

measured prospectively using National Treatment Purchase Fund waiting list data.

**Results:** In January 2017, 508 patients were waiting >15 months for an initial clinic appointment. The clinical validation process resulted in a direct clinic appointment in 36.4%, ANP led clinic in 12.2%, USS prior to clinic appointment in 29.1%, cystoscopy ( $\pm$ USS) in 9.1% and refer back to GP/alternate service in 13.2%. This new model of outpatient service delivery commenced in July 2017 when there were 368 patients waiting >12 months. This led to a four-fold decrease in patients waiting >12 months by the end of December 2017.

**Conclusion:** This pilot study demonstrates that clinical validation followed by implementation of new models of outpatient service delivery has the potential to reduce existing waiting lists. This model could be implemented in other Irish hospital groups.

#### Poster 6 MRI for clinically suspected prostate cancer – the disparity between private and public sectors

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**Introduction:** There is increasing evidence to implement multi-parametric magnetic resonance imaging (mpMRI) for biopsy naive men with clinically suspected prostate cancer (PCa) [1]. This will reduce the number of unnecessary trans rectal ultrasound biopsies (TRUS-Bx) performed and reduce the number of indolent cancers diagnosed [2]. The aim of this study is assess current clinical practices for investigating clinically suspected prostate cancer in Ireland and determine if private health insurance providers are offering mpMRI scans in biopsy naive men.

**Methods:** Each health insurance provider procedure code was reviewed. The indications and requirements for prostate mpMRI in the setting of diagnosis, staging, surveillance, and recurrence were assessed for each health care provider. Current practices adopted by accredited referral clinics for suspected prostate cancer were reviewed.

**Results:** Two of the three leading health insurance providers, which between them cover 46% of the private health insurance market in Ireland, provide pre biopsy mpMRI cover as of April 2019. This leaves almost half of those insured with no access to pre-biopsy mpMRI. This is in contrast to the majority of public NCCP hospitals that offer pre-biopsy mpMRI for clinically suspected prostate cancer.

**Conclusions:** Pre biopsy mpMRI for clinically suspected prostate cancer is emerging as a standard of practice in Ireland. International guidelines are also changing to reflect latest clinical trial evidence. Private health insurance providers should amend their policies to reflect current clinical practices already adopted in the public sector in keeping with current evidence.

#### References

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#### Poster 7 The Changing Trend in Prostate Cancer Diagnostics in Ireland

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**Introduction:** Approximately 250 men are diagnosed with prostate cancer every month in Ireland.<sup>1</sup> A significant number of these men are diagnosed through the nationwide Rapid Access Prostate Clinic (RAPC). Traditionally, men with suspected prostate cancer initially underwent a Transrectal Ultrasound (TRUS) guided biopsy of the prostate. However, recent European guidelines<sup>2</sup> now favour pre-biopsy magnetic resonance imaging (MRI). We sought to assess the impact of prostate MRI on resource allocation.

**Methods:** All MRI Prostate and TRUS Biopsy examinations performed in Beaumont Hospital between January 2014 to December 2018 were identified using the National Integrated Medical Imaging System (NIMIS). The number of men attending the RAPC was identified from a central registry.

**Results:** There has been a 73% increase in the number of men referred to the RAPC from 2014 (n = 277) to 2018 (n = 479). The number of TRUS biopsies has remained static (n = 310 in 2014 vs. n = 320 in 2018). There has been a 343% increase in the number of prostate MRIs performed (n = 213 in 2014, n = 732 in 2018).

**Conclusion:** There has been a significant increase in referrals to the RAPC and an exponential increase in the use of MRI over the last five years. As a result, resources in the future should be tailored to cater for this increasing demand for MRI.

#### References

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#### Poster 8 Is mpMRI prostate ready for use in selecting patients who need TRUS-guided prostate biopsy?

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**Introduction:** Recent NICE guidelines have promoted mpMRI in patients with elevated PSA before consideration for prostate biopsy. The present study focussed on performance of mpMRI in our institution (7 years experience with pre-biopsy MRI) as a means of avoiding unnecessary prostate biopsies.

**Methods:** We reviewed our contemporary experience in 160 consecutive patients who all had pre-biopsy mpMRI prostate, followed by all having systematic +/- targeted prostate biopsies performed. Negative MRI was defined as mpMRI PIRADS score  $\leq 2$ . Prostate biopsies were deemed positive if clinically significant PCA was detected (Gleason score  $\geq 3+4$ ). High grade cancer was defined as Gleason score  $\geq 4+3$ . NPV of mpMRI prostate for exclusion of clinically significant PCA was calculated in standard fashion.

**Results:** mpMRI results were PIRADS 1 and 2 in 11 and 61 patients respectively. Of these 72 patients, biopsies were positive in 5 patients (2 high grade), while 67 patients had negative biopsies. NPV for significant PCA was 93%. mpMRI failed to detect clinically significant PCA in 7% of mpMRI negative patients.