

# National Prostate Cancer Audit

## NPCA Team:

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**Research Fellow:** M Parry

# National Prostate Cancer Audit

- Commissioned by HQIP on behalf of NHS England and Welsh Government
- Based at Clinical Effectiveness Unit, RCS – LSHTM
- Managed as partnership – clinical leadership provided by BAUS and BUG
- Data partners
  - National Cancer Registry and Analysis Service, PHE
  - Wales Cancer Network, PHW
- Audit started in April 2013



# Annual Report 2019

- **Annual Report** published on the **9th January 2020** - available for download on the NPCA website\*

<https://www.npca.org.uk/reports/npca-annual-report-2019/>

- Men diagnosed with prostate cancer between **1st April 2017** and **31st March 2018** in England and Wales.
- **New for 2019:**
  - Docetaxel use in newly diagnosed metastatic prostate cancer
  - Use of hypofractionated radiotherapy
  - Use of brachytherapy boost
  - Update from the organisational survey
  - Targeted organisational survey of radiotherapy centres

*\*Results slides prepared by the NPCA team and presented during BAUN annual meeting in November 2019, BAUS Oncology in December 2019 and COSD Roadshows in January & February 2020.*

# Performance Indicators

## Disease presentation & treatment allocation (*sMDT-level*)

- 1) Metastatic disease at diagnosis
- 2) Potential “over-treatment” of low-risk disease<sup>1</sup>
- 3) Potential “under-treatment” of locally advanced disease<sup>1</sup>
- 4) Docetaxel in metastatic disease<sup>1</sup>
- 5) Hypofractionated radiotherapy use (int.-risk/high-risk/locally adv.)<sup>1</sup>
- 6) Brachytherapy boost in high-risk/locally advanced disease<sup>1</sup>

<sup>1</sup> *Adjusted for age, socio-economic status and comorbidity*

# Performance Indicators

## Treatment-related outcomes (*treatment centre-level*)

- 7) 90-day emergency readmission rate following RP
- 8) Severe GU toxicity within 2 years of RP\*
- 9) Severe GI toxicity within 2 years of EBRT\*

*Adjusted for age, stage, socio-economic status and comorbidity*

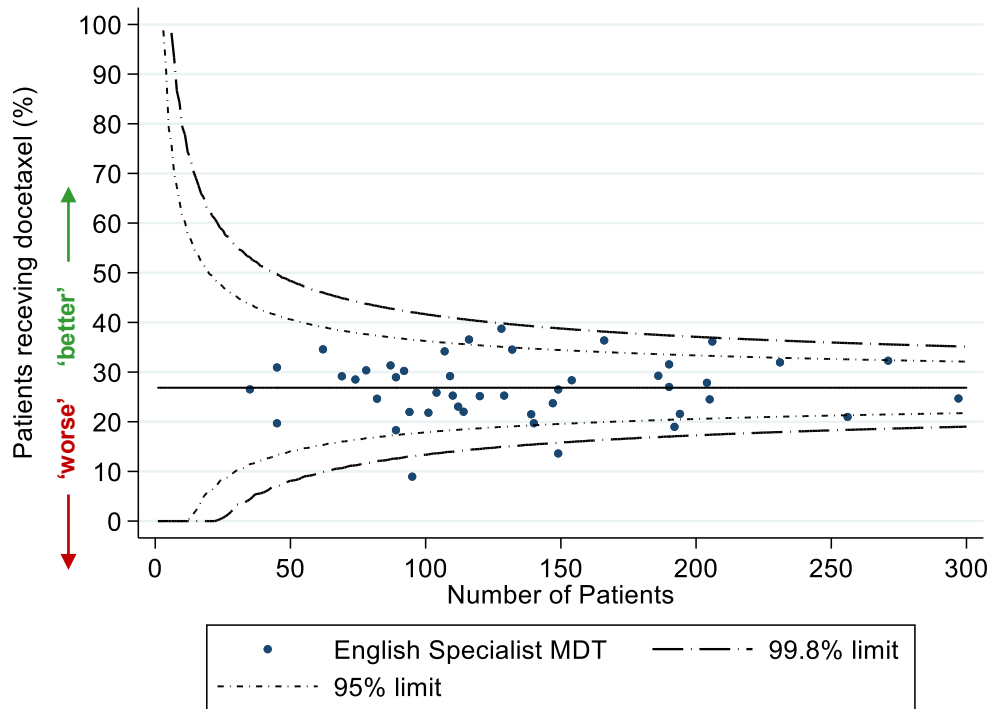
\* Men undergoing radical treatment in 2016

