

Patient Summary 2016 – First and Second Year Annual Reports



Prostate Cancer: Facts & Figures

Prostate cancer is the most common cancer in men with over 40,000 new cases diagnosed each year in the United Kingdom. 1 in 8 men will get prostate cancer in their lifetime and over 330,000 men are living with prostate cancer.

What is the National Prostate Cancer Audit (NPCA)?

This is a national clinical audit of the care given to men diagnosed with prostate cancer in England and Wales. The NPCA started on 1st April 2013 and is run by a team of clinicians, audit experts and cancer information specialists from the Royal College of Surgeons of England, the British Association of Urological Surgeons, the British Uro-oncology Group, and the National Cancer Registration Service.

Aims of the Audit

The NPCA provides important information about all patients diagnosed with prostate cancer. Its findings will give us a better understanding of how patients are looked after and help us to improve their care.

The NPCA consists of the following components:

1. **A survey of how prostate cancer care is delivered in England and Wales.** This survey collects information from NHS hospitals about the services they provide including available investigations, treatments and access to specialist nurses and doctors.
2. **An analysis of existing databases on men previously diagnosed with prostate cancer (between 2006 - 2013).** This information provides a baseline so that we can spot changes in how men with prostate cancer are being treated and how well they are doing.
3. **An ongoing clinical audit of all men diagnosed with prostate cancer in England and Wales.** The audit collects information about how the prostate cancer was diagnosed, what treatments were provided and the outcomes for every patient diagnosed in England from 1st April 2014 and 1st April 2015 in Wales.
4. **A survey of patients who have had, or are being considered for radical treatment** (a treatment aiming to get rid of all cancer tissue). This survey will be mailed to patients 18 months after diagnosis so that they can report their experience of care following diagnosis and their outcomes after treatment.

Key Findings

How prostate cancer care is delivered in England and Wales: Survey of NHS Trusts and Health Boards

Which hospitals offer prostate cancer care?

- The NPCA national survey, carried out in 2014, showed a total of 143 Trusts in England and 10 hospitals in Wales provide prostate cancer services to patients.
- If prostate cancer services or treatments are not available onsite at a particular hospital then patients will receive them in a partnering hospital.

What investigations are available onsite in these hospitals?

- MRI scans, which are used to investigate where the cancer is within the prostate and if it has spread outside the prostate, were available onsite in 99% of hospitals in England and all hospitals in Wales. Bone scans can show whether any cancer cells have spread to the bone were also available onsite in 92% of hospitals in England and all hospitals in Wales.

Surgical Treatment

Where and how is prostate surgery performed?

- Radical surgery (surgery aiming to fully remove the prostate cancer) is carried out in specialist centres in keeping with national guidelines. 61 English centres and 1 Welsh centre offer this type of treatment onsite. Patients in North Wales may also receive surgical treatment in England. Key-hole (robot-assisted laparoscopic) surgery is a new technique and may reduce number of days spent in hospital after the operation. This new technique is becoming increasingly popular and is available in 43% of hospitals in England and in 20% of hospitals in Wales.

Radiotherapy Treatment

Where and how is radiotherapy to the prostate performed?

- Radiotherapy services are similarly concentrated in specialist centres. 54 centres in England and 3 centres in Wales offer radical radiotherapy treatments (radiotherapy aiming to kill all the prostate cancer cells). An advanced type of radiotherapy which focuses on delivering radiation to the prostate and not the surrounding tissues known as IMRT (intensity modulated radiotherapy) is available in 91% of the centres in England and in 100% of centres in Wales.

Which prostate cancer care support services are available?

- The majority of hospitals have a urological clinical nurse specialist (CNS) available onsite. This is the case in 97% of hospitals in England and in 90% of hospitals in Wales. However, the NPCA report recommended that more specialist nurses are needed with a background in prostate cancer.
- Support services to patients with prostate cancer include a cancer advisory centre (e.g. Macmillan centre), sexual function and continence services, and psychological and counselling services. 90% of hospitals in England and Wales provide sexual function and continence services. However, only 80% of hospitals in England and 60% of hospitals in Wales have a cancer advisory centre. Access to all support services has been highlighted by the NPCA as an area of the prostate cancer pathway in which access need to be improved.

Trends over time

The NPCA has access to an existing database of men previously diagnosed with prostate cancer from 2006. This allows the NPCA to identify important trends over time such as those mentioned below:

- **A reduction in over-treatment of low-risk prostate cancer** (prostate cancer unlikely to spread beyond the prostate): The percentage of men with low-risk disease who underwent radical treatment went down from 28% between 2006 and 2008 to 13% between 2010 and 2013.
- **A reduction in under-treatment of locally advanced disease** (prostate cancer that has spread beyond the prostate): 27% of men between 2006 and 2008 compared to 47% between 2010 and 2013 received radical treatment.
- **Length of stay after radical surgery is reducing:** 22% of patients diagnosed between 2010- 2013 stayed longer than three days in hospital compared to 53% between 2008 and 2010.

Annual Reports

The NPCA has thus far released two Annual Reports in 2014 and 2015 which provide a more in-depth analysis of the Audit's findings. Both reports can be accessed on the NPCA website (www.npca.org).

The Future of the NPCA

Clinical audit of care for newly diagnosed men with prostate cancer

- The audit started collecting data for patients diagnosed from the 1st April 2014 onwards in England and from 1st April 2015 onwards in Wales. Preliminary data from the first 4 months (1st April 2014 – 31st July 2014) shows that the audit will be able to answer important questions about how prostate cancer is diagnosed and treated at the present time.

Patient outcome and experience questionnaires

- The first surveys have been mailed to patients who were diagnosed with prostate cancer 18 months ago and who received radical treatment to find out how they feel about their treatment and outcomes.

The next results will be published in the NPCA Annual Report and Patient Summary in 2016.

- The NPCA works within strict rules covering data protection and confidentiality. Individual patients are never identified in the NPCA's results.

Glossary

Bone Scan

A scan of the body to check for any changes or damage to the bones. It may be used to find out whether prostate cancer has spread to the bones.

Brachytherapy

A type of internal radiotherapy. It involves putting a source of radiation directly inside the prostate.

Clinical Nurse Specialist (CNS)

These are experienced senior nurses who have undergone specialist training. They play an essential role in improving communication with a cancer patient, being first point of contact for the patient, and coordinating the patient's treatment.

External Beam Radiotherapy

The use of high energy X-ray beams directed at the prostate from outside the body to kill cancer cells. It can be used to treat localised or locally advanced prostate cancer.

Intensity-modulated radiotherapy (IMRT)

A type of external beam radiotherapy. Radiation beams are delivered in different doses to different parts of the area being treated. This means that a higher dose of radiation can be given to the prostate without causing too much damage to surrounding healthy tissues.

Metastasis

Cancer tissue that has spread from the place in which it started to other parts of the body.

Magnetic Resonance Imaging (MRI)

A type of scan that uses strong magnetic fields and radio waves to produce detailed images of the inside of the body.

Radical treatment

Treatment aimed at curing prostate cancer (getting rid of all cancer tissue) which includes prostatectomy and radiotherapy (including brachytherapy).

Radiotherapy

The use of radiation to destroy cancer cells. There are different types of radiotherapy, including external beam radiotherapy and brachytherapy.

Robotic Prostatectomy

Keyhole surgery which is carried out with the help of a robot.

Urinary Incontinence

Leaking urine. This can range from leaking a few drops of urine when you cough or sneeze to not being able to control urination at all. It can be a side-effect of therapies for prostate cancer. Continence services are available at hospital to help manage these symptoms.