

# **Proposal for a national prostate cancer audit**

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# National cancer audits

## Current:

- Bowel cancer
- Head and neck cancer
- Lung cancer
- Oesophago-gastric cancer

## New:

- Prostate cancer: undergoing procurement
- Breast cancer: procurement in 2013

# National Clinical Audit and Patient Outcomes Programme

- Current set of 29 national audits funded by the DH
- Commissioned through the Healthcare Quality Improvement Partnership (HQIP)
- Local trusts follow common format to collect data
- Central data analysis and feedback of findings to local trusts
- In England and Wales with some participation from Scotland and NI

# HQIP announcement in 2011

- Topics to be commissioned in 2011-12
  - Chronic Obstructive Pulmonary Disease
  - Emergency laparotomy
  - The national vascular registry
  - Prostate Cancer

# Commissioning process

- 2011: Topic proposed by BAUS, BUG, CEU-RCS
- Jan 2012: Audit specification development meeting organised by HQIP
- March 2012: ITT issued by HQIP
- May 2012: Bid from RCS (Jan van der Meulen) with BAUS (David Neal), BUG (Heather Payne) and NCIN (Jem Rashbass) *and bids from others ...?*
- July/Aug 2012: Evaluation of bids
- Jan 2013: Start audit ...?



## ***National Prostate Cancer Audit***

HQIP invites expressions of interest from suitable providers who are able to provide a National Prostate Cancer Audit. This contract is being tendered under the Public Contracts Regulation 2006 under a restricted procurement procedure and has been advertised in accordance with EU requirements under Ref: OJEU Notice Ref: 2011-166904 (30 November 2011).

Title UK-London: HQIP NCA 089 National Prostate Cancer Audit

**Contract duration:** 60 Months

**Contract Value:** up to a maximum value of £1,675,000.00 GBP

**Programme Aims:**

- To develop and run a national audit programme for prostate cancer care in which the processes and outcomes of clinical care are recorded and compared against agreed national standards.

**Key Activities:**

These will include, but not be limited to:

- Data collection from all cancer networks and NHS trusts treating men with prostate cancer in England and Wales.
- The development of a continuous, prospective data collection, using clearly defined cycles of analysis and reporting. A minimum dataset will be agreed and mechanisms included to minimise duplication of data entry by service providers.
- Following an appropriate period of development, the capture of Patient Reported Outcome Measures (PROMS) at key points in the care pathway.
- Components of the programme will also include: provision of an effective and coherent programme delivery structure with fully-integrated methodological input, engagement of key stakeholders, the use of effective data linkage to other data sources and an effective and timely reporting portfolio.

# Aims of the Audit

To assess process of care and its outcomes in men with newly diagnosed prostate cancer in England and Wales.

Specific objectives in year 1:

- National survey of service delivery and organisation of prostate cancer care: “organisational audit”
- Analysis of HES / PEDW and Cancer Registry data
- Developing data collection system for prospective audit
- Developing questionnaire for collecting patient-reported data on experience and outcomes one year after diagnosis

From year 2:

- Prospective audit of all men diagnosed with prostate cancer
- Collection of patient-reported and experience measure one year after diagnosis
- Reporting of results at network and trust level

# Audit's Clinical Reference Group

- Same Chair as NCIN's Urology Site-specific CRG (Kockelbergh) -> avoid overlap and ensure cross fertilisation
- Members from
  - BAUS
  - BUG
  - BAUN
  - RCGP
  - Patient and public (PCSF, PC, PA)
  - NCIN
  - PH observatories
  - Commissioners



# Year 1

## Organisational audit

- Questionnaires sent to cancer networks and trusts
  - service delivery and organisation of cancer care
  - availability of essential diagnostic, staging and therapeutic facilities
- Special attention to function of MDTs
- Comparison of results with National Peer Review

# Year 1

## Analysis of existing data

- Linkage of Hospital Episode Statistics and Patient Episode Data for Wales with Cancer Registry at patient level.
- Background trends
  - Characteristics of newly diagnosed patients
  - Treatments given
  - Outcomes in terms of complications, readmissions, mortality

# Year 1

## Design of prospective audit

- Guiding principle: to keep burden of data collection to minimum
- Recruitment of all men with newly diagnosed prostate cancer discussed at MDT
- Data on:
  - Patient and disease characteristics
  - How the cancer was detected and process of referral
  - Results of the diagnostic and staging process
  - Initial treatment
- Data collection via the English National Cancer Online Registration system (ENCORE) and Welsh Cancer Information System
- Linkage to HES/PEDW and CR data

# Year 1

## Development of patient-reported outcome and experience questionnaire

- To collect PROMs and PREMs at 12 months after diagnosis
- Will include IPSS, IIEF-5 and EQ-5D
- To be mailed to patients' home address
- Ideally, we would also collect patient-reported data at time of diagnosis ->feasibility to be assessed in year 1

# From year 2

## Prospective audit

- Recruitment of all men with newly diagnosed prostate cancer discussed at MDT
  - End of year 2: 70% of patients
  - End of year 5: 95% of patients
- Collection of PROMs and PREMs one year after diagnosis in men with localised disease (expected 12 000 each year)
- Rigorous adjustment for case mix differences
- Feedback of results to cancer networks and NHS trusts

