

Impact of the Covid-19 pandemic: findings from the National Prostate Cancer Audit

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ORIGINAL ARTICLE |  Free Access

Impact of the Covid-19 pandemic on the diagnosis and treatment of men with prostate cancer

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First published: 25 January 2022 | <https://doi.org/10.1111/bju.15699>

Diagnosis and treatment of men with prostate cancer during the Covid-19 pandemic

Aims:

- Evaluate the impact on the diagnosis and treatment of men with prostate cancer (PCa)
- Quantify the proportion of the 'at risk' population who have experienced delays or changes in care

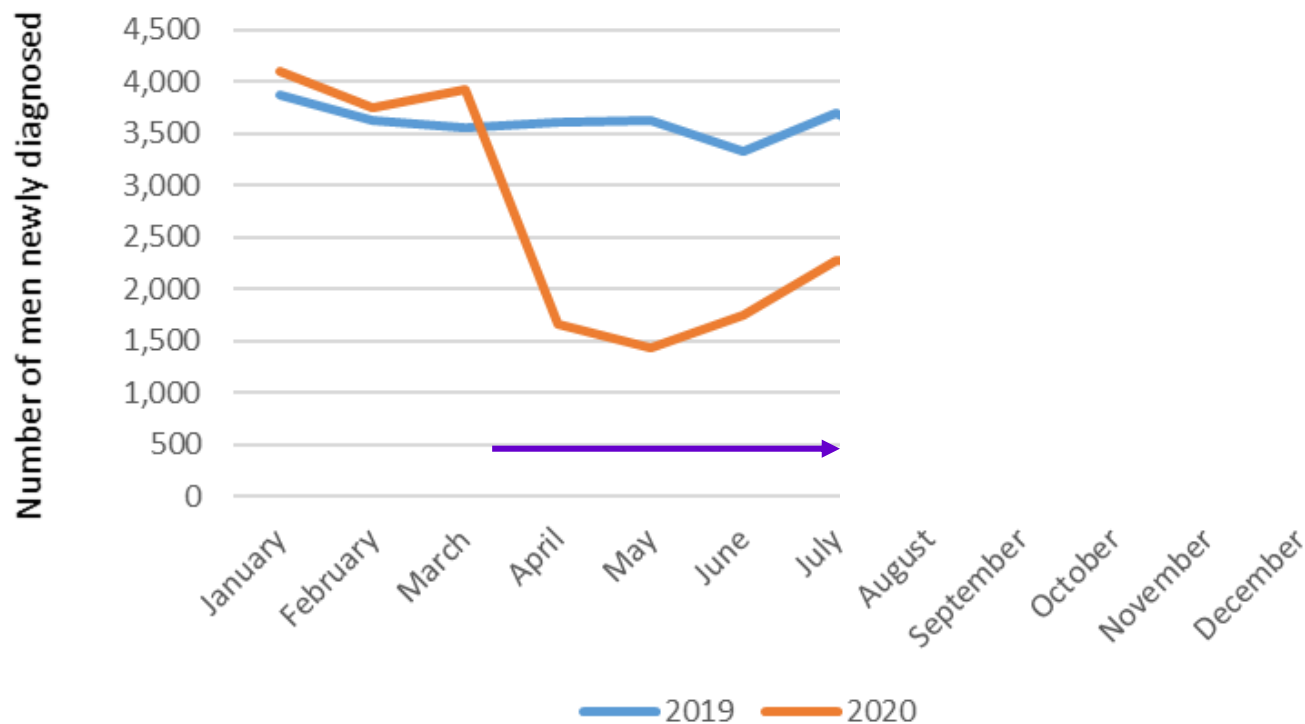
Diagnosis and treatment of men with prostate cancer during the Covid-19 pandemic

Methods:

- Diagnostic and treatment activity was determined across all NHS hospital providers of PCa care in England
 - compared with the same calendar periods in 2019
- Considered patients to be diagnosed or treated in the initial phase of the pandemic if date of diagnosis/treatment was between 23.03.20 (start of the first lockdown) – 04.07.20 (restrictions eased)

