NPCA
National Prostate Cancer Audit

Patient Summary of Annual Report 2021 (Published April 2022)

Results of the NPCA Prospective Audit in England and Wales for men diagnosed from 1 April 2019 to 31 March 2020 and the impact of COVID-19 in England during 2020

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The Royal College of Surgeons of England (RCS) is an independent professional body committed to enabling surgeons to achieve and maintain the highest standards of surgical practice and patient care. As part of this it supports Audit and the evaluation of clinical effectiveness for surgery.

The NPCA is based at the The Clinical Effectiveness Unit (CEU). The CEU is an academic collaboration between The Royal College of Surgeons of England and the London School of Hygiene and Tropical Medicine, and undertakes national clinical audits and research. Since its inception in 1998, the CEU has become a national centre of expertise in methods, organisation, and logistics of large-scale studies of the quality of surgical care. The CEU managed the publication of the NPCA Annual Report, 2021.

In partnership with:

The British Association of Urological Surgeons (BAUS) was founded in 1945 and exists to promote the highest standards of practice in urology, for the benefit of patients, by fostering education, research and clinical excellence. BAUS is a registered charity and qualified medical practitioners practising in the field of urological surgery are eligible to apply for membership. It is intended that this website will be a resource for urologists, their patients, other members of the healthcare team and the wider public.

The British Uro-oncology Group (BUG) was formed in 2004 to meet the needs of clinical and medical oncologists specialising in the field of urology. As the only dedicated professional association for uro-oncologists, its overriding aim is to provide a networking and support forum for discussion and exchange of research and policy ideas.

National Cancer Registration and Analysis Service (NCRAS), Public Health England collects patient-level data from all NHS acute providers and from a range of national data feeds. Data sources are collated using a single data processing system ('Encore') and the management structure is delivered through eight regional offices across England.

The NCRAS is the data collection partner for the NPCA.

Commissioned by:

The Healthcare Quality Improvement Partnership (HQIP) is led by a consortium of the Academy of Medical Royal Colleges, the Royal College of Nursing, and National Voices. Its aim is to promote quality improvement in patient outcomes, and in particular, to increase the impact that clinical audit, outcome review programmes and registries have on healthcare quality in England and Wales. HQIP holds the contract to commission, manage, and develop the National Clinical Audit and Patient Outcomes Programme (NCAPOP), comprising around 40 projects covering care provided to people with a wide range of medical, surgical and mental health conditions. The programme is funded by NHS England, the Welsh Government and, with some individual projects, other devolved administrations and crown dependencies www.hqip.org.uk/national-programmes

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The Royal College of Surgeons of England
35–43 Lincoln's Inn Fields
London
WC2A 3PE

T 020 7869 6601
E npca@rcseng.ac.uk
www.npca.org.uk

Designed @ www.superbirdcreative.co.uk

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The glossary at the end of this report gives further explanations of the clinical terms used in this report.

Part 1: Patient Summary: NPCA Annual Report 2021

Diagnosis & staging

For men diagnosed in England and Wales April 2019 - March 2020:

45,885 men were **diagnosed** with prostate cancer in England and Wales between **1st April 2019 and 31st March 2020**

13% **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

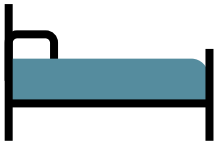
55% of men were **70 years or older**

13% of men presented with **metastatic** disease

Treatment outcomes

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**

11% experienced at least one **gastrointestinal** complication requiring a procedural/surgical intervention within two years after **radical radiotherapy**

Decrease compared to 9% in 2017

Stable compared to 11% in 2017

Treatment allocation

For men diagnosed in Wales April 2019 - March 2020:

Low-risk, localised disease

10% of men had radical treatments and were **potentially 'over-treated'**
16% in 2018-2019

High-risk/locally advanced disease

40% of men did not have radical treatments and were **potentially 'under-treated'** - 34% in 2018-2019

Foreword

Welcome to the Patient Summary of the 8th Annual Report from the National Prostate Cancer Audit. This 2021 NPCA report has been produced in another challenging year. The COVID-19 pandemic, still ongoing at the time of writing, has continued to bring challenges. This 8th NPCA Annual Report covers the diagnostic period between April 1st 2019 and March 31st 2020 in order to bring clinicians and patients up to date with the prostate cancer landscape as it stood just before the pandemic in England and Wales. It also covers the period, for England, up to the end of December 2020, giving an insight into the effect of the pandemic on prostate cancer diagnosis and treatment. The second part of this document summarises the impact of COVID-19 in England in 2020.

