Table 1 – Standards and items to set up a PCU: general requirements and critical mass

Nr	Standard/indicator	Requirements / substandards/measurable elements
	General requirements and critical mass	• European Prostate Cancer Units are structures managing sufficient volumes of patients with on-site interdisciplinary and multiprofessional teams and infrastructures • PCUs need not necessarily be a geographically single entity (separate buildings with reasonable proximity) • If PCUs are organized as multiple entities in separate buildings, patients must be managed and followed up by a single interdisciplinary and multiprofessional team • Certified PCUs should be allowed to network and outsource services to complete the path of care
1	PCU curative and supportive care	• PCUs should be able to provide interdisciplinary and multiprofessional curative and supportive care for patients across their prostate cancer pathway - from newly diagnosed through to advanced disease
2	PCU General recommendations	• PCUs should provide interdisciplinary and multiprofessional continuous education on all aspects of prostate cancer care, including research, either for junior staff or for students or on a national or international basis.
	PCU General recommendations	• The unit should actively aim to enroll patients in clinical trials and research
3	Identified director or leader	• An identified director or leader (a MD or a PhD from any specialty of the core team, responsible for the coordination)
4	PCU Critical mass	• More than 100 newly registered cases of prostate cancer discussed in the interdisciplinary and multiprofessional team meetings treated and monitored by PCU each year • All immediate and deferred treatments and observational protocols must be carried out under the guidance of the PCU MD team • Adjuvant and palliative therapies as well as psychological support may be delivered in other settings formally collaborating with the PCU in a network • Follow up of patients on active surveillance and watchful waiting should be delivered by the PCU's interdisciplinary and multiprofessional team or in other settings formally collaborating with the PCU in a network • Patients' follow-up care and rehabilitation should be guided by the PCU
5	PCU guidelines/protocols	• Evidence-based written guidelines used for diagnosis and for the management of prostate cancer at all stages should be clearly identified • Protocols should be agreed upon by the core team members; new protocols and protocol amendments should be discussed in the core team
6	PCU Documentation audit	• A minimum set of variables should be recorded electronically in a database: diagnosis, pathology, surgical treatments, radiotherapy, brachytherapy, adjuvant treatments, observational strategies, palliative treatments, clinical outcomes and follow up, including side effects and complications. • Data must be available for audit. • Minimum outcome for mandatory quality indicators (QI) should be achieved. • Performance and audit figures must be produced yearly and set alongside defined quality objectives and outcome measures • Internal audit meeting should be held at least twice a year to review QIs and amend protocols as necessary

Table 2 – Standards and items to set up a Prostate Cancer Unit: Core Team

Nr	Standard/indicator	Requirements / substandards/measurable elements
7	PCU core team general – mandatory requirements	• Core team members spend an agreed amount of their time working with men with prostate cancer and undertake continuing professional education on a regular base • At least one member of each discipline of the core team (Urology, Radiation Oncology, Medical Oncology, Pathologist) should participate in the interdisciplinary and multiprofessional meetings. Members of the core team may mutually agree on documented exception to the rule. • Specialists of the non core team should participate on demand.
8	PCU core team <u>urologist</u>	• Two or more urologists specially trained in prostate disease diagnosis and treatment • At least 50 radical prostatectomies per year per unit • Spending approximately 50% or more of their working time in prostate disease • Contractual sessions should be guaranteed to attend clinics, interdisciplinary and multiprofessional team meetings and audit meetings
9	PCU core team <u>radiation oncologist</u>	• Two or more specialized radiation oncologists specially trained in prostate cancer radiotherapy or brachytherapy • At least 50 treatments (radical or adjuvant) per year per PCU delivered either with external radiotherapy or brachytherapy (HDR or LDR) • Spending approximately 50% or more of their working time in prostate cancer (for both ERT and BCT) • Contractual sessions should be guaranteed to attend clinics, interdisciplinary and multiprofessional team meetings and audit meetings
10	PCU core team <u>medical oncologist</u>	• Two or more specialized medical oncologists or specialists in internal medicine, haematology and oncology, specially trained in the treatment of prostate cancer • Seeing at least 50 prostate cancer patients per year • Spending approximately 50% or more of his/her/their working time with men with prostate cancer • Contractual sessions should be guaranteed to attend clinics, interdisciplinary and multiprofessional team meetings and audit meetings
11	PCU core team <u>pathologist</u>	• One or more pathologists in charge of uropathology responsible for prostate disease • Contractual sessions should be guaranteed to attend interdisciplinary and multiprofessional team meetings when requested and audit meetings • Devoting at least 50% of her/his /their working time to uropathology
12	PCU core team <u>nurse</u>	• One or more nurses dedicated to or specialized in urology • Specially trained in providing care for patients at different stages of disease • Contractual sessions should be guaranteed to attend clinics, interdisciplinary and multiprofessional team meetings and audit meetings • Devoting at least 75% of her/his /their working time to GU oncology

