Imaging and Referral Guide for GPs

Prostate and Urinary Symptoms: When Imaging Matters



Clinically reviewed by:

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Imaging and Referral Selector

Lower urinary tract symptoms (LUTS) are common in men and usually benign, but around 300,000 Australian men are living after a prostate cancer diagnosis,[1] where new urinary symptoms may reflect treatment effects or recurrence. GPs play a central role across the continuum of care, from urinary symptoms and PSA monitoring to recognising when specialist review and further imaging may change management.

The 2026 guidelines[2,4] take a risk-based approach: GPs should initiate a discussion about PSA testing with men aged 50–69, and from 45 for men at higher risk (e.g. family history), with clearer guidance on testing intervals and next steps when PSA is higher than expected. Consider PSA in men with LUTS, erectile dysfunction or visible haematuria.[3] For men on active surveillance, GPs support adherence to the surveillance plan and recognise changes that should prompt specialist review.

Clinical situation	Key features / differentiators	Recommended next step
Elevated PSA or abnormal DRE, not yet diagnosed	PSA at or above the age- and risk-based action level, confirmed on repeat within 1–3 months; or suspicious DRE	Specialist referral; mpMRI before biopsy (specialist-requested)
Active surveillance	Low- or very low-risk disease; PSA and symptoms stable	Support the specialist plan; surveillance MRI as scheduled by the specialist
Rising PSA after treatment	PSA rising from post-treatment nadir; possible biochemical recurrence	Specialist reassessment; PSMA PET/CT to assess beyond the prostate bed
Suspected local recurrence	Salvage biopsy or salvage treatment being considered	Prostate or pelvic MRI, or PSMA PET/CT, specialist-directed
Visible haematuria, with or without after pelvic radiation	Exclude UTI. Do not assume radiation cystitis; second bladder cancer risk is increased	Urology referral; CT urography and cystoscopy as directed
New or worsening LUTS, voiding difficulty or retention	Frequency, urgency, nocturia, weak stream, straining or recurrent UTI; BPH, urethral stricture or calculi	Renal tract US with post-void residual; urology referral if complicated (see p2)
Rectal bleeding or bowel change after radiation	Exclude colorectal cancer; pneumaturia or faecaluria suggests fistula	Colonoscopy (flag prior radiation); pelvic MRI or CT if fistula suspected
Starting longer-term ADT	Accelerated bone loss and increased fracture risk	Baseline DXA (MBS 12312 male hypogonadism; 12323 if aged 70+)
New bone pain, raised ALP or hypercalcaemia	Persistent or night-time pain; possible bone metastases	Specialist review; PET imaging including FDG or PSMA, and bone scan
Back pain with new neurological symptoms	Limb weakness, sensory change, bladder or bowel dysfunction	Same-day emergency assessment; urgent whole-spine MRI

