

Prostate Cancer Care Plan

Personal summary of your diagnosis and planned treatment

| | | | |
|------------|--|----------|-----------|
| SURNAME | | URN | |
| GIVEN NAME | | DOB | SEX |
| ADDRESS | | | |
| SUBURB | | POSTCODE | TELEPHONE |

Prostate cancer tests, stage and location

Diagnostic tests (results and dates)

☐ PSA: _____

☐ DRE: _____

☐ MRI: _____

PI-RADS Score: _____

☐ Biopsy: _____

ISUP grade group: _____ (Gleason ____ + ____ = ____)

Staging tests (results and dates)

☐ CT Scan: _____

☐ Bone Scan: _____

☐ PSMA PET: _____

☐ MRI: _____

☐ Genetic testing: _____

☐ Other (please specify): _____

☐ Stage 1 & 2: **Localised** - the cancer is contained inside the prostate.

☐ Low risk

☐ Intermediate risk

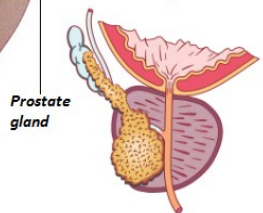
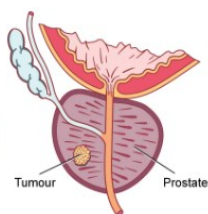
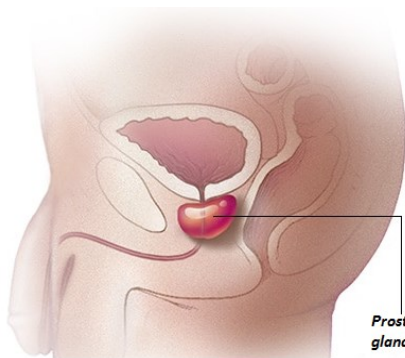
☐ High risk

☐ Stage 3: **Locally advanced** - the cancer is larger and has spread outside the prostate to nearby tissues or nearby organs such as the bladder, rectum or pelvic wall.

☐ Stage 4: **Advanced cancer** - the cancer has spread to the distant parts of the body such as the lymph nodes or bones.

Adapted from the Cancer Council Australia on Prostate Cancer Staging

Location



Prostate image attributed to MAYO Foundation for Medical Education and Research and JointsMedicine.com

Additional information

What happens next? Please bring this sheet with you when you have appointments to see other doctors.

See other doctors to discuss all available options for treatment / management

[Please note - not all specialties may be required]

☐ Urologist

Name: _____ Appointment date: _____

☐ Medical Oncologist (chemotherapy specialist)

Name: _____ Appointment date: _____

☐ Other service: _____

Name: _____ Appointment date: _____

☐ Radiation Oncologist (radiotherapy specialist)

Name: _____ Appointment date: _____

☐ Prostate Cancer Nurse

Name: _____ Appointment date: _____

☐ Physiotherapist

Name: _____ Appointment date: _____

Prostate Cancer Care Plan

Your key contact person is:

Name: _____
Role: _____
Phone: _____

AFFIX PATIENT LABEL

Proposed treatment

This is a *proposed* treatment plan only. It may change due to a number of factors, such as further information from tests.

☐ Active surveillance

- ☐ PSA check: _____
☐ Repeat biopsy: _____
☐ MRI: _____

☐ Radiation therapy

- ☐ External beam radiotherapy
(± brachytherapy)
☐ Brachytherapy
☐ Seed Implant ☐ High Dose Rate (HDR)
Number of sessions: _____

☐ Watchful waiting

- ☐ PSA check: _____

☐ Surgery (radical prostatectomy)

- ☐ Robotic surgery ☐ Open surgery ☐ Laparoscopic surgery

Pre-Surgical Session/Consultation: _____

Post-Surgery Follow-up: _____

☐ Chemotherapy

Number of cycles: _____ Clinical trial: _____

☐ Androgen deprivation therapy (ADT)

Name of drug(s): _____ 1st Injection: _____

Duration: ☐ Monthly ☐ Three-monthly ☐ Four-monthly
☐ Six-monthly ☐ Other: _____

Side effects - The side effects below can sometimes happen with the treatment listed above. There may be others that are not listed below. Please speak to your doctor about other side effects that you might experience.

- ☐ Urinary issues _____
☐ Sexual issues _____
☐ Bowel issues _____
☐ See also - EviQ patient information sheets

Questions about your proposed treatment and prognosis

What is the intended outcome of my treatment?

What can I do to help with my treatment?

Support & Information

General Practitioner (GP)

Your **GP** is a key source of support and advice, and can refer you to other support services if required. Your GP can work in partnership with your specialists in providing ongoing care; may monitor PSA levels and administer treatment.

The contact person listed at the top of this page can provide you with further information. The leaflets and websites below are also sources of reliable information.

- ☐ What to Expect - Prostate Cancer
☐ Understanding Prostate Cancer

📄 pcfa.org.au - Prostate Cancer Foundation Australia

📄 cancer.org.au - Cancer Council Australia

Visit 📺 wcmics.org/consumers for [prostate cancer educational videos](#).

Support service referrals

Your doctors and nurses might refer you to other services to provide support before, during and after your treatment. Your referrals are listed below.

- ☐ Psychology Referral date: _____
☐ Support groups Referral date: _____
☐ Exercise physiology Referral date: _____
☐ Dietitian Referral date: _____
☐ Other (please specify) Referral date: _____

☎ Telephone support is available through the **Cancer Council 13 11 20** service. Specially trained staff are available to answer your questions about cancer and offer emotional and practical support.

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