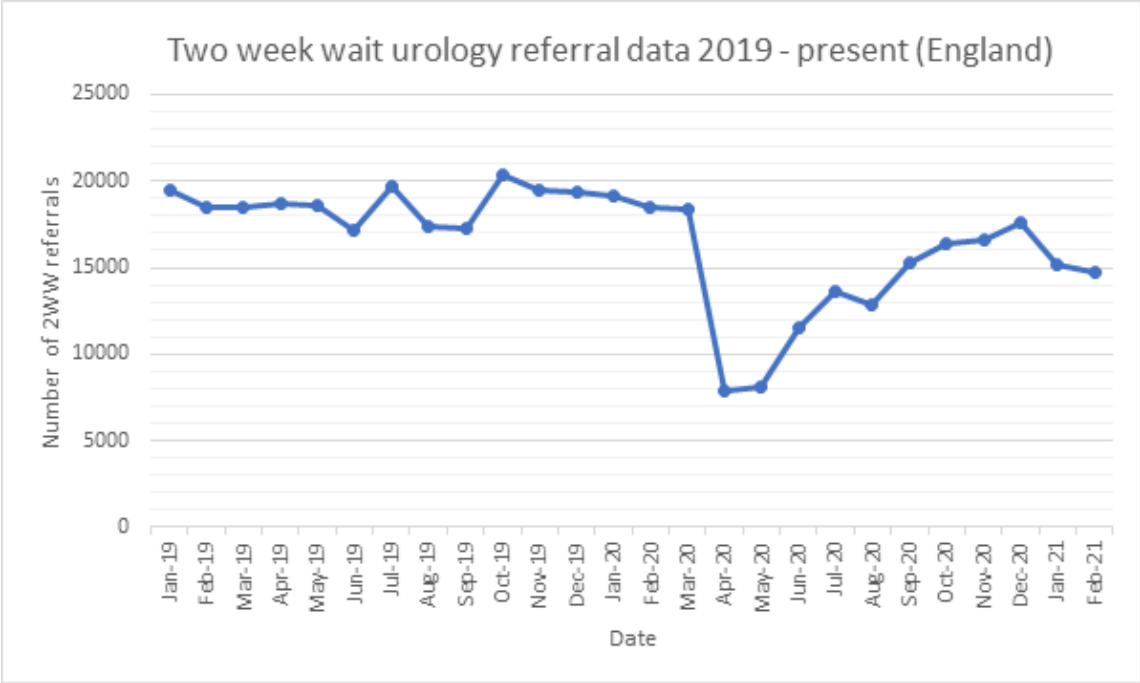
**Prostate Cancer UK Consultation Response – Solutions to the COVID induced cancer backlog**

**How large is the cancer backlog and what are the risks to patients?**

**A reduction in referrals for suspected prostate cancer:** Prostate Cancer UK is very concerned about the potential for the drop in referrals for suspected prostate cancer seen during the pandemic to have resulted in fewer diagnoses of clinically significant disease. Our data shows approximately 10,400 fewer prostate cancer diagnoses over April-December 2020 than the previous year, and a drop of approximately 56,000 urological cancer referrals for April 2020 – February 2021, compared to the previous year. The figure below shows the drop in urological cancer referrals (of which the majority are for prostate cancer) during the pandemic.



