



**PSA Pathway Guidance
for the
On-going Monitoring of Patients
with
Stable Prostate Cancer**

**Based on PSA Pathway developed by Nottingham City CCG
Adapted for use by N&S (CCG)
In conjunction with Mr A Bhojwani (Consultant, SFH)**

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Pathway Colours:



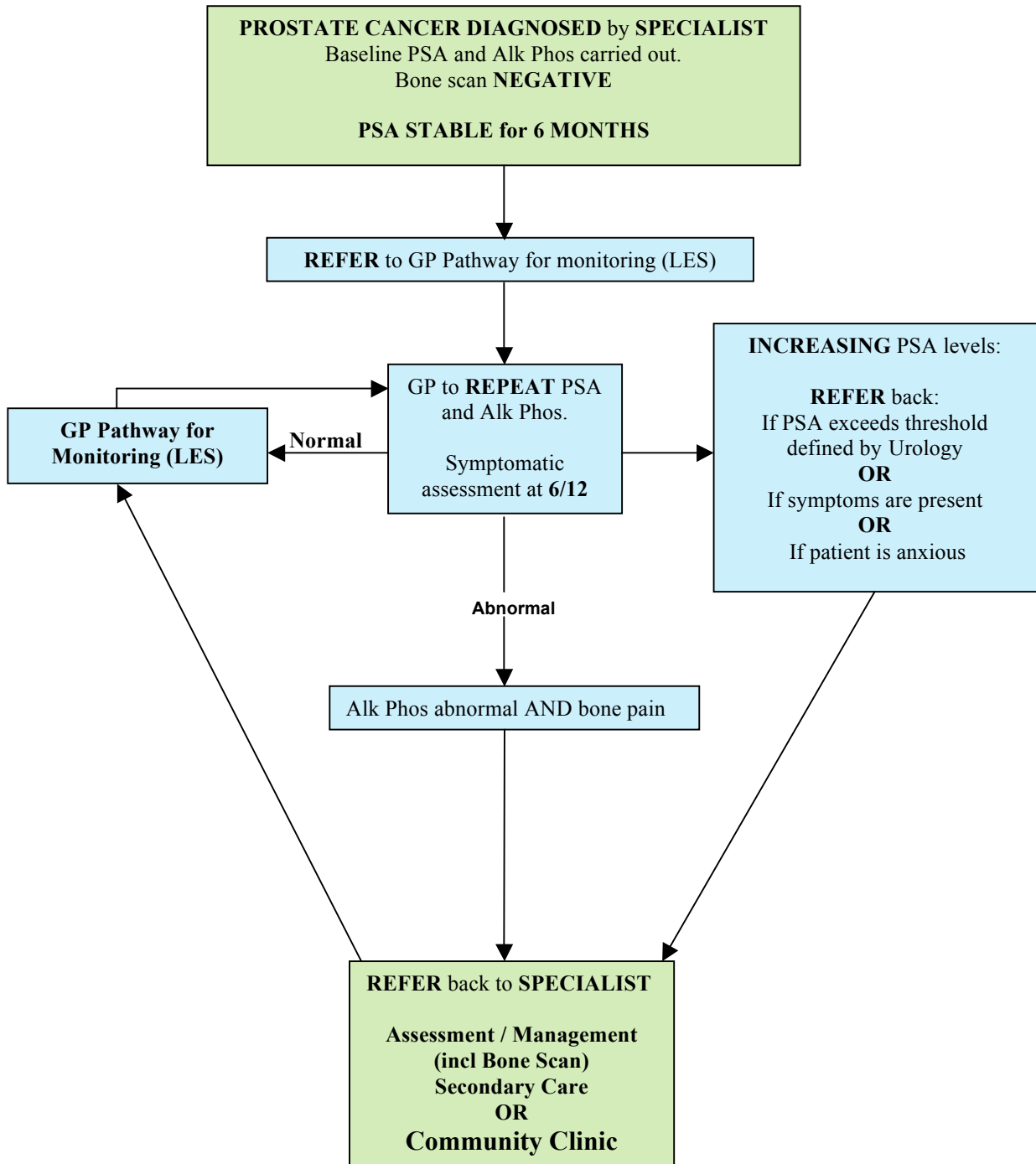
