

SACT Update Lung Workshop

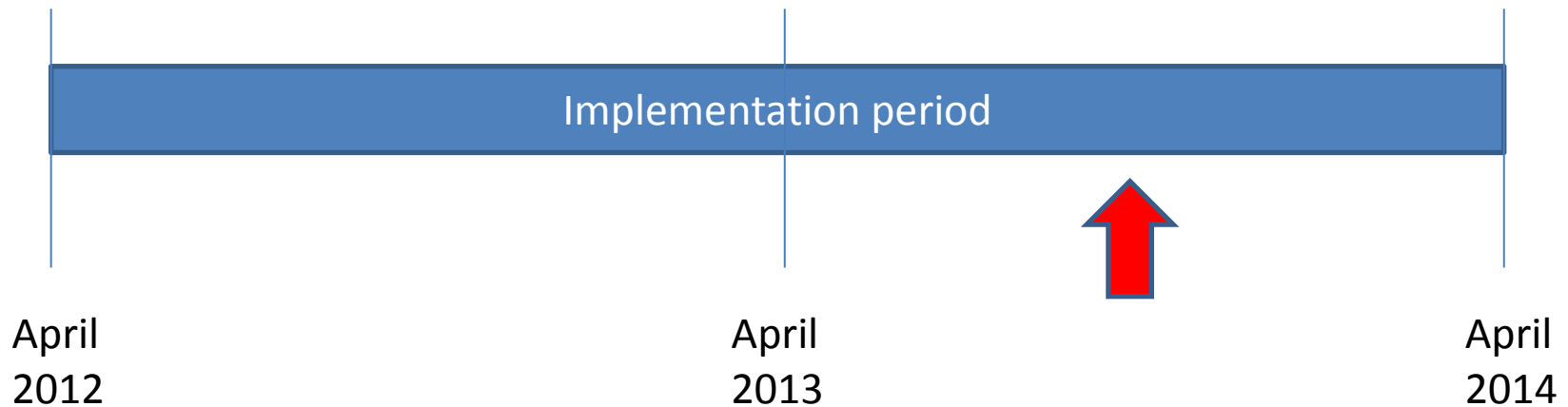
25th September 2013

Dr Ken Lloyd and Sue Forsey

SACT

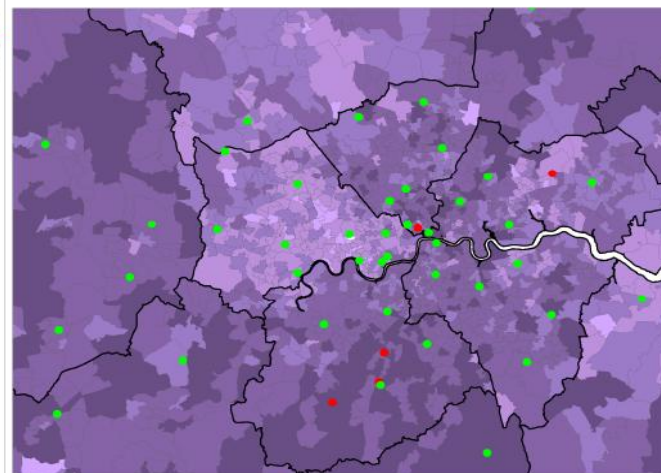
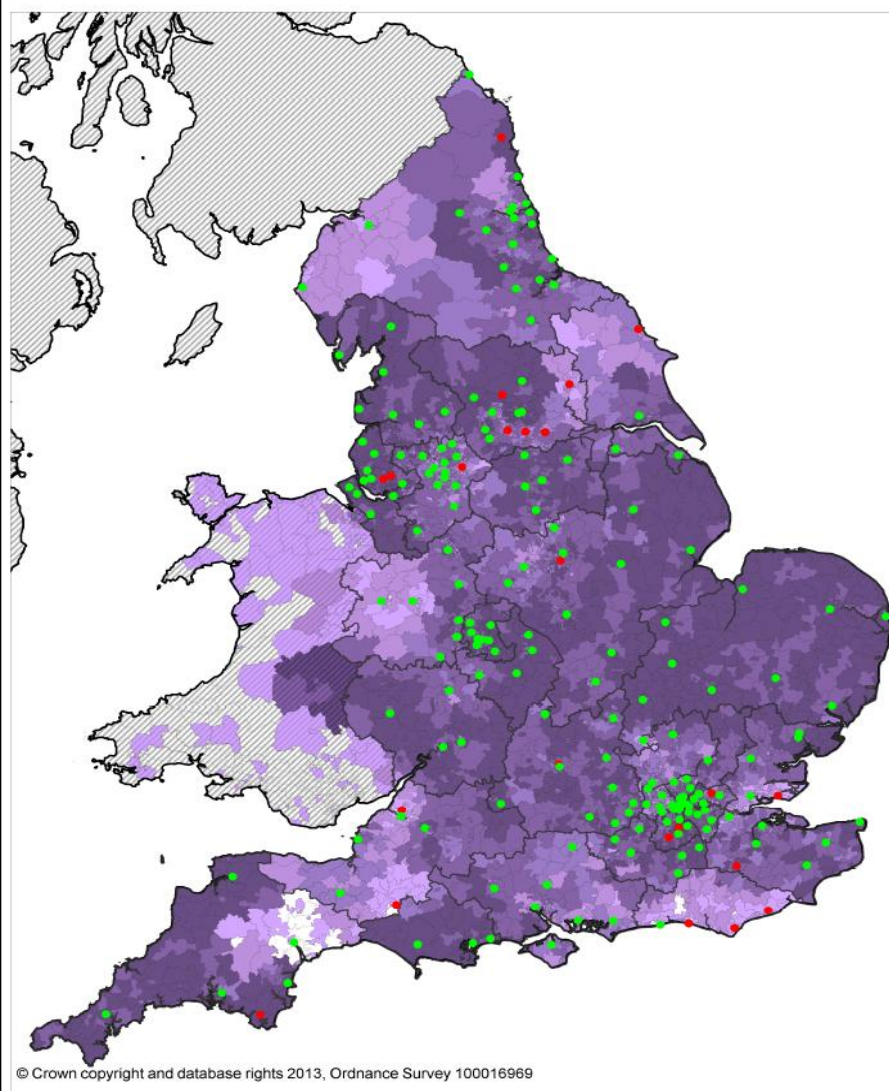
- **S**ystemic **A**nti-**C**ancer **T**herapy Information Standard
- NHS Information Standard Board approval
- Implementation from April 2012- April 2014
- Covers all drug treatment for cancer in all settings

