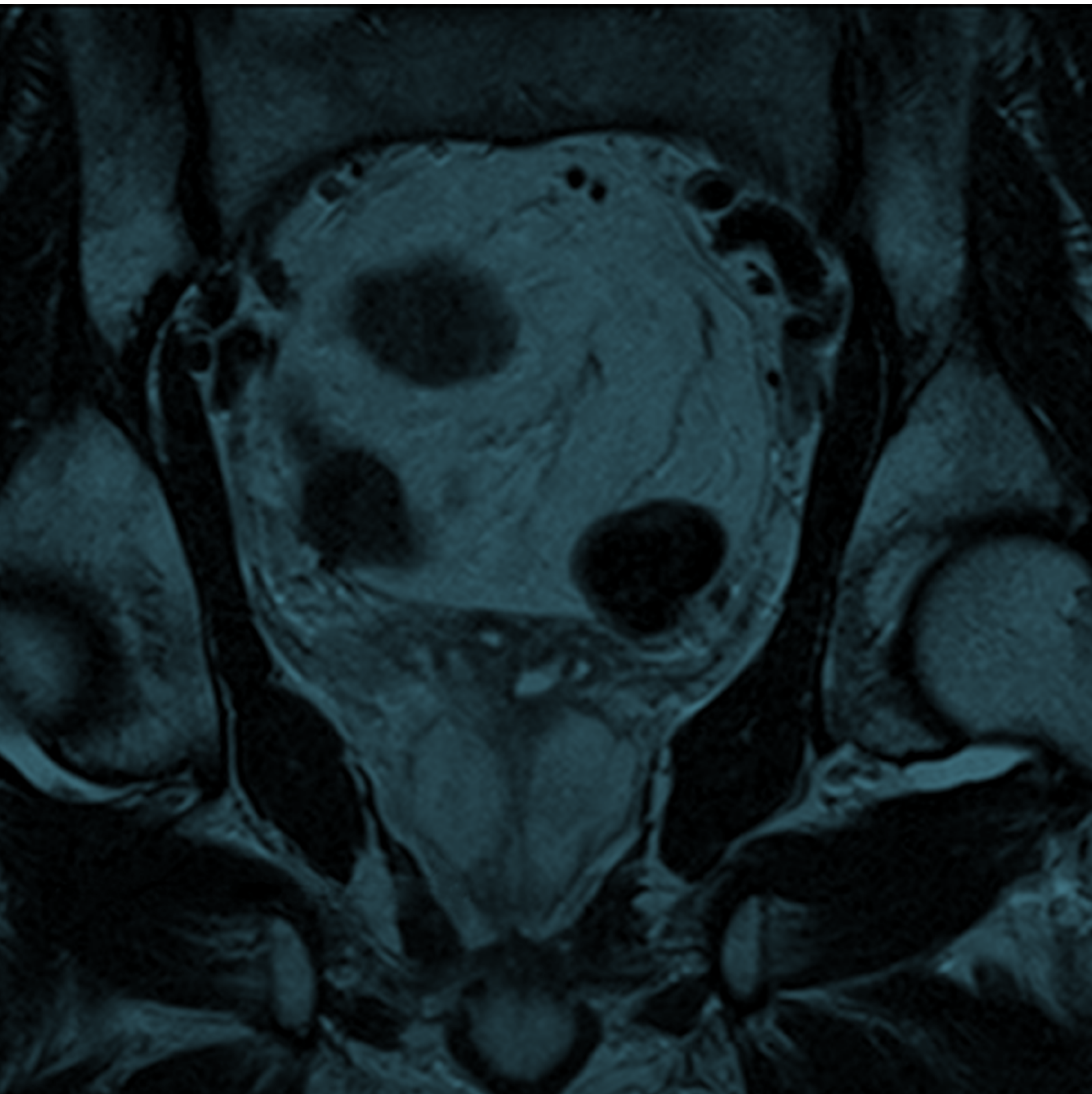
NPCA
National Prostate Cancer Audit

Annual Report 2020

Executive Summary



National Prostate Cancer Audit

Seventh Year Annual Report – Results of the NPCA Prospective Audit in England and Wales for men diagnosed 1 April 2018 – March 2019

London: The Royal College of Surgeons of England, 2021.

