Managing patients on ADT

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Assesment: Establishing a baseline

- Baseline bloods – bone profile, fbc, renal profile, HbA1c, lipid profile etc….
- Imaging: DEXA, PET or Bone scan
- Baseline assessment tools (PROMS): Symptoms, HRQoL, anxiety and depression
- Risk assessment: smoking, alcohol, diet, level of activity/exercise etc…

Effective PROMs assessment

- **General assessment tools:**
  - Hospital anxiety and depression scale (HADS)
  - Patient Health Questionnaire (PHQ-9)

- **Cancer assessment tools:**

Validated Tools	Purpose
RAND 36-Item Short-Form Health survey version 2 (SF36v2)	A 36-Item index, to determine perceived health-related quality of life
University of California, Los Angeles PC Index (UCLA-PCI)	A 20-item index to assess prostate treatment quality of life
Mental Health Index – 5 (MHI-5)	An evaluation of depression and contentment
Fife Constructed Meaning Scale (CMS)	An evaluation of the positive meaning ascribed to cancer
Memorial Anxiety PC (MAX-PC)	An evaluation of anxiety
Analogue distress thermometer	11 point, which specifically measures psychological burden in oncology patients.
European Organization for Research and Treatment of Cancer Quality of Life Questionnaire-Core 30 (EORTC QLQ-C30)	A 30-item index - multi-item scales and single-item measures that include five functional scales, three symptom scales, a global health status / QoL scale, and six single items.

Refs:
Fife, B.L., *The measurement of meaning in illness.* Social Science & Medicine, 1995. **40**(8): p. 1021-1028.
Mishel, M.H., *The measurement of uncertainty in illness.* Nursing research, 1981. **30**(5): p. 258-263.
Roth, A.J., B. Rosenfeld, A.B. Kornblith, C. Gibson, H.I. Scher, T. Curley-Smart, et al., *The memorial anxiety scale for prostate cancer.* Cancer, 2003. **97**(11): p. 2910-2918.
Clark, J.A., T.S. Inui, R.A. Silliman, B.G. Bokhour, S.H. Krasnow, R.A. Robinson, et al., *Patients' perceptions of quality of life after treatment for early prostate cancer.* Journal of Clinical Oncology, 2003. **21**(20): p. 3777-3784.
Mitchell, A.J., *Pooled results from 38 analyses of the accuracy of distress thermometer and other ultra-short methods of detecting cancer-related mood disorders.* J Clin Oncol, 2007. **25**(29): p. 4670-81.

Holistic Needs Assessment

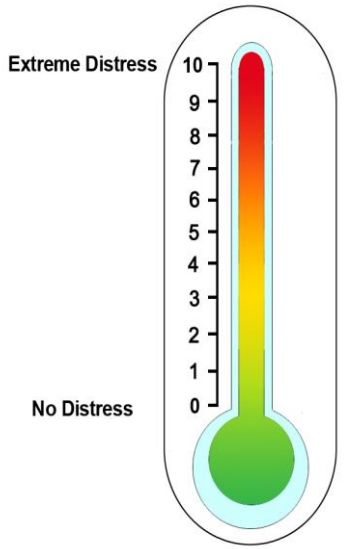
"I am happy and coping well"

YES □ NO □

SECONDLY, using the concerns checklist below, for each item please tick YES or NO to indicate if any of the following has been a concern for you during the past week (including today)

Please tick DISCUSS if you wish to speak further about your concern

FIRSTLY, Please circle the number (0-10) that best describes how much distress you have been experiencing in the past week (including today)



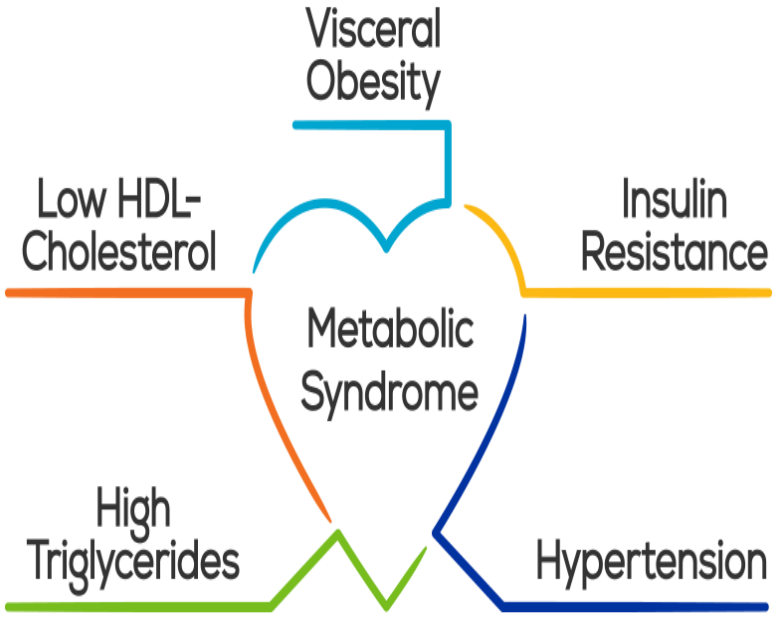
PRACTICAL CONCERNS	Yes	No	Discuss
Caring Responsibilities	□	□	□
Housing or Finances	□	□	□
Transport or Parking	□	□	□
Work or Further information needs	□	□	□
FAMILY CONCERNS			
Relationship with my children	□	□	□
Relationship with my Partner	□	□	□
Relationship with others	□	□	□
EMOTIONAL CONCERNS			
Loneliness isolation	□	□	□
Sadness or depressions	□	□	□
Worry, fear or anxiety	□	□	□
Anger or Frustration	□	□	□
Guilt	□	□	□
Hopelessness	□	□	□
Difficulties making plans	□	□	□
Sexual concerns	□	□	□
SPIRITUAL CONCERNS			
Loss of faith or other spiritual concern	□	□	□
Loss of meaning or purpose in life	□	□	□
	□	□	□
Feeling regret about the past			

