

appendix 8: Prostate cancer: eUpdate published online September 2016 (<http://www.esmo.org/Guidelines/Genitourinary-Cancers>)

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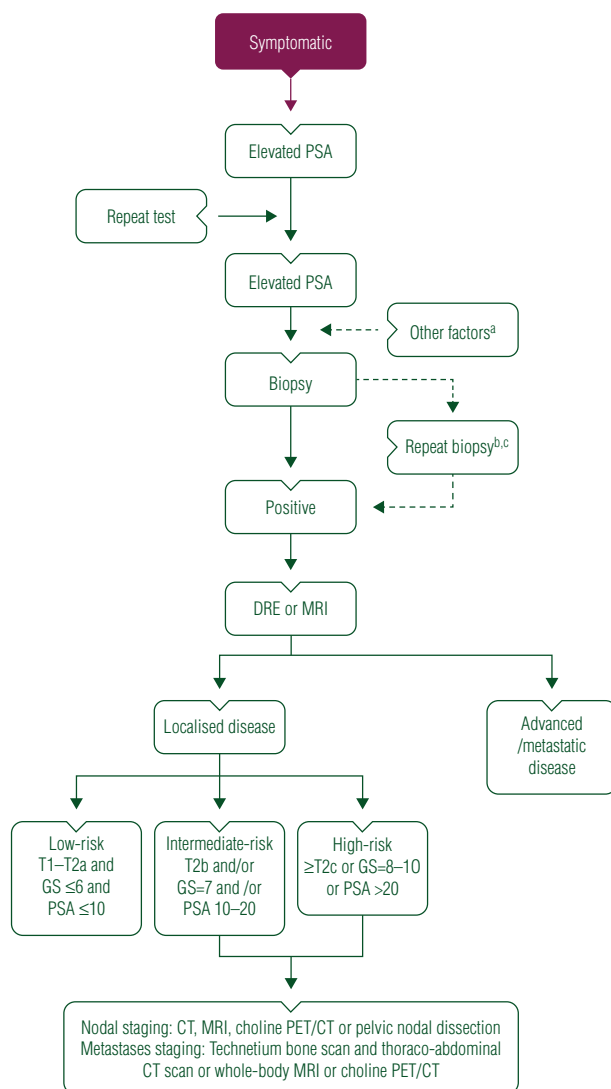


Figure 1. Diagnostic work-up and staging. ^aIn addition to PSA level, the decision to biopsy should be made in light of DRE findings, ethnicity, age, comorbidities, free/total PSA, history of previous biopsy and patient values; ^bindications for a repeat biopsy after a negative biopsy include a rising PSA, suspicious DRE, abnormal multi-parametric MRI, atypical acinar proliferation, multifocal high-grade prostatic intraepithelial neoplasia; ^cbefore repeat biopsy, multi-parametric MRI is recommended with a view to MRI-guided or MRI-TRUS fusion biopsy. CT, computed tomography; DRE, digital rectal examination; GS, Gleason score; MRI, magnetic resonance imaging; PET, positron emission tomography; PSA, prostate-specific antigen; TRUS, trans-rectal ultrasound.

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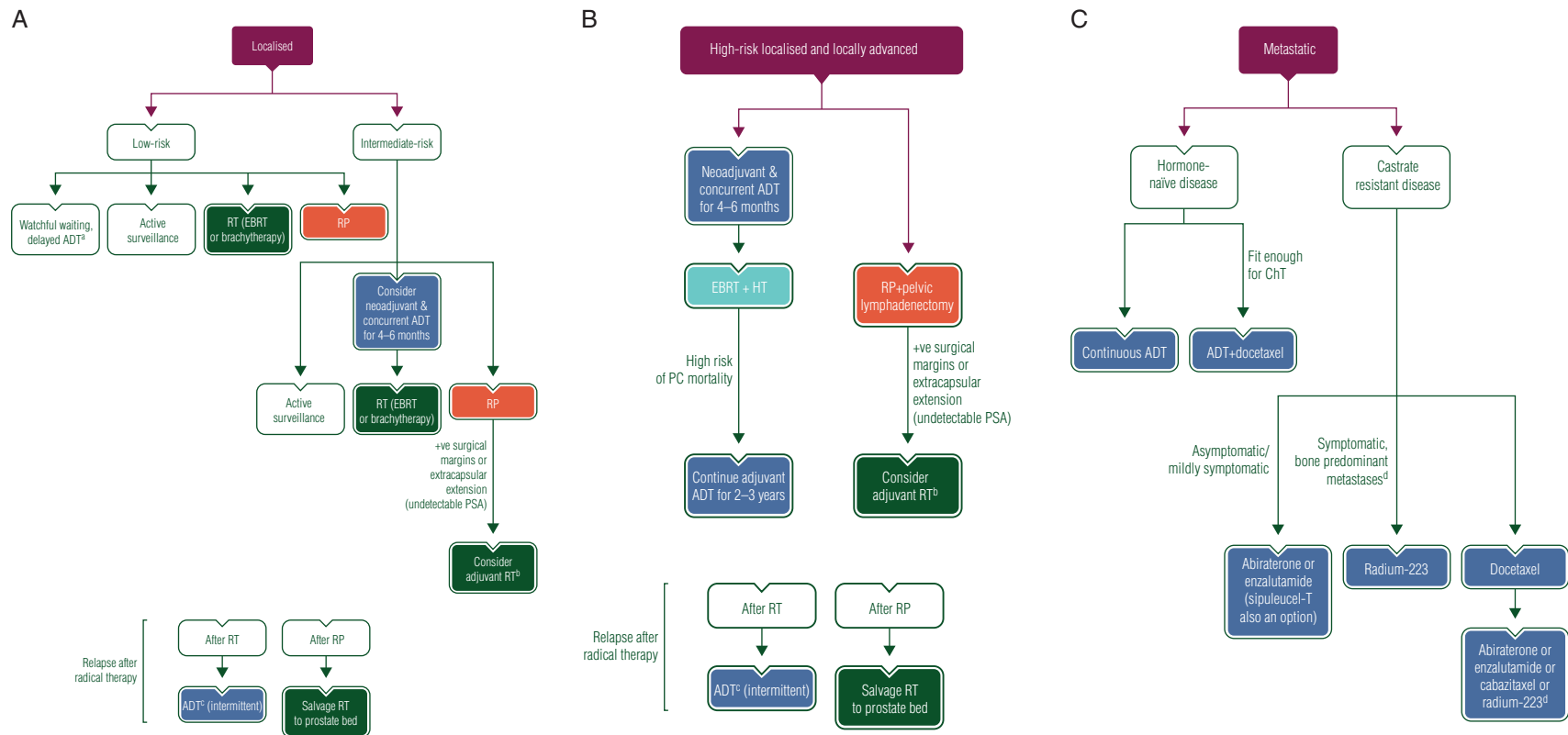


Figure 2. Treatment algorithms. ^aAlso suitable for localised/locally advanced disease if patient not suitable for (or unwilling to have) radical treatment; ^binform patients of pros and cons; ^cfor men with biochemical relapse and symptomatic local disease, proven metastases or a PSA doubling time of <3 months; ^donly use Radium-223 if no visceral metastases. ADT, androgen-deprivation therapy; ChT, chemotherapy; EBRT, external-beam radiotherapy; HT, hormonal therapy; PC, prostate cancer; PSA, prostate-specific antigen; RP, radical prostatectomy; RT, radiotherapy.