

THE UROLOGY GROUP

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PROSTATE CANCER FOLLOW UP PLAN

After surgery, men need to be followed closely to assess for recurrence. In approximately two-thirds of men, prostatectomy cures prostate cancer. But within ten years, up to one-third of men will have recurrence of prostate cancer.

The risk of recurrence is greater among men with worrisome findings at surgery, such as positive surgical margins, cancer in the glands behind the prostate (seminal vesicles), cancer outside the capsule of the prostate, and higher Gleason scores.

If cancer does come back, it's important to find it early on with the recognition that additional treatments, such as radiation and hormone therapy, are most effective when applied then.

Below is our protocol for follow up or surveillance of prostate cancer based on the American Urological Association and National Comprehensive Cancer Network Guidelines.

History and physical exam: At each visit

Blood work: Prostate Specific Antigen (PSA)
Every 3 to 12 months depending on risk factors for 2 years then every year

Digital Rectal Exam: Yearly if PSA detected

Pelvis imaging: Consider if PSA detected

Bone scan: Consider if PSA detected

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References

1. Thompson IM, Valicenti R, Albertsen PC, et al. Adjuvant and salvage radiotherapy after prostatectomy: ASTRO/AUA guideline. American Urological Association Guideline. American Urological Association Education and Research, Inc. 2013. www.auanet.org/common/pdf/education/clinical-guidance/Radiation-After-Prostatectomy.pdf
2. Prostate Cancer. National Comprehensive Cancer Network Clinical Practice Guidelines in Oncology. Version 4.2013