

CHANGING LIVES

2WW referral criteria for prostate

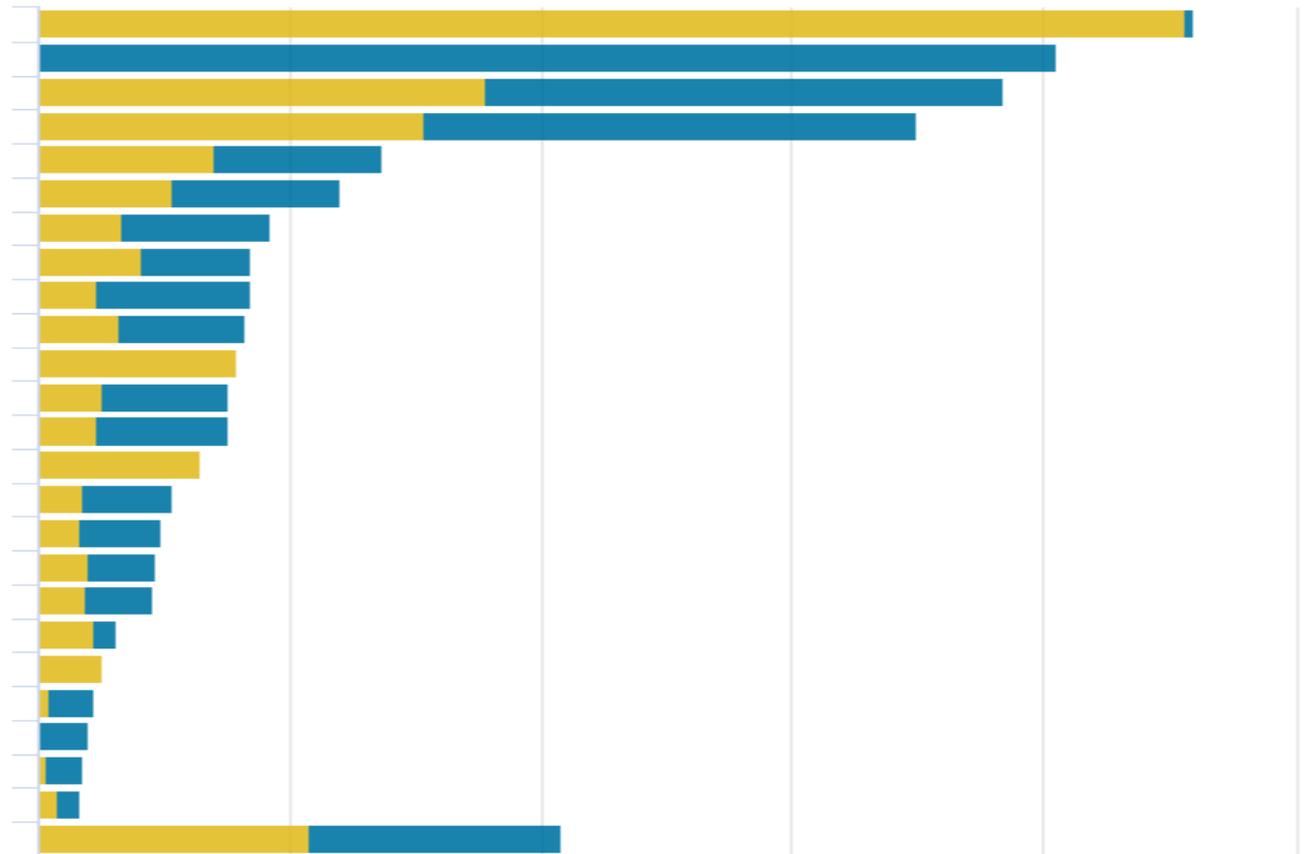
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