

# Prostate Cancer Survivorship in Primary Care – A Pilot Program in the New Territories West Region of Hong Kong

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## Introduction

Involving family physicians in cancer survivorship care under primary care setting aligns with our corporate's cancer service strategic plan. There is an increasing service demand for prostate cancer survivors for both cancer-related and unrelated co-morbidities such as non-communicable diseases. A pilot program for prostate cancer survivorship in collaboration between Oncology and Family Medicine departments was initiated.

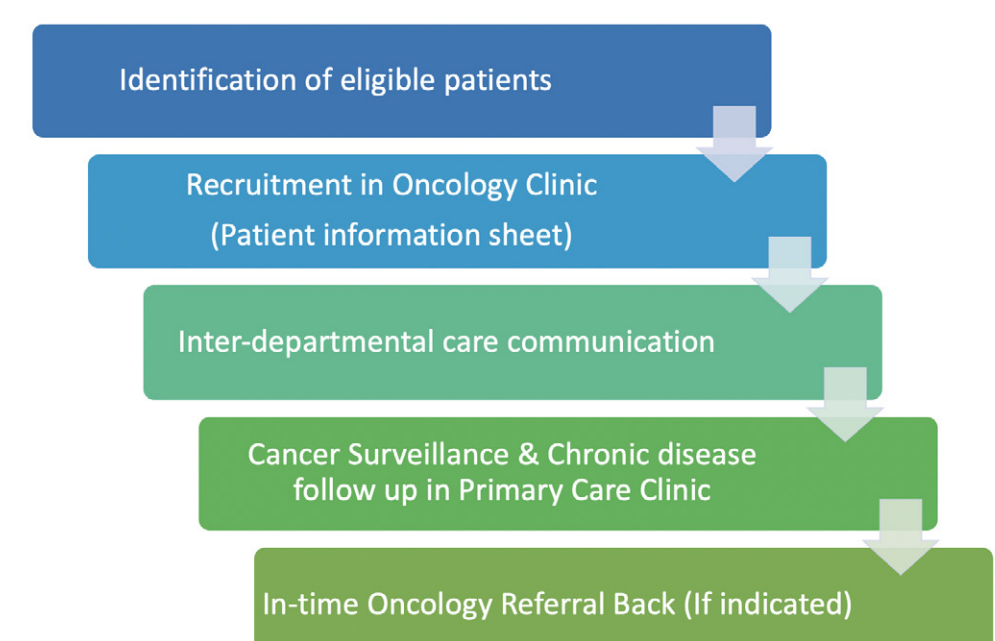
## Methods

Collaboration for this pilot program was started since early 2019. Phase One included working group formation, program design, service framework, protocol development, staff engagement, consensus on participant selection criteria and workflow, strengthening of inter-departmental communication including survivorship care plan and referral back mechanism.

Prostate cancer patients with low risk of recurrence under three specified categories were recruited. Those with non-salvageable persistent disease, high risk of progression/ recurrence, on life-long androgenic deprivation therapy, post-castration, with metastasis, or having second malignancy were excluded. There would be a fast-track back referral for oncologist assessment when secondary biochemical recurrence defined as reaching a specific PSA level for each category, clinical progression, late complications such as radiation proctitis, or secondary malignancy.

Phase Two started in Jun 2020 for rolling out of the program in a primary care clinic for prostate cancer survivors who have chronic diseases follow-up in selected clinics. Setting up of a patient registry, preparation of patient information sheets, ongoing service monitoring and regular review of staff feedback have facilitated patient recruitment and patient care journey. Interim evaluation of service deliverables was done in late 2021. Patient outcome would be reviewed later when a more desirable sample size is achieved later.

### Program Content



## Results

A total of 14 patients were recruited over the 12-month roll-out period. Clinical surveillance for prostate cancer survivors was performed during regular follow up consultation for chronic disease management by experienced family physicians who are competent in handling multi-morbidity with complexity. No back referral or adverse outcome have been reported. Patient feedbacks were positive.

## Conclusion

A survivorship care model applicable to local primary health care setting has been developed to meet the growing needs of prostate cancer survivors.