

Freedom of Information Request – 4987

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 multi-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?
Approx. 90%

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)**
MRI scan is offered to patient suitable for curative treatment which at present is up to 80years. If patient is above 80 but fit, MRI scan is still considered on an individual basis.
 - b. **Symptoms (please provide details) :**
Ans. If symptoms are suggestive of locally advanced, they will still be offered MRI, however if it suggest metastatic prostate cancer, they will be offered a bone scan first.
 - c. **Life expectancy (please provide details)**
Patients are usually offered MRI scan if life expectancy is more than 10 years
 - d. **Contra-indications (please provide details)**
Pace maker and claustrophobia are two main contra indication for MRI scan
 - e. **Other (please provide details) N/A**

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~~
 - c. **Dependent on patient histology**
We counsel patients and do offer them prostate biopsy / PSA Surveillance as per patient wishes.

7. **What threshold do you mostly use for ruling men out of biopsy?**
 - a. **PI-RADs 3 and above** - offered prostate biopsies if patients are fit for curative treatment.
 - b. **LIKERT 3 and above** - offered prostate biopsies if patients are fit for curative treatment.
 - c. **PI-RADs 4 and above** - offered prostate biopsies if patients are fit for curative treatment.
 - d. **LIKERT 4 and above** - offered prostate biopsies if patients are fit for curative treatment.
 - e. **Varies depending on age (Please provide detail)**
We usually offer patient under 80 years of age.
 - f. **Varies depending on other factors (Please provide detail)** - *They should be suitably fit for a curative treatment and not suffering from significant medical condition in which case treatment is likely to cause more harm than benefit*
8. **What percentage of men do you estimate are ruled out of biopsy?**
10 to 20%
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 (increased scanner capacity)*
 - 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?** *One*
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)**