Biochemical relapse

Post radical prostatectomy
- Do not offer biopsy of the prostatic bed.
- Offer radical radiotherapy to the prostatic bed to people with biochemical relapse after radical prostatectomy but with no known metastases.

Post radiotherapy
- Offer biopsy of the prostate only to people being considered for local salvage therapy in the context of a clinical trial.

Imaging
For people with evidence of biochemical relapse following radical treatment who are considering radical salvage therapy
- Do not offer routine MRI prior to salvage radiotherapy.
- Offer isotope bone scan if symptoms or prostate-specific antigen (PSA) trends are suggestive of metastases.

Management
- Biochemical relapse (a rising PSA) alone should not prompt an immediate change in treatment.
- Biochemical relapse should trigger an estimate of PSA doubling time based on a minimum of 3 measurements over at least a 6-month period.
- Consider people with biochemical relapse for entry into appropriate clinical trials.
- Do not routinely offer hormonal therapy unless people have symptomatic local disease progression or any proven metastases or a PSA doubling time of less than 3 months.