

# Prostate cancer

## NICE quality standard

### Draft for consultation

January 2015

## Introduction

This quality standard covers the care of men referred to secondary care with suspected or diagnosed prostate cancer, including men being followed-up in primary care with diagnosed prostate cancer.

Initial investigations carried out in primary care will be covered by the referral for suspected cancer quality standard.

For more information see the prostate cancer [topic overview](#).

### ***Why this quality standard is needed***

Prostate cancer is the most common cancer in men and makes up 26% of all male cancer diagnoses in the UK. According to Cancer Research UK's [prostate cancer statistics](#) there were 10,837 deaths from prostate cancer in the UK in 2012.

Prostate cancer is predominantly a disease of older men (aged 65–79 years) but around 25% of cases occur in men younger than 65.

Family history has been shown to be a risk factor. The relative risk to a patient gets higher with increasing numbers of first degree relatives diagnosed.

Ethnicity has also been shown to be a risk factor for prostate cancer with higher rates seen in black men and the lowest in Asian men.

Cases of prostate cancer are expected to increase, even if the incidence rate stays constant, because of the ageing population. The financial burden of treatment, including the need for treatment facilities and trained specialists, will rise as a higher number of men are diagnosed with the disease.

Men with prostate cancer have more emergency than elective hospital admissions during their last year of life ([National End of Life Care Intelligence Network 2012](#)). In those dying from prostate cancer, the average final admission cost is nearly half (47%) of the average cost during the last year of life ([National End of Life Care Intelligence Network 2012](#)). The estimated total cost of inpatient care per man during his last year of life is reported to be £6931 for prostate cancer.

The quality standard is expected to contribute to improvements in the following outcomes:

- Enhancing quality of life by reducing adverse effects of treatment
- Delaying and reducing the need for care and support
- Preventing men from dying prematurely from prostate cancer
- Patient experience of hospital care.

### ***How this quality standard supports delivery of outcome frameworks***

NICE quality standards are a concise set of prioritised statements designed to drive measurable quality improvements within a particular area of health or care. They are derived from high-quality guidance, such as that from NICE or other sources accredited by NICE. This quality standard, in conjunction with the guidance on which it is based, should contribute to the improvements outlined in the following 3 outcomes frameworks published by the Department of Health:

- [NHS Outcomes Framework 2014–15](#)
- [The Adult Social Care Outcomes Framework 2014–15](#) (Department of Health, November 2013)
- Improving outcomes and supporting transparency: a public health outcomes framework for England 2013–2016, [Parts 1A, 1B and 2](#).

Tables 1–3 show the outcomes, overarching indicators and improvement areas from the frameworks that the quality standard could contribute to achieving.

Table 1 [NHS Outcomes Framework 2014–15](#)

Domain	Overarching indicators and improvement areas
1 Preventing people from dying prematurely	<p><b>Overarching indicator</b></p> <p>1B Life expectancy at 75</p> <p>i Males</p> <p><b>Improvement areas</b></p> <p><b>Reducing premature mortality from the major causes of death</b></p> <p>1.4 Under 75 mortality rate from cancer*</p>
2 Enhancing quality of life for people with long-term conditions	<p><b>Overarching indicator</b></p> <p>2 Health-related quality of life for people with long-term conditions** (ASCOF 1A)</p> <p><b>Improvement areas</b></p> <p><b>Ensuring people feel supported to manage their condition</b></p> <p>2.1 Proportion of people feeling supported to manage their condition**</p> <p><b>Improving functional ability in people with long-term conditions</b></p> <p>2.2 Employment of people with long-term conditions***(ASCOF 1E PHOF 1.8)</p> <p><b>Reducing time spent in hospital by people with long-term conditions</b></p> <p><b>Enhancing quality of life for carers</b></p> <p>2.4 Health-related quality of life for carers** (ASCOF 1D)</p>
3 Helping people to recover from episodes of ill health or following injury	<p><b>Overarching indicators</b></p> <p>3a Emergency admissions for acute conditions that should not usually require hospital admission</p>
4. Ensuring that people have a positive experience of care	<p><b>Overarching indicators</b></p> <p>4a Patient experience of primary care</p> <p>i GP services</p> <p>ii GP Out of hours services</p> <p>4b Patient experience of hospital care</p> <p>4c Friends and family test</p> <p><b>Improvement areas</b></p> <p><b>Improving people’s experience of outpatient care</b></p> <p>4.1 Patient experience of outpatient services</p> <p><b>Improving hospitals’ responsiveness to personal needs</b></p> <p>4.2 Responsiveness to in-patients personal needs</p> <p><b>Improving access to primary care services</b></p> <p>4.4 Access to i GP services</p> <p><b>Improving the experience of care for people at the end of their lives</b></p> <p><b>Improving people’s experience of integrated care</b></p> <p>4.9 People’s experience of integrated care***(ASCOF 3E)</p>

