

# National Prostate Cancer Audit 2020

## Patient Summary

Commissioned by **HQIP** on behalf of **NHS England** and **Welsh Government**

Based at the **Clinical Effectiveness Unit**,  
Royal College of Surgeons / London School of Hygiene & Tropical Medicine

Clinical leadership provided by **BAUS** and **BUG**

Data partners: **National Cancer Registry and Analysis Service**, PHE; **Wales Cancer Network**, PHW



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# About the audit

**[www.npca.org.uk](http://www.npca.org.uk)**

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# Some information about the National Prostate Cancer Audit (NPCA)

- A national clinical audit of the quality of services and care provided to men with prostate cancer in England and Wales.
- Collects anonymised information from hospital records about patients' treatment and outcomes (what happens after treatment)
- Data is analysed and compared to see if hospitals are following national clinical standards and where improvements can be made
- Findings are used to help define new standards and to help NHS hospitals to improve the care they provide to patients with prostate cancer

## How is the audit carried out?

- The Audit is run by a team of clinicians, audit experts and cancer information specialists
- Data are collected from NHS Trusts and Health Boards on the diagnosis, treatment and outcomes of patients and provided to official organisations such as the National Cancer Registration and Analytical Service (NCRAS) and the Wales Cancer Network (WCN)
- The Audit works within strict rules covering data protection and confidentiality. Individual patients are never identified.  
Information on how to opt out of data collection is provided on the [NCRAS website](#)

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# Data in the audit

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## What data are reported in the NPCA?

- The Audit started by including men diagnosed since 1<sup>st</sup> April 2014 in England and 1<sup>st</sup> April 2015 in Wales, and has been updated each year since
- In the **7<sup>th</sup> Annual Report (2020)**, the data are from hospitals treating men who were diagnosed between **1<sup>st</sup> April 2018 and 31<sup>st</sup> March 2019**
- All 132 NHS Hospital Trusts in England and 6 Health Boards in Wales who provided prostate cancer services in that time submitted data to the audit
- The full [Annual Report 2020](#) and [Patient Summary](#) can be found on the NPCA website

# What data are reported in the NPCA?

**The data reported cover the following areas:**

- The characteristics of men who are diagnosed with prostate cancer
- The techniques being used to diagnose prostate cancer
- Treatments that patients are receiving
- The possible complications of radiotherapy or surgery
- Patient reported outcomes/experience of care

See the section on **Key Findings** for more information



# New data in the NPCA Annual Report 2019

- New for 2020
  - Use of **both prostate and pelvic lymph node irradiation** in men with high risk localised/locally advanced prostate cancer
  - NPCA Patient Survey
    - Patient experience of care since they received a diagnosis of prostate cancer
    - Patient views on their side effects after radical treatment and how this impacts on their daily lives
  - Continued monitoring of the use of **docetaxel** (a chemotherapy treatment) in newly diagnosed patients with metastatic prostate cancer

*There is a full glossary of terms at the end of the [Patient Summary](#) report which gives further explanations of the clinical terms used*

## What the data quality results show

- The stage of prostate cancer has been well recorded
- General health status of patients and whether they had imaging tests to help provide their diagnoses was better recorded than previously, but remains less complete in England than in Wales
- Data on other investigations to help with diagnosis remain well completed in both England and Wales

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# Key Findings

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# Characteristics of men diagnosed

for men diagnosed 18/19

# 52,580

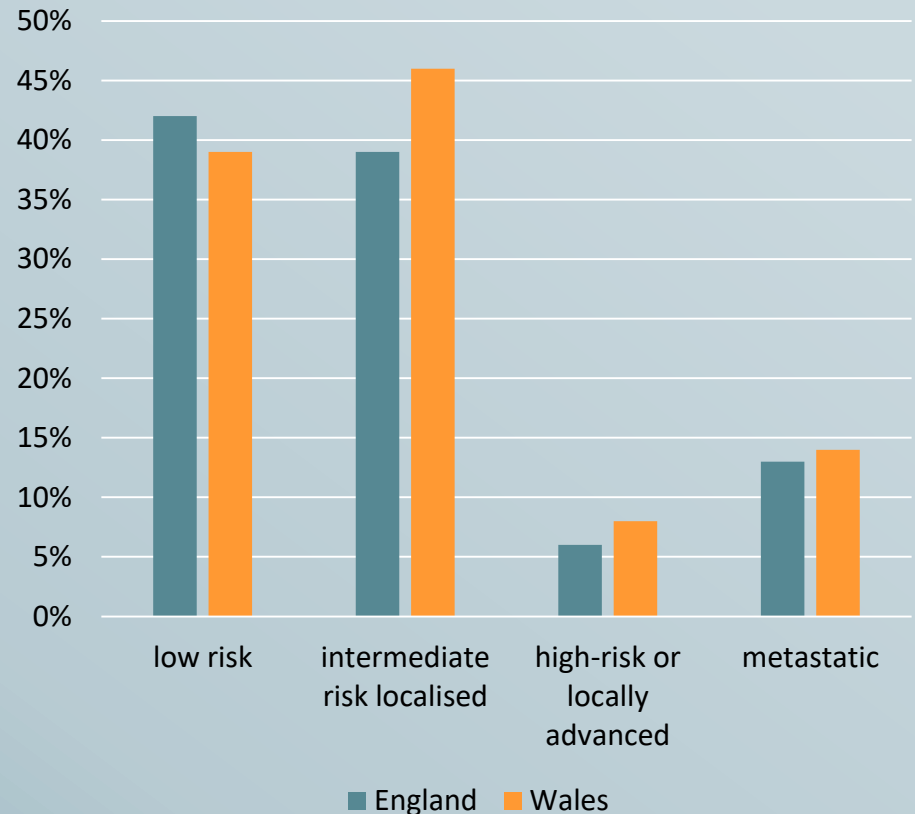
men were diagnosed with prostate cancer in England and Wales between 1st April 2018 and 31st March 2019