Registered Charity No: 212808

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, 2020.

In partnership with:

The British Association of Urological Surgeons (BAUS) was founded in 1945 and exists to promote the highest standards of practice in urology, for the benefit of patients, by fostering education, research and clinical excellence. BAUS is a registered charity and qualified medical practitioners practising in the field of urological surgery are eligible to apply for membership. It is intended that this website will be a resource for urologists, their patients, other members of the healthcare team and the wider public.

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.

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.

Commissioned by:

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. 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 improve prostate cancer diagnosis and treatment. In this report we continue our work as the first national audit which is able to report on process and outcome measures from all 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 2018 and 31st March 2019 in England and Wales.[3] The basis of the audit are routine data sources which include: Cancer Registry data, Cancer Outcomes and Services Dataset (COSD), Hospital Episode Statistics (HES), the Office for National Statistics (ONS), the Radiotherapy Data Set (RTDS) and the Systemic Anti-Cancer Therapy (SACT) database in England, and CaNISC, Patient Episode Database for Wales (PEDW) and ONS in Wales.

We report on specific information relating to diagnosis, staging and treatment, as well as core performance indicators, in order to compare diagnostic specialist MDTs and/or treatment centres. We also report the results from the latest round of the NPCA patient survey including patients' views of their experience of care and their functional outcomes after radical treatment. The NPCA patient survey includes key questions from the National Cancer Patient Experience Survey (NCPES) and the Expanded Prostate Cancer Index Composite 26-item version (EPIC-26) and is collected at least 18 months after diagnosis for men diagnosed between 1st April 2018 and 30th September 2018.

We report on 14 performance indicators:

1. Proportion of men diagnosed with metastatic disease at first presentation.
2. Proportion of men with low-risk localised prostate cancer undergoing radical prostate cancer therapy.
3. Proportion of men with high-risk localised/locally advanced disease receiving radical prostate cancer therapy.
4. Proportion of men with newly diagnosed metastatic disease who received docetaxel in combination with androgen deprivation therapy (ADT).
5. Proportion of men with high-risk localised/locally advanced disease receiving both prostate and pelvic lymph node irradiation, as opposed to prostate-only irradiation.
6. Proportion of patients who were given the name of a clinical nurse specialist.
7. Proportion of patients rating their overall care as at least 8 out of 10.
8. Proportion of patients who had an emergency readmission within 90 days of radical prostatectomy.
9. Proportion of patients experiencing at least one genitourinary (GU) complication requiring a procedural/surgical intervention within 2 years of radical prostatectomy.
10. Proportion of patients receiving a procedure of the large bowel and a diagnosis indicating radiation toxicity (gastrointestinal [GI] complication) up to 2 years following radical prostate radiotherapy.
11. Mean urinary incontinence score after radical prostatectomy
12. Mean sexual function score after radical prostatectomy
13. Mean bowel function score after radical radiotherapy
14. Mean sexual function score after radical radiotherapy.

[3] 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 2017.

NICE Quality Standards, 2015[4]

1. QS1: men with prostate cancer have a discussion about treatment options and adverse effects with a named nurse specialist.
2. 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.
3. 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. QS4: men with adverse effects of prostate cancer treatment are referred to specialist services.
5. QS5: men with hormone-relapsed metastatic prostate cancer have their treatment options discussed by the urological cancer MDT.

Although the NPCA started prior to the publication of the NICE Quality Standards, the Audit provides results that can be used to evaluate to what extent prostate cancer care providers meet most of these standards.