This year we have used a new dataset for England – the Rapid Cancer Registration Dataset (RCRD) – giving us access to information we might otherwise have been unable to acquire. We have also received the standard (i.e. 'usual') dataset from the team at Public Health Wales despite considerable pressures and COVID-related demands.

The new data source for England provided quick access to information which would otherwise have been inaccessible. We may be able to make use of this speed of reporting in future years, but the disadvantage was that there were some missing details that would usually be included in a 'normal' year. This has meant we were only able to report on four of our usual indicators for both England and Wales and a further two for Wales alone.

The NPCA Quality Improvement (QI) Programme will continue to address data issues such as this, among others, building on its successes in 2019 and 2020, which included the organisation of a highly effective QI workshop and a designated QI section on the NPCA website.

An organisational audit, first carried out in 2013 and regularly updated, has been repeated during August/September 2021. We have published on our website a 'state-of-the-nation' overview illustrating how prostate cancer diagnostic and treatment services are organised, in parallel with the publication of this report.

Finally, we would like to express our great thanks to the members of the NPCA PPI Forum and patient organisations, including Tackle Prostate Cancer and Prostate Cancer UK, for their support. We look forward to working together this year to further improve the audit and how it can be accessed by prostate cancer patients.

Noel Clarke

Urological Clinical Lead representing the British Association of Urological Surgeons

Heather Payne

Oncological Clinical Lead representing the British Uro-oncology Group

Prostate Cancer: Facts & Figures

Normally, over 47,500 men are diagnosed with prostate cancer each year in the UK and around 400,000 men are living with and beyond prostate cancer. Around 1 in 8 men will be diagnosed with prostate cancer in their lifetime and over 11,500 men die as a result of the disease each year. This makes prostate cancer the second most common cause of cancer-related death for men in the UK.

What is the National Prostate Cancer Audit?

The National Prostate Cancer Audit (NPCA) is a Clinical Audit of the quality of services and care provided to men with prostate cancer in England and Wales.

The aim of the NPCA is to assess the process of care and its outcomes in men diagnosed with prostate cancer in England and Wales. The NPCA determines whether men's prostate cancer care is consistent with current recommended practice and it provides information to healthcare providers, commissioners, regulators, patient groups and patients to support the improvement of prostate cancer diagnosis and treatment.

In this report we make use of a new dataset for England that was collated and provided more quickly than usual as well as the standard or 'usual' dataset from Wales (i.e. data from the same source as in previous reports) to describe aspects of the care pathway for men with prostate cancer.

Data sources used

- Standard (fully processed) cancer registry data (SCRD)
- Rapid Cancer Registration Dataset (RCRD)

Advantages of RCRD:

1. It is collated and provided more quickly, which creates opportunity for more frequent reporting.
2. When compared, there is good agreement between the RCRD and SCRD data.

Disadvantages of RCRD:

1. The main limitation of the RCRD is that a large amount of missing staging (TNM) data and no Gleason score or PSA counts provided, which makes it difficult to assign prostate cancer risk groups for reporting.

Who is undertaking the National Prostate Cancer Audit?

The Audit is run by a team of clinicians, audit experts and cancer information specialists based at the Royal College of Surgeons of England (RCS), the British Association of Urological Surgeons (BAUS) and the British Uro-oncology Group (BUG).

What data is reported in the 2021 Annual Report?

The National Prostate Cancer Audit has been reporting annually for eight years, developing and adding relevant measures year-on-year but for the first time, we report fewer indicators in this audit cycle than previously. Although the NPCA still covers the whole patient care pathway from diagnosis through to treatment and treatment-related outcomes, the unprecedented circumstances of the pandemic mean that data capture, collection and collation has been impacted in England. We are fortunate to be able to report as usual for Wales and in addition, we have been able to access a Rapid Cancer Registration Dataset (RCRD) linked to treatment information for England.