**Alignment across the health and social care system**

\* Indicator shared with Public Health Outcomes Framework (PHOF)

\*\* Indicator complementary with Adult Social Care Outcomes Framework (ASCOF)

\*\*\* Indicator shared with Adult Social Care Outcomes Framework

**Table 2 [The Adult Social Care Outcomes Framework 2014–15](#)**

Domain	Overarching and outcome measures
1 Enhancing quality of life for people with care and support needs	<p><b>Overarching measure</b></p> <p>1A Social care-related quality of life*</p> <p><b>Outcome measures</b></p> <p><b>People manage their own support as much as they wish, so that are in control of what, how and when support is delivered to match their needs.</b></p> <p>1B Proportion of people who use services who have control over their daily life</p> <p><b>Carers can balance their caring roles and maintain their desired quality of life.</b></p> <p>1C Proportion of people using social care who receive self-directed support, and those receiving direct payments</p> <p>1D Carer-reported quality of life*(NHSOF 2.4)</p>
2 Delaying and reducing the need for care and support	<p>2B Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services**(NHSOF 3.6i)</p>
3 Ensuring that people have a positive experience of care and support	<p><b>Overarching measure</b></p> <p><b>People who use social care and their carers are satisfied with their experience of care and support services.</b></p> <p>3A Overall satisfaction of people who use services with their care and support.</p> <p>3B Overall satisfaction of carers with social services</p> <p>3E Improving people's experience of integrated care **(NHSOF 4.9)</p> <p><b>Outcome measures</b></p> <p><b>Carers feel that they are respected as equal partners throughout the care process</b></p> <p>3C The proportion of carers who report that they have been included or consulted in discussions about the person they care for</p> <p><b>People know what choices are available to them locally, what they are entitled to, and who to contact when they need help.</b></p> <p>3D The proportion of people who use services and carers who find it easy to find information about support</p> <p><b>People, including those involved in making decisions on social care, respect the dignity of the individual and ensure support is sensitive to the circumstances of the individual</b></p>

4 Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm	<p><b>Overarching measure</b></p> <p>4A The proportion of people who use services who feel safe * (PHOF 1.19)</p> <p><b>Outcome measures</b></p> <p><b>Everybody enjoys physical safety and feels secure</b></p> <p><b>People are free from physical and emotional abuse, harassment, neglect and self-harm.</b></p> <p><b>People are protected as far as possible from avoidable harm, disease and injuries.</b></p> <p><b>People are supported to plan ahead and have the freedom to manage risks the way that they wish</b></p> <p>4B The proportion of people who use services who say that those services have made them feel safe and secure</p> <p>4C Proportion of completed safeguarding referrals where people report they feel safe</p>
<p><b>Aligning across the health and care system</b></p> <p>* Indicator complementary</p> <p>** Indicator shared</p>	

**Table 3 [Public health outcomes framework for England, 2013–2016](#)**

Domain	Objectives and indicators
4 Healthcare public health and preventing premature mortality	<p><b>Objective</b></p> <p>Reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities</p> <p><b>Indicators</b></p> <p>4.5 Mortality from cancer</p>

### ***Patient experience and safety issues***

Ensuring that care is safe and that people have a positive experience of care is vital in a high-quality service. It is important to consider these factors when planning and delivering services relevant to prostate cancer.