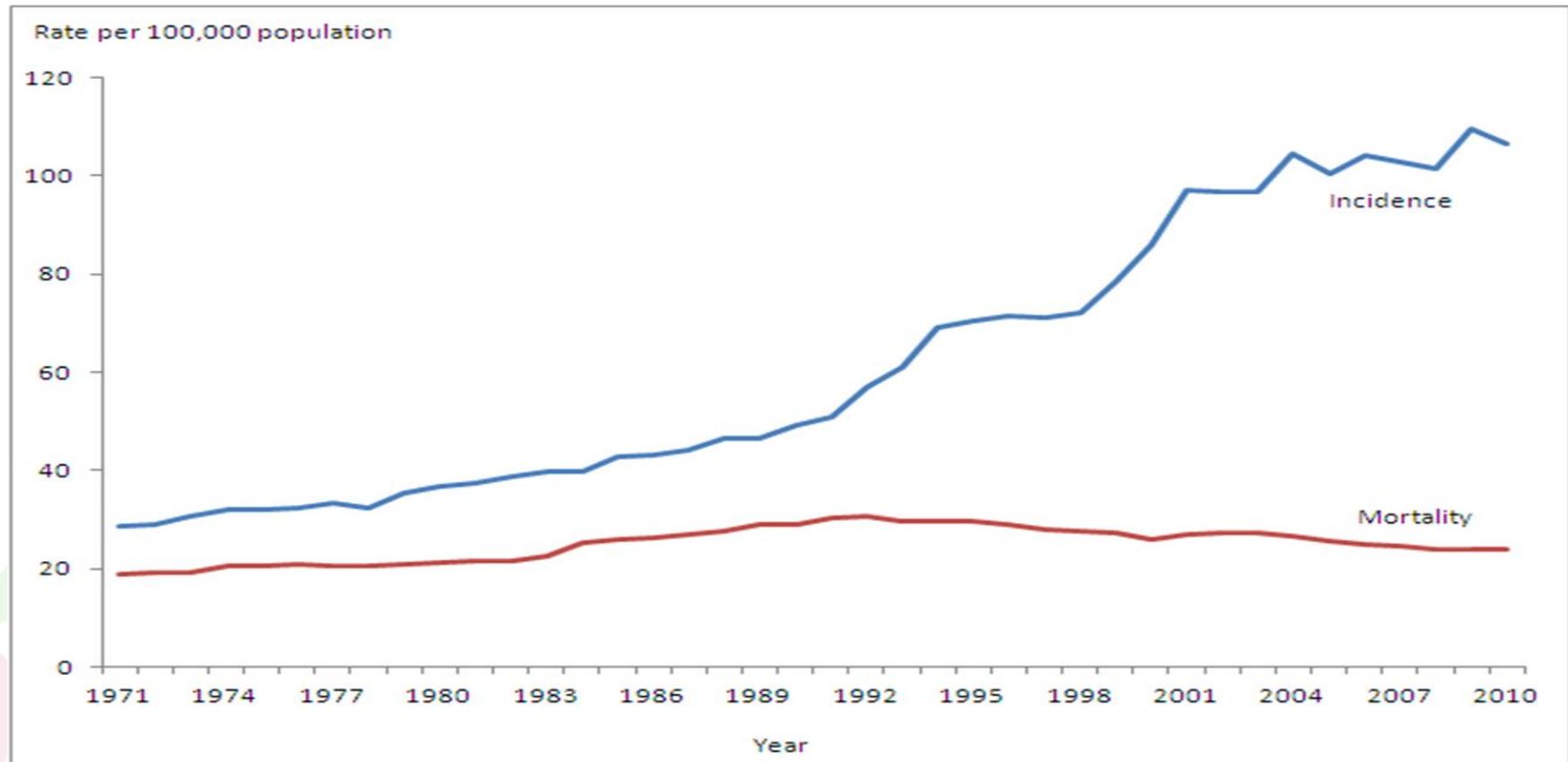
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A Big Problem?