- We report on several key indicators relating to diagnosis, staging and treatment during the period immediately before the COVID-19 pandemic started.
- We also describe the impact of COVID-19 on diagnosis and treatment services during 2020 in England.
- The Audit works within strict rules covering data protection and confidentiality. The data we collect on individuals is anonymised and individual patients are not identifiable in the information provided to us.

Which patients are included in the NPCA?

The NPCA was established on the 1st April 2013. All men diagnosed with prostate cancer have been included since 1st April 2014 in England and since 1st April 2015 in Wales. In the current summary report, we present the results for men diagnosed with prostate cancer between 1st April 2019 and 31st March 2020. This includes over 43,000 men diagnosed in England, and over 2,500 men diagnosed in Wales during this time period.

Annual Report 2021

The National Prostate Cancer Audit released the 8th Annual Report in January 2022. This provides an in-depth analysis of the Audit's findings. This report, as well as previous Annual and Patient Reports, can be accessed here.

Key Findings in England and Wales

Data quality

- Data completeness of key information necessary to determine which risk group men are in remains high for Wales (PSA, Gleason score and TNM variables; 86%, 86% and 79%, respectively). We were unable to assign a risk group for patients in England this year as information on PSA and Gleason were unavailable.
- Data completeness of performance status reached 100% in Wales and increased in England compared with the previous report (61% versus 52%).
- Please refer to Table 4 (Patient and diagnostic characteristics for men newly diagnosed with prostate cancer in England and Wales over the period of 1 April 2019 and 31 March 2020) in the annual report for further information. Annual report accessible at https://www.npca.org.uk/reports/npca-annual-report-2021/

What are the characteristics of men who were diagnosed with prostate cancer in England and Wales?

- The number of men diagnosed with prostate cancer, in the pre-pandemic period covered by this report (1st April 2019 to 31st March 2020), is 45,885. This is an increase on the number reported for 2017-2018 (42,668) but down from the unusually high number for 2018-2019 (52,850). It is thought that the surge in numbers in that year (diagnosed 1st April 2018 to 31st March 2019) may have been explained by increased public awareness following diagnosis of two high profile celebrities with prostate cancer (https://www.npca.org.uk/reports/npca-annual-report-2020/).
- The proportion of men presenting with metastatic disease at diagnosis in England and Wales is stable since last year's report at 13%.
- Over a third of men diagnosed were aged between 70 and 80 (40% for England and 38% for Wales) and another third are aged between 60 and 70.
- Prostate cancer is a disease of the older man as is shown by the significant proportion being diagnosed above 80 years old (16% and 14% in England and Wales, respectively). This is consistent with last year's report.
- In England and Wales, most men had no other medical conditions recorded (81% and 79%).

What techniques are being used to diagnose prostate cancer?

- The trans-rectal ultrasound guided method remains the most common biopsy technique at 60% in England and 76% in Wales.
- 40% and 24% of men had a trans-perineal biopsy (in England and Wales respectively).
- There is a significant amount of missing data in each of the countries, however, making these figures difficult to compare across the years.

What treatments are patients receiving in Wales?

(Some indicators could not be presented for England due to data not being available. We expect these data to be available in future reports.)

- 10% of men with low-risk disease had radical treatments and were potentially "over-treated" in Wales.
    - This represents a decrease from 2018-2019 when 16% of men were potentially "over-treated" in Wales.
- 40% of men with high risk disease did not have radical treatments and were potentially "under-treated" in Wales.
    - This has increased from 2018-2019 when 34% of men were potentially "under-treated" in Wales.

What are the rates of the possible complications of radiotherapy or surgery in England and Wales?

- The proportion of men recorded as having an emergency readmission within 90 days of radical prostate cancer surgery is 13%, similar to the 14% reported last year.
- Genitourinary complications following radical prostatectomy have reduced slightly since last year's report. 7% of men experienced at least one genitourinary complication within two years of their prostatectomy compared to 9% the previous year.
- Gastrointestinal complications following radical radiotherapy remain stable: 11% of men experienced a gastrointestinal complication within two years of their radiotherapy as was the case in the previous year.