SACT Timetable



SACT geographical coverage

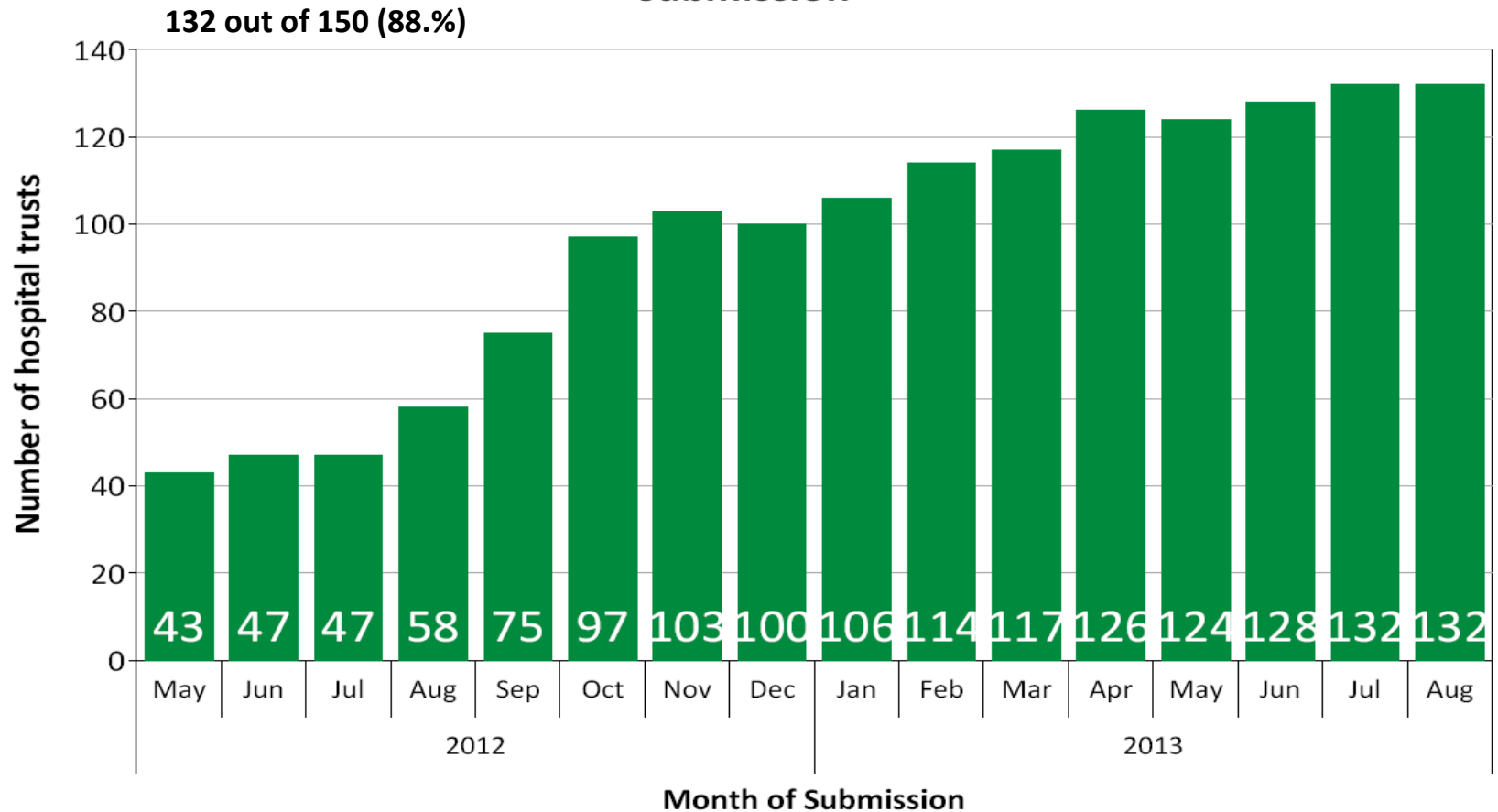
4th September 2013



London detail

Increase in contributing trusts

Number of hospital trusts submitting chemotherapy data, by month of submission



SACT field structure

- Demographics and provider
- Clinical status
- Programme and regimen
- Cycle
- Drug details
- Outcome

Data completeness

SACT Data Completeness report (April 2012 to July 2013)

England							
Number of patients	% NHS Number	% Date of Birth	% Current gender	% Ethnicity	% Patient postcode		
132,631	100%	100%	96%	95%	100%		
Number of tumour records	% GP Practice Code	% GMC Code	% Consultant Specialty	% Primary diagnosis	% Morphology	% Stage of disease at start of programme	
146,340	77%	83%	83%	100%	38%	22%	
Number of regimens	% Programme number	% Regimen number	% Treatment intent	% Regimen name	% Height at start of regimen	% Weight at start of regimen	% Performance Status at start of regimen
248,867	49%	50%	65%	100%	41%	43%	24%
	% Comorbidity adjustment	% Date of decision to treat	% Start date of regimen	% Clinical trial	% Chemo radiation	% Number of cycles planned	
	15%	77%	100%	59%	42%	42%	
Number of cycles	% Cycle number	% Start date of cycle	% Weight at start of cycle	% Performance Status at start of cycle	% OPCS procurement code		
618,588	100%	86%	40%	21%	41%		
Number of drug records	% Drug name	% Actual dose per administration	% Administration route	% Administration date	% OPCS Delivery code	% Organisation code of drug provider	
1,358,791	100%	92%	83%	100%	50%	94%	
Number of outcome records	% Date of Final Treatment	% Regimen modification (dose reduction)	% Regimen modification (time delay)	% Regimen modification (stopped early)	% Regimen outcome summary	% Date of death	
122,629	24%	33%	10%	16%	4%	6%	

49% of regimens

Data collection and analysis

- The Chemotherapy Intelligence Unit (CIU), is based at Oxford within the Cancer Registry
- Data are sent from trusts on a monthly basis and series of validation processes are applied
- A suite of routine analyses and reports are issued 3 and 6-monthly
- Trusts receive reports of their individual activity to compare against the aggregate picture

