

**REGINA PROSTATE
ASSESSMENT PATHWAY**

**REGINA FAX: 306-766-6211
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Prostate Assessment Centre
Pasqua Hospital, 4101 Dewdney Ave.
Regina, SK S4T 1A5

PATIENT INFORMATION

Date of referral:

Surname:

First Name:

Address:

DOB:

Age:

HSN:

Phone:(h)

(c)

(w)

INVESTIGATIONS PERFORMED:

Prostate Specific Antigen (PSA) Test:

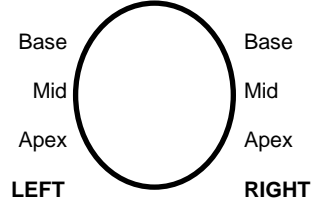
- Two elevated PSA tests required at least **3 weeks** apart but no greater than 6 months. Consult a urologist for advice about PSA variation. (See over for normal PSA levels)

PSA (µg/L)	Ratio	Date of Test

Digital Rectal Exam:
(DRE must be complete)

- NO palpable nodule
 Palpable nodule detected

Comments:



PERTINENT MEDICAL/SURGICAL HISTORY: (please attach any relevant documents)

- No pertinent medical/surgical history
 Treated for bladder or prostate infection? All PSA tests performed within 8 weeks of UTI are invalid and should be repeated 8 wks or more after UTI has resolved
 Previous prostate BX? Date: _____
- Family History of Prostate Cancer? relationship _____ age at diagnosis _____
 Mechanical Heart Valve
 Vascular Stent
 Bleeding problems
 Allergies: _____

SPECIAL ALERTS ON MEDICAL HISTORY:

- No special alerts apply
 Yes special alerts apply - **check those that apply*** →

* see **Prostate Biopsy Alerts - Guidelines for Management of Patient Preparation, Medications and Complications** to help manage these concerns: www.sasksurgery.ca/provider/prostate.html

Special Alerts:

- Anticoagulant agents Antiplatelet agents
 Patient has been provided instruction for anticoagulation and/or antiplatelet management

PROSTATE BIOPSY TRIAGE: (check Y or N for each question)

- Y N Patient under 40 years or over 75 years with elevated PSA
 Y N Patient has PSA value greater than 50
 Y N Patient has abnormal DRE but PSA value is normal
 Y N Patient has had previous biopsy
 Y N Patient is immunocompromised
 Y N Patient life expectancy less than 10 years

If you answered yes to any of these questions your patient will automatically be referred to a Urologist. If you answered no to all the questions, your patient may proceed to biopsy.

AUTHORIZATION FOR TREATMENT:

- I authorize the Prostate Nurse Navigator to convey biopsy results, provide education, and refer to specialist (Radiation Oncologist or Urologist) on my behalf, **Name of Urologist for Referral:** _____
OR
 I authorize the Prostate Nurse Navigator to provide education BUT I WILL CONVEY BIOPSY RESULTS TO THIS PATIENT AND REFER TO SPECIALIST AS REQUIRED.

REFERRING PHYSICIAN:

I am referring my patient directly for TRUS and prostate biopsy. I understand that I will remain the Most Responsible Provider for this patient.

ADDRESS OR STAMP

Signature:

CLINIC RESPONSE:

This referral has been reviewed and deemed appropriate by the Nurse Navigator: _____ (signature)

BIOPSY DATE _____ TIME _____ SITE _____

The Prostate Assessment pathway is intended to help manage men who choose to have their PSA tested after being fully informed of the harms and benefits of prostate cancer screening. (ref: Canadian Urological Association guidelines on Prostate Cancer Screening, 2011)

NORMAL AGE-SPECIFIC PSA LEVELS:

Age	PSA (upper limit)
40-49	2.5 µg/L
50-59	3.5 µg/L
60-69	4.5 µg/L
70 +	6.5 µg/L (Note: PSA screening for men over 70 years is not recommended)

FREE/TOTAL PSA RATIO (calculated on men with PSA 4 to10)

Greater than .24 – suggestive of BPH

Between .10 and .24 – borderline

Less than .10 – suggestive of cancer

PSA FLUCTUATION

PSA levels are subject to considerable variation. Variation can be caused from irritation or trauma such as bladder or prostate infection or after instrumentation (i.e. catheter insertion), thus causing a false positive PSA level. For this reason 2 abnormal PSA levels at least 3 weeks apart are required prior to referral. See <http://jama.jamanetwork.com/article.aspx?articleid=196625> for further information. If your patient's PSA returns to normal (abnormal test result followed by a normal test result) it does not always mean that cancer is not present. Continue to monitor PSA levels at 3-6 month intervals and be aware of subsequent increases.

TREATMENT OF PROSTATE OR BLADDER INFECTION

Since PSA levels may increase as a result of a prostate or bladder infection, if a PSA level has been collected during a suspected or known prostate or bladder infection a repeat PSA level should be drawn 8 weeks after the completion of antibiotic treatment. If the PSA level remains elevated further investigation for prostate cancer may be warranted.

PROSTATE BIOPSY TRIAGE RATIONALE

Question	Rationale
Patient under 40 years or over 75 years with elevated PSA	Patients under 40 years and over 75 years require further assessment to determine if a prostate biopsy is necessary. If a patient is over 75 years, a prostate biopsy may not be appropriate.
Patient has PSA value greater than 50	If a patient has a PSA value of greater than 50 the diagnosis of prostate cancer may be based on clinical findings and a prostate biopsy may be avoided.
Patient has abnormal DRE but PSA value is normal	If a patient has an abnormal DRE and the PSA value is normal they require an urologist to assess the prostate to determine if the abnormality warrants a biopsy.
Patient has had previous biopsy	With a previous negative prostate biopsy subsequent biopsies may not be necessary because the chance of a positive finding is less likely with each subsequent biopsy.
Patient is immunocompromised	If a patient is immunocompromised additional preparation may be required prior to a prostate biopsy.
Patient life expectancy less than 10 years	If a patient has a life expectancy of less than 10 years further assessment/treatment may not be appropriate.