The Association for Clinical Biochemistry & Laboratory Medicine

Better Science, Better Testing, Better Care

Summary of NICE Guidelines

Title	Prostate cancer: diagnosis and treatment
NICE Reference	CG 175
Date of Review:	July 2018
Date of Publication	January 2014
Summary of Guidance (Max 250 words)	The recommendations made are relevant to men referred to secondary care with suspected or diagnosed prostate cancer. Guidance provided includes: ○ Diagnosis - ○ Using serum prostate specific antigen (PSA) and digital rectal examination (DRE) to determine need for biopsy. ○ Staging and treatments - ○ Assigning risk category (low, intermediate, high) to localised prostate cancer - combining PSA level, Gleason score and clinical stage ○ Offering active surveillance to men with low risk localised cancer for whom radical treatment is suitable. Includes measurement of serum PSA concentration and kinetics, as well as repeat DRE, at set time intervals. ○ Offering radical treatment where there is evidence of disease progression. ○ Use of androgen deprivation therapy alongside radical external beam radiotherapy. ○ Managing adverse effects of radical therapy – ○ sexual dysfunction, urinary incontinence, radiation-induced enteropathy ○ Follow-up – ○ Including measurement of serum PSA at least 6 weeks after radical therapy, then at least 6-monthly for the first two years and once a year thereafter ○ Offering follow-up outside hospital after at least two years to men with stable PSA and no significant treatment complications ○ Managing relapse after radical treatment – ○ Analysing serial PSA levels using the same assay ○ Estimating PSA doubling time following biochemical relapse, based on minimum three measurements over at least a six-month period ○ Treatment options in men with biochemical relapse ○ Men having androgen-deprivation therapy – ○ Measuring serum PSA every three months with intermittent therapy. ○ Restarting therapy if PSA reaches ≥10 µg/L.

Impact on Lab (See below)	☐ Moderate
Lab professionals to be made aware	✓ Laboratory Manager ✓ Chemical Pathologist ✓ Clinical Scientist
Please detail the impact of this guideline (Max 150 words)	Laboratories should be capable of measuring serum PSA. New active surveillance recommendations in men with low- and intermediate-risk localised cancer may cause an increase in laboratory PSA workload. The recommended protocol for active surveillance includes PSA measurement every 3-4 months in the first year and monitoring of PSA kinetics throughout. The latter may include PSA doubling time and velocity. The recommendation to measure serial PSA levels by the same assay technique requires stability in the PSA assay platform provided by individual laboratories.

Impact on Lab

- **None**: This NICE guideline has no impact on the provision of laboratory services
- **Moderate**: This NICE guideline has information that is of relevance to our pathology service and may require review of our current service provision.
- **Important:** This NICE guideline is of direct relevance to our pathology service and will have a direct impact on one or more of the services that we currently offer.

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