



Royal Berkshire  
NHS Foundation Trust

Prostate exam clinic:

# Active surveillance patient plan

This folder provides you with information regarding your diagnosis, treatment plan and follow-up, as well as contact details and information regarding the team involved in your care.

**Please bring this document to all urology hospital appointments and use the table to fill in any PSA blood results.**

**This plan belongs to:** \_\_\_\_\_

**Hospital number:** \_\_\_\_\_

**Consultant in charge of care:** \_\_\_\_\_

**Presenting PSA:** \_\_\_\_\_

<b>Diagnosis:</b>	<b>Right</b>	<b>Left</b>
Gleason:	_____	_____
Cores:	_____	_____
Volume:	_____	_____

**PSA blood test results**

Months post diagnosis	Date	PSA value	MRI result if appropriate	Biopsy result if appropriate
0				
3				
6				
8				
12 (1 year)				
18				
24 (2 years)				
30				
36 (3 years)				
42				
48 (4 years)				
54				
60 (5 years)				
72 (6 years)				
84 (7 years)				
96 (8 years)				
108 (9 years)				
120 (10 years)				

## **What is active surveillance?**

Active surveillance is a way of monitoring prostate cancer that is contained inside the prostate rather than treating it straight away. It might seem strange not to have treatment, but prostate cancer is often slow-growing and may not cause any problems in your lifetime. In other words, you might never need any treatment. Many treatments for prostate cancer can cause side effects, such as leaking urine, difficulty getting and keeping an erection, and bowel problems. For some men these side effects may be long-term and have a big impact on their daily lives. If you decide to go on active surveillance, you won't have any treatment unless your tests show that your cancer may be growing – so you'll avoid or delay these side effects. If there are signs your cancer may be growing, you will be offered treatment that aims to cure it.

## **What is PSA?**

PSA stands for prostate specific antigen. This is a naturally occurring substance measured by a blood test and is used to monitor activity from the prostate cells in the body.

## **What is Gleason grade?**

If there is prostate cancer in your biopsy samples, they are given a Gleason grade. This grade tells you how aggressive the cancer is – in other words, how likely the cancer is to grow and spread outside the prostate. When cancer cells are looked at under the microscope, they have different patterns, depending on how quickly they are likely to grow. The pattern is given a grade from 1 to 5 on the Gleason grade. If a grade is given, it will usually be 3 or higher, as grade 1 and 2 are not cancer.

An overall Gleason score is worked out by adding together two Gleason grades. The first is the most commonly seen grade in all samples (i.e. the 'typical' grade). The second is the highest grade seen in the sample (i.e. the grade in the most affected cells). When the most common and the highest grade are added together, the total is called the *Gleason score*.

## **What is doubling time?**

This is the time taken for the PSA to double. It is worked out by looking at a number of PSA values over time. It is a measure of how quickly a cancer may be growing.

## **What is an MRI scan?**

MRI (magnetic resonance imaging) uses magnets to create a detailed picture of your prostate and the surrounding tissues. You might have an MRI scan to find out if the cancer has spread and you're thinking about treatment options such as radiotherapy or surgery. An MRI scan is often the first type of scan used as it is the most accurate way of looking at the prostate. MRI scans of the prostate are given a PIRAD score. This ranges from 1 to 5, where 5 is highly suggestive of cancer and 1 is normal.

## **What is a telephone appointment?**

The hospital will send you an appointment time and date through the post. Instead of attending the outpatient clinic we will call you on your preferred number with the result of your PSA test. You will need to make sure withheld numbers are not blocked and be available at the time and date stated on your letter.

Further information is available through your nurse specialist or at [www.prostatecanceruk.org](http://www.prostatecanceruk.org)

## Active surveillance for prostate cancer

### Individual plan *after* diagnosis

**Please have PSA blood test between 1 and 2 weeks before each appointment.**

Time point	Patient action
3 months	Please have PSA blood test. You will receive an appointment to be seen by a member of the Urology team.
6 months	Please have PSA blood test. You will receive an appointment to be seen by a member of the Urology team.
12 months	Please have PSA blood test. You will receive an appointment to be seen by a member of the Urology team.
18 months	Please have PSA blood test. You will receive a telephone appointment to be seen by a member of the Urology team.
24 months	Please have PSA blood test. You will receive an appointment to be seen by a member of the Urology team.
30 months	Please have PSA blood test and be available for your telephone appointment.
36 months	Please have PSA blood test and be available for your clinic appointment.
Every 6 months after	Please have a PSA blood test. You will receive an annual outpatient clinic appointment with the Urology team, you should have an interval (6 monthly) PSA blood test and discuss the result with your GP.

**NB: You may have an MRI scan or a further prostate biopsy at some stage during your follow up. This will depend on a number of factors including your PSA and will be discussed at each appointment.**

### Urology Department contact details

Appointments	0118 322 8629
Clinical Administration Team	0118 322 8629 Email: <a href="mailto:rbb-tr.CAT3a@nhs.net">rbb-tr.CAT3a@nhs.net</a>
Cancer Nurse Specialists	0118 322 7905
Hopkins Ward	0118 322 7771

### Amplitude\* contact details

Customer Support	0333 014 6363
E-mail address	<a href="mailto:customer.support@amplitude-clinical.com">customer.support@amplitude-clinical.com</a>

\*Amplitude is supporting this department by recording and comparing your physical progress and wellbeing, as well as your quality of life, before and after a urological procedure

**Please ask if you need this information in another language or format.**

RBFT Department of Urology, June 2026. Next review due: June 2028.

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