Dumfries and Galloway NHS Board

Chief Executive's Office
Freedom of Information

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Ref.: 17-339
Date: 27 July 2017

FREEDOM OF INFORMATION (SCOTLAND) 2002

Thank you for your email, dated 18 July, where you requested information through the Freedom of Information (Scotland) Act 2002. Please find below responses to the questions you raised.

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

Please provide your answers by completing the online survey here:
https://www.surveymonkey.co.uk/r/AS_prostatecancer

Please see below our response to your request, unfortunately the surveymonkey format does not allow us to verify whether your request is valid and your subsequent forwarding of a document questionnaire which we have been able to complete.

Under section 20 (1) of the Act, if you are dissatisfied with the way NHS Dumfries and Galloway has dealt with your request, you have a right to request a review of our actions and decisions in relation to your request, and you have a right to appeal to the Scottish Information Commissioner.

A request for review must be made within forty working days from 27 July 2017 and should, in the first instance, be in writing to Jeff Ace, Chief Executive, NHS Dumfries and Galloway, Mid North, Crichton Hall, Bankend Road, Dumfries, DG1 4TG or by e-mail to dg.feedback@nhs.net You must provide your name, an address for correspondence, details of your original request and why you want a review.

If our decision is unchanged following review and you remain dissatisfied with this, you have the right to make a formal appeal to the Scottish Information Commissioner. Requests for appeal should be made in writing to the Scottish Information Commissioner, Kinburn Castle, Doubledykes Road, St Andrews, Fife, KY16 9DS, telephone 01334 464610, fax 01334 464611 or email: enquiries@itspublicknowledge.info

Yours sincerely

Freedom of Information Officer

Freedom of Information request - Active surveillance for prostate cancer

For information, 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]

NHS Dumfries & Galloway

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 SCAN linked to NICE guidelines via QPI's
- 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: SCAN

[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):

Please see attachment

[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 below

Any 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.

Please see attachment

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

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	
Fitness/lifestyle interventions	Yes/ No	
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. Please see attachment

	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:

Due to resource issues

- ENDS -

NHS Dumfries & Galloway

PROSTATE CANCER FOLLOW UP – GUIDELINES FOR PRIMARY CARE

Follow up of prostate cancer

This document replaces the flowchart attachment to the Enhanced Service for Patients with Prostate Cancer. The main change in management of these cases is the evidence for follow up of different groups: active surveillance (which is the responsibility of secondary care), after radical prostatectomy, after radical radiotherapy/brachytherapy, on hormonal therapy, and those undergoing watchful waiting.

PSA guidance

Urgent Referral

- An elevated age specific PSA in men with a 10 year life expectancy
- A high PSA (>20ug/L) in men with a clinically malignant prostate or bone pain
- Evidence from digital rectal examination of a hard, irregular prostate

Age Specific PSA (asymptomatic men undergoing PSA testing should receive prior counselling: http://www.gov.scot/Topics/Health/Services/Cancer/Risk-Management)

- Age less than 60 years PSA ≤ 3 ug/L
- Age 60 to 69 years PSA ≤ 4 ug/L
- Age 70 years or older PSA ≤ 5 ug/L

Risk Level	PSA (ug/L)		Gleason Grade		Stage
Low	<10	and	≤ 6	and	T1-T2a
Intermediate	10-20	or	7	or	T2b
High	>20	or	8-10	or	≥T2c, N+, M+

Follow up

In the letter to the GP asking that a patient be transferred to Primary Care follow up, the urologist shall state which follow up schedule is necessary.

Active Surveillance - Secondary Care Follow Up

After Radical Prostatectomy

- Criteria for Discharge to Primary Care Follow Up
  - PSA <0.1ug/L
  - Asymptomatic
- Primary Care Follow Up
  - 3 monthly in first year
  - 6 monthly till 3 years
  - Annually thereafter
- Criteria for re-referral
  - PSA ≥ 0.2ug/L
  - 2 consecutive PSA rises above 0.2ugL
  - Symptomatic

After Radical Radiotherapy/ Brachytherapy

- Criteria for Discharge for Primary Care Follow Up
  - PSA <2ug/L or stable PSA
  - Asymptomatic
- Primary Care Follow Up
  - 3 monthly in first year
  - 6 monthly till 3 years
  - Annually thereafter
- Criteria for re-referral
  - PSA > 2ug/L above nadir
  - Symptomatic

Hormonal therapy

- Criteria for Discharge for Primary Care Follow Up
  - PSA <10ug/L
  - Stable PSA
  - Asymptomatic
- Primary care Follow Up
  - Six monthly PSA
- Criteria for re-referral
  - Symptomatic
  - Doubling of PSA from baseline

Watchful waiting

- Criteria for Discharge for Primary Care Follow Up
  - PSA <10ug/L
  - Stable PSA
  - Asymptomatic
- Primary care Follow Up
  - Six monthly PSA
- Criteria for re-referral
  - Symptomatic
  - Doubling of PSA from baseline