Bladder and Prostate cancers. Delay in Diagnosis and Treatment

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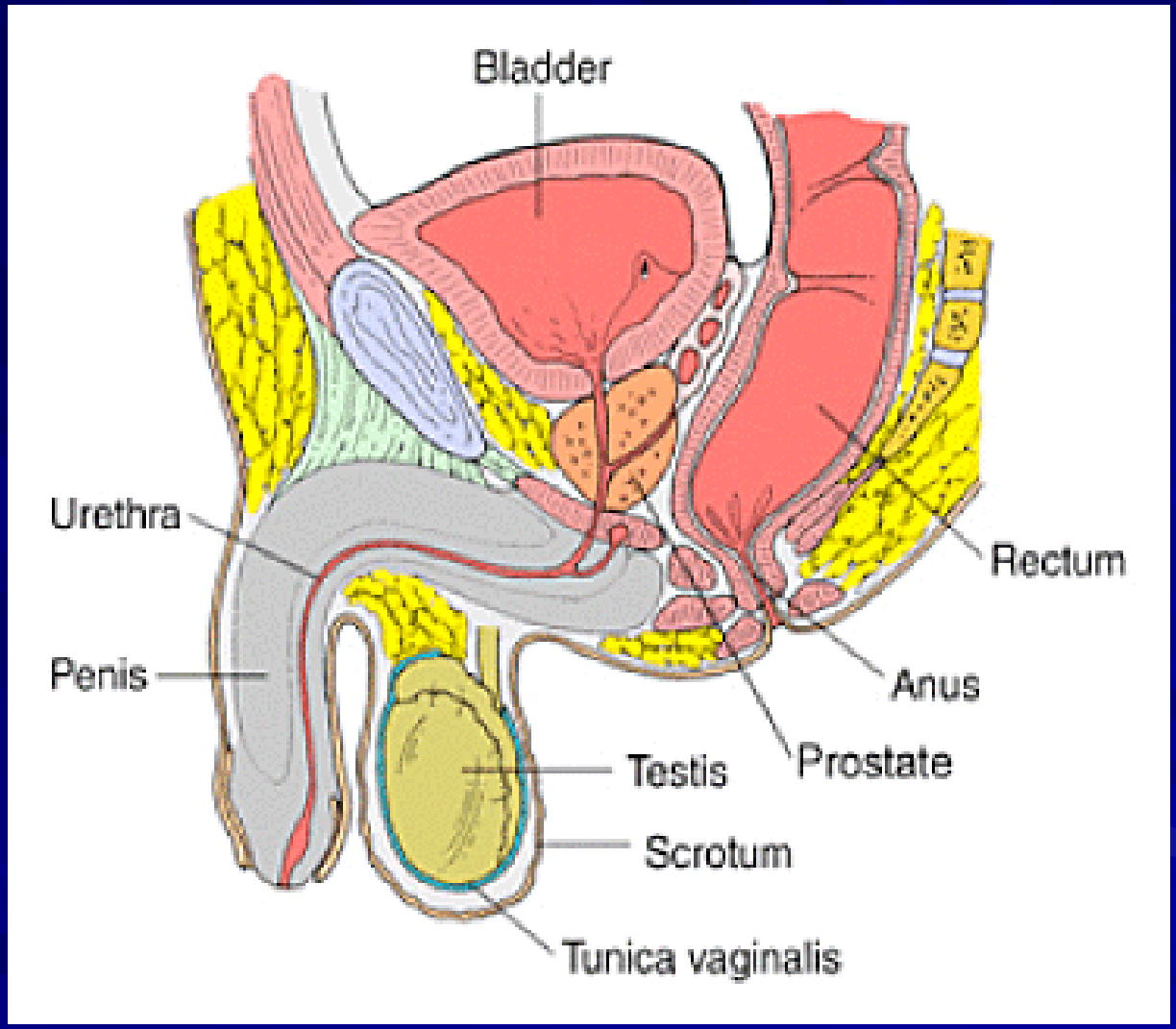

