

NAVIGATING THE ADVANCED PROSTATE CANCER JOURNEY

NURSE NAVIGATOR ROADMAP

BEGIN

1 Prostate Cancer Screening¹

- Prostate-specific antigen (PSA) testing
- Digital rectal exam

Nurse Navigator Considerations:

- Advise patients with a prostate gland to avoid ejaculation or vigorous exercise 48 hours before PSA testing²

2 Diagnosis and Staging¹

- Family and medical history and physical examination
- Imaging (eg, ultrasound, MRI, CT, SPECT, PET)
- Tissue biopsy
- Genetic tests
- Tumor, node, metastasis (TNM) staging

Germline and somatic biomarker testing of homologous recombination repair mutations (HRRm) such as but not limited to BRCA1, BRCA2, etc and mismatch repair mutations such as MLH1, MSH2, etc

3 Risk Group Determination¹

- Consideration of clinical/pathological features (eg, imaging, tumor staging, PSA, PSA doubling time, biomarker analysis, nomograms, Gleason score, etc)

Nurse Navigator Considerations:

- Provide patient education specific to staging/risk/guideline-directed care
- Assess patient's understanding of their own prognosis and expected treatment plan
- Identify which/how test values will be monitored (eg, PSA trends, imaging comparisons over time, level of distant metastasis, etc)
- Discuss how biomarker test results might help determine their level of disease risk
- Explain the significance of PSA doubling time as a potential indicator of disease progression³
- Discuss sequence of treatment options and potential treatment breaks based on disease stage and risk level

Nurse Navigator Considerations:

- Recommend that the patient bring a family member/friend to record the conversation with the HCP³
- Educate patients on what biomarker testing may reveal about their disease and potential treatment options³
- Consider appropriate patients with advanced prostate cancer for genetic counseling¹
- Facilitate biomarker testing process⁴
- Assess health, culture, and language literacy³

4 Multidisciplinary Team Involvement^{3,5}

- The multidisciplinary approach to prostate cancer management involves a wide array of disciplines

Nurse Navigator Considerations³:

- Assess patient needs and identify specific resources
- Attend tumor boards and/or rounding with multidisciplinary clinics
- Coordinate care among patient, caregiver, and oncology care team



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5 Medical Treatment Plan/Management

- a. Hormone therapy¹
- b. Radiation¹
- c. Targeted therapy¹
- d. Immunotherapy¹
- e. Chemotherapy¹
- f. Clinical trials³
- g. Medical supportive care
- h. Other

- i. Bone health¹
- ii. Palliative care⁶
- iii. Oncology rehabilitation¹
 - 1. Erectile dysfunction
 - 2. Urinary incontinence
 - 3. Sexual dysfunction

Nurse Navigator Considerations:

- Promote shared decision-making about therapeutic options and plans and goals of treatment
- Help manage treatment expectations and adverse events
- Evaluate health maintenance, bone and renal health, mobility, safety, sexual dysfunction

6 Survivorship Support/Palliative Care⁶

- a. Financial
- b. Psychosocial
- c. Smoking cessation
- d. Nutritional
- e. Physical activity
- f. Immunizations
- g. Genetic counseling
- h. Spiritual
- i. Patient advocacy/patient support
- j. Caregiver support

Nurse Navigator Considerations:

- Recommend established guidelines for good health⁶
- Facilitate survivorship care planning⁶
- Explain the difference between palliative and hospice care³
- Refer to supportive and palliative care resources⁶

7 Patient Monitoring

- a. Follow-up tests and evaluation of treatment response
 - i. PSA tests (every 3-12 months depending on risk)¹
 - ii. Imaging³
 - iii. Biopsy¹
 - iv. Genetic biomarker testing³

Nurse Navigator Considerations:

- Assist patient in understanding their disease status
- Inform on testing frequency
- Provide guidance on which side effects warrant a call to care team or 911
- Assist with coordination for follow-up care⁶
- Facilitate surveillance of patients with prostate cancer⁶
- Recommend support services to help manage patient's fear of cancer recurrence³
- Advise patients/caregivers when to consider transitioning from palliative care to hospice/EOL

Potential responses to treatment:

- a. No recurrence/no progression
- b. Persistence: Treatment did not reduce the amount of cancer well enough
- c. Recurrence
- d. Progression

8 Hospice/End-of-Life Care³

- a. Appropriate when prognosis is \leq 6 months

Nurse Navigator Considerations³:

- Facilitate transition of palliative care to hospice/EOL
- Assist patient with identifying EOL goals
- Provide a point of contact during care transitions
- Provide education, support, advocacy, and resources based on the patient's life expectancy
- Review elements of experiencing a peaceful death at frequent intervals
- Recommend support groups for caregiver



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