

# National Prostate Cancer Audit 2021

## 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)**

**[npca@rcseng.ac.uk](mailto:npca@rcseng.ac.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 **8<sup>th</sup> Annual Report (2021)**, the data are from hospitals treating men who were diagnosed between **1<sup>st</sup> April 2019 and 31<sup>st</sup> March 2020**
- 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 2021](#) 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

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



# New data in the NPCA Annual Report 2021

- **Wales:** usual dataset
- **England:** Rapid Cancer Registration Dataset (RCRD) linked to treatment information
- Indicators reported for services **during the period immediately before** the COVID pandemic started
- Impact of COVID-19 on diagnosis and treatment services during 2020 in England
  - The impact of COVID-19 is reported separately in the annual report [link] and accompanying patient summary [link]

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

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# Key Findings

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# Characteristics of men diagnosed

45,885

men were **diagnosed** with prostate cancer in England and Wales between **1st April 2019 and 31st March 2020**



of men were **70 years or older**



**decrease** compared with 52,580 men in 2018-2019\*

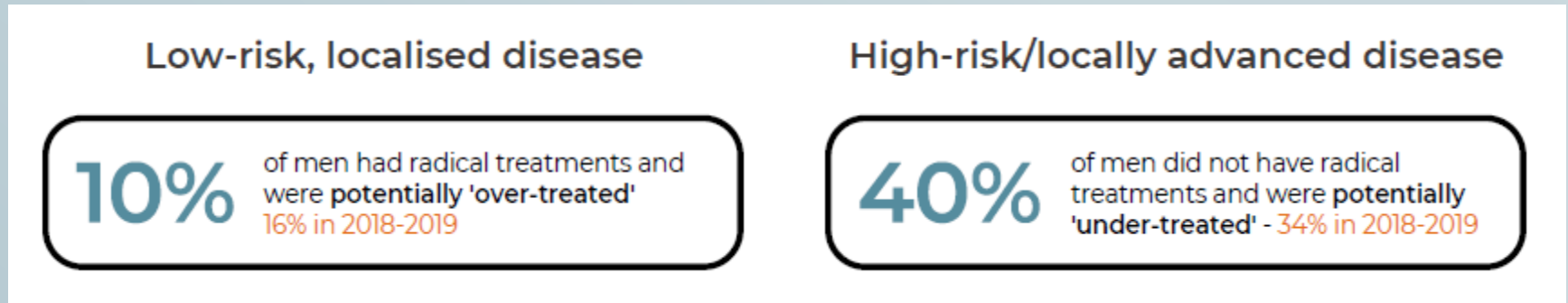
\*this may be explained by the diagnosis of two high-profile celebrities during this previous reporting period, which was publicised by the media

13%

of men presented with **metastatic** disease

- The number of diagnoses had increased from 2017-18 (42,668) but had decreased from 2018-19 (52,850).
- Metastatic disease is **stable** at 13%.
- Most men had **no other conditions** recorded.

## Treatments received by men in Wales



*(Risk grouping was not possible in the English data, so these indicators could only be reported for Wales)*

- 10% of men with **low-risk** disease were **potentially “over-treated”** in Wales.
  - a decrease from 2018-2019 (16%)
- 40% of men with **high risk** disease were **potentially “under-treated”** in Wales.
  - an increase from 2018-2019 (34%)

## Possible complications

For men undergoing surgery in England and Wales between April 2019 - March 2020:

**13%** of men were **readmitted** within 3 months **following surgery**



This is stable compared with 2018-2019

For men undergoing radical treatment in 2018:

**7%**

experienced at least one **genitourinary** complication requiring a procedural/surgical intervention within two years after **radical prostatectomy**

Decrease compared to 9% in 2017

**11%**

experienced at least one **gastrointestinal** complication requiring a procedural/surgical intervention within two years after **radical radiotherapy**

