

ND ref. FOI/17/155

Freedom of Information

Thank you for your 19/07/17 request for the following information:

I am writing to you under the Freedom of Information Act to request information about active surveillance for prostate cancer from your Trust.

1. *About your Trust/Health Board*

In which country is your Trust/Health Board located?

- *England*
- *Northern Ireland*
- *Scotland*
- *Wales*

Answer: England.

2. *Name of Trust/Health Board/Health & Social Care Trust you are replying from:*

Answer: Northern Devon Healthcare NHS Trust.

Active surveillance protocols

3. *Does your Trust/Health Board/Health & Social Care Trust have an active surveillance protocol?*

Yes – an externally published protocol, e.g. NICE

Yes – a local protocol/modified version of an externally published protocol

No

Any comments:

Answer: Yes – an externally published protocol, NICE and local clinical guideline from the Royal Devon & Exeter NHS Foundation Trust (RD&E).

4. *Which externally published protocol does the Trust/Health Board/Health & Social Care Trust use?*

- *National Institute for Health and Care Excellence (NICE) Clinical Guideline 175 protocol for active surveillance (2014): Available online [here](#)*
- *Prostate cancer Research International: Active Surveillance (PRIAS) protocol: Available online [here](#)*
- *The Royal Marsden protocol*
- *The Johns Hopkins programme protocol*
- *Other published protocol (please give details) or comments:*

Answer: National Institute for Health and Care Excellence (NICE) Clinical Guideline 175 Protocol for active surveillance (2014): Available online, click [here](#).

[If 'yes – a local protocol/modified version of an externally published protocol']

5. *Please outline details of the active surveillance protocol below (or attach the protocol document when replying to our request email):*

Answer: NICE CG 175.

[If 'no']

6. *Does the Trust/Health Board/Health & Social Care Trust have plans to introduce a protocol?*

Yes – please provide details below

No – please explain why below

Any comments:

Answer: No. We use RD&E as our specialist centre for consistency.

Inclusion criteria for active surveillance

7. Please indicate below which of the following the Trust/Health Board/Health & Social Care Trust uses, and in what way, as **inclusion criteria for active surveillance**.

If any of the following are used according to the published protocol you follow (if applicable), then you do not have to provide further details.

	Used? (yes/no)	Details (e.g. used according to published protocol, type (if applicable), how result is used as inclusion criteria for active surveillance):
PSA level (ng/ml)	No	
PSA density (ng/ml/ml)	No	
Clinical stage	Yes	Anything above T2b excluded.
Number of biopsy cores involved - please indicate the type of biopsy used	No	
Gleason score	Yes	≤ 7
Risk classification: Low-risk = PSA <10ng/ml and Gleason score ≤6 and clinical stage T1-T2a Intermediate-risk = PSA 10-20ng/ml or Gleason score 7 or clinical stage T2b	Yes	Low-active surveillance Intermediate- only if patient choice.
Imaging - please indicate the type of imaging used	No	
Biomarkers (e.g. Phi, PCA3, 4K) – please indicate the biomarker type	No	
Patient characteristic: Age	No	
Patient characteristic: Life expectancy	Yes	More than 10 years.
Patient characteristic: Fitness status/comorbidities	Yes	Performance status 0-2
Patient characteristic: Family history of prostate cancer	No	
Patient characteristic: Ethnicity	No	
Patient choice/willingness	Yes	

	Used? (yes/no)	Details (e.g. used according to published protocol, type (if applicable), how result is used as inclusion criteria for active surveillance):
Other (please provide details):		

Answer: Please see table above:

Active surveillance clinic

8. Does the Trust/Health Board/Health & Social Care Trust have a dedicated active surveillance clinic?

- Yes
- No

Any comments:

Answer: No.

Follow up of men on active surveillance

9. Who manages men on active surveillance? If this changes over time, please provide details in the comments box below.

(Multiple select)

- Urologist
- Oncologist
- CNS
- GP
- Other (please specify) or comments:

Answer: Urologist.

10. Please indicate below which of the following tools the Trust/Health Board/Health & Social Care Trust uses, and in what way, to **follow up men during active surveillance**.

If any of the following are used according to the published protocol you follow (if applicable), then you do not have to provide further details.

	Used?	Details (e.g. used according to published protocol, type (if applicable), frequency the tool is used during active surveillance):
PSA	Yes	4 monthly.
Multi-parametric MRI (mpMRI)	Yes	At enrolment or 6 months from diagnosis. Reassess with subsequent mpMRI if concern about clinical or PSA changes.
Repeat biopsy	Yes	At one year then subsequent biopsy dictated by PSA/change in clinical assessment.
Digital Rectal Examination (DRE)	Yes	Every 8 months.
Support/counselling	No	
Fitness/lifestyle interventions	No	

	<i>Used?</i>	<i>Details (e.g. used according to published protocol, type (if applicable), frequency the tool is used during active surveillance):</i>
<i>Other (please provide details):</i>		

Answer: Please see table above:

Triggers for changing management strategy

11. Please indicate below which of the following the Trust/Health Board/Health & Social Care Trust uses, and in what way, as **potential triggers for a change in management strategy**.

If any of the following are used according to the published protocol you follow (if applicable), then you do not have to provide further details.

	<i>Used?</i>	<i>Details (e.g. used according to published protocol, type (if applicable), what finding triggers a change in management strategy):</i>
<i>PSA kinetics</i>	Yes	
<i>Multi-parametric MRI (mpMRI)</i>	Yes	
<i>Tumour upgrading on repeat biopsy</i>	Yes	
<i>% of positive biopsy cores</i>	Yes	
<i>Increase in tumour volume</i>	Yes	
<i>Patient choice</i>	Yes	
<i>Other (please provide details):</i>		

Answer: Please see table above:

Active surveillance database

12. Does the Trust/Health Board/Health & Social Care Trust have a database of men on active surveillance?

- Yes
- No

Any comments:

Answer: No.

13. Would the Trust/Health Board/Health & Social Care Trust be willing, and have the resources to, submit their active surveillance patients to a UK database/registry?

- Yes
- No

Any comments:

Answer: No. Willing to consider but would need to look carefully at resources.