Analysis

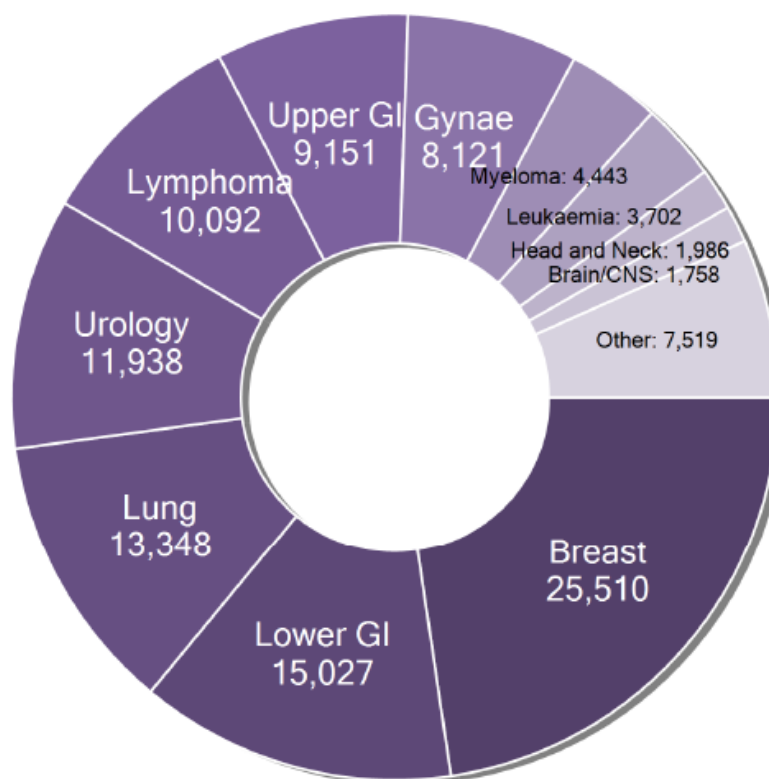
July 2012-June 2013

Number of Patients by Diagnostic Group

All submitting trusts aggregated

Data received for July 2012 - June 2013. Patients aged 16 and over

Breast: 25,510 (23%)	Urology: 11,938 (11%)	Gynae: 8,121 (7%)	Head and Neck: 1,986 (2%)
Lower GI: 15,027 (13%)	Lymphoma: 10,092 (9%)	Myeloma: 4,443 (4%)	Brain/CNS: 1,758 (2%)
Lung: 13,348 (12%)	Upper GI: 9,151 (8%)	Leukaemia: 3,702 (3%)	Other: 7,519 (7%)



