

National Prostate Cancer Audit 2022 Patient Summary

Commissioned by **HQIP** on behalf of **NHS England** and **Welsh Government**

Based at the **Clinical Effectiveness Unit**,
Royal College of Surgeons / London School of Hygiene & Tropical Medicine

Clinical leadership provided by **BAUS** and **BUG**

Data partners: **National Cancer Registry and Analysis Service**, NHSD; **Wales Cancer Network**, PHW



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About the audit

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Some information about the National Prostate Cancer Audit (NPCA)

- A national clinical audit of the quality of services and care provided to men with prostate cancer in England and Wales
- Collects anonymised information from hospital records about patients' treatment and outcomes (what happens after treatment)
- Data is analysed and compared to see if hospitals are following national clinical standards and where improvements can be made
- Findings are used to help define new standards and to help NHS hospitals to improve the care they provide to patients with prostate cancer

How is the audit carried out?

- The Audit is run by a team of clinicians, audit experts and cancer information specialists
- Data are collected from NHS Trusts and Health Boards on the diagnosis, treatment and outcomes of patients and provided to official organisations such as the National Disease Registration Service (NDRS) and the Wales Cancer Network (WCN)
- The Audit works within strict rules covering data protection and confidentiality. Individual patients are never identified.
Information on how to opt out of data collection is provided on the [NDRS website](#)

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Data in the audit

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What data are reported in the NPCA?

- The Audit started by including men diagnosed since 1st April 2014 in England and 1st April 2015 in Wales, and has been updated each year since
- In the **9th Annual Report (2022)**, the data are from hospitals treating men who were diagnosed between **1st April 2020** and **31st March 2021**
- The full [Annual Report 2022](#) and [Patient Summary](#) can be found on the NPCA website

What data are reported in the NPCA?

The data reported cover the following areas:

- The characteristics of men who are diagnosed with prostate cancer
- The techniques being used to diagnose prostate cancer
- Treatments that patients are receiving
- The possible complications of radiotherapy or surgery

See the section on **Key Findings** for more information

What data are reported in the NPCA?

- **England:** Rapid Cancer Registration Dataset (RCRD) linked to treatment information
- **Wales:** usual dataset (i.e. data from the same source as in previous reports)
- We describe the impact of COVID-19 on diagnosis and treatment services during 2021 in England
- We describe the impact of COVID-19 on diagnosis and treatment services up to March 2021 in Wales

There is a full glossary of terms at the end of the [Patient Summary](#) report which gives further explanations of the clinical terms used

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Key Findings

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Characteristics of men diagnosed

For men diagnosed in England and Wales April 2020 - March 2021:

32,426

men were **diagnosed** with prostate cancer in England and Wales between **1st April 2020 and 31st March 2021**



of men were **70 years or older**



decrease compared with 45,885 men in 2019-2020*

*this may be explained by the reporting period being pre-COVID-19 in last year's report

17%

of men presented with **metastatic** disease

- The number of diagnoses **decreased** from 45,885 in 2019-20 to **32,426** in 2020-21
- Metastatic disease at diagnosis **increased** from 13% in 2019-20 to **17%** in 2020-21
- Most men had **no other medical conditions** recorded

Treatments received by men in Wales

Low-risk, localised disease

9%

of men had radical treatments and were **potentially 'over-treated'** - 10% in 2019-2020

High-risk/locally advanced disease

28%

of men did not have radical treatments and were **potentially 'under-treated'** - 40% in 2019-2020

(Risk grouping was not possible in the English data, so these indicators could only be reported for Wales)

- 9% of men with **low-risk** disease were **potentially “over-treated”** in Wales
 - A decrease from 2019-2020 (10%)
 - They were classified as “over-treated” as radical treatments aren’t generally advised for low-risk prostate cancer patients
- 28% of men with **high-risk** disease were **potentially “under-treated”** in Wales
 - A decrease from 2018-2019 (40%)
 - They were classified as “under-treated” as radical treatments are generally advised for high-risk prostate cancer patients

Possible complications

For men undergoing surgery in England and Wales between April 2020 - March 2021:

12% of men were readmitted within 3 months following surgery



Decreased compared with 13% in 2019-2020

For men undergoing radical treatment between October 2018 and September 2019:

7%

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

10%

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

Stable compared with 7% in last year's report

Decrease compared with 11% in last year's report

Treatment-related bowel (gastrointestinal) complication

- E.g. diarrhoea, bleeding, infection, ulceration, and rarely, fistula formation or strictures in the bowel

Treatment-related genitourinary complications

- E.g. leaking urine, difficulty urinating, infection, and rarely, narrowing or blockage of the urinary tract

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Impact of COVID - 19

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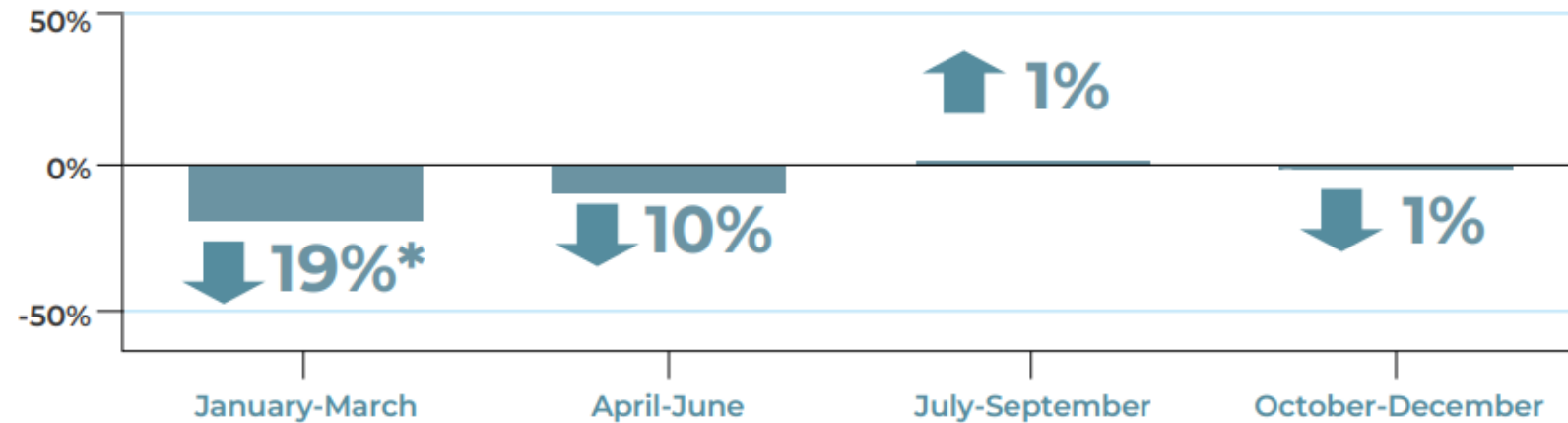
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Introduction

- For **England**, the NPCA used the **Rapid Cancer Registration Dataset (RCRD)** again, which is collated and provided more quickly than the dataset usually used for the annual report (National Cancer Registration Dataset), creating an opportunity for more frequent reporting
- For **Wales**, the NPCA used the standard dataset for Wales (the same dataset the NPCA has used before and throughout the COVID-19 pandemic)
- Data was available on services in **England** up to the **end of 2021** from the RCRD whereas data was available on services in **Wales** up to the **31st March 2021**
 - We were able to report the national and regional picture relating to the impact of COVID-19 on diagnosis and treatment provided
 - Compared to the same time periods in 2019