What to include on the referral

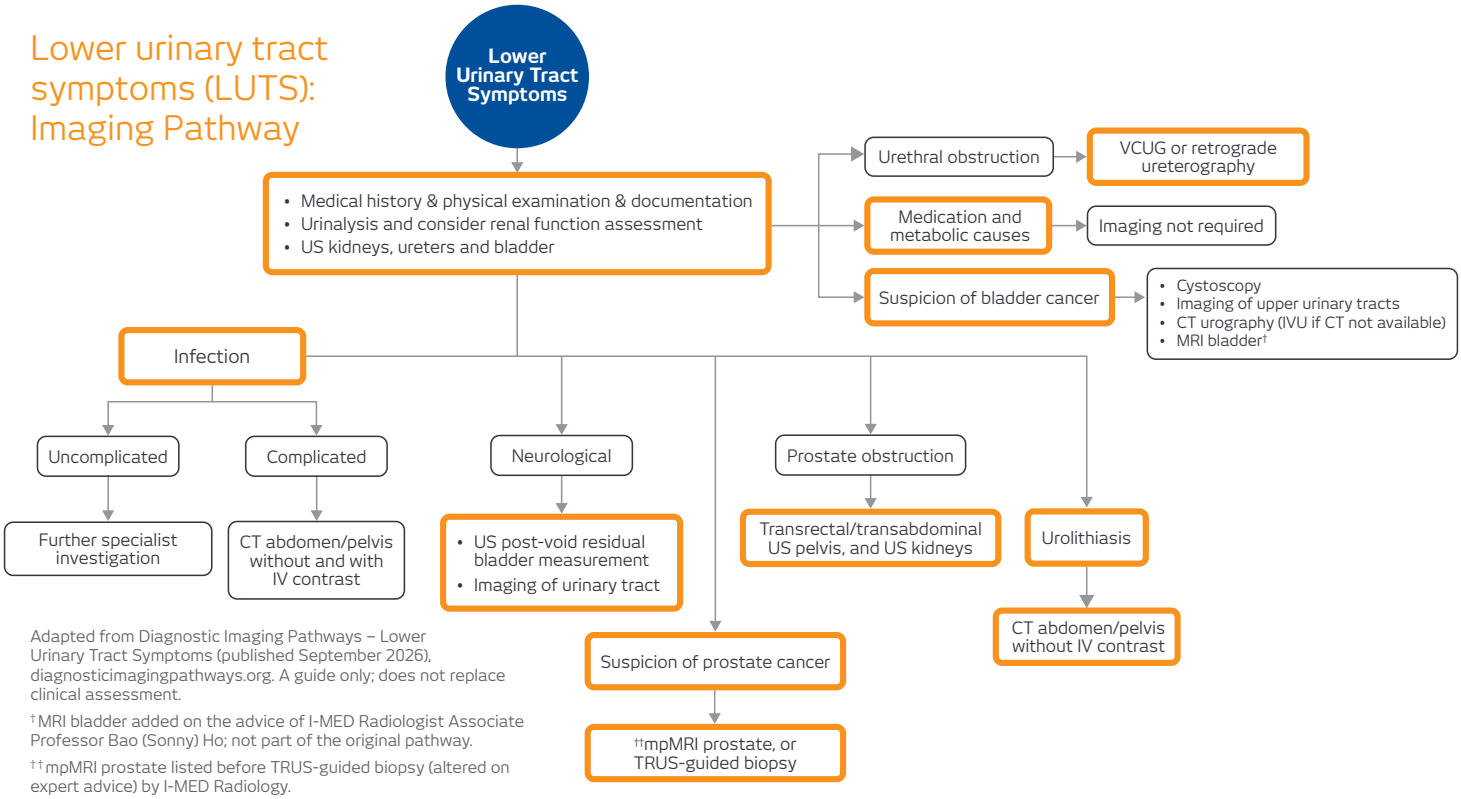
Complete clinical detail helps the radiologist choose the right modality and protocol first time.

Treatment history	Surgery, radiation, focal therapy or ADT, with dates. "Post-RP" alone is not enough.
PSA trend	List values and dates (e.g. 0.09 0.16 0.24 ng/mL over 9 months), not "PSA rising".
Current systemic therapy	ADT or androgen receptor pathway inhibitor: agent and start date.
Clinical question	"Local recurrence?" vs "Whole-body staging?" vs "Fracture or metastasis?" – this determines the modality.
MRI safety and contrast	Penile prosthesis, artificial urinary sphincter, pacemaker or other implants; eGFR and contrast allergies.
Requesting clinician	Medicare-funded prostate MRI and PSMA PET/CT generally require a specialist request.

1 Prostate Cancer Foundation of Australia. (2026, May 25). A million men at higher risk: New national survey on prostate cancer.
2 Prostate Cancer Foundation of Australia. (n.d.). Clinical guidelines for the early detection of prostate cancer (NHMRC-approved).
3 Diagnostic Imaging Pathways. (2026, September). Lower urinary tract symptoms. diagnosticimagingpathways.org
4 Cancer Council NSW. (2026, August 18). New clinical guidelines set a clearer path for prostate cancer testing in Australia.

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Lower urinary tract symptoms (LUTS): Imaging Pathway



Adapted from Diagnostic Imaging Pathways – Lower Urinary Tract Symptoms (published September 2026), diagnosticimagingpathways.org. A guide only; does not replace clinical assessment.

