Assign risk category to all newly diagnosed men with localised prostate cancer

- Tell men about treatment options and their risks and benefits in an objective, unbiased manner and that there is limited evidence for some treatment options.
- Given men with prostate cancer who are candidates for radical treatment the opportunity to discuss their treatment options with a specialist surgical oncologist and a specialist clinical oncologist.
- Before treatment for prostate cancer, warn men:
  - that it will result in an alteration of sexual experience and may result in loss of sexual function;
  - about potential loss of ejaculation and fertility, and offer sperm storage; and
  - of the likely effects of the treatment on their urinary function.

Discuss the purpose, duration, frequency and location of follow up with each man
Advise men about potential longer-term adverse effects of treatments and when and how to report them
Check PSA levels at the earliest 6 weeks following treatment, at least every 6 months for the first 2 years and then at least once a year thereafter
Do not routinely offer DRE while the PSA remains at baseline levels
After at least 2 years offer follow up outside hospital by telephone or secure electronic communications to men with a stable PSA who have no significant treatment complications. Direct access to the urological cancer MDT should be offer and explained.
Men who have chosen a watchful waiting regimen should normally be followed up in primary care in accordance with protocols agreed by the local urological cancer MDT and relevant primary care organisations.