

TM

The
Information
Centre

knowledge for care

DAHNO 8th ANNUAL REPORT

Highlights from the eighth annual report

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On behalf of the DAHNO Project team

NHS

Timetable

- 8th Annual report
 - Same format as last year - electronic
 - Report with hyperlinks
 - BAHNO standards and CLE highlighted
 - Links to more detailed analyses in report
 - Focus on MDT delivery of care
- 9th collection year in progress
 - Surgeon level reporting by 30th June 2013

What's new in the 8th AR

- New sites – nasal cavity & sinuses + bone tumours (oh dear, no ears!)
- Use of external data sources to supplement audit (RTDS and HES)
- Information on surgical average length of stay
- Ideal Patient Pathway
- More answers to pathway questions
- Better multi-professional care assurance
- The new DAHNO system delivered

8th Annual Report

- The audit has received 8272 new diagnoses, including new anatomical sites.
- Universal contribution was seen in England and Wales for the first time, a significant achievement
- Data submission rates have improved across the breadth of the pathway, but again significant variation between networks was seen

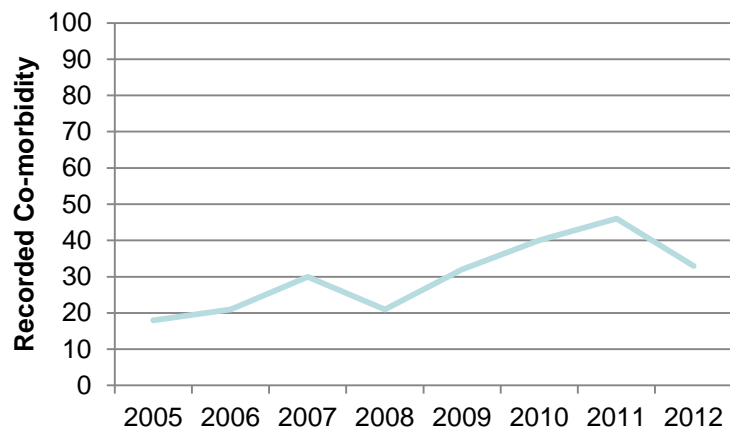
8th Annual Report

- For over 84% of patients, there is a record of the actual treatment provided (7th AR 75%)
- 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 84 and 92% of patients have a treatment record

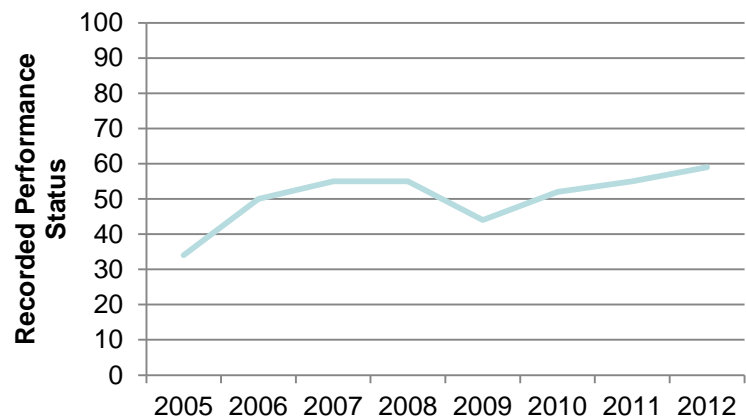
8th Annual Report

- Submission of staging data fell to 79.9% from the 82.1%, seen last year, 6 cancer networks had poor levels of recording
- Performance status submission has risen by 5% to 67.5% of submitted cases and comorbidity data submission fell 5% to 40.4%
- Significant variation exists between networks in their ability to provide the three above data items
- 5 networks are to be congratulated for achieving over 75% for all three items, whilst a number of networks had minimal or zero submissions

8th Annual Report



- This year we have seen a fall in Co-morbidity recording and a further slight rise in Performance status recording



8th Annual Report

- The audit still 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 36,000 cases of head & neck cancer, providing a significant repository of diagnostic & treatment data of head & neck cancer

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 & MDTs
- This questions whether network guidelines are followed or are different & is choice available
- This trend is evident in cumulative audit data

Pathways of care - Tongue cancer

- Much improved surgical data has allowed a more detailed understanding of surgical management
- 58% of partial glossectomy patients had a neck dissection
- 47 patients had primary radiotherapy for their tongue cancer & RTDS added only 1 further case – accurate recording of treatment

