

Prostate Cancer UK's Best Practice Pathway – prostate cancer: treatment by risk stratification

Watchful waiting: is a monitoring modality for men with localised prostate cancer who are either not suitable for, or do not ever wish to receive, curative treatment, and instead involves the deferred use of hormone therapy when symptoms of progressive disease develop.

Updated August 2019

Risk stratification	Additional treatment combinations	Active surveillance	Surgery (prostatectomy)	Radiotherapy		Hormone therapy				Chemotherapy		Radium-223	
				External beam intensity modulated	Brachytherapy	Androgen deprivation therapy		Anti-androgen	Abiraterone	Enzalutamide	Docetaxel		Cabazitaxel
			Laparoscopic		Low dose	High dose	LHRHa					GnRHa	
Low risk localised		●	●	●	●								
Intermediate risk localised	EBRT and ADT and high dose brachytherapy boost	●	●	●	●	●	●	●					
High risk localised	EBRT and ADT and high dose brachytherapy boost		●	●	●	●	●	●					
Locally advanced			●	●			●	●	●			● (High risk)	
Metastatic hormone-naïve	LHRHa and anti-androgen			● *			●	●	●	●		●	
Metastatic castrate-resistant										●	●	●	●

Please note: the table above is based on men being eligible for these treatment options and having made an informed choice to have them.

KEY		Optimal treatment evidence
●	Treatment choice	<i>Active surveillance for low risk localised disease: Hamdy FC, Donovan JL, Lane JA, Mason M, Metcalfe C, Holding P, et al. 10-Year Outcomes after Monitoring, Surgery, or Radiotherapy for Localized Prostate Cancer. N Engl J Med [Internet 2016 Oct 13 [cited 2016 Nov 28];375(15):1415–24</i>
●	Optimal treatment supported by evidence	<i>External beam radiotherapy in combination with androgen deprivation therapy for locally advanced disease: National Institute for Health and Care Excellence (2019) Prostate cancer: diagnosis and management (NG131). Available at: https://www.nice.org.uk/guidance/ng131/.</i>
●	Optimal treatment combination supported by evidence	<i>Docetaxel in combination with androgen deprivation therapy for newly diagnosed advanced hormone-naïve metastatic disease: James ND, Sydes MR, Clarke NW, Mason MD, Deamaley DP, Spears MR, et al. Addition of docetaxel, zoledronic acid, or both to first-line long-term hormone therapy in prostate cancer (STAMPEDE): survival results from an adaptive, multiarm, multistage, platform randomised controlled trial. The Lancet [Internet]. 2016 Mar 19 [cited 2016 Nov 7];387(10024):1163–77</i>
	Not appropriate	

*Only patients who do not have 4 bone metastases, including 1 outside the pelvis and spine or visceral metastases