

Caring for Prostate Cancer Survivors

What to do:

- Annual PSA
- Annual digital rectal exam in patients who received radiation therapy and have detectable PSA
- Refer patient with elevated or rising PSA back to specialist
- Advise healthy habits (exercise, weight loss)
- Assess for and treat long-term and late effects:
 - Distress, depression, and “PSA anxiety”
 - Bowel, bladder, and sexual dysfunction
- For patients on androgen deprivation therapy (ADT):
 - Optimize bone health with calcium and vitamin D
 - Baseline DEXA and FRAX score calculation
 - If high risk of fracture by FRAX score, consider bisphosphonate or denosumab

What NOT to do:

- Routine lab tests
- Routine imaging tests in the absence of new symptoms

Management of Long-term and Late Effects

Long-term/Late Effect	Management
Rectal symptoms	<ul style="list-style-type: none"> • Rectal bleeding: high-fiber diet, stool softeners, topical steroids, anti-inflammatories; colorectal cancer screening per standard guidelines • Other rectal symptoms (e.g., sphincter dysfunction, leakage of stool/mucous; rectal urgency and frequency): occur shortly after radiation therapy and usually improve over time; consider high-fiber diet and bulking agents (like Metamucil® or Benafiber®); if persistent refer to GI or rectal surgeon
Distress/depression/ PSA anxiety	<ul style="list-style-type: none"> • Assess for depression periodically • Refer for counseling and prescribe pharmacotherapy as needed
Sexual dysfunction/ body image	<ul style="list-style-type: none"> • Use validated tools to monitor erectile function over time • ED treatment: penile rehabilitation; prescription of sildenafil, vardenafil, or tadalafil • Refer to urologist, sexual health clinic, or psychotherapist as needed
Sexual Intimacy	<ul style="list-style-type: none"> • Encourage couples to discuss sexual intimacy; refer to counseling as needed
Urinary problems	<ul style="list-style-type: none"> • Nocturia, frequency, urgency: consider timed voiding, anticholinergic medications (e.g., oxybutynin) • Slow stream: consider alpha blockers (e.g., tamsulosin) • Post-prostatectomy incontinence: physical therapy referral for pelvic floor rehabilitation; instruct on Kegel exercises • Persistent leakage or other urinary symptoms: refer to urology for further evaluation (e.g., urodynamic testing, cystoscopy) and discussion of treatment options (e.g., surgical placement of male urethral sling or AUS) • Hematuria: work up and management as in the general population
Symptoms related to androgen deprivation	<ul style="list-style-type: none"> • Hot flashes: Consider SSRIs, SNRIs, or gabapentin • Testosterone replacement therapy is NOT recommended unless patient severely symptomatic

RESOURCES:

Kegel exercises for men: www.mskcc.org/cancer-care/patient-education/pelvic-floor-muscle-kegel-exercises-men

MSK Male Sexual & Reproductive Medicine Program: 646-888-6024

MSK Rehabilitation Center (includes physical therapy for pelvic floor dysfunction): 646-888-1900



Memorial Sloan Kettering
Cancer Center

FOR MORE INFORMATION:

www.mskcc.org/hcp-education-training/survivorship/provider-education

CONTACT US: survivorship@mskcc.org