Bladder
Urethra
Penis
Rectum
Anus
Prostate
Testis
Scrotum
Tunica vaginalis

CANCERS

STAGE

- How big is it
- How far has it spread

Usually TNM classification

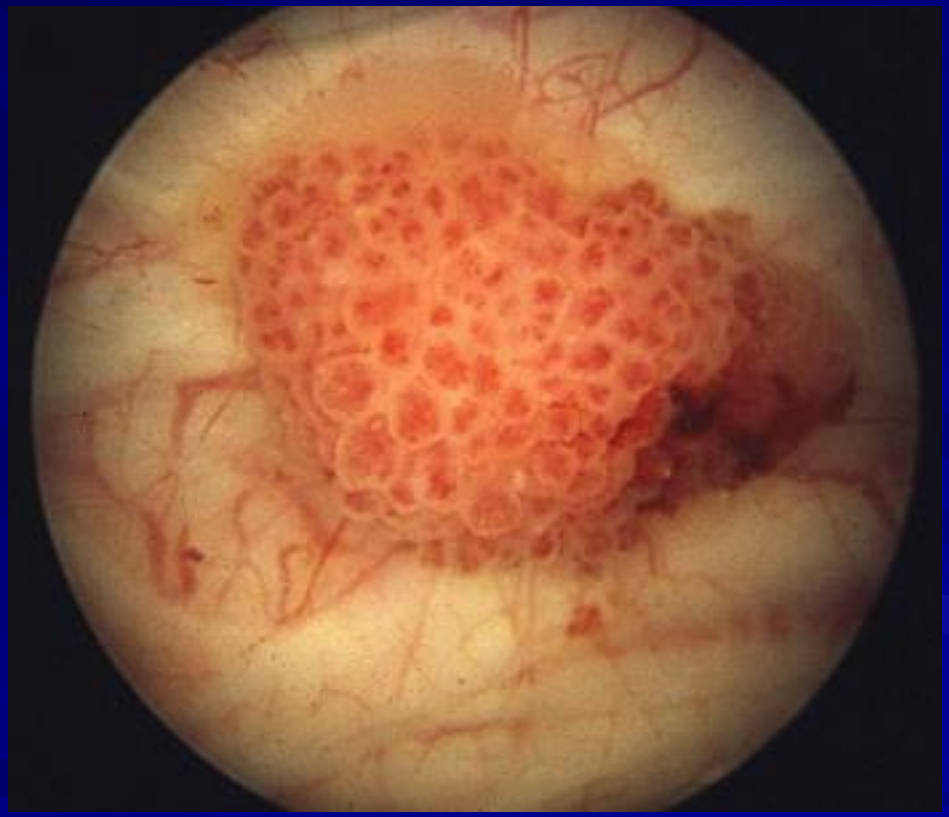
GRADE

- How nasty the individual cells are

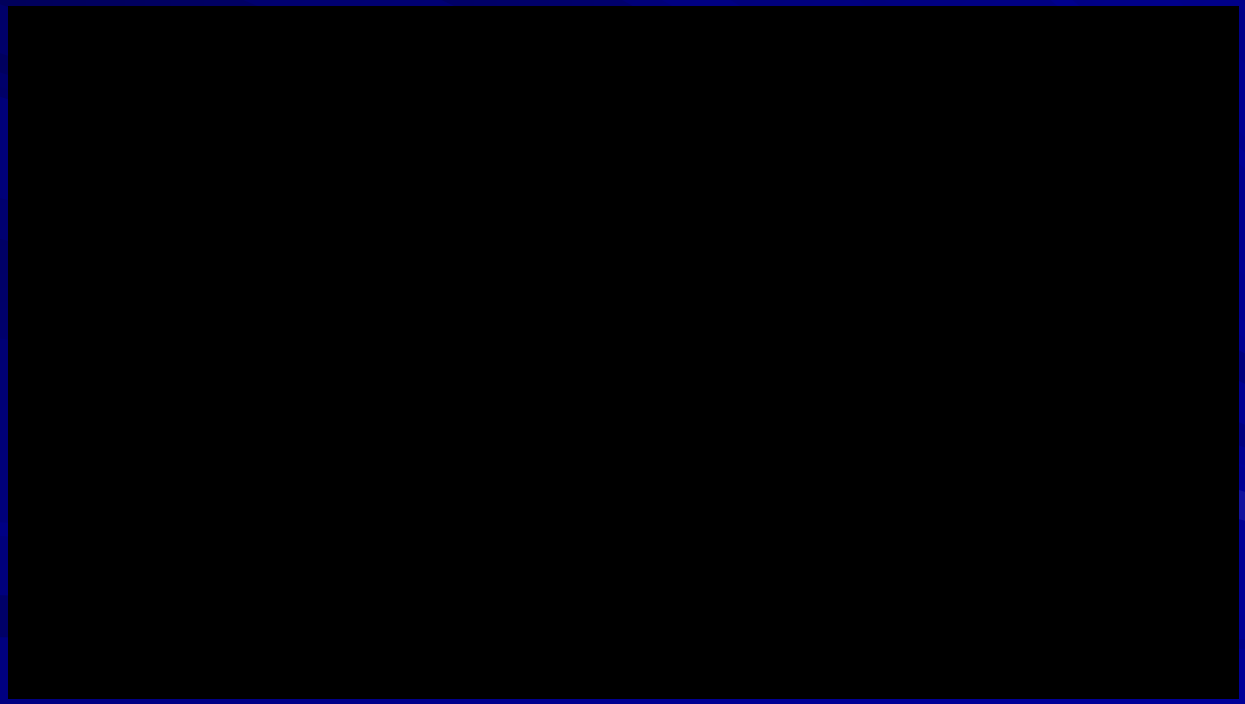
Usually G1-G3

related to speed of growth and chance of metastases

Bladder cancer

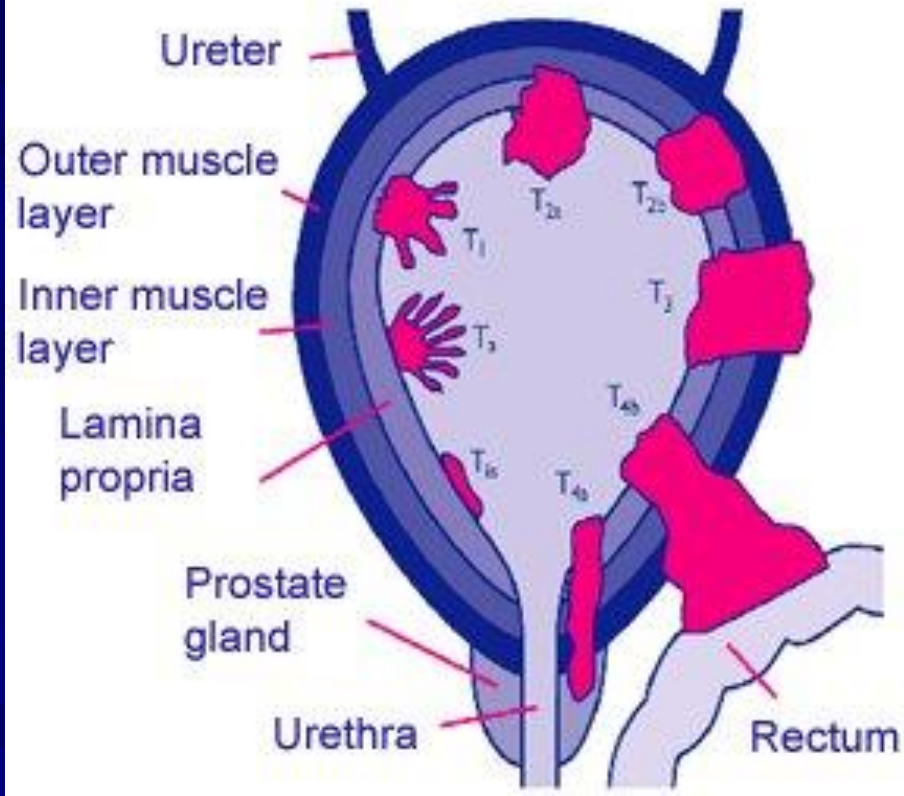


TURBT



Bladder cancer

Figure 3.1: T Staging of bladder cancer



T_{is} : *in situ* carcinoma

T_a : non-invasive papillary carcinoma

T_1 : limited to lamina propria

T_{2a} : superficial muscle involvement

T_{2b} : deep muscle involvement

T_3 : extends beyond bladder wall;
- 3a microscopic
- 3b macroscopic

T_{4a} : invading neighbouring structures (prostate, uterus, vagina)

T_{4b} : involvement of rectum, fixed to pelvic wall

Superficial bladder cancer (TA/T1)

G1TA

- Very rare progression or invasion

G3T1

- Likely to progress and metastasize if left
- Can be treated with bladder chemotherapy to reduce risk of progression

Invasive bladder cancer (T2 or greater)

- Will progress, metastasize and can be fatal
- Treatment – chemotherapy, major surgery or radical radiotherapy

Medico legal examples

- Failure of GP to refer
- Failure of other specialty to diagnose
- Failure of monitoring

2 Week Urgent Referral for Urological Cancer (Excluding Prostate Cancer)

Your patient will be seen under the 2 week rule if one or more of the following criteria are present.

				✓
BLADDER AND RENAL REFERRAL	Haematuria	Any age	Asymptomatic visible haematuria	
		40 years and older	Symptomatic haematuria (visible or non-visible) Recurrent or persistent symptoms suggestive of urinary tract infection, or loin pain, associated with haematuria	
		50 years and older	Asymptomatic non-visible haematuria	
	An abdominal mass identified clinically or on imaging that is thought to arise from the urinary tract –			
	Solid renal mass found on imaging			
	Palpable renal masses			
TESTICULAR	Swelling or mass in the testis, with or without pain.			
PENILE	Symptoms or signs of penile cancer. These include progressive ulceration or a mass in the glans or prepuce particularly, but can involve the skin of the penile shaft (Lumps within the corpora cavernosa can indicate Peyronie's disease, which does not require urgent referral.)			
Please state if you are attaching a letter / computer printout with this information				Yes No

Mr AB

- Saw GP with haematuria
- GP advised would refer
- Nothing happened despite numerous phone calls and repeat visits to GP
- 15/12 later back to GP with further bleeding
- Now referred as routine
- 18/12 TURBT and diagnosed with small muscle invasive cancer (G3T2)
- CT scan clear