PHYSICAL CONCERNS	Yes	No	Discuss
My appearance	□	□	□
Bathing or dressing	□	□	□
Passing urine	□	□	□
Constipation	□	□	□
Diarrhoea	□	□	□
Eating or appetite	□	□	□
Fatigue, exhaustion or extreme tiredness	□	□	□
Feeling swollen	□	□	□
High temperature or fever	□	□	□
Getting around e.g. walking, climbing stairs, feeling weak	□	□	□
Breathlessness	□	□	□
Indigestion	□	□	□
Sore or dry mouth	□	□	□
Nausea or vomiting	□	□	□
Pain	□	□	□
Sexual Concerns	□	□	□
Dry, itchy or sore skin	□	□	□
Sleep problems	□	□	□
Tingling in hands and feet	□	□	□
Changes in how things taste	□	□	□
Hot flushes	□	□	□
Memory or concentration	□	□	□
Wound care after surgery	□	□	□
Other medical condition or disability	□	□	□

Managing the effect of ADT

Metabolic syndrome

Metabolic syndrome is a cluster of conditions — increased blood pressure, high blood sugar, excess body fat around the waist, and abnormal cholesterol or triglyceride levels — that occur together, increasing your risk of heart disease, stroke and diabetes.



Reducing the risk of metabolic syndrome

Diet

Exercise

ESSENTIAL FACTORS

Alcohol Consumption and smoking

Healthy eating habits

- **Fruit and vegetables:**
  - ✓ 5 portions per day (80g)
- **Red and processed meat:**
  - ✓ 500g of cooked red meat (700 to 750g before cooking) a week only.
- **Saturated fats**
  - ✓ Choose tomato-based sauces instead of creamy ones.
  - ✓ Replace fatty snacks such as crisps and biscuits with healthier options such as fruit.
  - ✓ Avoid processed meat such as ham, bacon, sausages and burgers.
  - ✓ Eat less red meat and remove any visible fat. Try eating chicken or fish instead.
  - ✓ Remove any skin from chicken or turkey. The skin contains lots of saturated fat.
  - ✓ Add less fat when you cook, and grill, bake or steam food instead of frying.
  - ✓ Choose rapeseed oil for cooking and olive oil for salad dressings.
  - ✓ Eat healthy fats from plant foods, such as avocados, nuts and seeds.
  - ✓ Choose low-fat or fat-free milk, cheese and yoghurt, or use soy milk, rice milk or oat milk instead of dairy products.

Diet

- Calcium (bone reformation) – 1200-1500mg daily
  - Dairy, figs, apricots, broccoli, cabbage
- Vitamin D (calcium absorption) – 15 mins sunshine per day
  - Oily fish and fortified cereals
- Magnesium (bone growth and density)
  - Halibut, tuna, artichokes
- Potassium (preserves bone mass and density)
  - Bananas
- Boron (absorption of other minerals)
  - Fruits, vegetables, pulses and nuts

Refs:
Planas J, Morote J, Orsola A, Salvador C, Trilla E, Cecchini L et al. The relationship between daily calcium intake and bone mineral density in men with prostate cancer. British Journal of Urology. 2007; 99: 812-816
Medicines and Healthcare products Regulatory Agency. UKPAR Black Cohosh, UK Public Assessment Report, Available at: http://www.mhra.gov.uk/SearchHelp/GoogleSearch/index.htm?q=black%20cohosh%20mhra.
Fairfield and Fletcher. JAMA 2002. Vitamins for chronic disease prevention in adults; Scientific review.

Calcium

- UK Reference Nutrient Intake (RNI) for men > 19 years old = 700mg calcium / day
- Men on hormone therapy = 1200-1500mg calcium / day

Sources of calcium	
Semi-skimmed milk (200ml portion)	245mg
Cheddar cheese (30g portion)	205mg
Plain low fat yoghurt (150g portion)	245mg
Tinned sardines (100g portion)	500mg
Tofu (100g portion)	275mg
Kale (95g portion)	145mg
Broccoli (85g portion)	35mg
Kidney beans (60g portion)	45mg

Refs:
Planas J, Morote J, Orsola A, Salvador C, Trilla E, Cecchini L et al. The relationship between daily calcium intake and bone mineral density in men with prostate cancer. British Journal of Urology. 2007; 99: 812-816

