Welcome to the West London Cancer Webinar

We will begin shortly

Please remain on mute and turn off your cameras

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West London Cancer Alliance

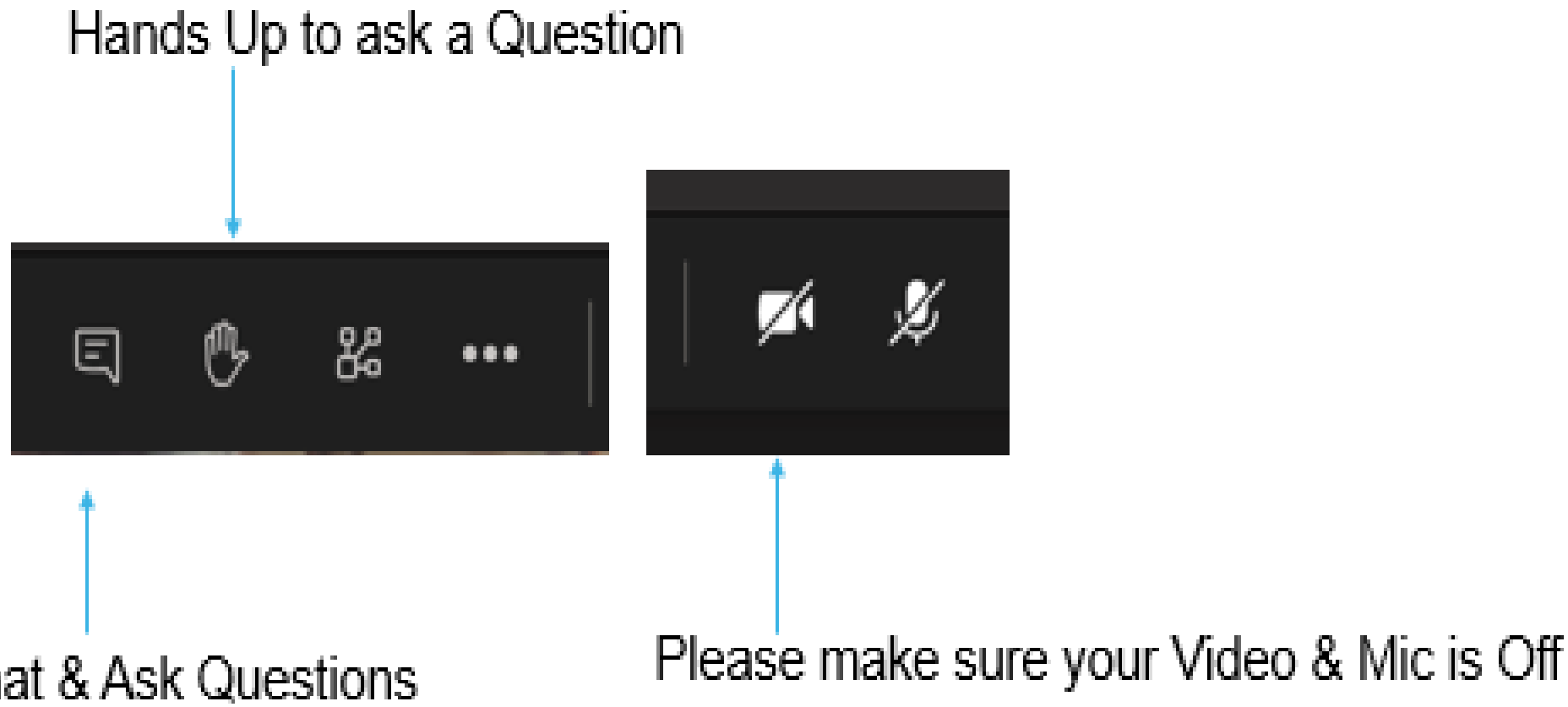
Hosted by The Royal Marsden NHS Foundation Trust

Prostate Cancer Webinar

Jeff Thompson, Cancer don't let it win
Taimur T. Shah, Consultant Urologist and Clinical Senior Lecturer, Imperial College London
Lubna Latif Curtis, Health Influencing Senior Officer, Prostate Cancer UK
Dr Lucy Hollingworth, NWL Primary Care Cancer Lead
Dr Lucy Sneddon, SWL Primary Care Cancer Lead

Working in partnership, ***we will achieve world class cancer outcomes*** *for the population we serve*

Housekeeping



Agenda

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Item	Time	Presenter
Introduction and Aims of the session	1.00	Lucy Hollingworth, NWL Primary Care Cancer Lead
Patient experience – Jeff Thompson	1.05	Jeff Thompson, Cancer don't let it win
Prevalence of Prostate Cancer	1:15	Taimur Shah, Consultant Urologist, Imperial
Prostate Cancer Risk factors	1:20	Lubna Latif Curtis, Prostate Cancer UK
Targeting men at risk	1:25	Lubna Latif Curtis, Prostate Cancer UK
PSA Testing and local pathways	1:30	Taimur Shah, Consultant Urologist, Imperial
Patient Scenarios	1:40	
Case Study	1:45	
Take home messages	1:50	
Resources to support PCNs and Patients		
Panel questions		All
Close	2:00	Lucy Sneddon, SWL Primary Care Cancer Lead /

Aims of this session

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- Understand from a patient's point of view the realities of being diagnosed with prostate cancer

- Understand Prostate Cancer risk factors and how practices and PCNs can engage with at risk patients in their population

- Changes to the diagnostic pathway, PSA testing and clarity on the local patient pathways

Patient Experience
Jeff Thompson: Cancer Don’t let it win

Prevalence of Prostate Cancer

Prostate Cancer: develop and implement a plan to **increase the proactive and opportunistic assessment** of patients for a potential cancer diagnosis in population cohorts where referral rates have not recovered to their pre-pandemic baseline.


