**Appendix A:**

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| **Protocol** | **Eligibility** | **Monitoring** | **Recall** |
| **Radical Prostatectomy*****Discharge to GP******After 5 years*** | Clinical decision by consultant or CNSConsider from 6 weeks post-surgeryPSA <0.03 | Year 1 PSA at 6 weeks then every 3 monthsYear 2-5 PSA every 6 monthsYear 6-10 PSA annually | PSA > 0.03 – telephone assessment by CNS, retest after 6 weeksPSA >0.03 or 3 consecutive rises consider recallNew onset LUTS, visible haematuria |
| **External Beam Radiotherapy (EBRT) +/- HDR with Hormone Treatment*****Discharge to GP******After 10 years*** | Clinical decision by consultant or CNSConsider from 6 weeks post completion of treatmentPSA <2 | 6 monthly PSA tests while patient is on hormones.6 months post stopping hormones PSA should be checked again3 monthly PSA test until PSA plateau  Hormone TreatmentTestosterone 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 CNSConsider from 6 weeks post completion of treatmentPSA <2 | Year 1 PSA every 3 monthsYear 2 PSA every 4 monthsYear 3-5 PSA every 6 monthsYear 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 CNSConsider from 6 weeks post completion of treatmentPSA <2 | Year 1 PSA every 3 monthsYear 2-5 PSA every 6 monthsYear 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 CNSPSA <20 & PSA doubling time of >1 yearNo symptoms- troublesome LUTS, visible haematuria | PSA every 6 months UEC & LFTS every 6 monthsAfter 10 years GP to continue 6/12 PSA, UEC & LFTs monitoring | PSA >20 or PSA doubling time <1 yearTroublesome 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 CNSMaximum focus 2mm or lessGS 3+3 on template biopsy (>1 Focus permissible)Benign DREMRI no dominant lesion (<5mm) matching biopsy location suitable for monitoringLUTS 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 resultMRI changes reported for consultant decision for urology MDT discussionNew symptoms - troublesome LUTS, visible haematuria, weight lossVisible haematuria – GP to complete urgent 2ww referral |