PROFESSIONAL
SUPPORT

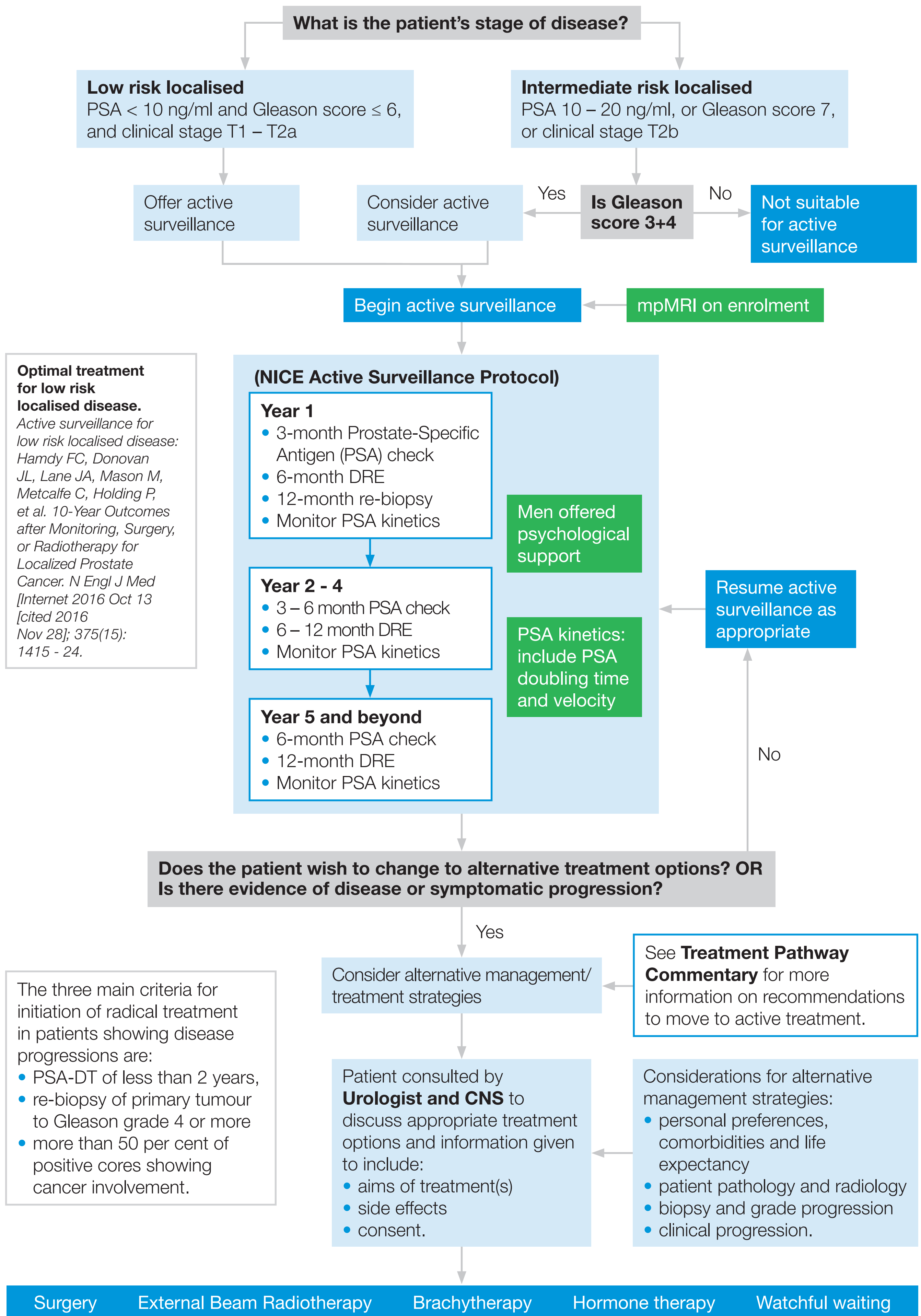
Updated August 2018
To be updated in November

