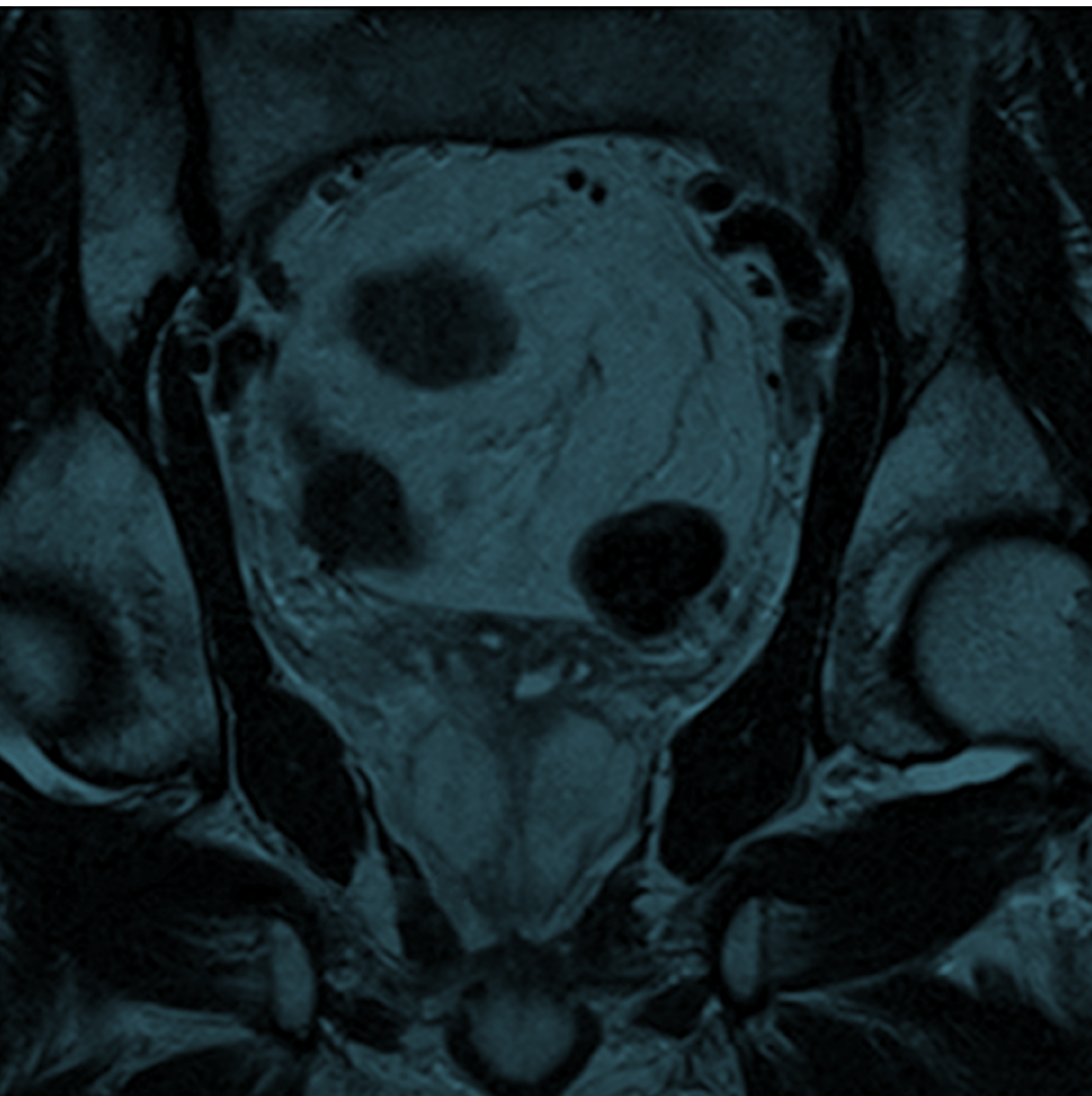


Annual Report 2022

Executive Summary



National Prostate Cancer Audit

Ninth Year Annual Report – Prostate Cancer services during the COVID-19 Pandemic

London: The Royal College of Surgeons of England, 2023.



Royal College
of Surgeons
of England

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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, 2022.

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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.



NDRS
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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.

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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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Executive Summary

Background

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 audit determines whether prostate cancer care is consistent with current recommended practice, and it provides information to support healthcare providers, commissioners, regulators, patient groups and patients in helping to improve prostate cancer diagnosis and treatment. In this report we make use of the rapid dataset for England as well as the standard or 'usual' dataset from Wales (i.e., data from the same source as in previous reports: CaNISC, Patient Episode Database for Wales (PEDW) and ONS in Wales) to describe process and outcome measures from selected aspects of the care pathway for men with prostate cancer.

Data collection and analysis

This report presents results from the prospective audit for men diagnosed with, or treated for, prostate cancer between 1st April 2020 and 31st March 2021 in England and Wales.¹ The basis of the audit is routine data sources. However, this year, as last year, data flows have been subject to COVID-19-related disruption and standard (fully processed) cancer registration data for the reporting period are currently unavailable. Notwithstanding this we have still been able to receive Cancer Network Information System Cymru (CaNISC), Patient Episode Database for Wales (PEDW) and Office for National Statistics (ONS) data in Wales. We also continue to receive quarterly extracts of the Rapid Cancer Registration Dataset (RCRD) in England which has been linked to Hospital Episode Statistics (HES), ONS, the Radiotherapy Data Set (RTDS) and the Systemic Anti-Cancer Therapy (SACT) database. Going forward, we will explore the potential of using more rapidly available data for more frequent reporting and feedback of results.

A comparison of data from the standard NPCA dataset with the RCRD can be found [here](#).

Using the RCRD for England and the data from Wales we report specific information for performance indicators relating to diagnosis, staging and treatment during the first year of the COVID-19 pandemic. These include one disease presentation indicator and three treatment-outcome performance indicators for both England and Wales, and two related to treatment allocation for Wales. We also report specifically on the impact of COVID-19: for England, we report diagnosis and treatment rates in 2021 at the level of the seven NHS regions, and at SMDT or surgical/radiotherapy centre level; for Wales, we report for the first time on diagnosis and treatment rates during 2020 and early 2021, at national level and for the four SMDTs.

