The Information Centre
knowledge for care

DAHNO 7th ANNUAL REPORT
Highlights from the seventh annual report

Graham Putnam On behalf of the DAHNO Project team

NHS
FOR HEALTH AND SOCIAL CARE

Timetable

- 7th Annual report
  - Same format as last year - electronic
  - Report with hyperlinks – easier to read
  - BAHNO standards and CLE highlighted
  - Links to more detailed analyses in report
  - Focus on Network delivery of care
- 8th collection year in progress
  - New DAHNO now available (easier to use & also washes whiter at lower temperatures!)

7th Annual Report

- Registry estimate of cases has risen to 7354 of which the audit has received 6879, 92.8% of the estimate
- In England this equated to 92.5% of the estimate and for Wales 97.3%
- Near universal contribution was seen in England and Wales
- Data submission rates have improved across the breadth of the pathway, but again significant variation between networks was seen

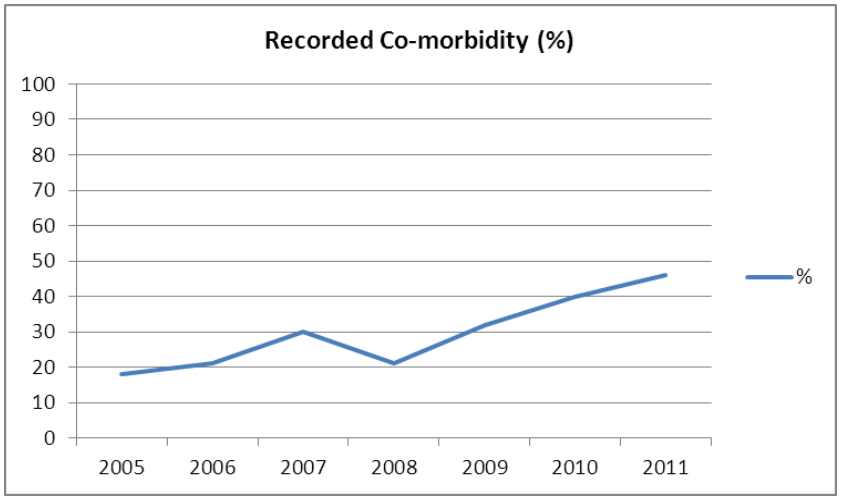
7th Annual Report

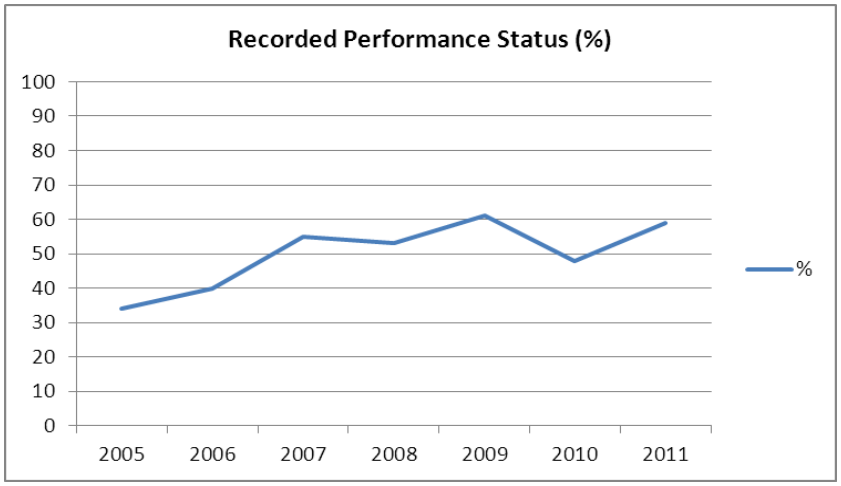
- For over 75% of the total patients, there is a record of the actual treatment provided
- Of the total patients registered it would be expected that up to 8% of them would not have reached the point in their pathway where treatment would be agreed, and when this adjustment is applied between 75 and 83.7% of patients have a treatment record

7th Annual Report

- Submission of staging data reached 82.1%, the highest figure to date, though 3 cancer networks had poor levels of recording
- Performance status submission has risen by 10% to 63% of submitted cases and comorbidity data submission rose 7% to 46.3%
- Significant variation exists between networks in their ability to provide the three above data items
- 6 networks are to be congratulated for achieving over 75% for all three items, whilst 6 networks had minimal or zero submissions