# Prostate Cancer UK's Best Practice Pathway

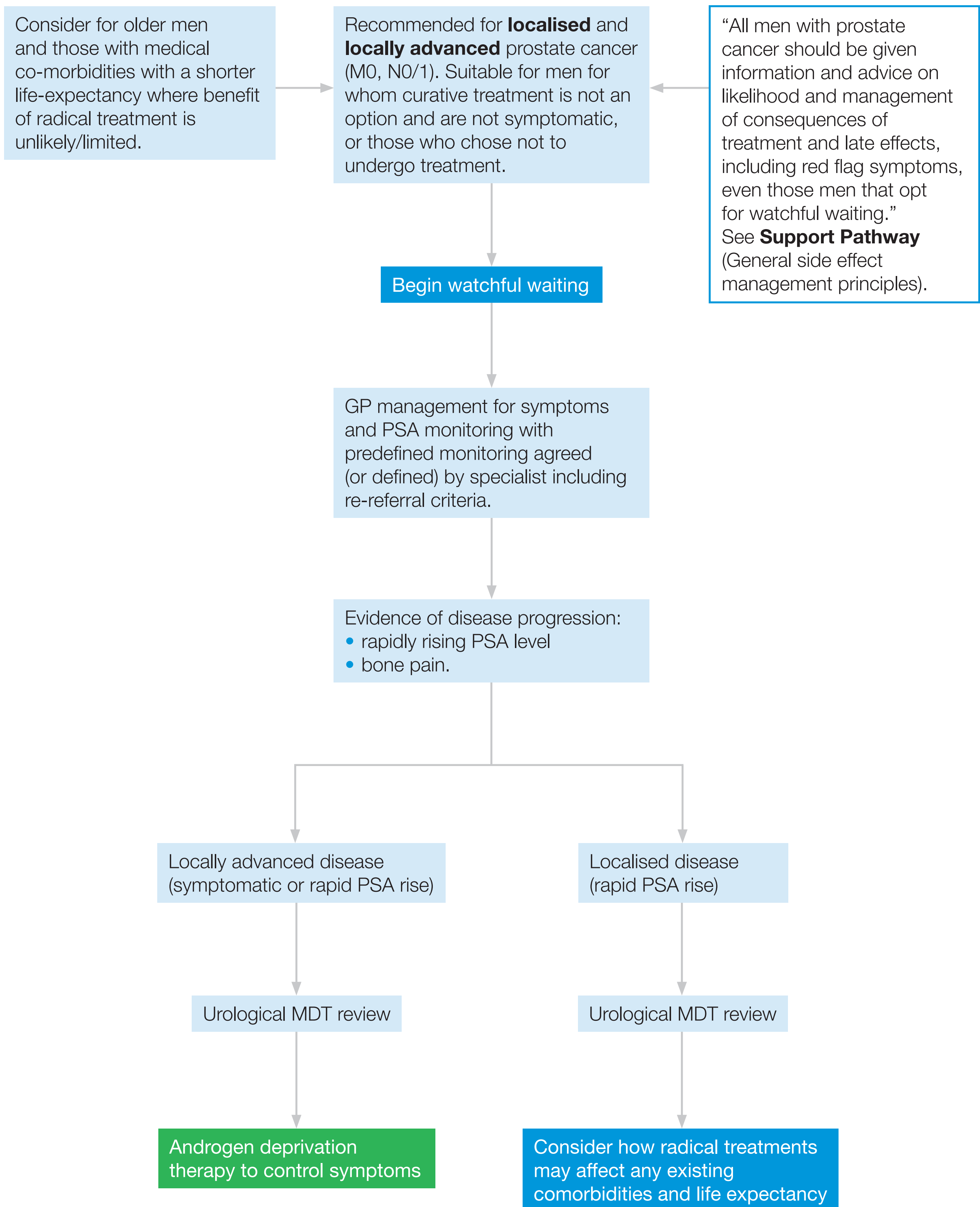
## TREATMENT

PROSTATE
CANCER UK

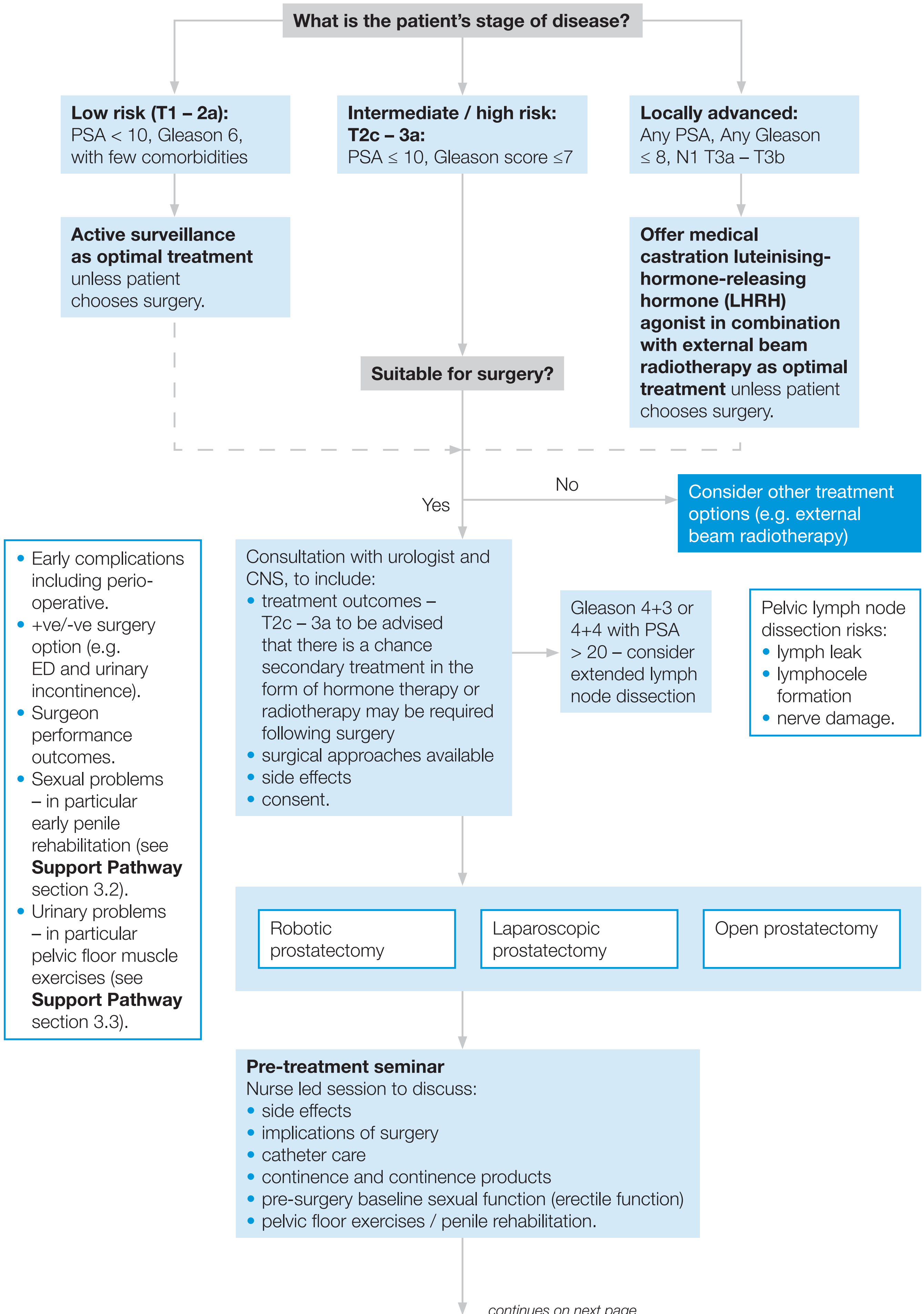
# Active surveillance



# Watchful waiting

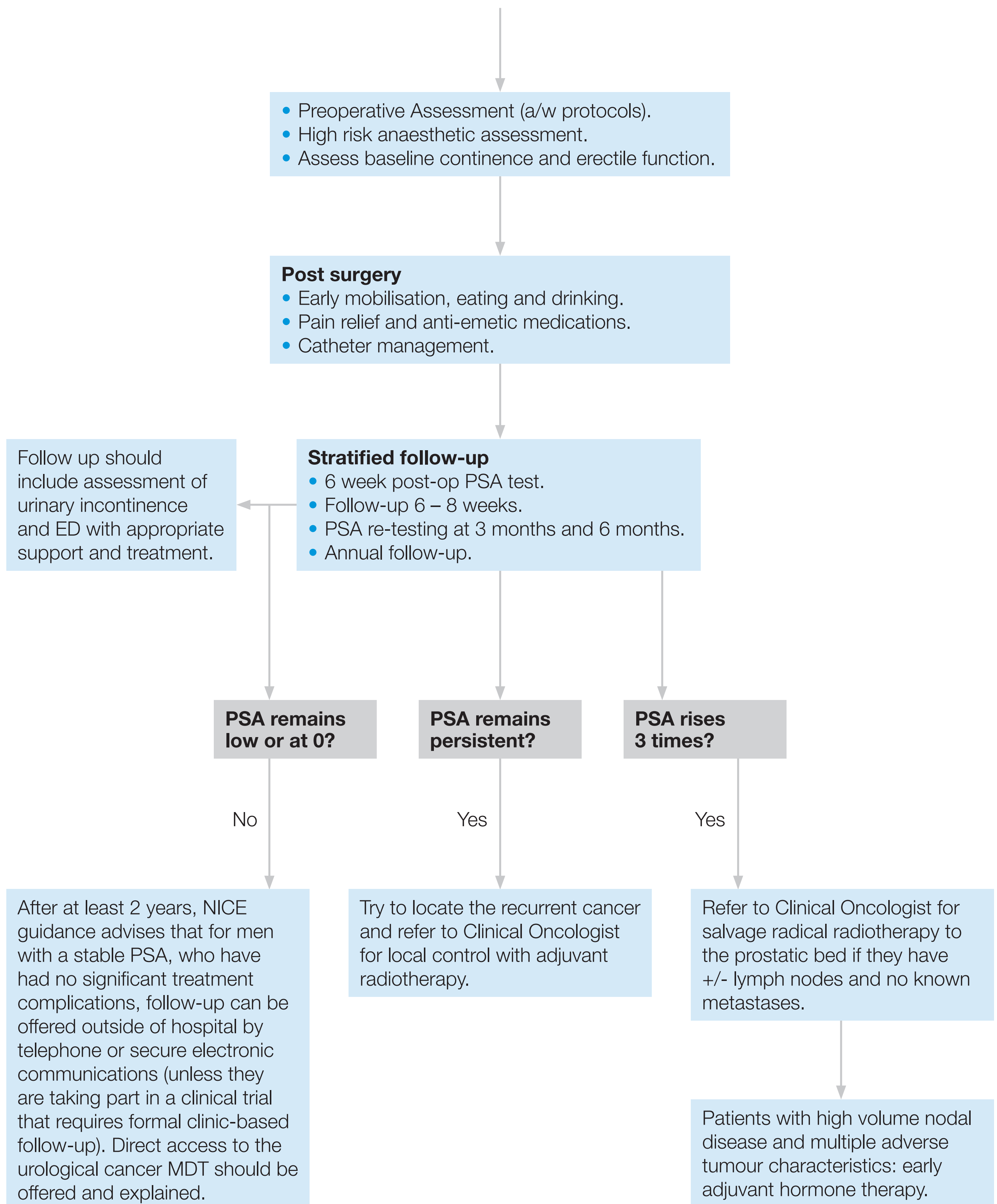


# Surgery – radical prostatectomy

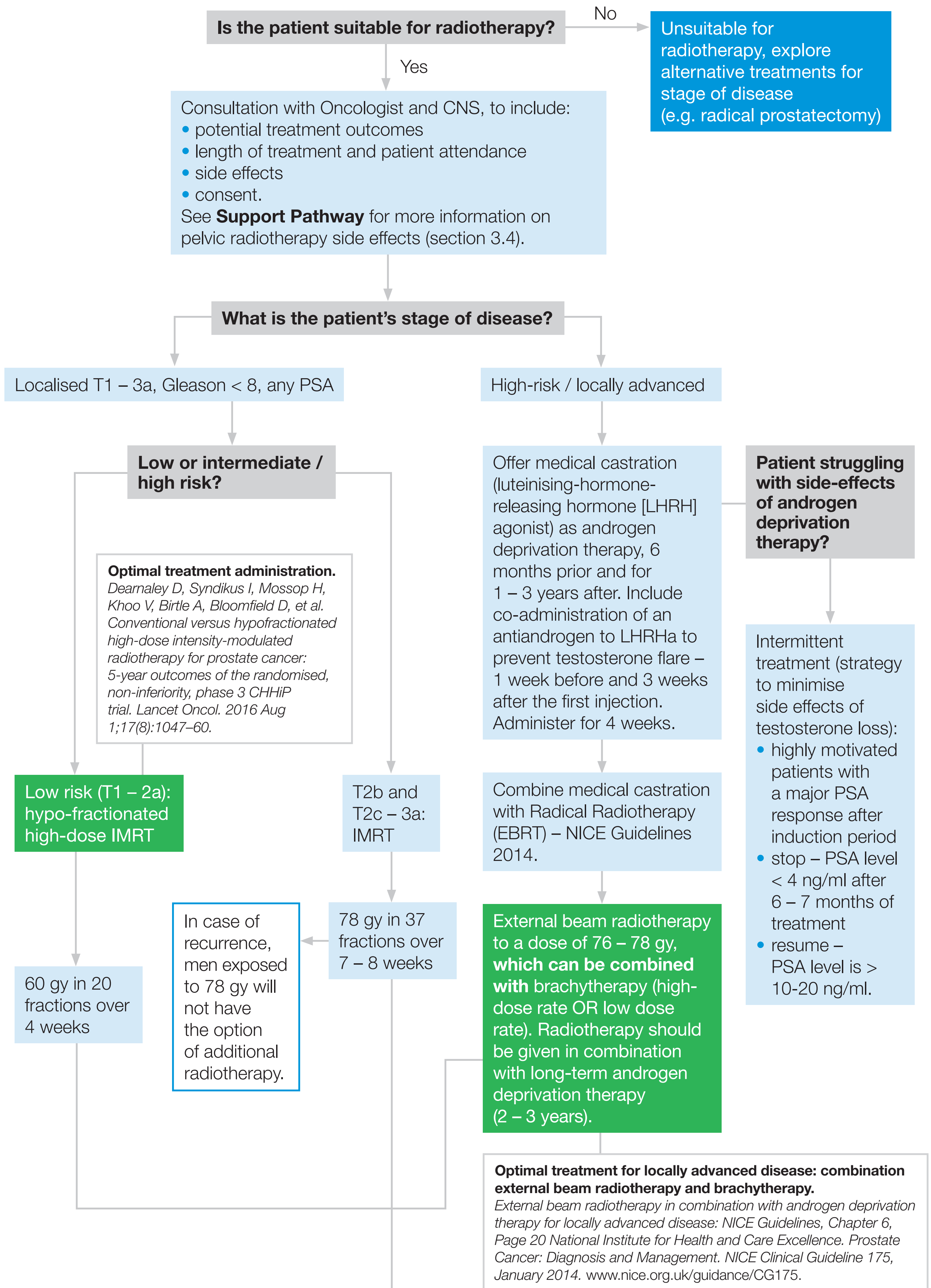



*continues on next page*

# Surgery – radical prostatectomy continued...

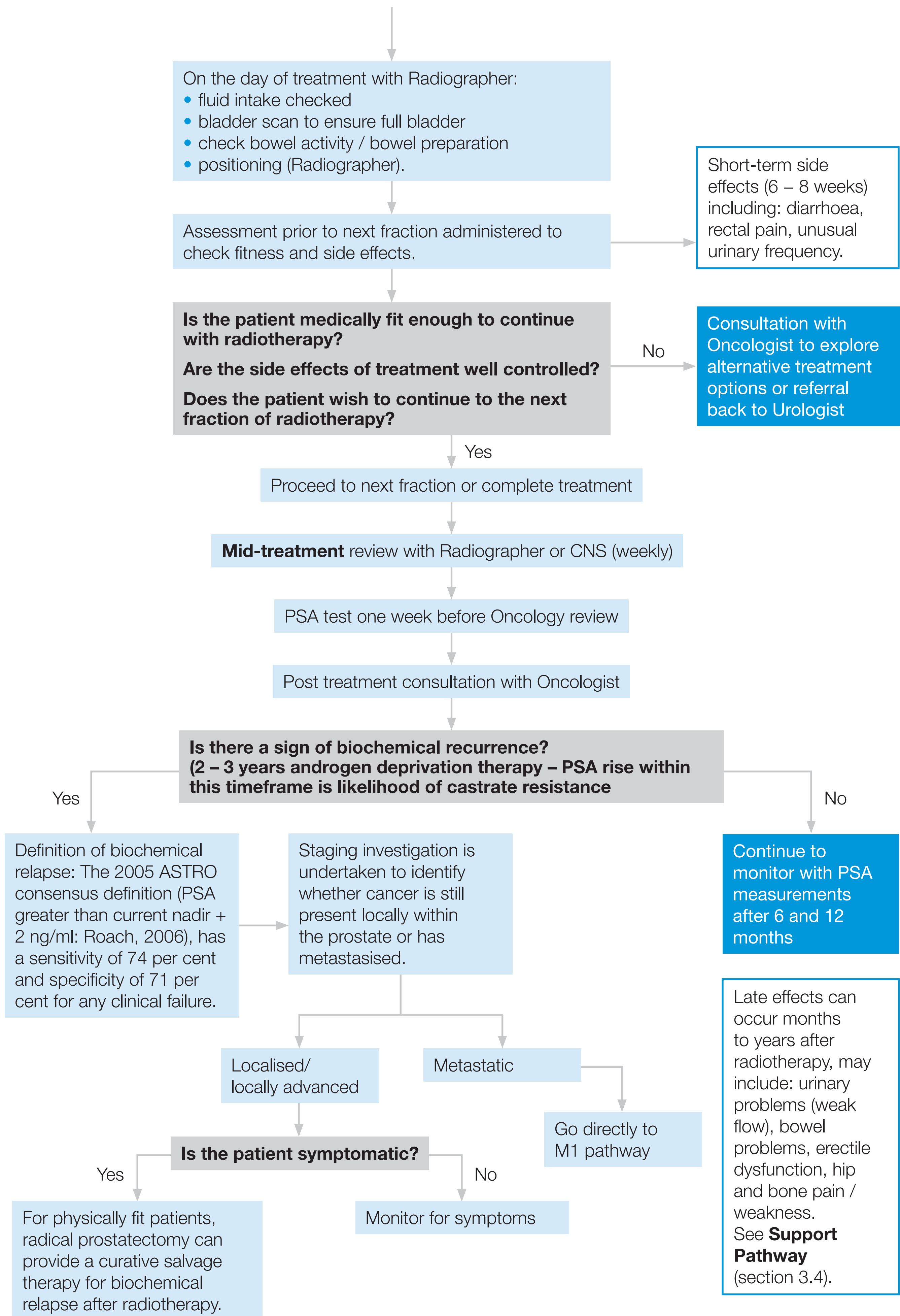


# External beam radiotherapy (EBRT)




*continues on next page*

