



Good Prostate Cancer Care – a specification of requirements

Adopted by the board of the Swedish Federation of Prostate Cancer Associations 2011-12-06

Organization:

The treatment of prostate cancer should, in the first place, be organized in special, quality-guaranteed/certified clinics with multi-professional teams and follow-up responsibility. Suggested population base: around 300 000.

Where these requirements cannot be met, prostate centres should be organized, manned by specialized nurses with follow-up duties and a right to refer patients to physicians and other experts.

Quality Requirements:

Early detection:

Early detection is crucial for the outcome. Reliable methods for general screening are still lacking. The PCA wants all men, aged 50 or more, to receive information about prostate cancer, the right to be tested and the unreliability of the method.

Waiting times:

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| - Referral to urologist | At the most 4 weeks until suggested appointment date. |
| - From test to answer | At the most 2 weeks until suggested appointment date. |
| - Until treatment decision | Shortest possible but adjusted to the patient's need for consideration. |

Information:

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| - Prior to PSA | Oral and the National Board of Health and Welfare's brochure |
| - When informed of cancer diagnosis | Oral (by the physician) and written (brochure), written information about the patient association. Start-up package. |
| - Prior to decision on type of treatment | Oral and written information about alternative treatments, side-effects, etc. |

Cancer diagnosis information:

To be given by a physician in the presence of a relative and a contact nurse. Follow-up appointment within 2 weeks, at the most.

Second opinion:

Unbiased information about the patient's right to a second opinion and practical prerequisites.

Participation/decision support:

The patient's decision on type of treatment should be based on a good understanding of the diagnosis and treatment alternatives. Support should be adjusted to the patient in question, considering his/her capabilities. The patient needs time to acquaint himself with facts and to come to terms with his/her reactions to the diagnosis. Repeated contacts may be necessary,