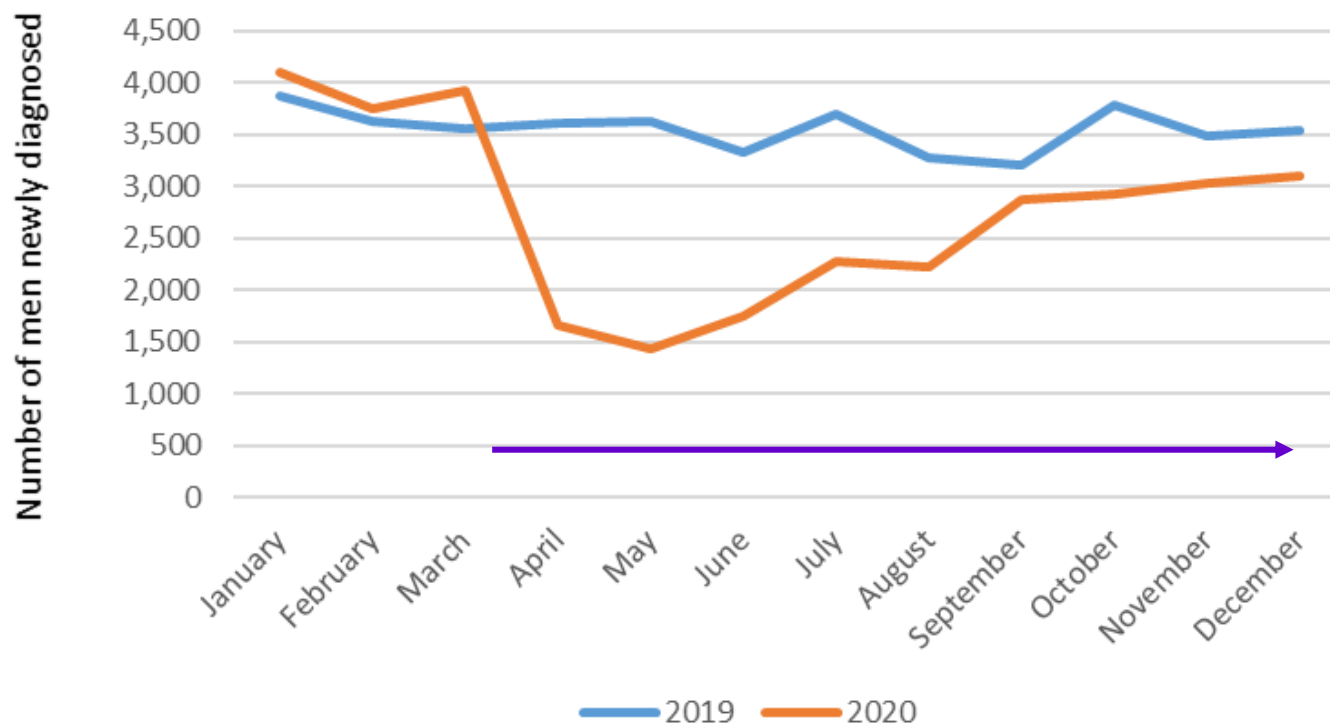
Prostate cancer diagnoses

- 48.3% reduction (6,247 vs 12,066) in the number of men newly diagnosed during the first lockdown in 2020 compared with the corresponding period in 2019



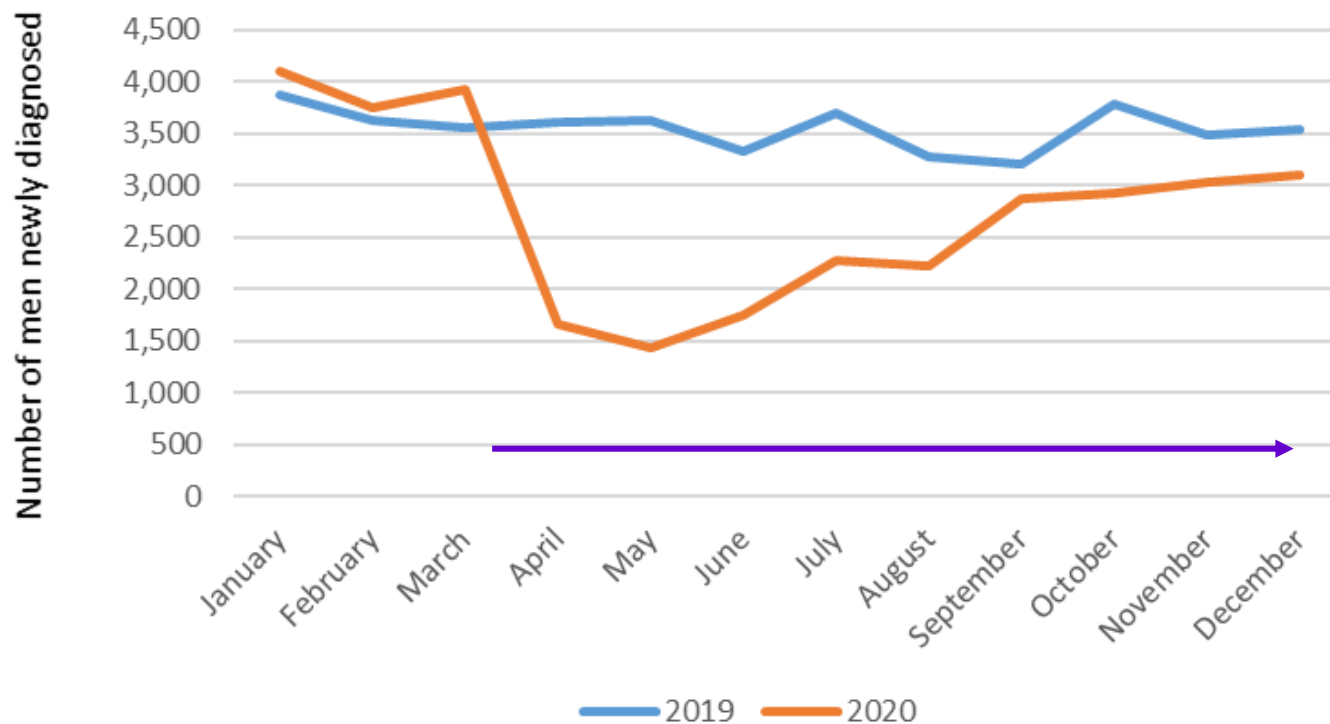
Prostate cancer diagnoses

- Overall, 30.8% reduction (22,419 vs 32,409) in the number of men newly diagnosed after the start of the first lockdown to the end of 2020 compared with 2019



