Optimal Care Pathways (OCPs)

385 Achievements and Future Directions

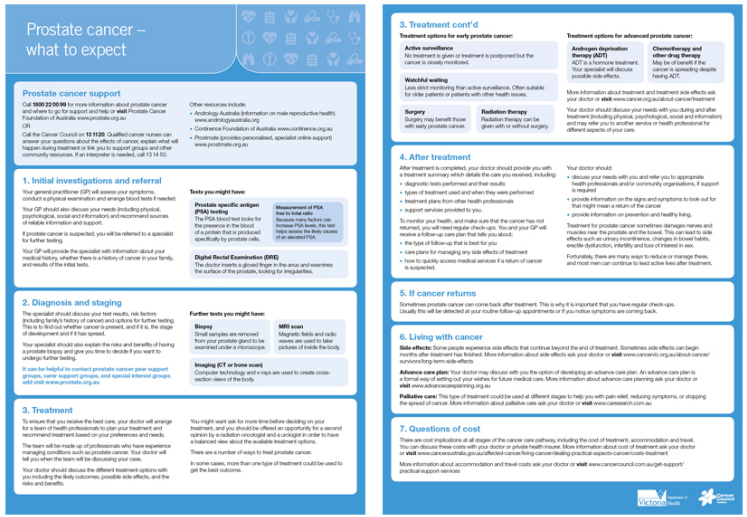
Alexandra Philpott, OCP Project Manager, Cancer Council Victoria

Abstract ID. 17360 Track 4 Disclosure of Interest: None Declared

Defining quality healthcare to deliver quality healthcare

Optimal Care Pathways: Achievements and Future Directions

- Key principles at key steps
- Reflect emerging areas of practice e.g. **optimal** supportive care
- Quick reference guides for General Practitioners
- Consumer versions
- Adopted nationally



Prostate cancer – what to expect

Prostate cancer support

Call **1800 22 00 99** for more information about prostate cancer and where to go for support and help or **visit** Prostate Cancer Foundation of Australia www.prostate.org.au

OR

Call the Cancer Council on **13 1120**. Qualified cancer nurses can answer your questions about the effects of cancer, explain what will happen during treatment or link you to support groups and other community resources. If an interpreter is needed, call 13 14 50.

Other resources include:

- Andrology Australia (information on male reproductive health) www.andrologyaustralia.org
- Continence Foundation of Australia www.continence.org.au
- Prostmate (provides personalised, specialist online support) www.prostmate.org.au

1. Initial investigations and referral

Your general practitioner (GP) will assess your symptoms, conduct a physical examination and arrange blood tests if needed.

Your GP should also discuss your needs (including physical, psychological, social and information) and recommend sources of reliable information and support.

If prostate cancer is suspected, you will be referred to a specialist for further testing.

Your GP will provide the specialist with information about your medical history, whether there is a history of cancer in your family, and results of the initial tests.

Tests you might have:

Prostate specific antigen (PSA) testing
The PSA blood test looks for the presence in the blood of a protein that is produced specifically by prostate cells.

Measurement of PSA free to total ratio
Because many factors can increase PSA levels, this test helps assess the likely causes of an elevated PSA.

Digital Rectal Examination (DRE)
The doctor inserts a gloved finger in the anus and examines the surface of the prostate, looking for irregularities.

2. Diagnosis and staging

The specialist should discuss your test results, risk factors (including family's history of cancer) and options for further testing. This is to find out whether cancer is present, and if it is, the stage of development and if it has spread.

Your specialist should also explain the risks and benefits of having a prostate biopsy and give you time to decide if you want to undergo further testing.

It can be helpful to contact prostate cancer peer support groups, carer support groups, and special interest groups add visit www.prostate.org.au

Further tests you might have:

Biopsy
Small samples are removed from your prostate gland to be examined under a microscope.

MRI scan
Magnetic fields and radio waves are used to take pictures of inside the body.

Imaging (CT or bone scan)
Computer technology and x-rays are used to create cross-section views of the body.

3. Treatment

To ensure that you receive the best care, your doctor will arrange for a team of health professionals to plan your treatment and recommend treatment based on your preferences and needs.

The team will be made up of professionals who have experience managing conditions such as prostate cancer. Your doctor will tell you when the team will be discussing your case.

Your doctor should discuss the different treatment options with you including the likely outcomes, possible side effects, and the risks and benefits.

You might want ask for more time before deciding on your treatment, and you should be offered an opportunity for a second opinion by a radiation oncologist and a urologist in order to have a balanced view about the available treatment options.

There are a number of ways to treat prostate cancer.

In some cases, more than one type of treatment could be used to get the best outcome.

3. Treatment cont'd

Treatment options for early prostate cancer:

Active surveillance
No treatment is given or treatment is postponed but the cancer is closely monitored.

Watchful waiting
Less strict monitoring than active surveillance. Often suitable for older patients or patients with other health issues.

Surgery
Surgery may benefit those with early prostate cancer.

Radiation therapy
Radiation therapy can be given with or without surgery.