Prevalence versus Mortality



Competing Issues

- Low risk of mortality
- Significant risk of treatment complications
- Comorbidities
- Significant risk of “treatment regret”
- BUT... increased press coverage

New 2WW Referral Form

Prostate Cancer

All Patients should have PSA and U&E/eGFR blood tests, urine dipstick (+ MSU result if dipstick positive) and Digital Rectal Examination (DRE) undertaken prior to referral.

2ww Referral if

Tick if criteria
Applies

Symptomatic patient with a PSA >20

Prostate feels malignant (Firm, hard, nodular or craggy) on (DRE)

Asymptomatic patient requesting PSA test require two blood tests, at least 4 weeks apart

Refer if:

- Both PSA >3.0 (for all ages) Note: Please double the PSA test result if patient has been taking Finasteride or Dutasteride for more than 6 months.

(For raised PSA in men with significant co-morbidities, performance status >3 or life expectancy <10 years, consider discussion with patient/family/carers and/or a specialist before urgent referral.)

Informed consent: e.g. Prostate Cancer Risk Management Programme (PCRMP) leaflet

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/509191/Patient_info_sheet.pdf

Symptomatic patient: Prostatic symptoms/LUTS

(Wait > 6 weeks following treated UTI before undertaking PSA test. Obtain two PSA tests, at least 4 weeks apart)

Refer if:

- Abnormal DRE
Or
- Both PSA >3.0 (for all ages)

(For raised PSA in men with significant co-morbidities, performance status >3 or life expectancy <10 years, consider discussion with patient/family/carers and/or a specialist before urgent referral.)

Informed consent: e.g. (PCRMP) leaflet provided

Symptomatic patient: Suspected distant metastases (e.g. back pain, weight loss)

Refer:

- If abnormal DRE
- Or a single PSA >20

In this group of patients if PSA result is between 10-20 suggest repeat and review in 4 weeks with second PSA test.

If repeat PSA level <10 - Constitutional symptoms are unlikely to be directly due to prostate cancer but consider criteria above.

When to use 2WW

- ❖ No history suggestive of UTI / prostatitis
- ❖ Repeated raised PSA
- ❖ Young or no co-morbidities
- ❖ Persistently raised PSA in over 70's (>10??)
- ❖ Rising PSA velocity
- ❖ Discrete NODULE in prostate AND fit / young

When NOT to use 2WW

- ❖ History suggestive of UTI / prostatitis
- ❖ Single value PSA (unless very high)
- ❖ Co-morbidities
- ❖ Increasing age (75? 70 and unfit?)
- ❖ Minimally raised PSA in over 70's
- ❖ Previously raised PSA
- ❖ Patient does NOT want biopsy!

Help is at Hand...



SWOP Prostate Cancer Research Foundation, Rotterdam

In partnership with the
European Randomized Study of Screening for Prostate Cancer

NL | EN | RU | AM

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Calculate your prostate cancer risk
A practical, private and simple way of assessing your personal risk of prostate cancer, devised by doctors.

Start

News in Brief
New: Multi-step Prostate Cancer Risk Calculator
Seven individual calculators are now available globally for men and their clinicians. Free of charge, they help when deciding whether to have a PSA test. And later, these are applicable when deciding on treatment, if prostate cancer is

For doctors

The Prostate Cancer Risk Calculators help to predict the presence of cancer and whether it is aggressive or indolent.

There are two calculators to use with patients and five risk calculators just for the medical profession.

For Men

Prostate cancer is one of the most common cancers in men. Improvements in treatment and diagnosis mean that more men survive the disease.

If you are concerned about your risk, you can safely use Prostate Cancer Risk Calculators 1 and 2 without any medical knowledge.

Risk Calculator 1 gives an initial assessment. But if you know your PSA level, you can go straight to Risk Calculator 2. These are helpful starting points and do not replace your doctor's advice.

Partners

We wish to thank our partners for their continued support.

eau European Association of Urology

KWF KANKER BESTRIJDING

EUROPA UOM

ERSPC

“SIGNIFICANT” prostate cancer

- ❖ Age 74
- ❖ PSA 6.7
- ❖ DRE – approx 60cc, benign
- ❖ Risk of prostate cancer:
 - ❖ 14%
- ❖ Risk of **SIGNIFICANT** prostate cancer:
 - ❖ 3%

ERSPC Risk Predictor

- Age 68 (years)
- PSA 3.2 (ng/ml)
- DRE Normal
- Family history No
- DRE volume 40 (cc)
- No previous neg. biopsy

In the next **FOUR YEARS...**

Probability of **NO Prostate Cancer: 97.3%**

Probability of potential **LOW RISK Prostate Cancer: 2.0%**

Probability of potential **AGGRESSIVE Prostate Cancer: 0.7%**

If in doubt

- * Urgent referrals are still seen rapidly
- * We can upgrade urgent referrals
- * Advice and guidance request
- * A few weeks makes no difference...

Changes to Pathway

- ❖ Age related PSA is out
- ❖ Two PSA Values greatest than 3 is in
- ❖ Diagnosis pathway is changing
 - increased use of MRI
- ❖ New pathway

New Pathway

2 Week Referral sent by GP

CNS Triages

Patient receives telephone call
from CNS

MRI

Clinic