Impact on diagnosis in England

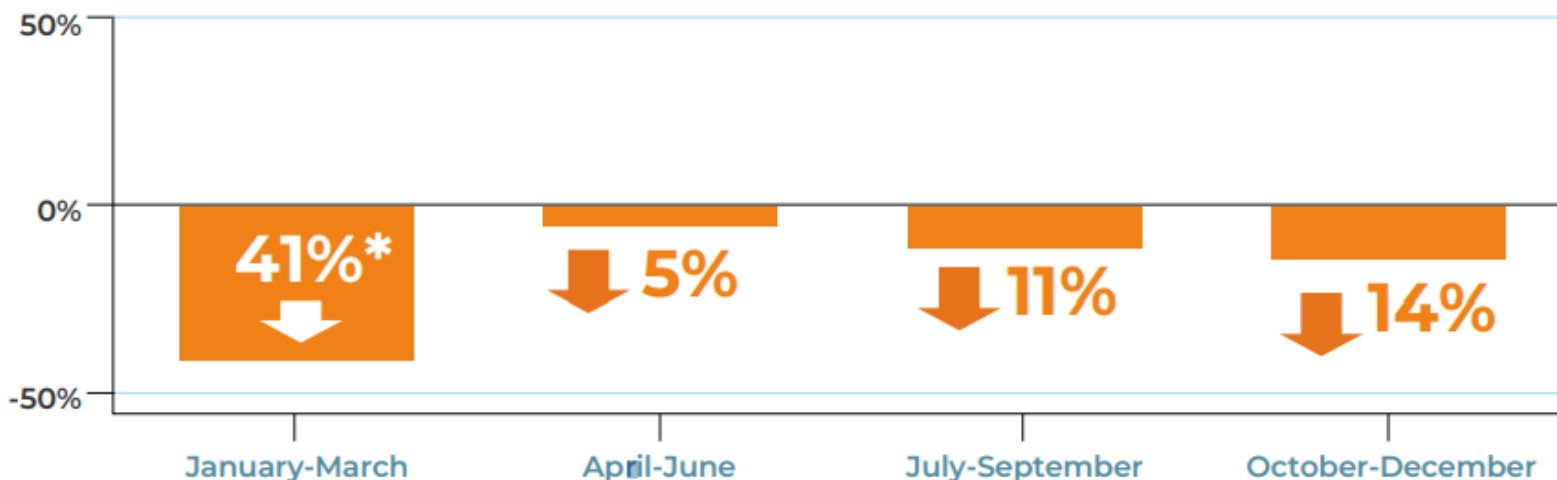
Number of patients newly diagnosed with prostate cancer in 2021 (compared to same period in 2019)



- Overall, there was a **19% reduction** in the number of men diagnosed in January to March 2021 compared to the same period in 2019
- By October to December 2021, the number of men diagnosed had returned to the levels of 2019

Impact on treatment: surgery in England

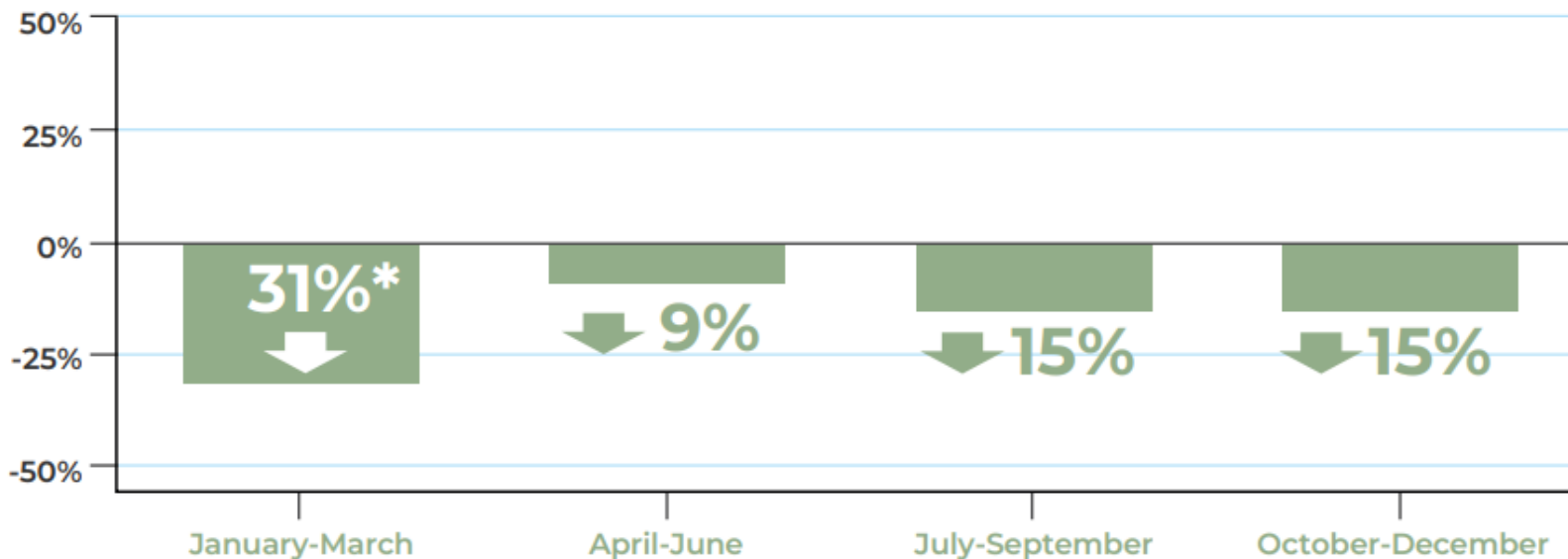
Number of patients undergoing radical prostatectomy in 2021 (compared to same period in 2019)



