PROSTATE CANCER
BRITAIN’S GROWING PROBLEM

ORCHID
FIGHTING MALE CANCER
As our population continues to live longer into old age, the number of men suffering and living with prostate cancer continues to grow too. In fact, so much so that it is predicted to become the most common cancer in the UK by 2030. If we are to be ready to deal with this number of prostate cancer patients and to deliver positive outcomes for these men, it is now the time to assess, plan and prepare for what lies ahead.

Throughout the whole process, from presentation of symptoms through to diagnosis and treatment, we must ensure that the patient is informed and that the man who has been identified as being at a higher risk or is exhibiting worrying symptoms is given the confidence to make an informed decision about their treatment options. We must be able to provide a diagnosis test that commands the confidence of clinicians and patients. We need a unified, efficient and effective diagnostic test and we must ensure that once men present, they will be definitively diagnosed within 28 days if we are to deliver the best care options.

As we move patients from the hospital to the community, we need to ensure that GPs and community nurses are given the training and support that they need to carry forward the expertise and knowledge developed in the hospital setting. We must ensure that follow-up care is set up as an effective way of relieving the cost burden of prostate cancer on the NHS but it will require upskilling of primary and community care providers if it is to be done effectively and with due regard to patients.

Finally, as the prostate cancer population grows, it is inevitable that the number of men suffering advanced prostate cancer will also grow. While the NHS should be commended for looking to drive down the costs of drugs, the new NHS drug tariff could present a real problem when it comes to the treatment of men with advanced prostate cancer and we must ensure that access to these drugs is available and equitable.

As we enter into new partnerships between the hospital and the community, there must be a willingness to accept that prostate cancer will become the UK's most prevalent cancer, together we can make sure we give men the best possible care, save lives and deliver better outcomes for men.
THE CURRENT POSITION

Prostate cancer is the most common cancer in men in the UK and it is estimated that one in eight men in the UK will develop prostate cancer at some point in their lives\(^1\). For the African-Caribbean community the figure is higher, with prostate cancer affecting one in four. In 2014, 46,690 new cases of prostate cancer were diagnosed, with the cancer taking the lives of 11,287 men, accounting for 13% of all male cancer deaths and second only to lung cancer. However, recent advances in the diagnosis and treatment of prostate cancer has resulted in a more positive survival rate with 84% of men now surviving 10 years or more. For men in their 70’s though, the prognosis is less favourable with survival rates at one year falling well below the European average, highlighting the need for increased awareness and an earlier diagnosis to improve one year survival rates in this age group.

**MORTALITY**

Prostate cancer claims the lives of 31 men every day in the UK. Prostate cancer mortality rates have increased by 21% since the early 1990s.

**INCIDENCE**

**INCIDENCE**

ON AVERAGE, THERE ARE 130 NEWLY DIAGNOSED CASES OF PROSTATE CANCER EVERY DAY IN THE UK

MORE THAN HALF (54%) OF CASES IN THE UK BETWEEN 2012-2014 WERE DIAGNOSED IN MALES AGED 70 AND OVER, WITH THE HIGHEST RATES IN MEN OVER THE AGE OF 90.

AGE-STANDARDISED INCIDENCE RATES OF PROSTATE CANCER HAVE INCREASED BY 6% OVER THE LAST DECADE.

Prostate cancer is most common in black Caribbean and black African males and least common in Asian males.

Number per 100,000 population

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ON AVERAGE, THERE WERE 130 NEWLY DIAGNOSED CASES OF PROSTATE CANCER EVERY DAY IN THE UK DURING 2014.

IN 2014, THE TOTAL RATES OF PROSTATE CANCER IN THE UK DROPPED BY 6%.

MORE COMMON IN BLACK MALES.

PROSTATE CANCER INCIDENCE RATES HAVE INCREASED BY 44% IN THE UK SINCE THE EARLY 1990S.
GOVERNMENT POLICY

Whilst there is no specific government policy for prostate cancer, the NHS Cancer Strategy is an initiative that has a direct impact on prostate cancer patients and their care, both now and over the next few years.

