Introduction

- Prostate cancer is the most common solid cancer in men with 40,000 new cases diagnosed each year in the UK and its incidence is increasing.
- There are concerns about over-diagnosis and over-treatment in men with low-risk disease, while men with locally advanced or high-risk disease may not be getting the radical treatments (multimodal therapy) that they need.
- The aim of the National Prostate Cancer Audit (NPCA) is to assess the process and outcomes of prostate cancer care provided by the NHS in England and Wales.
- The audit started on the 1st April 2013 and will continue for a minimum of five years.
- The audit is based at the Clinical Effectiveness Unit (CEU) at the Royal College of Surgeons of England (RCS).
- NPCA is managed as a partnership with the British Association of Urological Surgeons (BAUS), the British Uro-Oncology Group (BUG) and the National Cancer Registration Service (NCRS).

‘A national clinical audit of prostate cancer care will improve clinical practice and patient outcomes, and ultimately save lives. The success of this audit has our full support and commitment.’
~ Adrian Joyce, President of BAUS

Key Objectives

Year 1
- carry out an organisational audit of prostate cancer care in England and Wales
- analyse existing data to provide comparative background data for the audit
- design a national data collection system and a short and simple minimum dataset for the prospective audit

From Year 2
- collect prospective data from each newly-diagnosed patient discussed at a multi-disciplinary team (MDT) meeting
- data collection starts in April 2014

From Year 3
- collect patient-reported outcome measures (PROMs) and patient-reported experience measures (PREMs) from all patients with localised prostate cancer who are candidates for active monitoring or radical treatment 12 months after diagnosis
- data collection starts in April 2015

A new generation of national cancer audit

- A guiding principle of the NPCA’s design is to minimise the burden of data collection on staff and patients.
- NPCA is the first cancer audit to capture the cancer outcomes and services dataset (COSD) routinely used by MDTs (since April 2013) through the newly established NCRS (Figure 1).
- NPCA is also the first cancer audit to systematically measure the functional impact of radical therapies on patients’ lives.

‘BUG supports NPCA as it is a fantastic opportunity to provide accurate data directly from MDTs with minimal administrative burden on staff and patients alike. This will improve the quality of care and outcome of patients nationwide.’
~ Simon Russell, Secretary of BUG

Figure 1. Schematic of prospective audit data collection

What improvements are anticipated?

- Appropriate use of active surveillance for men with low risk prostate cancer based on patient choice.
- Appropriate use of multimodality for men with high risk or locally advanced disease.
- Improved safety and toxicity profile for prostate cancer therapy.
- Reduced variation in prostate cancer therapy across NHS Trusts.
- In addition, the findings from the feasibility study of PSA testing will guide the planning of a national approach for the diagnosis of prostate cancer in line with men’s preferences.

The NPCA is commissioned by the Healthcare Quality Improvement Partnership (HQIP) as part of the National Clinical Audit and Patient Outcomes Programme (NCAPPO)

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