

# National Prostate Cancer Audit

David E Neal, Heather Payne, Paul Cathcart, Ajay Aggarwal,  
Yoryos Lyratzopoulos, Jem Rashbash, Julie Nossiter and Jan van  
der Meulen

British Association Urological Surgeons

British Uro-Oncology Group

National Cancer Registration Service

Clinical Effectiveness Unit – Royal College of Surgeons of England

# National Prostate Cancer Audit (NPCA)

- 2011: Topic proposed by BAUS, BUG, CEU-RCS, PCAG
- Jan 2012: Audit specification development meeting organised by HQIP
- May 2012: Bid from RCS (Jan van der Meulen) with BAUS (David Neal), BUG (Heather Payne) and NCIN/ENCORE (Jem Rashbass)
- July/Aug 2012: Evaluation of bids
- October 2013: contract awarded to RCS bid
  - 5 – year funding
  - Budget over 5 years: £1.6 million
- Audit initiated in April 2013

# Governance Structure

- Project Board: to oversee the delivery of the contract
- Clinical Reference Group: to support the implementation of the audit
- Project Team: to undertake all activities required to deliver the audit (based in CEU of RCS and National Cancer Registration Service)

# Clinical Reference Group

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

# Aims

- Process of care and outcomes in prostate cancer in England and Wales
- First year:
  - National survey of service delivery and organisation
  - Analysis of existing data (Cancer Registry)
  - “Develop” national data collection (including minimum audit dataset)
  - Scoping of feasibility study for audit of PSA testing in primary care
- Second year:
  - Prospective data collection on newly diagnosed men
  - Feasibility study of PSA testing
  - Development of tool to collect PREM/PROMs
- Third year onwards
  - Continued prospective data collection
  - Start of PREM/PROMs collection

# Audit Topics and Objectives

- Primary Audit Topics
  - For each trust we will describe:
    - Presenting stage and risk stratification
    - Prostate cancer treatments received
    - Patient experience and quality of life 1 year after radical prostate cancer therapy
- Audit Objectives
  - Report
    - *Use of active surveillance for men with low risk prostate cancer*
    - *Use of appropriate radical therapy for high risk prostate cancer*
    - *Outcomes following radical treatments*
    - *Use of PSA testing*

# Year One: “Organisational audit”

- National Survey of all NHS trusts providing prostate cancer services in England and Wales
- Aims:
  - Underline national variation in the organisation and availability of specialist services
  - Provide key information for benchmarking best practice
  - Provide framework for subsequent analysis of outcome data
- Key areas:
  - Diagnostic and staging investigations
  - Radical and palliative therapeutic options (e.g. new radiation technologies)
  - Accessory prostate cancer services. (e.g. specialist continence services)

# Year One: “Organisational audit”

- In addition highlight efficient processes of care:
  - clinic organisation, methods of patient follow up, service personnel utilisation
- Timeline:
  - Sent to Trust and Specialist MDT leads at the beginning of October
  - High return rate expected
  - Supplemented with peer review data



# Year One: “Develop” a National Data Collection System (including minimum audit dataset)

We have designed a new Minimum Audit Dataset

- Guiding principle: **burden of data collection to be kept to a minimum**
- Answer the main questions of the NPCA
- Adherence to national guidelines
- Aim to achieve harmonisation of datasets
- Suitable existing COSD data items have been identified from the urology specific COSD dataset and CORE dataset
- Additional NEW data items have been added – the number has been kept to a minimum and largely cover radiation therapy

# Minimum Dataset - 3 separate points of data collection

- Step 1
  - At MDT/SMDT where new prostate cancer diagnoses are discussed
    - Patient details, Disease characteristics, date of diagnosis, symptoms prior to diagnosis (NEW/route to diagnosis), co-morbidity (performance status), multiparametric MRI used to diagnose disease (NEW, future proofing), percentage of biopsy cores positive (NEW, adjust for uptake of active surveillance), what clinical setting was the patient seen in and by who e.g. Specialist clinics

