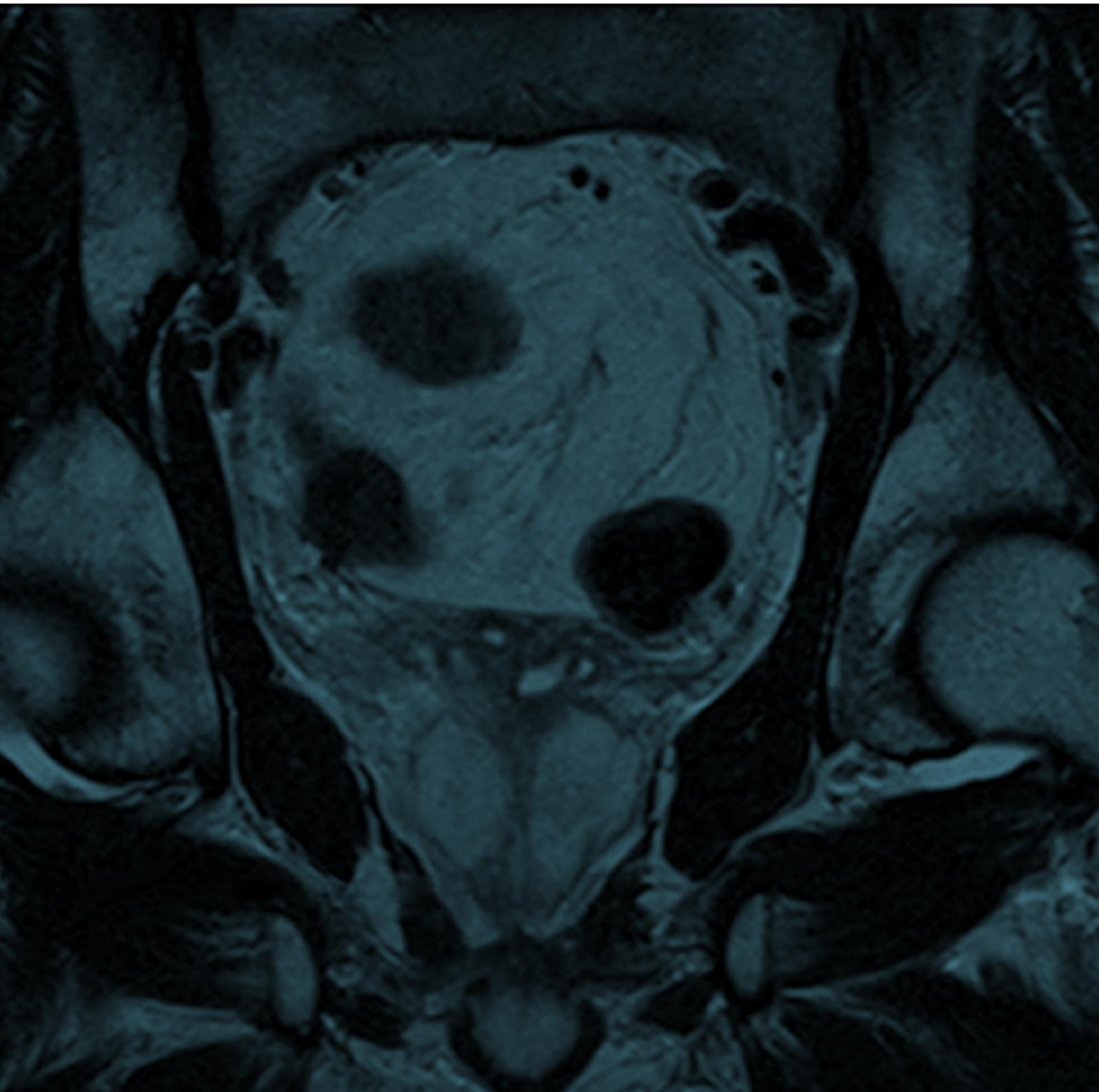


Annual Report 2021

Executive Summary



National Prostate Cancer Audit

Eighth Year Annual Report – Results of the NPCA Prospective Audit in England and Wales for men diagnosed from 1 April 2019 to 31 March 2020 and the Impact of COVID-19 in England during 2020 (published January 2022)

London: The Royal College of Surgeons of England, 2022.



Royal College
of Surgeons
of England

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The Royal College of Surgeons of England (RCS) is an independent professional body committed to enabling surgeons to achieve and maintain the highest standards of surgical practice and patient care. As part of this it supports Audit and the evaluation of clinical effectiveness for surgery.

The NPCA is based at the The Clinical Effectiveness Unit (CEU). The CEU is an academic collaboration between The Royal College of Surgeons of England and the London School of Hygiene and Tropical Medicine, and undertakes national clinical audits and research. Since its inception in 1998, the CEU has become a national centre of expertise in methods, organisation, and logistics of large-scale studies of the quality of surgical care. The CEU managed the publication of the NPCA Annual Report, 2021.

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The British Uro-oncology Group (BUG) was formed in 2004 to meet the needs of clinical and medical oncologists specialising in the field of urology. As the only dedicated professional association for uro-oncologists, its overriding aim is to provide a networking and support forum for discussion and exchange of research and policy ideas.