- In January-March 2021 there was a **41% reduction** in the number of men undergoing radical prostatectomy compared to 2019
- Surgical activity **increased** for most regions from Jan-Mar 2021 to Oct-Dec 2021
- Overall, however, the number of procedures in October-December 2021 was **14% lower** than in 2019, varying by region

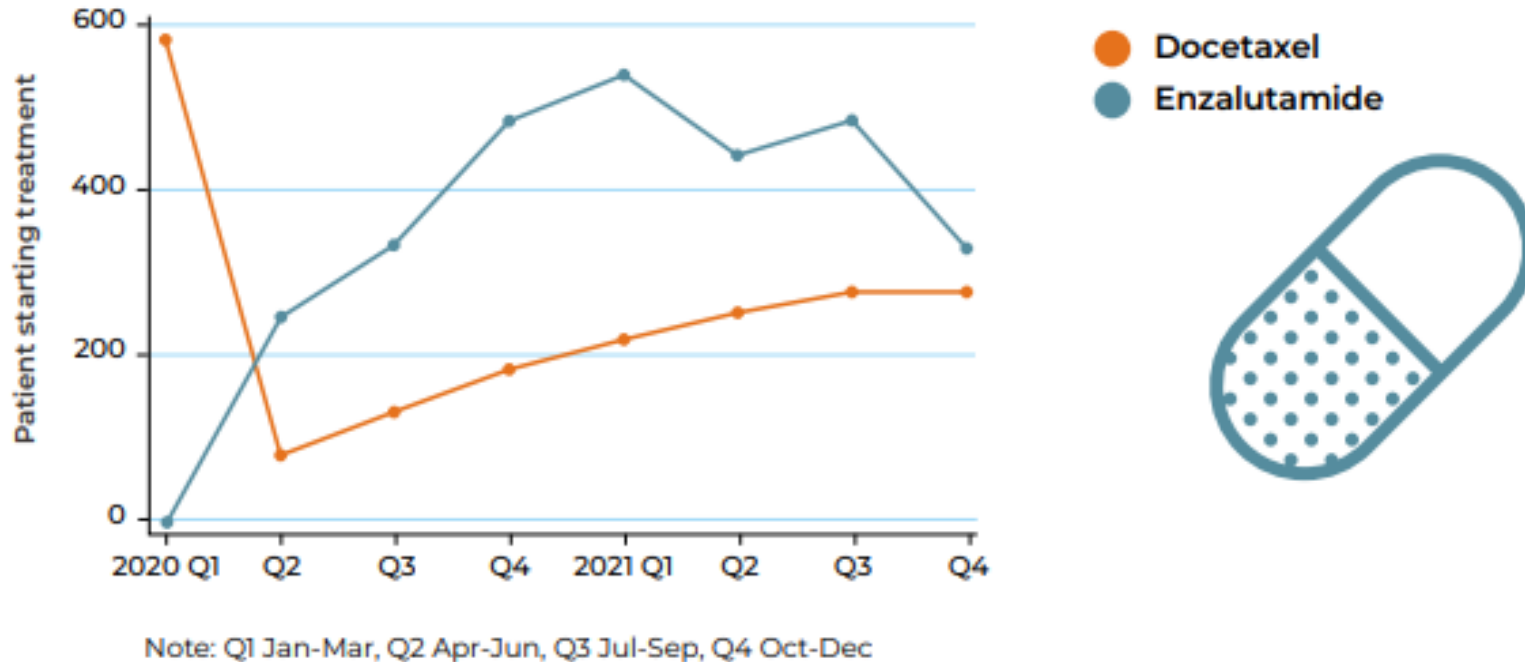
Impact on treatment: radiotherapy in England

