Thoughts on Screening in Private General Practice

Dr Michael Sandberg

Screening and Medicals are generally negatively thought of by the NHS and BMJ, but our results suggest definite positive gains. Such medicals form the basis of best patient care in Private General Practice.

Prostate Cancer screening

Prostate cancer screening is controversial, with 11,000 deaths in the UK per year. The American task force changed their guidelines in May 2018, stating that it should be a matter for individual informed choice; noting that since their previous negative edict in 2012, the past 3% per year reduction in prostate cancer mortality had flat-lined.

The controversy is that until now, studies have suggested that 10-12 patients need to be operated on to save one life. We believe with MRI and recent studies this can be reduced to six patients, while still the serious problem of 50% of patient's post-surgery being impotent. With Breast cancer, over diagnosis means three patients are operated on to save one life.

We are now in a new era with Prostrate MRI having a 90% concordance with biopsy. MRI now laying between the previous entry points to prostate biopsy, of PSA test and/or rectal examination. MRI Templated transperineal biopsies, now significantly reducing the infection risk of transrectal biopsy.

A Future paradigm shift is close, with expanded Kallikrein Marker Screening as a blood test including PSA, using either a four panel or six panel screen, combined with genetic risk-based stratification scoring. Meeting with Hans Silja at Memorial Sloan Kettering Cancer Center, pioneer of Kallikrein markers, was a first introduction to the subject. Followed days later by the presentation of the Stockholm III study at the Chicago ASCO meeting of 2015. It was for all present a jaw dropping moment. It means more high-grade prostate cancers are picked up and less of the Gleason 3+3's, with their 99% 10-year survival, (while 6% will develop metastases.) Together with MRI, we are closer to the holy grail of prostate cancer screening.

A 15 year Outcome Audit of one GP's 32 newly diagnosed Prostate Cancer Cases

The vast majority of these patients were asymptomatic and diagnosed at routine Medicals. They were all looked after with MRI based care, with an MDT approach. This work has been with Professor Ros Eeles, Clare Allen and Justin Vale. While this study is small, it is GP screening where Prostate cancer is found, so seeing what happens in a practical setting is important.

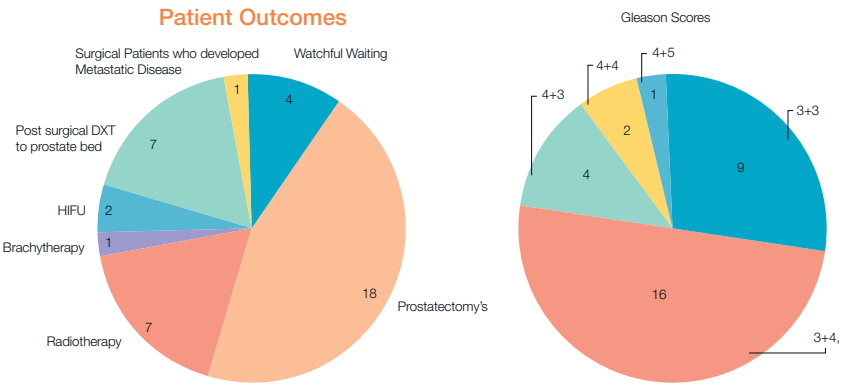
There were no deaths over the 15 years in these newly diagnosed patients with prostate cancer who presented without metastatic disease; validating the aim of the screening. Three patients were diagnosed with PSAs less than two on the basis of an abnormal rectal examination (a ratio that is typically borne out by the studies.)

Surgery was uncomplicated in all patients save for two, with temporary anastomotic leaks, who had their post op catheters for four weeks longer than usual with resolution.

Developments since 2000 in Prostate Cancer

- MRI
- Transperineal Biopsy
- MRI Guided Transperineal Biopsy
- PSMA Scan - Sensitivity for detecting disease at low PSA
- Kallikrein Markers Stockholm 3 Hans Silja
- Genetic Risk Based Screeing
- Robotic Prostatectomy
- IMRT
- HIFU
- Surgery with Simultaneous Histology
- Cyberknife for Oligo Dual Metastases
- Abiraterone

Prostate Cancer



Patients who needed dual modality treatment with radiotherapy post-surgery for PSA recurrence, have done remarkably well with minimal persistent side effects after their radiotherapy (which was mainly at the Royal Marsden). This highlights the significant progress in this area since the introduction of Intensity modulated radiotherapy (IMRT).

72% of patients diagnosed with prostate cancer had Gleason scores above 3+3, which is encouraging as it is borderline whether it is worth being diagnosed with 3+3. Such a result probably reflects the use of MRI combined with a savvy surgeon as the decision to biopsy was always his. It involved an individual patient-based approach, with no specific PSA cut off. Rather a weighing together of the PSA, Free total ratio, prostate volume, rate of change of PSA and examination finding combined with a detailed MRI assessment.

