Authors' reply to comment:

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We thank the authors for their comments. We agree that in the new world of MRI before first biopsy for all men, we would hope that surveillance of non-visible prostate cancer will reduce, as these men would avoid the burden of diagnosis entirely. However, as many centres adopt a systematic biopsy approach, in addition to targeted cores, we do see men with non-visible 3 +3 and 3 + 4 disease, which we recognise is of lower risk than visible disease. Given that some centres still offer these men radical prostatectomy, and patients are often concerned by any diagnosis of prostate cancer, we think that active surveillance is an appropriate response.

Use of a risk stratified active surveillance programme such as we have outlined helps reduce the burden of surveillance for both the individual man and society.