

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**

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

Chelsea and Westminster Hospital NHS Fdn 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**

[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](#)

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	Three/four months

Active surveillance clinic

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

- **No**

Any comments:

Patients are seen in general Urology clinics, oncology and joint urology clinic.

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 – we have a dedicated CNS telephone clinic for PSA surveillance**

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	
Multi-parametric MRI (mpMRI)	Yes	Two/three months
Repeat biopsy	Yes	If elevated PSA for TRUS biopsies or template biopsies

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	
Multi-parametric MRI (mpMRI)	Yes	
Tumour upgrading on repeat biopsy	Yes	
% of positive biopsy cores	Yes	
Increase in tumour volume	Yes	
Patient choice	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**

Any comments: As a Trust we use Somerset,

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**
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