



Peninsula Cancer Alliance



SWAG Cancer Alliance

South West Prostate Pathway

May 2018 Project Update Bulletin

What's new?

Transforming the South West Prostate Cancer Diagnostic Timed Pathway

On the 14th May, over 50 health care professionals delivering the prostate pathway in the southwest, gathered in Taunton to discuss the transformation of the SW Prostate Cancer Diagnostic Pathway.

We would like to express our thanks to all those who were able to attend and for their valued contributions that resulted in such a successful afternoon. The event highlighted the issues and challenges faced by the South West, demonstrated the real commitment towards improving the pathway, brought forward practical solutions, and highlighted the willingness that exists to support each other, and deliver best practice across the South West.

Representatives attended from 13 of the 14 Acute Trusts and included 19 consultants (radiology, urology and histopathology), 13 cancer nurse specialists, 12 cancer managers and a GP.

The outcomes from the day were:

- A shared understanding of the variation in practice across the South West.
- Agreement in principle (pending endorsement of SSG's) of the South West Prostate Cancer Diagnostic Timed Pathway.
- A commitment to address the gaps we can and describe those we need assistance with.
- Agreement in principle (pending endorsement of the SSG's) of the Radiology Standards and the development of Histopathology Standards.
- A commitment towards collating local data to audit 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 may not require a primary biopsy.

This event was hosted by the Cancer Alliance and led by the Project Team: Professor Raj Persad, Mr Nick Burns-Cox, Dr Adrian Andreou, Dr Simon Freeman, Dr Paul Burns, and Sarah-Jane Davies.

The slides from the event have been distributed with this bulletin, but are also available on request, from: sarah-jane.davies@nhs.net

What's next?

- **Histopathology standards:** To continue to develop standard working practices across the South West, this will be taken forward by Dr Jon Oxley and Dr Manish Powari.
- **Sharing of the database:** Over the next fortnight the spreadsheet for collecting local data to audit PI-RADS will be finalised, tested in situ, and sent out to trusts, to house locally. Guidance on information governance will be provided as well as instructions for use, including how data will be captured between Trusts.

- **Gap Analysis:** The Project Manager will work with each Trust to produce a gap analysis and plan on a page against the aspirational pathway and agree local actions and describe issues for escalation.
- **Transforming the SW Prostate Pathway Steering Group Meeting (June):** to take forward the actions raised at the Transforming the SW Prostate Cancer Diagnostic Pathway Event working closely with the SSG's. These include agreeing referral criteria and providing advice and guidance to GP's, the provision of discharge guidance for GP's, and future capacity planning.
- **Commissioner event:** Pre-meet ahead of September Event (below) for early engagement with commissioners. Further information to follow but likely to be in July.
- **Evidencing the case for change event (Sept/October):** to feedback initial finding from the database to show the confidence level by clinicians locally that a PI-Rad score of 1&2 may not require a primary biopsy.
- **Clinical network development:** To be taken forward by the Cancer Alliances Programme Leads working closely with the SSG's.