NICE has developed guidance and an associated quality standard on patient experience in adult NHS services (see the NICE pathway on [patient experience in adult NHS services](#)), which should be considered alongside this quality standard. They specify that people receiving care should be treated with dignity, have opportunities to discuss their preferences, and be supported to understand their options and make fully informed decisions. They also cover the provision of information to patients and service users. Quality statements on these aspects of

patient experience are not usually included in topic-specific quality standards. However, recommendations in the development source(s) for quality standards that impact on patient experience and are specific to the topic are considered during quality statement development.

### ***Coordinated services***

The quality standard for prostate cancer specifies that services should be commissioned from and coordinated across all relevant agencies encompassing the whole prostate cancer care pathway. A person-centred, integrated approach to providing services is fundamental to delivering high-quality care to men with prostate cancer.

The Health and Social Care Act 2012 sets out a clear expectation that the care system should consider NICE quality standards in planning and delivering services, as part of a general duty to secure continuous improvement in quality.

Commissioners and providers of health and social care should refer to the library of NICE quality standards when designing high-quality services. Other quality standards that should also be considered when choosing, commissioning or providing a high-quality prostate cancer service are listed in 'Related quality standards'.

### **Training and competencies**

The quality standard should be read in the context of national and local guidelines on training and competencies. All health, public health and social care practitioners involved in assessing, caring for and treating men with prostate cancer should have sufficient and appropriate training and competencies to deliver the actions and interventions described in the quality standard. Quality statements on staff training and competency are not usually included in quality standards. However, recommendations in the development source(s) on specific types of training for the topic that exceed standard professional training are considered during quality statement development.

### **Role of families and carers**

Quality standards recognise the important role families and carers have in supporting men with prostate cancer. If appropriate, healthcare practitioners should ensure that

family members and carers are involved in the decision-making process about investigations, treatment and care.

## List of quality statements

[Statement 1](#). Men with prostate cancer have a named nurse specialist who can provide information and support on treatment options and their adverse effects.

[Statement 2](#). Men with low-risk localised prostate cancer for whom radical prostatectomy or radical radiotherapy is suitable are offered the option of active surveillance.

[Statement 3](#). Men with intermediate- or high-risk localised prostate cancer are offered a combination of radical radiotherapy and androgen deprivation therapy.

[Statement 4](#). Men with prostate cancer have access to specialist services and interventions to manage the adverse effects of treatment.

[Statement 5](#). Men with biochemical evidence of hormone-relapsed metastatic prostate cancer have their treatment options discussed by the urological cancer multidisciplinary team (MDT).

## Questions for consultation

### *Questions about the quality standard*

**Question 1** Does this draft quality standard accurately reflect the key areas for quality improvement?

**Question 2** If the systems and structures were available, do you think it would be possible to collect the data for the proposed quality measures?

**Question 3** For each quality statement what do you think could be done to support improvement and help overcome barriers?

### *Questions about the individual quality statements*

**Question 4** For draft quality statement 4: Which one specific adverse effect are men currently not being properly supported with that this statement should focus on?





## Quality statement 1: Information

### *Quality statement*

Men with prostate cancer have a named nurse specialist who can provide information and support on treatment options and their adverse effects.

### *Rationale*

A nurse specialist is a key point of contact for men with prostate cancer. Nurse specialists provide information about treatment options and discuss questions or concerns that men have during their care. This is particularly important at diagnosis, when men may have increased levels of stress. The nurse specialist can provide men with a personalised care plan that ensures they are informed about all treatment options, side effects of treatment and support services they can use during their care. Quality Health's [National Cancer Patient Experience Survey 2014](#) demonstrated that patients with access to a clinical nurse specialist are more likely to report a positive experience of their care.

### *Quality measures*

#### **Structure**

Evidence of local arrangements to ensure that men with prostate cancer have a named nurse specialist who can provide information and support on treatment options and their adverse effects.

**Data source:** Local data collection and the [National Prostate Cancer Audit](#).

#### **Process**

a) Proportion of men with prostate cancer who have a named nurse specialist.

Numerator – the number in the denominator who have a named nurse specialist.

Denominator – the number of men with prostate cancer.

**Data source:** Local data collection and the [National Prostate Cancer Audit](#).

b) Proportion of men with prostate cancer who have received information and support on treatment options and their adverse effects.

