

SWAG Cancer Alliance GP Treatment

Summary: Prostate Radical

Radiotherapy

National Cancer Survivorship Initiative (NCSI) -
Working in Partnership



Department
of Health

**WE ARE
MACMILLAN.**
CANCER SUPPORT



NHS Improvement

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:			
<p>This treatment summary relates to the end of the following types of prostate radical radiotherapy:</p> <ul style="list-style-type: none"> • Prostate Bed • Prostate and pelvis • Prostate and seminal vesicles <p>It is for the end of radiotherapy only and may change with subsequent consultation and if so you will be advised by the consultant or urology clinical nurse specialist</p>			
Local/Distant			
Summary of treatment and relevant dates	State what radiotherapy has been given including dates and for how long if information not already in place		

Comments:
Add in patient specific information around side-effects experienced from radiotherapy
<p>The following to be used for all patients UNLESS YOU STATE OTHERWISE:</p> <p>Possible treatment consequences and/or late effects:</p> <p>Acute Effects (During or shortly after radiotherapy)</p> <ul style="list-style-type: none"> • Urinary frequency and cystitis – MSU to check for infection and antibiotics prescribed if required • Decreased urinary stream – Tamulosin Hydrochloride/ anti-cholinergics can be prescribed • Dysuria/ haematuria • Diarrhoea – loperamide may be used if required • Increased desire to pass motion and flatulence/ tenesmus • Rectal bleeding/ mucous in stools • Discomfort in rectum or anus/ haemorrhoids – a compound haemorrhoidal preparation with corticosteroid can be used • Skin irritation - Skin in the treatment area may become red, itchy and sore during the two weeks following treatment. If itching occurs, 1% Hydrocortisone Cream is recommended for short term use of up to one week (unless the skin is broken). Antibiotics may be necessary if there is evidence of infection, but this is uncommon. Fatigue – doing a small amount of daily exercise can be helpful • Loss of pubic hair <p>Late effects (may occur many months or years after radiotherapy)</p> <ul style="list-style-type: none"> • Mild episodes of rectal bleeding/ discomfort/ haemorrhoids • Bowel urgency (rare) • Diarrhoea and tenesmus • Bowel narrowing/ fistula • Increased urinary frequency • Haematuria

- Skin and soft tissue changes in peri-anal area
- Infertility
- Risk of impotence (about 50%)

Alert symptoms that require referral back to specialist team

The following will be automatically inserted UNLESS YOU STATE OTHERWISE:

- Persistent pain which is uncontrolled with simple analgesia –refer to oncologist
- Penile swelling/ palpable nodes –refer to oncologist
- Erectile dysfunction –refer to urology team
- Bowel or bladder incontinence –refer to gastroenterologist/ urologist
- Signs / symptoms of metastatic spinal cord compression - **MSCC Co-Ordinator: Oncology On Call Registrar (provide number)**

Secondary Ongoing Management Plan (Tests Appointments etc.)

Follow-up will continue with the oncologist (face to face or telephone clinics) with PSA testing as required

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: Radiotherapy Aftercare Service (provide number) Uro-oncology Clinical Nurse Specialist (provide number) Out of hours: Leave message on answerphone or contact Acute Oncology (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

Please could the patient have a repeat PSA test one week prior to the next follow -up oncology appointment which will be **insert date and hospital site**

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 the aim of treatment is **curative (amend if required)** and that all treatments have been given with the aim of reducing his future risk of relapse as much as possible. 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 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.