Vitamin D

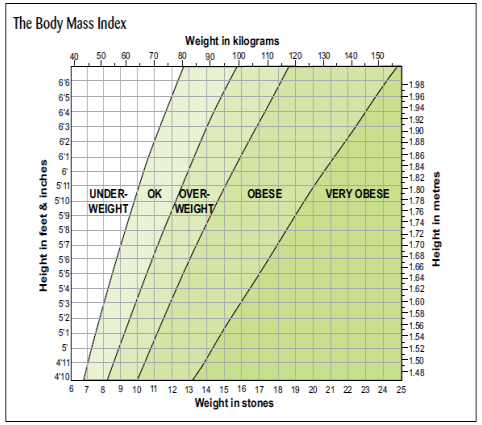
Sources of Vitamin D (per 100g)	
Oily Fish	5 – 16ug
Margarine	8ug
Eggs	2ug
Breakfast cereals	3-4ug

- Role in calcium absorption
- Major source is sunlight between April – October
- UK RNI for groups at risk of deficiency 10 micrograms / day
- Men on hormone therapy may require higher doses of vitamin D – up to 20 micrograms / day.

  – Answer: ?** consider prescribed vitamin D supplements

Body mass index (BMI) v waist to height ratio (WHtR)

- **BMI:** Weight in kilos to the square of their height in meters.
  - Does not account for the distribution of fat around the body.



BMI Range

- Less than 18.5 — underweight
- 18.5 – 24.9 — healthy weight
- 25 - 29 — overweight
- 30 or greater — very overweight or obese

- **WtHR:** Waist circumference should be less than half your height.
  - Excellent predictor of overall health e.g. risk of high blood pressure, diabetes, heart attacks and strokes.
  - Abdominal fat is more dangerous than fat around the hips and bottom.

Waist size

- Women — under 80cm / 31.5 inches
- Men — under 94cm / 37 inches

Exercise - The benefits

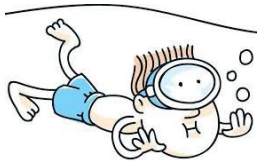
- **Helps overcome some of the side effects:**
  - Improves energy levels and reduces fatigue
  - Helps with mood
  - Boosts self esteem
  - Assists losing weight (alongside healthy diet)
  - Increases muscle bulk and tone
  - Maintains heart health

DoH & WHO recommendations on exercise:

Aerobic exercise*:

•**150 minutes of moderate** intensity exercise per week.

30 minutes, **five times per week**



OR

10 minute bursts of activity

OR

75 minutes of vigorous intensity per week

***recommended for the general adult population and is agreed to be safe for cancer patients too.**

Refs:

World Health Organisation (2011) *Information sheet: global recommendations on physical activity for health 18 64 years old.* Available from http://www.who.int/dietphysicalactivity/publications/recommendations18_64yearsold/en/ (Accessed 4 September 2017)

Department of Health (2011) Physical activity guidelines for adults aged 19-64. Available from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213740/dh_128145.pdf (Accessed 4 September 2017)

Department of Health (2011) Physical activity guidelines for older adults (65+ years). Available from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213741/dh_128146.pdf

What is meant by **moderate** intensity?

Walk and Talk Test!

☺ 0 _____ 10 ☹

Feeling puffed, able to talk but not sing a song

Strengthening, balance and flexibility exercises

The DoH and WHO also recommend activities for major muscle groups 2-3 times per week:

- **Strengthening exercises:** exercising with weights, or carrying/moving heavy loads such as groceries
- **Balance and flexibity:** Older adults at risk of falls (cognitive impairment) e.g. yoga, Tai Chi

Ref:

Department of Health (2011) Physical activity guidelines for older adults (65+ years). Available from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213741/dh_128146.pdf

How to make it happen?

Recommendations:

- Set realistic goals for patients
- Ask them to keep a record of the activity and share at their next visit
- Check local councils for organised activities
- GP/CNS referral to an exercise scheme e.g. Walk for Health https://www.walkingforhealth.org.uk/

Refs:

Cramp, F. A. and Byron-Daniel, J. Z. (2012) Exercise for the management of cancer related fatigue in adults. *Cochrane Database of Systematic Reviews*, 11 (131). ISSN 1469-493X Available from: http://eprints.uwe.ac.uk/18700

Speck R.M., Courneya K.S, Mâsse L.C, Duval S and Schmitz K.H (2010) An update of controlled physical activity trials in cancer survivors: a systematic review and meta-analysis. *J Cancer Surviv* (2010) 4:87–100

Smoking and Alcohol Risk Assessment

Smoking

- Decreases sex hormone concentration
- Increases bone turnover
- Decreases calcium absorption
- Reduces bone density
- Up to an 80% increased risk of fractures
- **Advice:**
  - NHS Choices and/or QUIT.

Alcohol

- Poor nutrition
- Impairs calcium and vitamin D metabolism
- Increased risk of falls
- **Advice:**
  - 2 units per day (acceptable for good bone health)

Refs:
NHS Choices. Effects of alcohol. Available from: http://www.nhs.uk/Livewell/alcohol/Pages/Effectsofalcohol.aspx.
Hollenbach et al 1993. AmJ Public Health. Cigarette smoking and bone density in older men and women

Treating the symptoms of hormone therapy

Sexual/Erectile dysfunction

Problem:

•**Libido:** Reduced/None on HT

•**Body image:**

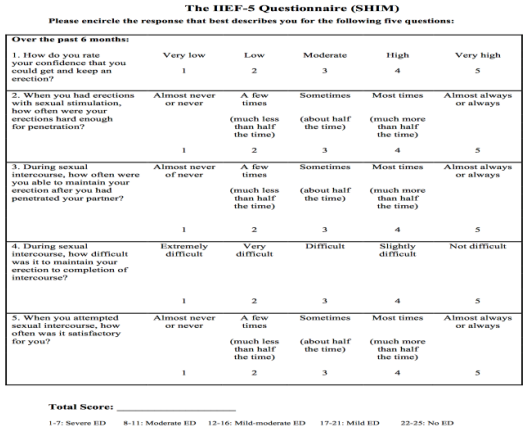
•Reduced EF (loss of nocturnal tumescence) = fibrosis.