How to use this report and the NPCA website

The information presented here reports prostate cancer services in England and Wales, showing variation across providers. Due to the unavailability of standard cancer registration data,² the NPCA has not carried out a formal outlier process in this report. Rather, a breakdown of results at the level of each Trust/Health Board and specialist MDT is provided in the appendices and is available on our [website](#) to facilitate local quality improvement activities. We recommend that these data provide a starting point for all for reflection on the reasons behind variation in practice and outcome, and that this report be used to identify such areas. An action plan template can be found on our website which some may find useful.³

The NPCA team are aware of COVID-related changes in the process and breadth of data collection and collation and, as a consequence, its potential shortfalls. For this reason, we would encourage circumspection in making comparisons with every aspect of the findings in our previous reports. However, where we have reported indicators we are confident that the data are robust and it is therefore reasonable to act appropriately in relation to these findings.

Users of this report should take time to identify areas for improvement in data completeness, service availability and patient outcomes. An important aspect of this is the engagement of clinicians to ensure that the data reported on their behalf is both complete and accurate. We also encourage clinical leads and other MDT members to attend our next Quality Improvement workshop (in Spring 2023), where audit results provide a foundation for discussion and improvement in care. The event will be advertised on our [QI webpage](#).

These results can be used by patient charities and support groups to inform their patient and carer networks and by patients to start conversations with their care providers. A lay summary of the report will be published alongside this report in early 2023. Previous lay summaries of our Annual Reports and patient-focussed slide sets for use by support groups can be found on our website at www.npca.org.uk

1 Medium-term indicators require longer follow-up (up to two years' post-treatment) so the time period for genitourinary (GU) or gastrointestinal (GI) complications is for treatments received from 1st October 2018 to 30th September 2019.

2 Standard cancer registration data for diagnoses in England from 1st January 2020 were unavailable during the preparation of this report. For updates regarding future availability please refer to the monthly National Disease Registration Service [newsletters](#)

3 2022 QI action plan available on the NPCA website

Key Findings

Data quality

- Comprehensive recording of key data (PSA, Gleason score and TNM stage) remained high in Wales, continuing the high standard of 2021 (PSA, Gleason score and TNM variables: 83%, 83% and 70%, respectively). For England, the data completeness of PSA was 63% and 54% for TNM. Information on Gleason score was not available in the data for England for 2019-20⁷ so it was not possible to place men in a risk group.
- Recording of performance status remained high in Wales (100%) and increased in England (66% versus 61% in the previous report).

Prospective audit in England and Wales

- The number of men diagnosed with prostate cancer in England and Wales between 1st April 2020 and 31st March 2021 was 32,426. This is a decrease on the number (45,885) reported in last year's report which covered the period 1st April 2019 to 31st March 2020.
- Synchronous pelvic lymphadenectomy was much more common in Wales than in England: almost half of the prostatectomies performed in Wales included this (49%) compared to a fifth of those in England. This discrepancy between the countries was also found previously (59% vs 21%, in last year's report).
- The proportion of men presenting with metastatic disease at diagnosis in England and Wales between 1st April 2020 and 31st March 2021 is 17%, an increase from 13% in last year's report.
- The proportion of men recorded as having an emergency readmission within 90 days of radical prostate cancer surgery between 1st April 2020 and 31st March 2021 is 12%, similar to the 13% reported last year.

Medium-term outcomes are similar or better than previous years:

- a. Genitourinary complications following radical prostatectomy have remained stable: 7% of men experienced at least one genitourinary complication within two years of their prostatectomy (surgery performed between 1st October 2018 and 30th September 2019).
- b. Gastrointestinal complications following radical radiotherapy has reduced slightly from 11% last year: 10% of men experienced a gastrointestinal complication within two years of their radiotherapy (radiotherapy between 1st October 2018 and 30th September 2019).

Prospective audit in Wales

(These indicators were unavailable for England, so comparative figures from last year's report are given only for Wales)

- 9% of men with low-risk disease had radical treatments and were potentially "over-treated" in Wales between 1st April 2020 and 31st March 2021.⁵ This represents a slight decrease from 2019-2020 when 10% of men were potentially "over-treated" in Wales.
- 28% of men with high-risk disease did not have radical treatments and were potentially "under-treated" in Wales between 1st April 2020 and 31st March 2021.² This has decreased from 2019-2020 when 40% of men were potentially "under-treated" in Wales.

⁴ Gleason score is part of the data submitted to the NDRS, but currently cannot be easily extracted from the pathology data in order to be included in the Rapid Cancer Registration Data. This will be possible once Trusts are able to submit the pathology data in XML format – for further information see http://www.ncin.org.uk/collecting_and_using_data/data_collection/cosd_downloads_v9

⁵ Prostate Cancer. NICE Quality Standard [QS91], 2015 (Updated May 2019) QS2: 'men with low-risk localised prostate cancer for whom radical treatment is suitable are offered a choice between active surveillance, radical prostatectomy or radical radiotherapy'; QS3: 'men with intermediate- or high-risk localised/locally advanced localised prostate cancer who are offered non-surgical radical treatment are offered radical radiotherapy and ADT in combination'

Impact of the COVID-19 pandemic in England and Wales

- The COVID-19 pandemic has had a profound impact on the care provided to patients with cancer, with delays in prostate cancer diagnosis and treatment.
- Wales in 2020:
 - During the first 'lockdown period' April – June 2020 (Q2), there was a 52% reduction overall in the number of patients newly diagnosed with prostate cancer compared with the same period in 2019 (range across the four SMDTs: 34% to 75% decrease). By October – December 2020 (Q4) there was a 25% reduction overall compared with the same time periods in 2019 (range: 47% decrease to 24% increase).
 - There was a 43% reduction in the number of men undergoing radical prostatectomy (RP) in Q2 2020 compared with 2019 which varied by SMDT (range: 16% to 67% decrease). During Q4 there was a 4% reduction in surgical activity compared with 2019 with both Betsi Cadwaladr and Swansea Bay performing more RPs than during the same quartile of 2019 (range: 67% decrease to 150% increase).
 - During Q2 2020 there was a 67% reduction in patients received radiotherapy (RT) compared with 2019 (range: 50% to 83% decrease). By Q4, there was an overall 3% reduction in the number of men starting radical radiotherapy compared with 2019.
 - Increasing use of a hypofractionated regimen was evident across Wales and by July – September (Q3) of 2020 all RT was performed using a hypofractionated regime.
- England in 2021:
 - Overall, there was a 19% reduction in the number of men diagnosed in January to March (Q1 2021) compared to the same period in 2019 (range across seven NHS regions: 12% to 31% decrease). By Q4 2021 the number of men diagnosed had returned to the levels of 2019 (range: 5% increase to 16% decrease).
 - In Q1 of 2021 there was a 41% reduction overall in the number of men undergoing RP compared with 2019. Surgical activity increased for most regions during 2021 and in some, rose higher than in the same quartiles of 2019. Overall however, the number of procedures in Q4 was 14% lower than in 2019, varying by region.
 - During Q1 of 2021 there was a 31% reduction in RT compared with 2019. Despite some recovery, particularly in certain regions, in Q4 the number of men starting RT remained lower than in 2019. A reduction in activity was observed in all seven regions by the end of the year.
 - In 2021, there was evidence of a steadily increasing use of docetaxel, but the level of usage remains relatively low. The utilisation of enzalutamide has continued to increase during 2021.
 - The use of a hypofractionated radiotherapy regimen stabilised across each region, with standard radiotherapy being used less than in 2019 in all regions during 2021.