Numerator – the number in the denominator who have received information and support on treatment options and their adverse effects.

Denominator – the number of men with prostate cancer.

### **Outcome**

Rates of men with prostate cancer satisfied with the information provided.

### ***What the quality statement means for service providers, healthcare professionals and commissioners***

**Service providers** (such as hospitals, specialist prostate cancer multidisciplinary teams and specialist prostate cancer services) ensure that men with prostate cancer have a named nurse specialist who can provide information and support on treatment options and their adverse effects.

**Healthcare professionals** ensure that men with prostate cancer are allocated a named nurse specialist who can provide information and support on treatment options and their adverse effects.

**Commissioners** (such as clinical commissioning groups and NHS England area teams) ensure that the services they commission have sufficient nurse specialists available who can provide information and support on treatment options and their adverse effects.

### ***What the quality statement means for patients, service users and carers***

**Men with prostate cancer** have a named nurse with experience in prostate cancer who can give them information about different treatment options and their side effects, and support them to make decisions about their treatment and care. The man can then feel informed about the treatment options and their side effects, and supported to make decisions about his treatment.

## **Source guidance**

- [Prostate cancer](#) (2014) NICE guideline CG175, recommendations 1.1.1, 1.1.9, and 1.1.12.

## **Definitions of terms used in this quality statement**

### **Adverse effects**

Adverse effects include:

- sexual dysfunction
- urinary incontinence
- radiation-induced enteropathy
- hot flushes
- osteoporosis
- gynaecomastia
- fatigue.

[[Prostate cancer](#) (NICE guideline CG175)]

## **Equality and diversity considerations**

Black men of African or Caribbean family origin are more likely to develop prostate cancer than other men. Despite this, awareness of prostate cancer is low among men in these groups and the nurse specialist should be aware of this when discussing prostate cancer with these men.

Similarly, older men are at higher risk of developing prostate cancer than younger men, but may be less likely to continue to engage with health services even after the initial contact with the service. The nurse specialist should be aware of this when discussing prostate cancer with older men.

## Quality statement 2: Active surveillance

### ***Quality statement***

Men with low-risk localised prostate cancer for whom radical prostatectomy or radical radiotherapy is suitable are offered the option of active surveillance.

### ***Rationale***

Men who are diagnosed with low-risk localised prostate cancer can be offered different treatment options, including radical prostatectomy, radical radiotherapy and active surveillance. It is important that men for whom it is suitable know that active surveillance is an option for low-risk localised prostate cancer. This can reduce overtreatment and increase capacity for rapid treatment of high-risk disease. It can also reduce the number of men who have adverse effects from radical treatment and decrease the cost of treating and managing these adverse effects.

### ***Quality measures***

#### **Structure**

Evidence of local arrangements to ensure that men with low-risk localised prostate cancer for whom radical prostatectomy or radical radiotherapy is suitable are offered the option of active surveillance.

**Data source:** Local data collection and NICE's prostate cancer [clinical audit tool](#), standard 3.

#### **Process**

Proportion of men with low-risk localised prostate cancer for whom radical prostatectomy or radical radiotherapy is suitable who are offered the option of active surveillance.

Numerator – the number in the denominator who are offered the option of active surveillance.

Denominator – the number of men with low-risk localised prostate cancer for whom radical prostatectomy or radical radiotherapy is suitable.

**Data source:** Local data collection.

### **Outcome**

Rates of men with low-risk localised prostate cancer on active surveillance.

**Data source:** Local data collection.

### ***What the quality statement means for service providers, healthcare professionals and commissioners***

**Service providers** (such as hospitals, specialist urological cancer multidisciplinary teams and specialist prostate cancer services) ensure that systems are in place to offer the option of active surveillance to men with low-risk localised prostate cancer for whom radical prostatectomy or radical radiotherapy is suitable.

**Healthcare professionals** ensure that they offer the option of active surveillance to men with low-risk prostate cancer for whom radical prostatectomy or radical radiotherapy is suitable.

**Commissioners** (such as clinical commissioning groups and NHS England area teams) ensure that the services they commission offer the option of active surveillance to men with low-risk localised prostate cancer for whom radical prostatectomy or radical radiotherapy is suitable.

