



**PROSTATE
CANCER UK**

2021-2022 Clinical Champions Programme Impact Survey – October 2021

“The Clinical Champions programme has opened all kinds of doors and turbo-boosted everything!”

Will Kinnaird, Clinical Champion

These impact statements capture what our Clinical Champions have been up to over the first 6 months of the programme and how they're progressing their improvement ambitions.

Improving the referral and diagnostic pathway

Clare Waymont, Urology Advanced Nurse Practitioner, Royal Wolverhampton Hospitals

Clare wants to introduce further improvements to her local diagnostic pathway, so patients receive a timely and accurate diagnosis. Within her own Trust, Clare has put forward a case for a Local Anaesthetic Transperineal Biopsy (LATP) service as well improved MRI access to support the diagnostic pathway. Clare is now also working with her Cancer Alliance to introduce LATP services across the Black Country.

Alongside this Clare has changed the process of communicating negative biopsy results to patients to create more capacity for new cancer patients to be seen quicker. She has also been successful in creating and appointing two roles:

- a new CNS to specifically support the diagnostic pathway, with a focus on triaging patients so they can go straight to test
- a care navigator who has already received excellent feedback from men round the support they are receiving.

Mark Robinson, Consultant Radiologist, Aneurin Bevan University Health Board

Mark's project involves optimising and standardising the referral and diagnostic pathways across the different Health boards in Wales.

Mark has successfully secured funding for faster MRI reporting as well as for a medical physics expert who will help bridge imaging and treatment. This will provide an accurate diagnosis of prostate cancer ensuring men access the optimum treatment for their stage of disease.

Nick Burns-Cox, Consultant Urologist, Taunton and Somerset FT NHS Trust

Nick has created a database of all men entering the 2-week fast track pathway. This database feeds into a bimonthly dashboard which displays metrics, timelines and diagnostic quality. This has identified large variations in time to diagnosis but also in mpMRI quality.

Nick has presented this work at a national oncology meeting with support from Prostate Cancer UK. From the data shown on the dashboard specific work has gone into ensuring

that every Trust in the South west has access to local training, mentorship and finance to set up a LAMP biopsy service. The dashboard has shown that men who have had a LAMP biopsy don't need prophylactic antibiotics as the post biopsy infection rate is so low.

Nick has also seen that the number of patients having a mpMRI scan prior to prostate biopsy is over 85%. He has worked with the Cancer Alliance to create mpMRI standards that have helped ensure equity of access to high quality MpMRI. Data from five Trusts gave local real-world evidence to support the PROMIS trial that shows that it is safe to stop biopsying men with low risk mpMRIs therefore the number of unnecessary biopsies has decreased significantly in the region.

Tim Dudderidge, Consultant Urological Surgeon, University Hospital Southampton

Tim's vision for prostate cancer includes the reduction of harm in treating cancer, through offering active surveillance or focal therapy for suitable men. Tim wants to also provide earlier testing to men in secondary care with imaging rather than PSA tests.

Tim has been working with local stakeholders to set up the service which has gained a huge amount of support locally. He is about to launch the straight to test self referral service for patients and is working with local media outlets to promote the service amongst the local community. By doing this Tim is hoping to detect prostate cancer in men earlier.

Alexander Rawlinson, Consultant Urologist, NHS Fife

Alex's improvement project is focussing on improving the referral and diagnostic pathways in Fife with the view to increase rates of early diagnosis of prostate cancer.

Alex has implemented an out-patient LAMP biopsy service. This is in line with recognised contemporary practice as this technique has a lower incidence of sepsis and a higher diagnostic yield than traditional transrectal biopsies. Fife is one the first Healthboards in Scotland to implement this service. This service will benefit approximately 500 patients a year. Alex has also been successful in securing funding for this service from the Scottish government for the next three years.

From introducing a pre and post-operative pelvic physiotherapy service for men choosing Robotic Assisted Radical Prostatectomies (RARP), anecdotal feedback from physiotherapy and the specialist nurses show that patient feedback has been extremely positive. The data using a PROMS assessment will be available soon.