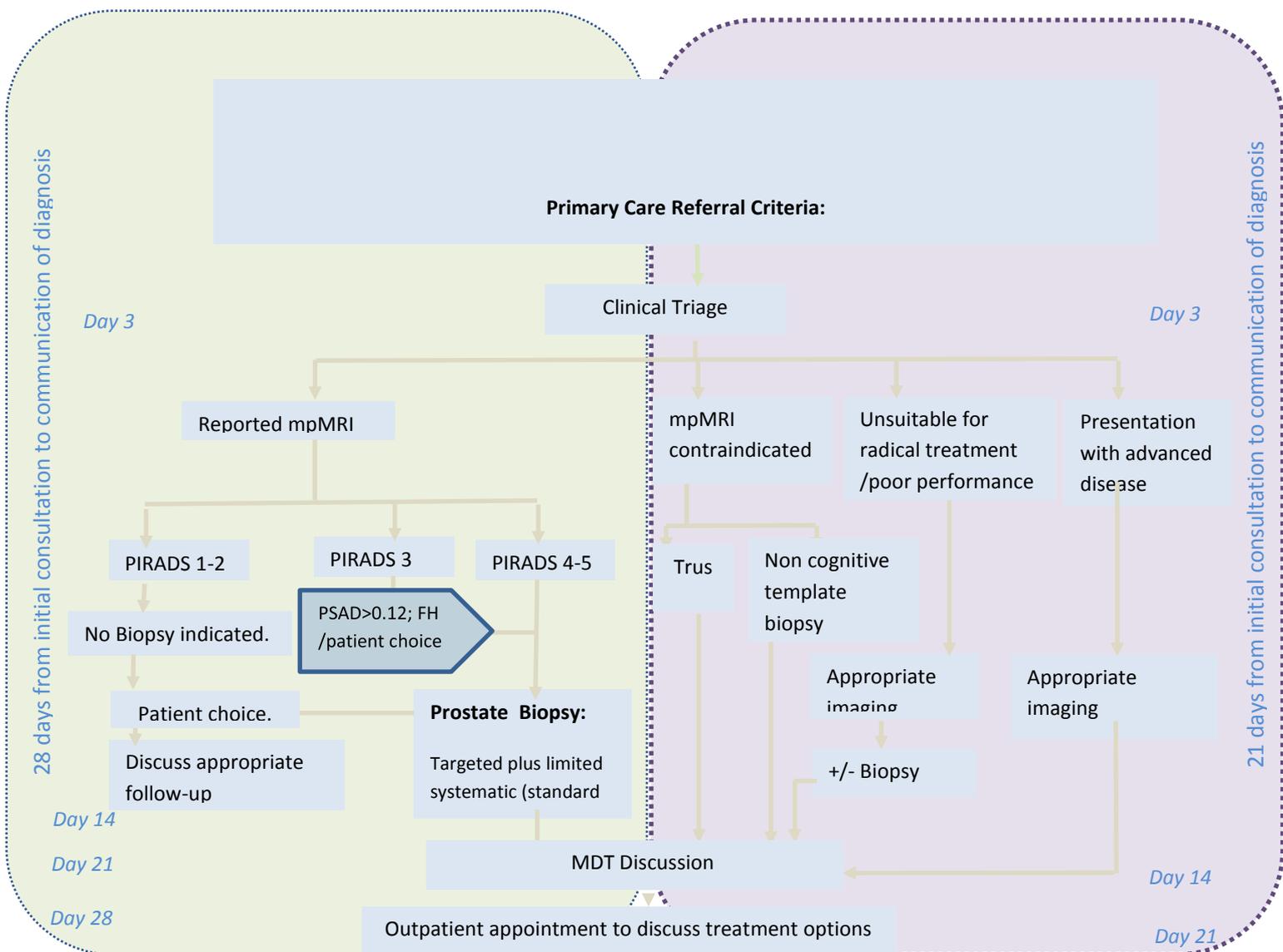
Project Update

Key achievements from the project plan in May
<ul style="list-style-type: none">• Finalisation of spreadsheet / database for gathering data to support increased confidence in Pi-rad score of index lesion by demonstrating the correlation between MPMRI and biopsy findings, including reporting capability locally and regionally.• Finalisation of the governance arrangements for management of data, including privacy impact assessments, protocols, and establishment of data owners in each Trust.• Transforming the SW Prostate Cancer Pathway event held. Representatives attended from 13 of the 14 Acute Trusts and included 19 consultants (radiology, urology and histopathology), 13 cancer nurse specialists, 12 cancer managers and a GP.• SW Prostate Cancer Diagnostic Timed Pathway shared and agreed in principle– pending endorsement of SSG's.• Radiology standards consulted on with representatives from each Trust, shared (see slides) and agreed in principle – pending endorsement of SSG's.• 13 Trusts have now been visited in total and analysis of questionnaires undertaken to understand extent of variation.

Key Tasks for June

- Install the database in each trust: Over the next fortnight the spreadsheet for collecting local data to audit PI-RADS will be finalised, tested in situ, and sent out to trusts, to house locally. Guidance on information governance will be provided as well as instructions for use, including how data will be captured between Trusts.
- Gap Analysis: The Project Manager will work with each Trust to produce a gap analysis and plan on a page against the aspirational pathway and agree local actions and describe issues for escalation.
- Transforming the SW Prostate Pathway Steering Group Meeting (June): to take forward the actions raised at the Transforming the SW Prostate Cancer Diagnostic Pathway Event working closely with the SSG's. These include agreeing referral criteria and providing advice and guidance to GP's, the provision of discharge guidance for GP's, and future capacity planning.

Proposed SW Prostate Cancer Timed Diagnostic Pathway



Pathway Notes

Clinical triage: FH history , assessment of fitness, exam including DRE . Informing patient and MRI safety criteria.

Mp MRI Contraindications: Pacemaker/leads not compatible, metal cardiac stent, metal object in body, previous adverse reaction to gadolinium contrast, eGFR <30.

NICE Active Surveillance guideline <https://www.nice.org.uk/guidance/cg175/resources/protocol-for-active-surveillance-pdf-191674477>; consider discharge to GP

PSAD – PSA Density ng/ml/cc

* No significant cancer: Gleason <=3+3 TCCL <=5mm and Significant cancer: Gleason >=3+4 TCCL >=6mm

Outpatient Appointment: discuss diagnosis, arrange further staging scans if indicated. Discuss all options - patient informed choice

One stop shop clinics: Following urgent referral onto a one stop shop (MPMRI, targeted / systematic biopsy) under the national guidelines this patient diagnosis should be completed in 14 days from referral.

Further information

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/>.

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