Treatment

- Very major surgery – cystoprostatectomy
- Formation of neobladder
- 16 days in hospital and wound infection
- 3 out of 23 adjacent lymph nodes contained cancer
- 3 cycles of chemotherapy

Condition and prognosis

- Developed erectile dysfunction
- Needed to perform intermittent self catheterisation to empty neobladder
- Has intermittent urinary incontinence
- Developed incisional hernia –surgery

- Probably cured as now 4 years post treatment and no recurrence

Negligence

- Breach of duty
- the breach of duty lead to damage
- There was significant loss as a result of the damage

Defence

- Admitted breach of duty
- Mr AB had high risk disease
- Earlier referral – earlier diagnosis but similar outcome eventually
- So damages should be relatively small

Claimant

- Earlier diagnosis – different treatment completely
- On balance of probabilities no major surgery or chemotherapy required.

- Claimant case fully upheld
- Final claim accepted at around £200,000

- Duty of candour
- What should the NHS do in this situation?

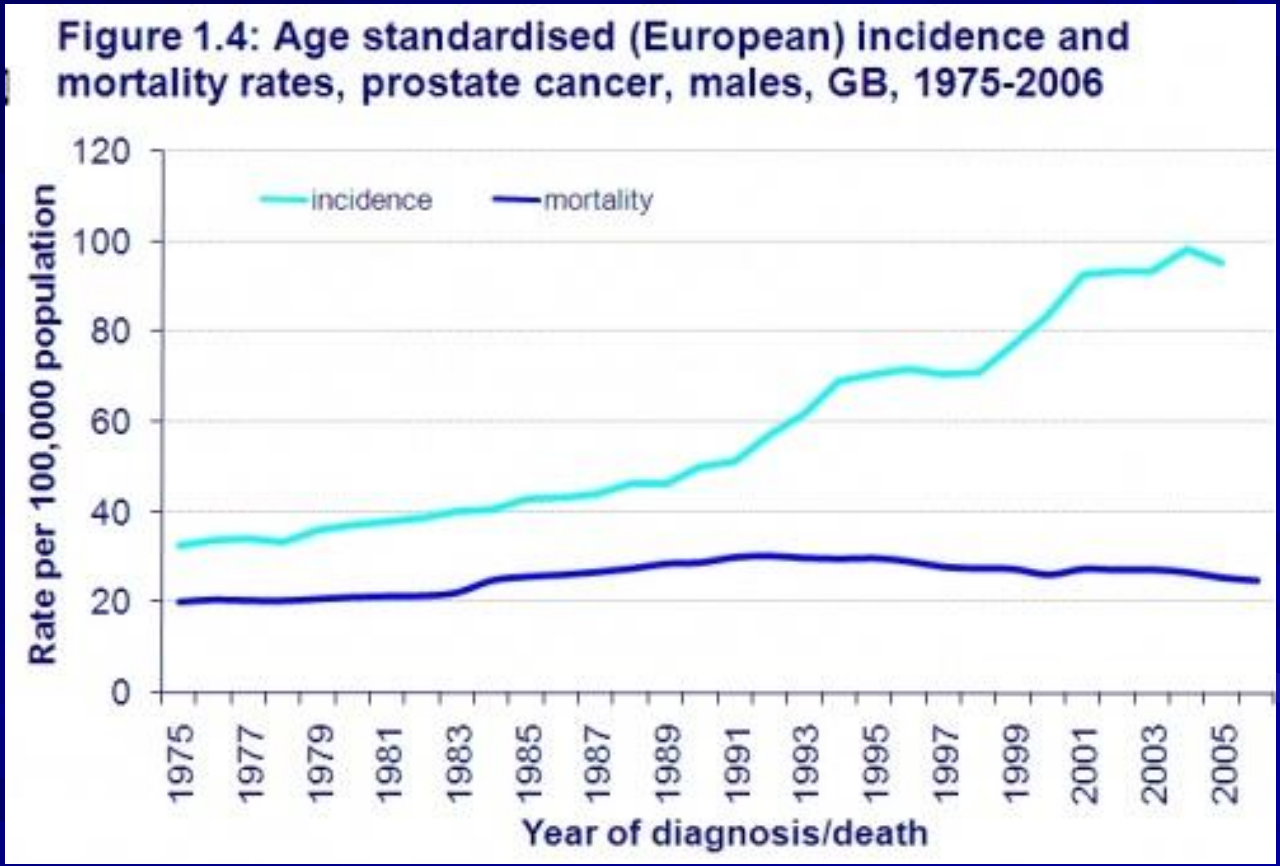
- Other scenarios

Failure to arrange monitoring – booking office / capacity problem

Prostate cancer

- Prostate Cancer
  - How common is it
  - How is it diagnosed
  - How is it treated
    - surgery
    - radiotherapy
    - drugs