### ***What the quality statement means for patients, service users and carers***

**Men whose cancer has not spread outside the prostate gland and whose future risk from the cancer is low** are offered the option of having regular tests but no treatment (known as active surveillance) if surgery to remove the prostate (radical prostatectomy) or radiation treatment to destroy cancer cells (radiotherapy) would also be suitable treatments for them. This can help reduce unnecessary treatment with its associated side effects.

### **Source guidance**

- [Prostate cancer](#) (2014) NICE guideline CG175, recommendations 1.3.7 and 1.3.8.

## ***Definitions of terms used in this quality statement***

### **Active surveillance**

Part of a curative strategy for men with localised prostate cancer for whom radical treatments are suitable. It keeps these men within a 'window of curability' whereby only those whose tumours are showing signs of progressing or those with a preference for intervention are considered for radical treatment. Active surveillance may thus avoid or delay the need for radiation or surgery. [Prostate cancer [full guideline](#) CG175]

Active surveillance follows the protocol outlined in table 2 in [prostate cancer](#) (NICE guideline CG175).

### **Low-risk localised prostate cancer**

Prostate-specific antigen (PSA) < 10 ng/ml, Gleason score  $\leq$  6 and clinical stage T1–T2A (confined to the prostate gland). [Adapted from [prostate cancer](#) (NICE guideline CG175)]

### **Radical prostatectomy**

Removal of the entire prostate gland and lymph nodes by open surgery or a keyhole technique (laparoscopic or robotically assisted laparoscopic prostatectomy).

[Prostate cancer [full guideline](#) CG175]

### **Radical radiotherapy**

Radiation, usually X-rays or gamma rays, used to destroy tumour cells, by external beam radiotherapy or brachytherapy. [Prostate cancer [full guideline](#) CG175]

## ***Equality and diversity considerations***

Black men of African or Caribbean family origin are more likely to develop prostate cancer than other men. Despite this, awareness of prostate cancer is low among men in these groups. Similarly, older men are at higher risk of developing prostate cancer than younger men, but may be less likely to continue to engage with health services even after the initial contact with the service. For men in these groups for whom active surveillance is suitable, healthcare professionals should highlight its importance as a treatment option.

## Quality statement 3: Combination therapy

### ***Quality statement***

Men with intermediate- or high-risk localised prostate cancer are offered a combination of radical radiotherapy and androgen deprivation therapy.

### ***Rationale***

Androgen deprivation therapy and radiotherapy are two of the treatment options available for men with intermediate- or high- risk localised prostate cancer. Combining androgen deprivation therapy with radical radiotherapy can increase the effectiveness of treatment for intermediate- or high-risk localised prostate cancer. This combination has a significant survival advantage compared with either androgen deprivation therapy or radical radiotherapy alone.

### ***Quality measures***

#### **Structure**

Evidence of local arrangements to ensure that men with intermediate- or high-risk localised prostate cancer are offered a combination of radical radiotherapy and androgen deprivation therapy.

***Data source:*** Local data collection.

#### **Process**

Proportion of men with immediate- or high-risk localised prostate cancer who receive a combination of radical radiotherapy and androgen deprivation therapy.

Numerator – the number in the denominator who receive a combination of radical radiotherapy and androgen deprivation therapy.

Denominator – the number of men with intermediate- or high-risk localised prostate cancer.

***Data source:*** Local data collection.

### ***What the quality statement means for service providers, healthcare professionals and commissioners***

**Service providers** (such as hospitals, specialised urological cancer multidisciplinary teams and specialised prostate cancer services) ensure that systems are in place for men with intermediate- or high-risk localised prostate cancer to be offered a combination of radical radiotherapy and androgen deprivation therapy.

**Healthcare professionals** ensure that men with intermediate- or high-risk localised prostate cancer are offered a combination of radical radiotherapy and androgen deprivation therapy.

**Commissioners** (such as clinical commissioning groups and NHS England area teams) ensure that the services can provide a combination of radical radiotherapy and androgen deprivation therapy is available for men with intermediate- or high-risk localised prostate cancer.

