

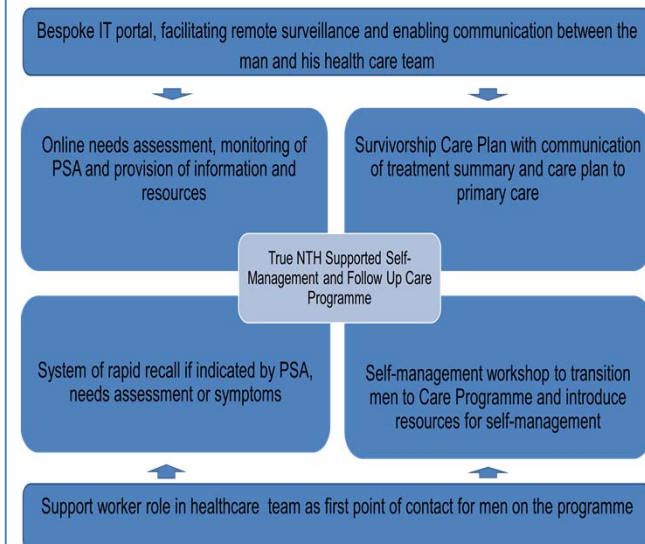
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**Background** Over the past few decades, there has been a worldwide escalation in incidence of prostate cancer<sup>1</sup>. Incidence is highest in countries such as Australia, New Zealand, North America and Western Europe, where testing for Prostate Specific Antigen (PSA) is common practice<sup>2</sup>. The five year survival rate in developed nations is relatively high<sup>3,4</sup>, and health services are struggling to cope with the increasing number of men who have completed treatment and require follow-up care. Moreover, studies demonstrate that men have a range of physical and psychosocial needs which currently are not being met<sup>5-7</sup>. New sustainable models of service delivery are required to ensure health systems can respond to this growing challenge.

The **True NTH Supported Self-Management and Follow Up Care Programme** is an evidence based solution which encompasses self-management and remote monitoring principles. Face-to-face follow up consultations are replaced with patient directed, individually tailored care. The initiative is part of the Movember Foundation's True NTH global programme, facilitated in the UK by Prostate Cancer UK.

### Programme model



### Logic model

INPUTS	OUTPUTS		OUTCOMES		
	Activities	Participation	Short term	Medium term	Long term
New Supported Self-Management and Remote Monitoring Care Pathway	Men referred onto new care pathway	Men with stable disease, who are judged to no longer benefit from face-to-face clinic follow up and are capable of self-managing their follow up care (identified by clinical criteria)	Men take active role in management of prostate cancer follow up (undertake PSA as required; track results; complete HNA)	Men take active role in addressing unmet needs (identify problems; work out strategy to ameliorate problem; set goals; implement strategy)	Improved prostate cancer related quality of life and emotional wellbeing
Funding for a support worker role as part of multi-disciplinary team	Enrolment of men on IT platform		Men have increased knowledge and understanding of: self-management; signs and symptoms to alert to clinical team; how to access help and support; benefits of healthy lifestyle for survivorship	More men set goals to improve health behaviour	Improved health behaviours
Staff training to run self-management workshops	Delivery of self-management workshops		Men know how to contact their clinical team	Men feel more in control of their health and empowered to participate in their health care	Reduced health service use
Bespoke IT platform to facilitate care pathway	Delivery of personalised care through HNA and care planning and access to advice and support from HCPs		Men have increased skills to self-manage		
Project management to implement care pathway	Monitoring of PSA by Clinical Nurse Specialist in virtual clinics				
Supported self-management and remote monitoring evidence base					

### References

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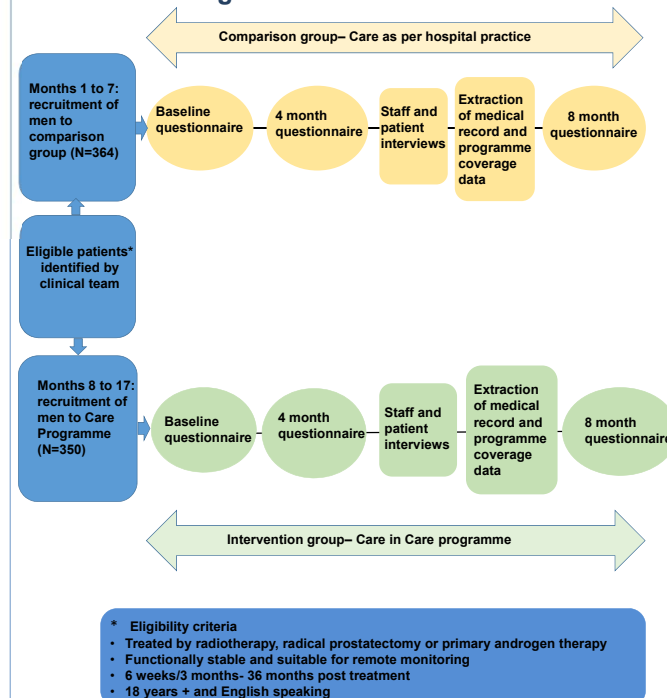
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For information about True NTH, see:

[https://uk.movember.com/news/7593/introducing-truenth/?search-scope=local&category\\_id=1](https://uk.movember.com/news/7593/introducing-truenth/?search-scope=local&category_id=1) or <http://prostatecanceruk.org/for-health-professionals/our-projects/truenth>

**Evaluation aims** i) to compare key outcomes for men in the Care Programme with men who have received clinic based follow up care; ii) to compare costs of the Care Programme with clinic based follow up care at both service and patient level; iii) to document health care professionals' and patients' experiences of follow up care iv) to document processes which promote or inhibit the Care Programme's implementation. **Evaluation methods** Outcome evaluation using a controlled cohort design with pre- and post-test measures. Key outcomes are general and cancer specific quality of life; unmet needs; fear of recurrence; anxiety and depression; skills for self-management; healthy behaviour change; satisfaction with follow up care. Embedded health economics and process evaluations are also being conducted. **Setting** Men are recruited from four regional cancer centres in the UK where the Care Programme is being implemented.

### Evaluation design



- \* Eligibility criteria
- Treated by radiotherapy, radical prostatectomy or primary androgen therapy
- Functionally stable and suitable for remote monitoring
- 6 weeks/3 months- 36 months post treatment
- 18 years + and English speaking

