

Freedom of Information  
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## FREEDOM OF INFORMATION REQUEST

REF GEH/1920/232

September 2019

Dear Ms Ellis

Thank you for your Freedom of Information request.

[Please see the response to your query below](#)

Prostate Cancer UK undertook a Freedom of Information Act (FOI) request of all Trusts, Health Boards and Health and Social Care Trusts in 2016, and again in 2018, with the aim of achieving a state of the nation overview of the use of mpMRI before biopsy.

We gained an in-depth understanding of the current status of mpMRI before prostate biopsy across the UK. We have used the data to make the case to National Commissioners for implementation support. It has also guided our funding and development of resources that respond to some of the challenges and barriers to implementation that centres told us they faced.

This third and final round of questions is our means of understanding what progress has been made and to identify where we can target our resources and National Commissioners' support to have maximum impact.

We really appreciate your help with this. Please pass the below on to your urology department for them to complete. If this is not possible we would really appreciate your help to provide as much information as you can.

Yours faithfully,

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 (X)
  - b. Yes, using T2-weighted, diffusion-weighted (multi-b ADC and high/long b) 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
3. If yes, to 1b: What percentage of men with suspected prostate cancer receive bpMRI before biopsy as part of the initial diagnostic process?

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4. What are your eligibility criteria/exclusion criteria for prostate MRI? (please tick all that apply):
- a. Age (please provide details) **Yes**
  - b. Symptoms (please provide details)
  - c. Life expectancy (please provide details) **Yes**
  - d. Contra-indications (please provide details) **Yes Claustrophobia, incompatible metal containing implants**
  - e. Other (please provide details)
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**)
6. Do you biopsy all PI-RADS or LIKERT 3 scores? **No we are selective**
- 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 **Less than PIRADS 3**
  - 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)
8. What percentage of men do you estimate are ruled out of biopsy? **Estimate is we do not biopsy about 60% of men that have MRI Prostate**
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
  - c. Agreement to use Dynamic Contrast Enhancement
  - d. No longer using Dynamic Contrast Enhancement
  - e. A scanner/magnet upgrade
  - f. other (free text) **WE do not have any problems getting MRI done**
10. Has the number of radiologists at your trust/health board who report prostate MRI scans changed in the last year?
- a. Increased **(X) (locums)**
  - b. Decreased
  - c. Stayed the same
11. How many radiologists at your trust/health board report at least 250 prostate MRI scans per year? **No-one (total MR prostate scans per year = 251)**
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)

If you are unhappy with the service you have received in relation to your request and wish to request a review of our response please write to:

Caldicott Guardian (Medical Director)

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If you are not content with the outcome of your complaint, you may apply directly to the Information Commissioner for a decision. Generally, the ICO cannot make a decision unless you have exhausted the complaints procedure provided by the George Eliot Hospital NHS Trust. The Information Commissioner can be contacted at:

FOI/EIR Complaints Resolution  
Information Commissioner's Office  
Wycliffe House  
Water Lane  
Wilmslow  
Cheshire  
SK9 5AF

The Trust always seeks feedback on how it handles requests made under the Freedom of Information Act. If you wish to provide feedback please e-mail [freedom.ofinformation@geh.nhs.uk](mailto:freedom.ofinformation@geh.nhs.uk)

Yours sincerely  
FOI Team

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*"Our vision is to EXCEL at patient care"*