# Key Findings

- The **proportion of men presenting with metastatic disease at diagnosis is stable** in England and Wales (16%)
- Use of **multi-parametric MRI** increasing (overall and pre-biopsy)
- Majority of mpMRI are now performed **pre-biopsy**
- Use of **transperineal biopsies** is increasing (England: 17%; Wales: 7%)
- Potential **'over-treatment'** is static (4%)
- Potential **'under-treatment'** is static (32%)

# Docetaxel use in metastatic disease

- April 2017 – March 2018 (n = 6,092 diagnosed with metastatic disease)
- 27% received docetaxel

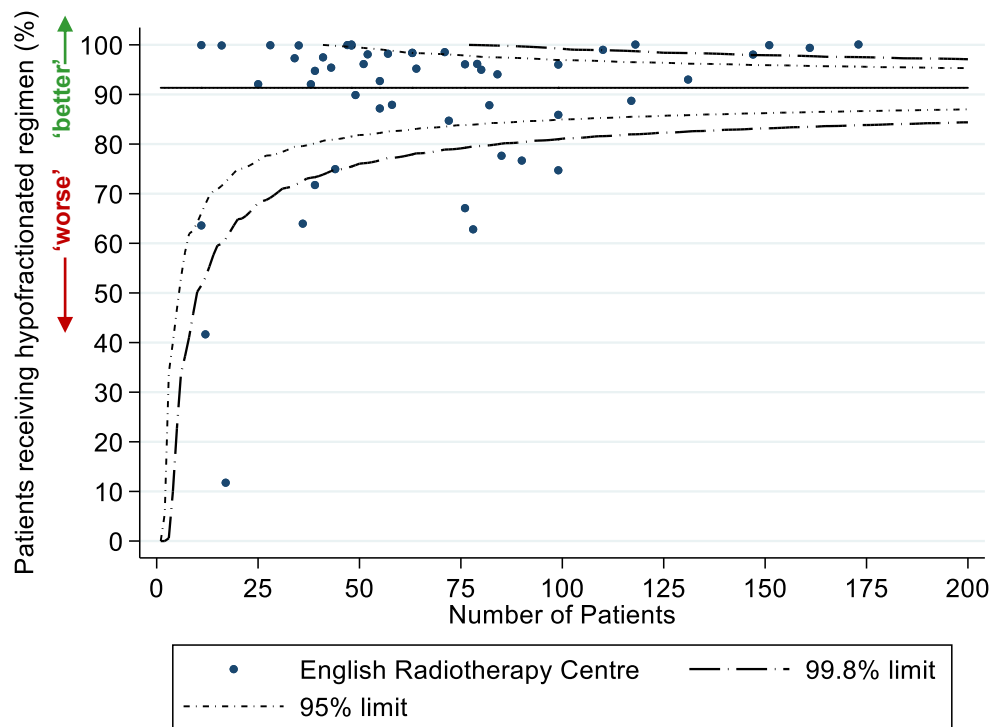


Note: Data was not available for Wales and so Welsh providers were not included.