Stable compared to 11% in 2017

### 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

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# Impact of COVID - 19

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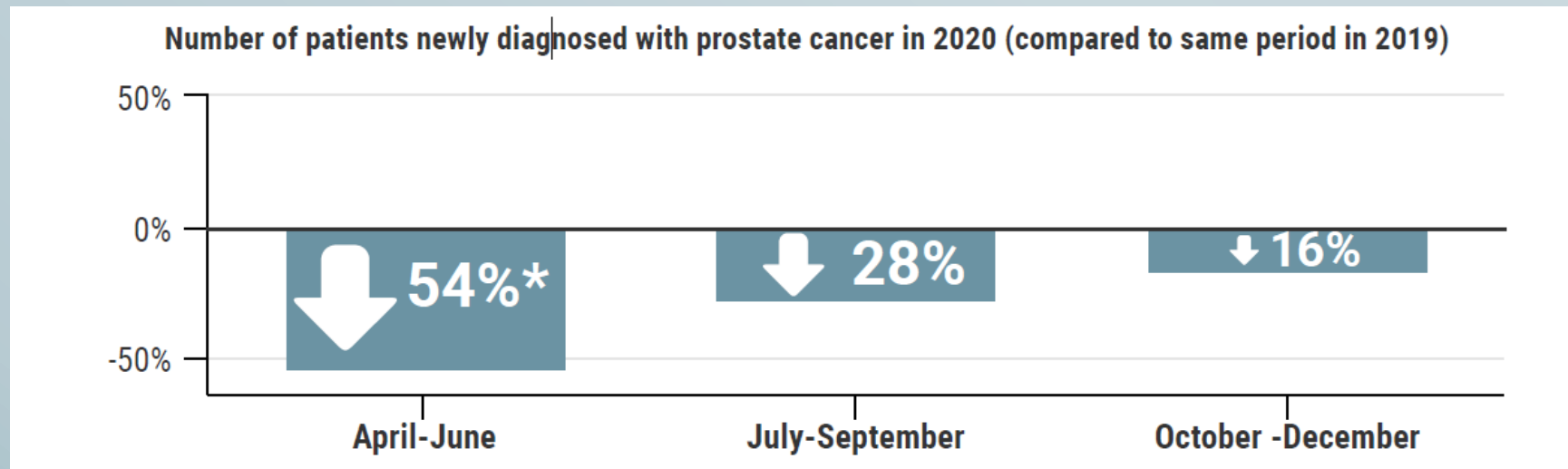
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## Introduction

- NPCA have received a new dataset, **the Rapid Cancer Registration Dataset (RCRD)**, which is collated and provided more quickly.
- Data on services in **England** up to the **end of 2020** from the RCRD
  - able to report the national and regional picture relating to the impact of COVID-19 on diagnosis and treatment provided
  - compared to the same time periods in 2019.

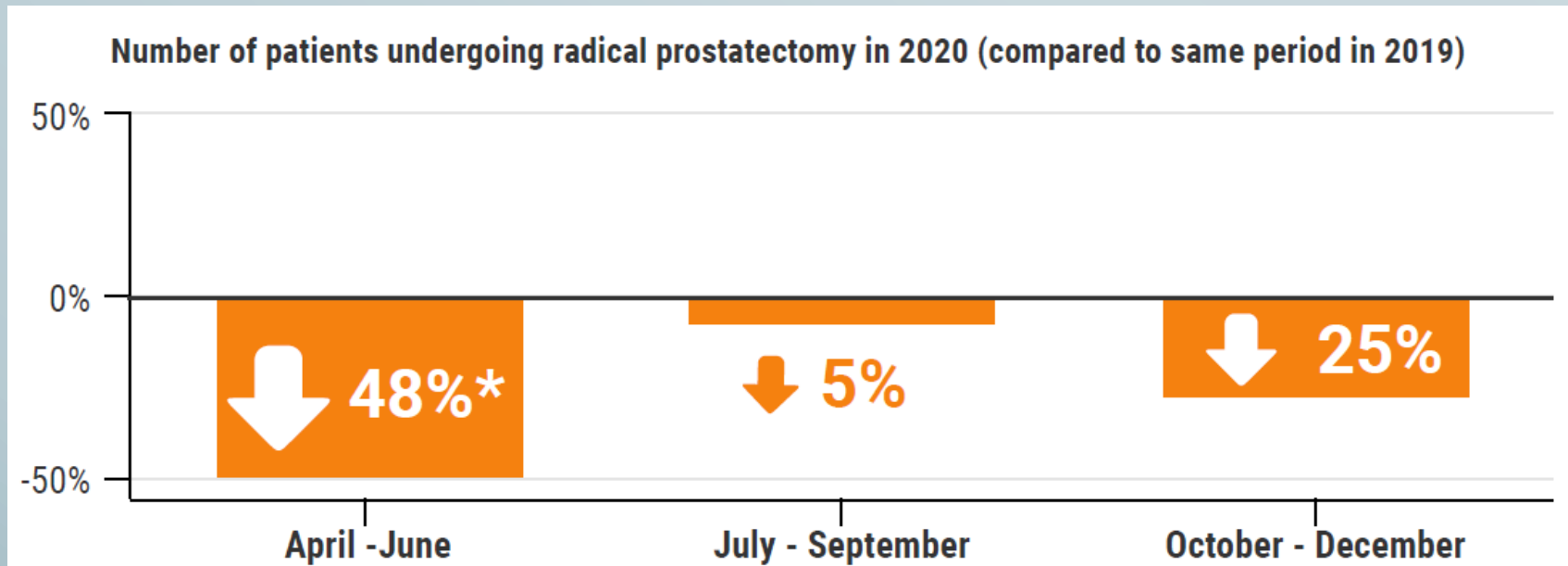
# Impact on diagnosis



- Diagnoses reduced **by around a half** during April – June 2020 compared with the same period in 2019.
- From July 2020 onwards there was an increase across all regions but had not returned to 2019 levels by the end of 2020.