## External beam radiotherapy (EBRT) continued...



# Brachytherapy

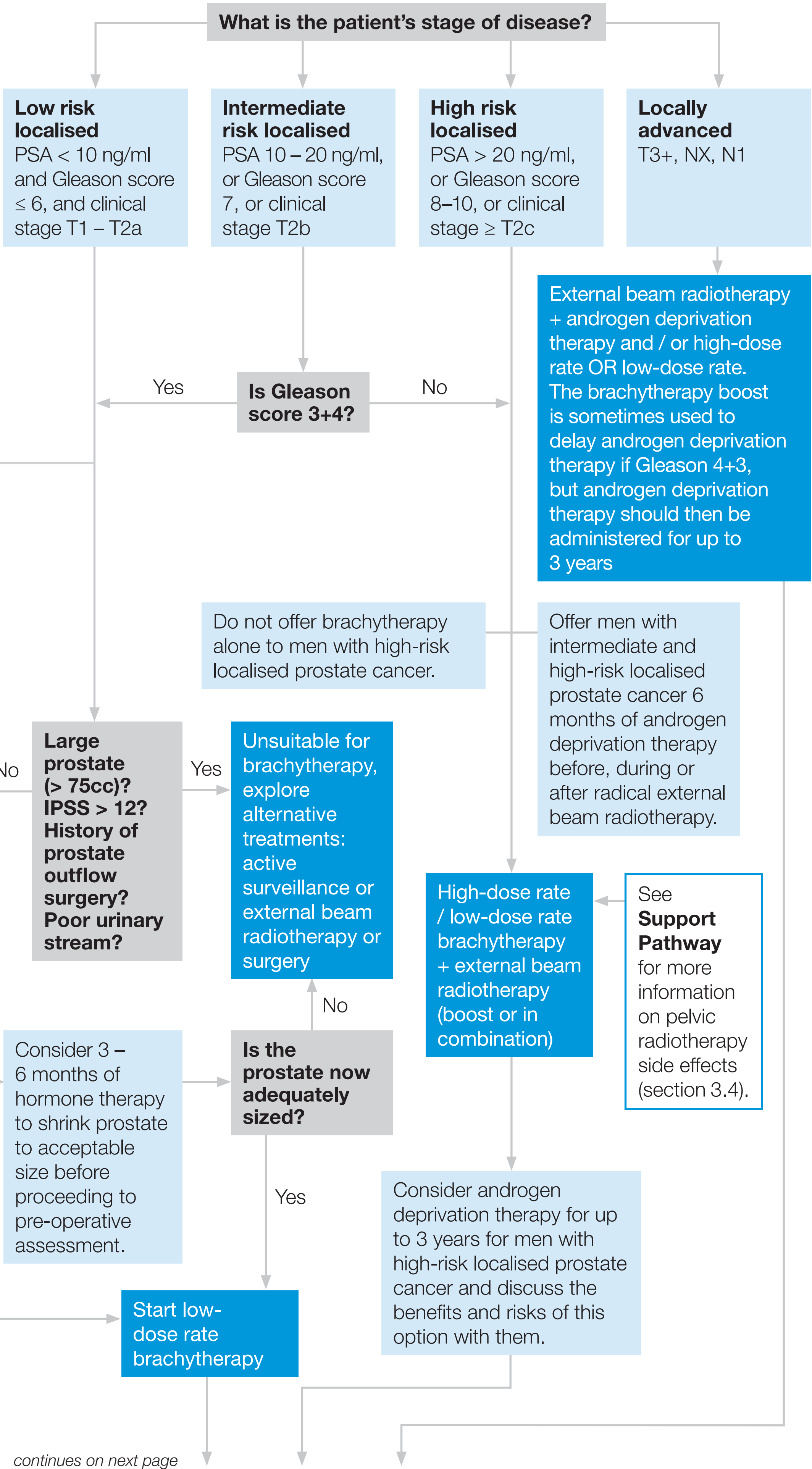
See **Support Pathway** (for more information on pelvic radiotherapy side effects (section 3.4).

Treatment considerations:
- recovery time is often quicker than other treatment options (day case setting)
- general/spinal anaesthetic
- reduced long-term risk of urinary incontinence
- reduced hospital attendances related to treatment.

Planning session in theatre; volume study – with estimate based on MRI.

**Is the prostate less than 60cc?**

Same day




*continues on next page*

## Brachytherapy continued...

**Stratified follow-up**

- Initial follow-up 4 – 6 weeks.
- PSA testing and subsequent follow-up (for men not on androgen deprivation therapy):
  - Year 1: every 3 months
  - Years 2 – 5: every 6 months
  - Years 6+: every 12 months
  - Men on androgen deprivation therapy will have their PSA levels suppressed for up to 3 years
- Ensure effective short-term side-effect support.
- Ensure support for late-effects.

**Is there a sign of biochemical recurrence? (2 – 3 years androgen deprivation therapy – PSA rise within this timeframe is likelihood of castrate resistance)**

Yes

Definition of biochemical relapse: The 2005 ASTRO consensus definition (PSA greater than current nadir + 2 ng/ml: Roach, 2006), has a sensitivity of 74 per cent and specificity of 71 per cent for any clinical failure.

Staging investigation is undertaken to identify whether cancer is still present locally within the prostate or has metastasised.

