

Cancer 52 Information Day: Structure of cancer intelligence

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NCIN – why we exist and what NCIN we do



- NCIN building on cancer registration
 - Small central team
 - Regional registry intelligence teams
- Funded by a range of UK partners
- Find the key questions (key to who?)
- Produce the linked data to analyse
- Undertake the analysis
- Work with others to drive improvements

National analyses



- Cancer-specific
 - Registries take lead roles (for cancer sites)
 - Annual work programmes
 - Defined by reference group (SSCRG)
- (We have the map of C52 sites to SSCRGs)
- Cross-cutting and other
 - Central team or registries
 - Defined by major stakeholders via the Coord. Team
 - E.g. Inequalities, Age, CUPS*

Your role in all this....



- Defining the key question/hypothesis
- Every cancer is different
 - Some things are hard, some are simple
 - You can do things with less common that you can't do with common, e.g. full case note review, better patient feedback, better correlation of reported experience and recorded care
- We cannot do everything resources are finite
 - But you do need to have a "route in"

And something to ponder....



- What is less common....?
 - Now (all but the "big 4")
- But with the onset of stratified medicine
 - Everything becomes rare

So today is even more important