Table 1. Recommendations, key findings and related national guidance

These recommendations are based on results from data collected in the audit period of 1st April 2020 to 31st March 2021.

No.	Recommendation	Audience	Annual Report 2022 findings underlying recommendation	Previous results (Annual Report 2021)	National guidance
Data quality					
R1	<p>Aim to achieve high completeness of key data items at the point of collection by NHS organisations in England, particularly TNM staging variables.</p> <p>A clinician responsible for reviewing and checking their team's data returns should be identified, mirroring the approach in Wales where data completeness remains high.</p>	Prostate cancer teams (local and specialist MDTs) within NHS Trusts/Health Boards	<p>Performance status:</p> <p>England, from COSD (66%)</p> <p>Wales (100%)</p> <p>Stage variable assigned:</p> <p>England, from RCRD (70%)</p> <p>Risk group assigned:</p> <p>Wales (95%)</p> <p>(Results 3.1, Table 3 and 4)</p>	<p>Performance status:</p> <p>Increase: England, from COSD (61%)</p> <p>No change: Wales (100%)</p> <p>Risk group assigned:</p> <p>No change: Wales (94%)</p>	<p>The Cancer Outcome and Services Data set (COSD) has been the national standard for reporting cancer in the NHS in England since January 2013. Feedback reports for the data submitted are available through the Cancer Stats website.</p> <p>The Welsh Cancer Intelligence and Surveillance Unit collects, analyses and releases information about cancer in Wales.</p>
R2	Review recording of whether lymphadenectomy was carried out, working with data specialists.	Prostate cancer teams (local and specialist MDTs) within NHS/Health Boards	Recommendation in light of R14 – R17 .	N/A	<p>The Cancer Outcome and Services Data set (COSD) has been the national standard for reporting cancer in the NHS in England since January 2013. Feedback reports for the data submitted are available through the Cancer Stats website.</p> <p>The Welsh Cancer Intelligence and Surveillance Unit collects, analyses and releases information about cancer in Wales.</p>
Disease status					
R3	Seek advice from a doctor if any of the following new symptoms are experienced: urinary symptoms, erectile problems, blood in their urine or unexplained back pain, as early diagnosis improves outcomes.	Patients	<p>Overall 17% of men in England and Wales were diagnosed with metastatic disease at diagnosis. (ranging from 5% to 30% by specialist MDT; unadjusted results).</p> <p>(Results 3.3.1, Performance indicator 1, Figure 1).</p>	Increase: 13% of men in England and Wales	<p>NHS Long Term Plan for Cancer 2019</p> <p>'...build on work to raise greater awareness of symptoms of cancer, lower the threshold for referral by GPs, accelerate diagnosis and treatment...'</p> <p>Cancer delivery plan for Wales 2016 - 2020</p> <p>'... develop a programme of awareness campaigns for cancer'</p>

No.	Recommendation	Audience	Annual Report 2022 findings underlying recommendation	Previous results (Annual Report 2021)	National guidance
R4	Ensure that a family history of prostate, breast or ovarian cancer is reported to a healthcare provider as it should precipitate a genetic counselling referral.	Patients / patient groups	Overall 17% of men in England and Wales were diagnosed with metastatic disease at diagnosis. (ranging from 5% to 30% by specialist MDT; unadjusted results). (Results 3.3.1, Performance indicator 1, Figure 1).	Increase: 13% of men in England and Wales	NHS Long Term Plan for Cancer 2019 <i>'...build on work to raise greater awareness of symptoms of cancer, lower the threshold for referral by GPs, accelerate diagnosis and treatment...'</i> <i>'routinely offer genomic testing to all people with cancer for whom it would be of clinical benefit'</i> Cancer delivery plan for Wales 2016 - 2020 <i>'... develop a programme of awareness campaigns for cancer'</i>
Outcomes of treatment					
R5	Undertake internal audit and review of radiotherapy treatment delivery processes; target volume delineation, margins, dosimetric constraints, online imaging and patient setup. In England, participation in the RT Operational Delivery Networks may support this. ⁶	Prostate cancer teams (local and specialist MDTs) within NHS Trusts/Health Boards and Cancer Alliances	10% of men experienced at least one bowel complication (defined as receiving a procedure of the large bowel and confirmed diagnosis of radiation toxicity) within two years after radical radiotherapy. (Results 3.3.1, Performance indicator 4, Figure 4).	Reduction: 11% of men in England and Wales	NICE Guideline [NG131], 2019 1.3.20 Offer people with localised and locally advanced prostate cancer receiving radical external beam radiotherapy with curative intent planned treatment techniques that optimise the dose to the tumour while minimising the risks of normal tissue damage.
R6	Initiate routine integration of radiotherapy peer review ⁷ as standard for radical prostate cancer cases. ⁶	Prostate cancer teams (local and specialist MDTs) within NHS Trusts/Health Boards	10% of men experienced at least one bowel complication (defined as receiving a procedure of the large bowel and confirmed diagnosis of radiation toxicity) within two years after radical radiotherapy. (Results 3.3.1, Performance indicator 4, Figure 4).	Reduction: 11% of men in England and Wales	RCR guidance Radiotherapy target volume definition and peer review: second edition 2022 <i>Recommendation 1: Radiotherapy target volume contours should be subject to systematic review by appropriately trained and experienced peer professionals.</i>
R7	Consider establishing radiotherapy centre specialist gastrointestinal services to offer advice to people with bowel-related side effects of radiotherapy.	Prostate cancer teams (local and specialist MDTs) within NHS Trusts/Health Boards	10% of men experienced at least one bowel complication (defined as receiving a procedure of the large bowel and confirmed diagnosis of radiation toxicity) within two years after radical radiotherapy. (Results 3.3.1, Performance indicator 4, Figure 4).	Reduction: 11% of men in England and Wales	NICE Guideline [NG131], 2019 1.3.39 Offer people with signs or symptoms of radiation-induced enteropathy care from a team of professionals with expertise in radiation-induced enteropathy (who may include oncologists, gastroenterologists, bowel surgeons, dietitians and specialist nurses).
R8	Consider initiation of routine hospital level PROMS programmes as part of post treatment follow up to support the identification of these side effects.	Prostate cancer teams (local and specialist MDTs) within NHS Trusts/Health Boards	10% of men experienced at least one bowel complication (defined as receiving a procedure of the large bowel and confirmed diagnosis of radiation toxicity) within two years after radical radiotherapy. (Results 3.3.1, Performance indicator 4, Figure 4).	Reduction: 11% of men in England and Wales	NICE Guideline [NG131], 2019 1.3.39 Offer people with signs or symptoms of radiation-induced enteropathy care from a team of professionals with expertise in radiation-induced enteropathy (who may include oncologists, gastroenterologists, bowel surgeons, dietitians and specialist nurses).

