

Response under the Freedom of Information Act 2000

Reference	FOI/2017/462
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**Response**

**About your Trust/Health Board**

In which country is your Trust/Health Board located?

- [England](#)
- [N](#)

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 – a local protocol](#)

Any comments: [MRI based active surveillance protocol](#)

*[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):

**Inclusion:**

- Histologically proven prostate cancer Gleason  $\leq 7$ .
- Diagnostic quality mpMRI at UCLH or externally (all external MRI reviewed by UCLH radiologists in an uro-radiology meeting)
- Concordance between MRI and histology (in cases on non-concordance then transperineal targeted biopsy is performed).

**Follow up**

- PSA 3-6 monthly in 1<sup>st</sup> year, usually 6 monthly after that
- MRI 12 months after diagnostic quality MRI
- Repeat MRI at 24 months for men with a lesion scoring 4 of 5 (Likert)
- Repeat MRI at 36 months for all men
- MRI after this based on PSA kinetics, particularly change in PSA density
- Offer biopsy where MRI shows change in lesion and treatment is considered; PSA kinetics are not explained on MRI

**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.*

	Used?	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)	No	
PSA density (ng/ml/ml)	yes	No specific cut off
Clinical stage	No	
Number of biopsy cores involved - please indicate the type of biopsy used	No	
Gleason score	Yes	Gleason 7 or below
Risk classification:  Low-risk = PSA <10ng/ml and Gleason score $\leq 6$ and clinical stage T1-T2a  Intermediate-risk = PSA 10-20ng/ml or	No	

Gleason score 7 or clinical stage T2b		
Imaging - please indicate the type of imaging used	No	
Biomarkers (e.g. Phi, PCA3, 4K) – please indicate the biomarker type	No	
Patient characteristic: Age	No	
Patient characteristic: Life expectancy	Yes	If LE estimated at <5 years for watchful waiting not AS
Patient characteristic: Fitness status/comorbidities	Yes	
Patient characteristic: Family history of prostate cancer	No	
Patient characteristic: Ethnicity	No	
Patient choice/willingness	Yes	
Other (please provide details):		

**Active surveillance clinic**

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

- No

Any comments: Seen in MRI based clinic for diagnosis, active surveillance and focal therapy, run by prostate cancer urologists specialising in image guided prostate cancer management.

**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 Majority of cases
- Oncologist Sometimes
- CNS As part of urology and oncology teams
- GP Yes – shared care with some practices.
- 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.*

	Used?	Details (e.g. used according to published protocol, type (if applicable), frequency the tool is used during active surveillance):

PSA	Yes	3-6n monthly
Multi-parametric MRI (mpMRI)	Yes	As above
Repeat biopsy	Yes	As above
Digital Rectal Examination (DRE)	No	
Support/counselling	Yes	Sometimes offered within a research study. Sometimes available for significant anxiety.
Fitness/lifestyle interventions	Yes	Sometimes offered within a research study.
Other (please provide details):		RCT of aspirin and vitamin D (PROVENT) NCRN research study.

### **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	All contribute to patient focused discussion of risk Versus benefit of continued active surveillance Versus active treatment
Multi-parametric MRI (mpMRI)	Yes	
Tumour upgrading on repeat biopsy	Yes	
% of positive biopsy cores	No	
Increase in tumour volume	Yes	
Patient choice	Yes	
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

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

Any comments: Already submit data to the GAP 3 Movember registry. Willingness assured, may struggle with resources.

- ENDS -