The Future of the Audit

- The National Prostate Cancer Audit will continue to work with NHS Trusts in England and NHS Health Boards in Wales to improve completeness of all data required by the National Prostate Cancer Audit.
- We will continue to investigate the data gathered in our organisational audit, which gives a current overview of the organisation of prostate cancer services and delivered in England and Wales, in particular the provision of support services.
- We will also strengthen our collaborations with existing partners such as the British Association of the Urological Surgeons, the British Uro-oncology Group, and NHS Improvement's Getting it Right First Time programme in England, whilst reaching out to other groups to use the power of the NPCA prostate cancer data resource to monitor and improve the quality of care.
- As more data becomes available the Audit will aim to develop new methods to measure additional performance indicators for individuals with prostate cancer. These will include looking at disease progression, the risks of recurrence and assessing the outcomes from newer treatments. As we start to have increasingly longer follow up of patients this will also include the reporting of mortality rates from prostate cancer.
- In future, the Rapid Cancer Registration Dataset (RCRD) could potentially lead to the reporting of information more rapidly, once data quality going forward has been further evaluated.
- When full data availability returns, the NPCA audit will use an updated, widely-accepted risk stratification score (the Cambridge Prognostic Grouping[1]) which will give more detail about treatment allocation for different risk groups, in particular whether men with low risk disease are potentially receiving treatment unnecessarily.

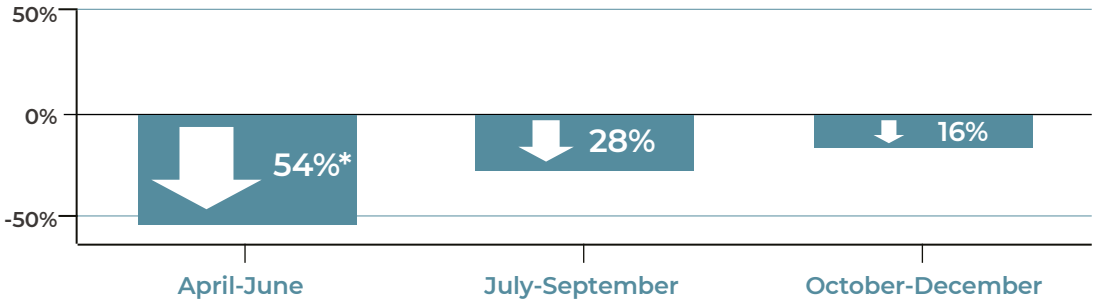
The next results will be published in the Audit's Ninth Annual Report in January 2023 and the corresponding Patient Summary in early 2023.

1 Parry MG, Cowling TE, Sujenthiran A, et al. Risk stratification for prostate cancer management: value of the Cambridge Prognostic Group classification for assessing treatment allocation. BMC Med. 2020;18(1):114.

Part 2: Patient Summary: Impact of COVID-19 in England

Impact on **Diagnosis**

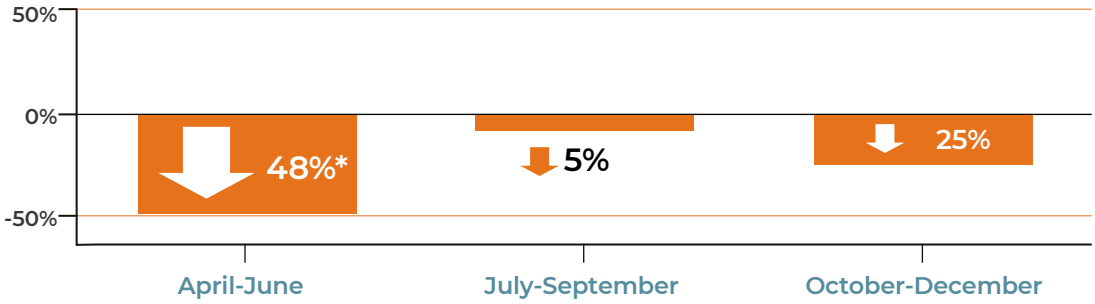
Number of patients newly diagnosed with prostate cancer in 2020 (compared to same period in 2019)



* There was a 54% reduction in the number of men diagnosed between April - June 2020 compared with same period in 2019

