Canterbury
District Health Board
Te Poari Hauora ō Waitaha

CORPORATE OFFICE

Level 1
32 Oxford Terrace
Christchurch Central
CHRISTCHURCH 8011

Telephone: 0064 3 364 4160
Fax: 0064 3 364 4165
carolyn.gullery@cdhb.health.nz

16 July 2019

9(2)(a) [redacted]

RE Official Information Act request CDHB 10120

I refer to your email dated 11 June 2019 requesting the following information under the Official Information Act from Canterbury DHB.

Please also provide a comparison on each of the questions below for the same period in 2017.

1. **The current waiting time for an appointment following a referral from a GP for a prostate cancer initial consultation?**

Urology accepts patients to review for a Prostate Biopsy if they have had two Prostate Specific Antigen (PSA) tests taken approximately 6 to 8 weeks apart (arranged by the GP) and the results meet certain parameters, depending on age and other conditions. Two tests are usually, but not always, required because other factors can cause an elevated PSA, for example recent ejaculation, a urinary infection or long-distance cycle riding. The guidelines are available via Health Pathways: (please find this information attached as **Appendix 1.)**

The average current waiting time for an appointment following a referral from a GP for a prostate cancer initial consultation is 49 days. This compares to 63 days in 2017.The wait time depends on factors such as likely risk based on PSA score, whether the prostate felt abnormal during a Digital Rectal Examination (DRE) if one was performed, and other symptoms: see **Fig 1** (overleaf)

The First Specialist Assessment (FSA) for this element of our service is the Prostate Biopsy clinic where a Senior Medical Officer (SMO) conducts an initial assessment. At this same clinic appointment, if the patient needs a biopsy they will be taken to another room so that samples can be taken and passed to our laboratories for a Histology test.

Our Urology protocol for a prostate clinic states the following timeframes (please refer to **Fig 1** for the FSA).

Fig 1

6.2.1.3 If aged < 71 yrs, book if PSA 4 or greater, or abnormal DRE.
6.2.1.4 If aged 71-75 yrs, book if PSA 10 or greater, or abnormal DRE.
6.2.1.5 If aged > 75 yrs, book if PSA 20 or greater, or abnormal DRE.
6.2.2 Send decline letter if these criteria are not met.
6.2.3 The patient should be discussed with the urologist on call if there is a history of severe acute back pain, acute neurological symptoms or renal failure.
6.2.4 Timeframes for booking clinic
6.2.4.1 PSA > 10 and any of the following, to be seen within four weeks
6.2.4.1.1 renal failure
6.2.4.1.2 bone pain (new onset, progressive and severe)
6.2.4.1.3 macroscopic haematuria
6.2.4.1.4 prostate feels hard and/or irregular on DRE
6.2.4.2 PSA > 100 to be seen within four weeks
6.2.4.3 PSA < 100 to be seen within eight weeks

2. The current waiting time for a follow-up appointment for a prostate biopsy?

There is no current wait time for a follow-up appointment for a prostate biopsy. The situation was the same in 2017.

3. The current waiting time for a post-biopsy appointment to discuss results and treatment options?

The current waiting time for a post-biopsy appointment to discuss results and treatment options is 11 days. This compares to 23 days in 2017.

4. The current waiting time for a radical prostatectomy following the post-biopsy appointment?

The current average waiting time for a radical prostatectomy following the post-biopsy appointment is 53 days. This compares to 68 days in 2017. The time to surgery depends on the decision of the triaging clinician.

We prioritise prostate cancer clinically into a one or two month target. Urology procedures state that if the Scope form completed by the clinician for an inpatient procedure is “Semi-Urgent” then the patient needs to have their appointment within two months. If “Urgent” then this is one month. The current average taken across semi-urgent cases shows a waiting time of 50 days. There was one urgent case recently with a wait time of 18 days.

It is also worth noting that many men do not have surgery for their prostate cancer. They may choose radiation therapy, an active surveillance approach or hormone therapy.

I trust that this satisfies your interest in this matter.

Please note that this response, or an edited version of this response, may be published on the Canterbury DHB website after your receipt of this response.

Yours sincerely

Carolyn Gullery
Executive Director
Planning, Funding & Decision Support

HealthPathways

Prostate Cancer - Diagnosis

See also Prostate Cancer – Established.

