



### **Urology Workshop - SACT Update**

20<sup>th</sup> November 2013

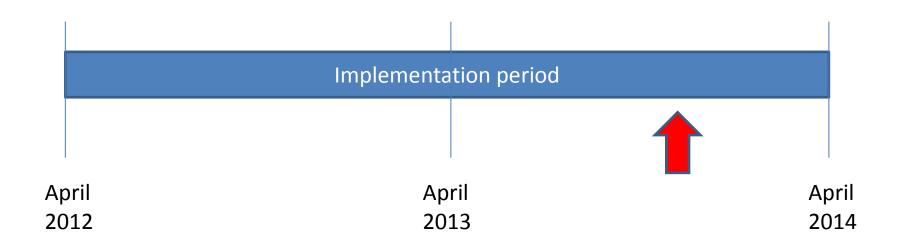


### **SACT**

- Systemic Anti-Cancer Therapy Information Standard
- NHS Information Standard Board approval
- Implementation from April 2012- April 2014
- Covers all drug treatment for cancer in all settings



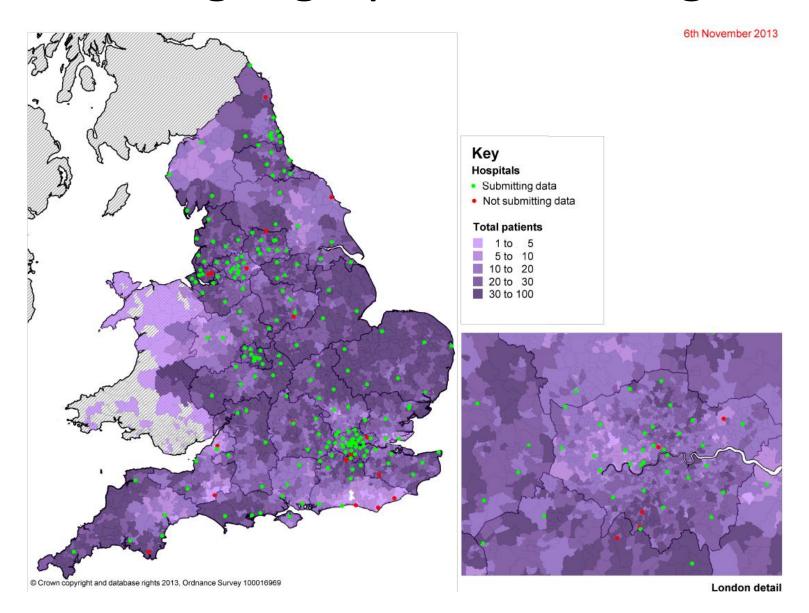
### **SACT Timetable**







# SACT geographical coverage



## 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 (October 2012 to September 2013)

	England					]	
Number of patients	% NHS Number	% Date of Birth	% Current gender	% Ethnicity	% Patient postcode		
123,824	100%	100%	97%	93%	99%		
Number of tumour records	% GP Practice Code	% GMC Code	% Consultant Specialty	% Primary diagnosis	% Morphology	% Stage of disease at start of programme	
130,684	80%	85%	87%	99%	42%	21%	
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
206,516	53%	53%	70%	99%	45%	47%	28%
	% Comorbidity adjustment	% Date of decision to treat	% Start date of regimen	% Clinical trial	% Chemo radiation	% Number of cycles planned	
	20%	81%	99%	63%	46%	45%	
Number of cycles	% Cycle number	% Start date of cycle	% Weight at start of cycle	% Performance Status at start of cycle	% OPCS procurement code		% Cycles with Drug records
533,611	99%	91%	42%	25%	46%		73%
Number of drug records	% Drug name	% Actual dose per administration	% Administration route	% Administration date	% OPCS Delivery code	% Organisation code of drug provider	
1,272,746	99%	92%	85%	99%	52%	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	
108,172	27%	33%	10%	21%	5%	4%	

52% 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**

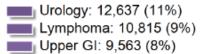


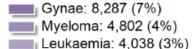
### Number of Patients by Diagnostic Group

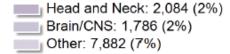
#### All submitting trusts aggregated

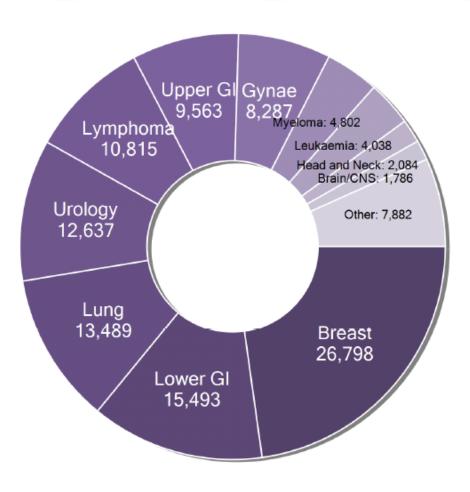
Data received for October 2012 - September 2013. Patients aged 16 and over

Breast: 26,798 (23%) Lower GI: 15,493 (13%) Lung: 13,489 (11%)