Individual provider-level results and downloads to support local quality improvement are available on the NPCA website <https://www.npca.org.uk/provider-results/>

## Hypofractionated radiotherapy

- April 2017 – March 2018 (n = 3,522 received EBRT – intermediate-risk)
- 91% received hypofractionated regimen



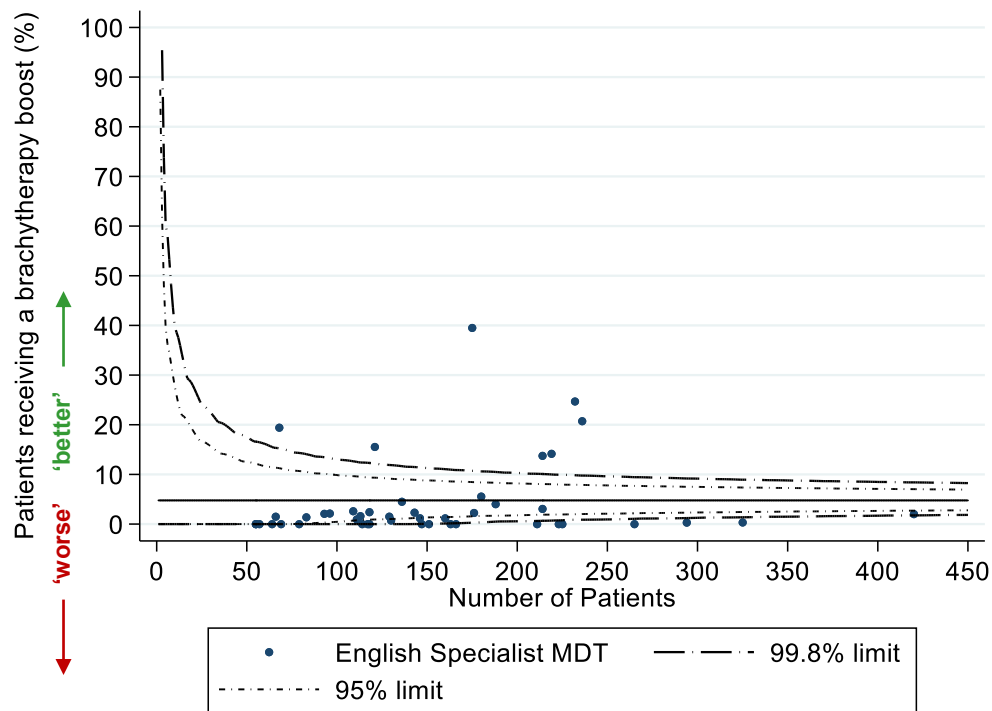
Note: Data was not available for Wales and so Welsh providers were not included.

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## Brachytherapy boost

- April 2017 – March 2018 (n = 7,028 received EBRT – high-risk/locally adv.)
- 5% received brachytherapy (7 sMDTs with substantially higher rates)

