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A0369 Identifying men affected by changes in PSA screening in the COVID-19 pandemic

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Introduction & Objectives: The COVID19 pandemic has had enormous impacts on the health of our population. With health services under significant strain, prostate cancer was subject to strict changes in referral criteria. In our network the PSA thresholds for cancer referral criteria were raised, to >10ng/mL and >20ng/mL for those aged <70 years and 70-75 years respectively, for 3 months.

Materials & Methods: We modelled the effects of these restricted referral criteria on patients, applying them to our prospective multicentre database of consecutive men referred to our cancer network from 04/2017-07/2020. We calculated the total numbers and proportions of significant cancers - by grade or T-stage - that may have been missed when these restrictions were applied. Four definitions of 'significance' were used; Gleason 3+4, 4+3, UCL1 (>/=4+3 OR maximum cancer core length (MCCL) >/=6mm) and UCL2 (>/=3+4 OR MCCL >/=4mm).

Results: 2107/3014 (69.9%) of patients would not have been referred under the restricted referral criteria, including 199 (9.4%) and 486 (23.1%) significant cancers depending on the definition of significance. During the restricted period, this represents an expected 162 men who would not have been referred, including between 15 and 37 significant cancers by grade, and 1 and 7 by T-stage.

Conclusions: The COVID19 pandemic had significant impact on our prostate cancer pathways. Potentially, up to 1 in 4 men who ordinarily would have had curable disease identified early, and treated, will not have done. Efforts must be made to identify these men before they represent with disease states of poorer prognosis.