### ***What the quality statement means for patients, service users and carers***

**Men whose cancer has not spread outside the prostate and whose future risk from the cancer is medium or high** are offered treatment with a combination of radiotherapy radiation treatment to destroy the cancer cells (called radiotherapy) and a type of drug that blocks the production of a hormone called androgen that helps cancer cells to grow (called androgen deprivation therapy). This should result in a more effective treatment and increased survival rate for men.

### ***Source guidance***

- [Prostate cancer](#) (2014) NICE guideline CG175, recommendation 1.3.19.

### ***Definitions of terms used in this quality statement***

#### **Androgen deprivation therapy**

Bilateral orchidectomy or treatment with a luteinizing hormone-releasing hormone agonist such as goserelin to lower testosterone levels. [Prostate cancer [full guideline](#) CG175]



**High-risk localised prostate cancer**

PSA>20, Gleason score 8-10 or clinical stage T2B or T2C [[prostate cancer](#) (NICE guideline CG175)]

**Intermediate-risk localised prostate cancer**

PSA 10 – 20, Gleason score 7 or clinical stage T2B or T2C [[prostate cancer](#) (NICE guideline CG175)]

**Radical radiotherapy**

Radiation, usually X-rays or gamma rays, used to destroy tumour cells by external beam radiotherapy or brachytherapy. [Prostate cancer [full guideline](#) CG175)]

***Equality and diversity considerations***

Some older men may have previously been offered androgen deprivation therapy alone, based on their age. Focusing on the importance of combination therapy for older men with intermediate- or high-risk localised prostate cancer should help to reduce such inequalities.

## Quality statement 4: Adverse effects of treatment

### ***Quality statement***

Men with prostate cancer have access to specialist services and interventions to manage the adverse effects of treatment.

### ***Rationale***

Treatments for prostate cancer have various adverse effects that can continue after the treatment is completed. Adverse effects include sexual dysfunction, urinary incontinence, radiation-induced enteropathy, hot flushes, osteoporosis, gynaecomastia and fatigue. They are managed by specialist services, counselling, drug therapy, radiotherapy and aerobic exercise. Effective management of adverse effects can substantially improve the man's quality of life.

### ***Quality measures***

#### **Structure**

Evidence of local arrangements to ensure that men with prostate cancer have access to specialist services and interventions to manage the adverse effects of treatments.

**Data source:** Local data collection and the [National Prostate Cancer Audit](#).

#### **Process**

Proportion of men with prostate cancer who use specialist services and interventions to manage the adverse effects of treatments.

Numerator – the number in the denominator who use specialist services and interventions to manage the adverse effects of treatments.

Denominator – the number of men with prostate cancer experiencing adverse effects of treatment.

**Data source:** Local data collection and the [National Prostate Cancer Audit](#).

### ***What the quality statement means for service providers, healthcare professionals and commissioners***

**Service providers** (such as hospitals, specialist urological cancer multidisciplinary teams and specialist prostate cancer services) ensure that systems are in place for men with prostate cancer to have access to specialist services and interventions to manage the adverse effects of treatment.

**Healthcare professionals** refer men with prostate cancer with adverse effects of treatment to specialist services and interventions.

**Commissioners** (such as clinical commissioning groups and NHS England area teams) ensure that they commission services which provide specialist services and interventions for men with prostate cancer to manage the adverse effects of treatment.

### ***What the quality statement means for patients, service users and carers***

**Men having treatment for prostate cancer** are offered specialist services and treatments to help stop or ease the side effects of the treatment, for example an erectile dysfunction service or a drug to ease symptoms caused by treatment.

### ***Source guidance***

- [Prostate cancer](#) (2014) NICE guideline CG175, recommendations 1.3.31, 1.3.34, 1.3.37, 1.4.3, 1.4.8, 1.4.13, 1.4.14, 1.4.16 and 1.4.19.

### ***Definitions of terms used in this quality statement***

#### **Adverse effects**

Adverse effects include:

- sexual dysfunction
- urinary incontinence
- radiation-induced enteropathy
- hot flushes
- osteoporosis

- gynaecomastia
- fatigue.

[\[Prostate cancer\]](#) (NICE guideline CG175)]

### **Specialist services and interventions**

The specialist services are erectile dysfunction services, continence services and psychosexual counselling.