† MRI bladder added on the advice of I-MED Radiologist Associate Professor Bao (Sonny) Ho; not part of the original pathway.

†† mpMRI prostate listed before TRUS-guided biopsy (altered on expert advice) by I-MED Radiology.

Where to refer – NSW

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Location	Address	Phone	Fax	MRI	PSMA PET
Armidale	217-219 Rusden Road, Armidale 2350	02 6772 2349	02 6772 4757	✔	
Bondi Junction	Suite 1/3 Waverley St, Bondi Junction 2022	02 9389 9499	02 9197 8480	✔	
Brookvale	660-664 Pittwater Road, Brookvale 2100	02 9972 5500	02 9981 4457	✔	
Campbelltown	Campbelltown Park Central (Radiology), Cnr Hyde Parade and Parkside Crescent, Campbelltown 2560	02 4626 1940	02 4626 3694	✔	
	Campbelltown Park Central (Nuclear Medicine), Cnr Hyde Parade and Parkside Crescent, Campbelltown 2560	02 4625 0260	02 4625 0430		✔
	Campbelltown (Queen Street), Suite 19-22/82 Queen Street, Campbelltown 2560	02 4625 2815	02 4620 5842	✔	
Camperdown	BRMI, 94 Mallet Street, Camperdown 2050	02 9114 4166	02 9114 4167	✔	
Castle Hill	Lawton House, 3/60 Cecil Avenue, Castle Hill 2154	02 9634 1811	02 8853 8577	✔	
Chatswood	Suite 3, Level 1, 38B Albert Avenue, Chatswood 2067	02 8440 3100	02 8440 3131	✔	
Coffs Harbour	140 West High Street, Coffs Harbour 2450	02 6648 2700	02 6651 4087	✔	
	Suite G01, Specialist Medical Centre, 343 Pacific Highway, Coffs Harbour 2450	02 6650 1700	02 6650 0711		✔
East Albury	Albury Wodonga Health - Albury Campus - Borella Road, East Albury 2640	02 6058 8300	02 6058 8399	✔	✔
Erina	194 Central Coast Highway, Erina 2250	02 4363 7700	02 4365 1814	✔	
Hornsby	160 Pacific Highway, Hornsby 2077	02 9480 2755	02 9477 7873	✔	
Hurstville	Hurstville Central, Shop CP1, 225H Forest Road, Hurstville 2220	02 9570 1191	02 9585 1595	✔	
Kanwal	Kanwal Medical Centre, Suite B2, 654 Pacific Highway, Kanwal 2259	02 4393 0200	02 4393 0201	✔	
Marsden Park	8/101 Elara Blvd (Elara Village Shopping Centre), Marsden Park 2765	02 8610 6500	02 8610 6555	✔	
Miranda	Ground Floor, 527-533 Kingsway, Miranda 2228	02 8522 4000	02 9525 1055	✔	✔
Newtown	Suite 1 (Ground Floor) & Suite 103 (First Floor), RPAH Medical Centre, 100 Carillon Avenue, Newtown 2042	02 8228 9000	02 8228 9090		✔
	Suite 4-6, Ground Floor, RPAH Medical Centre, 100 Carillon Avenue, Newtown 2042	02 9557 1464	02 9557 0618	✔	
North Sydney	Mater Hospital, Lower Ground Floor, 25 Rocklands Road, North Sydney 2065	02 9955 4466	02 9955 7523	✔	✔
Port Macquarie	65 Lord Street, Port Macquarie 2444	02 5525 3000	02 5525 3030	✔	
	Port Macquarie Base Hospital, Wrights Road, Port Macquarie 2444	02 6590 1400	02 6590 1449	✔	
Randwick	Neuroscience Building, Cnr Easy & Barker Streets, Randwick 2031	02 9399 1200	02 9399 1202	✔	
Wagga Wagga	36 Hardy Ave, Wagga Wagga 2650	02 6932 1300	02 6932 1399	✔	✔
West Albury	3 Ramsay Place, West Albury 2640	02 6022 5200	02 6022 5299	✔	
Westmead	Westmead Private Hospital, Ground Floor, Corner Mons & Darcy Roads, Westmead 2145	02 8633 2800	02 8633 2828	✔	

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