

NHS Tayside has now considered your request dated 18 July 2017

Extract from Request

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

We would be grateful for the information at your earliest convenience and within 20 workingdays.

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

Response

Please find the information requested appended with this response.

Appendix 1 - Prostate Cancer Survey

Exemptions Section – application of Freedom of Information (Scotland) Act 2002 exemptions and Data Protection Act 1998 principles.

Document Ref.	FOISA Exemption Applied	Justification
IGTFOSA4100	None	Not applicable

Freedom of Information (Scotland) Act 2002
Response to correspondence dated 18 July 2017
Request: Prostate Cancer Survey
Applicant: Martin Abrams
Reference: IGTFIOISA4100



Under section 20 (1) of the Act, if you are dissatisfied with the way NHS Tayside 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 Commission

A request for an internal review must be made in writing no later than forty working days from receipt of this response and addressed to:

Tayside NHS Board Secretary
Tayside NHS Board Headquarters
Ninewells Hospital & Medical School
Dundee
DD1 9SY

If you are not content with the outcome of the internal review, you have the right to apply directly to the Scottish Information Commissioner for a decision. The Scottish Information Commissioner can be contacted at:

Scottish Information Commissioner
Kinburn Castle
Doubledykes Road
St Andrews
Fife
KY16 9DS

Or via the online appeal service: www.itspublicknowledge.info/Appeal

If you have any queries about this correspondence, please contact:

Information Governance Team
Maryfield House
30 Mains Loan
Dundee
DD4 7BT

Telephone - 01382 740074 Ext 70311
E-mail: informationgovernance.tayside@nhs.net

Information Governance
NHS Tayside
25 July 2017

Everyone has the best care experience possible
Headquarters: Ninewells Hospital & Medical School,
Dundee, DD1 9SY (for mail) DD2 1UB (for Sat Nav)

Chairman, Professor John Connell FMedSci FRSE
Chief Executive, Ms Lesley McLay

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 Tayside

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:

[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 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.

	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	Low risk category
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	This would be discussed as suitable for watchful wait rather than active surveillance
Patient characteristic: Life expectancy	Yes / No	This would be discussed as suitable for watchful wait rather than active surveillance
Patient characteristic: Fitness status/comorbidities	Yes / No	This would be discussed as suitable for watchful wait rather than active surveillance
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: **we are in the process of setting up a nurse led service for active surveillance**

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:

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	used according to published NICE protocol
Multi-parametric MRI (mpMRI)	Yes / No	used according to published NICE protocol
Repeat biopsy	Yes / No	1 YEAR, used according to published NICE protocol
Digital Rectal Examination (DRE)	Yes / No	used according to published NICE protocol
Support/counselling	Yes / No	At each clinic visit
Fitness/lifestyle interventions	Yes/No	At each clinic visit
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: this is a new development so not ready for sharing with other

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: could be a consideration however resource would be a problem

- ENDS -