The interventions to manage adverse effects include drug therapy, radiotherapy and aerobic exercise.

[\[Prostate cancer\]](#) (NICE guideline CG175)]

### ***Equality and diversity considerations***

Older men may need encouragement to engage with specialist services as they tend not to use the health service as much as other people.

### ***Question for consultation***

Quality statements are intended to drive quality improvement where it is most needed, with each statement addressing one key quality improvement area. Which one specific adverse effect are men currently not being properly supported with that this statement should focus on?

## Quality statement 5: Hormone-relapsed metastatic prostate cancer

### ***Quality statement***

Men with biochemical evidence of hormone-relapsed metastatic prostate cancer have their treatment options discussed by the urological cancer multidisciplinary team (MDT).

### ***Rationale***

Men with biochemical evidence of hormone-relapsed metastatic prostate cancer have their care discussed at the urological cancer MDT, with a view to seeking an opinion from an oncologist and/or palliative care specialist. A variety of expert opinions who are aware of all current treatment options means that there is a better chance to identify the best options for the man. Those options can then be discussed with the man.

### ***Quality measures***

#### **Structure**

Evidence of local arrangements to ensure that men with biochemical evidence of hormone-relapsed metastatic disease have their treatment options discussed by the urological cancer MDT.

**Data source:** Local data collection and the [National Prostate Cancer Audit](#).

#### **Process**

Proportion of men with biochemical evidence of hormone-relapsed metastatic disease who have their treatment options discussed by the urological cancer MDT.

Numerator – the number in the denominator who have their treatment options discussed by the urological cancer MDT.

Denominator – the number of men with biochemical evidence of hormone-relapsed metastatic prostate cancer.

**Data source:** Local data collection and the [National Prostate Cancer Audit](#).

### ***What the quality statement means for service providers, healthcare professionals and commissioners***

**Service providers** (such as hospitals, specialist urological cancer MDTs and specialist prostate cancer services) ensure that systems are in place for men with biochemical evidence of hormone-relapsed metastatic prostate cancer to have their treatment options discussed by the urological cancer MDT.

**Healthcare professionals** ensure that men with biochemical evidence of hormone-relapsed metastatic prostate cancer have their treatment options discussed by the urological cancer MDT.

**Commissioners** (such as clinical commissioning groups and NHS England area teams) ensure that they commission services with a urological cancer MDT where treatment options for men with biochemical evidence of hormone-relapsed metastatic prostate cancer are discussed.

### ***What the quality statement means for patients, service users and carers***

**Men with cancer that has spread outside the prostate whose drug treatment (to block the production of hormones that help cancer cells to grow) has stopped working** have their treatment options discussed by a specialist team of healthcare professionals with different kinds of expertise in prostate cancer. This ensures the man is offered the most appropriate treatment.

### ***Source guidance***

- [Prostate cancer](#) (2014) NICE guideline CG175, recommendation 1.5.10.

### ***Definitions of terms used in this quality statement***

#### **Biochemical evidence**

A persistent rise in prostate-specific antigen (PSA) level after reaching a nadir value on hormone treatment. [Expert opinion]

**Hormone-relapsed prostate cancer**

Prostate cancer after failure of primary androgen deprivation therapy. [Prostate cancer [full guideline](#) CG175)]

**Urological cancer multidisciplinary team**

A team that includes specialists in urology, oncology, pathology, radiology and nursing. [Prostate cancer [full guideline](#) CG175)]

## Status of this quality standard

This is the draft quality standard released for consultation from 2 January to 30 January 2015. It is not NICE's final quality standard on prostate cancer. The statements and measures presented in this document are provisional and may change after consultation with stakeholders.

Comments on the content of the draft standard must be submitted by 5pm on 30 January 2015. All eligible comments received during consultation will be reviewed by the Quality Standards Advisory Committee and the quality statements and measures will be refined in line with the Quality Standards Advisory Committee's considerations. The final quality standard will be available on the [NICE website](#) from June 2015.

## Using the quality standard

### *Quality measures*

The quality measures accompanying the quality statements aim to improve the structure, process and outcomes of care in areas identified as needing quality improvement. They are not a new set of targets or mandatory indicators for performance management.

