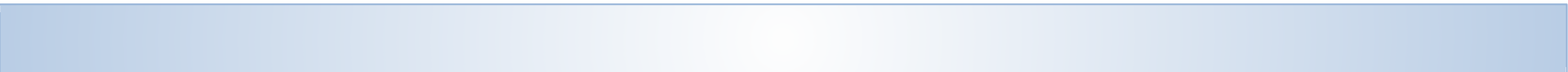




Clinically Localized Prostate Cancer: AUA/ASTRO/SUO Guideline Intermediate-Risk Disease

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DISCLOSURES

Martin G. Sanda, MD: No disclosures



RISK STRATIFICATION

The Panel incorporated contemporary Grade Group categorizations to subcategorize intermediate-risk group into “*favorable*” (Gleason 3+4, Grade Group 2) and “*unfavorable*” (Gleason 4+3, Grade Group 3) categories to facilitate decision-making

Gleason Score	Grade Group*
3+3	1
3+4	2
4+3	3
4+4	4
4+5, 5+4, or 5+5	5

*Grade Group = Contemporary Pathology Consensus Based on Gleason Score and Adopted by WHO, 2016

FAVORABLE VS UNFAVORABLE INTERMEDIATE RISK SUB-GROUPS

PCa Intermediate Risk Sub-Group	Pathology Grade Group	PSA (ng/ml)	Clin Stage (DRE)
Favorable	1	10-20	T1-T2a
	2	<10	
Unfavorable	2	<10	T2b
	2	10-20	Any T1-2
	3	<20	Any T1-2

(Amount of Pca on biopsy not included in sub-categorization due to lack of such strata in RCT evidence)



GUIDELINE STATEMENTS

Staging in Intermediate-Risk Patients

- Clinicians should consider staging *unfavorable* intermediate-risk localized prostate cancer patients with cross sectional imaging (CT or MRI) and bone scan (*Expert Opinion*)



GUIDELINE STATEMENTS

Standard Treatment Option

- Clinicians should recommend radical prostatectomy or radiotherapy plus androgen deprivation therapy (ADT) as standard treatment options for patients with intermediate-risk localized prostate cancer (*Strong Recommendation; Evidence Level A*)



GUIDELINE STATEMENTS

Alternative Options

- Clinicians should inform patients that favorable intermediate-risk prostate cancer can be treated with radiation alone, but that the evidence basis is less robust than for combining radiotherapy with ADT (*Moderate Recommendation; Evidence Level B*)



GUIDELINE STATEMENTS

Alternative Options

- In select patients with intermediate-risk localized prostate cancer, clinicians may consider other treatment options such as cryosurgery (*Conditional Recommendation; Evidence Level C*)
- Active surveillance may be offered to select patients with favorable intermediate-risk localized prostate cancer; however, patients should be informed that this comes with a higher risk of developing metastases compared to definitive treatment (*Conditional Recommendations, Evidence Level C*)



GUIDELINE STATEMENTS

Additional Statements

- Clinicians should recommend observation or watchful waiting for men with a life expectancy ≤ 5 years with intermediate-risk localized prostate cancer (*Strong Recommendation; Evidence Level A*)
- Clinicians should inform intermediate-risk prostate cancer patients who are considering focal therapy or HIFU that these interventions are not standard care options because comparative outcome evidence is lacking (*Expert Opinion; no comparative evidence*)

CARE OPTION SUMMARY

Evidence Level/ Recommendation Strength	Care Option Advisability Based on Prostate Cancer Severity Subgroup	
	Favorable Intermediate Risk	Unfavorable Intermediate Risk
A / Strong	Radical Prostatectomy <i>OR</i> Radiotherapy with ADT	Radical Prostatectomy <i>OR</i> Radiotherapy with ADT
B / Moderate	Radiotherapy* without ADT	NA
C / Conditional	Active Surveillance <i>OR</i> Cryosurgery (whole gland)	Cryosurgery (whole gland)
No evidence / clinical principle or expert opinion	Focal Ablative Therapy <i>OR</i> HIFU	Focal Ablative Therapy <i>OR</i> HIFU

* Radiotherapy includes external 3-D conformal or IMRT, alone or combined with LDR or HDR radiotherapy