

# Prostate Recovery

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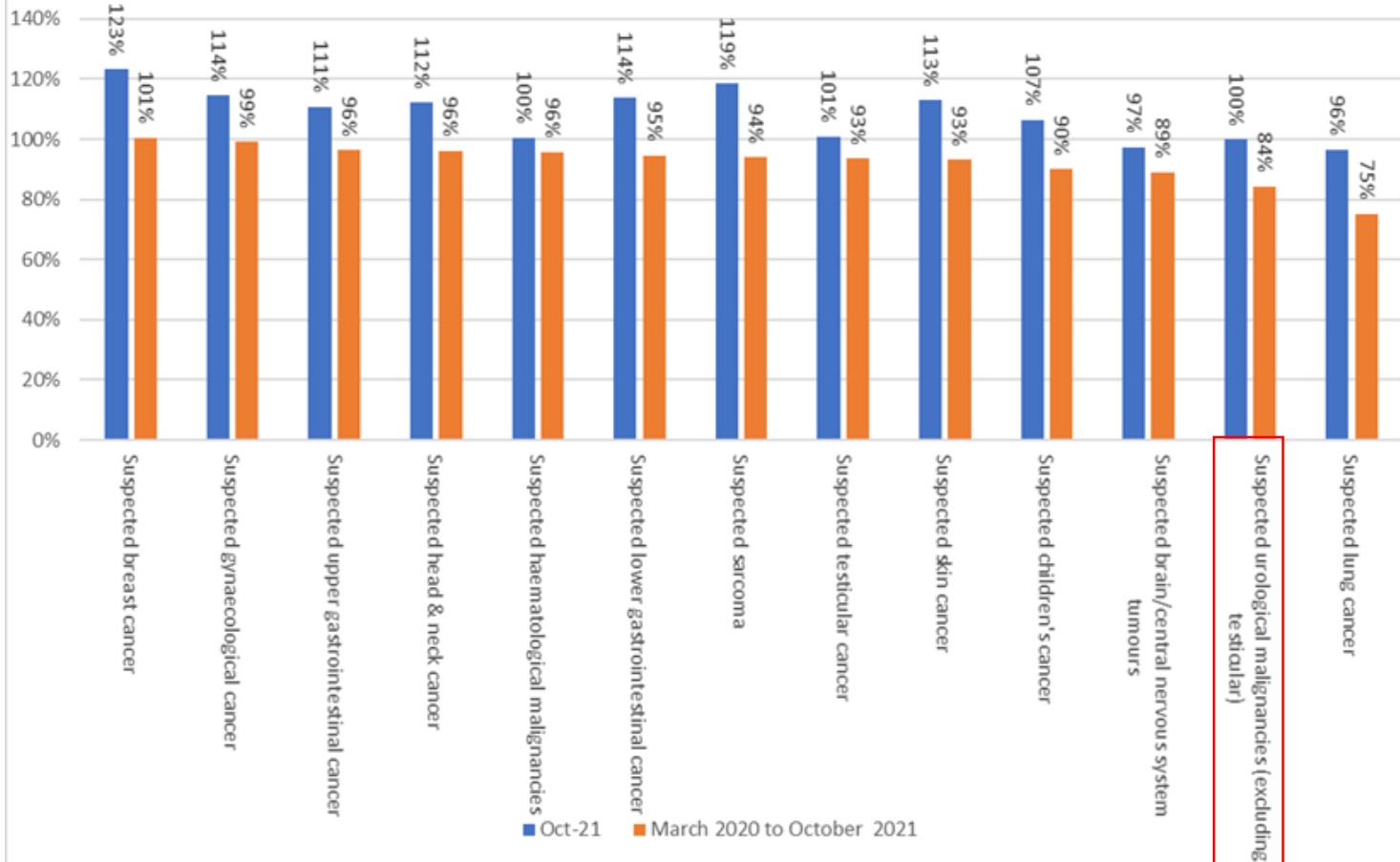
NHS England and NHS Improvement



