

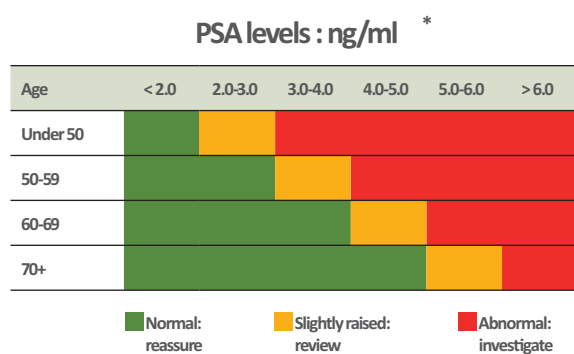


THE GFCT and MYPSTATESTS PROSTATE CANCER SCREENING PROGRAMME INVESTIGATING A RAISED PSA

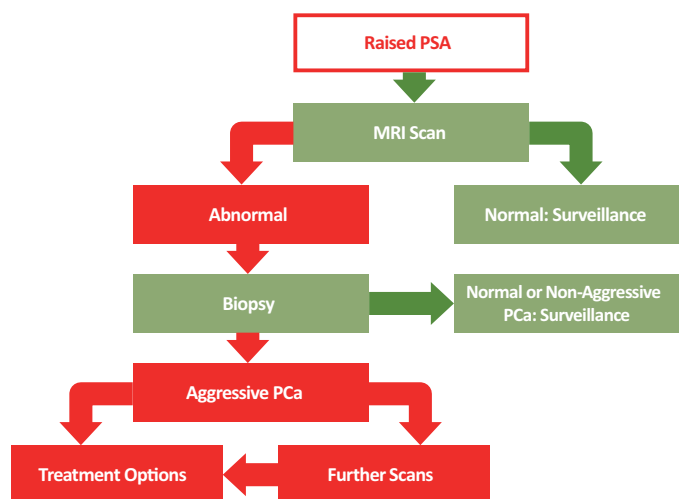
There is now copious information available on the subject of PSA and Prostate Cancer – some good but some not so good and some frankly misleading or irrelevant to you as an individual. At this stage, after a raised PSA result, it is important to focus on the fact that 3 out of 4 abnormal PSA results are due to benign prostatic conditions, NOT prostate cancer. Nevertheless, a raised PSA level requires investigation and unless your GP has identified an obvious cause such as a urine infection, you should be referred to a specialist urologist under the NHS “2 week wait” criterion to ensure you are seen promptly.

The first specialist investigation of a raised PSA is a non-invasive MRI scan. MRI scans can now accurately predict the likelihood of aggressive prostate cancers that require biopsy and further investigation. Again, it is important to realise that the vast majority of cancers detected early through screening will be cured by radical treatment or by the increasing range of minimally invasive treatments becoming available. We therefore hope this further information is useful to you and your GP.

Investigating A Raised PSA



* There is no UK standardised, age-weighted range of normal values. These values reflect the ranges in common UK usage.



The revised Gov.UK Prostate Cancer Risk Management Programme (PCRMP published on 29th March 2016 includes the following statement “Studies have suggested that reflex testing with PSA Isoforms, such as ratio of Free to Total PSA (f/t + PSA) for men with PSA values <10ng/ml (known as the diagnostic ‘grey zone’) could improve specificity and reduce the number of unnecessary biopsies”. For full details of the PCRMP please visit www.gov.uk/government/publications/prostate-cancer-risk-management-programme-psa-test-benefits-and-risks. GFCT Statistics support this. Please visit www.psatests.org.uk click on Statistics then on ‘Further Useful Downloads’ to see full details. The Free to Total test is a simple more refined inexpensive blood test. The benefits of having such a test should be discussed with your GP.

Borderline “Amber” PSA Results

Such results are marginally abnormal and depending on any additional risk factors, we will recommend a repeat test in 3 months’ time with precautions taken beforehand to ensure the PSA is not raised due to activities such as sex or cycling. If the follow-up PSA is still abnormal, we recommend referral to a specialist as outlined below for Red results.

Abnormal “Red” PSA Results

When the PSA is abnormal, there is approximately a 1 in 4 chance that there is an underlying PCa. Although the odds are clearly in favour of the raised PSA being due to something harmless, such as inflammation or benign enlargement of the prostate (prevalent after age 60), this obviously needs investigating by a specialist. We have therefore set up a pathway via the “2 week wait” NHS potential cancer referral criterion to Prof Hashim Ahmed for an MRI scan at the leading MRI unit at Imperial College. This is a free NHS facility that can only be accessed by your GP using the NHS Electronic Referral System and full details will be sent to men where this is necessary. Alternatively, a “2 week wait” referral can be sent to a local consultant urologist if more convenient.

The Imperial College ‘Rapid’ Pathway

Screening for Prostate Cancer (PCa) has until now relied upon the Prostate Specific Antigen (PSA) blood test. Although screening trials have confirmed that regular PSA testing can halve PCa mortality, the UK National Screening Committee still does not recommend it for mass screening. Consequently, research continues into enhancing PSA testing and seeking alternatives. One such – the Prostagram – utilises a rapid, simpler form of prostate MRI scan, equivalent to a mammogram in breast cancer screening. Studies at Imperial College, London, have already demonstrated that the Prostagram can accurately detect PCa when screening asymptomatic men (JAMA Oncol. 2/11/21. doi:10.1001/jamaoncol.2020.7456). Confirmation of MRI-suspected PCa requires a “biopsy” – tissue sampling from the prostate. The Imperial College “RAPID” pathway now provides a “one-stop” scan and, where necessary, a biopsy all on the same day. Men with an abnormal PSA have already benefitted from this facility through subsequent NHS referral via their GP.