⁶ RT Operational Delivery Networks in England. <https://www.england.nhs.uk/wp-content/uploads/2019/01/Operational-Delivery-Networks-for-External-Beam-Radiotherapy-Services-adults.pdf>

⁷ The term 'peer review' as applied to radiotherapy contouring implies that all contours are reviewed by more than one consultant oncologist (or other peer professional with appropriate competencies) with the relevant site-specific expertise. Prospective peer review should be performed in situations where a clinically important difference in judgement between oncologists might occur.

No.	Recommendation	Audience	Annual Report 2022 findings underlying recommendation	Previous results (Annual Report 2021)	National guidance
R9	Support radiotherapy centres to integrate IMRT into standard radiotherapy practice for primary radical RT. ⁹	Prostate cancer teams (local and specialist MDTs) within NHS Trusts/Health Boards	6% of men in England and 1% of men in Wales receive 3D conformal radiotherapy. (Results 3.2, Table 5).	Reduction: 7% of men in England and <1% of men in Wales	NICE Guideline [NG131], 2019 1.3.20 Offer people with localised and locally advanced prostate cancer receiving radical external beam radiotherapy with curative intent planned treatment techniques that optimise the dose to the tumour while minimising the risks of normal tissue damage.
R10	Ensure that men who are offered prostate cancer treatment are made aware of the 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.	Patients and Prostate cancer teams (local and specialist MDTs) within NHS Trusts/Health Boards	<i>Radical prostatectomy – urinary complications</i> 7% of men experienced at least one genitourinary complication requiring a procedural/surgical intervention within two years after radical prostatectomy. (Results 3.3.1, Performance indicator 3, Figure 3). <i>Radical radiotherapy – bowel complications</i> 10% of men experienced at least one bowel complication within two years after radical radiotherapy. (Results 3.3.1, Performance indicator 4, Figure 4).	No change: 7% of men in England and Wales Reduction: 11% of men in England and Wales	NICE Guideline [NG131], 2019 1.1.12 Tell people with prostate cancer and their partners or carers about the effects of prostate cancer and the treatment options on their: <i>sexual function</i> <i>physical appearance</i> <i>continence</i> <i>other aspects of masculinity.</i> Support people and their partners or carers in making treatment decisions, taking into account the effects on quality of life as well as survival. NICE Quality Standard [QS91], 2015 QS4: men with adverse effects of prostate cancer treatment are referred to specialist services.
R11	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.	Patients and Prostate cancer teams (local and specialist MDTs) within NHS Trusts/Health Boards	Recommendation in light of R15 .	N/A	NICE Guideline [NG131], 2019 1.1.11 Ensure that mechanisms are in place so people with prostate cancer and their primary care providers have access to specialist services throughout the course of their disease.

No.	Recommendation	Audience	Annual Report 2022 findings underlying recommendation	Previous results (Annual Report 2021)	National guidance
R12	Make available sources of further information and support 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.	Patients and Prostate cancer teams (local and specialist MDTs) within NHS Trusts/Health Boards	Recommendation in light of R7 and R15 .	N/A	<p>NICE Guideline [NG131], 2019</p> <p>1.1.3 Offer people with prostate cancer advice on how to get information and support from websites, local and national cancer information services, and from cancer support groups.</p> <p>1.1.4 Choose or recommend information resources for people with prostate cancer that are clear, reliable and up to date. Ask for feedback from people with prostate cancer and their carers to identify the highest quality information resources.</p>
Treatment allocation: recommendations on the basis of Welsh data⁸					
R13	Continue to advocate active surveillance in the first instance for men with low-risk prostate cancer.	Prostate cancer teams (local and specialist MDTs) within NHS Trusts/Health Boards	9% of men diagnosed with low-risk localised cancer in Wales underwent radical prostate cancer therapy within 12 months of diagnosis. (Results 3.3.2, Performance indicator 5, Table 6).	Decrease: 10% of men were 'potentially over-treated' in Wales	<p>NICE Quality Standard [QS91], 2015</p> <p>QS2: men with low-risk prostate cancer for whom radical treatment is suitable are also offered the option of active surveillance.</p> <p>NICE Guideline [NG131], 2019</p> <p>1.3.7 Offer a choice between active surveillance, radical prostatectomy or radical radiotherapy to people with low-risk localised prostate cancer for whom radical treatment is suitable.</p>
R14	Discuss with your clinical specialist the option of disease monitoring with active surveillance in the first instance.	Patients with low-risk prostate cancer and clinical specialists	9% of men diagnosed with low-risk localised cancer in Wales underwent radical prostate cancer therapy within 12 months of diagnosis. (Results 3.3.2, Performance indicator 5, Table 6).	Decrease: 10% of men were 'potentially over-treated' in Wales	<p>NICE Quality Standard [QS91], 2015</p> <p>QS2: men with low-risk prostate cancer for whom radical treatment is suitable are also offered the option of active surveillance.</p> <p>NICE Guideline [NG131], 2019</p> <p>1.3.7 Offer a choice between active surveillance, radical prostatectomy or radical radiotherapy to people with low-risk localised prostate cancer for whom radical treatment is suitable.</p>

⁸ In this report we make use of a new rapid dataset for England (the RCRD) as well as the 'usual' dataset from Wales to describe process and outcome measures from selected aspects of the care pathway for men with prostate cancer. The RCRD does not contain information on metastases or Gleason grade which precluded using our risk-stratification algorithm to assign a risk group. As a result, it was not possible to produce indicators based on a risk group for England in this report.