Incidence and mortality CaP



Prostate cancer

- Very wide variation in seriousness and speed of growth of prostate cancer
- Many cancers take 10-15 years to grow and spread – some may never do so
- Some grow and spread within 2-5 years

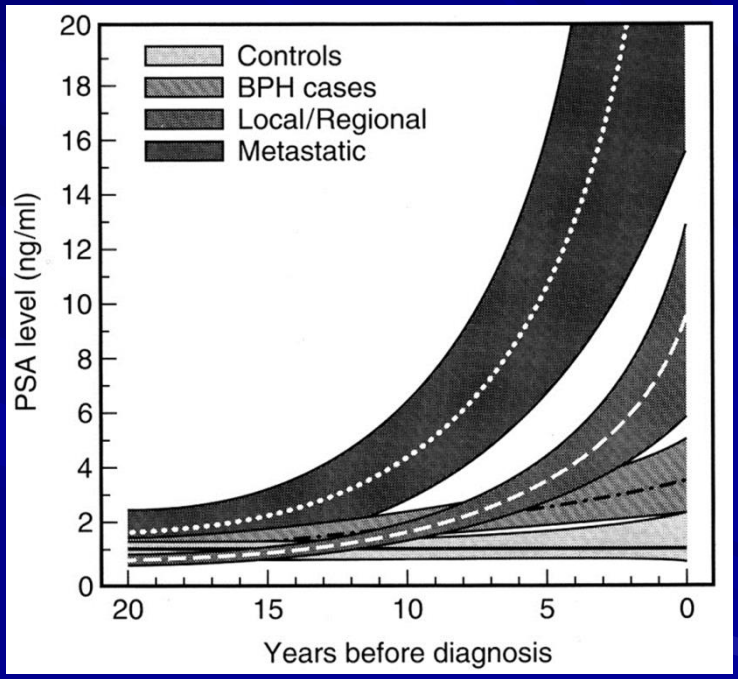
How is it diagnosed

- Blood test
  PSA –prostate specific antigen
- Rectal examination

- NONE VERY RELIABLE

PSA

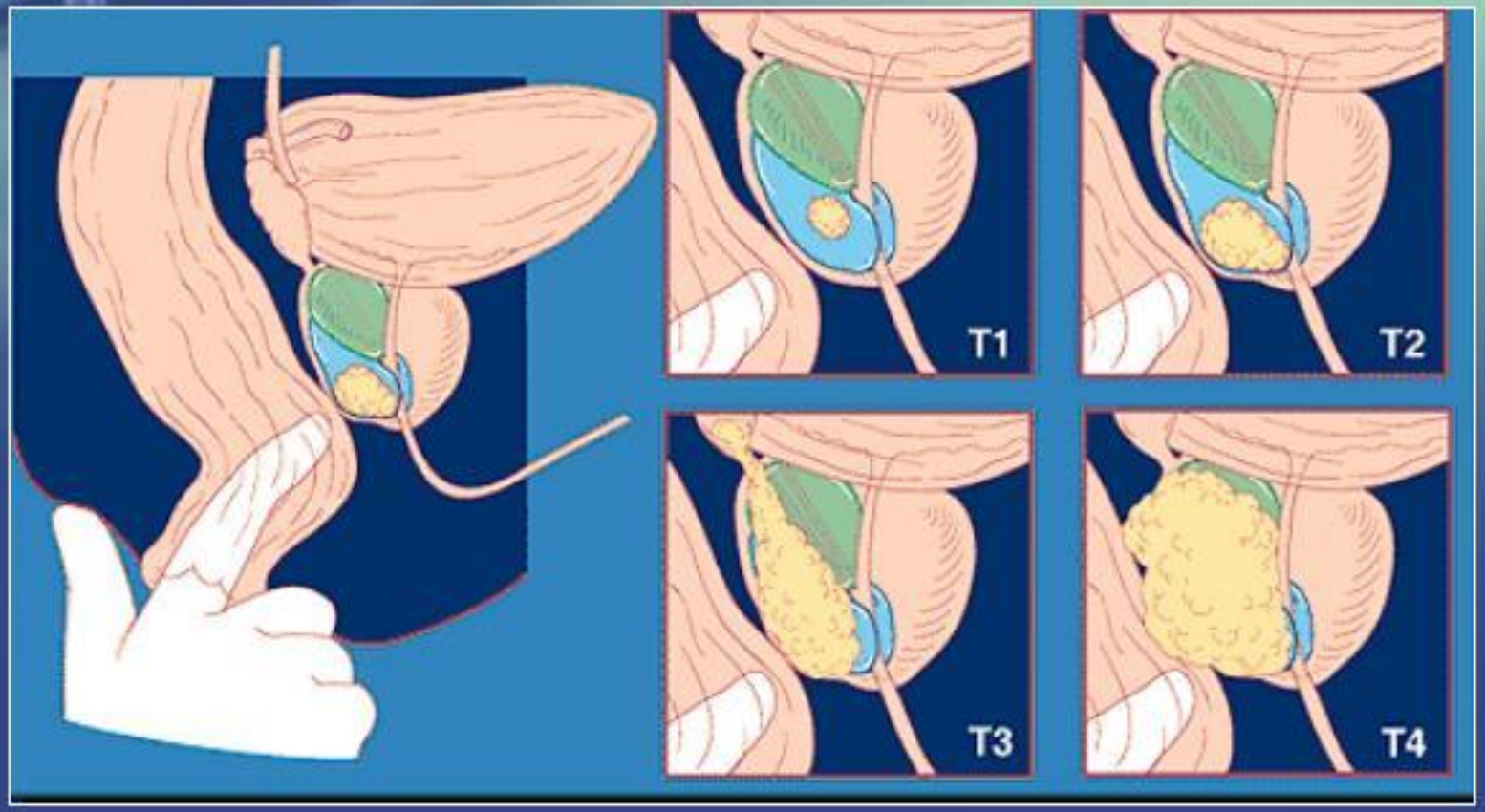
- No right or wrong level
- The higher the level the greater the risk
- If it keeps going up worry
- A number of other things put the PSA UP



