

Our ref: IG/FOI/FOI.085.24

26 November 2024

Sent via email to: [REDACTED]

Dear Sirs,

Request under the Freedom of Information Act 2000

I write further to your request for information which was received on 01 November 2024 and a word document was received 5 November 2024, to confirm, in accordance with S.1(1)(a) of the Freedom of Information Act 2000, that Powys Teaching Health Board (PTHB) does not hold the information that you require. For ease of reference your request is set out below and my response follows each question individually.

Your Freedom of Information (FOI) Request:

About your NHS Trust/Health Board/Health & Social Care Trust

Q1. In which country is your NHS Trust/Health Board/Health & Social Care Trust located?

Q2. What is the name of the NHS Trust/Health Board/Health & Social Care Trust you are replying on behalf of?

Q3. Please tell us your organisation data service (ODS) code if known.

Active surveillance inclusion criteria

Q4. Which patients are recommended active surveillance? (select all options that apply)

CPG1 - Gleason score 6 (grade group 1) and prostate-specific antigen (PSA) less than 10 microgram/litre and Stages T1-T2	
CPG 2 - Gleason score 3 + 4 = 7 (grade group 2) or PSA 10 microgram/litre to 20 microgram/litre and Stages T1-T2	
CPG 3 - Gleason score 3 + 4 = 7 (grade group 2) and PSA 10 microgram/litre to 20 microgram/litre and Stages T1-T2	

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CPG 3 - Gleason 4 + 3 = 7 (grade group 3) and Stages T1-T2	
Other (please provide details below)	
Other (please provide details below)	

Q5. If different eligibility criteria are used to those presented above, please provide details: answer 'n/a' if nothing to add or not applicable.

Q6. Tell us about any other criteria/tools that are used to determine eligibility for active surveillance. (select all that apply)

PSA density (PSAd). If yes, indicate value for men eligible for AS in the free text field below.	
Number of biopsy cores involved. If yes, indicate number in the free text field below.	
Biomarkers (e.g. Phi, PCA3, 4K). If yes, tell us the biomarker type(s) used in the free text field below.	
Age cut-off. If yes, indicate age cut-off used where active surveillance is NOT recommended in the free text field below.	
Predict Prostate online tool (https://prostate.predict.cam).	
Patient life expectancy / estimated survival. If yes, indicate the method used in the free text field below to assess life expectancy / estimated survival value where active surveillance is NOT recommended	
A positive family history of prostate, breast or ovarian cancer. If yes, please provide details in the free text field below	
Patient ethnicity. If yes, provide details in the free text field below.	
Patient choice/willingness. If yes, provide details in the free text field below. No other criteria / tools are used	
No other criteria / tools are used	
Other (please provide details in the free text field below).	

Q7. Provide any additional details about any other criteria/tools that are used to determine eligibility for active surveillance. *answer 'n/a' if nothing to add or not applicable.

Diagnosis and treatment decision support

Q8. For patients eligible for active surveillance, who counsels them regarding their diagnosis, prognosis and treatment options? (select all options that apply)

Urologist	
Oncologist	
Urology / Prostate Cancer Clinical Nurse Specialist (CNS)	
Urology / Prostate Cancer Advanced Nurse Practitioner (ANP)	
Uro-Oncology CNS	
Uro-Oncology ANP	
Other (please specify below)	

Q9. Please tell us about any other health care professionals who are involved in counselling men eligible for active surveillance? answer 'n/a' if nothing to add or not applicable.

Q10. Which resources and tools are used/made available by HCPs who counsel/support men on active surveillance? (select all options that apply)

Use the NICE CPG prognostic classification criteria.	
Use the NICE endorsed decision aid online tool – Predict Prostate online tool. (https://prostate.predict.cam/)	
Use the East of England Cancer Alliance – ‘Knowing Your Options’ online tool. (https://www.canceralliance.co.uk/prostate)	
Signpost patients to Prostate Cancer UK’s published information resources.	
Signpost to Prostate Cancer UK Specialist Nurses?	
Signpost men to Prostate Cancer UK’s 1-2-1 Peer Support.	
Signpost patients to Prostate Cancer UK’s online Active Surveillance Support Group	
Use a locally developed counselling tool.	
Provide 1-2-1 (clinician – patient) counselling / education sessions before and during active surveillance follow up?	
Provide group (clinician – multiple patients) counselling / education sessions before and during active surveillance follow up?	
Have dedicated active surveillance clinics, which separates this cohort of men from those receiving surgery, radiotherapy, or chemotherapy?	
Offer patients access to tools / digital platforms such as My Medical Record – (https://mymedicalrecord.uhs.nhs.uk/)?	
Other, please tell us more below	

Q11. Tell us more about the tools and resources used to counsel/support patients. answer 'n/a' if nothing to add or not applicable.

Follow up pathways and protocols

Q12. Which protocol do you use to manage your patients on active surveillance follow-up? (if a combination of guidelines, please select all that apply)

National Institute for Health and Clinical Excellence (NICE) NG131 - Prostate cancer: diagnosis and management (2021), https://www.nice.org.uk/guidance/ng131	
EAU - ANM - ESTRO ESUR - ISUP - SIOG Guidelines on Prostate Cance - https://uroweb.org/guidelines/prostate-cancer	
STRATified CANcer Surveillance (STRATCANS) - https://stratcans.com	
A modified version of STRATified CANcer Surveillance (STRATCANS)	
Prostate cancer Research International: Active Surveillance (PRIAS) protocol - https://www.prias-project.org/uploads/pdfs/zakkaartv5.pdf	
A locally developed protocol based on published evidence (please provide details below in section 4.14.).	
A combination of the guidelines selected above (please ensure you also select the guidelines used)	
Other (please provide details below)	

Q13. Do you have a stratified AS programme based on CPG risk, or do all men have the same follow-up regime? Please describe model used below.