BBC NEWS

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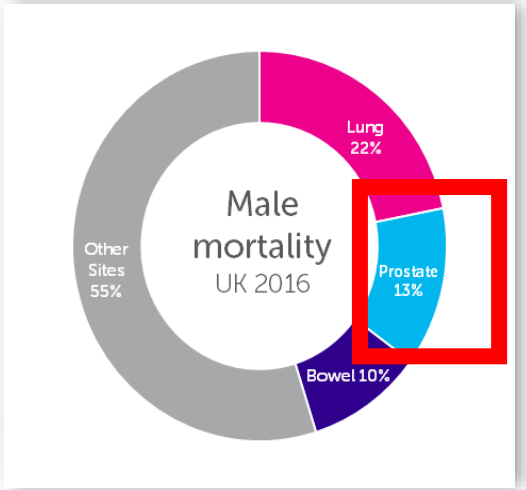
Prostate cancer deaths overtake those from breast cancer

Share

2 February 2018



More than 48,500 men are diagnosed with prostate cancer every year in England – 133 a day

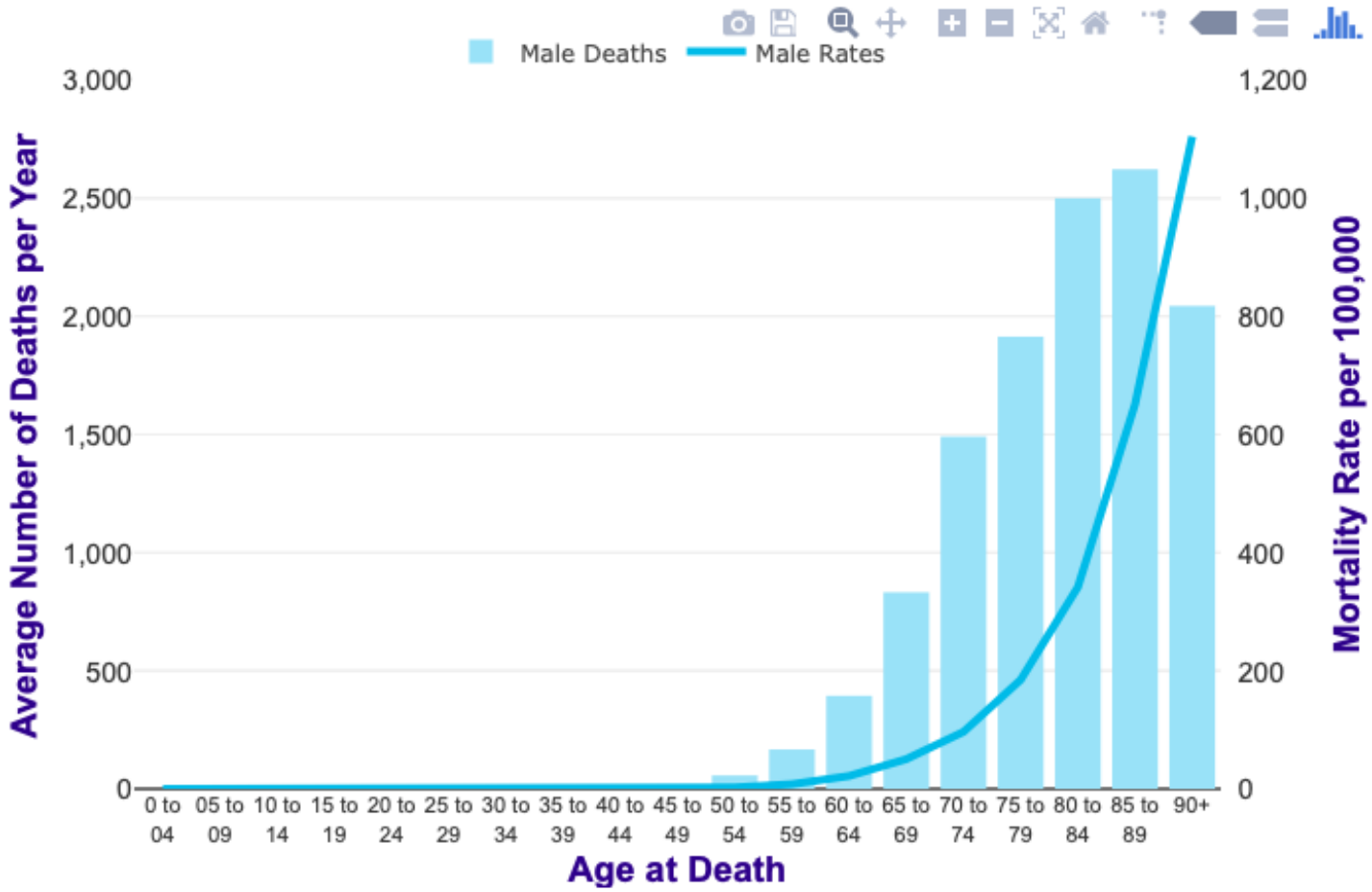
More than 12,000 men die from prostate cancer every year in England

Prostate cancer is the most common cancer in men over 50

More than 180,000 men are living with and after prostate cancer in England

Source: Prostate Cancer UK 2018

Prostate Cancer (C61), Average Number of Deaths per Year and Age-Specific Mortality Rates per 100,000 Male Population, UK, 2017-2019



Incidence and mortality rates in West London

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10-year cancer prevalence in 2020

Geography	Number of people	Rate per 100,000
NWL	7,854	731.7
SWL	7,479	1016.9
West London	15,333	847.7

5-year cancer prevalence in 2020

Geography	Number of people	Rate per 100,000
NWL	4,721	439.8
SWL	4,407	599.2
West London	9,128	504.6

Patients living with prostate cancer in 2025 (10 year Prevalence) could increase by approximately 6%

Incidence and mortality figures - Crude Rates

Metric	NWL				
	Number		Crude Rate per 100,00 person - years		
	2015-2019	2016-2020	2015-2019	2016-2020	Difference
Incidence	5,653	5,543	107.7	104.8	-2.9
Mortality	1,099	1,106	20.9	20.9	0.0

Metric	SWL				
	Number		Crude Rate per 100,00 person - years		
	2015-2019	2016-2020	2015-2019	2016-2020	Difference
Incidence	5,180	5,038	143	138.4	-4.6
Mortality	852	859	23.5	23.6	0.1

Metric	West London				
	Number		Crude Rate per 100,00 person - years		
	2015-2019	2016-2020	2015-2019	2016-2020	Difference
Incidence	10,833	10,581	122.1	118.5	-3.6
Mortality	1,951	1,965	22	22	0.0

Incidence: *A new case of cancer, counted once when the cancer is diagnosed*

Mortality: *Counts of the number of deaths due to cancer*

Incidence rates decreased but data pre COVID…..