# Referrals for prostate cancer fell to 41% of usual levels at the start of the pandemic have been among the slowest to recover



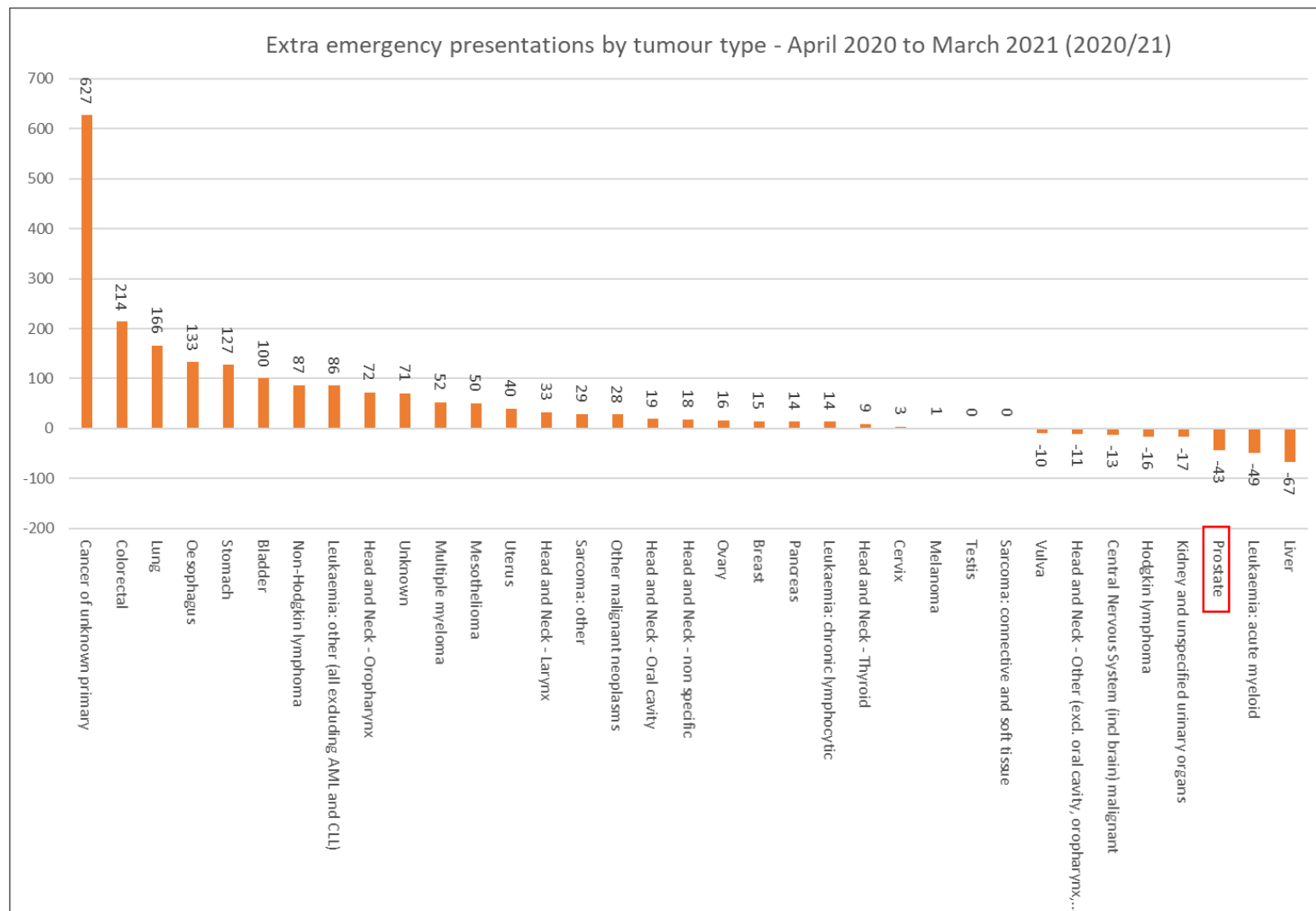
Usual levels of Urgent Suspected Cancer Referrals by tumour type  
October 2021 and March 2020 - October 2021



- The prostate pathway remains particularly challenged.
- Referrals fell to 41% of usual levels at the start of the pandemic and only recovered to pre-pandemic baseline in August 2021.
- Despite the recovery in referrals, there are some systems where referrals are 10% below normal levels and, cumulatively, we are well below the pre-pandemic baseline.

