Implementing PAthways for Cancer Early Diagnosis

I-PACED prostate cancer resource card

The I-PACED project is supported by the Victorian Government and aims to increase GP awareness about critical primary care points as outlined in the prostate cancer **optimal care pathway**

Prevention

- The causes of prostate cancer are not fully understood and there is currently no clear prevention strategy
- Provide patient with general preventative advice regarding living a healthy lifestyle

Risk Factors

- Age, risk increases from > 50 years
- Family history
- Diets high in animal fat, dairy products or calcium
- Race (African descent)

Genetic Factors

- Known mutations in BRCA1 or BRCA2 genes
- Lynch syndrome

Patient resource checklist

✓ For additional practical and emotional support, encourage patients to call **Cancer Council 13 11 20** to speak with an experienced oncology nurse **www.cancervic.org.au**
  – For translator assistance call TIS on **13 14 50**

✓ 'What to expect' guides at **www.cancerpathways.org.au**

✓ **Prostate Cancer Foundation of Australia** – for free information packs, support and resources, visit **pcfa.org.au** or freecall **1800 220 099**

Testing Recommendations in Asymptomatic Men[1]

Men in all risk categories should be offered the opportunity to consider and discuss the benefits and harms of PSA testing before making the decision whether or not to be tested.

Average risk (50–69 years)

- If PSA < 3ng/mL, offer testing every 2 years
- If PSA > 3ng/mL, offer repeat PSA within 1–3 months
  – for men with initial total PSA > 3ng/mL and up to 5.5ng/mL, measure free-to-total PSA percentage at the same time as repeating the total PSA
  – if repeat total PSA > 5.5ng/mL, regardless of free-to-total PSA percentage, refer to urologist
  – if repeat total PSA > 3ng/mL and ≤ 5.5ng/mL and free-to-total PSA is below 25%, refer to urologist

High risk (family history)

- Men who have a father or one brother diagnosed with prostate cancer should be offered PSA testing every 2 years from 45–69 years
- Men who have a father and 2 or more brothers diagnosed with prostate cancer should be offered PSA testing every 2 years from 40–69 years

70+ years

- Potential harms may outweigh benefits of routine PSA testing in older men
- PSA testing is not recommended for men who are unlikely to live another 7 years (subject to health status)

Digital rectal examination is not recommended for asymptomatic men as a routine addition to PSA testing in the primary care setting.

Reference: 1. PSA Testing and Early Management of Test-Detected Prostate Cancer – Clinical Practice Guidelines. Prostate Cancer Foundation of Australia and Cancer Council Australia, Sydney (2016). wiki.cancer.org.au/psaguidelines Accessed Jan 9.