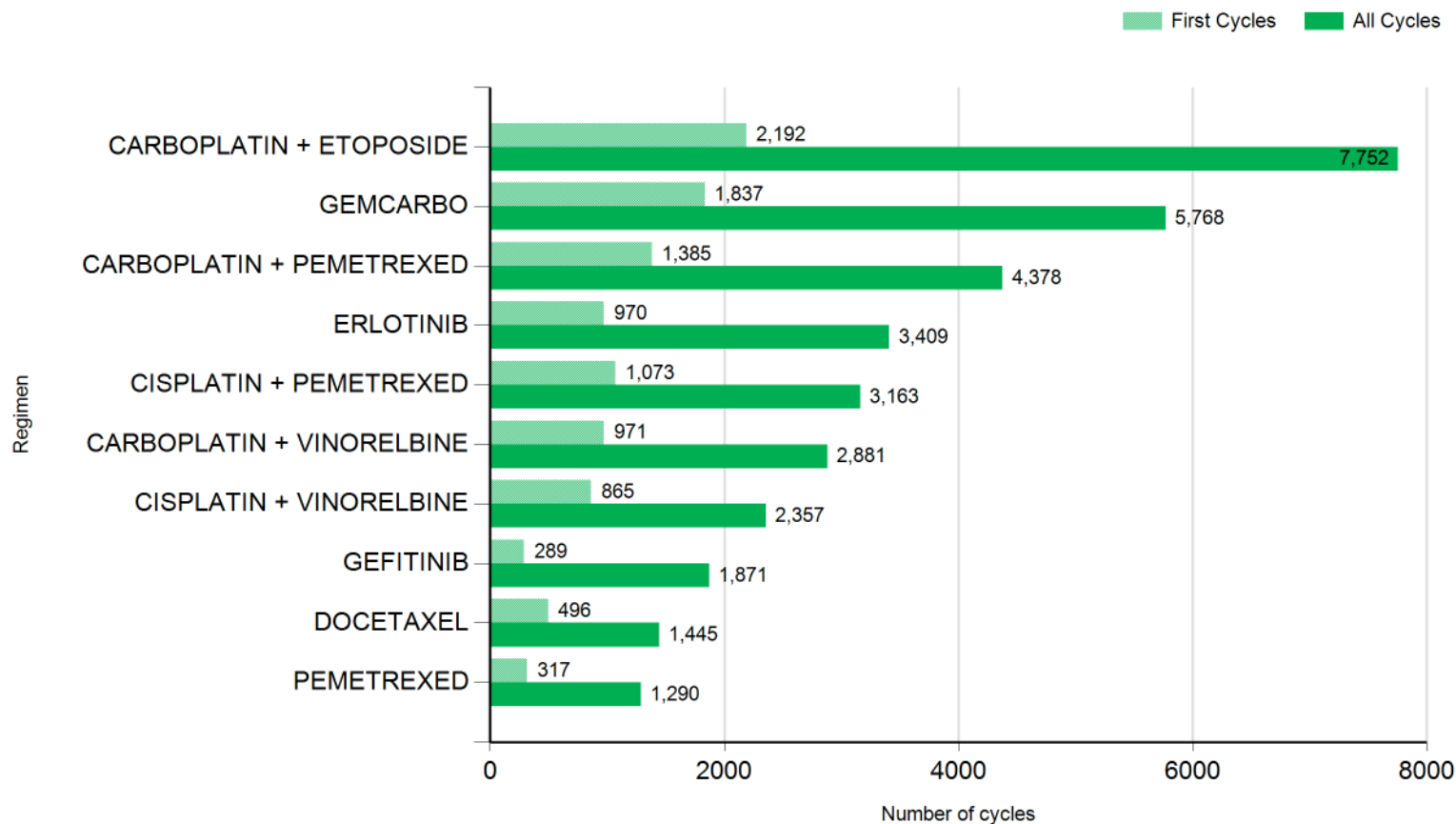
Top Regimens by Diagnostic Group

Lung (all excluding Mesothelioma)

