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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board

Cadeirydd Dros Dro/ Interim Chair: **Emma Woollett**
Prif Weithredwr/Chief Executive: **Tracy Myhill**

gofalu am ein gilydd, cydweithio, gwella bob amser
caring for each other, working together, always improving

Rydym yn croesawu gohebiaeth yn y Gymraeg ac yn y Saesneg. We welcome correspondence in Welsh or English.

Dyddiad/Date: 15th October 2019
Ein Cyf / Our Ref: 19-H-031

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✉ FOIA.Requests@wales.nhs.uk

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Corporate Services
Headquarters
1 Talbot Gateway
Baglan
Port Talbot, SA12 7BR

[REDACTED]

I refer to your Freedom of Information Act Request acknowledged by ourselves on 29th August 2019. Apologies for the delay. Your request sought information relating to MRI and urology.

1. Do you routinely conduct prostate MRI (bpMRI/mpMRI) scans before first prostate biopsy as part of the initial diagnostic process? (please tick all that apply):

The Health Board follows NICE guidance. Patients who are likely to have localised prostate cancer and are likely and willing to undergo radical curative treatment are offered pre-biopsy MPMRI.

- a. Yes, using T2-weighted, diffusion-weighted (multi-b ADC and high/long b) and dynamic contrast enhanced (DCE) sequences ✓**
- b. Yes, using T2-weighted, diffusion-weighted (multi-b ADC and high/long b) sequences but not DCE ✓**
- c. No but we refer to another provider (please provide details)**
- d. No (please provide details)**

2. If yes, to 1a: What percentage of men with suspected prostate cancer receive mpMRI before biopsy as part of the initial diagnostic process?

All patients who fit the above category and do not have any contra-indication to MPMRI

3. If yes, to 1b: What percentage of men with suspected prostate cancer receive bpMRI before biopsy as part of the initial diagnostic process?

Patients with clinically advanced prostate cancer have staging MRI

4. If you are based in Wales, we acknowledge that Health Boards have been developing pre-biopsy mpMRI implementation plans in recent months to bring



Pencadlys BIP Bae Abertawe, Un Porthfa Talbot, Port Talbot, SA12 7BR / Swansea Bay UHB Headquarters, One Talbot Gateway, Port Talbot, SA12 7BR

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their practice into line with NICE guideline [NG131], Prostate cancer: diagnosis and management.

The Health Board uses Likert score. However we also consider PSA kinetics and PSA density in determining the need for biopsy. As there is not much published information regarding standardisation of Likert Score our default position is to advise patients to have biopsy. We are prospectively auditing biopsy outcome and may therefore change our practice in future.

Please provide details of when you expect the following to be implemented for all eligible people:

- **multiparametric MRI offered as the first-line investigation for people with suspected clinically localised prostate cancer; and see above**
- **People whose Likert score is 3 or more to be offered multiparametric MRI-influenced prostate biopsy. See above**

5. **What are your eligibility criteria/exclusion criteria for prostate MRI? (please tick all that apply):**
- a. **Age (please provide details)** ✓ no fixed age, however would avoid pre-biopsy in men above 75
 - b. **Symptoms (please provide details)**
 - c. **Life expectancy (please provide details)** ✓ 10 years or more
 - d. **Contra-indications (please provide details)** ✓ patient has any contra-indication to MRI
 - e. **Other (please provide details)**
6. **Are you using results from the prostate MRI before biopsy to rule some men out of biopsy as part of the initial diagnostic process? (yes/no)** No
7. **Do you biopsy all PI-RADS or LIKERT 3 scores?** See above
- a. **Yes**
 - b. **No**
 - c. **Dependent on patient histology**
8. **What threshold do you mostly use for ruling men out of biopsy?** Please see above
- a. **PI-RADS 3 and above**
 - b. **LIKERT 3 and above**
 - c. **PI-RADS 4 and above**
 - d. **LIKERT 4 and above**
 - e. **Varies depending on age (Please provide detail)**
 - f. **Varies depending on other factors (Please provide detail)**
9. **What percentage of men do you estimate are ruled out of biopsy?** Information not held centrally
10. **Have there been any changes to your prostate MRI capacity in the last year? (please choose all that apply):**
- a. **An additional or new MRI scanner**
 - b. **Increased MRI scanner slots for prostate** ✓
 - c. **Agreement to use Dynamic Contrast Enhancement**
 - d. **No longer using Dynamic Contrast Enhancement**
 - e. **A scanner/magnet upgrade**
 - f. **other (free text)**



11. **Has the number of radiologists at your trust/health board who report prostate MRI scans changed in the last year?**
a. Increased
b. Decreased
c. Stayed the same ✓
12. **How many radiologists at your trust/health board report at least 250 prostate MRI scans per year?**
None
13. **Which of the following processes do you follow to manage men ruled out of an immediate biopsy, but with a raised PSA?**
a. **NICE Guidelines: prostate cancer diagnosis and management (NG131) ✓**
b. **A local protocol (please provide details)**
c. **Other (please provide details)**

I hope this information is helpful. If you require anything further please contact us at FOIA.Requests@wales.nhs.uk.

Under the terms of the Health Board's Freedom of Information policy, individuals seeking access to recorded information held by the Health Board are entitled to request internal review of the handling of their requests. If you would like to complain about the Health Board's handling of your request please contact me directly at the address below or register your complaint via FOIA.Requests@wales.nhs.uk.

If after Internal Review you remain dissatisfied you are also entitled to refer the matter to the information commissioner at the Information Commissioner's Office (Wales), 2nd Floor, Churchill House, Churchill Way, Cardiff, CF10 2HH. Telephone Number: 029 2067 8400.

Yours sincerely



Pam Wenger
Director of Corporate Governance