Localised/ locally advanced

**Is the patient symptomatic?**

Yes

For physically fit patients, radical prostatectomy can provide a curative salvage therapy for biochemical relapse after radiotherapy.

No

Monitor for symptoms

Metastatic

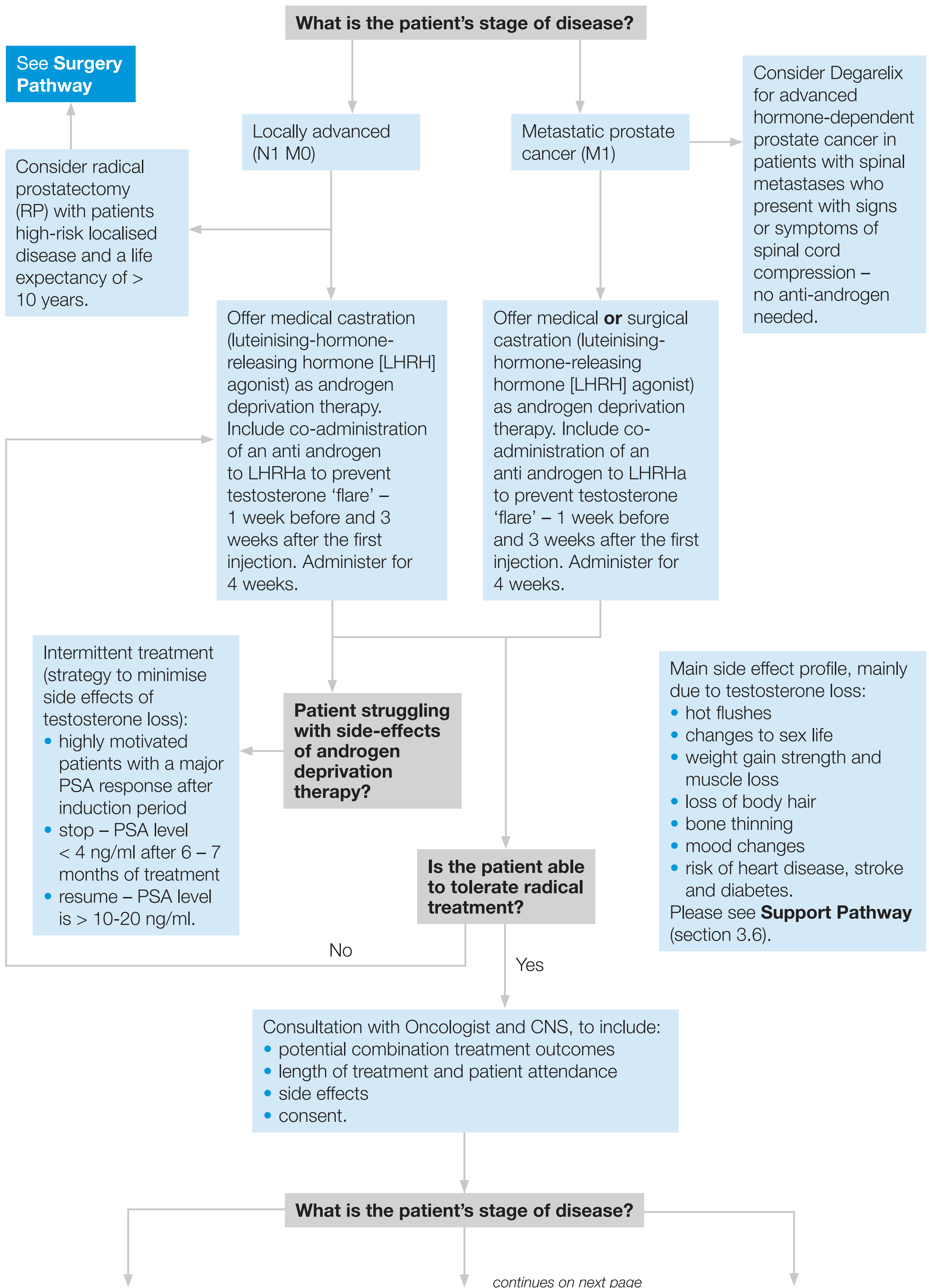
Go directly to M1 pathway

No

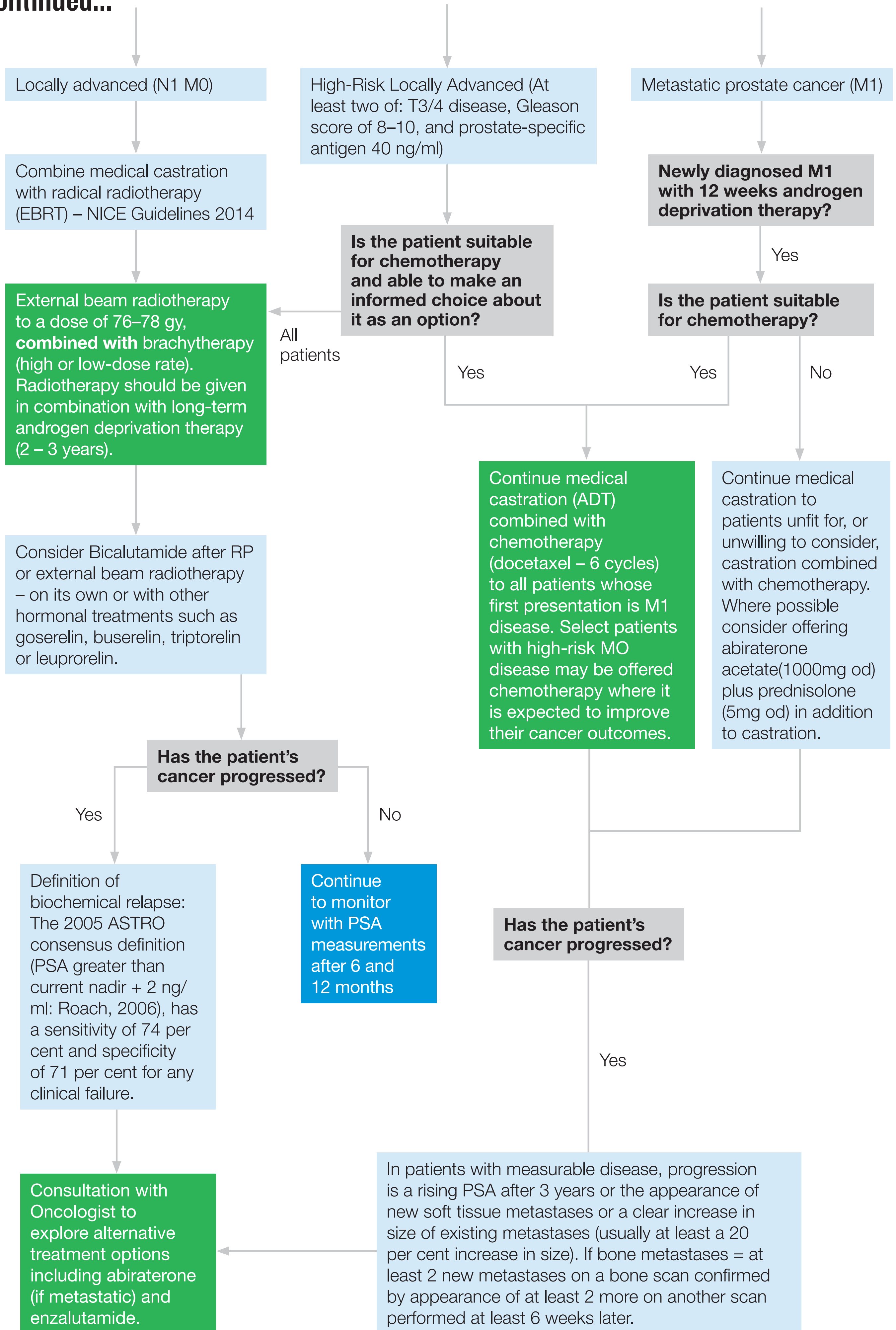