NHS Cancer Strategy

In 2016, NHS England produced a five-year forward view on achieving world class cancer outcomes entitled ‘Achieving World-Class Cancer Outcomes: Taking the strategy forward’. The strategy document sets out a commitment to six workstreams to achieve the very best cancer outcomes for everyone in England:

— A radical upgrade in prevention and public health
— A national ambition to achieve earlier diagnosis
— Establish patient experience on par with clinical effectiveness and safety
— Transform the support of people living with and beyond cancer
— Investments to deliver a modern, high-quality service
— Ensure commissioning, provision and accountability processes are fit-for-purpose

The Cancer Strategy is relevant to addressing the current state of prostate cancer care in the UK and, as a male cancer charity, we are involved in helping to deliver against some of the workstreams. However, we have concerns as to whether the proposed deliverables are sustainable over the next 20 years to meet the significant growth in prostate cancer patients.

Rebecca Porta
Chief Executive, Orchid

PROSTATE CANCER — THE FUTURE

The ageing population crisis has been well documented in terms of its impact on future healthcare service provision but with the average age for men to be diagnosed with prostate cancer being between 65 and 69 years, and the risk increasing with age, there is a ‘ticking time bomb’ in terms of prostate cancer provision.

AGEING POPULATION

In light of the future predictions relating to the ageing population and the associated rise in prostate cancer incidence, there are significant concerns that the UK healthcare system is not prepared for this kind of increase and the pressures that it will bring. To address this, there is an urgent requirement for the government, health policy makers and healthcare providers to review service provision and funding for prostate cancer.

PREDICTION

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PREDICTION
With an ageing population and a predicted increase in prostate cancer incidence, is the current diagnostic environment equipped to improve early detection rates, offer more effective treatment planning and deliver a reduction in the proportion of men diagnosed with incurable advanced prostate cancer?

RECOGNISING THE SYMPTOMS

The majority of deaths from prostate cancer occur because men present with symptoms too late. Currently, as many as 23% of all cancer cases in the UK are diagnosed through A&E and these patients are less likely to survive a year than those who present at their GP practice as the disease is often at a more advanced stage.

Symptom awareness is recognised as the leading factor in the early diagnosis of prostate cancer and, once diagnosed, it is critical that men are made aware of the symptoms of advanced prostate cancer such as extreme tiredness, bone pain and problems urinating.

Symptom awareness

Men need to have a much better understanding of their risk and the symptoms of prostate cancer and be encouraged to visit their GP whenever they suspect anything unusual.

Katherine Mutsvangwa
Orchid Male Cancer Information Nurse and Oncology Nurse in genito-urinary cancer at Bart’s and The London NHS Trust

ONLY 46% OF THE UK COULD IDENTIFY WHERE THE PROSTATE IS

ONLY 12% OF THE UK KNOW WHAT THE PROSTATE DOES

ONLY 40% OF THE UK KNOW THAT BEING AGED 50 AND OVER INCREASES A MAN’S RISK OF DEVELOPING PROSTATE CANCER

ONLY 47% OF THE UK KNOW THAT HAVING A FAMILY HISTORY OF PROSTATE CANCER INCREASES A MAN’S RISK OF DEVELOPING PROSTATE CANCER

ONLY 5% OF THE UK KNOW THAT BLACK ETHNICITY INCREASES A MAN’S RISK OF DEVELOPING PROSTATE CANCER

46% ONLY 46% OF THE UK COULD IDENTIFY WHERE THE PROSTATE IS

45% ONLY 45% OF UK MEN AND 62% OF UK BLACK MEN WOULD LIKE TO KNOW MORE ABOUT PROSTATE CANCER RISK FACTORS

12% ONLY 10% OF THE UK KNOW WHAT THE PROSTATE DOES

83% 80% OF UK MEN AT HIGHER THAN AVERAGE RISK OF PROSTATE CANCER DO NOT CLASSIFY THEIR OWN RISK OF BEING DIAGNOSED AS ‘HIGHER THAN AVERAGE’

47% ONLY 6% OF THE UK KNOW THAT HAVING A FAMILY HISTORY OF PROSTATE CANCER INCREASES A MAN’S RISK OF DEVELOPING PROSTATE CANCER

5% ONLY 5% OF THE UK KNOW THAT BLACK ETHNICITY INCREASES A MAN’S RISK OF DEVELOPING PROSTATE CANCER

40% ONLY 10% OF THE UK KNOW THAT BEING AGED 50 AND OVER INCREASES A MAN’S RISK OF DEVELOPING PROSTATE CANCER

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Orchid Male Cancer Information Nurse and Oncology Nurse
Katherine Mutsvangwa
For many, it is counter-intuitive to suggest that men turn a blind eye to symptoms and risk factors and this is well illustrated in a number of studies. The recent National Cancer Patient Experience Survey 2016 Cancer UK study shows that only 1 in 10 UK men were aware of the symptoms of prostate cancer, but 75% of UK men at higher than average risk for prostate cancer say that even if they were concerned about the risk of prostate cancer, they wouldn't speak to their GP about it. This is a worrying number of men are still not responding quickly to symptoms present and early identification of advanced prostate cancer that may never progress, causing unnecessary distress and potentially resulting in unnecessary treatment.

