



Figure 1 (overleaf). Simplified overview of conservative strategies in the management of biopsy-diagnosed prostate cancer.

European Association of Urology (EAU) risk-adapted screening protocol that guides clinicians to appropriately order prostate-specific antigen (PSA; a protein produced by the prostate gland used as a biomarker for the detection and monitoring of prostate cancer), magnetic resonance imaging (MRI) and biopsy.¹⁹

^AFor further details, see the European Society for Medical Oncology guideline for metastatic prostate cancer²⁰ or the EAU/American Urological Association (AUA) guidelines.^{21,22} ^BNote that cancer diagnosis can come from tissue from other sources, such as a transurethral prostatic resection specimen.

^CComputed tomography (CT) + bone scan if unavailable.

ADT, androgen deprivation therapy (a treatment strategy that reduces concentrations of male hormones, such as testosterone, to slow the growth

of prostate cancer); cT1, Tumour Stage 1 (indicates the cancer is confined to the prostate gland and is not palpable or visible on imaging); cT2a, Tumour Stage 2a (indicates the cancer is still confined to the prostate gland but can be felt on a digital rectal examination); cT2b, Tumour Stage 2b (indicates the cancer has grown to involve more than half of one side of the prostate gland); cT2c, Tumour Stage 2c (indicates the cancer has grown to involve both sides of the prostate gland); ISUP, International Society of Urological Pathology (standardised criteria for grading prostate cancer based on microscopic examination of tumour samples); PSMA PET, prostate-specific membrane antigen positron emission tomography (a molecular imaging technique that uses a radioactive tracer to target prostate-specific membrane antigen, allowing for improved detection and staging of prostate cancer).

^{*}ISUP 2 disease eligible for active surveillance if cores: <10% pattern 4, less than three positive; no intraductal carcinoma of the prostate (IDC)/cribriform growth.⁷