NDRS
NATIONAL DISEASE REGISTRATION SERVICE

National Cancer Registration and Analysis Service (NCRAS), Public Health England collects patient-level data from all NHS acute providers and from a range of national data feeds. Data sources are collated using a single data processing system ('Encore') and the management structure is delivered through eight regional offices across England.

The NCRAS is the data collection partner for the NPCA.

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The Healthcare Quality Improvement Partnership (HQIP) is led by a consortium of the Academy of Medical Royal Colleges, the Royal College of Nursing, and National Voices. Its aim is to promote quality improvement in patient outcomes, and in particular, to increase the impact that clinical audit, outcome review programmes and registries have on healthcare quality in England and Wales. HQIP holds the contract to commission, manage, and develop the National Clinical Audit and Patient Outcomes Programme (NCAPOP), comprising around 40 projects covering care provided to people with a wide range of medical, surgical and mental health conditions. The programme is funded by NHS England, the Welsh Government and, with some individual projects, other devolved administrations and crown dependencies www.hqip.org.uk/national-programmes

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Executive Summary

Background

The aim of the NPCA is to assess the process of care and its outcomes in men diagnosed with prostate cancer in England and Wales.¹ The NPCA determines whether their prostate cancer care is consistent with current recommended practice and it provides information to support healthcare providers, commissioners, regulators, patient groups and patients in helping to improve prostate cancer diagnosis and treatment. In this report we make use of a new rapid dataset for England as well as the standard or 'usual' dataset from Wales (i.e. data from the same source as in previous reports) to describe process and outcome measures from selected aspects of the care pathway for men with prostate cancer.

Data collection and analysis

This report presents results from the prospective audit for men diagnosed with, or treated for, prostate cancer between 1st April 2019 and 31st March 2020 in England and Wales. The basis of the audit is usually routine data sources. However, in this unprecedented year, data flows have been disrupted. Notwithstanding this we have still been able to receive Cancer Network Information System Cymru (CaNISC), Patient Episode Database for Wales (PEDW) and Office for National Statistics (ONS) data in Wales. We have also been given access to a Rapid Cancer Registration Dataset (RCRD) in England which has been linked to Hospital Episode Statistics (HES), ONS, the Radiotherapy Data Set (RTDS) and the Systemic Anti-Cancer Therapy (SACT) database. In future, this could potentially lead to the regular rapid reporting of information, once data quality going forward has been further evaluated. A comparison of data from the standard NPCA dataset with the RCRD can be found [here](#).

Using the RCRD and the data from Wales we report specific information for six performance indicators relating to diagnosis, staging and treatment during the period immediately before the COVID pandemic started. These include one disease presentation indicator and three treatment-outcome performance indicators for both England and Wales, and two related to treatment allocation for Wales. For England, thanks to the RCRD, we report on the impact that COVID-19 had at a regional level on diagnosis and treatment rates in 2020.

How to use this report and the NPCA website

The information presented here reports prostate cancer services in England and Wales, showing variation across providers. Due to the unusual circumstances underpinning data collection and collation, resulting in the unavailability of standard cancer registration data², the NPCA has not carried out a formal outlier process in this report. Rather, a breakdown of results at the level of each Trust/Health Board and specialist MDT is provided in the appendices and is available on our [website](#) to facilitate local quality improvement activities. We recommend that these data provide a starting point for reflection on the reasons behind variation in practice and outcome, and that this report be used to identify such areas.

The NPCA team are aware of COVID-related changes in the process and breadth of data collection and collation and, as a consequence, its potential shortfalls. For this reason, we would encourage circumspection in making comparisons with every aspect of the findings in our previous reports. However, where we have reported indicators we are confident that the data are robust and it is therefore reasonable in relation to these to take action appropriately.

As always, the audit provides an impetus to maintain and improve data collection for the most accurate reflection of prostate cancer care in England and Wales, as the findings are only as good as the data collected. Users of this report should take time to identify areas for improvement in data completeness, service availability and patient outcomes, especially as we come out of the current pandemic. An important aspect of this is the engagement of clinicians to ensure that the data reported on their behalf is both complete and accurate. We also encourage clinical leads and other MDT members to attend our next Quality Improvement workshop (the last was in December 2021), where audit results provide a foundation for discussion and improvement in care. The next will be advertised on our [QI webpage](#) in due course. We also welcome feedback on how the NPCA audit outputs can be improved.

These results can be used by patient charities and support groups to inform their patient and carer networks and by patients to start conversations with their care providers. A lay summary of the report will be published alongside this report in early 2022. Previous lay summaries of our Annual Reports and patient-focussed slide sets for use by support groups can be found on our website at www.npca.org.uk

¹ Medium-term indicators require longer follow-up (up to two years' post-treatment) so the reporting time period for GU or GI complications is 1st January to 31st December 2018.