# Minimum Dataset - 3 separate points of data collection

- Step 2

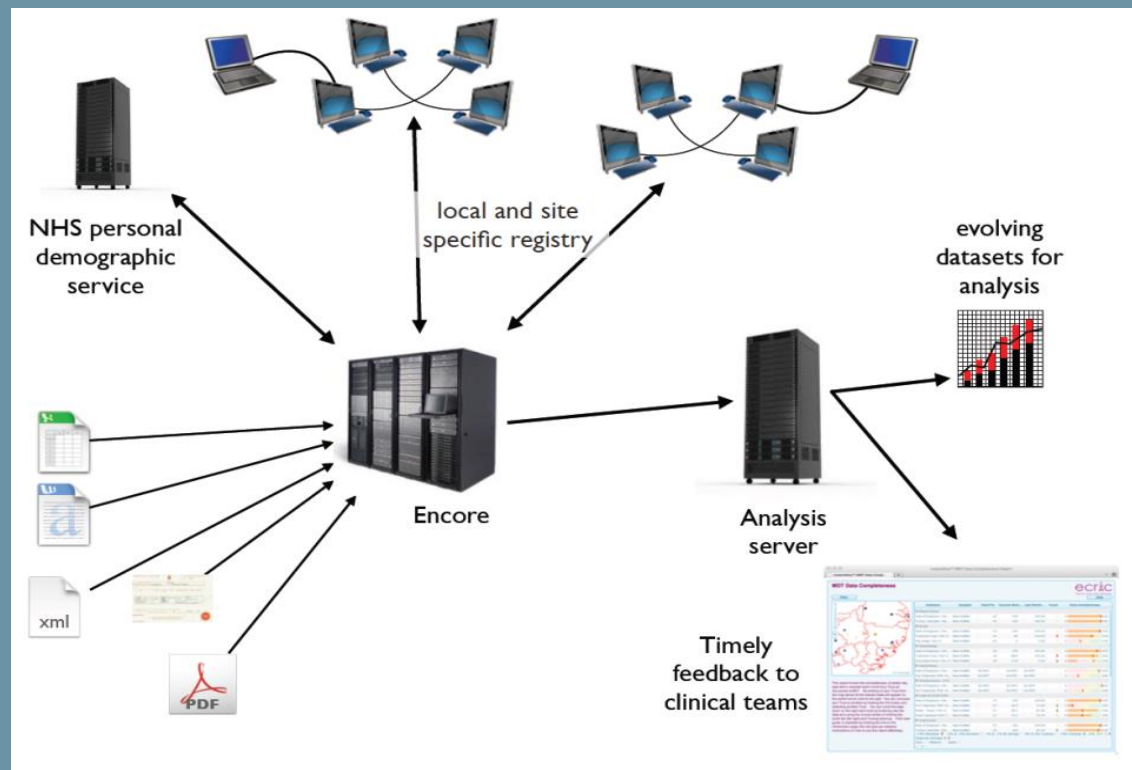
- At MDT/SMDT where outcome of surgical therapy discussed
  - Surgical technique (New, open, lap, robotic), nerve preservation (New), margin rates (New, negative, positive (</>3mm))

- Step 3

- At MDT/SMDT when Radiation therapy/brachytherapy proposed
  - Concerns planned radiation type (New e.g. IMRT), Planned type of image guidance (New e.g. Fiducial markers), Use of adjuvant hormone therapy)

# Year One: “Develop” a National Data Collection System (including minimum audit dataset)

- Data collection: England - via National Cancer Registration Service (NCRS) using the ENCORE system
- NCRS – also collects pathology results, radiotherapy and chemotherapy data, survival data (ONS)
- Wales: Welsh Cancer Information System (CANISC)



# Year Two: Prospective data collection on initial management of newly diagnosed men

Recruitment of all men with newly diagnosed prostate cancer discussed at MDT – from April 2014

- End of year 2: 70% of patients
- End of year 5: 95% of patients

Feedback of results to cancer networks and NHS trusts

- Feedback likely via a web-based portal with data benchmarked against national average

# Year Two: Development of tool to collect PREM/PROMs data

- Patient Reported Outcome Measure tool

Key outcomes: Toxicity, Quality of life

## Patient Reported Experience Measure tool

Assess: satisfaction with quality of care and information provision re: choice of treatments

- Collection will commence 12 months after diagnosis in men with localised/locally advanced disease.
  - We expect ~ 12,000 men each year
  - Commence in Year Three of the Audit
  - Potentially consider repeat survey if audit extended
- Rigorous adjustment for case mix differences will occur
  - E.g. Performance status

# Anticipated Improvements

- We would encourage all NHS trusts to act on the findings of the audit
- Expect to see:
  - Appropriate use of active surveillance for men with low risk prostate cancer based on patient choice
  - Appropriate use of multimodality 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 of prostate cancer in line with men's preferences

# Thank You