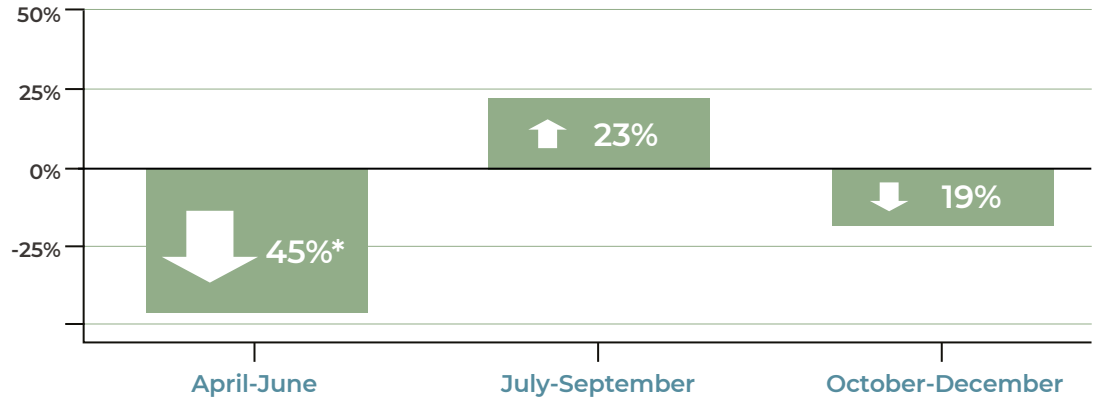
Impact on **Radical treatment** received

Number of patients undergoing radical prostatectomy in 2020 (compared to same period in 2019)



* There was a 48% reduction in the number of men undergoing prostatectomy between April - June 2020 compared with same period in 2019

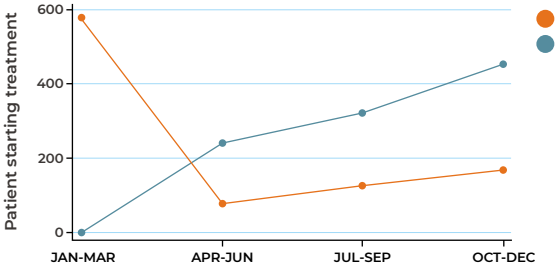
Number of patients undergoing radical radiotheraphy in 2020 (compared to same period in 2019)



* There was a 45% reduction in the number of men undergoing radiotherapy between April - June 2020 compared with same period in 2019

Impact on **systemic therapy**

Rapid and marked **fall of Docetaxel use** from April 2020 in metastatic hormone-sensitive prostate cancer. Conversely, rapid and marked **increased use of Enzalutamide**



Introduction

Welcome to the 'Impact of COVID-19 in England' patient summary. This special report covers the period, for England, up to the end of December 2020, giving an insight into the effect of the pandemic on prostate cancer diagnosis and treatment.

As highlighted in the Annual Report 2021, the NPCA have received a new dataset, the Rapid Cancer Registration Dataset (RCRD), which is collated and provided more quickly creating an opportunity for more frequent reporting.

Having data on services in England up to the end of 2020 from the RCRD, we were also 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.

The inevitable disruption caused by the pandemic is clear as diagnosis and treatment rates fell steeply, and some treatment types replaced others. The data reveal the significant shortfall in the number of prostate cancer cases diagnosed during the period of study. This is a significant concern, whose effects will be studied and reported in the future.

Impact of the COVID-19 pandemic in England

The COVID-19 pandemic has had an impact on the care provided to patients with cancer, with delays in diagnosis and treatment due to the steps taken to control spread of the virus, changes to the provision of services due to pressure on hospitals and patients being reluctant to seek care.

In this section we focus on the diagnosis and treatment of patients with prostate cancer during 2020 in England. We describe the activity of prostate cancer services over time (from 1st January 2020 – 31st December 2020) and compare this with the 'usual' activity during 2019. Information from the same time periods were unavailable for Wales.

Here we also report regional variation in the patterns of diagnostic and treatment activity (surgery, radiotherapy and chemotherapy) over each quarter of 2020 compared with the same periods in 2019.

