SCAN Guideline for Active Surveillance (Deferred Radical Treatment) of Early, Low-Risk, Prostate Cancer

Selection Criteria:

1. Patient suitable for radical therapy with curative intent – aged ≤75 years with life-expectancy of >10 years, recommended with caution in those with life expectancy of >20 years as outcomes in this group are less well understood.

2. Low risk prostate cancer (NICE Definition)
   a. Gleason 3+3 or less, no Grade 4 disease.
   b. Unilateral disease, Stage T1c
   c. PSA <10
   d. PSA density <0.15ng/ml/g (calculated by total PSA/TRUS prostate vol.)
   e. <50% of the number of biopsy cores should be affected
   f. <50% of core length should be affected

Surveillance protocol (ref START protocol, Dall’Era Curr Op 2009):

1. PSA - every 3 months for first year
After 5 PSA results obtained including baseline calculate PSA doubling time using the MSKCC nomogram (http://www.mskcc.org/mskcc/html/10088.cfm), then 6 monthly if stable

2. DRE - Minimum every 6 months

3. Prostate biopsy - Within 6 months of diagnosis (to confirm initial biopsy findings), then at 1, 4, 7 and 10 years from start of surveillance.

Criteria for intervention:

1. PSA doubling time <3 years.

2. Progression of palpable T2 disease on DRE or palpable lesions appearing.

3. Gleason grade pattern 4 or 5, or >50% number of cores affected, or >50% of any core, or bilateral disease.

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