

**Identification of suitable patients from primary care - a How to Guide**

1. Run a search using the following read codes to be used to identify patients who have a diagnosis of prostate cancer/suspected prostate cancer on watchful waiting. The search terms are broad to ensure that all possible patients are identified. It is recommended that no time frames are added to the search.

EMIS Web	Vision
Malignant neoplasm of the prostate B46	Malignant neoplasm of the prostate B46
History of prostate Cancer ZV104-5	History of prostate cancer 1427000
Carcinoma of prostate in situ B834	Carcinoma of prostate in situ B834
Suspected prostate cancer 1J08	Suspected prostate Cancer 1Jo8
<b>The read codes below can be added to detect patients who may have been incorrectly coded or where prostate cancer is very likely but patient has declined /or is not suitable for biopsy.</b>	
Raised PSA R15y0-1	Raised PSA R15Y011
Prostatism K20-6	Prostatism 1AA and K20.16

2. A clinician then needs to review the records of those patients identified, to assess suitability for primary care follow up.

The following group of patients may be suitable for transfer from secondary care for primary care follow up:

- Patients are on watchful waiting as soon as they have a diagnosis of Prostate cancer or presumed prostate cancer and watchful waiting approach agreed (NICE 2014)
- Patients who are stable following radical surgery and have a stable PSA of zero or <0.2ng/ml.(NICE 2014 recommends 2 years post-surgery)
- Patients who have had radical radiotherapy and have stable/not rising PSA (NICE 2014 recommends after 2 years )
- Patients who are two years post brachytherapy and have stable/not rising PSA (NICE 2014 recommends after 2 years )
- Patients on hormone manipulation therapy: fall of presenting PSA and improvement in any presenting symptoms such as lower urinary tract symptoms
- At present only those patients registered at Croydon University Hospital (*Royal Marsden to follow soon pending agreement*) for their Prostate Cancer Treatment

**Exclusions:**

Patients who do not fit the criteria above

- Patients on active surveillance
  - Patients who are currently enrolled on a clinical trial that requires clinic based follow up
  - Patients with hormone refractory disease
  - Patients who presented very late initially
  - Private Patients
  - Patients under care of urologist for another cancer (e.g. bladder)
3. An excel spread sheet can be used as a register of all prostate cancer patients identified as suitable for primary care follow up.

Once possible patients are identified then the possibility of transfer of care from secondary care needs to be discussed with each patient. If they are in agreement then the letter (appendix--) can be used as a template to request the transfer from CUH.

4. Once the secondary care urologist has agreed or disagreed with the request this can be recorded in the spread sheet. Frequency of PSA testing can be recorded here also so that a check can be made that patients are attending.

Reference: *National Institute for Clinical Excellence (2014) Clinical Guidelines 175, Prostate Cancer Diagnosis and Treatment. Available: <http://www.nice.org.uk/guidance/CG175/chapter/introduction>.*