

4285 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]

[Luton and Dunstable University Hospital NHS Foundation Trust](#)

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:

[The Trust follows NICE guidance](#)

[If 'yes – an externally published protocol']

- Which externally published protocol does the Trust/Health Board/Health & Social Care Trust use?
[Nice Guidance](#)
- [National Institute for Health and Care Excellence \(NICE\) Clinical Guideline 175 protocol for active surveillance \(2014\): **Available online here**](#)

[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):
[As per NICE](#)

[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:
[No – The Trust follow evidence based NICE guidance](#)

Inclusion criteria for active surveillance

[Our criteria are as per NICE](#)

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)	Yes / No	Not Applicable
PSA density (ng/ml/ml)	Yes / No	“
Clinical stage	Yes / No	“
Number of biopsy cores involved - please indicate the type of biopsy used	Yes / No	“
Gleason score	Yes / No	“
Risk classification:	Yes / No	“

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		
Imaging - please indicate the type of imaging used	Yes / No	“
Biomarkers (e.g. Phi, PCA3, 4K) – please indicate the biomarker type	Yes / No	“
Patient characteristic: Age	Yes / No	“
Patient characteristic: Life expectancy	Yes / No	“
Patient characteristic: Fitness status/comorbidities	Yes / No	“
Patient characteristic: Family history of prostate cancer	Yes / No	“
Patient characteristic: Ethnicity	Yes / No	“
Patient choice/willingness	Yes / No	“
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:

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

Active surveillance cases are followed up by the Doctors as above

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.

As per NICE guidance

	Used?	Details (e.g. used according to published protocol, type (if applicable), frequency the tool is used during active surveillance):
PSA	Yes / No	Not Applicable
Multi-parametric MRI (mpMRI)	Yes / No	“
Repeat biopsy	Yes / No	“
Digital Rectal Examination (DRE)	Yes / No	“
Support/counselling	Yes / No	“
Fitness/lifestyle interventions	Yes/No	“
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.

As Per NICE guidance decision to switch from active surveillance to radical treatment is taken if there is evidence of disease progression and all below factors may be taken into consideration. The choice also depends on co-morbidity, preference, and life-expectancy

	Used?	Details (e.g. used according to published protocol type (if applicable), what finding triggers a change)

		in management strategy):
PSA kinetics	Yes	See above
Multi-parametric MRI (mpMRI)	Yes	“
Tumour upgrading on repeat biopsy	Yes	“
% of positive biopsy cores	Yes	“
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?

- [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](#)

Any comments:

[Yes, the Trust would be subject to the required resource to enable this and subject to the usual assurances around data protection etc.](#)