St Helens and Knowsley Teaching Hospitals NHS Trust

Ref no:	159190717
From:	(Prostate Cancer UK)
Date:	19/07/17
Subject:	Active surveillance for prostate cancer

REQUEST & RESPONSE

Freedom of Information request - Active surveillance for prostate cancer

About your Trust/Health Board

In which country is your Trust/Health Board located?

- **England**
- Northern Ireland
- Scotland
- Wales

Name of Trust/Health Board/Health & Social Care Trust you are replying from:
[asked to pick from drop down list]

Active surveillance protocols

Does your Trust/Health Board/Health & Social Care Trust have an active surveillance protocol?

- **Yes – an externally published protocol, e.g. NICE**
- Yes – a local protocol/modified version of an externally published protocol
- No

Any comments:

[If 'yes – an externally published protocol']

Which externally published protocol does the Trust/Health Board/Health & Social Care Trust use?

- **National Institute for Health and Care Excellence (NICE) Clinical Guideline 175 protocol for active surveillance (2014): Available online here**
- Prostate cancer Research International: Active Surveillance (PRIAS) protocol: Available online here
- The Royal Marsden protocol
- The Johns Hopkins programme protocol
- Other published protocol (please give details) or comments:

[If 'yes – a local protocol/modified version of an externally published protocol']

Please outline details of the active surveillance protocol below (or attach the protocol document when replying to our request email):

[If 'no']

Does the Trust/Health Board/Health & Social Care Trust have plans to introduce a protocol?

- Yes – please provide details below
- No – please explain why below

Any comments:

Inclusion criteria for active surveillance

Please indicate below which of the following the Trust/Health Board/Health & Social Care Trust uses, and in what way, as **inclusion criteria for active surveillance.**

If any of the following are used according to the published protocol you follow (if applicable), then you do not have to provide further details.

	U(	Details (e.g. used according to published protocol, type (if applicable), how result is used as inclusion criteria for active surveillance):
PSA level (ng/ml)	Yo	YES Less than 10
PSA density (ng/ml/ml)	Y	NA
Clinical stage	Y	YES T2 OR LESS
Number of biopsy cores involved - please indicate the type of biopsy used	Y	1. TRANSPECTAL 10 CORES 2. TRANSPERINEAL 24-32 CORES
Gleason score	Y	YES. GLEASON 3+3 3+4
Risk classification: Low-risk = PSA <10ng/ml and Gleason score ≤6 and clinical stage T1-T2a Intermediate-risk = PSA 10-20ng/ml or Gleason score 7 or clinical stage T2b	Y	YES 1. LOW RISK 2. INTERMEDIATE RISK IF SMALL VOLUME DISEASE.
Imaging - please indicate the type of imaging used	Y	YES MRI
Biomarkers (e.g. Phi, PCA3, 4K) – please indicate the biomarker type	Y	NO
Patient characteristic: Age	Y	YES 80 YEARS or less
Patient characteristic: Life expectancy	Y	YES greater than 10 YEARS
Patient characteristic:	Y	YES PERFORMANCE STATUS 0/1

Fitness status/comorbidities		
Patient characteristic: Family history of prostate cancer	Y	YES
Patient characteristic: Ethnicity	Y	YES
Patient choice/willingness	Y	YES
Other (please provide details):		

Active surveillance clinic

Does the Trust/Health Board/Health & Social Care Trust have a dedicated active surveillance clinic?

- Yes
- **No. Active surveillance clinic is planned in the future.**

Any comments:

Follow up of men on active surveillance

Who manages men on active surveillance? If this changes over time, please provide details in the comments box below.

(Multiple select)

- **Urologist**
- Oncologist
- **CNS**
- GP
- Other (please specify) or comments:

Please indicate below which of the following tools the Trust/Health Board/Health & Social Care Trust uses, and in what way, to **follow up men during active surveillance.**

If any of the following are used according to the published protocol you follow (if applicable), then you do not have to provide further details.

	U	Details (e.g. used according to published protocol, type (if applicable), frequency the tool is used during active surveillance):
PSA	Y	YES. 3-6 MONTHLY
Multi-parametric MRI (mpMRI)	Y	YES. AT DIAGNOSIS AND 1 YEAR POST DIAGNOSIS THEN DEPENDANT ON PSA
Repeat biopsy	Y	YES. AT 1 YEAR IF DIAGNOSED WITH TRANSRECTAL BIOPSY THEN UNDERGO TRANSPERINEAL BIOPSY
Digital Rectal Examination (DRE)	Y	YES. ANNUALY

Support/counselling	Y	YES. AVAILABLE VIA CNS
Fitness/lifestyle interventions	Y	YES. HEALTH AND WELL BEING WORKSHOPS FOR APPROPRATE PATIENTS
Other (please provide details):		

Triggers for changing management strategy

Please indicate below which of the following the Trust/Health Board/Health & Social Care Trust uses, and in what way, as **potential triggers for a change in management strategy.**
If any of the following are used according to the published protocol you follow (if applicable), then you do not have to provide further details.

	Used?	Details (e.g. used according to published protocol, type (if applicable), what finding triggers a change in management strategy):
PSA kinetics	**Yes /** No	RISE IN PSA
Multi-parametric MRI (mpMRI)	**Yes** / No	INCREASED VOLUME OF CANCER
Tumour upgrading on repeat biopsy	**Yes /** No	
% of positive biopsy cores	**Yes** / No	
Increase in tumour volume	**Yes /** No	
Patient choice	**Yes /** No	
Other (please provide details):		

Active surveillance database

Does the Trust/Health Board/Health & Social Care Trust have a database of men on active surveillance?

- Yes
- **No**

Any comments:

Would the Trust/Health Board/Health & Social Care Trust be willing, and have the resources to, submit their active surveillance patients to a UK database/registry?

- Yes
- No

Any comments: TRUST WILLING TO HAVE DATABASE BUT CURRENTLY DON'T HAVE RESOURCES TO ADMINISTER IT.

- ENDS -