



Dear Colleague,

The NCRI Prostate Clinical Study Group is currently developing a clinical trial of hormonal treatment in patients with **PSA relapse after radical radiotherapy** for **prostate cancer**, looking at immediate versus deferred hormones and the value of investigations in this patient group. We are therefore seeking an overview of contemporary practice in the UK. It would be very helpful if you were able to complete the attached brief questionnaire as it is only by collecting and using this information that a trial can be designed which will be both interesting and valuable for UK uro-oncologists.

**1. Are you?** (please circle one)

Urological Surgeon

Clinical Oncologist

Medical Oncologist

**2. Do you treat patients with PSA relapse after radiotherapy?** (please circle one)

Yes

No

**3. Which of the following factors drives your decision to start salvage hormonal therapy** (please give each mark of 1-5, 1 for the most important factor and 5 for the least important one)

1 2 3 4 5 PSA doubling time

1 2 3 4 5 PSA value

1 2 3 4 5 Symptoms

1 2 3 4 5 Scan evidence of early metastases

1 2 3 4 5 Patient preference

**4. Just thinking about PSA levels or PSA doubling times, when would you most commonly start androgen suppression?** (please tick one)

\_\_\_\_\_ PSA <2.0 ng/ml

\_\_\_\_\_ PSA 2.0 to 4.9 ng/ml

\_\_\_\_\_ PSA 5.0 to 9.9 ng/ml

\_\_\_\_\_ PSA 10-20ng/ml

\_\_\_\_\_ PSA 20-50 ng/ml

\_\_\_\_\_ PSA >50 ng/ml

\_\_\_\_\_ PSADT <3 months

\_\_\_\_\_ PSADT 3.1 to 6.0 months

\_\_\_\_\_ PSADT 6.1 to 12 months

**5. Which androgen suppression agent/approach do you most commonly use? (please tick one)**

- LHRH analogue  
 Anti androgen  
 Combined therapy

**6. What duration of hormonal treatment do you advise for patients with PSA relapse?**  
(please tick one)

- Continuous indefinite treatment  
 Intermittent hormonal therapy  
 Other

**7. Thinking about the patient who has a rising PSA and has not started hormonal therapy, when would you first consider imaging the patient ? (please tick one)**

- No routine imaging  
 PSA >5ng/ml  
 PSA >10ng/ml  
 PSA >20 ng/ml  
 PSA >50 ng/ml

**8. Would you reimaging the patient after starting hormonal therapy ?**

- Yes .  
 No

*If yes, please put down brief comment below as to when you would do this eg after fixed period of treatment; after specific rise in PSA etc)*

when would you do this ?:

Thank you very much indeed for your help. We will circulate the results once they are collected and will have early feedback with regard to the development of the proposed trial.

With best wishes,

**Dr Alison Birtle**

**Professor David Dearnaley**

**Mr Matthew Sydes**

*on behalf of NCRI Prostate Cancer Clinical Study Group*

Please return the questionnaire by fax to 01772 522178

Or by email to [Alison.birtle@lthtr.nhs.uk](mailto:Alison.birtle@lthtr.nhs.uk)

Or by post to: Dr Alison Birtle

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