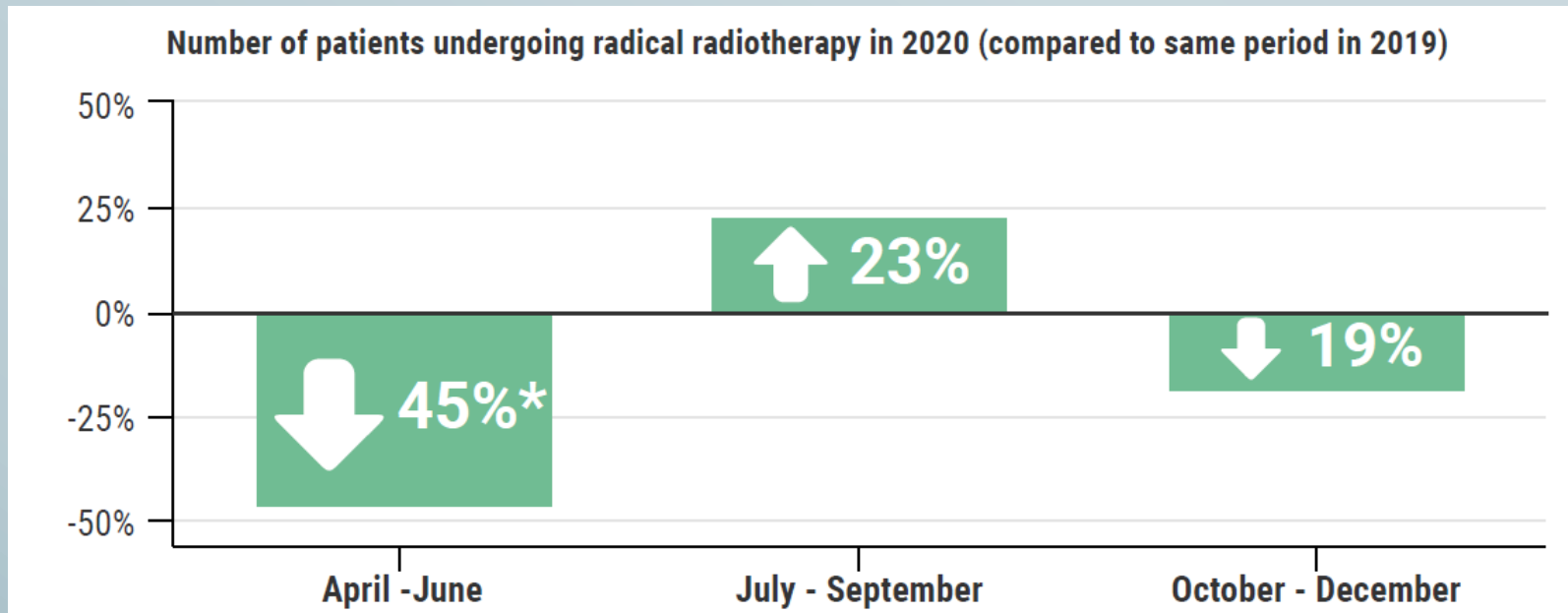


## Impact on treatment: surgery



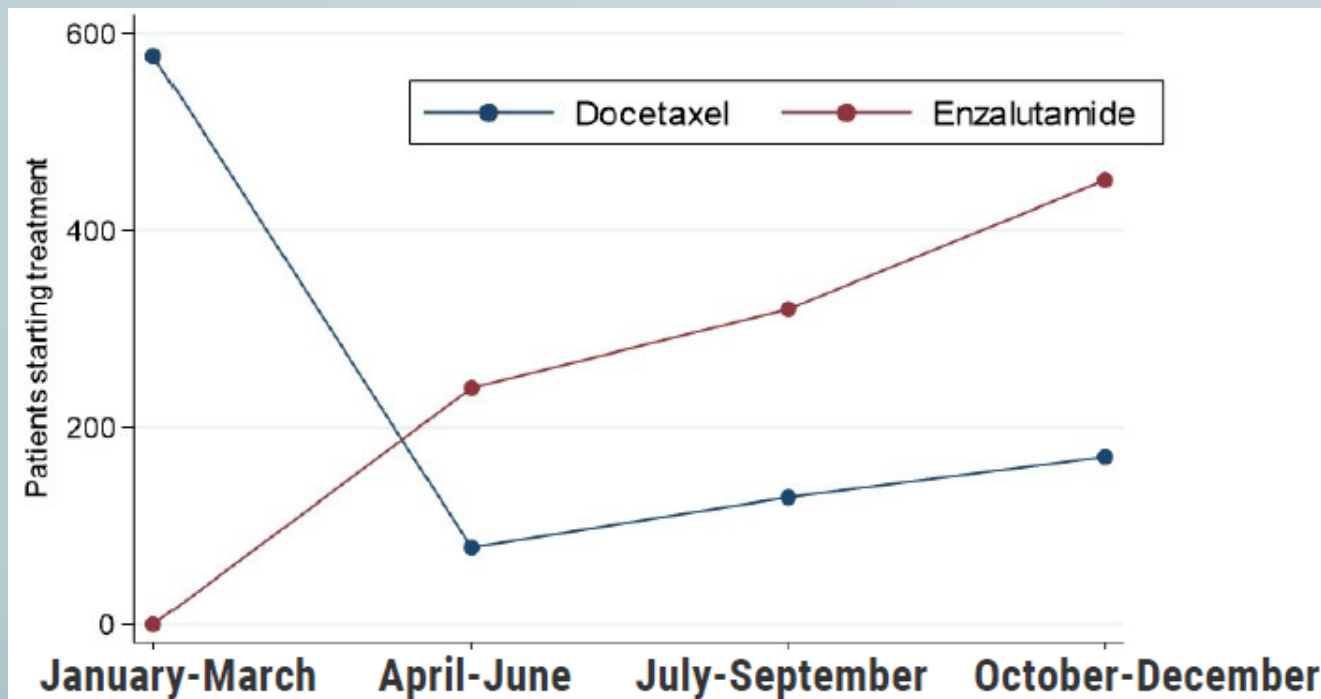
- Radical prostatectomy reduced **by around a half** from April – June 2020 compared with 2019.
- Surgical activity increased July – December 2020, but still an overall reduction compared with 2019.

# Impact on treatment: radiotherapy



- Radical radiotherapy reduced by **around a half** from April – June 2020 compared with 2019.
- During July – September 2020, activity increased above the levels in 2019.
- Increasing use of a hypofractionated regimen was present across each region.

## Impact on treatment: systemic



- Rapid **fall in use of docetaxel** from April 2020 with associated **increase in use of enzalutamide**.
- Reflects updated NICE guidance published in April 2020.

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# Recommendations

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# Recommendations for public and patients (1)

1. **Seek advice** from a doctor if any of the following **new symptoms** are experienced: urinary symptoms (e.g. needing to urinate more frequently, often urinating during the night, needing to rush to the toilet, difficulty in starting to urinate (hesitancy), straining or taking a long time while urinating, weak flow, feeling that your bladder has not emptied fully) , erectile problems, blood in your urine or unexplained back pain, as early diagnosis improves outcomes.
2. Ensure that a **family history** of prostate, breast or ovarian cancer is reported to a healthcare provider with a view to a possible genetic counselling referral.
3. Discuss with a specialist the option of **disease monitoring with active surveillance** in the first instance.