Cancer Council Victoria

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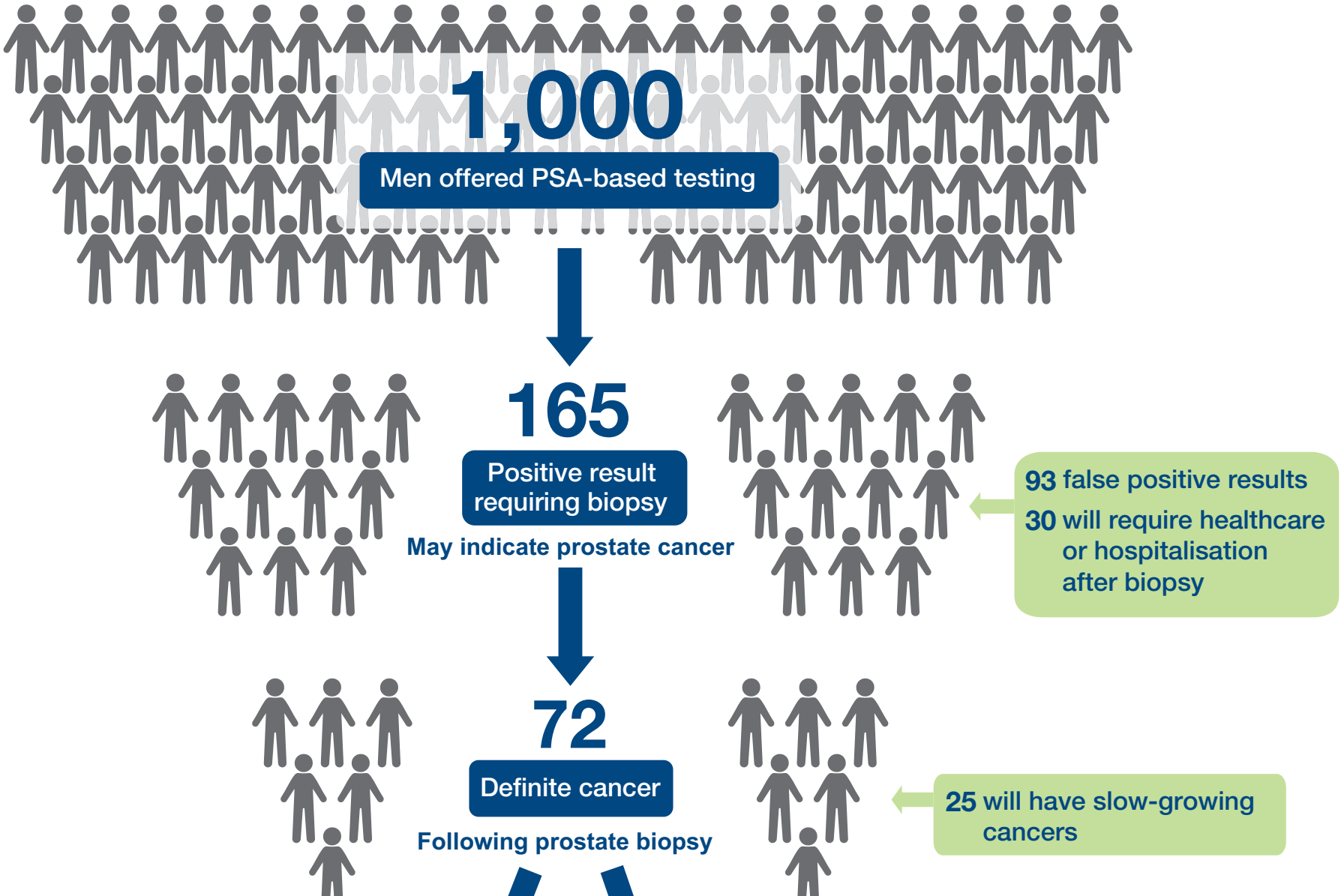
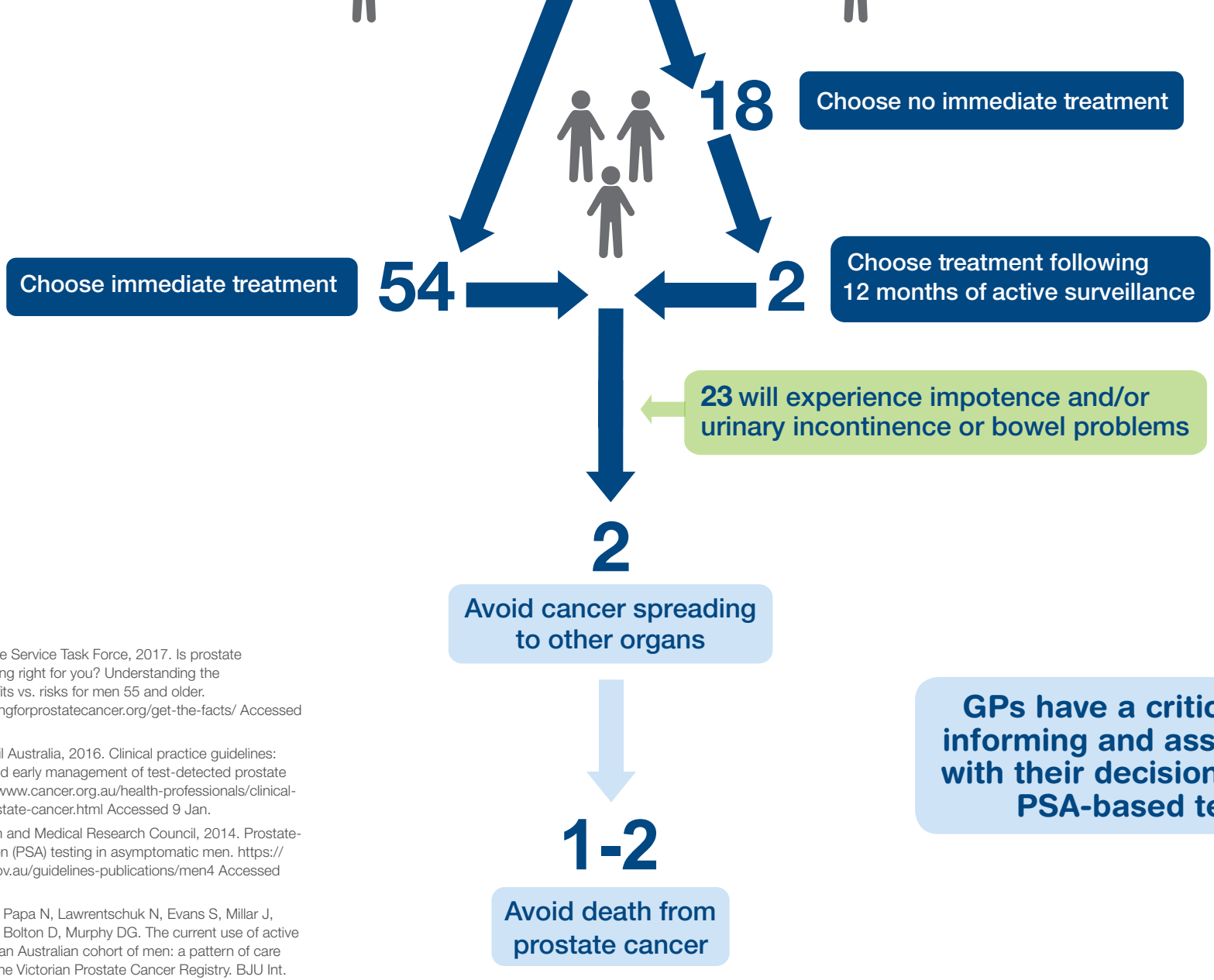
The Optimal Care Pathways were developed through consultation with a wide range of expert multidisciplinary teams, peak health organisations, consumers and carers. They are nationally endorsed by the National Cancer Expert Reference Group, Cancer Australia and Cancer Council Australia. For more information on the optimal care pathways please refer to **www.cancervic.org.au/for-health-professionals/optimal-care-pathways**

