WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES
BY DEPUTY L.M.C. DOUBLET OF ST. SAVIOUR
QUESTION SUBMITTED ON MONDAY 22nd SEPTEMBER 2025
ANSWER TO BE TABLED ON MONDAY 29th SEPTEMBER 2025

Question

"In relation to the treatment protocols for prostate cancer, will the Minister advise –

(a) the number of individuals who are currently under active surveillance;
(b) how the local protocols adhere to NICE guidelines;
(c) whether the treatment provided is different if the individual has private medical insurance;
(d) how the downsides of not pursuing treatment are explained to patients; and
(e) whether the apparent age limit of 72 for surgical removal is widely communicated?"

Answer

(a) the number of individuals who are currently under active surveillance;

Approximately 300 Islanders are currently under active surveillance.

Active Surveillance (AS) is one of the options discussed in the Urology Multidisciplinary Team (MDT) meeting, for each new prostate cancer patient. This discussion is informed by the results of a prognostic tool. This decision to pursue active surveillance is presented to the patient who, together with the clinician, can then make a decision on best way forward.

(b) how the local protocols adhere to NICE guidelines;

I can confirm that the Health & Care Jersey protocols are NICE compliant for prostate cancer diagnostics and treatment, where there are NICE guidelines.

There are no NICE guidelines for AS. Health & Care Jersey use a protocol which is based on the Stratified Cancer Surveillance (STRATCANS) programme that our tertiary referral partners (Addenbrooke's) use, adapted to suit our island clinical practice e.g. more MRI surveillance but fewer blood tests.

(c) whether the treatment provided is different if the individual has private medical insurance;

Treatment options offered are the same for public and private patients, with decisions for treatment being based on clinical criteria (cancer risk group, stage, patient health / comorbidities / fitness for treatment) and patient preferences.

All AS patients are followed up using the same protocol. The only difference is that private patients are followed up by a consultant and public patients followed up by a Urology Advanced Clinical Practitioner (ACP) who works very closely with the consultant. This is the same as it is in the UK.

It is also possible that patients using private healthcare may have access to choice of surgeon, facility (in the UK), and lower waiting times for radiotherapy through private facilities.

(d) how the downsides of not pursuing treatment are explained to patients

All patients with a new diagnosis of prostate cancer are seen by the Urology Consultant. Their diagnosis, appropriate treatment options, and risks and benefits of all treatment options are explained i.e. 'Active surveillance', 'watchful waiting', radical prostatectomy (surgery) or radiotherapy.

Patients are the offered a consultation with the Urology ACP to explain and consider their options again.

Prostate cancer treatment options vary according to several cancer specific and patient specific factors. 'Active surveillance' and 'watchful waiting' are not an absence of treatment; they are structured, evidence-based management pathways recommended by NICE. The risk of disease progression is mitigated by monitoring and timely intervention.

(f) whether the apparent age limit of 72 for surgical removal is widely communicated

There is no age limit for radical surgery; treatment options, including surgery, are considered based on a number of factors including age and medical co-morbidities.

Clinicians at Addenbrooke's cite 72-73 years of age as a general consideration, because older adults are more likely to experience complications from surgery – but decision-making is dependent on the individual patient and a range of risk factors.

Of note, radical surgery is not the only option; radiotherapy is an alternative, effective option for treating prostate cancer, with less risk of complications.