This year we present results from the second NPCA patient survey, which provides information on how men were informed about their treatment options, how treatment decisions were made and to what extent they had access to a named clinical nurse specialist (CNS) (QS1). We also present results for indicators of possible over-treatment in men with low-risk disease and potential under-treatment in men with high-risk localised/locally advanced disease (see section 3.4, QS2 and QS3).

Previous results from our annual organisational survey[5] indicate whether providers of cancer services have specialist services on-site (QS4). These will be updated early next year as the planned implementation of this survey has been delayed due to the COVID-19 pandemic.

Currently data with respect to hormone-relapse and recurrence are not available from routine national datasets and so an assessment of treatment options for these men is not possible (QS5).

In addition to the results linked directly to the NICE Quality Standards, the NPCA reports on aspects of care that capture ongoing developments in the way men with prostate cancer are being assessed and treated. The Audit also provides evidence on the adoption of newer technologies (e.g. the type of biopsy used) and treatments (robotic-assisted prostatectomy and intensity-modulated radiotherapy), as well as the impact on patient outcomes.

Further to the publication of updated NICE guidelines in May 2019[6] we report, for the second time, the uptake of docetaxel in men with newly presenting metastatic disease, and the extent of the use of prostate plus pelvic lymph node irradiation for men with high-risk localised or locally advanced disease.

[4] Prostate Cancer. NICE Quality Standard [QS91], 2015 (Updated May 2019).

[5] https://www.npca.org.uk/reports/npca-organisational-audit-2019/

[6] Prostate cancer: diagnosis and management. NICE Guideline [NG131], 2019.

How to use this report and the NPCA website

The information presented here compares prostate cancer services locally and nationally. We recommend that this be a starting point for reflection on the reasons behind variation in practice and outcomes, and that this report be used to identify areas for potential quality improvement. It also provides an impetus to maintain and improve data collection for the most accurate reflection of prostate cancer care in England and Wales.

A breakdown of results at the level of each Trust/Health Board and specialist MDT are provided on our website.[7] Users of this report should take time to identify areas for improvement in data completeness, service availability and patient outcomes. We also encourage clinical leads to attend our next Quality Improvement workshop in April 2021. These results will be the basis for discussion and improvement planning. We welcome feedback on how the audit outputs can be improved.

It is also important to highlight that treatment outcome results are published as part of the Clinical Outcomes Programme (COP) and the National Clinical Audit Benchmarking (NCAB) to enable dissemination of our findings to clinicians, stakeholders, patients and the wider public. We also encourage users of this report to access these resources to facilitate quality improvement.

Patients can use these results to start conversations with their care providers and a lay summary of the report will be published in early 2021. Previous lay summaries of our Annual Reports and patient-friendly slide sets for use by support groups can be found on our website at: www.npca.org.uk

[7] https://www.npca.org.uk/provider-results/

Key Messages

Data quality

1. Completeness of key variables remains low in England (e.g. performance status 52% – no change from 2019). New data items for multiparametric MRI have been introduced into COSD and we encourage all prostate MDTs in England to submit these data items so that they can provide reliable results about key parts of the diagnostic pathway.

Prospective audit

2. The number of men diagnosed with prostate cancer has increased by 23% (52,580 compared to 42,668 in 2019), which might be explained by increased public awareness following media reporting of the diagnosis of two high-profile celebrities in February/March 2018 .

3. The proportion of men presenting with metastatic disease at diagnosis has reduced (13% compared to 16% in 2019).

4. The potential 'over-treatment' of men with low-risk disease has remained low at a national average of 5% (compared to 4% in 2019) although some centres have a persistently higher level.

5. The potential 'under-treatment' of men with high-risk localised/locally advanced disease has decreased slightly (29% compared to 32% in 2019).

6. The use of primary docetaxel in metastatic disease has increased in this second year of reporting (36% compared to 27% in 2019).

7. The proportion of men with intermediate-risk disease receiving a hypofractionated radiotherapy regimen has increased (96% compared to 91% in 2019).

