Consider as an option

Discuss the benefits and harms of each treatment option

Low risk localised prostate cancer
Intermediate localised prostate cancer
High risk localised prostate cancer

High-intensity focused ultrasound and cryotherapy (Not recommended outside clinical trials)

Active surveillance
Do not offer for high risk localised prostate cancer

Brachytherapy + EBRT

Radical prostatectomy

Radical external beam radiotherapy

Radiotherapy + hormones (See algorithm on locally advanced prostate cancer)

Chemotherapy
Discuss the option 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.

Radical prostatectomy or radical radiotherapy

Consider the following active surveillance protocol
- Year 1 of active surveillance: every 3–4 months measure prostate-specific antigen (PSA) and monitor PSA kinetics; at 12 months perform digital rectal examination (DRE); and at 12–18 months perform multiparametric MRI.
- Year 2 of active surveillance onwards: every 6 months measure PSA and monitor PSA kinetics; and every 12 months perform DRE.
- If there is concern about clinical or PSA changes, re-assess with multiparametric-MRI and/or re-biopsy.

The decision to move from active surveillance to radical treatment should be made in the light of the individual man's personal preferences, comorbidities and life expectancy.

For people with evidence of disease progression offer radical treatment.

Radical prostatectomy
- Commissioners of urology services should consider providing robotic surgery.
- Commissioners should ensure robotic systems are cost effective by basing them in centres where the number of radical prostatectomies exceeds 150 per year.

Radical external beam radiotherapy
- Offer planning and treatment techniques that optimise the dose to the tumour while minimising the risks of normal tissue damage.
- Offer 60 Gy in 20 fractions using image-guided intensity modulated radiation therapy (IMRT) unless clinically contraindicated.
- Offer those not suitable for hypofractionated radiotherapy conventional radiotherapy (74 Gy in 37 fractions).

Radiotherapy + hormones

Chemotherapy
Discuss the option 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.

*PSA monitoring may be carried out in primary care if there are agreed shared-care protocols and recall systems.

This could include PSA density and velocity.

Should be performed by a healthcare professional with expertise and confidence in performing DRE. In a large UK trial that informed this protocol, DREs were carried out by a urologist or a nurse specialist.