Freedom of Information Request: Our Reference CTHB_275_19

You asked:

Do you routinely conduct prostate MRI (bpMRI/mpMRI) scans before first prostate biopsy as part of the initial diagnostic process? (please tick all that apply):

a. Yes, using T2-weighted, diffusion-weighted (multi-b ADC and high/long b) and dynamic contrast enhanced (DCE) sequences
b. Yes, using T2-weighted, diffusion-weighted (multi-b ADC and high/long b) sequences but not DCE
c. No but we refer to another provider (please provide details)
d. No (please provide details)

a. Full mpMRI including DCE

2. If yes, to 1a: What percentage of men with suspected prostate cancer receive mpMRI before biopsy as part of the initial diagnostic process?

Roughly 75%

3. If yes, to 1b: What percentage of men with suspected prostate cancer receive bpMRI before biopsy as part of the initial diagnostic process?

N/A.

4. If you are based in Wales, we acknowledge that Health Boards have been developing pre-biopsy mpMRI implementation plans in recent months to bring their practice into line with NICE guideline [NG131], Prostate cancer: diagnosis and management.

Yes.

Please provide details of when you expect the following to be implemented for all eligible people:
• multiparametric MRI offered as the first-line investigation for people with suspected clinically localised prostate cancer; and
• People whose Likert score is 3 or more to be offered multiparametric MRI-influenced prostate biopsy.

We have already implemented.

5. What are your eligibility criteria/exclusion criteria for prostate MRI? (please tick all that apply):
a. Age (please provide details)
b. Symptoms (please provide details)
c. Life expectancy (please provide details)
d. Contra-indications (please provide details)
e. Other (please provide details)

As per NICE guidelines we offer prostate MRI to all patients with suspected clinically localised prostate cancer who are able to undergo radical treatment.

6. Are you using results from the prostate MRI before biopsy to rule some men out of biopsy as part of the initial diagnostic process? (yes/no)

Yes.

7. Do you biopsy all PI-RADS or LIKERT 3 scores?
a. Yes
b. No
c. Dependent on patient histology

Yes at present. This may change as evidence evolves.

8. What threshold do you mostly use for ruling men out of biopsy?
a. PI-RADs 3 and above
b. LIKERT 3 and above
c. PI-RADs 4 and above
d. LIKERT 4 and above
e. Varies depending on age (Please provide detail)
f. Varies depending on other factors (Please provide detail)

We are offering the option not to have immediate biopsy for men with LIKERT 1 & 2. We are currently offering biopsy to all LIKERT 3, 4 &5.

9. What percentage of men do you estimate are ruled out of biopsy?

Early stages but we anticipate between 20-30%

10. Have there been any changes to your prostate MRI capacity in the last year? (please choose all that apply):
a. An additional or new MRI scanner
b. Increased MRI scanner slots for prostate
c. Agreement to use Dynamic Contrast Enhancement
d. No longer using Dynamic Contrast Enhancement
e. A scanner/magnet upgrade
f. other (free text)

We had additional capacity in place towards the end of 2017. We have been carrying out full mpMRI and pre-biopsy MRI for a few years now.

11. Has the number of radiologists at your trust/health board who report prostate MRI scans changed in the last year?
a. Increased
b. Decreased
c. Stayed the same

Decreased due to maternity leave (1) should be back to usual radiologist capacity beginning of 2020.

12. How many radiologists at your trust/health board report at least 250 prostate MRI scans per year?

Three.

13. Which of the following processes do you follow to manage men ruled out of an immediate biopsy, but with a raised PSA?
a. NICE Guidelines: prostate cancer diagnosis and management (NG131) b. A local protocol (please provide details) c. Other (please provide details)

Early days to fully describe the protocol but there will be a local protocol informed by NICE guidelines.