- •The penis may become shorter
- •Risk of developing a Peyronie's plaque in the penis leading to permanent change in shape/curvature of the penis.

•Less semen

•Less intensive orgasm

Assessment:



The IIEF-5 Questionnaire (SHIM)

Please encircle the response that best describes you for the following five questions:

Over the past 6 months:					
1. How do you rate your confidence that you could get and keep an erection?	Very low 1	Low 2	Moderate 3	High 4	Very high 5
2. When you had erections with sexual stimulation, how often were your erections hard enough for penetration?	Almost never or never 1	A few times (much less than half the time) 2	Sometimes (about half the time) 3	Most times (much more than half the time) 4	Almost always or always 5
3. During sexual intercourse, how often were you able to maintain your erection after you had penetrated your partner?	Almost never of never 1	A few times (much less than half the time) 2	Sometimes (about half the time) 3	Most times (much more than half the time) 4	Almost always or always 5
4. During sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?	Extremely difficult 1	Very difficult 2	Difficult 3	Slightly difficult 4	Not difficult 5
5. When you attempted sexual intercourse, how often was it satisfactory for you?	Almost never or never 1	A few times (much less than half the time) 2	Sometimes (about half the time) 3	Most times (much more than half the time) 4	Almost always or always 5

Total Score: _____

1-7: Severe ED 8-11: Moderate ED 12-16: Mild-moderate ED 17-21: Mild ED 22-25: No ED

–Pre-treatment functional baseline (IIEF-5)
–Co-morbidities
–Medications
–Bloods – to rule out other causes e.g. diabetes
–Visual review – size of penis and testicles (validation, penile pathology)

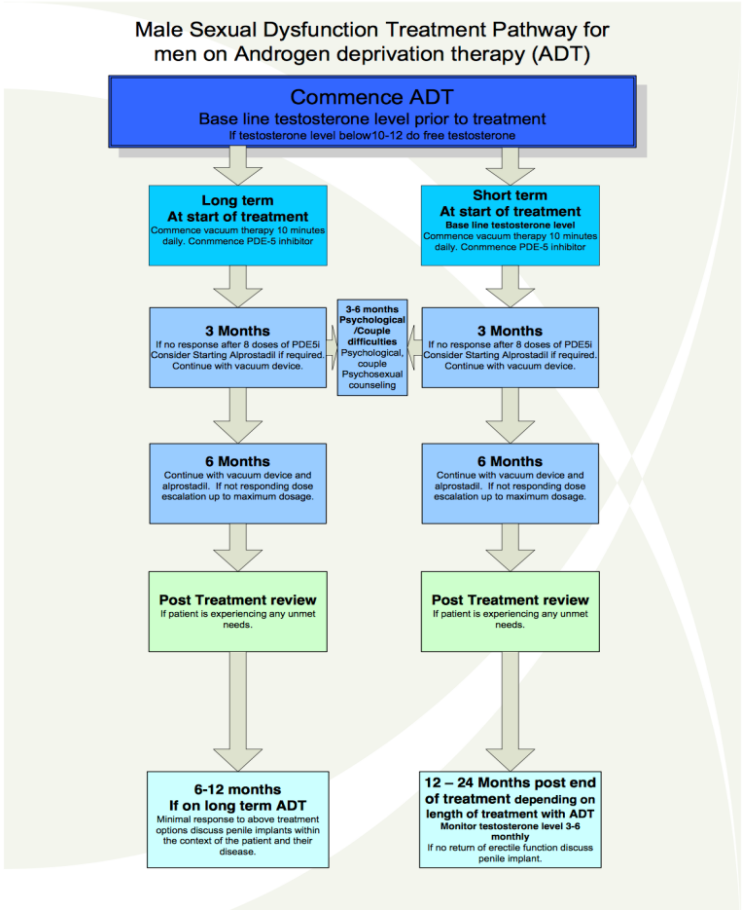
•**Solution:**

–Early and regular use of treatments for ED help to limit and prevent this.