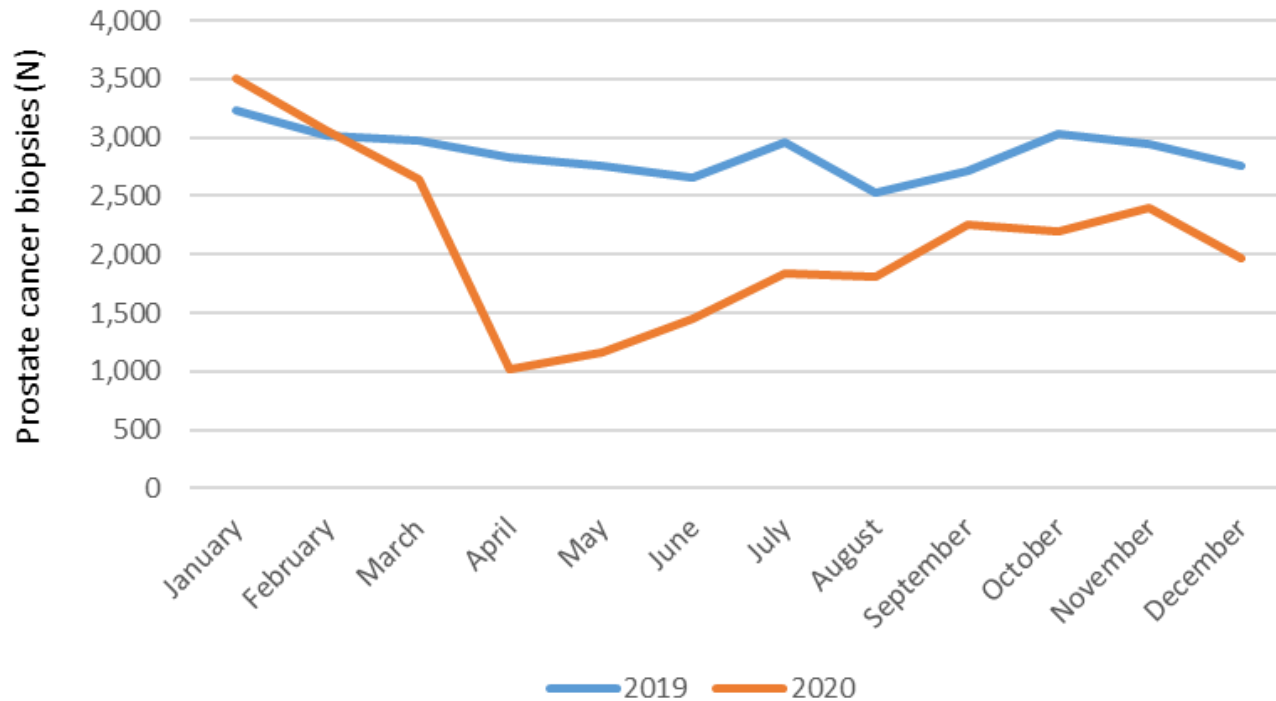
Prostate cancer diagnoses

- Men were more likely to be diagnosed at a more advanced stage (21.2% vs 17.4%, stage IV; 2020 vs 2019) and were slightly older (57.9% vs 55.9% ≥ 70 years, $p < 0.001$)