² Standard cancer registration data for diagnoses in England from 1st January 2019 were unavailable during the preparation of this report. For updates regarding future availability please refer to the monthly National Disease Registration Service [newsletters](#)

Key Findings

Data quality

- Data completeness of key variables necessary to assign a risk group remains high for Wales (PSA, Gleason score and TNM variables; 86%, 86% and 79%, respectively). Information on PSA and Gleason score were unavailable for England this year so it was not possible to place men in a risk group.
- Data completeness of performance status reached 100% in Wales and increased in England compared with the previous report (61% versus 52%).

Prospective audit in England and Wales

- The number of men diagnosed with prostate cancer, in the pre-pandemic period covered by this audit (1st April 2019 to 31st March 2020), is 45,885. This is an increase on the number reported for 2017-2018 (42,668) but down from the unusually high number for 2018-2019 (52,850). It is thought that the surge in numbers in that year (diagnosed 1st April 2018 to 31st March 2019) may have been explained by increased public awareness following diagnosis of two high profile celebrities with prostate cancer (<https://www.npca.org.uk/reports/npca-annual-report-2020/>).
- The proportion of men presenting with metastatic disease at diagnosis in England and Wales is stable at 13%.
- The proportion of men recorded as having an emergency readmission within 90 days of radical prostate cancer surgery is 13%, similar to the 14% reported in 2020.
- Medium-term outcomes are similar or better than previous years:
 - a. Genitourinary complications following radical prostatectomy have reduced slightly since last year's report. 7% of men experienced at least one genitourinary complication within two years of their prostatectomy compared to 9% the previous year.
 - b. Gastrointestinal complications following radical radiotherapy remain stable: 11% of men experiencing a gastrointestinal complication within two years of their radiotherapy as was the case in the previous year.

Prospective audit in Wales

(Figures from last year's report included English data, so comparative figures are given only for Wales)

- 10% of men with low-risk disease had radical treatments and were potentially "over-treated" in Wales.³ This represents a decrease from 2018-2019 when 16% of men were potentially "over-treated" in Wales.
- 40% of men with high risk disease did not have radical treatments and were potentially "under-treated" in Wales.⁵ This has increased from 2018-2019 when 34% of men were potentially "under-treated" in Wales.

Impact of the COVID-19 pandemic in England

- The COVID-19 pandemic has had a profound impact on the care provided to patients with cancer, with delays in diagnosis and treatment. While the audit did not measure the reasons behind each case, other evidence shows us that this situation was likely to be due to the steps taken to mitigate transmission of the virus, changes to the provision of services due to capacity pressures and patients being reluctant to seek care.^{4,5,6,7,8}
- There was a 54% reduction in the number of patients newly diagnosed with prostate cancer during April – June 2020 compared with the same period in 2019. From July 2020 onwards there was an increase in diagnostic activity across all regions but this had not returned to 2019 levels by the end of 2020.
- Of the men diagnosed with prostate cancer since April 2020, a higher proportion were diagnosed at stage IV compared with 2019 (21% vs 17%).
- There was a 48% reduction in the number of men undergoing radical prostatectomy from April – June 2020 compared with 2019. Surgical activity increased July – September 2020, but there was an overall 5% reduction compared with 2019. From October to December, there was a 25% overall reduction, compared with the same period in 2019. This effect did vary by region.

3 Prostate Cancer. NICE Quality Standard [QS91], 2015 (Updated May 2019) QS2: 'men with low-risk localised prostate cancer for whom radical treatment is suitable are offered a choice between active surveillance, radical prostatectomy or radical radiotherapy'; QS3: 'men with intermediate- or high-risk localised/locally advanced localised prostate cancer who are offered non-surgical radical treatment are offered radical radiotherapy and ADT in combination'

4 Gathani T, Clayton G, E M, Horgan K. [The COVID-19 pandemic and impact on breast cancer diagnoses: what happened in England in the first half of 2020.](#) *British Journal of Cancer* 2020.

5 Greenwood E, Swanton C. [Consequences of COVID-19 for cancer care — a CRUK perspective.](#) *Nature Reviews Clinical Oncology* 2021; **18**: 3-4.

6 Kuryba A, Boyle JM, Blake HA, Aggarwal A, Van Der Meulen J, Braun M, Walker K, Fearnhead NS. [Surgical Treatment and Outcomes of Colorectal Cancer Patients During the COVID-19 Pandemic: A National Population-based Study in England.](#) *Annals of Surgery Open.* 2021 Jun 1;2(2):e071.

7 McCormack V, Aggarwal A. [Early cancer diagnosis: reaching targets across whole populations amidst setbacks.](#) *British journal of cancer* 2021.

8 Rutter M, Brookes M, Lee T, Rogers P, Sharp L. [Impact of the COVID-19 pandemic on UK endoscopic activity and cancer detection: a National Endoscopy Database Analysis.](#) *Gut* 2020.

- There was a 45% reduction in the number of men initiating radical radiotherapy from April – June 2020 compared with 2019. During July – September 2020, radical radiotherapy activity increased above the levels observed in 2019 in every region and by 23% overall.
- Increasing use of a hypofractionated regimen was evident across each region reflecting guidance for the safe maintenance of radiotherapy services without reducing treatment effectiveness.^{9,10}

There was a rapid and marked fall in the use of docetaxel use from April 2020 in each region for men with metastatic hormone-sensitive prostate cancer and a concomitant increase in the use of enzalutamide. This reflects updated guidance published in April 2020.¹¹ However, there was significant inter-regional variation.