7th Annual Report





- Pre-treatment staging is now consistently above 75 per cent overall but remains below this level in 13 out of 31 cancer networks

7th Annual Report

- The audit endeavours to deliver risk adjusted outcomes, but to achieve this it is essential that all networks contribute high levels of staging, performance status and comorbidity data to facilitate this much anticipated output
- The audit now contains data on over 28,000 cases of head & neck cancer, providing a significant repository of diagnostic & treatment data of head & neck cancer

Performance & co-morbidity

Performance status	Percentage of 5354 recorded values
0. Able to carry out all normal activity without restriction	35.6
1. Restricted in physically strenuous activity	21.0
2. Able to walk and capable of all self care but unable to carry out any work	8.1
3. Capable of only limited self care	4.4
4. Completely disabled	0.9
5. Not recorded	30.1
Total	**100.0**

57% grade 0 or 1

Co-morbidity grade	Percentage of 2713 recorded values
Grade 0 - No co-morbidity	47.2
Grade 1 - Mild decompensation	27.5
Grade 2 - Moderate decompensation	18.1
Grade 3 - Severe decompensation	7.2
Total	**100**

75% grade 0 or 1

Early v late stage disease

- From the improved staging data it has been possible to categorise over 80 per cent of submissions into early or late stage disease

Site	Early		Late		Unknown		Total
	n	%	n	%	n	%	n
Larynx	774	43.6	643	36.2	359	20.2	1776
Oral Cavity	847	41.8	807	39.8	374	18.4	2028
Oropharynx	254	12.5	1438	70.7	343	16.9	2035
Hypopharynx	53	11.3	350	74.9	64	13.7	467
Nasopharynx	19	11.2	109	64.5	41	24.3	169
Major Salivary Glands	104	25.7	134	33.2	166	41.1	404
Total	*2051*	*29.8*	*3481*	*50.6*	*1347*	*19.6*	*6879*

Pathways of care - Larynx

- In early larynx cancer, wide variation was seen in the management of the condition
- Considerable variation between radiotherapy and endolaryngeal resection, with one or other treatment predominating in some networks
- This questions whether patients are really being given a choice of treatment for this condition

Pathways of care - Tongue cancer

- In oral cavity tongue cancer, analysis by stage of both resection method and neck management confirms weakness of the current OPCS 4.6 coding structure as resective method (laser, harmonic scalpel, diathermy or knife) cannot currently be recorded making it difficult to associate outcomes with surgical technique or assess the range of techniques used

Pathways of care - Oropharynx cancer

- Oropharynx cancer showed variation between surgical and non surgical management, with again some networks seemingly favouring one treatment modality over another. Future input from the radiotherapy statistics dataset (RTDS) should help define actual treatment given in more detail

Multi professional care

- The submission of multi-professional data has improved greatly this year with much greater assurance of treatment delivery by the range of professionals involved in head and neck cancer care.
- 54.5% of all cases in England were confirmed as having a CNS present at the breaking of bad news, and 55.2% had CNS contact during treatment.
- Significant variation remains between networks and their ability to confirm these important inputs into quality care delivery

