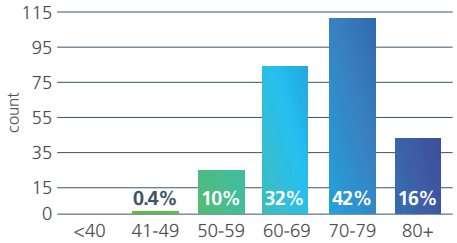
# Primary Care Prostate Cancer Audit

**As part of a Wessex Cancer Alliance Local Improvement Scheme, 17/18 PCNs across Dorset completed a standardised audit template reviewing prostate cancers diagnosed between 1st October 2024-31st March 2025**

## Demographics

### Age/Frailty




**42%** referred on urgent suspected cancer pathway did not have frailty status recorded

### Ethnicity

**90%** white British reflecting Dorset population

### Family history

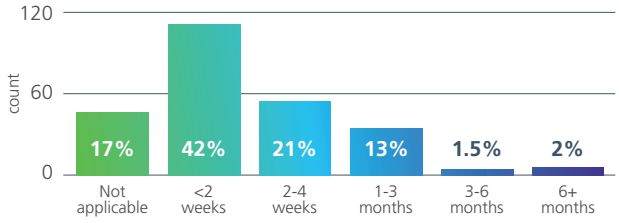
**2%** with family history of prostate cancer

**14%** with family history of another cancer

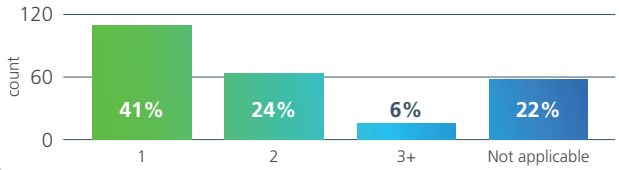
## 264 Total Patients

## Primary Care Interval

Time from first clinical contact to referral

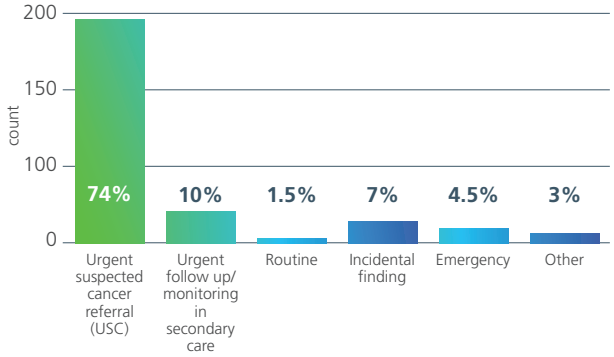



Number of relevant clinical contacts prior to referral

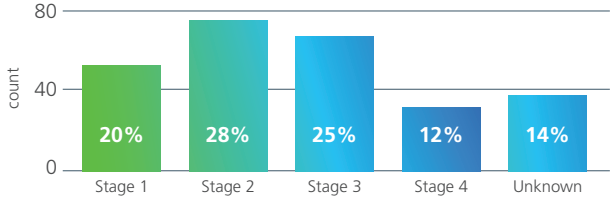



## Diagnosis

### Route to diagnosis




### Stage at Diagnosis




## Investigations (excludes those not seen in primary care before diagnosis)

### PSA

**10%** normal PSA

**1%** not done in primary care

### Digital Rectal Exam (DRE)

**27%** not done in primary care

## Symptom Presentation

| % with LUTS | % with haematuria | % with recurrent UTI | % with no symptoms | % with erectile dysfunction | % with persistent bone pain | % unexplained weight loss | % with other symptoms |
|---|---|---|---|---|---|---|---|
| 49% | 8% | 3% | 23% | 6% | 5% | 3% | 10% |

## Delay Themes

based on qualitative analysis of audit report (in order of frequency they occurred)

**Delays**

% where there was a delay

20%

### 1. Repeating PSA testing despite meeting referral threshold

This was a particular issue in patients who met the NG12 referral threshold with risk factors such as family history

### 2. Communication to primary care regarding PSA monitoring

There were examples of unclear communication from urology to primary care regarding responsibility for monitoring as well as frequency and thresholds for re-referral

### 3. Digital rectal exam (DRE) findings and assessment

In some cases with a normal PSA result, DRE was not performed or was documented as normal, with subsequent assessment in secondary care identifying abnormal DRE findings

### 4. Appointment capacity

Clinic capacity for face-to-face assessment or phlebotomy was cited as a reason for delay

### 5. PSA testing at initial presentation

Delays occurred in requesting PSA testing in some patients presenting with symptoms which may warrant further assessment (eg bone pain, erectile dysfunction, haematuria)

### 6. Administrative delay

Sending referrals, secondary care investigation

### 7. Management by other specialties

examples of patients being sent back to primary care instead of direct onward referral, challenges recognising non-site specific symptoms due to prostate cancer

### 8. Patient factors

Included declining DRE or referral

## Next Steps / Recommendations

- **Primary care Education eg PSA, DRE, frailty**
- **Clear secondary care guidance on PSA monitoring**
- **Support for accurate recording of ethnicity and family history in primary care**
- **Awareness raising in high-risk groups informed by national screening committee guidance**

WCA

NHS Wessex Cancer Alliance