- Secondary Care action



- GP / Primary Care action

1. Watchful Waiting

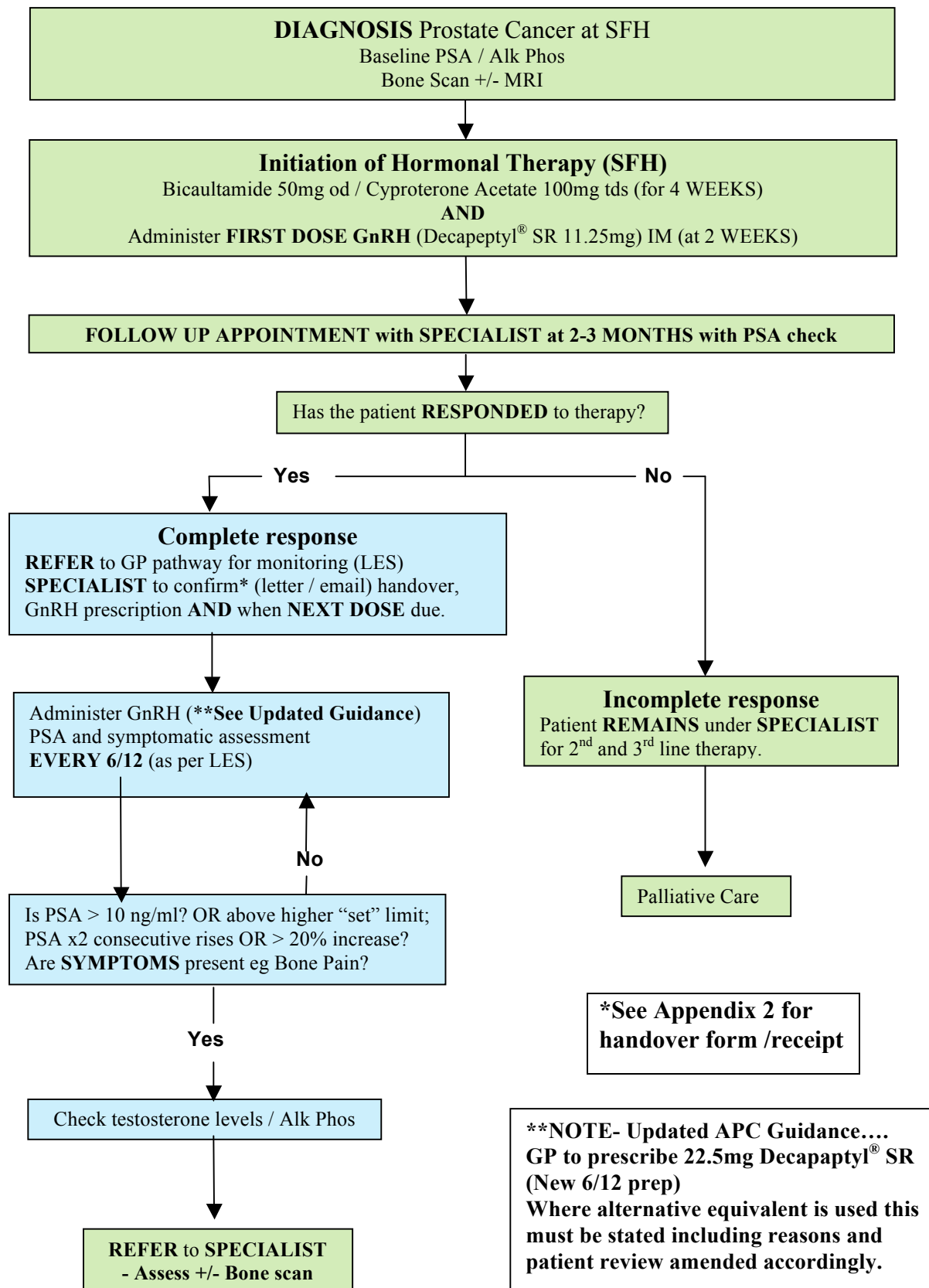
Patients who are deemed to be watchful waiting; defined as the monitoring of patients with asymptomatic prostate cancer with a view to palliative therapy, including hormone therapy, if symptoms develop.