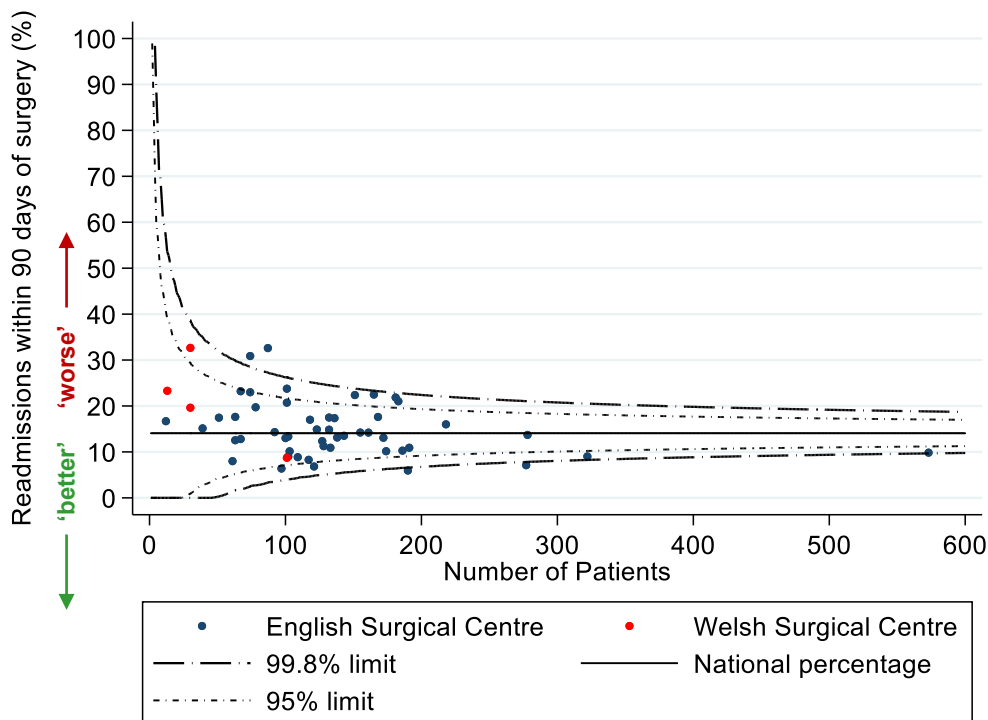


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## 90-day readmissions following RP

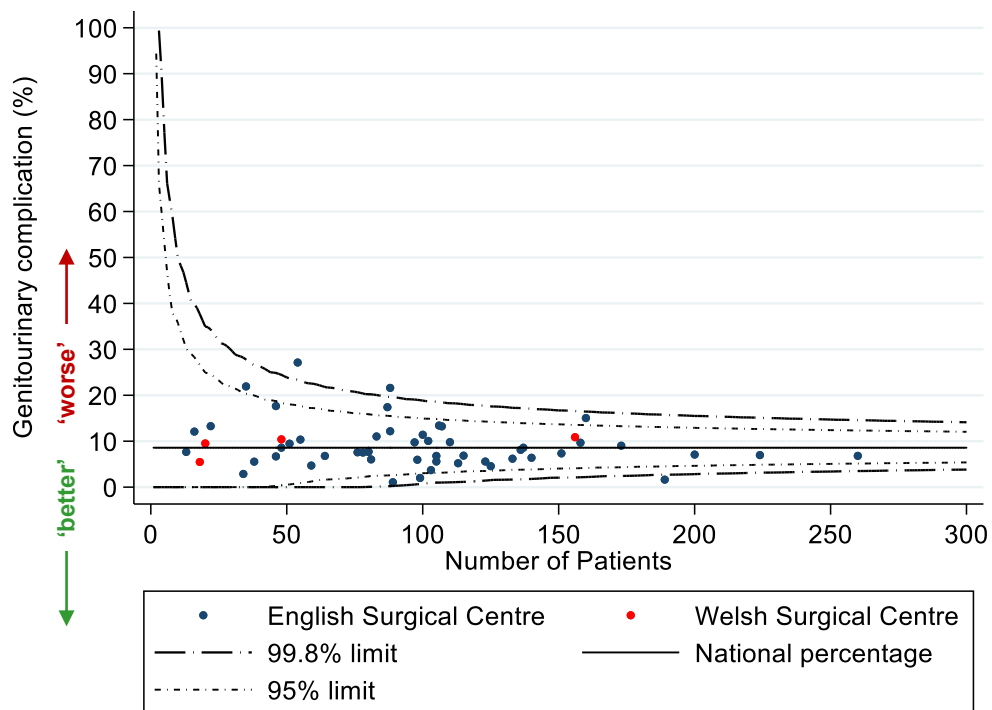
- April 2017 – March 2018 (n = 7,110 underwent RP)
- 14% readmitted (2 outliers)



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## Urinary toxicity following RP