Refs:
Oliffe J. Embodied masculinity and androgen deprivation therapy. Sociology of Health and Illness 2006; 28(4): 410-432.
Elliott S, Latini DM, Walker LM et al. Androgen deprivation therapy for prostate cancer: Recommendations to improve patient and partner quality of life. Sex Med. 2010. DOI: 10.1111/j.1743-6109.2010.01902
Beck AM, Robinson JW, Carlson LE et al. Sexual intimacy in heterosexual couples after prostate cancer treatment: What we know and what we still need to learn. Urol Oncol. 2008 Feb 22.
London Cancer Alliance (2016) Sexual Consequences of Cancer Treatment Management Pathway http://www.londoncanceralliance.nhs.uk/media/125886/lca-sexual-consequences-of-cancer-treatment-management-pathway-march-2016-v2-final.pdf

Sexual/Erectile dysfunction (ED)

- PDE5 – Daily v's As required
- When PDE-5 inhibitors fail:
  -vacuum devices e.g. Erectaid Esteem
  -intra-urethral inserts e.g. MUSE
  -penile injections e.g. caverject and invicorp
  -prostheses
- Consider psycho-sexual counselling early



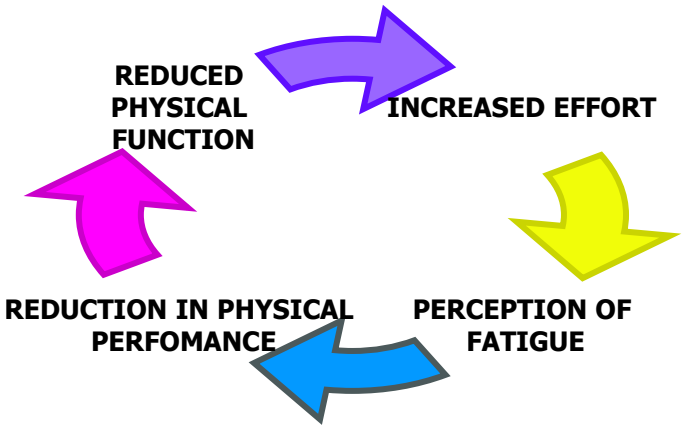
Ref:

London Cancer Alliance (2016) Sexual Consequences of Cancer Treatment Management Pathway http://www.londoncanceralliance.nhs.uk/media/125886/lca-sexual-consequences-of-cancer-treatment-management-pathway-march-2016-v2-final.pdf

Fatigue

- Assessment: Nutrition, depression, pain, stress, anaemia, ?UTI, co-morbidities, medications

Example of unidimensional method to assess fatigue: embedded within symptom checklists (A) and an independent fatigue-specific tool (B) .



A

The Rotterdam Symptom Checklist

Have you during the last 3 days (week), been bothered by:

Tiredness	❑ not at all	❑ a little	❑ quite a bit	❑ very much
Lack of energy	❑ not at all	❑ a little	❑ quite a bit	❑ very much
Difficulties sleeping	❑ not at all	❑ a little	❑ quite a bit	❑ very much

The European Organisation for Research and Treatment of Cancer (EORTC) QLQ-C30

During the past week:

	Not at all	A little	Quite a bit	Very much
Did you need to rest?	1	2	3	4
Have you had trouble sleeping?	1	2	3	4
Were you tired?	1	2	3	4

MD Anderson Symptom Inventory (MDASI)

... in the last 24 hours ...

	Not present										As bad as you can imagine
	0	1	2	3	4	5	6	7	8	9	10
Your fatigue (tiredness) at its WORST?	○	○	○	○	○	○	○	○	○	○	○

B

The Visual Analog Fatigue Scale (VAFS)

Date: _____

I do not feel tired at all — I feel totally exhausted

07.00: _____
12.00: _____
17.00: _____
21.00: _____

Pascal Jean-Pierre et al. The Oncologist 2007;12:11-21

Treatment

- Exercise – 12 weeks to improvement
- Stress management
- Scheduled sleep
- Fatigue support service - PCUK Specialist Nurses (10 week telephone based)
- Diet:
  - Reduce caffeine
  - Nutritional supplements

Refs:

Storey DJ, McLaren DB, Atkinson MA, et al. Clinically relevant fatigue in men with hormonesensitive prostate cancer on long-term androgen deprivation therapy. Annals of Oncology. 2012; 23:1542–1549.

Keogh JWL & MacLeod RD. Body composition, physical fitness, functional performance, quality of life, and fatigue benefits of exercise for prostate cancer patients: A systematic review. Journal of pain and symptom management. 2012;43(1):93-110.

Hot flushes/Night sweats

- **Common triggers:**
  - Diet, anxiety and depression, alcohol, stress,
  - caffeine, smoking, spicy foods, hot rooms and hot weather
- **Treatment:**
  - Anxiety and depression: CBT, support groups, exercise
  - Environment – clothing: 100% cotton
  - Diet: reduce spicy foods and caffeine intake
  - Herbal remedies: Sage tea, evening primrose, red clover, black cohosh supplements (not in the presence of liver and kidney disease)
  - Smoking cessation – GP, NHS Choices, QUIT
  - Night sweats: Chillo pillow
  - Complimentary therapies: Acupuncture, reflexology

Lee MS, Kim K-H, Shin B-C et al. Acupuncture for treating hot flushes in men with prostate cancer: a systematic review. Support Care Cancer. 2009;17:763–770.
Karling P, Hammar M, Varenhorst E. Prevalence and duration of hot flushes after surgical or medical castration in men with prostatic carcinoma. J Urol. 1994 Oct;152(4):1170-3.
Iversen P, Karup C, van der Meulen E. Hot flushes in prostatic cancer patients during androgen-deprivation therapy with monthly dose of degarelix or leuprolide. Prostate Cancer and Prostatic Diseases. (2011);14:184–190.