We have indicated if current national indicators exist that could be used to measure the quality statements. These include indicators developed by the Health and Social Care Information Centre through its [Indicators for Quality Improvement Programme](#). If there is no national indicator that could be used to measure a quality statement, the quality measure should form the basis for audit criteria developed and used locally.

See NICE's [What makes up a NICE quality standard?](#) for further information, including advice on using quality measures.

### *Levels of achievement*

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of



100% should be aspired to (or 0% if the quality statement states that something should not be done). However, NICE recognises that this may not always be appropriate in practice, taking account of safety, choice and professional judgement, and therefore desired levels of achievement should be defined locally.

### ***Using other national guidance and policy documents***

Other national guidance and current policy documents have been referenced during the development of this quality standard. It is important that the quality standard is considered alongside the documents listed in 'Development sources' and NICE's cancer service guidance on [improving outcomes in urological cancers](#) and the National Cancer Peer Review Programme's [Manual for cancer services: prostate cancer](#).

## **Diversity, equality and language**

During the development of this quality standard, equality issues have been considered and [equality assessments](#) are available.

Good communication between healthcare professionals and men with suspected or diagnosed prostate cancer is essential. Treatment, care and support, and the information given about it, should be culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. Men with suspected or diagnosed prostate cancer should have access to an interpreter or advocate if needed.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

## **Development sources**

Further explanation of the methodology used can be found in the [quality standards process guide](#).

## ***Evidence sources***

The documents below contain recommendations from NICE guidance or other NICE-accredited recommendations that were used by the Quality Standards Advisory Committee to develop the quality standard statements and measures.

- [Prostate cancer](#) (2014) NICE guideline CG175

## ***Policy context***

It is important that the quality standard is considered alongside current policy documents, including:

- [National Prostate Cancer Audit](#) (2014)
- Department of Health (2013) [Improving outcomes: a strategy for cancer – impact assessment](#)
- Department of Health (2013) [Improving outcomes: a strategy for cancer – third annual report](#)
- Department of Health (2012) [National cancer patients' experience survey programme 2012/13](#)
- Department of Health (2011) [Cancer: systematic delivery of interventions to reduce cancer mortality and increase cancer survival at population level](#)
- Department of Health (2011) [Commissioning cancer services](#)

## ***Definitions and data sources for the quality measures***

- [National Prostate Cancer Audit \(2014\)](#)
- [Prostate cancer](#) (2014) NICE guideline CG175

## **Related NICE quality standards**

### ***Published***

- [Lower urinary tract symptoms in men](#) (2013) NICE quality standard 45
- [Patient experience in adult NHS services](#) (2012) NICE quality standard 15
- [End of life care for adults](#) (2011) NICE quality standard 13

### ***Future quality standards***

This quality standard has been developed in the context of all quality standards referred to NICE, including the following topics scheduled for future development:

- Referral for suspected cancer.

The full list of quality standard topics referred to NICE is available from the [quality standards topic library](#) on the NICE website.

## **Quality Standards Advisory Committee and NICE project team**

### ***Quality Standards Advisory Committee***

This quality standard has been developed by Quality Standards Advisory Committee 4. Membership of this committee is as follows:

#### **Miss Alison Allam**

Lay member

#### **Dr Harry Allen**

Consultant Old Age Psychiatrist, Manchester Mental Health and Social Care Trust

#### **Dr Jo Bibby**

Director of Strategy, The Health Foundation

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Primary Care Pharmacist, NHS Bath and North East Somerset

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The following specialist members joined the committee to develop this quality standard:

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Lay member, Prostate Cancer UK, London

**Dr John Graham**

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**Prof Peter Hoskin**

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**About this quality standard**

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

The methods and processes for developing NICE quality standards are described in the [quality standards process guide](#).

NICE produces guidance, standards and information on commissioning and providing high-quality healthcare, social care, and public health services. We have agreements to provide certain NICE services to Wales, Scotland and Northern Ireland. Decisions on how NICE guidance and other products apply in those countries are made by ministers in the Welsh government, Scottish government, and Northern Ireland Executive. NICE guidance or other products may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

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