9 Zaorsky NG, James BY, McBride SM, Dess RT, Jackson WC, Mahal BA, Chen R, Choudhury A, Henry A, Syndikus I, Mitin T. [Prostate cancer radiation therapy recommendations in response to COVID-19](#). *Advances in radiation oncology*. 2020 Nov 1;5:26-32.

10 NICE, 2020. COVID-19 rapid guideline: delivery of radiotherapy. NICE guideline [NG162], 2020 <https://www.nice.org.uk/guidance/NG162>

11 [NICE Guideline \[NG161\], 2020. NHS England interim treatment changes during the COVID-19 pandemic](#)

Table 1. Recommendations, key findings and related national guidance

These recommendations are based on results from data collected in the audit period of 1st April 2019 to 31st March 2020 just before the COVID-19 pandemic. This should be borne in mind if implementing a recommendation below in a time when services are impacted by the pandemic situation.

No.	Recommendation	Audience	Annual Report 2021 findings underlying recommendation	Previous results (Annual Report 2020)	National guidance
Data quality					
R1	<p>Aim to achieve high completeness of key data items captured by NHS organisations in England, including TNM staging variables and performance status.</p> <ul style="list-style-type: none"> - A clinician responsible for reviewing and checking their team's data returns should be identified, mirroring the approach in Wales where data completeness remains high. 	Prostate cancer teams (local and specialist MDTs) within NHS Trusts/Health Boards	<p>Performance status:</p> <p>England, from COSD (61%) Wales (100%) (Results 3.1, Table 3).</p> <p>Stage variable assigned:</p> <p>England, from RCRD (74%)</p> <p>Risk group assigned:</p> <p>Wales (94%) (Results 3.2, Table 3)</p>	<p>Performance status Increase: England, from COSD (52%) No change: Wales (100%)</p> <p>Risk group assigned:</p> <p>England (91%) Wales (95%)</p>	<p>The Cancer Outcome and Services Data set (COSD) has been the national standard for reporting cancer in the NHS in England since January 2013. Feedback reports for the data submitted are available through the CancerStats website.</p> <p>The Welsh Cancer Intelligence and Surveillance Unit collects, analyses and releases information about cancer in Wales.</p>
R2	Review recording of radical treatments, in particular radical prostatectomy, working with data specialists in the Wales Cancer Network.	NHS Organisations in Wales. Prostate cancer teams (local and specialist MDTs) within NHS/Health Boards	Recommendation in light of R10 – R13 .	N/A	The Welsh Cancer Intelligence and Surveillance Unit collects, analyses and releases information about cancer in Wales.
Diagnosis					
R3	Increase the use of trans-perineal biopsy methods, which is advised wherever clinically appropriate, when targeting lesions in the anterior region of the prostate, whilst balancing against resource constraints and the risk of side effects.	Prostate cancer teams (local and specialist MDTs) within NHS Trusts/Health Boards	<p>40% of men in England and 24% of men in Wales had a trans-perineal prostate biopsy.</p> <p>(Results 3.2, Table 4).</p>	The availability of different data sources* in England for this report precludes a valid comparison to previous results in the Annual Report 2020	<p>https://www.england.nhs.uk/wp-content/uploads/2018/04/implementing-timed-prostate-cancer-diagnostic-pathway.pdf</p> <p>This recommendation is based on the views of the NPCA Clinical Reference Group (CRG).</p>

No.	Recommendation	Audience	Annual Report 2021 findings underlying recommendation	Previous results (Annual Report 2020)	National guidance
Disease status					
R4	Seek advice from a doctor if any of the following new symptoms are experienced: urinary symptoms, erectile problems, blood in their urine or unexplained back pain, as early diagnosis improves outcomes.	Patients	Overall 13% of men in England and Wales were diagnosed with metastatic disease at diagnosis. (ranging from 4% to 23% by specialist MDT; unadjusted results). (Results 3.3.1, Performance indicator 1, Figure 1).	No change: 13% of men in England and Wales	NHS Long Term Plan for Cancer 2019 <i>'...build on work to raise greater awareness of symptoms of cancer, lower the threshold for referral by GPs, accelerate diagnosis and treatment...'</i> Cancer delivery plan for Wales 2016 - 2020 <i>'... develop a programme of awareness campaigns for cancer'</i>
R5	Ensure that a family history of prostate, breast or ovarian cancer is reported to a healthcare provider with a view to a possible genetic counselling referral.	Patients / patient groups	Overall 13% of men in England and Wales were diagnosed with metastatic disease at diagnosis. (ranging from 4% to 23% by specialist MDT; unadjusted results). (Results 3.3.1, Performance indicator 1, Figure 1).	No change: 13% of men in England and Wales	NHS Long Term Plan for Cancer 2019 <i>'...build on work to raise greater awareness of symptoms of cancer, lower the threshold for referral by GPs, accelerate diagnosis and treatment...'</i> Cancer delivery plan for Wales 2016 - 2020 <i>'... develop a programme of awareness campaigns for cancer'</i>
Outcomes of treatment					
R6	Consider establishing radiotherapy centre specialist gastrointestinal services to offer advice to people with bowel-related side effects of radiotherapy. - Identification of these side-effects could be improved with the initiation of hospital-level PROMs programmes.	Prostate cancer teams (local and specialist MDTs) within NHS Trusts/Health Boards	11% of men experienced at least one bowel complication (defined as receiving a procedure of the large bowel and confirmed diagnosis of radiation toxicity) within two years after radical radiotherapy. (Results 3.3.1, Performance indicator 4, Figure 4).	No change: 11% of men in England and Wales	NICE Guideline [NG131], 2019 <i>1.3.39 Offer people with signs or symptoms of radiation-induced enteropathy care from a team of professionals with expertise in radiation-induced enteropathy (who may include oncologists, gastroenterologists, bowel surgeons, dietitians and specialist nurses).</i>

