

Optimal Care Pathway

This quick reference guide provides a summary of the optimal care pathway for men with suspected prostate cancer



**I-MED Radiology
Network**

Comprehensive care. Uncompromising quality.

Prevention and early detection

Risk factors

- Increasing age, especially for men over 50
- Family history of prostate cancer
- Genetic mutations (e.g. BRCA2 gene) or particular genetic conditions (e.g. Lynch syndrome)
- Race (e.g. high to low risk: African American > Caucasian > Asian and Hispanic/Latino)
- Certain dietary factors

Screening recommendations

Currently there is no organised population-based prostate cancer screening in Australia. Men (including asymptomatic men) may elect to have routine PSA testing, but their GP should first discuss the benefits and harms of the test with them.

Men aged 45–69 years who are at moderate risk (based on their family history) should be proactively followed up and can be offered PSA testing every 2 years.

Men aged 40–69 who are at high risk (based on their family history) should be counselled about their risk and can be offered PSA testing every 2 years. PSA testing is not recommended for men who are unlikely to live another 7 years.

Men aged 50–69 who are without risk factors for developing prostate cancer may also consider PSA testing for early detection.

Presentation, initial investigations and referral

Signs and symptoms for investigation

Most patients who present with prostate cancer are asymptomatic.

Some patients present with locally advanced disease and may have the following symptoms:

- obstructive or irritative urinary symptoms
- blood in the urine or semen.

The significance of rising PSA (free-to-total PSA ratio), even within the age-adjusted normal range, should be recognised, as well as a PSA that is at the high end of the normal range in younger men.

A small percentage of patients present with metastatic disease and may have the following symptoms:

- back and bone pain
- leg swelling
- weight loss
- fatigue
- neurological symptoms including weak or numb legs or feet

Initial investigations

- PSA level
- Measurement of the free-to-total PSA ratio
- Midstream urine test (to check for prostatitis)

Timeframe

The GP should have results and review the patient:

- **within 2 weeks** for symptomatic patients and those with an abnormal digital rectal examination (DRE) or a PSA ≥ 10 ng/mL
- **within 4 weeks** for asymptomatic patients (PSA < 10 ng/mL).

Urgent referral to a specialist is recommended for:

- symptomatic patients (including psychological distress)
- patients with radiological evidence of locally advanced or metastatic disease
- PSA > 20 ng/mL

Asymptomatic patients should be seen by a specialist within 4 weeks of a persistently abnormal result being identified or a single PSA reading ≥ 10 ng/mL.

Diagnosis, staging and treatment planning

Diagnosis and staging

The following tests may be performed to confirm a diagnosis:

- digital rectal examination (prior to biopsy)
- multiparametric MRI
- systematic and/or targeted prostate biopsy.

Implications of both a positive and negative biopsy result should be discussed with the patient before the biopsy. A prostate biopsy should not be offered based on serum PSA level alone.

Staging investigations in patients with clinically localised disease should be based on their risk of metastatic spread (Gleason score, clinical stage, PSA) and provisional treatment intent. Tests may include:

- DRE assessment to evaluate T-stage
- CT abdomen-pelvis and bone scan

(PSMA-PET/CT has been shown to have greater accuracy than conventional imaging for high-risk prostate cancers for assessing nodal or distant metastatic disease).

Genetic testing

For detailed information and referral guidelines for prostate cancer risk assessment and consideration of genetic testing, refer to the *Royal Australian College of General Practitioners 2019 Genomics in general practice* www.racgp.org.au/getattachment/63568f23-e288-4a0e-a23a-39fbd046cc21/Genomics-in-general-practice.aspx

Treatment planning

A multidisciplinary team should discuss all newly diagnosed patients with prostate cancer before starting treatment and as soon as possible after the initial specialist consultation. Treatment options may involve surgery, focal therapy, radiotherapy, chemotherapy and/or immunotherapy.

Research and clinical trials

Consider enrolment where available and appropriate. Search for a trial www.australiancancertrials.gov.au

Communication

The lead clinician involved in caring for patients with prostate cancer should:

- discuss a timeframe for diagnosis and treatment options with the patient and/or carer
- explain the role of the multidisciplinary team in treatment planning and ongoing care
- encourage discussion about the diagnosis, prognosis, advance care planning and palliative care while clarifying the patient's wishes, needs, beliefs and expectations, and their ability to comprehend the communication
- provide appropriate information and referral to support services as required
- communicate with the patient's GP about the diagnosis, treatment plan and recommendations from multidisciplinary meetings (MDMs).

Expert reviewer

A/Prof Nicholas Brown

BSc, MBBS (UQ), MPhil (Cantab), MSpMed, FRANZCR, EBIR, MPH (Harvard)

