Primary Care surveillance of discharged prostate cancer patients

Clinical management situation	Patient Status	Desirable PSA level	Frequency of PSA testing	Evidence of loss of control of disease/need to refer back
Watchful waiting not on treatment	a) Possible prostate cancer but diagnosis not established on biopsy. b) Asymptomatic but elderly or with substantial co-morbidity with an established diagnosis	Maintain stability at/around level of time of referral back to GP for follow up	Every 6 months. If rising repeat in 3 months	• Rising PSA level on 3 consecutive tests • PSA rise, doubling from baseline (discharge level) in 6 months • Evidence of distant or local recurrence
Localised cancer on treatment or previously treated	Older patient with confirmed stable localised cancer			
Known metastatic cancer	Known metastatic prostate cancer but asymptomatic and stable on LHRH agonists			
Post radical radiotherapy / brachytherapy	Younger age group having had "curative" treatment for localises disease +/- hormone therapy and discharged at 5 years. 'cured'	High sensitivity PSA stable and below 0.05ng/ml	Yearly	
Post radical prostatectomy		High sensitivity PSA stable and below 0.05ng/ml		

Untreated age specific PSA			
40 – 49 years	Less than 2.0ng/ml	60 – 69 years	Less than 4.0ng/ml
50 – 59 years	Less than 3.0ng/ml	70 – 80 years	Less than 6.0ng/ml
If patient over 80 years the PSA may be irrelevant but consider referral to Urologist for palliative treatment if symptomatic			

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