/Table 1 continued

No.	Recommendation	Audience	Annual Report 2022 findings underlying recommendation	Previous results (Annual Report 2021)	National guidance
R15	Investigate why men with high-risk/locally advanced disease are not considered for radical local treatment.	Prostate cancer teams (local and specialist MDTs) within NHS Trusts/Health Boards	28% of men diagnosed with locally-advanced prostate cancer did not undergo radical treatment within 12 months of diagnosis in Wales and were 'potentially under-treated'. (Results 3.3.2, Performance indicator 6, Table 6).	Decrease: 40% of men were 'potentially under-treated' in Wales	NICE Guideline [NG131], 2019 <i>1.3.13 Do not offer active surveillance to people with high-risk localised prostate cancer.</i> NICE Guideline [NG131], 2019 <i>1.3.14 Offer radical prostatectomy or radical radiotherapy to people with high-risk localised prostate cancer when it is likely the person's cancer can be controlled in the long term.</i>
R16	Discuss with your clinical specialist the radical treatment options available to men with high-risk/locally advanced disease.	Patients and clinical specialists	28% of men diagnosed with locally-advanced prostate cancer did not undergo radical treatment within 12 months of diagnosis in Wales and were 'potentially under-treated'. (Results 3.3.2, Performance indicator 6, Table 6).	Decrease: 40% of men were 'potentially under-treated' in Wales	NICE Guideline [NG131], 2019 <i>1.3.13 Do not offer active surveillance to people with high-risk localised prostate cancer.</i> NICE Guideline [NG131], 2019 <i>1.3.14 Offer radical prostatectomy or radical radiotherapy to people with high-risk localised prostate cancer when it is likely the person's cancer can be controlled in the long term.</i>
Overall recommendations					
R17	Review of the NPCA indicators for providers should be undertaken within the region and nationally, and fed through to providers. Pay particular attention to variations in service provision (diagnostics, treatment and support services) and treatment outcomes. Where variation is apparent, agree quality improvement action plans and present these to the Trusts and Health Boards which should put in place follow-up procedures to monitor the implementation of practice changes to address problems identified.	Commissioners and health care regulators	Recommendation in light of R1 – R16 .	N/A	<i>This recommendation is based on the views of the NPCA CRG.</i>
R18	Ensure that radiotherapy and surgical treatment centres continue to integrate and upgrade evidence-based treatments and support services for patients. ⁹	Commissioners and health care regulators	Recommendation in light of R7–R11 and R14 .	N/A	<i>This recommendation is based on the views of the NPCA CRG.</i>

⁹ Treatments including radical prostatectomy, external beam radiotherapy, hypofractionated radiotherapy and brachytherapy. NHS England. Guidelines for the Management of Prostate Cancer <https://www.england.nhs.uk/mids-east/wp-content/uploads/sites/7/2018/05/guidelines-for-the-management-of-prostate-cancer.pdf>

Table 2. Impact of COVID-19: recommendations, key findings and related national guidance

These recommendations are based on results from data collected in England during 2021 and Wales during 2020/21.

No.	Recommendation	Audience	Annual Report 2022 results findings underlying recommendation	Previous results (Annual Report 2021)	National guidance
Diagnosis and radical treatment					
CRI	Review the diagnostic and treatment activity for your region during 2020 and 2021 illustrating how your service responded during this time and to support decision making in response to current changes in demand.	Cancer alliances. Prostate cancer teams (local and specialist MDTs) within NHS Trusts/Health Boards	<p>England (2021)</p> <p>From January - December:</p> <p>The number of men newly diagnosed with prostate cancer in England in 2021 was 40,107, which as a proportion of 2019 was 93% (43,305 in 2019). (Results 4.3, Figure 8)</p> <p>The number of men undergoing radical prostatectomy in England in 2021 was 5,834, which as a proportion of 2019 was 82% (7,137 in 2019). (Results 4.3, Figure 12)</p> <p>The number of men initiating radical radiotherapy in England was 10,500, which as a proportion of 2019 was 82% (12,793 in 2019). (Results 4.2, Figure 16)</p> <p>Wales: (2020)</p> <p>From April - December:</p> <p>There was a 52% reduction in the number of men newly diagnosed with prostate cancer during Q2 compared with the same period in 2019. There was a 25% reduction in Q4 2020 compared with the same time periods in 2019. (Results 4.2, Figure 6)</p> <p>There was a 43% reduction in the number of men undergoing radical prostatectomy in Q2 compared with 2019. Surgical activity increased and during Q4, there was a 4% reduction in surgical activity compared with 2019. (Results 4.2, Figure 11)</p> <p>During Q2, 145 fewer men initiated radical radiotherapy, a 67% reduction compared with 2019. There was an overall 3% reduction in Q4 compared with 2019. (Results 4.2, Figure 14)</p>	<p>England (2020)</p> <p>From April - December:</p> <p>Increase: The number of men newly diagnosed with Prostate Cancer (PCa) in England in Q2-Q4 was 21,260, which as a proportion of the same period in 2019 was 67% (31,541 in 2019)</p> <p>Increase: The number of men undergoing radical prostatectomy in England in Q2-Q4 was 3,798 which as a proportion of 2019 was 74% (5,141 in 2019)</p> <p>Decrease: The number of men initiating radical radiotherapy in England in Q2-Q4 was 7,930 which as a proportion of 2019 was 87% (9,144 in 2019)</p>	<p>NHS England Cancer Recovery Taskforce: Cancer Services Recovery Plan, 2020</p> <p><i>'Phase 1: ensure continuation of essential cancer treatment and screening for high risk individuals during the initial peak of the pandemic.</i></p> <p><i>Phase 2: restore disrupted services as far as possible to at least pre-pandemic levels.</i></p> <p><i>Phase 3 (to run until March 2021): full recovery of NHS cancer services in England, including ensuring that care for all patient groups continues to be safe, effective and holistic.'</i></p> <p>NHS England 2021/22 priorities and operational planning guidance, 2021</p> <p><i>'To restore full operation of all cancer services... local systems, drawing on advice and analysis from their Cancer Alliance, will ensure that there is sufficient diagnostic and treatment capacity in place'</i></p>