Key findings

Diagnosis

- From April – December there was a 33% reduction in the number of men newly diagnosed with prostate cancer compared to 2019 (around 10,000 fewer patients).
- Around half as many patients were newly diagnosed with prostate cancer during April – June 2020 compared with the same period in 2019 (54% fewer).
    - From July 2020 onwards there was an increase in diagnostic activity across all regions but this had not returned to 2019 levels by the end of 2020.

Please refer to Table 7 (Patient and diagnostic characteristics for men newly diagnosed with prostate cancer in England over the period of 1 January - 31 December in 2019 and 2020) in the annual report for further information. Annual report accessible at https://www.npca.org.uk/reports/npca-annual-report-2021

Surgery

- Around half the usual number of men had a radical prostatectomy (surgery) from April – June 2020 compared with 2019 (898 in 2020 vs 1,734 in 2019).
- Surgical activity increased July – September 2020, but there was still an overall 5% reduction compared with 2019.
- From October to December, there was a 25% overall reduction, compared with the same period in 2019 which varied by region.

Radiotherapy

- Just over half the usual number of men started radical radiotherapy from April – June 2020 compared with 2019 (1,390 fewer men).
    - During July – September 2020, radical radiotherapy activity increased above the levels observed in 2019 in every region and by around a quarter more than usual (23%).
- Increasing use of a hypofractionated course of treatment was present across each region which meant that radiotherapy services could continue whilst allowing patients to be treated over a shorter period of time.

Systemic treatment

- There was a rapid and noticeable fall in the use of the chemotherapy drug docetaxel from April 2020 in each region for men with metastatic hormone-sensitive prostate cancer and an associated increase in the use of the drug enzalutamide.

- This reflects updated NICE guidance published in April 2020:

    - Enzalutamide or apalutamide can be prescribed alongside androgen deprivation therapy for people with newly diagnosed metastatic prostate disease instead of docetaxel.

- However, the rate of docetaxel use varied from one region to another.

Thanks to the RCRD, the NPCA is able to provide a picture of how services were affected during the COVID-19 pandemic in 2020. Initial examination of the data covering 2020 shows that services were greatly impacted, including reduced diagnoses and treatments. This may have an effect on the provision of prostate cancer services going forward as some men who missed being diagnosed at an early stage may come for treatment when their disease has progressed.

The NHS England Cancer Recovery Taskforce: Cancer Services Recovery Plan, 2020[2] identifies three stages to cancer services recovery. Phase 1 is to ensure continuation of essential cancer treatment and screening for high risk individuals during the initial peak of the pandemic. Phase 2 is to restore disrupted services as far as possible to at least pre-pandemic levels and Phase 3 is full recovery of NHS cancer services in England, including ensuring that care for all patient groups continues to be safe, effective and includes all services the patient needs.

The next annual report will face further challenges as data were collected during the COVID-19 pandemic but we will continue to provide robust reporting to help inform the prostate cancer care community.

2 https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/12/C0821-COVID-19-Cancer-services-recovery-plan-14-December-2020.pdf.

Recommendations for patients and healthcare professionals

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.

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.

7. Sources of further information and support are available for men with prostate cancer and carers. These are accessible via GP services and from prostate cancer charities including Prostate Cancer UK (www.prostatecanceruk.org) and Tackle Prostate Cancer (www.tackleprostate.org). Both of these charities operate nationwide support networks. Information can also be found on the NHS website (www.nhs.uk/conditions/prostate-cancer/) and via Cancer Research UK (www.cancerresearchuk.org/about-cancer/prostate-cancer) and Macmillan Cancer Support (www.macmillan.org.uk/cancer-information-and-support/prostate-cancer).

Glossary

Active Surveillance

This treatment is a way of monitoring prostate cancer that has a low risk of spreading and is contained within the prostate. Doctors monitor your cancer closely with scans and PSA measurements, and they can begin active treatment with surgery or Radiotherapy with or without hormone therapy if the cancer starts to grow.

Brachytherapy

A treatment for prostate cancer using either the placement of permanent radioactive seeds into the prostate (termed low dose rate brachytherapy) or the temporary insertion of a source of radiation through needles temporarily placed in the prostate (termed high dose rate brachytherapy). Brachytherapy can deliver a high radiation dose to the prostate gland whilst avoiding radiation to the surrounding healthy tissue. This treatment can be used as the sole treatment but it is used more commonly in combination with conventionally delivered external beam radiotherapy in higher risk disease, known as a "brachytherapy boost".