ICD10: C33-C34, C37-C39

All submitting trusts aggregated

Data received for July 2012 - June 2013. Patients aged 16 and over



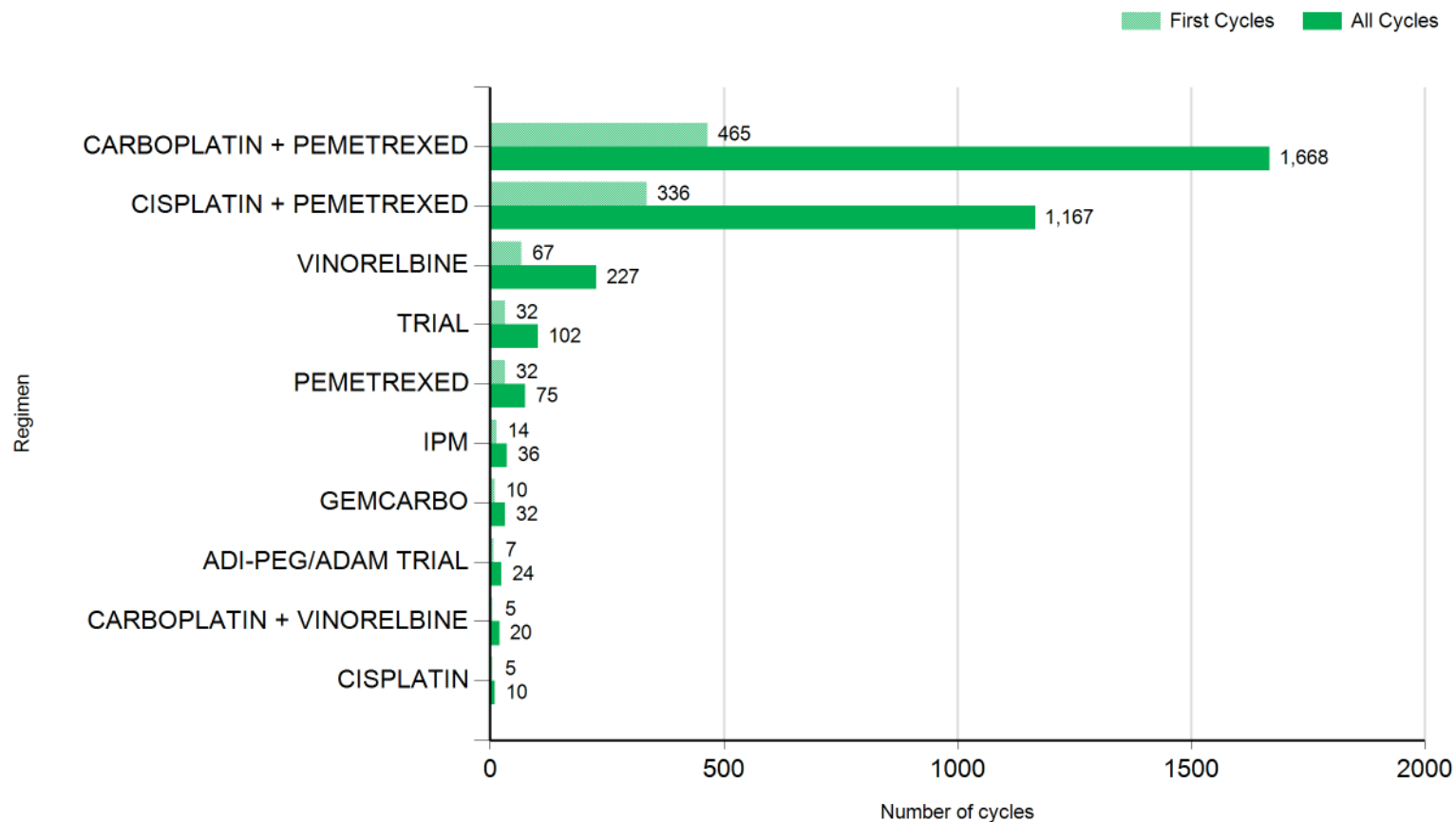
Top Regimens by Diagnostic Group

Lung (Mesothelioma)

