

<b>Please delete before use</b>		Letter Name	Urology_Prostate_EoTS_radical_xrt_0325 Version 1.0
Ratified by Pathway Board	2025	Created	Circa 2020
Consulted	Urology CNS teams across GM	Reviewed	March 2025
Contact point for amendments	<a href="mailto:gmcancer.admin@nhs.net">gmcancer.admin@nhs.net</a> <a href="mailto:Andrea.webber@nhs.net">Andrea.webber@nhs.net</a>	Review date	March 2027

### GM Cancer standard template for prostate cancer – radical radiotherapy treatment summary

**Please delete this title and box after reading these instructions.**

**Remove all wording that does not apply to a particular patient in order to personalise it to the individual.**

**If you need to localise this treatment summary, e.g. job titles do not match those used in your Trust or adding your Trust logo, please do so, but please retain all other information.**

**Remember to ensure sections don't overrun onto the next page or titles separate from the body of the text before sending.**

**Please use font Ariel 12**

**For GP use only: please code this letter as cancer treatment completed:**

Snomed code 413737006	Cancer hospital treatment completed (situation)
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**Patient Name**

**Hospital Name**

**Patient Address**

**Hospital Address**

**Date of Birth: 00/00/0000**

**Hospital No: 01234567**

**NHS No: 999 999 9999**

Dear **[INSERT PATIENT NAME]**

Thank you for attending your **[INSERT CLINIC NAME]** appointment on **[INSERT DATE]**.

Please find below the summary of your diagnosis, treatment and the ongoing management plan that we discussed. A copy of this has also been sent to your GP. This plan is specific to your needs.

Our (**INSERT LOCAL TRUST SERVICE NAME**) has been designed to increase your knowledge and wellbeing and to help you move forward now that your initial treatment has finished. Please remember that if you do feel anxious or would like further advice at any time you are welcome to contact your Urology Clinical Nurse Specialist who can recommend a wide range of resources and services that have been designed to help you.

### Key Contact Numbers:

<b>Urology Clinical Nurse Specialist</b>	<b>Contact Number:</b>
<b>Urology Cancer Care Coordinator</b>	<b>Contact Number:</b>

### Out of hours contact details for advice:

Your GP out of hours service,  
NHS 111  
or your district nurses (if you have a designated district nurse) for advice

### Out of hours when immediate attention is needed:

Go to your local Accident and Emergency department.  
**If you are unable to get to A&E yourself ring 999 for an ambulance.**  
  
Take this treatment summary with you

### Diagnosis and Treatment to Date:

Diagnosis:	Please give full details	Date of Diagnosis:	SMDT date
Histology:			
Summary of Treatment and relevant dates:			
Radiotherapy Therapy completed on:			
Planned duration of hormones/completion date:			
Treatment aim:	Radiotherapy is a tailored treatment to cure and prevent future prostate cancer treatment. Radiotherapy is a non-surgical treatment of prostate cancer which involves the delivery of radiotherapy to the prostate from outside the body (external beam radiotherapy) or directly into the prostate (Brachytherapy)		

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### Symptoms that require immediate attention

If any of the symptoms in the box below are causing you **big problems** than make a same day GP appointment or speak to your CNS. If this is not possible, or if it is out of hours, or you feel any of the symptoms require immediate attention, go to your local accident and emergency department.

If you are unable to get to A&E yourself ring 999 for an ambulance.

It is important you do not wait over a weekend to speak to someone.

- Blood in your pee
- Blood in your poo
- Pain in your tummy, bottom or pelvis
- Unable to pee (urinary retention)
- Sudden onset of back pain with weakness or change in sensation of the lower limbs or loss of control of bladder or bowel
- Any other issues you feel require immediate attention

Take this treatment summary with you

### Possible Short and Long Term Side Effects from the treatment you have had:

If any of these symptoms are affecting your daily life you can visit

<https://prostatecanceruk.org/> or <https://www.macmillan.org.uk/> for further advice.

You can also contact your clinical team for advice at any point throughout your follow up.

They may give advice over the phone, make a clinic appointment for you to be seen at the hospital or ask you to make a GP appointment.

Most symptoms are expected to get better after about 6-8 weeks but can take longer.

Cutting down or stopping smoking, reducing alcohol intake, maintaining a healthy weight and being as physically active as is possible for you and can help with your recovery and reduce some symptoms.

#### Problems with peeing:

- Incontinence/leaking pee

- Slower flow when peeing
- Pain when peeing
- Peeing more frequently
- Having to rush to the toilet to pee
- Getting up in the night to pee
- Blood in your pee

To help relieve symptoms, drink 1 ½ to 2 litres of water/cordials throughout the day, avoid drinking caffeinated drinks (tea/coffee/carbonated/fizzy) and/or alcohol.