Increasing TWW referrals to Urology since COVID

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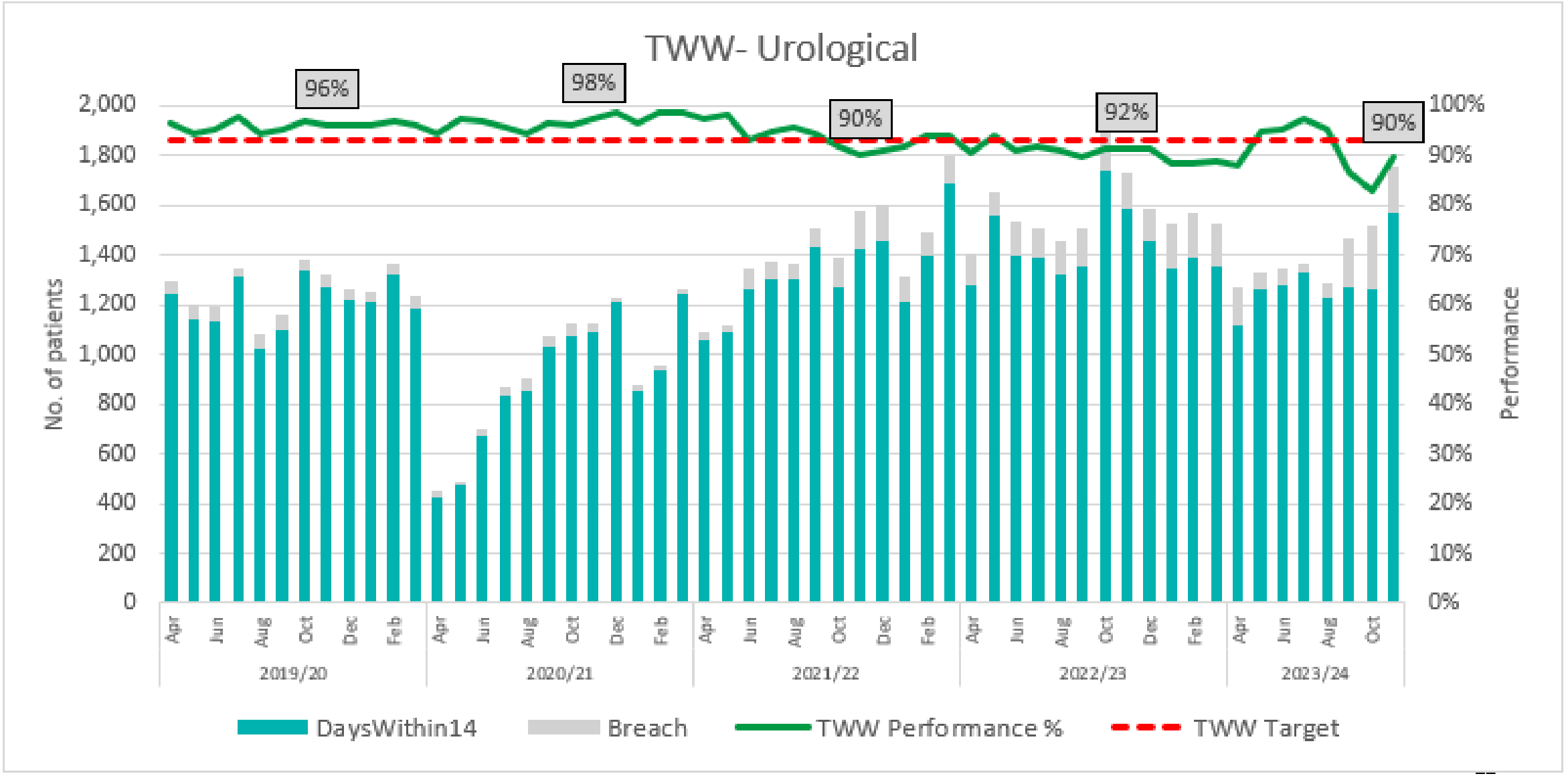

Prostate Cancer UK – Prostate Cancer risks

Prostate Cancer risks

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Ethnicity

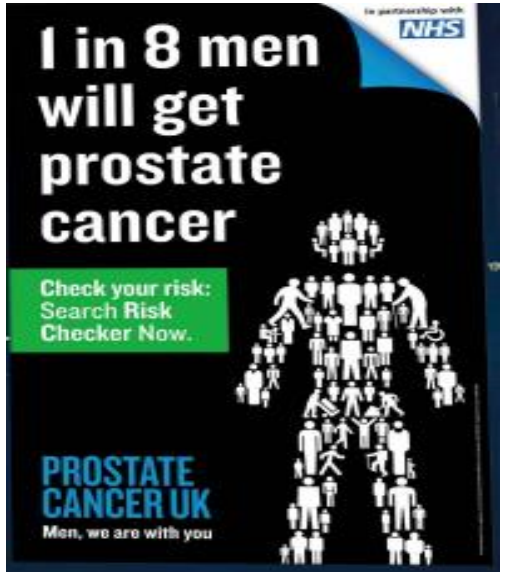
- **One in four Black men** will get prostate cancer in their lifetime
- **One in eight non Black men** will get prostate cancer in their lifetime
- **One in thirteen Asian men** will get prostate cancer in their lifetime

Age

- **Black men aged 45+** are also more likely to be diagnosed at a younger age and sometimes with *more aggressive* (faster growing) disease
- **All men over 50**

Family History

- If father or brother have had the disease - **2.5 times greater risk** – prostate, breast and ovarian cancer history.