THE VIRTUAL PROSTATE

Prostate Cancer Diagnosis

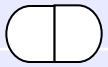
Digital Rectal Exam (DRE)



BUT only 1/2 of nodules are CA, and most men with CA have no nodules.

2 Week Urgent Referral for Prostate Cancer

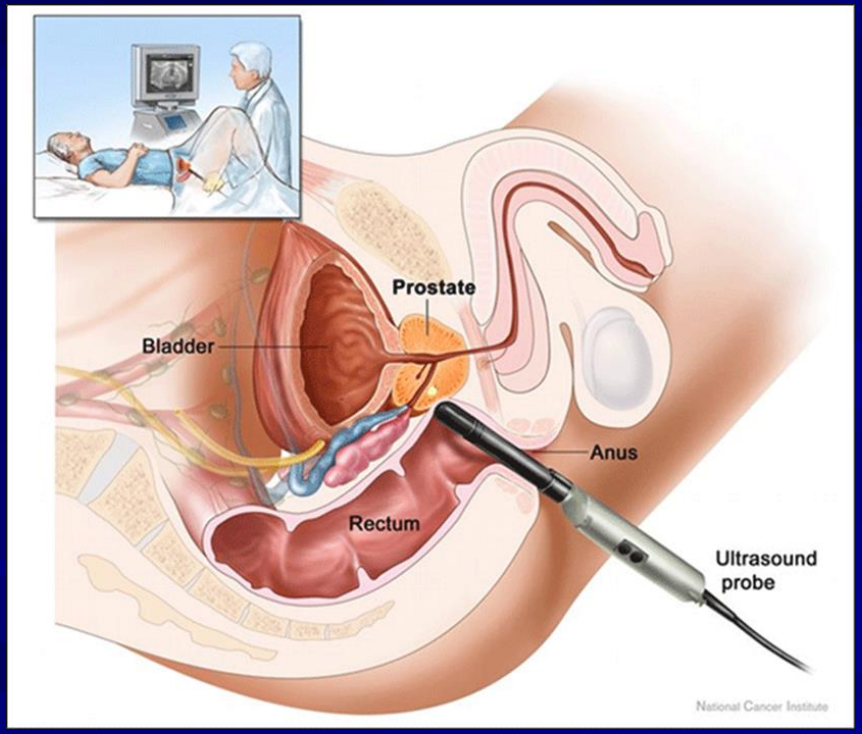
Your patient will be seen under the 2 week rule if one or more of the following criteria are present.

			✓	✓				✓
Symptoms	Bone Pain	Yes		No		**Prostate examination**	Normal	
	Other, please specify						Suspicious	
Family History of Cancer	Ca Prostate	Yes		No			Cancer likely 	
	Details of family member (Father, brother, or son with prostate cancer)						Plot any abnormalities on the diagram	
Previous Negative Prostate Biopsy		Yes		No		**Recorded PSA results with dates**	PSA	Date
Age Related Range								
Age	PSA (ng/ml)		Age	PSA (ng/ml)				
40-49 50-59 60-69	>2.5 >3.0 >4.0		70-79 >80	>5.0 >10			Preferably 2 values at least 2 weeks apart, but if concerned refer with only 1 value	

Medication	Is the patient on an anti-coagulant/anti-platelet therapy?	Yes/ No
	Current Is it safe to stop this for up to 2 weeks?	Yes/No
	Is the patient on Finasteride or Dutasteride?	Yes/ No

Relevant PMH –

Prostate biopsy



Biopsies

- Painful
- Risk of infection
- Septicaemia
- May fail to pick up cancer
- May pick up very low risk cancer

alternatives

- Serial PSA tests
- MRI scans
- Template biopsies through perineum

- Shortly may have some genetic tests that will identify those at highest risk

What to do if we find cancer

- Is it just in the prostate
- Does it need treatment

MRI scan, bone scan.