To stop you leaking pee, do the regular pelvic floor exercises shown in the 'Robotic Assisted Laparoscopic Prostatectomy' leaflet. A further guide is available via Prostate Cancer UK.

Manage leakage with male protective wear/ incontinence pads which are available from large chemists or supermarkets or via the internet (see 'Robotic Assisted Laparoscopic Prostatectomy' booklet)

### **Problems with pooing:**

- Blood in your poo
- Irritation or pain in your bottom - you may see blood on the toilet paper
- Urge to poo but no poo to pass (tenesmus)
- Constipation
- Diarrhoea or poo that is softer than normal
- Mucous discharge or increased wind from your bottom
- Having to poo more often than before
- Having to dash to the toilet to poo

If you are struggling to poo try introducing more fibre in your diet (fruits and vegetables/ brown breads and pastas). It can also help to be active and drink plenty of water (1.5-2Litres per day). Continue any medications you have been prescribed.

If you have loose or are pooing too often than is normal for you, try reducing some of the fibre in your diet. It can also help to drink plenty of water to replace the fluid lost in your stools. Continue to take any medications prescribed for you (i.e. Fybogel).

### **Erectile Dysfunction:**

You will have the opportunity to attend an erectile dysfunction clinic for specialist advice on treatment options available to help with your sexual function.

### **Bone pain lasting longer than 6 weeks**

#### **Other:**

- Feeling tired
- Low mood

Dealing with a diagnosis of cancer and undergoing treatments can be challenging. You may notice that you are more worried and stressed than usual, or you may feel sluggish and lack motivation to do things.

Adjusting and adapting to everything you have been through can take time, and sometimes it needs a bit of extra support and effort to figure out how to be ok when life is proving challenging.

### Hormone Therapy Side Effects from the treatment you have had:

#### **Hormone Therapy:**

- Hot flushes. Medication may be able to help.  
Your GP can offer medroxyprogesterone (20mg per day), initially for 10 weeks and evaluate the effect at the end of the treatment period.  
Your GP could consider cyproterone acetate (50 mg twice a day for 4 weeks) to treat troublesome hot flushes if medroxyprogesterone is not effective or not tolerated.
- Erection problems and loss of sex drive
- Bone thinning
- Mood changes
- Loss of body hair
- Breast swelling and tenderness
- Weight gain and changes to glucose levels.
- Loss of muscle strength
- General aches and pains
- Cardiac and blood pressure changes

### REGULAR PSA TESTING IS A WAY OF MONITORING HOW SUCCESSFUL YOUR TREATMENT FOR PROSTATE CANCER HAS BEEN.

Usually the first sign that prostate cancer is starting to return is a continuous rise in the level of prostate specific antigen (PSA) in your blood, rather than any symptoms. The PSA test is a very effective way of checking how successful treatment has been. It can't show for certain if prostate cancer has come back, or where it might be. But it can be a useful first sign that the cancer may have come back.

The schedule for your PSA tests whilst you are being followed up is:

Regularity	Date Due
6 months after your treatment	
12 months after your treatment	
18 months after your treatment	
24 months (2 years after your treatment)	
36 months (3 years after your treatment)	
48 months (4 years after your treatment)	

**60 months** (5 years after your treatment)

- Your Cancer Care Coordinator will send you a reminder when you are due to have a PSA test and give further information on what to do.

### **Additional information relating to lifestyle and support needs:**

A cancer diagnosis is often a life altering event. A number of lifestyle choices can affect your ongoing health and wellbeing. These can help you regain or build physical strength, reduce severity of side effects and reduce the risk of developing secondary cancers or other health issues.

#### **Exercise and Physical Activity:**

It has been proven that engaging in regular exercise or physical activity can address feelings of anxiety, experience of fatigue and low mood. It can also improve heart health, muscle strength, and maintaining a healthy weight. Even a small amount of physical activity is helpful if you are able. You may need to change the type of activity you do to your specific needs and limitations so we advise talking to your GP before you start.

#### **Eating Well:**

Eating a healthy balanced diet is an important part of maintaining good health and can help you feel better. This means eating a wide variety of foods in the right amounts and maintaining a healthy body weight.

#### **Reducing alcohol to within safe limits:**

The current UK guidelines to keep health risks to a low level are to avoid or not to regularly drink more than 14 units a week (6 pints of average-strength beer or 10 small (125ml) glasses of low-strength wine).

#### **Stopping smoking:**

If you are a smoker, giving up smoking will improve blood circulation, lower blood pressure, reduce the risk of a stroke, improve your immune system (ability to fight infection), and help to improve your breathing or stop it from getting worse. If you would like more help and advice, please speak to your Urology Cancer Care Co-ordinator, Urology Clinical Nurse Specialist Team, Local Pharmacy or GP.