Oliver Hulson, Consultant Radiologist, Leeds Teaching Hospitals NHS Trust

Olly's project aims to work alongside colleagues in general practice to address misconceptions regarding over-diagnosis of prostate cancer and their perceived risks of prostate biopsy.

Olly has delivered educational sessions to local GPs and has worked closely with Prostate Cancer UK around counselling men about PSA testing.

Tom Leslie, Consultant Urologist Surgeon, Milton Keynes University Hospital NHS Trusts

Tom's aims to improve the diagnostic pathway through developing a one stop MRI and LAMP service.

Tom has secured funding for the service and has developed a business case for the equipment needed to deliver this. This is currently with the Trust board and Tom hopes to hear soon.

Louise Lee, Senior Radiology Registrar, University Hospitals of Leicester NHS Trust

Louise's project aims to streamline the diagnostic pathway for prostate cancer services within the East Midlands region.

Since April, Louise has visited two different departments around the country to see how their LATP biopsy service runs. Louise has put a bid in to a charity for funding of reusable devices for template biopsies so that they can be used instead of disposable devices (which are more costly). Louise is working on a standard operating procedure for LATP biopsies with the aim to train up more consultant urologists and specialist nurses to do them.

Iztok Caglic, Consultant Radiologist, Addenbrooke's Hospital, Cambridge University Hospitals

Iztok's project aims to offer men presenting with suspected prostate cancer a novel one stop comprehensive imaging appointment thereby improving the patient experience and facilitating diagnostic-workup to meet the national 28-day cancer pathway.

Iztok has been working with the radiology Clinical Lead to define a new imaging pathway, this has involved meeting the radiographers to update MRI protocols. He has selected a fixed day within the week when patients will be scanned using the new protocol. In addition, these lists will be supervised by his fellow radiologists for the next 6 months and a rota has already been put in place. The pilot will begin in November 2021 which will be audited and results on time, cost savings and patient outcomes will be available after the pilot.

Vishwanath Hanchanale, Consultant Urological and Robotic Surgeon, Liverpool University Hospitals NHS Foundation Trust

Vish's project aims to streamline diagnostic services across the region and improve patient experience along the diagnostic pathway.

Vish has set up a prostate diagnostic pathway team and also actively involved in the regional prostate Rapid Diagnosis Pathway project. He has also been training allied health professionals to perform LATP biopsies. Streamlining of the diagnostic services, has meant more men have entered the pathway and been reviewed appropriately.

Improving access to new treatments and treatment techniques

Samuel Worster, Advanced Practitioner Prostate Brachytherapy, Norfolk and Norwich University Hospital

Sam's project aims to introduce a permanent prostate-rectal spacing service for prostate cancer patients undergoing radiotherapy treatments. This service aims to reduce rectal side effects and increase quality of life for a cohort of patients undergoing a long course of treatment.

Sam has been successful with business cases to his managers and commissioners to further expand his service. He has trialled new devices and has been collecting data to present nationally. From this data he has seen a reduction in patient visits and improved treatment delivery data (higher radiation dose given). Sam is also collecting quality of life data after treatment to see how the service is impacting patients longer term.

Nikhil Vasdev, Consultant Urological Surgeon / Associate Medical Director for Cancer Services, East and North NHS Trust

Nikhil want to develop protocols that allow nerve sparing robotic prostatectomies. This technique will reduce side effects whilst most importantly allowing optimisation and improvement in prostate cancer oncological control.

Nikhil has gained support from pathology for his Nerve Sparing Robotic Prostatectomy programme. Since imbedding the clinical protocols, Nikhil has seen better nerve sparing in high risk patients resulting in continence and sexual recovery.

He has also secured £50,000 for an artificial intelligence project as well as £20,000 for a prostate biomarker project. Both projects have been approved by NIHR

William Cross, Consultant Urologist, Leeds Teaching Hospitals NHS Trust

Bill aims to improve the delivery of care and the patient experience for men with advanced prostate cancer.

Bill is working on improving the reporting of patient performance status at the time of diagnosis and during the treatment journey. He is scoping ideas with relevant stakeholders and will soon introduce this into routine practice a patient scoring system.

