

Meeting	Peninsula Cancer Alliance Board 28 October 2020
Title	Prostate Cancer Programme Update
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Agenda Item	Item 6a
Summary	
Recommendations	
<ul style="list-style-type: none">• The Board approve the pathway changes in Section 2• STPs to confirm with Providers the timescales for implementing the pathway changes and the support required by end of November 2020• Providers to continue to submit quality data to the SW Prostate Dashboard	

PROSTATE CANCER PROGRAMME QUARTERLY REPORT Position Statement – October 2020

The Peninsula Cancer Alliance has a programme for improvements for the Prostate Pathway, to meet the expectations of the National Best Practice Pathway. This paper updates on progress with these changes and set out the requirement for providers in making and evidencing these improvements.

1. Pathway Changes

The South West Prostate Steering Group have agreed the following pathway changes.

Topic	Pathway Change	Deadline
Data	Data should be submitted to the SW Prostate Database. This supports assessment against both pathway and timescale metrics in the Prostate Programme.	Ongoing Good data from 3 of 5 trusts
Referral	Virtual telephone triage systems are introduced to allow appropriate men to receive an MRI without a face-to-face appointment first. This should happen within 3 days of referral being received.	Dec 20
mpMRI	Multiparametric MRI is recommended before biopsy (SW criteria under development).	July 20 Complete
mpMRI	mpMRI should be reported using the PIRADS or LIKERT score	July 20 Complete
Biopsy	Providers should achieve a negative predictive value (NPV) of over 76% from mpMRI	July 20 Complete for 4 of 5 trusts
Biopsy	Biopsies should not routinely be carried out on men whose mpMRI score (PIRADS or LIKERT) is 1 or 2	March 21
Biopsy	Local anaesthetic transperineal biopsies should replace all trans-rectal ultrasound guided biopsies	March 21
Biopsy	Transperineal Biopsies are carried out under local anaesthetic This means that general anaesthetic template biopsies should cease (unless contra-indicated)	March 21
Biopsy	Providers deliver a workforce plan to reduce the proportion of biopsies performed by consultant surgeons	Dec 20
Biopsy	Biopsies should be six zones systematic and routinely take no more than 18 cores (6x3) for PIRADS 1-3, plus targeted zones PIRADS 4-5 (send separately).	Jul 20 Mean cores per biopsies less than 18 for all providers
Surgery	Prostatectomy should not be routinely offered for men in Gleason Group 1. Any offers should only be made after a full MDT discussion.	March 21
Timelines	The Timelines from the National Optimal best practice Pathway should be met Referral - 1st Seen 7 days 1st Seen - MRI/Biopsy 14 days	Ongoing Not met. See table in Section 2.1

Biopsy – Diagnosis	7 days
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Appendix 1 sets out a number of achievements across the prostate Pathway

1.1. Pathway Quality & Performance

Outcomes Data from SW Prostate Dashboard (2019 data)

Dashboard Metrics	Period	PCA Target	RDE	NDH	UHP	TSD	RCH
<i>Data Completeness</i> % weeks with data added (since Sept 2018)	2019	>70%	38%	80%	83%	52%	79%
<i>% Pathways within 28 day</i> For patients having both a biopsy + MRI	2019	FDS Standard tbc	0%	7%	0%	1%	1%
<i>Referral - 1st Seen</i>	2019	7 days	12	11	7	15	9
<i>1st Seen - MRI/Biopsy</i>	2019	14 days	49	54	29	40	41
<i>Biopsy - Diagnosis</i>	2019	7 days	19	11	25	12	10
<i>MRI</i> Negative Predictive Value % with MRI score 1 or 2	2019	>75%	87%	(52%)*	86%	93%	100%
<i>MRI</i> Negative Predictive Value % with MRI score 3 + PSAD <0.15	2019	No Target	91%	73%	75%	82%	91%
<i>% Biopsies as LA TP</i>	2020	100%	58%	58%	55%	33%	17%
<i>Mean number biopsy cores taken</i>	2020	18	17	15	15	12	14

*Sample size not representative

Pathway timelines will be significantly reduced through increasing use of LATP as a biopsy method and, introduction of one stop mpMRI and biopsy.