### **Other Useful Contact Numbers: [DELETE AS APPROPRIATE]**

<b>Macmillan Cancer Support Line</b>	<b>0808 808 0000</b> <b>www.macmillan.org.uk</b>
<b>Macmillan Information and Support Centre –The Hope Building and The Christie at Salford</b>	<b>0161 206 1455</b>
<b>Macmillan Information and Support Centre – Royal Oldham Hospital</b>	<b>0161 656 1026</b>
<b>Macmillan Information and Support Centre – Tameside Hospital</b>	<b>0161 922 5644</b>

Macmillan Information and Support Centre – Royal Bolton Hospital	01204 390625
Macmillan Information and Support Centre – Manchester Royal Infirmary	0161 276 6868
Macmillan Information and Support Centre – North Manchester General	0161 604 5244
Macmillan Information and Support Centre – Wythenshawe Hospital	0161 291 4876
Macmillan Information and Support Centre – Royal Albert Edward Infirmary	0194 282 2760
Cancer Research UK Support Line	0808 800 4040
<a href="#">Maggie's Manchester</a> <a href="#">The Robert Parfett Building</a> <a href="#">The Christie Hospital</a>	<a href="tel:01616414848">0161 641 4848</a> <a href="http://www.maggies.org/our-centres/maggies-manchester">www.maggies.org/our-centres/maggies-manchester</a>
<a href="#">Maggie's Oldham</a> <a href="#">The Royal Oldham Hospital</a>	<a href="tel:01619890550">0161 989 0550</a> <a href="http://www.maggies.org/our-centres/maggies-oldham">www.maggies.org/our-centres/maggies-oldham</a>
Surgical Secretary	<i>[INSERT CONTACT DETAILS]</i>
Other <i>[INSERT DETAILS]</i>	<i>[INSERT CONTACT DETAILS]</i>
Other <i>[INSERT DETAILS]</i>	<i>[INSERT CONTACT DETAILS]</i>
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Other <i>[INSERT DETAILS]</i>	<i>[INSERT CONTACT DETAILS]</i>

<b>Treatment Summary Completed by:</b>	
Copy sent to GP:	<input type="checkbox"/>
Copy sent to Consultant:	<input type="checkbox"/>
Copy sent to other Health Care Professional(s):	<b>[INSERT DETAILS]</b>

## ADDITIONAL NOTES FOR GP

For GP use only: please code this letter as cancer treatment completed:

Snomed code 413737006	Cancer hospital treatment completed (situation)
8BCF.00	Read Cancer hospital treatment completed

<b>Personalised Care and Support Plan</b> <input type="checkbox"/> (attached)	
<b>Health and Wellbeing Information and Support given</b>	<b>[INSERT DETAILS]</b>
<b>Prescription Charge exemption certificate</b> <input type="checkbox"/>	<b>Free prescription reminder</b> <input type="checkbox"/>

<b>Advice given on services available on prescription</b>	<b>[INSERT DETAILS]</b>
<b>Advice given to apply for Personal Independence Payment (PIP)</b>	Yes/No/Not applicable

<b>Will [INSERT PATIENT NAME] be self-managing?</b>	<b>Yes / No [DELETE AS APPROPRIATE] [IF NO PLEASE STATE REASON]</b>
<b>Advise entry onto primary care palliative or supportive care register?</b>	Yes/No/Not applicable
<b>SR1 application completed?</b>	Yes/No/Not applicable

**Required GP actions (e.g. ongoing medications/ osteoporosis screening)**

Cancer Care Review at 3 months and 12 months post diagnosis.

***Cancer Care Review at 3 months and 12 months post diagnosis.***

**Acute symptoms (6-8 weeks post-surgery)**

**Urinary symptoms;**

- Exclude UTI
- Consider starting an alpha-blocker(e.g. Tamsulosin) for poorer urinary flow
- Consider starting an anti-muscarinic(e.g. Solifenacin) for urgency and frequency symptoms.

**Bowel symptoms;**

- Consider starting a cream/ointment for rectal irritation.
- Consider managing mild diarrhoea/ mild constipation with Fybogel 1 sachet BD.
- Consider discussing dietary changes (low fibre/high fibre diets)
- Consider an FBC if on-going moderate/severe rectal bleeding or haematuria to rule out anaemia.

**Late symptoms (3 months after surgery- years after treatment)**

**Urinary symptoms;**

- If medications have not helped consider referral to local urology services for further testing/support.

**Bowel symptoms;**

- If diet and medications have not helped consider standard bowel symptom diagnostic work-up to exclude causes unrelated to radiotherapy.
- If other causes excluded consider referral to gastroenterologist locally.

**Erectile function concerns;**

- Consider using a PDE-5 inhibitor if suitable
- Consider vacuum pump devices.
- Consider referral to local andrology services for other lines of therapy.



***Additional resources and information for primary care staff are available through  
[www.gatewayc.org.uk](http://www.gatewayc.org.uk)***