

SWAG Cancer Alliance GP Treatment

Summary: Prostate Palliative

Chemotherapy

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: Palliative	Indicate from drop down treatment plan
Treatment Aim Comments:		
This treatment summary relates to the end of chemotherapy only and may change with subsequent consultation and if so you will be advised by the consultant or urology clinical nurse specialist		
Local/Distant	Insert relevant sites	
Summary of treatment and relevant dates	Docetaxel/ cabazitaxel/ carboplatin/ mitoxantrone Chemotherapy – include dates and number of cycles	

Comments:
<ul style="list-style-type: none">Add in patient specific information around side-effects experienced from chemotherapyWas a dose reduction was required?Include treatment response for non-adjuvant treatment
The following to be used for all patients UNLESS YOU STATE OTHERWISE:
Possible treatment consequences and/or late effects: <ul style="list-style-type: none">Risk of infection and life-threatening neutropenic sepsis for up to 4 weeks after last chemotherapy doseNumb or tingling hands or feet – peripheral neuropathyFatigue – doing small amounts of daily exercise is helpfulDiarrhoea and nausea but should settleNail changes – any discolouration will grow outNote the risk of diabetes or worsening control of known diabetes due to steroids used with chemotherapyAlopecia
Alert symptoms that require referral back to specialist team
The following will be automatically inserted UNLESS YOU STATE OTHERWISE: <ul style="list-style-type: none">Rapidly rising PSA (doubling in less than 3 months)Signs/ symptoms of malignant spinal cord compression - MSCC Co-Ordinator: Oncology On Call Registrar (provide number)Worsening bone pain which is not relieved by analgesiaWeight lossSigns and symptoms of disease progression can be varied. If the patient develops symptoms which do not respond to intervention and persist then please contact Uro-oncology team for advice (see contact details below)
REFER TO THE ONCOLOGY/ HAEMATOLOGY PRIMARY CARE RISK ASSESSMENT TOOL FOR GUIDANCE

Secondary Ongoing Management Plan (Tests Appointments etc.)**Please choose option 1 or 2:**

Option 1: For ongoing review in Uro-oncology clinic to consider further palliative systemic treatment on disease progression

Option 2: No further systemic treatment options available. For supportive community care

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: Leave message on answerphone or contact Oncology Registrar on call (provide number) Acute oncology (provide number) if within 6 weeks of chemotherapy 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 if any or all of the following blood tests are required and the frequency of testing:
PSA, U and E, LFT and FBC (delete as appropriate)

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 as documented in the information above. He understands that his cancer is incurable and that he has received treatment with the aim of prolonging survival and controlling symptoms. He understands that if he has any symptoms of concern he should contact the urology clinical nurse specialist who will advise on an appropriate course of action.

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 are very happy to discuss any concerns or help with referrals

Insert relevant local information about Cancer Information & Support centres, hospice support, exercise schemes, self-management programmes, fatigue management services, prostate charities e.g. Prostate Cancer UK and relevant local prostate support groups etc.