ICD10: C45; Morphology: M9050/3, M9052/0, M9052/3, M9053/3

All submitting trusts aggregated

Data received for July 2012 - June 2013. Patients aged 16 and over

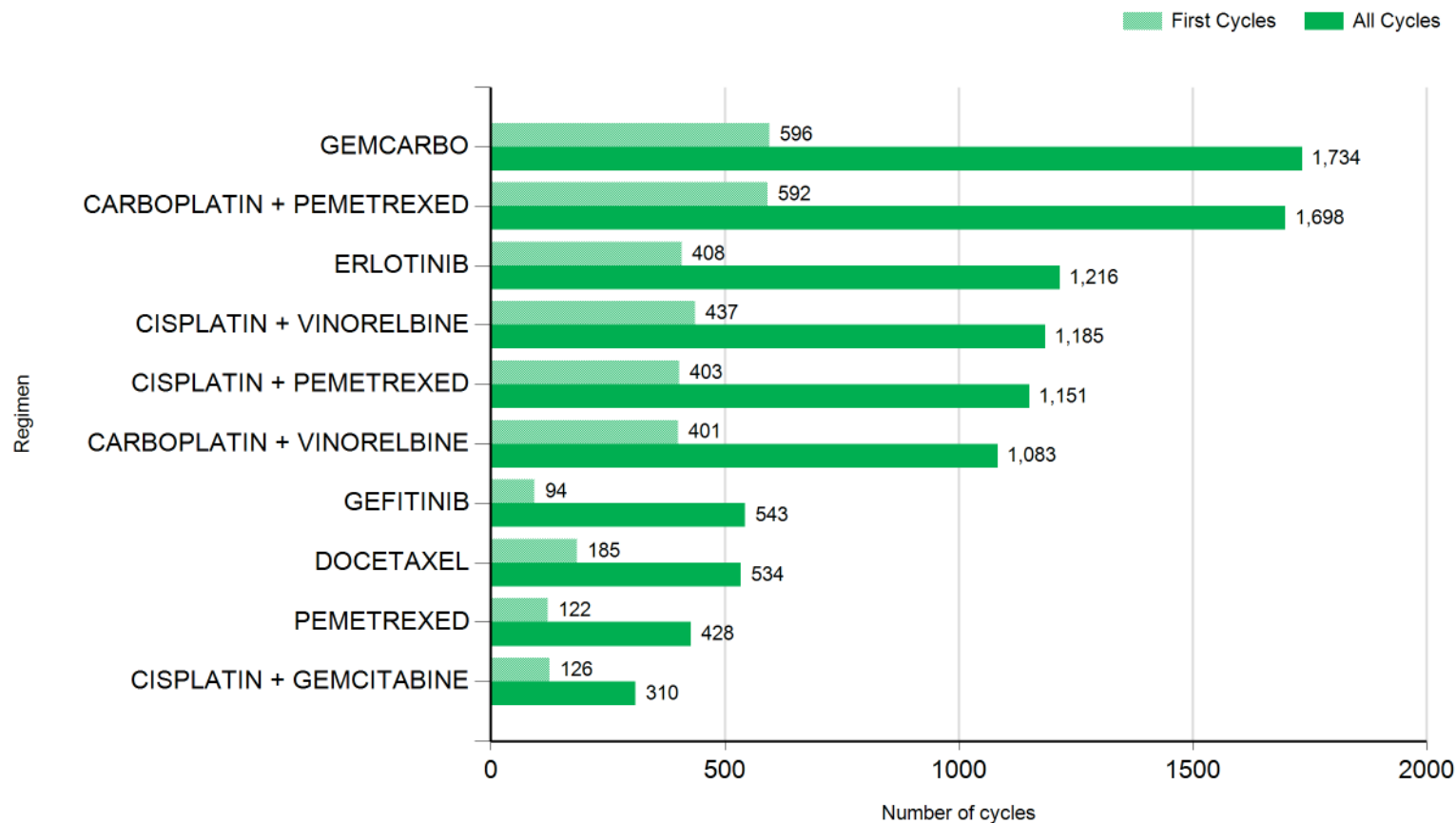


Top Regimens by Diagnostic Group Lung (NSCLC)