The SW Prostate Steering Group will confirm which pathway changes each provider has demonstrated to good quality using information submitted to the SW Prostate Dashboard.

2. South West Prostate Dashboard

The Prostate Dashboard has now been published and well received by Prostate Teams and Cancer Managers, as well as CCG leads. The Dashboard generates the information essential to measure the key steps in the clinical pathway and its supports equity of provision and access to appropriate diagnostic services across the whole region. For example, North Devon can now carry out template biopsies (under local anaesthetic) and report them, rather than having to refer to Exeter for general anaesthetic template biopsies and reporting.

Meetings have been held between the Trust and the Clinical teams to review and benchmark the pathway and performance metrics including activity levels per pathway or biopsy types, timelines against each pathway step and how this varies according to biopsy type, cancers identified, etc. The data demonstrates which trust might safely not biopsy

patients with a PIRADs 1 or 2 and has informed the development of local action plans listing targeted interventions.

The Alliance has appointed Sue Mahoney as data support worker. Sue has made a huge difference and her growing expertise with the data collection and her support is invaluable to the ongoing project.

The National Clinical Lead for Prostate Cancer has acknowledged how unique the SW Prostate Dashboard is. As services move toward more networked delivery, as recommended in the development of Urology Local Area Networks, the need for comparable information of services across the South West becomes more important.

The project is almost unique in having audited image quality and examination protocols for mp-MRI. We now know the NPV and PPV values for mp-MRI for all the sites that have submitted enough data and that in most cases it meets or exceeds the benchmark study (PROMIS). This alone is a fantastic achievement and allows patients to be properly informed on the risks and benefits of biopsy.

Simon Freeman, Consultant Radiologist, UHP and SW Prostate Steering Group

2.1. Prostate Dashboard Development

The current database on excel now cannot function with the amount of data on it. Coupled with the method of data entry is creating data quality issues. These issues can be resolved by the creation of a web-based Dashboard built on a more suitable platform, which would future proof its design and make it possible to extend its reach beyond the South West

The database is being upgraded. This will support improvements in data quality and data analysis. This may mean some changes to the way providers submit data.

3. Clinical Workforce Development

The SW Alliances have supported the development of a Local Anaesthetic Trans Perineum Biopsy training programme, through North Bristol NHS Trust. 10 clinicians have completed this training and a further 10 are registered to train later this month. This includes 14 consultants and 10 nurses. Health Education England have provided £30k and the Alliance a further £14k to support this. Roll out of LATP is scheduled to complete in March 2021, all Trusts (except TSD), are now implementing the LATP biopsy technique. Covid infection control has impacted on availability of space for OPA clinics in Torbay and Plymouth. This has been escalated to the STP. Radiographer training in mpMRI continues to be offered and two staff have taken this up in NDH which will allow reporting to be undertaken on site, and substantially reduce the pathway timeline.

4. Work programme for quarters 3&4

The overarching ambition in PCA for the prostate cancer pathway is to embed best practice, and continue to reduce pathway variation in practice, service, and experience. In quarters 3 and 4 the programme will focus on the development of standardised access criteria as set out below, and preparedness for Rapid Diagnostic Services (see paper):

- **SW Referral criteria:** Address current variations in age specific ranges and review requirement for 2 PSA prior to referral.

- **Criteria for MRI:** Address variation and support straight to test
- **SW Staging Protocol:** Develop a staging protocol and reduce variation across the region with regards to use of bone scanning, MRI, PSMA PET etc.

5. MRI Optimisation Programme

There are 27 systems that are scanning prostate that have been identified including 4 private providers in the SW. The two lead sites (Bristol and Plymouth) have received the diffusion phantom. The project has been delayed to ensure we capture MRI systems that are replaced or upgraded. Unfortunately, then COVID started in March and all non-essential patient scanning work was cancelled. While we are still in COVID now it is possible to revisit sites. Site visits are being restarted and bookings are being negotiated with the remaining sites that have not been visited. We expect completion of site visits in April 2021. Plymouth has been completed; however, they have a new system. Royal Cornwall is nearly complete and Exeter will be started after MyCare has gone live. North Devon and Torbay are getting new systems end of the year which will then be completed. The aim is to focus on getting Cornwall and Exeter done next while waiting for new installations.

