The role of SWPHO in urological cancers analysis

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The role and organisation of cancer registries

- Eight registries in England, one each in Scotland, Wales and NI
- Some integrated with PHOs (South West PHO)
- Register all residents and those treated in area of coverage
- Specialist areas divided amongst registries SWPHO is lead for urological cancers









Data collected

- All cases of malignant and benign cancers (except nonmelanoma skin cancers)
- Pathology reports for verification and staging
- Treatment data
 - Surgery (cross ref. to HES)
 - Radiotherapy/Chemotherapy direct from trusts (issues of completeness)
- Personal data









Data collected – the national dataset

- National Cancer Data Repository (NCDR)
- Commissioned by NCIN
- Created by merging registrations from each registry
- Amalgamated treatment data too, but not each registry comparable
- Carries much the same data as local registry records









Accessible data

- Hospital Episode Statistics (HES) inpatient treatments
- ONS yearly mortality extracts
- Monthly public health mortality updates
- Populations
- Reference data for deprivation, rurality etc.
- BAUS dataset









Accessible data

- Hospital Episode Statistics (HES) for inpatient treatments
 - OPCS codes for treatments
 - ICD-10 for diagnosis
 - Hospital/Consultant data
 - Ethnicity
- ONS yearly mortality extracts
 - Causes of death, all listed and underlying
 - Place of death codes
 - Occupation (limited)









Urological Cancer Hub











What types of analysis?

- Variation with age, sex, geography, deprivation
- Numbers of surgical treatments/admissions
- Histology variation
- Stage (with support from BAUS)
- Effects of centralisation hospital workload









Recent and ongoing analyses

- Prostate cancer mortality by income deprivation
- Significance of pre-surgical events in predicting positive surgical margins/recurrence
- In-depth breakdown of prostate and bladder cancer statistics for urological cancer hub
- Hormone therapy in relation to skeletal events
- Variation in penile cancer/centralisation completeness
- Linking PROTECT data to HES records and registry data
- Histology for trusts in Somerset
- Survival from prostate cancer by stage (NCIN data briefing)









Conclusion

- Registries offer access to large datasets
- Can be enriched with data from other population-based sources
- Source of statistical expertise

http://www.swpho.nhs.uk/urologicalcancerhub/home.aspx