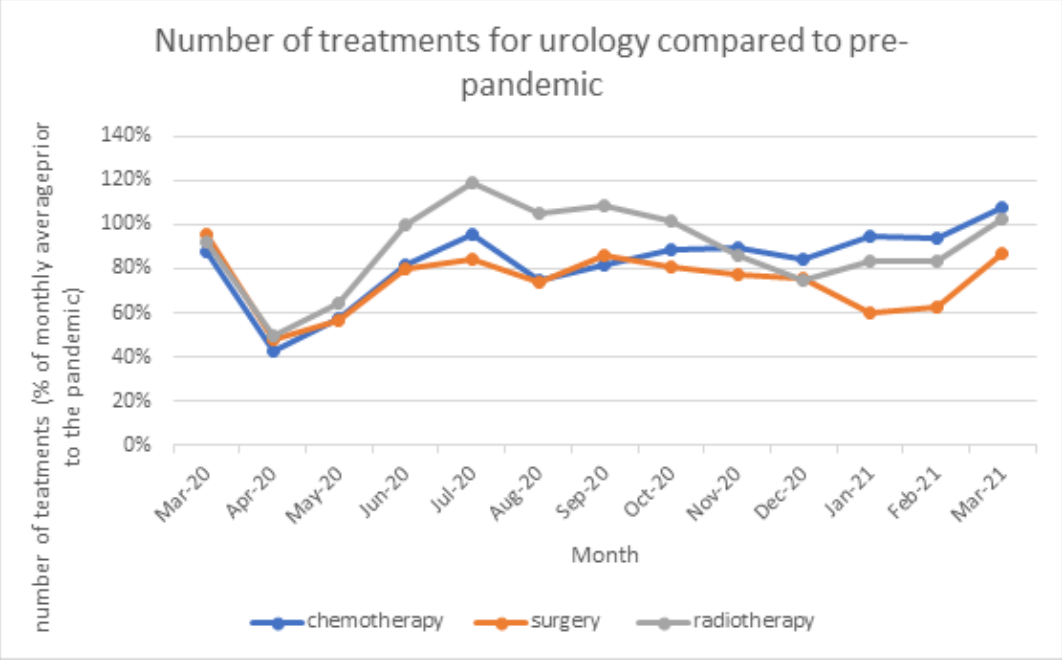

Referrals Data Source: https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/
Diagnoses Data Source: https://www.cancerdata.nhs.uk/covid-19/rcrd

A Freedom of Information request undertaken by Prostate Cancer UK in October 2020 to all UK Trusts and Health Boards showed that the backlog of men waiting for diagnostic procedures or treatment across the UK had been cleared.[1] This was potentially made possible by the reduction in the volume of diagnoses – down by a third on the six-month average pre-pandemic. If, and when, suspected prostate cancer referrals return to 2019 levels (or indeed higher than normal as missing diagnoses from the pandemic period catch up), backlogs could reoccur in some areas. We do not have data on the second wave of the pandemic, but our specialist nurses have not been hearing of delays from patients contacting them. Some patients have delayed treatment to wait for a vaccine.

The pandemic may have created a shift in the treatments made available to patients with localised prostate cancer. Anecdotal evidence from the clinical community suggests an increased use of active surveillance in suitable cases, which are low-risk and some intermediate-risk localised prostate cancers.[2] Evidence is needed to understand what percentage of patients remain on this treatment unless there are signs of disease progression. Similarly, we have heard (via our FOI request and other conversations with clinicians) that there was a shift from surgery (radical prostatectomy) to

[1] Unpublished – data available on request.
[2] NICE Guidelines NG131, Accessed May 2021 at https://www.nice.org.uk/guidance/ng131/chapter/Recommendations#localised-and-locally-advanced-prostate-cancer

radiotherapy as many centres were able to keep radiotherapy services running, while some theatres were used as Intensive Care Units (ICUs).[3]




Note – this chart does not include figures for active surveillance

Advanced prostate cancer also experienced a shift in treatment type, with NHS England making a novel hormonal treatment available to replace chemotherapy. This treatment could be taken at home, without the risk of COVID infection from hospital visits. It also has less impact on the immune system, ameliorating the increased risk of prostate cancer patients contracting the virus.[4]

It is important to note that the data we are using has limitations. The data from NHS England is retrospective and 2 months out of date. The rapid registration data is not gold standard and has high levels of incompleteness, thus the official cancer registration statistics may differ when published.