Psychological morbidity

Distress, anxiety and depression

Patient Health Questionnaire (PHQ-9)

(ASCO Guideline – 2014)

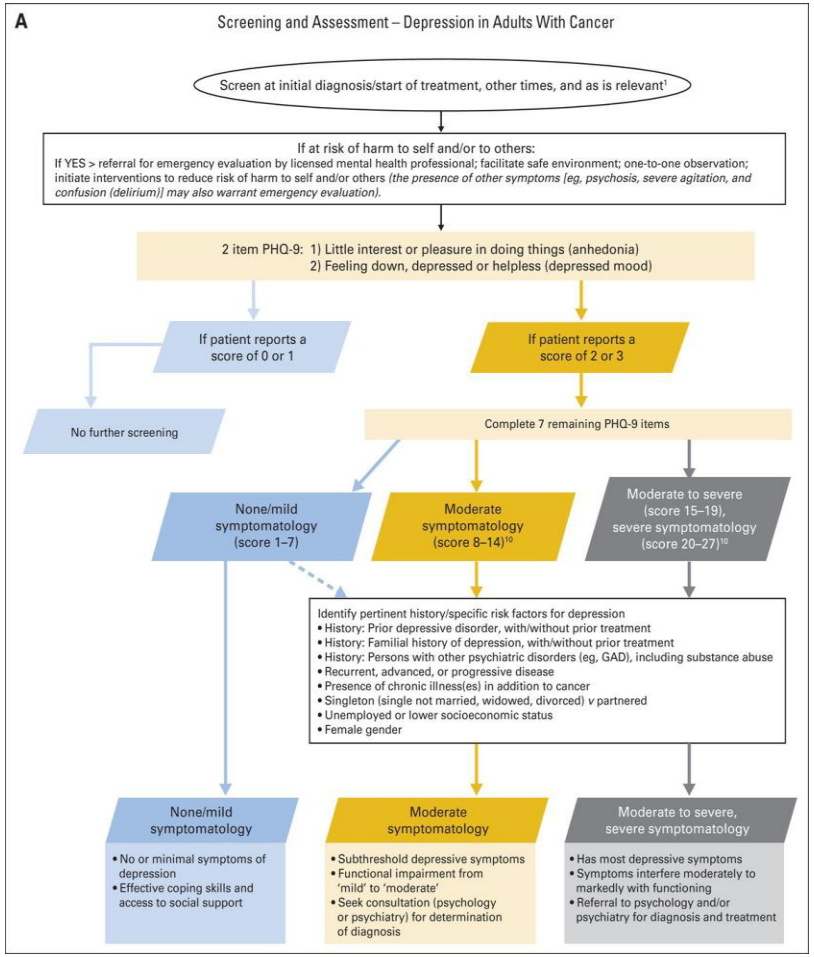
PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

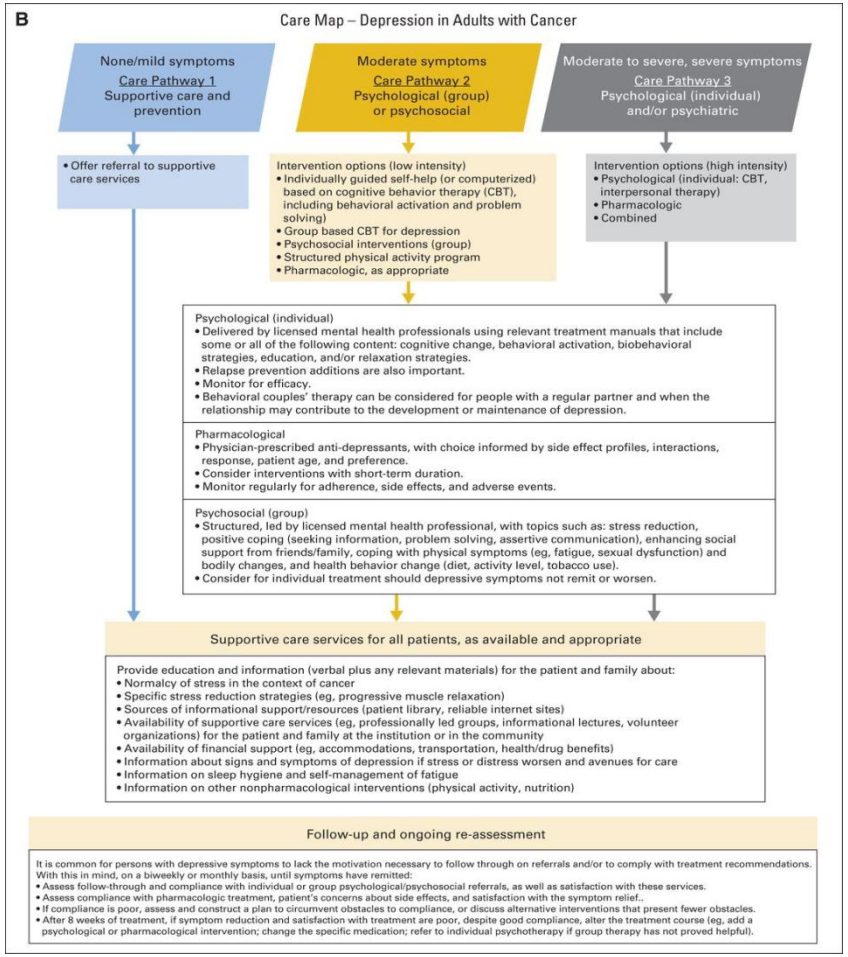
Over the last 2 weeks, how often have you been bothered by any of the following problems? *(Use "✔" to indicate your answer)*	**Not at all**	**Several days**	**More than half the days**	**Nearly every day**
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING 0 + _____ + _____ + _____

