

Date: 23rd May 2018

Web: www.cambridgeshireandpeterboroughccg.nhs.uk

Dear GP's

2ww Prostate Referrals

There has been an exceptional and sustained increase in prostate 2ww referrals recently. The guidance for these referrals is already on the 2ww forms.

Both CUH and NWAFT have requested to be able to reject referrals where the appropriate tests have not been carried out. In particular, patients with a single raised PSA and a normal DRE require exclusion of an infection and repeat PSA 6 weeks later if infection confirmed and treated. In addition, those patients with no symptoms and a PSA below 10 require a repeat PSA after 4 weeks.

We would support the trusts in their actions to ensure high quality patient care by improving the patient journey, reducing unnecessary hospital attendance and investigation and consequent patient anxiety, whilst leaving longer term outcomes unchanged.

These actions are in line with best practice guidance from the Cancer Alliance and The Anglia Urology Cancer Network Group. This statement was issued by and endorsed by the Cancer Alliance and the Anglia Urology Cancer Network Group in Feb 2018.

Guidance for Prostate 2ww referral:-

1. All patients with an abnormal digital rectal examination (DRE) should be referred immediately on a two-week wait pathway.
2. **For those patients with raised PSA and benign DRE: it is necessary to exclude UTI** as a possible cause, as up to 15% of such patients will have a urinary tract infection to account for their elevated result. Dipstick testing is sufficient, and if infection is suspected, treat appropriately and repeat the PSA six weeks later. In those without infection, follow the management guidelines below:-
 - a. All symptomatic patients with PSA above age specific range refer as 2ww.
 - b. All asymptomatic patients with PSA ≥ 10 refer as 2ww
 - c. **In asymptomatic patients with borderline single raised PSA (We interpret this as PSA <10), a repeat PSA in 4 weeks is recommended before 2ww referral to exclude physiological or short-term illness as a cause of the isolated PSA rise.**

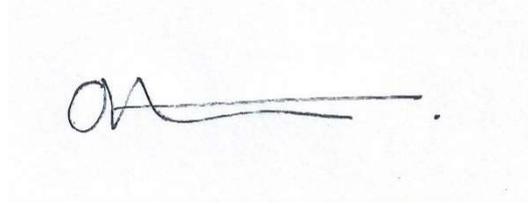
We feel the above approach goes further than current NICE guidance and has our support and should help to improve patient care by improving the patient journey, reducing unnecessary hospital attendance and investigation and consequent patient anxiety, whilst leaving longer term outcomes unchanged.

We thank you for your cooperation in this action.

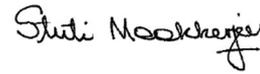
Yours faithfully



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