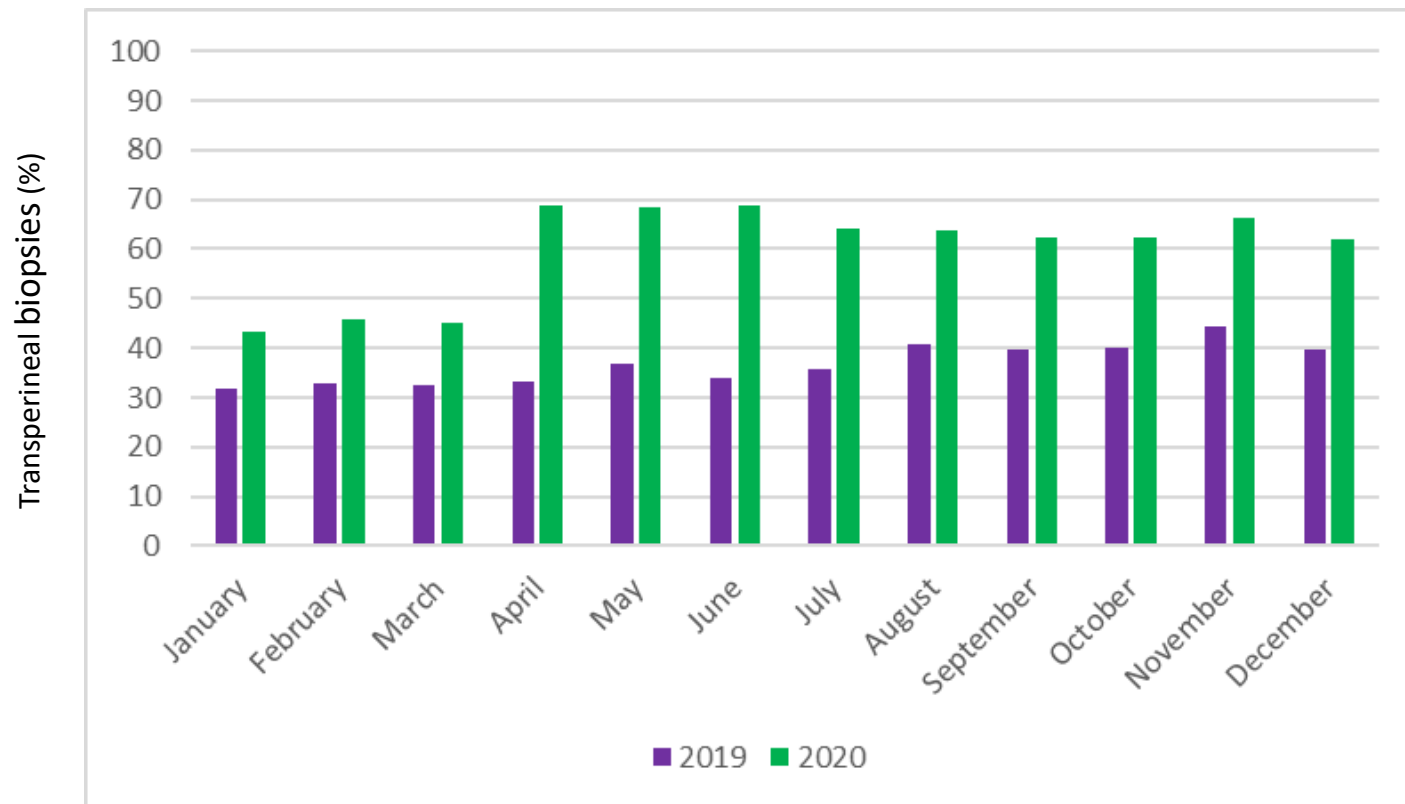
Prostate biopsies

- Corresponding reduction in the number of prostate biopsies performed



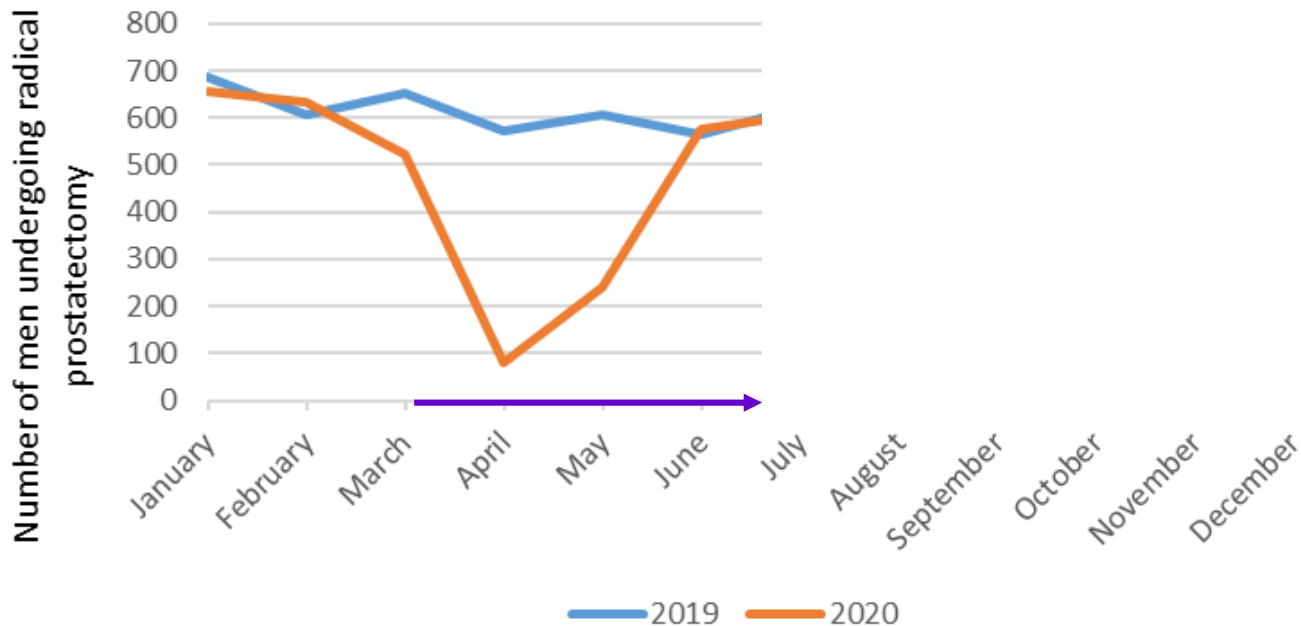
Prostate biopsies

- More often performed through the transperineal (TP) vs transrectal (TR) route after the start of the first lockdown in 2020 compared with the corresponding period in 2019 (TP vs TR, 64.0% vs 38.2%)



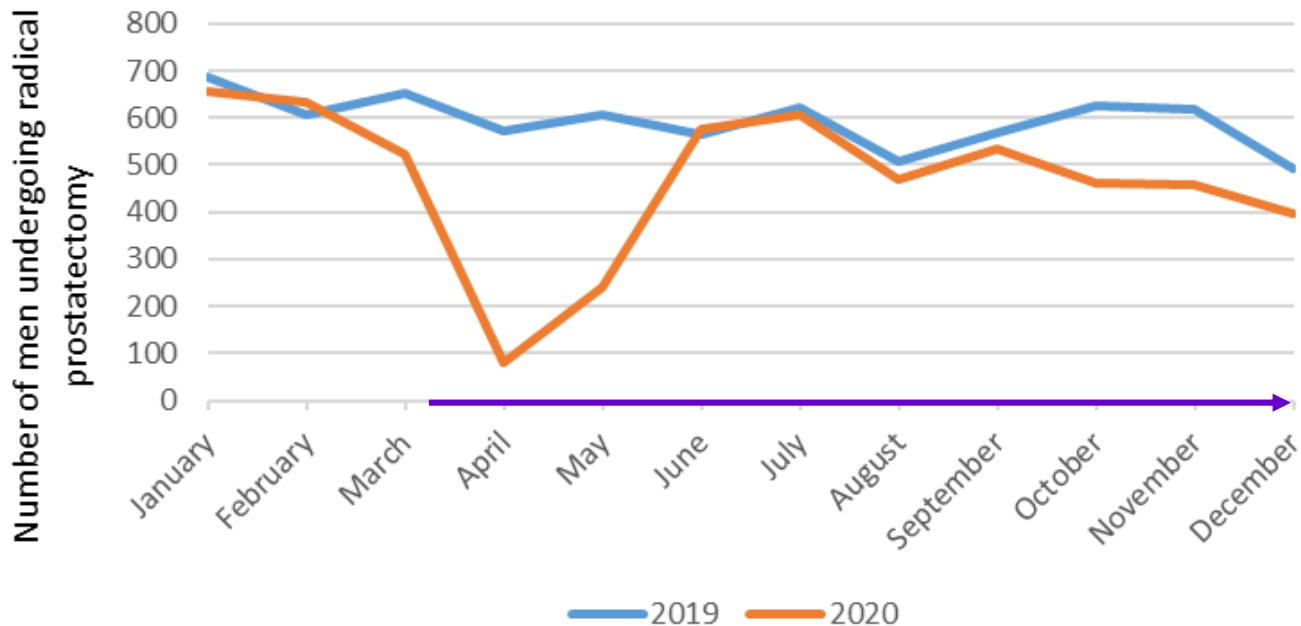
Surgery (radical prostatectomy, RP)