13	PCU core team professionals dedicated to data management	• One or more professionals dedicated to data management
14	PCU core team documentation representative	• One documentation representative for the documentation system for the PCU, monitoring the complete and correct compilation of patient data

Table 3 – Standards and items to set up a Prostate Cancer Unit: Non Core Team and Associated Services

Nr	Standard/indicator	Requirements / substandards/measurable elements
15	PCU associated services and non core personnel imaging specialist	• One or more designated imaging specialists • Fully trained and with continuing experience in genitor-urinary disease (MRI, CT, PET/CT, TRUS, Bone Scan) • Contractual sessions should be guaranteed to attend clinics, interdisciplinary and multiprofessional team meetings and audit meetings
16	PCU Associated services and non core personnel medical physicist	• One or more nominated medical physicists primarily dedicated to uro-oncology, carrying out treatment planning on prostate cancer radiotherapy and brachytherapy
17	PCU associated services and non core personnel radiation therapy technologist	• Two or more radiation therapy technologists primarily dedicated to uro-oncology, carrying out prostate cancer simulations and treatments
18	PCU associated services and non core personnel palliative care service	• Palliative care service responsible for all palliative treatments and supportive care • If palliative care is not part of the PCU, the networking collaboration needs to be ruled by a formal agreement.
19	PCU associated services and non core personnel psychologist	• Clinical psychologist with experience in uro-oncology • Contractual sessions should be guaranteed to attend clinics, interdisciplinary and multiprofessional team meetings and audit meetings • If the psychology service is not part of the PCU, the networking collaboration needs to be ruled by a formal agreement. • Regular support (advice, counseling, psychological help) could be given by nurses specialist in prostate care in some countries and by persons professionally trained to give psychological support and with expertise in prostate cancer in others , with supervision from either a clinical psychologist, accredited counsellor or liaison psychiatrist
20	PCU associated services and non core personnel patient advocates or advocacy group members	• Patient advocates or advocacy group members (e.g. Europa Uomo, local organizations), where present, should be an integral part of the liaison/communication network of the PCU
21	**Recommended** PCU associated services and non core personnel clinical trial coordinators	• One or more clinical trials coordinators, either a medical figure or a research nurse, responsible for all clinical trials and research protocols
22	**Recommended** PCU associated services and non core personnel physiotherapist	• One or more physiotherapists • Specially trained to use interventions that can minimize postoperative complications and promote rehabilitation • If physiotherapy is not part of the PCU, there should be a referral partner.

23	**Recommended** PCU associated services and non core personnel <u>sexual therapist</u> or urologist trained in andrological urology or certified andrologist or clinical nurse specialist supervised by either a sexual therapist, clinical psychologist or urologist trained in andrological urology	• Sexual therapist or urologist trained in andrological urology or certified andrologist or clinical nurse specialist supervised by either a sexual therapist, clinical psychologist or urologist trained in andrological urology available for patients who require counselling about changes in their sexual function. • Specially trained in using interventions that can minimize post-therapeutic sexual complications and promote rehabilitation • If sexual therapy is not part of the PCU, the networking collaboration needs to be ruled by a formal agreement.
24	**Recommended** PCU associated services and non core personnel <u>geriatrician</u>	• Geriatrician specially trained in the care of the elderly with prostate cancer. • If geriatric medicine is not part of the PCU, the networking collaboration needs to be ruled by a formal agreement.
25	**Recommended** PCU Availability of different services and treatment/ observational options	• Physiotherapy including exercise therapy should be available for treated patients for the management of treatment induced morbidities. • Support (sexual rehabilitation) should be available for treated patients for the management of treatment induced morbidities. • Psychological counseling should be available for treated patients for the management of treatment induced morbidities.
26	**Recommended** PCU Availability of different services and treatment/ observational options	• Centralized pathologic review of diagnostic biopsies carried out elsewhere should be recommended on a regular basis before radical treatment or active surveillance.

Table 4 – Standards and items to set up a PCU: Clinics

Nr	Standard/indicator	Requirements / substandards/measurable elements
27	PCU Clinics Clinics for newly referred prostate cancer patients ***First possibility***	At least one clinic per week should be available for newly-referred prostate cancer patients. **Recommended -** These patients should be offered an appointment within 20 working days of receipt of the referral. The clinic can be monodisciplinary: the patient is seen by the urologist or the radiation or the medical oncologist and handed out written information on possible therapeutic/observational options. The nurse is available to provide additional information and support as required. The case must be discussed in the Interdisciplinary and Multiprofessional Team Meeting.
28	PCU Clinics Clinics for newly referred prostate cancer patients ***Second possibility***	The clinic can be multidisciplinary: the patient is seen in sequence by the urologist, the radiation oncologist, the medical oncologist (at least for locally advanced and metastatic disease) and professionals able to offer psycho-social support where available and handed out written information on possible therapeutic/observational options. The nurse is available to provide additional information and support as required. The case must be discussed in the Interdisciplinary and Multiprofessional Team Meeting.
29	PCU Clinics Clinics for newly referred prostate cancer patients ***Third possibility***	The clinic can be multidisciplinary: the patient is seen synchronously by the urologist, the radiation oncologist, the medical oncologist (at least for locally advanced and metastatic disease) and professionals able to offer psycho-social support where available and handed out written information on possible therapeutic/observational options. The nurse is available to provide additional information and support as required. The case must be discussed in the Interdisciplinary and Multiprofessional Team Meeting.
30	PCU Clinics Follow-up of prostate cancer patients	• All patients should be followed-up at a clinic supervised by one of the PCU core team members responsible for the initial treatment (urologist, radiation oncologist, medical oncologist) or by professionals (physicians as well as specialised nurses, where applicable) formally collaborating with the PCU in a network.
31	**Recommended** PCU services Recurrent/advanced prostate cancer	• A clinic dedicated to recurrent and advanced prostate cancer, separate from the general oncology clinics, should be held at least every two weeks. • Treatment decisions should be made by the PCU Interdisciplinary and Multiprofessional Team (urologist, radiation oncologist, and medical oncologist).