The advantages of the “RAPID” pathway include:

- All diagnostic tests completed within 10-14 days of GP referral.
- Usually only one visit required (due to the pandemic this cannot always be possible).
- Men with low or no cancer risk informed on the same day.
- Men with benign, non-cancerous prostate diseases referred back to the GP with treatment advice.
- Men with PCa moved rapidly to treatment.

Patient experience of this new pathway has been extremely good and there is capacity within the system to continue its many advantages.

There are three further advantages:

- We are expanding this work with other cancer alliances across the country.
- Imperial College are establishing a register of men at risk of prostatic disease (called RAPIDOnline), both benign and cancer, to provide fast, accurate diagnosis with access to intelligent, personalised treatment options at the forefront of innovation.
- Enrolment in studies and trials of innovative tests or treatments for men who are eligible and so wish.

The objective of our PCa Screening Programme is to identify men who already have PCa and those who are most at risk of developing PCa in the future. We are therefore delighted to have this link with Imperial College and will be able to provide more specific information to individual men who may benefit whenever appropriate.

There is now a wealth of information available on the subject of Prostate Cancer. Please visit www.psatests.org.uk and click on the header ‘Information’.

Audit and Research

For men who receive Amber or Red PSA results, we conduct follow-up audits, usually 6-12 months later. We would be most grateful for a response to our simple questions to ensure our data is accurate and our screening efforts are appropriate and valuable to men in the future. All our data collected and statistics are anonymised and GDPR compliant.



We would similarly be most grateful if you would reply to questionnaires or audit requests from our research partners at Manchester University. This is vital research to improve future screening





INFORMATION

THE IMPERIAL COLLEGE 'RAPID' PATHWAY

Step 1. Select 'Priority' as '2 week wait' from drop down menu

DO NOT put down a clinical term and DO NOT put down a 'Named Clinician'

Step 2. Select 'specialty' as '2WW' (NOT Urology) from drop down menu

Step 3. Select 'clinic type' as '2WW Urology' from drop-down menu

Step 4. Write 'Imperial' into 'organization or Site Name'

Step 5. Press 'Search All'

Step 6. Select 'Send for Triage' 2WW PROSTATE service and follow the remaining steps to complete referral

The screenshot shows the 'Service Search Criteria' form. Red boxes and numbers highlight the following fields:

- 1:** Priority dropdown menu set to '2 Week Wait'.
- 2:** Specialty dropdown menu set to '2WW'.
- 3:** Clinic Type dropdown menu set to '2WW Urology'.
- 4:** Organisation or Site Name text box containing 'Imperial'.

The screenshot shows the 'Service Selection' page with a table of results. The 'Send for Triage' option is highlighted in a red box.

| Select | Miles | Appointment Type | Service Name |
|-------------------------------------|-------|------------------|---|
| <input type="checkbox"/> | 65 | First outpatient | Urology 2WW HAEMATURIA Charing Cross Imperial NHS Trust RYJ |
| <input type="checkbox"/> | 65 | First outpatient | Urology 2WW PROSTATE Charing Cross Imperial NHS Trust RYJ |
| <input type="checkbox"/> | 65 | First outpatient | Urology 2WW PROSTATE clinic: RAPID Charing Cross Imperial NHS Trust RYJ |
| <input type="checkbox"/> | 65 | First outpatient | Urology 2WW PROSTATE Telephone Assessment Clinic Charing Cross Imperial NHS Trust RYJ |
| <input checked="" type="checkbox"/> | 65 | Triage Service | Urology 2WW PROSTATE Telephone Assessment TRIAGE Charing Cross Imperial NHS Trust RYJ |
| <input type="checkbox"/> | 65 | First outpatient | Urology 2WW Rapid access suspected renal cancer clinic Charing Cross Imperial NHS Trust RYJ |
| <input type="checkbox"/> | 65 | First outpatient | Urology 2WW Rapid access suspected testis cancer clinic Charing Cross Imperial NHS Trust RYJ |
| <input type="checkbox"/> | 66 | First outpatient | Urology 2WW HAEMATURIA St Mary's Imperial NHS Trust RYJ |
| <input type="checkbox"/> | 66 | First outpatient | Urology 2WW Rapid access suspected renal cancer clinic St Mary's Imperial NHS Trust RYJ |
| <input type="checkbox"/> | 66 | First outpatient | Urology 2WW Rapid access suspected testis cancer clinic St Mary's Imperial NHS Trust RYJ |



Hashim U. Ahmed

Professor of Urology | Division of Surgery | Department of Surgery and Cancer | Imperial College London
 Chair of Urology & Consultant Urological Surgeon | Imperial Urology | Imperial College Healthcare NHS Trust
 Chair, NCRI Prostate Group

Academic Email: hashim.ahmed@imperial.ac.uk

NHS Email: hashim.ahmed@nhs.net

www.imperialprostate.org.uk