



# Post Treatment Monitoring for Recurrence: The 'Usual Pathway'

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After surgery patients are monitored for recurrence by monitoring Prostate Specific Antigen (PSA) levels at a follow-up clinic appointment at 6 weeks. At their clinic appointment, patients are assessed for recurrence of cancer. PSA is an enzyme produced by the prostate gland. PSA is generally checked every 3 months for the first year, then every 6 months for the next 3 years, as per guidance from the European Association of Urology [1]. Post radical surgery, a PSA of greater than 0.1 ng/mL is indicative of 'biochemical,' recurrence. This is interpreted to mean recurrence of cancer. As part of standard follow-up psychosexual concerns are rarely directly addressed.

Current National Institute for Clinical Excellence (NICE) guidance specifies patients should have access to erectile dysfunction services early [2]. Additionally, they also specify patients should have access to medical therapy, if they require it, or alternative treatments [2]. However, in most centres, psychosexual care is not addressed as part of current follow-up [2].

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## References

1. Heidenreich A, Bastian PJ, Bellmunt J, Bolla M, Joniau S, van der Kwast T, Mason M, Matveev V, Wiegel T, Zattoni F, Mottet N. EAU guidelines on prostate cancer. Part 1: screening, diagnosis, and local treatment with curative intent—update 2013. *Eur Urol.* 2014;65:124–37.
2. Graham J, Kirkbride P, Cann K, Hasler E, Prettyjohns M. Prostate cancer: summary of updated nice guidance. *BMJ (Online).* 2014;348:f7524.