Number of patients undergoing radical radiotherapy in 2021 (compared to same period in 2019)



- During January-March 2021 there was a **31% reduction** in radiotherapy compared to the same period in 2019
- Despite some recovery, in October-December 2021 the number of men starting radiotherapy **remained lower** than the same period in 2019
- The use of a hypofractionated radiotherapy regimen in 2021 was similar to the levels of use seen in 2019 for most regions with standard radiotherapy being used less than in 2019 in all regions during 2021

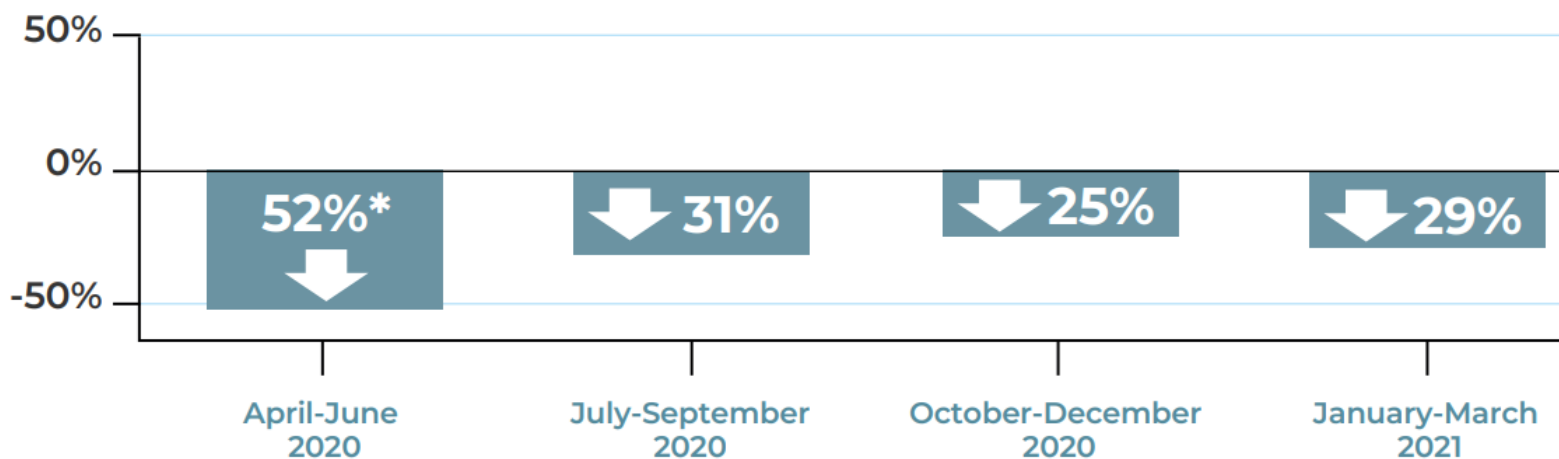
Impact on treatment: systemic therapy in England



- In 2021, there was evidence of a steadily increasing use of docetaxel, but the level of usage remained relatively low. The utilisation of enzalutamide continued to increase during 2021