Improving access of imaging to detect recurrence

Amarnath Challapalli, Consultant Clinical Oncologist, University Hospitals Bristol and Weston NHS Foundation Trust

Amar's improvement project is about ensuring equity of access to PSMA PET in promoting evidence based prostate cancer management. This includes detecting recurrence of prostate cancer and Lutetium PSMA radioligand therapy when approved.

Amar has been working with local stakeholders and patients in Bristol now have access to PSMA PET-CT scanning. Amar has proposed local guidelines and presented these at the South West Urology CAG and Prostate cancer working group which will help provide a standard framework for auditing. Further to this Amar has been in touch with national KOL's and is working with them on a project to look at PSMA vs. Tc-PSMA SPECT to identify patients for Lutetium Radioligand therapy.

Darren Leaning, Consultant Clinical Oncologist and Northern Cancer Alliance Clinical Lead for Urological Cancers, South Tees NHS Foundation Trust

Darren hopes to drive awareness of prostate cancer through a strategic campaign as well as improve prostate cancer pathway efficiencies in both scheduling and delivery of diagnostics. He hopes this will build even stronger partnerships between hospital trusts, making the best use of the region's expertise to homogenise consistent high quality patient decision making.

Darren has developed a Northern Cancer Alliance media package to help with prostate cancer awareness which has input from Prostate Cancer UK.

Darren has been working with fellow Champions to develop services for Lu-PSMA and from these connections has begun developing a clinical trial template- UTOPIA.

Stephen Mangar, Consultant Clinical Oncologist, Imperial College Healthcare NHS Trust

Steve's wants to improve prostate radiotherapy outcomes, exploring extreme hypofractionation in prostate cancer using Stereotactic Ablative Radiotherapy (SABR) as well ensure access to PSMA PET scanning.

After conversations with his managers and team, Steve has developed a structured MDT protocol for indications of PSMA PET scanning. He also completed nodal SABR training for

his department. As well as this the first phase of his sleep study was accepted as an abstract for publication at ASCO 2021.

Improving support for men

Sian Griffiths, Consultant Radiographer, Urology Specialist- Royal United Hospital Bath NHS Foundation Trust

Sian is aiming to implement a dedicated radiotherapy prehabilitation clinic to provide access to specialist information and support from a range of professionals on treatments, side effects, sexual wellbeing, fatigue, diet and lifestyle and mental wellbeing.

Sian has worked with her patient experience team to understand what is important to patients and what they want to know before starting their radiotherapy treatment. The results of this will help to inform the information and support provided as part of the prehab clinic. This work has also provided an opportunity to improve the quality and access to information of patients already having radiotherapy.

Will Kinnaird, Urology Research and Development Therapeutic Radiographer, University College London Hospitals

Will's project aims to draw up national guidance for managing sexual dysfunction in men with advanced disease.

Will has been working with Prostate Cancer UK, patients, clinical experts and his ethics department to produce a survey that will gather men's views on the support they've received around sexual problems. The survey is nearly ready for distribution and the hope is it will, in conjunction with interviews and focus groups provide a template for healthcare professionals and patients to help address this growing need.

Edward Calleja, Urology Consultant, East Sussex Healthcare NHS

Ed's improvement project focuses on implementing an active survivorship programme tailored to address men's health and supportive care needs.

Ed has begun implementing the service and work is underway to audit this. Patients with metastatic prostate cancer have started on the programme and he is hoping that patients undergoing Robotic Assisted Radical Prostatectomies (RARP) will be joining as of December 2021. Ed is also working with a charity around how they can support the programme.

Fabio Castiglione, Consultant Urologist and Andrology post CCT Fellow, University College of London Hospitals (UCLH)

Fabio aims to develop new clinical pathways and deliver significant improvements to patients suffering from erectile dysfunction and sexual dysfunction following prostate cancer treatments.

Fabio has begun his clinics and has started receiving his first referrals from colleagues who manage prostate cancer patients. As Fabio takes on his new consultant role, he is hoping to expand the service and offer it to more men receiving treatment.