

SWAG Cancer Alliance GP Treatment Summary: Abiraterone for Metastatic Prostate Cancer

National Cancer Survivorship Initiative (NCSI) - Working in Partnership



Department of Health



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|------|------|--------|-------------|--------|
| 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 commencement of palliative abiraterone for metastatic prostate cancer. A summary of his diagnosis, treatment and ongoing management plan are outlined below. | | | |
| Local/Distant | Insert relevant sites | | |
| Summary of treatment and relevant dates | | | |

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| Comments: |
| 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"> Hypertension and fluid retention due to mineralocorticoid excess. This may cause worsening of pre-existing cardiac disease Hypokalaemia – low potassium levels Hepatotoxicity – liver damage Fatigue – doing a small amount of daily exercise can be helpful Diarrhoea – loperamide may be used if required Adrenocortical insufficiency: caution is advised to carefully withdraw corticosteroids when stopping, and increase the dose during illness Note the risk of diabetes or worsening control of known diabetes due to steroids used with abiraterone |
| 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 with regular analgesia Weight loss Signs and symptoms of disease progression can be varied. If the patient develops symptoms which do not respond to intervention and persist, then please contact the Uro-oncology team for advice |

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| Secondary Ongoing Management Plan (Tests Appointments etc.) |
| Insert relevant details: Scans due: Outpatient review in: (Choose either option 1 or 2) <ol style="list-style-type: none"> For on-going review in Uro-oncology clinic OR No further systemic treatment options available, for supportive care in the community |
| Indicate if referral to palliative care has been made in this space |

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| 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 |
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| <p>State the following AS APPROPRIATE:</p> <ul style="list-style-type: none"> Review of ongoing medications, cardiac screening, osteoporosis Patients require regular monitoring of U&Es, Cr, LFTs, PSA during treatment; the frequency of which will be advised in oncology clinic. Blood tests: PSA, U&E, Cr, LFTs and FBC are required before next OPA, and every 2 weeks for the first 3 months of treatment Patients also require monitoring of blood pressure and may require treatment to ensure optimal management |
| Summary of information given to the patient about their cancer and future progress: |
| <p>The following will be inserted UNLESS YOU STATE OTHERWISE:</p> <p>..... 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 is receiving treatment with the aim of prolonging survival and controlling symptoms. He is aware 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.</p> |

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