- 46.3% reduction (1,076 vs 2,005) in the number undergoing RP during the first lockdown compared with the same calendar period in 2019



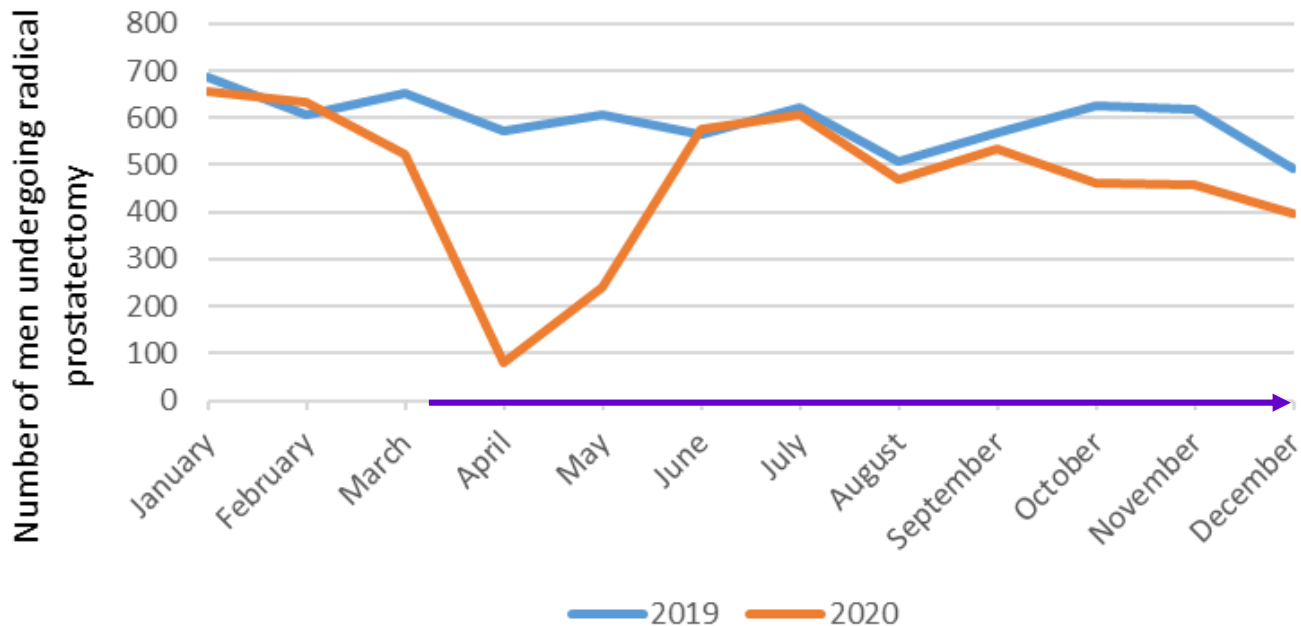
Surgery (radical prostatectomy, RP)

- Overall, 26.9% reduction (3,896 vs 5,331) in the number of men undergoing surgery



