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Our ref: FOI – 5652

Date: 19 September 2019

**By email only** [request-598840-fcbe13a9@whatdotheyknow.com](mailto:request-598840-fcbe13a9@whatdotheyknow.com)

Dear Lizzie,

We write further to your request for information under the Freedom of Information Act received 22<sup>nd</sup> August 2019. We have set out your request, together with our response below.

1. Do you routinely conduct prostate MRI (bpMRI/mpMRI) scans before first prostate biopsy as part of the initial diagnostic process? (please tick all that apply):
  - a. Yes, using T2-weighted, diffusion-weighted (multi-b ADC and high/long b) and dynamic contrast enhanced (DCE) sequences **Yes**
  - b. Yes, using T2-weighted, diffusion-weighted (multi-b ADC and high/long b) sequences but not DCE **Sequences but not DCE**
  - c. No but we refer to another provider (please provide details)
  - d. No (please provide details)
  
2. If yes, to 1a: What percentage of men with suspected prostate cancer receive mpMRI before biopsy as part of the initial diagnostic process?

**All for whom it is safe and appropriate**

3. If yes, to 1b: What percentage of men with suspected prostate cancer receive bpMRI before biopsy as part of the initial diagnostic process?

**Not applicable**

4. What are your eligibility criteria/exclusion criteria for prostate MRI? (please tick all that apply):

- a. Age (please provide details)
- b. Symptoms (please provide details)
- c. Life expectancy (please provide details)
- d. Contra-indications (please provide details)
- e. Other (please provide details)

**All of the criteria above**

5. Are you using results from the prostate MRI before biopsy to rule some men out of biopsy as part of the initial diagnostic process? (yes/no) **No**

6. Do you biopsy all PI-RADS or LIKERT 3 scores?

- a. **Yes**
- b. No
- c. Dependent on patient histology

7. What threshold do you mostly use for ruling men out of biopsy?

- a. PI-RADs 3 and above
- b. LIKERT 3 and above
- c. PI-RADs 4 and above
- d. LIKERT 4 and above
- e. Varies depending on age (Please provide detail)
- f. Varies depending on other factors (Please provide detail)

**We do not rule out - we inform men of the risks**

8. What percentage of men do you estimate are ruled out of biopsy?

**None**

9. Have there been any changes to your prostate MRI capacity in the last year? (please choose all that apply):

- a. An additional or new MRI scanner
- b. Increased MRI scanner slots for prostate **Yes**
- c. Agreement to use Dynamic Contrast Enhancement
- d. No longer using Dynamic Contrast Enhancement
- e. A scanner/magnet upgrade
- f. other (free text)

10. Has the number of radiologists at your trust/health board who report prostate MRI scans changed in the last year?

- a. Increased
- b. Decreased
- c. Stayed the same **Yes**

11. How many radiologists at your trust/health board report at least 250 prostate MRI scans per year?

### **Three substantive**

12. Which of the following processes do you follow to manage men ruled out of an immediate biopsy, but with a raised PSA?

- a. NICE Guidelines: prostate cancer diagnosis and management (NG131)
- b. A local protocol (please provide details)
- c. Other (please provide details) **Clinic follow-up**

As we have provided the information that we do hold your request is now closed. We trust that this is satisfactory but if you are dissatisfied with the way that it has been handled you have the right to ask for an internal review. Internal review requests should be submitted within two months of the date of receipt of the response to your original letter and should be addressed to: Geoff Stokes, Director of Corporate Affairs, UHCW, Clifford Bridge Road, Coventry CV2 2DX.

If you are not content with the outcome of the internal review, you have the right to apply directly to the Information Commissioner for a decision. The Information Commissioner can be contacted at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF.

Yours sincerely

**Andrea Phillips**  
**FOI & Access to Health Records Manager**