8. Brachytherapy boost combined with EBRT was given to 5% of men with high-risk localised/locally advanced disease who received radical radiotherapy, as was found last year (5% in 2019).

9. We report a national average (England only) of 18% of these men having prostate and pelvic lymph node irradiation with substantial national variation (a new indicator).

10. Emergency readmission within 90 days of radical prostate cancer surgery remains the same as in 2019 at 14%.

11. Genitourinary complications following radical prostatectomy have remained stable with 9% of men experiencing at least one genitourinary complication within two years of their prostatectomy (compared to 9% in 2019).

12. Gastrointestinal complications following radical radiotherapy are stable at 11% of men experiencing a gastrointestinal complication within two years of their radiotherapy (compared to 10% in 2019).

Patient-reported outcomes

13. The majority of men (87%) were given the name of a clinical nurse specialist, an increase from the last reporting of this measure in the 2018 annual report (83%). A high proportion of men (91%) rate their care at least 8 of out 10 (compared to 89% in 2018).

14. Following radical prostatectomy, the mean sexual function score was generally poor at 24 on a scale of 0-100, an improvement of 1 point compared with the previous round of reporting in 2018.

15. The urinary incontinence score was an average of 73 on a scale of 0-100 following radical prostatectomy, an increase in 2 points.

16. Following radical radiotherapy, the average sexual function score was generally poor at 18 on a scale of 0-100, an improvement in 1 point compared with 2018.

17. The mean bowel function score after radical radiotherapy was 85 on a scale of 0-100. This is unchanged from the previous round of reporting.

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 2018 to 31st March 2019 which therefore do not cover the period of 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 2020 findings underlying recommendation	Previous results	National guidance
R1	Where appropriate increase the use of transperineal biopsy methods 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	21% of men in England and 6% of men in Wales had a trans-perineal prostate biopsy. (Results 3.3, Table 3).	Increase: 17% of men in England and 7% in Wales in NPCA Annual Report 2019	*National guidance currently unavailable. This recommendation is based on the views of the NPCA Clinical Reference Group (CRG).*
R2	NHS Organisations in England should aim to achieve high completeness of key data items, capturing performance status and NEW Cancer Outcomes Services Dataset (COSD) data items related to mpMRI and prostate biopsy type available from July 2020. 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 with support from the National Cancer Team	Data completeness in England: Performance status (52%) Data completeness in Wales: Performance status (100%) (Results 3.3, Table 2).	No change: England - Performance status (52%) Wales - Performance status (100%) in NPCA Annual Report 2019	NICE Guideline [NG131], 2019 *1.2.2 Offer multiparametric MRI as the first-line investigation for people with suspected clinically localised prostate cancer.* *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.*
R3	NHS Organisations in Wales should aim to improve their case ascertainment working with data specialists in the Wales Cancer Network.	Prostate cancer teams (local and specialist MDTs) within NHS Trusts/Health Boards	Case ascertainment in Wales: 89% (Results 3.3, first paragraph).	Small increase: 85% in NPCA Annual Report 2019	*The Welsh Cancer Intelligence and Surveillance Unit collects, analyses and releases information about cancer in Wales.*
R4	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	5% of men diagnosed with low-risk localised cancer in England and Wales underwent radical prostate cancer therapy within 12 months of diagnosis. There were two specialist MDTs with significantly higher levels of 'potential over-treatment' compared with the national average after case-mix adjustment. (Results 3.4, Performance indicator 2, Figure 3).	Small increase : 4% of men in England and Wales in NPCA Annual Report 2019	NICE Quality Standard [QS91], 2015 *QS2: men with low-risk prostate cancer for whom radical treatment is suitable are also offered the option of active surveillance.* NICE Guideline [NG131], 2019 *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.*