Targeting your men at risk

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Current guidelines are that the PSA test is available and **FREE** to any man aged 50 and over that requests it

We would recommend a focus on men who are most at risk:

- Black men aged 45 - 70
- Those with a family history of prostate cancer aged over 45 - 70
- All men 50 - 70

We advocate prostate and also breast and ovarian cancer history.

Straight to test pathway with digital informed choice via text message

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STRAIGHT TO TEST PATHWAY BENEFITS

- Frees up GP appointments (no need for PSA counselling)
- Patients receive comprehensive, up to date information about their risk and about the pros and cons of the PSA blood test
- Reduces any delay in diagnosis
- Patients can make an informed choice about whether to have a PSA blood test.

STEP ONE: IDENTIFY TARGET GROUP

- Men aged 50-70
- Black men aged 45-70
- Men over 45 who have a family history of breast cancer and/or prostate cancer

Exclude men who:

- Have a diagnosis of prostate cancer
- Had a PSA blood test within the last 12 months
- Are on an end of life pathway

STEP TWO: ALLOCATE CHAMPION & BATCH MESSAGE

Allocate a member of staff who will send batch texts to patients.
e.g. 500 patients every 2 weeks.

Set a task to send 2 follow up text messages to patients at 2/3 weekly intervals.

STEP THREE: ROLE OF ADMIN

Inform admin they will get telephone calls from a/symptomatic men in response to this text message requesting a PSA blood test, ensuring they are triaged appropriately.
N.B. Consider offering option of digital appointment booking for PSA blood test.

STEP FOUR: SEND TEXT MESSAGE

Hello (PATIENT NAME), We know some men are at higher risk of prostate cancer. You can check your risk by using Prostate Cancer UK's risk checker (insert your UNIQUE risk checker link here) If after checking, you want to book a PSA blood test, then please call us to make an appointment. Thanks, (DR NAME) (TELEPHONE NUMBER)

STEP FIVE: SNOMED CODE FOR EVALUATION PURPOSES

Create SNOMED code to evaluate impact of sending text messages to patients.
Or alternatively use this code if not in use:
Prostate specific antigen monitoring short message service text message first invitation (procedure) *SCTID: 959671000000106*

Straight to test example

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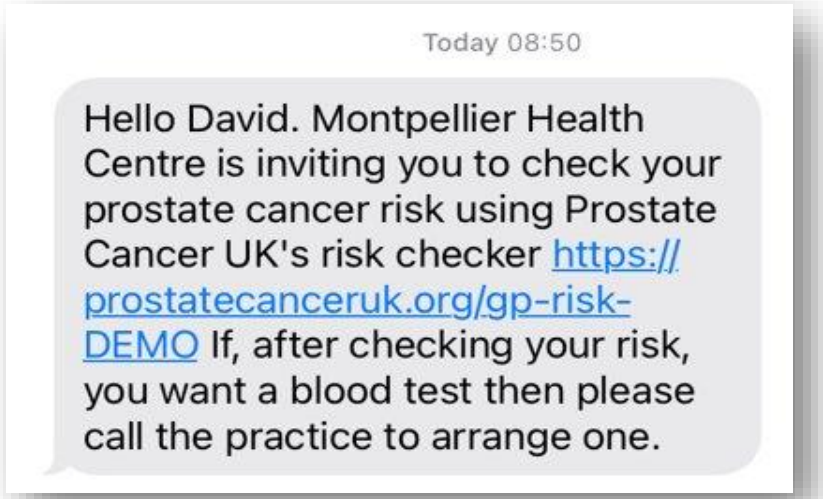
6 practices took part in the Bristol pilot



Targeted men

- Aged 50-70 or
- Black aged 45-70 or
- Recorded family history 45-70.

Approx 2,626 text messages

- **913** risk checker completions. (35%)
- **542 PSA tests** have been booked. (20%)
- **16 referrals** (several still in system awaiting diagnosis)
- **4** definite diagnoses

PROSTATE CANCER UK

Hounslow target outcome incentive scheme

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Screening in the high-risk categories:

- 45 years - 75 years with black ethnicity
- 45 years - 75 years with a family history of prostate cancer

(exclusions: patients >75, patients who have no prostate, patients with active prostate cancer)

Quality Indicator:

- All patients must have a documented discussion regarding the advantages and disadvantages of PSA testing so that they can make an informed choice about having the test.
- Practices should also undertake activities to promote the symptoms of prostate cancer in high-risk patients.

Payment:

- PCN target of 40% of their eligible cohort to qualify for payment of £0.20 per patient based on weighted list size.

Coding:

- Advice given about prostate cancer screening (698470001)
- Prostate cancer screening declined (31011000119107)

TRANSFORM Trial

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- £42 million TRANSFORM trial, the biggest prostate cancer screening trial.
- Developed in consultation, and with the backing of, the NHS, the National Institute for Health and Care Research (NIHR) and the UK Government.
- Will involve hundreds of thousands of men, comparing the most promising tests and provide definitive evidence about the best way to screen for prostate cancer.

When will it start?

- The researchers will start setting up the trial in spring 2024, and will start recruiting men to the trial later in the year.

What will be tested?

- The first-of-its-kind trial will test multiple promising screening methods, including MRI scans, to detect prostate cancer.

Who will be able to take part?

- Men between 50 and 75 years old who have not been diagnosed with prostate cancer will be recruited to the trial.
- Aim for one in ten invited to be Black men between 45 and 75 years old.