increase compared with 42,668 men in 17/18

This may be explained by the diagnosis of two high-profile celebrities during the period, which was publicised by the media

- Numbers diagnosed have increased this year
- Most men (72% men in England, 65% in Wales) were in otherwise very good health when they were diagnosed
- Overall, the risk profiles of the men diagnosed with prostate cancer (shown on the right) are comparable to last year's findings



# Treatments received (1)

## Low-risk, localised disease

5%

of men had radical treatments and were potentially **'over-treated'** – 4% in 17/18

## High-risk/locally advanced disease

29%

of men did not have radical treatments and were potentially **'under-treated'** – 32% of men in 17/18

In England 18% of men received radiation to their prostate plus lymph nodes\*\*

\*\* data currently unavailable in Wales

## 'Over-treatment'

- Most men with low risk prostate cancer can be managed with active surveillance. 'Over-treatment' is very low, seen in only 5% of men with low-risk disease

## 'Under-treatment'

- Over two thirds of men with locally advanced prostate cancer are being treated with surgery to remove the prostate gland or radical radiotherapy techniques
- Potential 'under treatment' remains a concern, when otherwise healthy older men do not receive radical surgery or radiotherapy they might be eligible for, but are only given hormone treatments

## High Dose Rate Brachytherapy ('brachytherapy boost')

- Some men have started to receive an additional treatment to supplement their radiotherapy, which involves inserting a radioactive source directly into the prostate, but this is currently at a low level, at 5%

# Treatments received (2)

## Intermediate-risk disease

**91%** of men having radical radiotherapy in England had a hypofractionated regimen\*

## Metastatic disease

**36%** of men had primary docetaxel chemotherapy in England – 27% of men in 17/18\*

\* data currently unavailable in Wales

## Hypofractionated radiotherapy

- This type of radiotherapy offers safe delivery of the overall dose of radiation in fewer daily treatments. It is as effective as conventional radiotherapy, and is cheaper because it is less resource intensive.
- Over 90% of men with localised prostate cancer having radical radiotherapy have this treatment

## Docetaxel

- This chemotherapy treatment has recently been recommended in the NICE guidelines (May 2019) for men with newly diagnosed advanced (metastatic) disease, but who are otherwise well and without other health problems.
- In 2018-19, only 3 out of 10 men receive it

# Possible complications

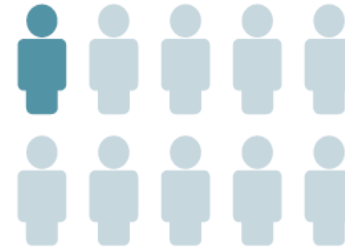
14%



of men undergoing surgery 18/19 were **readmitted** within 3 months **following surgery**

This short-term outcome is stable compared with 17/18

Medium term outcomes are stable for men undergoing treatment in 2017 compared with 2016



Within **2 years of treatment** 1 in 10 men experienced a **severe genitourinary complication after surgery** or a **severe gastrointestinal complication after radical radiotherapy**

## 90-day readmission

- This is at a fairly low level of 14% men who have surgery, and is similar across the majority of surgical centres

## Treatment-related genitourinary or bowel (gastrointestinal) complication

- e.g. diarrhoea, bleeding, infection; ulceration, and rarely, fistula formation or strictures in the bowel; narrowing or blockage of the urinary tract
- These complications are defined as a patient needing a procedure for any of these problems within two years of their operation or radiotherapy
- Fewer than 10% men who had surgery (urinary) or radiotherapy (bowel) experienced these types of complication in the two years following their treatment

