* Required

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

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

- [x] England
- [ ] Northern Ireland
- [ ] Scotland
- [ ] Wales

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

Wrightington, Wigan and Leigh NHS Foundation Trust.

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

RRF

Active surveillance inclusion criteria

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

- [x] CPG1 - Gleason score 6 (grade group 1) and prostate-specific antigen (PSA) less than 10 microgram/litre and Stages T1–T2
- [x] CPG 2 - Gleason score 3 + 4 = 7 (grade group 2) or PSA 10 microgram/litre to 20 microgram/litre and Stages T1–T2
- [x] CPG 3 - Gleason score 3 + 4 = 7 (grade group 2) and PSA 10 microgram/litre to 20 microgram/litre and Stages T1–T2
- [ ] CPG 3 - Gleason 4 + 3 = 7 (grade group 3) and Stages T1–T2
- [ ] Other (please provide details below)

5. If different eligibility criteria are used to those presented above, please provide details: *

answer 'n/a' if nothing to add or not applicable.

N/A.

6. 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.
- [x] 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.
- [x] Patient choice/willingness. If yes, provide details in the free text field below.
- [ ] No other criteria / tools are used
- [ ] Other (please provide details in the free text field below).

7. 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.

Sector MDT decides.

Diagnosis and treatment decision support

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

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

9. 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.

N/A.

10. 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.
- [x] 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

11. Tell us more about the tools and resources used to counsel/support patients. *

answer 'n/a' if nothing to add or not applicable.

N/A.

Follow up pathways and protocols

12. 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)
- [x] Other (please provide details below)

Greater Manchester as protocol.

13. 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
- [x] No, all men have the same follow-up regime
- ○ Don't know
- ○ Other (please provide details below)

14. 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.

N/A.

15. 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

*From 2nd Year Nurse Led.

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

- ◯ Yes
- ☑ No
- ◯ Don't know

17. 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

18. 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)	◯	◯	◯	☑	◯	◯	◯

19. 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/MRI	Never	Other frequency
PSA	☑	◯	◯	◯	◯	◯	◯
MRI	◯	◯	◯	◯	☑	◯	◯
Biopsy	◯	◯	◯	◯	☑	◯	◯
Digital Rectal Exam (DRE)	◯	◯	◯	☑	◯	◯	◯

20. 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/MRI	Never	Other frequency
PSA	◯	◯	◯	◯	☑	◯	◯
MRI	◯	◯	◯	◯	☑	◯	◯
Biopsy	◯	◯	◯	◯	☑	◯	◯
Digital Rectal Exam (DRE)	◯	◯	◯	☑	◯	◯	◯

21. 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.

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

- [x] 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)

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

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

24. 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.

N/A.

Triggers for stopping active surveillance

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

- [x] MRI changes to T3
- [x] Biopsy progression to Grade Group 3
- [x] 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
- [x] Patient preference to stop active surveillance and start radical treatment
- [ ] Any change in MRI (lesion increase or change)
- [x] Any change in biopsy grade
- [ ] Other (please provide details)

Discussed in SMDT, no strict criteria for stopping AS – it is usually decided case by case.

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

If no other cut-offs used answer 'n/a' for not applicable.

Challenges and barriers in relation to implementing active surveillance.

27. What are the main barriers and challenges you have identified in delivering active surveillance for your eligible patients? (this might include things like implementing nurse-led surveillance or risk based stratified follow-up.) *

We are not required to create new information to respond to a request or give judgement or opinion that is not already recorded. Furthermore, the Trust is not required to create new information or find answers to a question from staff that may happen to know. The Information Commissioner has confirmed this position in its online guidance on handling FOI requests.