PROSTATE CANCER UK

PSA testing and Local Pathways

2015 vs 2022 pathways

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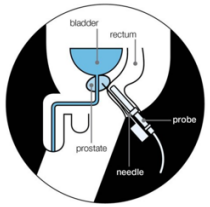
2015

PSA Blood Test

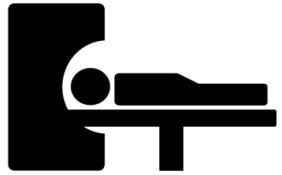


Systematic TRUS
Biopsy (non-targeted)

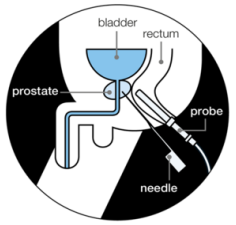
- 75% of those men referred with a raised PSA did not have cancer[1]
- Biopsy can have serious side effects including 1% of men having sepsis[2]
- Non-MRI guided biopsies create doubt in accuracy of diagnosis – 12% of men diagnosed with the lowest risk cancers that are unlikely to ever harm them are over-treated – resulting in risk of incontinence and erectile dysfunction[3]

2022

PSA Blood Test



mpMRI Scan



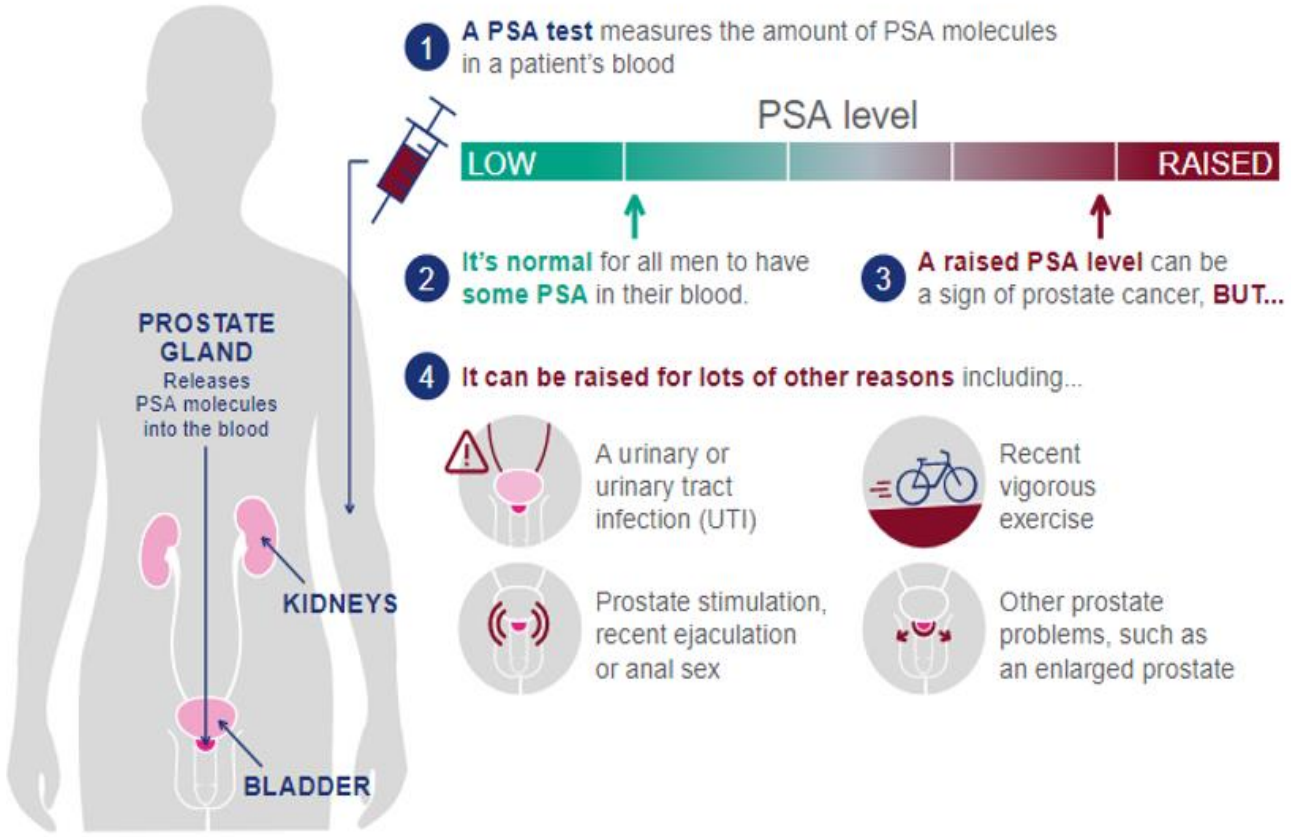
MRI-Image guided biopsy
(40% transperineal)

- mpMRI after PSA safely saves 27% of men from having a biopsy[4]
- mpMRI after PSA reduces clinically insignificant diagnoses by 5%[4]
- 40% (and rising) of biopsies are now transperineal[3] – meaning negligible risk of sepsis[2]
- MRI-Image guided biopsy supports more accurate diagnosis – over-treatment levels have now dropped to 4%[3]

PROSTATE CANCER UK

1.https://www.nhs.uk/conditions/prostate-cancer/should-i-have-psa-test/
2.Tamhankar AS, El-Taji O, Vasdev N, Foley C, Popert R, Adshead J. The clinical and financial implications of a decade of prostate biopsies in the NHS: analysis of Hospital Episode Statistics data 2008-2019. BJU Int. 2020 Jul;126(1):133-141. doi: 10.1111/bju.15062. Epub 2020 Apr 22. PMID: 32232966.
3. National Prostate Cancer Audit. https://www.npca.org.uk/reports/npca-short-report-2021/ & https://www.npca.org.uk/content/uploads/2022/01/NPCA-Annual-Report-2021_Final_13.01.22-1.pdf
4. Ahmed, Hashim U., et al. "Diagnostic accuracy of multi-parametric MRI and TRUS biopsy in prostate cancer (PROMIS): a paired validating confirmatory study." The Lancet 389.10071 (2017): 815-822.

