The Prostate Revolution

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The Plan – The Best Timed Prostate Pathway

BTiPP
The Plan – The Best Timed Prostate Pathway

- The Problem
- The History
- Innovation
- The Project
- The Future
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The Problem – Prostate Cancer

- Prostate Cancer is the most common male cancer

- 48,000 new cases each year
  - Lung cancer 25,000 new cases
  - Bowel cancer 23,000 new cases

- 25% of all male cancers diagnosed

- 13% of all new cancers diagnosed

- Lifetime risk of 1 in 6
The Plan – The Best Timed Prostate Pathway

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The History – GM Prostate Diagnostics

- Traditional Pathways

- GP Referral
  - TRUS Bx
    - SMDT
      - Joint Clinic Review
        - Surveillance
        - Surgery
        - Radiotherapy
The History – Cancer Vanguard

- 2015 Cancer Vanguard award NHSE

- To develop and test new ideas to deliver more responsive and personalised cancer services, addressing inequalities and supporting the NHS in ‘Achieving World Class Cancer Outcomes’.

- Two-year programme to look at improved cancer care, cancer outcomes, cancer patient experience and resource efficiency
To define a timely, optimised diagnostic pathway which is evidence based, innovative and deliverable in real time in today’s NHS
The Plan – The Best Timed Prostate Pathway

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The Innovation – mpMRI

- PROMIS Trial 2017 – mpMRI effective triage + diagnostic tool
- Precision Trial 2018 – mpMRI effective targeting tool
May's war on prostate cancer: Prime Minister reveals £75m plan to speed up diagnosis, improve treatment and find a way of screening for the disease. Cutting-edge MRI scans 'spots 46% more cases of prostate cancer' than a biopsy.
Innovation & the GM Landscape

GP Referral → Repeat PSA
Repeat PSA → mpMRI
mpMRI → Template biopsy
Template biopsy → TRUS Bx
TRUS Bx → mpMRI
mpMRI → SMDT
SMDT → OPD review
OPD review → GP Referral

62 Days
Innovation & the GM Landscape
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The Plan – The Best Timed Prostate Pathway

Prequel To BTiPP

- Publications – prostate cancer detection
- National Cancer Vanguard (Manchester/London)
- 12 months to formulate the pathway steps
- NHSE Implementation guide April 2018
- TIPTOP event Feb 19
The Plan

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<th>Day 0</th>
<th>Day 0 to 3</th>
<th>Day 3 to 14</th>
<th>Day 21</th>
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<td>Clinical triage Based on local protocol</td>
<td>mpMRI before biopsy</td>
<td>Prostate biopsy (by day 9)</td>
<td>Further investigations if required for staging</td>
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<td>Unsuitable for cancer pathway Men with UTI / positive MSU to be investigated off pathway</td>
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<td>Outpatient clinic Review biopsy and plan further management</td>
<td>Communication to patient on outcome (cancer confirmed or all-clear provided)</td>
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<td>Negative biopsy Imaging review meeting (radiology and urology)</td>
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28 day pathway
NHSE Prostate Cancer Best Timed Pathway

28 day pathway

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STT by day 7

Multiparametric MRI scan
NHSE Prostate Cancer Best Timed Pathway

28 day pathway

- 7 main steps
- 6 boxes below
- 14 gaps between the boxes
- 3 TAT (reporting)
- = 30 aspects

- 9 Provider Trusts
- 11 CCG’s
- Over 480 GP practices
- Service users
Best Timed Prostate Pathway (BTiPP) Project

- To support implementation and sustainability of the Best Timed Prostate Pathway equitably for our population referred for suspected prostate cancer from primary care through to diagnosis.

- Ties in with the incoming NHSE faster diagnosis standard (FDS) - informing patient of cancer/no cancer by day 28 from referral (1/4/20-)

- Majority of patients will receive ‘all clear’, reduces time waiting anxiously for results.
GM Cancer BTiPPP Project Timeline

- **Mar 2019**: Scoping/Engagement
- **Jun 2019**: KPI's/Service spec/CCGs/Workforce proposals
- **Sept 2019**: New staff in post/Data/BTiPPP teams/MRI focus/TP equipment
- **Jan 2020**: Pathway alignment STT/Data/Business case outline
- **Apr 2020**: FDS/Evaluation/Business case development
- **Sept 2020**: Review/Evaluation/Business case Providers+CCGs
- **Jan 2021**: Business case revisions/Project evaluation/Comms/Close
- **Apr 2021**: Apr 2021
GM Cancer BTiPP Project

Some impactful changes
- Pathway Navigators in Trusts (time limited funding)
- mpMRI pre-biopsy step
- Training/equipment for optimal prostate biopsy method (LATP)

