

Ref. No: FOI1399
Date: 11/12/2024
Subject: Active Surveillance for men with prostate cancer

REQUEST & RESPONSE

About your NHS Trust/Health Board/Health & Social Care Trust

1. In which country is your NHS Trust/Health Board/Health & Social Care Trust located?

England

2. What is the name of the NHS Trust/Health Board/Health & Social Care Trust you are replying on behalf of?

Mersey West Lancashire Teaching Hospitals NHS Trust (Whiston and St Helens Hospitals sites)

3. Please tell us your organisation data service (ODS) code if known.

RBN

Active surveillance inclusion criteria

4. Which patients are recommended active surveillance? (select all options that apply)
 - CPG1 - Gleason score 6 (grade group 1) and prostate-specific antigen (PSA) less than 10 microgram/litre and Stages T1–T2. **YES**
 - CPG 2 - Gleason score 3 + 4 = 7 (grade group 2) or PSA 10 microgram/litre to 20 microgram/litre and Stages T1–T2. **YES (Some)**
 - CPG 3 - Gleason score 3 + 4 = 7 (grade group 2) and PSA 10 microgram/litre to 20 microgram/litre and Stages T1–T2
 - CPG 3 - Gleason 4 + 3 = 7 (grade group 3) and Stages T1–T2 Other (please provide details below)

5. If different eligibility criteria are used to those presented above, please provide details: *(answer 'n/a' if nothing to add or not applicable.)* **N/A**
6. Tell us about any other criteria/tools that are used to determine eligibility for active surveillance. *(select all that apply)*
- PSA density (PSAd). If yes, indicate value for men eligible for AS in the free text field below. **YES**
 - Number of biopsy cores involved. If yes, indicate number in the free text field below **YES**
 - Biomarkers (e.g. Phi, PCA3, 4K). If yes, tell us the biomarker type(s) used in the free text field below.
 - Age cut-off. If yes, indicate age cut-off used where active surveillance is NOT recommended in the free text field below **YES**
 - Predict Prostate online tool (<https://prostate.predict.cam>).
 - Patient life expectancy / estimated survival. If yes, indicate the method used in the free text field below to assess life expectancy / estimated survival value where active surveillance is NOT recommended
 - A positive family history of prostate, breast or ovarian cancer. If yes, please provide details in the free text field below
 - Patient ethnicity. If yes, provide details in the free text field below.
 - Patient choice/willingness. If yes, provide details in the free text field below. **YES**
 - No other criteria / tools are used
 - Other (please provide details in the free text field below).
7. Provide any additional details about any other criteria/tools that are used to determine eligibility for active surveillance. *(answer 'n/a' if nothing to add or not applicable.)*. **Number of biopsies, age and patient choice sections: decision is individualised based on local and specialist MDTs and discussion with patients**

Diagnosis and treatment decision support

8. For patients eligible for active surveillance, who counsels them regarding their diagnosis, prognosis and treatment options?
(select all options that apply)

- Urologist **YES**
- Oncologist **YES**
- Urology / Prostate Cancer Clinical Nurse Specialist (CNS) **YES**
- Urology / Prostate Cancer Advanced Nurse Practitioner (ANP)
- Uro-Oncology CNS **YES**
- Uro-Oncology ANP
- Other (please specify below)

9. Please tell us about any other health care professionals who are involved in counselling men eligible for active surveillance?
(answer 'n/a' if nothing to add or not applicable) **N/A**

10. Which resources and tools are used/made available by HCPs who counsel/support men on active surveillance? (select all options that apply)

- Use the NICE CPG prognostic classification criteria. **YES**
- Use the NICE endorsed decision aid online tool – Predict Prostate online tool. (<https://prostate.predict.cam/>)
- Use the East of England Cancer Alliance – ‘Knowing Your Options’ online tool. (<https://www.canceralliance.co.uk/prostate>)
- Signpost patients to Prostate Cancer UK’s published information resources. **YES**
- Signpost to Prostate Cancer UK Specialist Nurses? **YES**
- Signpost men to Prostate Cancer UK’s 1-2-1 Peer Support.
- Signpost patients to Prostate Cancer UK’s online Active Surveillance Support Group.
- Use a locally developed counselling tool. **YES**

- Provide 1-2-1 (clinician – patient) counselling / education sessions before and during active surveillance follow up?
- Provide group (clinician – multiple patients) counselling / education sessions before and during active surveillance follow up?
- Have dedicated active surveillance clinics, which separates this cohort of men from those receiving surgery, radiotherapy, or chemotherapy? **YES**
- Offer patients access to tools / digital platforms such as My Medical Record – (<https://mymedicalrecord.uhs.nhs.uk/>)? **YES**
- Other, please tell us more below
- INFOPOOL **YES**

11. Tell us more about the tools and resources used to counsel/support patients (*answer 'n/a' if nothing to add or not applicable*)

12. **LOCAL PROSTATE CANCER SUPPORT GROUP**

Follow up pathways and protocols

13. Which protocol do you use to manage your patients on active surveillance follow-up? (*if a combination of guidelines, please select all that apply*)

- National Institute for Health and Clinical Excellence (NICE) NG131 - Prostate cancer: diagnosis and management (2021), <https://www.nice.org.uk/guidance/ng131> **YES**
- EAU - ANM - ESTRO ESUR - ISUP - SIOG Guidelines on Prostate Cancer - <https://uroweb.org/guidelines/prostate-cancer>
- STRATified CANcer Surveillance (STRATCANS) - <https://stratcans.com>
- A modified version of STRATified CANcer Surveillance (STRATCANS)
- Prostate cancer Research International: Active Surveillance (PRIAS) protocol – <https://www.prias-project.org/uploads/pdfs/zakkaartv5.pdf>

- A locally developed protocol based on published evidence (please provide details below in section 4.14.). **YES**
- A combination of the guidelines selected above (please ensure you also select the guidelines used)
- Other (please provide details below)

13. Do you have a stratified AS programme based on CPG risk, or do all men have the same follow-up regime? Please describe model used below.