No.	Recommendation	Audience	Annual Report 2022 results findings underlying recommendation	Previous results (Annual Report 2021)	National guidance
CR2	Monitor adherence to the recommended diagnostic pathway for suspected prostate cancer.	Cancer alliances. Prostate cancer teams (local and specialist MDTs) within NHS Trusts/Health Boards	<p>England (2021) From January - December: The number of men newly diagnosed with prostate cancer in England in 2021 was 40107, which as a proportion of 2019 was 93% (43305 in 2019). (Results 4.3, Figure 8)</p> <p>Wales (2020) From April - December: There was a 52% reduction in the number of men newly diagnosed with prostate cancer during Q2 compared with the same period in 2019. There was a 25% reduction in Q4 2020 compared with the same time period in 2019. (Results 4.2, Figure 6)</p>	<p>England (2020) From April - December: Increase: The number of men newly diagnosed with PCa in England in Q2-Q4 was 21,260, which as a proportion of the same period in 2019 was 67% (31,541 in 2019) (Results 4.2, Figure 6)</p>	<p>NHS England Implementing a timed prostate cancer diagnostic pathway, 2018</p> <p><i>'Improve performance against national standards (particularly 62 day performance and the 28 day faster diagnosis standard)'</i></p> <p>NHS England Cancer Recovery Taskforce: Cancer Services Recovery Plan, 2020</p> <p><i>'Phase 1: ensure continuation of essential cancer treatment and screening for high risk individuals during the initial peak of the pandemic.</i></p> <p><i>Phase 2: restore disrupted services as far as possible to at least pre-pandemic levels.</i></p> <p><i>Phase 3 (to run until March 2021): full recovery of NHS cancer services in England, including ensuring that care for all patient groups continues to be safe, effective and holistic.'</i></p> <p>NHS England 2021/22 priorities and operational planning guidance, 2021</p> <p><i>'All systems are expected to work with regions to deliver increased capacity to meet the diagnostic needs for their population, in line with the recommendations of the Richards review.'</i></p>
Hypofractionation					
CR3	Continue to increase the use of hypofractionated radiotherapy.	Radiotherapy centres. Cancer alliances. Prostate cancer teams (local and specialist MDTs) within NHS Trusts/Health Boards	<p>England (2021) From January - December: Of the men undergoing radical radiotherapy during 2021 there was consistently lower levels of conventional radiotherapy being used across all regions in 2021 compared to 2019. (Results 4.2, Figure 17a)</p> <p>Wales (2020) From April - December: Of the men undergoing radical radiotherapy in 2020, 98% used a hypofractionated regimen. (Results 4.2, Figure 15)</p>	<p>England (2020) From April - December: Of the men undergoing radical radiotherapy there was an increase in the use of a hypofractionated regimen, 78% (7,148/9,109) in 2019 vs 85% (6,595/7,772) in 2020 (Results 4.2, Figure 12)</p>	<p>Guidance pre-dating the COVID-19 pandemic: NICE Guideline [NG131], 2019</p> <p><i>'1.3.17 For people having radical external beam radiotherapy for localised prostate cancer: offer hypofractionated radiotherapy (60 Gy in 20 fractions) using IMRT, unless contraindicated'</i></p> <p><i>Guidance published during the COVID-19 pandemic recommended 'the wider use of short, high daily dose (hypofractionated) radiotherapy' including:</i></p> <p>NICE Guideline [NG162], 2020</p> <p>RCR Coronavirus Guidance</p>

No.	Recommendation	Audience	Annual Report 2022 results findings underlying recommendation	Previous results (Annual Report 2021)	National guidance
Systemic anti-cancer treatment					
CR4	Offer enzalutamide (or apalutamide) with androgen deprivation therapy (or abiraterone for patients intolerant of enzalutamide) to people with newly diagnosed metastatic disease instead of docetaxel, where appropriate.	Cancer alliances. Prostate cancer teams (local and specialist MDTs) within NHS Trusts/Health Boards	<p>England (2021)</p> <p>From January - December:</p> <p>The utilisation of enzalutamide has continued to increase during 2021 with 1793 patients receiving enzalutamide during that year (compared to 1065 patients in 2020 and just 7 patients in 2019).</p> <p>(Results 4.2, Figure 18 a,b and c)</p>	<p>England (2020)</p> <p>From April -December:</p> <p>There was a 74% reduction in the number of men receiving docetaxel in Q2-Q4 (1458 vs 377; 2019 vs 2020, respectively)</p> <p>During the same time period, there was a marked increase in the number of men receiving enzalutamide in Q2-Q4 (3 vs 1011; 2019 vs 2020, respectively)</p> <p>(Results 4.2, Figure 14)</p>	<p>Guidance pre-dating the COVID-19 pandemic: NICE Guideline [NG131], 2019</p> <p>'1.5.6 Offer docetaxel chemotherapy to people with newly diagnosed metastatic prostate cancer who do not have significant comorbidities'</p> <p>Updated guidance 2020:</p> <p>NICE Guideline [NG161], 2020. NHS England interim treatment changes during the COVID-19 pandemic</p> <p>'Option to give enzalutamide with androgen deprivation therapy for patients with newly diagnosed metastatic disease instead of docetaxel to reduce toxicity and potential for admission. For patients who are intolerant of enzalutamide, give the option of switching treatment to abiraterone'</p> <p>Updated guidance 28.10.21:</p> <p>Project information Apalutamide for treating prostate cancer [ID1534] Guidance NICE</p> <p>[NICE updated guidance to add when published]</p>

Diagnosis & staging

For men diagnosed in England and Wales April 2020 - March 2021:

32,426 men were **diagnosed** with prostate cancer in England and Wales between **1st April 2020 and 31st March 2021**



decrease compared with 45,885 men in 2019-2020*
*this may be explained by the reporting period being pre-COVID-19 in last year's report

58% of men were **70 years or older**



17% of men presented with **metastatic** disease

Treatment outcomes

For men undergoing surgery in England and Wales between April 2020 - March 2021:

12% of men were **readmitted** within 3 months following surgery



Decreased compared with 13% in 2019-2020

For men undergoing radical treatment between October 2018 and September 2019:

7% experienced at least one **genitourinary** complication requiring a procedural/surgical intervention within two years after **radical prostatectomy**

10% experienced at least one **gastrointestinal** complication requiring a procedural/surgical intervention within two years after **radical radiotherapy**

Stable compared with 7% in last year's report

Decrease compared with 11% in last year's report

Treatment allocation

For men diagnosed in Wales April 2020 - March 2021:

Low-risk, localised disease

High-risk/locally advanced disease

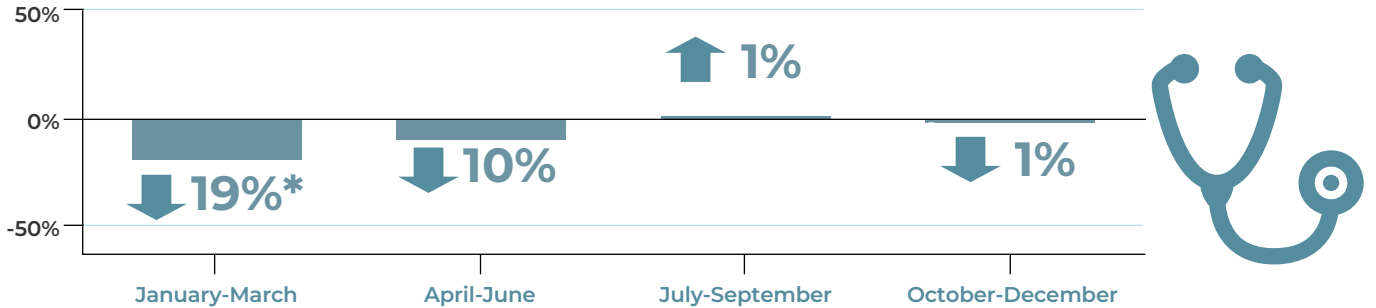
9% of men had radical treatments and were **potentially 'over-treated'** - 10% in 2019-2020

28% of men did not have radical treatments and were **potentially 'under-treated'** - 40% in 2019-2020



Impact on Diagnosis

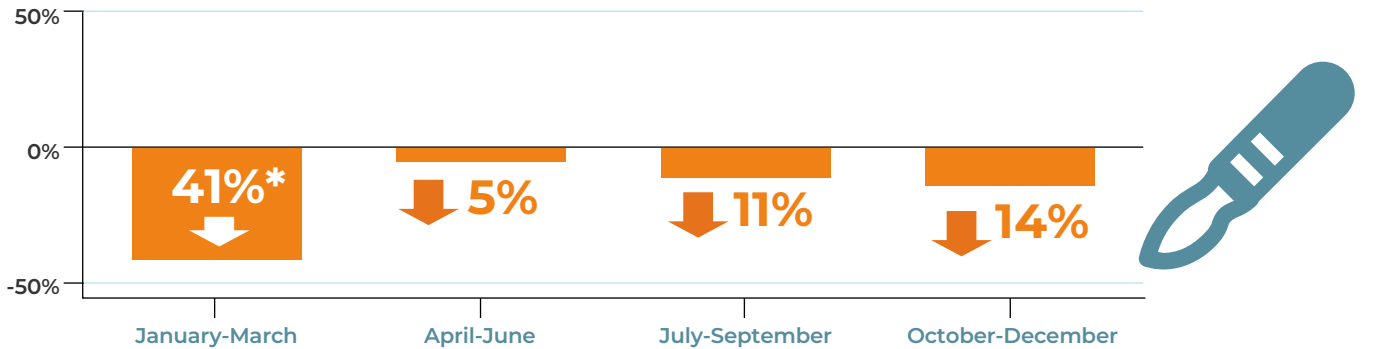
Number of patients newly diagnosed with prostate cancer in 2021 (compared to same period in 2019)



* There was a 19% reduction in the number of men diagnosed between January-March 2021 compared with same period in 2019

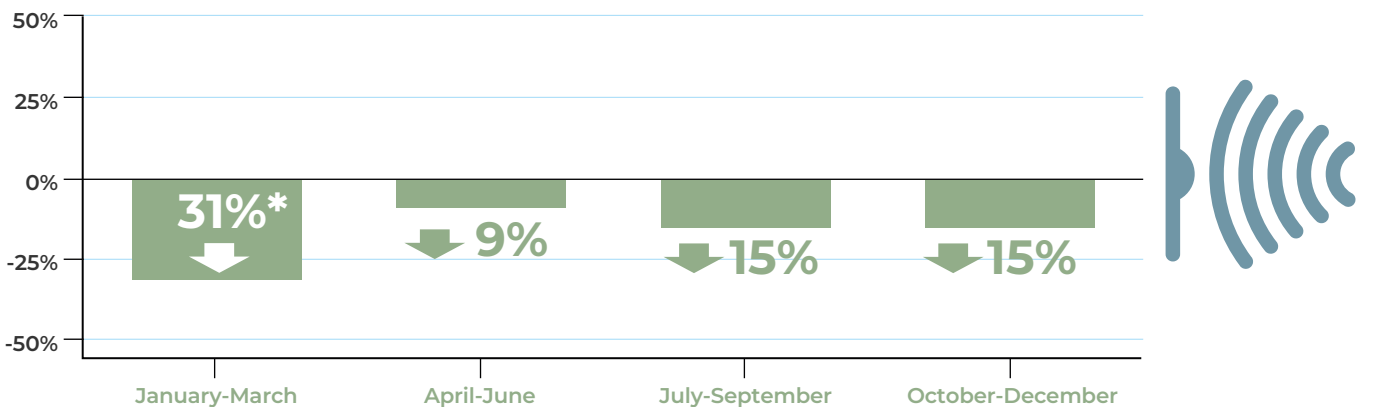
Impact on Radical treatment received

Number of patients undergoing radical prostatectomy in 2021 (compared to same period in 2019)



* There was a 41% reduction in the number of men undergoing prostatectomy between January-March 2021 compared with same period in 2019

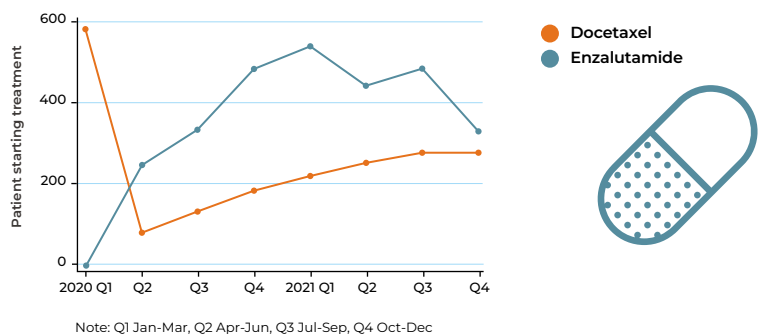
Number of patients undergoing radical radiotherapy in 2021 (compared to same period in 2019)