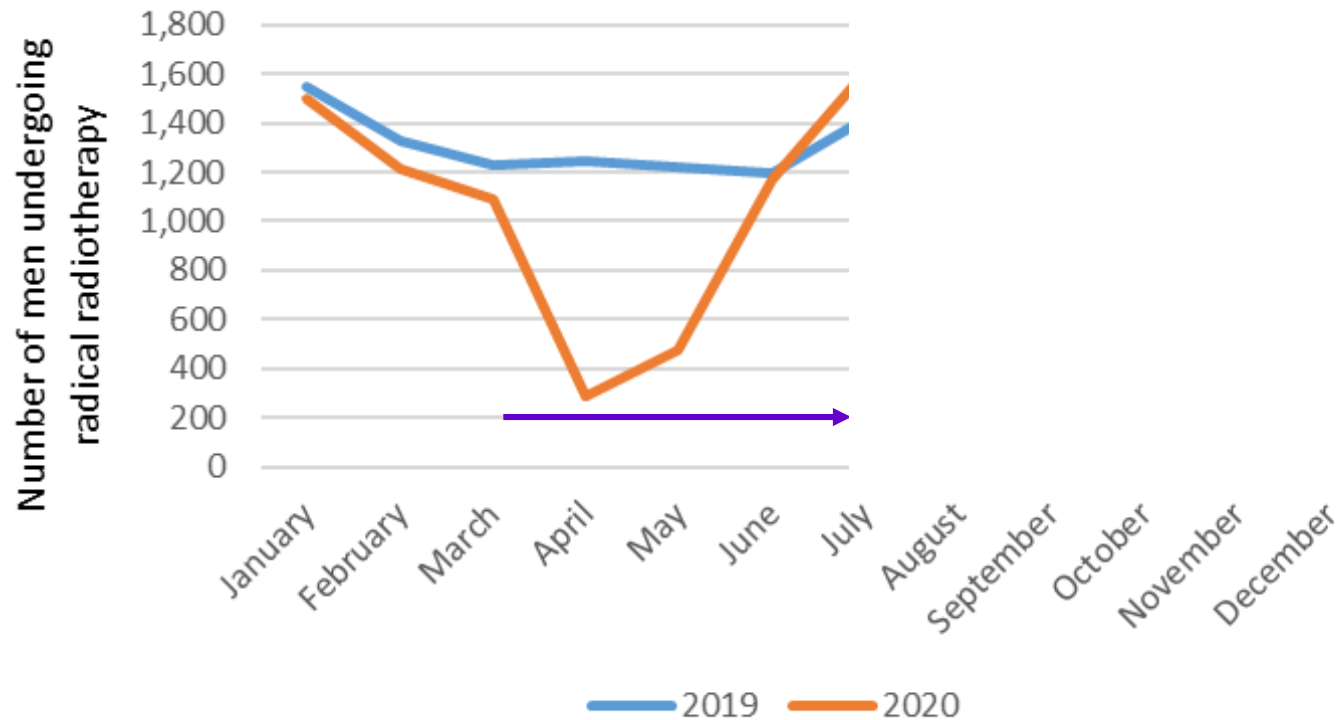
Surgery (radical prostatectomy, RP)

- Cancer stage in men undergoing RP was less advanced than those in 2019 (34.8% vs 39.6%, stage 3; 2020 vs 2019)



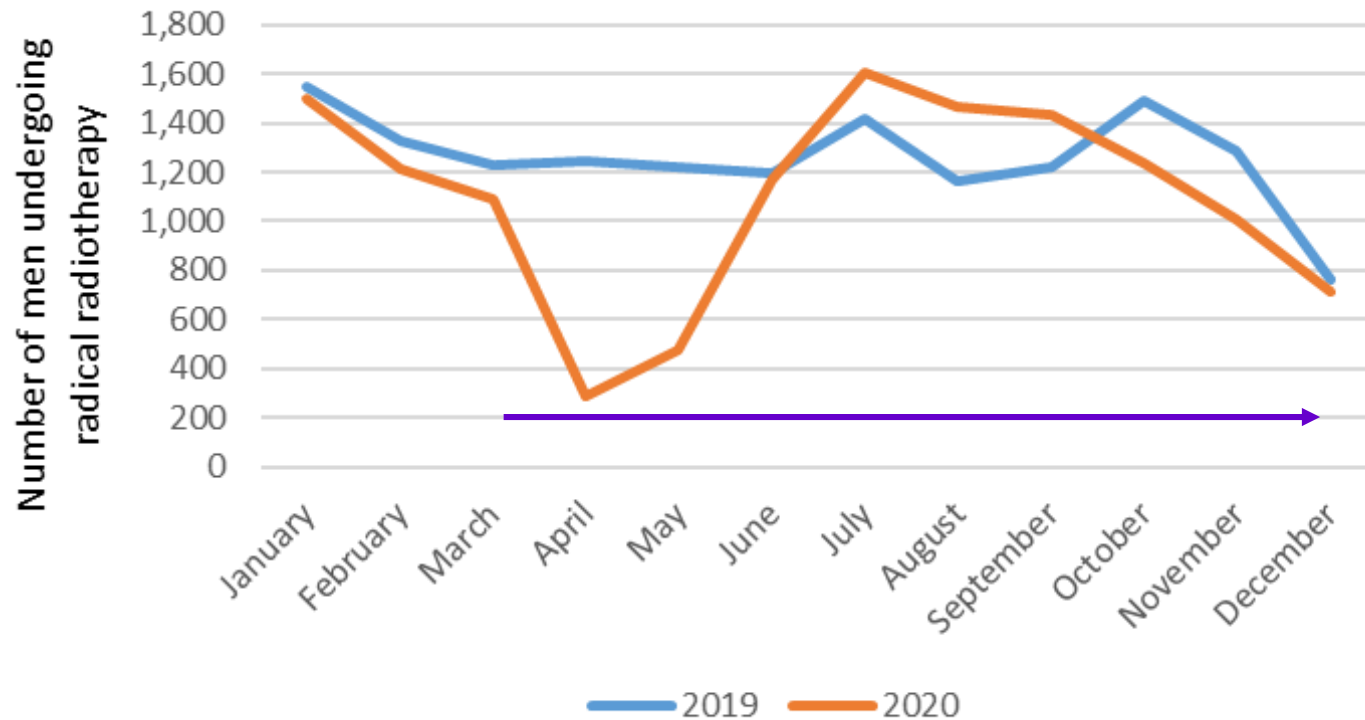
Radiotherapy (radical EBRT)

- 45.4% reduction (2,339 vs 4,287) in the number undergoing EBRT during the first lockdown compared with the same calendar period in 2019