Impact on diagnosis in Wales

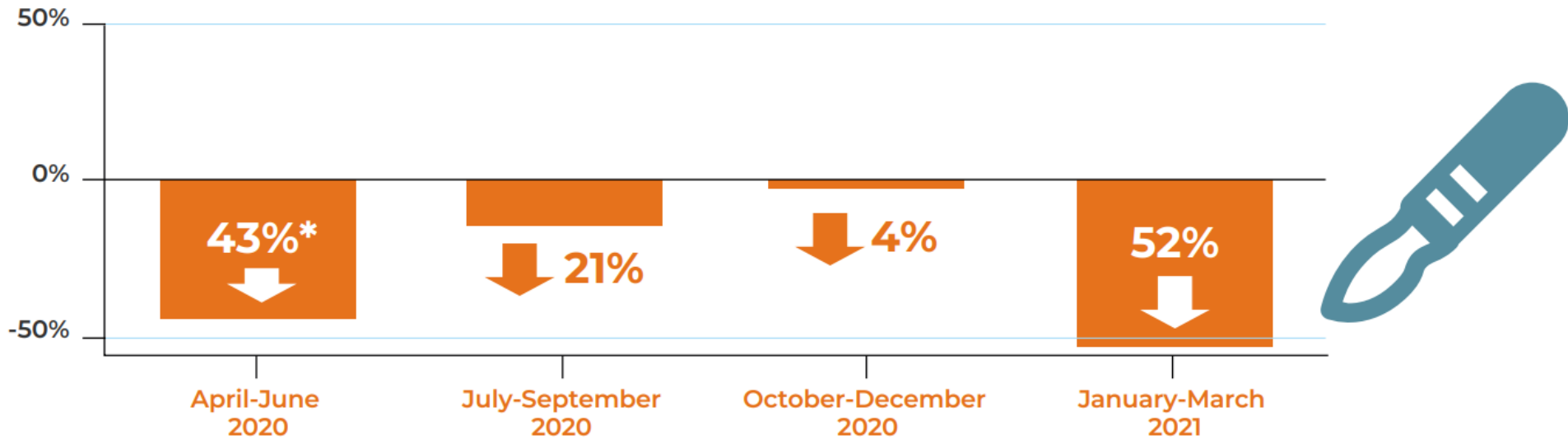
Number of patients newly diagnosed with prostate cancer in 2020 or 2021 (compared to same period in 2019)



- During the first ‘lockdown period’ April – June 2020, there was a **52% reduction** overall in the number of patients newly diagnosed with prostate cancer compared to the same period in 2019
- By October – December 2020 there was a **25% reduction** overall in the number of patients newly diagnosed with prostate cancer compared to the same time periods in 2019

Impact on treatment: surgery in Wales

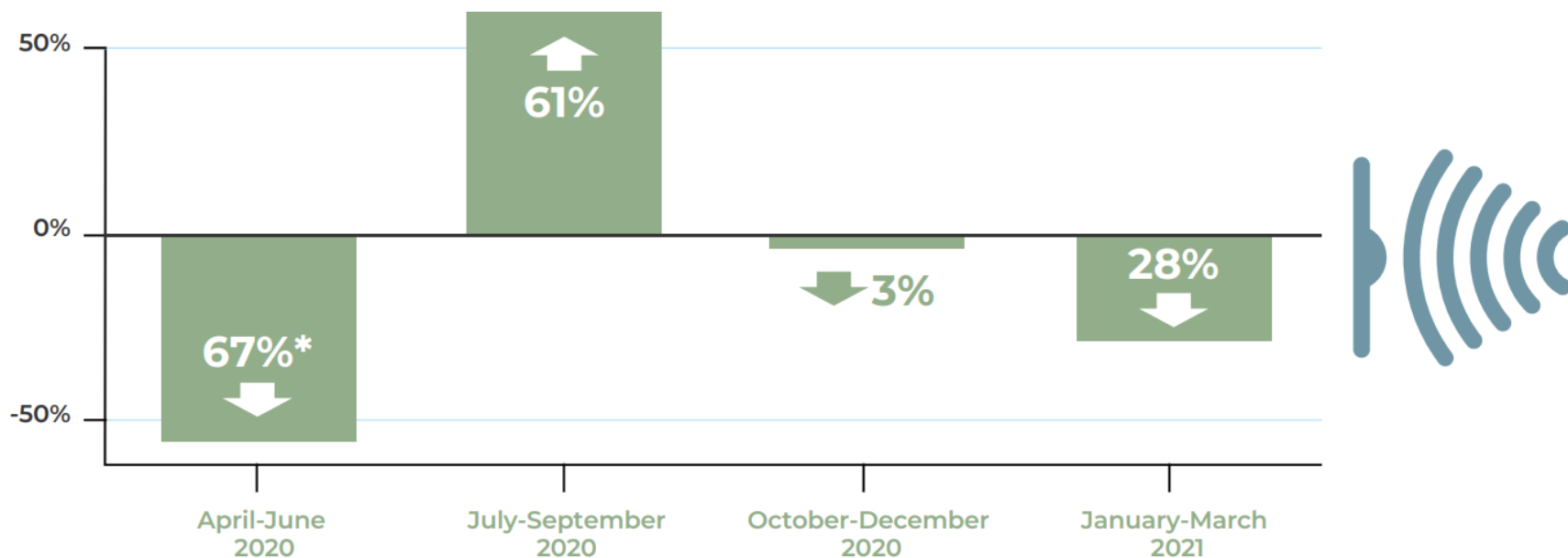
Number of patients undergoing radical prostatectomy in 2020 or 2021 (compared to same period in 2019)