Treatment choices localised disease

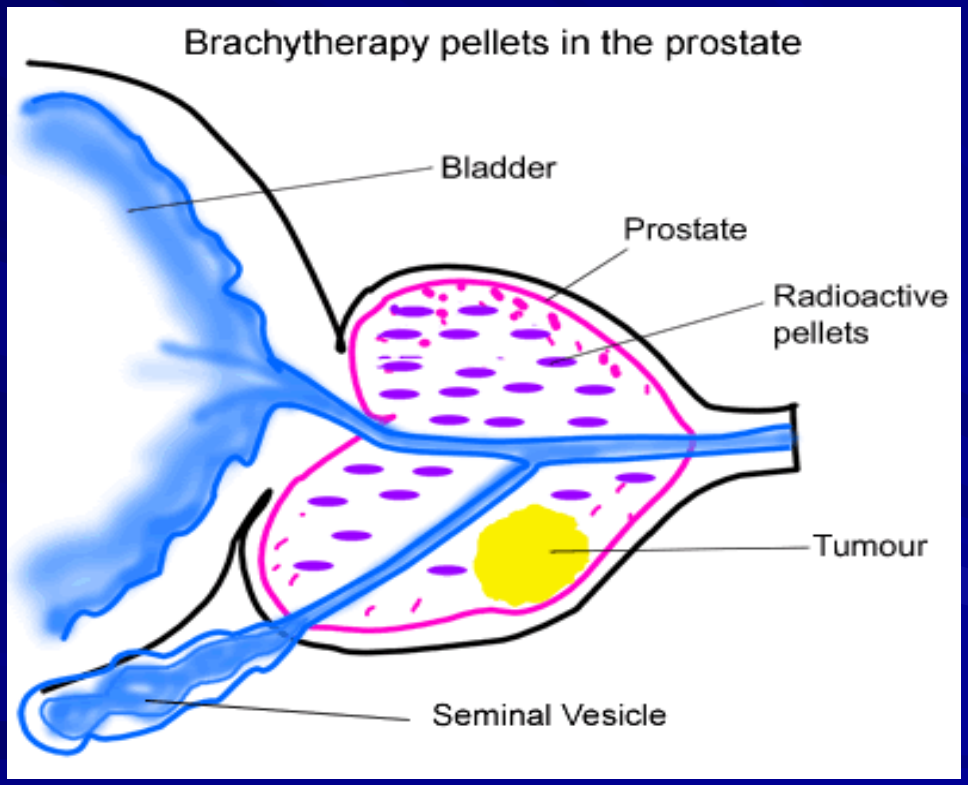
- surveillance
- Surgery –open or robotic
- Hormones and radiotherapy
- Brachytherapy – radioactive seeds into prostate

Da Vinci surgical robot

External radiotherapy

brachytherapy

brachytherapy



Advanced CaP

- Grown outside - hormones and radiotherapy
- Spread elsewhere – hormone treatment
- When hormones stop working
  new chemotherapy

Medico-legal

- Much harder to prove as many areas remain controversial and so wide variation in acceptable practice

- Delay in diagnosis
- Failure to consent re biopsies
- Failure to monitor
- Complications of treatment