Treatment options for advanced prostate cancer:

Androgen deprivation therapy (ADT)
ADT is a hormone treatment. Your specialist will discuss possible side effects.

Chemotherapy and other drug therapy
May be of benefit if the cancer is spreading despite having ADT.

More information about treatment and treatment side effects ask your doctor or **visit** www.cancer.org.au/about-cancer/treatment

Your doctor should discuss your needs with you during and after treatment (including physical, psychological, social and information) and may refer you to another service or health professional for different aspects of your care.

4. After treatment

After treatment is completed, your doctor should provide you with a treatment summary which details the care you received, including:

- diagnostic tests performed and their results
- types of treatment used and when they were performed
- treatment plans from other health professionals
- support services provided to you.

To monitor your health, and make sure that the cancer has not returned, you will need regular check-ups. You and your GP will receive a follow-up care plan that tells you about:

- the type of follow-up that is best for you
- care plans for managing any side effects of treatment
- how to quickly access medical services if a return of cancer is suspected.

Your doctor should:

- discuss your needs with you and refer you to appropriate health professionals and/or community organisations, if support is required
- provide information on the signs and symptoms to look out for that might mean a return of the cancer
- provide information on prevention and healthy living.

Treatment for prostate cancer sometimes damages nerves and muscles near the prostate and the bowel. This can lead to side effects such as urinary incontinence, changes in bowel habits, erectile dysfunction, infertility and loss of interest in sex.

Fortunately, there are many ways to reduce or manage these, and most men can continue to lead active lives after treatment.

5. If cancer returns

Sometimes prostate cancer can come back after treatment. This is why it is important that you have regular check-ups. Usually this will be detected at your routine follow-up appointments or if you notice symptoms are coming back.

6. Living with cancer

Side effects: Some people experience side effects that continue beyond the end of treatment. Sometimes side effects can begin months after treatment has finished. More information about side effects ask your doctor or **visit** www.cancervic.org.au/about-cancer/survivorship/long-term-side-effects

Advance care plan: Your doctor may discuss with you the option of developing an advance care plan. An advance care plan is a formal way of setting out your wishes for future medical care. More information about advance care planning ask your doctor or **visit** www.advancecareplanning.org.au

Palliative care: This type of treatment could be used at different stages to help you with pain relief, reducing symptoms, or stopping the spread of cancer. More information about palliative care ask your doctor or **visit** www.canresearch.com.au

7. Questions of cost

There are cost implications at all stages of the cancer care pathway, including the cost of treatment, accommodation and travel. You can discuss these costs with your doctor or private health insurer. More information about cost of treatment ask your doctor or **visit** www.canceraustralia.gov.au/affected-cancer/living-cancer/dealing-practical-aspects-cancer/costs-treatment

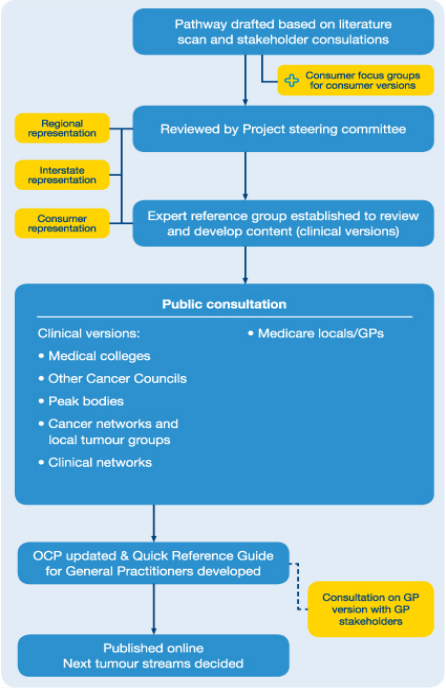
More information about accommodation and travel costs ask your doctor or **visit** www.cancercouncil.com.au/get-support/practical-support-services

Optimal Care Pathways: Achievements and Future Directions
R.Thomas, E.Davies, K.Whitfield, S.Galetakis & A.Philpott
Department of Health, Cancer Council Victoria

What goes in…

Optimal Care Pathways: Achievements and Future Directions

- Multidisciplinary expert groups
- National consultation
- National endorsement
- Dissemination strategy
- Evaluation plan



Optimal Care Pathways: Achievements and Future Directions
R.Thomas, E.Davies, K.Whitfield, S.Galetakis & A.Philpott
Department of Health, Cancer Council Victoria

What comes out…

Optimal Care Pathways: Achievements and Future Directions

Insofar:

- 9 OCPs and GP quick reference guides
- Consultation on consumer OCPs

By project close:

- 19 OCPs with consumer versions, and GP quick reference guides
- Paediatric OCP
- Interactive web portal for consumers

FIND OUT MORE

CCV website link

http://www.cancervic.org.au/for-health-professionals/optimal-care-pathways

OCP Project manager

alexandra.philpott@cancervic.org.au

Optimal Care Pathways: Achievements and Future Directions
R.Thomas, E.Davies, K.Whitfield, S.Galetakis & A.Philpott
Department of Health, Cancer Council Victoria