



**Maidstone and
Tunbridge Wells**
NHS Trust

Ref: FOI/GS/ID 6962

Please reply to:
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Freedom of Information Act 2000

I am writing in response to your request for information made under the Freedom of Information Act 2000 in relation to PET-CT Access.

You asked:

- 1. Does your trust/HB have access to PET-CT for the investigation of suspected biochemical recurrence in prostate cancer patients?*
 - a. Yes*
 - b. Not on site, but we refer patients elsewhere (please state the trust/HB patients are referred to, if possible:)*
 - c. No*
- 2. If you answered "No" to question 1. Would you use PET-CT for the investigation of suspected biochemical recurrence in prostate cancer patients if it were available?*
 - a. Yes*
 - b. No*
 - c. N/A - We already have access to PET-CT.*
- 3. In 2020-21, how many patients do you estimate were investigated for suspected biochemical recurrence of prostate cancer at your trust/HB?*
- 4. What percentage of patients with suspected biochemical recurrence do you estimate are referred for PET-CT at your trust/HB?*
- 5. Of patients with suspected biochemical recurrence referred for PET-CT, what % of scans do you estimate use a PSMA tracer (either Ga-PSMA or F-PSMA)?*
- 6. Are there any exclusion criteria for referral for PET-CT for suspected biochemical recurrence of prostate cancer? If so, what are they? E.g. Upper and lower PSA limits, age, life expectancy, ECOG score.*
- 7. What do you estimate is the average waiting time for the PET-CT scans for investigation of suspected biochemical recurrence of prostate cancer?*
- 8. What do you estimate is the average time it takes to report PET-CT scans for investigation of suspected biochemical recurrence of prostate cancer?*

Trust response:

1. a. Yes
2. c. N/A - We already have access to PET-CT.
3. Data provided is from audit October 2019- October 2020.
That year, at MTW we performed 67 PET scans for Prostate cancer, mixture of Choline and PSMA PETs. I would estimate that number to be higher in 2020-2021. Indications for the scans were mixture of primary staging for high risk patients; clarification of staging due to equivocal conventional imaging results; biochemical recurrence following previous radical treatment. The number of patients scanned for biochemical recurrence was 32 out of 67. Again, this number is anticipated to be slightly higher for 2020-2021.
4. Approx. 30-50%
5. Now, most patients [approx. 90%] in this clinical setting would have PSMA PET CT.
6. Exclusions: PSA < 0.2; Limited Life expectancy, ECOG >2 (i.e. 3 or 4), Patient not suitable for salvage treatment options on clinical grounds or unwilling to consider salvage therapies. i.e. PET CT scan requested only, if results are likely to influence further management.
7. Recently, we experienced shortage in PSMA Tracer and sadly current waiting time for PSMA PET CT scan is approx. 6 weeks; waiting time for choline PET CT is approx. 1-2 weeks.
8. Up to Approx. 1 week.