Cambridge Prognostic Group Classification

The Cambridge Prognostic Group (CPG) classification provides a five-tiered prostate cancer risk classification for non-metastatic prostate cancer. This is in contrast to the traditional three–tiered risk classification.

Chemotherapy

A type of anti-cancer drug treatment, also known as "cyto-toxic chemotherapy". These drugs act throughout the body (systemically) to target and kill the cancer cells. The cytotoxic drug used most commonly and effectively in prostate cancer is Docetaxel.

Clinical Nurse Specialist (CNS)

These are experienced senior nurses who have undergone specialist training in Urology. They help to administer treatment and they play an essential role in improving communication with cancer patients. They act as the first point of contact for the patient following prostate cancer diagnosis, coordinating and facilitating the patient's treatment.

Clinical Audit

Clinical audit is a method that health care professionals use to look at and improve patient care by comparing how patients are treated and studying the outcomes of care against set accepted standards and guidelines. In a clinical audit, information on the care received by patients is collected and analysed to see if individual clinicians and hospitals are following national clinical standards, such as those published by the National Institute for Health and Care Excellence (NICE) . These audits also produce information for hospitals to compare their outcomes with other hospitals. The aim is to allow quality improvement to take place where it will be most helpful and will potentially improve outcomes for patients.

External Beam Radiotherapy (EBRT)

The use of high energy X-ray beams directed at the prostate to kill cancer cells. It is used to treat localised disease or locally advanced prostate cancer. It may be Hyperfractionated or Hypofractionated Radiotherapy-fractionated (see below).

Fistula

An abnormal opening between organs or other structures in the body. Fistulas are rare in prostate cancer treatment. If they occur they are usually in the pelvic area.

Functional Outcomes

How a patient's sexual function, urinary continence, bowel function and overall well-being is affected by treatment.

Gleason Score

The grade of the cells in the prostate tissue (how they look under the microscope) and the pattern of the cells. The Gleason score makes up part of the risk profile that helps to inform treatment decisions.

Hypofractionated Radiotherapy

Radiotherapy delivered using a regime of treatment during which a smaller number of high intensity radiotherapy treatments (fractions) are administered over a shorter period of time. It is used to treat intermediate risk localised disease prostate cancer.

Hyperfractionated Radiotherapy

Radiotherapy with a longer regime of treatment during which radiotherapy treatments (fractions) are administered at a lower dose and on more visits. It is used to treat localised disease or Locally Advanced prostate cancer, usually in combination with hormone treatment.

Localised Disease

When cancer is contained within the prostate gland and has not spread to any other parts of the body. Localised prostate cancer is classed into 3 risk groups depending on how likely it is that the cancer will grow quickly or spread. These risk groups depend on the following:

- the tumour distribution in the prostate (T stage)
- the grade of the cells in the prostate tissue (how they look under the microscope) (Gleason Score)
- the Prostate Specific Antigen blood test (PSA) blood test

Locally Advanced Disease

When cancer has spread to areas immediately outside the prostate. This may also be associated with early spread of cancer in to surrounding lymph nodes in the pelvic region close to the prostate gland itself.

Metastatic Disease

When cancer has spread away from the prostate to distant areas of the body, mainly to the bones and lymph nodes outside the pelvic region.

Multiparametric MRI (mpMRI)

A special type of Magnetic Resonance Imaging (MRI) scan that provides detailed images of the prostate.

Performance status

A measure of how well a patient is able to perform ordinary tasks and carry out daily activities.

Prostate Specific Antigen blood test (PSA)

PSA is a protein that is produced by prostatic tissue. The blood test determines the level of PSA in the blood. This indicates if further investigations are needed and makes up part of the risk profile that helps to inform treatment decisions.

Radical Prostatectomy

The surgical removal of all the prostate gland and the associated seminal vesicles. The latter are structures integrally associated with the prostate. Their function is to produce and store fluid which sustains the viability of sperm when it leaves the prostate.

Radical Treatment

Any treatment aimed at getting rid of the cancer in the prostate completely, for example surgery or external beam radiotherapy for prostate cancer.

