Genitourinary Discharge Care Pathway

- Discharge of patient from the cancer centre is subject to availability of established primary care provider.
- Patients of clinical trials will continued to follow up within cancer clinic if required.
- Discharge guidelines needed to be discussed in detail with patient and families and needed to be adequately explained to the primary care provider.

Localized Prostate Cancer:

Very Low or Low Risk Disease:

On active surveillance: Care can be provided by urologist. If RO consulted after evaluation patient can be followed up with Urologist.

Post prostatectomy: After consultation with RO patient can be discharged to family physician or urologist with surveillance guidelines.

Post EBRT/brachytherapy: RO team to follow till resolution of toxicities and then discharge to family physician/urologist. Post treatment maximum 1 year of follow up suggested.

Favourable Intermediate Risk Group:

On active surveillance: Care can be provided by urologist. If RO consulted subsequently patient after evaluation can follow up with urologist.

Post prostatectomy: After consultation with RO, patient can be discharged to family physician and or urologist with surveillance guidelines.

Post EBRT/brachytherapy/ADT therapy: RO team to follow till resolution of toxicities and duration of ADT. Subsequently can be discharged to family physician and or urologist.

Intermediate unfavourable or high risk disease: RO team to follow post RT till resolution of toxicities and completion of ADT.

Castrate sensitive metastatic disease only on ADT: RO team can follow the patient.

Castrate sensitive metastatic disease ADT+ other systemic therapy options: MO team to follow patients.

Castrate resistant metastatic disease: MO team to follow patients.

Bladder Cancer:

Superficial bladder cancer: To be treated by urologist or MO as per guidelines. Post treatment can be followed up by urologist for surveillance cystoscopies.

Localized bladder cancer needing neo-adjuvant chemotherapy: To be followed by MO team post neo-adjuvant therapy till resolution of symptoms. Subsequent surveillance can be provided by family physicians.

Localized bladder cancer needing combine chemo/RT with curative intent: MO team to follow post treatment till resolution of toxicities to a maximum of one year. Patient then can be discharged to family physician.

Metastatic or locally advanced unresectable disease: MO team to follow patient.

Renal Cancer:

Localized disease after surgery/local therapy: MO after initial evaluation can discharge to family physician with surveillance guidelines.

Metastatic disease: MO team to follow.

Adrenal Cancer:

Localized disease with high risk of relapse: Patient will be followed up by MO team until required.

Localized disease with low risk of relapse: Patient can be discharged to family physician with guidelines.

Metastatic disease: MO team to follow patients.

Testicular germ cell tumour: All patients will be followed up by MO team for the whole duration of surveillance either as primary modality or post treatment, except patient with Seminoma treated with radiation therapy. In that case RO team will follow for the duration of surveillance.