/Table 1 continued

No.	Recommendation	Audience	Annual Report 2020 findings underlying recommendation	Previous results	National guidance
R5	Prostate cancer teams should 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	71% of men diagnosed with locally-advanced prostate cancer underwent radical treatment within 12 months of diagnosis in England and Wales equating to 29% of men being 'potentially under-treated'. 'Potential under-treatment' by NHS provider varied (18% to 61%) and there were five specialist-MDTs which had significantly higher levels of 'under-treatment' compared with the national average following adjustment for case-mix. (Results 3.4, Performance indicator 3, Figure 4).	Reduction: 32% of men in England and Wales were 'potentially undertreated' in NPCA Annual Report 2019	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.*
R6	Where appropriate, offer combined systemic therapy, either with docetaxel or novel anti-androgenic therapy, to people with newly diagnosed metastatic disease	Prostate cancer teams (local and specialist MDTs) within NHS Trusts/Health Boards	36% of men received primary docetaxel in combination with standard ADT (ranging from 0% to 47% by NHS provider in England).* (Results 3.4, Performance indicator 4, Figure 5).	Increase: 27% of men received primary docetaxel in combination with standard ADT in NPCA Annual Report 2019	NICE Guideline [NG131], 2019 *1.5.6 Offer docetaxel chemotherapy to people with newly diagnosed metastatic prostate cancer who do not have significant comorbidities* NICE Guideline [NG161], 2020. NHS England interim treatment changes during the COVID-19 pandemic *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*
R7	Develop a national working group to provide consensus guidelines to support decision making around the routine use of pelvic lymph node irradiation for high risk localised/locally advanced disease	Prostate cancer teams (local and specialist MDTs) within NHS Trusts/Health Boards with support from the National Cancer Team	18% of men with high-risk localised /locally advanced prostate cancer received prostate plus pelvic lymph nodes irradiation, with wide variation by provider (ranging from 0% to 68% by RT centre in England).* (Results 3.4, Performance indicator 5, Figure 6).	N/A*	National guidance currently unavailable.

*Information currently unavailable for Wales

/Table 1 continued

No.	Recommendation	Audience	Annual Report 2020 findings underlying recommendation	Previous results	National guidance
R8	Consider establishing radiotherapy centre specialist gastrointestinal services to offer advice to people with bowel-related side effects of radiotherapy.	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. Following adjustment, two centres had significantly worse rates of severe bowel toxicity compared with other NHS providers in England and Wales. (Results 3.4, Performance indicator 10, Figure 11).	Small increase : 10% of men in England and Wales in NPCA Annual Report 2019	NICE Guideline [NG131], 2019 *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).*
R9	Consider high dose rate brachytherapy in combination with external beam radiotherapy for patients with intermediate- or high-risk prostate cancer.	Prostate cancer teams (local and specialist MDTs) within NHS Trusts/Health Boards	5% of men receiving radical radiotherapy for high-risk/ locally advanced disease received a brachytherapy boost in England.* (Table 4).	No change: 5% of men in England in NPCA Annual Report 2019	NICE Guideline [NG131], 2019 *1.3.22 Consider brachytherapy in combination with external beam radiotherapy for people with intermediate- and high-risk localised prostate cancer.*
R10	Ensure access to nurse specialists and their services for patients with prostate cancer.	Prostate cancer teams (local and specialist MDTs) within NHS Trusts/Health Boards	87% of men reported that they were 'given the name of a CNS', which varied from 73% - 100% by provider. (Results 3.4, Figure 7),	Increase: 83% of men in NPCA Annual Report 2018	NICE Quality Standard [QS91], 2015 *QS 1 Men with prostate cancer should have a discussion about treatment options and adverse effects with a named nurse specialist.*
R11	Seek advice from a doctor if you experience any of the following new symptoms: urinary symptoms, erectile problems, blood in your urine or unexplained back pain.	Patients	Overall 13% of men in England and Wales were diagnosed with metastatic disease at presentation (ranging from 7% to 22% by specialist MDT). (Results 3.4, Performance indicator 1, Figure 2).	Reduction: 16% of men in England and Wales in NPCA Annual Report 2019	NHS Long Term Plan for Cancer 2019 *'..build on work to raise greater awareness of symptoms of cancer, lower the threshold for referral by GPs, accelerate diagnosis and treatment..'* Cancer delivery plan for Wales 2016 - 2020 *'…develop a programme of awareness campaigns for cancer'*
R12	Men with a family history of prostate, breast or ovarian cancer should ensure this is reported to their healthcare provider with a view to a possible genetic counselling referral.	Patients	Overall 13% of men in England and Wales were diagnosed with metastatic disease at presentation (ranging from 7% to 22% by specialist MDT). (Results 3.4, Performance indicator 1, Figure 2).	Reduction: 16% of men in England and Wales in NPCA Annual Report 2019	NHS Long Term Plan for Cancer 2019 *'..build on work to raise greater awareness of symptoms of cancer, lower the threshold for referral by GPs, accelerate diagnosis and treatment..'* *'routinely offer genomic testing to all people with cancer for whom it would be of clinical benefit'* Cancer delivery plan for Wales 2016 - 2020 *'… develop a programme of awareness campaigns for cancer'*

