## Post radical prostatectomy • Do not offer biopsy of the prostatic bed. • Offer biopsy of the prostate only to people being • Offer radical radiotherapy to the prostatic bed to people with biochemical relapse after radical prostatectomy but with no known metastases. **Imaging** For people with evidence of biochemical relapse following radical treatment who are considering radical salvage therapy • Do not offer routine MRI prior to salvage radiotherapy.

## Management

• Offer isotope bone scan if symptoms or prostate-specific antigen

(PSA) trends are suggestive of metastases.

Post radiotherapy

considered for local salvage therapy in the context of a

clinical trial.

- Biochemical relapse (a rising PSA) alone should not prompt an immediate change in treatment.
- Biochemical relapse should trigger an estimate of PSA doubling time based on a minimum of 3 measurements over at least a 6-month period.
- Consider people with biochemical relapse for entry into appropriate clinical trials.
- Do not routinely offer hormonal therapy unless people have symptomatic local disease progression or any proven metastases or a PSA doubling time of less than 3 months.