* There was a 31% reduction in the number of men undergoing radiotherapy between January-March 2021 compared with same period in 2019

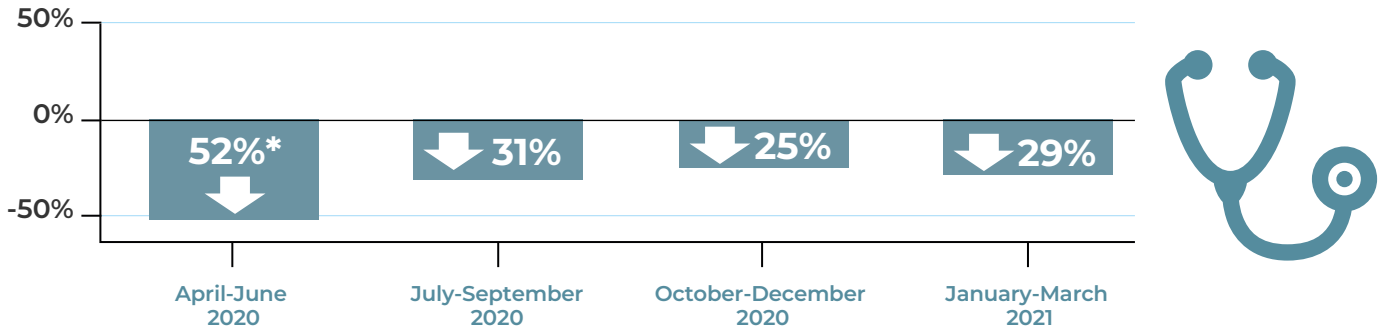
Impact on systemic therapy

There has been a dramatic shift in utilisation rates of **Docetaxel** and **Enzalutamide** during 2020 and 2021.



Impact on Diagnosis

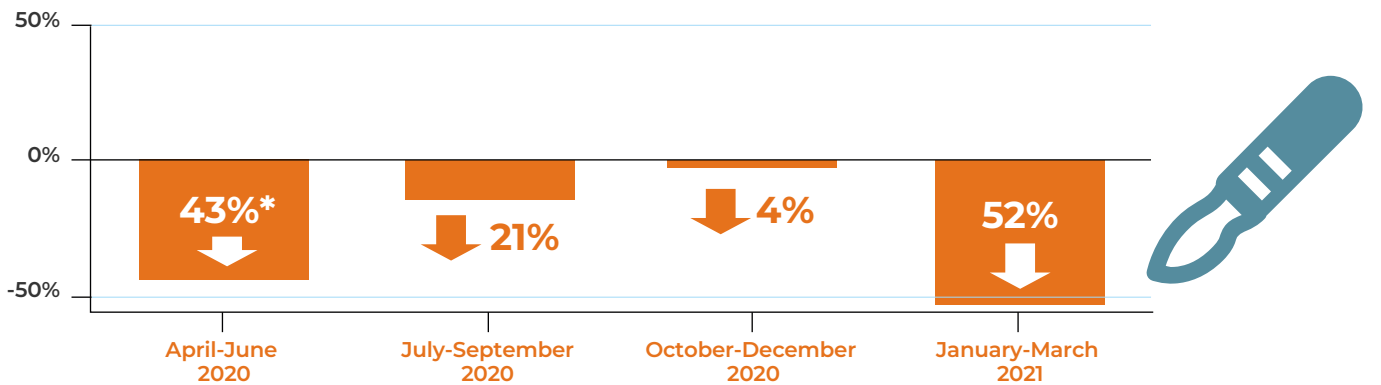
Number of patients newly diagnosed with prostate cancer in 2020 or 2021 (compared to same period in 2019)



* There was a 52% reduction in the number of men diagnosed between April - June 2020 compared with same period in 2019

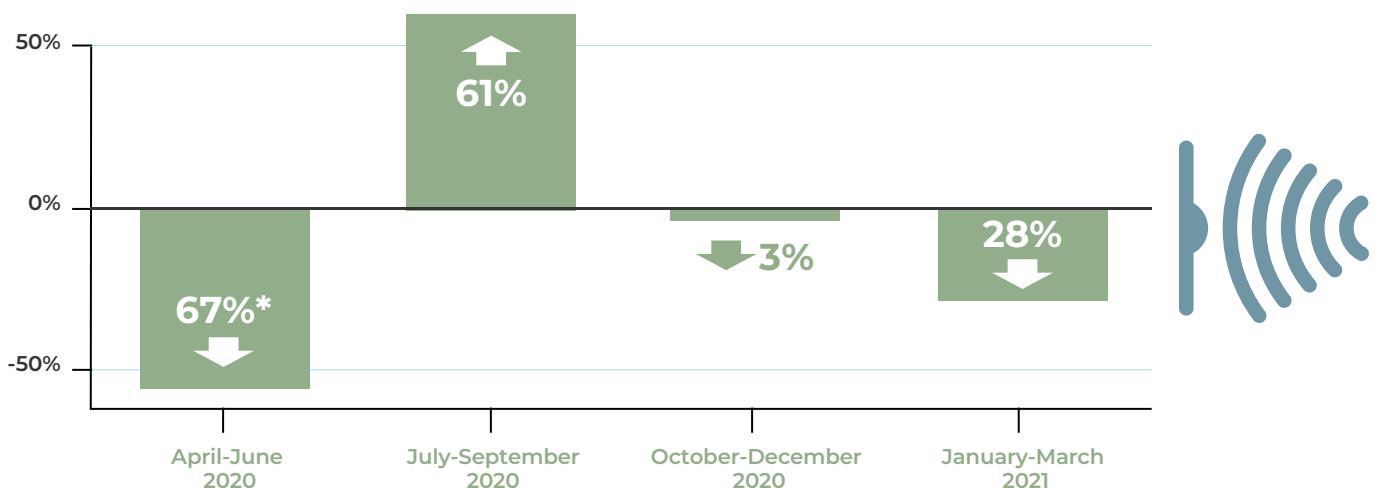
Impact on Radical treatment received

Number of patients undergoing radical prostatectomy in 2020 or 2021 (compared to same period in 2019)



* There was a 43% reduction in the number of men undergoing prostatectomy between April - June 2020 compared with same period in 2019

Number of patients undergoing radical radiotherapy in 2020 or 2021 (compared to same period in 2019)



* There was a 67% reduction in the number of men undergoing radiotherapy between April - June 2020 compared with same period in 2019