*Information currently unavailable for Wales

/Table 1 continued

No.	Recommendation	Audience	Annual Report 2020 findings underlying recommendation	Previous results	National guidance
R13	Men with low-risk prostate cancer should discuss with their specialist the option of disease monitoring with active surveillance in the first instance.	Patients	5% of men diagnosed with low-risk localised cancer in England and Wales underwent radical prostate cancer therapy within 12 months of diagnosis. There were two specialist MDTs with significantly higher levels of 'potential over-treatment' compared with the national average after case-mix adjustment. (Results 3.4, Performance indicator 2, Figure 3).	Small increase: 4% of men in England and Wales in NPCA Annual Report 2019	NICE Quality Standard [QS91], 2015 *QS2: men with low-risk prostate cancer for whom radical treatment is suitable are also offered the option of active surveillance.* NICE Guideline [NG131], 2019 *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.*
R14	Men who are offered prostate cancer treatment should be 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	*Radical prostatectomy – urinary complications and sexual function* 9% of men experienced at least one genitourinary complication requiring a procedural/surgical intervention within two years after radical prostatectomy. Following adjustment, three surgical centres had significantly worse rates of severe urinary toxicity compared with other NHS providers in England and Wales. (Results 3.4, Performance indicator 9, Figure 10). Overall, the mean urinary incontinence score was 73 and the mean sexual function score was 24 (with higher scores representing improved function). (Results 3.4, Performance indicators 11 [Figure 12] and 12 [Figure 13]). *Radical radiotherapy – bowel complications and sexual function* 11% of men experienced at least one bowel complication within two years after radical radiotherapy. Following adjustment, one centre had significantly worse rates of severe bowel toxicity compared with other NHS providers in England and Wales. (Results 3.4, Performance indicator 10, Figure 11). Overall, the mean bowel function score was 85 and mean sexual function was 18 on a scale of 1 to 100. (Results 3.4, Performance indicators 11 [Figure 14] and 12 [Figure 15]).	No change in urinary complications compared with previous report – 9% of men in England and Wales in NPCA Annual Report 2019 Small increase compared with the previous reporting period (urinary incontinence - a score of 71 and sexual function – a score of 23) in NPCA Annual Report 2018 Bowel complications are consistent with previous report – 10% of men in England and Wales in NPCA Annual Report 2019 No change in reported bowel function (a score of 85) and a small increase in sexual function score (a score of 17) in NPCA Annual Report 2018	NICE Guideline [NG131], 2019 *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: sexual function, physical appearance continence, other aspects of masculinity.* *Support people and their partners or carers in making treatment decisions, taking into account the effects on quality of life as well as survival.* NICE Quality Standard [QS91], 2015 *QS4: men with adverse effects of prostate cancer treatment are referred to specialist services.*

