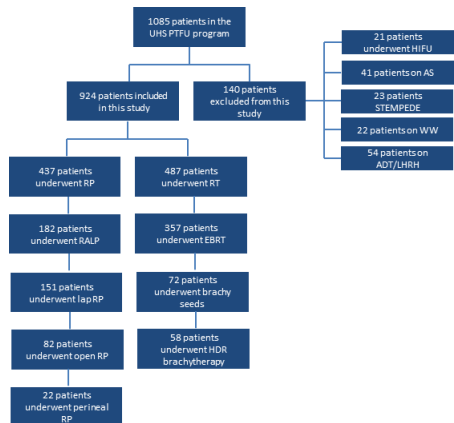


INTRODUCTION

Patients post definitive surgical or radiological prostate cancer management warrant regular ongoing follow-up, contributing to the clinical burden and cost of medical care in a social health care service. Commonly, patients return for face-to-face clinical appointments. However, self-management in suitably counselled patients via a telephone-based nurse led follow-up instead, empowers patients to manage their own recovery. We investigated the outcomes of prostate cancer patients from our protocol-based virtual patient triggered follow up (PTFU) clinic.

METHODS



PTFU has been established at the University Hospital Southampton NHS Foundation Trust and six trust supported cancer sites since 2014. Over a period of 6 years (2014-2019), eligible patients were accrued to a nurse led virtual prostate cancer clinic. The follow-up interval and blood based PSA testing were tailored to include a 3 monthly telephone consultation in the first 2 years, 6 monthly for two years thereafter and annually until a minimum of 5 years had been reached. PSA tests were done quarterly. The calculated follow-up cost was £47 for nurse led telephone clinics and £74 for face-to-face outpatient consultant reviews. The patients on the nurse-led pathway were aware that a recurrence of measurable PSA and/or clinical symptoms would prompt a clinic consultation.

RESULTS

Table 1: clinical characteristics

Risk Stratification	Prostatectomy	Radiotherapy
Age	72 (IQR 67-76)	75 (IQR 70-80)
Presenting PSA at diagnosis	6.4 (IQR 4.0-9.5)	7.6 (IQR 3.8-14.0)
Grade group		
Low risk	42 (9%)	60 (12%)
Low tier intermediate risk	240 (55%)	193 (40%)
High tier intermediate risk	90 (21%)	111 (22%)
High risk	25 (6%)	59 (12%)
Very high risk	37 (8%)	61 (13%)
Unknown	3 (1%)	3 (1%)
Stage		
Localised (T1N0-T3N0)	396 (91%)	439 (90%)
Locally advanced (T2N1-T4N1)	41 (9%)	48 (10%)

Table 2: Treatment characteristics

Surgery	
Laparoscopic prostatectomy	151 (34%)
Open retropubic prostatectomy	82 (19%)
Robotic prostatectomy	182 (42%)
Perineal prostatectomy	22 (5%)
Radiotherapy	
Low dose rate brachytherapy	72 (15%)
High dose rate brachytherapy	58 (12%)
External beam radiotherapy	357 (73%)

Currently 1085 (160-200 annually) patients are enrolled in the PTFU programme. 437 radical prostatectomy patients joined the programme at a median of 13.7 months (IQR 4.9-39.0) post-surgery for median of 36.6 months (IQR 19.8-55.7). 31 (7%) patients were recalled and 5 (1%) patients were discharged. Similarly, 487 radiotherapy patients were accrued at a median of 13.2 months (IQR 5.0-38.9) post treatment and remained on the programme for a median of 39.8 months (IQR 21.3-51.3). 43 patients returned to clinic and 10 patients were discharged. In total 22 patients passed away while on the programme from non-prostate cancer related causes. Based on our model by implementing PTFU the overall cost of clinic follow-up is reduced by more than a third to £126,900.

CONCLUSION

PTFU is a clinically safe and patient accepted protocol guided follow-up regime. Apart from the financial benefits for both patients and the social healthcare system, it is convenient for patients and empowers them to seek help when appropriate.

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