*Note- Consider other causes of raised Alk Phos eg. Liver Disease

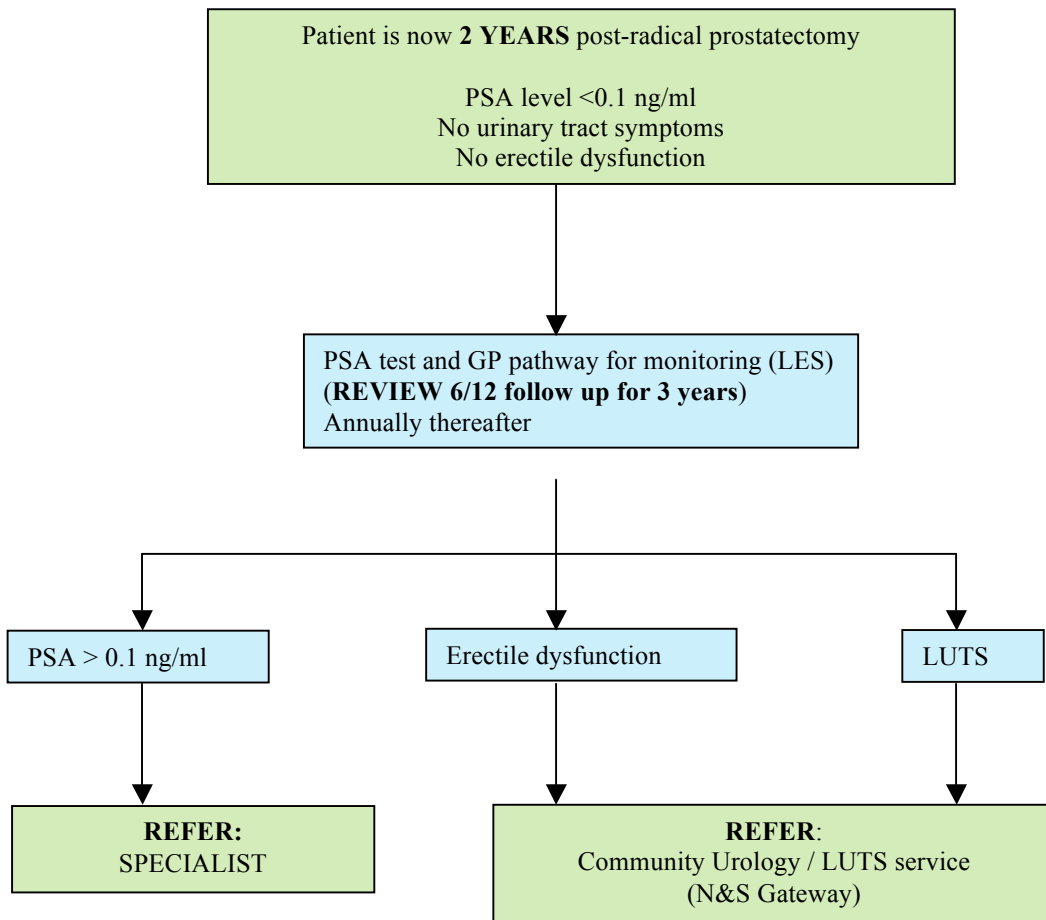
2. Administration and Monitoring of Patients on Hormonal Therapy (GnRH)

If patient is involved in trials at Specialist Centre, they will be referred to their GP for GnRH. (These patients can be included in the register).