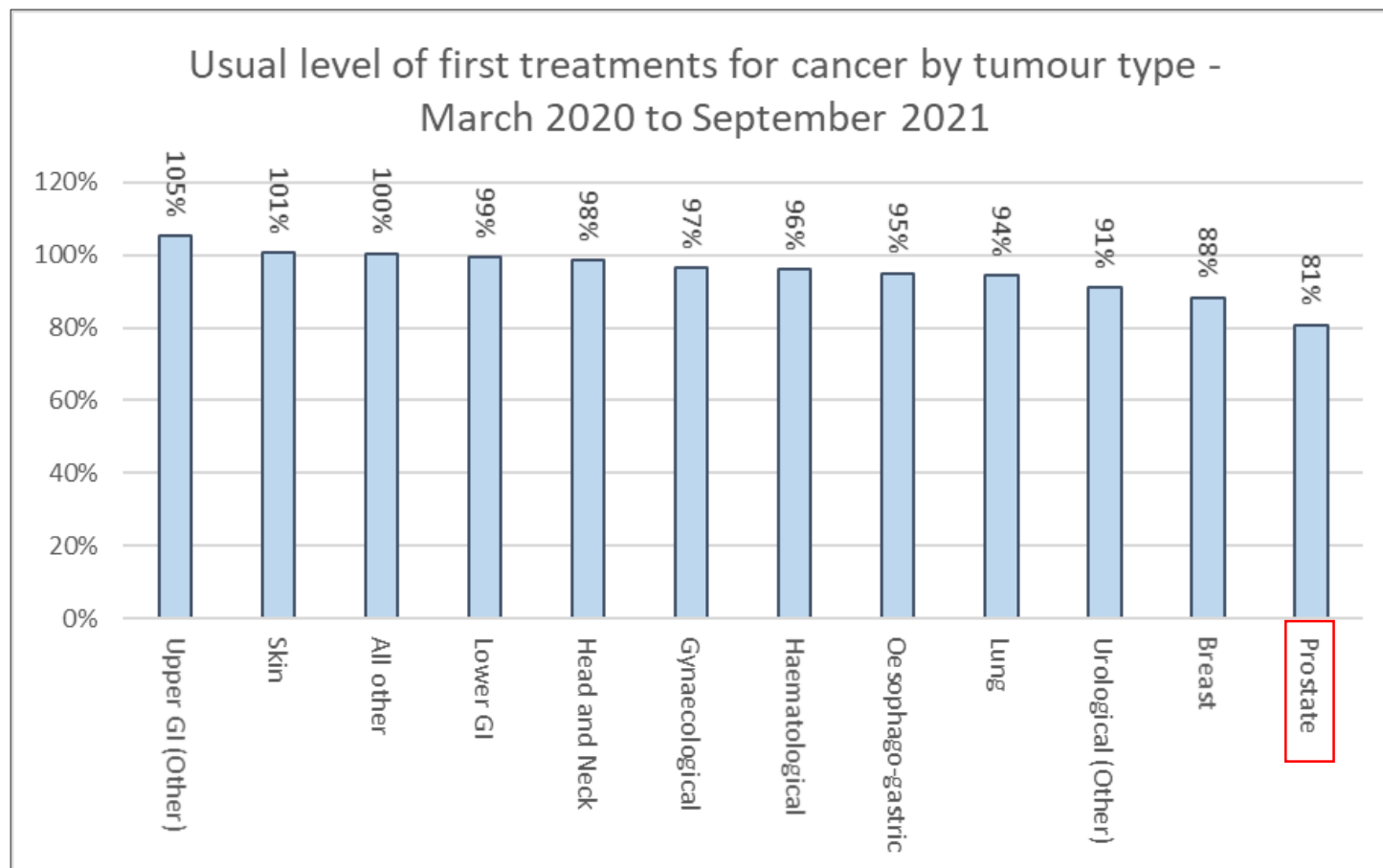
# Many patients are still to come forward.

