

## Freedom of Information (Scotland) Act 2002

<b>DATE RECEIVED</b>	<b>19/07/2017</b>	<b>SUBJECT</b>	<b>Prostate cancer active surveillance</b>		
<b>PASSED TO</b>	<b>Gordon, Piotr</b>	<b>DATE PASSED</b>	<b>19/07/2017</b>	<b>RESPOND BY</b>	<b>09/08/2017</b>
<b>CATEGORY</b>	<b>Research</b>	<b>FoI NUMBER</b>	<b>2017-300</b>		

Question/s to be Answered

### Freedom of Information request - Active surveillance for prostate cancer

#### **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: **NHS Shetland**

[asked to pick from drop down list]

#### **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 – a local protocol/modified version of an externally published protocol
- No

Any comments: Our **protocol is based on NHS Grampian as we work closely with their MDT.**

[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: see Grampian

[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 below

Any comments: NO – **we will continue to follow NHS Grampian lead**

#### **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? (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	<b>See NHS Grampian – all cases discussed by videolink at Grampian MDT</b>
PSA density (ng/ml/ml)	Yes / No	
Clinical stage	Yes / No	

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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 – they are seen in General surgical clinic by a consultant as numbers are too small

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: Remote and Rural general surgeon (with urology interest)

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.*

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	Used?	Details (e.g. used according to published protocol, type (if applicable), frequency the tool is used during active surveillance):
PSA	Yes / No	Yes
Multi-parametric MRI (mpMRI)	Yes / No	No
Repeat biopsy	Yes / No	Yes
Digital Rectal Examination (DRE)	Yes / No	Yes
Support/counselling	Yes / No	Yes
Fitness/lifestyle interventions	Yes/No	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.*

	Used?	Details (e.g. used according to published protocol, type (if applicable), what finding triggers a change in management strategy):
PSA kinetics	Yes / No	Yes
Multi-parametric MRI (mpMRI)	Yes / No	Not routinely
Tumour upgrading on repeat biopsy	Yes / No	Yes
% of positive biopsy cores	Yes / No	Yes
Increase in tumour volume	Yes / No	Yes

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Patient choice	Yes / No	Yes
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 -