No.	Recommendation	Audience	Annual Report 2021 findings underlying recommendation	Previous results (Annual Report 2020)	National guidance
Outcomes of treatment					
R7	Ensure that men who are offered prostate cancer treatment are made aware of the side effects including: loss of libido, problems getting or keeping erections, loss of ejaculatory function, a worsening of sexual experience, urinary incontinence and/or bowel side effects.	Patients and Prostate cancer teams (local and specialist MDTs) within NHS Trusts/ Health Boards	<p><i>Radical prostatectomy – urinary complications</i></p> <p>7% of men experienced at least one genitourinary complication requiring a procedural/surgical intervention within two years after radical prostatectomy.</p> <p>(Results 3.3.1, Performance indicator 3, Figure 3).</p> <p><i>Radical radiotherapy – bowel complications</i></p> <p>11% of men experienced at least one bowel complication within two years after radical radiotherapy.</p> <p>(Results 3.3.1, Performance indicator 4, Figure 4).</p>	<p>Reduction: 9% of men in England and Wales</p> <p>Bowel complications are consistent with previous report – 10% of men in England and Wales</p>	<p>NICE Guideline [NG131], 2019</p> <p>1.1.12 Tell people with prostate cancer and their partners or carers about the effects of prostate cancer and the treatment options on their:</p> <p>sexual function</p> <p>physical appearance continence other aspects of masculinity.</p> <p>Support people and their partners or carers in making treatment decisions, taking into account the effects on quality of life as well as survival.</p> <p>NICE Quality Standard [QS91], 2015</p> <p>QS4: men with adverse effects of prostate cancer treatment are referred to specialist services.</p>
R8	Empower patients to ask to be referred to specialist support services if they are experiencing physical or psychological side effects during, or following, prostate cancer treatment. <ul style="list-style-type: none"> - These should be offered early and on an ongoing basis, in keeping with national recommendations. 	Patients and Prostate cancer teams (local and specialist MDTs) within NHS Trusts/ Health Boards	Recommendation in light of R13 .	N/A	<p>NICE Guideline [NG131], 2019</p> <p>1.1.11 Ensure that mechanisms are in place so people with prostate cancer and their primary care providers have access to specialist services throughout the course of their disease.</p>
R9	Make available sources of further information and support for men with prostate cancer and carers. These are accessible via GP services and from prostate cancer charities including Prostate Cancer UK (www.prostatecanceruk.org) and Tackle Prostate Cancer (www.tackleprostate.org). Both of these charities operate nationwide support networks.	Patients and Prostate cancer teams (local and specialist MDTs) within NHS Trusts/ Health Boards	Recommendation in light of R6 and R13 .	N/A	<p>NICE Guideline [NG131], 2019</p> <p>1.1.3 Offer people with prostate cancer advice on how to get information and support from websites, local and national cancer information services, and from cancer support groups.</p> <p>1.1.4 Choose or recommend information resources for people with prostate cancer that are clear, reliable and up to date. Ask for feedback from people with prostate cancer and their carers to identify the highest quality information resources.</p>

