**Appendix A:**

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| **Protocol** | **Eligibility** | **Monitoring** | **Recall** |
| **Radical Prostatectomy**  ***Discharge to GP***  ***After 5 years*** | Clinical decision by consultant or CNS  Consider from 6 weeks post-surgery  PSA <0.03 | Year 1 PSA at 6 weeks then every 3 months  Year 2-5 PSA every 6 months  Year 6-10 PSA annually | PSA > 0.03 – telephone assessment by CNS, retest after 6 weeks  PSA >0.03 or 3 consecutive rises consider recall  New onset LUTS, visible haematuria |
| **External Beam Radiotherapy (EBRT) +/- HDR with Hormone Treatment**  ***Discharge to GP***  ***After 10 years*** | Clinical decision by consultant or CNS  Consider from 6 weeks post completion of treatment  PSA <2 | 6 monthly PSA tests while patient is on hormones.  6 months post stopping hormones PSA should be checked again  3 monthly PSA test until PSA plateau  Hormone Treatment  Testosterone level checked before commencement of Hormones.  Testosterone level checked 3/12 post commencement of Hormones.  Testosterone level checked 1 year post finishing hormones. | PSA > nadir +2.0ng/ml  *NB: In case of clinical bounce consider retest at 3 months*  Troublesome LUTS, visible haematuria, rectal bleeding, troublesome bowel symptoms, bone pain lasing >6 weeks |
| **Protocol** | **Eligibility** | **Monitoring** | **Recall** |
| **Seed Brachytherapy/ LDR**  ***Discharge to GP***  ***After 5 years*** | Clinical decision by consultant or CNS  Consider from 6 weeks post completion of treatment  PSA <2 | Year 1 PSA every 3 months  Year 2 PSA every 4 months  Year 3-5 PSA every 6 months  Year 6-10 PSA annually (GP) | PSA > nadir +2ng/ml or 3 consecutive rises (one month apart)  *NB: In case of clinical bounce consider retest at 3 months*  Troublesome LUTS, visible haematuria, rectal bleeding, troublesome bowel symptoms |
| **Salvage Radiotherapy**  ***Discharge to GP***  ***After 5 years*** | Clinical decision by consultant or CNS  Consider from 6 weeks post completion of treatment  PSA <2 | Year 1 PSA every 3 months  Year 2-5 PSA every 6 months  Year 6-10 PSA annually (GP) | PSA > nadir +2ng/ml or 3 consecutive rises (one month apart)  *NB: In case of clinical bounce consider retest at 3 months*  Troublesome LUTS, visible haematuria, rectal bleeding, troublesome bowel symptoms, bone pain lasting >6 weeks |
| **Protocol** | **Eligibility** | **Monitoring** | **Recall** |
| **Watchful Waiting**  ***Discharge to GP***  ***After 10 years, GP to continue 6 monthly PSA, UEC & LFTS monitoring*** | Clinical decision by consultant or CNS  PSA <20 & PSA doubling time of >1 year  No symptoms- troublesome LUTS, visible haematuria | PSA every 6 months  UEC & LFTS every 6 months  After 10 years GP to continue 6/12 PSA, UEC & LFTs monitoring | PSA >20 or PSA doubling time <1 year  Troublesome LUTS, visible haematuria, rectal bleeding, troublesome bowel symptoms, bone pain |
| **Active Surveillance (Low Risk)**  ***Discharge to GP***  ***After 10 years, GP to continue monitoring*** | Clinical decision by consultant or CNS  Maximum focus 2mm or less  GS 3+3 on template biopsy (>1 Focus permissible)  Benign DRE  MRI no dominant lesion (<5mm) matching biopsy location suitable for monitoring  LUTS assessment | PSA every 6 months  MRI at Year 1, Year 3, Year 5, Year 7, Year 9  *MRI to be discussed with consultant*  After 10 years GP to continue 6/12 PSA, UEC & LFTs monitoring | PSA rise >0.75 ng/ml/year. Re-test after 6/52 to confirm any PSA rise.  Book OPA with result  MRI changes reported for consultant decision for urology MDT discussion  New symptoms - troublesome LUTS, visible haematuria, weight loss  Visible haematuria – GP to complete urgent 2ww referral |