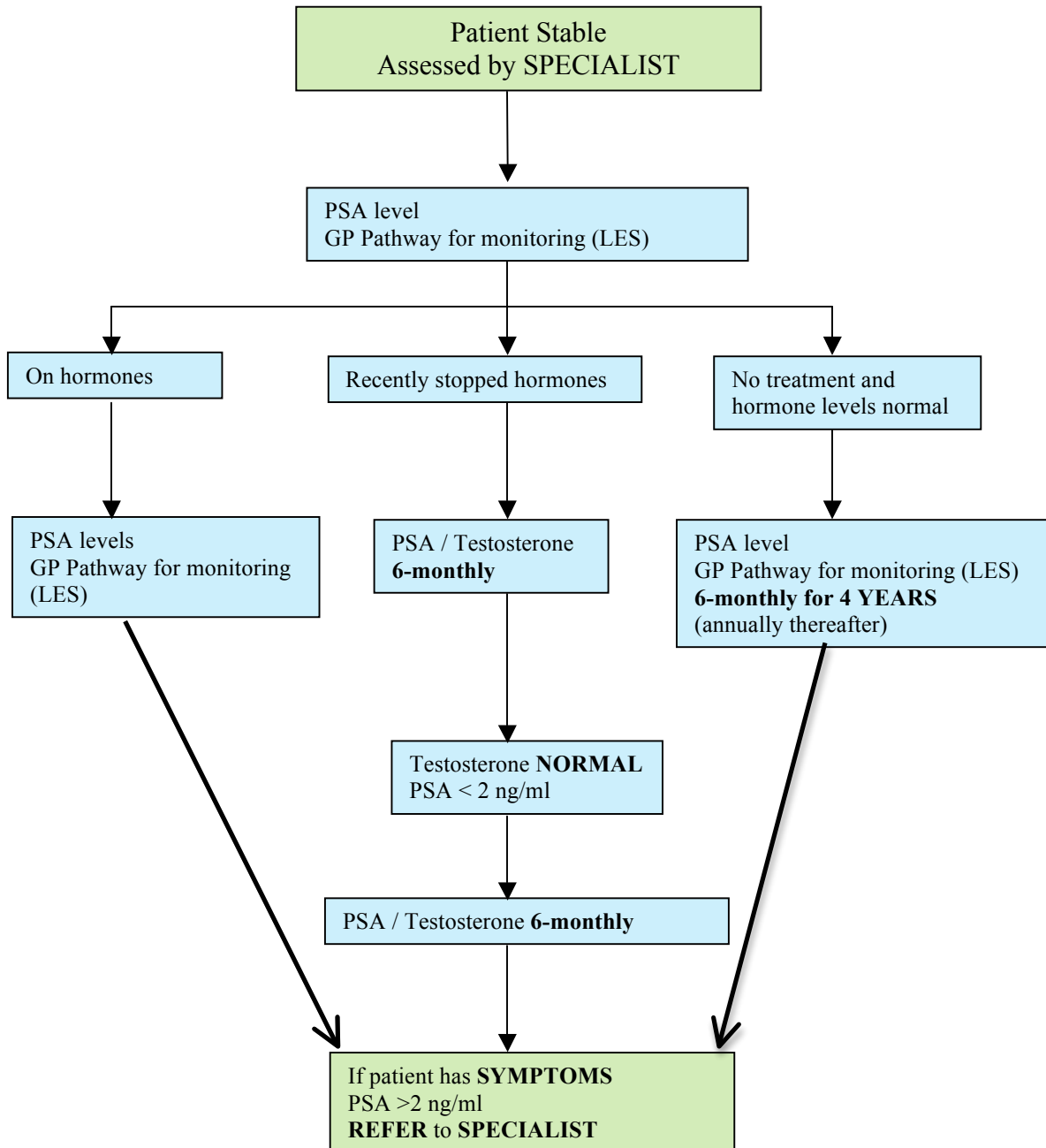
3. Monitoring Patients Discharged 2 Years after Radical Prostatectomy

NICE guidelines recommend that all patients without on-going problems should be discharged 2 years after radical prostatectomy.



4. Monitoring after Radical Radiotherapy

PSA threshold for specialist re-referral is > 2ng/ml



***Note- NICE guidance states that post-radiotherapy patients should be referred for SIGMOIDOSCOPY every 5-years.**

5. Active Surveillance

Active Surveillance is defined as the active monitoring of patients with prostate cancer, with a view to treatment with curative intent if there are signs of progression.

***Note –**

Patients in this group will continue to be followed up in secondary care.

6. Reference Ranges

PSA Levels

Age matched reference range after prostate cancer diagnosis is not important.
Trends in PSA levels give a better indication of treatment efficacy –**REFER** back as per the agreed pathways / management guidance from specialist.

Alkaline Phosphatase

40 – 130 (normal range).
Also consider hepatic causes for increased level.

Testosterone

If >2.0nmol / litre, consider treatment failure and refer to SPECIALIST as per the agreed pathways.

Post-Radiotherapy

NICE guidelines recommend flexible sigmoidoscopy at 5 yearly intervals.
Colorectal referral is required if PR bleeding.

Bone Scan

Not available, at present, via GP direct access.

Therefore-

- Refer to specialist and GATEWAY will highlight at point of consultant triage.