“Controversy remains regarding the efficacy of PSA testing as a means of prostate cancer screening and Public Health England has argued that many men are overtreated for prostate cancer that may never have progressed,” said Greg Shaw, Consultant Urological Surgeon University College London Hospitals.

Diagnostic tests
Screening for Prostate Cancer (ERSPC), evaluating pros and cons of screening prostate cancer, is a means of primary care of cancer prevention and it is well accepted that routine care and, in a similar vein, we eagerly await a number of studies. The National Cancer Patient Experience Survey 2016 Cancer UK study shows that only 1 in 10 UK men were aware of the symptoms of prostate cancer, but 75% of UK men at higher than average risk for prostate cancer say that even if they were concerned about the risk of prostate cancer, they wouldn't speak to their GP about it. This is a worrying number of men are still not responding quickly to symptoms present and early identification of advanced prostate cancer that may never progress, causing unnecessary distress and potentially resulting in unnecessary treatment.

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TREATMENT

Is there sufficient investment and funding for new treatment options and information support services to enable the increasing number of men with prostate cancer to make an informed choice and access the best possible treatment?

PROSTATE CANCER — BRITAIN’S GROWING PROBLEM

ACTION ON DIAGNOSIS

One man every hour dies from prostate cancer although it is one of the more treatable types of cancer if diagnosed early. To ensure we reduce this level of prostate cancer mortality in the UK, the following needs to be addressed:

Public awareness
Public Health England and local authorities must invest in campaigns to improve symptom awareness by encouraging a much better understanding of prostate cancer and empowering men to visit their GP at the earliest opportunity.

Referral to treatment
Healthcare professionals must adhere to the national standards and embrace the pilot standards that are currently being piloted to give patients a definitive diagnosis within 28 days.

Improved diagnostic tests
NHS England must introduce a unified, efficient and effective testing programme for those at high risk and those with worrying symptoms.

Research
The Department of Health, National Institute for Health Research, academic institutions, charities and health organisations must continue to invest and develop new funding streams for research into diagnostic testing and patient risk profiling.

Professor Frank Chinegwundoh MBE
Consultant Urological Surgeon, Bart’s Health NHS Trust

There are no life saving new treatments in the pipeline in the foreseeable future for advanced prostate cancer so early diagnosis is key. The ideal scenario would be to ensure patients are all diagnosed early and then we would never see cases of advanced prostate cancer. We need to raise awareness of the benefits of earlier diagnosis but there is still a long way to go regarding having the optimum diagnostic services available across the UK.

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Consultant Urological Surgeon, Bart’s Health NHS Trust
Prostate cancer is often treated using a range of options including:

**LOCALLY ADVANCED PROSTATE CANCER TREATMENTS**

Cancer that has started to break out of the prostate can be treated with a range of options including:

- **Radiotherapy**
  - External beam radiotherapy
    - Radiotherapy uses radiation beams to kill and destroy cancer cells and is usually given for 9 to 10 weeks. A patient may need 5 days in a week for 5 weeks.
  - Brachytherapy
    - Brachytherapy is a form of radiotherapy where a sealed radiation source is placed inside or next to the area requiring treatment for a short period of time. Brachytherapy may be given either as an initial treatment or as an additional treatment along with external beam radiotherapy.

- **Surgery**
  - Radical prostatectomy is a major operation to remove the prostate, the seminal vesicles and part of the rectum. Sometimes a nearby lymph node area may also be removed.

- **Chemotherapy**
  - Chemotherapy uses a range of chemotherapy agents to either destroy cancer cells or stop them from multiplying. It can be used for advanced cancers, whether they are locally advanced, or have spread.

- **Mechanical prostate biopsy**
  - A needle is used to select a prostate biopsy from one or two areas of cancer before active surveillance. Further scans may then be performed at a later stage.

- **Watchful waiting**
  - Watchful waiting is an option for men who want to avoid radical treatment and associated side-effects. Reviews should include symptoms and who want to avoid radical treatment. Active surveillance involves a strict monitoring of possible adjuvant treatment.