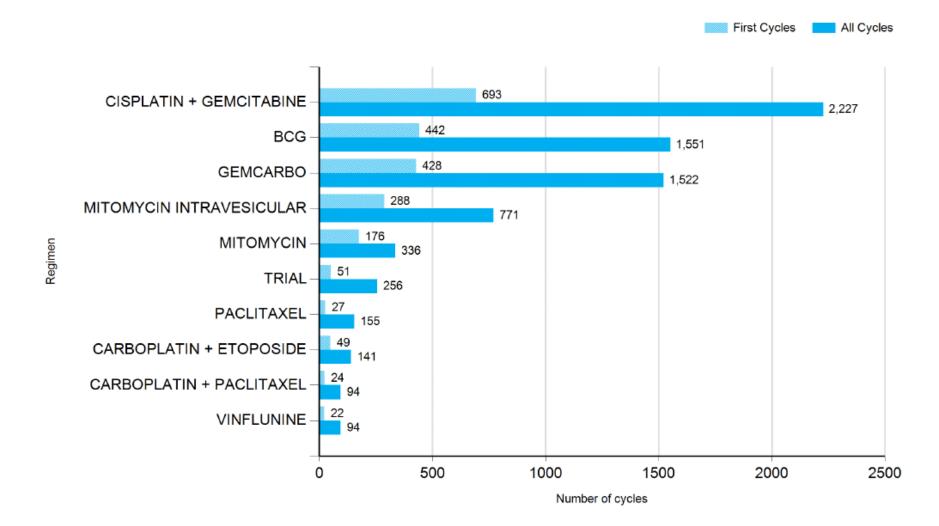


### Top Regimens by Diagnostic Group

Urology (Bladder)

#### All submitting trusts aggregated

Data received for October 2012 - September 2013. Patients aged 16 and over

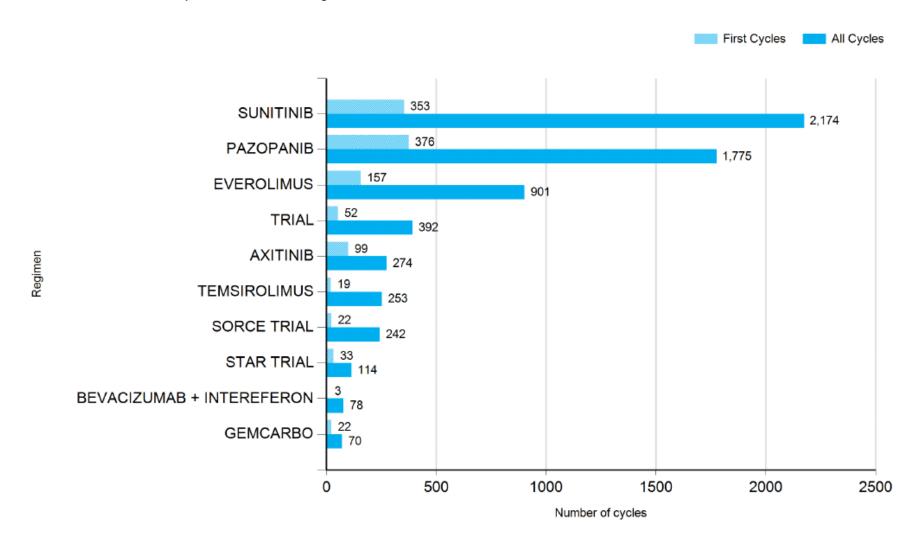


### Top Regimens by Diagnostic Group

Urology (Kidney)

#### All submitting trusts aggregated

Data received for October 2012 - September 2013. Patients aged 16 and over

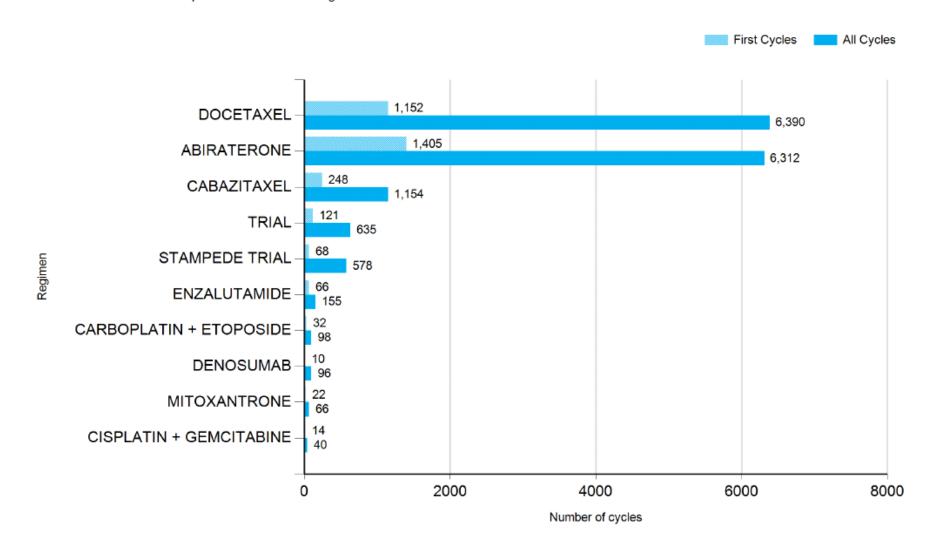


### Top Regimens by Diagnostic Group

Urology (Prostate)

#### All submitting trusts aggregated

Data received for October 2012 - September 2013. Patients aged 16 and over



## 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?







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