

Assign risk category to all newly diagnosed men with prostate cancer

- Tell men about treatment options and their risks and benefits in an objective, unbiased manner and that there is limited evidence for some treatment options.
- Give men with prostate cancer who are candidates for radical treatment the opportunity to discuss their treatment options with a specialist surgical oncologist and a specialist clinical oncologist.
- Before treatment for prostate cancer, warn men:
 - that it will result in an alteration of sexual experience and may result in loss of sexual function
 - about potential loss of ejaculation and fertility, and offer sperm storage, and
 - of the likely effects of the treatment on their urinary function.

Treatment

(See algorithm on treatments for localised prostate cancer)

Follow-up

- Discuss the purpose, duration, frequency and location of follow-up with each person with localised and locally advanced prostate cancer, and if they wish, their partner or carers.
- Advise people with prostate cancer about potential longer-term adverse effects of treatment and when and how to report them.
- Check prostate-specific antigen (PSA) levels for all people with prostate cancer who are having radical treatment no earlier than 6 weeks after treatment, at least every 6 months for the first 2 years, and then at least once a year after that.
- Do not routinely offer digital rectal examination to people with localised prostate cancer who are not on active surveillance while their PSA remains at baseline levels.
- After at least 6 months' initial follow-up, consider a remote follow-up strategy for people with a stable PSA who have had no significant treatment complications, unless they are taking part in a clinical trial that needs formal clinic-based follow-up.
- Follow up people with prostate cancer who have chosen a watchful waiting regimen with no curative intent in primary care only if protocols for this have been agreed between the local urological cancer MDT and the relevant primary care organisation(s). Measure their PSA at least once a year.