Assessment

1. Consider whether to screen for prostate cancer with a prostate-specific antigen (PSA) test:
    - Provide a balanced opinion to help patients make an informed choice.[1] Discuss this information with the patient.
    - Discuss the benefits and risks of prostate cancer testing with men aged between 50 and 70 years and men aged over 40 years who have a family history.[2]

Family history of prostate cancer

        - 1 first-degree relative younger than 70 years with prostate cancer doubles the risk.
        - 2 or more first-degree relatives with prostate cancer increases the risk by 4 to 5 times.
    - Only consider screening if life expectancy is greater than 10 years.[2,3]
    - New Zealand guidelines recommend both PSA and digital rectal examination (DRE) testing for prostate cancer screening. If DRE is declined, consider PSA testing alone. Reluctance to have DRE should not be a barrier to screening.[2]

Digital rectal examination (DRE) declined

Inform men reluctant to have a DRE that:

        - not every prostate cancer increases PSA
        - there is a chance that they will still have prostate cancer even if their PSA result is normal
        - around 20 percent of prostate cancers are diagnosed from an abnormal DRE when the PSA level is normal.

For Māori and Pasifika men, there may also be a cultural barrier to DRE.

If a man declines a DRE, even after he has been given the above information, it is acceptable to refer him to a urology service based on two clearly abnormal PSA results. [2]

    - Be aware that sexual abuse of male children is relatively common and procedures, such as DRE, may be particularly difficult. Acknowledge this when gaining consent for such examinations.

Acknowledge possibility of abuse

        - Tell the patient what a DRE involves, e.g: "I am going to have to do a rectal exam. I know that this is undignified for anyone, but that it can be particularly difficult if you have ever had a bad experience in this area. By that, I mean if anyone has ever touched your anus when you didn't want them to..."
        - Respond according to their response. See Sexual Assault or Abuse.

Sexual abuse of male children

- The sexual abuse of male children is more common than many people think. Figures from the United States suggest that 16% of males will experience sexual abuse before the age of 18,[4] and New Zealand figures are thought to be similar.
- The majority of sexual abuse that male children experience is perpetrated by family members.

2. Consider prostate cancer in men who present with elevated PSA and/or an abnormal DRE.

Abnormal DRE

- Benign prostatic hypertrophy causes smooth, firm, symmetrical enlargement, and prostate cancer causes asymmetrical, hard areas or nodules.
- Abnormal DRE should be investigated even when PSA is normal as not all patients with prostate cancer have an elevated PSA.

3. Consider that:
   - most men with prostate cancer do not have symptoms.
   - bladder outflow obstruction including urinary frequency, nocturia, urgency, poor flow, terminal dribbling, and hesitancy are most commonly due to benign prostatic hypertrophy, which may co-exist with prostate cancer.
   - advanced or metastatic prostate cancer may present with bone pain, spinal cord compression, renal failure, weight loss, lower back pain, and macroscopic haematuria.
4. Investigations:
   - Arrange measurement of PSA.

Measurement of PSA

- Only measure PSA following joint decision making with the patient.
- PSA greater than 4 micrograms/L may be abnormal in all age groups and the level determines referral. It provides a positive predictive rate for cancer of approximately 30%.
- Look for other causes of elevated PSA e.g., UTI, prostatitis, benign prostatic hypertrophy.
- Transient minor elevations of PSA may occur after a prostate biopsy, cystoscopy, ejaculation, or long distance bike riding.
- For positive tests:
- If PSA greater than 100 micrograms/L, request non-acute urology assessment for prostate biopsy within 4 weeks. No repeat PSA test is required before referral.

Prostate biopsy

- Usually undertaken as an outpatient under local anaesthetic by a urologist with antibiotic prophylaxis.
- There is a 3% risk of infection and a lower risk of clinically significant bleeding.
- Follow-up results are usually available within 2 weeks.
  - Patients with negative results are informed and need no further follow-up.
  - Patients with results positive for cancer are followed up in clinic within 2 weeks.
- See patient information provided by the Canterbury DHB Urology Department:
- sent before the biopsy appointment – What is a prostate ultrasound and biopsy and why is it needed?
- given at the biopsy appointment – What happens after a prostate biopsy?

