West of Scotland Cancer Network

Urological Cancers Managed Clinical Network



Prostate Cancer

Regional Digital Follow-up (DFUP) Guideline

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Introduction

The purpose of the prostate cancer regional follow-up guideline is to ensure consistency of practice across the West of Scotland and the principles of any revision to the follow-up guideline will continue to ensure that management of patients after initial treatment for prostate cancer are:

- Patient-centred
- · Aligned to recognised current best practice
- Equitable across the region
- Clinically safe and effective
- · Efficiently delivered

These regional guidelines are supported by the Urological Cancers MCN whose members also recognise that specific needs of individual patients may require to be met by an alternative approach and that this will be provided where necessary and documented in the patient notes.

Prostate Cancer Digital Follow-up

WoSCAN has implemented digital follow up (DFUP) for prostate cancer patients that have been treated with radical prostatectomy or radical radiotherapy.

As of April 2025, it has been agreed with the Urology Oncology Team that patients treated with brachytherapy (radioiodine implant) can be enrolled for digital follow up in line with the threshold set for radical radiotherapy ie Nadir + 2.

The digital pathway supports ongoing routine monitoring of Prostate-Specific Antigen (PSA) over a 10-year period post radical treatment.

Individuals also have the option to decline digital follow up if this does not suit their needs.

Management of DFUP is facilitated by six Health Care Support Workers: one HCSW in each of NHSFV, NHSLAN, NHSAA and three in NHSGGC (North, South and Clyde Sectors). Patients are referred from their clinical team to their local HCSW and can be enrolled to DFUP at any time during the 10 years follow up period post radical treatment.

DFUP enables timely and secure access to PSA results and indicates whether the result is satisfactory or unsatisfactory based on agreed thresholds.

Radical treatment	PSA satisfactory range
Prostatectomy	<0.1
Radiotherapy	Nadir + 2
Brachytherapy	Nadir + 2

The result can be communicated in a variety of ways depending on patient preference, which is usually by email or SMS, but can include an automated telephone call or interaction with an app.

At any interaction with the DFUP system, patients can flag any concerns regarding symptoms or feelings and will be directed to Prostate Cancer UK literature or alternatively request a contact with the Clinical Team. At each interaction, patients are also invited to respond to a feedback survey, the results of which are collated and analysed by WoSCAN.

Digital Follow up schedule:

Radical Prostatectomy and Radical Radiotherapy (+/-hormones)*

Timeline	Follow up Schedule
Year 1-5	PSA 6 monthly
Year 6-10	PSA annually

^{*}For patients being treated with radical radiotherapy without hormone treatment, it can take up to 24 months for the PSA to reach its nadir.

Patients should only be referred for DFUP after having reached their PSA nadir (at least two consecutive stable PSA readings which must be <2).

Digital Follow up schedule:

Brachytherapy**

Timeline	Follow up Schedule
Year 3-5	PSA 6 monthly
Year 6-10	PSA annually

^{**}With brachytherapy treatment, the PSA nadir can be delayed until 18 months post treatment. Therefore, it has been agreed that brachytherapy patients will be followed up for the first two years by traditional means as per local arrangements. Having reached the nadir, and if PSA is stable at this point after 2 consecutive PSA readings, brachytherapy patients can be referred for digital follow up in Years 3-10.

Unsatisfactory Results

Unsatisfactory alerts are notified to the HCSW via the digital system dashboard and to the patient as follows in the example for prostatectomy (where the threshold is undetectable).

PSA Unsatisfactory

Your PSA level is 0.1 which is higher than your previous levels. You will receive a telephone appointment with our Clinical Nurse Specialist within 2-3 weeks to discuss your results and determine if any action is required.

- Within one working day from the alert being notified to the HCSW, the HCSW will flag this to the responsible CNS or appointed delegate.
- The HCSW will arrange for a repeat PSA.
- An appointment will be arranged within 2-3 weeks for the CNS or appointed delegate to speak with the patient to discuss the PSA result and determine the action required.
- The HCSW will deactivate the patient from digital follow up whilst they are under follow up by the relevant clinical team.
- If appropriate, following review of the repeat PSA, the CNS will refer the patient to the relevant MDT for consideration of further imaging/salvage treatment.
- The CNS will continue to update the patient at appropriate points.
- If PSA stabilises, patients may be re-enrolled in DFUP if deemed appropriate by the responsible Clinician.

Discharge

Patients are discharged from DFUP at the end of the 10-year period and annual PSA testing will cease. There is no requirement for referral to primary care for annual PSA testing following discharge from DFUP.

Re-referral from Primary Care to the Uro-oncology service will be via existing local processes.

Appendix 1: WoSCAN Digital PSA Follow Up Referral Proforma

This patient has been referred for enrolment in digital follow up (DFUP) after radical treatment for prostate cancer ie.

- Radical prostatectomy or
- Radical radiotherapy (+/-hormones) or
- Brachytherapy.

Referred by:			
Date:			
Patient details:			
Radical prostatectomy			
Gleason Score:			
Date of RALP:			
PSA Nadir:			
Final TNM:			
Radical Radiotherapy only			
Date completed radiotherapy:			
PSA Nadir: (at least two consecutive stable PSA readings which must be <2)			
Radical radiotherapy and Hormones			
Date completed radiotherapy:			
Date completed Hormones (if applicable):			
PSA nadir:			
Brachytherapy			
Date of brachytherapy:			
PSA nadir:			
Any other relevant information:			

Follow up schedule:

Timeline	Nationally agreed DFUP schedule
Year 1 -5	PSA 6 monthly
Year 6-10	PSA annually

Completed document to be scanned to EPR

Contact [insert HCSW name/contact details] for any queries in regard to digital follow up in NHS [insert NHS Board (sector)].