Continue to monitor with PSA measurements after 6 and 12 months

Late effects can occur months to years after radiotherapy, may include: urinary problems (weak flow), bowel problems, erectile dysfunction, hip and bone pain/weakness. Please see **Support Pathway** (section 3.4).

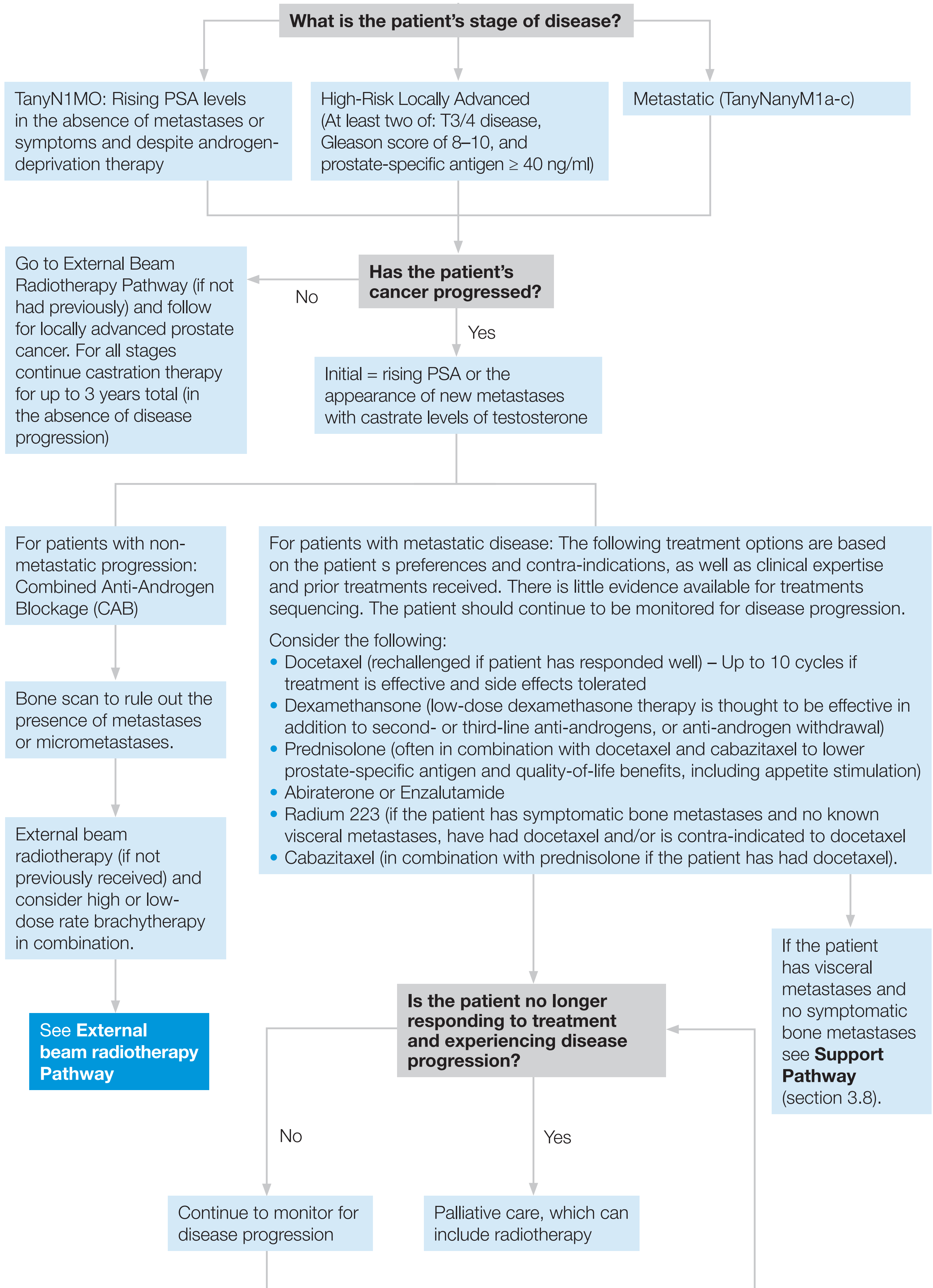
# Hormone therapy (first line): locally advanced and metastatic prostate cancer



