Example of pre-intervention clinic letter sent to general practitioner only.

Dear Dr [redacted],

This 55-year-old lady attended [redacted] Outpatients Clinic today. She was initially referred with long-standing left-sided flank pain. She has no history of recurrent UTIs or haematuria. She presented in [redacted] to the Emergency Department at [redacted] Hospital and a CT KUB performed at that time showed mild dilatation of her left ureter with some fat stranding. There was no evidence of any stones in the kidneys or ureters on this investigation. Her renal profile is within normal limits and her urine culture is also negative. She subsequently had a CT urogram performed in August and attended today for the results. Her CT urogram is also normal and shows no urological cause for her left-sided symptoms. On examination, she has a mildly tender epigastric area. I note she has a history of gastroesophageal reflux and is on regular PPI therapy for this. I wonder if her recurrent left-sided pain is also caused by gastric oesophageal reflux? I have reassured her that the results of both CT scans and bloods confirm there is no sinister pathology. I have not arranged any specific follow-up; however, we would be more than happy to see her again should you have any concerns.

Yours sincerely

[redacted]

Example of post-intervention clinic letter sent to both general practitioner and patient.

Dear Dr [redacted],

Your patient was reviewed in [redacted] Clinic today accompanied by his wife. He attended today for the result of a TRUS prostate biopsy performed [redacted].

His PSA was 5.3 ng/ml. A pre-biopsy MRI performed in [redacted] showed no evidence of any high-grade lesions. As you are aware, he has a family history of prostate cancer in his brother who was treated two years ago.

The pathology of the biopsy shows Gleason 3+3=6 prostate cancer involving 1/12 cores involving 10% of the tissue.

This is prognostic grade group 1.

I had a long discussion with him today and his wife regarding the diagnosis. This is early low risk prostate cancer and it is reasonable to pursue an active surveillance approach.

I addressed all of their concerns and he is comfortable with pursuing a surveillance approach.

He was also seen by [redacted] and written information on active surveillance for early prostate cancer was provided.

I will arrange for him to be seen again in three months' time and I would appreciate if you could perform a PSA prior to this.

Yours sincerely

[redacted]