Radiotherapy

The use of radiation to destroy cancer cells. There are different ways in which radiotherapy can be delivered, including external beam radiotherapy and brachytherapy.

Risk profiles:

Low risk prostate cancers

- are unlikely to grow or spread for many years and have all of the following:
    - a T stage of T1 to T2a
    - a Gleason score no higher than 6
    - a Prostate Specific Antigen blood test (PSA) level less than 10 ng/ml

Medium (intermediate) risk prostate cancers

- may grow or spread but many do not do so for some years. The Gleason score is the most important determinant of this.
    - a Gleason score of 7 (Gleason 3+4 is less aggressive than Gleason 4+3)
    - a Prostate Specific Antigen blood test (PSA) level between 10 and 20 ng/ml

High-risk prostate cancers

- might grow or spread within a few years and have one of the following:
    - a T stage of T2c or above
    - a Gleason score between 8 and 10
    - a high Prostate Specific Antigen blood test (PSA) level is usually but not always associated with this

Staging/stage

The anatomical extent of a cancer, in other words, how far it has spread within and around the prostate and in metastatic cases, where the disease is elsewhere in the body.

T1 means the cancer is too small to be seen on a scan, T2 means the cancer is completely inside the prostate gland, T3 means the cancer has broken through the capsule (covering) of the prostate gland and T4 means the cancer has spread into other body organs nearby, such as the back passage, bladder, or the pelvic wall.

No means that the nearby lymph nodes do not contain cancer cells and N1 means there are cancer cells in lymph nodes near the prostate.

M0 means the cancer has not spread to other parts of the body and M1 means the cancer has spread to other parts of the body outside the pelvis.

Trans-rectal Ultrasound (TRUS) Guided Biopsy

This involves using thin needles put into the prostate, after numbing the area with local anaesthetic, to take around 10-12 small samples of tissue. The biopsy is done using an ultrasound scanning probe placed in the rectum (back passage). The precise placement of these needles is enabled by the use of this ultrasound scanner.

Trans-perineal Biopsy

Taking biopsies of the prostate through the perineum (the area between the back of the scrotum and the rectum). This is performed under general anaesthetic.

Treatment-related genitourinary or bowel (gastrointestinal) complications

e.g. diarrhoea, bleeding, infection; ulceration, and rarely, fistula formation or strictures in the bowel; narrowing or blockage of the urinary tract

Organisations

British Association of Urological Surgeons (BAUS)

A professional association for urological surgeons. Registered charity no: 1127044.

British Uro-oncology Group (BUG)

A professional association for clinical and medical oncologists specialising in the field of urology. Registered charity no: 1116828.

Clinical Outcomes Programme (COP)

An NHS initiative, managed by the Healthcare Quality Improvement Partnership (HQIP), to publish quality measures at the level of each individual consultant, team and unit using national clinical and administrative data.

Health Board

A local health organisation that is responsible for delivering all healthcare services within a regional area in Wales. Currently, there are seven Health Boards in Wales and six of these provide prostate cancer services.

Healthcare Quality Improvement Partnership (HQIP)

The Healthcare Quality Improvement Partnership (HQIP) aims to promote quality improvement in patient outcomes, and in particular, to increase the impact that clinical audit, outcome review programmes and registries have on healthcare quality in England and Wales. HQIP is led by a group of the Academy of Medical Royal Colleges, the Royal College of Nursing and National Voices.

National Cancer Registration and Analytical Service (NCRAS)

A national body which collects, analyses and reports on cancer data for the NHS population in England.

NHS Trust

An NHS organisation (usually a hospital) that provides acute care services in England. A Trust can include one or more hospitals.

National Institute for Health and Care Excellence (NICE)

An organisation responsible for providing national guidance on the promotion of good health, and the prevention and treatment of ill health.

Royal College of Surgeons of England (RCS)

An independent professional body committed to enabling surgeons to achieve and maintain the highest standards of surgical practice and patient care. As part of this it supports audit and the evaluation of clinical effectiveness of surgery.

Wales Cancer Network

Wales Cancer Network (WCN) is an organisation that has evolved from the merger of the two Cancer Networks in Wales and the Cancer National Specialist Advisory Group (NSAG) and is designed to collect cancer-specific information in Wales.