Prostate Cancer: Prostate Specific Antigen (PSA) Testing



In the absence of symptoms, **GPs should discuss the pros and cons of PSA tests with the patient**. If a subsequent PSA test result shows raised PSA levels, the GP should use their clinical judgement to consider whether a referral is appropriate.

Reference: PSA testing and Prostate Cancer NHS leaflet

- PSA levels can be raised in a number of conditions, such as a urinary infection, an enlarged prostate, prostatitis or prostate cancer
- Most men have a PSA level less than 3ng/ml.
- **Before a PSA test, men should not have**:
  - an active urinary infection or within previous 6 weeks
  - ejaculated in previous 48 hours
  - exercised vigorously, for example cycling in the previous 48 hours
  - had a urological intervention such as prostate biopsy in previous 6 weeks
- **When taking blood for PSA testing:**
  - ensure the specimen will reach laboratory in time for the serum to be separated within 16 hours
  - send samples to an ISO accredited laboratory
  - repeat the test if not taken in ideal circumstances

Prostate Cancer: NG12 PSA threshold

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- Consider a PSA test and digital rectal examination (DRE) to assess for prostate cancer in people with:
  - ❑ any lower urinary tract symptoms, such as nocturia, urinary frequency, hesitancy, urgency or retention ***or***
  - ❑ erectile dysfunction ***or***
  - ❑ visible haematuria
- An urgent suspected cancer referral should be made if:
  - ❑ if prostate feels malignant on digital rectal examination
  - ❑ if their PSA levels are above the indicated threshold for their age

Elevated Age Specific PSA Levels (NICE)	
Age	**PSA level**
Below 40	Use clinical judgement
40–49	More than 2.5
50–59	More than 3.5
60–69	More than 4.5
70–79	More than 6.5
Above 79	Use clinical judgement

Urgent Suspected Cancer Urology Referral Form

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PAN LONDON SUSPECTED UROLOGY CANCER REFERRAL FORM

Referral should be sent via e-RS with this form attached within 24 hours

TOP TIPS
Urology 2ww referrals

Surname: First name:
Referral date: NHS number:
Patient's hospital of choice: click here to access the hospitals directory

1. REASON FOR REFERRAL – ESSENTIAL

See Pan London Suspected Urology Cancer Referral Guide

Please record below the history and findings on physical examination and why you feel the patient may have cancer:

2. SPECIFIC CRITERIA FOR URGENT REFERRAL – ESSENTIAL

Criteria for urgent referral: suspected PROSTATE CANCER

SYMPTOMATIC:

- PSA level above age-specific reference ranges **and** UTI excluded
- PSA levels remain above age-specific reference ranges 8 weeks **after** treatment for UTI
- PSA level > 20 (even in presence of UTI)
- Prostate feels malignant on digital rectal examination

Elevated Age Specific PSA Levels (NICE)

Age	PSA level
Below 40	Use clinical judgement
40–49	More than 2.5
50–59	More than 3.5
60–69	More than 4.5
70–79	More than 6.5
Above 79	Use clinical judgement

Criteria for urgent referral: suspected BLADDER/RENAL CANCER

Adults aged ≥45 with:

- Visible haematuria that persists or recurs after successful UTI treatment
- Visible haematuria without UTI
- Abnormal imaging suggestive of renal malignancy
- **Adults aged ≥60:** with unexplained non-visible haematuria and dysuria or a raised white cell count on a blood test

Criteria for urgent referral: suspected TESTICULAR CANCER

- A solid intra-testicular lump
- Non-painful enlargement or change in shape or texture of the testis
- Abnormal testicular ultrasound suggestive of cancer

Criteria for urgent referral: suspected PENILE CANCER

- Penile mass or ulcerated lesion, where a sexually transmitted infection has been excluded
- Persistent penile lesion after treatment for a sexually transmitted infection has been completed
- Unexplained or persistent symptoms affecting the foreskin or glans

- Referral is due to **clinical concerns that do not meet above criteria (full case description required in section 1)**

If the patient does not meet any specific criteria above, please consider the following alternatives:

• Obtain Advice & Guidance from specialist • Routine referral to Urology

BLADDER CANCER: FBC/U&Es/eGFR within previous 3 months; Ultrasound for non-visible haematuria
RENAL CANCER: Ultrasound; FBC/U&Es blood tests within previous 3 months
TESTICULAR: Ultrasound

4. INFORMATION FOR HOSPITAL ASSESSMENT – ESSENTIAL

WHO Performance status

- **0** Fully active
- **1** Restricted physically but ambulatory and able to carry out light work
- **2** Ambulatory more than 50% of waking hours; able to carry out self-care
- **3** Limited self-care; confined to bed or chair more than 50% of waking hours
- **4** Completely disabled; cannot carry out any self-care. The patient is totally confined to bed or chair

Is the patient contraindicated for MRI (e.g. implanted device, claustrophobic)? Yes No

Other access needs - *please detail per the selected options in the field below*

Is patient suitable for a telephone assessment consultation? Yes No

- Interpreter required If Yes, Language:
- Transport required
- Wheelchair access required
- Cognitive impairment including dementia
- Learning disability (see London LD contacts)
- Mental health issues that may impact on engagement
- SMI

Details of access needs and reasonable adjustments:

5. ADDITIONAL IMPORTANT CLINICAL INFORMATION

Past history of cancer:
Relevant family history of cancer:
Safeguarding concerns:
Other relevant information about patient's circumstances:
Patient referred/previously investigated for similar symptoms at other hospital/service?
No Yes, please give details:

- I have discussed the **possible diagnosis of cancer** with the patient (Patient Information Resources)
- I have advised the patient to **prioritise this appointment & confirmed they'll be available within the next 14 days.**
- The patient has been advised that the hospital care **may contact them by telephone**
- Patient added to the practice **safety-netting system** and practice will review by DDMMYY *(manual entry)*

6. REFERRER DETAILS

Usual GP name:	Referring clinician:
Practice code:	Practice address:
Practice name:	Email:
Main Tel:	Practice bypass number *(manual entry)*

7. PATIENT DETAILS

Surname:	First name:
NHS number:	Title:

Rapid Access to Prostate Imaging and Diagnosis (RAPID) Pathway

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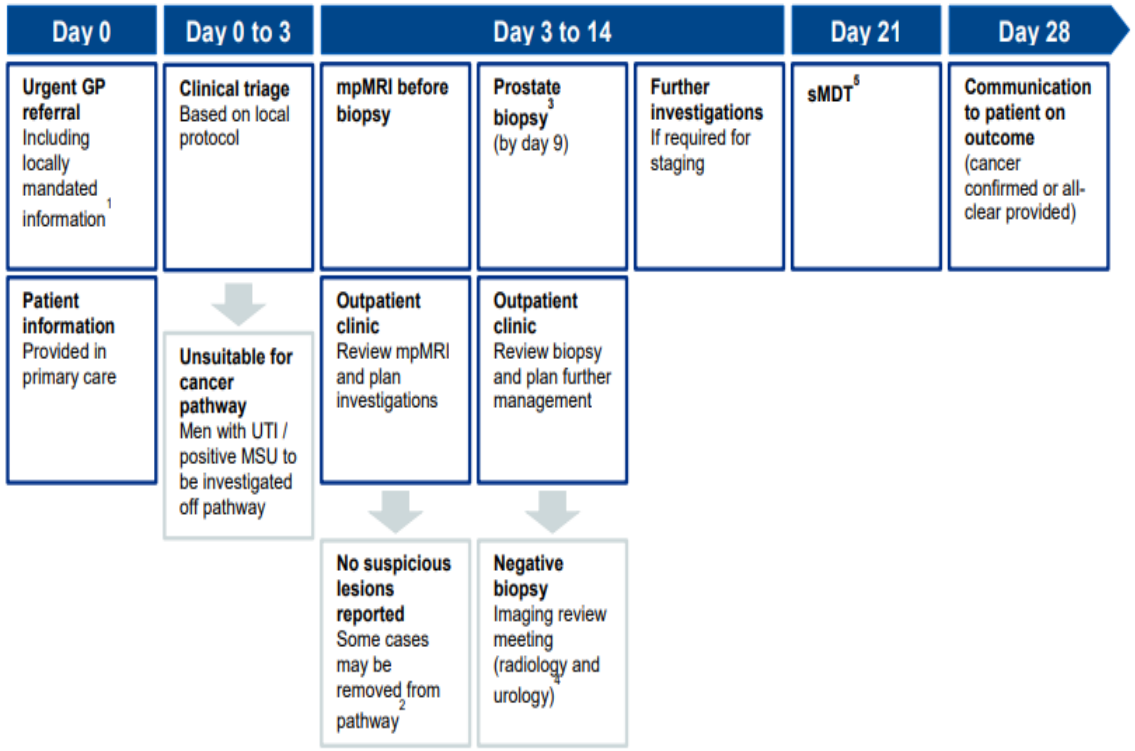
- **'Straight to Test' model,** ensuring patients are in the 'right place, first time' for faster diagnostics
- **Investigations that must be undertaken prior to referral**
  - Blood tests (PSA, U&Es/eGFR within 3 months)
  - DRE examination where appropriate
  - Urine dipstick (+ MSU result if dipstick +ve) within 3 months
- Referral requests are made via eRs (**referral must be attached** to the request for triage within 4 hours – this is key for triage)
- Referring clinicians MUST ensure patient is **aware of possible diagnosis of cancer** and that that they should prioritise **appointments within the next 28 days**.
- Triage generally happens within **24-72 hours** (excluded: UTI, AUR, claustrophobic, metalwork)
- IPSS: FR + RV
- All patients are booked to an initial telephone consultation – ***important to indicate on the referral if the patient is unsuitable for telephone assessment.(e.g. hard of hearing)***
- Patients will generally have an MRI scan, then +/- prostate biopsy, before a diagnosis is made (either cancer or ruling out of cancer). Biopsies are all trans perineal (anticoagulants stopped).



Reference: Suspected cancer: recognition and referral (nice.org.uk)

Patient Scenarios

Scenario 1 –What would you do?

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- 83 year old white male
  - No family history of prostate cancer
  - PC: Nocturia x 2
  - Urine –ve
  - PMH: Ischemic heart disease, CKD3, NIDDM, COPD

What would you do?

1. **PSA & DRE**
2. **DRE only**
3. **LUTS assessment**
4. **Other - specify**

Scenario 2 –What would you do?

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- 55 year old Black Caribbean male
  - NIDDM
  - Brother developed prostate cancer
  - Presents with urinary frequency and urgency: urine : glucose +
  - PSA rise from 0.9 (18 months ago) to 3.1

What would you do?