Pathways of care - Oropharynx cancer

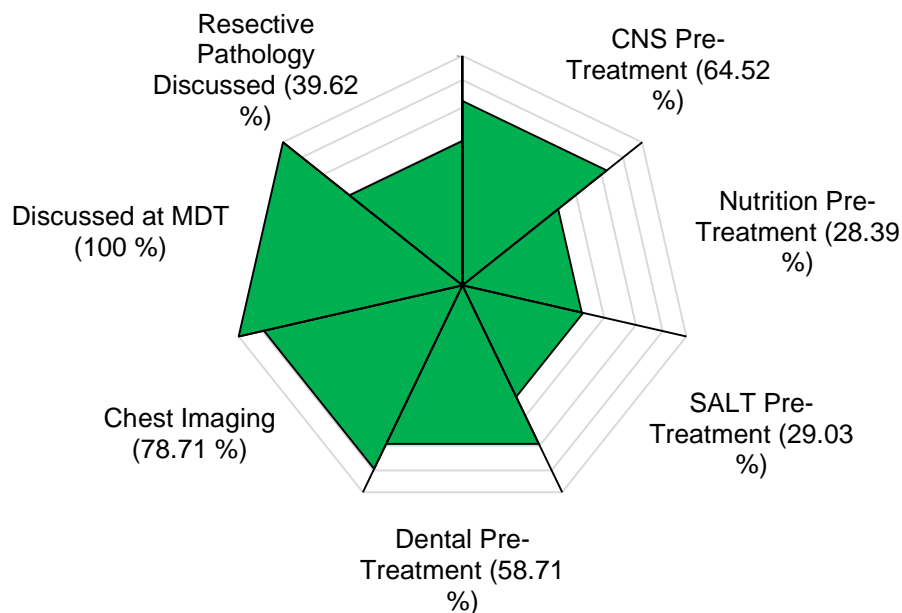
- Oropharynx cancer showed variation between surgical and non surgical management, with again some networks seemingly favouring one treatment modality over another.
- Better surgical data – most common procedure was neck dissection
- HES & RTDS combined to add depth to data
- Laser excision difficult to record

Pathways of care - Advanced Larynx

- Surgery versus non surgery similar numbers
- Non surgical Rx shows rise in chemo RT 20%-50% & decline in RT only
- RTDS only added 1 further case
- Cumulative data shows consistency in those networks where surgery predominated
- T3 glottic evidence of rise in chemo RT supporting previous anecdotal evidence
- 20% T3 treated surgically upstaged to T4

Ideal Patient pathway

Network X

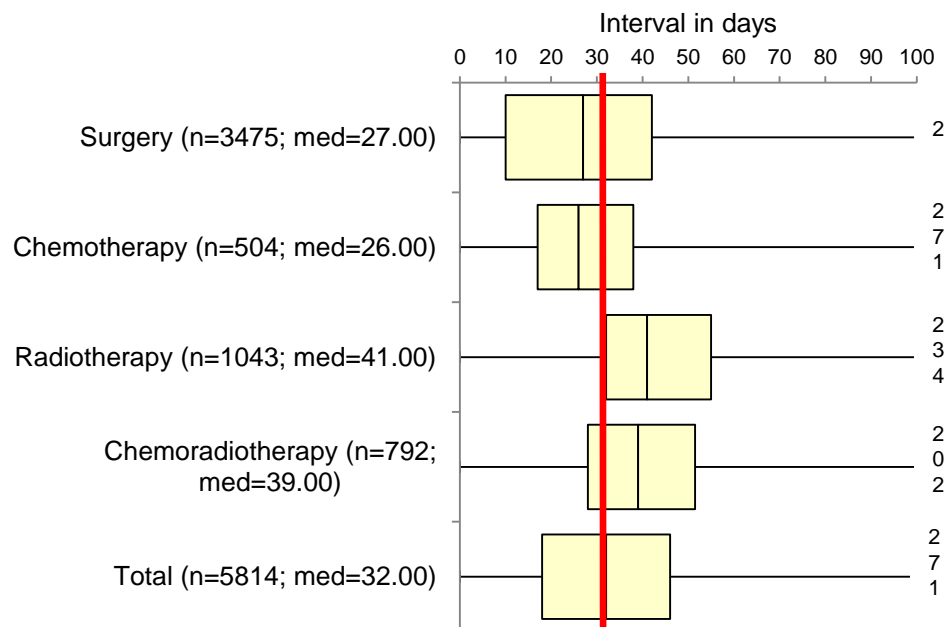


Percentage of ideal patient pathway indicators achieved								
0	1	2	3	4	5	6	7	Mean
0	10.4	10.4	24.5	24.5	14.2	16.	0	3.7

Diagnosis to primary radiotherapy

- Time from diagnosis to primary radiotherapy has fallen for the first time to 41 days, from the 42-day figure in the seventh Annual Report and 44 in the 6th
- 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 1 days when compared to the seventh report. This improvement is welcome but the median interval to the start of radiotherapy remains high

Crude 2 year survival

primary_site_group	2-years crude survival (95% confidence intervals)	
	Nov 2008 - Oct 2009	Nov 2009 - Oct 2010
Larynx	73.1 (70.8-75.2)	73.0 (70.8-75.1)
Oral Cavity	66.0 (63.7-68.3)	66.4 (64.2-68.5)
Oropharynx	69.5 (67.1-71.7)	70.3 (68.2-72.3)
Hypopharynx	43.3 (38.2-48.5)	41.7 (36.9-46.6)
Nasopharynx	70.0 (62.9-76.2)	69.5 (62.8-75.5)
Major Salivary Glands	64.5 (59.8-68.9)	70.4 (66.0 -74.4)
Total	67.5 (66.2-68.7)	68.1 (66.9-69.2)

Use of DAHNO Data

- 10900 cases of larynx cancer 12000 cases of oral cavity cancer, 8800 cases of oropharynx cancer and 2000 cases of major salivary gland cancer
- NCIN work stream
- Application for use of data

Summary

- Networks & trusts are to be congratulated on the high levels of cases ascertainment & depth of data for the 8th 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 remained static and remains poor from some networks
- Detailed and useful information on treatment pathways, supplemented by other sources

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