No.	Recommendation	Audience	Annual Report 2021 findings underlying recommendation	Previous results (Annual Report 2020)	National guidance
Treatment allocation: recommendations on the basis of Welsh data*					
R10	Continue to advocate active surveillance in the first instance for men with low-risk prostate cancer.	Prostate cancer teams (local and specialist MDTs) within NHS Trusts/Health Boards	10% of men diagnosed with low-risk localised cancer in Wales underwent radical prostate cancer therapy within 12 months of diagnosis. (Results 3.3.2, Performance indicator 5, Table 5).	<i>Decrease: 16% of men were 'potentially over-treated' in Wales</i>	NICE Quality Standard [QS91], 2015 <i>QS2: men with low-risk prostate cancer for whom radical treatment is suitable are also offered the option of active surveillance.</i> NICE Guideline [NG131], 2019 <i>1.3.7 Offer a choice between active surveillance, radical prostatectomy or radical radiotherapy to people with low-risk localised prostate cancer for whom radical treatment is suitable.</i>
R11	Investigate why men with high-risk/locally advanced disease are not considered for radical treatment.	Prostate cancer teams (local and specialist MDTs) within NHS Trusts/Health Boards	60% of men diagnosed with locally-advanced prostate cancer underwent radical treatment within 12 months of diagnosis in Wales equating to 40% of men being 'potentially under-treated'. (Results 3.3.2, Performance indicator 6, Table 5).	<i>Increase: 34% of men were 'potentially under-treated' in Wales</i>	NICE Guideline [NG131], 2019 <i>1.3.13 Do not offer active surveillance to people with high-risk localised prostate cancer.</i> NICE Guideline [NG131], 2019 <i>1.3.14 Offer radical prostatectomy or radical radiotherapy to people with high-risk localised prostate cancer when it is likely the person's cancer can be controlled in the long term.</i>
R12	Discuss with your clinical specialist the option of disease monitoring with active surveillance in the first instance.	Patients with low-risk prostate cancer and clinical specialists	10% of men diagnosed with low-risk localised cancer in Wales underwent radical prostate cancer therapy within 12 months of diagnosis. (Results 3.3.2, Performance indicator 5, Table 5).	<i>Decrease: 16% of men were 'potentially over-treated' in Wales</i>	NICE Quality Standard [QS91], 2015 <i>QS2: men with low-risk prostate cancer for whom radical treatment is suitable are also offered the option of active surveillance.</i> NICE Guideline [NG131], 2019 <i>1.3.7 Offer a choice between active surveillance, radical prostatectomy or radical radiotherapy to people with low-risk localised prostate cancer for whom radical treatment is suitable.</i>

/Table 1 continued

No.	Recommendation	Audience	Annual Report 2021 findings underlying recommendation	Previous results (Annual Report 2020)	National guidance
Treatment allocation: recommendations on the basis of Welsh data*					
R13	Discuss with your clinical specialist the radical treatment options available to men with high-risk/locally advanced disease.	Patients and clinical specialists	60% of men diagnosed with locally-advanced prostate cancer underwent radical treatment within 12 months of diagnosis in Wales equating to 40% of men being 'potentially under-treated'. (Results 3.3.2, Performance indicator 6, Table 5).	Increase: 34% of men were 'potentially under-treated' in Wales	NICE Guideline [NG131], 2019 1.3.13 Do not offer active surveillance to people with high-risk localised prostate cancer. NICE Guideline [NG131], 2019 1.3.14 Offer radical prostatectomy or radical radiotherapy to people with high-risk localised prostate cancer when it is likely the person's cancer can be controlled in the long term.
Overall recommendations					
R14	Review of the NPCA indicators for providers should be undertaken within the region and nationally, and fed through to providers <ul style="list-style-type: none"> - Pay particular attention to variations in service provision (diagnostics, treatment and support services) and treatment outcomes. - Where variation is apparent, agree quality improvement action plans and present these to the Trusts and Health Boards which should follow-up implementation progress. 	Commissioners and health care regulators	Recommendation in light of R1 – R12 .	N/A	<i>This recommendation is based on the views of the NPCA CRG.</i>
R15	Ensure that radiotherapy and surgical treatment centres are able to deliver a full range of treatments and support services for patients.	Commissioners and health care regulators	Recommendation in light of R6–R8 and R13 .	N/A	<i>This recommendation is based on the views of the NPCA CRG.</i>
<p>* In this report we make use of a new rapid dataset for England (the RCRD) as well as the 'usual' dataset from Wales to describe process and outcome measures from selected aspects of the care pathway for men with prostate cancer. The RCRD does not contain information on metastases, Gleason grade or PSA which precluded using our risk-stratification algorithm to assign a risk group. As a result, it was not possible to produce indicators based on a risk group for England in this report.</p> <p>Standard cancer registration data for diagnoses in England from 1st January 2019 were unavailable during the preparation of this report. For updates regarding future availability please refer to the monthly National Disease Registration Service newsletters</p>					

Table 2. Impact of COVID-19: recommendations, key findings and related national guidance

These recommendations are based on results from data collected in England during 2019 and 2020.