ICD10: C33-C34, C37-C39; Morphology: M8012/3, M8013/3, M8046/3, M8070/3, M8070/6, M8075/3, M8140/3, M8140/6, M8246/3, M8250/3, M8255/3, M8310/3, M8560/3

All submitting trusts aggregated

Data received for July 2012 - June 2013. Patients aged 16 and over



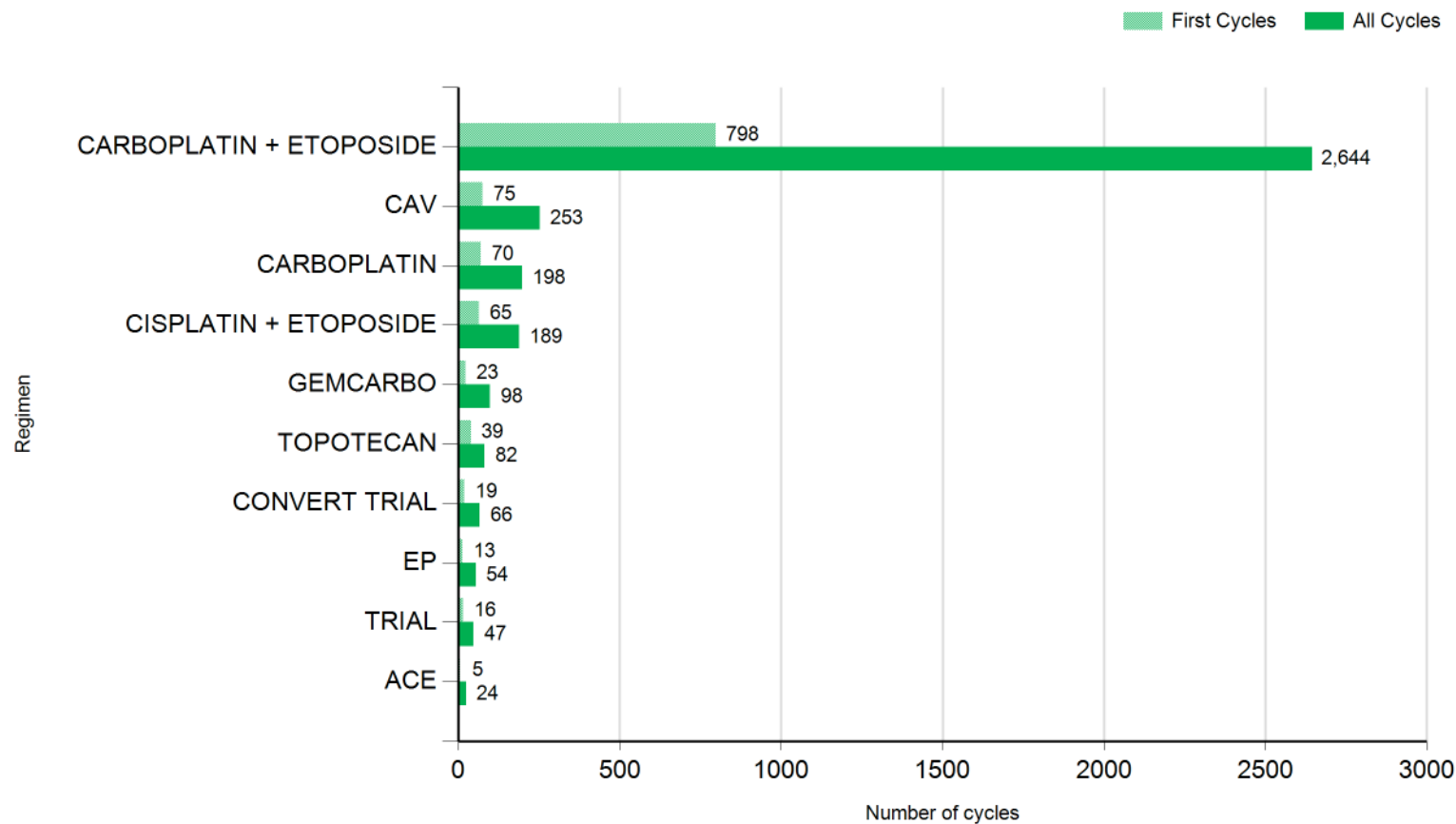
Top Regimens by Diagnostic Group

Lung (SCLC)