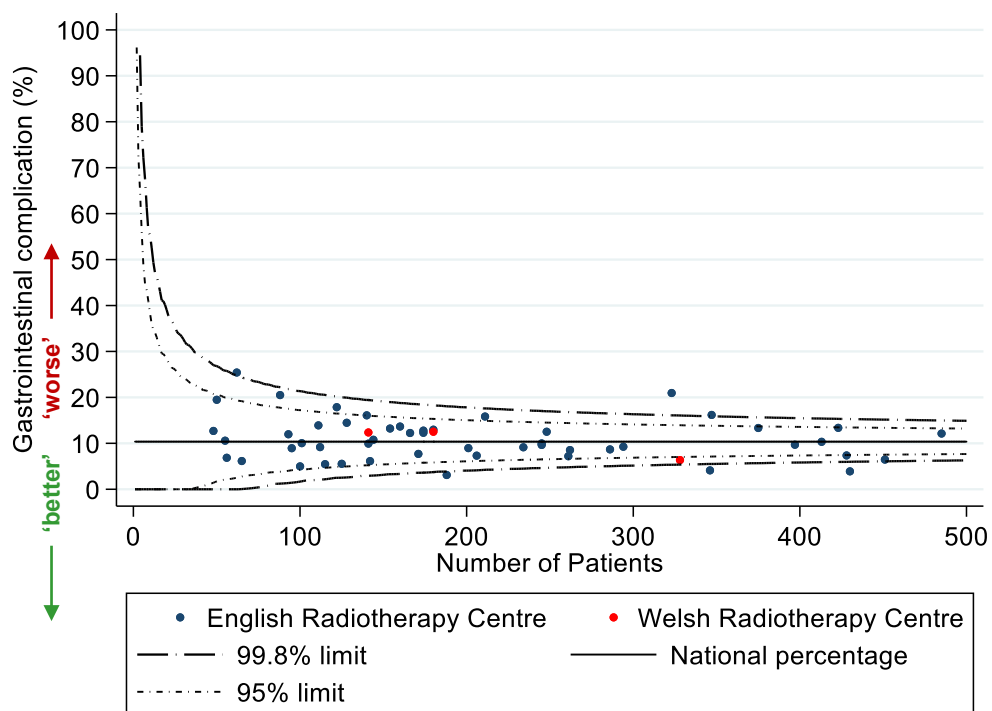
- Radical Prostatectomies in 2016 (n = 5,094)
- 9% severe GU comp (2 outliers)



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## Gastrointestinal toxicity following EBRT

- Radical Radiotherapy in 2016 (n = 11,252)
- 10% severe GU comp (3 outliers)



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# NPCA data set

- For patients diagnosed **1 April 2019 onwards**, the NPCA are using routine data sources only
  - Minimal additional NPCA bespoke data items no longer collected
- Data completeness for **key COSD data items** can be reviewed in the NCRAS CancerStats portal
- Two reports available:
  - **NPCA L2 Data Completeness Reports** monitor the completeness of COSD data returns in real time
  - **NPCA Quarterly PDF Reports** focus on key data items including TNM staging, Performance Status, CNS contact, PSA (Diagnosis), Prostate Biopsy Technique, Consultant Code (Surgeon), Procedure - Nerve sparing and Radical Prostatectomy Margin Status

# New NPCA data items – COSD v9.0

- **UR15440 BIOPSY ANAESTHETIC:** Record the type of anaesthetic used during the biopsy (Local, Sedation, General, Not known)
- **UR15500 mpMRI PRE-BIOPSY:** Indicate if a multiparametric mpMRI performed on the patient before the biopsy (Yes, No, Not known)
- **UR15510 MRI/FUSION BIOPSY:** Indicate if a MRI/Fusion Biopsy was performed on the patient (Yes, No, Not known)

# Future Plans

- Further collection of **PROMs** and **PREMs** – update in recent NPCA newsletter

<https://www.npca.org.uk/news/npca-winter-newsletter-2019/>

- Annual update of **organisational survey**
- NCRAS Data Improvement Leads continue to liaise directly with providers to **improve data quality**
- Make NPCA a key driver of **quality improvement**
  - **NPCA Quality Improvement Workshop** took place on **13.12.19**

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# Thank you from the NPCA team for collecting and submitting the data.

## Questions?

If you have any further questions or would like to be added to the NPCA mailing list please contact the NPCA team:

[www.npca.org.uk](http://www.npca.org.uk)

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