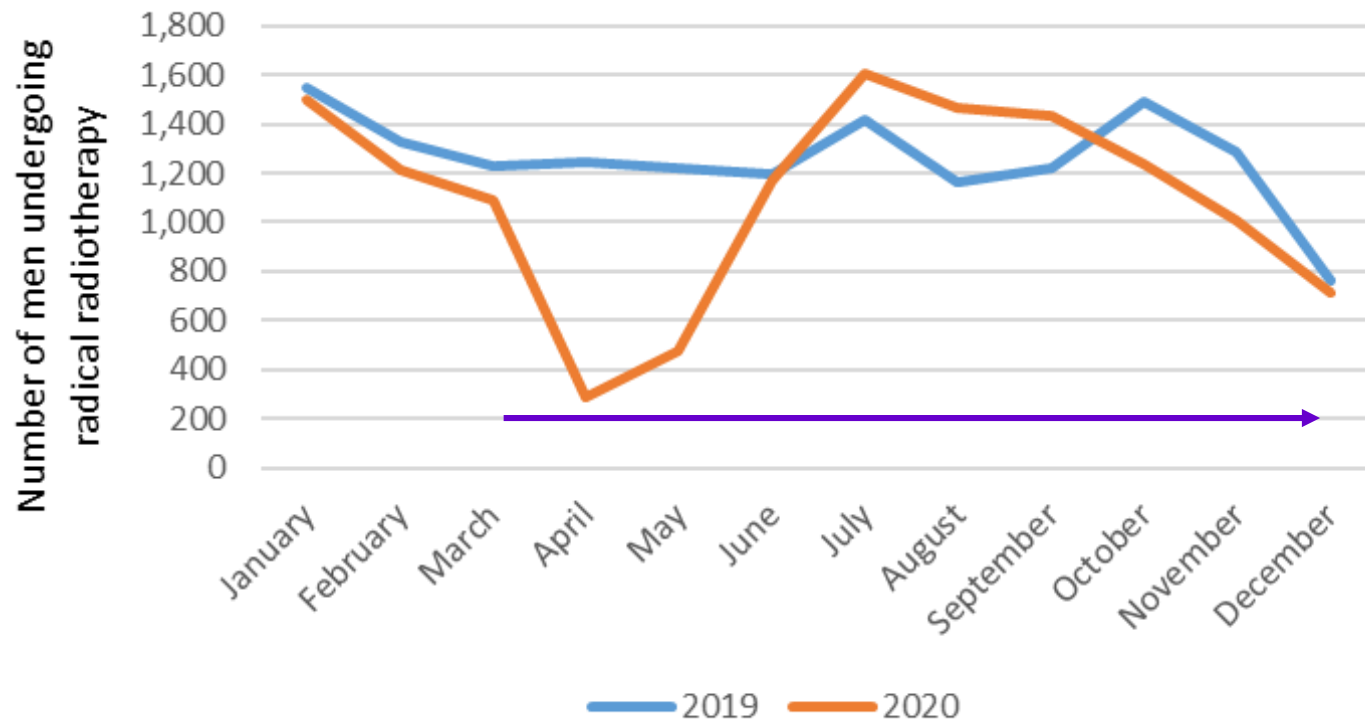
Radiotherapy (radical EBRT)

- Overall, 14.1% reduction (9,719 vs 11,309) in the number of men undergoing EBRT



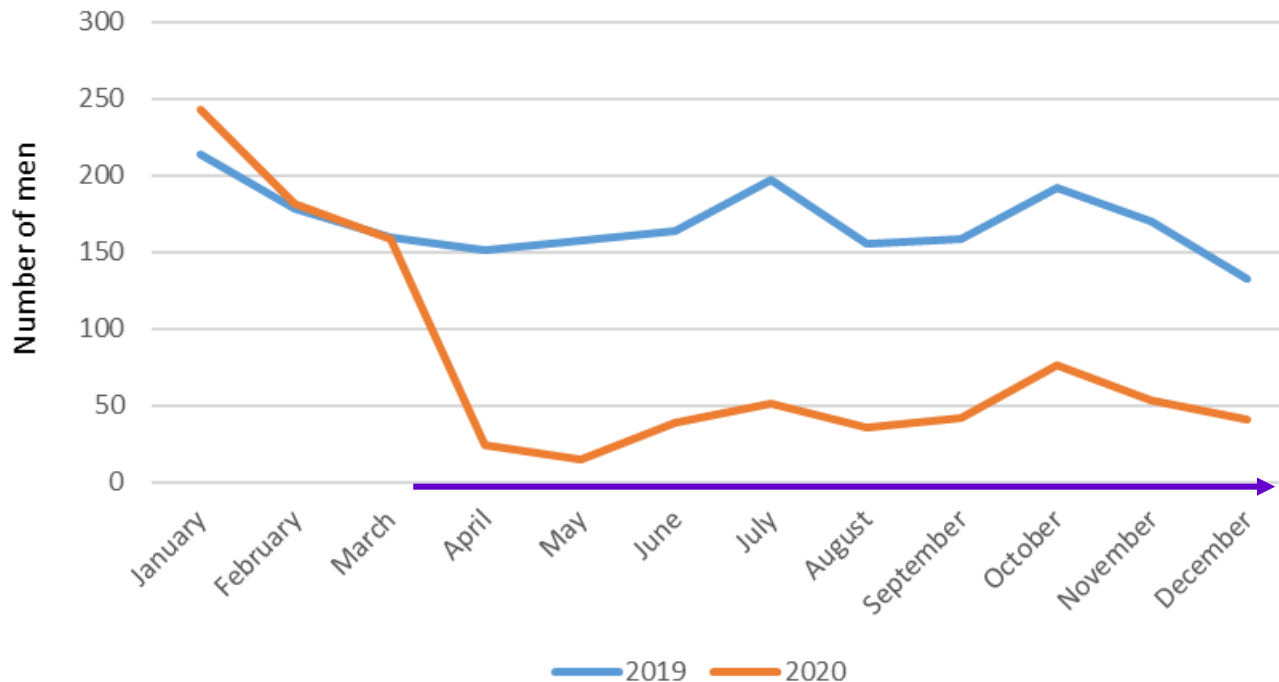
Radiotherapy (radical EBRT)