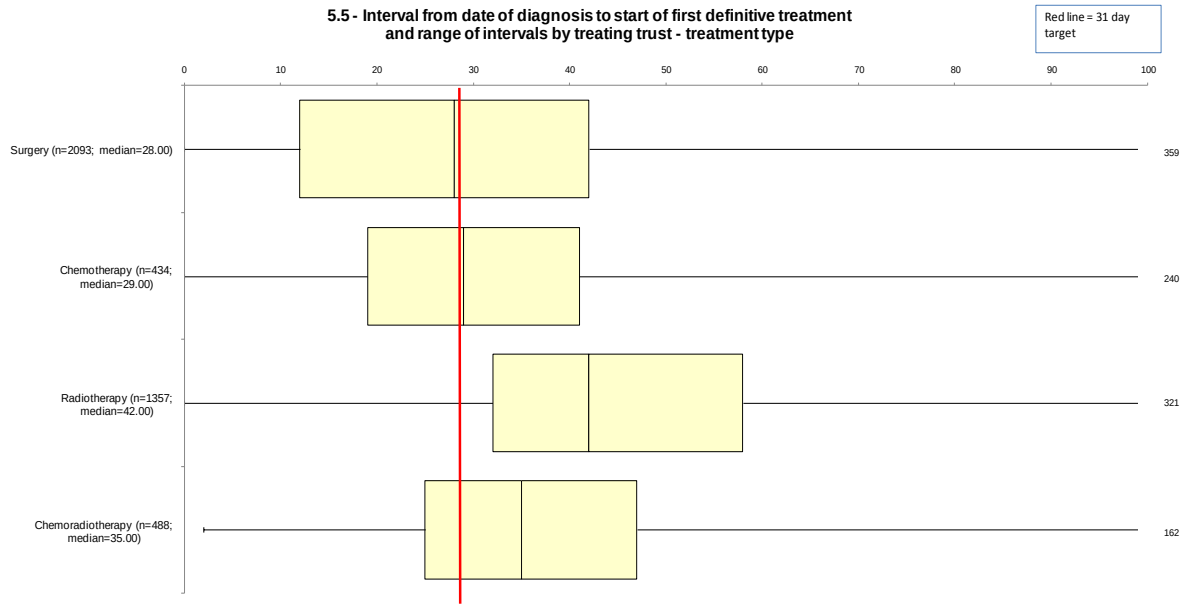
MDT discussion of care

- MDT discussion has risen to 90.6% (97.5% of all cases with a recorded care plan)
- Four networks reported over 5% of cases as not having been discussed at an MDT
- Confirmation from MDTs that discussion of resective pathology is taking place is reported
- Of 2338 cases undergoing surgery, 76.8% were recorded as having their resective pathology discussed at MDT

Diagnosis to primary radiotherapy

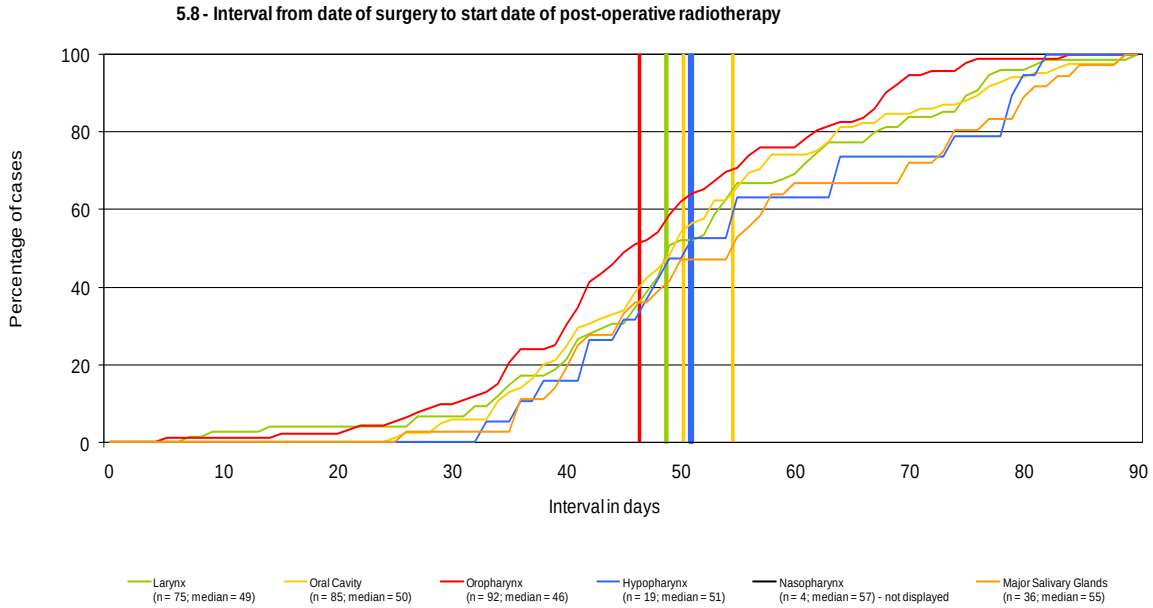
- Time from diagnosis to primary radiotherapy has fallen for the first time to 42 days, from the 44-day figure in the sixth Annual Report
- Within networks and trusts, significant variation remains in this interval and further reduction will require focused effort from commissioners and providers to ensure continued improvement

