

## Optimizing the path of care of patients with prostate cancer. The benefits of working in a network

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### Prostate cancer:

- according to the state of disease, multiple therapies and observational strategies: surgery, external radiotherapy, brachytherapy, hormonal therapy, chemotherapy, radionuclide metabolic therapy, observational programs
- several health care professionals: urologists, radiation oncologists, medical oncologists, pathologists, nuclear medicine physicians, imaging specialists, psychologists, nurses

When the health settings cannot provide prostate cancer patients all the consultations and procedures required for a proper management of their disease, efforts should be made to implement the path of care, in order to address all patients needs through the collaboration among institutions.

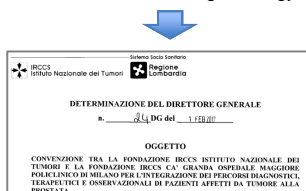
This is also in line with Valdagni et al (1,2) who stressed the importance of formalizing networks to meet all requirements of a PCU.



### INT Prostate Cancer Unit

First formalization in 2009, updated in 2013, updated in 2017, with a specific focus on clinical activities, personnel participating, responsibilities and work flows  
In 2014 external audit to identify bottlenecks and areas for improvement:

- lack of robot-assisted surgery
- lack of emergency department (ER)
- limited experience by the PCU uro-oncologists attending in functional and andrologic urology



### February 2017 collaboration agreement between INT and Policlinico

**INT PCU patients referred to Policlinico** for functional urologic consultations and procedures, robot assisted surgery, andrologic consultations, semen cryopreservation and ER admission

**Policlinico patients referred to INT PCU** for radiotherapy, brachytherapy, observational programs and chemotherapy  
Policlinico urologists attending INT PCU tumor boards

### Conclusions

Collaboration helpful for both INT PCU and Policlinico

- 1) to complete each other's path of care
  - 2) to improve efficacy and efficiency of diagnostic and therapeutic procedures
  - 3) to make therapies accessible
  - 4) to optimize resources
  - 5) to promote synergy between groups
- Crucial to monitor the collaboration and identify potential weaknesses and criticisms that might hamper the synergy

### INT Prostate Cancer Program – launched in February 2004

- Redirected translational, preclinical, clinical research according to disease-focused shared strategies
- Multidisciplinary working group to write diagnostic and therapeutic guidelines
- In 2005 weekly multidisciplinary clinics for newly referred patients, weekly follow up clinics for patients on active surveillance and watchful waiting, weekly tumor boards
- Urologists, radiation oncologists, medical oncologists, psychologists (supported by a grant from a private donor), uropathologists, experts in imaging

### Division of Urology, Fondazione IRCCS Cà Granda Ospedale Maggiore Policlinico (Policlinico), Milan:

Referring center for robot-assisted surgery with extensive experience in urology and andrology and ER

- no radiotherapy or brachytherapy
- no experience in the MD management of prostate cancer patients
- no caseload of patients on active surveillance or watchful waiting

### Results February 2017- March 2019

Policlinico patients referred to INT PCU

- 32 discussed in INT PCU tumor board
- 28 for radiotherapy (access through Tumor Board /RT visit)
- 4 patient evaluated by INT PCU medical oncologists

INT patients referred to Policlinico

- 35 for urinary symptoms,
- 7 for consultation by urologists expert in sexual therapy
- 2 for robotic surgery
- 2 for ER
- 1 for biopsy in narcosis
- 25 for biopsy
- 1 for macro-hematuria after radiotherapy.

Presentation of the collaboration internally

To do list: getting together meetings and monthly virtual Tumor Boards will be held

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