Prostate Cancer UK’s Diagnostic Pathway

**Pre-referral**
Consider men at higher than average risk
GP to counsel regarding PSA testing
GP led investigations;
Urinalysis to exclude UTI - negative urine dipstick +/- MSU result and ensure any UTI is treated prior to PSA
PSA test
DRE
Referral to secondary care if appropriate – PSA value must be included in the referral letter

**Referral received by secondary care:**
Patient to be offered an initial appointment within 10 days.

**Initial Urology Outpatient appointment**
LUTS assessment (IPSS score & flowrate)
Repeat DRE and PSA
Point of contact given for pathway coordinator

**Men with raised PSA, abnormal DRE or clinically suspicious for prostate cancer**

- **MPMRI**
  - MRI non-suspicious for prostate Ca
  - Biopsy

**Men contraindicated against having MRI**

- **Biopsy**
- +/- Biopsy

**Men who are unsuitable for radical treatment**

- **Appropriate imaging**

**Men clearly presenting with advanced disease**

- **Appropriate imaging**

**MDT discussion of results and treatment options**

**Outpatient appointment for results**

- **Negative result given**
  - Reassure patient that there is no suspicion of prostate cancer
  - Commence treatment for symptoms;
  - Consider continued PSA observation if clinical suspicion remains high

- **Cancer diagnosis confirmed**
  - Treatment options given by appropriate clinician
  - Discussion regarding clinical trials
  - Patient given time to consider treatment options and side effects

- **Access to Clinical Nurse Specialist**

- **Further staging investigations**
  - Bone Scan / CT (if high risk of advanced disease)

- **Decision to Treat made**
  - 31 day treatment pathway commenced