



Ref: FOIA Reference 2019/20-436

Royal Stoke University Hospital  
Quality, Safety and Compliance Department  
Newcastle Road  
Stoke-on-Trent  
Staffordshire  
ST4 6QG

Date: 24<sup>th</sup> December 2019

Email [foi@uhn.nhs.uk](mailto:foi@uhn.nhs.uk)

Dear

I am writing in response to your email dated 22<sup>nd</sup> October 2019 requesting information under the Freedom of Information Act (2000) regarding Urology department MRI use for Prostate Cancer Diagnosis. The previous reference number 299-1920. I sincerely apologise for the delayed response.

On the 22<sup>nd</sup> August we contacted you via email as we required a start date in order to collate the information.

On 22<sup>nd</sup> October 2019 you replied via email the following:

*"Please could you clarify further what you mean by "To continue with your request we require clarification on the specific time period please can you advise from what date require the information to begin and end at."*

We replied via email the following:

I am writing to acknowledge receipt of your email dated 22<sup>nd</sup> October 2019 requesting information under the Freedom of Information Act (2000) regarding your request referenced 299-1920, we contacted you 22<sup>nd</sup> August 2019 asking for clarification, which we are still waiting for, under the FOI Act (section 45) we are required to keep open requests that have been paused for two months, this we advised you of when we contacted you for the clarification. Two months had passed so your request was closed.

Therefore this is a new request and your reference number is 436-1920 please quote this number on any correspondence.

However, we still require you to give a time frame for your information to be collated:

For example:

Q8. What percentage of men do you estimate are ruled out of biopsy? = is this for last week, last month or last year?

Q11. How many radiologists at your Trust/health board report at least 250 prostate MRI scans per year? = this year, last year?

On 8<sup>th</sup> November 2019 you replied via email the following:

*"We would require the information to represent the year from 2018 to present."*

On 12<sup>th</sup> December 2019 you contacted us via email with the following:

*"Please could you let me know when this FOI request will be completed?"*

We replied via email the following:

I apologise that your request is still outstanding. The information you require is still under review/being collated. The department will be contacted as a matter of urgency for a progress update.

On 19<sup>th</sup> December 2019 we contacted you via email as we required to following clarification:  
Q3 what you are defining as bpMRI?

You replied the same day via email with:  
"By bpMRI we are referring to bi-parametric MRI."

You later emailed with further clarification of:  
"Also, to clarify we also consider this to be T2 and DWI."

As of 1<sup>st</sup> November 2014 University Hospitals of North Midlands NHS Trust (UHNM) manages two hospital sites – Royal Stoke University Hospital, and County Hospital (Stafford). Therefore the response below is for the two sites combined from that date where appropriate.

**Q1 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):**

- 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)

A1 Yes to (a) and (b)

**Q2 If yes, to 1a: What percentage of men with suspected prostate cancer receive mpMRI before biopsy as part of the initial diagnostic process?**

A2 We do not have the data for the percentage of patients that receive MRI before biopsy but would expect it to be well over 95% where this pathway is appropriate. Certain patients will be biopsied where a histological diagnosis is required for further treatment and local staging is not required.

**Q3 If yes, to 1b: What percentage of men with suspected prostate cancer receive bpMRI before biopsy as part of the initial diagnostic process?**

A3 Information not held, however, but the vast majority of pre-biopsy prostate MRI scans are mpMRI. Those with contrast allergy, very low egfr or who refuse an injection will have bpMRI pre-biopsy.

**Q4 What are your eligibility criteria/exclusion criteria for prostate MRI? (please tick all that apply):**

- a. Age (please provide details)
- b. Symptoms (please provide details)
- c. Life expectancy (please provide details)
- d. Contra-indications (please provide details)
- e. Other (please provide details)

A4 The eligibility criteria/exclusion criteria for prostate MRI is as follows:

Age	No age criteria but performance status
Symptoms	Symptoms to some extent.
Life expectancy	Life expectancy of 10 years is required for MRI.
Contra-indications	UHNM do not treat MRI patients who have contraindications to MRI. We have started to use the PSA 30ng/ml as a cut off as per the timed pathways document.

**Q5 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)**

A5 As per NICE guidance

**Q6 Do you biopsy all PI-RADS or LIKERT 3 scores?**

- a. Yes
- b. No
- c. Dependent on patient histology

A6 As answer 5

**Q7 What threshold do you mostly use for ruling men out of biopsy?**

- 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)

A7 Please see below:

a. PI-RADS 3 and above –	Yes biopsy
b. LIKERT 3 and above – Yes biopsy	Yes biopsy
c. PI-RADS 4 and above –	see a
d. LIKERT 4 and above –	see b
e. Varies depending on age (Please provide detail) –	no PS and life expectancy
f. Varies depending on other factors (Please provide detail)	see e

**Q8 What percentage of men do you estimate are ruled out of biopsy?**

A8 UHNM estimate 15-20% patients are ruled out of biopsy.

**Q9 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)

A9 B. More scanner slots for prostate MRI, no change to scanning protocol.

**Q10 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

A10 C. stayed the same.

**Q11 How many radiologists at your Trust/health board report at least 250 prostate MRI scans per year?**

A11 At UHNM there are three radiologists.

**Q12 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)

A12 We follow NICE guidelines and our regional EAG guidelines.

\*Please note that any individuals identified do not give consent for their personal data to be processed for the purposes of direct marketing.

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An anonymised copy of this request can be found on the Trust's disclosure log, please note that all requests can be found at the following link: <http://www.uhnm.nhs.uk/aboutus/Statutory-Policies-and-Procedures/Pages/Freedom-of-Information-Disclosure-Log.aspx>

This letter confirms the completion of this request. A log of this request and a copy of this letter will be held by the Trust.

If you have any queries related to the response provided please in the first instance contact my office.

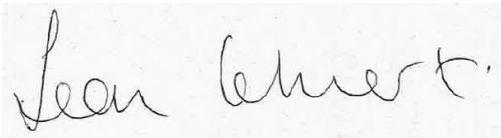
Should you have a complaint about the response or the handling of your request, please also contact my office to request a review of this. If having exhausted the Trust's FOIA complaints process you are still not satisfied, you are entitled to approach the Information Commissioner's Office (ICO) and request an assessment of the manner in which the Trust has managed your request.

The Information Commissioner may be contacted at:

Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF or via [www.ico.org.uk](http://www.ico.org.uk).

If following review of the responses I can be of any further assistance please contact my secretary on 01782 676474.

Yours,



Jean Lehnert  
**Information Governance Manager**