

Information for Patients



Active Surveillance for Prostate Cancer



What is active surveillance?

Active surveillance is a management strategy for many men with low risk prostate cancer. The cancer is not immediately treated but is very closely monitored, it is only treated if it shows evidence of change.

Active surveillance involves monitoring

Your cancer will be monitored with regular tests. The tests aim to find any changes that suggest the cancer is growing. You will have some of the tests listed below.

Prostate specific antigen (PSA)

This is a blood test that measures the amount of PSA in your blood. PSA is a protein produced by your prostate.

Digital rectal examination (DRE)

The Urologist will feel your prostate gland through the wall of your back passage (rectum).

Prostate biopsy

A biopsy involves taking small pieces of prostate tissue. This is sent to the laboratory to look for signs of prostate cancer. This may be called a transrectal ultrasound (TRUS) prostate biopsy.

Saturation grid biopsies are sometimes required if the urologist decides a larger sample of prostate tissue is needed to assist the diagnosis. This procedure is done under a general anaesthetic.

Magnetic resonance imaging (MRI)

An MRI scan may be undertaken to look for any abnormal areas in the prostate. This will assist the urologist with the diagnosis.

If tests show signs that the cancer is changing, your urologist will discuss with you whether you should have treatment and what your options are.

Active surveillance protocol

Active surveillance has a set protocol for monitoring. Following the initial TRUS biopsy it will be decided if you are eligible for enrolment into the Active Surveillance programme.

Follow-up

3 months

- PSA blood test

6 months

- PSA blood test
- MRI scan
- Repeat prostate biopsy (TRUS)
- Urologist appointment and DRE

9 months

- PSA blood test

12 months

- PSA blood test

18 months

- PSA blood test

24 months

- PSA blood test

30 months

- PSA blood test
- Second repeat prostate biopsy (TRUS)
- Urologist appointment and DRE

Annual PSAs following biopsy

3 years following second biopsy

- PSA blood test
- Third repeat prostate biopsy (TRUS)
- Urologist appointment and DRE

Annual PSAs following biopsy

5 years following third biopsy

- PSA blood test
- Fourth repeat prostate biopsy (TRUS)
- Urologist appointment and DRE

PSA's continue yearly

Biopsies every 5 years thereafter

This programme will generally continue until you are 75 years of age or develop significant health problems. At that point, annual PSA tests only will be recommended.

George Acland
MB ChB, FRACS
Urologist

Kevin Bax
MB ChB, FRACS
Urologist

Nick Buchan
MB ChB, FRACS
Urologist

Deborah Friberg
MB ChB, FRACS
Urologist

Frank Kueppers
Dr. med.
Urologist

Giovanni Losco
MB ChB, FRACS
Adult & Paediatric
Urologist

Jane MacDonald
MB ChB, FRACS
Urologist

Stephen Mark
MB ChB, FRACS
Adult & Paediatric
Urologist

Louise Rouse
BHB, MB ChB, FRACS
Urologist

Urology Associates

Forte Health, 132 Peterborough Street
PO Box 917, Christchurch 8140

P: 03 355 5129

E: reception@urology.co.nz

www.urology.co.nz