Look for multiple small changes - enabling
- Pathway info sheet - script for the GP/info for the patient/script for pathway navigator
- Requesting Radiology (who and how)
- Standardising where possible/equitable/sharing practice
Pathway Navigator

- Support/information the patient/carers
- Streamline appointments for the swift journey
- Regular contact - personal
- Script/procedures to follow – telephone assessment/planning mpMRI, OP and biopsy appointments
- When to pass queries onto clinical staff
- CNS - to focus on the clinical aspects and patients clinical needs
mpMRI Scan - STT

- mpMRI pre-biopsy (by day 7) – capacity and workforce
- mpMRI – specific sequences and IV contrast agent

GM Uroradiology group:

- Standardise imaging protocol (QA)
- Standardise CRIS code for mpMRI (audit)
- Standardise report (minimum data set)
- Education
<table>
<thead>
<tr>
<th>19/20 mpMRI prebx</th>
<th>Q1 Apr - Jun</th>
<th>Q2 Jul - Sep</th>
<th>Q3 Oct - Dec projected</th>
<th>Q4 Jan – Mar projected</th>
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Prostate Biopsy

- Majority are TRUS
The Plan – The Best Timed Prostate Pathway

Prostate Biopsy

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The Plan – The Best Timed Prostate Pathway

Prostate Biopsy

- Some Transperineal biopsy under GA (GATP)
- Beginning to move from GATP to LATP
- TREXIT – completely replace TRUS with LATP
The Plan – Prostate Biopsy LATP

- Better targets potentially clinically significant cancers/anterior lesions
- ↓ Avoidable harm: UTI and sepsis rates (cf. TRUS)
- ↓ Repeat biopsies (cf. TRUS)
- ↓ Time waiting for biopsy (cf. GATP)
- ↓ Time to diagnosis (cf. GATP) which therefore:
  - ↓ Time to informing patient: cancer/no cancer (28 day FDS)
  - ↓ Patient anxiety
  - Positive impact on time to treatment (62 day CWT)
The Plan – Reducing Avoidable Harm

TRUS
- UTI: 5%
- SEPSIS: 1-2%

LATP
- UTI: 0.3%
- SEPSIS: 0.1%
The Plan – Reducing Avoidable Harm

TRUS

UTI
200

SEPSIS
40

LATP

UTI
12

SEPSIS
4
PROSTATE CANCER BEST TIMED PATHWAY

1. NW Sector
   - Bolton NHS FT (Royal Bolton Hospital)
   - Wrightington, Wigan and Leigh NHS FT (Royal Albert Edward Hospital, Leigh Infirmary)
   - Salford Royal NHS FT (Salford Royal Hospital)

2. NE Sector
   - PAHT (The Royal Oldham Hospital, Fairfield General Hospital, Rochdale Infirmary, North Manchester General Hospital)

3. SE Sector
   - Stockport NHS FT (Stepping Hill Hospital, patient flow in from EC/Mid Cheshire)
   - Tameside and Glossop Integrated Care NHS FT (Tameside General Hospital)

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THE FUTURE LATP BIOPSY ★
The Plan – The Best Timed Prostate Pathway

- Equity of access across GM to BTiPP
- All suitable will undergo straight to test mpMRI
- Standardised reporting
- Reduce number needing biopsy
- More accurate & safer form of biopsy
- Faster diagnosis cancer / no cancer (28 FDS)
- Potentially improve 62 day pathway
The Plan – The Best Timed Prostate Pathway

The Panel

- Mike Thorpe – Service User Representative
- Joanne Blood – Cancer Services Manager
- Dr Maryna Brochwicz-Lewinski – Radiologist
- Professor Noel Clarke – Urological Surgeon
- Hannah Leather – Clinical Nurse Specialist
- Dr Sarah Taylor – GP CRUK Cancer Early Diagnosis Lead GM Cancer
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Discussion

- How should the GP prepare the patient for the suspected prostate cancer referral?
- Should EGFR always be checked with PSA?
- Should the pathway navigator be able to reject incomplete referrals?
- Should radiologists report the mpMRI scans from across GM rather than from their own Trust?
The Plan – The Best Timed Prostate Pathway

Discussion continues

- How should the GP prepare the patient for the suspected prostate cancer referral?
- Should EGFR always be checked with PSA?
- Should the pathway navigator be able to reject incomplete referrals?
- Should radiologists report the mpMRI scans from across GM?

- What is the evolving role of the CNS in delivery of the pathway?
- Is the 28 day pathway too rushed?
- What does the National picture look like?
- What cancer services resources are needed to deliver the pathway?
Q&A and Thank you