For men for whom hormone therapy alone is being considered, the most difficult part of the decision for men is trying to decide which is the best treatment option. It would certainly have helped at that stage to have a specialist nurse to talk through all the options and consequences to help me choose which one would suit my situation the best.
After a urology nurse suggested that other patients experienced similar side effects, Andrew Richardson was offered psychological support. "It was an incredible relief to be offered a sensitive and individual approach to help me deal with my side effects." It is not unusual for patients to experience different levels of anxiety at different times of their cancer journey. For those who get their diagnosis soon after being referred to the treating team, the experience can be very stressful at every appointment that the disease and its treatment are discussed. The anxiety and concerns are being raised about the quality of life for prostate cancer patients.

Healthcare professional recommendation

Prostate cancer patients should have access to a local group to help them deal with their side effects and concerns. This local group could be part of the multidisciplinary team which has the patient at its heart. The support group can have a positive impact on the patient which can improve the clinical management of prostate cancer.

Advanced Prostate Cancer — new treatments

There are a number of treatment options available for advanced prostate cancer, but according to Professor Chinegwundoh, the 3Ps of treatment for this particular group of patients is dependent on their specific needs. However, NICE guidelines state that men with prostate cancer should have access to a local group to help them deal with their side effects and concerns. This local group could be part of the multidisciplinary team which has the patient at its heart. The support group can have a positive impact on the patient which can improve the clinical management of prostate cancer.

Personalised treatment

There have been advances in research into individual genetic mutations in prostate cancer, but the treatment plan for advanced prostate cancer is dependent on the patient's specific needs. However, NICE guidelines state that men with prostate cancer should have access to a local group to help them deal with their side effects and concerns. This local group could be part of the multidisciplinary team which has the patient at its heart. The support group can have a positive impact on the patient which can improve the clinical management of prostate cancer.

Drug funding

Despite the progress that prostate cancer will be the most common form of cancer by 2040, prostate cancer is 20th in the league of research funding, receiving half the funding of breast cancer. While the majority of funding goes to prostate cancer research, there is a need for innovation in new prostate cancer treatments being developed.

In addition, for newly introduced BRCA2 (2010) and annual access to novel agents is critical to access new prostate cancer treatments. Prostate cancer and its treatment is a very complex and challenging disease. However, NICE guidelines state that men with prostate cancer should benefit from new prostate cancer treatments by access to the latest research and treatment. For this reason access to patients under the NICE guidelines will be supported by other groups such as the BRCA2 and prostate cancer campaigns.

To ensure that the increasing population of men with advanced prostate cancer benefits from new treatments and research developments, the NICE guidelines state that men with prostate cancer should benefit from new treatments and research developments.

Radiotherapy and hormone treatment should be the standard treatment for locally advanced prostate cancer due to its curative potential. However, NICE guidelines state that men with prostate cancer should benefit from new prostate cancer treatments by access to the latest research and treatment.

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For prostate cancer to remain financially sustainable whilst avoiding unnecessary delay in introducing the latest therapies, there is need to address the following:

— Improved health-economic modelling specific to the NHS within large-scale drug trials.
— Explore alternative funding models, such as reimbursement based on therapeutic performance.

— Identifying cost saving opportunities earlier in the prostate cancer pathway may release funding for the newer life extending novel therapies.
Could an increase in clinical nurse specialists and primary care support help reduce the increasing burden of prostate cancer and improve patient care and experience?
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For many men, their prostate cancer journey starts with a visit to their GP, and now access to this service is key to early identification of the disease. GPs can play a major role in diagnosing prostate cancer. A recent study showed that men without a family history of prostate cancer who presented with symptoms were more likely to have the disease diagnosed more quickly if they were referred by a GP rather than a self-referral.

The role of GPs is well established in the early identification of prostate cancer. However, the current shortage of GPs is concerning and may negatively impact the ability of men to access care in a timely manner. This is particularly important for men living in rural areas or those with limited access to primary care services. The shortage of GPs is a major challenge in the provision of high-quality care for men with prostate cancer.

GP Partner and Secretary of the Primary Care Urology Society Dr Jonny Coxon said: “GPs can play a major role in patient identification of the disease. The journey starts with a visit to their GP and awareness of early symptoms of prostate cancer.”