- Otherwise, repeat test in:
  - 12 weeks, following management of any reversible causes. Pay particular attention to an abnormal MSU result – infection can cause significant PSA elevation.
  - 6 to 8 weeks, if there is no reversible cause.
    - Arrange MSU and creatinine.
    - Radionuclide bone scan is not required before referral for bone pain.
    - Ultrasound is not indicated in primary care.

Management

Practice point

Antibiotics required

Antibiotics are required before prostate biopsy.

1. If PSA normal, provide reassurance that prostate cancer is unlikely. However, explain that false negatives can occur. Manage symptoms according to the Benign Prostatic Hypertrophy pathway.
2. Seek acute radiation oncology advice if patient presents with all of the following:
    - a PSA greater than 10 micrograms/L
    - severe back pain
    - acute neurological symptoms, consistent with spinal compression or cauda equina syndrome.
3. Request non-acute urology assessment to be seen within 2 weeks if patient presents with a PSA greater than 10 micrograms/L and **any** of the following:
    - renal failure.
    - bone pain (new onset, progressive and severe).
    - macroscopic haematuria.
    - prostate feels hard and/or irregular on DRE.
4. If PSA raised and DRE normal:
    - If PSA greater than 100 micrograms/L, request non-acute urology assessment for prostate biopsy within 4 weeks. No repeat PSA test is required before referral.

      Prostate biopsy

        - Usually undertaken as an outpatient under local anaesthetic by a urologist with antibiotic prophylaxis.
        - There is a 3% risk of infection and a lower risk of clinically significant bleeding.
        - Follow-up results are usually available within 2 weeks.
            - Patients with negative results are informed and need no further follow-up.
            - Patients with results positive for cancer are followed up in clinic within 2 weeks.
        - See patient information provided by the Canterbury DHB Urology Department:
            - sent before the biopsy appointment – What is a prostate ultrasound and biopsy and why is it needed?
            - given at the biopsy appointment – What happens after a prostate biopsy?
    - Otherwise, repeat test in:
        - 12 weeks, following management of any reversible causes. Pay particular attention to an abnormal MSU result – infection can cause significant PSA elevation.
        - 6 to 8 weeks, if there is no reversible cause.
5. If DRE is suspicious of malignancy, or elevated PSA on 2 or more tests to less than 100 micrograms/L, request non-acute urology assessment for prostate biopsy (within 8 weeks).

   Prostate biopsy

    - Usually undertaken as an outpatient under local anaesthetic by a urologist with antibiotic prophylaxis.

- There is a 3% risk of infection and a lower risk of clinically significant bleeding.
- Follow-up results are usually available within 2 weeks.
  - Patients with negative results are informed and need no further follow-up.
  - Patients with results positive for cancer are followed up in clinic within 2 weeks.
- See patient information provided by the Canterbury DHB Urology Department:
  - sent before the biopsy appointment – What is a prostate ultrasound and biopsy and why is it needed?
  - given at the biopsy appointment – What happens after a prostate biopsy?

Elevated PSA

Referral access thresholds (not PSA normal ranges by age):

- Aged 70 years and younger with a PSA greater than or equal to 4 micrograms/L
- Aged between 71 to 75 years with a PSA greater than or equal to 10 micrograms/L
- Aged 76 years and older with a PSA greater than or equal to 20 micrograms/L

PSA thresholds for referral do not change if a patient is on finasteride.

6. If DRE is normal and PSA does not meet referral access threshold, repeat testing if there is a life expectancy of greater than 10 years:
   - annually, if family history.
   - every 2 to 4 years, without family history.
7. If referring to Christchurch or Ashburton Hospital for prostate biopsy, prescribe ciprofloxacin tablets 500 mg twice daily for 4 days, with first dose taken 2 hours before the appointment. Patients are not seen at the Urology Clinic before biopsy, so allergies and contraindications cannot be checked.
8. Advise the patient:
   - that a specialist nurse will phone to inform them of the prostate biopsy results.

     Biopsy results

     A specialist nurse phones the patient to inform them of the diagnosis.

     Negative results:

     - No further follow-up is arranged.
     - The specialist will determine further PSA testing recommendations.