- Yes, men are stratified according to CPG risk **YES**
- No, all men have the same follow-up regime
- Don't know
- Other (please provide details below)

14. In relation to fields 12 and 13 above, if a different protocol is used to manage patient follow-up during active surveillance, please describe the protocol here: *(answer 'n/a' if nothing to add or not applicable)* **Local protocol is adapted from NICE guidelines but currently being reviewed by Cheshire and Merseyside Cancer Alliance and may change**

15. Do you have a nurse-led active surveillance service?

- Yes, we have a nurse-led service for all men on AS **YES**
- Yes, we have a nurse-led service for men on AS (CPG 1 and CPG 2 only)
- No, we have a urology consultant led service for all men on AS
- No, but we're planning on implementing a nurse-led service for men on AS

16. Do you use the MRI PRECISE score in your active surveillance follow-up programme?

- Yes
- No **NO**
- Don't know

17. Within your Urology unit do you have any of the following in place?
(please select all that are in place):

- A formal active surveillance protocol **YES**
- A formal register of active surveillance patients that is regularly updated **NO**
- Audit and report on compliance and attrition rates of patients on active surveillance **NO**
- None of the above

Follow-up testing frequency

18. For men diagnosed with CPG 1 risk prostate cancer, select the relevant follow-up test frequencies for PSA, MRI, Biopsy, and DRE:

3 monthly PSA for 2 years then 6 monthly afterwards if stable PSA. MRI at 12- 18 months since diagnosis. Re-biopsy based on MRI findings and PSA results (not always). DRE is yearly requirement.

- Once every 3 months
- Once every 6 months
- Once every 9 months
- Once every 12 months
- Based on PSA and MRI results
- Never
- Other frequency

19. For men diagnosed with CPG 2 risk prostate cancer, select the relevant follow-up test frequencies for PSA, MRI, Biopsy, and DRE:

Same answer as question 18

- Once every 3 months
- Once every 6 months
- Once every 9 months
- Once every 12 months
- Based on PSA/MRI
- Never
- Other frequency

20. For men diagnosed with CPG 3 risk prostate cancer, select the relevant follow-up test frequencies for PSA, MRI, Biopsy, and DRE:

NOT APPLICABLE

- Once every 3 months
- Once every 6 months
- Once every 9 months
- Once every 12 months
- Based on PSA/MRI
- Never
- Other frequency

21. If you selected '*Other frequency*' for any of the above tests, please tell us more here. (*answer 'n/a' if nothing to add or not applicable*)

N/A

22. Do you assess the psychological support needs of men on active surveillance? (*select all options that apply*)

- Yes, during their annual review **YES**
- Yes, when needed (patient led) **YES**
- Yes, at first diagnosis **YES**
- No, psychological support needs are not assessed
- Don't know
- Other (please provide details below)

23. Do you assess fitness for treatment in men on active surveillance? (*select all options that apply*)

- Yes, during their annual review **YES**
- Yes, when needed (patient led) **YES**
- Yes, at first diagnosis **YES**
- No, fitness for treatment is not assessed
- Don't know
- Other (please provide details below)

24. On assessment for psychological support needs and fitness for treatment, please tell us more if other selected above. (*answer 'n/a' if nothing to add or not applicable*) **N/A**

Triggers for stopping active surveillance

25. At what cut-off point do you recommend men start active treatment (surgery / radiotherapy)? (select all options that apply)

- MRI changes to T3 **YES**
- Biopsy progression to Grade Group 3 **YES**
- Reclassification to CPG 3: Gleason score 3 + 4 = 7 (grade group 2) and PSA 10 microgram/litre to 20 microgram/litre and Stages T1–T2 or Gleason 4 + 3 = 7 (grade group 3) and Stages T1–T2 **YES**
- Patient preference to stop active surveillance and start radical treatment **YES SOMETIMES**
- Any change in MRI (lesion increase or change) **YES**
- Any change in biopsy grade **YES**
- Other (please provide details)

26. Provide details of other cut-off points used to recommend men starting active treatment (surgery / radiotherapy). (If no other cut-offs used answer 'n/a' for not applicable)

All of the above. However, each point is considered in the context of the whole case review in the local and specialist MDT before deciding to move to treatment

Challenges and barriers in relation to implementing active surveillance.

Use this section to tell us anything you think would be useful for us to know during our analysis and reporting, not already mentioned previously.

27. What are the main barriers and challenges you have identified in delivering active surveillance for your eligible patients? (this might include things like implementing nurse-led surveillance or risk based stratified follow-up. **Workforce.**