The number of nurse specialists for men with prostate cancer is not proportionate to disease incidence and there is insufficient and varied access across the UK. According to the National Cancer Register, only 11% of GP practices have a specialist nurse for men with prostate cancer. GPs are also responsible for providing care to patients with non-malignant conditions, such as chronic prostatitis, and there is a need for greater collaboration between healthcare professionals to ensure patients receive the appropriate care.

Surgical advancements, such as robotic prostatectomy, have led to a reduction in morbidity and mortality, but the need for specialist nurses continues to grow. Specialist nurses can provide pre and post-treatment support, including the provision of education and psychological support. They can also help to minimize the impact on patients’ lives as much as possible.

Compared to other specialties, urology specialist nurses are one of the smallest in number yet have one of the biggest workloads. Men with prostate cancer are missing out on this vital support.

NURSE SPECIALISTS

The role of the Clinical Nurse Specialist

Nurse specialists in the care of patients with prostate cancer have a varied and crucial role to play.

Supporting patients post PSA test NICE guidelines recommend that men with a stable PSA and no symptoms should have a PSA test every 2 years. The National Institute for Health and Care Excellence (NICE) recommends that men with a PSA test of 10 ng/ml or more should have a specialist nurse-led appointment, allowing them to discuss their results and disease outcome.

Researchers have compared patients who had a specialist nurse-led appointment to those who did not, and found that patients who had a specialist nurse-led appointment were more likely to discuss their disease outcome with their GP and have a greater understanding of their treatment options.

Performing biopsies and urological procedures

Nurse specialists can perform biopsies and urological procedures such as transrectal ultrasound-guided biopsies. These procedures are crucial for the early detection and management of prostate cancer. Nurse specialists are also responsible for assessing the benefits of nurse-led active surveillance, a form of care comprising an initial biopsy, no further treatment and regular follow-up for men with a stable PSA and no symptoms.

Proactive support and advice before, during and after treatment

The proactive role of nurse specialists and the support they need throughout their diagnosis and treatment is well documented. Nurses specialising in the care of patients with prostate cancer have a varied and crucial role to play.

Patients can be supported throughout their journey, from diagnosis to treatment, and beyond. This includes providing information about the disease, its treatment options, and their potential outcomes. Nurses can also help to minimize the impact on patients’ lives as much as possible.

In summary, it is so important that specialist nurses are where patients need them, whether that be in primary, secondary or palliative care. We need more prostate cancer and uro- oncology nurses now. However, with funding as short as it currently is and unlikely to change over the next few years, I am not hopeful that we will see a sufficient increase in specialist nurse provision to provide a nurse to every patient across the whole pathway any time soon.
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The traditional follow up model follows a standard regime of hospital outpatient appointments and surveillance tests over several years. However, both patients and professionals have identified that many appointments are unnecessary and many unnecessary costs for patients and the NHS are incurred. It is also proving to be a strain on GPs and support staff when preferring, follow-up care could be conducted in a primary care setting.

Primary care can now take advantage of technology to support the management of patients affected by cancer. Primary care teams play a key role in early diagnosis and in the management of patients with cancer, and it is generally considered that primary care is a more desirable setting for patients who do not need regular surveillance testing. Evidence suggests that patients want positive cancer care in a primary care setting, and primary care-led and supported self-management pathways are recommended as a preferred future model for cancer follow up.

An economic analysis of primary care and secondary care pathways also shows that there could be a 57% cost saving if 32% of prostate cancer patients are transferred to follow up in the community at 12 months. If this target was achieved, with 10,000 follow up patients a year, they would save approximately £1.8 million per year and significantly reduce the time patients wait for follow up care. However, with increased survival rates, the number being cared for in primary care and secondary care will continue to rise putting further pressure on already stretched resources.

However, although urology specialists can keep abreast of new developments as this is our specialist interest but GPs will not be able to keep up to date to the extent that Uro-oncology nurse specialists and council member of BAUN Pauline Bagnall states, ‘GP’s will not be able to keep up to date to the extent that Urology specialists can keep abreast of new developments as this is our specialist interest but GPs will not be able to keep up to date to the extent that Uro-oncology nurse specialists can...’

I am concerned that we are discharging patients into the community and with GPs’ stretched already, we are simply adding to their workloads without providing any additional support. In addition, prostate cancer treatment is changing so rapidly. Urology specialists can keep abreast of new developments as this is our specialist interest but GPs will not be able to keep up to date to the extent that we do and patient care may be compromised as a result.