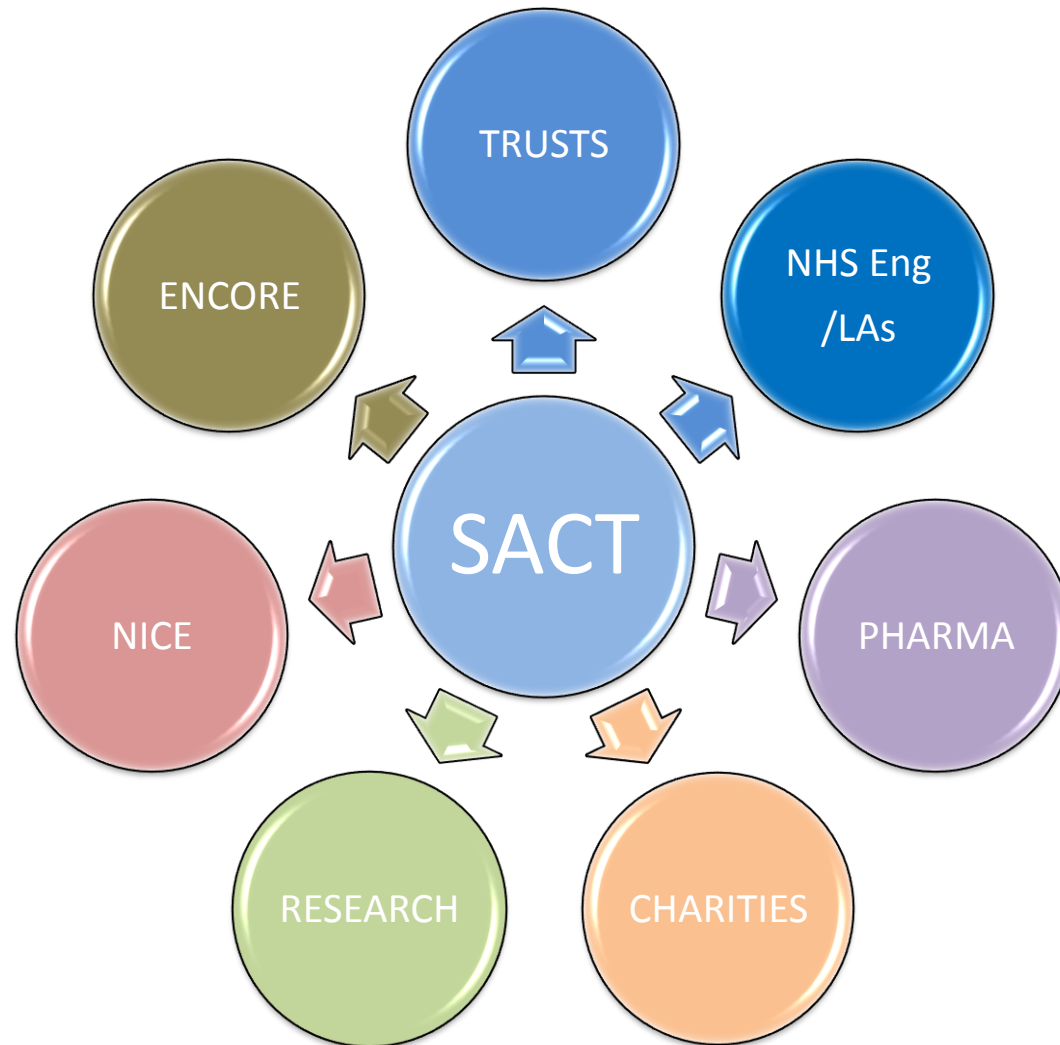
ICD10: C33-C34, C37-C39; Morphology: M8002/3, M8041/3

All submitting trusts aggregated

Data received for July 2012 - June 2013. Patients aged 16 and over



Users of SACT data and analyses



Update

- Business case for increased investment
- Treatment by age analysis funded by NCEI/POI
- Linkage to death data being piloted – to regimen level
- New push on standardised regimen naming
- New option for treatment intent – disease modification (D). This is defined as “an anticipated clinical improvement of at least a year’s duration”

Your priorities?

- Can you identify a regimen or drug for initial trend analysis?
- What linked analyses are most important?
- When we have full geographical coverage and complete data submissions, what are your burning issues?

www.chemodataset.nhs.uk

ciu@sph.nhs.uk

Helpdesk 01865 334 770