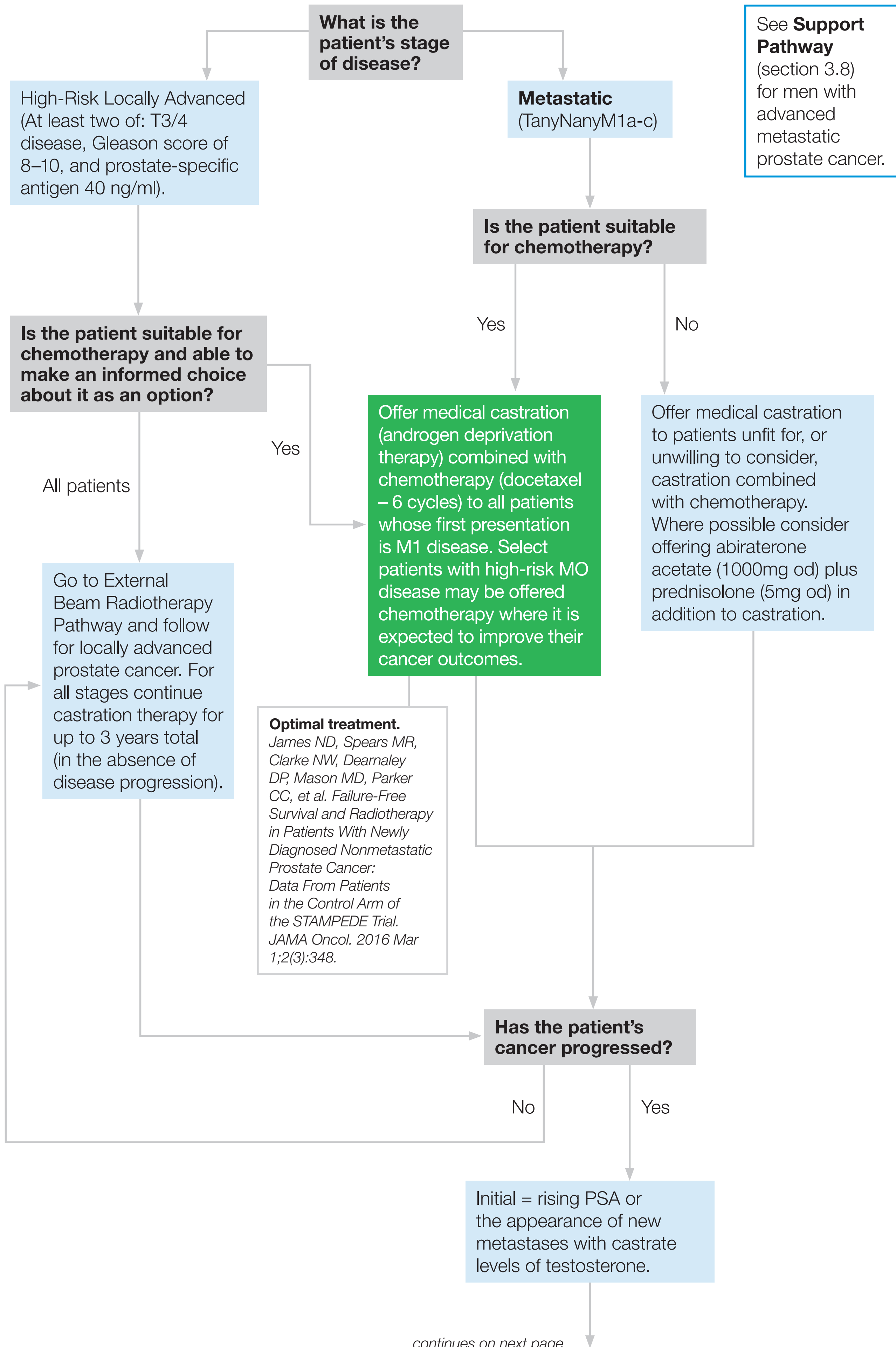
# Hormone therapy (first line): locally advanced and metastatic prostate cancer continued...



## Hormone therapy (second line)



# Chemotherapy




*continues on next page*

# Chemotherapy continued...

For patients with metastatic disease: The following treatment options are based on the patient s preferences and contra-indications, as well as clinical expertise and prior treatments received. There is little evidence available for treatments sequencing. The patient should continue to be monitored for disease progression.

Consider the following:
- Docetaxel (rechallenged if patient has responded well) – Up to 10 cycles if treatment is effective and side effects tolerated
- Dexamethansone (low-dose dexamethasone therapy is thought to be effective in addition to second- or third-line anti-androgens, or anti-androgen withdrawal)
- Prednisolone (often in combination with docetaxel and cabazitaxel to lower prostate-specific antigen and quality-of-life benefits, including appetite stimulation)
- Abiraterone or Enzalutamide
- Radium 223 (if the patient has symptomatic bone metastases and no known visceral metastases, have had docetaxel and/or is contra-indicated to docetaxel
- Cabazitaxel (in combination with prednisolone if the patient has had docetaxel).

If the patient has visceral metastases and no symptomatic bone metastases see **Support Pathway** (section 3.8).