Yes, men are stratified according to CPG risk	
No, all men have the same follow-up regime	
Don't know	
Other (please provide details below)	

Q14. In relation to fields 12 and 13 above, if a different protocol is used to manage patient follow-up during active surveillance, please describe the protocol here: answer 'n/a' if nothing to add or not applicable.

Q15. Do you have a nurse-led active surveillance service?

Yes, we have a nurse-led service for all men on AS	
Yes, we have a nurse-led service for men on AS (CPG 1 and CPG 2 only)	
No, we have a urology consultant led service for all men on AS	
No, but we're planning on implementing a nurse-led service for men on AS	

Q16. Do you use the MRI PRECISE score in your active surveillance follow-up programme?

Yes	
No	
Don't Know	

Q17. Within your Urology unit do you have any of the following in place? (please select all that are in place):

A formal active surveillance protocol	
A formal register of active surveillance patients that is regularly updated	
Audit and report on compliance and attrition rates of patients on active surveillance	
None of the above	

Follow-up testing frequency

Q18. For men diagnosed with CPG 1 risk prostate cancer, select the relevant follow-up test frequencies for PSA, MRI, Biopsy, and DRE:

	Once every 3 months	Once every 6 months	Once every 9 months	Once every 12 months	Based on PSA and MRI results	Never	Other frequency
PSA							
MRI							
Biopsy							

Digital Rectal Exam (DRE)							
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Q19. For men diagnosed with CPG 2 risk prostate cancer, select the relevant follow-up test frequencies for PSA, MRI, Biopsy, and DRE:

	Once every 3 months	Once every 6 months	Once every 9 months	Once every 12 months	Based on PSA and MRI results	Never	Other frequency
PSA							
MRI							
Biopsy							
Digital Rectal Exam (DRE)							

Q20. For men diagnosed with CPG 3 risk prostate cancer, select the relevant follow-up test frequencies for PSA, MRI, Biopsy, and DRE:

	Once every 3 months	Once every 6 months	Once every 9 months	Once every 12 months	Based on PSA and MRI results	Never	Other frequency
PSA							
MRI							
Biopsy							
Digital Rectal Exam (DRE)							

Q21. If you selected 'Other frequency' for any of the above tests, please tell us more here. *
 answer 'n/a' if nothing to add or not applicable.

Q22. Do you assess the psychological support needs of men on active surveillance? (select all options that apply)

Yes, during their annual review	
Yes, when needed (patient led)	
Yes, at first diagnosis	
No, psychological support needs are not assessed	
Don't know	
Other (please provide details below)	

Q23. Do you assess fitness for treatment in men on active surveillance? (select all options that apply)

Yes, during their annual review	
Yes, when needed (patient led)	
Yes, at first diagnosis	
No, fitness for treatment is not assessed	
Don't know	
Other (please provide details below)	

Q24. On assessment for psychological support needs and fitness for treatment, please tell us more if other selected above. answer 'n/a' if nothing to add or not applicable.

Triggers for stopping active surveillance

Q25. At what cut-off point do you recommend men start active treatment (surgery / radiotherapy)? (select all options that apply)

MRI changes to T3	
Biopsy progression to Grade Group 3	
Reclassification to CPG 3: Gleason score 3 + 4 = 7 (grade group 2) and PSA 10 microgram/ litre to 20 microgram/ litre and Stages T1-T2 or Gleason 4 + 3 = 7 (grade group 3) and Stages T1-T2	
Patient preference to stop active surveillance and start radical treatment	
Any change in MRI (lesion increase or change)	
Any change in biopsy grade	
Other (please provide details)	

Q26. Provide details of other cut-off points used to recommend men starting active treatment (surgery / radiotherapy).

Powys Response

Q1. Wales.

Q2. Powys Teaching Health Board (PTHB).

Q3. PTHB Organisation Data Service code (ODS) is 7A7.

Q4 – Q26. PTHB does not have District General Hospital (DGH) services or provide active surveillance services. Our residents access their acute and specialist services in DGHs provided by neighbouring health boards in Wales and neighbouring NHS Trusts in England. I therefore recommend you contact them directly for this information, via the following contact details:

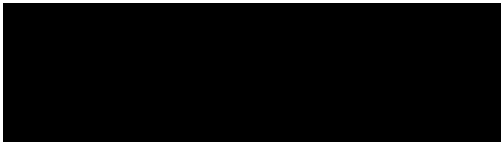
Health Trust/ Organisation	FOI Contact Details
Wye Valley NHS Trust	Freedom.Information@wvt.nhs.uk

Health Board/Organisation	FOI Contact Details
Aneurin Bevan University Health Board	FOI.ABB@wales.nhs.uk
Hywel Dda University Health Board	FOI.hyweldda@wales.nhs.uk
Swansea Bay University Health Board	FOIA.Requests@wales.nhs.uk

Under the terms of the Health Board's Freedom of Information procedure, individuals seeking access to recorded information held by the Health Board are entitled to request an 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 us directly at the address below or register your complaint via powysfoi.foi@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: 0330 414 6421.

Yours sincerely



David Farnsworth
Assistant Director, Community Services Group

Rydym yn croesawu derbyn gohebiaeth yng Nghymraeg. Byddwn yn ateb y fath ohebiaeth yng Nghymraeg ac ni fydd hyn yn arwain at oedi.

We welcome receiving correspondence in Welsh. We will reply to such correspondence in Welsh and this will not lead to a delay.