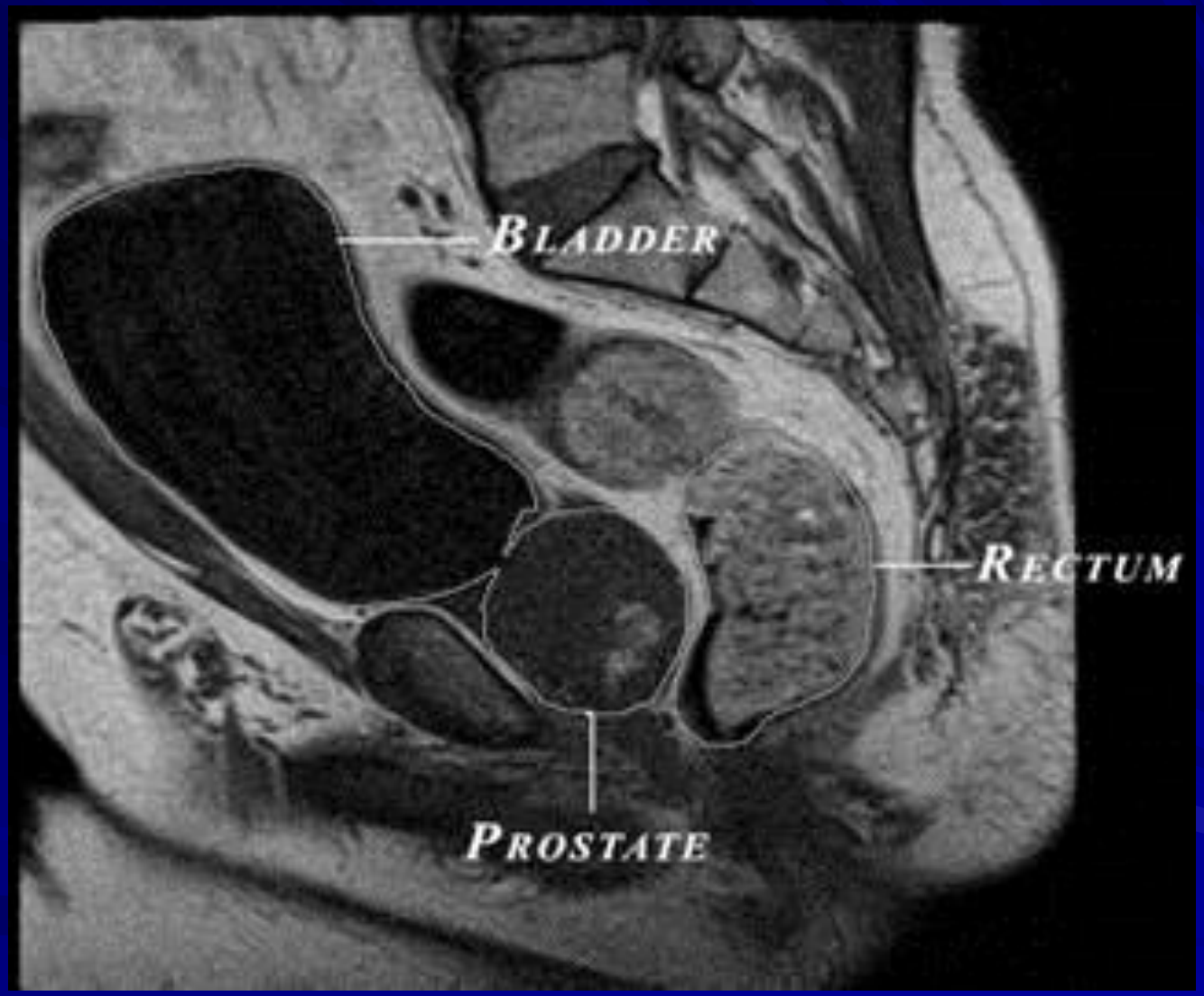
MR DE

- Slightly raised PSA
- Family history of prostate cancer
- Painful rectal examination
- PSA rechecked and still above range

- Arranged finger guided biopsy under general anaesthetic

Mr DE

- Developed severe infection post biopsy
- Needle had passed through prostate into periosteum of bone
- 2 admissions to hospital with prostatic and bone infection
- Long course of antibiotics
- Repeated hospital visits and scans
- 18months before condition settled
- Biopsy BENIGN


BLADDER
RECTUM
PROSTATE

experts

Claimant

- Biopsy “premature”
- Finger guided biopsy out of date
- Inadequate counselling
- This technique resulted in the infection

Defence

- Biopsy appropriate
- Technique acceptable but rarely used these days
- Only other case in literature of similar bone infection occurred after ultrasound guided biopsy
- Patient would have undergone biopsy even if counselled

Mr HI

- Seen by GP slightly raised PSA
- Referred to urology
- Biopsy showed low risk cancer
- Opted for surveillance
- 1 year later slight worsening in rept biopsy
- Saw surgeon to discuss radical prostatectomy.
- Saw radio-oncologist to discuss radiotherapy

MR HI

- Opted for hormones treatment and DXT
- Contacted Specialist nurse who advised GP to start hormone treatment.
- Dose and timings clearly given
- 6 weeks after starting hormone therapy develop jaundice
- 3 months later dies from liver failure

MR HI

- Cyproterone is known to cause liver problems
- The effect IS RARE and usually only after some months of treatment
- Usually resolves when drug stopped
- BNF recommend liver function test pre treatment and to assess risk of liver problems.

Mr HI

- Drank quite heavily
- No previous liver problems

What chance is there that blood test would have picked up liver abnormality ?

Treatment was only for 4 weeks – so would he have had it anyway ?

Medico-legal

- Breach of duty – YES
- Causation – very difficult

What chance is there that blood test would have picked up liver abnormality ?

Treatment was only for 4 weeks – so would he have had it anyway ?

Delays

GP

- Failure to recognise
- Failure to investigate
- Failure to refer

Hospital

- Failure to recognise
- Failure to monitor
- Different speciality
- Pathway delays
- Lost in the system