Prostate-Specific Antigen (PSA) Testing in Asymptomatic Men [2,3,4,5]





GPs have a critical role in informing and assisting men with their decision regarding PSA-based testing

References:

2. US Preventative Service Task Force, 2017. Is prostate cancer screening right for you? Understanding the potential benefits vs. risks for men 55 and older. https://screeningforprostatecancer.org/get-the-facts/ Accessed 9 Jan.
3. Cancer Council Australia, 2016. Clinical practice guidelines: PSA testing and early management of test-detected prostate cancer. http://www.cancer.org.au/health-professionals/clinical-guidelines/prostate-cancer.html Accessed 9 Jan.
4. National Health and Medical Research Council, 2014. Prostate-Specific Antigen (PSA) testing in asymptomatic men. https://www.nhmrc.gov.au/guidelines-publications/men4 Accessed 9 Jan.
5. Weerakoon M, Papa N, Lawrentschuk N, Evans S, Millar J, Frydenberg M, Bolton D, Murphy DG. The current use of active surveillance in an Australian cohort of men: a pattern of care analysis from the Victorian Prostate Cancer Registry. BJU Int. 2015 Apr;115 Suppl 5:50-6. doi: 10.1111/bju.13049

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Signs and symptoms

- Most men with prostate cancer do not have symptoms
- Problems urinating including loss of bladder control, decreased or obstructed flow, increased frequency or urgency, incomplete bladder emptying
- Pain or burning when urinating
- Tiredness, shortness of breath, dizziness, rapid heartbeat or pale skin
- Blood in urine or semen
- Erectile dysfunction or painful ejaculation
- Pain in back, hips, pelvis or chest
- Weakness or numbness in legs or feet
- Abnormal DRE

Initial investigations include

- PSA level
- Measurement of free-to-total PSA ratio
- Midstream specimen of urine (MSU)
- Creatinine

The significance of rising PSA or 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.

Referral

- GP investigation within 1 week
- Referral to a **urologist** linked with a multidisciplinary team
- Referral within 6–12 weeks without symptoms, earlier if symptomatic
- Information should include:
  - Relevant psychosocial, medical and family history, current medications, allergies and results of clinical investigations (imaging and pathology reports)

Haematuria	Loss of weight	Nocturia	Hesitancy	Benign rectal examination	Malignant rectal examination	Frequency/ urgency	PPV = Positive predictive value (%) or probability of Ca if Sx present
1.0	0.8	2.2	3.0	2.8	12	2.2	**PPV as a single symptom**
1.6*	n/a	1.9	n/a	3.3	3.9	1.8	**Haematuria**
	2.1*	12	n/a	9.4	n/a	1.8	**Loss of weight**
		3.3*	2.8	3.9	15	3.2	**Nocturia**
			2.0*	3.3	10	4.7	**Hesitancy**
						3.1	**Frequency/urgency**
						4.0	**Benign rectal examination**
						13	**Malignant rectal examination**

Probability of cancer

≤1% 1-2% 2-5% >5%

n/a not available * second presentation

Figure 1 shows the probability of prostate cancer for individual symptoms and pairs of symptoms, including second presentation* of same symptom.[6]

Probabilities highlighted in red are >5% and urgent referral should be considered.

Reference: 6. Hamilton W. The CAPER studies: five case-control studies aimed at identifying and quantifying risk of cancer in symptomatic primary care patients. *British Journal of Cancer*. 2009:101, S80-S86.

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