- There was a **43% reduction** in the number of men undergoing radical prostatectomy in April to June 2020 compared to 2019 which varied by SMDT
- During October to December 2020 there was a **4% reduction** in surgical activity compared to 2019

Impact on treatment: radiotherapy in Wales

Number of patients undergoing radical radiotherapy in 2020 or 2021 (compared to same period in 2019)



- During April to June 2020 there was a **67% reduction** in patients received radiotherapy compared to 2019
- By October to December 2020, there was an overall **3% reduction** in the number of men starting radical radiotherapy compared to 2019
- Increasing use of a hypofractionated regimen was evident across Wales and by July to September of 2020 all radiotherapy was performed using a hypofractionated regime

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Recommendations

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Recommendations for patients

1. **Seek advice** from a doctor if any of the following **new symptoms** are experienced: urinary symptoms, erectile problems, blood in urine or unexplained back pain, as early diagnosis improves outcomes
2. Ensure that a **family history** of prostate, breast or ovarian cancer is reported to a healthcare provider as it should precipitate a genetic counselling referral
3. If you have low-risk prostate cancer, discuss with your clinical specialist the option of **disease monitoring with active surveillance** in the first instance
4. Discuss with your clinical specialist the **radical treatment options** available for men with high-risk/locally advanced disease

Recommendations for healthcare professionals

1. 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
2. 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. These should be offered early and on an ongoing basis, in keeping with national recommendations
3. 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

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Future plans

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Future Plans

The National Prostate Cancer Audit (NPCA) is going to become part of the **National Cancer Audit Collaborating Centre (NATCAN)** from 1st July 2023. The NPCA will continue to use existing, routine national data to report key performance indicators for all prostate cancer service providers in England and Wales each year as well as produce patient summaries and peer-reviewed publications. The NPCA will benefit from several NATCAN innovations such as:

- More timely and more frequent reporting on a quarterly basis (using 'rapid cancer registration' data)
- Instead of a detailed annual report, the NPCA will develop a concise 'State of the Nation' report (limited to 10 pages and 5 recommendations)
- Greater focus on quality improvement and closing the audit cycle
 - Closing the audit cycle means measuring to what extent recommendations from NPCA audits are implemented in cancer services and their impact on outcomes

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Sources of further information and support

These are accessible via GP services and from prostate cancer charities including:

Prostate Cancer UK www.prostatecanceruk.org

Tackle Prostate Cancer www.tackleprostate.org

Both of these charities operate nationwide support networks.

Information can also be found from Clinical Nurse Specialists and at:

NHS website www.nhs.uk/conditions/prostate-cancer/

Cancer Research UK www.cancerresearchuk.org/about-cancer/prostate-cancer

Macmillan Cancer Support www.macmillan.org.uk/cancer-information-and-support/prostate-cancer

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With thanks...

- to our data providers at hospitals and at NCRAS and WCN
- to the clinicians who support our work
- to our NPCA Patient and Public Involvement Forum who have given us feedback on the Patient Summary. We look forward to working with them in the future

Noel Clarke

Urological Clinical Lead representing the British Association of Urological Surgeons

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and the whole NPCA team