4. Discuss with a specialist the **radical treatment options available** for men with high-risk/locally advanced disease.

## Recommendations for public and patients (2)

5. Men with localised prostate cancer who are offered prostate cancer treatment with combined radiotherapy and hormone treatment or radical prostatectomy **should be made aware of the potential side effects** 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.
6. Empower patients to **ask to be referred to specialist support services** if they are experiencing physical or psychological side effects during, or following, prostate cancer treatment. These should be offered early and on an ongoing basis, in keeping with national recommendations.

## Impact of COVID-19 recommendation

**Seek advice** from a doctor if any of the following **new symptoms** are experienced: urinary symptoms, erectile problems, blood in your urine or unexplained back pain, as early diagnosis improves outcomes.

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# Future plans

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## Future Plans

- Continue to work with Trusts and Health Boards to improve completeness of all data
- Analyse and report results of **organisational audit** of prostate cancer services
- Develop new methods for additional performance indicators e.g.
  - disease progression, risks of recurrence and outcomes from newer treatments
  - reporting of mortality rates from prostate cancer.
- Use **Rapid Cancer Registration Dataset (RCRD)** to report more quickly, once data quality has been further evaluated
- Use the **Cambridge Prognostic Grouping** for allocating risk groups (an updated, widely-accepted risk stratification score)



## 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 working 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**