

PROSTATE CANCER SURVIVORSHIP CARE VISIT CHECKLIST

Here is a checklist to help you talk with your doctor. You should ask about the treatments and cancer type you had and their possible effects as well as any other issues you may be experiencing. These issues may not all be relevant to you. If you are unsure of what treatments you had or what symptoms to watch out for, ask your doctor.

When you talk with your doctor, you should discuss:

- Your survivorship care plan
- Care coordination and communication with cancer treatment team and primary care provider
- Screening or watching for recurrence or new cancers
- Looking out for and managing physical, emotional and social effects
- Getting referrals to medical rehabilitation care (e.g., physical or occupational therapy), mental health care or palliative care (symptom management) as needed
- Information about healthy behaviors

Some of these issues affect many patients, some affect very few. The icons below correspond to prevalence, or how many patients report having each of the symptoms:



High: 50% or more of patients report experiencing this symptom



Mid: 21-49% of patients report experiencing this symptom



Low: 20% or fewer patients report experiencing this symptom



Unknown: Data not available












Blood Vessel Health

<input type="checkbox"/> Hot flushes/sweats (due to hormonal therapy)	
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Distress, Depression and Anxiety

<input type="checkbox"/> Distress (combination of mental, social and/or spiritual distress)	
<input type="checkbox"/> Anxiety, stress, or worry	
<input type="checkbox"/> Depression	
<input type="checkbox"/> Anxiety about having your PSA level checked	
<input type="checkbox"/> Illness-related uncertainty	


Bowel Health

<input type="checkbox"/> Bowel irregularity	
<input type="checkbox"/> Cramps	
<input type="checkbox"/> Diarrhea	
<input type="checkbox"/> Excessive gas	
<input type="checkbox"/> Rectal/fecal urgency	
<input type="checkbox"/> Frequency of bowel movements	
<input type="checkbox"/> Incontinence	
<input type="checkbox"/> Anal sphincter dysfunction	
<input type="checkbox"/> Rectal bleeding/blood in stool that is persistent and substantial	
<input type="checkbox"/> Rectal inflammation, pain	
<input type="checkbox"/> Rectal ulceration leading to rectourethral fistula (a hole between the urethra/urinary channel and the rectum)	

Heart Health

<input type="checkbox"/> Cardiovascular (heart) disease	
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Cognitive Health

<input type="checkbox"/> Cognitive problems (e.g., difficulties with mental tasks such as thinking, remembering, or reasoning)	
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Fatigue

<input type="checkbox"/> Fatigue/decreased activity	
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Fracture Risk/Osteoporosis

<input type="checkbox"/> Accelerated bone loss/osteoporosis (weak/brittle bones that may cause bone pain)	
<input type="checkbox"/> Increased risk of fracture in men receiving ADT	
<input type="checkbox"/> Increased risk of fracture in men who experienced older radiation therapy	












Metabolism





<input type="checkbox"/> Anemia	
<input type="checkbox"/> Body hair loss	
<input type="checkbox"/> Decline in lean muscle mass/muscle wasting	
<input type="checkbox"/> Decreased sensitivity to insulin and oral glycemc agents/diabetes	
<input type="checkbox"/> Dry eyes	
<input type="checkbox"/> Excessive emotional reactions and frequent mood changes	
<input type="checkbox"/> Gynecomastia (enlarged breasts in males)	
<input type="checkbox"/> Increased high-density lipoprotein levels/high cholesterol	
<input type="checkbox"/> Metabolic syndrome (e.g., heart disease, high blood pressure, high blood sugar, high cholesterol, weight gain/overweight)	
<input type="checkbox"/> Subcutaneous rather than visceral fat accumulation (fat around the organs rather than under the skin)	
<input type="checkbox"/> Venous thromboembolism (e.g., blood clots from deep vein thrombosis or pulmonary embolism)	
<input type="checkbox"/> Vertigo (e.g., dizziness, feeling of spinning)	
<input type="checkbox"/> Weight gain/abdominal obesity/increased fat mass	

Sexual Health and Body Image









<input type="checkbox"/> Decreased semen volume	
<input type="checkbox"/> Decreased/loss of libido (sexual desire)	
<input type="checkbox"/> Erectile dysfunction (ED)	
<input type="checkbox"/> Orgasm changes: climacturia (urine leakage at orgasm)	
<input type="checkbox"/> Orgasm changes: lack of erection or anejaculation (ability to achieve orgasm w/o ejaculation)	
<input type="checkbox"/> Penile shortening	

Urinary Health

<input type="checkbox"/> Decreased bladder capacity	
<input type="checkbox"/> Dribbling or persistent leakage	
<input type="checkbox"/> Dysuria (painful or difficult urination)	
<input type="checkbox"/> Fistula (an abnormal connection between organs)	
<input type="checkbox"/> Frequency	
<input type="checkbox"/> Hematuria (blood in urine)	
<input type="checkbox"/> Hesitancy	
<input type="checkbox"/> Nocturia (needing to urinate in the middle of the night)	
<input type="checkbox"/> Overactive bladder	
<input type="checkbox"/> Radiation-induced cystitis (inflammation of the bladder)	
<input type="checkbox"/> Slowing of the urinary stream	

<input type="checkbox"/> Urethral stricture (scarring at the urethra)	
<input type="checkbox"/> Urgency	
<input type="checkbox"/> Urinary incontinence (stress)	
<input type="checkbox"/> Urinary retention/difficulty emptying the bladder	

Emotional and Social Health

<input type="checkbox"/> Challenges with body image (secondary to surgery, hormonal therapy)	
<input type="checkbox"/> Challenges with self-image	
<input type="checkbox"/> Changes in sexual function and/or desire	
<input type="checkbox"/> End-of-life concerns: death and dying	
<input type="checkbox"/> Fear of recurrence	
<input type="checkbox"/> Fear of pain	
<input type="checkbox"/> Relationship and other social role difficulties	
<input type="checkbox"/> Return to work concerns and financial challenges	

View the American Cancer Society Prostate Cancer Survivorship Care Guideline at: bit.ly/ACSPCa