/Table 1 continued

No.	Recommendation	Audience	Annual Report 2020 findings underlying recommendation	Previous results	National guidance
R15	Men experiencing physical or psychological side effects during or following prostate cancer treatment should be referred to specialist support services. These should be offered early and on an ongoing basis, in keeping with national recommendations.	Patients and prostate cancer teams	Recommendation in light of R14. 87% of men reported that they were 'given the name of a CNS', which varied from 73% - 100% by provider. (Results 3.4, Figure 7).	Increase compared with previous reporting year – 83% of men in NPCA Annual Report 2018	NICE Guideline [NG131], 2019 *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.*
R16	Sources of further information and support should be available 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	Recommendation in light of R14 and R15.	N/A	NICE Guideline [NG131], 2019 *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.* *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.*
R17	Review and identify regional performance indicators for prostate cancer. 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 Trust Board and/or CCG. Trust Boards and CCGs should follow-up implementation progress.	Commissioners and health care regulators	Recommendation in light of R1 – R16.	N/A	*This recommendation is based on the views of the NPCA CRG.*
R18	Local commissioners should ensure that radiotherapy centres are able to deliver a full range of radiotherapy techniques and support services for patients	Commissioners and health care regulators	Recommendation in light of R7 – 9, R14 and R15.	N/A	*This recommendation is based on the views of the NPCA CRG.*
*Information currently unavailable for Wales					

DIAGNOSIS AND STAGING

for men diagnosed 18/19

52,580

men were diagnosed with prostate cancer in England and Wales between **1st April 2018 and 31st March 2019**

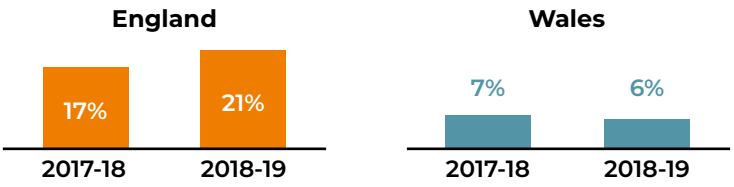
23% increase compared with 42,668 men in 17/18

This may be explained by the diagnosis of two high-profile celebrities during the period, which was publicised by the media

54% of men were 70 years or older - 56% of men in 17/18

13% of men presented with metastatic disease – 16% of men in 17/18

the use of **transperineal biopsy** is increasing in England



TREATMENT ALLOCATION

for men diagnosed 18/19

Low-risk, localised disease

5% of men had radical treatments and were potentially **'over-treated'** – 4% in 17/18

High-risk/locally advanced disease

29% of men did no have radical treatments and were potentially **'under-treated'** – **32%** of men in 17/18

In England **18%** of men received radiation to their prostate plus lymph nodes**

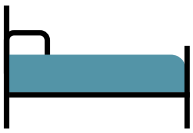
Metastatic disease

36% of men had primary docetaxel chemotherapy in England – 27% of men in 17/18*

* data currently unavailable in Wales

TREATMENT OUTCOMES

14% of men undergoing surgery 18/19 were **readmitted** within 3 months **following surgery**



This short-term outcome is stable compared with 17/18

Medium term outcomes are stable for men undergoing treatment in 2017 compared with 2016

Within **2 years of treatment** 1 in 10 men experienced a **severe genitourinary complication after surgery** or a **severe gastrointestinal complication after radical radiotherapy**

After surgery, men reported their **sexual function** to be **24** and **urinary continence** to be **73****

After external beam radiation, men reported their **sexual function** to be **18** and **bowel function** to be **85****

**mean scores on a scale of 1-100 with higher scores with higher scores representing better function

PATIENT EXPERIENCE OF CARE

87% of men said they were **'given the name of a clinical nurse specialist'** - 83% of men in the previous survey in 2018

91% of men **rated their care** as – 89% of men in 2018 **8/10 OR HIGHER**

