

Freedom of Information request - Active surveillance for prostate cancer

Below is a list of the questions included within the online survey. If the answers could still be provided online here (https://www.surveymonkey.co.uk/r/AS_prostatecancer) that would be much appreciated.

About your Trust/Health Board

In which country is your Trust/Health Board located?

- England ✓
- Northern Ireland
- Scotland
- Wales

Name of Trust/Health Board/Health & Social Care Trust you are replying from:
[asked to pick from drop down list] **Surrey And Sussex Healthcare NHS Trust**

Active surveillance protocols

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

- Yes – an externally published protocol, e.g. NICE **Yes**
- Yes – a local protocol/modified version of an externally published protocol
- No

Any comments:

[If 'yes – an externally published protocol']

- 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:

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

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

[If 'no']

- Does the Trust/Health Board/Health & Social Care Trust have plans to introduce a protocol?
 - Yes – please provide details below
 - No – please explain why belowAny comments:

Inclusion criteria for active surveillance

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?	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)	Yes / No	
PSA density (ng/ml/ml)	Yes / No	
Clinical stage	Yes / No	
Number of biopsy cores involved - please indicate the type of biopsy used	Yes / No	
Gleason score	Yes / No	
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 / No	
Imaging - please indicate the type of imaging used	Yes / No	MRI
Biomarkers (e.g. Phi, PCA3, 4K) – please indicate the biomarker type	Yes / No	
Patient characteristic: Age	Yes / No	
Patient characteristic: Life expectancy	Yes / No	
Patient characteristic: Fitness status/comorbidities	Yes / No	
Patient characteristic: Family history of prostate cancer	Yes / No	
Patient characteristic: Ethnicity	Yes / No	
Patient choice/willingness	Yes / No	Patients must be willing – treatment options discussed if needed.
Other (please provide details):		

Active surveillance clinic

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

- Yes
- **No**

Any comments:

Follow up of men on active surveillance

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

(Multiple select)

- **Urologist – Most men**
- **Oncologist - Sometimes**
- CNS
- GP
- Other (please specify) or comments:

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 / No	
Multi-parametric MRI (mpMRI)	Yes / No	
Repeat biopsy	Yes / No	
Digital Rectal Examination (DRE)	Yes / No	
Support/counselling	Yes / No	All patients commenced on support/counselling are seen by CNS at commencement.
Fitness/lifestyle interventions	Yes/No	Dietary advice
Other (please provide details):		

Triggers for changing management strategy

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.

	Used?	Details (e.g. used according to published protocol, type (if applicable), what finding triggers a change in management strategy):
PSA kinetics	Yes / No	
Multi-parametric MRI (mpMRI)	Yes / No	
Tumour upgrading on repeat biopsy	Yes / No	
% of positive biopsy cores	Yes / No	
Increase in tumour volume	Yes / No	
Patient choice	Yes / No	
Other (please provide details):		

Active surveillance database

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

- Yes
- **No**

Any comments:

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:

- ENDS -