Prostate cancer oncology referral guidelines - high risk new diagnosis

For patients with PSA >100

- No need to biopsy
- Bone scan
- Start hormones
- If fit (PS0-1) and bone scan positive - book CT CAP to look for LN/ visceral mets and refer as urgent to oncology to consider early chemotherapy (needs to start within 12 weeks of hormones)
- If fit (PS0-1) and bone scan negative - book urgent CT CAP, and if positive for LN or visceral mets refer urgently to oncology for early chemotherapy; if negative (ie. no evidence of mets on either bone scan or CT) then book MRI prostate and refer to oncology non urgently to discuss adding radiotherapy to prostate to improve local control

For patients with PSA 50-100

- MRI prostate
- Biopsy
- Bone scan
- Start hormones
- If fit and bone scan positive - book CT CAP to look for LN/ visceral mets and refer as urgent to oncology to consider early chemotherapy (needs to start within 12 weeks of hormones)
- If fit and bone scan negative - book urgent CT CAP, and if positive for LN or visceral mets refer urgently to oncology for early chemotherapy; if negative (ie. no evidence of mets on either bone scan or CT) then refer to oncology non urgently to discuss adding radiotherapy to prostate to improve local control/ attempt cure

For any patient, if fit enough to consider RT, must have MRI prostate, unless contraindicated.

Prostate cancer oncology referral guidelines - rising PSA on established hormone treatment

For metastatic castrate resistant prostate cancer - if fit (PS0-2) refer to oncology after failure of MAB to consider abiraterone/ enzalutamide (or chemotherapy/ radium223). Need up to date bone scan and CT CAP - please book at the same time as referral.

For non-metastatic castrate resistant prostate cancer - these patients are NOT eligible for abiraterone, enzalutamide, chemotherapy or radium 223. Therefore if they have a rising PSA, they need bone scan and CT CAP - and only if metastases are confirmed should they be referred to oncology.