

Memorandum on the use of Prostate MRI in the investigation and follow up of prostate cancer

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Summary and Recommendations

1. MRI of the prostate may be requested under one of the following circumstances
 - a. Prior to a prostate biopsy in men considered suitable for active treatment (see below)
 - b. Prior to enrolment in Active Surveillance of Prostate cancer (see separate recommendations), or during AS if (for example) uncertainty about rising PSA
 - c. Staging MRI for patients with known prostate cancer
 - d. In patients with a previously negative biopsy and rising PSA
 - e. As an MDT recommendation
2. **MRI Prior to Prostate biopsy**
 - a. Following the recent adoption of NICE guidance 2014 (NICE Clinical Guideline 175 2014) for the investigation and management of patients with prostate cancer there has been confusion in the Urology Department about the role of MRI requesting
 - b. The following recommendations are suggested;
 - i. All men who are considered suitable for Active Treatment for prostate cancer (suggested age range 45-75 years) should have an MRI prior to prostate biopsy
 - ii. At present it is not necessary to wait for the report of the MRI before proceeding with the biopsy – therefore if the patient is seen in OPD
 1. please request MRI (stating on request “Tues/Thurs slot”)
 2. give the patient the green slip to take to nurses to get the information pack and ensure that MRI questionnaire is filled out
 3. request TRUSB on eTCI stating at the bottom that the patient is having an MRI before the biopsy
 4. The Prostate biopsy can be performed at the earliest opportunity after the MRI has been performed – it is not necessary to wait for the MRI report
 - iii. All patients who are enrolled into Active Surveillance for proven prostate cancer should have an MRI at or before enrollment – the vast majority will now have had their MRI done before the biopsy so this criterion should be satisfied
 - iv. Patients on AS for prostate cancer **do NOT** need an automatic MRI before any subsequent staging biopsies – NICE does not comment on the use of MRI in Active surveillance save for the comments as below

a If there is concern about clinical or PSA changes at any time during active surveillance, reassess with multiparametric MRI and/or rebiopsy

3. **Prior to enrolment in AS program, or during AS**
 - a. See Separate “Local recommendations for Active Surveillance of Prostate cancer
4. **Staging MRI for patients with known prostate cancer**
 - a. Following on from (1) above it follows that the majority of patients with a new diagnosis of prostate cancer will have already had their MRI done prior to the biopsy
 - b. Some patients may present via a different pathway and a staging MRI should be requested if required
5. **In men with previously negative prostate biopsy and rising PSA**
 - a. There are no formal recommendations for this but MRI may be helpful in deciding whether or not, and how, a further biopsy should be performed
6. **MRI may also be requested at the request of the MDT** – if the subsequent report is clear about the diagnosis (e.g. no lesion seen, lesion seen anteriorly) then these reports do not normally need discussion at the MDT

References used

- NICE Clinical Guideline 175 2014, Prostate Cancer: Diagnosis and Treatment, from <http://www.nice.org.uk/nicemedia/live/14348/66226/66226.pdf>