**Has the current response of Government and NHS leaders to the COVID induced cancer backlog been sufficient and is the current system equipped to tackle the crisis? What is needed to change?**
As a member of the One Cancer Voice consortium of cancer charities, we would direct the APPGs to the points made in the One Cancer Voice statement on plotting a route out of the pandemic and towards world-leading cancer services.[5]

**Do we have the capacity within cancer diagnostics services, cancer treatments and the cancer workforce to deal with the COVID induced cancer backlog?**
Before the pandemic, the system was not able to cope with the numbers of prostate cancer patients. Diagnostic and treatment resources were overstretched, and urological cancers were regularly responsible for trusts breaching 62-day wait requirements. Our worry is that as referral numbers increase again, the system may still be lacking the infrastructure to meet demand.

[3] NHS cancer waiting times data - https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/
[4] NHS England information on interim treatments during COVID-19: https://www.nice.org.uk/guidance/ng161/resources/interim-treatment-change-options-during-the-covid19-pandemic-endorsed-by-nhs-england-pdf-8715724381
[5] Statement available at: https://brainstrust.org.uk/wp-content/uploads/2021/03/ocv-statement-2021.pdf

We have recently been made aware that some Macmillan nurse contracts are not being renewed because of COVID impacting on their funding sources. From speaking with patients and clinicians, we know that CNSs are often the best placed healthcare professional to provide information and assurance to prostate cancer patients and thereby improve care. Urology is already an underserved speciality for CNS numbers per patient,[6] and many men already find it difficult to access CNS support throughout their prostate cancer journey.

**Are current levels of funding enough to tackle the backlog?**
We are hearing from some areas that the funding they are receiving for certain initiatives such as Community Diagnostic Hubs is falling short of the amounts expected. Diagnostics was already an area in need of significant investment – we welcomed the Government's announcement of new capital funding for scanners, but would call for data to show how many have been provided and what shortfall against demand still remains.

**What are the reforms, support and resources cancer services need to tackle the COVID induced cancer backlog?**
Resources needed by prostate cancer services have not changed in nature since before the pandemic – but the need has grown more critical. Diagnostic capacity, particularly in MRI scanners, radiographers and radiologists must be expanded. More pathology capacity is needed to deal with the samples from biopsies. Radiotherapy capacity is required, especially with the trend over the pandemic to pick radiotherapy over surgery. Medical oncologists are required to treat patients with metastatic disease – again, this need will increase if the missing diagnoses from the pandemic turn into greater incidence of metastatic disease in the future. Finally, all stages of the pathway require the support of Clinical Nurse Specialists, who are currently stretched almost to breaking point.

**What technological or innovative solutions might be implemented long and short term to tackle the cancer crisis?**
Prostate Cancer UK advocates implementing Personalised Stratified Follow-Up (PSFU) for patients to manage their own monitoring and support after prostate cancer treatment through a remote, digital service. Evidence shows this to be effective and popular with patients, while reducing the workload for CNSs and support services. We have worked with many NHS providers to implement this system, but rollout around the UK is still patchy. For more information, see our website: https://prostatecanceruk.org/for-health-professionals/truenth-supported-self-management

Similarly, we support the RAPID diagnostic pathway as detailed by NHS England.[7] This has also been implemented in a number of Trusts around the country, but adoption of the RAPID model is difficult and requires significant support. Additional help will be needed to roll it out to all areas.

**What policy recommendations should the APPGs make to the Government for tackling the Covid-induced cancer crisis?**
Increase and accelerate funding for workforce, diagnostic equipment and radiology services for cancer.

**Anything else you would like to say?**
Thank you for inviting us to participate, we would be interested in presenting our views and evidence at the round-table meeting.

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[6] Macmillan. Cancer Workforce in England. 2017. Available from: https://www.macmillan.org.uk/_images/cancer-workforce-in-england-census-of-cancer-palliative-andchemotheraphy-speciality-nurses-and-support-workers-2017_tcm9-325727.pdf

[7] https://www.england.nhs.uk/wp-content/uploads/2018/04/implementing-timed-prostate-cancer-diagnostic-pathway.pdf