# NPCA patient survey

- Aim: to find out men's views on
  - their experience of care since they received a diagnosis of prostate cancer
  - their views on their side effects after treatment and how this impacts on their daily lives
- The survey was sent to men at least 18 months after diagnosis:
  - diagnosed between 1<sup>st</sup> April – 30<sup>th</sup> September 2018 in England and Wales who had radical surgery or radiotherapy
- Successful patient engagement – high response rates
  - survey sent to 10,765 men: **78% responded (8,356)**
- Results presented in Annual Report 2020 and Patient Summary:
  - men diagnosed 1<sup>st</sup> April 2018 – 30<sup>th</sup> September 2018 in England and Wales



# Patient experience of care



87%

of men said they were 'given the name of a clinical nurse specialist' - 83% of men in the previous survey in 2018

91% of men rated their care as

8/10  
OR HIGHER

- 89% of men in 2018

- Before your cancer treatment started, were you given the name of a **Clinical Nurse Specialist** who would be in charge of your care?
  - **8 in every 10 men** were given the name of a clinical nurse specialist
  - Increase this year (87% compared to 83%)
- Overall **rating of care** on a scale of 0 (very poor) – 10 (very good)
  - **9 in every 10 men** rated their overall care as 8 or above
  - Increase this year (91% compared to 89%)

# Patient reported outcomes after treatment

- We asked men their views of their **side effects after radical treatment**, either with surgery or radiotherapy
- The answers to the questions were used to generate a score from 0-100 (higher scores represent better function)

## After surgery

- Men rated their **urinary function** 73 out of 100
  - (range across hospitals: 55 – 85)
- Men rated their **sexual function** 24 out of 100
  - (range across hospitals: 9 - 37)

## After radiotherapy

- Men rated their **bowel function** 85 out of 100
  - (range across hospitals: 79 - 90)
- Men rated their **sexual function** 18 out of 100
  - (range across hospitals: 11 – 26)



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# Recommendations

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# Recommendations for public and patients (1)

1. **Seek advice** from a doctor if you experience any of the following: urinary symptoms, erectile problems, blood in your urine or persistent unexplained back pain.
2. Men with a **family history** of prostate, breast or ovarian cancer should consider seeking advice from their GP.
3. Men who are referred to a specialist for suspected prostate cancer should ask about whether they should have a **multiparametric MRI (mpMRI) scan before having a biopsy.**
4. Men with **low-risk prostate cancer should be offered monitoring or active surveillance** in the first instance as treatment is only needed if your cancer progresses. This protects men against the side-effects of treatment.

## Recommendations for public and patients (2)

5. Men newly diagnosed with **metastatic disease should be considered for chemotherapy** according to new prostate cancer guidelines.
6. Men who are offered prostate cancer treatment **should be made aware of the side effects** of treatment including: loss of libido, problems getting or keeping erections, loss of ejaculatory function, a worsening of sexual experience, urinary incontinence and/or bowel side effects.
7. **Specialist support services should be available** for any man experiencing physical or psychological side effects during or following prostate cancer treatment. There should be early and ongoing access to these services, in keeping with national recommendations.

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# Future plans

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## Future Plans

- Explore **\*NEW\*** cancer data sources that are available sooner after diagnosis (information for men diagnosed during 2020)
- Determine whether this information can be used to assess the impact of COVID-19 on the care of men with prostate cancer
- We aim to report these results in January 2022
- Start collection of data for **multiparametric MRI** and **prostate biopsy type**
- Maintain NPCA as a key driver of quality improvement\*
  - The next audit term starts on the 1<sup>st</sup> July 2021
  - 2<sup>nd</sup> NPCA Quality Improvement Event will take place in Q4 2021
- Continue to work with the NPCA Patient and Public Involvement Forum to improve the work of the audit and the ways in which we disseminate information

\* Visit the NEW QI section on the NPCA website: <https://www.npca.org.uk/quality-improvement/>

## Sources of further information and support

These are accessible via GP services and from prostate cancer charities including:

Prostate Cancer UK [www.prostatecanceruk.org](http://www.prostatecanceruk.org)

Tackle Prostate Cancer [www.tackleprostate.org](http://www.tackleprostate.org)

Both of these charities operate nationwide support networks.

Information can also be found from Clinical Nurse Specialists and at:

NHS website [www.nhs.uk/conditions/prostate-cancer/](http://www.nhs.uk/conditions/prostate-cancer/)

Cancer Research UK [www.cancerresearchuk.org/about-cancer/prostate-cancer](http://www.cancerresearchuk.org/about-cancer/prostate-cancer)

Macmillan Cancer Support [www.macmillan.org.uk/cancer-information-and-support/prostate-cancer](http://www.macmillan.org.uk/cancer-information-and-support/prostate-cancer)



## With thanks...

- to our data providers at hospitals and at NCRAS and WCN
- to the clinicians who support our work
- to our NPCA Patient and Public Involvement Forum who have given us feedback on the Patient Summary. We look forward to continuing to work with them in the future.

**Noel Clarke**

Urological Clinical Lead representing the British Association of Urological Surgeons

**Heather Payne**

Oncological Clinical Lead representing the British Uro-oncology Group

**and the whole NPCA team**