Table 5 – Standards and items to set up a PCU: organization and case management

Nr	Standard/indicator	Requirements / substandards/measurable elements
32	PCU organization Interdisciplinary and multiprofessional case management	• At least one member of each discipline of the core team (Urology, Radiation Oncology, Medical Oncology, Pathology, Nurse) should participate in the interdisciplinary and multiprofessional meetings. Members of the core team may mutually agree on documented exception to the rule. • If possible/on demand, mental health professionals (such as clinical psychologist/ psychiatrist, and/or accredited counsellor) able to offer psycho-social support should attend the Interdisciplinary and Team Meeting or provide the core team with written notes on the prostate cancer patients examined. • Interdisciplinary and Multiprofessional Team Meeting can be face to face or by video conference. • The colleagues who attend the meeting and the cases discussed and reviewed must be recorded.
33	PCU organization Interdisciplinary and multiprofessional case management	• Discussion of at least 90% of all the cases referring to the PCU: • Cases in which the diagnosis/staging is as yet uncertain • Cases with a diagnosis of cancer to be considered for radical therapy or observational strategies • Cases following surgery on receipt of the histopathology • Cases in follow-up after radical treatment or in the observational setting or who recently have undergone diagnostic investigations for possible symptoms/signs of recurrent or advanced disease
34	PCU organization Interdisciplinary and multiprofessional case management	• Decisions from the Interdisciplinary and Multiprofessional Team Meeting should be documented in patient chart as a permanent and confirmatory evidence of compliance and as a interdisciplinary and multiprofessional team case review.

Table 6 – Standards and items to set up a PCU: different services, treatment and observational options, equipment

Nr	Standard/indicator	Requirements / substandards/measurable elements
35	PCU Availability of different services and treatment/ observational options	• Availability of clear and easy-to-understand written and electronic information sheets for patients on diagnosis, treatment/observational options, follow up, rehabilitation programs, as decided in the Interdisciplinary and Multiprofessional Team Meeting and recommended by national/international guidelines • Availability of information sheets for patients on certified sperm preservation units on a regional level, patient groups and other potential sources of support.
36	PCU Availability of different services and treatment/ observational options	• The diagnosis of prostate cancer on biopsy or following TURP should be communicated by a urologist member of the core team (never by letter or on the telephone). • It would be advisable that any of the professionals offering psychological support be present, where available. • A suitable room with sufficient privacy is necessary. The urologist should refer the patient to the interdisciplinary and multiprofessional clinic for advice on treatment or observational strategies.
37	PCU Treatment and observational setting	• Active surveillance and watchful waiting should be managed according to protocols stating inclusion and discontinuing criteria. • Patients should be followed up in the PCU or by physicians formally collaborating with the PCU in a network.
38	PCU Treatment and observational setting	• Hormonal therapy will be prescribed by the interdisciplinary and multiprofessional team and according to national/international guidelines and can be administered by general practitioners formally collaborating with the PCU in a network in the most appropriate context (eg. in the community).
39	PCU Treatment and observational setting	• Chemotherapy with cytotoxic drugs or immunological therapies should be prescribed by a certified specialist member of the core team trained on the use of drugs with prostate cancer patients. • Chemotherapy and immunological therapies should be administered in dedicated facilities or at a local hospital that has proper facilities, formally collaborating with the PCU in a network, under the supervision of the core team.
40	PCU Equipment	• The Unit must have organized access to all necessary imaging equipment for prostate disease: conventional radiology, TRUS, bone scan, CT, PET-CT and MRI. • The minimum equipment for a Radiotherapy Service must be two ≥6 MV units, a brachytherapy unit, a simulator and a computerized planning system and allow to deliver 3D-CRT and IMRT. If the brachytherapy service is not part of the PCU, the networking collaboration needs to be ruled by a formal agreement. • There must be a Radiation quality control program. • The Unit must be equipped with appropriate pathology equipment: processors, microtomes, staining machines and immunostainers. • All equipment must be well maintained and certified.