NPCA Annual Report 2017 Summary

PARTICIPATION & DATA COLLECTION



All NHS Providers of prostate cancer care in England and Wales are participating in the audit

At present, data completeness in England does not reach the high level achieved in Wales

The report covers men diagnosed between 1st April 2015 - 31st March 2016

41.739



55%

men were diagnosed with prostate cancer in England and Wales

of men were 70 years or older

PROSTATE CANCER DIAGNOSTICS

- · Multiparametric MRI is increasingly being used prior to prostate biopsy
- Transrectal ultrasound remains the most common biopsy technique, although newer transperineal techniques are being recorded

DISEASE PRESENTATION

England





Wales

The proportion of men presenting with metastatic disease at diagnosis is stable

TREATMENT ALLOCATION IN ENGLAND



of men with low-risk. localised disease underwent radical treatment and are potentially 'over-treated'

This compares favourably with

12% of men in 2014/15

Fewer men with high-risk localised/locally advanced disease were potentially 'under-treated' in 2015/16

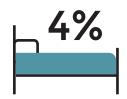


of these men received radical treatment, which is an improvement compared with



However, regional variation in potential 'over-treatment' and/or 'under-treatment' is apparent

TREATMENT OUTCOMES IN ENGLAND



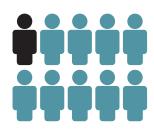
proportion of men readmitted to hospital as an emergency within 90 days following radical prostatectomy

Within 2 years of treatment 1 in 10

a severe genitourinary complication following radical prostatectomy



a severe gastrointestinal complication after radical external beam radiation



For the first time, the NPCA publishes a riskadjusted comparison of these validated short-term and medium-term performance indicators by NHS provider in England

RECOMMENDATIONS



Prostate cancer teams (local and specialist MDTs) within NHS Trusts/Health Boards

- Ensure that data quality issues are identified and urgently addressed across the patient pathway
- Review provider-level performance indicators and implement changes to local practices where required in keeping with clinical guidelines and NPCA 'Implications for the care of men with prostate cancer'



Commissioners and Health care regulators

- Review regional results to identify areas where improvements can be made
- Work with local NHS providers to develop strategies to reduce variation in the care provided to patients

