

BAUS 10 Point Response

Principles of Care	1	Continue with current diagnostics and treatment protocols as long as possible but the diagnostic and treatment pathway may not be sustainable.	Our diagnostic service is not being utilised in the COVID response and therefore is sustainable and we will continue to consult and assist in the diagnosis of patients
	2	Minimise risk of missing significant prostate cancer and minimise risk of disease progression in those already diagnosed.	GenesisCare feel strongly that all efforts should be made to ensure that men with clinically significant prostate cancer at risk of progression, do not come to undue harm during this Covid-19 pandemic. GenesisCare believes it is in a unique position with its dedicated cold (ie no active Covid-19 patients) low footfall non-NHS cancer centres, and feels confident that we can continue to safely offer cancer diagnosis and treatment to men at risk, with the provisions we have put in place.
	3	Minimise outpatient attendance at time of high COVID-19 virus prevalence to reduce risks to patients and hospital staff.	We have adopted virtual / telephone consultations for a large proportion of consultations, and minimising time / footfall within GenesisCare centres. This is at the discretion of the clinician and the patient.
	4	Minimise imaging requests as radiology staff likely to be deployed to emergency services	Due to a network of radiologists, all with sufficient home reporting capability, we are confident we have adequate radiology resources to report the volume of imaging that is being performed on our small numbers of scanners
	5	MRI scanners could be a potential source of COVID-19 transmission due to their enclosed space	We feel there is no robust evidence to support this.
COVID-19 policy recommendation 2: PSA <20 High PSAD (category 2): Treat as normal pathway until services restricted.	6	Note no MRI imaging will be available	MRI services continue to operate at GenesisCare
	7	Minimise risks of sepsis and general anaesthesia at prostate biopsy. Transrectal biopsy should be avoided if possible	Within the GenesisCare network we have transitioned to local anaesthetic transperineal biopsies as opposed to transrectal and thus already have removed the risk of general anaesthesia and minimised the risk of infection / sepsis
COVID-19 policy recommendation 5: Treatment Low/Intermediate Risk Non Metastatic Prostate Cancer	8	Patients diagnosed with low and intermediate risk prostate cancer should be placed on active surveillance with a PSA test and consultation at 6 months. Patients unhappy with receiving no treatment can be offered Bicalutamide 50mg OD with careful explanation of potential side effects.	Low to intermediate risk patients can also be considered for radical prostate radiotherapy. Where patients do not wish to visit 21 (1 for planning and 20 for delivery) times, can be referred for MRL treatment where only 6 visits are required
Patients on Surgical Waiting List	9	Patients with low and intermediate risk prostate will continue to await surgical treatment, as the risk of progression is low. Patients with low and intermediate risk may be offered hormone treatment if they are unhappy about the treatment delay.	Low to intermediate risk patients can also be considered for radical prostate radiotherapy. Where patients do not wish to visit 21 (1 for planning and 20 for delivery) times, can be referred for MRL treatment where only 6 visits are required
Follow Up	10	To minimise direct patient contact - Telephone consultation 6 weeks post treatment.	We have adopted virtual / telephone consultations for a large proportion of consultations. This is at the discretion of the clinician and the patient.