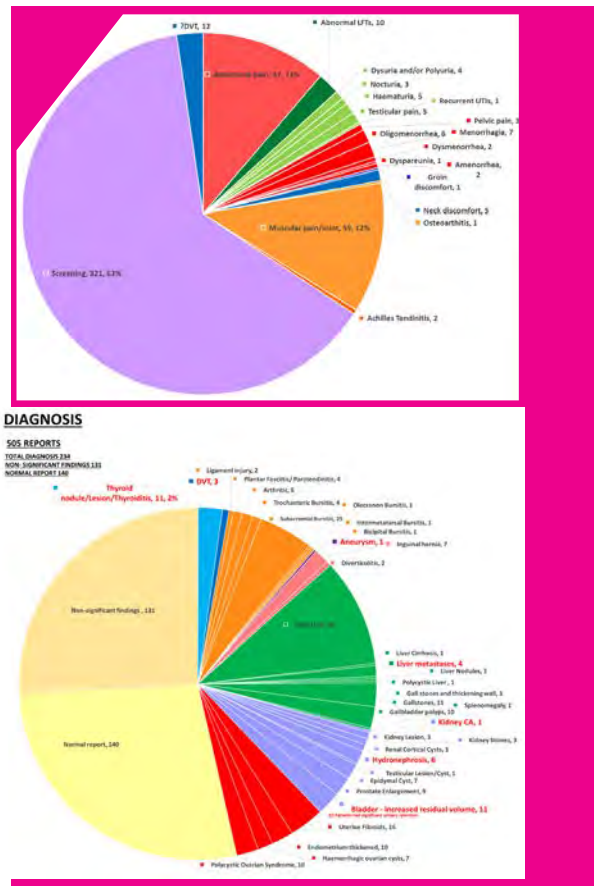
Sloane Street Investigations

Sloane Street Investigations opened in 2015 for Cardiac Investigations -non-invasive and Ultrasound scans. We have a full time Echo cardiographer Shamshed Begum, cardiac rhythm diagnostic services and stress echo. Cardiology Consultants Dr Vias Markides, Dr Denis Pellerin and Professor Diana Gorog. Ultrasound facility - top radiology consultant's rota. (Our scans are generally about a third less in price than other London facilities, with the aim of making low threshold screening and diagnostics more viable in a more patient friendly non-hospital environment.)

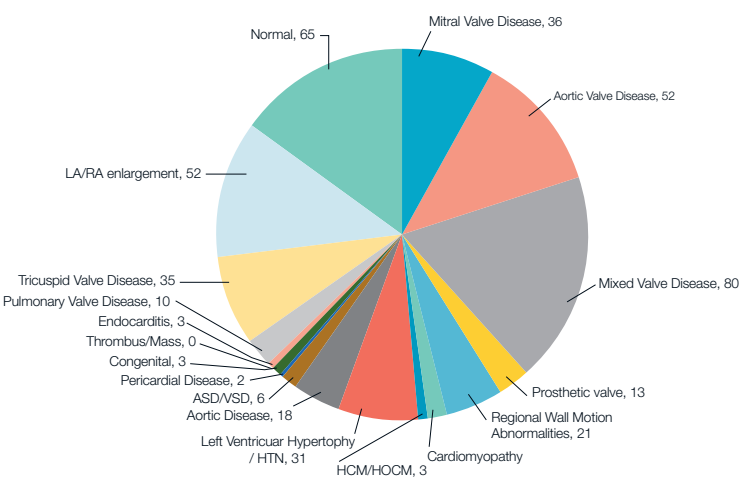
The amount of significant valvular disease has been surprising with several patients having valvular surgery for Aortic and Mitral valve disease. The gains of identifying patients with Cardiomyopathies – dilated and hypertrophic are life changing. Out of hours use of echo has saved two patients' lives, one with no chest pain found to have an ascending aortic dissecting aneurysm, who was successfully operated on the next day – and the second with a malignant pericardial effusion and tamponade.

Indications for ultrasound Scan

Nearly two thirds of patients were asymptomatic. Major findings: four patients with liver metastases, six hydronephroses and eleven patients with markedly increased post micturition residual volumes. One kidney cancer found and removed, and One iliac artery aneurysm operated both in asymptomatic patients.



Echocardiogram - Echo Pathology Summary 2017 Total 438



Dr Michael Sandberg
Medical Director

SLOANE STREET INVESTIGATIONS
90 SLOANE STREET SW1X 9PQ

T: 07922 922577
T: 020 7235 5850
www.sloanestreetinvestigations.com