No.	Recommendation	Audience	Annual Report 2021 results findings underlying recommendation: comparison of 2019 vs 2020	National guidance
Diagnosis and radical treatment				
CR1	Review the diagnostic and treatment activity for your region during 2020 illustrating how your service responded during this time and to support decision making in response to current changes in demand.	Cancer alliances. Prostate cancer teams (local and specialist MDTs) within NHS Trusts/Health Boards	<p>From April – December:</p> <p>There was a 33% reduction in the number of men newly diagnosed with prostate cancer (31,541 vs 21,260; 2019 vs 2020, respectively). (Results 4.2, Figure 6)</p> <p>There was a 26% reduction in the number of men undergoing radical prostatectomy (5,141 vs 3,798; 2019 vs 2020, respectively). (Results 4.2, Figure 9)</p> <p>There was a 13% reduction in the number of men initiating radical radiotherapy (9,144 vs 7,930; 2019 vs 2020, respectively). (Results 4.2, Figure 11)</p>	<p>NHS England Cancer Recovery Taskforce: Cancer Services Recovery Plan, 2020</p> <p><i>‘Phase 1: ensure continuation of essential cancer treatment and screening for high risk individuals during the initial peak of the pandemic.</i></p> <p><i>Phase 2: restore disrupted services as far as possible to at least pre-pandemic levels.</i></p> <p><i>Phase 3 (to run until March 2021): full recovery of NHS cancer services in England, including ensuring that care for all patient groups continues to be safe, effective and holistic.’</i></p> <p>NHS England 2021/22 priorities and operational planning guidance, 2021</p> <p><i>‘To restore full operation of all cancer services...local systems, drawing on advice and analysis from their Cancer Alliance, will ensure that there is sufficient diagnostic and treatment capacity in place’</i></p>
CR2	Monitor adherence to the recommended diagnostic pathway for suspected prostate cancer.	Cancer alliances. Prostate cancer teams (local and specialist MDTs) within NHS Trusts/Health Boards	<p>From April – December:</p> <p>There was a 33% reduction in the number of men newly diagnosed with prostate cancer (31,541 vs 21,260; 2019 vs 2020, respectively). (Results 4.2, Figure 6)</p>	<p>NHS England Implementing a timed prostate cancer diagnostic pathway, 2018</p> <p><i>‘Improve performance against national standards (particularly 62 day performance and the 28 day faster diagnosis standard)’</i></p> <p>NHS England Cancer Recovery Taskforce: Cancer Services Recovery Plan, 2020</p> <p><i>‘Phase 1: ensure continuation of essential cancer treatment and screening for high risk individuals during the initial peak of the pandemic.</i></p> <p><i>Phase 2: restore disrupted services as far as possible to at least pre-pandemic levels.</i></p> <p><i>Phase 3 (to run until March 2021): full recovery of NHS cancer services in England, including ensuring that care for all patient groups continues to be safe, effective and holistic.’</i></p> <p>NHS England 2021/22 priorities and operational planning guidance, 2021</p> <p><i>‘All systems are expected to work with regions to deliver increased capacity to meet the diagnostic needs for their population, in line with the recommendations of the Richards review’</i></p>

No.	Recommendation	Audience	Annual Report 2021 results findings underlying recommendation: comparison of 2019 vs 2020	National guidance
Hypofractionation				
CR3	Continue to increase the use of hypofractionated radiotherapy.	Radiotherapy centres. Cancer alliances. Prostate cancer teams (local and specialist MDTs) within NHS Trusts/Health Boards	Of the men undergoing radical radiotherapy during April-December there was an increase in the use of a hypofractionated regimen, 78% (7148/9109) in 2019 vs 85% (6595/7772) in 2020. (Results 4.2, Figure 12)	Guidance pre-dating the COVID-19 pandemic: NICE Guideline [NG131], 2019 <i>'1.3.17 For people having radical external beam radiotherapy for localised prostate cancer: offer hypofractionated radiotherapy (60 Gy in 20 fractions) using IMRT, unless contraindicated'</i> <i>Guidance published during the COVID-19 pandemic recommended 'the wider use of short, high daily dose (hypofractionated) radiotherapy' including:</i> NICE Guideline [NG162], 2020 RCR Coronavirus Guidance
Systemic anti-cancer treatment				
CR4	Offer enzalutamide (or apalutamide) with androgen deprivation therapy (or abiraterone for patients intolerant of enzalutamide) to people with newly diagnosed metastatic disease instead of docetaxel, where appropriate.	Cancer alliances. Prostate cancer teams (local and specialist MDTs) within NHS Trusts/Health Boards	From April –December, there was a 74% reduction in the number of men with hormone-sensitive metastatic disease receiving docetaxel (1458 vs 377; 2019 vs 2020, respectively) During the same time period, there was a marked increase in the number of men receiving enzalutamide (3 vs 1011; 2019 vs 2020, respectively) (Results 4.2, Figure 14)	Guidance pre-dating the COVID-19 pandemic: NICE Guideline [NG131], 2019 <i>'1.5.6 Offer docetaxel chemotherapy to people with newly diagnosed metastatic prostate cancer who do not have significant comorbidities'</i> <i>Updated guidance 2020:</i> NICE Guideline [NG161], 2020. NHS England interim treatment changes during the COVID-19 pandemic <i>'Option to give enzalutamide with androgen deprivation therapy for patients with newly diagnosed metastatic disease instead of docetaxel to reduce toxicity and potential for admission. For patients who are intolerant of enzalutamide, give the option of switching treatment to abiraterone'</i> <i>Updated guidance 28.10.21:</i> Project information Apalutamide for treating prostate cancer [ID1534] Guidance NICE <i>[NICE updated guidance to add when published]</i>

Diagnosis & staging

For men diagnosed in England and Wales April 2019 - March 2020:

45,885 men were **diagnosed** with prostate cancer in England and Wales between **1st April 2019 and 31st March 2020**



decrease compared with 52,580 men in 2018-2019*

*this may be explained by the diagnosis of two high-profile celebrities during this previous reporting period, which was publicised by the media

55% of men were **70 years or older**



13% of men presented with **metastatic** disease

Treatment outcomes

For men undergoing surgery in England and Wales between April 2019 - March 2020:

13% of men were **readmitted** within 3 months following surgery



This is **stable** compared with 2018-2019

For men undergoing radical treatment in 2018:

7% experienced at least one **genitourinary** complication requiring a procedural/surgical intervention within two years after **radical prostatectomy**

11% experienced at least one **gastrointestinal** complication requiring a procedural/surgical intervention within two years after **radical radiotherapy**

Decrease compared to 9% in 2017

Stable compared to 11% in 2017

Treatment allocation

For men diagnosed in Wales April 2019 - March 2020:

Low-risk, localised disease

High-risk/locally advanced disease

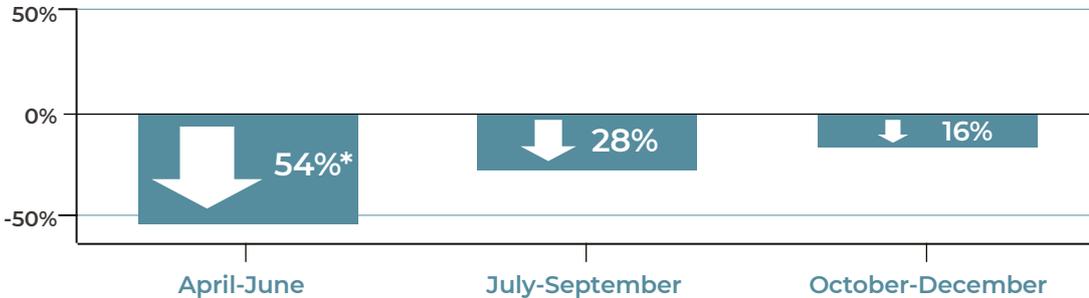
10% of men had radical treatments and were **potentially 'over-treated'** **16% in 2018-2019**

40% of men did not have radical treatments and were **potentially 'under-treated'** - **34% in 2018-2019**



Impact on Diagnosis

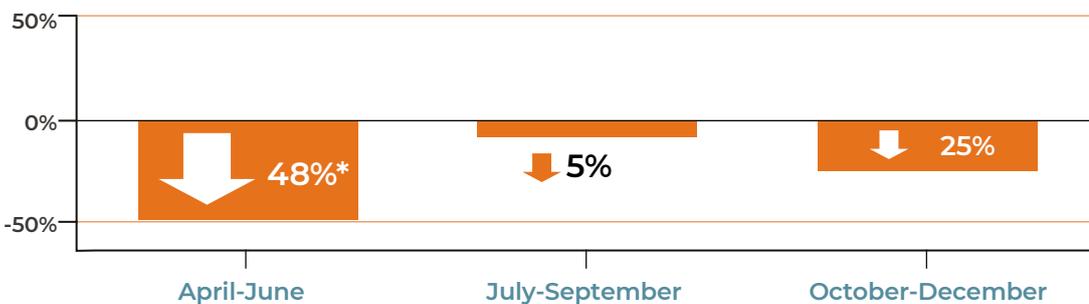
Number of patients newly diagnosed with prostate cancer in 2020 (compared to same period in 2019)



* There was a 54% reduction in the number of men diagnosed between April - June 2020 compared with same period in 2019

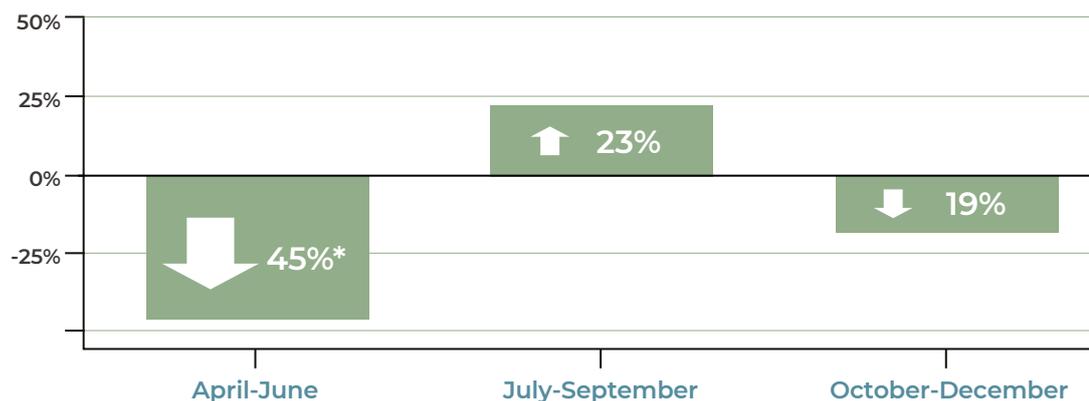
Impact on Radical treatment received

Number of patients undergoing radical prostatectomy in 2020 (compared to same period in 2019)



* There was a 48% reduction in the number of men undergoing prostatectomy between April - June 2020 compared with same period in 2019

Number of patients undergoing radical radiotherapy in 2020 (compared to same period in 2019)



* There was a 45% reduction in the number of men undergoing radiotherapy between April - June 2020 compared with same period in 2019

Impact on systemic therapy

Rapid and marked **fall of Docetaxel use** from April 2020 in metastatic hormone-sensitive prostate cancer. Conversely, rapid and marked **increased use of Enzalutamide**