1. **LUTS and MSU assessment**
2. **PSA monitoring**
3. **2WW referral**

Secondary Care – Patient scenario 2

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- Referral
    - Clinician Triage: excluded: UTI, AUR, claustrophobic, metalwork
    - IPSS: FR + RV
    - Upfront MRI (U+E dependent)
    - Transperineal prostate biopsy (anticoagulants stopped)

Improve Imaging

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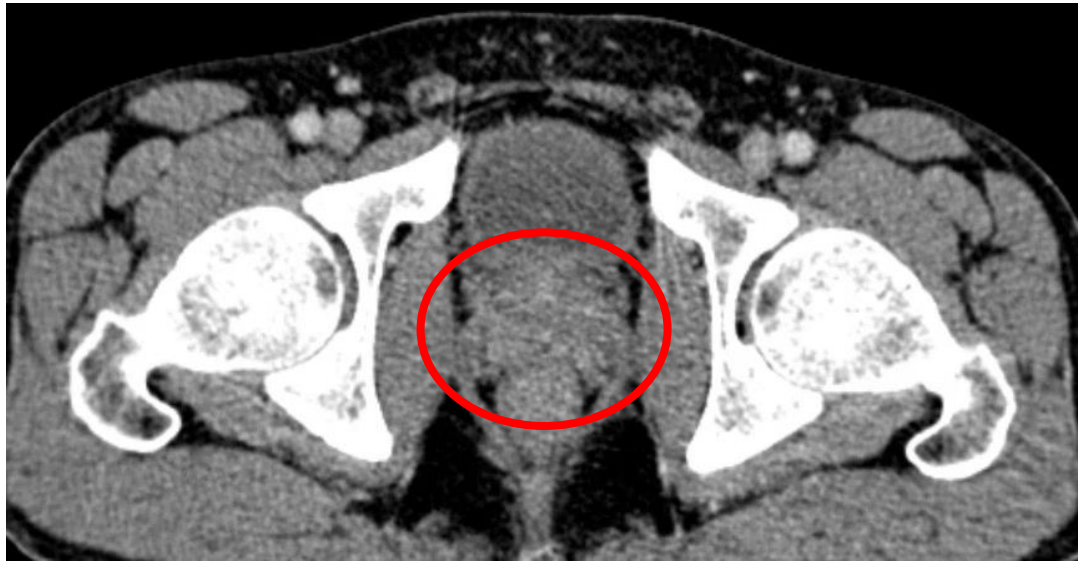

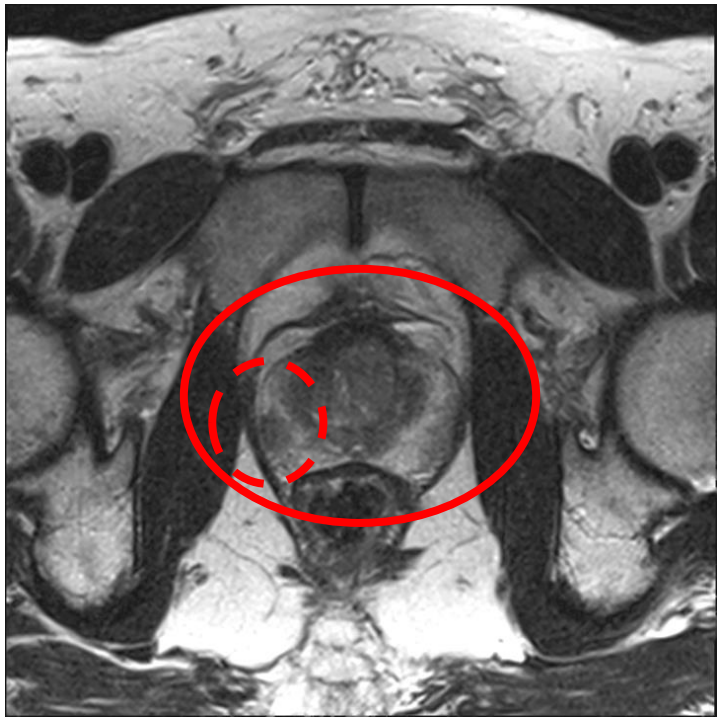

Prostate Cancer: Top Tips for Primary Care

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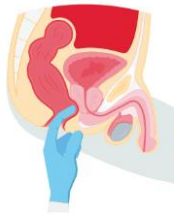
Age-specific prostate-specific antigen (PSA) – if PSA level is above the specific age range refer on a suspected cancer pathway. Clinical judgement should be used to manage asymptomatic men and those aged under 50 years who are considered to have a higher risk

Ethnicity – incidence of prostate cancer is higher in black men.

Family history– important to ask about family history (particularly prostate or breast cancer) when assessing prostatic symptoms or considering a PSA test.

Exclude UTIs – UTIs Urinary tract infections can falsely elevate a patient's PSA levels. If a PSA level is marginally elevated then repeat test in 6-8 weeks after treatment of UTI, before referring.



Digital Rectal Examination (DRE) – if prostate feels abnormal on examination, refer on a suspected cancer pathway, regardless of PSA result.

Red flag symptoms - Symptoms of metastatic disease include sudden onset urinary incontinence, faecal incontinence and loss of power in the lower limbs, which could indicated metastatic spinal cord compression. *These patients require emergency admission to hospital (via A&E).*

Resources to support PCNs and patients

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https://prostatecanceruk.org/for-health-professionals/resources/pcn-des
Prostate cancer: You are not alone (July 2023)
Prostate cancer: We pretend it doesn't exist (July 2023)
Don't wait: Get the PSA blood test (July 2023)
Don't wait: The earlier you speak to your GP the better (July 2023)
Check your risk in 30 seconds | Prostate Cancer UK
www.embarrassedfilm.org | A SIR STEVE MCQUEEN FILM Raising awareness of prostate cancer within the black community
Macmillan Ten Top Tips for Prostate Cancer
PSA testing and prostate cancer: advice for men without symptoms of prostate disease aged 50 and over (publishing.service.gov.uk)
English-Patient-information-for-urgent-referrals.pdf (healthylondon.org)

Embarrassed

A SIR STEVE MCQUEEN FILM

Summary DES slide pack – Prostate Cancer UK	Microsoft PowerPoint Presentation
Primary Care Flowchart – Straight to Test	Microsoft Edge PDF Document
Primary Care Toolkit	Microsoft Edge PDF Document

Panel questions

Thank you

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Thank you for attending today's webinar.

The presentation can be requested via RM Partners

Rmpartners.primarycare@nhs.net

Please complete the survey to help us improve future Cancer Primary Care Education for West London

https://www.smartsurvey.co.uk/s/SKCS84/