

Prostate bone metastases clinic (PBMC): A multidisciplinary approach

HOT SPOT

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Bone metastasis is a common manifestation of many advanced malignancies, including prostate cancer. In fact, it is seen in almost all patients with advanced prostate cancer and very often dominates the clinic presentation. Besides being one of the major reasons for prostate cancer-related pain, bone metastases might result in complications such as pathological fractures, spinal cord compression and hypercalcemia.

The treatment of bone metastases involves various medical specialties, and includes radiation, chemotherapy, bisphosphonate administration, and surgical interventions, as well as vertebroplasties, either applied sequentially or concurrently depending on each patient's individual situation. Various targeted therapies are likely to emerge as novel treatment options in the not-so-far future.

The Bone Metastases Clinic is an integral part of the Rapid Response Radiotherapy Program at the Odette Cancer Centre since 1999. The year 2006 marks the beginning of a prostate cancer-focused initiative within the Bone Metastases Clinic. The mission of the *Prostate Bone Metastases Clinic* is to provide multidisciplinary state-of-the-art care for patients with metastatic prostate cancer to bone and to rapidly integrate novel, emerging therapies. Furthermore, research activities involve the study of quality-of-life aspects, the use of biomarkers of bone

metabolism to guide treatment and the testing of strategies to optimize the timing of combined treatment modalities.

Clinic organization

- The *Prostate Bone Metastases Clinic* takes place twice a month on Friday mornings
- The patient will be seen by a team of radiation and medical oncologists, orthopedic surgeons, interventional radiologists and palliative care physicians as indicated. Primary care nurses and research assistants complete the medical team.

Who can be referred?

- Patients with hormone-sensitive or castration-refractory prostate cancer and (a)symptomatic bone metastases
- Patients requiring palliative radiation therapy to bone
- Patients with metastases at risk for pathological fractures or spinal cord compression
- Patients with neurological deficits resulting from spinal cord compression and/or pathological fractures that need urgent therapy should **NOT** be referred to the Prostate Bone Metastases Clinic but to the on-call physicians at (416) 480-4244

What can referring physicians expect?

- Patients will usually be seen within two weeks' time
- During the visit, a diagnostic and therapeutic plan is defined and will be communicated to all involved physicians
- As a general rule, the patient will return to the referring physician for further care
- If indicated, further care can be provided in the Prostate Cancer Clinic (e.g., for chemotherapy) and Palliative Care Clinic at the Odette Cancer Centre. Study patients might be asked to return for extra visits.

What can patients expect?

- The possible need for further diagnostic tests and the available treatment options will be discussed
- If indicated, the pain medication is modified
- If radiation therapy is suggested, the treatment is often performed/started the very same day

- Systemic therapies and other interventions take place as soon as possible
- Patients might be asked to participate in clinical trials, including trials of novel agents

Referral process

- Call new patient referrals at (416) 480-4205 and ask for the Prostate Bone Metastases Clinic
- Fax a copy of the Referral Form (see at the back of this insert) to (416) 480-6179

Generously supported
by an unrestricted
educational grant
from Novartis



OCC OFFICE USE ONLY	OCC #	SHSC #
Clinic Booked:	Date Booked:	Time Booked:
Clinic appointment called to:	<input type="checkbox"/> Referring Physician <input type="checkbox"/> Hospital	<input type="checkbox"/> Patient <input type="checkbox"/> Other (specify)

**PROSTATE BONE METASTASES CLINIC
 FOR REFERRAL PLEASE CALL (416) 480-4205**

****THIS PATIENT REMAINS UNDER THE CARE OF THE REFERRING PHYSICIAN UNTIL SEEN BY AN ONCOLOGIST AT OUR CENTRE****

Patient Surname:	Given Name:	Birth Date (YY/MM/DD):
Street (Apt.#)	City:	Postal code:
Home: ())	Work: ())	Other Contact Person's Name: Tel: ())
Does Patient Speak English <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other (specify):	Patient Location: <input type="checkbox"/> Home <input type="checkbox"/> Hospital (specify):	
OHIN Number:	Version Code:	
Referring Physician Name:	Tel: ())	Fax: ())

**Please fill in all relevant details:
 PROSTATE CANCER DIAGNOSIS AND TREATMENT**

Date	Location Performed	Arrangement for sending to OCC		OCC received	OCC re-request	OCC received
		Patient	Fax	Courier		
• Progress reports indicating treatment to date:						
Date	Location Performed	Arrangement for sending to OCC	OCC received	OCC re-request	OCC received	
		Patient	YES			
		Fax	NO			
		Courier				

**REASON FOR REFERRAL (Check all that apply)
 PAINFUL BONE METASTASES *Ensure imaging comes from correct location (e.g. bone scan from Nuclear Med Dept.)**

Painful Site #	Relevant Imaging	Date	Location Performed*	Arrangement for sending to OCC		OCC received	OCC re-request	OCC received
				Patient	Fax	Courier		
1								
Painful Site # 2	Relevant Imaging	Date	Location Performed*	Arrangement for sending to OCC		OCC received	OCC re-request	OCC received
				Patient	Fax	Courier		

BONE METASTASES AT RISK FOR PATHOLOGICAL FRACTURE OR SPINAL CORD COMPRESSION:

Type of risk: _____ Imaging showing risk: _____

Date	Location Performed	Arrangement for sending to OCC	OCC received	OCC re-request	OCC received
		Patient	YES		
		Fax	NO		
		Courier			

REPORTS:	Faxed	Courier	With Patient	Not Available
Referral Letter/H&P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pathology Reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-Ray Reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemo Schedules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood Work (including PSA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REPORTS:	Courier	With Patient	Not Available
Bone Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CAT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MRI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-Ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>