=Total Score: _____

Screening tool





Journal of Clinical Oncology 32, no. 15 (May 2014) 1605-1619.. Screening, Assessment, and Care of Anxiety and Depressive Symptoms in Adults With Cancer: An American Society of Clinical Oncology Guideline Adaptation

Barbara L. Andersen, Robert J. DeRubeis, Barry S. Berman, Jessie Gruman, Victoria L. Champion, Mary Jane Massie, Jimmie C. Holland, Ann H. Partridge, Kate Bak, Mark R. Somerfield, Julia H. Rowland

Treatment

- Exercise: Aerobic and/or Yoga, Tai-Chi
- Controlled alcohol intake
- Psychological support:
  - One to one (PCUK programe)
  - Counselling/Talking therapies (GP prescribed or British Association of Counselling and Psychotherapy):
    - CBT
    - **Mindfullness CBT**
    - Couples therapy
  - Yoga and/or Meditation
  - Regular social activities
  - **Free courses** on living with cancer: **Macmillan Cancer Support**, **Maggie's Centres**, **Self Management UK** and **Penny Brohn Cancer Care**
  - Online community
  - Support group

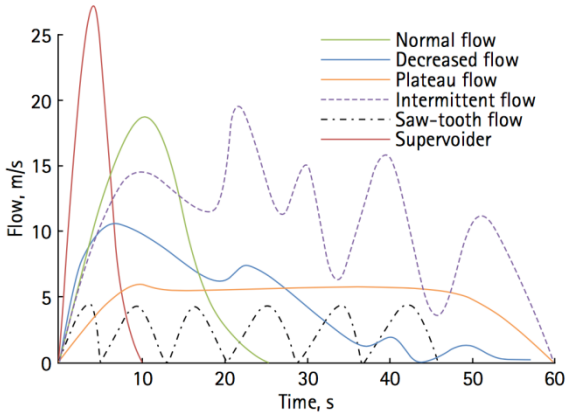
Don’t forget the presenting complaint!!!!

LUTS

- **Common problem** in the >65year age group
  - @40% of the population

- Basic LUT's Assessment
  - Uro-flowometry: flowrate + PVR
  - Documentation of drinking habits
  - Co-morbidities e.g. diabetes
  - Completion of International prostate symptom score (IPSS)

    - **Identify**: Incontinence, irritation or storage symptoms



http://cks.nice.org.uk/luts-in-men

International Prostate Symptom Score (I-PSS)

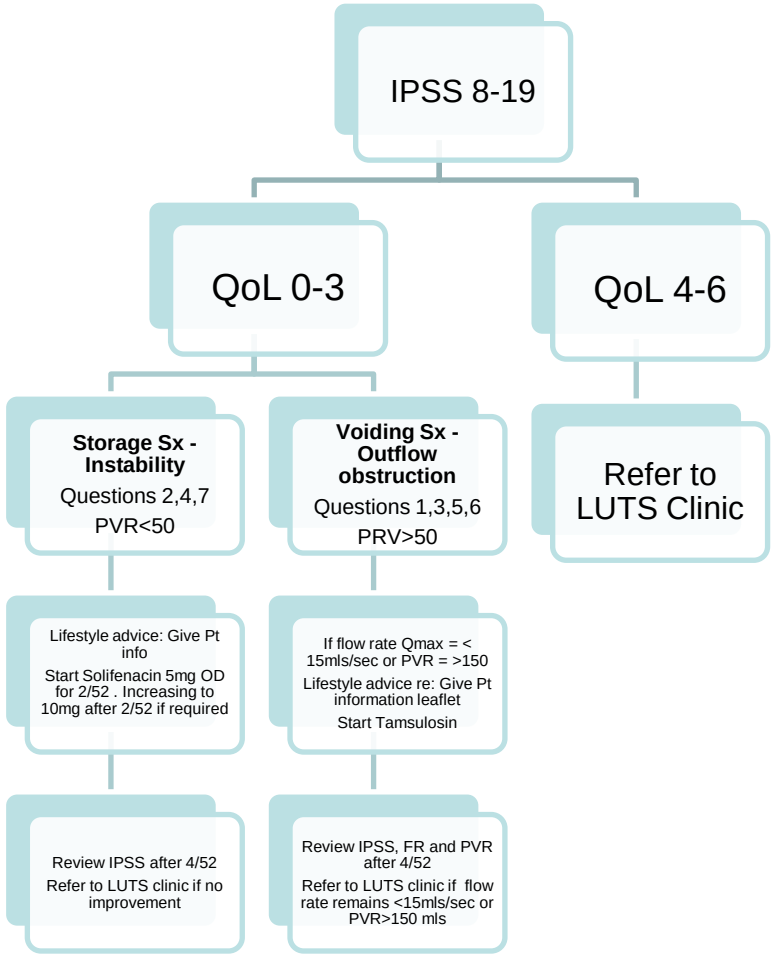
Patient Name: _____ **Date of birth:** _____ **Date completed** _____

