# An Audit of Imaging in Patients Diagnosed with Early Prostate Cancer

**Descriptor:**

Compliance to NICE 2008 imaging guidance in patients with early prostate cancer is variable especially, MRI use and should be audited. The clinical impact of non-compliance MRI use is also worthwhile evaluating.

**Background:**

Prostate cancer is the most common cancer in men in the UK and a number of treatment exists depending on staging [1]. The use of imaging in early prostate cancer is frequently debated at the urology MDT especially Magnetic Resonance Imaging (MRI) in low and intermediate risk group patients and practice varies despite specific guidance from National Institute for Health and Clinical Excellence (NICE) [2]. This audit aims to assess compliance of use of imaging with NICE guidance 2008 "Prostate Cancer: Diagnosis and Treatment". In addition, it can be used to evaluate impact of non-compliance practices: did imaging change management plan?

## The Cycle

**The standard:**

NICE Guidance 2008 "Prostate Cancer: Diagnosis and Treatment: Imaging” [2]

Key points include:

• CT in low/intermediate risk group - Not indicated

• Bone scans in low-risk group - Not indicated

• MRI or CT in high-risk group - Recommended

• MRI - not recommended for men with low or intermediate - risk group

**Target:**

90 -100% compliance and non-compliance practice justified with clinical reasons.

## Assess local practice

**Indicators:**

• Percentage of imaging use in each risk groups as per standard specified

• Percentage of non-compliance practice and its impact (does it change staging and treatment plan?)

**Data items to be collected:**

1. Patient age, PSA, Gleason score and clinical stage

2. Modality and timing of imaging

3. Treatment modality (surgery, radiotherapy, hormone, brachytherapy, combination therapy, or surveillance)

**Suggested number:**

n > 50

**Suggestions for change if target not met:**

1. To present audit result at the appropriate meetings e.g. Radiology, urology and Oncology Clinical Governance meetings and to raise awareness about the NICE guidance

2. Patient risk group shall be identified and documented on imaging request forms & in MDT discussion proforma to aid imaging decision

3. All high risk patients shall have MRI performed

4. If non-compliance MRI had a positive impact on patient management in low and/or intermediate risk group, aim to reach a consensus amongst radiologists, urologists and oncologists concerning MRI use in selected patients in this group if radical treatment is planned

5.To re-audit

**Resources:**

Collaboration with the radiologists and urologists recommended for this audit.

**References:**

1. Cancer Research UK [http://www.cancerresearchuk.org/cancer-info/cancerstats/types/prostate/incidence 2010](http://www.cancerresearchuk.org/cancer-info/cancerstats/types/prostate/incidence%202010).
2. National Institute for Health and Clinical Excellence (2008) [Prostate Cancer: Diagnosis and Treatment: Imaging]. [CG58]. London: National Institute for Health and Clinical Excellence.
3. The European Association of Urology (EAU) guidance <http://www.uroweb.org/gls/pdf/08%20prostate%20cancerlr%20march%2013th%202012.pdf>.
4. Fuchsjager M, Shukla-Dave A, Akin O, Barentsz, Hricak H. Prostate cancer imaging. Acta Radiol 2008;49:107–20.

**Editor's comments:**

An audit of imaging for prostate cancer staging compared to NICE guidance where local practice deviates from NICE guidance consensus clinical agreement should be reached.

**Submitted by:**

Dr Xue Yan JIANG

**Published Date:**

Saturday 6 April 2013

**Last Reviewed:**

Tuesday 17 May 2022