     Positive results:

     - Followed up in clinic within 2 weeks.
     - The patient (and their partner or close family member) are encouraged to attend a group education session, led by a specialist nurse, with other men with newly diagnosed prostate cancer.
     - A urologist appointment, and usually a radiation oncology appointment, is arranged in all cases of intent to cure treatment.
   - that if the result is positive the best treatment option is determined jointly with the patient and urologist.
   - if they are aged older than 75 years, that the benefits of radical treatment in this age group are unproven and therefore radical treatment is not generally offered.

Request

- Seek acute radiation oncology advice if patient presents with all of the following:
  - a PSA greater than 10 micrograms/L
  - severe back pain
  - acute neurological symptoms, consistent with spinal compression or cauda equina syndrome.
- Request non-acute urology assessment to be seen within 2 weeks if patient presents with a PSA greater than 10 micrograms/L and **any** of the following:
  - renal failure
  - bone pain (new onset, progressive and severe)
  - macroscopic haematuria
  - prostate feels hard and/or irregular on DRE
  -
- If PSA greater than 100 micrograms/L, request non-acute urology assessment for prostate biopsy within 4 weeks.

  Prostate biopsy

  - Usually undertaken as an outpatient under local anaesthetic by a urologist with antibiotic prophylaxis.
  - There is a 3% risk of infection and a lower risk of clinically significant bleeding.
  - Follow-up results are usually available within 2 weeks.
    - Patients with negative results are informed and need no further follow-up.
    - Patients with results positive for cancer are followed up in clinic within 2 weeks.
  - See patient information provided by the Canterbury DHB Urology Department:
    - sent before the biopsy appointment – What is a prostate ultrasound and biopsy and why is it needed?
    - given at the biopsy appointment – What happens after a prostate biopsy?
- If DRE is suspicious of malignancy, or elevated PSA on 2 or more tests to less than 100 micrograms/L, request non-acute urology assessment for prostate biopsy (within 8 weeks).

  Prostate biopsy

  - Usually undertaken as an outpatient under local anaesthetic by a urologist with antibiotic prophylaxis.
  - There is a 3% risk of infection and a lower risk of clinically significant bleeding.
  - Follow-up results are usually available within 2 weeks.
    - Patients with negative results are informed and need no further follow-up.
    - Patients with results positive for cancer are followed up in clinic within 2 weeks.
  - See patient information provided by the Canterbury DHB Urology Department:
    - sent before the biopsy appointment – What is a prostate ultrasound and biopsy and why is it needed?
    - given at the biopsy appointment – What happens after a prostate biopsy?

  Elevated PSA

  Referral access thresholds (not PSA normal ranges by age):

  - Aged 70 years and younger with a PSA greater than or equal to 4 micrograms/L
  - Aged between 71 to 75 years with a PSA greater than or equal to 10 micrograms/L
  - Aged 76 years and older with a PSA greater than or equal to 20 micrograms/L

PSA thresholds for referral do not change if a patient is on finasteride.

- In all requests:
  - include information for triage of suspected prostate cancer.

    Information for triage

    - Presence of outflow tract symptoms as these patients may also require a flow rate and residual
    - DRE findings
    - All PSA results
    - Creatinine
    - MSU

    In all requests, include standard patient and referrer details.

  - if elevated PSA or abnormal DRE, select ERMS priority high suspicion of cancer, or write "high suspicion of cancer" on the request. Consider referring the patient to Cancer Support Services.

Information

For health professionals

- American Urological Association – Early Detection of Prostate Cancer
- Ministry of Health – Prostate Cancer Management and Referral Guidance

For patients

On HealthInfo

- Give your patient a HealthInfo card and encourage them to search using the keyword "prostate".
- HealthInfo:
  - Prostate Cancer
  - PSA Test

Printable Resources

- HealthInfo – Prostate Surgery
- HealthEd:

  Prostate Cancer: More information for men and their families and whānau (24 pages)

  Getting checked for prostate cancer: Quick guide for men and their families and whānau

Patient Support Information

- Ministry of Health – kupe.net.nz
- Prostate Cancer Foundation of New Zealand

Search My Medicines for patient information leaflets for any medications not listed in this section.

Contact the HealthInfo team at info@healthinfo.org.nz if you have any resources that you would like us to consider for this section.