Emergency presentations for prostate cancer were slightly below pre-pandemic levels between April 2020 and March 2021



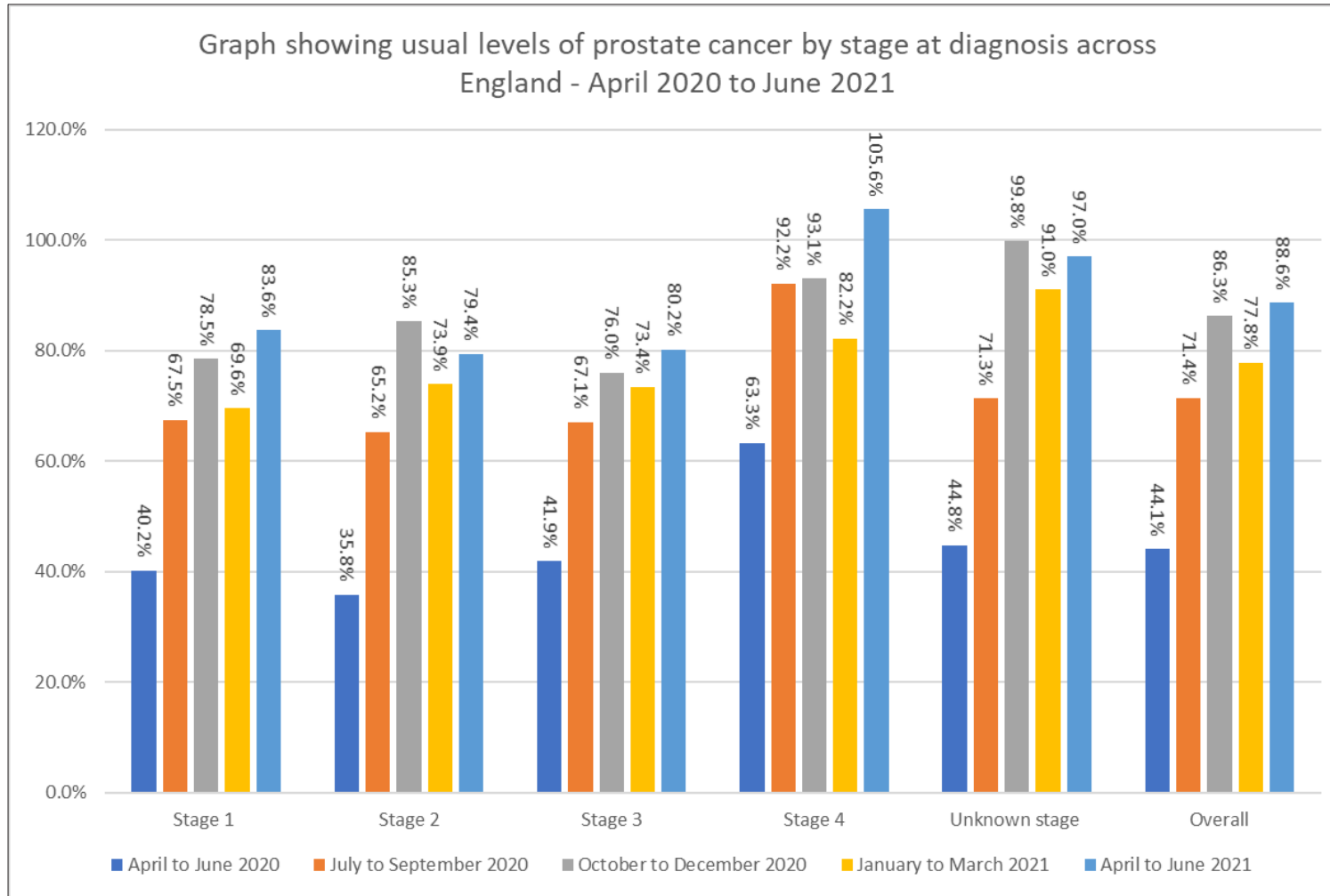
- Overall emergency presentations of prostate cancer were at slightly below pre-pandemic levels in 2020/21, with 43 less patients diagnosed in 2020/21 compared to 2019/20 (1,954 vs 1,997).
- This trend appears to be reversing in the last 3 months of data, however.