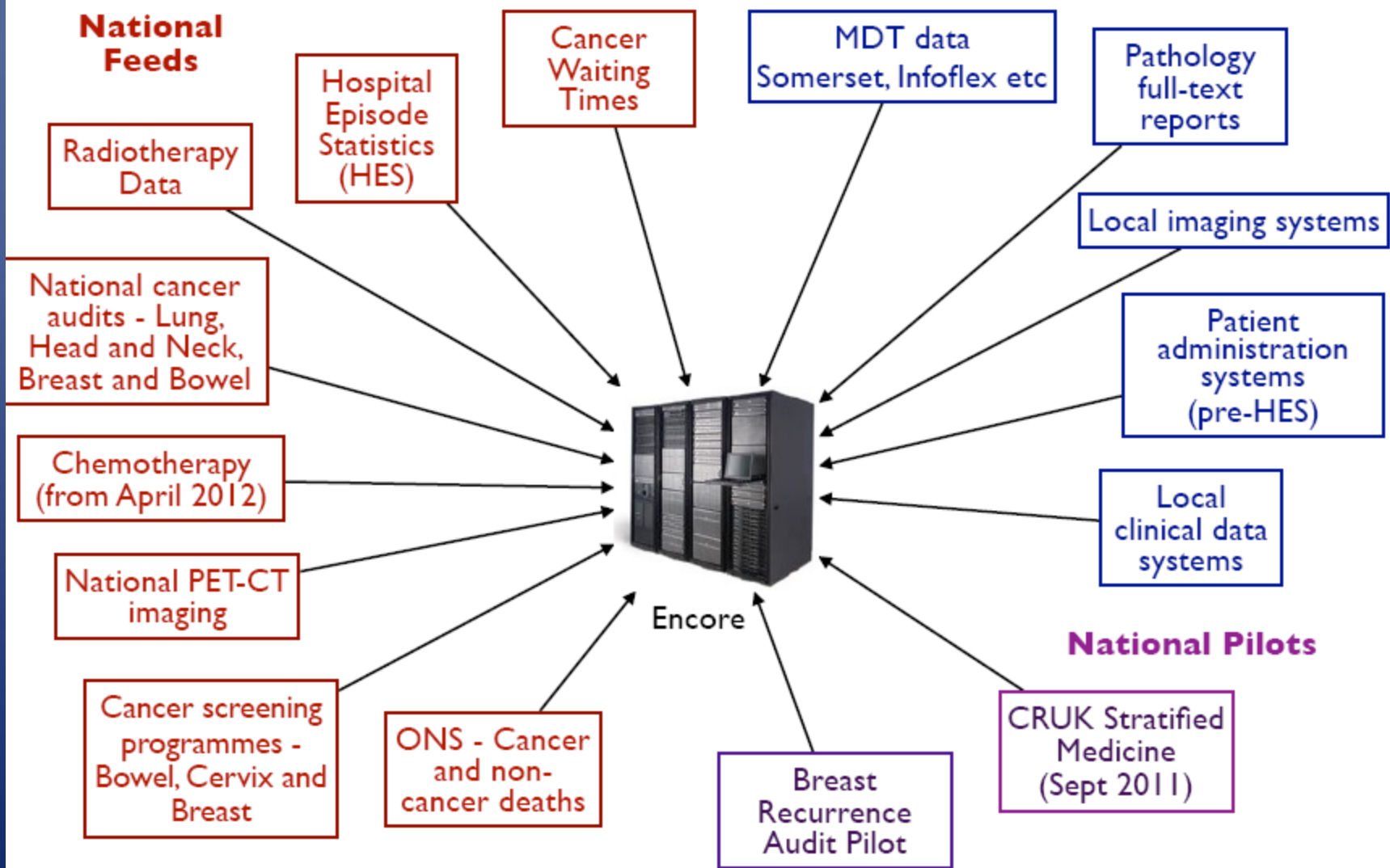
# English National Cancer Outcome Registration system

- Unified cancer data collection system for England
- Easily expandable data-set (COSD +)
- Comprehensive data collection system for entire cancer pathway
- Near-real time
- Many functions, including support for national cancer audits
- The prostate cancer audit is pilot audit project

# Data sources - patient-level data

## Local Feeds

### National Feeds



# Feasibility of audit of PSA testing in primary care in year 1 and 2

Audit to evaluate:

- Use of PSA tests to screen for prostate cancer
- Yield of PSA test
- Variation in timeliness of diagnosis (i.e. time between first PSA test and date of diagnosis)
- Through linkage of PSA lab tests with cancer registry data, HES / PEDW and audit data

Feasibility study needed to assess possibility

- To link PSA results with other data
- To distinguish between PSA test before and after cancer diagnosis
- To establish time between test and diagnosis



# Anticipated Quality Improvements

- Expect to see
  - Increased use of active surveillance for men with low risk prostate cancer
  - Increased use of multimodal therapy for men with high risk or locally advanced prostate cancer
  - Improved safety and toxicity profile of prostate cancer therapy
  - Reduced variation in prostate cancer therapy across NHS trusts
- Feasibility study of PSA testing
  - guide the planning of a national approach for the diagnosis prostate cancer in line with men's preferences

