mg 3-monthly
Summary of information given to the patient about their cancer and future progress:
The following will be inserted UNLESS YOU STATE OTHERWISE: is aware of all the details regarding his prostate cancer treatment and ongoing surveillance plan as documented in the information above. He understands the aim of treatment is to provide maintenance treatment (amend if required) . He understands that if he has any symptoms of concern he should contact the urology clinical nurse specialists who will advise on an appropriate course of action. After treatment patients will receive information regarding a Holistic Needs Appointment and a date to attend a Health and Well-being Event.

Additional information relating to lifestyle and support needs:
We have explained the importance of a healthy lifestyle after cancer treatment encouraging a healthy weight, well balanced diet, minimal alcohol, regular exercise and smoking cessation. There are many services available to support patients in their recovery and the urology clinical nurse specialists and our Macmillan Support Worker(s) are very happy to discuss any concerns or help with referrals Insert relevant local information about Cancer Information & Support centres, exercise schemes, self-management programmes, fatigue management services, prostate charities e.g. Prostate Cancer UK and relevant local prostate support groups etc.