# Fewer people have started treatment for prostate cancer than expected, with first treatments at 81% of usual levels



- Reduced referrals are in turn affecting treatment numbers, with urological cancers having the largest total treatment gap.
- Between March 2020 – September 2021 prostate made up around 1 in every 3 patients within the overall treatment gap.
- This equates to around **12-13,000** patients.

# People with early stage cancers have not come forward and started treatment



- Data from the Rapid Registrations Dataset by NCRAS up to June 2021 showed variation in first treatments by stage.
- Whilst stage 4 disease has now recovered to pre-pandemic levels, first treatments for stages 1-3 all remain below the pre-pandemic baseline.
- PSA testing reduced significantly at the start of the pandemic. Levels of testing improved following the first lockdown but remain below baseline
- The staging data indicates that the issue is not confined to PSA testing or early-stage disease.
- Cumulative across the pandemic up to June 2021 levels of diagnosis were:
  - Stage 1 – 68%
  - Stage 2 – 68%
  - Stage 3 – 68%
  - Stage 4 – 87%
  - Unknown – 81%

# Implementation of best practice timed pathway for prostate cancer will speed up diagnosis, and mpMRI use is increasing

The best practice timed pathway introduced the following changes to support quality improvement and reconfiguration of prostate cancer diagnostic services, and improved ability to meet demand alongside faster and lower risk diagnostics for patients:

- Use of nurse-led triage to act as an interface with primary care and ensure patients are prepared for a straight to test pathway, reducing delays at the point of referral
- Use of mpMRI prior to biopsy – to calculate a radiological risk score for each patient (the PIRADS score) which in low risk cases can avoid the need for biopsy
- For those patients who do need biopsy, the MR image can be marked by a uro-radiologist so that a targeted biopsy of the prostate can be performed, improving clinical accuracy
- Use of trans-perineal biopsy to reduce the risk of infection, under local anaesthetic where possible
- Completing MRI and biopsy within 9 days of referral, so that staging, MDT review and discussion of treatment options with the patient can happen within 28 days of referral

The Diagnosis Imaging Dataset shows that 10,780 multi-parametric magnetic resonance imaging scans of the prostate were performed in 2020, compared to 7,395 in 2019. **This is an increase of 3,385 (46%) during the first year of the pandemic.**

To find, diagnose and treat the men who have not started treatment during the pandemic, we need to take a broad range of actions



### 1. Raise awareness of risk and symptoms

- Work with Prostate Cancer UK to raise awareness of prostate cancer risk and encourage men at risk to act by directing them to the PCUK risk checker.
- Distribute leaflets and information videos to COVID19 vaccination sites during future booster campaigns.

### 2. Local awareness raising and action

- Work with Cancer Alliances where referral rates remain below the pre-pandemic baseline to identify at risk groups and support case finding.
- Cancer Alliances working with local groups and patients to raise awareness among particular communities.

### 3. Primary care engagement and support

- Work with primary care to understand the challenge in prostate cancer recovery and provide information, resources and training to support referrals and implementation of the Prostate Cancer Risk Management Programme.

### 4. Pathway improvement

- Through Elective Recovery Funding, introduce nurse-led triage in 13 Cancer Alliances.
- Implement best practice timed pathway for prostate cancer to speed up diagnosis or exclusion of cancer.
- Elective Recovery Plan and £5.4 billion funding package for October 2021 to March 2022 to ensure the diagnostic and treatment capacity is in place