In the past month:	Not at All	Less than 1 in 5 Times	Less than Half the Time	About Half the Time	More than Half the Time	Almost Always	Your score
1. Incomplete Emptying How often have you had the sensation of not emptying your bladder?	0	1	2	3	4	5	
2. Frequency How often have you had to urinate less than every two hours?	0	1	2	3	4	5	
3. Intermittency How often have you found you stopped and started again several times when you urinated?	0	1	2	3	4	5	
4. Urgency How often have you found it difficult to postpone urination?	0	1	2	3	4	5	
5. Weak Stream How often have you had a weak urinary stream?	0	1	2	3	4	5	
6. Straining How often have you had to strain to start urination?	0	1	2	3	4	5	
	None	**1 Time**	**2 Times**	**3 Times**	**4 Times**	**5 Times**	
7. Nocturia How many times did you typically get up at night to urinate?	0	1	2	3	4	5	
Total I-PSS Score							

Score: 1-7: *Mild* 8-19: *Moderate* 20-35: *Severe*

Quality of Life Due to Urinary Symptoms	Delighted	Pleased	Mostly Satisfied	Mixed	Mostly Dissatisfied	Unhappy	Terrible
If you were to spend the rest of your life with your urinary condition just the way it is now, how would you feel about that?	**0**	**1**	**2**	**3**	**4**	**5**	**6**

LUTS Algorithm



1. Before prescribing alpha-blocker check:
    - Patient hasn't got a history of cataracts (these can cause floppy iris syndrome)
    - Patient isn't on other alpha blockers
2. Before prescribing anti-cholinergics check:
    - Patient hasn't got a history of (untreated) closed angle glaucoma
    - Start patients >65years old on lowest dose – avoid solifenacin

Treatment

- Drugs/herbal: Anti-cholinergics, alpha blockers, saw palmetto
- Drinking advice: caffeine, volume etc…
- Physio/Continence CNS: Bladder retraining, electrical stimulation, biofeedback
- Specialist urology referral:
  - TURP/BNI/HoLEP/PVP Laser
  - Bulking agents
  - Botox
  - Artificial urinary sphincter.

- Ref: NICE Guidelines for LUTS https://www.nice.org.uk/guidance/cg97

How do we deliver a world class service to more patients with limited resources?

Easy wins!

EXAMPLE SUPPORTED SELF-MANAGEMENT PLAN FOR MR KINSELLA

Diagnosis: Prostate Cancer diagnosed February 2009 when PSA 302, Gleason 3+4; Bone scan April 2009 no metastases seen
Treatment: Commenced hormone therapy (ZOLADEX) February 2010. Stopped ZOLADEX March 2011 (last injection Dec 2010) when PSA 0.3ug/l. On intermittent therapy.
Your Prostate Cancer Specialist: Dr Julia Murray
Your Prostate Cancer Nurse: Netty Kinsella 020 8674 0232
Your current Blood Results: Are stable

Your recent results:

	Date	Result	Comment
PSA	12/5/2011	0.27 ug/l	(0.3 ug/l March 2011)
Bone density scan	12/5/2011	normal	
Testosterone	12/5/2011	3 mmol/l	

Your reported symptoms:

Please note: You may or may not experience these symptoms and if you do, they may or may not be related to your prostate cancer diagnosis/ treatment.		
Lower urinary tract symptoms		You report getting up quite a bit at night to pass urine, but feel this is improving with reduced coffee intake
Hormone related symptoms		
	Hot flushes	Quite a bit, but improving in the last few weeks
	Mood swings	Nil, you report slight difficulty with memory
	Gynaecomastia	Nil
	Oedema / Shortness of Breath	Nil
	Weight gain	2 kg
	Loss of libido / Erectile Dysfunction	You have reported penile shrinkage
Bone pain		No bone pain noted
Tiredness / Fatigue		Nil
Activities of Daily Living / exercise		You report no difficulty with activity, you walk but irregularly

Your prostate cancer follow-up plan:
- Please **continue** with the ZOLADEX injections at this stage
- Please have your PSA checked every three months with your GP – please call me if your psa rises to 2ug/l
- I will review you by telephone in six months.

Your personal prostate cancer related goals: loose one kg in the next month, walk the dog for 20 minutes daily, change to calcium enriched trim milk, use your vacuum device for 10 mins per day 3-5 days per week to help reduce penile shrinkage.

Supported self-management

Traditional Model of care

- One to one
- Multiple clinic appointments
  - Dietician
  - Physio
  - Nurse
- = 90mins per patient

Peer group "Seminar style"

- Up to 15 patients per seminar
- 150 mins x 1 pcm
- Peer support
- 1 appointment
  - PP presentation (consistency)
  - Accompanying literature

Results – The savings

Financial Saving for CCG			
	Traditional	Group Seminar	Saving
Patients	360	360	
Sessions	3	1	
Charge to CCG per patient	£270	£90	
Total	£97,200	£32,400	£64,800

Nursing and AHP hours saved for Hospital			
	Traditional	Group Seminar	Saving
Patients	360	360	
Sessions	3	12	
Nursing and AHP Hours	1.5	2.5	
Total	540	30	510