- Do not offer bisphosphonates for the prevention of bone metastases.
- Do not offer high-intensity focused ultrasound and cryotherapy other than in the context of clinical trials.

Discuss the benefits and harms of docetaxel chemotherapy with people with newly diagnosed non-metastatic prostate cancer who are starting androgen-deprivation therapy if they have high-risk disease and no significant co-morbidities and come to a shared decision about whether they should have it.

Radiotherapy
+
hormones

Hormone therapy alone
(no specific recommendations)

- Offer people with intermediate and high-risk localised disease a combination of radiotherapy and androgen deprivation therapy.
- Offer people with intermediate and high-risk localised prostate cancer 6 months of androgen deprivation therapy given before, during or after radical external beam radiotherapy.
- Consider pelvic radiotherapy in people with locally advanced prostate cancer who have a greater than 15% risk of pelvic lymph node involvement and who are to receive neoadjuvant hormonal therapy and radical radiotherapy.

Consider continuing androgen deprivation therapy for up to 3 years for people with high-risk localised prostate cancer.

Radical prostatectomy

- Do not offer adjuvant hormonal therapy, even to people with margin-positive disease, other than in the context of a clinical trial.
- Do not offer immediate post-operative radiotherapy, even to people with margin-positive disease, other than in the context of a clinical trial.

