

Rapid access prostate imaging and diagnosis pathway

Information for patients, relatives and carers

This leaflet explains more about the Rapid access prostate imaging and diagnosis pathway (RAPID), including the benefits, risks and any alternatives and what you can expect when you come to hospital

If you have any further questions, please speak to a doctor or nurse caring for you.

Introduction

This leaflet is designed to give you information about the rapid access prostate imaging and diagnosis pathway. We hope it will answer some of the questions that you or those who care for you may have at this time. This leaflet is not meant to replace the consultation between you and your medical team, but aims to help you understand more about what is discussed.

What is the prostate?

The prostate is a small gland near the bladder. It is present only in men. The prostate produces fluid that forms part of the semen and helps nourish sperm. When you empty your bladder, urine flows through a tube called the urethra. The urethra passes through the prostate before reaching the penis (see diagram below).

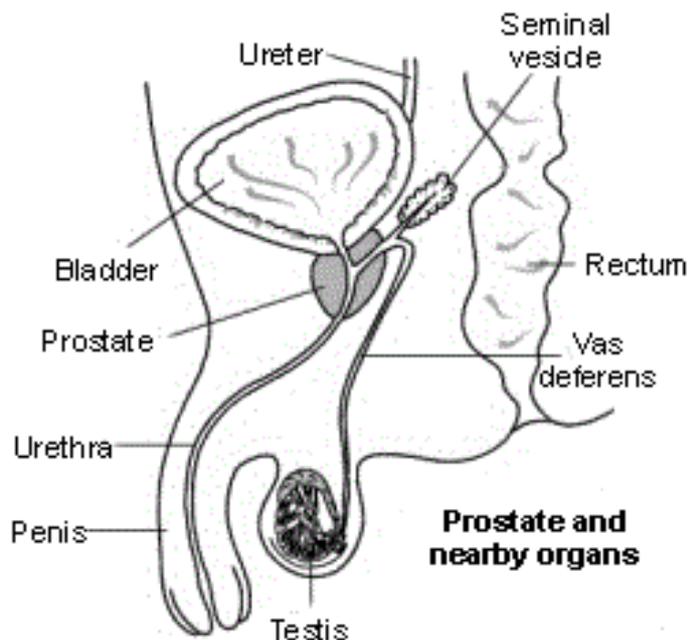


Diagram used with permission from Patient website, <http://patient.info/health/prostate-cancer-leaflet> ©2015, Egton Medical Information Systems Limited. All Rights Reserved.

Why have I been referred?

You have been referred by your GP because the result of your prostate-specific antigen (PSA) blood test is high. This could potentially mean you have prostate cancer. However, there are several conditions apart from cancer that can cause a high PSA, so we need to do further tests.

What is a PSA blood test?

A PSA test measures a chemical in the blood, which is released by the prostate. Your PSA level usually increases with age – so the older you are, the higher your normal level of PSA. Normal ranges also vary between different laboratories that test blood samples. Your GP has referred you because your PSA level is higher than normal for you.

Conditions that can cause a high PSA level are:

- a prostate or urine infection
- prostate inflammation
- benign (non-cancerous) prostate enlargement
- prostate cancer.

Other things that may affect PSA levels are:

- having an incompletely emptied bladder for a long time
- putting an instrument into the urethra
- sexual activity or bike-riding a few hours before having a PSA test.

What is the RAPID pathway?

The RAPID pathway was designed to reduce the number of visits you need to make to the hospital while we find out why your PSA is high. The RAPID pathway uses the latest technology to investigate your elevated PSA level.

In most NHS hospitals, a biopsy (a sample of prostate tissue) is taken as soon as you are referred. The biopsy is taken through the back-passage and can lead to infection in some men and inaccuracies because the biopsy samples are taken at random from the prostate.

The RAPID pathway begins with an accurate scan to see if there is anything suspicious in your prostate. If there is, with your agreement, we will then take a targeted biopsy from that area. If the scan looks normal, there is a 90-95 per cent chance that your prostate does not contain any important prostate cancer cells. In this case, we will discuss the findings with you and normally not advise a biopsy. We aim to carry out all the tests and discussions in one day. Occasionally, the targeted biopsy might have to happen on a different day. If so, we will explain why.

What happens when on the RAPID pathway?

You will have up to three separate appointments on the same day. The appointments will take place in the following order:

1. Review by Urologist
2. Prostate MRI scan.
3. Review by Clinician.
4. Prostate biopsy (if needed).

Review by Urologist

A urology clinical nurse specialist or a urology doctor will see you in clinic to discuss your medical history, medical background, medications and explain in more detail about PSA testing and what it means. Please bring a list of all your medications with you. This consultation will last for about 20 minutes.

