Freedom of Information Request: Our Reference CTMUHB_559_24

You asked:

Please could you give us current information in relation to how prostate cancer patients are managed when they are eligible for active surveillance/monitoring. Including:

Inclusion criteria

Diagnosis and treatment decision support

Follow-up pathways and protocols

Follow-up testing frequencies

Triggers for stopping active surveillance

Our response:

Diagnosis.
Patients who are referred into the urology service and are diagnosed with prostate cancer undergo a number of investigations which could include PSA blood tests, prostate examination, MRI scan of prostate, prostate biopsies, Isotope Bone Scan and a CT or PET scan during their prostate pathway.

Following these investigations, if the patient has been given a diagnosis of prostate cancer, they are then referred to a Uro-oncology combined clinic, which is a multi-disciplinary team, that consists of Consultant Urologists, Consultant Oncologists (Cancer), Consultant Radiologists and Specialist Nurse Practitioners. During this clinic appointment all investigation results are explained alongside a patient centred discussion on the treatment options available to the patient.

Treatment decision support.
Supportive information on prostate cancer treatments can be given via different methods throughout the patient's pathway, whether verbally, website/internet based, information booklets or support groups, such as Macmillan.

This can be as early as pre-diagnosis, with information booklets and counselling on the patients required investigations, such as a PSA blood test, the MRI of prostate scan and the prostate biopsies, for the patient to understand the rationale and need for the tests.
Once prostate cancer diagnosis has been given and the results explained to the patient, support will be given on the next steps of the cancer pathway, such as any staging investigations (if they are required), with Isotope Bone Scan or CT/PET Scan.

During the results clinic appointment the patient will be provided with a Prostate Cancer information booklet, highlighting the possible treatment options that could be available to the patient.
An information leaflet with a designated Cancer Keyworker Nurse, which each cancer patient will receive, should have contact details provided to them on diagnosis for future support along with a Holistic Needs Assessment questionnaire to complete (a form to help identify and address any needs or concerns the patient may have with living with a cancer diagnosis).
Any concerns from the Holistic Needs Assessment form, can help the urology nurse/keyworker to signpost the to most appropriate services, such as financial concerns could be signposted and referred to the Macmillan Welfare Benefits adviser.

When a patient attends the Uro-oncology combined clinic, further support and counselling is provided by the team on the possible treatment options, along with the risks and benefits of each treatment. Verbal counselling and information booklet on the treatment would be provided at the uro-oncology clinic appointment (Radiotherapy, Surgery, etc).

Inclusion criteria.
A patient is individually risk categorised into 'Low Risk, 'Intermediate Risk' and 'High Risk' dependant on the results of all their prostate investigations.
Patient with low-risk prostate cancer, usually PSA blood test less than 10.0ug/L with low grade cancer (Gleason 3+3=6) and staged T1-2a on MRI scan (confined to the prostate only with no evidence of advanced disease), would have a discussion on the following treatment options:

i) Active Surveillance with monitoring,
ii) Radical Radiotherapy,
iii) Brachytherapy and
iv) Radical Prostatectomy.

Rare, but in some situations, patient with an intermediate risk diagnosis (Gleason 3+4=7), could also be given the option of Active Surveillance, but this would be discussed within the Uro-Oncology Team (Multi-Disciplinary Team).

Once discussed and both patient and clinician are in agreement with a treatment plan, the patient will continue on the proposed treatment pathway/protocol.

Patients who require radical treatment would be referred to either Velindre Hospital for radiotherapy or the University Hospital of Wales (in Cardiff) for surgery.
Any patient who are on the surveillance pathway would be referred to the Nurse-led prostate surveillance clinic for active monitoring.

Follow up pathways or protocols.
Once added to the nurse-led Active Surveillance pathway, the patients will have virtual follow up with PSA blood tests every 3 to 4 months and then a face-to-face review at 12 months for a prostate examination and an MRI scan of the prostate 1 year post diagnosis.

Following the MRI, if the scan suggests any possibility of disease progression or patient does not want to pursue active surveillance monitoring (such as affecting their mental wellbeing), then an appointment to the Uro-Oncology Combined clinic would be made to re-discuss treatment options with the Consultant Clinicians.

Follow up testing frequencies.
If the patients PSA blood test and their MRI scan shows stable disease (and patient wishes to continue with active surveillance monitoring), then virtual follow up with PSA blood tests every 6 months are recommended, followed by an annually review with a prostate examination.
During the virtual/face-to-face follow up clinic appointment, a review on the patients' symptoms, such as their lower urinary tracts symptoms or any new persistent bony pain symptoms would be reviewed acted on with further investigations, if required.

An MRI prostate surveillance scans would be every 3 years for low grade risk (Gleason 3+3=6), however, if intermediate grade risk, (Gleason 3+4=7), then MRI scans would be recommended every 2 years.

Triggers for stopping active surveillance.
This could be for one of the following reasons:

i) Radiological disease progression on MRI surveillance scans or new lesions noted, to suggest change in cancer status;
ii) Biochemical disease progression with PSA blood tests (high elevation or doubling time within 6 months or PSA is greater than 20.0ug/L)
iii) Patient choice.
iv) If the patient's performance score was deteriorating and would not be fit for any of the radical treatments, then discussion with patient would take place and moved into a Watchful waiting surveillance and only treat symptoms if required.

All patients above, the nurse would discuss the change in pathway with the patients named Urology Consultant and discussed/reviewed back within the Uro-Oncology MDT for agreement on stopping active surveillance and change their prostate treatment plan.

Prostate Pathways and Protocols
The Urology team within Cwm Taff Morgannwg, have acknowledged and would like to inform patients, that the prostate cancer pathway is under review and will be amended and updated in the near future.
This will be in line with the Wales Cancer Network for the National Optimal Pathway for Prostate cancer (3rd Edition), which is imminently being published anytime soon, but will also follow recommendations from the GIRFT (Get It Right First Time): Towards Better Diagnosis and Management of Suspected Prostate Cancer, published in April 2024.