6. Innovation Update

Diagnostic Path Solutions (part owned by Taunton and Somerset NHS Foundation Trust) is working with a London based AI consultancy to create AI for bowel histology reporting. The team suggest this is easily transferable to prostate and are now working with RCHT to trial this. Following a pause with the onset of Covid-19 Taunton have restarted work with the Karolinska Institute trial to provide faster, better and cheaper image analysis of prostate biopsies. The outcome of these projects will be fed into the development of the rapid diagnostic service for Prostate Cancer.

Radiology AI for mpMRI reporting by Lucida Medical Ltd is being explored for its potential to support one stop shop clinics (mpMRI and biopsy) enabling double reporting with the second read machine led.

7. South West Prostate Programme – Achievements

Topics	Achievements
Networking, sharing good practice and reduction of variation	<ul style="list-style-type: none"> • The programme has facilitated discussion and sharing of good practice between all sites and also improved the communication and understanding between urologists, pathologists, radiologists, cancer managers and CNS colleagues. • This has established clinical networks as never before working to a common goal for quality assurance and equity of access and outcomes for patients across the South West. • This has driven practice to be based on best practices rather than local preconceptions and supported providers as the evidence has evolved rapidly since the publication of the PROMIS study in 2017.

	<ul style="list-style-type: none"> The Programme has run two regional study days with over 100 delegates with national input
SW Prostate Dashboard	<ul style="list-style-type: none"> The SW Prostate Dashboard provides a consistent clinical audit of pathways and outcome across the South West and meets the national requirement from the NICE Guidance for Prostate Cancer. The dashboard clearly shows by Trust; Demand, diagnostic timelines, diagnostic pathways (use of MRI etc.), diagnostic yield and quality of diagnostics. This information has allowed the South West to drive the changes to clinical practice set out below. The dashboard has also highlighted that radiology is main cause of delay to provide patients with a diagnosis within 28 days.
Pathway	<ul style="list-style-type: none"> Shift to MRI before all biopsies Straight to Test for mpMRI at Plymouth; North Bristol and now Taunton. This experience will support other providers to follow suit. Development of local MRI and biopsies services. For example, patients in North Devon can now have a local anaesthetics template biopsy A TP at NDH rather than having to travel to RDE for a general anaesthetic template biopsy.
MRI Image acquisition	<ul style="list-style-type: none"> Audit of all SW MRI scanners image quality and examination protocols for mpMRI. Setting recommendations for scan protocols and parameters and physics support to optimise the images on local equipment. Identification of MRI scanners that are not able to provider images of sufficient quality for new pathway. This has directed capital investment in MRI replacement, as happened in Yeovil. Conversion of almost all trusts in SW to multiparametric MRI (mpMRI) as opposed to biparametric MRI. This is the additional of a view with contrast, in line with national guidance.
MRI reporting	<ul style="list-style-type: none"> Standardisation agree for reporting prostate mpMRI Conversion of reporting from PIRADS to Likert reporting system Training of radiologists in reporting mpMRI Through the SW Prostate Dashboard, establishing the negative predictive value and positive predictive value of mpMRI at individual trusts. This is compared with the

	<p>benchmark from the PROMIS study and demonstrates that it is safe to</p> <ul style="list-style-type: none"> Allows patients to be properly informed on the risks and benefits of biopsy and to avoid biopsy in low risk patients. Reducing biopsies has significant savings.
Biopsy	<ul style="list-style-type: none"> Move from Trans-rectal to trans-perineal biopsy, thus avoiding the infection risk of a biopsy through faeces. Move from general anaesthetic template biopsy to local anaesthetic template biopsy, which has a much lower cost. These changes have been especially helpful during Covid, to reduce theatre use, inpatients beds and infection risk. Alliance supported training, with North Bristol established as a regional training hub Purchase of biopsy couches.
Histopathology	<ul style="list-style-type: none"> Standardisation of reports with biopsy info in clinical history. Discussions around histology - length versus percentage involvement, nomenclature Agreement on maximum number of cores routinely taken at biopsy, thus reducing histopathology workload.

South West Prostate Clinical Advisory Group

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