

South West Prostate Pathway

April 2018 Project Update Bulletin

The Cancer Alliances' (both SWAG and Peninsula) established a clinical project team to identify an achievable pathway incorporating pre-biopsy mp-MRI for implementation in all providers in the southwest.

Project Approach

The project which is running for 12 months has started with a period of data collection to identify the needs and current situation in each provider. To gather information the project team have to date visited seven Trusts speaking with a cross section of staff involved in providing the prostate cancer service. Visits are scheduled for the remaining Trusts between now and the end of May 2018.

A key area of focus has been to consider what the variables are in practice across the south west but also with regard to reducing the number of biopsies, identifying the many variables impeding this potential.

Data and clinical visits have illustrated where the pinch points and blocks are, but also demonstrated a real commitment to improving the prostate pathway, with all trusts sharing best practice and contributing to the design of the final pathway. Trusts have also shown a true commitment to collaborative working, supporting the development of regional best practice radiology and histopathology standards and, committing to an audit of PI-RADS (Prostate Imaging Reporting and Data System) in index lesions to understand the correlation between MPMRI and PI-RADS 1&2 biopsy findings that will enable increased confidence by clinicians locally that a PI-Rad score of 1&2 does not require a primary biopsy.

Project Update

Key highlights for April from the project plan

- Design and construction of spreadsheet / database for gathering data to support increased confidence in Pirad score of index lesion by demonstrating the correlation between MPMRI and biopsy findings.
- Governance arrangements for management of data, including privacy impact assessments, protocols, and establishment of data owners in each Trust.
- Report design agreed for inclusion in database.
- Agenda for Networking Event agreed.
- Radiology standards discussed and drafted.
- 7 Trusts visited including: Cornwall, Swindon, Yeovil, Bath, Plymouth, Exeter and Torbay

- Pathway design being enhanced and local detail added.
- Analysis of questionnaires and preparation of feedback (anonymous) for event

Key Tasks for May

- Radiology standards to be share with representatives from each Trust prior to going out through the SSG's
- Networking event on the 14th May
- Preparation for engagement event with commissioners, NHSE and Prostate Cancer UK following period of evidence gathering in September.
- Development of histopathology standards for consultation.
- Analysis of each Trust against the national timed pathway guidance and SW best practice pathway to be shared with Trusts.
- Install spreadsheet / database in each Trust.

Prostate Pathway Networking Day for Urologists and Radiologists (14th May)

An invite has now been sent out for a Prostate Pathway Clinical Networking Day at the end of May.

The purpose of this day will be to provide feedback to urologists, radiologists, cancer managers and CNS's the clinical findings from the Trust visits. In particular, looking at clinical best practice across the region and the challenges faced as well as the opportunities.

This event will also see the bringing together of a draft co-created South West Prostrate Pathway as well as radiology standards and a look at the prostate database.

There will also be plenty of time provided for clinical networking.

Implementing a timed prostate cancer diagnostic pathway.

NHS England has published new national guidance on a rapid prostate cancer diagnostic pathway:

<https://www.england.nhs.uk/publication/rapid-cancer-diagnostic-and-assessment-pathways/>.

This handbook sets out how the 28 day standard can be achieved for prostate cancer patients, in preparation for full monitoring against the standard from April 2020. The 'faster pathway' outlined in this document has been drawn from pathway redesign within RM Partners and at University College London Hospitals Cancer Collaborative and approved by the NHS England Clinical Expert Group for Prostate Cancer.

Background to the project

The Case for Change is set out in the PROMIS study in February 2017:

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)32401-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)32401-1/fulltext)

“We need to change the manner in which we diagnose prostate cancer. We are seeing rising incidence of prostate cancer, but very little change in the mortality rate. Our current diagnostic pathway for prostate cancer needs urgent change. The PROMIS trial has shown us that transrectal ultrasound-guided prostate biopsies are inaccurate. They miss significant cancer, over-diagnose insignificant cancers which leads to over-treatment harms and costs, and biopsies carry risk. PROMIS has also shown that by using pre-biopsy multi-parametric MRI we are able to a) triage men towards a biopsy so at least 25% can avoid it, b) diagnose over 90% of significant cancers and c) diagnose fewer insignificant cancers. This is a watershed moment for those of us involved in looking after men with suspected prostate cancer. I trust all of us will fully embrace the change.”

Professor Hashim Ahmed, NHS England Clinical Expert Group for Prostate Cancer

It is recognised that the suspected prostate cancer 62 day RTT is one of the most complex and challenging pathways and is the source of a significant number of breaches in all hospitals which we need to reduce so as to support delivery of the standard.

Further information

If you have any questions or would like to be involved further then please contact: Sarah-Jane Davies (Project Manager for SWAG and Peninsula): Sarah-jane.davies@nhs.net