

# MOPH Prostate Cancer Guidelines:

1. Diagnosis
2. Staging and risk assessment

Risk stratification for localized and locally advanced prostate cancer				
	Low-risk	Intermediate-risk	High-risk	
<b>Definition</b>	PSA < 10 ng / mL and GS < 7 and cT1-2a	PSA 10-20 ng /mL or GS 7 or cT2b	PSA > 20 ng / mL or GS > 7 or cT2c	any PSA any GS cT3-4 or cN+
	<b>Localized</b>			<b>Locally advanced</b>

## Treatment

### I.

#### Localized Low Risk PCa

- a) Watchful waiting / Active surveillance **OR**
- b) Radical Prostatectomy (RP) **OR**
- c) Radiotherapy

#### Localized Intermediate Risk PCa

- a) Watchful waiting **OR**
- b) Radical Prostatectomy (RP) **OR**
- c) Radiotherapy + short-term ADT (4-6 months)

#### Localized High Risk & Locally Advanced PCa

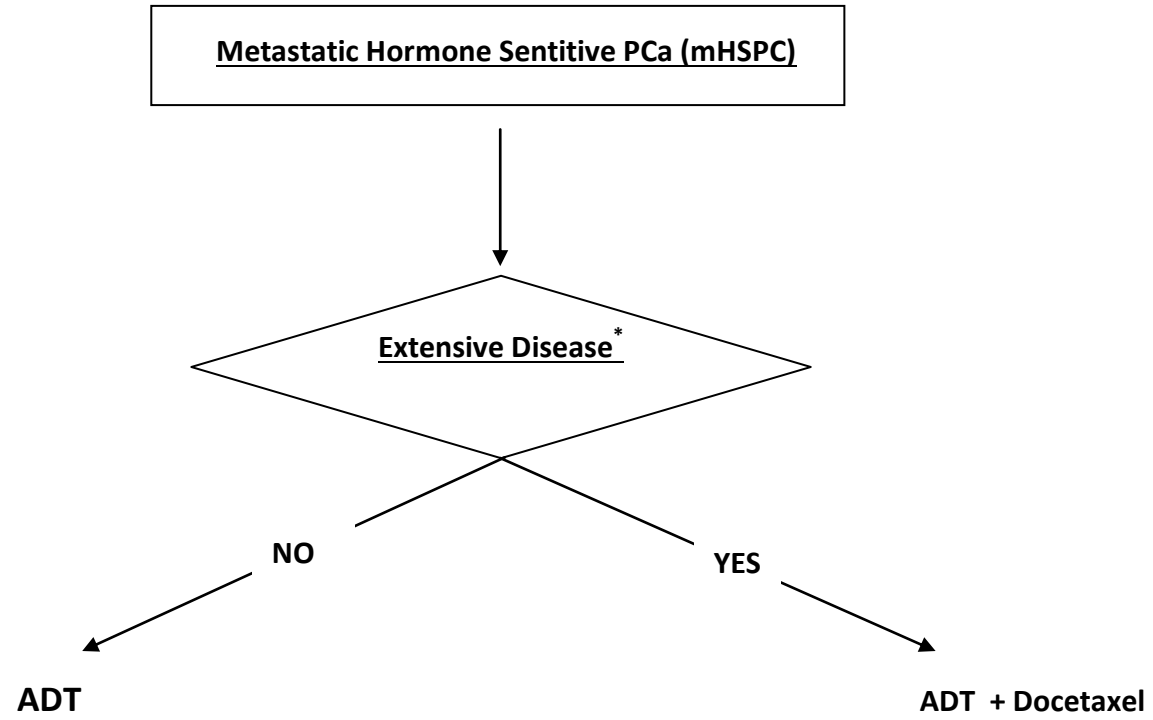
- a) Watchful waiting **OR**
- b) Radical Prostatectomy\* **OR**
- c) Radiotherapy + ADT (2 years)

\* - No adjuvant ADT for pN0  
- No neoadjuvant ADT before RP

- No combined androgen blockade is approved as first line treatment
- 4 weeks antiandrogen is indicated before medical castration

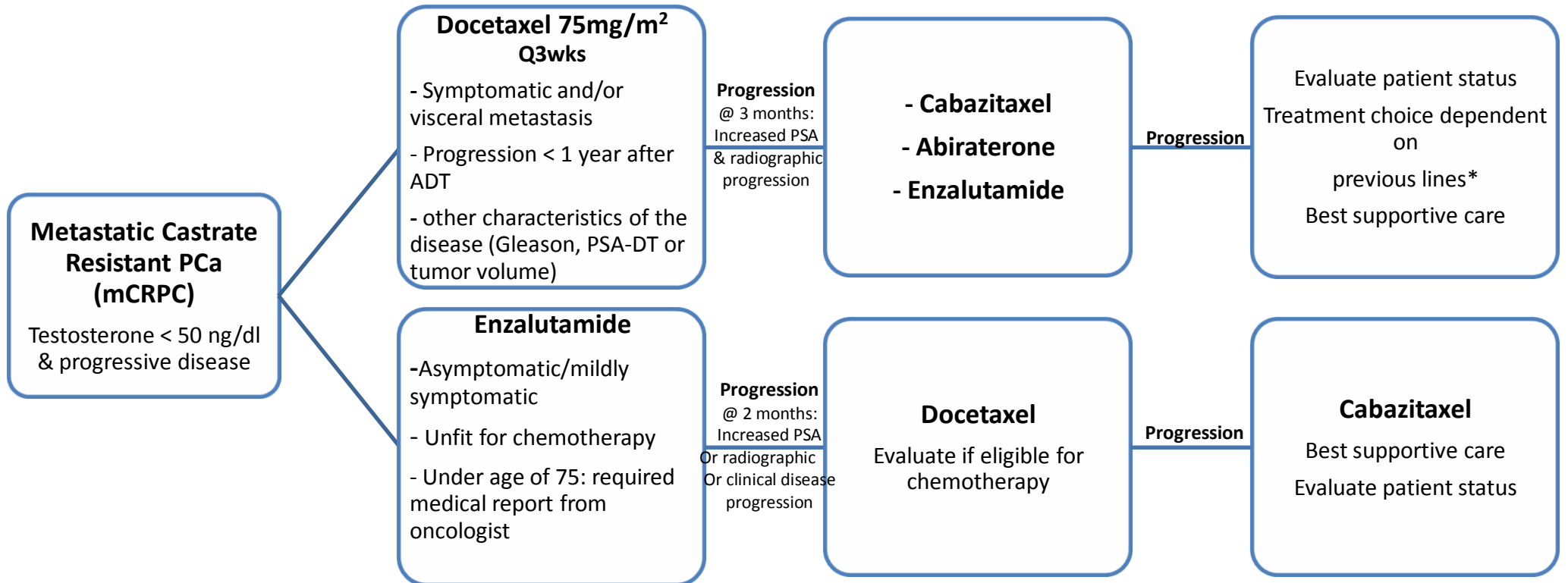
ADT: androgen deprivation therapy

II.



\* Visceral metastases and/or 4 or more bone metastases

### III.



- Cabazitaxel, Abiraterone and Enzalutamide approved for patients with performance status PS 0-1
- Biphosphonates approved for proven bone metastasis

\*Secondary hormonal manipulation is not allowed