Self-management pathways

There is a strong justification for self-management pathways and the National Cancer Survivorship Initiative and NHS Improvement recently developed and tested a series of follow up care models designed to ensure patients are transferred back to the community where they can receive comprehensive information and access to relevant support services.

Self-management pathways

Although stratified follow up, offering different levels of support to patients based on their clinical need, has been shown to be effective in improving outcomes, most pathways in primary care-based services are still in routine follow up, without self-management and available access to community support. The project also makes recommendations to address patients’ needs and it identified that patients did want more information at the point of transfer of care and they also wanted the opportunity to have face-to-face consultations and to discuss their wider needs, especially related to mobility, bladder issues, psychological and social needs.

The Survivorship Initiative and NHS Improvement recently developed and tested a series of self-management pathways, designed to complement routine follow up, offering different levels of support to patients based on their clinical need. The project also identified that patients prefer their care being delivered by their GP practice and support services. In addition, prostate cancer treatment is changing so rapidly. Urology specialists can keep abreast of new developments as this is our specialist interest but GPs will not be able to keep up to date to the extent that Uro-oncology nurse specialists can...’}

TRANSFER OF CARE

Improved communication and information at the point of transfer of care, including a welcome appointment with the GP or practice nurse to discuss a patient’s needs and to ensure that transfers back to secondary care were as quick as possible when required.

The project also identified that patients do not feel they have a role in their follow up and more training is needed to educate GPs and nurses about PSA referral thresholds, red flag signs and symptoms as well as safety-net protocols to comply with clinical governance and signs and symptoms as well as safety-net protocols to comply with clinical governance and standards.

The project also identified that nurses are now taking a lead role in a patient’s follow up and more training is needed to educate GPs and nurses about PSA referral thresholds, red flag signs and symptoms as well as safety-net protocols to comply with clinical governance and standards.

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There is an opportunity for interested national groups and charities to engage with clinicians and patients to highlight the clinical challenges and identify service gaps, but also promote the wider adoption of novel care pathways and services.

Mr William Cross
Consultant Urologist, St James’s University Hospital

With prostate cancer due to be the most prevalent cancer in the UK by 2030, we are facing a potential crisis in terms of diagnostics, treatment and patient care. Urgent action needs to be taken now if we are to be in a position to deliver world class outcomes for prostate cancer patients and their families in the future.

Whilst Orchid supports the government’s cancer strategy and initiatives to deliver against it, we have grave concerns about whether there is sufficient immediate positive action to ensure the proposed strategy will meet the huge demands of a growing prostate cancer population at a time when healthcare professional resources and funding are considerably stretched.

Our recommendations, as set out in this report, are based upon the opinions of a range of experts working in prostate cancer together with our own experience of working with patients, healthcare professionals and policy makers over the past 21 years. We want to ensure that prostate cancer receives a proportionate share of voice when it comes to implementing the cancer strategy and we, together with our charity and patient organisation partners, will continue to push for the best possible outcomes for prostate cancer patients now and in the future.

Rebecca Porta
Chief Executive, Orchid
**ORCHID'S RECOMMENDATIONS FOR URGENT ACTION BY POLICY MAKERS TO ADDRESS BRITAIN'S GROWING PROSTATE CANCER PROBLEM:**

**ACTION ON DIAGNOSIS**

Public awareness
Public health England and local authorities must invest in targeted awareness campaigns. Awareness, should be a priority (cancer centres and primary care) to reduce the GP referral gap.

Referrals to treatment standards
Referral to treatment standards must be improved and made explicit to ensure timely access to specialist nurses and GPs. This is currently being piloted to give patients better access to definitive diagnosis within 28 days.

Supportive diagnostic tools
Use of diagnostic tools in a uniform, accessible and effective manner is critical, with each GP and GPs adhering to the current standards and their healthcare organisation.

**ACTION ON TREATMENT**

Research
Research is needed to improve the accuracy and longer term value of specialist nurses and GPs to ensure that the burden of prostate cancer is reduced.

Speculative expertise
Research into government, industry and charity funding for research into prostate cancer and care needs to be improved.

**ACTION ON PATIENT CARE**

Care close to home
Care close to home needs to be made available and offered. This will enable patients to reduce their burden on secondary care.

Clinical Nurse Specialists
Clinical Nurse Specialists can take urgent action on the diagnosis of prostate cancer and provide specialist clinical expertise. There needs to be an implementation of long-term plans to recruit, retain, and support specialist nurses and GPs.

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