You will then be sent for the MRI scan.

Prostate MRI scan

A magnetic resonance imaging (MRI) scan uses magnetic waves to produce images of the body. It does not use x-rays or radiation. A prostate MRI takes images that are able to show us any suspicious areas of the prostate that might be cancer. A member of the healthcare team will explain exactly what will happen on the day. You will also receive a separate MRI information leaflet explaining some of the risks of the test. You will usually have an injection of a contrast dye called gadolinium to help ensure the images are clear. You will be asked to lie very still on your back on a couch for about 30-40 minutes inside the scanner.

Clinic review

The MRI result will usually be sent to your clinical team before they see you. Sometimes it might take longer to look at the scans so the report will be issued after you are seen by the urology nurse or doctor. We will then go through the MRI report with you and explain what it means. The decision to proceed with a prostate biopsy will depend on the findings from the MRI and your own choice. If there is a suspicious area we will normally recommend a prostate biopsy as that is the only way to find out whether the suspicious area is cancer or not. This review will last for about 10 minutes.

Prostate biopsy

This is a very accurate form of biopsy (called a transperineal targeted biopsy). You will lie awake on your back on a couch during this test and your legs will be in supports holding them up. The biopsy takes about 20 minutes. We will give you painkiller tablets called tramadol beforehand and some cream for your back-passage. Local anaesthetic gel will be inserted into your back-passage to help numb it. Local anaesthetic will also be injected into the skin between your anus and scrotum (perineum) and around your prostate to numb these areas. The local anaesthetic will sting at first. After about two minutes it will begin to take effect.

An ultrasound probe will be inserted into your back-passage to scan the prostate. The feeling of pressure is not numbed so you will still feel something. The procedure is uncomfortable but the team will keep you as comfortable as possible. If you find it too painful or distressing, we will stop and do it under a deep sedation or local anaesthetic on another day. This is uncommon (about one in 20 cases) and means there will be a delay in getting a full diagnosis.

Once the correct part of the prostate has been located, a urology doctor will perform the biopsy. The needle used to take samples of tissue from the prostate will be inserted through the skin between your scrotum and anus (called the perineum). This form of biopsy means the biopsies are very accurate and have a very low risk of infection compared to traditional biopsies. The doctor will use the information and images from the MRI to target the suspicious area(s). Depending on the exact findings of your prostate MRI, between four and twelve tissue samples will be taken, although sometimes more may be needed. These tissue samples will be examined by a pathology consultant and will take about one to two weeks to process.

Most men have few problems with the biopsy. However, there are some common and rare side effects of which to be aware. These include

- pain or discomfort, burning when passing urine (most men for one to two days)
- blood in urine (most men for two to three days)

- blood in semen (most men for two to three months)
- infection (one in 500 men)

We will give you an antibiotic to reduce your risk of urine infection. If you get burning when passing urine that lasts for more than two days, or you get shakes, night-sweats or a fever, please see your GP immediately or go to your nearest A&E Department. There is also a one in 100 risk of not being able to pass urine. This can happen after you are discharged. If this happens, you should go to your nearest A&E immediately.

What happens next?

Once you have passed urine and the nurses are happy with your observations, you will be able to go home (this will usually be in the late afternoon). We will arrange a follow-up appointment for you at the prostate clinic to discuss your prostate biopsy reports and plans for further care. We may organise other scans for you as well after this day.

Key points to remember

- Expect to be in the hospital for several hours.
- Bring a relative or friend along to support you during the day.
- Bring a list of your current medications.
- Eat and drink as normal during the day, unless you are advised otherwise.
- Take your medication as usual apart from blood thinning medications (see below).
- Stop blood-thinning medication such as clopidogrel, warfarin, heparin (or heparin-like substances), apixaban (Eliquis), dabigatran (Pradaxa), or rivaroxaban (Xarelto) for seven days before your appointment unless otherwise instructed.
- Continue to take aspirin as normal.

If you are discharged without having had a biopsy on the day, we will re-review all MRIs within a week. We will contact you, should there be a change of plan and a biopsy subsequently recommended.

Who should I contact for help or information?

If you have any questions or concerns, please ask a member of staff. It may help to write down your questions and concerns as you think of them so that you have them ready. Please do not hesitate to ask if you think you have been forgotten or have waited too long to be seen.

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have received. You can visit the PALS office between 9.30am and 4.30pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough Wing (near the lift foyer).

Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

Web: www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

Tel: 111



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