
EDITORIAL

The Primary Care Provider (Family Physician and Nurse Practitioner)-Specialist: Partnership

Over the last number of years, I have written and/or edited numerous supplements for *The Canadian Journal of Urology* (CJU) on the theme of “update or guidebook” in the management of urologic conditions by the family care physician (FP). It had become evident to us that patients with so many urologic conditions such as urinary tract infections, benign prostatic obstruction, overactive bladder, erectile dysfunction, hypogonadism and elevated prostatic-specific antigen (PSA) to name just a few, first present to the primary care provider (PCP) for diagnosis and management.

In this past decade, I have had the privilege of addressing, either directly or through the CJU, literally tens of thousands of PCP’s on these topics.

The feedback has always been very gratifying as the PCP’s express their appreciation for providing them the tools and knowledge to diagnose and initiate evidence-based therapy for some of these conditions, as well as been given the understanding when to escalate to the Urologist.

Prostate Cancer, the number one diagnosed cancer in man and the second or third commonest killing cancer in North American men, has always been confusing and scary for the PCP. Confusing, because they have been told that it is a benign disease for which previous task forces both in the USA and Canada have discouraged PSA screening and also scary because they have all had patients with “BAD” prostate cancer that was missed or patients diagnosed with aggressive prostate cancer that, if not treated, would have died. It is also difficult, because as with every type of cancer, there is always a chance that the curative treatment whether surgical or radiation, may cause certain physical/lifestyle side effects and the medical therapy may also exacerbate or accelerate other medical conditions/co-morbidities.

In this latest supplement we have addressed the issues surrounding prostate cancer. It is obvious that the PCP plays a critical role at all levels in patient management. I am never surprised when a patient that has been referred to me by his PCP for diagnosis and ultimately confirmation of his prostate cancer, having discussed the options and recommendations, will in about 80% of the cases then inform me that he is going back to his PCP to discuss the problem and make a joint decision on management.

This supplement is being written to provide the 2020 recommendations and insights into the diagnosis and management of prostate cancer and the potential sequelae of management, always with the role of the PCP being defined.

In our first article: on the Diagnosis of Prostate Cancer: by Zorn, Barkin et al, we review the task force recommendations and discuss why they may have been incorrect. We then give an extensive update as to the utility of PSA and its variants by the PCP, to help determine which patients should have a biopsy or the use of additional new biomarkers or other diagnostic tests to support the suspicion of clinically significant prostate cancer, before doing the biopsy.¹

In the next article by Singal et al, Androgen Deprivation Therapy(ADT): and all of its components, we again present the thought process as to in whom and why to use ADT, being aware of its potential risks and benefits. There are certain potential side effects and interactions that the urologist and the PCP must be aware of, address and manage in prostate cancer patients using hormonal blockade.²

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Finally, in the third article by Elterman et al: Management of the E.D. and/or Incontinence Secondary to Prostate Cancer Management. The authors review the medical and interventional management of these potential side effects after either surgery or radiation for the eradication of prostate cancer in your patients.³

We hope that this supplement will identify and confirm the respective roles and partnership between the PCP and Urologist in the diagnosis of prostate cancer and the sequelae of its primary treatment and medical management.

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References

1. Law KW, Nguyen D-D, Barkin J, Zorn KC. Diagnosis of prostate cancer: the implications and proper utilization of PSA and its variants; indications and use of MRI and biomarkers. *Can J Urol* 2020;27(Suppl 1):3-10.
2. Magee DE, Singal RK. Androgen deprivation therapy: indications, methods of utilization, side effects and their management. *Can J Urol* 2020;27(Suppl 1):11-16.
3. Shabataev V, Saadat SH, Elterman DS. Management of erectile dysfunction and LUTS/incontinence: the two most common long term side effects of prostate cancer treatment. *Can J Urol* 2020;27(Suppl 1):17-24.