- Other changes included an increased use of a hypofractionation (83.1% vs 78.1%) compared with 2019



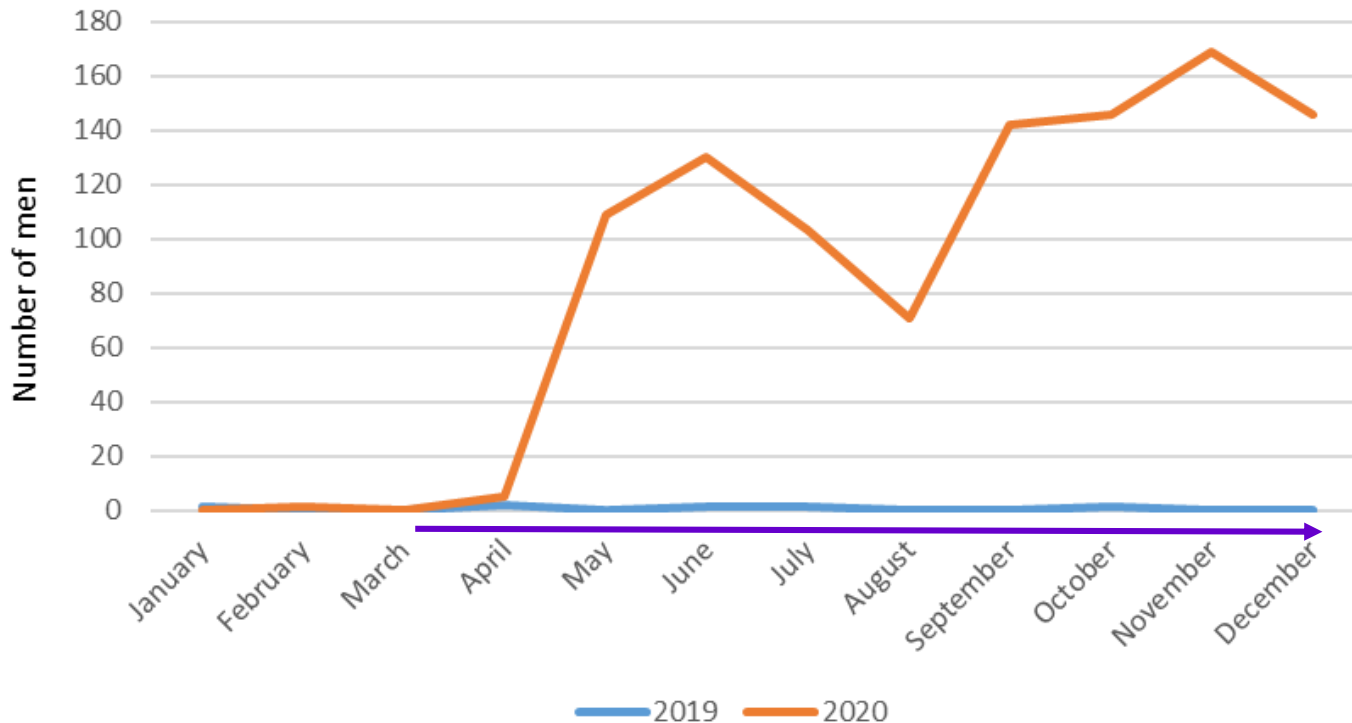
Systemic treatment: hormone-sensitive PCa

- Rapid and marked fall (72.8% reduction) in the use of docetaxel after the start of the first lockdown in 2020 compared with the corresponding period in 2019 (413 vs 1,519)



Systemic treatment: hormone-sensitive PCa

- Marked increase in the use of enzalutamide in men with hormone-sensitive PCa compared with 2019 (5 vs 1,040)



Conclusions

- Although diagnostic and treatment activity rapidly increased after the end of the first national lockdown >> ongoing deficits by December 2020

	Deficit (23 rd Mar to 31 st Dec)	% reduction (2020 vs 2019)
Diagnoses	9,990	30.8
Radical prostatectomy	1,435	26.9
Radical radiotherapy	1,590	14.1

- Significant additional capacity to address this backlog

Conclusions

- Care changed and shift towards patterns that limit the risk of Covid-19 exposure for patients during treatment
 - accelerated uptake of transperineal biopsies
 - increased the use of hypofractionation
 - substitution of docetaxel >> enzalutamide

Next steps for the NPCA

- Report on the variation by region and cancer alliance >> Annual Report published 13.01.22 [National Prostate Cancer Audit \(npca.org.uk\)](https://npca.org.uk)
- Determine the impact of changes in diagnostic and treatment pathways during 2020 on patient outcomes >> impact of delaying RP in high-risk disease +/- ADT
- Explore the impact of subsequent phases of the pandemic and ongoing measures to reduce transmission during 2021 on the recovery of PCa services

Thank you!

Please post your questions for discussion by the panel in the Q&A box