

South West Prostate Pathway

March 2018 Project Update Bulletin

PROMIS Study

Men with high serum prostate specific antigen usually undergo transrectal ultra-sound-guided prostate biopsy (Trus Biopsy). Trus biopsy can cause side effects including pain, bleeding, and infection. The PROMIS study showed that using MPMRI to triage men might allow 27% of patients to avoid a primary biopsy and diagnosis of 5% fewer clinically insignificant cancers. If subsequent Trus biopsies were directed by MP-MRI can also reduce over-diagnosis of clinically significant cancer might be detected compared with the standard pathway of TRUS biopsy for all.

National Context

Three hospitals in the UK are trialing a 'one-stop' prostate cancer diagnosis service, which is expected to reduce the time taken for a diagnosis. Charing Cross Hospital, Epsom Hospital and Queen Mary Hospital's Hospital in Roehampton are piloting the approach, termed RAPID. Thus far, 400 men have been treated as part of the programme, it is hoped that over the next 2 years approximately 5000 men will be tested in the £1.6 million trial.

Development of the South West Pathway

With regard to reducing the number of biopsies, this is the aim but there are many variables impeding this potential which the clinical working group will gather information on through a questionnaire and determine ways to address, through planned visits to each acute Trust across the South West. The purpose of the visits is to:

- Review what providers are currently doing, what they are aiming for, what the blocks are.
- Commitment to being part of the SW pathway (and contribute to the detail that sits behind the pathway circulated).
- Commitment to collaborate to develop best practice regional radiology and histopathology standards (this will be going on in the background).
- Identify a lead for the database, commitment to database completion and Pirad score of index lesion-confident or uncertain.
- Commitment towards standard mpMRI training.
- Commitment to dealing with MRI capacity issues and sharing resources.

Until evidence has been generated, the pathway will recommend that scans that do not show significant disease (i.e. Pirad 1 & 2) should be biopsied. Stopping biopsy for all PIRADS 1 and 2 lesions at this stage could result in some PIRADS 2 lesions being upgraded to PIRADS 3 if there is concern that this might influence the decision to biopsy. The audit will improve confidence that this is safe practice locally.

A database will be established to record activity across the South West which will show the correlation between MPMRI and biopsy findings. The findings from this will allow protocols to be established setting out what a negative MRI means for the patient.

Once data has been collated and analysed, if the results are positive then there will be:

- 1) A standardised and robust prostate pathway across the SW region
- 2) Increased accuracy of biopsy to pick up more clinically significant Cap
- 3) Better pre-treatment staging especially locally allowing better planning of treatment
- 4) Selection of patients who based on MPMRI, PSA criteria, clinical parameters etc. can safely avoid a prostate biopsy

Bone Scanning

Anthony Koupparis has completed a study on bone scanning, a presentation on which is being shared with Trusts. The recommendations from the study include a Change in guidance In line with the most recent EAU guidance – BS for high risk and intermediate risk with primary pattern 4, histology only. Using NBT data they saw an estimated 85 less bone scans per year at NBT and an expected resultant increase in the overall efficiency of patient pathway. Further discussion will take place regarding Gl. 4+3 PSA<20. Only 2% of those performed over a 4 year period were positive and in all of these patients, metastatic deposits also seen on staging MRI.

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

An invite will be sent out shortly for a Prostate Pathway Networking Day at the end of May. The purpose of this day will be to feedback to urologists, radiologists, cancer managers and CNS's the findings from the Trust visits. In particular, looking at best practice across the region and the challenges faced as well as the opportunities.

This event will also see the bringing together of a co-created South West Prostrate Pathway which we are discussing at our visits, as well as the launch of radiology standards and the Prostate Database.

There will be plenty of time provided for networking. Invitations will be sent out in the next week direct to each Trust, via Cancer Managers.

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