

Freedom of Information Office
Press and Communications
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27 November 2019

Our ref: FOI-566-2019

Dear Lizzie Ellis

Thank you for your Freedom of Information request.

I have carefully reviewed your request and investigated whether there is any information available for disclosure to you. Please find below the Trust's response:

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

- 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?

95%

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

N/A

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

a. Age (please provide details): 50-69 (PSA ≥ 3), >70 (PSA >4). ≥ 80 (see in clinic and make clinical decision based on performance status)

b. Symptoms (please provide details)

c. Life expectancy (please provide details): clinical gestalt to determine whether appropriate to investigate further. Some men not suitable for radical therapy would still be suitable for mpMRI if a biopsy is considered.

d. Contra-indications (please provide details): rule out UTI, allergy to gadolinium, claustrophobia offered MRI under sedation

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/no)

Yes

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

a. Yes

b. No: MRI score of 3 with PSA density ≥ 0.12 are offered a biopsy

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 use PIRADS and Likert score in conjunction and use the highest score. All 4 and 5 are offered a biopsy. Those with MRI score 3 with PSAD >0.12 or family risk or ethnic risk are also offered biopsy

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

40%

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)

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

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

We carry out approximately 1,000 prostate MRI scans, of which 50-100 are surveillance and 50-100 are post focal therapy. These are all reported by six fully trained radiologists with interest in prostate and urology.

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): Men with score 1-2 with PSAD >0.12 (unusual) are given a PSA level for referral back to us that is 20% above the level at baseline. Men with a score 1-3 with PSAD <0.12 are given a PSA level specific to them that represents a PSAD of 0.12

c. Other (please provide details)

I trust that this deals with your enquiry to your satisfaction, but if you feel that Imperial College Healthcare NHS Trust has misunderstood or not responded appropriately to your request, you have two courses of action:

- You can clarify the terms of your original request to allow this to be looked at again (if you expand your request this will be dealt with as a new request)
- All applicants have the right of appeal. An appeal should be focused on the original request and should identify how the Trust's response failed to answer your information request. Appeals must be made in writing to the FOI Manager at the address above.

After the Trust's internal appeals procedure has been exhausted, a further appeal about the same information request can be directed to the Information Commissioner for adjudication. Appeals to the Information Commissioner should be sent for review to the following address:

The Information Commissioner,
Wycliffe House, Water Lane,
Wilmslow Cheshire
SK9 5AF
Telephone: 01625 545 700
Facsimile: 01625 545510
E-mail: mail@ico.gsi.gov.uk

Please note:

If you are considering re-using the information disclosed to you through this request, for any purpose outside of what could be considered for personal use, you are required under the Re-use of Public Sector Information Regulations 2015 to make an application for re-use to the organisation you have requested the information from. Applications for re-use should be directed to the Trust through the FOI manager.

Please contact me again, quoting your reference number, if you require any further assistance with your current request and I will do my best to provide the relevant help and advice.

Yours sincerely

Barney Langrish
Freedom of Information manager