Diagnosis to treatment



- The median for radiotherapy access has improved by 2 days when compared to the sixth report. This improvement is welcome but the median interval to the start of radiotherapy remains high

Surgery to adjuvant radiotherapy



- The median of 49 days for all sites has decreased by five days from the last annual report. Of the 2338 patients undergoing primary surgery only 311 patients were reported as having postoperative radiotherapy

Crude survival

- Crude survival is again reported with a stark reminder that 20 per cent of all head and neck cancer patients are deceased within a year of diagnosis and 30 per cent by 2 years
- Multi-professional support to this group of patients is an important element of high quality clinical care not only at the front end of the care pathway as the legacy of treatment for head and neck cancer requires prolonged support

Survival at 2 years

Survival % at 2 years (730 days)

DAHNO_Group	Nov04-Oct05	Nov05-Oct06	Nov06-Oct07	Nov07-Oct08
Larynx	76.8	76.2	74.4	75.9
Oral cavity	68.7	62.7	67.4	69.6
Oropharynx				69.6
Hypopharynx				45.3
Nasopharynx				73.7
Salivary Glands				74.4
Total	**72.8**	**69.6**	**71**	**70.4**

From the accumulated DAHNO submissions, supplemented by MRIS death data, survival at 2 years from the date of diagnosis

- 2 year survival data is presented for the first time
- This demonstrates that in larynx cancer nearly three quarters of patients are alive at 2 years. In oral cavity cancer survival decreases to just over two-thirds at the same point

Non surgical deaths

DEATHS FOLLOWING NON SURGICAL TREATMENT		
Number of reported deaths within 30 days of radiotherapy or with discharge destination 'death' after radiotherapy	38	*31*
Number of reported deaths within 90 days of radiotherapy or with discharge destination 'death' after radiotherapy	**111**	***87***
Number of reported deaths within 30 days of chemotherapy or with discharge destination 'death' after chemotherapy	21	*9*
Number of reported deaths within 90 days of chemotherapy or with discharge destination 'death' after chemotherapy	***42***	***25***
Number of reported deaths within 30 days of chemoradiotherapy or with discharge destination 'death' after chemo-radiotherapy	2	*2*
Number of reported deaths within 90 days of chemoradiotherapy or with discharge destination 'death' after chemo-radiotherapy	**10**	***19***

- Death after 30 and 90 days has been calculated to reflect both the initial impact of non-surgical treatment and with prolonged treatment courses

Non surgical deaths

- For non-surgical treatment in 2710 patients 61 deaths occurred within 30 days of treatment
- Of these 24 were recorded with curative intent and 14 with palliative intent
- 163 deaths occurred within 90 days of non surgical treatment commencing (6.0%)
- In 117 records treatment intent is declared, 56 were for curative intent, 61 were palliative
- Thus mortality from non surgical treatment with curative intent ranges from 2 – 3.76%

Surgical deaths

DEATHS FOLLOWING SURGICAL TREATMENT	7th AR	6th AR
Number of reported deaths within 30 days of surgery or with discharge destination 'death' after surgery	**33**	***25***
Of these patients, the number whose death followed diagnostic surgery	**5**	*5*
Of these patients, the number whose death followed recorded surgery with curative intent	21	*13*
Of these patients, the number whose death followed recorded surgery with palliative intent	1	*3*
Of the others, the number whose death followed recorded surgery with no treatment intent recorded	6	*4*

- Overall, head and neck surgery appears a safe procedure, with 33 peri operative deaths in some 1881 surgical procedures (1.75%)
- This has been shown to be consistent throughout the audit

Summary

- Networks & trusts are to be congratulated on the high levels of cases ascertainment & depth of data for the 7th AR
- The high level of case ascertainment allows a more accurate picture of H&N cancer care to be provided
- Data to support risk adjustment has improved but remains poor from some networks
- Improving submission of treatment data allows a more accurate view of treatment pathways to be made

Acknowledgements

- Contribution from expert panel members
- Head and Neck Site Specific Clinical Reference Group (NCIN) members
- Cancer Registries - Oxford and Wales for and CASU analysis support
- All individuals, trusts and Networks who have contributed so far