

Prostate cancer: diagnosis and management (update)

Review questions

NICE guideline <number>

List of review questions

October 2018

*Commissioned by the National Institute
for Health and Care Excellence*

Disclaimer

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or service users. The recommendations in this guideline are not mandatory and the guideline does not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and, where appropriate, their carer or guardian.

Local commissioners and providers have a responsibility to enable the guideline to be applied when individual health professionals and their patients or service users wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with compliance with those duties.

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Review Question 1	Which of the following, alone or in combination, constitutes the most clinical and cost- effective pathway for diagnosing prostate cancer: Multiparametric MRI; Transrectal ultrasonography (TRUS) biopsy; Transperineal template biopsy?
Review Question 2	What is the clinical and cost- effectiveness of active surveillance, radical prostatectomy or radical radiotherapy compared to each other for people with localised prostate cancer?
Review Question 3	Which of the following, alone or in combination, constitutes the most clinical and cost- effective pathway for excluding the clinically significant progression of prostate cancer in people with low to intermediate risk (as defined in NICE CG175): Multiparametric/ functional MRI, TRUS biopsy, Transperineal template biopsy?
Review Question 4	What is the optimal dose and fractionation schedule for people with localised prostate cancer (T1b–T3a N0 M0) who are treated with radical radiotherapy?
Review Question 5	What is the most clinically- and cost-effective scheduling of docetaxel added to standard treatment for the treatment of hormone-sensitive locally-advanced prostate cancer?
Review Question 6	What is the most clinically- and cost-effective scheduling of docetaxel added to standard treatment for the treatment of hormone-sensitive metastatic prostate cancer?
Review Question 7	What is the clinical and cost- effectiveness of the use of bisphosphonates in people with hormone- relapsed metastatic prostate cancer?
Review Question 8	What is the most clinically- and cost-effective follow-up protocol for people who have a raised PSA, negative MRI and/ or negative biopsy?
Review Question 9	What is the most clinically- and cost-effective follow-up protocol for people with prostate cancer who have had radical treatment, with specific regard to: duration of follow-up, frequency of follow-up appointments, the type of examination or blood tests, the respective roles of primary and secondary care in follow-up?